

“(9) in the case of urban or intercity transportation by bus, the filing of a change of schedule or frequency when treated as an application, in accordance with section 22;”;

5. Section 22 of this Regulation is amended by the replacement of the first paragraph as follows :

“In the case of transportation by bus, the change of schedule or frequency, which will have been posted for 10 consecutive days in the applicant’s buses prior to its filing, shall come into force on the 15th day following the date of its filing at the Commission or on any later date indicated by the applicant.”;

6. Section 40 of this Regulation is amended by the replacement of the first paragraph as follows :

“The Commission may record the observations presented at a hearing according to the means of recording of its choice. The recording shall be part of the file.”;

7. This Regulation will come into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

6521

M.O., 2004-013

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 21 September 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, 21 September 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 section 3 entitled “EXTEMPORANEOUS PREPARATIONS”, by adding “• a topical preparation containing glyceryl trinitrate, nifedipine or diltiazem.” after “• a sucralfate-based preparation for rectal use.” at the end of the first paragraph of subsection 3.2.

2. The List of medications, attached to that Regulation, is amended in Appendix I entitled “Manufacturers That Have Submitted Different Guaranteed Selling Prices for Wholesalers and Pharmacists”:

(1) by inserting the following after the line concerning the manufacturer “Atlas”:

“Axxess Axxess Pharma Inc. 5%”;

(2) by replacing “6%” by “3,3%, 3,5%” in the line concerning the manufacturer “SHS”, as follows:

“SHS SHS North America 3,3%, 3,5%”;

* 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), 2004-006 dated 15 April 2004 (2004, *G.O.* 2, 1376) and 2004-008 dated 17 June 2004 (2004, *G.O.* 2, 2028) 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.

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 after the line concerning the medication “Eligard Kit 22,5 mg”:

“Sanofi Eligard Kit 30 mg 1”;

(2) by inserting the following after the line concerning the medication “Viracept Tab. 250 mg”:

“Gilead Viread Tab. 300 mg 30”.

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 adding the following indication after the indications accompanying the medication “CASPOFONGIN ACETATE”:

“♦ for treatment of esophageal candidosis in persons for whom treatment with itraconazole or with fluconazole and an amphotericin B formulation has failed or is contraindicated or who are intolerant to such a treatment;

(2) by replacing the indications accompanying the medication “ETANERCEPT” by the following indications:

“♦ for treatment of moderate or severe rheumatoid arthritis and moderate or severe psoriatic arthritis of the rheumatoid type;

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- the person must, prior to the beginning of treatment, have eight or more joints with active synovitis and one of the following five elements must be present:

- a positive rheumatoid factor for rheumatoid arthritis only;

- radiologically measured erosions;

- a score of more than 1 on the health assessment questionnaire (HAQ);

- an elevated C-reactive protein level;

- an elevated sedimentation rate;

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a significant intolerance or contraindication, one of the two drugs must be:

for rheumatoid arthritis:

- methotrexate at a dose of 20 mg or more per week;

or

- leflunomide at a dose of 20 mg per day;

for psoriatic arthritis of the rheumatoid type:

- methotrexate at a dose of 20 mg or more per week;

or

- sulfasalazine at a dose of 2 000 mg per day.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the treatment’s beneficial effects, specifically:

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:

- a decrease of 20% or more in the C-reactive protein level;

- a decrease of 20% or more in the sedimentation rate;

- a decrease of 0.20 in the HAQ score;

- a return to work.

The first request for continuation of treatment is authorized for a period of six months and the following requests will be authorized for 12 months.

Authorizations for etanercept are given for a dose of 25 mg twice per week;

♦ for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type;

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- the person must, prior to the beginning of treatment, have five or more joints with active synovitis and one of the following two elements must be present:

- an elevated C-reactive protein level;
- an elevated sedimentation rate;

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/M² or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the treatment's beneficial effects, specifically:

- a decrease of 20% or more in the number of joints with active synovitis and one of the following six elements:

- a decrease of 20% or more in the C-reactive protein level;

- a decrease of 20% or more in the sedimentation rate;

- an decrease of 0.13 in the childhood health assessment questionnaire (CHAQ) score or a return to school;

- an improvement of at least 20% in the physician's overall assessment (visual analogue scale);

- an improvement of at least 20% in the patient's or parent's overall assessment (visual analogue scale);

- an decrease of 20% or more in the number of joints with limited movement.

The first request for continuation of treatment is authorized for six months and the following requests will be authorized for 12 months.

Authorizations for etanercept are given for 0.4 mg/kg (maximum 25 mg per dose) twice per week;

- ♦ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid;

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- the person must, prior to the beginning of treatment, have at least three joints with active synovitis and a score of more than 1 on the health assessment questionnaire (HAQ);

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a significant intolerance or contraindication, one of the two drugs must be:

- methotrexate at a dose of 20 mg or more per week;

or

- sulfasalazine at a dose of 2 000 mg per day.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the treatment's beneficial effects, specifically:

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:

- a decrease of 20% or more in the C-reactive protein level;

- a decrease of 20% or more in the sedimentation rate;

- a decrease of 0.20 in the HAQ score;

- a return to work.

The first request for continuation of treatment is authorized for six months and the following requests will be authorized for 12 months.

Authorizations for etanercept are given for a dose of 25 mg twice per week;”;

(3) by inserting the following medication and the accompanying indication after the medication “ETANERCEPT” and the accompanying indications:

“ETHINYL ESTRADIOL/CYPROTERONE ACETATE:

- ◆ for treatment of acne;”;

(4) by replacing the indications accompanying the medication “EZETIMIBE” by the following indications:

“◆ where ezetimibe is not used in association with an HMG-CoA reductase inhibitor (statin):

where at least two hypolipemians are contraindicated, ineffective or not tolerated;

◆ where ezetimibe is used in association with an HMG-CoA reductase inhibitor (statin):

if the statin treatment, at the optimum dose or at a lower dose in case of intolerance to that dose, did not make it possible to adequately control the cholesterolemia;”;

(5) by replacing the sixth indication accompanying the medication “FILGRASTIM” by the following indication:

“◆ for treatment of persons suffering from congenital, hereditary, idiopathic or cyclic chronic neutropenia whose neutrophil count is below $0.5 \times 10^9/L$;”;

(6) by replacing the second indication accompanying the medication “GANCICLOVIR, caps.” by the following indication:

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

(7) by inserting the following medication and the accompanying indications after the medication “IMATINIB MESYLATE” and the accompanying indications:

“IMIQUIMOD:

◆ for treatment of external genital and peri-anal condylomas, as well as condyloma acuminata, upon failure of physical destructive therapy or of chemical destructive therapy of a minimum duration of four weeks, unless there is a contraindication.

The maximum duration of the initial authorization is 16 weeks. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by a reduction in the extent of the lesions. The request may then be authorized for a maximum period of 16 weeks”;

(8) by inserting the following medication and the accompanying indication after the medication “TEMOZOLOMIDE” and the accompanying indications:

“TENOFIVIR DISOPROXIL FUMARATE:

◆ for treatment of HIV-infected persons who have used two NRTIs that proved either ineffective, or intolerable to the point of raising doubts regarding continuation of the treatment;”;

(9) by adding the following indications after the indications accompanying the medication “VALGANCICLOVIR”:

“◆ for CMV-infection prophylaxis in D+R-, D+R+ and D-R+ persons who had a solid organ transplant at the time of an acute rejection treated with antilymphocyte antibodies. The maximum duration of the authorization is 100 days per episode;”;

◆ for pre-emptive treatment (in the presence of documented CMV viral replication) of CMV infection in D+R-, D+R+ and D-R+ persons who have had a solid organ transplant. The maximum duration of the authorization is 100 days per episode;”.

5. The List of medications, attached to that Regulation, is amended by deleting the following medications and the accompanying information :

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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56:40 MISCELLANEOUS GI DRUGS

RANITIDINE HYDROCHLORIDE

Tab.			150 mg	LPM		
02245782	Riva-Ranitidine	Pharmel		100	40.42	➔ 0.4042

Tab.			300 mg	LPM		
02245783	Riva-Ranitidine	Pharmel		100	77.87	➔ 0.7787

6. The List of medications is amended :

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

08.12.04 ANTIFUNGAL ANTIBIOTICS

FLUCONAZOLE

I.V. Perf. Sol.			2 mg/mL			
+ 02248443	Fluconazole Injection	Sabex		100 ml	39.76	
+ 02247749	Fluconazole Omega	Oméga		100 ml	36.59	0.3659

08:18 ANTIVIRALS

ACYCLOVIR SODIUM

I.V. Perf. Sol.			50 mg/mL			
+ 02236926	Acyclovir Sodique	PPC		20 ml		UE

08:22 QUINOLONES

CIPROFLOXACIN

L.A. Tab.			500 mg			
+ 02247916	Cipro XL	Bayer		50	137.00	2.7400

L.A. Tab.			1000 mg			
+ 02251787	Cipro XL	Bayer		50	137.00	2.7400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		250 mg		LPM	
+ 02229521	Apo-Ciproflo	Apotex	100	155.47	➔ 1.5547
+ 02251752	Ciprofloxacin-250	Pro Doc	100	155.47	➔ 1.5547
+ 02247339	Co-Ciprofloxacin	Cobalt	100	155.47	➔ 1.5547
+ 02245647	Gen-Ciprofloxacin	Genpharm	100	155.47	➔ 1.5547
+ 02161737	Novo-Ciprofloxacin	Novopharm	100	155.47	➔ 1.5547
+ 02251310	Phl-Ciprofloxacin	Pharmel	100	155.47	➔ 1.5547
+ 02248437	pms-Ciprofloxacin	Phmscience	500	777.35	➔ 1.5547
+ 02246825	Ratio-Ciprofloxacin	Ratiopharm	250	388.68	➔ 1.5547
+ 02248756	Rhoxal-Ciprofloxacin	Rhoxal	100	155.47	➔ 1.5547
+ 02251221	Riva-Ciprofloxacin	Riva	100	155.47	➔ 1.5547

Tab.		500 mg		LPM	
+ 02229522	Apo-Ciproflo	Apotex	500	877.03	➔ 1.7541
+ 02251760	Ciprofloxacin-500	Pro Doc	500	877.03	➔ 1.7541
+ 02247340	Co-Ciprofloxacin	Cobalt	100	175.40	➔ 1.7540
+ 02245648	Gen-Ciprofloxacin	Genpharm	500	877.03	➔ 1.7541
+ 02161745	Novo-Ciprofloxacin	Novopharm	100	175.40	➔ 1.7540
+ 02251329	Phl-Ciprofloxacin	Pharmel	100	175.40	➔ 1.7540
+ 02248438	pms-Ciprofloxacin	Phmscience	500	877.03	➔ 1.7541
+ 02246826	Ratio-Ciprofloxacin	Ratiopharm	100	175.40	➔ 1.7540
+ 02248757	Rhoxal-Ciprofloxacin	Rhoxal	100	175.40	➔ 1.7540
+ 02251248	Riva-Ciprofloxacin	Riva	500	877.03	➔ 1.7541

Tab.		750 mg		LPM	
+ 02229523	Apo-Ciproflo	Apotex	100	330.83	➔ 3.3083
+ 02251779	Ciprofloxacin-750	Pro Doc	100	330.82	➔ 3.3082
+ 02247341	Co-Ciprofloxacin	Cobalt	50	165.41	➔ 3.3082
+ 02245649	Gen-Ciprofloxacin	Genpharm	100	330.82	➔ 3.3082
+ 02161753	Novo-Ciprofloxacin	Novopharm	100	330.83	➔ 3.3083
+ 02251337	Phl-Ciprofloxacin	Pharmel	100	330.83	➔ 3.3083
+ 02248439	pms-Ciprofloxacin	Phmscience	100	330.83	➔ 3.3083
+ 02246827	Ratio-Ciprofloxacin	Ratiopharm	100	330.83	➔ 3.3083
+ 02248758	Rhoxal-Ciprofloxacin	Rhoxal	50	165.41	➔ 3.3082
+ 02251256	Riva-Ciprofloxacin	Riva	100	330.82	➔ 3.3082

12:08.08 ANTISPASMODICS

IPRATROPIUM BROMIDE

Oral aerosol		0,02 mg/dose			
+ 02247686	Atrovent HFA	Bo. Ing.	200 dose(s)	17.67	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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12:20 SKELETAL MUSCLE RELAXANTS**CYCLOBENZAPRINE HYDROCHLORIDE** 

Tab.		10 mg		LPM	
+ 02249359	Phl-Cyclobenzaprine	Pharmel	500	188.25	➔ 0.3765

20:04.04 IRON PREPARATIONS**FERROUS SULFATE**

Tab. or Ent. Tab.		300 mg à 325 mg (Fe-60 mg à 65 mg)		LPM	
+ 02248699	Ferodan	Odan	1000	15.71	➔ 0.0157

24:06.06 FIBRIC ACID DERIVATIVES**MICRONIZED FENOFIBRATE** 

Caps.		200 mg			
+ 02250039	Ratio-Fenofibrate MC	Ratiopharm	100	108.90	1.0890

24:06.08 HMG-COA REDUCTASE INHIBITORS**FLUVASTATINE SODIUM** 

L.A. Tab.		80 mg			
+ 02250527	Lescol XL	Novartis	28	36.40	1.3000

SIMVASTATIN X

Tab.		5 mg			
+ 02250144	Novo-Simvastatin	Novopharm	100	56.70	0.5670

Tab.		10 mg			
+ 02250152	Novo-Simvastatin	Novopharm	500	560.70	1.1214

Tab.		20 mg			
+ 02250160	Novo-Simvastatin	Novopharm	100	138.60	1.3860

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.		40 mg			
+ 02250179	Novo-Simvastatin	Novopharm	100	138.60	1.3860

Tab.		80 mg			
+ 02250187	Novo-Simvastatin	Novopharm	100	138.60	1.3860

24:24 BÊTA-ADRENERGICS BLOCKING AGENTS

METOPROLOL TARTRATE

Tab.		25 mg		LPM	
+ 02248855	pms-Metoprolol 25 mg	Phmscience	100	6.43	➔ 0.0643

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)

SODIUM FOSINOPRIL

Tab.		10 mg			
+ 02242733	Lin-Fosinopril	Linson	100	55.30	0.5530

Tab.		20 mg			
+ 02242734	Lin-Fosinopril	Linson	100	66.50	0.6650

LISINOPRIL

Tab.		10 mg			
+ 02217503	Apo-Lisinopril	Apotex	500	323.70	0.6474

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Chew. Tab.		80 mg		LPM	
+ 02250675	Euro-ASA	Euro-Pharm	500	28.00	➔ 0.0560

Ent. Tab.		162 mg			
+ 02247550	Asaphen E.C.	Phmscience	90	9.50	0.1056

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

Tab.		7,5 mg			
+ 02248973	Apo-Meloxicam	Apotex	100	54.60	0.5460
+ 02248607	PhI-Meloxicam	Pharmel	500	273.00	0.5460

Tab.		15 mg			
+ 02248974	Apo-Meloxicam	Apotex	100	63.00	0.6300
+ 02248608	PhI-Meloxicam	Pharmel	500	315.00	0.6300

28:08.08 OPIATE AGONISTS**HYDROMORPHONE HYDROCHLORIDE** 

Tab.		1 mg		LPM	
+ 02192101	PhI-Hydromorphone	Pharmel	100	9.59	➔ 0.0959

Tab.		2 mg		LPM	
+ 02249928	PhI-Hydromorphone	Pharmel	100	14.16	➔ 0.1416

Tab.		4 mg		LPM	
+ 02249936	PhI-Hydromorphone	Pharmel	100	22.40	➔ 0.2240

Tab.		8 mg		LPM	
+ 02192144	PhI-Hydromorphone	Pharmel	100	35.28	➔ 0.3528

28:12.92 MISCELLANEOUS ANTICONVULSANTS**GABAPENTIN** 

Caps.		100 mg			
+ 02251167	Riva-Gabapentin	Riva	100	25.20	0.2520

Caps.		300 mg			
+ 02251175	Riva-Gabapentin	Riva	100	61.30	0.6130

Caps.		400 mg			
+ 02251183	Riva-Gabapentin	Riva	100	73.05	0.7305

LAMOTRIGINE 

Tab.		150 mg			
+ 02246963	Ratio-Lamotrigine	Ratiopharm	60	75.18	1.2530

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:16.04 ANTIDEPRESSANTS**CITALOPRAM HYDROMIDE** 

Tab.		20 mg			
+ 02246056	Apo-Citalopram	Apotex	500	437.50	0.8750
+ 02248050	Co Citalopram	Cobalt	250	218.75	0.8750
+ 02246594	Gen-Citalopram	Genpharm	500	437.50	0.8750
+ 02251558	Novo-Citalopram	Novopharm	500	437.50	0.8750
+ 02248944	Phl-Citalopram	Pharmel	500	437.50	0.8750
+ 02248010	pms-Citalopram	Phmscience	500	437.50	0.8750
+ 02248170	Rhoxal-Citalopram	Rhoxal	500	437.50	0.8750
+ 02249278	Riva-Citalopram	Riva	500	437.50	0.8750

Tab.		40 mg			
+ 02246057	Apo-Citalopram	Apotex	100	87.50	0.8750
+ 02248051	Co Citalopram	Cobalt	100	87.50	0.8750
+ 02246595	Gen-Citalopram	Genpharm	100	87.50	0.8750
+ 02251566	Novo-Citalopram	Novopharm	100	87.50	0.8750
+ 02248945	Phl-Citalopram	Pharmel	100	87.50	0.8750
+ 02248011	pms-Citalopram	Phmscience	100	87.50	0.8750
+ 02248171	Rhoxal-Citalopram	Rhoxal	100	87.50	0.8750
+ 02249286	Riva-Citalopram	Riva	100	87.50	0.8750

MIRTAZAPINE 

Tab.		15 mg			
+ 02250594	Rhoxal-Mirtazapine	Rhoxal	50	21.70	0.4340

Tab.		30 mg			
+ 02248762	pms-Mirtazapine	Phmscience	100	86.80	0.8680
+ 02250608	Rhoxal-Mirtazapine	Rhoxal	100	86.80	0.8680

PAROXÉTINE HYDROCHLORIDE 

Tab.		10 mg			
+ 02248913	Paroxetine-10	Pro Doc	100	55.65	0.5565
+ 02248450	Phl-Paroxetine	Pharmel	100	55.65	0.5565
+ 02248559	Riva-Paroxetine	Riva	250	139.13	0.5565

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg		
+ 02248914	Paroxetine-20	Pro Doc	500	556.50	1.1130
+ 02248451	Phl-Paroxetine	Pharmel	500	556.50	1.1130
+ 02248560	Riva-Paroxetine	Riva	500	556.50	1.1130

Tab.			30 mg		
+ 02248915	Paroxetine-30	Pro Doc	100	118.30	1.1830
+ 02248452	Phl-Paroxetine	Pharmel	100	118.30	1.1830
+ 02248561	Riva-Paroxetine	Riva	100	118.30	1.1830

SERTRALINE HYDROCHLORIDE 

Caps.			25 mg		
+ 02248496	Riva-Sertraline	Riva	250	126.00	0.5040

Caps.			50 mg		
+ 02248497	Riva-Sertraline	Riva	250	252.00	1.0080

Caps.			100 mg		
+ 02248498	Riva-Sertraline	Riva	250	275.63	1.1025

TRAZODONE HYDROCHLORIDE 

Tab.			75 mg	LPM	
+ 02249804	Phl-Trazodone	Pharmel	100	31.13	➔ 0.3113

28:16.08 ANTIPSYCHOTIC AGENTS**CLOZAPIN** 

Tab.			25 mg		
+ 02248034	Apo-Clozapine	Apotex	100	65.94	0.6594

Tab.			100 mg		
+ 02248035	Apo-Clozapine	Apotex	100	264.46	2.6446

28:24.08 BENZODIAZEPINES**ALPRAZOLAM** 

Tab.			1 mg	LPM	
+ 02248706	Alprazolam-1	Pro Doc	100	30.99	➔ 0.3099

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

Tab. + 00568392	Zapex	Riva	10 mg	LPM 1000	35.00	➔ 0.0350
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Tab. + 00568406	Zapex	Riva	15 mg	LPM 1000	55.00	➔ 0.0550
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Tab. + 00568414	Zapex	Riva	30 mg	LPM 1000	75.00	➔ 0.0750
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28:92 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS**LEVODOPA/CARBIDOPA** 

L.A. Tab. + 02245211	Apo-Levocarb CR	Apotex	200 mg -50 mg	LPM 500	401.40	➔ 0.8028
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52:04.12 MISCELLANEOUS ANTI-INFECTIVES**OFLOXACINE** 

Oph. Sol. + 02248398	Apo-Ofloxacin	Apotex	0,3 %	5 ml	4.96	0.9920
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52:36 MISCELLANEOUS EENT DRUGS**BRIMONIDINE TARTRATE / TIMOLOL MALEATE** 

Oph. Sol. + 02248347	Combigan	Allergan	0,2 % - 0,5 %	5 ml	19.70	
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56:16 DIGESTANTS**LACTASE**

drops + 99100157	Lacteeze	Aurium	80 U/5 gttes	15.5 ml	11.00	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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56:40 MISCELLANEOUS GI DRUGS**MISOPROSTOL** 

Tab.			200 mcg	LPM	
+ 02248846	Misoprostol-200	Pro Doc	100	28.53	➔ 0.2853

OMEPRAZOLE 

Caps. or Tab.			20 mg		
+ 02245058	Apo-Omeprazole	Apotex	500	625.00	1.2500

RANITIDINE HYDROCHLORIDE 

Tab.			150 mg	LPM	
+ 02248570	Co Ranitidine	Cobalt	500	202.10	➔ 0.4042
+ 02247814	Riva-Ranitidine	Riva	100	40.42	➔ 0.4042

Tab.			300 mg	LPM	
+ 02248571	Co Ranitidine	Cobalt	100	77.87	➔ 0.7787
+ 02247815	Riva-Ranitidine	Riva	100	77.87	➔ 0.7787

68:04 ADRENALS**DEXAMETHASONE** 

Tab.			4 mg	LPM	
+ 02250055	Apo-Dexamethasone	Apotex	100	76.73	➔ 0.7673

68:36.04 THYROID AGENTS**LEVOTHYROXINE (SODIUM)** 

Tab.			0,137 mg		
+ 02233852	Synthroid	Abbott	1000	150.00	0.1500

84:04.16 MISCELLANEOUS ANTI-INFECTIVES**METRONIDAZOLE** 

Lot.			0,75 %		
+ 02248206	Metro lotion	Galderma	60 ml	29.60	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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84:06 ANTI-INFLAMMATORY AGENTS**HYDROCORTISONE ACETATE**

Rect. Oint. (App.)			0,5 % à 0,75 %	LPM	
+ 02247691	Sab-Anuzinc HC	Sabex	30 g	12.39	➔ 0.4130

84:28 KERATOLYTIC AGENTS**BENZOYLE PEROXIDE, ACETONE BASE**

Top. Jel.			10 %		
+ 00406848	Acetoxyl 10	Valeo	60 g	8.25	0.1375

84:36 MISCELLANEOUS**HYDROGEL**

Gel					
+ 99100152	Purilon Gel	Coloplast	26 g	5.65	

92:00.02 OTHER MISCELLANEOUS**LEUPROLIDE ACETATE**

Kit			30 mg		
+ 02248999	Eligard	Sanofi	1	1285.20	

MONTELUKAST SODIUM

Gran.			4 mg/sachet		
+ 02247997	Singulair	Merck	30	38.04	1.2680

OCTREOTIDE

Inj. Sol.			50 mcg/mL		
+ 02248639	Octreotide Acetate Oméga	Oméga	1 ml	3.99	

Inj. Sol.			100 mcg/mL		
+ 02248640	Octreotide Acetate Omega	Oméga	1 ml	7.54	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. + 02248642	Octreotide Acetate Omega	Oméga	200 mcg/mL 5 ml	72.48	
Inj. Sol. + 02248641	Octreotide Acetate Omega	Oméga	500 mcg /mL 1 ml	35.42	

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

EXCEPTIONAL MEDICATIONS

CARVEDILOL

Tab. + 02248752	Phl-Carvedilol	Pharmel	3,125 mg 100	80.01	0.8001
Tab. + 02248753	Phl-Carvedilol	Pharmel	6,25 mg 100	80.01	0.8001
Tab. + 02248754	Phl-Carvedilol	Pharmel	12,5 mg 100	80.01	0.8001
Tab. + 02248755	Phl-Carvedilol	Pharmel	25 mg 100	80.01	0.8001

DRESSING – ALGINATE FIBER

Dressing + 99100156	Seasorb Soft	Coloplast	5 cm X 5 cm 1	2.09	
Dressing + 99100153	Seasorb Soft	Coloplast	10 cm X 10 cm 1	3.90	
Dressing + 99100154	Seasorb Soft	Coloplast	15 cm X 15 cm 1	9.00	
Strip + 99100155	Seasorb Soft 44 cm	Coloplast	30 cm à 44 cm 1	6.87	

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

Dressing + 99100146	Comfeel Plus Clear	Coloplast	5 cm x 7 cm	1	1.84
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Dressing + 99100147	Comfeel Plus Clear	Coloplast	9 cm X 14 cm	1	3.66
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Dressing + 99100143	Comfeel Plus Clear	Coloplast	10 cm X 10 cm	1	2.81
+ 99100149	Comfeel Plus Ulcer	Coloplast		1	4.49

Dressing + 99100144	Comfeel Plus Clear	Coloplast	15 cm X 15 cm	1	5.46
+ 99100158	Comfeel Plus Ulcer	Coloplast		1	10.65

Dressing + 99100142	Comfeel Plus Clear	Coloplast	15 cm X 20 cm	1	7.66
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Dressing + 99100148	Comfeel Plus Triangle	Coloplast	18 cm x 20 cm	1	10.17
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Dressing + 99100145	Comfeel Plus Clear	Coloplast	20 cm X 20 cm	1	7.64
+ 99100151	Comfeel Plus Ulcer	Coloplast		1	17.89





DRESSING – HYDROPHILIC FOAM

Dressing + 99100132	Mepilex Lite	Mölnlycke	6,8 cm x 8,5 cm	1	2.11
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Dressing + 99100135	Biatain	Coloplast	10 cm X 10 cm	1	5.22
+ 99100136	Biatain adhesif	Coloplast		1	4.57
+ 99100133	Mepilex Lite	Mölnlycke		1	3.54

Dressing + 99100137	Biatain adhesif	Coloplast	12 cm X 12 cm	1	5.79
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Dressing + 99100138	Biatain	Coloplast	15 cm X 15 cm	1	10.46
+ 99100134	Mepilex Lite	Mölnlycke		1	4.37

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing + 99100139	Biatain adhesif	Coloplast	18 cm x 18 cm 1	11.57	
Dressing + 99100140	Biatain	Coloplast	20 cm X 20 cm 1	20.00	
Dressing + 99100141	Biatain Sacrum	Coloplast	22 cm x 22 cm 1	16.50	
ESTRADIOL-17B 					
Patch + 02247499	Climara-25	Berlex	0,025 mg/24 h (4) et (8) 4	LPM 18.24	4.5600
Patch + 02247500	Climara-75	Berlex	0,075 mg/24 h (4) et (8) 4	LPM 20.75	5.1875
ETHINYL ESTRADIOL/CYPROTERONE ACETATE 					
Tab. (21) + 02233542	Diane-35	Berlex	0,035 mg – 2 mg 1	19.00	
IMIQUIMOD 					
Top. Cr. + 02239505	Aldara	3M Canada	5 % 5 g	12.63	
TENOFOVIR DISOPROXIL FUMARATE 					
Tab. + 02247128	Viread	Gilead	300 mg 30	487.50	16.2500

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

08:12.04 ANTIFUNGAL ANTIBIOTICS

FLUCONAZOLE

I.V. Perf. Sol. * 02247922	Fluconazole	Novopharm	2 mg/mL 100 ml	39.76	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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08:12.16 PENICILLINS**PIPERACILLIN (SODIUM) **

Inj. Pd		2 g		LPM	
* 02246640	Piperacilline	Mayne	1	➔ 8.50	
* 02173425	Pipracil	Wyeth	1	10.00	

Inj. Pd		3 g		LPM	
* 02246641	Piperacilline	Mayne	1	➔ 12.75	
* 02173433	Pipracil	Wyeth	1	15.00	

Inj. Pd		4 g		LPM	
* 02246642	Piperacilline	Mayne	1	➔ 17.00	
* 02173441	Pipracil	Wyeth	1	20.00	

08:20 ANTIMALARIAL AGENTS**HYDROXYCHLOROQUIN SULFATE **

Tab.		200 mg		LPM	
* 02246691	Apo-Hydroxyquine	Apotex	500	165.05	➔ 0.3301

08:22 QUINOLONES**CIPROFLOXACIN **

Tab.		250 mg		LPM	
* 02155958	Cipro	Bayer	100	222.10	2.2210

Tab.		500 mg		LPM	
* 02155966	Cipro	Bayer	100	250.58	2.5058

Tab.		750 mg		LPM	
* 02155974	Cipro	Bayer	100	472.62	4.7262

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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08:40 MISCELLANEOUS ANTI-INFECTIVES**ISERIONATE PENTAMIDINE**

Inj. Pd		300 mg		LPM	
* 02183080	Pentamidine	Mayne	5	140.00	➔ 28.0000
* 01926748	Pentacarinat	Aventis	5	317.62	63.5240

METRONIDAZOLE

Tab.		250 mg		LPM	
* 00420409	Metronidazole-250	Pro Doc	500	28.75	➔ 0.0575

24:24 BÊTA-ADRENERGICS BLOCKING AGENTS**METOPROLOL TARTRATE**

Tab.		25 mg		LPM	
* 02246010	Apo-Metoprolol	Apotex	100	6.43	➔ 0.0643

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

Tab.		5 mg			
* 02217481	Apo-Lisinopril	Apotex	500	269.40	0.5388
* 00839388	Prinivil	Merck	100	53.88	0.5388

Tab.		10 mg			
* 00839396	Prinivil	Merck	100	64.74	0.6474

Tab.		20 mg			
* 02217511	Apo-Lisinopril	Apotex	500	388.95	0.7779
* 00839418	Prinivil	Merck	100	77.79	0.7779

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LISINOPRIL/HYDROCHLOROTHIAZIDE 

Tab.			10 mg – 12,5 mg		
* 02108194	Prinzide	Merck	100	64.74	0.6474

Tab.			20 mg – 12,5 mg		
* 00884413	Prinzide	Merck	100	77.79	0.7779

Tab.			20 mg – 25 mg		
* 00884421	Prinzide	Merck	100	77.79	0.7779

28:12.92 MISCELLANEOUS ANTICONVULSANTS**LAMOTRIGINE** 

Tab.			150 mg		
* 02245210	Apo-Lamotrigine	Apotex	100	125.30	1.2530
* 02248234	Novo-Lamotrigine	Novopharm	100	125.30	1.2530
* 02246899	pms-Lamotrigine	Phmscience	100	125.30	1.2530

28:16.04 ANTIDEPRESSANTS**FLUOXETINE HYDROCHLORIDE** 

Caps.			10 mg	LPM	
* 02216353	Apo-Fluoxetine	Apotex	100	117.73	➔ 1.1773
* 02242177	Co-Fluoxetine	Cobalt	100	117.73	➔ 1.1773
* 02220121	Fluoxetine-10	Pro Doc	100	117.73	➔ 1.1773
* 02237813	Gen-Fluoxetine	Genpharm	100	117.73	➔ 1.1773
* 02216582	Novo-Fluoxetine	Novopharm	100	117.73	➔ 1.1773
* 02192756	Nu-Fluoxetine	Nu-Pharm	100	117.73	➔ 1.1773
* 02223481	Phl-Fluoxetine	Pharmel	100	117.73	➔ 1.1773
* 02177579	pms-Fluoxetine	Phmscience	100	117.73	➔ 1.1773
* 02241371	Ratio-Fluoxetine	Ratiopharm	100	117.73	➔ 1.1773
* 02243486	Rhoxal-Fluoxetine	Rhoxal	100	117.73	➔ 1.1773
* 02242123	Riva-Fluoxetine	Riva	100	117.73	➔ 1.1773
* 02018985	Prozac	Lilly	100	157.00	1.5700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.		20 mg		LPM	
* 02216361	Apo-Fluoxetine	Apotex	500	505.60	➡ 1.0112
* 02242178	Co-Fluoxetine	Cobalt	500	505.60	➡ 1.0112
* 02220148	Fluoxetine-20	Pro Doc	500	505.60	➡ 1.0112
* 02237814	Gen-Fluoxetine	Genpharm	500	505.60	➡ 1.0112
* 02216590	Novo-Fluoxetine	Novopharm	500	505.60	➡ 1.0112
* 02223503	Phl-Fluoxetine	Pharmel	500	505.60	➡ 1.0112
* 02177587	pms-Fluoxetine	Phmscience	500	505.60	➡ 1.0112
* 02241374	Ratio-Fluoxetine	Ratiopharm	500	505.60	➡ 1.0112
* 02243487	Rhoxal-Fluoxetine	Rhoxal	500	505.60	➡ 1.0112
* 02242124	Riva-Fluoxetine	Riva	500	505.60	➡ 1.0112
* 00636622	Prozac	Lilly	100	160.50	1.6050

PAROXÉTINE HYDROCHLORIDE 

Tab.		10 mg			
* 02240907	Apo-Paroxetine	Apotex	100	55.65	0.5565
* 02248012	Gen-Paroxetine	Genpharm	100	55.65	0.5565
* 02248556	Novo-Paroxetine	Novopharm	100	55.65	0.5565
* 02247750	pms-Paroxetine	Phmscience	100	55.65	0.5565
* 02247810	Ratio-Paroxetine	Ratiopharm	30	16.70	0.5565

SERTRALINE HYDROCHLORIDE 

Caps.		25 mg			
* 02245824	Phl-Sertraline	Pharmel	250	126.00	0.5040
Caps.		50 mg			
* 02245825	Phl-Sertraline	Pharmel	250	252.00	1.0080
Caps.		100 mg			
* 02245826	Phl-Sertraline	Pharmel	250	275.63	1.1025

TRAZODONE HYDROCHLORIDE 

Tab.		75 mg		LPM	
* 02237339	pms-Trazodone	Phmscience	100	31.13	➡ 0.3113

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

Tab. * 02247243	Gen-Clozapine	25 mg Genpharm	100	65.94	0.6594
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Tab. * 02247244	Gen-Clozapine	100 mg Genpharm	100	264.46	2.6446
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28:24.08 BENZODIAZEPINES**DIAZEPAM** 

Tab. * 00013765	Vivol	5 mg Axxess	LPM 1000	65.00	➔ 0.0650
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Tab. * 00013773	Vivol	10 mg Axxess	LPM 1000	86.70	➔ 0.0867
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FLURAZEPAM HYDROCHLORIDE 

Caps. or Tab. * 00483826	Somnol	15 mg Axxess	LPM 100	6.75	➔ 0.0675
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Caps. or Tab. * 00483818	Somnol	30 mg Axxess	LPM 100	7.75	➔ 0.0775
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OXAZEPAM 

Tab. * 00497762	Oxazepam-15	15 mg Pro Doc	LPM 1000	55.00	➔ 0.0550
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Tab. * 00497770	Oxazepam-30	30 mg Pro Doc	LPM 1000	75.00	➔ 0.0750
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:92 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS**LEVODOPA/CARBIDOPA**

L.A. Tab.			200 mg -50 mg	LPM	
* 00870935	Sinemet CR	B.-M.S	250	286.70	1.1468

36:26 DIABETES MELLITUS**QUANTITATIVE GLUCOSE BLOOD TEST**

Stick					
* 99100002	BD Latitude	B-D	100	72.90	

56:40 MISCELLANEOUS GI DRUGS**OMEPRAZOLE**

Caps. or Tab.			20 mg		
* 02190915	Losec	AZC	28	61.60	2.2000

68:04 ADRENALS**DEXAMETHASONE**

Tab.			0,5 mg	LPM	
* 02237044	Dexamethasone	Pharmel	100	19.70	➔ 0.1970

Tab.			0,75 mg	LPM	
* 02237045	Dexamethasone	Pharmel	100	45.00	➔ 0.4500

Tab.			4 mg	LPM	
* 02237046	Dexamethasone	Pharmel	100	76.73	➔ 0.7673

68:20.92 MISCELLANEOUS ANTIDIABETIC AGENTS**METFORMIN HYDROCHLORIDE**

Tab.			850 mg	LPM	
* 02242931	Ratio-Metformin	Ratiopharm	100	20.90	➔ 0.2090

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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92:00.02 OTHER MISCELLANEOUS**ALENDRONATE MONOSODIUM** 

Tab.		10 mg			
* 02247373	Novo-Alendronate	Novopharm	100	110.57	1.1057

CYPROTERONE ACETATE 

Tab.		50 mg		LPM	
* 00704431	Androcur	Berlex	60	84.51	➔ 1.4085
* 02229723	Gen-Cyproterone	Genpharm	60	84.51	➔ 1.4085
* 02232872	Novo-Cyproterone	Novopharm	100	140.85	➔ 1.4085

OCTREOTIDE 

Inj. Sol.		50 mcg/mL			
* 00839191	Sandostatin	Novartis	1 ml	4.99	

Inj. Sol.		100 mcg/mL			
* 00839205	Sandostatin	Novartis	1 ml	9.42	

Inj. Sol.		200 mcg/mL			
* 02049392	Sandostatin	Novartis	5 ml	90.60	

Inj. Sol.		500 mcg /mL			
* 00839213	Sandostatin	Novartis	1 ml	44.27	

EXCEPTIONAL MEDICATIONS**BRIMONIDINE TARTRATE** 

Oph. Sol.		0,15 %			
* 02248151	Alphagan P	Allergan	10 ml	23.10	

CARVEDILOL 

Tab.		3,125 mg			
* 02247933	Apo-Carvedilol	Apotex	100	80.01	0.8001
* 02246529	Novo-Carvedilol	Novopharm	100	80.01	0.8001
* 02245914	pms - Carvedilol	Phmscience	100	80.01	0.8001

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

6,25 mg

* 02247934	Apo-Carvedilol	Apotex	100	80.01	0.8001
* 02246530	Novo-Carvedilol	Novopharm	100	80.01	0.8001
* 02245915	pms - Carvedilol	Phmscience	100	80.01	0.8001

Tab.

12,5 mg

* 02247935	Apo-Carvedilol	Apotex	100	80.01	0.8001
* 02246531	Novo-Carvedilol	Novopharm	100	80.01	0.8001
* 02245916	pms - Carvedilol	Phmscience	100	80.01	0.8001

Tab.

25 mg

* 02247936	Apo-Carvedilol	Apotex	100	80.01	0.8001
* 02246532	Novo-Carvedilol	Novopharm	100	80.01	0.8001
* 02245917	pms - Carvedilol	Phmscience	100	80.01	0.8001

DRESSING – HYDROPHILIC FOAM

Dressing

10 cm X 20 cm

* 99003252	Mepilex	Mölnlycke	5	59.27	11.8540
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ETIDRONATE DISODIUM 

Tab.

200 mg

LPM

* 01997629	Didronel	P&G Pharma	60	78.65	1.3108
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KETOROLAC TROMETHAMINE 

Oph. Sol.

0,5 %

* 02245821	Apo-Ketorolac	Apotex	10 ml	20.16	
* 02247461	Ratio-Ketorolac	Ratiopharm	10 ml	20.16	

8. This Regulation comes into force on 6 October 2004.