

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	ENBREL†	INTRON A†*	PROCYSBI	TECFIDERA†
ACTEMRA	ENTYVIO	IRESSA†	PULMOZYME†	TEMODAL†
ADCIRCA†	EPCLUSA†	JAKAVI†	RADICAVA†	THALOMID
ADEMPAS	ERELZI†	KALYDECO	RAVICTI	THYROGEN†
AFINITOR†	ERIVEDGE†	KEVZARA	REBIF†	TOBI†
AIMOVIG†	ERLEADA	KINERET	REMICADE	TOCTINO
ALECENSARO†	ESBRIET	KISQALI	REMODULIN	TRACLEER†
ALUNBRIG†	EXTAVIA	KUVAN	REMSIMA	TREMFYA†
AUBAGIO†	EYLEA	LEMTRADA	RENFLEXIS†	TYKERB†
AVASTIN	FAMPYRA†	LENVIMA	REPATHA†	TYSABRI
AVONEX†	FASENRA†	LONSURF	REVATIO†	UPTRAVI†
BENLYSTA†	FASLODEX†	LUCENTIS†	REVLIMID	VELCADE
BETASERON†	FERONA	LYNPARZA†	REVOLADE†	VENCLEXTA†
BOSULIF†	FLUDARA†*	MACUGEN	RILUTEK†	VISUDYNE†
BRENZYS†	FORTEO†	MAVENCLAD	RYDAPT	VIZIMPRO
CABOMETYX	FUZEON†	MAVIRET†	SAIZEN†	VOLIBRIS†
CANTENA	GALAFOLD	MEKINIST†	SANDOSTATIN†*	VOSEVI†
CAPRELSA	GALEXOS	MVASI	SEBIVO	VOTRIENT†
CAYSTON	GILENYA†	MYOZYME	SEROSTIM†	XALKORI†
CERDELGA	GIOTRIF†	NEXAVAR†	SIGNIFOR†	XELJANZ†
CEREZYME†	GLATECT	NINLARO†	SILIQ	XEOMIN†
CERTICAN†	GLEEVEC†	NITISINONE	SIMPONI†	XERMELO
CIMZIA†	HADLIMA†	NUCALA†	SKYRIZI†	XGEVA†
CINQAIR	HANZEMA	OCREVUS†	SOMAVERT†	XIIDRA†
COPAXONE†	HARVONI†	OFEV	SOVALDI†	XOLAIR†
COSENTYX†	HEPSERA†	OMNITROPE†	SPRYCEL†	XYREM
COTELLIC†	HERCEPTIN†	OPSUMIT†	STELARA†	ZAXINE†
CUVPOSA†	HUMATROPE†	ORENCIA†	STIVARGA†	ZELBORAF†
CYRAMZA†	HUMIRA†	ORFADIN	SUTENT†	ZEPATIER
CYSTADROPS†	IBRANCE†	OTEZLA†	TAFINLAR†	ZOLINZA
DAKLINZA†	ICLUSIG	PHEBURANE	TAGRISSE†	ZYDELIG
DIACOMIT	ILARIS	POMALYST	TALTZ†	ZYTIGA†
DUODOPA†	IMFINZI†	PRALUENT†	TARCEVA†	
DUPIXENT†	INFLECTRA	PREVYMIS	TASIGNA†	
DYSPORT†	INLYTA†	PROBUPHINE	TECENTRIQ	

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