

NON INSURED HEALTH BENEFITS PROGRAM (NIHB)

Research conducted by the Office of Public Policy and Government Relations indicates this information was accurate at time of publication. However, government policies are subject to change; the data may be used as a starting point but coverage for specific circumstances should be verified with provincial or territorial government health program personnel.

Part I COVERAGE PROVISIONS	
Eligibility	<p>The Non-Insured Health Benefits Program provides medically necessary health-related goods and services, not covered by other federal, provincial, territorial or third-party health insurance plans, to eligible registered Indians and recognized Inuit and Innu. These benefits complement provincial/territorial insured health care programs and include drugs, medical transportation, dental care, vision care, medical supplies and equipment, crisis intervention counselling, and provincial health care premiums, where applicable.</p> <p>Those eligible for NIHB must be identified as a resident of Canada and one of the following:</p> <ul style="list-style-type: none"> • a registered Indian according to the <i>Indian Act</i> • an Innu member of one of the two Innu communities in Labrador (Davis Inlet and Sheshatshiu) • an Inuk recognized by one of the Inuit Land Claim organizations • an infant less than age one (1), whose parent is an eligible recipient.
Emergency assistance	
Formulary status of diabetes drugs	<p>The NIHB Program will consider reimbursement for a higher-cost interchangeable product when a patient has experienced an adverse reaction with a lower-cost alternative (commonly known as a generic drug).</p> <ul style="list-style-type: none"> ➤ Listed: acarbose (Prandase) / gliclazide (Diamicron) / glyburide (Diabeta) / Glucagon / insulins (regular, NPH, regular-NPH combination, lente) / insulin aspart (Novo Rapid), insulin lispro (Humalog) / metformin (Glucophage) / nateglinide (Starlix) / repaglinide (Gluconorm) / tolbutamide, ➤ Restricted: pioglitazone (Actos) / rosiglitazone (Avandia) ➤ Not listed: chlorpropamide / glimepiride (Amaryl) / hypurin porcine insulin* / insulin detemir (Levemir) / insulin glargine (Lantus) / insulin aspart mixed (NovoMix 30)* / rosiglitazone maleate & metformin HCl (Avandamet) <p style="text-align: right;">* under review</p>

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Part 2 ACCESS TO MEDICATION AND SUPPLIES		
<p>(✓) indicates access is available, subject to income, age, or other provisions or restrictions listed in Part I.</p> <p>(✗) indicates access is not available.</p> <p>(*) indicates special circumstances. See Comment column.</p>		
	Full benefit for eligible recipients	Comment
Prescription medication		
• Insulin	✓	
• Oral agents	✓	
Testing supplies		
• Lancets	✓	
• Monitors/meters	✓	One every five years
• Test strips (BG)	✓	
• Test strips (Ketone)	✓	
Insulin delivery		
• Pen needles	✓	
• Pumps	*	* Exception status: reviewed on a case by case basis
• Pump supplies	✓	
• Syringes	✓	