

December 10, 2007

First Canadian Health  
Non-Insured Health Benefits  
3080 Yonge Street, Suite 3002  
Toronto, Ontario  
M4N 3N1

**sent via email to  
mailto:fnihb-dgspni@hc-sc.gc  
original mailed**

To whom it may concern:

We, as members of Arthritis Consumer Experts, The Arthritis Society BC and Yukon division and the Canadian Arthritis Patient Alliance, are writing to draw your attention to a critical issue facing First Nations and Inuit peoples of Canada living with **ankylosing spondylitis – the complete lack of availability to biologic medications on the NIHB drug reimbursement formulary.**

We wrote to the health ministers in Nunavut, the Northwest Territories and the Yukon on September 10, 2007, informing them of the Canadian Expert Drug Advisory Committee (CEDAC) recommendation that adalimumab (Humira®) be added to provincial drug benefit plans for people with active ankylosing spondylitis who meet the criteria<sup>1</sup>. Yet, to date, there has still not been a listing decision on this or any of the other two biologic medications on the market and approved for use in this disease. This means that First Nations and Inuit people who rely on the NIHB do not have the same access to biologic medications for this disease as other Canadians. This is despite the fact that First Nations and Inuit peoples experience higher rates of inflammatory arthritis, as well as a greater severity of these diseases than other Canadians<sup>2</sup>. This unnecessary delay and discrepancy in care is unacceptable to the arthritis community in Canada and should be to the Government of Canada, too.

The inclusion of these medications is central to improving and maintaining the health of these people living with ankylosing spondylitis. There is irrefutable evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis<sup>3</sup>. As clearly 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 effective. Therefore, in addition to the personal health benefits that emerge from appropriate treatment, there are important social, political, and economic benefits for government.

---

<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> Health Canada, 2003: 25

<sup>3</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>4</sup>.

Given the strong scientific evidence, the positive recommendation by the CEDAC and the urgent need access to these medications, we urge the NIHB, **to take the immediate necessary steps list all three medications that make up the class of biologic response modifiers on the drug benefit plan for First Nations and Inuit peoples living with ankylosing spondylitis.** We remind you that providing a timely reimbursement listing for this medication will ensure that people 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 other Canadians have in this country.

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. Honourable Tony Clement  
Minister Brad Cathers, Yukon Territories  
Minister Leona Aglukkaq, Nunavut  
Minister Sandy Lee, Northwest Territories

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

---

<sup>4</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.