



# PHARMACY Update

SANTA BARBARA REGIONAL HEALTH AUTHORITY



**Date approved by P & T: 06/17/2004**

**Date Rx America and MedImpact notified by SBRHA: 07/7/2004**

**Effective date per SBRHA & Rx America & MedImpact: 8/1/2004:**

## Formulary Update effective 8/1/2004

Please see the table below for additions, changes, and deletions to the Santa Barbara Regional Health Authority formulary. Note that items listed under 'Changes' remain on the Formulary but with restrictions as indicated.

Active Ingredient	Brand Name	Strength / Formulation	Quantity / Size	Restrictions/Comments
<b>Additions</b>				
Travoprost	Travatan	0.004% solution	2.5mL	30 day supply
Tiotropium bromide	Spiriva	18 mcg capsules for inhalation	Not applicable	30 day supply

<b>Deletions</b>				
Ipratropium/albuterol combination	Combivent	All	All	Use albuterol with Spiriva
Bimaprost	Lumigan	0.03% solution	2.5 and 5.0 mL	Travatan preferred

<b>Changes</b>				
Methotrexate	Various	2.5mg tablets	All	No MRF required for immunologic diseases e.g. RA, psoriasis etc. Pharmacist bill Medicare eligible members if cancer diagnosis is present