

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:

- Print the HealthWATCH® Prior Authorization form found under *Claims/Forms & Requests* section of my-benefits.ca
- 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.**

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

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