



WHAT IS THE PROCESS IF A MEMBER IS PRESCRIBED A DRUG THAT IS ON THE PRIOR AUTHORIZATION LIST?

1. The member goes to the pharmacy and requests a prescription to be filled.
2. The pharmacist will receive a reject code stating the drug requires prior authorization (there is no “first-time” allowance, the prescription cannot be filled without the PA).
3. The member can contact either CINUP Customer Service or Health Solutions Specialty Care, who will direct them to the proper application form and answer any questions the member might have.
4. The member must take the form to their health care provider. Together they will fill out the form and the member will submit it to Health Solutions Specialty Care.*
5. Once Health Solutions Specialty Care receives the form, with all required information completed, they will render a decision within 48 hours.
6. Health Solutions Specialty Care will notify the patient by phone to advise if the drug has been approved or denied. If approved, the drug exception will be added to the member’s file, typically within 24 hours of the decision.

* Please note: If your doctor, when prescribing a medication, is aware the drug may require prior authorization, they can review the PA drug list on our website and obtain the appropriate form immediately to fill out for you to submit to Health Solutions Specialty Care.

WHAT IS THE PROCESS FOR A MEMBER WHO IS ALREADY TAKING A PRIOR AUTHORIZATION DRUG?

If the member is already on a treatment plan that includes a drug on our PA program, we will provide time to transition to the new process. The plan will continue to reimburse the member for up to one year (until March 1, 2022). In that time, we highly recommend they register with Health Solutions Specialty Care as soon as possible to avoid any delays with their claims. Health Solutions Specialty Care can be contacted at 1-855-512-3739 (8:00 am to 8:00 pm ET) for assistance. They will need to submit their application for PA to Health Solutions Specialty Care, not to CINUP.

During this period, if the medication is classified as a “Specialty Drug”, the member will be able to purchase the medication only at the pharmacy where they last filled the prescription. If they need to change pharmacies during this period of temporary approval, they will need to contact CINUP Customer Service first to make changes to their file.

WHAT IS A SPECIALTY DRUG?

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) and are typically subject to a prior authorization process.

DOES THE TELUS ASSURE® CARD NEED TO BE USED TO FILL A PRESCRIPTION FOR A SPECIALTY DRUG?

Yes, specialty drug coverage with CINUP is only available through the Telus Assure card.

HOW DOES THE PRIOR AUTHORIZATION PROCESS INTEGRATE WITH PROVINCIAL PHARMACARE PROGRAMS?

If the member is eligible under the provincial pharmacare programs available in British Columbia, Saskatchewan or Manitoba, they will need to follow the authorization process of that province as the first step. They will then need to submit a copy of the approval/denial statement from the provincial program to Health Solutions Specialty Care with the PA request. If they were approved by the provincial program, they will be automatically approved by Health Solutions Specialty Care. If they were declined by the provincial program, then Health Solutions Specialty Care will complete their standard prior authorization process to determine eligibility.