

HPSM Formulary Changes Effective 1/1/2020

Health Plan of San Mateo (HPSM) CareAdvantage

This letter is to inform you of formulary changes that may affect a drug your patient(s) is taking. **Effective 1/1/2020, HPSM will be removing Humalog 100 units/ml vial and Humalog 100 units/ml Kwikpen from the formulary for CareAdvantage.** Patients who previously received these drugs are eligible to receive up to a 30 day transition supply at their pharmacy until 3/31/2020. After this, HPSM will no longer cover these drugs without a prior authorization.

Please note: *these formulary changes do not apply to HPSM Medi-Cal, CCS, or HealthWorx members and are restricted to the Humalog products outlined below.*

The decision to remove these drugs from our formulary was based on the availability of more cost-effective formulary alternatives. **Please consider switching your patient(s) to the formulary alternatives outlined below before 1/30/2020** in order to avoid disruptions in care.

Impacted Drugs and Formulary Alternatives Available:

Drugs affected starting 1/1/2020	What is changing beginning 1/1/2020	Formulary alternative available
Humalog 100 units/ml vial	Removed from formulary	<ul style="list-style-type: none"> • insulin lispro 100 unit/ml vial • insulin lispro 100 unit/ml pen • Admelog 100 unit/ml vial • Admelog SoloStar 100 unit/ml
Humalog 100 units/ml Kwikpen	Removed from formulary	

The list above is not all-inclusive. Please refer to the Health Plan of San Mateo website, accessible at www.hpsm.org, for a complete list of changes effective 1/1/2020 and for information about our current formulary.

If You Have Questions or Concerns, We're Here to Help

If you believe that none of the formulary alternatives listed above are right for your patient(s), you may submit a prior authorization request with clinical justification provided as to why you believe your patient cannot utilize the formulary alternative available. A decision is usually granted no later than 24 hours after the request has been sent. **For more information about how to submit a prior authorization, please refer to the Health Plan of San Mateo website at www.hpsm.org.**

For further questions regarding the formulary changes outlined in this letter, you can call us at **650-616-2088**.

Thank you,
Health Plan of San Mateo