

Introduction to the Non-Insured Health Benefits Program

Nutrition Policy and Enteral Feeding Supplies Benefits

March 14, 2023



Non-Insured Health Benefits Program (ISC)

Introduction to Speakers

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Presentation Outline

Part 1: Getting to know the Non-Insured Health Benefits Program

Part 2: Overview of Nutrition Policy and a step-by-step approach to access Nutrition Products for clients

Part 3: Overview of Medical Supplies and Equipment - Enteral Feeding Benefits

Part 4: Putting it all together – A sample process map for health care professionals

Part 5: Keeping in touch with NIHB

Part 1: Overview of the Non-Insured Health Benefits Program

1.1. Overview of the Non-Insured Health Benefits Program - Mandate

- **Non-Insured Health Benefits 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.

- **Who is eligible?**

- Must be a resident of Canada and any of the following:
 - a First Nations person who is registered under the *Indian Act* (commonly referred to as a status Indian)
 - an Inuk recognized by an Inuit land claim organization
 - a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk

1.2. Overview of the Non-Insured Health Benefits Program - Benefits

What health benefits are included?

- Dental Benefits
- Mental Health Counselling (this includes services)
- Vision Care
- Medical Transportation
- Drugs and Pharmacy Products (Nutrition Products)
- Medical Supplies and Equipment (Self Care – Enteral Feeding Supplies)

Where can clients access benefits?

- NIHB recognized providers:
 - Enrolled general medical supplies and equipment provider
 - Enrolled pharmacy provider (the majority of Alberta pharmacies are enrolled with the NIHB program)

Part 2: Overview of the NIHB Nutrition Policy and a Step-by-Step Approach to Accessing Nutrition Products



2.1. Overview of Pharmacy Benefits - Listed on the Drug Benefit List

- **Drug Benefit List:** 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.

Types of Benefits

- **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 and 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)

2.1 Overview of Pharmacy 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 by 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)

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.

2.2. Products regulated by Health Canada 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.

2.2. Overview of the Non-Insured Health Benefits Nutrition Policy – Scope of Products Included (1/2)

- The following types of products are included in the NIHB nutrition policy. They are provided when medically necessary:
 - **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.

2.2. Overview of the Non-Insured Health Benefits Nutrition Policy – Life Stage Approach (2/2)

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

2.3. Overview of Steps

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

- **NIHB Prescriber Policy**

- 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***.

2.3. Overview of Steps

Step 1. 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

2.3. Overview of Steps

Step 2. Search the NIHB Drug Benefit List

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

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Drug Benefit List

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.


[Online Drug Benefit List](#) | [Download Drug Benefit List](#)


Online Drug Benefit List


<input type="text" value="DIN/NPN/PDIN"/>	<input type="text" value="ENFAMle"/>	<input type="text" value="Strength"/>	<input type="text" value="Dosage Form"/>
<input type="text" value="Chemical Name"/>	<input type="text" value="AHFS Class"/>	<input type="text" value="Manufacturer"/>	
<input type="text" value="Coverage Benefit Status"/>			

2.3. Overview of Steps

Step 2. Search the Drug Benefit List



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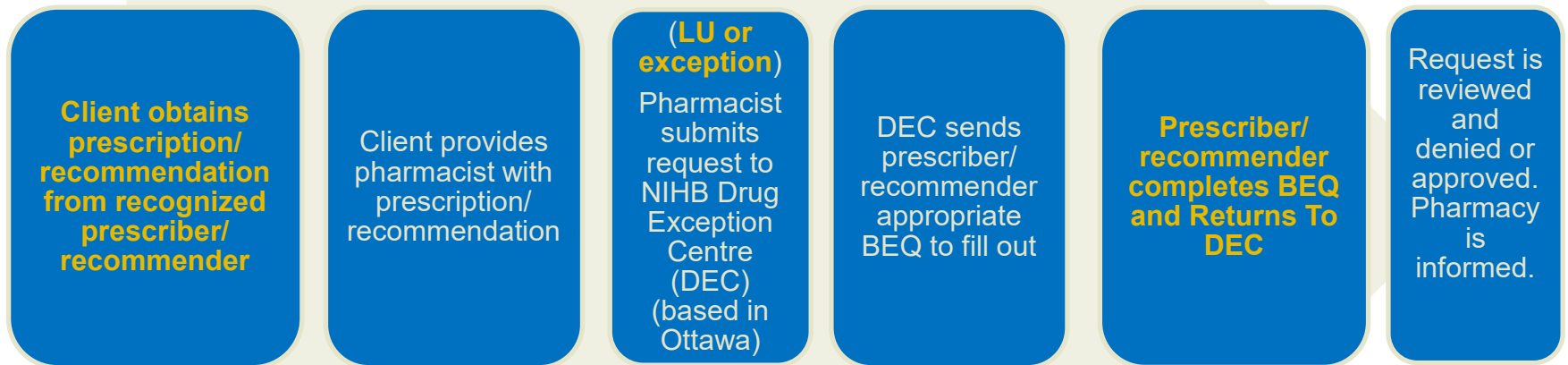
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95900007	ENFAMIL A+ 237ML RTF	-	O/L	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900008	ENFAMIL A+ THICKENED 660G PDR	-	PDR	INFANT FORMULA	960000	MEAD JOHNSON NUTRI...	View Details
95900009	ENFAMIL A+ ENFACARE 363G PDR	-	PDR	INFANT FORMULA	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

2.3. Overview of Steps

Step 3. Write the Recommendation/Prescription



2.3. Overview of Steps

Step 4. Fill out the Nutrition Products Benefit Exception Questionnaire

- The Benefit Exception Questionnaire (BEQ) is a form that health professionals fill out, and in this instance, it is specific to request 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 must 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 (1/2)

Limited Use Form for Infant Formula

SECTION 1: PRESCRIBER/PATIENT INFORMATION

Prescriber Name: {Prescriber Name}

Prescriber Address:

Prescriber Phone: {Prescriber Phone #} Fax: {Prescriber Fax #}

Patient's Surname: {Client Surname}

DOB (dd/mm/yyyy): {Client DOB}

Infant formula requested: {Item Name}

SECTION 2: FOR PRESCRIBER ONLY

Infant Formula Coverage for Children < 1 year of age (Corrected Gestational Age for Prematurity)

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.

Infant formulas will not be approved for the following conditions: colic, constipation, fussiness, gas, prevention of allergies, sleeping problems or spitting up.

Medical condition requiring infant formula:

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

Route of administration: ? Oral ? Enteral

Duration of therapy:

? 3 months ? 6 months ? 9 months ? until first birthday

Please select the primary reason for infant formula:

? Contraindications for breastfeeding⁽¹⁾

? HIV

? Herpetic lesions on breast

? Active tuberculosis

? Other contraindication (specify):

(1) <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months.html#a10>

? Prematurity or low birth weight

Gestational age: _____ weeks Birth weight: _____ kgs

Growth chart percentile for corrected gestational age: _____

Other information:

Infant Nutrition BEQ (2/2)

Products: Infant Formula

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)

Products: Nutritional Supplements

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

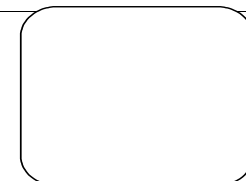
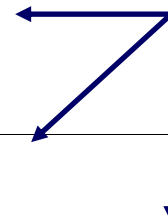
Weight _____ lbs _____ kg

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)

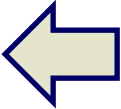


Children and Youth Nutrition BEQ (2/2)

Products: Nutritional Supplements

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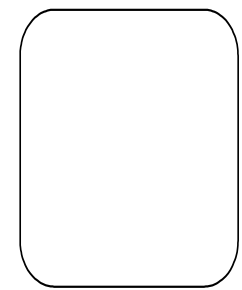
If available, please provide any of the following documents to assist with your request:

- ? 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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SECTION 1: PRESCRIBER/PATIENT INFORMATION

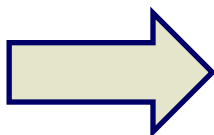
Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #} Fax: {Prescriber Fax #}	Date (dd/mm/yyyy): {Create Date}
Patient's Surname: {Client Surname}	Given Name(s): {Client Given Name}
DOB (dd/mm/yyyy): {Client DOB}	Gender: {Client Gender}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

SECTION 2: FOR PRESCRIBER ONLY

Nutritional Supplement Coverage for Adults > 19 years of age

The NIHB program provides coverage for medically necessary nutritional supplements to support the nutritional management of conditions. Please provide the medical condition for which the nutrition supplement is required, the time frame and the amount required per day. Not providing this information may delay the request. There are also a few things to note.

- Nutritional supplements are not provided on a long term basis as nutrition requirements may change over time. A reassessment is required for clients who have received nutritional supplements from NIHB program previously.
- Medically necessary nutritional supplements are **not** provided for the following reasons:
 - ❖ meal replacements for chronic conditions such as type 2 diabetes,
 - ❖ weight loss or weight maintenance,
 - ❖ social or economic reasons i.e. cannot afford food. For social and/or economic reasons, please refer to another appropriate program.



If available, please provide any of the following documents to assist with your request:

- ? Other health care professional (i.e. dietitian or speech language pathologist) consultation reports relevant to the request.
- ? Any documentation (i.e. a copy of the discharge summary) if the client has been recently hospitalized.

Note: Prescribers include physician, nurse practitioner or registered dietitian as designated by the appropriate professional college.

Please state the medical condition requiring nutritional supplement:

Please write the amount of product required and time frame (e.g. number of cans per day):

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

? Yes ? No

Route of administration: ? Oral ? Enteral

Amount of time nutrition supplements are required:

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

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

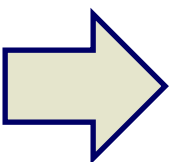
For Enteral only:

? # of months _____ ? one year

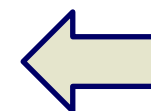
Adult Nutrition BEQ (1/3)

Adult Nutrition BEQ (2/3)

Products: Nutritional Supplements

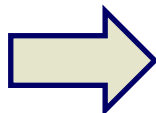


SECTION 1: PRESCRIBER/PATIENT INFORMATION (continued from previous page)	
Prescriber Name: {Prescriber Name}	Prescriber #: {Prescriber ID}
Prescriber Address:	
Prescriber Phone: {Prescriber Phone #}	Fax: {Prescriber Fax #}
Date (dd/mm/yyyy): {Create Date}	
Patient's Surname: {Client Surname}	Given Name(s): {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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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> <p>Date of surgery: _____</p> <p>Rationale for supplement: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>? <u>Active Cancer Therapy</u></p> <p>_____</p> <p>? <u>Chronic Renal Failure</u></p> <p>_____</p> <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)

Products: Nutritional Supplements



SECTION I: 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 #}

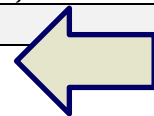
SECTION 3: FOR PRESCRIBER ONLY (continued from previous page)

? Unintentional Weight Loss
 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

? Wound Care
 Number of wound(s): _____
 Stage of wound(s): _____

? Other (not listed above – please state medical condition)
 Specific symptoms: _____

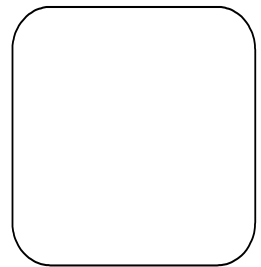
 Rationale for the use of a nutritional supplement: _____



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



Medical Confidential

2.3. Overview of Steps

Step 5 (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

Part 3: Overview of Medical Supplies and Equipment (MS&E) - Enteral Feeding Benefits



3.1. Medical Supplies & Equipment Benefit General Principles

- Items that address clients' medical needs in relation to basic activities of daily living (ADL) such as eating, bathing, dressing, toileting and transferring.
- MS&E sub-benefits covered:
Audiology, Limb and Body Orthotics, Footwear, Oxygen, Pressure Devices, Prosthetics, Respiratory, **Self-Care (enteral feeding)**, Low Vision, Mobility, Communication, Medical-Surgical
- Coverage provided:
 - for individual clients for items listed in the Self-Care benefit list*
 - when prescribed/recommended by a NIHB recognized health professional
 - for use in a home or ambulatory care setting

*Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

3.2 Prescriber and Provider Requirements for Enteral Feeding Benefits

Prescriptions or recommendations for coverage must be initiated by the health professionals identified as prescribers or recommenders.

NIHB recognized prescribers/recommenders for enteral feeding include:

- MD — Physician
- NP — Nurse Practitioner
- RD — Registered Dietitian/Nutritionist
- RN — Registered Nurse

Please note: NIHB uses the term Provider while other Programs use the term Vendor

3.1. Listing Status for Medical Supplies & Equipment Benefits

Open Benefits

- Items that do not require **prior approval**
- Provider may dispense the item immediately to the client
- Providers are required to keep client information on file

Limited Use

- Items that require **prior approval** from the **NIHB Alberta office** before dispensing.
- Client must meet specific criteria for coverage

Exceptions

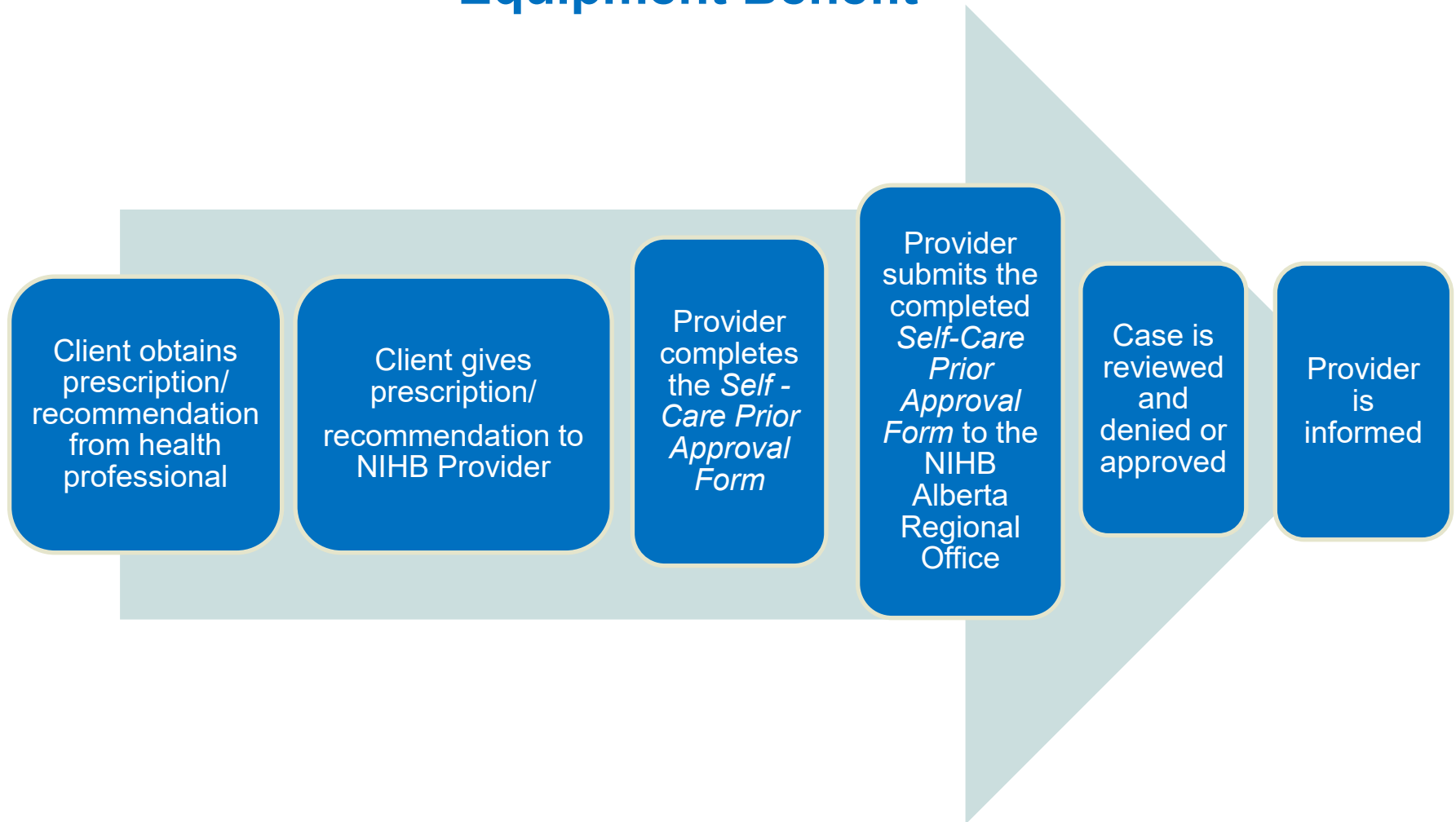
- Items not listed as benefits on the MS&E Benefit Lists
- Items require prior approval with medical justification
- Coverage is provided on a case-by-case basis for items that are not exclusions

Exclusions

- Medical supplies and equipment (MS&E) that are not listed on the NIHB MS&E Benefit and cannot be considered for coverage or appealed

Exclusion examples: sports, work or school; items for cosmetic purposes; experimental equipment and/or experimental therapy treatment; therapy equipment; home renovations; medical treatment; devices used only for educational purposes

3.3. How to access Limited Use (with prior approval) and Exception items within the Medical Supplies & Equipment Benefit



3.4. Self-Care: Enteral Feeding Benefit List (1/5)

Name of benefit	Benefit code	Prior Approval	Replacement Guideline	Prescriber	Additional Details
Nasogastric tube	99400286	No (open benefit)	24 per year	MD, NP, RD, RN	
Gastronomy Catheter/tube	99400655	No (open benefit)	12 per year	MD, NP, RD, RN	Also included: jejunal tube or a MIC-KEY jejunal tube
Enteral feeding supplies, extension set	99400656	No (open benefit)	12 per year	MD, NP, RD, RN	Device that connects to the main feeding system. Could include extension sets such as a bolus or a Y extension set, for feeding bag system

Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

3.4. Self-Care: Enteral Feeding Benefit List (continued – 2/5)

Name of benefit	Benefit code	Prior Approval	Replacement Guideline	Prescriber	Additional Details
Feeding Pump Bag	99400285	NO (open benefit)	1 per day	MD, NP, RD , RN	<p>Includes feeding bag with tubing (spike set). It can include a dual bag set such as a feed and flush bag combination.</p> <p>Higher frequencies will be considered on a case-by-case basis for conditions that may necessitate higher quantities: premature or immunocompromised children, transplant patients, etc.</p>

Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

3.4. Self-Care: Enteral Feeding Benefit List (continued – 3/5)

Name of Benefit	Benefit Code	Prior Approval	Replacement Guideline	Prescriber	Additional Details
Feeding Pump, purchase	99400283	Yes (limited use)	1 every 5 years	MD, NP, RD , RN	Medical documentation is required that establishes the client's inability to receive feeding through gravity
Feeding Pump, rental	99400282	Yes (limited use)		MD, NP, RD , RN	
Feeding Syringes, disposable: 3 cc, 5 cc, 10 cc, 20 cc, other	99400530, 99400535, 99400539, 99400548 99401246	No (open benefit)	1 per day	MD, NP, RD , RN	Higher frequencies will be considered on a case-by-case basis for conditions that may necessitate higher quantities: premature or immunocompromised children, transplant patients, etc.

Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

3.4. Self-Care: Enteral Feeding Benefit List (continued - 4/5)

Name of Benefit	Benefit Code	Prior Approval	Replacement Guideline	Prescriber	Additional Details
Adapter Plug	99400657	No (open benefit)	12 per year	MD, NP, RD, RN	Adapter which provides a connection between feeding sets and tubes, or extension sets
Feeding Button (tube)	99400767	Yes (limited use)	3 per year	MD, NP, RD, RN	Low profile G-tube (button) which lays on top of the abdominal wall, kept in place by a water filled balloon, and is used for providing nutrition and medication
Backpack for Feeding Pump	99401124	Yes (limited use)	1 per year	MD, NP, RD, RN	
Feeding Pump pole	99400284	Yes (limited use)	1 per lifetime	MD, NP, RD, RN	IV pole

Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

3.4. Self-Care: Enteral Feeding Benefit List (continued 5/5)

Name of Benefit	Benefit Code	Prior Approval	Replacement Guideline	Prescriber	Additional Details
Gravity Feeding Bag	99400653	No (open benefit)	1 per day	MD, NP, RD , RN	gravity feeding bag without tubing
Gravity Feeding Delivery Set with Bag	99400651	No (open benefit)	1 per day	MD, NP, RD , RN	combination of feeding bag with tubing
Gravity Feeding Delivery Set without Bag	99400652	No (open benefit)	1 per day	MD, NP, RD , RN	tubing from a gravity feeding set, without the bag
Gravity Feeding, rigid container	99400654	No (open benefit)	24 per year	MD, NP, RD , RN	

Note: for items with benefit codes 99400651, 99400652, and 99400653 higher frequencies will be considered on a case-by-case basis for conditions that may necessitate higher quantities: premature or immunocompromised children, transplant patients, etc.

Self-Care Benefit List: <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>

Part 4 – Putting it all together: A sample process map



Sample Process Map

Client requires a Nutritional Supplement and Enteral Feeding Supplies

Health Professional makes two separate Recommendations/Prescriptions – one for nutritional supplement and one for enteral feeding supplies

Client brings prescription/recommendation for nutritional supplement to pharmacy

Pharmacist submits request to Drug Exception Centre

Pharmacist is informed of decision and informs client. Can also inform health professional

Client brings prescription/recommendation and medical diagnosis to NIHB Provider/Vendor

Provider sends the NIHB Self-Care PA Form to Alberta Regional office

NIHB Provider/Vendor is informed of decision and informs client. Can also inform health professional

Part 5 – Keeping in touch with NIHB



5.1. 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)

5.2. NIHB Contact Information

MS&E	Client Eligibility and NIHB Benefit coverage	NIHB Medical Supplies and Equipment 1-800-232-7301
Nutrition	Types of products and criteria – Policy Coverage	Email Renee Bowers: renee.bowers@ sac-isc.gc.ca

5.3. Summary of links included in slides

- **NIHB Pharmacy Prescriber Policy:** https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766#chp3_12)
- **NIHB Pharmacy search tool:** <https://nihb.express-scripts.ca/NIHBProvider/benefits/pharmacy?page=drugbenefit-grid&benefit=pharmacy>
- **Appealing a Decision:** NIHB Pharmacy: [Appealing a decision under the NIHB program \(sac-isc.gc.ca\)](#)
- **Link to the Self-Care Benefit List:** <https://sac-isc.gc.ca/eng/1589548959041/1589548984219>
- **NIHB MSE Guide and Benefit List:** provides a description of our policies and the Benefit List (<https://www.sac-isc.gc.ca/eng/1585321312092/1585321331369>)
- **NIHB MSE Newsletters:** quarterly newsletters are created to inform Providers of Program updates, these are available on the ESC website (<https://nihb.express-scripts.ca/NIHBProvider/benefits/msne?page=msne-news&benefit=msne>)