



NIHB Pharmacist

Focusing on Naloxone,
with a bit of Hep C and
HIV coverage

Katy Windl, BSP CD
NIHB Regional Pharmacist
Sept. 2017



Outline

- ◉ Who am I?
- ◉ Non-Insured Health Benefits (NIHB)
- ◉ NIHB Drug Coverage
 - ◉ Hepatitis C and HIV Medications
- ◉ Take Home Naloxone

NIHB Regional Pharmacist

As the Senior Pharmacy advisor for FNIHB's Saskatchewan Region:

- ❑ **Professional advice** and guidance relating to pharmacy for First Nations Leaders, Health Care Professionals and all Regional FNIHB Staff;
- ❑ **Educate** on appropriate drug use;
- ❑ Assist First Nations organizations and Communities to develop **drug use strategies**; &
- ❑ Act as a Liaison for Pharmacy related issues.



What is Non-Insured Health Benefits (NIHB)?

- Health benefits for First Nations/Inuit beyond those covered by the Canada Health Act, and insured services provided by the provinces/territories or other 3rd party plans
- In Saskatchewan, there are approximately 147,585 On & Off reserve First Nations people



Principals of NIHB

- Nationally consistent but regionally responsive
- Medically necessary
- Most economical
- Nearest provider
- No extra billing
 - difference not to be collected from clients
- Portable across provinces, but equivalent to services available in that province



NIHB Benefits

- Pharmacy
- Medical Supplies and Equipment
- Dental
- Vision
- Crisis Mental Health
- Medical Transportation

Side Note on Jordan's Principal

Types of Pharmacy Benefits

- **Open Benefits**
- **Limited Use Drugs**
 - Some antibiotics
 - Nicotine Gum (945 pieces/year)
 - Nicotine Patch (70-84/year)
- **Exceptions**
 - Prior approvals.
 - Items not listed on drug benefit list but may be approved in special circumstances.
 - Drug exception centre – called by Pharmacy, Physician is faxed a form.
- **Exclusions**



Appeals

- ✓ Must be in writing & initiated by the Client, legal guardian or interpreter.
- Three levels of appeals are available (MS&E, Optical, Medical Transportation and Mental Health):
 - Level 1 – is the NIHB Regional Manager
 - Level 2 – is the FNIHB Regional Executive
 - Level 3 – is the NIHB Director General
- Pharmacy & Dental – all three levels are at the national office level

We've got a problem,
Heart, what do you
think we should do?

Let's **COMPLAIN**
about it until it
MAGICALLY
DISAPPEARS!!!



AFN and NIHB Review

We want your input!

Client and provider surveys are available online at <http://health.afn.ca/en/about-us/pro/nihb/nihb-comprehensive-joint-review>.

Google:
NIHB AFN joint Review



Where can I find more information?

For more information on NIHB benefits, including access to NIHB policy frameworks, please visit:

<http://hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php>

For information on **updates** to the NIHB program please visit:

<http://hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php>

or **Google: NIHB Updates**

Clients can contact the NIHB Regional Office for assistance accessing benefits at **1-866-885-3933**.

CONTACT US:

- Medical Transportation Call Centre (24/7);
- Vision Care;
- Pharmacy / Medical Supplies and Equipment;
and
- Mental Health Crisis Counselling:

Phone: 1-866-885-3933

National Dental Pre-Determination Centre:

Phone: 1-855-618-6291

Set up an NIHB Info Session for your Organization

Treatment of chronic hepatitis C

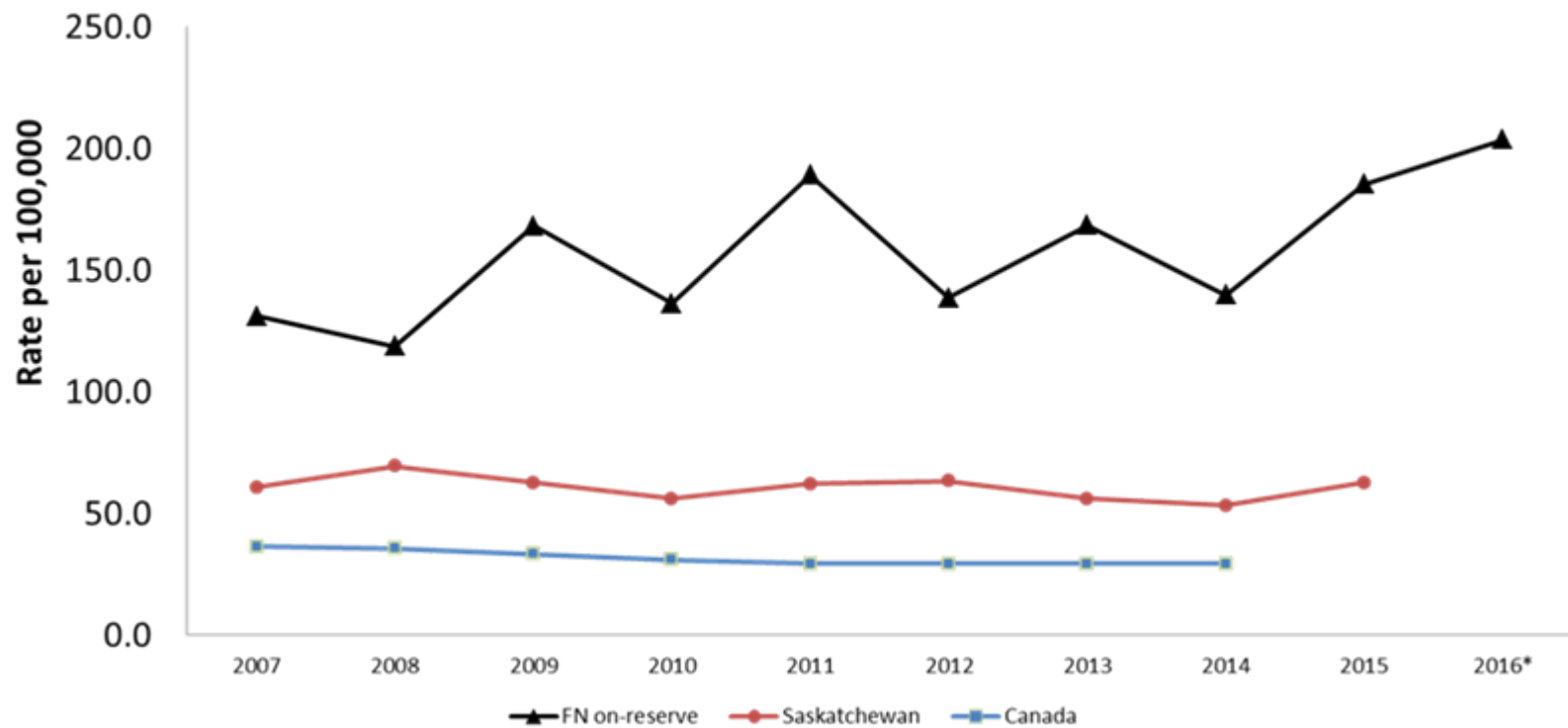
Effective **March 31st 2017**, the Non-Insured Health Benefits (NIHB) Program expanded coverage criteria and added new medications for the treatment of hepatitis C as limited use (LU) benefits:

- ◉ **Harvoni** (ledipasvir/sofosbuvir)
- ◉ **Sovaldi** (sofosbuvir)
- ◉ **Epclusa** (sofosbuvir/velpatasvir)
- ◉ **Zepatier** (elbasvir/grazoprevir)
- ◉ **Daklinza** (daclatasvir)
- ◉ **Sunvepra** (asunaprevir)
- ◉ **Ibavyr** (ribavirin)

Hep C Coverage Criteria

- ✓ Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating patients with chronic hepatitis C); **AND**
- ✓ Laboratory confirmed hepatitis C *genotype* 1, 2, 3, 4, 5, 6 or mixed genotype; **&**
- ✓ Laboratory confirmed quantitative HCV *RNA* level taken in the last 12 months; **&**
- ✓ Fibrosis stage of F2 or greater (Metavir scale or equivalent); **OR**
- Fibrosis stage less than F2 **AND** at least one of the following:
 - Co-infection with human immunodeficiency virus (HIV) or hepatitis B virus
 - Co-existent liver disease with diagnostic evidence of fatty liver disease (Example: non-alcoholic steatohepatitis [NASH])
 - Post organ transplant (may include liver and/or non-liver organ transplant)
 - Extra-hepatic manifestations
 - Chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative (K/DOQI)
 - Diabetic patients receiving treatment with anti-diabetic drugs
 - Women of childbearing age who plan to get pregnant within the next 12 months

Hepatitis-C diagnosis rates for Saskatchewan First Nations living on-reserve, overall Saskatchewan population and Canadian population, 2007 to 2016

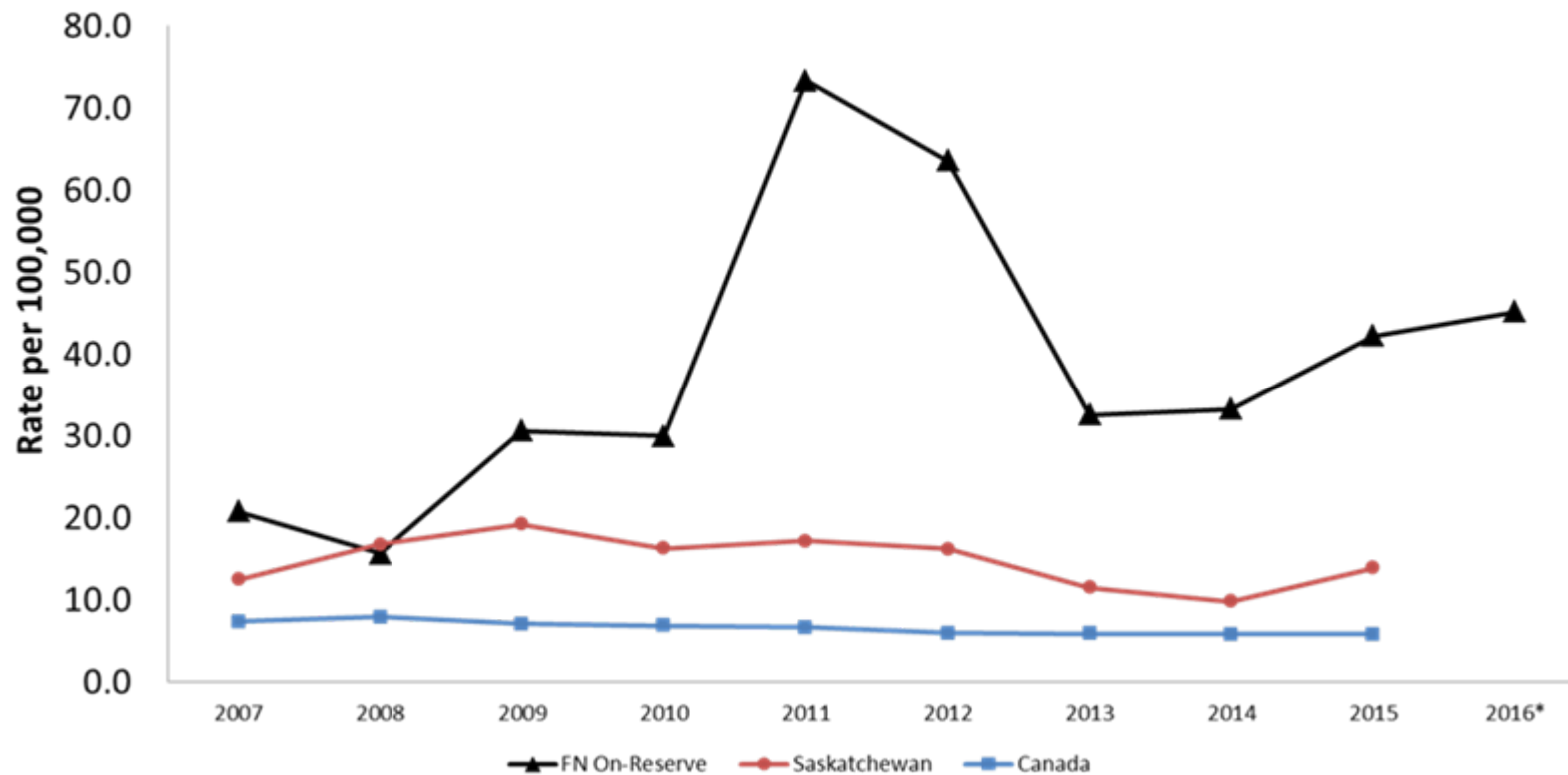


HIV Drug Coverage

Open Benefits

- PREZISTA, PREZCOBIX, TIVICAY, VIDEX EC, SUSTIVA, ATRIPLA, GENVOYA, INTELENCE, TELZIR...
- Please check out our online Drug Benefit List (DBL) 2017 for a complete list.
- If the Drug isn't listed it may be reviewed on a case-to-case basis.

**HIV diagnosis rates for Saskatchewan First Nations living on-reserve, overall
Saskatchewan population and Canadian population, 2007 to 2016**



NIHB Program Expenditures Saskatchewan Region

	2014/15	2015/16	2016/17
Hep C Treatments	\$1,111,604	\$5,289,008	\$10,039,385
Antiretrovirals for HIV	\$8,569,053	\$10,377,384	\$11,340,320

Overdose Prevention, Recognition and Response

Take Home Naloxone



On average in 2014–2015, there were

13 hospitalizations for opioid poisoning each day in Canada



Who is being hospitalized and why?

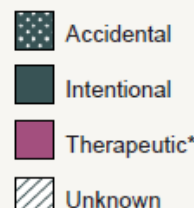
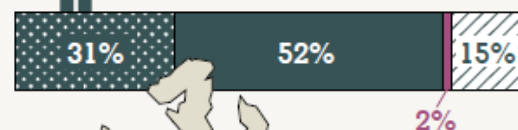
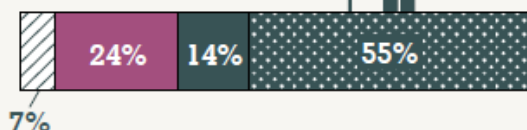
Seniors age 65+

Had the highest rate, reaching 20 per 100,000 population in 2014–2015.



Youth age 15–24

Had the fastest growing rate, increasing by 62% to 10 per 100,000 population between 2007–2008 and 2014–2015.

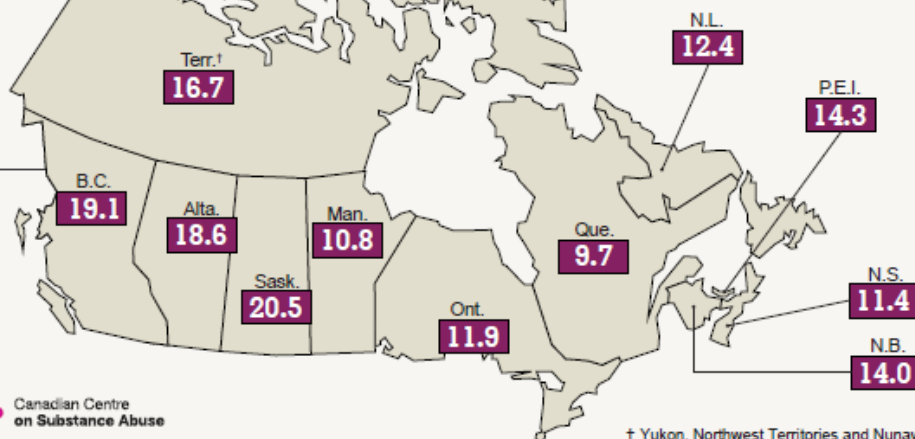


* Therapeutic: Adverse effect when medication was taken as directed.

How do rates differ across Canada?



Age-adjusted rate per 100,000 population, 2014–2015



† Yukon, Northwest Territories and Nunavut data is grouped together and reported as "Territories" due to low volumes.

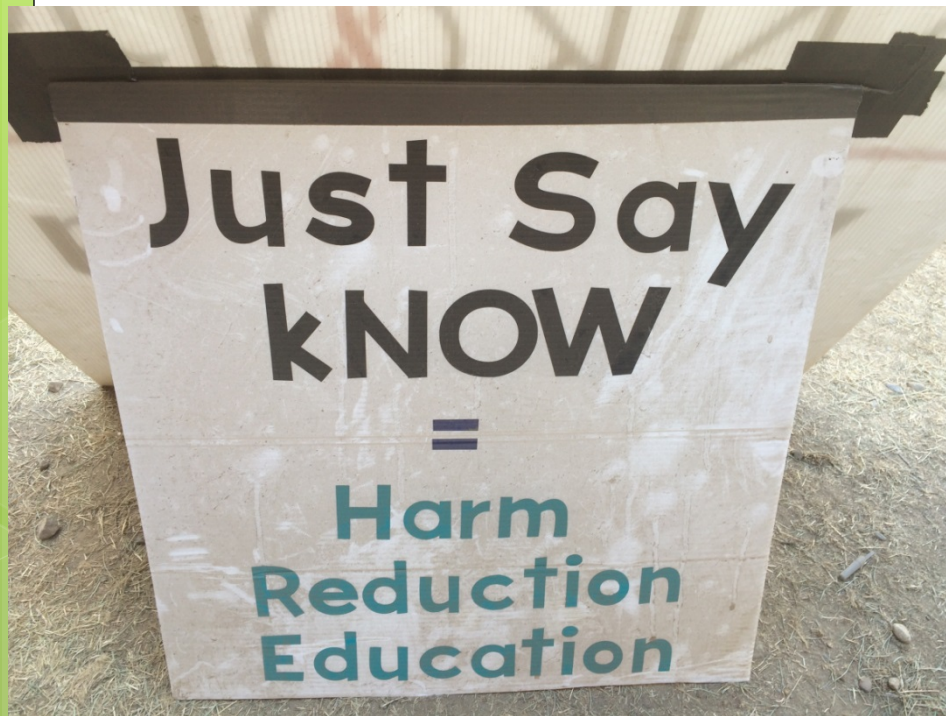


CIHI

© 2016 Canadian Institute for Health Information



Canadian Centre on Substance Abuse



Stop Stigma: Build Connection

"Stigma often drives people to isolation and alienation; distancing themselves from their communities and families, and building reluctance in accessing healthcare services or treatment.

Recognizing that individuals have different lived-experiences that shape their behaviours, sense of self and well-being, sense of safety, and engagement with others.



Naloxone (Narcan)

Naloxone allows for the reversal of respiratory depression

- Buys time until an ambulance arrives and supportive care can be given; and
- Decreases risk of anoxic brain injury and death.

Very safe!

- Has no effect in the absence of opioids

Most of the adverse effects are directly related to opioid withdrawal or injection site reaction

Morphine or Other
Opioid Agonist

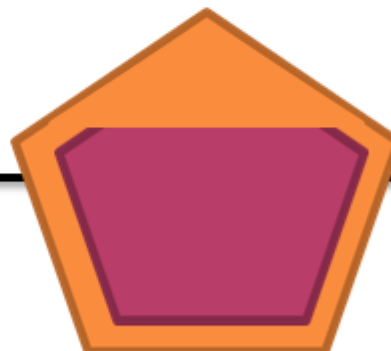
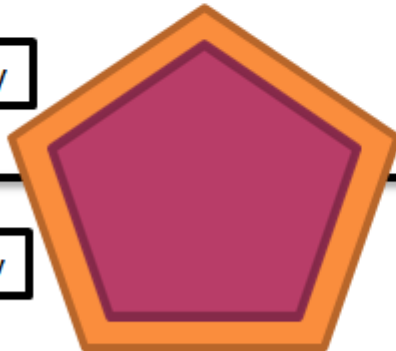
Buprenorphine
Partial Agonist

Opioid Antagonist
Naloxone



Zone of Activity

Zone of Affinity



Naloxone has a higher affinity to opioid receptors than opioids, such as heroin or oxycodone, knocking off the opioid from the receptor for a short time (30-90 min)

Responding With Naloxone

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate

Unresponsive? **CALL 911**



Airway



Ventilate

1 breath every 5 seconds



Evaluate



Muscular Injection

1 mL of naloxone



Evaluate

2nd dose?

Always tell the person who overdosed what you are doing before you do it

Take-Home Naloxone Kits

- 2 x Naloxone 0.4mg/mL ampoules or vials
 - Min 6 month expiry date
 - 2 x Safety syringes
 - Gloves
 - Breathing mask
 - Alcohol swabs
 - +/-Ampoule breakers
-
- Instructions for use



The Good Samaritan Drug Overdose Act

Provides some legal protection for people who experience or witness an overdose and call 9-1-1 for help.

The act can protect you if you are in breach of the following conditions under section 4 (1) of the Controlled Drugs and Substances Act:

- *Parole;*
- *pre-trial release;*
- *probation orders;*
- *simple possession; and*
- *conditional sentences.*

The Good Samaritan Drug Overdose Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose.

The act became law on **May 4, 2017.**

Availability of Take Home Naloxone in Saskatchewan

Anyone is eligible to purchase a Take Home Naloxone Kit through their community pharmacy, also an NIHB benefit.

Publicly funded Take Home Naloxone kits are available to eligible Saskatchewan residents who use opioids at no cost. Anyone can receive the training.

To locate Addictions/Mental Health Services near you:

- Visit www.saskatchewan.ca/addictions.
- Visit HealthLine Online at healthlineonline.ca.
- Call HealthLine at 811. Specially trained staff are available to provide mental health and addictions crisis support, in a safe and confidential manner.



**WHAT YOU DO
MATTERS**

THANK YOU



Contact Katy Windl

Saskatchewan Regional Pharmacist,
Non-Insured Health Benefits Directorate
First Nations & Inuit Health Branch
Health Canada / Government of Canada

Katherine.Windl@canada.ca