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Suite 400
South San Francisco
CA 94080

**Fax Prior
Authorization
Requests to
HPSM:**

(650) 829-2045 (fax)
Help Desk
(650) 616-2088 (tel)

**HPSM Prior
Authorization Forms:**
www.hpsm.org

**General Pharmacy
Questions:**
(650) 616-2088

**Request for
Re-determination
(Appeal):**
(650) 829-2002 (fax)
(866) 880-0606 (tel)

Full Formulary:
www.hpsm.org

HPSM, through our Clinical Pharmacy Outreach Program, strives to encourage appropriate drug use and maintain efficient cost performance for our members and providers. HPSM receives no financial support from manufacturers of the preferred or standard formulary. Preferred agents are drugs with demonstrated clinical and economic advantage for our members. HPSM puts the needs of our members above all; the specified agents are for informational purposes only and are not intended to be a substitution for the clinical guidance of the prescriber. For a complete formulary list, please go to www.hpsm.org. HPSM honors the prescriber in reserving the right to hold the final decision regarding our members. HPSM is cognizant of our members privacy and rights. All our employees act in accordance with current HIPAA guidelines regarding patient protected health information.

Allergic Rhinitis
Antihistamines

loratadine
chlorpheniramine
diphenhydramine
hydroxyzine
Astelin nasal spray

Nasal Steroids
flunisolide
fluticasone

**Anti-Depressant
SSRIs**
citalopram
fluoxetine
paroxetine
sertraline

SRIs
nefazodone
trazodone

TCAs
amitriptyline
clomipramine
desipramine
imipramine
nortriptyline

Others
budeprion / SR
bupropion / SR
bupropion XL
venlafaxine
Effexor XR

Antiemetics
metoclopramide
ondansetron / ODT ¹
prochlorperazine
promethazine
trimethobenzamide

Antiparkinson
amantadine
benztropine
bromocriptine
carbidopa/ levodopa
Mirapex
selegiline

**Antipsychotic
Typical**
chlorpromazine
fluphenazine
haloperidol
loxapine
perphenazine
thioridazine
thiothixene
trifluoperazine

Atypical ‡
Risperdal
Abilify ²
Geodon
Seroquel
Zyprexa ²
clozapine

**Asthma
Beta agonists**
albuterol
Combivent
Maxair
metaproterenol
Proventil HFA

Inhaled Steroids
QVAR
Azmacort

Others
Accolate
cromolyn sodium
Singulair
theophylline

Respiratory Devices
Aerochamber Max
Easivent
Easivent Mask
E-Z Spacer
Peak Flow Meter

Cardiovascular
ACE Inhibitors

benazepril
captopril
enalapril
lisinopril
quinapril

ACE-I combo
benazepril /HCTZ
lisinopril / HCTZ
captopril / HCTZ

ARBs ³
Avapro / Avalide
Benicar / HCTZ
Cozaar / Hyzaar

CCBs
nifedipine ER
amlodipine
diltiazem
verapamil

**Anti-Lipemic
Statins**
lovastatin
pravastatin
simvastatin
Crestor 40 mg
Lipitor 80 mg
Vytorin 10/80

Bile Acid Sequestrants
cholestyramine
Colestid
WelChol

Fibrates
gemfibrozil
Lofibra capsules
Tricor

Others
Niacor
Niaspan
Slo-Niacin

Diabetes
Sulfonylureas

glyburide
glipizide
glimepiride
chlorpropamide
tolazamide

Biguanides
metformin / ER
glyburide / metformin

Meglitinides ⁴
Starlix
Prandin

Thiazolidinediones ⁴
Actos and
Avandia
Avandamet

Insulin
Humalog
Humulin 70/30
Humulin L, N, R, U
Lantus
Novolog
Novolog Mix 70/30

Gastrointestinal
H-2 blockers

cimetidine
famotidine
ranitidine

Proton Pump Inhibitors
Prilosec OTC

‡ Concurrent use of more than one atypical antipsychotic agent will require Prior Authorization and BPRS score
Quantity Limits (QL) 1) ondansetron / ODT: 12 tabs per fill and 3 fills in 75 days
2) Abilify and Zyprexa: 31 tabs per 31 days
Step Therapy (ST) 3) Prior use of ACE-Inhibitors are required for approval of ARBs
4) Prior use of metformin, sulfonylurea or insulin is required for approval of these drugs

The QFG is only a partial listing of formulary medications. Please consult Hpsm.org for more complete formulary listing