

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

February 14, 2022

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals

From: Mario Perez, Director of Benefit Plans

Subject: CIP Prescription Drug Program

The attached notice is mailing this week to ILWU-PMA Welfare Plan members enrolled in the Coastwise Indemnity Plan, to announce that drugs categorized as “non-essential” that cost more than \$500 will require prior authorization. Also included is a list of the drugs that will require prior authorization.

Attachment

cc: Area Welfare Directors

A copy of this memo can be downloaded at www.benefitplans.org

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

February 2022

Important Notice
Regarding The ILWU-PMA Coastwise Indemnity Plan (CIP)
Prescription Drug Program

To: Participants Enrolled in the ILWU-PMA Coastwise Indemnity Plan (CIP)
Subject: ILWU-PMA Coastwise Indemnity Plan (CIP) Prescription Drug Program

This is to advise you that effective February 15, 2022, prescriptions for certain drugs categorized as “non-essential” that cost more than \$500 will require prior authorization. An updated list of these drugs can be found on the Benefit Plans Office’s website at: www.benefitplans.org. You should check this list periodically because the list is subject to change.

“Non-essential drugs” are high cost drugs that often provide little clinical value to the patient. The Plan has seen a sharp increase in the number of claims for these drugs, often prescribed by medical providers who do not appear to have doctor-patient relationships with participants and billed by pharmacies that appear to exclusively fill prescriptions for these drugs. Prior authorization will ensure that Plan participants who need these drugs will get them, while at the same time ensuring the Plan is only paying for covered benefits.

Effective February 15, 2022, if a drug you are being prescribed appears on the list located at www.benefitplans.org and will cost more than \$500, you must have your prescription prior-authorized by Innovative Care Management (ICM). To request a prior-authorization, your doctor and/or pharmacy can:

- Call ICM at the toll-free number 866-275-1014
- Submit to ICM a completed prescription prior authorization form available at <https://www.innovativecare.com/preauthorization-request/>
- At minimum, the following information will need to be provided to ICM: member name, member date of birth, prescribing provider information (name, National Provider Identifier, address, and phone and fax numbers), supporting diagnosis code(s), medication, dosage, quantity, frequency, duration, and clinical records documenting the diagnosis and prior treatment.☐

After ICM receives the request, they will notify you, your doctor, and/or your pharmacy to let you know if your prescription is authorized. If prior authorization is not approved, you can still get the drug, but you will have to pay the full cost. If you do not agree with the decision, you may make a written request for review by the Trustees pursuant to the terms of the ILWU-PMA Welfare Plan.

If you have any questions, please contact the ILWU-PMA Benefit Plans Office at (415) 673-8500.

LIST OF NON-ESSENTIAL DRUGS REQUIRING PRIOR AUTHORIZATION

***This list is subject to change. Changes will be posted to this list as they occur.**

ALA-QUIN
ANALPRAM HC
ANALPRAM HC SINGLES
ANIMI-3
Anucort-hc
ANUSOL-HC RECTAL
APRIZIO PAK II
ARESTIN
ATOPADERM
AVAR CLEANSER
AVAR LS
AVAR-E LS
AVAR-E GREEN
AVENOVA
AZELAIC ACID-NIACINAMIDE
BENSAL HP EXTERNAL OINTMENT 3-6 %
BENSAL HP
BENZEPRO CREAMY WASH
BENZEPRO FOAMING CLOTHS
BENZO-LIDOCAINE-TETRACAINE
CERACADE
CITRANATAL 90 DHA
CITRANATAL ASSURE
CITRANATAL BLOOM
CITRANATAL DHA
CITRANATAL HARMONY
CLINDACIN ETZ EXTERNAL KIT
CLINDACIN PAC
cyclobenzaprine hcl oral tablet 10 mg
dermacinrx empricaine
DERMACINRX LEXITRAL PHARMAPAK
DERMACINRX PUREFOLIX
DERMACINRX ZRM
diclofenac sodium external gel 3 %
DICLOTREX
DONNATAL
EMPRICAINE-II
ENLYTE
ENTTY SPRAY
ENZOCLEAR
epinephrine injection solution 30 mg/30ml
epinephrine injection solution prefilled syringe

ESOMEPE-EZS
est estrogens-methyltest
est estrogens-methyltest hs
FEM PH
FERIVAFA
FLUOPAR
FOLIXAPURE
FOLTREXYL
FOSTEUM
FOSTEUM PLUS
GENADUR
HALUCORT
HEMMOREX-HC
HPR PLUS
HYCLODEX
hydrocortisone ace-pramoxine cream 2.5-1 % rectal
hydrocortisone ace-pramoxine external cream 2.5-1 %
hydrocortisone acetate rectal
hydrocortisone-iodoquinol
hydrocortisone-iodoquinol external cream 1-1%
HYLATOPIC PLUS
HYOPHEN
hyoscyamine sulfate er
hyoscyamine sulfate er oral tablet extended release 12
hour
hyoscyamine sulfate sublingual
INFLAMMACIN
iodoquinol-hc-aloe polysacch
IDOQUINOL-HC-KETOCONAZOLE
iodoquinol-hydrocortisone-aloe
IROSPAN 24/6
LACTOJEN
LEVICYN
levicyn dermal spray
LEVSIN
LEVSIN/SL
lidocaine external ointment 5 %
LIDOCAINE-TETRACAINE EXTERNAL CREAM 23-7
%
LIDO-EPINEPHRINE-TETRACAINE
LIDORX
LIDOTHOL
LIDOTRAL
LIDOVEX CRE 3.75%
LOPROX EXTERNAL KIT

NEUAC EXTERNAL KIT
NEOCERA
NEOSALUS
NEOSALUS CP
NEO-SYNALAR EXTERNAL KIT
NESTABS DHA
NESTABS ONE
NEUTRASAL
NIVATOPIC PLUS
NOURIVAN ANTIOX BASE
NUCARARXPAK
NUDICLO SOLUPAK
NUTRIARX CREAMPAK
OB COMPLETE ONE
OB COMPLETE PETITE
OMEGA-3 RX COMPLETE
OMEGA-3/D-3 WELLNESS PACK
ORTHO D
ORTHO DF
OVACE PLUS
OVACE PLUS WASH
OVACE WASH
PCCA LIPODERM BASE
Phenohydro
PHLAG SPRAY
PHOSPHA 250 TAB NEUTRAL
PHYSICIANS EZ USE B-12
PLEXION
PLEXION CLEANSER
PLEXION CLEANSING CLOTH
PLEXION CLEANSING CLOTH EXTERNAL PAD
Pliaglis
PLIAGLIS EXTERNAL KIT
PRENATE
PRENATE DHA
PRENATE ELITE
PRENATE ENHANCE
PRENATE MINI
PRENATE PIXIE
PRENATE RESTORE
prilovix plus
PRIMACARE
PRIMACARE ORAL CAPSULE
PROCORT
PRODIGEN
PROMISEB

PYRIDIUM
RIZOTRAL-II
salicylic acid er
salicylic acid external
salicylic acid external cream
salicylic acid wart remover
salicylic acid-cleanser
SALIVAMAX
salsalate oral
SALT DURABLE CREAM
SALT STABLE LS ADVANCED
SCARCARE GEL-PAD KIT/LARGE
SCARCINPAD
SEBUDERM
SELECT-OB
SELECT-OB+DHA
selenium sulfide external shampoo
SILA III
SIL-K PAD
SILTREX
SOD SUL/SULF EMU 10-5%
SODIUM BICARBONATE SOLUTION 8.4 %
INTRAVENOUS
sodium sulfacetamide
sodium sulfacetamide external shampoo
sodium sulfacetamide wash
sodium sulfacetamide wash liquid 10 % external
SODIUM SULFACETAMIDE-BAKUCHIOL
sulfacetamide sodium-sulfur
sulfacetamide sodium-sulfur external cream
sulfacetamide sodium-sulfur external emulsion
sulfacetamide sodium-sulfur external liquid
sulfacetamide sodium-sulfur external lotion
sulfacetamide sodium-sulfur external pad 10-4%
sulfacetamide sodium-sulfur external suspension
sulfacetamide sod-sulfur wash
sulfacetamide sod-sulfur wash external kit
SUMADAN
SUMADAN WASH
SUMADAN XLT
SYNERDERM
SYMAX DUOTAB
TETRIX
THERAMINE
TRISTART DHA

urea external cream
urea external cream 39 %, 40 %, 41 %, 45 %, 47%
URELLE
URIBEL
UROGESIC-BLUE
uro-mp
VENNGEL ONE
VISBIOME
VITAFOL GUMMIES
VITAFOL ULTRA
VITAFOL-ONE
VITAPEARL
VITREXYL
VITREXYL + IRON
XRYLIX
XYZBAC
ZELAC