CINUP

PRIOR AUTHORIZATION (PA) FAQ

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

1. Determine whether the prescribed drug requires Prior Authorization. This can be confirmed in one of two ways:
   - The member or prescribing physician should review the Prior Authorization (PA) Drug Program List before the prescription is filled. The list can be accessed by an employee through their my-benefits account under the Drugs section by selecting Prior Authorization (PA) Drug Program, or on cinup.ca under Client Resources > Brochures; or
   - The member presents the prescription at the pharmacy, and the claim rejects with a message indicating that Prior Authorization is required.

Note: Some medications may be eligible for coverage through NIHB (Non-Insured Health Benefits) or FNHA (First Nations Health Authority). If you are covered under either program, you must first apply for coverage through NIHB or FNHA. If coverage for the medication is denied, please provide a copy of the denial letter or coverage decision for our records.

2. If Prior Authorization is required, the member must obtain and complete the appropriate application form. Required forms are available directly through Health Solutions by Shoppers™.

For help finding or completing the form, members may contact either:

- Health Solutions Specialty Care at 1-855-512-3739, Monday to Friday, 8:00 a.m. to 8:00 p.m. ET; or
- CINUP Customer Service at 1-800-665-1234.

3. The member must take the application form to their physician. Together, they will complete the required information. The completed form must then be submitted to Health Solutions Specialty Care. Program contact Information can be found on the bottom of the application form.

4. Once Health Solutions Specialty Care receives a fully completed application a coverage decision will be made within 48 hours. They will then contact the member by phone to advise whether the request has been approved or denied.

5. If approved, the authorization will be added to the member's file, typically within 24 hours of the decision. Once the approval has been processed, the prescription can be submitted for coverage.

6. If the approved medication is classified as a **Specialty Drug**, the prescription must be filled through a pharmacy participating in the Specialty Drug Program. Health Solutions will work directly with the members to coordinate dispensing through the most conveniently approved pharmacy.

WHAT IS A SPECIALTY DRUG?

Specialty drugs are typically higher-cost drugs used to treat severe and often uncommon medical conditions, (e.g. severe rheumatoid arthritis, cancer, multiple sclerosis). These medications are generally subject to a prior authorization process. If the drug is part of the Specialty Drug Program, Health Solutions Specialty Care will contact the member and support them throughout their treatment journey.

WHAT IS THE SPECIALTY DRUG PROGRAM?

CINUP has enlisted Shoppers Drug Mart Inc. as the provider of its Specialty Drug Program. The program helps manage the cost of specialty medications for both plan sponsors and plan members, contributing to the long-term sustainability of the drug plan.

For medications included in the program, claims will only be eligible for reimbursement when prescriptions are filled through Shoppers Drug Mart or one of its affiliated pharmacies. Health Solutions Specialty Care provides clinical support for specialty medications dispensed through more than 1,600 Shoppers Drug Mart, Loblaw, and affiliated pharmacies across Canada (excluding Quebec).

Medication delivery services are available, including many remote locations. For all other eligible medications covered under the plan, including medications that require Prior Authorization (PA) but are not designated as specialty drugs, members may continue to fill their prescriptions and receive reimbursement at the pharmacy of their choice.

Members benefit from a range of support services, including:

- Patient education
- Claim assistance
- Reimbursement assistance
- Medication adherence support
- Ongoing patient support

Continued...

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WHAT IS THE PROCESS FOR A NEW PLAN MEMBER WHO HELD PRIOR AUTHORIZATION WITH THEIR PREVIOUS INSURANCE COMPANY?

If the member is currently taking a medication that is part of our Prior Authorization (PA) program, they will be given time to transition to the new process. To avoid delays, we strongly recommend that they register with Health Solutions Specialty Care as soon as possible.

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 would 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.