

M.O., 2004-008**Order of the Minister of Health and Social Services making the Regulation to amend the Regulation respecting the List of medications covered by the basic prescription drug insurance plan dated 17 June 2004**

An Act respecting prescription drug insurance (R.S.Q., c. A-29.01)

THE MINISTER OF HEALTH AND SOCIAL SERVICES,

CONSIDERING section 60 of the Act respecting prescription drug insurance (R.S.Q., c. A-29.01);

CONSIDERING Order 1999-014 dated 15 September 1999 of the Minister of State for Health and Social Services and Minister of Health and Social Services making the Regulation respecting the List of medications covered by the basic prescription drug insurance plan;

CONSIDERING that it is necessary to amend the List of medications attached to that Regulation;

CONSIDERING that the Conseil du médicament has been consulted on the draft regulation;

MAKES the Regulation to amend the Regulation respecting the List of medications covered by the basic prescription drug insurance plan, the text of which is attached hereto.

Québec, 17 June 2004

PHILIPPE COUILLARD,
Minister of Health and Social Services

Regulation to amend the Regulation respecting the List of medications covered by the basic prescription drug insurance plan*

An Act respecting prescription drug insurance (R.S.Q., c. A-29.01, s. 60)

1. The Regulation respecting the List of medications covered by the basic prescription drug insurance plan is amended, in the List of Medications attached thereto, in Appendix I entitled “Manufacturers That Have Submitted Different Guaranteed Selling Prices for Wholesalers and Pharmacists”:

(1) by inserting the following before the line concerning the manufacturer “Apotex”:

“AltiMed AltiMed Pharmaceutical Inc. 5%”;

(2) by inserting the following before the line concerning the manufacturer “Cobalt”:

“C.-Horner Carter-Horner Inc. 5%”;

(3) by inserting the following before the line concerning the manufacturer “Serono”:

“Seaford Seaford Pharmaceuticals Inc. 9%”;

(4) by inserting the following before the line concerning the manufacturer “Westwood”:

“* Tyco Tyco Healthcare Inc. 8.25%”.

* The Regulation respecting the List of medications covered by the basic prescription drug insurance plan, made by Minister’s Order 1999-014 dated 15 September 1999 (1999, *G.O.* 2, 3197) of the Minister of State for Health and Social Services and Minister of Health and Social Services, was last amended by Minister’s Orders 2003-010 dated 10 September 2003 (2003, *G.O.* 2, 2915A), 2003-012 dated 28 October 2003 (2003, *G.O.* 2, 3288), 2003-013 dated 2 December 2003 (2003, *G.O.* 2, 3472), 2004-002 dated 19 January 2004 (2004, *G.O.* 2, 828) and 2004-006 dated 15 April 2004 (2004, *G.O.* 2, 1376) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2004, updated to 1 March 2004.

2. The List of Medications, attached to that Regulation, is amended in Appendix II entitled “Drug Wholesalers Accredited by the Minister and Each Wholesaler’s Mark-up”:

(1) by replacing the name of the wholesaler “MCMAHON ESSAIM INC.” by the following name: “MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC.”;

(2) by adding the following at the end of that list of wholesalers:

“PHARMAPLUS INC.

Head office: PHARMAPLUS INC.
2797, avenue Turbide
Beauport (Québec) G1E 3R1

– Mark-up 5.9%

– Supply source code M”.

3. The List of Medications, attached to that Regulation, is amended in Appendix III entitled “Products for Which the Wholesaler’s Mark-up is Limited to a Maximum Amount”:

(1) by inserting the following before the line concerning the medication “Enbrel”:

“Sanofi Eligard Kit 22.5 mg 1”;

(2) by inserting the following before the line concerning the medication “Hydromorphone”:

“Lilly Humatrope Cartridge 24 mg 1”;

(3) by inserting the following before the line concerning the medication “Rilutek”:

“B.-M.S. Reyataz Caps. 150 mg 60
B.-M.S. Reyataz Caps. 200 mg 60”.

4. The List of Medications, attached to that Regulation, is amended in Appendix IV entitled “Exceptional Medications, With Recognized Indications for Payment Purposes”:

(1) by deleting the following:

“DRESSING - CARBOXYMETHYLCELLULOSE:

♦ for treatment of persons suffering from severe burns or severe cutaneous ulcers related to arterial or venous insufficiency;

DRESSING - SEMIPERMEABLE:

♦ for treatment of persons suffering from severe burns or severe cutaneous ulcers related to arterial or venous insufficiency;”;

(2) by replacing the third indication accompanying the medication “CLOPIDOGREL BISULFATE” by the following:

“♦ for treatment of acute coronary syndrome in persons

• who are already being treated with acetylsalicylic acid;

• who were not previously taking acetylsalicylic acid. The maximum duration of the authorization is 12 months;”;

(3) by replacing the indications accompanying the medication “ENFUVIRTIDE” by the following:

“♦ for treatment, in association with other antiretrovirals, of HIV-infected persons,

• whose current viral load is greater than or equal to 5 000 copies/mL while having been treated for at least three months with an association of antiretrovirals,

and

• for whom a laboratory test showed sensitivity to only one antiretroviral or to none.

The maximum duration of the initial authorization is five months.

Upon subsequent requests, the physician must provide evidence of a beneficial effect

• on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the enfuvirtide treatment began;

or

• on a recent CD4 count, showing an increase of at least 30% compared with the CD4 count obtained before the enfuvirtide treatment began.

Authorizations will then have a maximum duration of six months;

◆ for treatment, in association with other antiretrovirals, of HIV-infected persons,

- whose current viral load is both 1) greater than or equal to 5 000 copies/mL and 2) greater than or equal to the previous value, obtained at an interval of at least three months, while having been treated with an association of three or more antiretrovirals during the interval between the two viral load measurements,

and

- who previously received at least one other antiretroviral treatment that resulted in a documented virological failure, after at least three months of treatment;

and

- who have tried, since the beginning of their antiretroviral therapy, at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, except in the presence of a class resistance.

The maximum duration of the initial authorization is five months.

Upon subsequent requests, the physician must provide evidence of a beneficial effect

- on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the enfuvirtide treatment began;

or

- on a recent CD4 count, showing an increase of at least 30% compared with the CD4 count obtained before the enfuvirtide treatment began.

Authorizations will then have a maximum duration of six months;”;

(4) by adding the following after the indication accompanying the medication “FLUDARABINE PHOSPHATE”:

“◆ for treatment of persons suffering from non-Hodgkins lymphoma of low-malignancy where second-line chemotherapy, specifically CAP (cyclophosphamide, doxorubicin and prednisone), CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) and CVP (cyclophosphamide, vincristine and prednisone) has failed, is not tolerated or is contraindicated;”;

(5) by replacing the indication accompanying the medication “DRESSING – ALGINATE FIBRE” by the following:

“◆ for treatment of persons suffering from severe burns;

- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;”;

(6) by replacing the medication “DRESSING – ACTIVATED CHARCOAL/SILVER” and the accompanying indication by the medication “ DRESSING – ACTIVATED CHARCOAL” and the following indications:

“◆ for treatment of persons suffering from a foul-smelling pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe foul-smelling wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe foul-smelling cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;”;

(7) by replacing the indication accompanying the medication “DRESSING – SODIUM CHLORIDE” by the following indications:

“◆ for treatment of persons suffering from severe burns;

- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;”;

(8) by replacing the medication “DRESSING – HYDROCOLLOIDAL” and the accompanying indication by the medication “DRESSING – HYDROCOLLOID” and the following indications:

- “◆ for treatment of persons suffering from severe burns;

- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;”;

(9) by replacing the medication “DRESSING – HYDROPHILIC POLYURETHANE” and the accompanying indication by the medication “DRESSING – HYDROPHILIC FOAM” and the following indications:

- “◆ for treatment of persons suffering from severe burns;

- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;”;

(10) by adding the following after the indication accompanying the medication “TACROLIMUS, top. oint.”:

- “◆ for treatment of moderate or severe atopic dermatitis in adults, following failure of at least two treatments with a different topical corticosteroid of intermediate strength or greater, or following failure of at least two facial treatments with a different topical corticosteroid of low strength;”;

(11) by adding the following after the indication accompanying the medication “VALGANCYLOVIR”:

- “◆ for CMV-infection prophylaxis in D+R- persons who have undergone a solid organ transplant. The maximum duration of the authorization is 100 days;”;

(12) by inserting, in alphabetical order of the exceptional medications, the following medications and the accompanying indications:

“BRIMONIDINE TARTRATE, 0.15% oph. sol.:

- ◆ where an allergy to benzalkonium chloride has been documented;

DRESSING – COMPOSITE:

- ◆ for treatment of persons suffering from severe burns;

- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;

- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;

- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;

- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;

DRESSING – HYDROFIBER :

- ◆ for treatment of persons suffering from severe burns;
- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;
- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;
- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;
- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days;

DRESSING – IODINE CADEXOMER :

- ◆ for treatment of persons suffering from severe burns or wounds (affecting the subcutaneous tissue) associated with a topical infection without measurable improvement after eight weeks of optimum wound care, including debridement and dressing that fosters a moist wound environment for scarring;

Upon the initial request, the physician must provide two measurements of the size of the wound. The maximum duration of the initial authorization is 12 weeks. Upon subsequent requests, the physician must provide evidence of a beneficial effect defined by a decrease in the size of the wound and in the persistence of the topical infection;

DRESSING – MULTICOAT :

- ◆ for treatment of persons suffering from severe burns;
- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater;
- ◆ for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer;
- ◆ for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency;
- ◆ for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days ;”.

5. The List of Medications, attached to that Regulation, is amended:

(1) by inserting, in the order of classification of the medications, the following medications and the accompanying information:

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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08:12.04 ANTIFUNGAL ANTIBIOTICS**FLUCONAZOLE** 

I.V. Perf. Sol.		2 mg/mL			
+ 02247922	Fluconazole Injectable	Novopharm	100 mL	46.30	0.4630

08:12.16 PENICILLINS**AMOXICILLIN/ POTASSIUM CLAVULANATE** 

Tab.		875 mg -125 mg		LPM	
+ 02248138	Novo-Clavamoxin 875	Novopharm	100	126.10	➔ 1.2610

PIPERACILLIN SODIUM/ TABACTAM SODIUM 

I.V. Perf. Pd		2 g -0,25 g			
+ 02170817	Tazocin	Wyeth	1	10.60	
I.V. Perf. Pd		3 g - 0,75 g			
+ 02170795	Tazocin	Wyeth	1	15.90	
I.V. Perf. Pd		4 g - 0,5 g			
+ 02170809	Tazocin	Wyeth	1	21.20	

08:12.28 MISCELLANEOUS ANTIBIOTICS**CLINDAMYCIN HYDROCHLORIDE** 

Caps.		150 mg		LPM	
+ 02248525	Clindamycine-150	Pro Doc	100	48.90	➔ 0.4890
Caps.		300 mg		LPM	
+ 02248526	Clindamycine-300	Pro Doc	100	97.80	➔ 0.9780

08:18 ANTIVIRALS**ACYCLOVIR SODIUM** 

I.V. Perf. Sol.		25 mg/mL			
+ 02236916	Acyclovir	Mayne	20 mL	55.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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08:18.08 ANTIRETROVIRAL AGENTS**ATAZANAVIR SULFATE** [P]

Caps.			150 mg		
+ 02248610	Reyataz	B.-M.S.	60	594.00	9.9000

Caps.			200 mg		
+ 02248611	Reyataz	B.-M.S.	60	594.00	9.9000

08:40 MISCELLANEOUS ANTI-INFECTIVES**METRONIDAZOLE** [P]

Caps.			500 mg		
+ 02248562	Apo-Metronidazole	Apotex	100	76.50	0.7650

10:00 ANTINEOPLASTIC AGENTS**HYDROXYUREA** [P]

Caps.			500 mg		LPM
+ 02247937	Apo-Hydroxyurea	Apotex	100	102.03	➔ 1.0203

12:08.08 ANTISPASMODICS**GLYCOPYRROLATE**

Inj. Sol.			0,2 mg/mL		
+ 02039508	Glycopyrrolate injection	Sabex	2 mL	4.47	

24:04.04 ANTIARRHYTHMIC AGENTS**AMIODARONE HYDROCHLORIDE** [P]

Tab.			200 mg		
+ 02246194	Apo-Amiodarone	Apotex	100	129.71	1.2971

24:06.08 HMG-COA REDUCTASE INHIBITORS**PRAVASTATINE SODIUM** [P]

Tab.			10 mg		
+ 02248182	Co Pravastatin	Cobalt	100	95.30	0.9530

Tab.			20 mg		
+ 02248183	Co Pravastatin	Cobalt	500	562.15	1.1243

Tab.			40 mg		
+ 02248184	Co Pravastatin	Cobalt	100	135.43	1.3543

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SIMVASTATIN 

Tab.		5 mg			
+ 02248103	Co Simvastatin	Cobalt	100	56.70	0.5670
+ 02247067	Ratio-Simvastatin	Ratiopharm	100	56.70	0.5670
+ 02247827	Rhoxal-Simvastatin	Rhoxal	100	56.70	0.5670

Tab.		10 mg			
+ 02248104	Co Simvastatin	Cobalt	500	560.70	1.1214
+ 02247068	Ratio-Simvastatin	Ratiopharm	500	560.70	1.1214
+ 02247828	Rhoxal-Simvastatin	Rhoxal	500	560.70	1.1214

Tab.		20 mg			
+ 02248105	Co Simvastatin	Cobalt	500	693.00	1.3860
+ 02247069	Ratio-Simvastatin	Ratiopharm	500	693.00	1.3860
+ 02247830	Rhoxal-Simvastatin	Rhoxal	500	693.00	1.3860

Tab.		40 mg			
+ 02248106	Co Simvastatin	Cobalt	500	693.00	1.3860
+ 02247070	Ratio-Simvastatin	Ratiopharm	500	693.00	1.3860
+ 02247831	Rhoxal-Simvastatin	Rhoxal	100	138.60	1.3860

Tab.		80 mg			
+ 02248107	Co Simvastatin	Cobalt	100	138.60	1.3860
+ 02247071	Ratio-Simvastatin	Ratiopharm	100	138.60	1.3860
+ 02247833	Rhoxal-Simvastatin	Rhoxal	100	138.60	1.3860

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)**SODIUM FOSINOPRIL** 

Tab.		10 mg			
+ 02247802	Novo-Fosinopril	Novopharm	100	55.30	0.5530

Tab.		20 mg			
+ 02247803	Novo-Fosinopril	Novopharm	100	66.50	0.6650

TRANDOLAPRIL 

Caps.		4 mg			
+ 02239267	Mavik	Abbott	100	95.00	0.9500

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**MELOXICAM** 

Tab.		7,5 mg			
+ 02248267	pms-Meloxicam	Phmscience	500	273.00	0.5460
+ 02247889	Ratio-Meloxicam	Ratiopharm	500	273.00	0.5460

Tab.		15 mg			
+ 02248268	pms-Meloxicam	Phmscience	500	315.00	0.6300
+ 02248031	Ratio-Meloxicam	Ratiopharm	500	315.00	0.6300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:12.08 BENZODIAZEPINES**CLOBAZAM** 

Tab. 10 mg					
+ 02248454	Clobazam-10	Pro Doc	30	6.46	0.2153

28:12.92 MISCELLANEOUS ANTICONVULSANTS**GABAPENTIN** 

Caps. 100 mg					
+ 02248259	Gen-Gabapentin	Genpharm	500	126.00	0.2520

Caps. 300 mg					
+ 02248260	Gen-Gabapentin	Genpharm	500	306.50	0.6130

Caps. 400 mg					
+ 02248261	Gen-Gabapentin	Genpharm	500	365.25	0.7305

Tab. 600 mg					
+ 02248457	Novo-Gabapentin	Novopharm	100	130.45	1.3045

LAMOTRIGINE 

Tab. 25 mg					
+ 02248232	Novo-Lamotrigine	Novopharm	100	20.88	0.2088

Tab. 100 mg					
+ 02248233	Novo-Lamotrigine	Novopharm	100	83.54	0.8354

Tab. 150 mg					
+ 02248234	Novo-Lamotrigine	Novopharm	100	125.31	1.2531

28:16.04 ANTIDEPRESSANTS**PAROXÉTINE HYDROCHLORIDE** 

Tab. 10 mg					
+ 02240907	Apo-Paroxetine	Apotex	100	104.30	1.0430
+ 02248012	Gen-Paroxetine	Genpharm	100	104.30	1.0430
+ 02248556	Novo-Paroxetine	Novopharm	100	104.30	1.0430
+ 02247750	pms-Paroxetine	Phmscience	100	104.30	1.0430
+ 02247810	Ratio-Paroxetine	Ratiopharm	30	31.29	1.0430

Tab. 20 mg					
+ 02240908	Apo-Paroxetine	Apotex	500	556.50	1.1130
+ 02248013	Gen-Paroxetine	Genpharm	500	556.50	1.1130
+ 02248557	Novo-Paroxetine	Novopharm	500	556.50	1.1130
+ 02247751	pms-Paroxetine	Phmscience	500	556.50	1.1130
+ 02247811	Ratio-Paroxetine	Ratiopharm	500	556.50	1.1130

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					
			30 mg		
+ 02240909	Apo-Paroxetine	Apotex	100	118.30	1.1830
+ 02248014	Gen-Paroxetine	Genpharm	100	118.30	1.1830
+ 02248558	Novo-Paroxetine	Novopharm	100	118.30	1.1830
+ 02247752	pms-Paroxetine	Phmscience	100	118.30	1.1830
+ 02247812	Ratio-Paroxetine	Ratiopharm	30	35.49	1.1830

28:16.08 ANTIPSYCHOTIC AGENTS**OLANZAPINE** 

Oral Diss. Tab.					
			15 mg		
+ 02243088	Zyprexa Zydys	Lilly	28	283.50	

28:24.08 BENZODIAZEPINES**DIAZEPAM** 

Tab.					
			5 mg	LPM	
+ 00013765	Vivol	C.-Horner	1000	65.00	➡ 0.0650

Tab.					
			10 mg	LPM	
+ 00013773	Vivol	C.-Horner	1000	86.70	➡ 0.0867

FLURAZEPAM HYDROCHLORIDE 

Caps. or Tab.					
			15 mg	LPM	
+ 00483826	Somnol	C.-Horner	100	6.75	➡ 0.0675

Caps. or Tab.					
			30 mg	LPM	
+ 00483818	Somnol	C.-Horner	100	7.75	➡ 0.0775

28:24.92 MISCELLANEOUS**L-TRYPTOPHANE** 

Caps. or Tab.					
			500 mg	LPM	
+ 02248540	Apo-Tryptophan	Apotex	100	49.87	➡ 0.4987
+ 02248538	Apo-Tryptophan (Co.)	Apotex	100	49.87	➡ 0.4987

Tab.					
			1 g	LPM	
+ 02248539	Apo-Tryptophan (Co.)	Apotex	100	89.78	➡ 0.8978

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:92 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS**ALMOTRIPTAN MALATE** 

Tab. + 02248128	Axert	J.O.I.	6,25 mg	6	77.70	12.9500
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Tab. + 02248129	Axert	J.O.I.	12,5 mg	6	77.70	12.9500
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36:26 DIABETES MELLITUS**QUANTITATIVE GLUCOSE BLOOD TEST**

Stick + 99100096	Ascencia Microfill	Bayer		100	68.50	
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40:08 ALKALINIZING AGENTS**SODIUM BICARBONATE**

I.V. Inj. Sol. + 00038083	Bicarbonate de Sodium	Abbott	0,9 mmol/mL	50 mL	13.75	
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I.V. Inj. Sol. + 00261998	Bicarbonate de Sodium 8.4%	Abbott	1 mmol/mL	50 mL	13.75	
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52:36 MISCELLANEOUS EENT DRUGS**TIMOLOL MALEATE** 

Oph. Sol. Gel + 02242275	Maleate de timolol	Alcon	0,25 %	5 mL	LPM ➔ 13.04	
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Oph. Sol. Gel + 02242276	Maleate de timolol	Alcon	0,5 %	5 mL	LPM ➔ 15.60	
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68:20.92 MISCELLANEOUS ANTIDIABETIC AGENTS**METFORMIN HYDROCHLORIDE** 

Tab. + 02242931	Alti-Metformin	AltiMed	850 mg	100	LPM 20.90	➔ 0.2090
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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68:24 PARATHYROID**CALCITONIN SALMON (SYNTHETIC) [P]**

Nas. spray			200 UI/dose	LPM	
+ 02247585	Apo-Calcitonin	Apotex	28 dose(s)	39.20	➔ 1.4000

84:06 ANTI-INFLAMMATORY AGENTS**AMCINONIDE [P]**

Top. Cr.			0,1 %	LPM	
+ 02247098	Ratio-Amcinonide	Ratiopharm	60 g	16.42	➔ 0.2737

CLOBETASOL PROPIONATE [P]

Top. Oint.			0,05 %	LPM	
+ 02126192	Novo-Clobetasol	Novopharm	50 g	20.34	➔ 0.4068

MOMETASON FUROATE [P]

Top. Oint.			0,1 %		
+ 02244769	pms-Mometasone	Phmscience	50 g	19.39	0.3878
+ 02248130	Ratio-Mometasone	Ratiopharm	50 g	19.39	0.3878

84:36 MISCELLANEOUS**ZINC OXIDE**

Band.			7,5 cm X 6 m		
+ 01907603	Viscopaste PB7	S. & N.	1	8.22	

92:00.02 OTHER MISCELLANEOUS**ALENDRONATE MONOSODIUM [P]**

Tab.			5 mg		
+ 02248251	Novo-Alendronate	Novopharm	100	103.70	1.0370

AZATHIOPRINE [P]

Tab.			50 mg	LPM	
+ 02236819	Novo-Azathioprine	Novopharm	500	270.90	➔ 0.5418

DUTASTERIDE [P]

Caps.			0,5 mg		
+ 02247813	Avodart	GSK	30	48.90	1.6300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LEUPORIDE ACETATE 

Kit + 02248239	Eligard	Sanofi	7,5 mg	1	343.58	
Kit + 02248240	Eligard	Sanofi	22,5 mg	1	891.00	

(2) by inserting, in alphabetical order of the exceptional medications, the following medications and the accompanying information:

EXCEPTIONAL MEDICATIONS**BETAHISTINE DIHYDROCHLORIDE** 

Tab. + 02247998	Serc	Solvay	24 mg	100	63.00	0.6300
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BRIMONIDINE TARTRATE 

Oph. Sol. + 02248151	Alphagan P	Allergan	0,15 %	10 mL	33.00	
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DRESSING – ACTIVATED CHARCOAL

Dressing + 99100103	Actisorb silver	J. & J.	6,5 cm x 9,5 cm	1	2.53	2.5300
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DRESSING – ALGINATE FIBER

Strip + 99100100	Curasorb 30 cm	Tyco	30 cm	1	5.81	5.8100
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Strip + 99100101	Curasorb 60 cm	Tyco	60 cm	1	10.12	10.1200
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Strip + 99100102	Curasorb 90 cm	Tyco	90 cm	1	14.52	14.5200
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DRESSING – COMPOSITE

Dressing + 99100111	Versiva	Convatec	9 cm x 9 cm	1	3.16	
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Dressing + 99100112	Versiva	Convatec	14 cm x 14 cm	1	7.64	
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Dressing + 99100113	Versiva	Convatec	19 cm x 19 cm	1	13.96	
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Dressing + 99100114	Versiva (sacrum)	Convatec	21 cm x 22 cm	1	18.43	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DRESSING – HYDROCOLLOID

Dressing					
+ 99100110	Nu-Derm Hydrocolloïdal (sacrum)	J. & J.	1	13.50	13.5000
Dressing 15 cm x 18 cm					
+ 99100107	DuoDERM Signal	Convatec	1	9.99	9.9900
Dressing 20 cm x 22,5 cm					
+ 99100105	Combiderm ACD	Convatec	1	13.61	13.6100
Dressing 20 cm x 23 cm					
+ 99100106	DuoDERM Signal	Convatec	1	15.32	15.3200
+ 99100108	DuoDERM Signal (sacrum)	Convatec	1	17.02	17.0200

DRESSING – IODINE CADEXOMER

Paste					
+ 99100098	Iodosorb	S. & N.	17 g	27.33	
Top. Oint.					
+ 99100099	Iodosorb	S. & N.	40 g	51.44	

GLICLAZIDE

Tab. 80 mg					
+ 02248453	Gliclazide-80	Pro Doc	100	27.90	0.2790

NUTRITIONAL FORMULAS – MONOMERIC

Liq. 1,5 L suppl.					
+ 99100094	Peptamen avec Prebio 1	Nestlé	1	43.62	
Liq. 235 mL à 250 mL suppl.					
+ 99100095	Peptinex DT Pédiatrique	Novartis-N	1	6.00	

SOMATROPHIN

Cartridge 24 mg					
+ 02243079	Humatrope	Lilly	1	1120.08	

6. The List of Medications is amended by replacing the information accompanying the following medications by the following information:

8:12.16 PENICILLINS**AMOXICILLIN/POTASSIUM CLAVULANATE**

Tab. 875 mg -125 mg LPM					
* 02245623	Apo-Amoxi Clav	Apotex	100	126.10	➡ 1.2610
* 02247021	Ratio-Amoxi Clav	Ratiopharm	60	75.66	➡ 1.2610

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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8:22 QUINOLONES**OFLOXACIN** 

Tab.		200 mg			
* 02231529	Apo-Oflox	Apotex	100	130.41	1.3041
* 02243474	Novo-Ofloxacin	Novopharm	100	130.41	1.3041
Tab.		300 mg			
* 02231531	Apo-Oflox	Apotex	100	153.23	1.5323
* 02243475	Novo-Ofloxacin	Novopharm	100	153.23	1.5323
Tab.		400 mg			
* 02231532	Apo-Oflox	Apotex	100	153.23	1.5323
* 02243476	Novo-Ofloxacin	Novopharm	100	153.23	1.5323

10:00 ANTINEOPLASTIC AGENTS**HYDROXYUREA** 

Caps.		500 mg		LPM	
* 02242920	Gen-Hydroxyurea	Genpharm	100	102.03	➡ 1.0203
* 00465283	Hydrea	Squibb	100	102.03	➡ 1.0203

MITOTANE 

Tab.		500 mg			
* 00463221	Lysodren	Bristol	100	260.80	2.6080

12:20 SKELETAL MUSCLE RELAXANTS**BACLOFEN** 

Tab.		10 mg		LPM	
* 02236963	Baclofen	Pharmel	500	145.55	➡ 0.2911
Tab.		20 mg		LPM	
* 02236964	Baclofen	Pharmel	100	56.67	➡ 0.5667

12:92 MISCELLANEOUS AUTONOMIC DRUGS**NICOTINE**

Patch		7 mg/24 h			
* 01943057	Habitrol	N.C.H.C.	7	18.75	2.6786
Patch		14 mg/24 h			
* 01943065	Habitrol	N.C.H.C.	7	18.75	2.6786
Patch		21 mg/24 h			
* 01943073	Habitrol	N.C.H.C.	7	18.75	2.6786

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:06.08 HMG-COA REDUCTASE INHIBITORS**PRAVASTATINE SODIUM** 

Tab.		20 mg			
* 02237374	Lin-Pravastatin	Linson	30	33.72	1.1240
* 02243825	Pravastatin-20	Pro Doc	100	112.40	1.1240

Tab.		40 mg			
* 02237375	Lin-Pravastatin	Linson	30	40.62	1.3540

24:28 CALCIUM-CHANNEL BLOCKING AGENTS**VERAPAMIL HYDROCHLORIDE** 

L.A Caps or LA tab		180 mg		LPM	
* 02246894	Apo-Verap SR	Apotex	100	65.58	➡ 0.6558
* 02210355	Gen-Verapamil SR	Genpharm	100	65.58	➡ 0.6558

28:12.08 BENZODIAZEPINES**CLONAZEPAM** 

Tab.		0,5 mg		LPM	
* 02145227	Phl-Clonazepam	Pharmel	500	58.30	➡ 0.1166

28:12.92 MISCELLANEOUS ANTICONVULSANTS**LAMOTRIGINE** 

Tab.		150 mg			
* 02245210	Apo-Lamotrigine	Apotex	100	125.31	1.2531
* 02246899	pms-Lamotrigine	Phmscience	100	125.31	1.2531

28:16.04 ANTIDEPRESSANTS**TRAZODONE HYDROCHLORIDE** 

Tab.		50 mg		LPM	
* 02236941	Trazodone	Pharmel	500	110.70	➡ 0.2214

Tab.		100 mg		LPM	
* 02236942	Trazodone	Pharmel	500	197.80	➡ 0.3956

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:16.08 ANTIPSYCHOTIC AGENTS**PIMOZIDE** 

Tab.		2 mg		LPM	
* 02245432	Apo-Pimozide	Apotex	100	22.79	➡ 0.2279
* 00313815	Orap	Pharmel	100	22.79	➡ 0.2279

Tab.		4 mg		LPM	
* 02245433	Apo-Pimozide	Apotex	100	41.36	➡ 0.4136
* 00313823	Orap	Pharmel	100	41.36	➡ 0.4136

28:24.08 BENZODIAZEPINES**DIAZEPAM** 

Tab.		5 mg		LPM	
* 02247174	Bio-Diazepam	Biomed	500	32.50	➡ 0.0650
* 00313580	Diazepam-5	Pro Doc	1000	65.00	➡ 0.0650
* 00272442	Novodipam	Novopharm	1000	65.00	➡ 0.0650

40:12 REPLACEMENT PREPARATIONS**CALCIUM CARBONATE/VITAMIN D**

Caps. or Tab.		500 mg – 125 UI		LPM	
* 00718580	Novo-Calcium avec vitamine D	Novopharm	500	34.00	➡ 0.0680

52:36 MISCELLANEOUS EENT DRUGS**TIMOLOL MALEATE** 

Oph. Sol. Gel.		0,25 %		LPM	
* 02171880	Timoptic-XE	Merck	5 mL	16.30	

Oph. Sol. Gel.		0,5 %		LPM	
* 02171899	Timoptic-XE	Merck	5 mL	19.50	

68:24 PARATHYROID**CALCITONIN SALMON (SYNTHETIC)** 

Nas. spray		200 UI/dose		LPM	
* 02240775	Miacalcin NS	Novartis	28 dose(s)	49.00	1.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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EXCEPTIONAL MEDICATIONS**DRESSING – ACTIVATED CHARCOAL**

Dressing			10,5 cm X 10,5 cm		
* 99001802	Actisorb silver	J. & J.	50	89.25	1.7850

Dressing			10,5 cm X 19 cm		
* 99001810	Actisorb silver	J. & J.	50	199.75	3.9950

DRESSING – COMPOSITE

Dressing			5 cm X 6 cm		
* 99000032	Cutinova hydro	S. & N.	10	25.87	2.5870

Dressing			7,5 cm X 7,5 cm		
* 99004356	Mepilex Border	Mölnlycke	1	2.58	

Dressing			10 cm X 10 cm		
* 99004968	Combiderm ACD	Convatec	1	3.00	
* 99000040	Cutinova hydro	S. & N.	5	20.30	4.0600
* 99004313	Mepilex Border	Mölnlycke	1	4.94	

Dressing			11 cm x 11 cm		
* 99004887	Tielle Plus	J. & J.	10	59.50	5.9500

Dressing			11 cm x 11 cm (sans adhésif)		
* 99100000	Tielle Plus	J. & J.	10	59.50	5.9500

Dressing			13 cm x 13 cm		
* 99001853	Combiderm ACD	Convatec	10	43.00	4.3000

Dressing			15 cm X 15 cm		
* 99004321	Mepilex Border	Mölnlycke	1	7.96	
* 99100012	Tielle Plus	J. & J.	10	101.00	10.1000

Dressing			15 cm x 15 cm (sacrum)		
* 99100001	Tielle Plus	J. & J.	10	85.00	8.5000

Dressing			15 cm X 18 cm		
* 99005018	Combiderm ACD	Convatec	1	8.10	

Dressing			15 cm X 20 cm		
* 99000059	Cutinova hydro	S. & N.	3	34.59	11.5300
* 99004348	Mepilex Border	Mölnlycke	1	12.96	
* 99004895	Tielle Plus	J. & J.	5	69.00	13.8000

Dressing			15 cm X 25 cm		
* 99005026	Combiderm ACD	Convatec	1	11.25	

Dressing			20 cm X 20 cm		
* 99004526	Combiderm ACD	Convatec	5	48.35	9.6700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DRESSING – HYDROFIBER

Dressing			2 cm x 45 cm		
* 99001705	Aquacel hydrofiber	Convatec	5	39.03	7.8060

Dressing			5 cm X 5 cm		
* 99001780	Aquacel hydrofiber	Convatec	10	23.42	2.3420

Dressing			10 cm X 10 cm		
* 99001772	Aquacel hydrofiber	Convatec	10	57.65	5.7650

Dressing			10 cm x 40 cm		
* 99003295	Intrasite Gel	S. & N.	10	46.20	4.6200

Dressing			15 cm X 15 cm		
* 99001764	Aquacel hydrofiber	Convatec	5	61.33	12.2660

DRESSING – HYDROPHILIC FOAM

Dressing					
* 99003287	Allevyn Talon	S. & N.	1	11.73	

Dressing			3,8 cm		
* 99004844	Aquaflor Disque	Tyco	5	13.19	2.6380

Dressing			5 cm		
* 00907898	Allevyn Cavity	S. & N.	1	8.19	

Dressing			5 cm X 5 cm		
* 00920711	Allevyn	S. & N.	1	2.10	
* 99004852	Curafoam	Tyco	25	40.63	1.6252
* 00920940	Hydrasorb	Abbott	1	2.15	

Dressing			5 cm X 6 cm		
* 99100036	Allevyn Thin	S. & N.	1	1.51	

Dressing			6,5 cm X 9 cm		
* 99005042	Lyoforam Extra	Convatec	1	3.04	

Dressing			7,5 cm X 7,5 cm		
* 99001713	Allevyn adhésif	S. & N.	10	23.84	2.3840


Dressing			7,6 cm		
* 99004860	Aquaflor Disque	Tyco	5	17.00	3.4000

Dressing			9 cm X 2,5 cm		
* 00907901	Allevyn Cavity	S. & N.	1	7.60	

Dressing			9 cm X 8 cm		
* 00920959	Hydrasorb	Abbott	1	3.70	

Dressing			10 cm		
* 00907871	Allevyn Cavity	S. & N.	1	16.38	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing 10 cm X 10 cm					
* 00907863	Allevyn	S. & N.	1	5.22	
* 99100034	Allevyn Thin	S. & N.	1	4.56	
* 99004801	Curafoam	Tyco	25	47.44	1.8976
* 00920967	Hydrasorb	Abbott	1	4.43	
* 99004569	Lyof foam Extra	Convatec	15	77.55	5.1700
* 99003244	Mepilex	Mölnlycke	5	24.70	4.9400
Dressing 10 cm X 17,5 cm					
* 99004542	Lyof foam Extra	Convatec	15	155.85	10.3900
Dressing 10 cm X 20 cm					
* 00920738	Allevyn	S. & N.	1	14.85	
* 00920975	Hydrasorb	Abbott	1	11.36	
* 99003252	Mepilex	Mölnlycke	5	56.80	11.3600
Dressing 11 cm x 11 cm					
* 99001683	Tielle	J. & J.	10	51.40	5.1400
Dressing 12 cm X 4 cm					
* 00907928	Allevyn Cavity	S. & N.	1	9.39	
Dressing 12,1 cm					
* 99004828	Aquaflor Disque	Tyco	5	27.60	5.5200
Dressing 12,5 cm x 12,5 cm					
* 99001667	Allevyn adhesif	S. & N.	10	57.91	5.7910
* 99100031	Allevyn Plus Adhesive	S. & N.	1	6.39	
Dressing 12,5 cm X 22,5 cm					
* 99004585	Allevyn adhesif	S. & N.	10	108.80	10.8800
* 99100032	Allevyn Plus Adhesive	S. & N.	1	12.41	
Dressing 15 cm X 15 cm					
* 99002949	Allevyn	S. & N.	1	10.46	
* 99004623	Tielle	J. & J.	10	87.50	8.7500
Dressing 15 cm X 20 cm					
* 99100035	Allevyn Thin	S. & N.	1	11.52	
* 99004836	Curafoam	Tyco	25	285.51	11.4204
* 99001799	Tielle	J. & J.	5	59.40	11.8800
Dressing 17 cm x 17 cm					
* 99004259	Allevyn Sacrum	S. & N.	1	9.80	
Dressing 17,5 cm x 17,5 cm					
* 99001659	Allevyn adhesif	S. & N.	1	11.57	
* 99100033	Allevyn Plus Adhesive	S. & N.	1	12.70	
Dressing 18 cm x 18 cm					
* 99001675	Tielle	J. & J.	5	52.66	10.5320

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
* 00907855	Allevyn	S. & N.	20 cm X 20 cm	1	20.00
* 99003538	Mepilex	Mölnlycke		1	19.95
Dressing					
* 00920983	Hydrasorb	Abbott	20 cm X 25 cm	1	17.00
Dressing					
* 99002957	Allevyn Sacrum	S. & N.	22 cm x 22 cm	1	16.50
Dressing					
* 99001896	Allevyn adhésif	S. & N.	22,5 cm x 22,5 cm	1	22.89
Dressing					
* 99004550	Lyof foam Extra	Convatec	25 cm X 30 cm	1	22.36
DRESSING – MULTICOAT					
Dressing					
* 00920487	Alldress	Mölnlycke	10 cm X 10 cm	10	23.80
Dressing					
* 00920509	Alldress	Mölnlycke	15 cm X 15 cm	10	28.80
Dressing					
* 00920495	Alldress	Mölnlycke	15 cm X 20 cm	10	36.70
ETIDRONATE DISODIUM 					
Tab.					
* 01997629	Didronel	P&G Pharma	200 mg	60	55.05
* 02245330	Gen-Etidronate	Genpharm		60	55.05
LPM					
					0.9175
					0.9175
NUTRITIONAL FORMULAS – MONOMERIC WITH IRON (INFANTS AND CHILDREN)					
Ped. Oral Pd					
* 99003368	Neocate	SHS	400 g	4	140.00
* 99004402	Neocate Junior	SHS		4	150.00
suppl.					
					35.0000
					37.5000

7. This Regulation comes into force on 30 June 2004.