

701 Gateway Blvd.  
Suite 400  
South San Francisco  
CA 94080

**Fax Prior Authorization Requests to MedImpact:**  
(858) 790-7100 (fax)  
Help Desk  
(800) 788-2949 (tel)

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

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

**Request for Re-determination (Appeal):**  
(650) 616-8235 (fax)  
(866) 880-0606 (tel)

**Full Formulary:**  
www.epocrates.com  
(Medi-Cal only)

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.

UPDATED JULY 2008

**Allergic Rhinitis**  
**Antihistamines**

loratadine  
chlorpheniramine  
diphenhydramine  
hydroxyzine  
Zyrtec OTC  
10 mg tablet form and  
syrup form 1mg/ml

**Nasal Steroids**  
flunisolide  
fluticasone

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

**SRI**  
nefazodone  
trazodone

**TCAs**  
amitriptyline  
clomipramine  
desipramine  
imipramine  
nortriptyline

**Others**  
bupropion/ SR  
mirtazapine  
venlafaxine  
Cymbalta  
Effexor XR

**Asthma**  
**Beta agonists**  
albuterol  
metaproterenol  
Maxair  
ProAir HFA

**Combination Products**  
Advair  
Combivent  
Symbicort 80/4.5,  
160/4.5

**Inhaled Steroids**  
QVAR

**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**  
Benicar / HCTZ  
Cozaar  
Diovan / HCTZ  
Hyzaar  
Micardis/HCTZ

**CCBs**  
nifedipine ER  
amlodipine /  
benazepril  
diltiazem  
verapamil

**Anti-Lipemic**  
**Statins**  
lovastatin  
pravastatin  
simvastatin  
Vytorin 10/80

**Bile Acid Sequestrants**  
cholestyramine  
Colestid  
WelChol

**Fibrates**  
gemfibrozil  
Lofibra capsules  
Tricor

**Others**  
niacin  
Slo-Niacin

**Diabetes**  
**Sulfonylureas**  
glyburide  
glipizide  
glimepiride  
chlorpropamide  
tolazamide

**Biguanides**  
metformin / ER  
glyburide / metformin

**Thiazolidinedione**  
Avandia \*\*

**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**  
omeprazole OTC  
tablet form

**Antacids**  
aluminum OH /  
magnesium OH  
Amphojel  
calcium carbonate

**NSAIDS**  
**Less GI irritating**  
nabumetone  
sulindac  
salsalate  
meloxicam

**Others**  
diclofenac \*\*\*  
flurbiprofen  
ibuprofen  
naproxen  
indomethacin  
piroxicam

**Bisphosphonates:**  
alendronate

Generic agent in lower case first letter; brand agent in upper case first letter.

- \* Code 1 override for use in asthma for children ages 2 through 18. For patients over 18, PA is required.
- \*\* Code 1 override for use in DM after failure of sulfonylurea and metformin
- \*\*\* Code 1 override for use in arthritis
- \*\*\*\* The QFG is only a partial listing of formulary medications. Please consult HPSM.org for more complete formulary listing

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## Recent Changes to the HPSM-MediCal Formulary for Year 2008

Drug	Effective Date	Modifications
<b>ADDITIONS</b>		
Miralax (OTC)	February 2008	
Mesalamine 4 g/60 mL rectal enema	February 2008	
Yaz	February 2008	
Zyrtec OTC	March 2008	
Lantus Solostar	April 2008	Code 1 restriction of use in members who have manual dexterity and/or visual impairment issues.
Plavix	April 2008	
Symbicort	April 2008	Preferred agent
Omeprazole OTC 20 mg [gen]	July 2008	Preferred agent
<b>DELETIONS</b>		
Proventil HFA Ventolin HFA	July 2008	Please consider preferred agent: <b>ProAir HFA</b>
Advair 250/50 and 500/50	July 2008	Please consider preferred agent(s): <b>Symbicort, Advair 100/50</b>
Crestor 40 mg	July 2008	Please consider preferred agent(s): <b>lovastatin, pravastatin, simvastatin, and Vytorin 10/80 mg</b> [only strength].
Lipitor 80 mg	July 2008	Please consider preferred agent(s): <b>lovastatin, pravastatin, simvastatin, and Vytorin 10/80 mg</b> [only strength].
Prilosec OTC 20 mg [brand]	July 2008	Please consider preferred agent(s): <b>Omeprazole OTC 20 mg</b> [generic]
Actonel 30 mg Actonel 30 with Calcium	July 2008	Please consider preferred agent(s): <b>alendronate</b>
Ondansetron 24 mg	July 2008	Please consider alternative agent(s): <b>Ondansetron 4 mg, 8 mg and 16 mg</b>
<b>OTHER MODIFICATIONS</b>		
Prevacid SoluTab	February 2008	Modified Code 1 restriction to " For use in patients with inability to swallow and/or have a feeding tube (QL = 1QD)."
Asmananex Azmacort Aerobid	July 2008	These agents are now STEP 2 Agents. Please consider preferred STEP 1 agent - <b>QVAR</b>
Actonel 5, 35, 75, 150 mg	July 2008	This agent is now a STEP 2 Agent. Please consider preferred STEP 1 agent - <b>alendronate</b>