

701 Gateway Blvd.  
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](http://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.epocrates.com](http://www.epocrates.com)  
(Medi-Cal only)

## Allergies

### Antihistamines

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

### Nasal Sprays

Astelin  
ipratropium nasal  
NasalCrom

### Nasal Steroids

flunisolide  
Fluticasone

### Anti-Bacterials (oral)

amoxicillin  
amoxicillin-clavulanate  
cefaclor  
cefdinir  
cefixime  
cephalexin  
erythromycin (all)  
azithromycin\*\*  
clarithromycin  
trimethoprim-  
sulfamethoxazole  
ofloxacin (otic)

### Anti-Virals

acyclovir \*  
amantadine  
Famvir \*  
Valtrex \*

### Anti-Parasitics

Humatin  
mebendazole  
Mepron  
pentamidine

## Anti-Tussives

Codeine/  
guaifenesin syrup  
Delsym  
dextromethorphan/  
guaifenesin  
Promethazine/  
codeine syrup  
Rondec DM

## Asthma

### Beta agonists

albuterol  
albuterol/ipratropium  
metaproterenol  
Proair HFA

### Combo corticosteroid and long acting beta agonist

Advair  
Symbicort

### Inhaled Steroids

QVAR  
Pulmicort respules  
(Age Restriction  
< 8 years old)

### Other Controllers

Accolate  
cromolyn sodium  
Singulair (Age  
Restriction < 18  
years old)  
theophylline

### Respiratory Devices

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

## Contraception

### Daily

Apri, Aranelle, Aviane,  
Brevicon, Cryselle,  
Enpresse, Estrostep  
FE, Junel, Levora,  
Low-Ogestrel, Lutera,  
MonoNessa, Necon,  
Nor-QD, Ovcon 35,  
Ovcon 50, Portia,  
Previfem, Sprintec,  
Tri-Previfem, TriNessa,  
Trivora, Zovia

### Other Contraception

NuvaRing (limit 3 / 90  
days)  
Ortho Evra (limit to  
monthly fill)  
Plan B

## Mental Health

### ADHD

amphetamine/dextro-  
amphetamine  
Adderall XR<sub>ST</sub>  
dextroamphetamine  
methylphenidate / ER  
Stimulants: Code 1  
restriction for patient  
from 4 to 16 years old  
with diagnosis of  
ADHD

### Anti-Depressants

bupropion / SR  
citalopram  
Cymbalta  
Effexor XR  
fluoxetine  
mirtazapine  
paroxetine  
trazodone  
venlafaxine

## Dermatology

### Acne

benzoyl peroxide -  
(creams, gels)  
clindamycin  
(topical soln.)  
doxycycline  
erythromycin  
metronidazole  
(cream, gel, lotion)  
Tretinoin (Cream,  
Gel: Age Restriction  
< 25 years old)

### Anti-Bacterials Topical

bacitracin  
bacitracin/neomycin/  
polymyxin B  
bacitracin/polymyxin  
gentamicin  
mupirocin  
neomycin topical  
silver sulfadiazine

### Anti-Fungals Topical

ciclopirox  
clotrimazole  
econazole  
Grifulvin V  
griseofulvin microsize  
ketoconazole  
(cream, shampoo)  
miconazole  
nystatin (cream,  
ointment, powder)  
selenium sulfide  
tolnaftate

### Anti-Parasitics Topical

lindane topical  
permethrin topical  
Rid

### Anti-Virals Topical

Aldara  
Podofilox  
podophyllum

The QFG is only a partial listing of formulary medications. Please consult [Hpsm.org](http://Hpsm.org) for more complete formulary listing. 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](http://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. Generic agent in lower case first letter; brand agent in upper case first letter.

\* Code 1 restriction: for herpes genitalis, HSZ or HSV in immunocompromised patients

\*\* Suspension is formulary. Tablet form : Restricted to quantity limit of 6 tablets per fill

ST prior use of either Ritalin LA, Ritalin SR (or generic Metadate ER, Methylin ER), ER, Concerta, Dexedrine Spansules or Vyvanse is required for approval of Adderall XR.