Update to the September 2005 Handbook of Limited Use Drug Products. These changes correlate with Edition 39 – Update 13 of the ODB Formulary/CDI.

Drug(s)	LU code	Clinical criteria/Comments
Aclasta (zoledronic acid)	319	For the treatment of Paget's disease. LU Authorization Period: Indefinite
Caduet (amlodipine/ atorvastatin)	404	For patients who have been titrated to a stable combination of the separate components (i.e., amlodipine and atorvastatin) for a minimum of 3 months. LU Authorization Period: Indefinite
Lactaid tablet (lactase enzyme)	N/A	All Lactaid products are delisted and no longer available as Limited Use benefits.
Myfortic (mycophenolate sodium)	N/A	Myfortic is now listed as a General Benefit.
Norprolac (quinagolide)	405	For the treatment of hyperprolactinemia in patients who have: • Failed to respond to a greater than or equal to 3 month trial of bromocriptine; **or** • Failed to tolerate bromocriptine; **or** • Failed to shrink a prolactinoma by greater than 1cm after 12 months of bromocriptine therapy LU Authorization Period: 5 years

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Drug(s)	LU code	Clinical criteria/Comments
Tilade (nedocromil sodium)	N/A	Tilade has been discontinued by the manufacturer.
Xeloda (capecitabine)	406	Additional Criterion: For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5 FU/LV. *high risk stage 2 colon cancer is defined as one of the following: • obstruction • perforation • poorly differentiated adenocarcinoma • inadequate lymph node sampling • T4 tumour LU Authorization Period: 6 months