

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

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

