

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

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M.O., 2006-009

Order of the Minister of Health and Social Services making the Regulation to amend the Regulation respecting the List of medications covered by the basic prescription drug insurance plan dated 21 March 2006

An Act respecting prescription drug insurance (R.S.Q., c. A-29.01 ; 2002, c. 27)

THE MINISTER OF HEALTH AND SOCIAL SERVICES,

CONSIDERING section 60 of the Act respecting prescription drug insurance (R.S.Q., c. A-29.01 ; 2002, c. 27, s. 22, par. 3) ;

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

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

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

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

Québec, 21 March 2006

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 ; 2002, c. 27, s. 22, par. 3)

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 III entitled “Products for Which the Wholesaler’s Mark-up is Limited to a Maximum Amount” :

(1) by deleting the line concerning the medication “Risperdal Consta I.M. Inj. Pd 50 mg” ;

(2) by inserting the following after the line concerning the medication “Lupron Depot Trousse 30 mg” :

“Pfizer Macugen Syringe 0,3 mg 1”.

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

(1) by inserting the following after the medication “PARAFFIN/MINERAL OIL” :

“PEGAPTANIB SODIUM :

◆ for treatment of age-related macular degeneration

* 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), 2005-06 dated 13 May 2005 (2005, *G.O.* 2, 1381), 2005-011 dated 28 July 2005 (2005, *G.O.* 2, 3273), 2005-015 dated 14 September 2005 (2005, *G.O.* 2, 4409), 2005-016 dated 7 October 2005 (2005, *G.O.* 2, 4512) and 2006-002 dated 18 January 2006 (2006, *G.O.* 2, 919) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2005, updated to 1 September 2005.

- in the presence of minimally classic choroidal neovascularization where less than 50% of the lesions are of the classic type, or of the occult type without lesions of the classic type;

- in the presence of predominantly classic choroidal neovascularization where 50% or more of the lesions are of the classic type, following failure of a therapy consisting of four treatments with verteporfin, unless that medication is not tolerated or is contraindicated.

The initial request is authorized for a maximum of six months and the request for continuation of the treatment will be authorized for another six months, for a total authorization period of 12 months. However, in the latter case, a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by a retinal angiography, must be proven. Pegaptanib will not be authorized concomitantly with verteporfin for treatment of the same eye;”;

(2) by replacing the expression “patient’s” by the expression “person’s” in the fifth dash of the third point of the second indication accompanying the medication “ETANERCEPT”, concerning treatment of juvenile idiopathic arthritis, in the English version of the List;

(3) by replacing the word “patient” by the word “parent” in the fifth dash of the third point of the fourth indication accompanying the medication “INFLIXIMAB”, concerning treatment of juvenile idiopathic arthritis, in the French version of the List;

(4) by replacing the expression “patient’s” by the expression “person’s” in the fifth dash of the third point of the fourth indication accompanying the medication “INFLIXIMAB”, concerning treatment of juvenile idiopathic arthritis, in the English version of the List.

3. The List of medications is amended by inserting, in the exceptional medications section after the medication “PARAFFIN/MINERAL OIL” and the accompanying information, the following medication and the accompanying information :

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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EXCEPTIONAL MEDICATIONS

PEGAPTANIB (SODIUM)

Syringe

02267225	Macugen	Pfizer	1	0.3 mg 995.00	
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4. 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
8:22					
QUINOLONES					
CIPROFLOXACIN HYDROCHLORIDE 					
Tab. 250 mg LPM					
02229521	<i>Apo-Ciproflo</i>	Apotex	100	139.92	➡ 1.3992
02251752	<i>Ciprofloxac</i> -250	Pro Doc	100	139.92	➡ 1.3992
02247339	<i>Co-Ciprofloxac</i>	Cobalt	100	139.92	➡ 1.3992
02245647	<i>Gen-Ciprofloxac</i>	Genpharm	100	139.92	➡ 1.3992
02161737	<i>Novo-Ciprofloxac</i>	Novopharm	100	139.92	➡ 1.3992
02251310	<i>Phl-Ciprofloxac</i>	Pharmel	100	139.92	➡ 1.3992
02248437	<i>pms-Ciprofloxac</i>	Phmscience	500	699.60	➡ 1.3992
02267934	<i>Ran-Ciprofloxac</i>	Ranbaxy	100	139.92	➡ 1.3992
02246825	<i>Ratio-Ciprofloxac</i>	Ratiopharm	250	349.80	➡ 1.3992
02248756	<i>Rhoxal-Ciprofloxac</i>	Rhoxal	100	139.92	➡ 1.3992
02251221	<i>Riva-Ciprofloxac</i>	Riva	100	139.92	➡ 1.3992
Tab. 500 mg LPM					
02229522	<i>Apo-Ciproflo</i>	Apotex	500	789.30	➡ 1.5786
02251760	<i>Ciprofloxac</i> -500	Pro Doc	500	789.30	➡ 1.5786
02247340	<i>Co-Ciprofloxac</i>	Cobalt	100	157.86	➡ 1.5786
02245648	<i>Gen-Ciprofloxac</i>	Genpharm	500	789.30	➡ 1.5786
02161745	<i>Novo-Ciprofloxac</i>	Novopharm	100	157.86	➡ 1.5786
02251329	<i>Phl-Ciprofloxac</i>	Pharmel	100	157.86	➡ 1.5786
02248438	<i>pms-Ciprofloxac</i>	Phmscience	500	789.30	➡ 1.5786
02267942	<i>Ran-Ciprofloxac</i>	Ranbaxy	100	157.86	➡ 1.5786
02246826	<i>Ratio-Ciprofloxac</i>	Ratiopharm	100	157.86	➡ 1.5786
02248757	<i>Rhoxal-Ciprofloxac</i>	Rhoxal	100	157.86	➡ 1.5786
02251248	<i>Riva-Ciprofloxac</i>	Riva	500	789.30	➡ 1.5786


CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			750 mg LPM		
02229523	<i>Apo-Ciprofloxx</i>	Apotex	100	297.74	➔ 2.9774
02251779	<i>Ciprofloxxacin-750</i>	Pro Doc	100	297.74	➔ 2.9774
02247341	<i>Co-Ciprofloxxacin</i>	Cobalt	50	148.87	➔ 2.9774
02245649	<i>Gen-Ciprofloxxacin</i>	Genpharm	100	297.74	➔ 2.9774
02161753	<i>Novo-Ciprofloxxacin</i>	Novopharm	100	297.74	➔ 2.9774
02251337	<i>PhI-Ciprofloxxacin</i>	Pharmel	100	297.74	➔ 2.9774
02248439	<i>pms-Ciprofloxxacin</i>	Phmscience	100	297.74	➔ 2.9774
02267950	<i>Ran-Ciprofloxxacin</i>	Ranbaxy	50	148.87	➔ 2.9774
02246827	<i>Ratio-Ciprofloxxacin</i>	Ratiopharm	100	297.74	➔ 2.9774
02248758	<i>Rhoxal-Ciprofloxxacin</i>	Rhoxal	50	148.87	➔ 2.9774
02251256	<i>Riva-Ciprofloxxacin</i>	Riva	100	297.74	➔ 2.9774

12:08.08**ANTISPASMODICS****IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE) **

Sol. Inh.

0.2 mg -1 mg/mL (2.5 mL) LPM

02246066	<i>Gen-Combo Sterinebs</i>	Genpharm	20	18.50	➔ 0.9250
02243789	<i>Ratio-Ipra Sal UDV</i>	Ratiopharm	20	18.50	➔ 0.9250

28:08.08**OPIATE AGONISTS****HYDROMORPHONE HYDROCHLORIDE **

Syr.

1 mg/mL LPM

00786535	<i>Dilaudid</i>	Abbott	450 ml	29.34	➔ 0.0652
01916386	<i>pms-Hydromorphone</i>	Phmscience	500 ml	32.60	➔ 0.0652

5. This Regulation comes into force on 5 April 2006.