

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 Health Solutions 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 Health Solutions Specialty Care for review

Health Solutions Specialty Care 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 Health Solutions Specialty Care.

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

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