



December 18, 2006

Honourable Leona Aglukkaq  
Legislative Assembly of Nunavut  
Box 1200,  
Iqaluit, NU,  
X0A 0H0

**Sent via email to:  
atagak@gov.nu.ca  
Original mailed**

Dear Minister Aglukkaq:

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 territorial 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 as 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 pharmacoeconomic 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 and Social Services, to expedite the review of these two products and include them on the Non-Insured Health Benefits Program drug formulary list. To date, the Non-Insured Health Benefits Program performance record on the review and listing of medications to treat inflammatory arthritis has been unsatisfactory. Expediting the review and ensuring timely access to medications will serve to ensure that those in Nunavut living with rheumatoid arthritis will have fundamental treatment options that will reduce the pain, deformity and work disability associated with delayed treatment. This is critical as Aboriginal peoples in Canada have listed arthritis as one of their top five health problems and, currently, it is the most prevalent chronic condition for this population. For this reason, access to these medications will improve quality of life, allowing people with rheumatoid arthritis 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

C.c. Non-Insured Health Benefits Directorate, First Nations and Inuit Health Branch

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