

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

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