



CINUP

Prior Authorization Drug Program

Prior Authorization (PA) requires plan members to request prior approval for a number of prescription drug treatments. Should you have a claim for any of the drugs listed below, you'll need to provide the plan with information to have the drug approved for coverage. The PA program is managed by Shoppers Drug Mart® through their HealthWATCH® specialty care service.

Follow these steps to request approval for coverage:

- **Click here** to be taken to the **Health Solutions by Shoppers** (In Quebec, **click here** for **Health Solutions by Pharmaprix**) prior authorization website
- Complete all the information with your doctor
- Send the form to HealthWATCH® specialty care for review

HealthWATCH® will communicate their decision to you within two business days of receiving your completed

form. When coverage is approved, you may purchase the drug (with the exception of "specialty" medications) at the pharmacy of your choice using your Telus Assure® card.

"Specialty" medications are typically the higher-cost drugs used to treat severe, and often uncommon, medical conditions (e.g., severe rheumatoid arthritis, cancer, multiple sclerosis). They are identified in the list below with †. If your prescription falls into this category, a dedicated case manager from HealthWATCH® specialty care will contact you directly to guide you through the treatment journey. You will be required to purchase that drug, using your Telus Assure® card, through the CINUP Preferred Provider Network (PPN), which includes any participating Shoppers Drug Mart, Loblaw or affiliated pharmacy. (Due to legislation, the PPN program is not applicable to residents of Quebec.)

**The following listed drugs require approval for reimbursement.
You and your doctor will have to complete the proper form and submit it to HealthWATCH® specialty care.**

ACTEMRA	ENTYVIO†	IRESSA†	PRALUENT†	TALTZ†
ADCIRCA†	EPCLUSA†	JADENU†	PREVYMIS	TARCEVA†
ADEMPAS	ERELZI†	JAKAVI†	PROCYSBI	TASIGNA†
AFINITOR†	ERIVEDGE†	KALYDECO	PULMOZYME†	TECFIDERA†
AIMOVIG†	ERLEADA	KEVZARA	RADICAVA†	TEMODAL†
AJOVY†	ESBRIET	KINERET	RAVICTI	THALOMID
ALECENSARO†	EXJADE†	KISQALI†	REBIF†	TRACLEER†
ALUNBRIG†	EXTAVIA†	KUVAN†	REMICADE	TREMFYA†
AMGEVITA†	EYLEA	LEMTRADA	REMODULIN	TRUXIMA
AUBAGIO†	FASENRA†	LENVIMA	REMSIMA	TYKERB†
AVONEX†	FASLODEX†	LONSURF†	RENFLEXIS	TYSABRI
AVSOLA	FERONA†	LUCENTIS†	REPATHA†	UPTRAVI†
BEOVU	FERRIPROX†	LYNPARZA†	REVATIO†	VELCADE
BETASERON†	FLUDARA†*	MAVENCLAD	REVLIMID	VENCLEXTA†
BOSULIF†	FORTEO†	MAVIRET†	REVOLADE†	VERZENIO†
BOTOX†	GALAFOLD	MAYZENT†	RINVOQ†	VIZIMPRO
BRENZYS†	GALEXOS	MEKINIST†	RITUXAN	VOLIBRIS†
CABOMETYX†	GENOTROPIN†	MYOZYME	RIXIMYO	VOSEVI†
CANTENA	GILENYA†	NEULASTA†	RUXIENCE	VOTRIENT†
CAPRELSA	GIOTRIF†	NEXAVAR†	RYDAPT	XALKORI†
CERDELGA	GLATECT†	NINLARO†	SAIZEN†	XELJANZ†
CEREZYME†	GLEEVEC†	NITISINONE	SANDOSTATIN†*	XEOMIN†
CERTICAN†	HADLIMA†	NORDITROPIN†	SEROSTIM†	XGEVA†
CIMZIA†	HANZEMA	NPLATE†	SIGNIFOR†	XIAFLEX
CINQAIR	HARVONI†	NUBEQA†	SILIQ	XOLAIR†
COPAXONE†	HERCEPTIN†	NUCALA†	SIMPONI†	XTANDI†
COSENTYX†	HUMATROPE†	NUTROPIN AQ†	SKYRIZI†	XYREM
COTELLIC†	HULIO†	OCALIVA†	SOMATULINE†	ZAVESCA†
CUVPOSA†	HUMIRA†	OCREVUS	SOMAVERT†	ZELBORAF†
CYSTADROPS†	HYRIMOZ†	OFEV	SOVALDI†	ZELJULA†
DIACOMIT	IBRANCE†	OMNITROPE†	SPRAVATO	ZEPATIER
DUODOPA†	ICLUSIG	OPSUMIT†	SPRYCEL†	ZOLINZA
DUPIXENT†	IDACIO†	ORENCIA†	STELARA†	ZYDELIG
DYSPORT†	ILUVIEN	ORFADIN	STIVARGA†	ZYTIGA†
EMGALITY†	INFLECTRA	OTEZLA†	SUTENT†	
ENBREL†	INLYTA†	PHEBURANE	TAFINLAR†	
EVENITY†	INTRON A†*	POMALYST	TAGRISSO†	

* Residents of Quebec do not require prior authorization for this drug due to RAMQ legislation