

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	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	REBLOZYL	TEMODAL
ALECENSARO	EYLEA	KINERET	REBIF	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	HULIO	NPLATE	SEROSTIM	XIAFLEX
COTELLIC	HUMATROPE	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
DYSPOPT	ILUMYA	OMNITROPE	SOVALDI	ZEPATIER
EMGALITY	ILUVIEN	OPSUMIT	SPRAVATO	ZEPOSIA
ENBREL	INFLECTRA	ORENCIA	SPRYCEL	ZOLINZA
ENSPRYNG	INLYTA	ORFADIN	STELARA	ZYDELIG
EVENITY	INTRONA*	OTEZLA	STIVARGA	ZYTIGA
ENTYVIO	INQOVI	PHEBURANE	SUTENT	
EPCLUSA	IRESSA	POMALYST	TAFINLAR	

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