

SECTION	SUBJECT	PAGE		
RESTRICTED USE	finasteride, dutasteride	1 of 1		
		YY	MM	DD
		98	06	25
		06	05	02
	Original	07	05	25
	Revised			
	Revised			

PROTOCOL

Approved for use under the following conditions:

1. That it be used only when there is an evidence-based diagnosis

AND,

2. Prescribed for the treatment of benign prostatic hyperplasia.

REFERENCES

1. Alberta Health and Wellness, Drug Benefit List, November 2006.

© 2013 Alberta Health Services. This material is provided on an "as is", "where is" basis. Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.