

Non-Insured Health Benefits Program Nutrition Policy Overview

March 1, 2023
Alberta



Happy Nutrition Month!

Unlock the
Potential
of Food

📍 Find a Dietitian

NUTRITIONMONTH2023.CA

Introduction to a few Dietitians working with Indigenous Services Canada

Alberta Region

- Laura White
- Kathleen Gibson
- Laurina Eskow
- Erin Bligh

NIHB

- Renee Bowers
- Rasha El-Khoury

Introduction: Renee Bowers, Manager Program Analyst
(Registered Dietitian, Certified Diabetes Educator)

Contact: Renee.Bowers@sac-isc.gc.ca

What Dietitians Do...



What my FRIENDS think I do



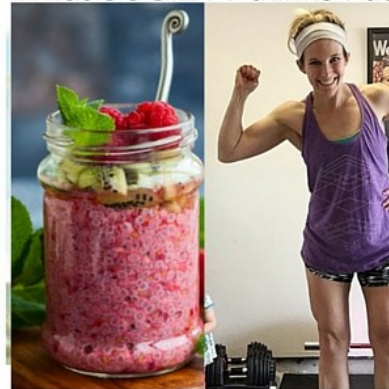
What SOCIETY thinks I do



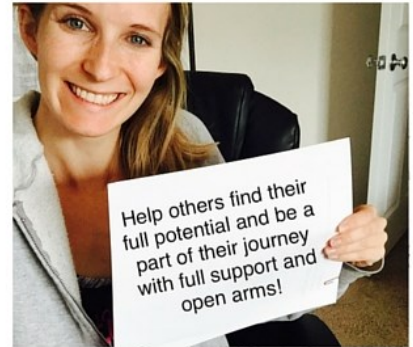
What my PATIENTS think I do



What DOCTORS think I do



What I think I do



What I ACTUALLY do

Before we start:

- Have you tried to recommend any of the following for clients of the Non-Insured Health Benefits Program:
 1. Vitamin or mineral supplement yes/no
 2. Infant formula yes/no
 3. Nutrition supplement yes/no

Overview of Presentation

- To increase dietitian's and other health professional's awareness of the Non-Insured Health Benefits Program nutrition policy
 - Introduction to the Non-Insured Health Benefits Program
 - Overview of Nutrition Policy
- Gain an understanding of how to recommend nutrition products to support the care process of First Nations and Inuit clients of the Non-Insured Health Benefits Program.
 - How to access the Non-Insured Health Benefits Program Drug Benefit List
 - Introduction to Non-Insured Health Benefits Nutrition Products
- Introduction to Medical Supplies and Equipment
 - Update on new(er) breast pump coverage
 - Information on enteral feeding supplies
- Keeping informed of Non-Insured Health Benefits Program Updates

Introduction to the Non-Insured Health Benefit Program



Non-Insured Health Benefits (NIHB) Program

- **NIHB Mandate:**

- The Non-Insured Health Benefits (NIHB) Program provides coverage to registered First Nations and recognized Inuit for ***a range of medically necessary items and services*** when these benefits are not provided through other public programs or private health benefit plans.
- The NIHB Program provides coverage for **drugs and pharmacy products** (prescription drugs, over-the-counter medication, nutritional supplements), **medical supplies and equipment**, mental health counselling, dental care, vision care, and medical transportation.

- **NIHB Principles:**

- Evidence based
- National consistency
- Sustainable and cost effective
- Transparent and collaborative with First Nations and Inuit organizations
- Coordinate payment with other public plans or private plans on eligible benefits

Health Canada – Regulatory Role

Product	Definition	Reference	Notes
Products Regulated by Food And Drug Regulations			
Food	Any article manufactured, sold or represented for use as food or drink by man, chewing gum, and any ingredient that may be mixed with food for any purpose whatever	http://laws-lois.justice.gc.ca/eng/acts/F-27/page-1.html	Not included in the NIHB nutrition policy. But foods for special dietary use etc. and are listed on next slide.
Drug	Any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals.	http://laws-lois.justice.gc.ca/eng/acts/F-27/page-1.html	Included in the NIHB Drug Benefit List (DBL). Will have a Drug Identification Number (DIN).
Products Regulated by the Natural Health Products Regulations			
Natural Health Products	Substances used in the prevention or treatment of an illness or condition, the reduction of health risks or the maintenance of good health. NHPs include Vitamins and minerals.	http://laws-lois.justice.gc.ca/eng/regulations/SOR-2003-196/page-1.html#h-1	NHPs that have been licensed for sale in Canada will have an eight-digit Natural Product Number (NPN) or Homeopathic Medicine Number (DINHM) on the label. A NPN or DIN-HM means that the product has been authorized for sale in Canada and is safe and effective when used according to the instructions on the label.

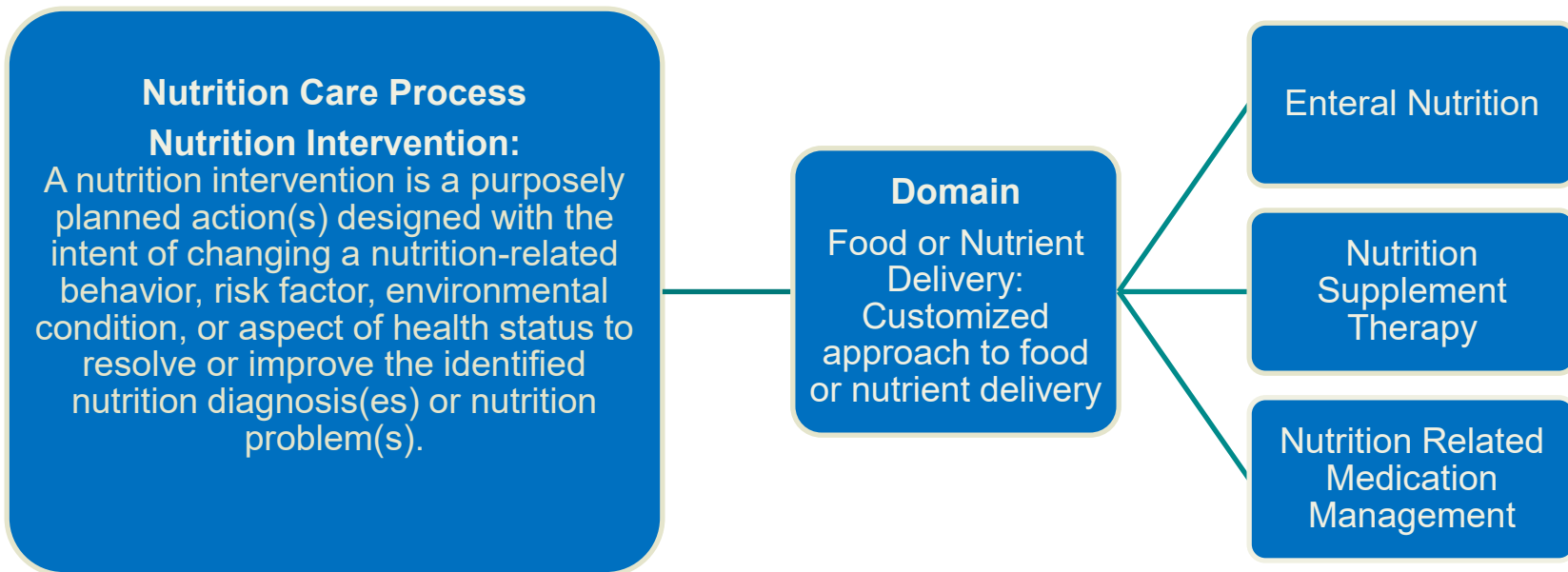
Products regulated by Food and Drug Regulations – Available in Retail Settings (Pharmacies)

Product	Definition	Reference	Notes
Products Regulated by Food And Drug Regulations			
Foods for Special Dietary use	Food that has been specially processed or formulated to meet the requirements of a person in whom a physical or physiological condition exists as a result of a disease, disorder or injury; May include a formulated liquid diet, a meal replacement, a nutritional supplement, a gluten-free food, a food represented for protein-restricted diets, a food represented for low amino acid diets, or a food represented for use in a very low energy diet.	Government of Canada. Food and Drug Regulations. Part B: Foods, Division 24, Foods for Special Dietary Use B.24.001	These types of products are included in the NIHB nutrition policy. They are given a pseudo-DIN (pDIN) by NIHB.
Formulated Liquid diet	A food that is sold for consumption in liquid form; and is sold or represented as a nutritionally complete diet for oral or tube feeding of a person in whom a physical or physiological condition exists as a result of a disease, disorder or injury	Government of Canada. Food and Drug Regulations. Part B: Foods, Division 24, Foods for Special Dietary Use B.24.001	These types of products are included in the NIHB nutrition policy. They are given a pseudo-DIN (pDIN) by NIHB.
Nutritional Supplement	A food sold or represented as a supplement to a diet that may be inadequate in energy and essential nutrients.	Government of Canada. Food and Drug Regulations. Part B: Foods, Division 24, Foods for Special Dietary Use B.24.001	These types of products are included in the NIHB nutrition policy. They are given a pseudo-DIN (pDIN) by NIHB.

Overview of the Non-Insured Health Benefits Program Nutrition Policy



Overview of the Non-Insured Health Benefits Nutrition Policy - Defining Medically Necessary (1/3)



Source: International Dietetics and Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process. Fourth Edition. 2013

Overview of the Non-Insured Health Benefits Nutrition Policy – Scope of Products Included (2/3)

- The following types of products are included in the NIHB nutrition policy when required for a medical condition:
 - **Enteral Nutrition:** Where a feeding tube supplies nutrients to people who cannot get enough nutrition through eating. A flexible tube is inserted through the nose or belly area to provide nutrients by delivering liquid nutrition directly into the stomach or small intestine.
 - **Nutritional Supplement Therapy:** Commercial or prepared beverages intended to supplement energy, fat, carbohydrate, fibre/and or fat intake, that may also contribute to vitamin and mineral intake.
 - **Vitamin and Mineral Supplement Therapy:** A product that is intended to supplement vitamin and mineral intake.
 - **Infant Formula:** Formulas intended for infants for up to one year of gestational age.
 - **Thickening Agents:** Products to support a nectar, honey or spoon thick liquid diets for all ages.

Overview of the Non-Insured Health Benefits Nutrition Policy – Life Stage Approach (3/3)

Infants – Up to one year of Gestational Age

- Infant Formula
- Infant Vitamins and Minerals

Children and Youth – 1 -19 years of age

- Nutritional Supplements
- Multivitamins for children and youth

Adults – 20 + years of age

- Nutritional Supplements
- Chronic Kidney Disease Formulary
- Active Cancer Therapy
- End of Life Formulary

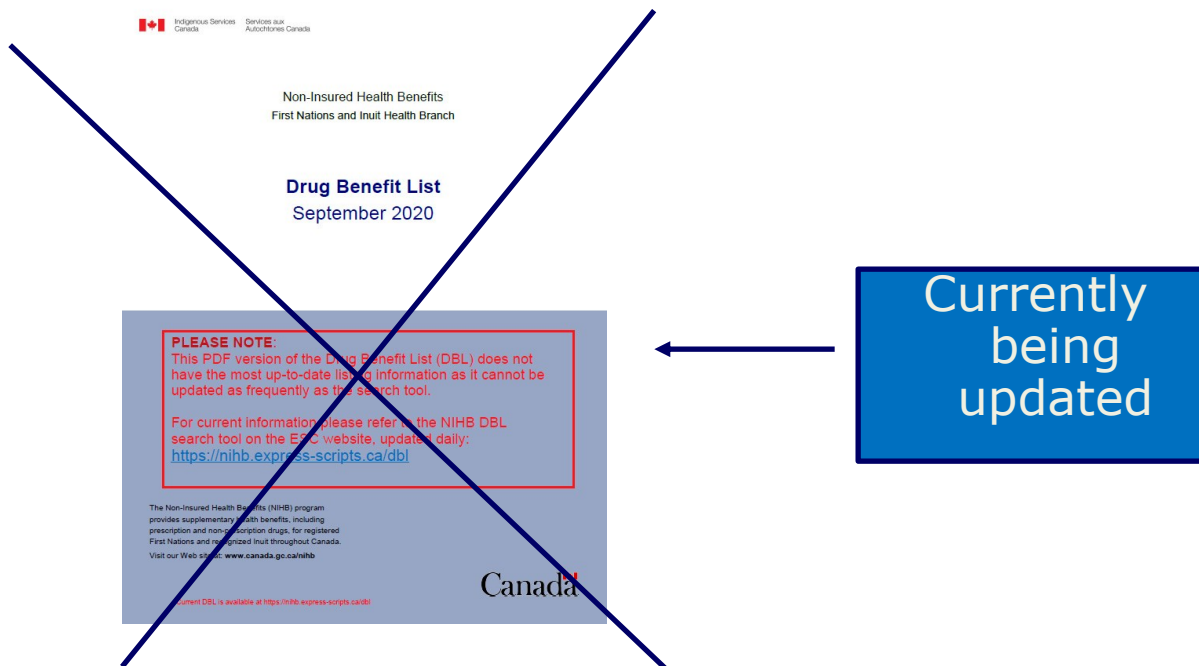
Prenatal Multivitamins, Individual Vitamins and Minerals, Thickening Agents

How to Access the Non-Insured Health Benefits Program Drug Benefit List



What is a Drug Benefit List?

- **Drug Benefit List (DBL):** Listing of the drugs and nutrition products provided as a benefit of the Non-Insured Health Benefits (NIHB) Program. The listed drugs and nutrition products are those primarily used in a home or ambulatory setting.




How to search the NIHB Drug Benefit List

- [NIHB \(express-scripts.ca\)](http://express-scripts.ca)

The screenshot shows the top navigation bar of the Express Scripts website. It includes social media icons (YouTube, Twitter, LinkedIn), a Canadian flag, text size options (A | A | A), and language selection (EN, FR). The main navigation menu contains links for Provider, Client, About Us, Alerts, Reports, and Contact Us, along with a Log In button. Below the navigation is a breadcrumb trail: Home | Pharmacy | Drug Benefit List. The main heading is "Drug Benefit List". A descriptive paragraph states: "The Drug Benefit List (DBL) contains the drugs that are included in the NIHB Program, which are primarily used in a home or ambulatory setting. Physicians and pharmacists can also use this list to select the most optimal and cost-effective drug therapy." Below this are two links: "Online Drug Benefit List" and "Download Drug Benefit List". The search interface is titled "Online Drug Benefit List" and features several input fields: "DIN/NPN/PDIN" (containing "ENFAMIL"), "Strength", "Dosage Form" (a dropdown menu), "Chemical Name", "AHFS Class", "Manufacturer", and "Coverage Benefit Status" (a dropdown menu). At the bottom right of the search area are "Clear" and "Search" buttons.

How to search the Drug Benefit List


EXPRESS SCRIPTS®

[Provider](#) ▾
 [Client](#)
[About Us](#) ▾
 [Alerts](#)
[Reports](#)
[Contact Us](#)

[Log In](#)

95900007	ENFAMIL A+ 237ML RTF	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900008	ENFAMIL A+ THICKENED 660G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900009	ENFAMIL A+ ENFACARE 363G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900012	ENFAMIL LOWER IRON 385ML CONC	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900149	ENFAMIL A+ GENTLEASE 237ML RTF	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900150	ENFAMIL A+ GENTLEASE 942G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900155	ENFAMIL LOWER IRON 900G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900156	ENFAMIL A+ SOY 385ML LIQ	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900164	ENFAMIL A+ 663G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900176	ENFAMIL A+ 992G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900249	ENFAMIL A+ 2 NIPPLE-RTF BOTTLES 2...	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details

Overview of Benefits – Listed on the DBL

- **Open Benefit:** Drugs and drug products which do not have established criteria or prior approval, e.g., Vitamin D, thickening agents
- **Limited Use (LU) Benefits:** Drug products listed on the NIHB DBL that may be inappropriate for general listing but have value in specific circumstances. There are 3 types of limited use. These include:
 - 1. LU benefits that **do not require prior approval**, e.g., multivitamins for children up to 19 years of age, prenatal and postnatal vitamins for people of childbearing age (12-50 years).
 - 2. LU benefits that have **a quantity or frequency limit**. A client can have a maximum amount within a specified time frame, e.g., smoking cessation products.
 - 3. LU benefits that **require prior approval**. These benefits have criteria for coverage that must be met. The criteria is listed on the forms faxed to prescribers/recommenders, e.g., infant formula, nutritional supplements.

[Non-Insured Health Benefits: Drug benefit list \(sac-isc.gc.ca\)](http://sac-isc.gc.ca)

Overview of Benefits – Not Listed on the Drug Benefit List

- **Exception Requests:** Drugs and drug products which are not listed in the Drug Benefit List (DBL). These drugs and drug products are considered on a case-by-case basis and may be approved in special circumstances upon receipt of a completed exception drugs request form from the attending licensed practitioner.
- **Exclusions:** Exclusions are items not listed as benefits on the Drug Benefit List (DBL) and are not available through the exception or appeal processes. These include certain drug therapies for conditions which fall outside of the NIHB mandate and are not provided as benefits under the NIHB Program e.g., anti-obesity drugs, megavitamins.

[Non-Insured Health Benefits: Drug benefit list \(sac-isc.gc.ca\)](http://sac-isc.gc.ca)

Introduction to the Non-Insured Health Benefits Nutrition Products



1. Determine if recommending nutrition products is within your professional scope (1/2)

- **NIHB Prescriber Policy: Dietitians as prescribers/recommenders**

To be eligible for reimbursement, the following conditions must be met by all prescribers:

- licensed by and in good standing with the respective governing body or province in which they practice
- the prescription has been written in accordance with federal and provincial legislation
- the prescription falls within the health professional's scope of practice, as defined by the relevant provincial and territorial regulations

In addition, the NIHB program accepts client-specific written recommendations for the National Association of Pharmacy Regulatory Authorities (NAPRA) Schedule II, III, unscheduled (non-prescription) drugs and other eligible health products when the item(s) falls within ***the health care provider's scope of practice***.

Determine if recommending nutrition products is within your professional scope (2/2)

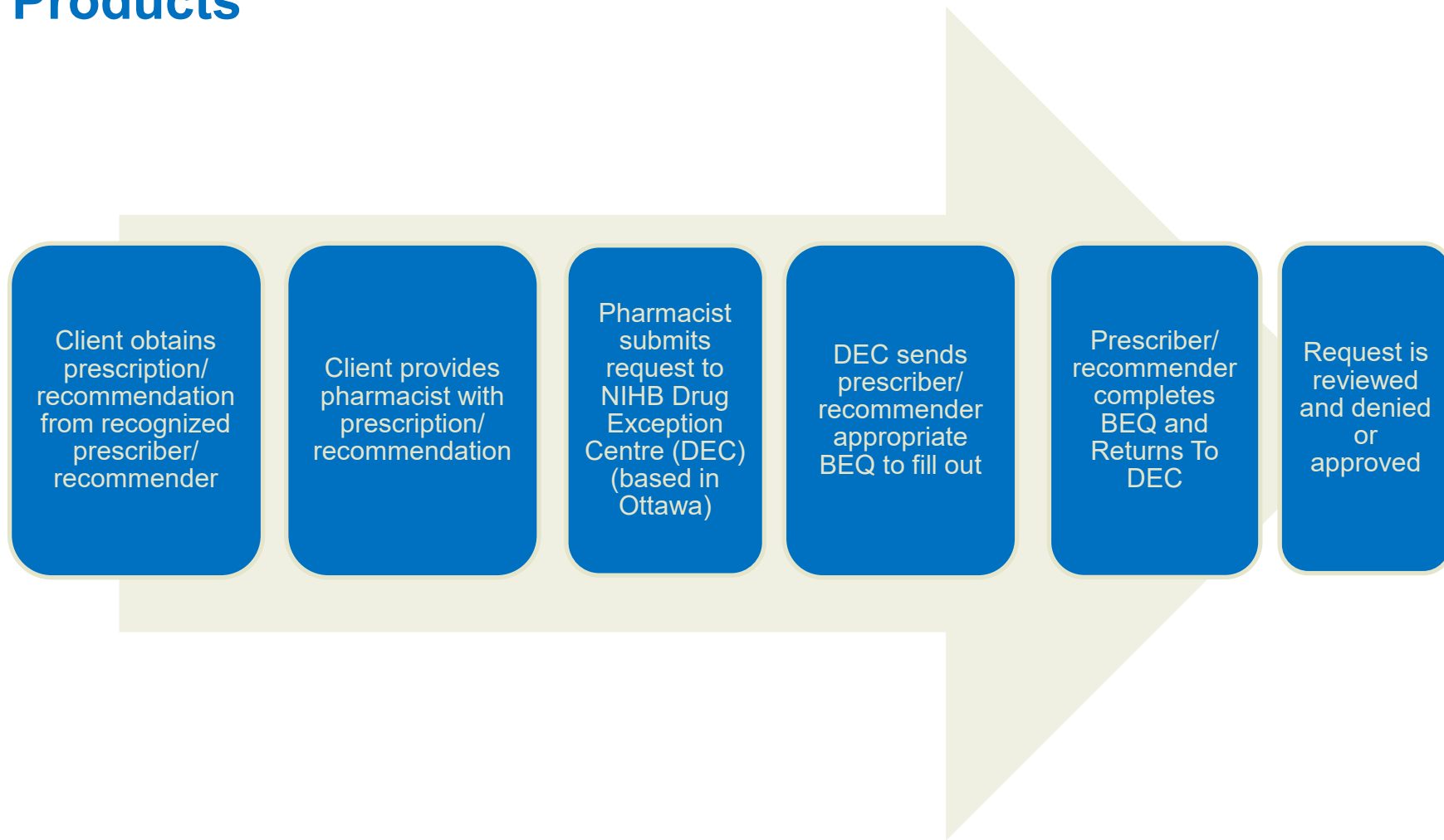
The NIHB program requires providers to maintain documentation related to claims submitted as a result of a health professional's recommendation. At a minimum this must include the following information:

- date
- name, and address or date of birth of the client
- proper name, common name, or brand name of the prescribed drug, and the quantity thereof
- dosage
- signature of the health professional

Claims submitted according to this policy will be reimbursed for the drug cost and dispensing fee according to NIHB reimbursement policies. All claims are subject to claims verification.

Reference: https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766#chp3_12

2. Overview of process: How to access NIHB Nutrition Products



If Necessary - How to Appeal a Decision

An appeal can be made by a client, the parent or legal guardian, or a representative of the client, or someone authorized on behalf of the client. This must be communicated in writing.

To begin the appeal process, a signed letter must be submitted to the NIHB Program. There are 3 levels of appeal.

Level 1 Appeal:
Submitted to the Director of Pharmacy Policy

Level 2 Appeal:
Submitted to the Director Of Benefit Management and Review Services Division

Can be submitted if you do not agree with the Level 1 decision, or there is new information to support the request

Level 3 Appeal:
Submitted to the Director General NIHB

Can be submitted if you do not agree with the Level 2 decision, or there is new information to support the request

[Appealing a decision under the NIHB program \(sac-isc.gc.ca\)](http://sac-isc.gc.ca)

Key Point: There must be new information submitted for each level of appeal

What is a Benefit Exception Questionnaire?

- The Benefit Exception Questionnaire (BEQ) is a form that health professionals fill out to request the nutritional products.
- Each age group has a specific BEQ (i.e., Infants, Children and Youth, Adults).
- The BEQ is faxed to the health professional recommending/prescribing the product.
- A BEQ has to be faxed for each client as it will contain their personal information to ensure it is the correct person.
- When filling out a BEQ, more information is always better than not enough.

Infant Nutrition BEQ (2/2)

SECTION 1: PRESCRIBER/PATIENT INFORMATION (continued from previous page)

Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #}	Fax: {Prescriber Fax #} Date (dd/mm/yyyy):{Create Date}
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}
	Case #: {Case Number}
Infant formula requested: {Item Name}	DIN: {DIN - Item #}

SECTION 2: FOR PRESCRIBER ONLY (continued from previous page)

? Failure to thrive/growth faltering

Has there been a decrease in the percentile ranking of two growth parameters? ? Yes ? No

If yes, please describe: _____

Growth chart percentiles: At Birth: _____
Current: _____ Date: _____ (dd/mm/yyyy)

? Cow milk protein allergy

Infant formula tried and the outcome:

Formula: _____ Outcome: _____

Formula: _____ Outcome: _____

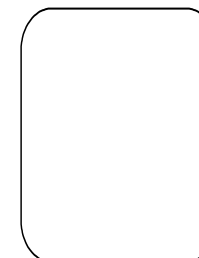
? Other primary reason not listed above:

Rationale for infant formula:

Prescriber signature: _____ Date : _____ (dd/mm/yyyy)

FAX TOLL FREE: 1-877-789-4379 or Mail
To:

NIHB Drug Exception Centre
First Nations and Inuit Health Branch
Indigenous Services Canada
1902D, Jeanne Mance Building
200 Eglantine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9



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Children and Youth Nutrition BEQ (1/2)

Limited Use Form for Children and Youth Nutrition Supplement

{Case Number}

PROTECTED B WHEN COMPLETED

SECTION 1: PRESCRIBER/PATIENT INFORMATION

Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #} Fax: {Prescriber Fax #}	Date (dd/mm/yyyy): {Create Date}
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}
	Case #: {Case Number}
Supplement requested: {Item Name}	DIN: {DIN - Item #}

SECTION 2: FOR PRESCRIBER ONLY

Nutrition Supplement Coverage for Children and Youth = 19 years of age

If available, please provide any relevant health care professional (e.g. dietitian) consultation reports or other documentation (e.g. a copy of the discharge summary) to assist with your request.

Note: Prescribers include physician, nurse practitioner or registered dietitian.

Medical condition requiring nutrition supplement:

Amount of product per day (e.g. number of cans per day):

Is this sole source nutrition (more than 75% of intake is from nutrition supplement)?

? Yes ? No

Route of administration: ? Oral ? Enteral

Duration of therapy:

? # of weeks _____ ? 2 months ? 3 months ? 4 months ? 5 months

? 6 months (after six months reassessment is required for initial request)

? One year (Enteral only)

Please select the primary reason for initial request:

? **Failure to Thrive/Growth Faltering:**

Has there been a decrease in the percentile ranking of two major growth parameters? ? Yes ? No

If yes, please describe:

OR

Height _____ cm _____ in

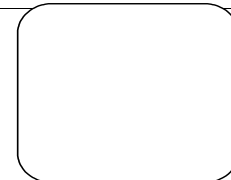
Weight _____ lbs _____ kg

BMI for Age _____

? **Active Cancer Therapy**

? **Chronic Renal Failure**

? **End of Life** (The patient has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less)



Children and Youth Nutrition BEQ (2/2)

SECTION 1: PRESCRIBER/PATIENT INFORMATION (continued from previous page)		
Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}	
Prescriber Address:		
Prescriber Phone: {Prescriber Phone #}	Fax: {Prescriber Fax #}	Date (dd/mm/yyyy):{Create Date}
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}	
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}	
	Case #: {Case Number}	
Supplement requested: {Item Name}	DIN: {DIN - Item #}	

SECTION 2: FOR PRESCRIBER ONLY (continued from previous page)

<p>? <u>Pre or Post Surgery</u></p> <p>Type of surgery:</p> <hr/> <p>Date of surgery:</p> <hr/> <p>Rationale for supplement:</p> <hr/> <hr/> <hr/> <hr/>	<p>? <u>Other (not listed above – please state condition)</u></p> <p>Specific symptoms:</p> <hr/> <hr/> <hr/> <p>Rationale for the use of a nutrition supplement:</p> <hr/> <hr/> <hr/> <hr/>
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If available, please provide any of the following documents to assist with your request:

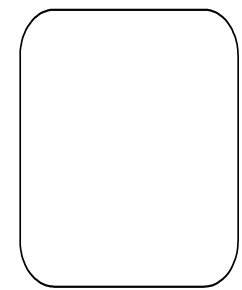
? Other health care professional (i.e. dietitian) consultation reports relevant to the request.

? Any documentation (i.e. a copy of the discharge summary) if the client has been recently hospitalized.

Prescriber signature: _____ Date : _____ (dd/mm/yyyy)

FAX TOLL FREE: 1-877-789-4379 or Mail To:

NIHB Drug Exception Centre
 First Nations and Inuit Health Branch
 Indigenous Services Canada
 1902D, Jeanne Mance Building
 200 Eglantine Driveway, Tunney's Pasture
 Ottawa, ON K1A 0K9



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Adult Nutrition BEQ (2/3)

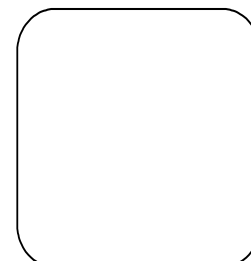
SECTION 1: PRESCRIBER/PATIENT INFORMATION (continued from previous page)	
Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #}	Fax: {Prescriber Fax #}
Date (dd/mm/yyyy): {Create Date}	
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}
	Case #: {Case Number}
Supplement requested: {Item Name}	DIN: {DIN - Item #}
SECTION 2: FOR PRESCRIBER ONLY (continued from previous page)	
<p>Has the client received any nutritional supplements in the last 6 months from the NIHB program? (will be verified against claims history)</p> <p>? Yes (please see below) ? No (please see Section 3)</p>	
<p>If yes, why is there a continued need for the nutritional supplement? Please state and include any further assessments that demonstrate continued need and anticipated outcomes.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
SECTION 3: FOR PRESCRIBER ONLY	
Please select the primary reason for initial request:	
<p>? <u>Pre or Post Surgery</u></p> <p>Type of surgery:</p> <hr/> <p>Date of surgery:</p> <hr/> <p>Rationale for supplement:</p> <hr/> <hr/> <hr/>	<p>? <u>Active Cancer Therapy</u></p> <hr/> <p>? <u>Chronic Renal Failure</u></p> <hr/> <p>? <u>End of Life</u> (The patient has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less)</p>

Adult Nutrition BEQ (3/3)

SECTION 1: PRESCRIBER/PATIENT INFORMATION (continued from previous page)	
Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #}	Fax: {Prescriber Fax #} Date (dd/mm/yyyy): {Create Date}
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}
	Case #: {Case Number}
	DIN: {DIN - Item #}
Supplement requested: {Item Name}	
SECTION 3: FOR PRESCRIBER ONLY (continued from previous page)	
<p>? <u>Unintentional Weight Loss</u> Has there been unintentional weight loss over the past 6 months? ? Yes or ? No If yes, has the amount of weight loss been one of the following? ? 2 percent or greater decrease of usual weight in one month ? 5 percent or greater decrease of usual weight in three months ? 10 percent or greater decrease of usual weight in six months Or: If there has been no unintended weight loss over the past 6 months, is BMI below 18? ? Yes or ? No</p>	<p>? <u>Wound Care</u> Number of wound(s): _____ Stage of wound(s): _____</p> <p>? <u>Other (not listed above – please state medical condition)</u> Specific symptoms: _____ _____ _____ _____</p> <p>Rationale for the use of a nutritional supplement: _____ _____ _____ _____</p>
Prescriber signature: _____ Date : _____ (dd/mm/yyyy)	

FAX TOLL FREE: 1-877-789-4379 or Mail To:

NIHB Drug Exception Centre
 First Nations and Inuit Health Branch
 Indigenous Services Canada
 1902D, Jeanne Mance Building
 200 Eglantine Driveway, Tunney's Pasture
 Ottawa, ON K1A 0K9



Introduction to Medical Supplies and Equipment: Breast Pumps and Enteral Feeding Supplies



9.5.1 Breast Pumps

Item Number	Item Name	Prescriber	Provider	Prior Approval Required	Recommended Replacement Guidelines	Additional Details
99400317	Breast pump, manual	MD, NP, RM, RN, LPN/RN	GEN	No	One per birth event	
99400658	Breast pump, electric, rental	MD, NP, RM, RN	GEN	Yes		Rented for one month at a time If rental is not available, consider the purchase of any electric pump, all supplies necessary to operate the hospital grade pump are included in the rental
99401153	Breast pump, electric, purchase	MD, NP, RM, RN	GEN	YES	1 every 3 years	

[9.0 Self-care equipment and supplies benefits list \(sac-isc.gc.ca\)](http://sac-isc.gc.ca)

9.5.3 Enteral Feeding Supplies – a few examples

Item Number	Item Name	Prescriber	Provider	Prior Approval Required	Recommended Replacement Guidelines	Additional Details
99400476	Adhesive remover	MD, NP, RN, RD	GEN	No	6 boxes per year (50 wipes per box)	For the long-term use of adhesives (for example: ostomy supplies, dressings, tape)
99400286	Enteral feeding, nasogastric tube	MD, NP, RN, RD	GEN	No	24 per year	

[9.0 Self-care equipment and supplies benefits list \(sac-isc.gc.ca\)](http://sac-isc.gc.ca)

Keeping informed of Non-Insured Health Benefits Program Updates

Non-Insured Health Benefits program updates

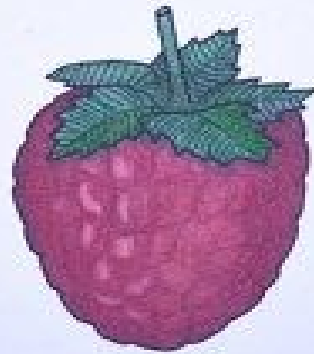
These updates give First Nations and Inuit clients the latest news on NIHB policies and benefit coverage.

- **December 2022**
 - Pharmacy benefit information
 - New pharmacy benefit listings
 - Coverage for insulin pumps
 - Reminder: coverage for smoking cessation treatments
 - Medical supplies and equipment information
 - Expanded pediatric hearing aid warranties
 - Vision care benefit information
 - Increased coverage for eye exams for clients 65 and older
 - Mental health counselling benefit information
 - Mental health telecounselling
 - General program information
 - Reminder: provider billing

Quick Links:

- [Subscribe to NIHB program updates](#)
- [About the Non-Insured Health Benefits \(NIHB\) program](#)
- [NIHB Client inquiries](#)

[Program Updates: https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/non-insured-health-benefits-program-update-first-nations-inuit-health-canada.html](https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/non-insured-health-benefits-program-update-first-nations-inuit-health-canada.html)



THANK YOU
BERRY MUCH

