



# Santa Barbara Regional Health Authority

## FORMULARY LIST AND CODE 1 DEFINITIONS OF RESTRICTIONS

EFFECTIVE JANUARY 2004

The Health Authority mandates generic substitution when an “AB” rated equivalent generic product is available. Generally if a prescriber wants a brand name drug and designates *Do Not Substitute* on the prescription, then a MRF must also be submitted explaining why a brand name drug is required.

Prescription quantities should not exceed a 30-day supply of medication unless specified as an exception to this rule. On the following pages, drugs that must be dispensed as 100-units and are an exception to the 30-day supply rule are indicated by a #.

**SBRHA FORMULARY LIST – January 2004**

**A**

A-200 Pyrinate  
 Abacavir\*  
 Abacavir, Lamivudine, & Zidovudine\*  
 Acarbose  
 Accolate  
 Accupril  
 Accuzyme  
 Acebutolol  
 Acetaminophen  
 Acetazolamide #  
 Acetic Acid  
 Acetic Acid w/Aluminum Acetate  
 Acetic Acid w/Hydrocortisone  
 Acetical  
 Acetohexamide  
 Acetylcysteine  
 Achromycin V  
 Aclovate  
 Actifed  
 Actifed w/Codeine  
 Actigall  
 Activella  
 Actonel  
 Actos  
 Acular  
 Acyclovir\*  
 Adalat  
 Adderal\*  
 Adrenalin  
 Adriamycin  
 Advair  
 Advicor  
 Aerobid  
 Aerobid-M  
 Agenerase\*  
 Agrylin  
 AK-Neo-Dex  
 Alamast  
 Alavert  
 Albuterol  
 Alclometasone Dipropionate  
 Aldactazide  
 Aldactone #  
 Aldara  
 Aldesleukin  
 Aldomet  
 Aldoril  
 Alemtuzumab  
 Alesse  
 Alitretinoin\*  
 Alkeran  
 Allopurinol  
 Almotriptan  
 Alomide Ophth.  
 Alphagan P  
 Alrex  
 Altace  
 Alternagel  
 Altrexamine  
 Alu-Cap  
 Alu-Tab  
 Alum. Hydroxide Gel  
 Alum. Hydroxide Magnesium, Hyd. & Simethicone

Alupent  
 Amaryl  
 Ambenonium Chloride  
 Ambenyl  
 Ambien 10mg only  
 Amikacin Sulfate  
 Amikin  
 Aminophylline  
 Amiodarone  
 Amitriptyline  
 Amitriptyline HCL, Perphenazine  
 Amlodipine/Benazepril HCL  
 Amlodipine Besylate  
 Amoxicillin/Clavulanate Potassium  
 Amoxicillin Trihydrate  
 Amphetamine, Mixed Salts\*  
 Amphojel  
 Amphotericin B  
 Ampicillin  
 Amprenavir\*  
 Anafranil  
 Anagrelide HCL  
 Anastrozole  
 Ancef  
 Ansaid\*  
 Antabuse  
 Antacids (most)  
 Antiminth  
 Antipyrine and Benzocaine  
 Antivert  
 Anturane  
 Anzemet  
 APAP  
 APAP w/Codeine  
 Apraclonidine  
 Apresoline  
 Aquamephyton  
 Aramine  
 Arava  
 Aredia  
 Aricept\*  
 Arimidex  
 Aristocort  
 Arsenic Trioxide  
 ASA  
 Asparaginase  
 Aspirin #  
 Aspirin Chewable  
 Aspirin w/Codeine  
 Aspirin - long acting  
 Astelin  
 Atapryl  
 Atarax  
 Atenolol #  
 Ativan  
 Atovaquone\*  
 Atropine  
 Atropisol  
 Atrovent  
 Augmentin  
 Auralgan  
 Auranofin  
 Aurothioglucose  
 Avalide\*  
 Avandamet

Avandia  
 Avapro\*  
 Avelox  
 Aventy  
 Axert  
 Azathioprine  
 Azelastine  
 Azithromycin\*  
 Azopt  
 AZT  
 Azulfidine

**B**

B-6 Tabs  
 B-12 Injectable  
 Bacitracin Ophth. Oint.  
 Bacitracin Topical Oint.  
 Bacitracin, Polymyxin Ophth. Oint  
 Baclofen  
 Bactrim  
 Balsalazide Disodium  
 Bay Rho-D\*  
 Beclomethasone Dipropionate  
 Beclomethasone Dipropionate Monohydrate  
 Belladonna Alkaloids w/Phenobarbital  
 Benadryl  
 Benazepril HCL  
 Benemid  
 Benicar\*  
 Benicar HCT\*  
 Bentyl  
 Benzoyl Peroxide  
 Betapace  
 Betaxolol  
 Betaxolol HCL Ophth. Drop  
 Bethanechol Chloride  
 Betimol  
 Betoptic  
 Bexarotene  
 Biaxin\*  
 Biaxin XL\*  
 Bicalutamide  
 BICNU  
 Bisacodyl Suppos.  
 Bismuth Subsalicylate  
 Bisoprolol Fumarate  
 Bitolterol Mesylate  
 Blenoxane  
 Bleomycin Sulfate  
 Bleph-10  
 Blephamide  
 Blocadren  
 Bonine  
 Brethaire  
 Brethine  
 Brevicon  
 Bricanyl  
 Brimonidine  
 Brinzolamide  
 Bromocriptine Mesylate  
 Budesonide MDI  
 Budesonide Suspension\*  
 Bupropion HCL  
 Bupropion HCL SR\*

Bupropion XL  
 Buspar  
 Buspirone  
 Busulfan  
 Butalbital/Caffeine/Acetaminophen  
 Butalbital/Caffeine/Aspirin  
 Butenafine HCL  
 Butoconazole Nitrate

**C**

Cafegot  
 Cafegot PB  
 Calamine Lotion  
 Calan  
 Calcimar  
 Calcipotriene  
 Calcitonin-Salmon  
 Calcitriol  
 Calcium Acetate  
 Calcium Carbonate  
 Calc. Carb. & Magnes. Carb.  
 Calcium Gluconate #  
 Calcium Lactate #  
 Campath  
 Camptosar  
 Capoten  
 Capecitabine  
 Capozide  
 Captopril  
 Captopril / HCTZ  
 Carafate  
 Carbachol  
 Carbamazepine  
 Carbamazepine Extended Release  
 Carbatrol  
 Carbenicillin  
 Carbex  
 Carbidopa & Levodopa  
 Carboplatin  
 Cardene  
 Cardizem  
 Cardura  
 Carisoprodol  
 Carmustine  
 Carteolol HCL Ophth. Soln.  
 Carvedilol\*  
 Casodex  
 Catapres TTS  
 Catapres  
 Ceclor\*  
 CeeNu  
 Cefaclor\*  
 Cefazolin Sodium  
 Cefdinir\*  
 Cefixime\*  
 Cefonicid Sodium  
 Cefprozil\*  
 Ceftazidime  
 Ceftriaxone  
 Cefzil\*  
 Cellcept\*  
 Cenestin  
 Cephalixin  
 Cephalac\*

\* Code 1 diagnosis requirement.  
 # Minimum quantity requirement.

## SBRHA FORMULARY LIST – January 2004

Cerubidine	Cosopt	Dexamethasone w/Tobramycin Dexedrine*	Dulcolax
Cetapred	Cotazyme	Dextroamphetamine/ampheta- mine mixture*	Duphalac*
Chemet	Coumadin	Dextroamphetamine Saccharate*	DV Cream
Cheracol	Crixivan*	Dextroamphetamine Sulfate*	Dyazide 50-25 #
Children's Advil	Crolom	DHT	Dymelor #
Children's Motrin	Cromolyn Sodium	Diabeta	Dynacirc
Chloral Hydrate	Crotamiton	Diabetic Supplies (most)	Dynapen
Chlorambucil	Cuprimine	Diabinese #	Dyrenium #
Chlordiazepoxide*	Cutivate	Diamox	<b>E</b>
Chloroptic	Cyanocobalamin (inj)	Diazepam*	E-Mycin
Chloroquine - 250 mg	Cyclobenzaprime HCL	Dicalcium Phosphate 500mg with or w/o Vit. D	E-Pilo
Chlorpheniramine Mal.	Cyclogyl	Dical-D	Echothiophate
Chlorpropamide #	Cyclopentolate	Diclofenac Opth.	Econazole Nitrate
Chlorthalidone #	Cyclophosphamide	Diclofenac Sodium*	Econopred (plus)
Chlortrimeton	Cycloserine	Dicloxacillin Sodium	Edecrin
Cholestyramine	Cyclosporin*	Dicyclomine	EES
Choline Magnesium Trisalicylate	Cyclosporin Micro Emulsion*	Didanosine*	Efavirenz*
Ciclopirox Topical	Cylert*	Dienestrol cream	Efudex
Cidofovir*	Cymevez*	Diflucan*	Elavil
Cilostazol*	Cytarabine	Diflunisal*	Eldepryl
Ciloxin	Cytosar-U	Digoxin #	Electrolytes, Oral Maint.
Cimetidine	Cytotec	Dihydrotachysterol	Elimite
Cipro*	Cytovene*	Dilacor	Elixophyllin
Cipro XR*	Cytoxan	Dilantin	Ellence
Ciprofloxacin*		Dilaudid	Elmiron
Ciprofloxacin HCL Opht. Soln.	<b>D</b>	Diltiazem HCL	Elspar
Ciprofloxacin HCL/HC Otic Susp.	D-Penicillamine	Dimetapp Elixir	Emcyt
Cisplatin	Dacarbazine	Diovan*	EMLA*
Cladribine	Dactinomycin	Diovan/HCTZ*	Empirin w/Codeine
Clarithromycin*	Dalmane	Diphenhydramine HCL	Enalapril/HCTZ
Claritin - OTC Only	Dalteparin	Diphenoxylate HCL w/Atropine Sulfate	Enalapril Maleate
Cleocin	Dantrium	Dipivefrin HCL Opht. Soln.	Enoxaparin Sod.
Cleocin T	Dantrolene Sodium	Disalcid*	Entacapone
Cleocin Vag. Cream	Dapsone	Disulfiram	Entex PSE
Climara Patches	Daraprim	Ditropan	Enulose*
Clindamycin HCL	Darvocet-N100	Ditropan Syrup	Epifrin
Clindamycin Phosphate	Darvon	Ditropan XL	Epinal
Clinoril	Daunorubicin Cit. Liposome	Divalproex Extended Release	Epinephrine
Clofazimine	Daunorubicin HCL	Divalproex Sodium	Epinephryl Borate
Clomipramine HCL	Daunoxome	Docetaxel	Epivir*
Clonazepam*	DDAVP	Docusate Sodium	Ergamisol
Clonidine HCL	Ddl*	Dolasetron Mes.	Ergocalciferol
Clopidogrel Bisulfate*	Decadron	Dolobid*	Ergoloid Mesylates Sublingual
Clotrimazole	Delaviridine Mes.*	Dolophene	Ergonovine Maleate
Coal Tar	Demerol	Domeboro	Ergotamine Tartrate and Caffeine
Codeine & Acetaminophen	Demulin	Donepezil HCL*	Ergotamine Tartrate w/Caffeine, Pentobarb. Sod, Belladonna Alk
Codeine & Aspirin	Denileukin Diftitox	Donnatal	Ergotrate Maleate
Codeine Phosphate Inj.	Depakene	Dopar	Eryped
Colazal	Depakote	Dorzolamide HCL Opht. Soln.	Erythrocin Stearate
Colbenemid	Depakote ER	Dorzolamide HCL and Timolol Maleate Opht. Soln.	Erythromcin and Sulfisoxazole
Colchicine #	Depen	Dovonex	Erythromycin Opht. Oint.
Collagenase Oint.	Depo-Provera Contraceptive	Doxazosin Mesylate	Erythromycin Base
Combivent	Depo-Testadiol	Doxepin HCL	Erythromycin Ethylsuccinate
Combivir*	Dermatop	Doxercalciferol	Erythromycin Stearate
Compazine	Desipramine HCL	Doxil	Escitalopram
Comtan	Desmopressin Acetate	Doxorubicin HCL	Esidrix
Concerta*	Desogen	Doxorubicin HCL Liposome	Estinyl
Condylox	Desogestrel & Ethinyl Estradiol	Doxycycline	Estrace
Cordarone	Desyrel	Doxycycline Hyclate*	Estraderm
Coreg*	Detrol	Dronabinol*	
Corgard	Detrol LA	DTIC-Dome	
Cort-Enema	Dexamethasone		
Cortisone (inj)	Dexamethasone w/Neomycin		
Cortisporin Otic	Dexamethasone w/Neomycin & Polymyxin		
Cortone			
Cosmegen			

\* Code 1 diagnosis requirement.  
# Minimum quantity requirement.



## SBRHA FORMULARY LIST – January 2004

Konakion  
Kytril

**L**

Labetalol HCL  
Lactulose\*  
Lamictal  
Lamivudine\*  
Lamivudine & Zidovudine\*  
Lamotrigine  
Lamprene  
Lanoxin #  
Lantus  
Larodopa  
Lasix #  
Latanoprost  
LCD Solution  
Leflunomide  
Letrozole  
Leucovorin Calcium  
Leukeran  
Leuprolide Acetate\*  
Leustatin  
Levalbuterol HCL  
Levamisole HCL  
Levaquin  
Levatol  
Levetiracetam  
Levlen  
Levlite  
Levocabastine HCL Oph. Soln.  
Levocarnitine  
Levodopa  
Levo-Dromoran  
Levofloxacin  
Levofloxacin Oph. Sol.  
Levonorgestrel & Ethinyl Estradiol  
Levora  
Levorphanol Tartrate  
Levothyroxine Sodium #  
Levoxyl #  
Lexapro  
Librium\*  
Lidex  
Lidocaine HCL  
Lidocaine/Prilocaine\*  
Linezolid\*  
Lioresal  
Liquaemin  
Liquor Carbonis Detergens  
Lisinopril  
Lisinopril HCT  
Livostin  
Lo/ovral  
Lodine  
Lodoxamide Oph. Soln.  
Lomotil  
Lomustine  
Lopid  
Lopinavir & Ritonavir\*  
Lopressor  
Loprox  
Lorazepam  
Lotensin  
Loteprednole Etabonate

Lotrel  
Lotrimin  
Lovastatin  
Lovenox  
Lozol  
Luminal  
Lunelle  
Lupron\*  
Luride #  
Luvox  
Lysodren

**M**

Maalox Reg. & Ex. Str.  
Macrobid  
Macrodantin  
Malathion  
Mandelamine  
Marinol\*  
Matulane  
Mavik  
Maxair  
Maxair Autoinhaler  
Maxalt  
Maxalt MLT  
Maxidex  
Maxitrol  
Maxzide  
Mebendazole  
Mechlorethamine HCL  
Meclizine HCL  
Medroxyprogesterone Acetate  
Medroxyprogesterone Acetate/Estradiol  
Megace  
Megesterol Acetate  
Melphalan  
Menest  
Mentax  
Meperidine HCL  
Mephyton  
Mepro\*  
Mercaptopurine  
Mestinon  
Metaproterenol  
Metformin Extended Release  
Metformin HCL  
Metformin & Glyburide  
Metformin/rosiglitazone  
Methadone  
Methazolamide  
Methenamine Hippurate  
Methenamine Mandelate  
Methergine  
Methimazole  
Methocarbamol  
Methotrexate  
Methyldopa  
Methyldopa w/HCTZ  
Methylergonovine Maleate  
Methylphenidate HCL Immediate and SR\*  
Methylphenidate ER\*  
Methyltestosterone  
Meticorten  
Metimyd

Metipranolol HCL  
Metoclopramide HCL  
Metrogel  
Metolazone  
Metoprolol Succinate\*  
Metoprolol Tartrate  
Metronidazole  
Mevacor  
Mexiletine HCL  
Mexitil  
Miacalcin  
Miconazole Nitrate  
Micronase  
Micronor  
Midrin  
Miglitol  
Minipress  
Mintezol  
Mirapex  
Mircette  
Mirtazapine  
Misoprostol  
Mithracin  
Mitomycin  
Mitotane  
Mitoxantrone\*  
Moexipril HCL  
Moexipril/HCTZ  
Mometasone Furoate Nasal Spray  
Monistat-3  
Monistat Derm  
Monistat Dual-Pak  
Monocid  
Montelukast Sod.\*  
Morphine Sulfate  
Motrin  
Moxifloxacin  
Mucomyst  
Multivitamins w/F & Iron  
Mustargen  
Mutamycin  
Myambutol  
Mycelex Troches  
Mycelex-G  
Mycobutin\*  
Mycolog  
Mycophenolate Mofetil\*  
Mycostatin  
Mydracil  
Mylanta  
Myleran  
Mylotarg  
Mysoline  
Mytelase Chloride

**N**

Nabumetone\*  
Nafcillin  
Naldolol  
Nalfon\*  
Nalidixic Acid  
Nallpen  
Naphazoline HCL  
Naphazoline HCL & Antazoline Phos. Oph. Soln.

Naphcon Forte  
Naprosyn  
Naproxen  
Nasacort AQ  
Nasonex  
Natacyn  
Natamycin  
Nateglinide  
Navelbine  
NebuPent\*  
Nefazodone HCL  
Neg Gram  
Nelfinavir Mes.\*  
Nembutal Sup.  
Neo Decadron  
Neomycin  
Neomycin, Bacitracin and Polymyxin  
Neomycin and Polymyxin  
Neomycin, Polymyxin and Gramicidin  
Neoral\*  
Neosporin G.U. Irrigant  
Neosporin Oph. Oint.  
Neosporin Oph. Soln.  
Neostigmine Bromide  
Neosynepherine Oph. Soln.  
Neptazane  
Neumega  
Neurontin  
Neutrexin  
Nevirapine\*  
Niacin  
Niacin XR  
Nicardipine  
Niclocide  
Niclosamide  
Nicorette  
Nicotine Polacriflex  
Nicotine Transdermal Patch\*  
Nicotinic Acid  
Nicotrol\*  
Nifedipine  
Nilandron  
Nilstat  
Nilutamide  
Nipent  
Nisoldipine  
Nitrofurantoin  
Nitroglycerin #  
Nitroglycerin Transdermal Patches  
Nix  
Nizoral  
Nolvadex  
Nordette  
Norgestimate/ethinyl estradiol  
Norelgestromin/ethinyl Estradiol transdermal patch  
Norethindrone  
Norethindrone & Ethinyl Estradiol  
Norethindrone & Mestranol  
Norfloxacin  
Norgestimate & Ethinyl Estradiol  
Norgestrel & Ethinyl Estradiol  
Norinyl  
Normodyne

\* Code 1 diagnosis requirement.  
# Minimum quantity requirement.

## SBRHA FORMULARY LIST – January 2004

Noroxin  
 Norpramin  
 Nor-QD  
 Noroxin  
 Nortriptyline HCL  
 Norvasc  
 Norvir\*  
 Novahistine  
 Novahistine DH  
 Novantrone  
 Novolin N  
 Novolin R  
 Novolin 70/30  
 Novolog  
 Novolog Mix 70/30  
 Novolog 70/30 Innolet  
 Novolog NPH Innolet  
 Novolin R Innolet  
 NPH, Human Insulin Isophane Suspension  
 70%NPH, Human Insulin Isophane Suspension & 30% Regular, Human Insulin Injection  
 Numorphan  
 Nydrazid  
 Nystatin  
 Nystatin/Triamcinolone

### O

Ocuflox  
 Ocupres  
 Ofloxacin\*  
 Ofloxacin Oph. Soln.  
 Olmesartan\*  
 Olmesartan HCT\*  
 Omeprazole OTC  
 Omnicef\*  
 Omnipen  
 Oncaspar  
 Oncovin  
 Ondansetron  
 Ontak  
 Ophthaine  
 Ophthetic  
 Oprelvekin  
 OptiPranolol  
 Optivar  
 Oramorph SR  
 Orinase #  
 Ortho-cept  
 Ortho Dienestrol  
 Ortho-Evra Patch  
 Ortho-Novum  
 Ortho-Prefest  
 Ortho-Tricyclen  
 Ortho-Tricyclen Lo  
 Orudis\*  
 Oseltamivir\*  
 Otobiotic  
 Ovide  
 Ovral  
 Oxandrin\*  
 Oxandrolone\*  
 Oxcarbazepine  
 Oxiconazole Nitrate  
 Oxistat

Oxyir  
 Oxybutynin Chloride  
 Oxybutynin Syrup  
 Oxycodone and Acetaminophen  
 Oxycodone HCL w/Oxycodone Terephthalate and Aspirin  
 Oxymorphone

### P

Paclitaxel  
 Pamelor  
 Pamidronate Disodium  
 Pancrelipase  
 Pancreatin  
 Panretin\*  
 Papain/Urea Oint.  
 Papine-Urea-Chlorophyllin Copper Complex Sodium  
 Paraplatin  
 Paregoric  
 Paregoric and Protective  
 Parlodel  
 Paromomycin Sulfate  
 Paroplatin  
 PxE1  
 Pedialyte  
 Pediazole  
 Pegaspargase  
 Pemirolast  
 Pemoline\*  
 Penbutolol Sulfate  
 Penicillin G  
 Penicillin G Benzathine  
 Penicillin G Procaine  
 Penicillin V(K)  
 Pentamidine\*  
 Pentobarbital Suppos.  
 Pentosan Poly-Sulfate  
 Pentostatin  
 Pentoxifylline  
 Pepcid  
 Pepto Bismol  
 Percocet  
 Percodan  
 Pergolide Mesylate  
 Periostat\*  
 Permax  
 Permethrin  
 Permethrin Creme Rinse  
 Permitil  
 Persantine #  
 Phenazopyridine HCL  
 Phenergan  
 Phenergan with Codeine  
 Phenergan DM  
 Phenergan VC  
 Phenergan VC with Codeine  
 Phenobarbital  
 Phenylephrine  
 Phenytoin  
 Phenytoin & Phenobarbital  
 Phoslo  
 Phospholine Iodide  
 Phytonadione  
 Pilocarpine  
 Pilocarpine w/Epinephrine

Pindolol  
 Pioglitazone HCL  
 Piperacillin Sod.  
 Pipobroman  
 Pipracil  
 Pirbuterol acetate  
 Piroxicam  
 Plaquinil  
 Platinol  
 Plavix\*  
 Plendil  
 Pletal\*  
 Plicamycin  
 Pneumococcal Vac. Polyvalent  
 Pnu-mune-23  
 Podofilox Soln. & Gel  
 Polyestradiol Phosphate  
 Polyethylene Glycol Soln.  
 Polymyxin, Bacitracin  
 Polymixin B, Sulfate & Bacitracin Zinc  
 Polysporin  
 Polysporin Oph. Oint.  
 Polytrim Oph. Soln.  
 Porfimer Sod.  
 Potassium Chloride #  
 Potassium Chloride LA  
 Potassium Iodide Saturated Soln.  
 Pramosone Cream  
 Pramipexole  
 Prandin  
 Prazosin HCL  
 Precose  
 Pred Forte  
 Pred Mild  
 Prednicarbate  
 Prednisolone  
 Prednisolone, Neomycin, Polymyxin B  
 Prednisolone Oph.  
 Prednisolone w/Sulfacetamide  
 Prednisone Tabs  
 Prednisone Liquid  
 Premarin  
 Premarin MT  
 Premphase  
 Prempro  
 Prenatal OTC Vitamins\* #  
 Preven Emergency Contraceptive  
 Priftin  
 Prilosec OTC  
 Primaquine  
 Primidone  
 Prinivil  
 Prinizide(Generic only)  
 Probanthine  
 Probenecid  
 Probenecid w/Colchicine #  
 Procainamide  
 Procainamide SR  
 Procaine Penicillin G  
 Procarbazine  
 Procardia  
 Procardia XL  
 Prochlorperazine  
 Procrit\*  
 Progesterone (inj)

Proleukin  
 Proloprim  
 Promethazine  
 Promethazine w/Codeine  
 Promethazine w/Dextromethorphan  
 Promethazine w/Phenylephrine  
 Promethazine w/Phenylephrine and Codeine  
 Pronestyl  
 Propantheline Bromide  
 Proparacaine HCL  
 Propine  
 Propoxyphene HCL  
 Propoxyphene NAP/APAP  
 Propranolol #  
 Propranolol-LA  
 Propylene Glycol  
 Propylthiouracil  
 Protein Bars\*  
 Protriptyline  
 Proventil  
 Provera  
 Prozac  
 Pseudoephedrine HCL  
 Psuedoephe/rine/ Guaifenesin L.A.  
 Pulmicort Respules\*  
 Pulmicort Turbuhaler  
 Purinethol  
 Pyrantel Pamoate (Liq.)  
 Pyrazinamide  
 Pyrethrins Liquid  
 Pyridium  
 Pyridostigmine  
 Pyridoxine  
 Pyrimethamine

### Q

Questran  
 Questran Light  
 Quinaglate  
 Quinapril HCL  
 Quinidine Gluconate  
 Quinidine Sulfate  
 Quinine #  
 Quinine Sulfate #  
 Quixin  
 QVAR

### R

Raloxifene HCL\*  
 Ramipril  
 Ranitidine  
 Rebretro\*  
 Reglan  
 Regular Human Insulin Injection(Rdna)  
 Relafen\*  
 Relenza\*  
 Remeron  
 Reminyl\*  
 Renacidin  
 Renagel\*  
 Renal Vitamin-Iron Formulas\*  
 Repaglinide  
 Requip

\* Code 1 diagnosis requirement.  
 # Minimum quantity requirement.

**SBRHA FORMULARY LIST – January 2004**

Rescriptor\*  
 Rescula  
 Restoril  
 RetinA\*  
 Retrovir\*  
 Ribavirin & Interferon Alfa 2B\*  
 Rid  
 Ridaura  
 Rifabutin\*  
 Rifadin  
 Rifamate  
 Rifampin  
 Rifampin and Isoniazid  
 Rifampin, Isoniazid and Pyrazinamide  
 Rifapentine  
 Rifater  
 Rilutek\*  
 Riluzole\*  
 Rimactane  
 Rimexolone Oph. Susp.  
 Risedronate  
 Ritalin\*  
 Ritalin SR\*  
 Ritodrine HCL Inj.  
 Ritonavir\*  
 Rituxan  
 Rituximab Inj.  
 Rivastigmine\*  
 Rizatriptan  
 Robaxin  
 Robinul  
 Robinul Forte  
 Robitussin  
 Robitussin AC  
 Robitussin CF  
 Robitussin DM  
 Robitussin PE  
 Rocaltrol  
 Rocephin  
 Roferon-A  
 Ropinirole HCL  
 Rosiglitazone Mal.  
 Roxicodone  
 Rubex

**S**

Salmeterol Xinafoate  
 Salsalate\*  
 Salsitab\*  
 Sandimmune\*  
 Sandoglobulin\*  
 Saquinavir\*  
 Saquinavir Mesylate\*  
 Scopolamine HBr Oph.  
 Seasonale  
 Sektal  
 Selegiline HCL  
 Selenium Sulfide  
 Septra  
 Serevent  
 Seromycin  
 Serostim\*  
 Sertraline  
 Serzone  
 Sevelamer HCL\*

Silvadene  
 Silver Sulfadiazine  
 Sinemet  
 Sinemet SR  
 Sinequan  
 Singulair\*  
 SMZ/TMP  
 Sodium Chloride Inj.\*  
 Sodium Chloride Inhal. Solution  
 Sodium Chloride Irrig. Solution  
 Sodium Fluoride #  
 Soma  
 Somatropin\* (rDNA origin)  
 Sorbitrate  
 Sotalol HCL  
 Spectazole  
 Spironolactone #  
 Spironolactone w/HCTZ  
 Sporanox\*  
 SSKI  
 Starlix  
 Stavudine\*  
 Stimate  
 Streptomycin  
 Streptozocin  
 Succimer  
 Sucralfate  
 Sudafed  
 Sulamyd  
 Sutar  
 Sulfacetamide Sodium  
 Sulfadiazine  
 Sulfasalazine  
 Sulfathiazole, Sulfacetamide, Sulfabenzamide  
 Sulfapyrazone  
 Sulfisoxazole  
 Sulindac  
 Sultrin  
 Sumatriptan Succinate  
 Suprax\*  
 Sustiva\*  
 Synalar  
 Synthroid #

**T**

Tagamet  
 Tamiflu\*  
 Tamoxifen Citrate  
 Tamsulesin  
 Tapazole  
 Targretin  
 Tasmar  
 Taxol  
 Taxotere  
 Tazarotene\*  
 Tazicef  
 Tazidime  
 Tazorac\*  
 Tegretol  
 Tegretol XR  
 Temazepam  
 Temodar  
 Temozolomide  
 Tenex  
 Teniposide Inj.

Tenofovir Disoproxil\*  
 Tenormin #  
 Terazol  
 Terazolin HCL  
 Terbutaline  
 Terconazole  
 Teslac  
 Testolactone  
 Testosterone  
 Tetracycline  
 Theophylline  
 Thiabendazole  
 Thiamine HCL Inj.  
 Thioguanine  
 Thioplex  
 Thiotepa  
 Thyroid Replacement#  
 Tiagabine HCL  
 Tiazac  
 Timolol Hemihydrate Oph. Soln.  
 Timolol Maleate  
 Timoptic  
 Tinactin  
 Tinzaparin Sodium  
 Tobradex  
 Tobramycin Inj.  
 Tobrex Eyedrops  
 Tofranil  
 Tolazamide  
 Tolbutamide #  
 Tolcapone  
 Tolectin  
 Tolinase  
 Tolmetin  
 Tolnaftate  
 Tolterodine Tartrate  
 Topotecan HCL  
 Toprol XL\*  
 Toremifene Citrate  
 Tomalate  
 Tramadol HCL  
 Trandate  
 Trandolapril  
 Trastuzumab  
 Travatan  
 Travoprost Ophth. Sol.  
 Trazodone  
 Trecator SC  
 Trelstar  
 Trental  
 Tretinoin\*  
 Triamcinolone  
 Triaminic  
 Triamterene #  
 Triamterene w/HCTZ #  
 Triavil  
 Triazolam  
 Triethylenethiophos-phoramidate  
 Trifluridine Oph.  
 Trileptal  
 Trilisate  
 Trimethoprim  
 Trimethoprim/Polymyxin Oph. Soln.  
 Trimethoprim and Sulfamethoxazole  
 Trimetrexate Glucuronate

Trimox  
 Trimpex  
 Triphasil  
 Triprolidine HCL /PSE w/Codeine  
 Triptorelin Pamoate  
 Trisenox  
 Tri-vi-sol\* #  
 Trivora  
 Trizivir\*  
 Tropicamide  
 Trusopt  
 Tylenol  
 Tylenol w/Codeine  
 Tyloxapol w/Benzalkonium Chloride Oph.

**U**

Ultram  
 Uniretic  
 Univas  
 Unoprostone Isopropyl Oph.  
 Uracil Mustard  
 Urecholine  
 Urex  
 Ursodiol

**V**

Vagifem  
 Valium\*  
 Valacyclovir HCL\*  
 Valganciclovir HCL\*  
 Valproic Acid  
 Valrubicin  
 Valsartan\*  
 Valsartan HCTZ\*  
 Valstar  
 Valtrex\*  
 Vancanase  
 Vancanase AQ  
 Vanceril  
 Vancomycin  
 Vaseretic  
 Vasocidin  
 Vasocon  
 Vasocon-A  
 Vasotec  
 Veetids  
 Velban  
 Venlafaxine HCL  
 Ventolin  
 VePesid  
 Verapamil HCL  
 Vercyte  
 Vermox  
 Vesanoide  
 Vexol  
 Vibramycin  
 Vicodin  
 Vicoden ES  
 Vi-Daylin\*

\* Code 1 diagnosis requirement.  
 # Minimum quantity requirement.

## SBRHA FORMULARY LIST – January 2004

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Videx*	Zoladex
Vinblastine Sulfate	Zolpidem Tartrate 10mg only
Vincristine Sulfate	Zonegran
Vinorelbine Tartrate	Zonisamide
Viokase	Zovirax*
Viracept*	Zyban*
Viramune*	Zyloprim
Viread*	Zyvox*
Viroptic	
Visken	
Vistaril	
Vistide*	
Vitamins ADC* #	
Vitamins ADC & F* #	
Vitamins ADC, w/F & Iron	
Vitamins ADC w/Iron*	
Vitamin B-1 Inj.	
Vitamin B-12 inj	
Vitamin B-6	
Vitamin D	
Vitamins Prenatal*	
Vivactil	
Voltaren EC Tabs*	
Voltaren Opht.	
Vosol	
Vosol-HC Otic	
Vumon	

### W

Warfarin Sodium  
Water for Injection  
Wellbutrin  
Wellbutrin SR\*  
Wellbutrin XL  
Wigraine  
Wydase  
Wytensin

### X

Xalatan  
Xeloda

### Y

Yutopar Inj.

### Z

Zaditor  
Zafirlukast  
Zalcitabine\*  
Zanamivir\*  
Zanosar  
Zantac  
Zarontin  
Zaroxolyn  
Zebeta  
Zerit\*  
Zestril  
Zetia\*  
Ziagen\*  
Zidovudine\*  
Zithromax\*  
Zofran  
Zofran ODT

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\* Code 1 diagnosis requirement.  
# Minimum quantity requirement.

# CODE 1 DEFINITIONS OF RESTRICTIONS

## Effective January 2004

Generic (TRADE) Name
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Abacavir (ZIAGEN)	restricted to use in treatment of HIV disease
Abacavir/Lamivudine/Zidovudine (TRIZIVIR)	restricted to use in treatment of HIV disease
Acyclovir (ZOVIRAX)	restricted to use in treatment of 1) Genital Herpes (HS II) 2) Immunocompromised patients 3) Shingles (Herpes Zoster)
Alitretinoin (PANRETIN)	restricted to use in the treatment of cutaneous lesions of Kaposi's Sarcoma in AIDS pts
Amphetamine, Mixed Salts (ADDERAL)	restricted to a diagnosis of Attention Deficit Disorder 1) May dispense qty of 90 for patients age $\leq$ 18 years
Amprenavir (AGENERASE)	restricted to use in treatment of HIV disease
Atovaquone (MEPRON)	for use only in treatment or prevention of Pneumocystis pneumonia in patients who are intolerant of trimethoprim-sulfamethoxazole
Azithromycin (ZITHROMAX)	1) 600 mg tablets restricted to use in prevention of Mycobacterium infections 2) Suspension 200mg/5cc restricted to < 8 yrs old, or failure of a trial of first line Antibiotic at any age
Budesonide Suspension (PULMICORT RESPULES)	Restricted to use in children < 8 yrs of age
Bupropion SR for smoking cessation (ZYBAN)	pharmacy needs to have a letter or certificate of enrollment verify that the pt is in a behavioral modification smoking cessation program

**CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004**

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Carvedilol (COREG)	restricted to having CHF
Cefaclor (CECLOR)	for use only in pts> 50 yrs old with lower respiratory tract infections (RTI)
Cefdinir (OMNICEF)	restricted to use in pts< 8 yrs old
Cefixime (SUPRAX)	1) liquid: for use only in pts< 8 yrs old with OM 2) tablet: restricted to the use in treatment of Neisseria gonorrhoeae
Cefprozil (CEFZIL)	restricted for use in pts< 8 yrs of age
Chlordiazepoxide (LIBRIUM)	for use only in treatment of alcoholism
Cidofovir (VISTIDE)	restricted to use in treatment of HIV disease
Cilostazol (PLETAL)	1) for use in pts> 65 yrs of age diagnosed with intermittent claudication 2) for diabetic pts of any age with intermittent claudication
Ciprofloxacin (CIPRO)	for use in the treatment of: 1) pts> 50 yrs old with lower RTI 2) osteomyelitis 3) pulmonary exacerbations in pts with Cystic Fibrosis 4) Urinary tract infections (UTI)
Ciprofloxacin Extended release (CIPRO XR)	restricted to use in uncomplicated urinary tract infection
Clarithromycin (BIAXIN)	restricted to: 1) infections caused by Mycobacterium 2) Active duodenal ulcer associated with Helicobacter Pylori
Clonazepam (KLONOPIN)	restricted to the diagnoses of schizophrenia or seizures
Clopidogrel Bisulfate (PLAVIX)	limited to treatment of pts with documented atherosclerosis such as recent strokes, MI or established peripheral vascular disease

**CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004**

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Cyclosporine (NEORAL, & SANDIMMUNE)	restricted to use for organ transplant
Delaviridine Mesylate (RESCRIPTOR)	restricted to use in the treatment of HIV disease
Dextroamphetamine Sulfate (DEXEDRINE)	restricted to the diagnosis of ADD 1) May dispense qty of 90 for patients age $\leq$ 18 years
Diazepam (VALIUM)	restricted to use in Cerebral Palsy, Athetoid states or spinal cord degeneration
Diclofenac Sodium (VOLTAREN)	restricted to use for arthritis
Didanosine (VIDEX, Ddl)	restricted to use in the treatment of HIV disease
Diflunisal (DOLOBID)	restricted to use for arthritis
Donepezil HCl (ARICEPT)	restricted to treatment of mild to moderate dementia of the Alzheimer's type
Doxycycline Hyclate (PERIOSTAT)	20mg tablet or capsule is restricted for use as an adjunct therapy to aggressive local dental measures in adults with peridontitis
Dronabinol (MARINOL)	restricted to use in the treatment of anorexia associated with weight loss in pts with AIDS
Efavirenz (SUSTIVA)	restricted to use in the treatment of HIV disease disease
Epoetin alfa (EPOGEN or PROCRIT)	for use in the treatment of anemia due to: 1) Zidovudine therapy 2) cancer chemotherapy 3) or chronic renal failure
Ezetimibe (ZETIA)	restricted to must be on a HMG-CoA reductase inhibitor ("statin" therapy)
Famciclovir (FAMVIR)	restricted for use to: 1) Genital Herpes 2) Shingles (Herpes Zoster) 3) Herpes Simplex infection in HIV pt
Fenoprofen (NALFON)	restricted to use for arthritis

## CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004

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Fluconazole (DIFLUCAN)	1) Cancer and HIV patients 2) for the treatment of vaginal candidiasis 3) treatment of Coccidioides Immitis infections
Flurbiprofen (ANSAID)	restricted to use for arthritis
Foscarnet Sodium (FOSCAVIR)	restricted to use in treatment of HIV disease
Galantamine Hydrobromide (REMINYL)	restricted to treatment of mild to moderate dementia of of the Alzheimer's type
Ganciclovir (CYTOVENE)	restricted to use in treatment of AIDS related conditions
Immune Globulin (GAMMAGARD, IVEEGAM, SANDOGLOBULIN)	for use only in the pediatric population (<13) with HIV disease
Immune Globulin Rh <sub>0</sub> (BAYRHO-D)	restricted for use in the treatment of ITP secondary to HIV disease
Indinavir Sulfate (CRIXIVAN)	restricted to use in the treatment of HIV disease
Interferon alfacon-1 (INFERGEN)	restricted to use in the treatment of chronic hepatitis C infection
Irbesartan (AVAPRO)	must have failed 2 formulary ACEI except cough
Irbesartan HCTZ (AVALIDE)	must have failed 2 formulary ACEI except cough
Itraconazole (SPORANOX)	restricted to use in patients with an AIDS related condition
Ketoprofen (ORUDIS)	restricted to use for arthritis
Lactulose (CEPHULAC, DUPHALAC, ENULOSE)	restricted to treatment of liver disease
Lamivudine (EPIVIR)	restricted to use in the treatment of HIV disease
Lamivudine.& Zidovudine (COMBIVIR)	restricted to use in the treatment of HIV disease
Leuprolide Acetate (LUPRON)	only for use in treatment of cancer

## CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004

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Lidocaine/Prilocaine (EMLA)	restricted for use in patients < 21 yrs of age and require a needle procedure
Linezolid (ZYVOX)	may only be used following discharge from inpt. hospitalization when pt was on Linezolid or Quinupristin/Dalopriston immediately prior to discharge. Max of a 21 day supply
Lopinavir & Ritonavir (KALETRA)	restricted to use in the treatment of HIV disease
Methylphenidate HCL immediate & sustained release (RITALIN)	restricted for use in Attention Deficit Disorder. 1) May dispense qty of 90 for patients age $\leq$ 18 years
Methylphenidate HCL extended release (CONCERTA)	restricted for use in Attention Deficit Disorder 1) May dispense qty of 90 for patients age $\leq$ 18 years
Metoprolol succinate (TOPROL XL)	restricted to having CHF
Mitoxantrone (NOVANTRONE)	restricted to use in the treatment of Cancer
Montelukast (SINGULAR)	restricted to use for <b>asthma only</b> (Allergic rhinitis requires a MRF)
Moxifloxacin (AVELOX)	restricted to use in pts > 50 yrs old with lower respiratory tract infection
Mycophenolate Mofetil (CELLCEPT)	for use in renal and cardiac transplant patients
Nabumetone (RELAFEN)	restricted to use for arthritis
Nelfinavir Mesylate (VIRACEPT)	restricted to use in the treatment of HIV disease
Nevirapine (VIRAMUNE)	restricted to use in the treatment of HIV disease
Nicotine Patch (NICOTROL & NICODERM)	For each 6 week period, the pharmacy needs a certificate of enrollment for the patient from a behavioral modification smoking cessation program.
Ofloxacin (FLOXIN)	limited to use in the treatment of sexually transmitted diseases
Olmesartan (BENICAR)	must have failed 2 formulary ACEI except cough
Olmesartan Hydrochlorothiazide (BENICAR HCT)	must have failed 2 formulary ACEI except cough
Omnicef Suspension (CEFDINIR)	restricted to us in patients < 8 Yrs of age

## **CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004**

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Oseltamivir Phosphate (TAMIFLU)	restricted to use in the treatment of acute influenza viral infection in patients at high risk of complications who also have underlying airway disease or are incapable of using an inhaler device, and have been sick for < 2 days
Oxandrolone (OXANDRIN)	restricted to use in patients with AIDS related wasting
Pemoline (CYLERT)	restricted to a diagnosis of Attention Deficit Disorder
Pentamidine Powder (NEBUPENT)	restricted to the prevention of PCP (Pneumocystis pneumonia) if the pt is also infected with HIV and has a previous history of PCP or T4< 200
Prenatal Vitamins	restricted to women with confirmed positive pregnancy test, and may be continued for 90 days post-partum
Protein Bars (REGAIN & SUPPLICAL)	restricted to pts on peritoneal dialysis with low albumins
Raloxifene (EVISTA)	restricted to use in the prevention of osteoporosis in post-menopausal women. An MRF is required if being used for treatment of osteoporosis as opposed to prevention
Renal Vitamins w/Iron	restricted to use for pts with renal disease
Ribavirin & Interferon (REBETRON)	restricted to use in the treatment of Hepatitis C
Rifabutin (MYCOBUTIN)	restricted to use in the prevention of MAC (Mycobacterium Avium Complex) disease in pts with advanced HIV
Riluzole (RILUTEK)	restricted to use in the treatment of ALS (Amyotrophic Lateral Sclerosis)
Ritonavir (NORVIR)	restricted to use in the treatment of HIV disease
Rivastigmine Tartrate (EXELON)	restricted to treatment of mild to moderate dementia of the Alzheimer's type
Salsalate (DISALCID, SALSITAB)	restricted to use in arthritis
Saquinavir (FORTOVASE)	restricted to use in the treatment of HIV disease
Saquinavir Mesylate (INVIRASE)	restricted to use in the treatment of HIV disease
Sevelamer HCl	restricted to use in treatment of patients

**CODE 1-DEFINITIONS OF RESTRICTIONS – January 2004**

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(RENAGEL)	with end-stage renal disease on dialysis
Sodium Chloride injection	limited to use in combination with Heparin lock flush solution for flushing intravenous equipment
Somatropin (rDNA origin) (SEROSTIM)	restricted to use in the treatment of pts wasting from AIDS or with AIDS associated cachexia
Stavudine (ZERIT)	restricted to use in the treatment of HIV disease
Tazarotene (TAZORAC)	restricted to use in the treatment of Psoriasis
Tenofovir Disoproxil Fumerate (VIREAD)	restricted to use in treatment of HIV disease
Tretinoin (RETIN-A)	for use in acne
Valacyclovir HCl (VALTREX)	restricted to use in genital Herpes (HSV II) and shingles (Herpes Zoster)
Valganciclovir HCL (VALCYTE)	restricted to use in the treatment of AIDS & AIDS-related conditions
Valsartan (DIOVAN)	Must have failed 2 formulary ACEI except cough
Valsartan HCTZ (DIOVAN HCT)	Must have failed 2 formulary ACEI except cough
Vitamins ADC (TRI-VI-SOL, VI-DAYLIN)	limited to use in children < 5 years of age with or without Fluoride or Iron
Zalcitabine (HIVID)	restricted to use in the treatment of HIV disease
Zanamivir (RELENZA)	restricted to use in the treatment of acute illness (< 2 days duration of symptoms) due to Influenza virus in pts at high risk of complications from influenza. An MFR is required if intended use is for the prevention of influenza after exposure
Zidovudine (RETROVIR, AZT)	restricted to use in the treatment of HIV disease

## QUANTITY LIMITS

Exceptions to the maximum 30-day supply:

A) As of May 1, 2002, the following medications are exempt from the above limit and may be dispensed as 100 tablets/capsules or a 30-day supply, *whichever is greater*. If the medication listed comes in more than one formulation, the 100-quantity limit applies only to the tablet or capsules and not to liquid formulations. These drugs are also designated on the Formulary by a # sign next to the listing.

- |                          |                                      |
|--------------------------|--------------------------------------|
| 1. Acetazolamide         | 16. Isosorbide Dinitrate             |
| 2. Aspirin               | 17. Levothyroxine                    |
| 3. Atenolol              | 18. Nitroglycerin S.L.               |
| 4. Calcium Gluconate     | 19. Potassium Chloride               |
| 5. Calcium Lactate       | 20. Prenatal Vitamins                |
| 6. Chlorpropamide        | 21. Propranolol                      |
| 7. Chlorthalidone        | 22. Quinine Sulfate                  |
| 8. Colchicine            | 23. Sodium Fluoride                  |
| 9. Colchicine-Probenecid | 24. Spironolactone                   |
| 10. Digoxin              | 25. Thyroid tablets                  |
| 11. Dipyridamole         | 26. Tolbutamide                      |
| 12. Ferrous Sulfate      | 27. Triamterene                      |
| 13. Folic Acid           | 28. Triamterene/HCTZ                 |
| 14. Furosemide           | 29. Vitamins ADC w/ & w/out Fluoride |
| 15. Hydrochlorothiazide  |                                      |

In accordance with CCR, Title 22, Section 51513 (b) (2), pharmacy claims for less than 100 tablets/capsules of the drugs listed above shall be paid at the ingredient cost only. Exceptions are with the initial prescription, or when prior authorization is obtained, or if the patient is in a skilled nursing or intermediate care facility.

# DRUGS WITH QUANTITY DISPENSING LIMITS

<u>Drug</u>	<u>Quantity</u>
1) Axert	6 tablets/30days
2) Azithromycin (ZITHROMAX) 250 mg tablet or capsules	maximum of 6 pills/dispensing
3) Bupropion SR (ZYBAN)	60 pills/month for 3 months
4) Carisprodol (SOMA)	limit to 3/day or 90/month
5) Cefixime (SUPRAX) 400 mg tablet	1 pill/month
6) Ciprofloxacin (extended release)	3 day quantity limit per prescription)
7) Dalteparin (Fragmin) 2500 IU prefilled syringe 5000 IU prefilled syringe	4 syringes/dispensing & 8 dispensings/yr 2 syringes/dispensing & 4 dispensings/yr
8) Dextroamphetamine (Generic Dexedrine)	90 day dispensing age ≤ 18 years
9)Dextroamphetamine/amphetamine Mixture (Generic Adderal)	90 day dispensing age ≤ 18 years
10) Dolasetron Meysylate (ANZEMET) 50 and 100 mg tablets 100 mg/5cc	4 pills/month 5cc/month
11) Enoxaparin (LOVENOX)	8 syringes/dispensing & 2 dispensings/yr
12) Granisetron (KYTRIL) 1 mg tablet 1 mg/cc	8 pills/month
13) Linezolid (ZYVOX) 600 mg tablet	42 tablets/month 1cc/month
14) Methylphenidate (Generic Ritalin)	90 day dispensing age ≤ 18 years
15) Methylphenidate SR (Generic Ritalin SR)	90 day dispensing age ≤ 18 years
16) Methylphenidate CD (Metadate CD)	90 day dispensing age ≤ 18 years
17) Methylphenidate ER (Generic Metadate ER)	90 day dispensing age ≤ 18 years
18) Methylphenidate ER (Concerta)	90 day dispensing age ≤ 18 years
19) Ondansetron (ZOFTRAN) 4 and 8 mg tablets and ODT 2-mg/cc	15 tablets/month 32 mg/month
20) Oseltamivir Phosphate (TAMIFLU) 75 mg capsule	10 capsules/month
21) Preven Pills and pregnancy test	1 kit/month
22) Rizatriptan(Maxalt)	6 tablets/30 days
23) Rizatriptan (Maxalt MLT)	3 tablets/30 days
24) Somatropin-rDNA origin (SEROSTIM)	limited to 3 months of therapy
25) Sumatriptan (IMITREX) Injection Tablets Nasal Spray	2/month 9/month 6 spray containers/month
26) Tinzaparin Sodium (INNOHEP)	5 vials/dispensing & 2 dispensings/yr
27) Zolpidem 10mg	14 tabs/month



# PHARMACY *Update*

SANTA BARBARA REGIONAL HEALTH AUTHORITY



## **Effective November 1, 2003**

Following is important information regarding the Santa Barbara Regional Health Authority (SBRHA) pharmacy program administered by RxAmerica.

### FORMULARY ADDITIONS:

**Benicar HCT**

Line extension added to formulary

**Prilosec OTC**

Added with a quantity limit of 60 tablets for each 30-day supply

### FORMULARY DELETIONS:

**Cozaar**

Formulary preferred drugs include Benicar, Diovan and Avapro

**Hyzaar**

Formulary preferred drugs include Diovan HCT or Benicar HCT

### STEP THERAPY/MRF:

**Aciphex**

Documented treatment of *H. pylori* or Peptic Ulcer Disease only

**Fluoxetine**

Fluoxetine use first line treatment option if no previous antidepressant therapy recorded during last six-month period. Includes Zoloft, Celexa, Lexapro, Paxil (paroxetine) and Effexor

**Neurontin**

Allowed only in conjunction with use of another anticonvulsant. Please recommend the following dose titration schedule in lieu of Neurontin:  
\*Start at 10-25mg at HS and increase dose by 10-25mg/day every 7-10 days.  
\*Dose ranges are:  
1. Amitriptyline 25-150mg/day  
2. Desipramine 25-150mg/day  
3. Nortriptyline 10-75mg/day  
Patients over age 60 years are exempt

**Asthma Therapy**

All quick relief asthma inhalers are limited to a quantity of 4 within each 6-month dispensing period



# PHARMACY *Update*

SANTA BARBARA REGIONAL HEALTH AUTHORITY



## Effective December 1, 2003

Following is important information regarding the Santa Barbara Regional Health Authority (SBRHA) pharmacy program administered by RxAmerica.

### FORMULARY DELETIONS:

Amantadine HCL	Mesoridazine Mesylate	Selected Psychiatric Drugs that have been carved out of the SBRHA Medical Program by the State of California. Although no longer available through SBRHA these agents should be billed on-line to Medi-Cal/EDS for claims processing.
Aripiprazole	Molindone HCL	
Biperiden HCL	Olanzapine	
Benztropine Mesylate	Perphenazine	
Biperiden Lactate	Phenelzine Sulfate	
Chlorpromazine HCL	Pimozide	
Chlorprothixene	Procyclidine HCL	
Clozapine	Promazine HCL	
Fluphenazine	Quetiapine	
Dacanoate	Risperidone	
Fluphenazine	Thiordazine	
Enanthate	Thiothixene	
Fluphenazine HCL	Thiothixene HCL	
Haloperidol	Tranycypromine Sulfate	
Haloperidol Decanoate	Trifluoperazine HCL	
Haloperidol Lactate	Triflupromazine HCL	
Isocarboxazid	Trihexyphenidyl HCL	
Lithium Carbonate	Ziprasidone	
Lithium Citrate	Ziprasidone Mesylate	
Loxapine HCL		
Loxapine Succinate		



# PHARMACY Update

SANTA BARBARA REGIONAL HEALTH AUTHORITY

## Formulary Update effective January 15, 2004

Listed below are additions, changes, and deletions to the Santa Barbara Regional Health Authority Formulary. Note that items indicated as 'changes' remain on the Formulary but with restrictions as noted. If you have any questions regarding the Formulary, please contact us at (805) 685-9525 or (800) 421-2560, extension 229. For a complete SBRHA formulary, please visit our website at [www.sbrha.org](http://www.sbrha.org).

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
<b>Additions</b>				
Azelastine HCl	Optivar	0.5mg/mL solution	6mL	None
Bupropion	Wellbutrin XL	150 and 300mg tablets	All	None
Levonorgestrel/ethinyl estradiol	Seasonale	0.15 mg/0.03 mg tablets	All	None
Novolin R, Novolin N, Novolin 70/30, Novolog, and Novolog Mix 70/30	Novolin R, Novolin N, Novolin 70/30, Novolog, and Novolog Mix 70/30	All	All	Formulary required for all new starts
Risedronate	Actonel	All	All	Formulary no restrictions
<b>Active Ingredient</b>	<b>Brand Name</b>	<b>Strength / Formulation</b>	<b>Quantity / Size</b>	<b>Restrictions/Comments</b>
<b>Deletions</b>				
Olopatadine	Patanol	0.1%	5mL	Non-formulary
Humulin R, Humulin N, Humulin 70/30, Humalog, Humalog Mix 75/25	Humulin R, Humulin N, Humulin 70/30, Humalog, Humalog Mix 75/25	All	All	Non-formulary for new starts. All current patients are grandfathered unless changed by attending physician
Aledronate	Fosomax	All	All	Non-formulary use Actonel
<b>Active Ingredient</b>	<b>Brand Name</b>	<b>Strength / Formulation</b>	<b>Quantity / Size</b>	<b>Restrictions/Comments</b>
<b>Reviewed</b>				
Vardenafil	Levitra	2.5mg, 5mg, 10mg, and 20mg tablets	All	Non-formulary MRF required same as Viagra



# PHARMACY Update

SANTA BARBARA REGIONAL HEALTH AUTHORITY



## Formulary Update effective March 1<sup>st</sup>, 2004

Please see below for Additions and on the reverse side for Changes and Deletions to the Santa Barbara Regional Health Authority (SBRHA) Formulary. Note that items listed under 'Changes' remain on the Formulary but with restrictions as indicated. If you have any questions regarding these changes to the Formulary, please contact us at 805/685-9525 or 800/421-2560, extension 229. For a complete SBRHA Formulary, please visit our website at [www.sbrha.org](http://www.sbrha.org). 3/25/03PSD

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
<b>Additions</b>				
Telmisartan	Micardis and Micardis HCT	20mg, 40mg, and 80mg	30 days	Step therapy must have failed two ACEI trials except cough for hypertension or CHF; No step therapy required if patient on antidiabetic therapy.

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
<b>Code Changes</b>				
Irbesartan	Avapro and Avalide	All	30 days	Step therapy must have failed two ACEI trials except cough for hypertension or CHF; No step therapy required if patient on antidiabetic therapy.
Olmesartan	Benicar and Benicar HCT	All	30 days	Step therapy must have failed two ACEI trials except cough for hypertension or CHF; No step therapy required if patient on antidiabetic therapy.
Valsartan	Diovan and Diovan HCT	All	30 days	Step therapy must have failed two ACEI trials except cough for hypertension or CHF; No step therapy required if patient on antidiabetic therapy.



# PHARMACY Update

SANTA BARBARA REGIONAL HEALTH AUTHORITY



## Formulary Update effective March 1<sup>st</sup>, 2004

Please see below for Additions and on the reverse side for Changes and Deletions to the Santa Barbara Regional Health Authority (SBRHA) Formulary. Note that items listed under 'Changes' remain on the Formulary but with restrictions as indicated. If you have any questions regarding these changes to the Formulary, please contact us at 805/685-9525 or 800/421-2560, extension 229. For a complete SBRHA Formulary, please visit our website at [www.sbrha.org](http://www.sbrha.org). 3/25/03PSD

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