

**M.O., 2005-015****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**

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, 14 September 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 Appendix I entitled “Manufacturers That Have Submitted Different Guaranteed Selling Prices for Wholesalers and Pharmacists”:

(1) by deleting the line concerning the manufacturer “Theramed”;

(2) by inserting the following after the line concerning the manufacturer “Phmscience”:

“Prempharm      Prempharm Inc.                      5%”.

**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”:

(1) by inserting the following after the line concerning the medication “Aranesp Syringe 150 mcg/0,3 mL”:

Amgen	Aranesp Syringe 200 mcg/0,4 mL	1
Amgen	Aranesp Syringe 500 mcg/0,6 mL	1
Amgen	Aranesp Syringe 500 mcg/1,0 mL	1”;

\* 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), 2004-019 dated 13 December 2004 (2004, *G.O.* 2, 3613), 2005-001 dated 20 January 2005 (2005, *G.O.* 2, 491), 2005-006 dated 13 May 2005 (2005, *G.O.* 2, 1381) and 2005-011 dated 28 July 2005 (2005, *G.O.* 2, 3273) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2005, updated to 1 March 2005.

(2) by inserting the following after the line concerning the medication “Enbrel S.C. Inj. Pd 25 mg”:

“J.O.I. Eprex Syringe 5000 UI/0,5 mL 6”;

(3) by inserting the following after the line concerning the medication “Gleevec Caps. 100 mg”:

“Novartis Gleevec Tab. 100 mg 120”;

(4) by inserting the following after the line concerning the medication “Humatrope Cartridge 24 mg”:

“Abbott Humira S.C. Inj. Sol. 2”;  
(syr) 40 mg

(5) by inserting the following after the line concerning the medication “Mepron Oral Susp. 150 mg/mL”:

“Novartis Myfortic Ent. Tab. 360 mg 120”;

(6) by inserting the following after the line concerning the medication “Pegetron Kit 200 mg-150 mcg/0,5mL”:

“Pharmel Phl-Fluoxétine Caps. 20 mg 500  
“Phmscience pms-Docusate Syr. 50 mg/mL 500 ml”;

(7) by inserting the following after the line concerning the medication “Sandostatin LAR I.M. Inj. Susp. 30 mg”:

“Pharmel Selegiline Tab. 5 mg 300”.

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

(1) by deleting the following:

“ALFACALCIDOL, inj. sol.:

◆ for treatment of persons who cannot take a vitamin D analogue orally;

BETAINE ANHYDROUS:

◆ for treatment of hyperhomocysteinemia caused by:

- a deficiency in cystathionine  $\beta$ -synthase (CBS);
- a deficiency in 5, 10-methylenetetrahydrofolate reductase (MTHFR);
- a defect in cobalamin cofactor metabolism (cbl);

BUTORPHANOL TARTRATE, nasal sol.:

◆ for non-prophylactic treatment of migraine episodes or Horton’s syndrome in persons for whom treatment with other opiate analgesics or other drug therapies is ineffective or poorly tolerated;

★ CARVEDILOL:

◆ for treatment of congestive heart failure;

ETIDRONATE DISODIUM:

◆ for treatment of Paget’s disease;

◆ for maintenance treatment of hypercalcemia of malignant origin;

MAGNESIUM GLUCOHEPTONATE:

◆ for treatment of persons suffering from hypomagnesemia;

MAGNESIUM GLUCONATE:

◆ for treatment of persons suffering from hypomagnesemia;

★ MIDAZOLAM:

◆ in palliative care, for persons having an obstruction of the upper respiratory tract or severe uncontrollable symptoms requiring titrated sedation;

◆ in palliative care, for non-prophylactic treatment of generalized convulsive seizures and of myoclonia where the intravenous route is not advisable;

MIDODRINE HYDROCHLORIDE:

◆ for treatment of orthostatic hypotension;

SODIUM DANAPAROID:

◆ as an alternative to regular herapin or to low molecular weight herapins in patients who have or who have had thrombocytopenia induced by such herapins;”;

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

“ADALIMUMAB :

◆ for treatment of moderate or severe rheumatoid arthritis;

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 ;

— 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 :

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

or

— leflunomide at a dose of 20 mg per day.

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

When requesting continuation of treatment, the physician must provide information establishing 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 reduction of 20% or more in the sedimentation rate ;

— an improvement 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 twelve months.

Authorizations for adalimumab are given for a dose of 40 mg every two weeks.

ATOMOXETINE HYDROCHLORIDE :

◆ for treatment of children and adolescents suffering from attention deficit disorder and in whom it has not been possible to properly control the symptoms of the disease with methylphenidate and dexamphetamine or for whom these medications are contraindicated.

Before it can be concluded that methylphenidate and dexamphetamine are ineffective, these medications must have been titrated at adequate doses and, in addition, the 12-hour controlled-release form of methylphenidate must have been tried, unless there is proper justification for not complying with these requirements ;

MEMANTINE HYDROCHLORIDE :

◆ as monotherapy for person suffering from Alzheimer's disease at the moderate or severe stage who are living at home, specifically, who do not live in a residential and long-term care centre that is either a public institution or a private institution under agreement ;

Upon the initial request, the following elements must be present :

• an MMSE score of 3 to 14 ;

• medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains :

— intellectual function, including memory ;

— mood ;

— behaviour ;

— autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL) ;

— social interaction, including the ability to carry on a conversation.

The duration of the initial authorization for a treatment with memantine is six months from the beginning of treatment.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by stabilization or improvement of symptoms in at least three of the following domains:

- intellectual function, including memory;
- mood;
- behaviour;
- autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
- social interaction, including the ability to carry on a conversation.

The maximum duration of the authorization is six months;”.

(3) by adding the following indication after the indication accompanying the medication “DARBEPOETIN ALFA”:

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

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 hemoglobin measurement of at least 10 g/L;”;

(4) by replacing:

(a) at the end of the first indication accompanying the medication “ETANERCEPT” and concerning the treatment of rheumatoid arthritis, the sentence “Authorizations for etanercept are given for a dose of 25 mg twice per week;” by the sentence “Authorizations for etanercept are given for a dose of 50 mg per week;”;

(b) at the end of the second indication accompanying this medication and concerning the treatment of idiopathic arthritis, the sentence “Authorizations for etanercept are given for 0.4 mg/kg (maximum 25 mg per dose) twice per week;” by the sentence “Authorizations for etanercept are given for 0.8 mg/kg (maximum dose of 50 mg) per week;”;

(c) at the end of the third indication accompanying this medication and concerning the treatment of psoriatic arthritis, the sentence “Authorizations for etanercept are given for a dose of 25 mg twice per week;” by the sentence “Authorizations for etanercept are given for a dose of 50 mg per week;”;

(5) by replacing the second and third indications accompanying the medication “VALGANCICLOVIR” by the following:

“♦ for CMV-infection prophylaxis in D+R- persons having had a solid organ transplant and in D+R+ and D-R+ persons having had a lung transplant. The maximum duration of the authorization is 100 days;”;

♦ for CMV-infection prophylaxis in D+R-, D+R+ and D-R+ persons having had a solid organ transplant when receiving antilymphocyte antibodies. The maximum duration of each authorization is 100 days;”;

(6) by adding the following indication after the indications accompanying the medication “VERTEPORFINE”:

“♦ for treatment of presumed ocular histoplasmosis syndrome with neovascularisation;”.

**4.** The List of medications is amended:

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**8:12:04**

**ANTIFUNGAL ANTIBIOTICS**


**TERBINAFIN HYDROCHLORIDE** 

Tab.

				250 mg	
02254727	<i>Co Terbinafine</i>	Cobalt	100	252.43	2.5243
02262924	<i>Riva-Terbinafine</i>	Riva	100	252.43	2.5243

**8:12:16**

**PENICILLINS**

**AMOXICILLIN** 

Caps.

				250 mg LPM	
02262851	<i>Phl-Amoxicillin</i>	Pharmel	1000	103.20	➔ 0.1032

Caps.

				500 mg LPM	
02262878	<i>Phl-Amoxicillin</i>	Pharmel	500	100.50	➔ 0.2010

Oral Susp.


				125 mg/5 mL LPM	
02262886	<i>Phl-Amoxicillin</i>	Pharmel	150 ml	3.00	➔ 0.0200

Oral Susp.

				250 mg/5 mL LPM	
02262894	<i>Phl-Amoxicillin</i>	Pharmel	150 ml	4.50	➔ 0.0300

**8:12:24**

**TETRACYCLINES**

**MINOCYCLINE HYDROCHLORIDE** 

Caps.

				50 mg LPM	
02248208	<i>Enca</i>	Prempharm	100	53.50	➔ 0.5350

Caps.

				100 mg LPM	
02248209	<i>Enca</i>	Prempharm	100	103.32	➔ 1.0332

**8:18**

**ANTIVIRALS**

**AMANTADINE HYDROCHLORIDE** 

Syr.

				50 mg/5 mL LPM	
02262649	<i>Phl-Amantadine</i>	Pharmel	500 ml	40.50	➔ 0.0810

**8:18:08**


**ANTIRETROVIRAL AGENTS**

**FOSAMPRENAVIR CALCIUM** 

Oral Susp.

				50 mg/mL	
02261553	<i>Telzir</i>	GSK	225 ml	124.78	0.5546

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**20:12:04****ANTICOAGULANTS****WARFARIN (SODIUM) **

Tab.

02265273	<i>Novo-Warfarin</i>	Novopharm	250	1 mg LPM 44.55	➔ 0.1782
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Tab.

02265281	<i>Novo-Warfarin</i>	Novopharm	250	2 mg LPM 47.13	➔ 0.1885
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Tab.

02265303	<i>Novo-Warfarin</i>	Novopharm	250	2.5 mg LPM 37.72	➔ 0.1509
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Tab.


02265311	<i>Novo-Warfarin</i>	Novopharm	100	3 mg LPM 23.37	➔ 0.2337
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Tab.

02265338	<i>Novo-Warfarin</i>	Novopharm	250	4 mg LPM 58.43	➔ 0.2337
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Tab.

02265346	<i>Novo-Warfarin</i>	Novopharm	250	5 mg LPM 37.80	➔ 0.1512
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**24:06:08****HMG-COA REDUCTASE INHIBITORS****ROSUVASTATIN CALCIUM **

Tab.

02265540	<i>Crestor</i>	AZC	30	5 mg 38.70	1.2900
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**24:06:92****MISCELLANEOUS ANTILIPEMIC AGENTS****NIACIN **

L.A. Tab.

02262347	<i>Niaspan</i>	Oryx	100	500 mg 110.00	1.1000
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L.A. Tab.

02262355	<i>Niaspan</i>	Oryx	100	750 mg 110.00	1.1000
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L.A. Tab.

02262339	<i>Niaspan</i>	Oryx	100	1000 mg 110.00	1.1000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**24:24****BÊTA-ADRENERGICS BLOCKING AGENTS****SOTALOL HYDROCHLORIDE**

Tab.

			80 mg LPM		
02242156	<i>Riva-Sotalol</i>	Riva	100	59.32	➔ 0.5932

Tab.

			160 mg LPM		
02242157	<i>Riva-Sotalol</i>	Riva	100	64.92	➔ 0.6492

**24:32:04****ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)****CILAZAPRIL**

Tab.

			1 mg		
02266350	<i>Novo-Cilazapril</i>	Novopharm	100	41.30	0.4130

Tab.

			2.5 mg		
02266369	<i>Novo-Cilazapril</i>	Novopharm	500	238.00	0.4760

Tab.

			5 mg		
02266377	<i>Novo-Cilazapril</i>	Novopharm	500	276.50	0.5530

**SODIUM FOSINOPRIL**

Tab.

			10 mg		
02262401	<i>Gen-Fosinopril</i>	Genpharm	100	49.77	0.4977
02255944	<i>Pms-Fosinopril</i>	Phmscience	100	49.77	0.4977

Tab.

			20 mg		
02262428	<i>Gen-Fosinopril</i>	Genpharm	100	59.85	0.5985
02255952	<i>Pms-Fosinopril</i>	Phmscience	100	59.85	0.5985

**28:08:08****OPIATE AGONISTS****OXYCODONE HYDROCHLORIDE**

L.A. Tab.

			5 mg		
02258129	<i>Oxycontin</i>	Purdue	50	30.00	0.6000

Tab.

			20 mg LPM		
02262983	<i>Supeudol 20</i>	Sabex	50	27.65	➔ 0.5530

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**28:12:92****MISCELLANEOUS ANTICONVULSANTS****GABAPENTIN**

Caps.

				100 mg	
02256142	<i>Co Gabapentin</i>	Cobalt	500	126.00	0.2520

Caps.

				300 mg	
02256150	<i>Co Gabapentin</i>	Cobalt	500	306.50	0.6130

Caps.

				400 mg	
02256169	<i>Co Gabapentin</i>	Cobalt	500	365.25	0.7305

**LAMOTRIGINE**

Tab.

				25 mg	
02265494	<i>Gen-Lamotrigine</i>	Genpharm	100	20.88	0.2088

Tab.

				100 mg	
02265508	<i>Gen-Lamotrigine</i>	Genpharm	100	83.54	0.8354

Tab.

				150 mg	
02265516	<i>Gen-Lamotrigine</i>	Genpharm	100	125.30	1.2530

**28:16:04****ANTIDEPRESSANTS****BUPROPION HYDROCHLORIDE**

L.A. Tab.

				150 mg	
02260239	<i>Novo-Bupropion SR</i>	Novopharm	60	33.60	0.5600

**FLUVOXAMINE MALEATE**

Tab.

				50 mg	
02262622	<i>Phi-Fluvoxamine</i>	Pharmel	100	49.52	0.4952

Tab.

				100 mg	
02262630	<i>Phi-Fluvoxamine</i>	Pharmel	100	89.02	0.8902

**MIRTAZAPINE**

Tab. or oral disint.

				30 mg	
02265265	<i>Riva-Mirtazapine</i>	Riva	100	78.00	0.7800



CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**PAROXÉTINE HYDROCHLORIDE**

			10 mg		
02262746	<i>Co Paroxetine</i>	Cobalt	100	104.30	1.0430

			20 mg		
02262754	<i>Co Paroxetine</i>	Cobalt	500	500.85	1.0017

			30 mg		
02262762	<i>Co Paroxetine</i>	Cobalt	100	106.47	1.0647

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

			5 mg LPM		
00405361	<i>Apo-Fluphenazine</i>	Apotex	500	86.00	➡ 0.1720

**28:24:92****MISCELLANEOUS****L-TRYPTOPHANE**

			500 mg LPM		
02262436	<i>Phl-Tryptophan (Tab.)</i>	Pharmel	250	124.68	➡ 0.4987
02262444	<i>Phl-Tryptophan (Caps.)</i>	Pharmel	100	49.87	➡ 0.4987

**28:28****ANTIMANIC AGENTS****LITHIUM CARBONATE**

			150 mg		
02237006	<i>Phl-Lithium Carbonate</i>	Pharmel	1000	53.20	0.0532

			300 mg		
02237007	<i>Phl-Lithium Carbonate</i>	Pharmel	1000	55.80	0.0558

			600 mg		
02237008	<i>Phl-Lithium Carbonate</i>	Pharmel	100	13.60	0.1360

			300 mg		
02266695	<i>Apo-Lithium Carbonate SR 300 mg</i>	Apotex	100	13.34	0.1334

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

Nas. spray

				5 mg	
02248993	Zomig	AZC	6	77.70	12.9500

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

Stick

99100214	Accu-Check Aviva	Roche Diag	100	69.85	
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**40:12****REPLACEMENT PREPARATIONS****CALCIUM CARBONATE/VITAMIN D**

Caps. or Tab.

500 mg - 125 UI à 200 UI LPM


02248374	O-Calcium 500 mg with Vitamin D	Novopharm	500	34.00	➔ 0.0680
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**CALCIUM CITRATE/VITAMIN D**

Chew. Tab.

500 mg -400 UI

80000281	Ci-Cal D 400	Euro-Pharm	60	7.44	0.1240
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**40:18****POTASSIUM-REMOVING RESINS****POLYSTYRENE SODIUM SULFONATE** 

Oral Pd

Pouvoir liant: 1 mmol de k/g LPM

02261677	Phl-Sodium Polystyrene Sulfonate	Pharmel	454 g	➔ 65.00	
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Oral Susp.


Pouvoir liant: 1 mmol de k/4mL LPM

02261650	Phl-Sodium Polystyrene Sulfonate	Pharmel	500 ml	47.29	➔ 0.0946
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Rect. Susp.

Pouvoir liant: 1 mmol de k/4mL LPM

02261669	Phl-Sodium Polystyrene Sulfonate retention Enema	Pharmel	120 ml	➔ 13.64	
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**52:04:12****MISCELLANEOUS ANTI-INFECTIVES****CIPROFLOXACIN** 

Oph. Sol.

0.3 % LPM

02253933	pms-Ciprofloxacin	Phmscience	5 ml	➔ 5.64	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**68:04****ADRENALS****DEXAMETHASONE** 

Elix.

0.5 mg/5 mL LPM


02260298	<i>Phl-Dexamethasone</i>	Pharmel	100 ml	27.95	➔ 0.2795
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**DEXAMETHASONE SODIUM PHOSPHATE** 

Inj. Sol.

10 mg/mL LPM

02260301	<i>Phl-Dexamethasone</i>	Pharmel	10 ml	➔ 12.83	
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**68:12****CONTRACEPTIVES****ETHINYLESTRADIOL / NORELGESTROMIN** 

Patch (3)

0,60 mg - 6 mg

02248297	<i>Evra</i>	J.O.I.	1	14.01	
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**ETHINYLOESTRADIOL NORGESTIMATE** 

Tab. (21)


0,025 mg/0,180 mg - 0,215 mg -0,250 mg

02258560	<i>Tri-Cyclen LO</i>	J.O.I.	1	11.50	
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Tab. (28)

0,025 mg/0,180 mg - 0,215 mg -0,250 mg

02258587	<i>Tri-Cyclen LO</i>	J.O.I.	1	11.50	
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**68:36:04****THYROID AGENTS****LEVOTHYROXINE (SODIUM)** 

Tab.

0.025 mg

02264323	<i>Euthyrox</i>	Genpharm	1000	56.44	0.0564
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Tab.

0.05 mg

02264331	<i>Euthyrox</i>	Genpharm	1000	24.92	0.0249
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Tab.

0.075 mg

02264358	<i>Euthyrox</i>	Genpharm	1000	61.00	0.0610
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Tab.

0.088 mg

02264366	<i>Euthyrox</i>	Genpharm	1000	61.00	0.0610
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Tab.


0.1 mg

02264374	<i>Euthyrox</i>	Genpharm	1000	30.60	0.0306
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0.112 mg	
02264390	<i>Euthyrox</i>	Genpharm	1000	64.41	0.0644
Tab.				0.125 mg	
02264404	<i>Euthyrox</i>	Genpharm	1000	65.44	0.0654
Tab.				0.137 mg	
02264412	<i>Euthyrox</i>	Genpharm	100	11.48	0.1148
Tab.				0.15 mg	
02264420	<i>Euthyrox</i>	Genpharm	1000	33.94	0.0339
Tab.				0.175 mg	
02264439	<i>Euthyrox</i>	Genpharm	1000	69.90	0.0699
Tab.				0.2 mg	
02264447	<i>Euthyrox</i>	Genpharm	100	3.59	0.0359
Tab.				0.3 mg	
02264455	<i>Euthyrox</i>	Genpharm	100	7.85	0.0785

**84:06****ANTI-INFLAMMATORY AGENTS****AMCINONIDE** 

Lot.				0.1 % LPM	
02247097	<i>Ratio-Amcinonide</i>	Ratiopharm	60 ml	➔ 13.63	
Top. Oint.				0.1 % LPM	
02247096	<i>Ratio-Amcinonide</i>	Ratiopharm	60 g	16.42	➔ 0.2737

**88:16****VITAMIN D****CHOLECALCIFEROL** 

Caps. or Tab.				10 000 UI LPM	
02253178	<i>Euro D</i>	Euro-Pharm	60	12.60	➔ 0.2100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
<b>92:00:02</b>					
<b>OTHER MISCELLANEOUS</b>					
<b>CYCLOSPORINE</b> [P]					
Caps.					
02247073	<i>Rhoxal-Cyclosporine</i>	Rhoxal	30	25 mg 29.85	0.9950
Caps.					
02247074	<i>Rhoxal-Cyclosporine</i>	Rhoxal	30	50 mg 58.20	1.9400
<b>MYCOPHÉROLATE SODIUM</b> [P]					
Ent. Tab.					
02264560	<i>Myfortic</i>	Novartis	120	180 mg 235.02	1.9585
Ent. Tab.					
02264579	<i>Myfortic</i>	Novartis	120	360 mg 470.04	3.9170
<b>PAMIDRONATE DISODIUM</b> [P]					
I.V. inf. pd/sol.					
02264951	<i>Rhoxal-Pamidronate</i>	Rhoxal	1	30 mg 88.35	
I.V. inf. pd/sol.					
02264978	<i>Rhoxal-Pamidronate</i>	Rhoxal	1	60 mg 176.70	
I.V. inf. pd/sol.					
02264986	<i>Rhoxal-Pamidronate</i>	Rhoxal	1	90 mg 265.05	

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

#### EXCEPTIONAL MEDICATIONS

##### ADALIMUMAB [P]

S.C. Inj.Sol (syr)

02258595	<i>Humira</i>	Abbott	2	40 mg 1320.00	660.0000
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##### ATOMOXETINE HYDROCHLORIDE [P]

Caps.

02262800	<i>Strattera</i>	Lilly	28	10 mg 111.44	3.9800
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Caps.

02262819	<i>Strattera</i>	Lilly	28	18 mg 111.44	3.9800
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Caps.

02262827	<i>Strattera</i>	Lilly	28	25 mg 111.44	3.9800
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.					
02262835	Strattera	Lilly	28	40 mg 111.44	3.9800
Caps.					
02262843	Strattera	Lilly	28	60 mg 111.44	3.9800
<b>DARBEPOETINE ALFA</b>					
Syringe					
99100209	Aranesp	Amgen	1	200 mcg/0,4 mL 536.00	
Syringe					
99100210	Aranesp	Amgen	1	300 mcg/0,6 mL 804.00	
Syringe					
99100211	Aranesp	Amgen	1	500 mcg/1,0 mL 1340.00	
<b>DRESSING - HYDROCOLLOIDAL</b>					
Dressing					
99100218	Tegasorb Hydrocolloid (sacral shaped)	3M Canada	6	16,2 cm x 17 cm 55.91	9.3183
<b>EPOETIN ALFA</b>					
Syringe					
02243400	Eprex	J.O.I.	6	5 000 UI/0.5 mL 427.50	71.2500
<b>GALANTAMINE HYDROBROMIDE</b>					
L.A. Caps.					
02266717	Reminyl ER	J.O.I.	100	8 mg 459.00	4.5900
L.A. Caps.					
02266725	Reminyl ER	J.O.I.	100	16 mg 459.00	4.5900
L.A. Caps.					
02266733	Reminyl ER	J.O.I.	100	24 mg 459.00	4.5900
<b>IMATINIB MESYLATE</b>					
Tab.					
02253275	Gleevec	Novartis	120	100 mg 2922.00	24.3500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**MEMANTINE HYDROCHLORIDE** 

Tab.

02260638	<i>Ebixa</i>	Lundbeck	30	10 mg 68.85	2.2950
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**NUTRITIONAL FORMULAS - FRACTIONATED COCONUT OIL**

Liq.

99100217	<i>Medium chain triglycerides</i>	Novartis-N	946 ml	suppl. 34.49	
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**NUTRITIONAL FORMULAS - POLYMERIC LOW-RESIDUE**

Liq.

99100215	<i>Boost Plus</i>	Novartis-N	235 mL à 250 mL 1	suppl. 1.46	
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**NUTRITIONAL FORMULAS - POLYMERIC WITH RESIDUE**

Liq.

99100216	<i>Resource just for kids 1.5 cal</i>	Novartis-N	235 mL à 250 mL 1	suppl. 2.17	
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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
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**8:12:02****AMINOGLYCOSIDES****STREPTOMYCIN SULFATE**

Inj. Pd

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02243660	<i>Streptomycin</i>	Sterimax	1	29.95	1 g 1.2650

**12:08:04****ANTIPARKINSONIAN AGENTS****SELEGILINE HYDROCHLORIDE**

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02230641	<i>Apo-Selegiline</i>	Apotex	500	632.50	5 mg LPM ➔ 1.2650
02231036	<i>Gen-Selegiline</i>	Genpharm	60	75.90	➔ 1.2650
02068087	<i>Novo-Selegiline</i>	Novopharm	60	75.90	➔ 1.2650
02238102	<i>pms-Selegiline</i>	Phmscience	300	379.50	➔ 1.2650
02238319	<i>Selegiline</i>	Pharmel	300	379.50	➔ 1.2650
02231479	<i>Selegiline-5</i>	Pro Doc	500	632.50	➔ 1.2650
02123312	<i>Eldepryl</i>	Draxis	60	120.51	2.0085

**12:08:08****ANTISPASMODICS****IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE)**

Oral aerosol

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02163721	<i>Combivent</i>	Bo. Ing.	200 dose(s)	19.41	20 mcg-120 mcg/dose 1.2650

**20:12:04****ANTICOAGULANTS****WARFARIN (SODIUM)**

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02242926	<i>Apo-Warfarin</i>	Apotex	500	75.44	2.5 mg LPM ➔ 0.1509
01918346	<i>Coumadin</i>	B.-M.S.	250	37.72	➔ 0.1509
02244464	<i>Gen-Warfarin</i>	Genpharm	1000	150.88	➔ 0.1509
02242682	<i>Taro-Warfarin</i>	Taro	250	37.72	➔ 0.1509

**24:24****BÊTA-ADRENERGICS BLOCKING AGENTS****SOTALOL HYDROCHLORIDE**

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02238768	<i>Phl-Sotalol</i>	Pharmel	100	59.32	80 mg LPM ➔ 0.5932

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02238769	<i>Phl-Sotalol</i>	Pharmel	100	64.92	160 mg LPM ➔ 0.6492



CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**28:08:08****OPIATE AGONISTS****OXYCODONE HYDROCHLORIDE** ®

Tab.

20 mg LPM

02240132	<i>Oxy IR</i>	Purdue	50	30.20	0.6040
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**28:16:08****ANTIPSYCHOTIC AGENTS****FLUPHENAZINE HYDROCHLORIDE** ¶

Tab.

5 mg LPM

00726354	<i>pms-Fluphenazine</i>	Phmscience	500	86.00	➔ 0.1720
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**40:12****REPLACEMENT PREPARATIONS****CALCIUM CARBONATE/VITAMIN D**

Caps. or Tab.

500 mg - 125 UI à 200 UI LPM

00752673	<i>Cal-500-D</i>	Pro Doc	500	34.00	➔ 0.0680
00688770	<i>Calcite D 500</i>	Riva	100	6.80	➔ 0.0680
00688975	<i>Calcium D 500</i>	Trianon	100	6.80	➔ 0.0680
02237351	<i>Euro-Cal-D</i>	Euro-Pharm	500	34.00	➔ 0.0680
00720798	<i>Neo-Cal-D 500</i>	Néolab	500	34.00	➔ 0.0680
00718580	<i>Novo-Calcium avec vitamine D</i>	Novopharm	500	34.00	➔ 0.0680
02244477	<i>Nu-Cal D</i>	Odan	500	34.00	➔ 0.0680

**40:18****POTASSIUM-REMOVING RESINS****POLYSTYRENE SODIUM SULFONATE** ¶

Oral Susp.

Pouvoir liant: 1 mmol de k/4mL LPM

00769541	<i>pms-Sodium Polystyrene Sulfonate</i>	Phmscience	500 ml	47.29	➔ 0.0946
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Rect. Susp.

Pouvoir liant: 1 mmol de k/4mL LPM

00769533	<i>pms-Sodium Polystyrene Sulfonate</i>	Phmscience	120 ml	➔ 13.64	
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**52:04:12****MISCELLANEOUS ANTI-INFECTIVES****CIPROFLOXACIN** ¶

Oph. Sol.

0.3 % LPM

01945270	<i>Ciloxan</i>	Alcon	5 ml	7.05	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**52:36****MISCELLANEOUS EENT DRUGS****BRIMONIDINE TARTRATE** 

Oph. Sol.

0.2 %

02246284	<i>pms-Brimonidine</i>	Phmscience	10 ml	20.79	
02243026	<i>Ratio-Brimonidine</i>	Ratiopharm	10 ml	20.79	

**68:04****ADRENALS****DEXAMETHASONE** 

Elix.

0.5 mg/5 mL LPM

01946897	<i>pms-Dexamethasone</i>	Phmscience	100 ml	27.95	➔ 0.2795
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**68:16:04****ESTROGENS****CONJUGATED ESTROGENS (BIOLOGICS)** 

Vag. Cr.

0.625 mg/g


02043440	<i>Premarin</i>	Wyeth	14 g	8.12	
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**68:36:04****THYROID AGENTS****LIOTHYRONINE (SODIUM)** 

Tab.

5 mcg

01919458	<i>Cytomel</i>	Theramed	100	98.18	0.9818
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**84:06****ANTI-INFLAMMATORY AGENTS****AMCINONIDE** 

Lot.

0.1 % LPM

02192276	<i>Cyclocort</i>	Stiefel	60 ml	19.48	
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Top. Oint.

0.1 % LPM

02192268	<i>Cyclocort</i>	Stiefel	60 g	23.46	0.3910
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**MOMETASON FUROATE**

Top. Oint.

0.1 %

02244769	<i>pms-Mometasone</i>	Phmscience	50 g	17.46	0.3492
02248130	<i>Ratio-Mometasone</i>	Ratiopharm	50 g	17.46	0.3492

**88:16****VITAMIN D****CHOLECALCIFEROL**

Caps. or Tab.

10 000 UI LPM

00821772	<i>D-Tabs</i>	Riva	60	12.60	➔ 0.2100
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**92:00:02****OTHER MISCELLANEOUS****TETRABENAZINE**

Tab.

25 mg

02199270	<i>Nitoman</i>	Prestwick	112		<b>UE</b>
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6. The List of medications is amended by inserting, in the 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
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**20:12:04****ANTICOAGULANTS****SODIUM DANAPAROID** 

Inj. Sol.

750 U/0.6 mL

02129043	<i>Organon</i>	Organon	10	180.00	18.0000
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**24:24****BÊTA-ADRENERGICS BLOCKING AGENTS****CARVEDILOL** 

Tab.

3.125 mg

02247933	<i>Apo-Carvedilol</i>	Apotex	100	80.01	0.8001
02246529	<i>Novo-Carvedilol</i>	Novopharm	100	80.01	0.8001
02248752	<i>Phl-Carvedilol</i>	Pharmel	100	80.01	0.8001
02245914	<i>pms - Carvedilol</i>	Phmscience	100	80.01	0.8001
02252309	<i>Ratio-Carvedilol</i>	Ratiopharm	100	80.01	0.8001
02229650	<i>Coreg</i>	GSK	100	127.00	1.2700

Tab.

6.25 mg


02247934	<i>Apo-Carvedilol</i>	Apotex	100	80.01	0.8001
02246530	<i>Novo-Carvedilol</i>	Novopharm	100	80.01	0.8001
02248753	<i>Phl-Carvedilol</i>	Pharmel	100	80.01	0.8001
02245915	<i>pms - Carvedilol</i>	Phmscience	100	80.01	0.8001
02252317	<i>Ratio-Carvedilol</i>	Ratiopharm	100	80.01	0.8001
02229651	<i>Coreg</i>	GSK	100	127.00	1.2700

Tab.

12.5 mg

02247935	<i>Apo-Carvedilol</i>	Apotex	100	80.01	0.8001
02246531	<i>Novo-Carvedilol</i>	Novopharm	100	80.01	0.8001
02248754	<i>Phl-Carvedilol</i>	Pharmel	100	80.01	0.8001
02245916	<i>pms - Carvedilol</i>	Phmscience	100	80.01	0.8001
02252325	<i>Ratio-Carvedilol</i>	Ratiopharm	100	80.01	0.8001
02229652	<i>Coreg</i>	GSK	100	127.00	1.2700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				25 mg	
02247936	<i>Apo-Carvedilol</i>	Apotex	100	80.01	0.8001
02246532	<i>Novo-Carvedilol</i>	Novopharm	100	80.01	0.8001
02248755	<i>Phl-Carvedilol</i>	Pharmel	100	80.01	0.8001
02245917	<i>pms - Carvedilol</i>	Phmscience	100	80.01	0.8001
02252333	<i>Ratio-Carvedilol</i>	Ratiopharm	100	80.01	0.8001
02229653	<i>Coreg</i>	GSK	100	127.00	1.2700

**28:08:12****OPIATE PARTIAL AGONISTS****BUTORPHANOL TARTRATE** 

Nas. spray

10 mg/mL

02242504	<i>Apo-Butorphanol</i>	Apotex	2.5 ml	41.65	
02244508	<i>pms-Butorphanol</i>	Phmscience	2.5 ml	41.65	
02113031	<i>Stadol NS</i>	B.-M.S.	2.5 ml	59.50	

**28:24:08****BENZODIAZEPINES****MIDAZOLAM** 

Inj. Sol.

1 mg/mL LPM

02243253	<i>Apo-Midazolam</i>	Apotex	10 ml	3.58	➡ 0.3580
02240285	<i>Midazolam</i>	Sabex	10 ml	3.58	➡ 0.3580

Inj. Sol.

5 mg/mL LPM

02243254	<i>Apo-Midazolam</i>	Apotex	10 ml	15.16	➡ 1.5160
02240286	<i>Midazolam</i>	Sabex	10 ml	15.16	➡ 1.5160

**40:12****REPLACEMENT PREPARATIONS****MAGNESIUM GLUCOHEPTONATE**

Oral Sol.

500 mg/5 mL (Mg-25 mg/5 mL)

00026697	<i>Ratio-Magnesium</i>	Ratiopharm	2000 ml	39.95	0.0200
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**MAGNESIUM GLUCONATE**

Tab.

500 mg (Mg-29.31 mg)

00555126	<i>Maglucate</i>	Phmscience	100	10.66	0.1066
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
<b>88:16</b>					
<b>VITAMIN D</b>					
<b>ALFACALCIDOL</b>					
I.V. Inj. Sol.					
				2 mcg/mL	
02242502	<i>One-Alpha</i>	Leo	1 ml	15.00	
<b>92:00:02</b>					
<b>OTHER MISCELLANEOUS</b>					
<b>BÉTAINE ANHYDROUS</b>					
Oral Pd					
				1 g/1.7 mL	
02238526	<i>Cystadane</i>	Orphan	180 g	233.00	
<b>ETIDRONATE DISODIUM</b>					
Tab.					
				200 mg LPM	
02248686	<i>Co Etidronate</i>	Cobalt	100	82.57	➡ 0.8257
02245330	<i>Gen-Etidronate</i>	Genpharm	60	49.54	➡ 0.8257
01997629	<i>Didronel</i>	P&G Pharma	60	78.65	1.3108
<b>MIDODRINE HYDROCHLORIDE</b>					
Tab.					
				2.5 mg	
01934392	<i>Amatine</i>	Shire	100	42.84	0.4284
Tab.					
				5 mg	
01934406	<i>Amatine</i>	Shire	100	71.40	0.7140

**7.** This Regulation comes into force on 5 October 2005.

7120