

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

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