

December 18, 2006

Honourable Michael Murphy
Carleton Place
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Fredericton, NB
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Sent via email to:
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Original mailed

Dear Minister Murphy:

In an effort to work collaboratively with government, we, as representatives of Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance, are writing to provide you with basic information on the latest medications for people living with rheumatoid arthritis. In particular, we'd like to bring your attention to two new medications that have received their notice of compliance (NOC) from Health Canada in the treatment of moderate to severe rheumatoid arthritis: abatacept (Orencia®) and rituximab (Rituxan®).

- ❖ abatacept works by blocking the activation of T-cells, a specific type of immune cell that is found in the joints of persons with RA and is important in the development of inflammation and subsequent joint damage.
- ❖ rituximab works by targeting and reducing a specific type of immune cell, called B cells. Although scientists do not fully understand how the medication works in the body, the result is a prolonged decrease in inflammation.

Each of these two new biologics works in entirely different ways than the current biologics listed on the provincial formulary. This is important because through research we know that the disease involves a number of different molecules that cause or promote the inflammatory process of rheumatoid arthritis – the one symptom that is so devastating and damaging in rheumatoid arthritis. Moreover, research shows that there continues to be a significant unmet need for new treatments. Approximately 60% of people with rheumatoid arthritis who have tried one or several of the three biologic response modifiers currently on the market have not responded well (or responded well enough) to them. In other words, more than half of people with inflammatory arthritis do not have their symptoms alleviated with the current biologics.

These new medications also offer people with arthritis new choices for administration. One is a one time per month infusion, a process that can be done at home if the patient chooses; the other is an infusion in each of the first two weeks, and then re-treatment every six to nine months. The new administration options offer advantages for certain patients, such as those with significant mobility challenges and those working and unable to take time off for treatment.

The Food and Drug Administration in the United States has already approved both of these medications, and randomized controlled clinical trials have indicated that both abatacept and rituximab proved effective at controlling signs and symptoms of rheumatoid arthritis and improving quality of life in people with the disease. Furthermore, the early pharmaco-economic analysis indicates these two medications will be the same or lower price than current biologics.

For the above reasons, we urge you, as Minister of Health, to expedite the review of these two products and include them on the formulary of the New Brunswick Provincial Drug Program. To date, New Brunswick Product Selection Committee performance record on the review of medications to treat inflammatory arthritis has been unsatisfactory. Expediting the review of these two medications will ensure timely access and fair treatment under the province's public health insurance plan for the New Brunswickers who need them most. Only then will they have the chance to experience an improvement in their symptoms and quality of life in order to fully participate in their families, communities and society.

Sincerely,



Cheryl Koehn
President, Arthritis Consumer Experts
Person with rheumatoid arthritis



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



Linda Wilhelm
NB Steering Committee Representative
Canadian Arthritis Patient Alliance
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C.c. Leanne Jardine, Acting Director, New Brunswick Prescription Drug Program

Note: Please address reply correspondence to Ms. Cheryl Koehn, Arthritis Consumer Experts, 910 B Richards Street, Vancouver, BC V6B 3C1.