

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

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