

Special Authorization Drug List

HealthWise®, your Medavie Blue Cross health benefit plan, includes immediate coverage for thousands of prescription drugs. Other drugs require Special Authorization approval before your prescription is eligible for reimbursement. Some of the most common prescription drugs that require Special Authorization are listed on this leaflet.

Under most benefit plans, the first time you require a prescription for a drug on this list, you will need to obtain Special Authorization approval before coverage will be extended under your plan. For guidelines on how to apply for Special Authorization approval, please refer to your HealthWise® Prescription Drugs brochure. Please note: one-time fill does not apply to all plans.

For further information, call our Customer Information Centre at **1-800-667-4511** or visit the Medavie Blue Cross office nearest you.

Some Commonly Prescribed Products Available through Special Authorization for HealthWise Benefit Plans (list not all inclusive and subject to ongoing revisions)

ACTEMRA
ADVAIR INHALER**
 (ADVAIR DISKUS does not require special authorization)
AIMOVIQ
AMERGE**
ARANESP
AVONEX

BEOVU
BOTOX
BREO ELLIPTA 25/200**
 (BREO ELLIPTA 25/100 does not require special authorization)
BRILINTA*
BUTRANS**

CIMZIA
CLOZARIL**
COSENTYX
COTAZYM
CREON

DIANE-35**
DUPIXENT
DURAGESIC
PATCH**

ELIQUIS*
ENBREL
ENTRESTO**
ENTYVIO
EYLEA

FAMPYRA
FASENRA
FETZIMA**

HUMIRA
INSPRA
INTUNIV XR**

JANUMET**
JANUVIA**

LIXIANA
LUCENTIS

MYRBETRIQ**
NEXIUM**

NUCALA

OCREVUS
ORENCIA
OTEZLA
OZEMPIC**

PRADAXA
PROLIA**
PROMETRIUM**

REBIF
REMICADE
REPATHA
RESTASIS
REVLIMID
RINVOQ

SIMPONI
SKYRIZI
STELARA

TALTZ
TOVIAZ**
TRELEGY ELLIPTA**
TREMFYA
TRINTELLIX**
TRULICITY**

VICTOZA**
VISANNE

XARELTO
XELJANZ
XGEVA
XIIDRA
XOLAIR

ZENHALE**

* First fill forgiven. For most other special authorization drugs your pharmacist will not provide you with an interim, one-time, 30-day supply.

** Automated Prior Authorization: No Prior Authorization request form is needed when there is a qualifying drug in the Medavie claims history.

Visit medaviebc.ca to see status of specific benefits.

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"Lifestyle Drug" Coverage - Irving Standard FLEX Plans

This list is just a summary and may not include all "Lifestyle Category" medications.

<u>General Categories and drug examples</u>	<u>Module A</u>	<u>Module B</u>	<u>Module C</u>	<u>Comments</u>
<i>(as of September 2022)</i>				
<u>Erectile Dysfunction**</u>	exclude	include	include	**Maximum Payable of \$250 per person per Calendar Year**
Viagra				
Muse				
Cialis				
Staxyn				
Levitra				
Vitaros				
<u>Fertility**</u>	exclude	include	include	**Maximum Payable of \$1,500 per person per Calendar Year, and \$3,000 per person per Lifetime.**
Bravelle				
Luveris				
Orgalutran				
Ovidrel				
Puregon				
Repronex				
Crinone gel				
Endometrin				
Lupron**				**Special Authorization required for Module A & B**
Prometrium**				**Special Authorization required for Module A & B**
Suprefact**				**Special Authorization required for Module A & B**
Clomid				
Rekovele				
Gonal-F				
Pregnyl				
Lutrepulse				
Menopur				
<u>Smoking Cessation**</u>	exclude	exclude	exclude	**Provided through smoking cessation programs**
Zyban				
Nicorette				
Nicoderm				
Habitrol				
Nicotrol				
Champix				
<u>Hair Growth Stimulants**</u>	exclude	exclude	exclude	**These products are considered cosmetic use only by Medavie Blue Cross and as such are excluded from coverage**
Propecia				
Rogaine				
<u>Cosmetic Preparations (anti-aging)**</u>	exclude	exclude	exclude	**These products, if for cosmetic use, are excluded from coverage. Botox for medically necessary conditions would require special authorization under Modules A, B and C**
Botox - cosmetic use				

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<i>(as of September 2022)</i>				
<u>Oral Contraceptives</u>	exclude	include	include	
Aviane				
Cyclen				
TriCyclen				
LoEstrin				
Min Ovral				
Min Estrin				
Marvelon				
Triquilar				
Alesse				
Mirena				
Portia				
Yasmin				
Linessa				
Seasonale				
Yaz				
Cy-Estra 35				<i>**Special Authorization required for Module A & B**</i>
Slynd				
Tri-Cira				
Apri				
<u>Weight loss Drugs**</u>	exclude	exclude	exclude	<i>**Not on any Medavie Blue Cross list.**</i>
Xenical				
Saxenda				
Contrave				
<u>Antiviral Agents**</u>	include	include	include	<i>** Special authorization required for shingles and genital herpes under Modules A and B. These products are not reimbursed for cold sores**</i>
Famvir, Valtrex, Zovirax				
<u>Prescription Cough and Cold</u>	exclude	exclude	include	
Novahistex DH				
Tussionex				
Coactifed				
Novahistine DH				
Dimetapp C syr				
Dimetane DC				
Hycodan				

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<i>(as of September 2022)</i>				
<u>Influenza**</u>	exclude	exclude	exclude	<i>** These agents only shorten the duration and severity of the flu, they do not affect the course of the flu. They must also be taken within 48 hours of symptoms in order to be effective, which would not be feasible for most people. Tamiflu & Relenza are not on any Medavie Blue Cross lists**</i>
Tamiflu				
Relenza				
<u>Bedwetting</u>	exclude	include	include	<i>**Special authorization under Module B for tablet form**</i>
DDAVP**				
<u>Morning after pills</u>	exclude	exclude	exclude	
Plan B				
Backup Plan Onestep				
<u>Nail fungus treatments</u>	exclude	include	include	
Lamisil**				<i>**Special authorization under Module B for tablet form**</i>
Sporanox**				<i>**Special authorization under Module B**</i>