

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.**

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

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