

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	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	REBLOZYL	TEMODAL
AMGEVITA	FASENRA	KISQALI	REBIF	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	HULIO	NORDITROPIN	SANDOSTATIN*	XGEVA
COTELLIC	HUMATROPE	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	INTRONA*	ORFADIN	STELARA	ZYDELIG
ENTYVIO	INQOVI	OTEZLA	STIVARGA	ZYTIGA

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