

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

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