

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA (Refer to pages 2 to 4 for general disclaimers regarding the EAP funding criteria.)	STANDARD APPROVAL DURATION
Pioglitazone	Actos , Generics	15 mg, 30 mg, 45 mg tablet	<ul style="list-style-type: none"> • Patients with recent history (in the past 3 months) of an ischemic cardiovascular event (myocardial infarction, unstable angina) <p>* Note: For the purpose of the EAP submission, maximal dose of sulfonylurea is considered to be glyburide 10 mg/day, gliclazide 160mg/day OR Diamicon MR 60mg/day, OR glimepiride (Amaryl) 4 mg/day.</p> <p>**Note: For the purpose of the EAP submission, maximal dose of metformin is considered to be 2000 mg/day.</p> <p><u>Renewals</u> as well as requests for ongoing treatment in patients previously provided these drugs by other means will be considered for those patients who have NOT developed a contraindication/precautionary use*** in the intervening period AND have demonstrated a recent HbA1c level ≤7% while on treatment.</p>	Renewal: 5 Years