

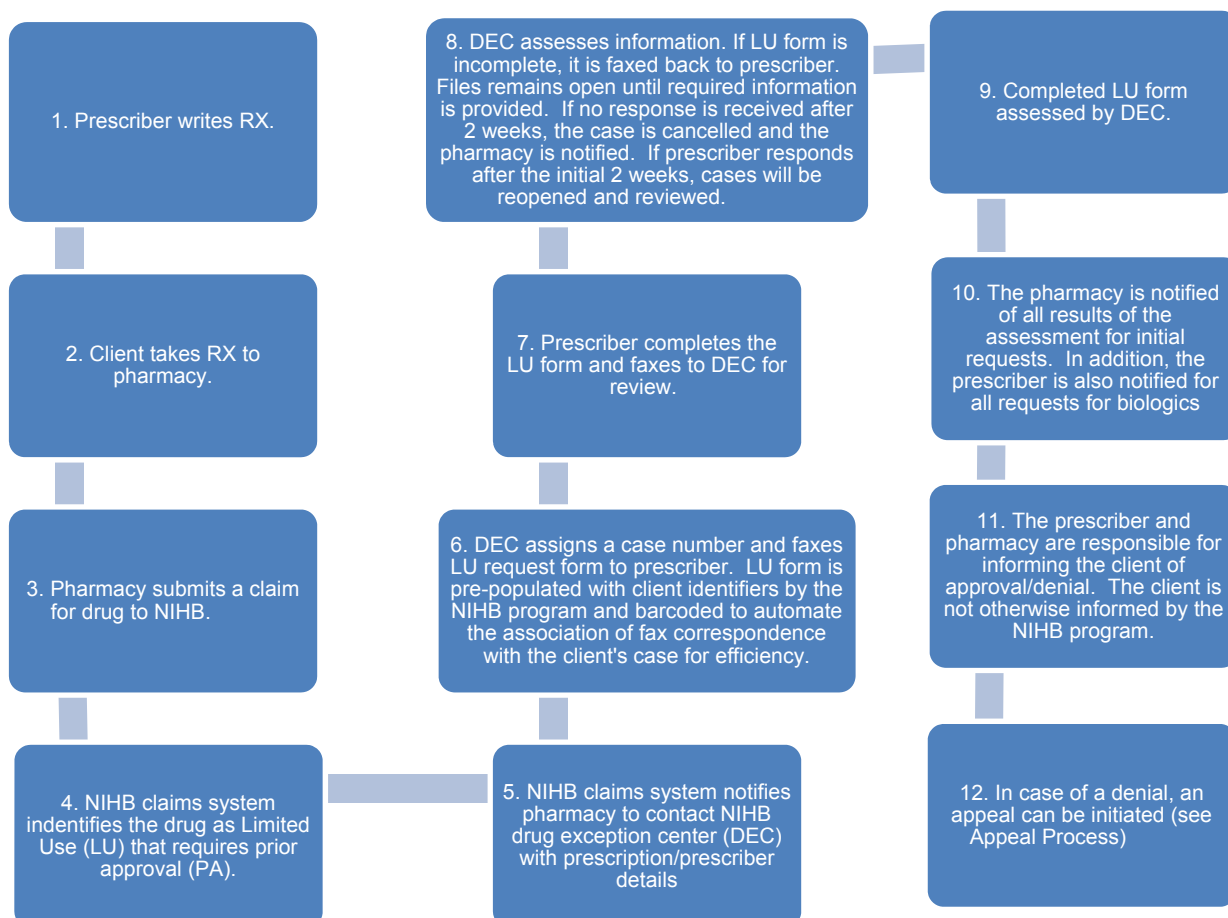
Eligibility Criteria for Coverage by the NIHB Program

To be eligible for NIHB Program benefits, a client must be a **Canadian citizen** and:

- A registered Indian, recognized by INAC, according to the Indian Act; **or**
- An Inuk recognized by one of the following Inuit land claim organizations – Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation or 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 age one whose parent is an eligible client; **and**
- Currently registered or eligible for registration, under a provincial or territorial health insurance plan; **and**
- Not otherwise covered under a separate agreement with federal, provincial or territorial governments.

*Prescribers may contact the Drug Exception Centre at 1-800-580-0950
(Press 2 to speak with a Supervisor)*

NIHB Limited Use Drug Approval Process



Appeal Process

In cases where coverage through the NIHB Program has been denied, clients, their caregivers or health care providers, with written consent can initiate an appeal to the NIHB Program. There are three levels of appeals:

First level of appeal

Clients write and sign a letter, accompanied by supporting information from the pharmacy or prescriber, to the NIHB Program headquarters. The letter should contain the following:

1. Client information, including Indian or Inuit registration number and date of birth
2. Name and address of prescriber
3. Pharmacy where the medication was denied
4. The condition for which the medication is being requested
5. The diagnosis and prognosis, including what other alternatives have been tried
6. Relevant diagnostic test results
7. Any additional supporting information, such as case notes

The letter and supporting documentation are to be sent by mail, clearly marked “APPEALS – CONFIDENTIAL”, to the following address:

Manager, Pharmacy Policy Development Division
 Non-Insured Health Benefits Program
 First Nations and Inuit Health Branch
 Health Canada
 200 Eglantine Driveway
 Address Locator 1909A
 Ottawa, Ontario
 K1A 0K9

Level 2 appeal

If the client does not agree with the Level 1 decision, the client may choose to have the appeal reviewed at the second level. Submissions should be addressed to the **Director, Benefit Management and Review Services Division**, and mailed to the aforementioned address.

Level 3 appeal

If the client does not agree with the Level 2 decision, the client may choose to have the appeal reviewed at the third and final level. Submissions should be addressed to the **NIHB Director General**, and mailed to the aforementioned address.

Decisions by NIHB will be made based on the specific needs of the client, evidence-based research, the availability of alternatives and NIHB policy. Clients will be provided with a written explanation of each decision taken.