

**Santa Barbara Regional Health Authority Formulary: Additions, Deletions, and Changes
April 2005**

Drug	Class	Formulary Status	Restrictions/Limits	Implementation Date
Additions:				
Citalopram (Celexa) generic	Antidepressant	Formulary	Generic Citalopram will be on formulary without restrictions.	4/15/05
Lansoprazole solutabs (Prevacid Solutabs)	Proton Pump Inhibitor	Formulary	Prilosec OTC is the preferred PPI. Prevacid SoluTabs added to formulary with step therapy restrictions, requiring failure of Prilosec OTC. All other PPIs (including Prevacid capsules and Prevacid suspension) will be non-formulary. Federal legend omeprazole/Prilosec will be excluded entirely. Gastroenterologists may prescribe any PPI except generic omeprazole or Brand Rx Prilosec	4/15/05
200 mg emtricitabine/ 300 mg tenofovir disoproxil fumarate (Truvada)	Antiretroviral	Formulary	None	4/15/05
600 mg abacavir (as sulfate)/ 300 mg lamivudine (Epzicom)	Antiretroviral	Formulary	None	4/15/05
Psyllium (Metamucil)	Laxative	Formulary	Generic products must be dispensed if commercially available.	4/15/05
Simvastatin/ezetimibe (Vytorin)	Antihyperlipidemic	Formulary	Added to the formulary with a quantity limit of 1 tablet per day.	5/1/05
Atorvastatin (Lipitor)	Antihyperlipidemic	Formulary	All strengths added to formulary with a quantity limit of 1 tablet per day. Code 1 restriction requiring tablet splitting for Lipitor 20mg, 40mg, and 80mg if patient is capable of splitting tablets. Tablet splitters added to the formulary for splitting Lipitor tablets.	5/1/05
Divalproex extended release tablets (Depakote ER)	Anticonvulsant	Formulary	Code 1 restriction: may override if diagnosis is seizures or if patient stabilized on Depakote ER. Otherwise, patient must be converted to valproic acid. Must submit a MRF for all new Depakote ER prescriptions for patients without a seizure diagnosis if valproic acid cannot be used.	4/15/05

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Divalproex delayed release tablets (Depakote)	Anticonvulsant	Formulary	Code 1 restriction: may override if diagnosis is seizures or mania, or if patient stabilized on Depakote. Otherwise, patient must be converted to valproic acid. Must submit a MRF for all new Depakote prescriptions for patients without a seizure or mania diagnosis if valproic acid cannot be used.	4/15/05
Reviewed:				
Duloxetine (Cymbalta)	Antidepressant	Non-formulary	MRF may be submitted if patient meets one of the following criteria: 1. Depression: patient failed a trial of Effexor/Effexor XR, formulary SSRI, bupropion, or mirtazapine. Note: Effexor/Effexor XR has step therapy restrictions. 2. Diabetic peripheral neuropathy: trial of TCA or gabapentin.	4/15/05
Amlodipine/atorvastatin (Caduet)	Antihyperlipidemic combination	Non-formulary	MRF required	4/15/05
Changes:				
Montelukast (Singulair)	Leukotriene antagonist	Formulary	Formulary with age and step therapy restrictions. Patient must be 12 months of age or older <u>AND</u> have a history of oral inhaled corticosteroid use in previous 60 days for online adjudication. These changes were made to conform more closely to the National Heart Lung and Blood Institute Guidelines that list Singulair as an alternative to ICS but not as effective as ICS. The P and T Committee Members encourage the use of ICS as first line therapy for asthma whenever medically feasible. MRF required for allergic rhinitis (see MRF guidelines)	4/15/05

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Palivizumab (Synagis)	Monoclonal antibody (RSV prophylaxis)	Formulary	Requires prior authorization from SBRHA Utilization Management. Submit required medical information on either a TAR or a MRF. Fax number is 805-685-5191.	4/15/05
Allegra, Allegra-D, Clarinex, Zyrtec, and Zyrtec-D	NSAs	Non-formulary	Preferred NSA is OTC loratadine. Approval of the other NSAs require failure of OTC loratadine, Astelin Nasal Spray <u>AND</u> a formulary intranasal steroid (Nasonex, Flonase, or Nasacort AQ)	5/1/05
Generic omeprazole and Branded Legend Prilosec	Proton pump inhibitor	Non-formulary	Excluded as benefit requires MRF.	4/15/05
Retin A and Retin A micro	Dermatological anti-acne	Formulary	Age limit 18 years or less; MRF required for acne therapy for patients greater than 18 years.	4/15/05