



December 19, 2007

Honourable Chris d'Entremont
Department of Health
PO Box 488
Halifax, NS
B3J 2R8

**Sent via email to:
healmin@gov.ns.ca
Original mailed**

Dear Minister d'Entremont:

As members of Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance, we are writing to re-draw your attention to a critical issue facing over 4,600 citizens of Nova Scotia living with **ankylosing spondylitis – the lack of availability of biologic medications on the provincial drug reimbursement formulary.**

We were pleased to read in your letter of October 15, 2007, that people living with ankylosing spondylitis in Nova Scotia have access to adalimumab (Humira®) on an informal case-by-case basis. As outlined in the CEDAC recommendation, adalimumab not only “resulted in significantly more patients achieving ASAS 20, 50 and 70 after 12 weeks of treatment” but also improved quality of life, reduced disease activity and was shown to be cost effective¹. While an informal listing is a positive step, it is important that this medication be formally added to your provincial drug reimbursement list.

In addition to this listing, it is critical that all safe and effective options need to be included on the provincial formulary. Yet, to date, there has still not been a listing decision on the two other biologic medications on the market and approved for use in this disease despite the fact they have been under review for as long as two and a half years. Nova Scotia is falling behind Ontario, New Brunswick, Quebec and other provinces that have listed biologics for the treatment of ankylosing spondylitis. This unnecessary delay and discrepancy in care is unacceptable to the arthritis community in Nova Scotia and should be to the Government of Nova Scotia, too.

¹ CEDAC recommendations: http://www.cadth.ca/media/cdr/complete/cdr_complete_Humira_Resubmission_June-27-2007.pdf

As with other diseases, people living with ankylosing spondylitis respond differently to medications and therefore it is important to have a broad range of treatment options available. The inclusion of these medications is central to improving and maintaining the health of people living with ankylosing spondylitis in Nova Scotia. There is irrefutable evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis². In addition to the personal health benefits that emerge from appropriate and timely treatment, there are important social, political, and economic benefits for government.

It is important to recognize that the economic impact of not providing these medications is far greater than the cost of providing them. For example, the consequences of un-treated or under-treated ankylosing spondylitis, such as spinal rigidity, increased risk of fractures and other joint problems, are irreversible and result in higher use of health services and work disability³.

Given the strong scientific evidence, we urge you, as Minister of Health, **to take the immediate necessary steps list all medications that make up the class of biologic response modifiers on the provincial drug benefit plan for people with ankylosing spondylitis.** Providing a timely reimbursement listing for this medication will ensure that citizens of this province living with ankylosing spondylitis are able to reduce the pain and disability associated with delayed treatment, improve their quality of life and have access to the same care and treatment options that people have in other provinces in Canada.

We thank you in advance for considering our request, and await word from you on the listing decision for these medications.

Sincerely,



Cheryl Koehn
President, Arthritis Consumer Experts
Person with rheumatoid arthritis



Anne Dooley
President, Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis

C.c. Emily Somers, Acting Director of Pharmaceutical Services

Note: Please address reply correspondence to Ms. Cheryl Koehn, Arthritis Consumer Experts, 910 B Richards Street, Vancouver, BC V6B 3C1; or, Anne Dooley, 206 Garrison Crescent, Saskatoon, SK. S7H 2Z8

² Rudwaleit et al. *Arthritis and Rheumatism*, 2007; vol.56, #9 (supp): S871; van der Heijde, *Arthritis and Rheumatism*, 2007; vol.56, #9 (supp): S252; Keat et al. *Rheumatology*, 2005; 44:939-947; Boonen et al. *Arthritis Rheum* 2006;**65**:201-8.

³ Kobelt et al. *Rheumatology* 2004;**43**:1158-66.; Keat et al. *Rheumatology*, 2005; 44:939-947; Boonen et al. *Arthritis Rheum* 2006;**65**:201-8.