Retiree Plans
Johnston group

Prior Authorization Drug Program

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

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