

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

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