

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

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