

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

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