



# Retiree Plans



## PRIOR AUTHORIZATION (PA) DRUG PROGRAM

### What is Prior Authorization?

Prior Authorization requires plan members to request prior approval for a small number of prescription drug treatments. Should you have a claim for any of these drugs, you'll need to provide the plan with information to have the drug approved for coverage by a Medical Review Officer. This additional information helps the plan:

- provide coverage for appropriate drug treatments, and
- receive a second opinion to confirm the prescribed drug is a safe and effective treatment for the condition.

### How will this affect my health care?

- Prior Authorization only affects a selection of listed drugs. The reimbursement process for all other drugs will not change from what you are used to.
- The review time is very quick with decisions communicated within 48 hours.
- There are many choices of therapies for every condition. The Medical Review Officer assesses the safety and effectiveness of the prescribed drug.

### How do I find out which drugs are on the list?

You can find a listing in **my-benefits®** and on our website at [www.johnstongroup.ca/en/resources/resources.html](http://www.johnstongroup.ca/en/resources/resources.html).

Drugs requiring prior approval include specialty drug class biologics and some drug treatments for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Muscle-Nerve Disorders, Osteoporosis, Pulmonary Arterial Hypertension, some Cancers, and Lupus.

### How does the process work?

Johnston Group Retiree Plans has partnered with RESOLVE, an independent consultant specializing in treatments for the conditions requiring prior approval, ensuring the plan's decisions will be fair and unbiased.

If your doctor would like to prescribe a drug on the Prior Authorization list, they will need to complete a PA kit with you, for RESOLVE to review, before you fill your prescription. Call RESOLVE directly at 1-866-401-8323 to receive your kit.

RESOLVE will communicate their decision within 48 hours of receiving your application. If approved, you can then simply go to the pharmacy and fill your prescription using your drug card.

If you are not approved for treatment, you can choose to pay for the medication out-of-pocket, or discuss alternate treatment plans with your doctor, as recommended by RESOLVE.

If you are unaware your prescription requires prior approval, your pharmacist will advise you the drug needs prior authorization. You can choose to pay the full amount out-of-pocket or complete the form and request approval before purchasing the drug.

Tell your doctor that your drug plan includes some drugs that may need prior authorization to be eligible for coverage. A discussion about the program will help your doctor make healthy and informed treatment decisions with you.

You may have to incur a cost to have your doctor complete and submit the Prior Authorization request.

**If you have any questions, please feel free to contact our Customer Service department at 1-800-893-7587.**