

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

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