

Coverage of Rheumatoid Arthritis Treatment Options for First Nations and Inuit Clients

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The Non-Insured Health Benefits (NIHB) Program of Health Canada provides coverage for approximately 900,000 registered eligible First Nations and recognized Inuit clients, with a limited range of medically necessary health-related goods and services not provided through private or provincial/territorial health insurance plans. These benefits complement provincial and territorial healthcare programs, such as physician and hospital care, as well as other First Nations and Inuit community-based programs and services. Benefits include treatment agents, medical transportation, dental care, medical supplies and equipment, crisis intervention counselling, and vision care.

With the advice of the Canadian Drug Expert Committee (CDEC) and the NIHB Drugs and Therapeutics Advisory Committee (DTAC), eligible treatment-agent benefits have been identified and compiled in the NIHB Drug Benefit List (DBL). The CDEC is coordinated by the Common Drug Review as part of the Canadian Agency for Drugs and Technologies in Health (CADTH). They provide listing recommendations for new treatment agents and agents with new indications to federal, provincial, and territorial public drug plans (with the exception of Quebec). The DTAC includes practicing pharmacists and physicians, some of whom are First Nations. In their review of treatment agents, the CDEC and DTAC follow an evidence-based approach and consider current medical and scientific knowledge, current clinical practice, healthcare delivery, and specific client health needs. It is the goal of the NIHB Program to maintain a comprehensive list of cost-effective treatment agents, which will allow practitioners to prescribe an appropriate course of therapy to patients.

The NIHB Program provides coverage of a variety of disease modifying anti-rheumatic drugs (DMARDs) used to treat rheumatoid arthritis (RA), including

methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine. The Program also lists a number of treatment agents used to treat RA including infliximab, etanercept, adalimumab, golimumab, tocilizumab, abatacept, certolizumab, and rituximab. The coverage criteria associated with these various treatment options can be found on the NIHB DBL, which is available on the Health Canada website (www.healthcanada.gc.ca/dbl). The NIHB Program is in the process of reviewing current coverage criteria for RA treatment-agent options to ensure the Program continues to follow current evidence and clinical practice, thereby allowing First Nations and Inuit clients reasonable access to these treatment agents in a timely manner.

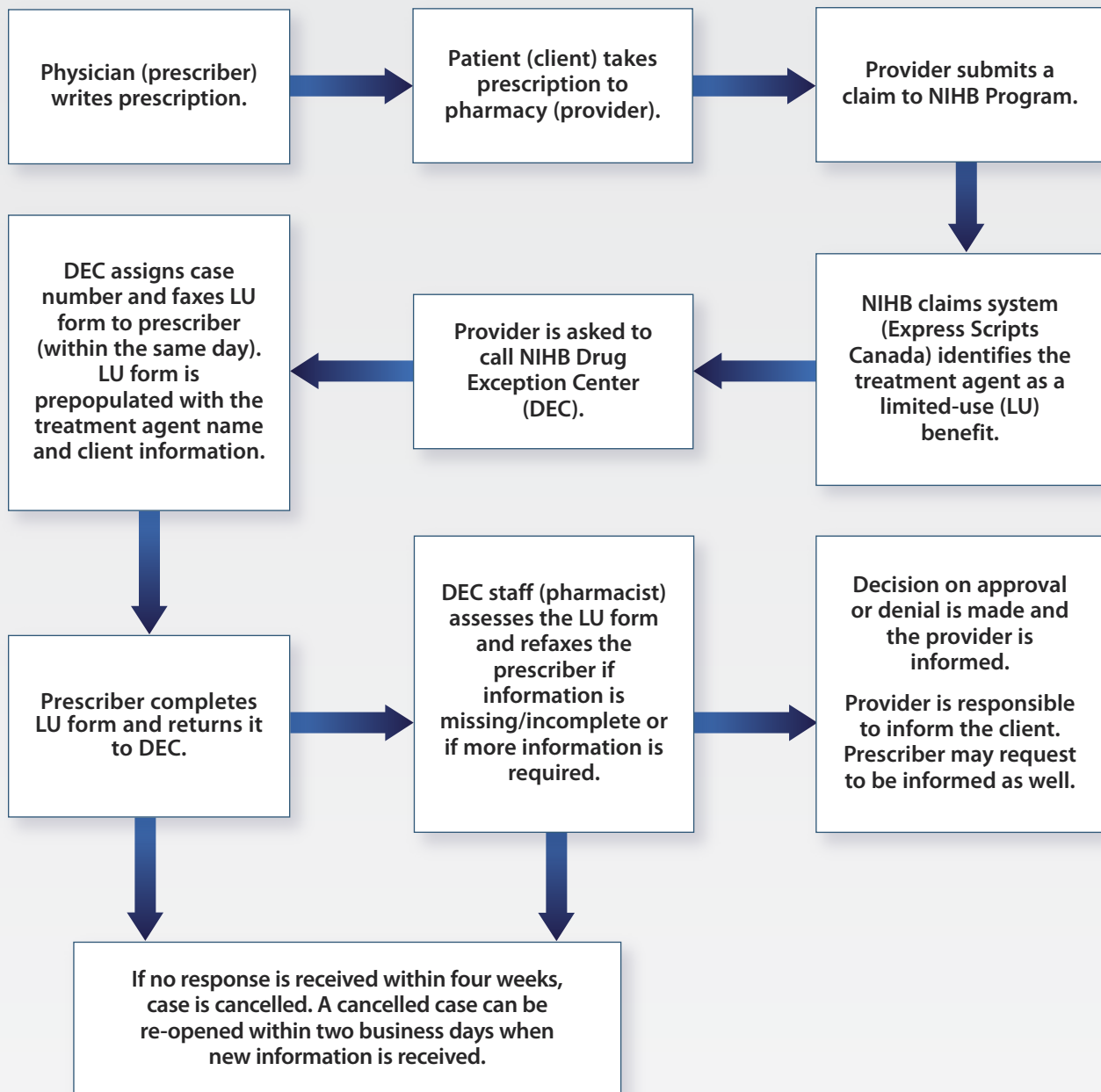
Treatment agents listed on the NIHB DBL are provided as either open benefit, meaning that no prior authorization is required, or limited use (LU), meaning certain criteria need to be met before coverage is granted. For agents classified as LU, the diagram on the following page (Figure 1) describes the NIHB LU review process.

For more information, please visit the NIHB section of the Health Canada website at www.healthcanada.gc.ca/nihb.

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Figure 1
NIHB Review Process for Approving Treatment Agents



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