

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

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