



PHARMACY *Update*

SANTA BARBARA REGIONAL HEALTH AUTHORITY



Formulary Update effective November 1, 2003

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.

| Active Ingredient | Brand Name | Strength / Formulation | Quantity / Size | Restrictions/Comments |
|--------------------------------|--------------|------------------------|----------------------|--|
| Additions | | | | |
| Omelsartan/hydrochlorothiazide | Benicar HCT | All Strengths/Tablets | 30 tablets per month | Must have failed therapy with 2 ACEI's |
| Omeprazole Over-the-Counter | Prilosec OTC | All Strengths/Tablets | 60 tablets per month | No restrictions |

| Active Ingredient | Brand Name | Strength / Formulation | Quantity / Size | Restrictions/Comments |
|----------------------------|------------|------------------------|----------------------|---|
| Deletions | | | | |
| Rabeprazole | Aciphex | All Strengths/Tablets | 30 tablets per month | MRF required; preferred for GERD, H. pylori, and PUD |
| Pantoprazole | Protonix | All Strengths/Tablets | 30 tablets per month | MRF required; preferred for MRF |
| Lansoprazole | Prevacid | All strengths/Tablets | 30 tablets per month | MRF required; non preferred |
| Esomeprazole | Nexium | All Strengths/Tablets | 30 tablets per month | MRF required; non preferred |
| Omeprazole generic | Prilosec | All Strengths/Tablets | 30 tablets per month | MRF required; non preferred |
| Losartan | Cozaar | All Strengths/Tablets | 30 tablets per month | MRF required; use formulary product Diovan, Benicar, Avapro |
| Losartan/hydrochlorthizide | Hyzaar | All Strengths/Tablets | 30 tablets per month | MRF required; use formulary product Diovan HCT or Benicar HCT |

| Active Ingredient | Brand Name | Strength / Formulation | Quantity / Size | Restrictions/Comments |
|-------------------------------------|--|------------------------|---|---|
| Deletions | | | | |
| Sertraline | Zoloft | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Escitalopram | Lexapro | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Venlafaxine | Effexor | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Changes/Stepped Therapy | | | | |
| Sertraline | Zoloft | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Escitalopram | Lexapro | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Venlafaxine | Effexor | All strengths/tablets | All | Fluoxetine generic first line therapy if not used in the past 6 months |
| Gabapentin | Neurontin | All strengths | All | Prescription will process if patient is on another anticonvulsant; For neuropathy patient must have failed a trial of 8 weeks of two tricyclic antidepressants either amitriptyline, desipramine, or nortriptyline; except if the patient is over the age of 60 years. MRF required. |
| Asthma therapy – Albuterol inhalers | Generic albuterol inhaler; Proventil HFA | All canister sizes | Limited to 4 inhalers in a rolling 6 month period | Patient must be on controller medication preferably a inhaled corticosteroid |