

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.

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

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