

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:

- [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

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

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