

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:

- Print the HealthWATCH® Prior Authorization form found under *Claims/Forms & Requests* section of my-benefits.ca
- 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 at the pharmacy of your choice, using your Telus Assure® card.

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.

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|------------|-----------|------------|--------------|-----------|
| ABRAXANE | DYSPORT | IMFINZI | PREVYMIS | TARCEVA |
| ACTEMRA | EGRIFTA | INFLECTRA | PROBUPHINE | TASIGNA |
| ADCIRCA | ENBREL | INLYTA | PROCYSBI | TECENTRIQ |
| ADEMPAS | ENTYVIO | INTRON A* | PULMOZYME | TECFIDERA |
| AFINITOR | EPCLUSA | IRESSA | RADICAVA | TEMODAL |
| AIMOVIG | ERELZI | JAKAVI | RAVICTI | THALOMID |
| ALECENSARO | ERIVEDGE | KALYDECO | REBIF | THYROGEN |
| ALUNBRIG | ERLEADA | KEVZARA | REMICADE | TOBI |
| AUBAGIO | ESBRIET | KINERET | REMODULIN | TOCTINO |
| AVASTIN | EXTAVIA | KISQALI | REMSIMA | TRACLEER |
| AVONEX | EYLEA | KUVAN | RENFLEXIS | TREMFYA |
| BENLYSTA | FAMPYRA | LEMTRADA | REPATHA | TYKERB |
| BETASERON | FASENRA | LENVIMA | REVATIO | TYSABRI |
| BOSULIF | FASLODEX | LONSURF | REVLIMID | UPTRAVI |
| BRENZYS | FERONA | LUCENTIS | REVOLADE | VELCADE |
| CABOMETYX | FLUDARA* | LYNPARZA | RILUTEK | VENCLEXTA |
| CANTENA | FORTEO | MACUGEN | RYDAPT | VISUDYNE |
| CAPRELSA | FUZEON | MAVENCLAD | SAIZEN | VOLIBRIS |
| CAYSTON | GALAFOLD | MAVIRET | SANDOSTATIN* | VOSEVI |
| CERDELGA | GALEXOS | MEKINIST | SEBIVO | VOTRIENT |
| CEREZYME | GILENYA | MVASI | SEROSTIM | XALKORI |
| CERTICAN | GIOTRIF | MYOZYME | SIGNIFOR | XELJANZ |
| CIMZIA | GLATECT | NEXAVAR | SILIQ | XEOMIN |
| CINQAIR | GLEEVEC | NINLARO | SIMPONI | XERMELO |
| COPAXONE | HADLIMA | NITISINONE | SKYRIZI | XGEVA |
| COSENTYX | HANZEMA | NUCALA | SOMAVERT | XIIDRA |
| COTELLIC | HARVONI | OCREVUS | SOVALDI | XOLAIR |
| CUVPOSA | HEPSERA | OMNITROPE | SPRYCEL | XYREM |
| CYRAMZA | HERCEPTIN | OPSUMIT | STELARA | ZAXINE |
| CYSTADROPS | HUMATROPE | ORENCIA | STIVARGA | ZELBORAF |
| DAKLINZA | HUMIRA | ORFADIN | SUTENT | ZEPATIER |
| DIACOMIT | IBRANCE | OTEZLA | TAFINLAR | ZOLINZA |
| DUODOPA | ICLUSIG | POMALYST | TAGRISO | ZYTIGA |
| DUPIXENT | ILARIS | PRALUENT | TALTZ | |

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