

January 2, 2008

Honourable Ross Wiseman  
Confederation Building  
4th fl, West Block  
P.O. Box 8700  
St. John's, NL  
A1B 4J6

Dear Minister Wiseman:

We were pleased to learn that you have followed the recommendation of the Canadian Expert Drug Advisory Committee (CEDAC) and listed adalimumab (Humira®) on your provincial drug benefit plans for people with active ankylosing spondylitis who meet the criteria<sup>1</sup>. While this represents an important treatment option, it is critical that all safe and effective options are included on the provincial formularies. As with other diseases, people living with ankylosing spondylitis respond differently to medications and therefore it is important to have the full range of treatment options available to them.

**For this reason, we are writing to ask the government to list the other two Health Canada-approved biologic response modifiers (etanercept or “Enbrel®” and infliximab or “Remicade®”) on the provincial drug benefit plan, both of which have been under review for up to two and a half years.**

The inclusion of these medications is central to improving and maintaining the health of people living with ankylosing spondylitis in Newfoundland and Labrador. There is abundant evidence supporting the use of biologic response modifiers for the treatment of ankylosing spondylitis<sup>2</sup>. In addition to the personal health benefits that emerge from appropriate and timely treatment, there are important social, political, and economic benefits for government.

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<sup>1</sup> CEDAC recommendations:

[http://www.cadth.ca/media/cdr/complete/cdr\\_complete\\_Humira\\_Resubmission\\_June-27-2007.pdf](http://www.cadth.ca/media/cdr/complete/cdr_complete_Humira_Resubmission_June-27-2007.pdf)

<sup>2</sup> 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.

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 disability<sup>3</sup>.

Given the strong scientific evidence, **we urge the government to list all Health Canada-approved 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 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 an expanded listing decision for this class of 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. Colleen Janes, Director, Pharmaceutical Services

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

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<sup>3</sup> 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.