

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

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