



# 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.