



RECOMBIVAX HB® (hepatitis B vaccine [recombinant]) WITH THIMEROSAL DISCONTINUATION OF ADULT PRESENTATION 10 µg/mL, MULTI-DOSE 3.0ML VIAL DIN 00749486

The following is to inform you that RECOMBIVAX HB® (hepatitis B vaccine [recombinant]) with thimerosal, Adult Presentation 10 µg/mL, multi-dose 3.0mL vial, DIN 00749486, has been discontinued and is no longer available in this presentation.

Should you require further information, please do not hesitate to contact your Merck Frosst Vaccine Specialist or the Merck Frosst Order Desk at 1-800-463-7251.

®Registered Trademark of Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. Used under license.



Merck Frosst Canada Ltd.
 Kirkland, Quebec H9H 3L1
 INST-09-CDN-84010181-SM



LEO PHARMA INC. IS PLEASED TO ANNOUNCE THAT XAMIOL® (calcipotriol/betamethasone dipropionate) GEL IS NOW LISTED ON THE:

- Alberta Health and Wellness Drug Benefit List
- Quebec Formulary – RAMQ (under exception drug status)

Name	Xamiol®
Form	gel
Strength	50 µg/g calcipotriol (as monohydrate), 0.5 mg/g betamethasone (as dipropionate)
Indicated Dosing	For the topical treatment of moderate to severe scalp psoriasis for up to 4 weeks.
Format	60 g bottle
DIN	02319012

Product monograph available upon request. For medical information please call 1-800-263-4218 or email medical-info.ca@leo-pharma.com

© Registered trademark of LEO Pharma A/S used under license and distributed by LEO Pharma Inc., Thornhill, ON



LEO PHARMA INC. IS PLEASED TO ANNOUNCE THAT DOVOBET® (calcipotriol/betamethasone dipropionate) OINTMENT IS NOW LISTED ON THE:

- Saskatchewan Formulary
- Alberta Health and Wellness Drug Benefit List
- Ontario Drug Benefit Formulary
- Quebec – RAMQ (under exception drug status)

Name	Dovobet®
Form	Topical ointment
Strength	50 µg/g calcipotriol, 0.5 mg/g betamethasone (as dipropionate)
Indication	For the topical treatment of psoriasis vulgaris for up to 4 weeks.
Format	60 g tube, 120 g tube
DIN	02244126

Product monograph is available upon request. For medical information please call 1-800-263-4218 or email medical-info.ca@leo-pharma.com

© Registered trademark of LEO Pharma A/S used under license and distributed by LEO Pharma Inc., Thornhill, ON



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™ 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™ 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™ Sample Trial - FREE

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

Please bill to:

ASSURE 1-800-668-1508	Carrier	Group	Certificate	Issue
---------------------------------	---------	-------	-------------	-------

Part 2A - TECTA™ Rx - (NOT A SAMPLE)

TECTA™ □ 40 mg - OD _____ tablets

Repeats 1 2 3 4 5

- Or -

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

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

omeprazole _____ mg x _____

lansoprazole _____ mg x _____

pantoprazole _____ mg x _____

rabeprazole _____ mg x _____

esomeprazole _____ mg x _____

Repeats 1 2 3 4 5

Attention Pharmacist

Step 1 - Fill TECTA™ 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™ is covered by patient's plan, or if the patient is willing to pay cash for follow-up scripts.

- 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.

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

Name: _____

Email: _____

Name: _____

Email: _____