

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 at the pharmacy of your choice, using your Telus Assure® card.

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

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