

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

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