



IMPORTANT ANNOUNCEMENT REGARDING THE AUTOPEN® 24 42 UNITS INJECTION PEN

New reusable ClikSTAR™ injection pen replaces the Autopen® 24 42 units.

Due to the recent launch of the new ClikSTAR™ reusable injection pen, the Autopen® 24 42 units will no longer be available for your LANTUS® patients.

While the Autopen® 24 42 units (Blue Model AN4200) is no longer available, the Autopen® 24 21 units (Green Model AN4210) will be available for a limited time for your patients who need more time to make a smooth transition to ClikSTAR™. The same LANTUS® 3 mL cartridges used in the Autopen® 24 may be used in the ClikSTAR™ injection pen.

We are confident your patients will appreciate the features of the new ClikSTAR™ including:

- Dosing increments of 1 unit, to a maximum of 80 units
- Audible click when selecting dose
- Dial-back safety feature to correct dose selection errors
- One-step push-back plunger reset for cartridge exchange
- Designed to be easy to teach and easy to use

Call 1.800.668.7401 to order ClikSTAR™ pens for your pharmacy.

As always, ClikSTAR™ reusable injection pens are available free of charge for your LANTUS® patients. Should you have any further questions or concerns, please do not hesitate to contact your sanofi-aventis representative.



Copyright© 2010 sanofi-aventis. All rights reserved.

sanofi-aventis Canada Inc., Laval, Quebec H7L 4A8

Autopen® 24 is a registered trademark of Owen Mumford Limited. Autopen® 24 is manufactured by Owen Mumford Limited and distributed by sanofi-aventis.

CDN.GLA.10.01.01E



VESICARE® NOW LISTED ON PROVINCIAL FORMULARY IN SASKATCHEWAN, NOVA SCOTIA, NEW BRUNSWICK, AND NEWFOUNDLAND.

Astellas Pharma Canada, Inc. is pleased to announce that **Vesicare®** has been listed on the following provincial formularies:

- Saskatchewan (Exception Drug Status)
- Nova Scotia (Exception Drug Status)
- New Brunswick (Special Authorization)
- Newfoundland (Special Authorization)

Vesicare® has been listed in Quebec (médicaments d'exception, code GU33) since February 2007.

In these provinces, **Vesicare®** can be prescribed for the treatment of overactive bladder in adults, with symptoms of urge frequency, urgency and /or urge incontinence, in patients who have not tolerated, or have an insufficient response to a reasonable trial of immediate-release oxybutynin.

The recommended starting dose for **Vesicare®** is 5mg once daily, which can be taken with or without food.

Vesicare® is available in 5mg and 10mg tablets, in bottles of 30's and 90's.

Order **Vesicare®** through your wholesaler today.



Product Information / Information du Produit

NOTICE OF PRODUCT DISCONTINUATION

Following a review of the commercial potential, **Bristol-Myers Squibb Canada Co.** has decided to discontinue the manufacture and sale of the following SKU.

PRODUCT	Unit/Format
Desyrel 50mg 250s (Trazodone hydrochloride)	1 x 250 tabs

If you have any questions related to this announcement, please do not hesitate to call **Bristol-Myers Squibb Customer Service at 1-800-267-0005**. Thank you for your continued support of **Bristol-Myers Squibb Canada Co.** products.

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

Name: _____

Email: _____

Name: _____

Email: _____

Fax Back to: 905-420-3616

Product Information / Information du Produit

TECTA PRESCRIPT SAMPLE VOUCHERS

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 02087233 Expire date: Dec 31, 2009

Please fill to:

Carrier	Group	Certificate	Issue

Part 2A - TECTA™ Rx - (NOT A SAMPLE)

TECTA™ □ 40 mg - OD _____ tablets

Repeats:

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:

<input type="checkbox"/> omeprazole	_____ mg x _____
<input type="checkbox"/> lansoprazole	_____ mg x _____
<input type="checkbox"/> pantoprazole	_____ mg x _____
<input type="checkbox"/> rabeprazole	_____ mg x _____
<input type="checkbox"/> esomeprazole	_____ mg x _____

Repeats:

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 sample.

• 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

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.

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

Thank you for your support.

