

# Maximum benefit.

## Prior Authorization Drug Program

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 (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.**

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
AIMOVI†	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†	INTRON A†*	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