

**M.O., 2005-001****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 20 January 2005**

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, 20 January 2005

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”:

(1) by replacing the text following the fourth dash in the first paragraph of section 3.2 by the following:

“– A preparation for topical use composed of one or more of the following products: salicylic acid, erythromycin, sulfur, tar and hydrocortisone in a cream, ethanol, ointment, oil or lotion base, but not a preparation that is only hydrocortisone-based that has a concentration of less than 1%.”;

(2) by replacing the text following the sixth dash in the first paragraph of section 3.2 by the following:

“– A solution or oral suspension of folic acid, methadone, phytonadione or vancomycin.”.

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

\* 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), 2004-008 dated 17 June 2004 (2004, *G.O.* 2, 2028), 2004-013 dated 21 September 2004 (2004, *G.O.* 2, 2864), 2004-015 dated 15 November 2004 (2004, *G.O.* 2, 3157) and 2004-019 dated 13 December 2004 (2004, *G.O.* 2, 3613) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2004, updated to 1 September 2004.

(1) by inserting the following after the line concerning the medication “Nimotop Caps. 30 mg”:

|           |                             |    |   |
|-----------|-----------------------------|----|---|
| “Schering | Pegetron Redipen Kit        |    |   |
|           | 200 mg - 80 mcg/0,5 mL      | 1  |   |
| Schering  | Pegetron Redipen            |    |   |
|           | Kit 200 mg - 100 mcg/0,5 mL | 1  |   |
| Schering  | Pegetron Redipen            |    |   |
|           | Kit 200 mg - 120 mcg/0,5 mL | 1  |   |
| Schering  | Pegetron Redipen            |    |   |
|           | Kit 200 mg - 150 mcg/0,5 mL | 1” | ; |

(2) by inserting the following after the line concerning the medication “Remicade I.V. Perf. Pd 100 mg”:

|             |                               |        |
|-------------|-------------------------------|--------|
| “Northern T | Remodulin Inj. Sol. 1 mg/mL   | 20 ml  |
| Northern T  | Remodulin Inj. Sol. 2,5 mg/mL | 20 ml  |
| Northern T  | Remodulin Inj. Sol. 5 mg/mL   | 20 ml  |
| Northern T  | Remodulin Inj. Sol. 10 mg/mL  | 20 ml” |

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

“Pfizer Viracept Tab. 625 mg 120”.

**3.** The List of medications is amended in Appendix IV entitled “Exceptional Medications, With Recognized Indications for Payment Purposes”:

(1) by deleting the following:

“BRIMONIDINE TARTRATE, 0.15% oph. sol.:

◆ where an allergy to benzalkonium chloride has been documented;

CLINDAMYCIN PHOSPHATE, top. sol.:

◆ for treatment of acne vulgaris in persons for whom topical erythromycin is ineffective or poorly tolerated;”;

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

“◆ for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min);

◆ for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B<sub>12</sub> deficiency in persons having a hemoglobin rate less than or equal to 100 g/L.

The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least 40x10<sup>9</sup>/L or an increase in the hemoglobine measurement of at least 10 g/L;”;

(3) by inserting the following after the third indication accompanying the medication “FILGRASTIM”:

“◆ in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 x 10<sup>9</sup>/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable;”;

(4) by replacing the second indication accompanying the medication “FLUDARABINE PHOSPHATE” by the following:

“◆ for treatment of persons suffering from non-Hodgkin’s lymphoma of low-malignancy or from Waldenstrom’s macroglobulinemia 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 inserting the following medication and the accompanying indication after the medication “NUTRITIONAL FORMULAS – SKIM MILK/COCONUT OIL”:

“NUTRITIONAL FORMULAS – FOLLOW-UP PREPARATIONS FOR PREMATURE INFANTS:

◆ for infants whose birth weight is less than or equal to 1 800 g or who are born after 34 weeks of pregnancy or less.

In this case, the maximum duration of the authorization will be until one year corrected age, in other words, until one year after the expected date of birth;”;

(6) by inserting the following medication and the accompanying indication after the medication “OXYBUTYNINE CHLORIDE, l.a. tab.”:

“OXYBUTYNINE, skin patch:

◆ for treatment of vesical hyperactivity where immediate-release oxybutynine is poorly tolerated;”;

(7) by replacing the indication accompanying the medication “PIMECROLIMUS” by the following :

“◆ for treatment of atypical dermatitis in children, where a topical corticosteroid treatment has failed;”;

(8) by inserting the following medication and the accompanying indication after the medication “POLYVINYL ALCOHOL/POVIDONE” :

“PROGESTERONE, caps. :

◆ for persons unable to take medroxyprogesterone acetate because of major intolerance;”;

(9) by replacing the indications accompanying the medication “RIBAVIRIN/INTERFERON ALFA-2B (PEGYLATED)” by the following :

◆ for treatment of persons suffering from chronic hepatitis C of genotype 2 or 3.

The maximum duration of the authorization will be 24 weeks.

However, persons who, during a previous treatment with an association of ribavirin/interferon alfa-2b (pegylated), did not obtain a negativation of their viremia after 24 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment.

◆ for treatment of persons suffering from chronic hepatitis C of a genotype other than 2 or 3

and

for treatment of chronic hepatitis C in persons infected with HIV of any genotype.

The total duration of the authorization is a maximum of 48 weeks. Authorizations will be granted under different conditions based on the type of test conducted for the purpose of evaluating response to the treatment after the first 12 weeks of treatment.

The initial request is authorized for a maximum of 20 weeks. A quantitative or qualitative HCV-RNA screening test 12 weeks from the beginning of the treatment is necessary to determine response to the treatment.

• In the case of a qualitative test, another authorization, for a maximum of 28 weeks, will be granted for treatment termination purposes, only if the test result is negative.

• In the case of a quantitative test, another authorization, for an additional maximum of 12 weeks, will be granted only if the test result shows a decrease in viremia greater than or equal to 2 log compared with pre-treatment viremia.

Thereafter, an authorization will be granted, for a maximum of 16 weeks for treatment termination purposes, only if the qualitative HCV-RNA result is negative after 24 weeks of treatment.

However, persons who, during a previous treatment with an association of ribavirin/interferon alfa-2b (pegylated),

– did not obtain a 2-log decrease in viremia after 12 weeks compared to the pre-treatment value ;

– did not obtain a negativation of their viremia after a minimum of 24 weeks of treatment ;

– did not obtain a sustained virological response 24 weeks after the end of the treatment ;

are not eligible for a second treatment.

◆ for treatment of chronic hepatitis C in persons having received a transplant.

The maximum duration of the authorization will be 48 weeks.

However, persons who, during a previous treatment with an association of ribavirin/interferon alfa-2b (pegylated), did not obtain a negativation of their viremia after 48 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment;”;

(10) by inserting the following medication and the accompanying indications after the medication “RIBAVIRIN/INTERFERON ALFA-2B (PEGYLATED)” and the accompanying indications :

“RIBAVIRIN/PEGINTERFERON ALFA-2A :

◆ for treatment of persons suffering from chronic hepatitis C of genotype 2 or 3.

The maximum duration of the authorization will be 24 weeks.

However, persons who, during a previous treatment with an association of ribavirin/peginterferon alfa-2a, did not obtain a negativation of their viremia after 24 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment.

◆ for treatment of persons suffering from chronic hepatitis C of a genotype other than 2 or 3

and

for treatment of chronic hepatitis C in persons infected with HIV of any genotype.

The total duration of the authorization is a maximum of 48 weeks. Authorizations will be granted under different conditions based on the type of test conducted for the purpose of evaluating response to the treatment after the first 12 weeks of treatment.

The initial request is authorized for a maximum of 20 weeks. A quantitative or qualitative HCV-RNA screening test 12 weeks from the beginning of the treatment is necessary to determine response to the treatment.

- In the case of a qualitative test, another authorization, for a maximum of 28 weeks, will be granted for treatment termination purposes, only if the test result is negative.

- In the case of a quantitative test, another authorization, for an additional maximum of 12 weeks, will be granted only if the test result shows a decrease in viremia greater than or equal to 2 log compared with pre-treatment viremia.

Thereafter, an authorization will be granted, for a maximum of 16 weeks for treatment termination purposes, only if the qualitative HCV-RNA result is negative after 24 weeks of treatment.

However, persons who, during a previous treatment with an association of ribavirin/interferon alfa-2a,

- did not obtain a 2-log decrease in viremia after 12 weeks compared to the pre-treatment value;

- did not obtain a negativation of their viremia after a minimum of 24 weeks of treatment;

- did not obtain a sustained virological response 24 weeks after the end of the treatment;

are not eligible for a second treatment.

◆ for treatment of chronic hepatitis C in persons having received a transplant.

The maximum duration of the authorization will be 48 weeks.

However, persons who, during a previous treatment with an association of ribavirin/peginterferon alfa-2a, did not obtain a negativation of their viremia after 48 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment;”;

(11) by replacing the indications accompanying the medication “TACROLIMUS, top. oint.” by the following:

“◆ for treatment of atopic dermatitis in children, following failure of a treatment with a topical corticosteroid;

◆ for treatment of 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 treatments on the face with a different low-strength topical corticosteroid;”;

(12) by inserting the following medication and the accompanying indications after the medication “TRANDOLAPRIL/VERAPAMIL HYDROCHLORIDE”:

“TREPROSTINIL SODIUM:

◆ for treatment of pulmonary arterial hypertension of WHO functional class III or IV, whether primitive or secondary to scleroderma, that is symptomatic despite the optimal conventional treatment;

Persons must be evaluated and monitored by physicians working in designated centres specializing in the treatment of pulmonary arterial hypertension;”.

4. The List of medications is amended:

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

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**8:12:02****AMINOGLYCOSIDES****TOBRAMYCIN SULFATE** [P]

Inj. Sol.

|          |                             |     |      |          |        |
|----------|-----------------------------|-----|------|----------|--------|
|          |                             |     |      | 10 mg/mL |        |
| 02230639 | <i>Tobramycin Injection</i> | PPC | 2 ml | 2,95     | 1,4750 |

Inj. Sol.

|          |                             |     |       |          |            |
|----------|-----------------------------|-----|-------|----------|------------|
|          |                             |     |       | 40 mg/mL | <b>LPM</b> |
| 02230640 | <i>Tobramycin Injection</i> | PPC | 30 ml | ➔ 61,84  | 2,0613     |

**8:12:04****ANTIFUNGAL ANTIBIOTICS****FLUCONAZOLE** [P]

Caps.

|          |                         |      |   |        |        |
|----------|-------------------------|------|---|--------|--------|
|          |                         |      |   | 150 mg |        |
| 02255510 | <i>Riva-Fluconazole</i> | Riva | 1 | 9,19   | 9,1900 |

**8:12:06****CEPHALOSPORINS****CEFTAZIDIME PENTAHYDRATE** [P]

Inj. Pd

|          |                                   |     |   |         |            |
|----------|-----------------------------------|-----|---|---------|------------|
|          |                                   |     |   | 1 g     | <b>LPM</b> |
| 00886971 | <i>Ceftazidime pour injection</i> | PPC | 1 | ➔ 18,85 | 18,8500    |

Inj. Pd

|          |                                   |     |   |         |            |
|----------|-----------------------------------|-----|---|---------|------------|
|          |                                   |     |   | 2 g     | <b>LPM</b> |
| 00886955 | <i>Ceftazidime pour injection</i> | PPC | 1 | ➔ 37,10 | 37,1000    |

Inj. Pd

|          |                                   |     |   |          |            |
|----------|-----------------------------------|-----|---|----------|------------|
|          |                                   |     |   | 6 g      | <b>LPM</b> |
| 00886963 | <i>Ceftazidime pour injection</i> | PPC | 1 | ➔ 111,29 | 111,2900   |

**8:18:08****ANTIRETROVIRAL AGENTS****NELFINAVIR MESYLATE** [P]

Tab.

|          |                 |        |     |        |        |
|----------|-----------------|--------|-----|--------|--------|
|          |                 |        |     | 625 mg |        |
| 02248761 | <i>Viracept</i> | Pfizer | 120 | 546,00 | 4,5500 |

**8:20****ANTIMALARIAL AGENTS****HYDROXYCHLOROQUIN SULFATE** [P]

Tab.

|          |                               |          |     |        |            |
|----------|-------------------------------|----------|-----|--------|------------|
|          |                               |          |     | 200 mg | <b>LPM</b> |
| 02252600 | <i>Gen-Hydroxychloroquine</i> | Genpharm | 100 | 33,01  | ➔ 0,3301   |

**QUININE SULFATE**

Caps.

|          |                    |        |     |        |            |
|----------|--------------------|--------|-----|--------|------------|
|          |                    |        |     | 200 mg | <b>LPM</b> |
| 02254514 | <i>Apo-Quinine</i> | Apotex | 100 | 23,90  | ➔ 0,2390   |

| CODE     | BRAND NAME         | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|----------|--------------------|--------------|------|-------------------|------------|
| Caps.    |                    |              |      | 300 mg            | <b>LPM</b> |
| 02254522 | <i>Apo-Quinine</i> | Apotex       | 100  | 37,50             | ➔ 0,3750   |

**20:12:04****ANTICOAGULANTS****DALTEPARINE SODIC**

S.C. Inj.Sol (syr)

|          |                |        |   |                 |         |
|----------|----------------|--------|---|-----------------|---------|
|          |                |        |   | 7 500 UI/0,3 ml |         |
| 99100159 | <i>Fragmin</i> | Pfizer | 1 | 14,25           | 14,2500 |

**24:06:06****FIBRIC ACID DERIVATIVES****GEMFIBROZIL**

Caps.

|          |                        |         |     |        |            |
|----------|------------------------|---------|-----|--------|------------|
|          |                        |         |     | 300 mg | <b>LPM</b> |
| 02254859 | <i>Phl-Gemfibrozil</i> | Pharmel | 500 | 148,20 | ➔ 0,2964   |

Tab.

|          |                        |         |     |        |            |
|----------|------------------------|---------|-----|--------|------------|
|          |                        |         |     | 600 mg | <b>LPM</b> |
| 02254867 | <i>Phl-Gemfibrozil</i> | Pharmel | 500 | 376,00 | ➔ 0,7520   |

**24:06:08****HMG-COA REDUCTASE INHIBITORS****LOVASTATINE**

Tab.

|          |                      |        |     |        |            |
|----------|----------------------|--------|-----|--------|------------|
|          |                      |        |     | 20 mg  | <b>LPM</b> |
| 02248572 | <i>Co Lovastatin</i> | Cobalt | 500 | 545,35 | ➔ 1,0907   |

Tab.

|          |                      |        |     |        |            |
|----------|----------------------|--------|-----|--------|------------|
|          |                      |        |     | 40 mg  | <b>LPM</b> |
| 02248573 | <i>Co Lovastatin</i> | Cobalt | 100 | 201,17 | ➔ 2,0117   |

**PRAVASTATINE SODIUM**

Tab.

|          |                        |         |     |       |        |
|----------|------------------------|---------|-----|-------|--------|
|          |                        |         |     | 10 mg |        |
| 02249766 | <i>Phl-Pravastatin</i> | Pharmel | 100 | 95,30 | 0,9530 |

Tab.

|          |                        |         |     |        |        |
|----------|------------------------|---------|-----|--------|--------|
|          |                        |         |     | 20 mg  |        |
| 02249774 | <i>Phl-Pravastatin</i> | Pharmel | 500 | 562,15 | 1,1243 |

Tab.

|          |                        |         |     |        |        |
|----------|------------------------|---------|-----|--------|--------|
|          |                        |         |     | 40 mg  |        |
| 02249782 | <i>Phl-Pravastatin</i> | Pharmel | 100 | 135,43 | 1,3543 |

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**SIMVASTATIN** 

|          |                        |            | 5 mg |       |        |
|----------|------------------------|------------|------|-------|--------|
| 02253690 | <i>Phl-Simvastatin</i> | Pharmel    | 100  | 56,70 | 0,5670 |
| 02252619 | <i>pms-Simvastatin</i> | Phmscience | 100  | 56,70 | 0,5670 |

|          |                        |            | 10 mg |        |        |
|----------|------------------------|------------|-------|--------|--------|
| 02253704 | <i>Phl-Simvastatin</i> | Pharmel    | 500   | 560,70 | 1,1214 |
| 02252635 | <i>pms-Simvastatin</i> | Phmscience | 100   | 112,14 | 1,1214 |

|          |                        |            | 20 mg |        |        |
|----------|------------------------|------------|-------|--------|--------|
| 02253712 | <i>Phl-Simvastatin</i> | Pharmel    | 100   | 138,60 | 1,3860 |
| 02252643 | <i>pms-Simvastatin</i> | Phmscience | 100   | 138,60 | 1,3860 |

|          |                        |            | 40 mg |        |        |
|----------|------------------------|------------|-------|--------|--------|
| 02253720 | <i>Phl-Simvastatin</i> | Pharmel    | 100   | 138,60 | 1,3860 |
| 02252651 | <i>pms-Simvastatin</i> | Phmscience | 100   | 138,60 | 1,3860 |

|          |                        |            | 80 mg |        |        |
|----------|------------------------|------------|-------|--------|--------|
| 02253739 | <i>Phl-Simvastatin</i> | Pharmel    | 100   | 138,60 | 1,3860 |
| 02252678 | <i>pms-Simvastatin</i> | Phmscience | 100   | 138,60 | 1,3860 |

**24:12:08****NITRATES AND NITRITES****GLYCERYL TRINITRATE**

|          |                   |        | 0,2 mg/h LPM |       |          |
|----------|-------------------|--------|--------------|-------|----------|
| 02230732 | <i>Trinipatch</i> | Triton | 30           | 17,00 | ➔ 0,5667 |

|          |                   |        | 0,4 mg/h LPM |       |          |
|----------|-------------------|--------|--------------|-------|----------|
| 02230733 | <i>Trinipatch</i> | Triton | 30           | 19,20 | ➔ 0,6400 |

|          |                   |        | 0,6 mg/h LPM |       |          |
|----------|-------------------|--------|--------------|-------|----------|
| 02230734 | <i>Trinipatch</i> | Triton | 30           | 19,20 | ➔ 0,6400 |

**24:20****ALPHA-ADRENERGICS BLOCKING AGENTS****TERAZOSIN HYDROCHLORIDE** 

|          |                      |         | 1 mg LPM |       |          |
|----------|----------------------|---------|----------|-------|----------|
| 02246544 | <i>Phl-Terazosin</i> | Pharmel | 100      | 34,90 | ➔ 0,3490 |

| CODE     | BRAND NAME           | MANUFACTURER | SIZE | COST OF<br>PKG. SIZE | UNIT PRICE |
|----------|----------------------|--------------|------|----------------------|------------|
| Tab.     |                      |              |      | 2 mg <b>LPM</b>      |            |
| 02246545 | <i>Phl-Terazosin</i> | Pharmel      | 100  | 44,36                | ➔ 0,4436   |

|          |                      |         |     |                 |          |
|----------|----------------------|---------|-----|-----------------|----------|
| Tab.     |                      |         |     | 5 mg <b>LPM</b> |          |
| 02246546 | <i>Phl-Terazosin</i> | Pharmel | 100 | 60,25           | ➔ 0,6025 |

**24:24**  
**BÉTA-ADRENERGICS BLOCKING AGENTS**  
**ATENOLOL** 

|          |                    |        |     |                  |          |
|----------|--------------------|--------|-----|------------------|----------|
| Tab.     |                    |        |     | 50 mg <b>LPM</b> |          |
| 02255545 | <i>Co Atenolol</i> | Cobalt | 500 | 175,75           | ➔ 0,3515 |

|          |                    |        |     |                   |          |
|----------|--------------------|--------|-----|-------------------|----------|
| Tab.     |                    |        |     | 100 mg <b>LPM</b> |          |
| 02255553 | <i>Co Atenolol</i> | Cobalt | 500 | 288,85            | ➔ 0,5777 |

**METOPROLOL TARTRATE** 

|          |                         |         |     |                  |          |
|----------|-------------------------|---------|-----|------------------|----------|
| Tab.     |                         |         |     | 25 mg <b>LPM</b> |          |
| 02253496 | <i>Phl-Metoprolol-L</i> | Pharmel | 100 | 6,43             | ➔ 0,0643 |

|          |                         |         |      |                  |          |
|----------|-------------------------|---------|------|------------------|----------|
| Tab.     |                         |         |      | 50 mg <b>LPM</b> |          |
| 02253518 | <i>Phl-Metoprolol-L</i> | Pharmel | 1000 | 122,50           | ➔ 0,1225 |

|          |                         |         |      |                   |          |
|----------|-------------------------|---------|------|-------------------|----------|
| Tab.     |                         |         |      | 100 mg <b>LPM</b> |          |
| 02253526 | <i>Phl-Metoprolol-L</i> | Pharmel | 1000 | 222,30            | ➔ 0,2223 |

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

|           |                  |         |    |        |        |
|-----------|------------------|---------|----|--------|--------|
| L.A. Tab. |                  |         |    | 120 mg |        |
| 02256738  | <i>Tiazac XC</i> | Biovail | 90 | 69,13  | 0,7681 |


|           |                  |         |    |        |        |
|-----------|------------------|---------|----|--------|--------|
| L.A. Tab. |                  |         |    | 180 mg |        |
| 02256746  | <i>Tiazac XC</i> | Biovail | 90 | 91,76  | 1,0196 |

|           |                  |         |    |        |        |
|-----------|------------------|---------|----|--------|--------|
| L.A. Tab. |                  |         |    | 240 mg |        |
| 02256754  | <i>Tiazac XC</i> | Biovail | 90 | 121,71 | 1,3523 |


|           |                  |         |    |        |        |
|-----------|------------------|---------|----|--------|--------|
| L.A. Tab. |                  |         |    | 300 mg |        |
| 02256762  | <i>Tiazac XC</i> | Biovail | 90 | 121,71 | 1,3523 |



| CODE      | BRAND NAME       | MANUFACTURER | SIZE   | COST OF PKG. SIZE | UNIT PRICE |
|-----------|------------------|--------------|--------|-------------------|------------|
| L.A. Tab. |                  |              | 360 mg |                   |            |
| 02256770  | <i>Tiazac XC</i> | Biovail      | 90     | 121,71            | 1,3523     |

**24:32:08****ANGIOTENSIN II RECEPTOR ANTAGONISTS****EPROSARTAN (MESYLATE D')/HYDROCHLOROTHIAZIDE **

|          |                     |        |                  |        |        |
|----------|---------------------|--------|------------------|--------|--------|
| Tab.     |                     |        | 600 mg - 12.5 mg |        |        |
| 02253631 | <i>Teveten Plus</i> | Solvay | 100              | 102,00 | 1,0200 |

**28:08:04****NONSTEROIDAL ANTI- INFLAMMATORY AGENTS****MELOXICAM **

|          |                      |          |        |       |        |
|----------|----------------------|----------|--------|-------|--------|
| Tab.     |                      |          | 7,5 mg |       |        |
| 02255987 | <i>Gen-Meloxicam</i> | Genpharm | 100    | 49,13 | 0,4913 |
| 02250012 | <i>Co Meloxicam</i>  | Cobalt   | 100    | 49,14 | 0,4914 |

|          |                      |          |       |       |        |
|----------|----------------------|----------|-------|-------|--------|
| Tab.     |                      |          | 15 mg |       |        |
| 02250020 | <i>Co Meloxicam</i>  | Cobalt   | 100   | 56,70 | 0,5670 |
| 02255995 | <i>Gen-Meloxicam</i> | Genpharm | 100   | 56,70 | 0,5670 |

**28:08:92****MISCELLANEOUS****ACETAMINOPHEN/ CODEINE PHOSPHATE **

|          |                            |         |                            |       |          |
|----------|----------------------------|---------|----------------------------|-------|----------|
| Tab.     |                            |         | 300 mg à 325 mg -30 mg LPM |       |          |
| 02254271 | <i>Phl-Acet-Codeine 30</i> | Pharmel | 500                        | 65,00 | ➔ 0,1300 |


|          |                            |         |                            |       |          |
|----------|----------------------------|---------|----------------------------|-------|----------|
| Tab.     |                            |         | 300 mg à 325 mg -60 mg LPM |       |          |
| 02254263 | <i>Phl-Acet-Codeine 60</i> | Pharmel | 100                        | 13,84 | ➔ 0,1384 |

**28:12:92****MISCELLANEOUS ANTICONVULSANTS****GABAPENTIN **

|          |                       |            |        |        |        |
|----------|-----------------------|------------|--------|--------|--------|
| Tab.     |                       |            | 600 mg |        |        |
| 02255898 | <i>pms-Gabapentin</i> | Phmscience | 500    | 652,25 | 1,3045 |

|          |                       |            |        |        |        |
|----------|-----------------------|------------|--------|--------|--------|
| Tab.     |                       |            | 800 mg |        |        |
| 02255901 | <i>pms-Gabapentin</i> | Phmscience | 500    | 869,65 | 1,7393 |

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF<br>PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|----------------------|------------|
|------|------------|--------------|------|----------------------|------------|

**28:16:04****ANTIDEPRESSANTS****CITALOPRAM HYDROMIDE** 

Tab.

|          |                         |            |     |        |        |
|----------|-------------------------|------------|-----|--------|--------|
|          |                         |            |     | 20 mg  |        |
| 02252112 | <i>Ratio-Citalopram</i> | Ratiopharm | 500 | 437,50 | 0,8750 |

Tab.

|          |                         |            |     |       |        |
|----------|-------------------------|------------|-----|-------|--------|
|          |                         |            |     | 40 mg |        |
| 02252120 | <i>Ratio-Citalopram</i> | Ratiopharm | 100 | 87,50 | 0,8750 |

**FLUVOXAMINE MALEATE** 

Tab.

|          |                       |        |     |        |        |
|----------|-----------------------|--------|-----|--------|--------|
|          |                       |        |     | 50 mg  |        |
| 02255529 | <i>Co Fluvoxamine</i> | Cobalt | 250 | 123,80 | 0,4952 |

Tab.

|          |                       |        |     |        |        |
|----------|-----------------------|--------|-----|--------|--------|
|          |                       |        |     | 100 mg |        |
| 02255537 | <i>Co Fluvoxamine</i> | Cobalt | 250 | 222,55 | 0,8902 |

**MIRTAZAPINE** 

Tab. or oral disint.


|          |                   |         |    |       |        |
|----------|-------------------|---------|----|-------|--------|
|          |                   |         |    | 15 mg |        |
| 02248542 | <i>Remeron RD</i> | Organon | 30 | 11,70 | 0,3900 |

Tab. or oral disint.

|          |                        |         |     |       |        |
|----------|------------------------|---------|-----|-------|--------|
|          |                        |         |     | 30 mg |        |
| 02248543 | <i>Remeron RD</i>      | Organon | 30  | 23,40 | 0,7800 |
| 02252279 | <i>Phl-Mirtazapine</i> | Pharmel | 100 | 78,12 | 0,7812 |


Tab. or oral disint.

|          |                   |         |    |       |        |
|----------|-------------------|---------|----|-------|--------|
|          |                   |         |    | 45 mg |        |
| 02248544 | <i>Remeron RD</i> | Organon | 30 | 35,10 | 1,1700 |

**28:16:08****ANTIPSYCHOTIC AGENTS****LOXAPINE HYDROCHLORIDE** 

Oral Sol.

|          |                     |         |        |          |            |
|----------|---------------------|---------|--------|----------|------------|
|          |                     |         |        | 25 mg/mL | <b>LPM</b> |
| 02255456 | <i>Phl-Loxapine</i> | Pharmel | 100 ml | ➔ 52,32  | 0,5232     |

**LOXAPINE SUCCINATE** 

Tab.

|          |                     |         |     |        |            |
|----------|---------------------|---------|-----|--------|------------|
|          |                     |         |     | 2,5 mg | <b>LPM</b> |
| 02255448 | <i>Phl-Loxapine</i> | Pharmel | 100 | 7,50   | ➔ 0,0750   |

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**28:24:08****BENZODIAZEPINES****FLURAZEPAM HYDROCHLORIDE**

Caps. or Tab.

|          |                       |        |     |                   |          |
|----------|-----------------------|--------|-----|-------------------|----------|
| 02248126 | <i>Bio-Flurazepam</i> | Biomed | 120 | 15 mg LPM<br>8,10 | ➔ 0,0675 |
|----------|-----------------------|--------|-----|-------------------|----------|

Caps. or Tab.

|          |                       |        |     |                   |          |
|----------|-----------------------|--------|-----|-------------------|----------|
| 02248127 | <i>Bio-Flurazepam</i> | Biomed | 120 | 30 mg LPM<br>9,30 | ➔ 0,0775 |
|----------|-----------------------|--------|-----|-------------------|----------|

**NITRAZEPAM**

Tab.

|          |                   |         |     |                  |          |
|----------|-------------------|---------|-----|------------------|----------|
| 02255561 | <i>Nitrazepam</i> | Pro Doc | 100 | 5 mg LPM<br>8,57 | ➔ 0,0857 |
|----------|-------------------|---------|-----|------------------|----------|

Tab.

|          |                   |         |     |                    |          |
|----------|-------------------|---------|-----|--------------------|----------|
| 02255588 | <i>Nitrazepam</i> | Pro Doc | 100 | 10 mg LPM<br>12,82 | ➔ 0,1282 |
|----------|-------------------|---------|-----|--------------------|----------|

**40:08****ALKALINIZING AGENTS****SODIUM BICARBONATE**

I.V. Inj. Sol.

|          |                                   |        |       |                         |        |
|----------|-----------------------------------|--------|-------|-------------------------|--------|
| 99100177 | <i>Bicarbonate de Sodium 8.4%</i> | Abbott | 50 ml | 1 mmol/mL LPM<br>➔ 3,27 | 0,0654 |
|----------|-----------------------------------|--------|-------|-------------------------|--------|

**40:28:10****POTASSIUM-SPARING DIURETICS****AMILORIDE HYDROCHLORIDE**

Tab.

|          |                      |        |     |                   |          |
|----------|----------------------|--------|-----|-------------------|----------|
| 02249510 | <i>Apo-Amiloride</i> | Apotex | 100 | 5 mg LPM<br>20,02 | ➔ 0,2002 |
|----------|----------------------|--------|-----|-------------------|----------|

**52:04:06****ANTIVIRALS****TRIFLURIDINE**

Oph. Sol.

|          |                         |       |        |                    |        |
|----------|-------------------------|-------|--------|--------------------|--------|
| 02248529 | <i>Sab-Trifluridine</i> | Sabex | 7,5 ml | 1 % LPM<br>➔ 24,50 | 3,2667 |
|----------|-------------------------|-------|--------|--------------------|--------|

**52:04:12****MISCELLANEOUS ANTI-INFECTIVES****OFLOXACINE**

Oph. Sol.

|          |                      |            |      |               |        |
|----------|----------------------|------------|------|---------------|--------|
| 02252570 | <i>pms-Ofloxacin</i> | Phmscience | 5 ml | 0,3 %<br>4,96 | 0,9920 |
|----------|----------------------|------------|------|---------------|--------|

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**56:40****MISCELLANEOUS GI DRUGS****RANITIDINE HYDROCHLORIDE**

Oral Sol.

150 mg/10 mL LPM

|          |                      |           |        |       |          |
|----------|----------------------|-----------|--------|-------|----------|
| 02242940 | <i>Novo-Ranidine</i> | Novopharm | 300 ml | 39,15 | ➔ 0,1305 |
|----------|----------------------|-----------|--------|-------|----------|

**68:32****PROGESTINS****MEDROXYPROGESTERONE ACETATE**

Tab.

2,5 mg LPM

|          |                    |         |     |       |          |
|----------|--------------------|---------|-----|-------|----------|
| 02253550 | <i>Medroxy-2.5</i> | Pro Doc | 500 | 39,70 | ➔ 0,0794 |
|----------|--------------------|---------|-----|-------|----------|

Tab.

5 mg LPM

|          |                  |         |     |       |          |
|----------|------------------|---------|-----|-------|----------|
| 02253577 | <i>Medroxy-5</i> | Pro Doc | 500 | 78,45 | ➔ 0,1569 |
|----------|------------------|---------|-----|-------|----------|

**84:04:08****ANTIFUNGALS****TERCONAZOL**

Vag. Cr. (App.)

0,4 %

|          |                         |      |      |       |        |
|----------|-------------------------|------|------|-------|--------|
| 02247651 | <i>Taro-Terconazole</i> | Taro | 45 g | 12,27 | 0,2727 |
|----------|-------------------------|------|------|-------|--------|

**92:00:02****OTHER MISCELLANEOUS****ALENDRONATE MONOSODIUM**

Tab.

5 mg

|          |                        |        |     |        |        |
|----------|------------------------|--------|-----|--------|--------|
| 02248727 | <i>Apo-Alendronate</i> | Apotex | 100 | 103,70 | 1,0370 |
|----------|------------------------|--------|-----|--------|--------|

Tab.

10 mg





|          |                        |        |     |        |        |
|----------|------------------------|--------|-----|--------|--------|
| 02248728 | <i>Apo-Alendronate</i> | Apotex | 100 | 110,57 | 1,1057 |
|----------|------------------------|--------|-----|--------|--------|

**CYPROTERONE ACETATE**

Tab.

50 mg LPM

|          |                        |        |     |        |          |
|----------|------------------------|--------|-----|--------|----------|
| 02245898 | <i>Apo-Cyproterone</i> | Apotex | 100 | 140,85 | ➔ 1,4085 |
|----------|------------------------|--------|-----|--------|----------|






| CODE   | BRAND NAME                            | MANUFACTURER | SIZE   | COST OF PKG. SIZE | UNIT PRICE |
|--|---------------------------------------|--------------|--------|-------------------|------------|
| <b>DISODIC CLODRONATE</b>       |                                       |              |        |                   |            |
| Caps. 400 mg   |                                       |              |        |                   |            |
| 02245828   | <i>Clasteon</i>                       | Oryx         | 120    | 145,00            | 1,2083     |
| <b>MOFETILMYCOPHENOLATE</b>     |                                       |              |        |                   |            |
| Oral Susp. 200 mg/mL   |                                       |              |        |                   |            |
| 02242145   | <i>Cellcept</i>                       | Roche        | 175 ml | 288,68            | 1,6496     |
| <b>PAMIDRONATE DISODIUM</b>     |                                       |              |        |                   |            |
| I.V. inf. pd/sol. 30 mg  |                                       |              |        |                   |            |
| 02246597   | <i>Pamidronate Disodium Injection</i> | PPC          | 1      | 88,35             | 88,3500    |
| I.V. inf. pd/sol. 60 mg  |                                       |              |        |                   |            |
| 02246598   | <i>Pamidronate Disodium Injection</i> | PPC          | 1      | 176,70            | 176,7000   |
| I.V. inf. pd/sol. 90 mg  |                                       |              |        |                   |            |
| 02246599   | <i>Pamidronate Disodium Injection</i> | PPC          | 1      | 265,05            | 265,0500   |
| <b>TERAZOSIN HYDROCHLORIDE</b>  |                                       |              |        |                   |            |
| Tab. 10 mg LPM   |                                       |              |        |                   |            |
| 02246547   | <i>Phl-Terazosin</i>                  | Pharmel      | 100    | 88,20             | ➔ 0,8820   |



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

#### EXCEPTIONAL MEDICATIONS

##### CARVEDILOL

|               |                         |            |     |       |        |
|---------------|-------------------------|------------|-----|-------|--------|
| Tab. 3,125 mg |                         |            |     |       |        |
| 02252309      | <i>Ratio-Carvedilol</i> | Ratiopharm | 100 | 80,01 | 0,8001 |
| Tab. 6,25 mg  |                         |            |     |       |        |
| 02252317      | <i>Ratio-Carvedilol</i> | Ratiopharm | 100 | 80,01 | 0,8001 |
| Tab. 12,5 mg  |                         |            |     |       |        |
| 02252325      | <i>Ratio-Carvedilol</i> | Ratiopharm | 100 | 80,01 | 0,8001 |
| Tab. 25 mg    |                         |            |     |       |        |
| 02252333      | <i>Ratio-Carvedilol</i> | Ratiopharm | 100 | 80,01 | 0,8001 |

| CODE   | BRAND NAME              | MANUFACTURER | SIZE  | COST OF<br>PKG. SIZE | UNIT PRICE |
|--|-------------------------|--------------|-------|----------------------|------------|
| <b>GLICLAZIDE</b>                                   |                         |              |       |                      |            |
| Tab. 80 mg   |                         |              |       |                      |            |
| 02254719   | Rhoxal-Gliclazide       | Rhoxal       | 100   | 27,90                | 0,2790     |
| <b>MICRONIZED PROGESTERONE</b>                      |                         |              |       |                      |            |
| Caps. 100 mg   |                         |              |       |                      |            |
| 02166704   | Prometrium              | Schering     | 100   | 81,96                | 0,8196     |
| <b>NUTRITIONAL FORMULAS - POLYMERIC LOW-RESIDUE</b>  |                         |              |       |                      |            |
| Pudding suppl.   |                         |              |       |                      |            |
| 99100181   | Boost                   | Novartis-N   | 142 g | 1,53                 | 0,0108     |
| <b>NUTRITIONAL FORMULAS - POST-DISCHARGE PRETERM FORMULA<br/>(INFANTS)</b>   |                         |              |       |                      |            |
| Ped. Oral Pd 363 g suppl.  |                         |              |       |                      |            |
| 99100123   | Similac Advance Neosure | Ross         | 1     | 13,88                | 13,8800    |
| 99100122   | Enfamil Enfacare A+     | M.J.         | 1     | 14,16                | 14,1600    |
| <b>OXYBUTYNIN</b>                                   |                         |              |       |                      |            |
| Patch 36 mg  |                         |              |       |                      |            |
| 02254735   | Oxytrol                 | Paladin      | 8     | 49,00                | 6,1250     |
| <b>RIBAVIRIN/PEGINTERFERON ALFA-2A</b>              |                         |              |       |                      |            |
| Kit 200mg- 180 mcg/0,5ml   |                         |              |       |                      |            |
| 02253429   | Pegasys RBV (28)        | Hoffmann     | 1     | 395,84               | 395,8400   |
| 99100171   | Pegasys RBV (35)        | Roche        | 1     | 395,84               | 395,8400   |
| 99100173   | Pegasys RBV (42)        | Roche        | 1     | 395,84               | 395,8400   |
| Kit 200 mg- 180 mcg/1ml  |                         |              |       |                      |            |
| 02253410   | Pegasys RBV (28)        | Hoffmann     | 1     | 395,84               | 395,8400   |
| 99100172   | Pegasys RBV (35)        | Roche        | 1     | 395,84               | 395,8400   |
| 99100174   | Pegasys RBV (42)        | Roche        | 1     | 395,84               | 395,8400   |
| <b>RIBAVIRINE/INTERFERON ALFA-2B (PEGYLATED)</b>  |                         |              |       |                      |            |
| Kit 200 mg-80 mcg/0,5 mL   |                         |              |       |                      |            |
| 02254581   | Pegatron Redipen        | Schering     | 1     | 752,20               | 752,2000   |
| Kit 200 mg -100 mcg/0,5 mL   |                         |              |       |                      |            |
| 02254603   | Pegatron Redipen        | Schering     | 1     | 752,20               | 752,2000   |

| CODE   | BRAND NAME              | MANUFACTURER | SIZE                  | COST OF PKG. SIZE | UNIT PRICE |
|--|-------------------------|--------------|-----------------------|-------------------|------------|
| Kit  |                         |              | 200 mg-120 mcg/0,5 mL |                   |            |
| 02254638   | <i>Pegatron Redipen</i> | Schering     | 1                     | 831,18            | 831,1800   |
| Kit  |                         |              | 200 mg-150 mcg/0,5 mL |                   |            |
| 02254646   | <i>Pegatron Redipen</i> | Schering     | 1                     | 831,18            | 831,1800   |
| <b>SOMATROPIN</b>           |                         |              |                       |                   |            |
| Cartridge  |                         |              | 10 mg                 |                   |            |
| 02249002   | <i>Nutropin AQ Pen</i>  | Roche        | 1                     | 381,80            | 381,8000   |
| <b>TREPROSTINIL SODIUM</b>  |                         |              |                       |                   |            |
| Inj. Sol.  |                         |              | 1 mg/mL               |                   |            |
| 02246552   | <i>Remodulin</i>        | Northern T   | 20 ml                 | 900,00            | 45,0000    |
| Inj. Sol.  |                         |              | 2,5 mg/mL             |                   |            |
| 02246553   | <i>Remodulin</i>        | Northern T   | 20 ml                 | 2250,00           | 112,5000   |
| Inj. Sol.  |                         |              | 5 mg/mL               |                   |            |
| 02246554   | <i>Remodulin</i>        | Northern T   | 20 ml                 | 4500,00           | 225,0000   |
| Inj. Sol.  |                         |              | 10 mg/mL              |                   |            |
| 02246555   | <i>Remodulin</i>        | Northern T   | 20 ml                 | 9000,00           | 450,0000   |

(3) by inserting, in alphabetical order of the products for extemporaneous preparations, the following products and the accompanying information:

**PRODUCTS FOR EXTEMPO- RANEOUS PREPARATIONS**

**ERYTHROMYCIN** 

Pd

|          |  |  |     |  |  |
|----------|--|--|-----|--|--|
| 99100163 |  |  | 2 g |  |  |
|----------|--|--|-----|--|--|

**VANCOMYCIN HYDROCHLORIDE** 

Pd

|          |  |  |     |  |  |
|----------|--|--|-----|--|--|
| 99100176 |  |  | 1 g |  |  |
|----------|--|--|-----|--|--|

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

| CODE                                | BRAND NAME                            | MANUFACTURER | SIZE  | COST OF PKG. SIZE | UNIT PRICE |
|-------------------------------------|---------------------------------------|--------------|-------|-------------------|------------|
| <b>8:12:02</b>                      |                                       |              |       |                   |            |
| <b>AMINOGLYCOSIDES</b>              |                                       |              |       |                   |            |
| <b>TOBRAMYCIN SULFATE</b> [P]       |                                       |              |       |                   |            |
| Inj. Sol. 40 mg/mL LPM              |                                       |              |       |                   |            |
| 02241210                            | <i>Tobramycine (sulfate de)</i>       | Sabex        | 30 ml | 61,84             | ➔ 2,0613   |
| 99005069                            | <i>Tobramycine (sans preservatif)</i> | Sabex        | 2 ml  | 4,34              | 2,1700     |
| <b>8:12:06</b>                      |                                       |              |       |                   |            |
| <b>CEPHALOSPORINS</b>               |                                       |              |       |                   |            |
| <b>CEFTAZIDIME PENTAHYDRATE</b> [P] |                                       |              |       |                   |            |
| Inj. Pd 1 g LPM                     |                                       |              |       |                   |            |
| 02212218                            | <i>Fortaz</i>                         | GSK          | 1     | 20,19             | 20,1900    |
| Inj. Pd 2 g LPM                     |                                       |              |       |                   |            |
| 02212226                            | <i>Fortaz</i>                         | GSK          | 1     | 39,73             | 39,7300    |
| Inj. Pd 6 g LPM                     |                                       |              |       |                   |            |
| 02212234                            | <i>Fortaz</i>                         | GSK          | 1     | 119,19            | 119,1900   |
| <b>8:18</b>                         |                                       |              |       |                   |            |
| <b>ANTIVIRALS</b>                   |                                       |              |       |                   |            |
| <b>ACYCLOVIR SODIUM</b> [P]         |                                       |              |       |                   |            |
| I.V. Perf. Sol. 50 mg/mL            |                                       |              |       |                   |            |
| 02236926                            | <i>Acyclovir Sodique</i>              | PPC          | 20 ml | 170,34            | 8,5170     |
| <b>8:22</b>                         |                                       |              |       |                   |            |
| <b>QUINOLONES</b>                   |                                       |              |       |                   |            |
| <b>CIPROFLOXACIN</b> [P]            |                                       |              |       |                   |            |
| Tab. 500 mg LPM                     |                                       |              |       |                   |            |
| 02229522                            | <i>Apo-Ciproflo</i>                   | Apotex       | 500   | 877,00            | ➔ 1,7540   |
| 02251760                            | <i>Ciprofloxacine-500</i>             | Pro Doc      | 500   | 877,00            | ➔ 1,7540   |
| 02245648                            | <i>Gen-Ciprofloxacine</i>             | Genpharm     | 500   | 877,00            | ➔ 1,7540   |
| 02248438                            | <i>pms-Ciprofloxacine</i>             | Phmscience   | 500   | 877,00            | ➔ 1,7540   |
| 02251248                            | <i>Riva-Ciprofloxacine</i>            | Riva         | 500   | 877,00            | ➔ 1,7540   |



| CODE     | BRAND NAME                  | MANUFACTURER | SIZE       | COST OF PKG. SIZE | UNIT PRICE |
|----------|-----------------------------|--------------|------------|-------------------|------------|
| Tab.     |                             |              | 750 mg LPM |                   |            |
| 02229523 | <i>Apo-Ciprofloxx</i>       | Apotex       | 100        | 330,82            | ➔ 3,3082   |
| 02161753 | <i>Novo-Ciprofloxxacin</i>  | Novopharm    | 100        | 330,82            | ➔ 3,3082   |
| 02251337 | <i>Phl-Ciprofloxxacin</i>   | Pharmel      | 100        | 330,82            | ➔ 3,3082   |
| 02248439 | <i>pms-Ciprofloxxacin</i>   | Phmscience   | 100        | 330,82            | ➔ 3,3082   |
| 02246827 | <i>Ratio-Ciprofloxxacin</i> | Ratiopharm   | 100        | 330,82            | ➔ 3,3082   |

**12:12**  
**SYMPATHOMIMETIC AGENTS**  
**SALBUTAMOL**

|              |                                  |            |                  |        |        |
|--------------|----------------------------------|------------|------------------|--------|--------|
| Oral aerosol |                                  |            | 100 mcg/dose LPM |        |        |
| 02232570     | <i>Airomir</i>                   | 3M Pharma  | 200 dose(s)      | ➔ 7,74 | 0,0387 |
| 02245669     | <i>Apo-Salvent Exempt de CFC</i> | Apotex     | 200 dose(s)      | ➔ 7,73 | 0,0387 |
| 02244914     | <i>Ratio-Salbutamol HFA</i>      | Ratiopharm | 200 dose(s)      | ➔ 7,73 | 0,0387 |

**SALBUTAMOL SULFATE**

|           |                                |         |                      |       |          |
|-----------|--------------------------------|---------|----------------------|-------|----------|
| Sol. Inh. |                                |         | 1 mg/mL (2,5 mL) LPM |       |          |
| 02236932  | <i>Phl-Salbutamol Polynebs</i> | Pharmel | 20                   | 12,17 | ➔ 0,6085 |

|           |                                |         |                      |       |          |
|-----------|--------------------------------|---------|----------------------|-------|----------|
| Sol. Inh. |                                |         | 2 mg/mL (2,5 mL) LPM |       |          |
| 02236933  | <i>Phl-Salbutamol Polynebs</i> | Pharmel | 20                   | 23,11 | ➔ 1,1555 |

**24:04:04**  
**ANTIARRHYTHMIC AGENTS**  
**DISOPYRAMIDE**

|          |                  |         |        |       |        |
|----------|------------------|---------|--------|-------|--------|
| Caps.    |                  |         | 100 mg |       |        |
| 02224801 | <i>Rythmodan</i> | Aventis | 84     | 17,59 | 0,2094 |

**24:20**  
**ALPHA-ADRENERGICS BLOCKING AGENTS**  
**TERAZOSIN HYDROCHLORIDE**

|          |                        |            |          |        |          |
|----------|------------------------|------------|----------|--------|----------|
| Tab.     |                        |            | 1 mg LPM |        |          |
| 02234502 | <i>Apo-Terazosin</i>   | Apotex     | 500      | 174,50 | ➔ 0,3490 |
| 02230805 | <i>Novo-Terazosin</i>  | Novopharm  | 100      | 34,90  | ➔ 0,3490 |
| 02233047 | <i>Nu-Terazosin</i>    | Nu-Pharm   | 100      | 34,90  | ➔ 0,3490 |
| 02243518 | <i>pms-Terazosin</i>   | Phmscience | 100      | 34,90  | ➔ 0,3490 |
| 02218941 | <i>Ratio-Terazosin</i> | Ratiopharm | 100      | 34,90  | ➔ 0,3490 |
| 02237476 | <i>Terazosin-1</i>     | Pro Doc    | 500      | 174,50 | ➔ 0,3490 |
| 00818658 | <i>Hytrin</i>          | Abbott     | 100      | 55,40  | 0,5540   |

| CODE     | BRAND NAME             | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|----------|------------------------|--------------|------|-------------------|------------|
| Tab.     |                        |              |      | 2 mg LPM          |            |
| 02234503 | <i>Apo-Terazosin</i>   | Apotex       | 500  | 221,80            | ⇒ 0,4436   |
| 02230806 | <i>Novo-Terazosin</i>  | Novopharm    | 100  | 44,36             | ⇒ 0,4436   |
| 02233048 | <i>Nu-Terazosin</i>    | Nu-Pharm     | 100  | 44,36             | ⇒ 0,4436   |
| 02243519 | <i>pms-Terazosin</i>   | Phmscience   | 100  | 44,36             | ⇒ 0,4436   |
| 02218968 | <i>Ratio-Terazosin</i> | Ratiopharm   | 100  | 44,36             | ⇒ 0,4436   |
| 02237477 | <i>Terazosin-2</i>     | Pro Doc      | 500  | 221,80            | ⇒ 0,4436   |
| 00818682 | <i>Hytrin</i>          | Abbott       | 100  | 70,42             | 0,7042     |

|          |                        |            |     |          |          |
|----------|------------------------|------------|-----|----------|----------|
| Tab.     |                        |            |     | 5 mg LPM |          |
| 02234504 | <i>Apo-Terazosin</i>   | Apotex     | 500 | 301,25   | ⇒ 0,6025 |
| 02230807 | <i>Novo-Terazosin</i>  | Novopharm  | 100 | 60,25    | ⇒ 0,6025 |
| 02233049 | <i>Nu-Terazosin</i>    | Nu-Pharm   | 100 | 60,25    | ⇒ 0,6025 |
| 02243520 | <i>pms-Terazosin</i>   | Phmscience | 100 | 60,25    | ⇒ 0,6025 |
| 02218976 | <i>Ratio-Terazosin</i> | Ratiopharm | 100 | 60,25    | ⇒ 0,6025 |
| 02237478 | <i>Terazosin-5</i>     | Pro Doc    | 500 | 301,25   | ⇒ 0,6025 |
| 00818666 | <i>Hytrin</i>          | Abbott     | 100 | 95,64    | 0,9564   |

**24:24****BÊTA-ADRENERGICS BLOCKING AGENTS****BISOPROLOL FUMARATE [P]**

|          |                          |        |     |       |        |
|----------|--------------------------|--------|-----|-------|--------|
| Tab.     |                          |        |     | 5 mg  |        |
| 02247439 | <i>Rhoxal-Bisoprolol</i> | Rhoxal | 100 | 22,05 | 0,2205 |

|          |                          |        |     |       |        |
|----------|--------------------------|--------|-----|-------|--------|
| Tab.     |                          |        |     | 10 mg |        |
| 02247440 | <i>Rhoxal-Bisoprolol</i> | Rhoxal | 100 | 36,54 | 0,3654 |

**24:32:04****ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)****SODIUM FOSINOPRIL [P]**

|          |                        |           |     |       |        |
|----------|------------------------|-----------|-----|-------|--------|
| Tab.     |                        |           |     | 10 mg |        |
| 02242733 | <i>Lin-Fosinopril</i>  | Linson    | 100 | 49,77 | 0,4977 |
| 02247802 | <i>Novo-Fosinopril</i> | Novopharm | 100 | 49,77 | 0,4977 |

|          |                        |           |     |       |        |
|----------|------------------------|-----------|-----|-------|--------|
| Tab.     |                        |           |     | 20 mg |        |
| 02242734 | <i>Lin-Fosinopril</i>  | Linson    | 100 | 59,85 | 0,5985 |
| 02247803 | <i>Novo-Fosinopril</i> | Novopharm | 100 | 59,85 | 0,5985 |

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**28:12:92****MISCELLANEOUS ANTICONVULSANTS****VALPROATE SODIUM** 

Syr.

250 mg/5 mL LPM

|          |                      |         |        |       |          |
|----------|----------------------|---------|--------|-------|----------|
| 02238210 | <i>Valproic Acid</i> | Pharmel | 450 ml | 25,96 | ➔ 0,0577 |
|----------|----------------------|---------|--------|-------|----------|

**28:16:04****ANTIDEPRESSANTS****MIRTAZAPINE** 

Tab. or oral disint.

15 mg

|          |                           |        |    |       |        |
|----------|---------------------------|--------|----|-------|--------|
| 02250594 | <i>Rhoxal-Mirtazapine</i> | Rhoxal | 50 | 19,50 | 0,3900 |
|----------|---------------------------|--------|----|-------|--------|

Tab. or oral disint.

30 mg

|          |                           |            |     |       |        |
|----------|---------------------------|------------|-----|-------|--------|
| 02248762 | <i>pms - Mirtazapine</i>  | Phmscience | 100 | 78,12 | 0,7812 |
| 02250608 | <i>Rhoxal-Mirtazapine</i> | Rhoxal     | 100 | 78,12 | 0,7812 |
| 02243910 | <i>Remeron</i>            | Organon    | 30  | 37,20 | 1,2400 |

**PAROXÉTINE HYDROCHLORIDE** 

Tab.

20 mg

|          |                         |            |     |        |        |
|----------|-------------------------|------------|-----|--------|--------|
| 02240908 | <i>Apo-Paroxetine</i>   | Apotex     | 500 | 500,85 | 1,0017 |
| 02248013 | <i>Gen-Paroxetine</i>   | Genpharm   | 500 | 500,85 | 1,0017 |
| 02248557 | <i>Novo-Paroxetine</i>  | Novopharm  | 500 | 500,85 | 1,0017 |
| 02248914 | <i>Paroxetine-20</i>    | Pro Doc    | 500 | 500,85 | 1,0017 |
| 02248451 | <i>Phl-Paroxetine</i>   | Pharmel    | 500 | 500,85 | 1,0017 |
| 02247751 | <i>pms-Paroxetine</i>   | Phmscience | 500 | 500,85 | 1,0017 |
| 02247811 | <i>Ratio-Paroxetine</i> | Ratiopharm | 500 | 500,85 | 1,0017 |
| 02248560 | <i>Riva-Paroxetine</i>  | Riva       | 500 | 500,85 | 1,0017 |

Tab.

30 mg

|          |                         |            |     |        |        |
|----------|-------------------------|------------|-----|--------|--------|
| 02240909 | <i>Apo-Paroxetine</i>   | Apotex     | 100 | 106,47 | 1,0647 |
| 02248014 | <i>Gen-Paroxetine</i>   | Genpharm   | 100 | 106,47 | 1,0647 |
| 02248558 | <i>Novo-Paroxetine</i>  | Novopharm  | 100 | 106,47 | 1,0647 |
| 02248915 | <i>Paroxetine-30</i>    | Pro Doc    | 100 | 106,47 | 1,0647 |
| 02248452 | <i>Phl-Paroxetine</i>   | Pharmel    | 100 | 106,47 | 1,0647 |
| 02247752 | <i>pms-Paroxetine</i>   | Phmscience | 100 | 106,47 | 1,0647 |
| 02247812 | <i>Ratio-Paroxetine</i> | Ratiopharm | 30  | 31,94  | 1,0647 |
| 02248561 | <i>Riva-Paroxetine</i>  | Riva       | 100 | 106,47 | 1,0647 |

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**28:16:08****ANTIPSYCHOTIC AGENTS****LOXAPINE HYDROCHLORIDE**

Oral Sol.

25 mg/mL LPM

|          |                     |            |        |       |          |
|----------|---------------------|------------|--------|-------|----------|
| 02239101 | <i>pms-Loxapine</i> | Phmscience | 100 ml | 52,32 | ➔ 0,5232 |
|----------|---------------------|------------|--------|-------|----------|

**LOXAPINE SUCCINATE**

Tab.

2,5 mg LPM

|          |                     |            |     |      |          |
|----------|---------------------|------------|-----|------|----------|
| 02242868 | <i>pms-Loxapine</i> | Phmscience | 100 | 7,50 | ➔ 0,0750 |
|----------|---------------------|------------|-----|------|----------|

**28:24:08****BENZODIAZEPINES****LORAZEPAM**

Tab.

0,5 mg LPM

|          |               |       |     |       |          |
|----------|---------------|-------|-----|-------|----------|
| 02041413 | <i>Ativan</i> | Wyeth | 500 | 17,95 | ➔ 0,0359 |
|----------|---------------|-------|-----|-------|----------|

**40:08****ALKALINIZING AGENTS****SODIUM BICARBONATE**

I.V. Inj. Sol.

0,9 mmol/mL LPM

|          |                                   |        |       |       |          |
|----------|-----------------------------------|--------|-------|-------|----------|
| 00701548 | <i>Bicarbonate de Sodium 7.5%</i> | AZC    | 50 ml | 3,93  | ➔ 0,0786 |
| 00038083 | <i>Bicarbonate de Sodium</i>      | Abbott | 50 ml | 13,75 | 0,2750   |

**40:28:10****POTASSIUM-SPARING DIURETICS****AMILORIDE HYDROCHLORIDE**

Tab.

5 mg LPM

|          |                |       |     |       |        |
|----------|----------------|-------|-----|-------|--------|
| 00487805 | <i>Midamor</i> | Merck | 100 | 28,60 | 0,2860 |
|----------|----------------|-------|-----|-------|--------|

**52:04:06****ANTIVIRALS****TRIFLURIDINE**

Oph. Sol.

1 % LPM

|          |                 |          |        |         |        |
|----------|-----------------|----------|--------|---------|--------|
| 00687456 | <i>Viroptic</i> | Theramed | 7,5 ml | ➔ 24,50 | 3,2667 |
|----------|-----------------|----------|--------|---------|--------|

**56:40****MISCELLANEOUS GI DRUGS****MISOPROSTOL**

Tab.

200 mcg LPM

|          |                        |            |     |        |          |
|----------|------------------------|------------|-----|--------|----------|
| 02244125 | <i>pms-Misoprostol</i> | Phmscience | 500 | 142,65 | ➔ 0,2853 |
|----------|------------------------|------------|-----|--------|----------|

| CODE | BRAND NAME | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|------|------------|--------------|------|-------------------|------------|
|------|------------|--------------|------|-------------------|------------|

**OMEPRAZOLE**

Caps. or Tab.

20 mg LPM

|          |                       |        |     |        |          |
|----------|-----------------------|--------|-----|--------|----------|
| 02245058 | <i>Apo-Omeprazole</i> | Apotex | 500 | 625,00 | ➔ 1,2500 |
| 02190915 | <i>Losec</i>          | AZC    | 28  | 61,60  | 2,2000   |

**RANITIDINE HYDROCHLORIDE**

Oral Sol.

150 mg/10 mL LPM

|          |               |     |        |       |        |
|----------|---------------|-----|--------|-------|--------|
| 02212374 | <i>Zantac</i> | GSK | 300 ml | 55,92 | 0,1864 |
|----------|---------------|-----|--------|-------|--------|

**68:04****ADRENALS****PREDNISOLONE SODIUM PHOSPHATE**

Oral Sol.

5 mg/5 mL LPM

|          |                         |            |     |      |          |
|----------|-------------------------|------------|-----|------|----------|
| 02245532 | <i>pms-Prednisolone</i> | Phmscience | 120 | 8,05 | ➔ 0,0671 |
|----------|-------------------------|------------|-----|------|----------|

**TRIAMCINOLONE ACETONIDE**

I.M. Inj. Susp.

40 mg/mL LPM

|          |                      |       |      |         |        |
|----------|----------------------|-------|------|---------|--------|
| 02229550 | <i>Triamcinolone</i> | Sabex | 5 ml | ➔ 16,71 | 3,3420 |
| 01977563 | <i>Triamcinolone</i> | Cytex | 1 ml | ➔ 4,77  | 4,7700 |

Inj. Susp.

10 mg/mL LPM

|          |                      |       |      |         |        |
|----------|----------------------|-------|------|---------|--------|
| 02229540 | <i>Triamcinolone</i> | Sabex | 5 ml | ➔ 10,28 | 2,0560 |
|----------|----------------------|-------|------|---------|--------|

**68:20:92****MISCELLANEOUS ANTIDIABETIC AGENTS****METFORMIN HYDROCHLORIDE**

Tab.

850 mg LPM

|          |                        |            |     |        |          |
|----------|------------------------|------------|-----|--------|----------|
| 02242931 | <i>Ratio-Metformin</i> | Ratiopharm | 500 | 104,50 | ➔ 0,2090 |
|----------|------------------------|------------|-----|--------|----------|

**92:00:02****OTHER MISCELLANEOUS****PAMIDRONATE DISODIUM**

I.V. inf. pd/sol.


30 mg

|          |                        |            |   |        |         |
|----------|------------------------|------------|---|--------|---------|
| 02245998 | <i>pms-Pamidronate</i> | Phmscience | 2 | 176,70 | 88,3500 |
|----------|------------------------|------------|---|--------|---------|

I.V. inf. pd/sol.

90 mg

|          |                        |            |   |        |          |
|----------|------------------------|------------|---|--------|----------|
| 02245999 | <i>pms-Pamidronate</i> | Phmscience | 1 | 265,05 | 265,0500 |
|----------|------------------------|------------|---|--------|----------|

| CODE   | BRAND NAME             | MANUFACTURER | SIZE | COST OF PKG. SIZE | UNIT PRICE |
|--|------------------------|--------------|------|-------------------|------------|
| <b>TERAZOSIN HYDROCHLORIDE</b>  |                        |              |      |                   |            |
| Tab. <span style="float: right;">10 mg LPM</span>  |                        |              |      |                   |            |
| 02234505   | <i>Apo-Terazosin</i>   | Apotex       | 100  | 88,20             | ⇒ 0,8820   |
| 02230808   | <i>Novo-Terazosin</i>  | Novopharm    | 100  | 88,20             | ⇒ 0,8820   |
| 02233050   | <i>Nu-Terazosin</i>    | Nu-Pharm     | 100  | 88,20             | ⇒ 0,8820   |
| 02243521   | <i>pms-Terazosin</i>   | Phmscience   | 100  | 88,20             | ⇒ 0,8820   |
| 02218984   | <i>Ratio-Terazosin</i> | Ratiopharm   | 100  | 88,20             | ⇒ 0,8820   |
| 02237479   | <i>Terazosin-10</i>    | Pro Doc      | 100  | 88,20             | ⇒ 0,8820   |
| 00818674   | <i>Hytrin</i>          | Abbott       | 100  | 140,00            | 1,4000     |



**EXCEPTIONAL MEDICATIONS****DRESSING - HYDROPHILIC FOAM**

| Dressing |                     |           |   | 15 cm X 15 cm |        |
|----------|---------------------|-----------|---|---------------|--------|
| 99100134 | <i>Mepilex Lite</i> | Mölnlycke | 1 | 6,37          | 6,3700 |

**NUTRITIONAL FORMULAS - POLYMERIC LOW-RESIDUE**

| Pudding  |                  |      |   | 113 g suppl. |        |
|----------|------------------|------|---|--------------|--------|
| 99004194 | <i>Nutrisure</i> | Ross | 1 | 1,21         | 1,2100 |

**6.** The List of medications is amended by inserting, in order of classification of the medications, the following medications and the accompanying information and by deleting them from the exceptional medications section :

| CODE   | BRAND NAME        | MANUFACTURER | SIZE  | COST OF PKG. SIZE | UNIT PRICE |
|--|-------------------|--------------|-------|-------------------|------------|
| <b>52:36</b>   |                   |              |       |                   |            |
| <b>MISCELLANEOUS EENT DRUGS</b>  |                   |              |       |                   |            |
| <b>BRIMONIDINE TARTRATE</b>   |                   |              |       |                   |            |
| Oph. Sol.  |                   |              |       | 0,15 %            |            |
| 02248151   | <i>Alphagan P</i> | Allergan     | 10 ml | 23,10             | 2,3100     |
| <b>84:04:04</b>  |                   |              |       |                   |            |
| <b>ANTIBIOTICS</b>   |                   |              |       |                   |            |
| <b>CLINDAMYCIN PHOSPHATE</b>  |                   |              |       |                   |            |
| Top. Sol.  |                   |              |       | 1 %               |            |
| 00582301   | <i>Dalacin T</i>  | Pfizer       | 60 ml | 16,96             | 0,2827     |

**7.** This Regulation comes into force on 9 February 2005.