

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.

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

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