

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

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