

Maximum benefit.

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 Health Solutions 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 Health Solutions Specialty Care for review

Health Solutions Specialty Care will communicate their decision to you within two business days of receiving

Prior Authorization Drug Program

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 Health Solutions 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 Health Solutions Specialty Care.

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

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