

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. List is subject to change without notice.**

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

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