

Update to the September 2005 Handbook of Limited Use Drug Products. These changes correlate with Edition 39-Update 16 of the ODB Formulary/CDI.

Drug(s)	LU Code	Clinical Criteria/Comments
Femara (letrozole)	408	<b>Additional criterion:</b> As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.  LU Authorization Period: 5 years.