

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

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