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
Rosiglitazone	Avandia	2 mg, 4 mg, 8 mg tablet	For the treatment of type 2 diabetes mellitus in patients with: • Inadequate glycemic control (HbA1c >7%) from ALL other oral antidiabetic agents* funded through one of the Ontario Drug Benefit Programs, in monotherapy or in combination OR • Where ALL other oral antidiabetic agents are inappropriate due to contraindications or intolerance AND • The patient has refused or is not able to take insulin AND • There is no known contraindication to rosiglitazone. * Oral antidiabetics include the following agents; ○ glyburide ○ metformin ○ gliclazide (Diamicron, Diamicron MR) ○ sitagliptin (Januvia) ○ saxagliptin (Onglyza) ○ repaglinide (GlucoNorm) ○ pioglitazone (Actos) Note: A trial with acarbose is not a mandatory requirement. Note: It is <u>not</u> necessary for patients to have tried the following oral antidiabetic agents that are currently not funded by the OPDP for the purposes of obtaining rosiglitazone: ○ glimepiride (Amaryl) ○ nateglinide (Starlix) **<u>Renewals</u>** will be considered where patients have benefited and continue to benefit from rosiglitazone treatment as demonstrated by <u>recent</u> HbA1c levels ≤7% while on treatment with rosiglitazone AND in those who continue to have no known contraindication(s) to rosiglitazone.	Initial: 5 years Renewal: 5 years