

Date:

Dear

I am writing to you as your constituent, a British Columbian living with Type 2 diabetes doing everything I can to improve my quality of life. I want to be sure that you are aware that, based on Diabetes Canada estimates, approximately 1.5 million British Columbians live with diabetes or pre-diabetes, with an estimated cost to the health-care system of \$490 million a year. The vast majority of these costs come from preventable complications of diabetes such as kidney disease, blindness and amputations but most importantly cardiovascular disease, the number one cause of death for Canadians with type 2 diabetes.

Approximately 50,000 people in BC have Type 2 diabetes and established cardiovascular disease. For these individuals diet, exercise and medication are not enough to protect their heart health. They also need life-saving diabetes medications that are currently not approved by BC Pharmacare: these include the SGLT2 inhibitor class (\$3.00 per day, reduce risk of death by 32%) and the GLP-1 receptor agonist class (\$7 per day, reduce risk of death by 14%). Based on economics alone the first priority should be coverage of the SGLT2 inhibitor class. These pills safely reduce blood sugar and lower weight & various members of the class have been shown to not only reduce death, but to reduce hospitalizations for heart failure and improve kidney outcomes. If all 50,000 British Columbians at risk took these medications there would be 700 fewer deaths per year and countless fewer cases of heart & kidney failure.

The evidence backing the above benefits for SGLT2 inhibitors can be found in Diabetes Canada's national treatment guidelines [here](https://goo.gl/65Vw8P) (goo.gl/65Vw8P) at citations 47 and 48 (and for the GLP-1 receptor agonist class can be found at citations 45 and 46).

Despite this drugs from the SGLT2 inhibitor class are covered by every Canadian province except BC. This is not fair. I saw in the 2019-Feb budget that \$42M in new funding is available for diseases including diabetes (and asthma and hypertension). Surely some of this \$42M can go to the SGLT2 inhibitor class.

Please go to bat for me and the other 50,000 British Columbians with Type 2 diabetes and established cardiovascular disease.

Sincerely,