



PHARMACY *Update*

SANTA BARBARA REGIONAL HEALTH AUTHORITY



Formulary Update effective April 1st, 2003

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.

3/25/03PSD

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
Additions				
Almotriptan	Axert	All	6 tablets/30 days	None
Brimonidine	Alphagan P	All	30 days	None
Cholestyramine	Generic Questran	All	30 days	None
Ciprofloxacin extended-release	Cipro XR	500mg	3 day quantity limit per prescription	Code 1 restriction – uncomplicated urinary tract infection
Ezetimibe	Zetia	All	30 days	Code 1 restriction – must be on an HMG-CoA reductase inhibitor (“statin” therapy)
Irbesartan	Avapro	All	30 days	Must have failed 2 formulary ACEI except cough
Irbesartan HCTZ	Avalide	All	30 days	Must have failed 2 formulary ACEI except cough
Lisinopril/HCT	Generic Prinizide	All	30 days	None
Metformin/rosiglitazone	Avandamet	All	30 days	None
Metoprolol succinate	Toprol XL	All	30 days	Code 1 restriction - must have CHF
Rizatriptan	Maxalt	All	6 tablets/30 days	None
Rizatriptan	Maxalt MLT	All	6 tablets/30 days	None



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Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
Code 1 Changes				
Carvedilol	Coreg	All	30 days	Code 1 restriction - must have CHF
Losartan	Cozaar	All	30 days	Must have failed 2 formulary ACEI except cough
Losartan HCTZ	Hyzaar	All	30 days	Must have failed 2 formulary ACEI except cough
Montelukast	Singulair	All	30 days	Code 1 restriction – asthma only use in allergic rhinitis requires a MRF
Olmesartan	Benicar	All	30 days	Must have failed 2 formulary ACEI except cough
Valsartan	Diovan	All	30 days	Must have failed 2 formulary ACEI except cough
Valsartan HCTZ	Diovan HCT	All	30 days	Must have failed 2 formulary ACEI except cough
Deletions				
Candesartan cilexetil	Atacand	All	30 days	90 day grandfather time limit ends 6/30/2003
Colesevelam	Welchol	All	30 days	MRF required
Colestipol	Colestid	All	30 days	MRF required
Enalapril/felodipine	Lexxel SR	All	30 days	90 day grandfather time limit ends 6/30/2003
Fenofibrate	Tricor	All	30 days	MRF required
Fosinopril	Monopril	All	30 days	90 day grandfather time limit ends 6/30/2003
Fosinopril HCTZ	Monopril HCT	All	30 days	90 day grandfather time limit ends 6/30/2003
Telmisartan	Micardis	All	30 days	90 day grandfather time limit ends 6/30/2003
Telmisartan HCTZ	Micardis	All	30 days	90 day grandfather time limit ends 6/30/2003