

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

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