

**CHAPTER IX**  
**COMPLEMENTARY PROVISIONS**  
**RESPECTING ADVICE TO THE MINISTER**  
**OR THE GOVERNMENT**

**45.** Where the Minister requests advice from the Régie under section 42 of the Act respecting the Régie de l'énergie and the Régie decides to hold a public hearing or otherwise receive comments from the public, the Régie must determine in its directions the procedure for the public hearing or public consultation.

The Régie may allow any participant to file a written memorandum and a brief summary of its content with the Régie within the time it fixes.

**46.** The Régie is to make the memoranda it receives public in the manner set out in its written directions.

**47.** The Régie may allow participants in a public hearing to examine witnesses. The Régie may give specific directions in that respect to the participants.

**CHAPTER X**  
**MISCELLANEOUS**

**48.** If a date determined in these Rules for the doing of a thing falls on a non-working day, the thing may be validly done on the following working day.

For the purposes of the first paragraph, Saturday, Sunday and any other day on which the offices of the Régie are closed are non-working days.

**49.** The Régie must take all the necessary measures to ensure a fair, expeditious and simple proceeding.

**50.** The Régie may remedy any delay, defect of form or irregularity of procedure.

**51.** The secretary of the Régie is empowered to receive the documents that must be filed with or sent to the Régie under the Act or these Rules.

**52.** Upon payment of reproduction costs, any interested person may obtain a copy of any document filed with the Régie other than a document considered to be confidential or for which a publication ban has been ordered.

**CHAPTER XI**  
**TRANSITIONAL AND FINAL**

**53.** These Rules replace the Regulation respecting the procedure of the Régie de l'énergie approved by Order in Council 140-98 dated 4 February 1998.

**54.** Applications before the Régie on the date of coming into force of these Rules are to be continued in accordance with these Rules.

**55.** These Rules come into force on the fifteenth day following the date of their publication in the *Gazette officielle du Québec*.

7618

**M.O., 2006-011**

**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 18 May 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, 18 May 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 inserting the following at the beginning, before the line concerning the medication “Agenerase Caps. 150 mg”:

“Novartis	Aclasta I.V. Perf. Sol.	1”;
	5 mg/100 ml	

(2) by inserting the following after the line concerning the medication “Eligard Kit 30 mg”:

“Sanofi	Eligard Kit 45 mg	1”;
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(3) by inserting the following after the line concerning the medication “Sandostatin LAR I.M. Inj. Susp. 30 mg”:

“Amgen	Sensipar Tab. 60 mg	30
Amgen	Sensipar Tab. 90 mg	30”;

(4) by inserting the following after the line concerning the medication “Tracleer Tab. 125 mg”:

“Paladin	Trelstar LA Kit 11,25 mg	1”.
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\* 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), 2006-002 dated 18 January 2006 (2006, *G.O.* 2, 919) and 2006-009 dated 21 March 2006 (2006, *G.O.* 2, 1189) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2006, updated to 1 April 2006.

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

(1) by deleting the medications “DIDANOSINE, ent. tab.” and “METHADONE HYDROCHLORIDE, tab.” and the accompanying indications;

(2) by adding the following at the end of the last paragraph of the indication accompanying the medication “ADALIMUMAB”:

“However, after 12 weeks of treatment with adalimumab as monotherapy, an authorization may be given for 40 mg per week;”;

(3) by inserting the following after the medication “ALUMINUM HYDROXIDE” and the accompanying indication:

“AMPHETAMINE MIXED SALTS:

◆ for treatment of children and adolescents suffering from attention deficit disorder and in whom the use of short-acting methylphenidate or of dexamphetamine has not properly controlled the symptoms of the disease;

Before it can be concluded that these treatments are ineffective, the stimulant must have been titrated optimally, unless there is proper justification;”;

(4) by replacing the last paragraph of the third indication accompanying the medication “ATOMOXETINE HYDROCHLORIDE” by the following paragraph:

“Before it can be concluded that these medications are ineffective, they must have been titrated at optimum doses and, in addition, a 12-hour controlled-release form of methylphenidate or of amphetamine mixed salts must have been tried, unless there is proper justification for not complying with these requirements;”;

(5) by inserting the following after the medication “CASPOFONGIN ACETATE” and the accompanying indications:

“CINACALCET HYDROCHLORIDE:

◆ for treatment of dialyzed persons having severe secondary hyperparathyroiditis with an intact parathormone level greater than 88 pmol/L measured twice within a three-month period, despite an optimum phosphate binder and vitamin D based treatment, unless there is significant intolerance to these agents or they are contraindicated, and having:

- a corrected calcemia  $\geq 2.54$  mmol/L or
- a phosphoremia  $\geq 1.78$  mmol/L or
- a phosphocalcic product  $\geq 4.5$  mmol<sup>2</sup>/L<sup>2</sup> or
- symptomatic osteoarticular manifestations.

The optimum vitamin D based treatment is defined as follows: one minimum weekly dose of 3 mcg of calcitriol or alfacalcidol or 30 mcg of doxercalciferol;”;

(6) by inserting the word “symptomatic” before the word “cerebral”, in the second point of the indication accompanying the medication “ERLOTINIB HYDROCHLORIDE”;

(7) concerning the medication “ETANERCEPT”:

(a) by replacing, in the second indication accompanying it, concerning treatment of juvenile idiopathic arthritis, the second last paragraph by the following paragraph:

“Requests for continuation of treatment are authorized for a maximum of 12 months.”;

(b) by replacing, in the third indication accompanying it, concerning treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, the second last paragraph by the following paragraph:

“Requests for continuation of treatment are authorized for a maximum of 12 months.”;

(c) by replacing, in the fourth indication accompanying it and concerning treatment of ankylosing spondylitis, the first paragraph by the following:

“♦ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is  $\geq 4$  on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimum dose for a period of three months each did not adequately control the disease, unless there is a contraindication;”;

(8) concerning the medication “IMATINIB MESYLATE”:

(a) by replacing, in the third indication accompanying it, concerning treatment of a gastrointestinal stromal tumour, the third paragraph by the following paragraph:

“An authorization for a daily dose of up to 800 mg may be obtained with evidence of disease progression, confirmed by imaging, after at least three months of treatment at a daily dose of 400 mg;”;

(b) by adding the following indication after the indications accompanying it:

“♦ for treatment of acute lymphoblastic leukemia newly diagnosed in an adult, with a positive Philadelphia chromosome, after parenteral chemotherapy, specifically, during the maintenance phase.

Authorizations are granted for a maximum dose of 600 mg per day.

The maximum duration of the initial authorization is six months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, specifically, the absence of disease progression;”;

(9) concerning the medication “INFLIXIMAB”:

(a) by replacing, in the fourth indication accompanying it and concerning treatment of juvenile idiopathic arthritis, the second last paragraph by the following:

“Requests for continuation of treatment are authorized for a maximum of 12 months.”;

(b) by replacing, in the fifth indication accompanying it, concerning treatment of ankylosing spondylitis, the first paragraph by the following:

“♦ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is  $\geq 4$  on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimum dose for a period of three months each did not adequately control the disease, unless there is a contraindication;”;

(10) by deleting the words “or long-acting” in the indication accompanying the medication “INSULIN GLARGINE”;

(11) by replacing the indication accompanying the medication “METHYLPHENIDATE HYDROCHLORIDE, l.a. tab.” by the following indication:

“♦ for treatment of children and adolescents suffering from attention deficit disorder and in whom the use of short-acting methylphenidate or of dexamphetamine has not properly controlled the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the stimulant must have been titrated optimally, unless there is proper justification;”;

(12) by replacing the medication “ZOLEDRONIC ACID” by the medication “ZOLEDRONIC ACID, i.v. perf. pd 4 mg, i.v. perf. sol. 4 mg/5 mL”, accompanied by the same therapeutic indications and payment conditions;

(13) by inserting the following after the medication “ZOLEDRONIC ACID, i.v. perf. pd 4 mg, i.v. perf. sol. 4 mg/5 mL” and the accompanying indications:

“ZOLEDRONIC ACID, i.v. perf. sol. 5 mg/100mL:

◆ for treatment of Paget’s disease;”.

3. 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
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#### 8:12.04

##### ANTIFUNGAL ANTIBIOTICS

###### FLUCONAZOLE

Tab.

				100 mg LPM	
02271516	<i>Riva-Fluconazole</i>	Riva	50	277.33	➔ 5.5466

###### TERBINAFIN HYDROCHLORIDE

Tab.

				250 mg	
02262177	<i>Sandoz Terbinafine</i>	Sandoz	100	252.43	2.5243

#### 8:12.12

##### MACROLIDES

###### AZITHROMYCIN

Tab.

				250 mg	
02247423	<i>Apo-Azithromycin</i>	Apotex	100	310.80	3.1080
02255340	<i>Co Azithromycin</i>	Cobalt	100	310.80	3.1080
02267845	<i>Novo-Azithromycin</i>	Novopharm	30	93.24	3.1080
02265826	<i>Sandoz Azithromycin</i>	Rhoxal	6	18.65	3.1083

Tab.

				600 mg	
02256088	<i>Co Azithromycin</i>	Cobalt	6	45.75	7.6250

#### 10:00

##### ANTINEOPLASTIC AGENTS

###### AMETHOPTERIN

Tab.

				10 mg	
02182750	<i>Methotrexate</i>	Mayne	100	209.00	2.0900

###### TRIPTORELIN (AS PAMOATE)

Kit

				3.75 mg	
02240000	<i>Trelstar</i>	Paladin	1	343.58	343.5800

Kit

				11.25 mg	
02243856	<i>Trelstar LA</i>	Paladin	1	891.00	891.0000

#### 24:06.06

##### FIBRIC ACID DERIVATIVES

###### FENOFIBRATE (NANOCRYSTALLIZED)

Tab.

				48 mg	
02269074	<i>Lipidil EZ</i>	Solvay	30	12.30	0.4100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				145 mg	
02269082	<i>Lipidil EZ</i>	Solvay	30	31.50	1.0500

**24:06.08****HMG-COA REDUCTASE INHIBITORS****LOVASTATINE** 

Tab.				20 mg LPM	
02272288	<i>Riva-Lovastatin</i>	Riva	100	109.07	➔ 1.0907

Tab.				40 mg LPM	
02272296	<i>Riva-Lovastatin</i>	Riva	100	201.17	➔ 2.0117

**PRAVASTATINE SODIUM/SALICYLIC ACID** 

Tab.				10 mg - 81 mg	
02272415	<i>PravASA</i>	Paladin	60	28.59	0.4765

Tab.				20 mg - 81 mg	
02272423	<i>PravASA</i>	Paladin	60	33.72	0.5620

Tab.				40 mg - 81 mg	
02272431	<i>PravASA</i>	Paladin	60	40.62	0.6770

**24:24****BÊTA-ADRENERGICS BLOCKING AGENTS****PINDOLOL** 

Tab.				5 mg LPM	
02261782	<i>Sandoz Pindolol</i>	Sandoz	100	22.83	➔ 0.2283

Tab.				10 mg LPM	
02261790	<i>Sandoz Pindolol</i>	Sandoz	100	39.65	➔ 0.3965

Tab.				15 mg LPM	
02261804	<i>Sandoz Pindolol</i>	Sandoz	100	58.25	➔ 0.5825

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

L.A. Caps.

				120 mg LPM	
02271605	<i>Novo-Diltiazem HCl ER</i>	Novopharm	100	50.94	➔ 0.5094
02245918	<i>Sandoz Diltiazem T</i>	Rhoxal	500	254.70	➔ 0.5094

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			180 mg LPM		
02271613	<i>Novo-Diltiazem HCl ER</i>	Novopharm	100	67.61	➔ 0.6761
02245919	<i>Sandoz Diltiazem T</i>	Rhoxal	500	338.05	➔ 0.6761

L.A. Caps.			240 mg LPM		
02271621	<i>Novo-Diltiazem HCl ER</i>	Novopharm	100	89.68	➔ 0.8968
02245920	<i>Sandoz Diltiazem T</i>	Rhoxal	500	448.40	➔ 0.8968

L.A. Caps.			300 mg LPM		
02271648	<i>Novo-Diltiazem HCl ER</i>	Novopharm	100	112.10	➔ 1.1210
02245921	<i>Sandoz Diltiazem T</i>	Rhoxal	500	560.50	➔ 1.1210

L.A. Caps.			360 mg LPM		
02271656	<i>Novo-Diltiazem HCl ER</i>	Novopharm	100	135.22	➔ 1.3522
02245922	<i>Sandoz Diltiazem T</i>	Rhoxal	500	676.10	➔ 1.3522

**VERAPAMIL HYDROCHLORIDE** 

L.A Caps or LA tab			240 mg LPM		
02248082	<i>Riva-Verapamil SR</i>	Riva	100	87.20	➔ 0.8720

**24:32.08****ANGIOTENSIN II RECEPTOR ANTAGONISTS****VALSARTAN** 

Tab.			40 mg		
02270528	<i>Diovan</i>	Novartis	28	29.40	1.0500

**28:08.04****NONSTEROIDAL ANTI- INFLAMMATORY AGENTS****DICLOFENAC POTASSIUM OR SODIUM** 

L.A. Tab.			100 mg LPM		
02261944	<i>Sandoz Diclofenac SR 100 mg</i>	Sandoz	100	78.74	➔ 0.7874

Tab. or Ent. Tab.			50 mg LPM		
02261960	<i>Sandoz Diclofenac 50 mg</i>	Sandoz	100	39.37	➔ 0.3937
02261774	<i>Sandoz Diclofenac Rapide 50 mg</i>	Sandoz	100	39.37	➔ 0.3937

**DICLOFENAC SODIUM** 

Ent. Tab.			25 mg LPM		
02261952	<i>Sandoz Diclofenac</i>	Sandoz	100	19.02	➔ 0.1902

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				75 mg	<b>LPM</b>
02261901	<i>Sandoz Diclofenac SR 75 mg</i>	Sandoz	100	57.06	➔ 0.5706

**28:12.92****MISCELLANEOUS ANTICONVULSANTS****CARBAMAZEPINE** 

Chew. Tab.				100 mg	<b>LPM</b>
02261855	<i>Sandoz Carbamazepine Chewtabs</i>	Sandoz	100	8.56	➔ 0.0856

Chew. Tab.				200 mg	<b>LPM</b>
02261863	<i>Sandoz Carbamazepine Chewtabs</i>	Sandoz	100	16.89	➔ 0.1689

L.A. Tab.				200 mg	<b>LPM</b>
02261839	<i>Sandoz Carbamazepine CR</i>	Sandoz	100	18.87	➔ 0.1887

L.A. Tab.				400 mg	<b>LPM</b>
02261847	<i>Sandoz Carbamazepine CR</i>	Sandoz	100	37.74	➔ 0.3774

**DIVALPROEX SODIUM** 

Ent. Tab.				125 mg	<b>LPM</b>
02265133	<i>Gen-Divalproex</i>	Genpharm	100	13.77	➔ 0.1377

Ent. Tab.				250 mg	<b>LPM</b>
02265141	<i>Gen-Divalproex</i>	Genpharm	500	123.75	➔ 0.2475

Ent. Tab.				500 mg	<b>LPM</b>
02265168	<i>Gen-Divalproex</i>	Genpharm	500	247.60	➔ 0.4952

**LEVETIRACETAM** 

Tab.				250 mg	
02274183	<i>Co Levetiracetam</i>	Cobalt	500	558.75	1.1175

Tab.				500 mg	
02274191	<i>Co Levetiracetam</i>	Cobalt	500	682.50	1.3650

Tab.				750 mg	
02274205	<i>Co Levetiracetam</i>	Cobalt	250	485.63	1.9425

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

			25 mg		
02263351	<i>Gen-Topiramate</i>	Genpharm	100	73.50	0.7350
02248860	<i>Novo-Topiramate</i>	Novopharm	100	73.50	0.7350
02271184	<i>Phl-Topiramate</i>	Pharmel	500	367.50	0.7350
02262991	<i>pms-Topiramate</i>	Phmscience	500	367.50	0.7350
02256827	<i>Ratio-Topiramate</i>	Ratiopharm	100	73.50	0.7350
02260050	<i>Rhoxal-Topiramate</i>	Rhoxal	100	73.50	0.7350

			100 mg		
02263378	<i>Gen-Topiramate</i>	Genpharm	100	139.30	1.3930
02248861	<i>Novo-Topiramate</i>	Novopharm	60	83.58	1.3930
02271192	<i>Phl-Topiramate</i>	Pharmel	500	696.50	1.3930
02263009	<i>pms-Topiramate</i>	Phmscience	500	696.50	1.3930
02256835	<i>Ratio-Topiramate</i>	Ratiopharm	100	139.30	1.3930
02260069	<i>Rhoxal-Topiramate</i>	Rhoxal	100	139.30	1.3930

			200 mg		
02263386	<i>Gen-Topiramate</i>	Genpharm	100	220.50	2.2050
02248862	<i>Novo-Topiramate</i>	Novopharm	60	132.30	2.2050
02271206	<i>Phl-Topiramate</i>	Pharmel	100	220.50	2.2050
02263017	<i>pms-Topiramate</i>	Phmscience	100	220.50	2.2050
02256843	<i>Ratio-Topiramate</i>	Ratiopharm	100	220.50	2.2050
02267837	<i>Rhoxal-Topiramate</i>	Rhoxal	100	220.50	2.2050

**28:16.04****ANTIDEPRESSANTS****CITALOPRAM HYDROMIDE** 

			10 mg		
02270609	<i>pms-Citalopram</i>	Phmscience	100	43.75	0.4375


**MIRTAZAPINE** 

			15 mg		
02273942	<i>pms-Mirtazapine</i>	Phmscience	100	37.50	0.3750

			30 mg		
02270927	<i>Ratio-Mirtazapine</i>	Ratiopharm	100	78.00	0.7800




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

Tab.

			5 mg LPM		
00563803	<i>Fluphenazine-5</i>	Pro Doc	500	86.00	➔ 0.1720

**28:20****CNS STIMULANTS****METHYLPHENIDATE HYDROCHLORIDE** 

Tab.


			5 mg LPM		
02274280	<i>Novo-Methylphenidate</i>	Novopharm	100	9.47	➔ 0.0947

Tab.

			10 mg LPM		
02274299	<i>Novo-Methylphenidate</i>	Novopharm	500	79.50	➔ 0.1590

Tab.

			20 mg LPM		
02274302	<i>Novo-Methylphenidate</i>	Novopharm	100	35.36	➔ 0.3536

**28:24.92****MISCELLANEOUS****BUSPIRON HYDROCHLORIDE** 

Tab.

			10 mg		
02262916	<i>Co Buspirone</i>	Cobalt	100	65.21	0.6521

**28:92****MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS****SUMATRIPTAN SUCCINATE** 

Tab.

			50 mg		
02268388	<i>Apo-Sumatriptan</i>	Apotex	6	54.39	9.0650
02257890	<i>Co Sumatriptan</i>	Cobalt	100	906.50	9.0650
02268914	<i>Gen-Sumatriptan</i>	Genpharm	6	54.39	9.0650
02270722	<i>Phl-Sumatriptan</i>	Pharmel	30	271.95	9.0650
02256436	<i>pms-Sumatriptan</i>	Phmscience	30	271.95	9.0650
02271583	<i>Ratio-Sumatriptan</i>	Ratiopharm	30	271.95	9.0650
02263025	<i>Rhoxal-Sumatriptan</i>	Rhoxal	6	54.39	9.0650
02271117	<i>Riva-Sumatriptan</i>	Riva	6	54.39	9.0650

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg	
02268396	<i>Apo-Sumatriptan</i>	Apotex	6	59.92	9.9867
02257904	<i>Co Sumatriptan</i>	Cobalt	100	998.67	9.9867
02268922	<i>Gen-Sumatriptan</i>	Genpharm	6	59.92	9.9867
02239367	<i>Novo-Sumatriptan</i>	Novopharm	6	59.92	9.9867
02270730	<i>PhI-Sumatriptan</i>	Pharmel	30	299.60	9.9867
02256444	<i>pms-Sumatriptan</i>	Phmscience	30	299.60	9.9867
02271591	<i>Ratio-Sumatriptan</i>	Ratiopharm	30	299.60	9.9867
02263033	<i>Rhoxal-Sumatriptan</i>	Rhoxal	6	59.92	9.9867
02271125	<i>Riva-Sumatriptan</i>	Riva	6	59.92	9.9867

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

Caps. Tab. or Chew Tab

500 mg -400 UI LPM

80000159	<i>Calcia 400</i>	Medexus	180	21.60	➔ 0.1200
80000408	<i>LiquiCal D 400</i>	Mayaka	100	12.00	➔ 0.1200

**40:28.10****POTASSIUM-SPARING DIURETICS****AMILORIDE HYDROCHLORIDE HYDROCHLOROTHAZIDE** 

Tab.

5 mg -50 mg LPM

02257378	<i>Gen-Amilazide</i>	Genpharm	100	19.17	➔ 0.1917
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**52:04.12****MISCELLANEOUS ANTI-INFECTIVES****CIPROFLOXACIN HYDROCHLORIDE** 

Oph. Sol.

0.3 % LPM

02263130	<i>Apo-Ciprofloxx</i>	Apotex	5 ml	➔ 5.64	
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**56:22****ANTIEMETICS****NABILONE** 

Caps.

0.5 mg

02256193	<i>Cesamet</i>	Valeant	50	155.13	3.1026
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**56:40****MISCELLANEOUS GI DRUGS****LANSOPRAZOLE** 

L.A Caps or LA tab

30 mg

02249472	<i>Prevacid FasTab</i>	Abbott	30	60.00	2.0000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**68:04****ADRENALS****METHYLPREDNISOLONE SODIUM SUCCINATE**

Inj. Pd

				1 g LPM	
02241299	<i>Methylprednisolone</i>	Novopharm	1	➔ 31.00	

**84:04.04****ANTIBIOTICS****CLINDAMYCIN PHOSPHATE**

Top. Sol.

				1 % LPM	
02266938	<i>Taro-Clindamycin</i>	Taro	60 ml	➔ 13.57	

**84:36****MISCELLANEOUS****HYDROGEL**

Gel

99100300	<i>Woun'dres</i>	Coloplast	84 g	8.98	0.1069
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**92:00****UNCLASSIFIED THERAPEUTIC AGENTS****HYMENOPTERA VENOM PROTEIN**

Inj. Pd

				120 mcg	
99100279	<i>Guepe a taches blanches dolichovespula maculata</i>	Oméga	6	149.00	24.8333
99100280	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	6	151.00	25.1667
99100270	<i>Guepe jaune dolichovespula arenaria</i>	Oméga	6	151.00	25.1667
99100278	<i>Guepe (Polistes Spp.)</i>	Oméga	6	160.00	26.6667

Inj. Pd

				360 mcg	
99100281	<i>Vespides combines</i>	Oméga	6	288.00	48.0000

Inj. Pd

				550 mcg	
99100282	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	95.00	
99100266	<i>Frelon a tete blanche</i>	Oméga	1	115.00	
99100267	<i>Frelon a tete jaune</i>	Oméga	1	115.00	
99100269	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	120.00	
99100268	<i>Guepe (Polistes Spp.)</i>	Oméga	1	121.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd				1 650 mcg	
99100284	<i>Vespides combines</i>	Oméga	1	217.00	

**92:00.02****OTHER MISCELLANEOUS****ALENDRONATE MONOSODIUM** 


Tab.				70 mg	
02273179	<i>pms-Alendronate</i>	Phmscience	100	557.50	5.5750
02270889	<i>Riva-Alendronate</i>	Riva	4	22.30	5.5750

**LEUPORIDE ACETATE** 

Kit				45 mg	
02268892	<i>Eligard</i>	Sanofi	1	1782.00	1782.0000

**TAMSULOSIN HYDROCHLORIDE** 

L.A Caps or LA tab				0.4 mg	
02270102	<i>Flomax CR</i>	Bo. Ing.	30	18.00	0.6000

**EXCEPTIONAL MEDICATIONS****AMPHETAMINE (MIXED SALTS)** 

L.A. Caps.				5 mg	
02248808	<i>Adderall XR</i>	Shire	100	275.00	2.7500

L.A. Caps.				10 mg	
02248809	<i>Adderall XR</i>	Shire	100	275.00	2.7500



L.A. Caps.				15 mg	
02248810	<i>Adderall XR</i>	Shire	100	275.00	2.7500

L.A. Caps.				20 mg	
02248811	<i>Adderall XR</i>	Shire	100	275.00	2.7500

L.A. Caps.				25 mg	
02248812	<i>Adderall XR</i>	Shire	100	275.00	2.7500

L.A. Caps.				30 mg	
02248813	<i>Adderall XR</i>	Shire	100	275.00	2.7500

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
<b>BISACODYL</b>					
Ent. Tab.				5 mg	<b>LPM</b>
02273411	<i>Bisacodyl-Odan</i>	Odan	1000	40.50	➔ 0.0405
<b>CINACALCET HYDROCHLORIDE</b> 					
Tab.				30 mg	
02257130	<i>Sensipar</i>	Amgen	30	321.21	10.7070
Tab.				60 mg	
02257149	<i>Sensipar</i>	Amgen	30	585.60	19.5200
Tab.				90 mg	
02257157	<i>Sensipar</i>	Amgen	30	852.30	28.4100
<b>DONEPEZIL HYDROCHLORIDE</b> 					
Tab. or oral disint.				5 mg	
02269457	<i>Aricept RDT</i>	Pfizer	28	123.48	4.4100
Tab. or oral disint.				10 mg	
02269465	<i>Aricept RDT</i>	Pfizer	28	123.48	4.4100
<b>DRESSING - ALGINATE FIBER</b>					
Dressing				5 cm X 5 cm	
99100286	<i>Tegagen HI</i>	3M Canada	1	1.86	
Dressing				10 cm X 20 cm	
99100285	<i>Tegagen HI</i>	3M Canada	1	7.53	
<b>DRESSING - COMPOSITE</b>					
Dressing				4 cm x 5 cm	
99100293	<i>Mepilex Border Lite</i>	Mölnlycke	10	13.89	1.3890
Dressing				5 cm x 12.5 cm	
99100294	<i>Mepilex Border Lite</i>	Mölnlycke	5	10.68	2.1360
Dressing				7.5 cm X 7.5 cm	
99100295	<i>Mepilex Border Lite</i>	Mölnlycke	5	8.90	1.7800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing				10 cm X 10 cm	
99100296	<i>Mepilex Border Lite</i>	Mölnlycke	5	14.94	2.9880

Dressing				15 cm X 15 cm	
99100297	<i>Mepilex Border Lite</i>	Mölnlycke	5	24.88	4.9760

**DRESSING - HYDROCOLLOIDAL**

Dressing				10 cm X 10 cm	
99100290	<i>Tegasorb Thin</i>	3M Canada	1	3.10	

Dressing				10 cm X 12 cm	
99100291	<i>Tegasorb Thin</i>	3M Canada	1	3.38	

Dressing				14 cm X 17 cm	
99100292	<i>Tegasorb Thin</i>	3M Canada	1	5.61	

**DRESSING - HYDROPHILIC FOAM**

Dressing				10 cm X 10 cm	
99100298	<i>Biatain Soft-Hold</i>	Coloplast	5	26.10	5.2200

Dressing				10 cm X 20 cm	
99100299	<i>Biatain Soft-Hold</i>	Coloplast	5	57.66	11.5320

**GLIMEPIRIDE **



Tab.				1 mg	
02273756	<i>Novo-Glimepiride</i>	Novopharm	100	49.00	0.4900
02273101	<i>Ratio-Glimepiride</i>	Ratiopharm	30	14.70	0.4900

Tab.				2 mg	
02273764	<i>Novo-Glimepiride</i>	Novopharm	100	49.00	0.4900
02273128	<i>Ratio-Glimepiride</i>	Ratiopharm	30	14.70	0.4900

Tab.				4 mg	
02273772	<i>Novo-Glimepiride</i>	Novopharm	100	49.00	0.4900
02273136	<i>Ratio-Glimepiride</i>	Ratiopharm	30	14.70	0.4900

**NUTRITIONAL FORMULAS - MONOMERIC**

Liq.				235 mL à 250 mL	<b>suppl.</b>
99100263	<i>Peptinex 1,5</i>	Novartis-N	1	9.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
<b>NUTRITIONAL FORMULAS - POLYMERIC WITH RESIDUE</b>					
Liq.				1.5 L	<b>suppl.</b>
99100265	<i>Nutren 1.5 Fibre avec Prebio 1</i>	Nestlé	1	16.88	
Liq.				235 mL à 250 mL	<b>suppl.</b>
99100264	<i>Nutren 1.5 Fibre avec Prebio 1</i>	Nestlé	1	2.21	
<b>SILVER DRESSING</b>					
Dressing				5 cm X 5 cm	
99100287	<i>Silvercel</i>	J. & J.	10	30.35	3.0350
Dressing				10 cm X 20 cm	
99100288	<i>Silvercel</i>	J. & J.	5	78.03	15.6060
Dressing				11 cm x 11 cm	
99100289	<i>Silvercel</i>	J. & J.	10	91.90	9.1900
<b>SOMATROPIN </b>					
Inj. Pd				8.8 mg	
02272083	<i>Saizen</i>	Serono	1	338.80	338.8000
<b>ZOLEDRONIC ACID </b>					
I.V. Perf. Sol.				5 mg/ 100 mL	
02269198	<i>Aclasta</i>	Novartis	1	645.00	

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
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**8:12.02****AMINOGLYCOSIDES****STREPTOMYCIN SULFATE** [P]

Inj. Pd

1 g

02243660	<i>Streptomycin</i>	Sterimax	1	43.60	
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**8:12.12****MACROLIDES****AZITHROMYCIN** [P]

I.V. Perf. Pd

500 mg

02239952	<i>Zithromax I.V.</i>	Pfizer	10	192.00	19.2000
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Oral Susp.

100 mg/5 mL

02223716	<i>Zithromax</i>	Pfizer	15 ml	15.36	1.0240
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Oral Susp.

200 mg/5 mL

02223724	<i>Zithromax</i>	Pfizer	22.5 ml	32.64	1.4507
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Tab.

250 mg

02212021	<i>Zithromax</i>	Pfizer	30	136.16	4.5387
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Tab.

600 mg

02231143	<i>Zithromax</i>	Pfizer	30	326.78	10.8927
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**24:28****CALCIUM-CHANNEL BLOCKING AGENTS****DILTIAZEM HYDROCHLORIDE** [P]

L.A. Caps.

120 mg LPM

02231150	<i>Tiazac</i>	Biovail	100	80.85	0.8085
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L.A. Caps.

180 mg LPM

02231151	<i>Tiazac</i>	Biovail	100	107.32	1.0732
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L.A. Caps.

240 mg LPM

02231152	<i>Tiazac</i>	Biovail	100	142.35	1.4235
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L.A. Caps.

300 mg LPM

02231154	<i>Tiazac</i>	Biovail	100	177.94	1.7794
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L.A. Caps.

360 mg LPM

02231155	<i>Tiazac</i>	Biovail	100	214.64	2.1464
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**40:12****REPLACEMENT PREPARATIONS****CALCIUM CARBONATE/VITAMIN D**

Caps. Tab. or Chew Tab

500 mg -400 UI LPM

02244130	<i>Calcite 500 + D 400</i>	Riva	500	60.00	➔ 0.1200
02244161	<i>Calcium 500 + D 400</i>	Trianon	100	12.00	➔ 0.1200
02246065	<i>Cal-D 400</i>	Pro Doc	100	12.00	➔ 0.1200
02245511	<i>Carbocal D 400 UI</i>	Euro-Pharm	500	60.00	➔ 0.1200
02246984	<i>Neo-Cal-D Forte</i>	Néolab	500	60.00	➔ 0.1200

**56:40****MISCELLANEOUS GI DRUGS****LANSOPRAZOLE** 

L.A Caps or LA tab

30 mg

02165511	<i>Prevacid</i>	Abbott	100	200.00	2.0000
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**68:04****ADRENALS****DEXAMETHASONE** 

Tab.

4 mg LPM

00489158	<i>Dexasone</i>	ICN	100	76.73	➔ 0.7673
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**METHYLPREDNISOLONE SODIUM SUCCINATE** 

Inj. Pd

1 g LPM

02063697	<i>Solu-Medrol</i>	Pfizer	1	43.33	
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**68:12****CONTRACEPTIVES****ETHINYLESTRADIOL/ NORETHINDRONE ACETATE** 

Tab. (21)

0.02 mg -1 mg

00315966	<i>Minestrin 1/20</i>	Paladin	1	11.68	
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Tab. (21)

0.03 mg -1.5 mg

00297143	<i>Loestrin 1.5/30</i>	Paladin	1	11.68	
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Tab. (28)

0.02 mg -1 mg

00343838	<i>Minestrin 1/20</i>	Paladin	1	11.68	
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Tab. (28)

0.03 mg -1.5 mg

00353027	<i>Loestrin 1.5/30</i>	Paladin	1	11.68	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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**84:04.04****ANTIBIOTICS****CLINDAMYCIN PHOSPHATE**

Top. Sol.

1 % LPM

00582301	<i>Dalacin T</i>	Pfizer	60 ml	16.96	0.2827
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**92:00****UNCLASSIFIED THERAPEUTIC AGENTS****HYMENOPTERA VENOM PROTEIN**

Inj. Pd

1.1 mg

99100226	<i>Frelon a tete blanche</i>	AllergiLab	1	219.00	
99100227	<i>Frelon Jaune</i>	AllergiLab	1	219.00	
99100228	<i>Yellow Jacket Venom</i>	AllergiLab	1	219.00	
99100229	<i>Wasp Venom</i>	AllergiLab	1	239.00	

Inj. Pd

3.3 mg

99100230	<i>Vespides combines</i>	AllergiLab	1	433.00	
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**92:00.02****OTHER MISCELLANEOUS****TAMSULOSIN HYDROCHLORIDE**

L.A Caps or LA tab

0.4 mg

02238123	<i>Flomax</i>	Bo. Ing.	100	95.00	0.9500
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**EXCEPTIONAL MEDICATIONS****BISACODYL**

Ent. Tab.

5 mg LPM

00587273	<i>pms-Bisacodyl</i>	Phmscience	1000	40.50	➔ 0.0405
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**DONEPEZIL HYDROCHLORIDE**

Tab. or oral disint.

5 mg



02232043	<i>Aricept</i>	Pfizer	30	132.30	4.4100
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Tab. or oral disint.

10 mg

02232044	<i>Aricept</i>	Pfizer	30	132.30	4.4100
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5. 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>8:18.08</b>					
<b>ANTIRETROVIRAL AGENTS</b>					
<b>DIDANOSIN</b> 					
Ent. Caps. 125 mg					
02244596	<i>Videx EC</i>	B.-M.S.	30	93.00	3.1000
Ent. Caps. 200 mg					
02244597	<i>Videx EC</i>	B.-M.S.	30	148.80	4.9600
Ent. Caps. 250 mg					
02244598	<i>Videx EC</i>	B.-M.S.	30	186.00	6.2000
Ent. Caps. 400 mg					
02244599	<i>Videx EC</i>	B.-M.S.	30	298.20	9.9400
<b>28:08.08</b>					
<b>OPIATE AGONISTS</b>					
<b>METHADONE HYDROCHLORIDE</b> 					
Tab. 1 mg					
02247698	<i>Metadol</i>	Phmscience	100	15.00	0.1500
Tab. 5 mg					
02247699	<i>Metadol</i>	Phmscience	100	50.00	0.5000
Tab. 10 mg					
02247700	<i>Metadol</i>	Phmscience	100	80.00	0.8000
Tab. 25 mg					
02247701	<i>Metadol</i>	Phmscience	100	150.00	1.5000

6. This Regulation comes into force on 7 June 2006.