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 | 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 First Nations and recognized Inuit. These benefits complement provincial/territorial insured health care programs and include drugs, medical transportation, dental care, eye and vision care, medical supplies and equipment, short-term crisis intervention mental health counselling, and British Columbia health care premiums, where applicable. | |
| | Those eligible for NIHB must be identified as a resident of Canada and one of the following: a registered Indian according to the <i>Indian Act</i>; or an Inuk recognized by one of the Inuit Land Claim organizations – Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation, Makivik Corporation. For an Inuk residing outside of their land claim settlement area, a letter of recognition from one of the Inuit land claim organizations and a birth certificate are required; or an infant less than one (1) year of age, whose parent is an eligible client; and Is currently registered or eligible for registration, under a provincial or territorial health insurance plan; and Is not otherwise covered under a separate agreement (e.g. a self-government agreement) with federal, provincial or territorial government. | |
| Emergency assistance | n/a | |
| Drug Benefit List, status of diabetes drugs | Listed: acarbose (Prandase) / gliclazide (Diamicron) / glyburide (Diabeta) / Glucagon / Insulins (regular, NPH, regular-NPH combination, lente) / insulin aspart (Novo Rapid), Insulin lispro (Humalog and in combination) / metformin (Glucophage) / nateglinide (Starlix) / repaglinide (Gluconorm) / tolbutamide / insulin glargine (Lantus) Restricted: pioglitazone (Actos) / rosiglitazone (Avandia) Not listed: chlorpropamide / glimepiride (Amaryl) / hypurin porcine insulin / insulin detemir (Levemir) / insulin aspart mixed (NovoMix 30) / rosiglitazone maleate & metformin HCl (Avandamet) 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 frommonly known as a generic drug). | |

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| Part 2 ACCESS TO MEDICATION AND SUPPLIES | | | |
|--|--------------------------------------|--|--|
| (\checkmark) indicates access is available, subject to income, age, or other provisions or | | | |
| restrictions listed in Part I. | | | |
| (X) indicates access is not available. | | | |
| (*) indicates special circumstances. See Comment column. | | | |
| | Full benefit for eligible recipients | Comment | |
| Prescription medication | , | | |
| • Insulin | ✓ | | |
| Oral agents | ✓ | | |
| Testing supplies • Lancets | ✓ | | |
| • Test strips (BG) | ✓ | | |
| • Test strips (Ketone) | * | | |
| Insulin delivery | | | |
| Pen needles | ✓ | | |
| Pumps (supplies) | * | * Exception status: reviewed on a case by case basis | |
| Syringes | ~ | | |