

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

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