

List of Drugs Requiring Prior Authorization

Your Manulife group benefits plan provides coverage for many prescription drugs. There are some instances where you may need to provide additional medical information to Manulife before certain prescriptions can be considered for payment under the group benefits plan.

Below is a list of prescription drugs that currently require prior authorization under Manulife's standard drug plans. Once approval from Manulife is received, future claims can be submitted for payment.

Aclasta	Copaxone▲●	Giotrif	Lenvima▲	Prolia	Sovaldi▲●	Venclexta▲
Actemra▲	Cosentyx▲	Glatect	Lucentis▲	Pulmozyme▲	Sprycel▲	Vidaza
Adcirca▲	Cotellic▲	Gleevec▲	Lynparza▲	Quinsair	Stelara▲	Vimizim
Adempas▲	Cyramza	Harvoni▲●	Mekinist▲	Rebif▲●	Stivarga▲	Volibris▲
Afinitor▲	Daklinza▲●	Holkira Pak▲●	Movantik	Relistor	Sunvepra▲●	Votrient▲
Afinitor Disperz▲	Diacomit▲	Humatrope▲	Nexavar▲	Remicade▲	Sutent▲	Xalkori▲
Alecensaro▲	Duodopa▲	Humira▲●	Norditropin	Remodulin	Tafinlar▲	Xeljanz▲
Amitiza	Dysport	Ibavyr▲●	Nordiflex▲	Repatha▲●	Taltz▲	Xeomin
Apo-Tadalafil PAH▲	Egrifta▲	Iclusig▲	Norditropin Simplexx▲	Resotran	Tarceva▲	Xgeva▲
Aredia▲	Enbrel▲	Ilaris	Nplate▲	Revatio▲	Taro-Temozolomide▲	Xiaflex
Arzerra▲	Entyvio	Imbruvica▲	Nucala▲●	Revestive	Taro-Zoledronic acid▲	Xolair▲●
Aubagio▲●	Epclusa▲●	Inflectra	Nutropin▲	Revlimid	Tasigna▲	Xtandi▲
Avastin▲	Eriedge▲	Inlyta▲	Ocaliva▲	Revolade▲	Tecentriq▲	Xyrem
Avonex▲●	Esbriet▲	Inspra	Ofev	Rituxan▲	Tecfidera▲●	Yervoy
Banzel▲	Exjade▲	Iressa▲	Omnitrope▲	Saizen▲	Technivie▲●	Zavesca▲
Benlysta▲	Extavia▲	Jadenu▲	Opsumit▲	Samsca▲	Temodal▲	Zaxine▲
Betaseron▲	Eylea▲	Jakavi▲	Orencia▲	Sandostatin▲	Thalomid	Zelboraf▲
Bosulif▲	Fampyra▲●	Jetrea	Otezla▲	Sandostatin LAR▲	Thyrogen▲	Zepatier▲●
Botox	Ferriprox	Jinarc▲	Pegasys▲●	Sandoz Miglustat▲	Tobi▲	Zinbryta
Brenzys▲	Firazyr▲	Juxtapid▲	Pegasys RBV▲●	Sativex▲	Toctino▲	Zolinza▲
Caprelsa▲	Flolan	Kalydeco▲	Pegetron▲●	Serostim▲	Tracleer▲	Zometa▲
Carbaglu▲	Forteo▲	Kevzara▲	Pheburane	Signifor▲	Treanda▲	Zydelig▲
Caripul▲	Galexos▲●	Keytruda▲	Plegridy▲●	Signifor LAR▲	Tykerb▲	Zykadia▲
Cayston	Gazyva▲	Kineret▲	Pomalyst	Simponi▲	Tysabri▲●	Zytiga▲
Cimzia▲	Genotropin▲	Kuvan	Prolastin-C▲	Somatuline▲	Upravi	
Cinqair▲●	Gilenya▲●	Lemtrada▲●		Somavert▲	Vectibix▲	

▲ Included in Manulife's Specialty Drug Care program.

● Requires Manulife's exclusive pharmacy to dispense medication where applicable.

This is a dynamic list used for informational purposes and is subject to change upon review of new products or information. Eligibility will be determined in accordance with the terms of the claimant's group benefits policy and the drug plan in place at the time of the claim.

