

Retiree Plans



PRIOR AUTHORIZATION (PA) DRUG PROGRAM

Prior Authorization 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 list is for general information purposes only, and coverage for any of the listed prescription drugs is subject to the terms and conditions of your group benefit plan.

Follow these steps to request approval for coverage:

- Contact RESOLVE at 1-866-401-8323 to obtain a Prior Authorization kit
- Complete all the information with your doctor
- Send the kit to RESOLVE for review

RESOLVE will notify you within 48 hours of receiving your package. When coverage is approved, you can fill your prescription at your local pharmacy, using your drug card.

**The following listed drugs require approval for reimbursement.
You and your doctor will have to complete the proper form and submit it to RESOLVE.**

Abraxane	Cinqair	Faslodex	Keytruda	Pomalyst	Simponi	Valcyte
Actemra	Clolar	Fludara	Kineret	Posanol	Somavert	Vectibix
Adcirca	Complera*	Forteo	Kisqali	Praluent	Sovaldi	Velcade
Adempas	Contrave	Fuzeon	Kuvan	Prevymis	Sprycel	Vemlidy
Advagraf*	Copaxone	Galafold	Kyprolis	Prezcobix	Stelara	Vfend
Afinitor	Cosentyx	Galexos	Lemtrada	Prezista*	Stivarga	Victralis
Alecensaro	Cotellic	Gazyva	Lenvima	Probuphine	Stribild*	Vidaza
Alimta	Cuvposa	Gilenya	Lonsurf	Procysbi	Sutent	Vimizim
Aptivus	Daklinza	Giotrif	Lucentis	Prograf*	Symtuza	Viread*
Aranesp	Darzalex	Gleevec	Lynparza	Pulmozyme	Tafinlar	Visudyne
Arzerra	Diacomit	Holkira Pak	MabCampath	Rapamune*	Tagrisso	Volibris
Atripla*	Duodopa	Harvoni	Mavenclad	Ravicti	Taltz	Vosevi
Aubagio	Edurant*	Hepsera	Maviret	Rebif	Tarceva	Votrient
Avastin	Egrifta	Herceptin	Mekinist	Remicade	Tasigna	VPRIV
Avonex PS	Elaprase	Humira	Myfortic*	Remodulin	Tecentriq	Xalkori
Baraclude	Elelyso	Ibrance	Myozyme	Remsima	Tecfidera	Xeljanz
Bavencio	Empliciti	Ilaris	Neulasta	Renflexis	Temodal	Xeomin
Benlysta	Enbrel	Imbruvica	Neupogen	Repatha	Thalomid	Xgeva
Besponsa	Entecavir	Imfinzi	Neupro	Retisert	Thelin	Xiidra
Betaseron	Entyvio	Inflectra	Nexavar	Revatio	Thyrogen	Xolair
Bosentan	Eplusa	Inlyta	Nplate	Revlimid	Tivicay*	Xyrem
Bosulif	Eprex	Intelence	Nucala	Revolade	Tobi	Yervoy
Bydureon	Erbitux	Intron*	Ocrevus	Reyataz*	Toctino	Zaxine
Cabometyx	Erelzi	Iressa	Orfadin	Rilutek	Torisel	Zelboraf
Caprelsa	Erivedge	Isentress*	Opsumit	Rituxan	Tracleer	Zepatier
Cayston	Erleada	Jakavi	Orencia	Rydapt	Treanda	Ziagen*
CellCept*	Esbriet	Jevtana	Otezla	Sandostatin*	Tremfya	Zolinza
Celsentri	Extavia	Kadcyla	Oxyneo	Sebivo	Truvada*	Zykadia
Cerdelga	Eylea	Kalydeco	Pegasy	Sensipar	Tykerb	Zytiga
Cerezyme	Fampyra	Kanuma	Pegatron	Serostim	Tysabri	
Cimzia	Fasenra	Kevzara	Perjeta	Signifor	Uptravi	

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

