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Product Information  Information du Produit

## DO YOU STOCK RELPA<sup>®</sup> 40 MG TABLETS?

Increased promotional efforts are now underway in your area.  
RELPA<sup>®</sup> 40 mg blister packs of 6 tablets

Contact your local wholesaler to place an order today.

RELPA<sup>®</sup> tablets are indicated for the acute treatment of migraine with or without aura in adults. RELPA<sup>®</sup> tablets are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of RELPA<sup>®</sup> tablets have not been established for cluster headache, which is present in an older, predominantly male population.

For complete information on contraindications, warnings, precautions and dosing guidelines please refer to the Product Monograph. The Product Monograph is available upon request from Pfizer Canada Inc., 17300 Trans-Canada Highway, Kirkland, Quebec H9J 2M5.

Reference: RELPA<sup>®</sup> Product Monograph, Pfizer Canada Inc., April 2009.

RELPA<sup>®</sup> Pfizer Products Inc., owner/Pfizer Canada Inc., Licensee  
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Working together for a healthier world™



## REIMBURSEMENT INFORMATION FOR ALIMTA<sup>®</sup> (pemetrexed) IS NOW AVAILABLE ON WWW.DRUGCOVERAGE.ORG

This web site provides access to specific information on coverage through private insurance, provincial / territorial and federal plans. It also provides the appropriate reimbursement criteria, prior authorization / special authorization request forms, letters and instructions for submitting claims and preparing special authorization requests for coverage.

ALIMTA<sup>®</sup> DINs: 02253437 – 500mg/vial  
02306433 – 100mg/vial

Please refer to the Product Monograph for indications, contraindications, serious warnings and precautions, dosing guidelines and patient selection criteria.

ALIMTA<sup>®</sup> is a registered trademark of Eli Lilly and Company

**If you would like to receive PharmaDirect by email,  
please provide your email address:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Fax Back to: 905-420-3616**



## PREMARIN PRICING REDUCTION

Since Pfizer began joint operations with Wyeth Canada on October 16, 2009, following the acquisition of Wyeth by Pfizer, Pfizer has undertaken a comprehensive review of Wyeth's operations and product line. The following is a result of this review.

Pfizer Canada Inc. wishes to inform its customers that the following product price will be reduced from \$0.98\$ to \$0.28 as of February 1st, 2010\*

### PREMARIN\* (conjugated estrogen) tablets

DIN	UPC CODE	PRODUCT DESCRIPTION	CURRENT UNIT PRICE	REVISED UNIT PRICE AS OF FEBRUARY 1st, 2010*
02043394	066063 086801	0.3 mg Tablets	\$0.98	\$0.28
02043394	066063 086856	0.3 mg Tablets	\$0.98	\$0.28
02043408	066063 086702	0.625 mg Tablets	\$0.98	\$0.28
02043408	066063 086719	0.625 mg Tablets	\$0.98	\$0.28
02043424	066063 086603	1.25 mg Tablets	\$0.98	\$0.28

\*This new price change will in fact be a price increase for the province of Quebec from \$0.12 to \$0.28 per day, effective March 1, 2010.

Pfizer has listened to Canadian women, healthcare professionals and public and private insurers and is committed to working closely with the relevant government bodies in each province to ensure as many Canadian women as possible continue to have access to this important product.

Should you require further information or assistance, please contact our Customer Service Group at 1-800-665-2110. If you have an inquiry of a medical nature related to PREMARIN, please contact our Medical Information Services at 1 800 463-6001.

Pfizer Canada Inc., Licensee



## REIMBURSEMENT INFORMATION FOR VFEND<sup>®</sup> (voriconazole) AND ZYVOXAM<sup>®</sup> (linezolid) IS NOW AVAILABLE ON WWW.DRUGCOVERAGE.ORG

This web site provides access to specific information on coverage through private insurance, provincial / territorial and federal plans. It also provides the appropriate reimbursement criteria, prior authorization / special authorization request forms, letters and instructions for submitting claims and preparing special authorization requests for coverage.

VFEND<sup>®</sup> DINs: 02256460, 02256479, 02256487, 02279991  
ZYVOXAM<sup>®</sup> DINs: 02243684, 02243685

Please refer to the Product Monographs for indications, contraindications, serious warnings and precautions, dosing guidelines and patient selection criteria.

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ZYVOXAM<sup>®</sup> Pfizer Caribe Limited, owner/ Pfizer Canada Inc., Licensee  
™DrugCoverage is a trademark of Plasmid Biocommunications Inc.



RELPA<sup>®</sup> (eletriptan hydrobromide) is indicated for the acute treatment of migraine with or without aura in adults. RELPA<sup>®</sup> is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of RELPA<sup>®</sup> have not been established for cluster headache, which is present in an older, predominantly male population.

For complete prescribing information, please refer to the Product Monograph.

The Product Monograph is available upon request from Pfizer Canada Inc., 17300 Trans-Canada Highway, Kirkland, Quebec H9J 2M5.

Reference: RELPA<sup>®</sup> Product Monograph, Pfizer Canada Inc., April 2009.



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## The durable NovoPen<sup>®</sup> 4: Same trusted device. Now with a new name.

The only pen you need  
for all Novo Nordisk insulins.

- NovoPen<sup>®</sup> is used by more than 4 million people worldwide, including over 200,000 Canadians<sup>1</sup>
- Quick and simple to use<sup>2</sup>
- Reassuring end-of-dose "click"
- Built to last – proven under extreme test conditions<sup>3</sup>
- Continued accurate insulin delivery – even after 5 years<sup>3†</sup>
- Stylish and modern design
- Available in silver and blue



To get FREE NovoPen<sup>®</sup> 4 devices for your patients, contact your wholesaler or call 1-800-465-4334 for more information.

Wholesaler	Silver NovoPen <sup>®</sup> 4	Blue NovoPen <sup>®</sup> 4
AmerisourceBergen	6988000	6988200
Kohl & Frisch	81721	81720
McKesson	952119	952127

† To ensure that the selected insulin dose is delivered, leave the NovoFine<sup>®</sup> needle under the skin for at least 6 seconds. For further information, read the NovoPen<sup>®</sup> 4 User Manual.

**REFERENCES:** 1. Data on file, Novo Nordisk Canada, May 2008. 2. Asakura T, Seino H, et al. Patient Acceptance and Issues of Education of Two Durable Insulin Pen Devices. *Diabetes Technology & Therapeutics* 2008;10(4):299-304. 3. Kristensen CM. Accuracy and durability of NovoPen<sup>®</sup> 4 insulin delivery device following lifetime testing and stress testing. Data on file, Novo Nordisk Canada.

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**NovoPen<sup>®</sup> 4**  
The reliable choice

### TECTA PRESCRIPT SAMPLE VOUCHERS

Nycomed would like to inform you that they have extended the current Tecta PreScript Sample Voucher Program. If you receive any PreScript Vouchers with an expiry date of Dec 31, 2009 these will be honored until June 30, 2010.

Assure adjudication will support you with this process if required at 1-800-668-1608.

Thank you for your support.

**TECTA<sup>™</sup> Sample Trial**

**Attention Physician**

This allows your patient to receive sample medication free of charge. For your convenience, a follow-up prescription is also included.

- Peel and stick label to the prescription.
- Check-off which alternate product the patient should receive if TECTA<sup>™</sup> is not covered by their drug plan, or does not want to pay cash.

For assistance please call: **1-877-773-7277**

**Part 1 - TECTA<sup>™</sup> Sample Trial - FREE**

TECTA<sup>™</sup> □ 40 mg - OD 10 tablets DIN 02267233 Expiry date: Dec 31, 2009

Please bill to:

**Assure** Carrier Group Certificate Issue  
1-800-668-1608

**Part 2A - TECTA<sup>™</sup> Rx - (NOT A SAMPLE)**

TECTA<sup>™</sup> □ 40 mg - OD \_\_\_\_\_ tablets

Repeats  1  2  3  4  5

or

**Part 2B - Alternate PPI Rx - (NOT A SAMPLE)**

If TECTA<sup>™</sup> is not covered by patient's drug plan, please dispense the following PPI instead of the TECTA<sup>™</sup> sample:

omeprazole \_\_\_\_\_ mg x \_\_\_\_\_

lansoprazole \_\_\_\_\_ mg x \_\_\_\_\_

pantoprazole \_\_\_\_\_ mg x \_\_\_\_\_

rabeprazole \_\_\_\_\_ mg x \_\_\_\_\_

esomeprazole \_\_\_\_\_ mg x \_\_\_\_\_

**PRESCRIPT** Repeats  1  2  3  4  5

**Attention Pharmacist**

**Step 1** - Fill TECTA<sup>™</sup> Rx as Part 2A above

**Step 2** - If claim is accepted, proceed to fill sample trial in Part 1 above. If claim is rejected, proceed to fill alternate PPI Rx in Part 2B.

Free sample is intended for use when TECTA<sup>™</sup> is covered by patient's plan, or if the patient is willing to pay cash for follow-up prescriptions.

- Remember to reset your billing software to the patient's original plan following this transaction.
- Do not bill sample to patient's existing drug plan(s).
- Program covers the cost of sample drug, usual and customary dispensing fee and associated markups.

**Tecta**

Pr **Tecta<sup>™</sup>**  
PANTOPRAZOLE MAGNESIUM

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[www.ipharmadirect.com](http://www.ipharmadirect.com)

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