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A PRACTICAL GUIDE TO NON-INSURED HEALTH BENEFITS (NIHB) FOR DERMATOLOGISTS CARING FOR STATUS FIRST NATIONS AND INUIT PEOPLES OF CANADA

Historical Contexts and Health Disparities

Canadian Indigenous peoples (First Nations, Metis and Inuit) represent approximately 5% of the total Canadian population, with ancestry and archeological evidence tracing back to the original inhabitants of what is now known as North American land. Indigenous populations of America may have represented more than 100 million individuals prior to colonization, although devastating population losses resulting from multiple impacts such as virgin soil epidemics have been recorded. Recognizing that individual and community variation exists among the diverse population of Canadian Indigenous peoples, together they share common historical, legal and systemic injustices that have led to inequities and health disparities. These have continued to endure, embedded in complex layers of overlapping determinants of health. Many of these impacts have affected generations alive to this day, who have faced lack of opportunities from disproportional systemic effects. Specific examples include Indian reserves as a form of legislated racial segregation, and the government-run pass system that was repealed only in 1951 under the *'Indian Act'*. The reserves prohibited Indigenous peoples from attaining economic and personal freedom, including strict limitations on buying, selling and owning property, such as farming produce. The last residential school closed its doors only in 1996 in southern Saskatchewan. Indigenous peoples were not allowed to vote until 1960 without losing their Indigenous status. Numerous other examples of inequalities exist. Many of these legacies, both past and recent, originate from the impact of colonization, which is considered a health determinant.[1-4] Extensive documentation of increased morbidity and mortality among Indigenous Canadians, including dermatologic conditions, substantiates the comprehensive impact of colonization. However, it is beyond the scope of this article.

Historically, the Numbered Treaties have represented oral and written negotiations between the Crown and Indigenous peoples. The *"Medicine Chest"* provision clause of Treaty 6 represents supplementary healthcare provision in consideration of the impact of non-Indigenous land settlement and is constitutionally protected. Details and controversies surrounding the initiation and implementation of such negotiations are beyond the scope of this paper; however, further information can be found in Craft & Lebihan's 2021 document *The Treaty Right to Health* published by the National Collaborating Centre for Indigenous Health.[5] First Nations and Inuit are supposed to receive healthcare equivalent to that provided to other Canadian citizens. However, the reality is that high-quality health-care is concentrated in urban centres, making it difficult to access for many Indigenous individuals.

What is NIHB and who is Eligible?

In the realm of dermatologic health, Canadian and North American Indigenous peoples continue to be broadly under-represented as dermatologists, researchers, mentors, and program participants. One component of improving healthcare and raising awareness of Indigenous health in Canada is understanding coverage programs for status Indigenous patients. The purpose of this article is to provide an overview of the features and coverage of the NIHB (Non-insured Health Benefits) program.

NIHB is a national, federally administered program that provides coverage to registered First Nations and Inuit in order to promote equitable healthcare status comparable to other Canadians. Eligibility includes Canadian residents who are First Nations or Inuit/Inuk persons registered under the Indian Act (commonly referred to as "having status").

Of note, Metis and non-status First Nations are not considered eligible for NIHB. If a therapy is not covered by the NIHB, and is declined, an appeal process can be accessed.

Broadly, coverage includes medical supplies and equipment (pressure garments, dressings, bandages, orthotics, and custom footwear); prescription and over-the-counter (OTC) medications (lowest cost equivalent/generic; may require prior approval); medical transportation; and basic vision and dental care. Prescription medication may be prescribed by a physician, nurse, nurse practitioners or pharmacist within their provincial/territorial scope of practice.

Topical Therapies

Insurance coverage information for topical dermatologic therapies appears in **Table 1**.

Table 1 is excerpted from the most recent version (September 2020) of the NIHB Drug Benefit list.[6] However, an online search tool for updated formulary content can be found at **https://nihb-ssna.express-scripts.ca/en/040212**.[7] The NIHB formulary can be accessed online through Express Scripts Canada (**https://nihb-ssna.express-scripts.ca/**). On-label and off-label uses are not indicated in this table, and medical use is at the judgement and discretion of the licensed prescriber.

Compounding

Basic compounding is covered by the NIHB under some circumstances. Miscellaneous and limited use external compound mixtures are listed. To be eligible, the prescription must contain one ingredient listed on the formulary but it must not be a duplicate formulation of commercially available treatments. More detailed information on compounding can be found in Appendix E, Extemporaneous Mixtures, of the NIHB formulary.[6]

Systemic Therapies and Phototherapy

Due to the broad range of systemic medications, including those frequently used off-label in dermatology, a summary table is not included. General comprehensive coverage for all antibiotics (anti-bacterial, viral, fungal, others); antiandrogens; oral retinoids (e.g., isotretinoin brands, acitretin); traditional systemic immunosuppressants and other anti-inflammatories; anti-pruritics; and antihistamines exists. In-home phototherapy units are not covered by the NIHB.

Biologic Therapies

Moderate-to-severe atopic dermatitis

With regard to coverage of biologics for moderate-to-severe atopic dermatitis, dupilumab is the only agent on the formulary. As of 2023, the coverage for oral JAK inhibitors and IL-13 inhibitors are not yet defined. For dupilumab, the current coverage criteria in Canada is not consistent with that of the FDA and Health Canada, which approved dupilumab in 2023 for use in children aged 6 months and over. Of note, cyclosporine and methotrexate are not required for approval. The following criteria for dupilumab for NIHB clients is summarized in **Table 2** (NIHB, 2023).

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
Topical Antibiotics					
	Bacitracin zinc	N/A	N/A	ointment	
	Clindamycin	N/A	1%, 2%	cream, solution	
	Fusidic acid	Fucidin	2%	cream, ointment	
	Metronidazole	Metrogel, Noritate	0.75%, 1%	cream, gel	
	Mupirocin	Bactroban	2%	cream, ointment	
	Polymyxin B + Bacitracin +/- Gramcidin	Polysporin, Polytopic, others	N/A	cream, ointment	
Topical Antivirals					
	Acyclovir	Zovirax	5%	cream, ointment	
	Sinecatechins	Veregen	10%	ointment	
Topical Antifungals					
	Ciclopirox	Loprox	1%	cream, lotion	
	Clotrimazole	Canesten, Clotrimaderm	1%, 2%	cream	
	Clotrimaderm + Betamethasone diproprionate	Lotriderm	1%/0.05%	cream	
	Ketoconazole	Ketoderm, Nizoral	2%	cream, shampoo	
	Miconazole	Monistat	2%	cream	
	Nystatin	Mycostatin, Nyaderm, others	25,000 IU, 100,000 IU	cream, ointment	

Table 1. *Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis. Continues on next page.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
	Terbinafine	Lamisil	1%	cream	
	Tolnaftate	Tinactin, DrScholl's, Zeasob	1%	aerosol, cream, powder	
Scabicides and Pediculicides					
	Crotamiton	Eurax	10%	cream	
	Dimethacone	Nyda	50%	solution	
	Isopropyl myristate	Resultz	50%	solution	
	Permethrin	Nix, Nix Dermal, Kwellada-P	1%, 5%	Cream and lotion	
	Piperonyl butoxide/ Pyrethrins	RID shampoo, others	3%/0.3%	shampoo	
Miscellaneous local anti-infectives					
	Isopropyl alcohol	Duonalc	70%	liquid	
	Povidone-Iodine	Betadine	10%	solution	
	Selenium sulfide	Selsun, Versel	2.5%	shampoo, lotion	
	Silver sulfadiazine	Flamazine	1%	cream	
Topical Anti-Inflammatory					
	Amcinonide	Cyclocort	0.1%	cream, lotion, ointment	
	Beclomethasone dipropionate	Propaderm	0.025%	cream	
	Betamethasone dipropionate	Diprosone, Topisone, Topilene, others	0.05%	cream, lotion, ointment	
	Betamethasone diproprionate + salicylic acid	Diprosalic	0.05%/2%, (lotion) 0.05%/3%	ointment, lotion	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
	Betamethasone valerate	Betaderm, Celestoderm, Ectosone, others	0.05%, 0.1%	cream, lotion, ointment	
	Calcipotriol	Dovonex	50mcg/g	Cream, ointment	
	Calcipotriol + Betamethasone diproprionate	Dovobet, Enstilar	50mcg/0.5mg	gel, ointment, foam	
	Clobetasol butyrate	Spectro EczemaCare Medicated Cream	0.05%	cream	
	Clobetasol propionate	Dermovate	0.05%	cream, lotion, ointment	
	Desonide	Tridesilon	0.05%	cream, ointment	
	Desoximetasone	Topicort	0.05%, 0.25%	cream, ointment, gel	
	Fluocinonide	Lyderm, Lidex, Synalar	0.01% (solution), 0.05%	cream, ointment, gel, solution	
	Halobetasol priopionate	Ultravate, Bryhali	0.01 (lotion), 0.05%	cream, ointment	
	Halobetasol + Tazarotene	Duobrii	0.01%/0.045%	lotion	
	Hydrocortisone acetate	Cortate, Cortoderm, EmoCort, Hyderm, Prevex-HC*, Sarna-HC*, Cortoderm, Anusol*, others*	0.5%, 1%, 2.5%	cream, lotion, ointment	*Agents may also contain zinc, pramoxine, urea or counterirritants (eg. menthol, camphor) varying by brand
	Hydrocortisone acitate + urea	Dermaflex HC	1%/10%	cream, lotion	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
	Hydrocortisone acitate + fuscidic acid	Fucidin H	1%/2%	cream	
	Hydrocortisone valerate	Hydroval	0.2%	cream, ointment	
	Mometasone furoate	Elocom	0.1%	cream, lotion, ointment	
	Pimecrolimus	Elidel*	1%	cream	*Limited use benefit; those failing topical steroids or have experienced side effects.
	Triamcinolone acetonide	Aristocort	0.1%, 0.5%	cream, ointment	
	Triamcinolone acetonide	Kenalog	10mg/mL, 40mg/mL	suspension (injection)	
	Tacrolimus	Protopic	0.03%, 0.1%	ointment	*Limited use benefit; those failing topical steroids or have experienced side effects.
	Tarazotene (psoriasis)	Tazorac	0.05%, 0.01%	cream or gel	
Antipruritics and local anesthetics, counterirritants					
	Capsaicin	Zostrix	0.025%, 0.075%	cream	
	Lidocaine	Jampocaine, Xylocaine, Lidocaine	2% (solution), 5%	ointment, solution	
	Lidocaine + Prilocaine	EMLA	2.5%/2.5%	cream, patch	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
Basic ointments, Demulcents, and Protectants					
	Emollient creams indicated for eczema*	Eg. Glaxal Base, Emulsifying ointment, CeraVe, Eucerin	Over-the-counter	various formulations	*Coverage limited to 450g per month. Prior approval not required for children
	Dimethicone	Barriere	20%	cream	
	White petrolatum	Critic-Aid Clear, Prevex	67%, 71.5%	barrier ointment	
	Zinc oxide	N/A	15% (cream), 25% (paste), 40% (ointment)	cream, paste, ointment	
Keratolytic/keratoplastic agents					
	Coal tar	Targel, Neutrogena T-gel	0.5%, 1% (shampoo), 10% (gel), 20% (solution)	gel, shampoo, solution	
	Coal tar, salicylic acid	Targel SA, Sebcur-T	10%/3% (gel), 10%/4% (shampoo)	gel, shampoo	
	Urea	Uremol, Uremol10, Uresec10, Urisec12 and 22	10%, 20%, 22% (cream), 10%, 12% (lotion)	cream, lotion	
Warts					
	Cantharadin	Canthacur, Cantharone	0.7%	liquid	
	Cantharadine, Podophyllin, Salicylic acid	Cantharone Plus	1%/2%/30%	liquid	
	Salicylic	Compound W, Clear Away, Soluver, Occlusal	20%, 26%, 27% (liquid), 40% (plaster)	liquid or plaster	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
Genital warts					
	Podofilox	Condyline	0.5%	solution	
	Podophyllin	Podofilm	25%	liquid	
Acne and Rosacea					
	Adapalene	Differin	0.1% (cream), 0.1% or 0.3% (gel)	cream, gel	
	Adapalene + Benzoyl peroxide	Tactupump	0.1%/2.5%	gel	
	Adapalene + Benzoyl peroxide	Tactupump Forte	0.3%/5%	gel	
	Azelaic acid	Finacea	15%	gel	
	Benzoyl peroxide	Benzagel, Panoxyl	4% (lotion), 5%	gel, liquid wash, bar, lotion,	
	Clindamycin	Dalacin-T, others	1%	solution	
	Clindamycin + Benzoyl peroxide	Clindoxyl, Clindoxyl ADV	1%/3% or 5%	gel	
	Clindamycin + Tretinoin	Biacna	1.2%/0.025%	gel	
	Erythromycin + Benzoyl peroxide	Benzamycin	3%/5%	gel	
	Metronidazole	Metrogel, Noritate	0.75%, 1%	cream, gel	
	Tretinoin	Retin-A, Stieva-A	0.01%, 0.025%, 0.05%	cream or gel	
	Tretinoin	Arazlo	0.045%	lotion	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

TOPICAL THERAPIES	Name (generic) (alphabetical order)	Trade names	Percentages (if applicable)*	Formulation	Notes
Antineoplastics and immune response modifiers					
	Flurouracil	Efudex	5%	cream	
	Flurouracil + salicylic acid	Actikerall	0.5%/10%	solution	
	Imiquimod	Aldara	5%	cream	

***Table 1 (Cont.)**. Topical dermatologic therapies insurance coverage; courtesy of Dr. Rachel Asiniwasis.*
** If more than one agent is included, percentages are stated according to ingredient order*
*** Agents may also contain zinc, pramoxine, urea or counter-irritants (e.g., menthol, camphor), varying by brand*

Patients aged 12 years and older with chronic moderate to severe atopic dermatitis

Initial coverage criteria (6 months):

- ✓ patient has a score greater that or equal to 16 on the Eczema Area and Severity Index (EASI) or when the face, palms, soles or genital area are severely affected; AND
- ✓ patient has a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI) or Children's Dermatology Life Quality Index (cDLQI); AND
- ✓ body surface area (BSA) of 10% or more is affected (except in cases where the face, palms, soles or genital area are severely affected); AND
- ✓ the disease is insufficiently controlled despite the use of topical treatments including at least two medium or high-potency topical corticosteroids and one topical calcineurin inhibitor; AND
- ✓ intolerance or lack of response to phototherapy or inability to access phototherapy.

Renewal coverage criteria (12 months):

- ✓ patient has an improvement of at least 75% in the EASI score compared to the baseline level; OR
- ✓ patient has an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline level; OR
- ✓ patient has an improvement of lesions on the face, palms, soles or genital area compared to pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline level

***Table 2.** NIHB criteria for dupilumab for atopic dermatitis; adapted from NIHB Online Drug Benefit List, 2023.[7]*

Moderate-to-severe psoriasis

For moderate-to-severe psoriasis, the following biologic agents are covered when prescribed by a dermatologist: TNFa inhibitors (e.g., adalimumab), IL12/23 (ustekinumab), IL-23 inhibitors (risankizumab, tildrakizumab), and IL-17 pathway inhibitors (secukinumab, ixekizumab, bimekizumab). The coverage criteria are summarized in **Table 3**.[7]

Chronic Idiopathic Urticaria (CIU)/Chronic Spontaneous Urticaria (CSU)

Omalizumab is available under the criteria stated in **Table 4**.[7]

Conclusion

This practical guide is aimed at increasing awareness of NIHB coverage. Familiarity with coverage may not only reduce treatment delays, but also paperwork burdens. It is worth noting that certain Indigenous peoples of Canada, in particular Metis and non-status Indigenous peoples, are not eligible for NIHB coverage. Limitations of this article include that in British Columbia, many Indigenous clients are no longer covered by NIHB, but rather by the First Nations Health Authority (FNHA), a self-governing health authority. However, differing access to certain dermatologic therapies is observed between the two programs, as Indigenous peoples covered

For the treatment of patients with moderate to severe psoriasis who meet all of the following criteria:

- ✓ body surface area (BSA) involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region; AND
- ✓ intolerance or lack of response to phototherapy; OR
- ✓ inability to access phototherapy; AND
- ✓ intolerance or lack of response to methotrexate (MTX) weekly oral or parenteral at 20 mg or greater (15 mg or greater if patient is > 65 years of age) for more than 8 weeks; OR
- ✓ a contraindication to methotrexate.

Coverage beyond 16 weeks will be based on significant reduction in body surface area (BSA) involved and improvements in the psoriasis area severity index (PASI) score and the dermatology life quality index (DLQI):

- ✓ a 75% reduction in PASI; OR
- ✓ a >=50% reduction in the PASI score with a >= 5-point improvement in the DLQI; OR
- ✓ a significant reduction in BSA involved, with consideration of important areas such as face, hands, feet or genital regions.

Table 3. *NIHB criteria for biologic therapy for moderate-to-severe psoriasis; adapted from NIHB Online Drug Benefit List, 2023.*[7]

Coverage is provided for an initial period of 24 weeks at a maximum dose of 300 mg every 4 weeks (6 injections over a 24 week period) for the treatment of adults and adolescents (12 years of age or older) with moderate to severe chronic idiopathic urticaria (ciu) who:

- ✓ remain symptomatic (presence of hives and/or associated itching) despite optimum management with h1 antihistamines; AND
- ✓ Prescriber is experienced in the treatment of ciu (allergist, dermatologist, immunologist, or other authorized prescriber experienced in the treatment of ciu).

Table 4. *NIHB Criteria for moderate-to-severe CIU/CSU; adapted from NIHB Online Drug Benefit List, 2023.*[7]

under the FNHA in British Columbia have disparate access to modern therapies compared to NIHB clients. Examples of this include lack of access to advances in topical therapy for chronic inflammatory skin disease. Multistakeholder initiatives are required to engage policy- and decision-makers. Exploring and recognizing the needs of these patients, and the impact of chronic skin disease among Indigenous patients under the FNHA, would reduce gaps in populations facing disproportional barriers to attaining optimal care. Consultation and cooperation will become increasingly necessary as Indigenous peoples assert greater control over provision of their healthcare.

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