



PHARMACY *Update*

SANTA BARBARA REGIONAL HEALTH AUTHORITY



Formulary Update effective MAY 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.

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
Additions				
Zolmitriptan	Zomig Zomig ZMT Zomig Nasal Spray	2.5mg and 5mg oral tablets 2.5mg orally disintegrating tablets 5mg NS	6 tablets 6 tablets 6 each	Quantity limit 6/month Quantity limit 6/month Quantity limit 6/month
Testosterone gel	Testim	5gm	5gm	30 day supply
Paroxetine mesylate	Pexeva	10mg tablets 20mg tablets 30mg tablets 40mg tablets	All All All All	Step Therapy requires failure on fluoxetine. 30 day supply
Ranitidine	Zantac Syrup	15 mg/ml		Code 1 for Children Age 12 and under
Primecrolimus Cream	Elidel Cream	1%	30 and 60 gm tubes	Code 1 for Children Age 16 and under
Rosuvastatin	Crestor	5mg tablets 10mg tablets 20mg tablets 40mg tablets	All All All All	Step Therapy - Must have failed therapy with generic lovastatin 30 day supply
Moxifloxacin	Vigamox	0.5% ophthalmic solution	3 mL	none
Ciprofloxacin/ dexamethasone	Ciprodex	Otic suspension	5mL 7.5ml	none

Deletions				
Eletriptan	Relpax	All	All	Non-formulary MRF required must use Zomig, Imitrex or Maxalt
Paroxetine	Paroxetine generic	10mg tablets 20mg tablets 30mg tablets 40mg tablets	All	Non-formulary must use Pexeva
Paroxetine	Paxil Paxil CR	10mg tablets 20mg tablets 30mg tablets 40mg tablets CR 12.5mg tablets CR 25mg tablets CR 37.5mg tablets	All	Non-formulary must use Pexeva
Ciprofloxacin/ Hydrocortisone	Cipro HC	Otic suspension	All	Non-formulary

Clarifications				
Methotrexate	Trexall – (Tablets) Rheumatrex (Tablets) Methotrexate	Methotrexate is now covered by Medicare. SBRHA Medicaid/Medicare claims for Methotrexate will receive the following message: “Must be Billed to Medicare”		
Smoking Cessation Products				
Nicotine Patches and Nicotrol				Daily Dose of 1 Pharmacy needs a Certificate of Enrollment in a Behavioral Modification Smoking Cessation Program for each 6-month period. No Lifetime Maximum.
Nicotine Gum				None

Zyban				60 per 30 days Pharmacy needs a Certificate of Enrollment in a Behavioral Modification Smoking Cessation Program for each 6- month period. No Lifetime Maximum
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