



HIV & the Non-insured Health Benefits (NIHB) Program for Aboriginal People in Canada

Fact Sheet



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Overview

Established in 1997, CAAN:

- is a National and not-for-profit organization.
- represents over 160 member organizations and individuals.
- provides a National forum for members to express needs and concerns.
- provides relevant, accurate and up-to-date information on issues facing Aboriginal people living with and affected by HIV/AIDS in Canada.
- is governed by a twelve member National Board of Directors and operated by a four member Executive.

The Canadian Aboriginal AIDS Network (CAAN)



Mission Statement

The mission of the Canadian Aboriginal AIDS Network is to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

Disclaimer

Funding for this project was provided by Health Canada. The views expressed herein are solely those of the author and do not necessarily reflect the

The purpose of this document is to provide current information regarding Health Canada's Non-Insured Health Benefits (NIHB) Program; and to highlight specific Aboriginal HIV health care issues.

NIHB Program

This program, based on the 1979 Indian Health Policy, involves the coordination of benefits to meet medical or dental needs not covered by provincial, territorial or other third party health insurance. It provides eligible First Nation and Inuit people with supplementary health benefits. Guided by its policies, the needs of its clients, and the recommendations of the Federal Pharmacy and Therapeutic Committee (FPTC), the NIHB Program compiles a list of approved drugs/products. This Drug Benefits List (DBL) is published every April and updated quarterly.

A drug/product may be de-listed or removed from the DBL at the discretion of the Director General of the NIHB Program when there are financial, supply or administrative problems to the continued listing of a product — or:

- ♦ when a drug is no longer available;
- ♦ when a better drug is approved;
- ♦ when a drug is found to be too toxic;
- ♦ when a drug is found to be of little benefit;
- ♦ when a drug is found to be too costly while of minimal benefit; or
- ♦ when a drug is likely to be misused or abused

Some drugs/products, not on the general DBL, may be approved in special circumstances under Limited Use benefits. Some of these drugs do not require prior approval; some do require prior approval using the “Limited Use Drugs Request” form; and, others may have a quantity and/or frequency limit.

Other drugs/products, not on the general DBL, may be approved in special circumstances upon receipt of a completed “Exception Drugs Request Form” from a physician (or dentist).

Certain drugs/products will not be approved by the NIHB Program under any circumstances. For example:

- ♦ experimental drugs
- ♦ anti-obesity drugs
- ♦ impotence drugs or fertility agents
- ♦ hair growth stimulants
- ♦ travel vaccinations
- ♦ megavitamins
- ♦ alternative or herbal therapies
- ♦ regular soaps, shampoos, etc.
- ♦ cosmetics

Pharmacists must follow their provincial/territorial pharmacy legislation/policies to identify interchangeable drugs/products and to select the lowest-priced brand. Medically necessary “No Substitution” claims will be reviewed by NIHB; however, a completed and signed Health Canada “Report of Adverse Reaction” form and a prescription slip with handwritten “No Substitution” must first be submitted to a pharmacist for forwarding.

HIV Medication

The table below lists currently available HIV medications. All but two of the drugs can be obtained under the NIHB Program (January 2004). Drugs covered under Limited Use Benefits have been indicated; as well as those requiring a completed “Exception Drugs Request” form.

Class	HIV Medication's Currently Available	Under NIHB
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	Viramune® (nevirapine)	YES
	Sustiva™ (efavirenz)	YES
	Rescriptor® (delavirdine mesylate)	YES
Nucleoside Analogues (NRTI)	Tenofovir (Viread)	NO +
	Hydroxyurea (Hydrea)	NO ++
	Trizivir™ (abacavir sulfate/lamivudine/zidovudine)	YES
	Combivir® (lamivudine/zidovudine)	YES
	3TC® (lamivudine, Epivir)	YES
	Zerit® (stavudine, also known as d4T)	YES
	Ziagen® (abacavir sulfate)	YES
	Hivid® (zalcitabine, also known as ddC)	YES
	Videx® (didanosine, also known as ddl)	YES
	Retrovir® (zidovudine, also known as ZDV or AZT)	YES
Protease Inhibitors (PI)	Reyataz (Atazanavir sulfate)	NO +, **
	T-20 (Fuzeon, enfurvirtide)	NO +, **
	Kaletra™ (lopinavir/ritonavir)	YES *
	Crixivan® (indinavir)	YES
	Invirase® (saquinavir mesylate)	YES
	Viracept® (nelfinavir mesylate)	YES
	Norvir® (ritonavir)	YES
	Agenerase® (amprenavir)	YES *
	Fortovase® (saquinavir)	YES

HIV Treatments - January 2004

Note:

- * Prior approval of "Limited Use Benefit" required.
- + "Exception Drugs Request" form completed by attending physician required.
- ** Still under review of the Federal Pharmacy and Therapeutics Committee (FPTC).
- ++ Hydroxyurea (Hydrea) not approved for HIV in Canada (may enhance some nucleoside analogues)

HIV AIDS PROGRAMS & SERVICES

In “A Statistical Profile on the Health of First Nations in Canada” (Health Canada, 2003-12-08) it was acknowledged that AIDS cases in the Aboriginal population climbed from 1% to 7.2% of all cases in Canada between 1990 and 2001; and that Aboriginal people accounted for 25.9 % of all positive HIV test reports ‘with known ethnicity’ in Canada. It also declared that: “It is extremely important that trends of HIV transmission and new infections are monitored closely, especially among high-risk populations, such as the Aboriginal people in Canada”. To date, the provinces have varying levels of involvement with respect to consultations with Aboriginal people regarding HIV/AIDS programs and services.

ATLANTIC

Health Canada’s Atlantic Regional Office, Population and Public Health Branch (PPHB) Atlantic, administers federally funded health promotion programs in New Brunswick, Nova Scotia, and Prince Edward Island as well as Newfoundland and Labrador. One of the many funding programs administered is the AIDS Community Action Program (ACAP) which supports a response to the HIV/AIDS epidemic by providing both operational and regional project funding to community-based AIDS organizations.

New Brunswick & Nova Scotia

In New Brunswick and Nova Scotia, consultations are currently underway on provincial HIV/AIDS strategies. In both of these cases, the Healing Our Nations, Atlantic First Nations AIDS Network represents First Nations interests in these activities.

Prince Edward Island

The mandate of Prince Edward Island Health and Social Services is “to work in partnership with citizens to protect, promote and improve the health and independence of all Islanders”; and, Aboriginal people were consulted during PEI’s HIV/AIDS Strategy development.

Newfoundland & Labrador

The recently formed AIDS Committee of Newfoundland & Labrador deals with counselling and outreach services for its Aboriginal people. Based on financial need, the Prescription Drug Program provides assistance with the purchase of pharmaceuticals (and some related medical supplies) for all qualified Newfoundland and Labrador residents. People needing assistance with medication coverage may also qualify for a Drug Card through Social Assistance.

QUEBEC

In 1998, a provincial coalition was created to develop a First Nations and Inuit HIV/AIDS Strategy in cooperation with the First Nations of Quebec & Labrador Health & Social Services Commission – a group with federal, provincial, First Nations and Inuit representation. In February 2000, The Circle of Hope (Le Cercle de L’Espoir) strategy was released and a permanent committee was formed to implement the strategy.

Prescription drug insurance coverage has been compulsory for all residents of Quebec since 1997. Coverage may be obtained through private plans such as those available through employment; or through the public plan Administered by the Regie de l’assurance Maladie du Quebec.

ONTARIO

The provincial government provides HIV/AIDS funding to First Nations communities and has done so since 1989. In 1993, Ontario was one of the first provinces to initiate the development of an Aboriginal HIV/AIDS Strategy through the Canadian Aboriginal AIDS Network. Though it was developed with the participation of off-reserve Aboriginal groups only, inclusiveness and a community-based approach are essential components of this strategy. Strategy-staff work with Aboriginal Persons with HIV/AIDS (APHAs) to connect them with AIDS Service Organizations (ASOs). In addition, Aboriginal people are eligible for the Provincial Health Card which is a prerequisite to accessing the Ontario Health Insurance Program.

The Ontario Disability Support Program (ODSP) provides both financial benefits as well as prescription drug coverage; however, “disability expected to last greater than one year” and “financial need” must be proven – and it could take up to six months to be found eligible. An individual with no other source of income may be eligible to receive Ontario Works assistance (for those in temporary financial need) while being processed for ODSP; and, an individual already receiving Canada Pension Plan disability benefits may be fast tracked onto ODSP depending on assets. If ineligible for one of Ontario’s income maintenance programs, an individual may apply to the Trillium Drug Program which was created to assist residents with high medication costs in comparison to income. During application to the program, proof of previous year’s income and OHIP number must be provided. If found eligible for benefits, a “deductible” (equivalent to 4% of net income) is applicable before the Trillium Drug Program becomes effective.

MANITOBA

Efforts to collaborate on a common HIV/AIDS strategy through an inter-jurisdictional group were suspended. Even so, the provincial strategy has committed the province to

addressing HIV/AIDS issues affecting Aboriginal people in a complementary effort that includes Aboriginal direction and control as well as government consultation; and, which is integrated with provincial and national strategies in consultation with the Nine Circles Community Health Centre.

The Pharmacare Program is a drug benefit program that subsidizes eligible prescription drugs and designated medical supplies for any resident of Manitoba whose income is seriously affected by high prescription drug costs.

SASKATCHEWAN

Aboriginal issues are included in existing provincial government advisory bodies on HIV/AIDS which encompass Aboriginal FNIHB representation in cooperation with the All Nations Hope AIDS Network. Residents of Saskatchewan (living in the province at least six months a year) are eligible for Saskatchewan health benefits.

ALBERTA

Alberta was the first to develop an inter-jurisdictional Aboriginal HIV/AIDS Strategy — combining provincial and federal cooperation with such organizations as the Kimamow Atoskanow Foundation. In this initiative, both levels of government provided funds for a community-focused HIV prevention project. Support was provided to communities in accessing HIV/AIDS prevention funding resources; and, in conjunction with Aboriginal communities, the Tree of Creation was developed to set the strategy building process on a nature-based, culturally appropriate course. Residents of Alberta (persons lawfully entitled to be or to remain in Canada, who make their home and are ordinarily present in Alberta) are eligible for coverage under the Alberta Health Care Insurance Plan

BRITISH COLUMBIA

A strategic plan was released by an inter-jurisdictional Aboriginal HIV/AIDS Task Force, now named the Red Road HIV/AIDS Network Society. It evolved from a FNIHB focus group which decided to expand its membership to address some of the jurisdictional barriers and gaps in HIV/AIDS services to Aboriginal People.

The Pharmacare Program is a drug benefit program that subsidizes eligible prescription drugs and designated medical supplies for any resident of British Columbia whose income is seriously affected by high prescription drug costs.

NORTHWEST TERRITORIES & YUKON

By virtue of the high proportion of Aboriginal people in the general population, the Territories have universal HIV/AIDS strategies which include Aboriginal issues in cooperation with Aboriginal organizations such as the Blood Ties Four Directions Centre.

ABORIGINAL HEALTH CARE ISSUES:

Funding of Aboriginal ASOs

Aboriginal AIDS Service Organizations (ASOs) receive core funding under the Canadian Strategy on HIV/AIDS (CSHA) and/or through FNIHB. Aboriginal ASOs provide information, services, and support programs to APHAs (the fastest growing HIV/AIDS population in the nation). Given the complexity of HIV treatment-not to mention culturally appropriate treatment and/or culturally appropriate treatment information-Aboriginal ASOs must be prioritized under funding agreements. Improved inter-jurisdictional communications and coordination, resources, and skills-building will ensure that First Nations and Inuit clients

living with HIV/AIDS receive needed care. Aboriginal ASOs must be kept abreast of issues (decisions, recommendations, and medications) by means of NIHV Drug Bulletins and Updates as well as access to FPTC meeting minutes, etc.

Access to HIV medication

More and more, Aboriginal people are choosing antiretroviral drug therapy as an option for dealing with HIV infection. This therapy usually involves taking three or possibly more HIV medications. Because not all Aboriginal people have access to HIV/AIDS medications under NIHB, it is extremely difficult for some Aboriginal people (e.g., Métis), not registered under the Indian Act of Canada, to obtain needed care and treatment. The Canadian Aboriginal AIDS Network and all Aboriginal ASOs must advocate on behalf of all Aboriginal people, regardless of treaty status, for access to HIV medications under NIHB.

Appeals

Any Aboriginal individual who is denied coverage for HIV medication under NIHB has the right to appeal (an ASO should be contacted and made aware of the situation). The "Appeal Process for NIHB Benefits" form can be provided by any regional NIHB office.

AIDS Service Organizations:

Canadian Aboriginal AIDS Network

602 - 251 Bank Street
Ottawa ON K2P 1X3
Telephone: (613) 567-1817
Toll-free: 1-888-285-2226
Fax: (613) 567-4652
Email: caan@caan.ca

National Indian & Inuit Community Health Representatives Organization

P.O. Box 1019
Kahnawake QC J0L 1B0
Telephone: (450) 632-0892
Internet: www.niichro.com

Canadian Treatment Action Council

P.O. Box 116 - Stn "F"
Toronto ON M4Y 2L5
Telephone: (416) 410-6538
Fax: (416) 761-1012
Email: ctac@ctac.ca

Canadian AIDS Society

4th Floor - 309 Cooper Street
Ottawa ON K2P 0G5
Telephone: (613) 230-3580
Fax: (613) 563-4998
Email: casinfo@cdnaids.ca

Canadian AIDS Treatment Information Exchange

505 - 555 Richmond Street West - Box 1104
Toronto ON M5V 3B1
Telephone: (416) 203-7122
Toll Free; 1-800-263-1638
Fax: (613) 203-8284
Email: questions@catie.ca

NIHB Program Regional Offices:

If you have further questions about the NIHB Program in your region, you may also contact any of the regional FNIHB offices listed below.

Atlantic Region

(Halifax) 902-426-2656
Toll Free: 800-565-4446

Ontario Region

(Ottawa) 613-952-0145
Toll Free: 800-881-3921

Saskatchewan Region

(Regina) 306-780-8267
Toll Free: 800-667-3515

Pacific Region

(Vancouver) 604-666-3331
Toll Free: 800-665-2289

Yukon Region

867-667-3974
867-667-3942

Quebec Region

(Montreal) 514-283-1575
Toll Free: 877-483-1575

Manitoba Region

(Winnipeg) 204-983-8886
Toll Free: 800-665-8507

Alberta Region

(Edmonton) 780-495-2694
Toll Free: 800-2327301

Northwest Territories and Nunavut

Toll Free: 888-332-9222

Notes:

The Canadian Aboriginal AIDS Network acknowledges the contribution of the following sources in the preparation of this position paper.

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Environmental Scan: HIV/AIDS Treatment Modalities and Support Options for First Nations - (2001) - Ottawa, Ontario: Assembly of First Nations.

First Nations and Inuit People: Living with HIV - (2001) - Kahnawake, Quebec: National Indian and Inuit Community Health Representatives Organizations.

A Practical Guide to HAART (Highly Active Anti-Retroviral Therapy) for People Living with HIV/AIDS - (2002) - Toronto, Ontario: Canadian AIDS Treatment Information Exchange.

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