

Maximum benefit.

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:

- [Click here](#) to be taken to the **Health Solutions by Shoppers** (In Quebec, [click here](#) for **Health Solutions by Pharmaprix**) prior authorization website
- 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

Prior Authorization Drug Program

form. When coverage is approved, you may purchase the drug (with the exception of “specialty” medications) at the pharmacy of your choice using your Telus Assure® card.

“Specialty” medications are typically the higher-cost drugs used to treat severe, and often uncommon, medical conditions (e.g., severe rheumatoid arthritis, cancer, multiple sclerosis). They are identified in the list below with †. If your prescription falls into this category, a dedicated case manager from HealthWATCH® specialty care will contact you directly to guide you through the treatment journey. You will be required to purchase that drug, using your Telus Assure® card, through the Maximum Benefit Preferred Provider Network (PPN), which includes any participating Shoppers Drug Mart, Loblaw or affiliated pharmacy. (Due to legislation, the PPN program is not applicable to residents of Quebec.)

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.

ACTEMRA	DUODOPA†	HYRIMOZ†	NGENLA†	RITUXAN	TYSABRI
ADCIRCA†	DUPIXENT†	IBRANCE†	NINLARO†	RIXIMYO	UPTRAVI†
ADEMPAS	DYSPORT†	ICLUSIG	NITISINONE	ROZLYTREK†	VABYSMO†
ADTRALZA†	EMGALTY†	IDACIO†	NORDITROPIN†	RUXIENCE	VELCADE
AFINITOR†	ENBREL†	ILUMYA	NPLATE†	RUZURGI	VENCLEXTA†
AIMOVIG†	ENSPRYNG†	ILUVIEN	NUBEQA†	RYDAPT	VERZENIO†
AJOVY†	EVENITY†	INFLECTRA	NUCALA†	SAIZEN†	VITRAKVI
ALECENSARO†	ENTYVIO†	INLYTA†	NUTROPIN AQ†	SANDOSTATIN†*	VIZIMPRO
ALUNBRIG†	EPCLUSA†	INQOVI†	OCALIVA†	SCEMBLIX†	VOLIBRIS†
AMGEVITA†	ERELZI†	INTRONA†*	OCREVUS	SEROSTIM†	VOSEVI†
AUBAGIO†	ERIVEDGE†	IRESSA†	OFEV	SIGNIFOR†	VOTRIENT†
AVONEX†	ERLEADA	JADENU†	OMNITROPE†	SILIQ	VYEPTI
AVSOLA	ESBRIET	JAKAVI†	OPSUMIT†	SIMPONI†	VYNDAMAX†
BENLYSTA†	EXJADE†	JINARC†	OPSYNVI†	SIMLANDI†	VYNDAQEL†
BEOVU	EXTAVIA†	KALYDECO	ORENCIA	SKYRIZI†	WAKIX†
BETASERON†	EYLEA	KESIMPTA†	ORFADIN	SOMATULINE†	XALKORI†
BIMZELX†	FASENRA†	KEVZARA	OTEZLA†	SOMAVERT†	XELJANZ†
BOSULIF†	FASLODEX†	KINERET	PHEBURANE	SOTYKTU	XEOMIN†
BOTOX†	FERONA†	KISQALI†	POMALYST	SOVALDI†	XGEVA†
BRAFTOVI†	FERRIPROX†	KUVAN†	PRALUENT†	SPRAVATO	XIAFLEX
BRENZYS†	FIRAZYR	LEDAGA	PROCYNBI	SPRYCEL†	XPOVIO†
BRUKINSA†	FIRDAPSE†	LEMTRADA	PULMOZYME†	STELARA†	XOLAIR†
CABOMETYX†	FLUDARA†*	LENALIDOMIDE	RADICAVA†	STIVARGA†	XTANDI†
CALQUENCE†	FORTEO†	LENVIMA	RAVICTI	SUTENT†	XYREM
CAMZYOS†	GALAFOLD	LEQVIO†	REBIF†	TAFINLAR†	YUFLYMA†
CANTENA	GALEXOS	LIVTENCITY†	REBLOZYL	TAGRISSO†	ZAVESCA†
CAPRELSA	GAVRETO†	LONSURF†	REMICADE	TALTZ†	ZELBORAF†
CEREZYME†	GENOTROPIN†	LOBRENA†	REMODULIN	TARCEVA†	ZELJORA†
CERTICAN†	GILENYA†	LUCENTIS†	REMSIMA	TASIGNA†	ZEPATIER
CIBINQO†	GIOTRIF†	LYNPARZA†	REMSIMA SC†	TECFIDERA†	ZEPOSIA†
CIMZIA†	GLATECT†	MAVENCLAD	RENFLEXIS	TEMODAL†	ZOLINZA
CINQAIR	GLEEVEC†	MAVIRET†	REPATHA†	TEZSPIRE†	ZYDELIG
COPAXONE†	HADLIMA†	MAYZENT†	RETEVMO†	THALOMID	ZYTIGA†
COSENTYX†	HARVONI†	MEKINIST†	REVATIO†	TRACLEER†	
COTELLIC†	HERCEPTIN†	MEKTOVI†	REVLIMID	TREMFYA†	
CUVPOSA†	HUMATROPE†	MYOZYME	REVOLADE†	TRUXIMA	
CYSTADROPS†	HULIO†	NEULASTA†	RIABNI	TUKYSA†	
DIACOMIT	HUMIRA†	NEXAVAR†	RINVOQ†	TYKERB†	

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