Arthritis Consumer Experts™
joint action for Canadians with arthritis

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January 2, 2008

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

Dear Minister d'Entremont:

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. Thank you for considering our concerns.

While an informal listing is a positive step, it is important that this medication be formally added to your provincial drug reimbursement list so that both rheumatologists and patients are aware of the full range of treatment options available to them. Further, there has not been a listing decision on the other two Health Canada-approved biologic response modifiers (etanercept or Enbrel®) and infliximab or Remicade®) for use in severe ankylosing spondylitis despite the fact that they have been under review by the government for up to two and a half years. As the evidence clearly shows, people with ankylosing spondylitis respond differently to biologic response modifiers – a person might not respond to one, yet respond remarkably well to another. **For this reason, it is critical for the government to list the full class of medications, as only one will ever be prescribed to an individual at a time.**

The inclusion of these medications is central to improving and maintaining the health of people living with ankylosing spondylitis in Nova Scotia. There is abundant evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis[1]. In addition to the personal health benefits that emerge from appropriate and timely treatment, there are important social, political, and economic benefits for government.

[1] 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 untreated 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[2].

Given the strong peer-reviewed scientific evidence, we urge the government **to list all biologic response modifiers on the provincial drug benefit plan for people with ankylosing spondylitis**. Providing a timely reimbursement listing for this class of medications will ensure that citizens of Nova Scotia living with severe ankylosing spondylitis will be able to live with significantly reduced 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

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[2] 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.