

M.O., 2006-021**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 September 2006**

An Act respecting prescription drug insurance (R.S.Q., c. A-29.01 ; 2002, c. 27 ; 2005, c. 40)

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 ; 2005, c. 40, s. 22, par. 1) ;

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 September 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 ; 2005, c. 40, s. 22, par. 1)

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 inserting the following after the line concerning the manufacturer “Cobalt”:

** Coloplast Coloplast Corporation 5%”;

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

** Organon Organon Canada Ltée 9%
* Pan Geo Pangeo Pharma Inc. 5%”.

2. The List of medications attached to the Regulation is amended, in Appendix II entitled “Drug Wholesalers Accredited by the Minister and Each Wholesaler’s Mark-up”, by replacing the name of the wholesaler “TRENT DRUG WHOLESALE” by the name “AMERISOURCE-BERGEN”.

3. The List of medications 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 “Enbrel S.C. Inj. Pd 25 mg”:

“Amgen Enbrel S.C. Inj. Sol (syr) 50 mg/mL 4”;

* 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 2006-002 dated 18 January 2006 (2006, *G.O.* 2, 919), 2006-009 dated 21 March 2006 (2006, *G.O.* 2, 1189), 2006-011 dated 18 May 2006 (2006, *G.O.* 2, 1656), 2006-012 dated 5 June 2006 (2006, *G.O.* 2, 1737) and 2006-017 dated 1 August 2006 (2006, *G.O.* 2, 2911) 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) by inserting the following after the line concerning the medication “Gleevec Tab. 400 mg”:

“Gilead Hepsera Tab. 10 mg 30”;

(3) by inserting the following after the line concerning the medication “Invirase Caps. 200 mg”:

“Roche Invirase Tab. 500 mg 120”;

(4) by inserting the following after the line concerning the medication “Trivizir Tab. 300mg-150mg-300mg”:

“Gilead Truvada Tab. 200mg-300mg 30”.

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

(1) by deleting the medication “TIOTROPIUM BROMIDE MONOHYDRATE” and the accompanying indication;

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

“ADEFOVIR DIPIVOXIL

◆ for treatment of chronic hepatitis B in persons

- having a resistance to lamivudine as defined by a 1-log increase in HBV-DNA under treatment with lamivudine, with viremia greater than 100 000 copies/mL;
- with cirrhosis that is decompensated or at risk of decompensation, with a Child-Pugh score of > 6;
- after a liver transplant or where the graft is infected with the hepatitis B virus;
- infected with HIV but not being treated with antiretrovirals for that condition;

DORZOLAMIDE HYDROCHLORIDE / TIMOLOL MALEATE

◆ where there is significant intolerance to two topical antiglaucoma agents, unless there is proper justification for not complying with these requirements;

INSULIN ASPART / INSULIN ASPART PROTAMINE:

◆ for treatment of diabetes, where a trial of a premixture of 20/80 or 30/70 insuline did not adequately control the glycemic profile without causing episodes of hypoglycemia;

TRAVOPROST / TIMOLOL MALEATE

◆ for control of intra-ocular pressure where the use of an antiglaucoma agent as monotherapy is insufficient;

TROSPIUM CHLORIDE

◆ for treatment of vesical hyperactivity in persons for whom oxybutynine is poorly tolerated, contraindicated or ineffective;”;

(3) by replacing the word “dexamphetamine” by the words “an amphetamine” in the first paragraph of the indication accompanying the medication “ATOMOXETINE HYDROCHLORIDE”;

(4) by replacing the first indication accompanying the medication “★ DOLASETRON MESYLATE” by the following indication:

“◆ during the first day of:

- a moderately or highly emetic chemotherapy treatment, or
- a highly emetic radiotherapy treatment;”;

(5) by replacing the first indication accompanying the medication “★ GRANISETRON HYDROCHLORIDE” by the following:

“◆ during the first day of:

- a moderately or highly emetic chemotherapy treatment, or
- a highly emetic radiotherapy treatment;”;

(6) by replacing the first indication accompanying the medication “★ ONDANSETRON” by the following indication:

“◆ during the first day of:

- a moderately or highly emetic chemotherapy treatment, or
- a highly emetic radiotherapy treatment;”;

(7) by adding the following indication after the indications accompanying the medication “PEGINTERFERON ALFA-2A”:

“◆ for treatment of HBeAg-negative chronic hepatitis B. The request is authorized for a maximum of 48 weeks;”;

(8) concerning the medication “RIBAVIRIN/INTERFERON ALFA-2B (PEGYLATED)”:

(a) by replacing, in the first indication accompanying it, the last paragraph by the following paragraph:

“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

– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (a \geq 1.8-log decrease in viremia or a negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment;”;

(b) by replacing, in the last indication accompanying it, the last paragraph by the following paragraph:

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

– did not obtain a 1.8-log decrease in viremia in the twelfth week 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, except in the case of rapid responders (a \geq 1.8-log decrease in viremia or a negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment;”;

(9) concerning the medication “RIBAVIRIN/PEGINTERFERON ALFA-2A”:

(a) by replacing, in the first indication accompanying it, the last paragraph by the following paragraph:

“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

– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (a \geq 1.8-log decrease in viremia or a negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment;”;

(b) by replacing, in the second indication accompanying it, the last paragraph by the following paragraph:

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

– did not obtain a 1.8-log decrease in viremia in the twelfth week 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, except in the case of rapid responders (a \geq 1.8-log decrease in viremia or a negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment;”;

(10) by replacing the indication accompanying the medication “★ VORICONAZOLE, tab.” by the following indications:

“◆ for treatment of invasive aspergillosis. The initial authorization is for a maximum duration of three months. Upon submission of a subsequent request, the authorization may be renewed if relevant justification is provided;

◆ for treatment of candidemia in non-neutropenic persons for whom fluconazole and an amphotericin B formulation have failed, are not tolerated or are contraindicated;”;

(11) by replacing the indication accompanying the medication “★ VORICONAZOLE, i.v. perf. pd.” by the following indications:

“◆ for treatment of invasive aspergillosis;

◆ for treatment of candidemia in non-neutropenic persons for whom fluconazole and an amphotericin B formulation have failed, are not tolerated or are contraindicated;”;

5. 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
8:12.12					
MACROLIDES					
AZITHROMYCIN					
Oral Susp.				100 mg/5 mL	
02274388	<i>pms-Azithromycin</i>	Phmscience	15 ml	11.20	0.7467
Oral Susp.				200 mg/5 mL	
02274396	<i>pms-Azithromycin</i>	Phmscience	22.5 ml	23.80	1.0578
Tab.				250 mg	
02261634	<i>pms-Azithromycin</i>	Phmscience	100	310.80	3.1080
02275287	<i>Ratio-Azithromycin</i>	Ratiopharm	100	310.80	3.1080
02275309	<i>Riva-Azithromycin</i>	Riva	6	18.65	3.1083
Tab.				600 mg	
02261642	<i>pms-Azithromycin</i>	Phmscience	30	205.85	6.8617
02275317	<i>Riva-Azithromycin</i>	Riva	6	41.17	6.8617
8:18.08					
ANTIRETROVIRAL AGENTS					
EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE					
Tab.				200mg- 300mg	
02274906	<i>Truvada</i>	Gilead	30	751.50	25.0500
SAQUINAVIR MESYLATE					
Tab.				500 mg	
02279320	<i>Invirase</i>	Roche	120	504.00	4.2000
ZIDOVUDIN					
Caps.				100 mg LPM	
01946323	<i>Apo-Zidovudine</i>	Apotex	100	122.21	➔ 1.2221
8:22					
QUINOLONES					
CIPROFLOXACIN HYDROCHLORIDE					
Tab.				250 mg LPM	
02266962	<i>Taro-Ciprofloxacin</i>	Taro	100	139.92	➔ 1.3992
Tab.				500 mg LPM	
02266970	<i>Taro-Ciprofloxacin</i>	Taro	100	157.86	➔ 1.5786

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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20:04.04**IRON PREPARATIONS****IRON SUCROSE**

I.V. Inj. Sol.

20 mg (Fe)/mL (5 mL)

02243716	<i>Venofer</i>	Genpharm	10	375.00	37.5000
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24:06.06**FIBRIC ACID DERIVATIVES****MICROCOATED FENOFIBRATE** 

Tab.

100 mg LPM

02246859	<i>Apo-Feno-Super</i>	Apotex	100	78.75	➔ 0.7875
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Tab.

160 mg LPM

02246860	<i>Apo-Feno-Super</i>	Apotex	100	84.70	➔ 0.8470
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24:12.08**NITRATES AND NITRITES****ISOSORBIDE-5-MONONITRATE**

L.A. Tab.

60 mg

02272830	<i>Apo-ISMN</i>	Apotex	100	49.50	0.4950
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24:32.04**ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)****BENAZEPRIL** 

Tab.

20 mg

02273918	<i>Apo-Benazepril</i>	Apotex	100	54.60	0.5460
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SODIUM FOSINOPRIL 

Tab.

10 mg

02275252	<i>Ratio-Fosinopril</i>	Ratiopharm	100	49.77	0.4977
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Tab.

20 mg

02275260	<i>Ratio-Fosinopril</i>	Ratiopharm	100	59.85	0.5985
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28:12.08**BENZODIAZEPINES****CLONAZEPAM** 

Tab.

0.5 mg LPM

02270641	<i>Co Clonazepam</i>	Cobalt	500	58.30	➔ 0.1166
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Tab.

1 mg LPM

02270668	<i>Co Clonazepam</i>	Cobalt	100	18.60	➔ 0.1860
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg	LPM
02270676	<i>Co Clonazepam</i>	Cobalt	500	100.50	➔ 0.2010

28:16.04**ANTIDEPRESSANTS****BUPROPION HYDROCHLORIDE** 

L.A. Tab. (24 h)

				150 mg	
02275090	<i>Wellbutrin XL</i>	Biovail	90	46.71	0.5190

L.A. Tab. (24 h)

				300 mg	
02275104	<i>Wellbutrin XL</i>	Biovail	90	93.42	1.0380

CITALOPRAM HYDROMIDE 


Tab.

				10 mg	
02273543	<i>Phl-Citalopram</i>	Pharmel	100	43.75	0.4375

MIRTAZAPINE 

Tab. or Oral Disint.

				30 mg	
02274361	<i>Co Mirtazapine</i>	Cobalt	100	78.00	0.7800

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

L.A. Tab.

				20 mg	LPM
02266687	<i>Apo-Methylphenidate SR</i>	Apotex	100	33.64	➔ 0.3364

Tab.

				5 mg	LPM
02273950	<i>Apo-Methylphenidate</i>	Apotex	100	9.47	➔ 0.0947

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

Stick

99100332	<i>iTest</i>	Auto.Cont.	50	32.50	
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40:28**DIURETICS****HYDROCHLOROTHIAZIDE** 

Tab.

				12.5 mg	
02274086	<i>pms-Hydrochlorothiazide</i>	Phmscience	500	15.80	0.0316

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

Tab.

10 mg LPM

02278669	<i>Gen-Domperidone</i>	Genpharm	500	74.80	➔ 0.1496
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68:12**CONTRACEPTIVES****ETHINYLESTRADIOL / ETONOGESTREL**

Vaginal ring

2.6mg -11.4mg

02253186	<i>Nuvaring</i>	Organon	3	42.03	14.0100
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92:00.02**OTHER MISCELLANEOUS****ALENDRONATE MONOSODIUM**

Tab.

5 mg

02270110	<i>Gen-Alendronate</i>	Genpharm	100	103.70	1.0370
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Tab.

10 mg

02270129	<i>Gen-Alendronate</i>	Genpharm	100	110.57	1.1057
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Tab.

70 mg

02275279	<i>Ratio-Alendronate</i>	Ratiopharm	100	557.50	5.5750
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ANAGRELIDE HYDROCHLORIDE

Caps.

0.5 mg

02274949	<i>pms-Anagrelide</i>	Phmscience	100	334.91	3.3491
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BICALUTAMIDE

Tab.

50 mg

02274337	<i>Co Bicalutamide</i>	Cobalt	100	405.72	4.0572
02270226	<i>Novo-Bicalutamide</i>	Novopharm	100	405.72	4.0572
02275589	<i>pms-Bicalutamide</i>	Phmscience	100	405.72	4.0572
02277700	<i>Ratio-Bicalutamide</i>	Ratiopharm	30	121.72	4.0573
02276089	<i>Sandoz Bicalutamide</i>	Sandoz	30	121.72	4.0573

(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
EXCEPTIONAL MEDICATIONS					
ADEFOVIR DIPIVOXIL					
Tab.					
02247823	<i>Hepsera</i>	Gilead	30	10 mg 660.00	22.0000
DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE					
Oph. Sol.					
02258692	<i>Cosopt sans conservateur</i>	Merck	60	2 % - 0.5 % (0.2mL) 55.19	0.9198
DRESSING - HYDROPHILIC FOAM					
Dressing					
99100330	<i>Biatain</i>	Coloplast	5	10 cm X 20 cm 54.23	10.8460
EPOETIN ALFA					
Syringe					
02243239	<i>Eprex</i>	J.O.I.	1	20 000 U.I./0.5 mL 267.90	267.9000
ÉTANERCEPT					
S.C. Inj.Sol (syr)					
02274728	<i>Enbrel</i>	Amgen	4	50 mg/mL 1320.00	330.0000
GLARGINE INSULIN					
S.C. Inj. Sol.					
02251930	<i>Lantus</i>	Aventis	5	100 U/mL (3 mL) 94.46	
GLIMEPIRIDE					
Tab.					
02279061	<i>Gen-Glimepiride</i>	Genpharm	30	1 mg 14.70	0.4900
Tab.					
02279088	<i>Gen-Glimepiride</i>	Genpharm	30	2 mg 14.70	0.4900

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				4 mg	
02279126	<i>Gen-Glimepiride</i>	Genpharm	30	14.70	0.4900

INSULIN ASPART/INSULIN ASPART PROTAMINE

S.C. Inj. Susp.

			30 % - 70 % (3 mL)		
02265435	<i>NovoMix30</i>	N.Nordisk	5	48.80	

NUTRITIONAL FORMULAS - MONOMERIC

Liq.

			235 mL à 250 mL	suppl.	
99100309	<i>Peptamen AF</i>	Nestlé	1	9.52	

NUTRITIONAL FORMULAS - POLYMERIC LOW-RESIDUE

Liq.

			235 mL à 250 mL	suppl.	
00894370	<i>Ensure Plus</i>	Abbott	1	1.56	

NUTRITIONAL FORMULAS - POLYMERIC WITH RESIDUE

Liq.

			235 mL à 250 mL	suppl.	
00911089	<i>Ensure Fibre</i>	Abbott	1	1.56	

ONDANSETRON 

Tab. or Oral Disint.

				4 mg	
02264056	<i>Novo-Ondansetron</i>	Novopharm	10	75.45	7.5450
02258188	<i>pms-Ondansetron</i>	Phmscience	100	754.53	7.5453
02278529	<i>Ratio-Ondansetron</i>	Ratiopharm	100	754.53	7.5453
02274310	<i>Sandoz Ondansetron</i>	Sandoz	100	754.53	7.5453

Tab. or Oral Disint.

				8 mg	
02264064	<i>Novo-Ondansetron</i>	Novopharm	100	1151.66	11.5166
02258196	<i>pms-Ondansetron</i>	Phmscience	100	1151.66	11.5166
02278537	<i>Ratio-Ondansetron</i>	Ratiopharm	100	1151.66	11.5166
02274329	<i>Sandoz Ondansetron</i>	Sandoz	100	1151.66	11.5166

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST




Stick

99100333	<i>CoaguChek XS</i>	Roche Diag	48	297.60	
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SILVER DRESSING

Dressing

			4.5 cm x 4.5 cm		
99100334	<i>Aquacel AG</i>	Convatec	10	41.40	4.1400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
99100313	<i>Contreet Foam Adhesive</i>	Coloplast	5	7.5 cm X 7.5 cm 26.38	5.2760
Dressing					
99100338	<i>Aquacel AG</i>	Convatec	10	9.5 cm X 9.5 cm 98.40	9.8400
Dressing					
99100324	<i>Contreet Foam Non-Adhesive</i>	Coloplast	5	10 cm X 10 cm 46.89	9.3780
Dressing					
99100325	<i>Contreet Foam Non-Adhesive</i>	Coloplast	5	10 cm X 20 cm 93.79	18.7580
Dressing					
99100326	<i>Aquacel AG</i>	Convatec	5	14.5 cm x 14.5 cm 89.05	17.8100
Dressing					
99100327	<i>Contreet Foam Non-Adhesive</i>	Coloplast	5	15 cm X 15 cm 105.51	21.1020
Dressing					
99100328	<i>Aquacel AG</i>	Convatec	5	19.5 cm x 29.5 cm 214.45	42.8900
Dressing					
99100329	<i>Contreet Foam Non-Adhesive</i>	Coloplast	5	20 cm X 20 cm 187.57	37.5140
TIZANIDINE HYDROCHLORIDE 					
Tab.					
02272059	<i>Gen-Tizanidine</i>	Genpharm	150	4 mg 76.59	0.5106
TRAVOPROST / TIMOLOL (MALEATE OF) 					
Oph. Sol.					
02278251	<i>Duo Trav</i>	Alcon	2.5 ml	0.004 % - 0.5 % 30.60	
TROSPIUM CHLORIDE 					
Tab.					
02275066	<i>Trosec</i>	Oryx	60	20 mg 45.00	0.7500

6. 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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8:12.12**MACROLIDES****AZITHROMYCIN** [P]

Tab.

				600 mg	
02256088	<i>Co Azithromycin</i>	Cobalt	6	41.17	6.8617

8:18.08**ANTIRETROVIRAL AGENTS****ZIDOVUDIN** [P]

Caps.

				100 mg	LPM
01902660	<i>Retrovir</i>	GSK	100	170.00	1.7000

24:06.06**FIBRIC ACID DERIVATIVES****MICROCOATED FENOFIBRATE** [P]

Tab.

				100 mg	LPM
02241601	<i>Lipidil Supra</i>	Fournier	30	31.50	1.0500

Tab.

				160 mg	LPM
02241602	<i>Lipidil Supra</i>	Fournier	30	36.30	1.2100

24:32.04**ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)****LISINAPRIL** [P]

Tab.

				5 mg	LPM
02217481	<i>Apo-Lisinopril</i>	Apotex	500	269.40	➔ 0.5388
00839388	<i>Prinivil</i>	Merck	100	53.88	➔ 0.5388
02049333	<i>Zestril</i>	AZC	100	53.88	➔ 0.5388

Tab.

				10 mg	LPM
02217503	<i>Apo-Lisinopril</i>	Apotex	500	323.70	➔ 0.6474
00839396	<i>Prinivil</i>	Merck	100	64.74	➔ 0.6474
02049376	<i>Zestril</i>	AZC	100	64.74	➔ 0.6474

Tab.

				20 mg	LPM
02217511	<i>Apo-Lisinopril</i>	Apotex	500	388.95	➔ 0.7779
00839418	<i>Prinivil</i>	Merck	100	77.79	➔ 0.7779
02049384	<i>Zestril</i>	AZC	100	77.79	➔ 0.7779

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

Tab.			10 mg -12.5 mg	LPM	
02108194	<i>Prinzide</i>	Merck	100	64.74	➔ 0.6474
02103729	<i>Zestoretic</i>	AZC	100	80.92	0.8092

Tab.			20 mg -12.5 mg	LPM	
00884413	<i>Prinzide</i>	Merck	100	77.79	➔ 0.7779
02045737	<i>Zestoretic</i>	AZC	100	97.24	0.9724

Tab.			20 mg -25 mg	LPM	
00884421	<i>Prinzide</i>	Merck	100	77.79	➔ 0.7779
02045729	<i>Zestoretic</i>	AZC	100	97.24	0.9724

28:16.08**ANTIPSYCHOTIC AGENTS****OLANZAPINE** 

Tab. or Oral Disint.				2.5 mg	
02229250	<i>Zyprexa</i>	Lilly	60	101.25	1.6875

Tab. or Oral Disint.				5 mg	
02229269	<i>Zyprexa</i>	Lilly	60	202.50	3.3750
02243086	<i>Zyprexa Zydys</i>	Lilly	28	94.50	3.3750

Tab. or Oral Disint.				7.5 mg	
02229277	<i>Zyprexa</i>	Lilly	100	506.25	5.0625

Tab. or Oral Disint.				10 mg	
02229285	<i>Zyprexa</i>	Lilly	100	675.00	6.7500
02243087	<i>Zyprexa Zydys</i>	Lilly	28	189.00	6.7500

Tab. or Oral Disint.				15 mg	
02238850	<i>Zyprexa</i>	Lilly	100	1012.50	10.1250
02243088	<i>Zyprexa Zydys</i>	Lilly	28	283.50	10.1250

RISPERIDONE 

Tab. or Oral Disint.				0.25 mg	
02240551	<i>Risperdal</i>	J.O.I.	100	44.61	0.4461

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Oral Disint.				0.5 mg	
02247704	<i>Risperdal M-Tab</i>	J.O.I.	28	19.46	0.6950
02240552	<i>Risperdal</i>	J.O.I.	100	74.71	0.7471

Tab. or Oral Disint.				1 mg	
02247705	<i>Risperdal M-Tab</i>	J.O.I.	28	26.88	0.9600
02025280	<i>Risperdal</i>	J.O.I.	500	516.00	1.0320


Tab. or Oral Disint.				2 mg	
02247706	<i>Risperdal M-Tab</i>	J.O.I.	28	53.66	1.9164
02025299	<i>Risperdal</i>	J.O.I.	500	1030.19	2.0604

Tab. or Oral Disint.				3 mg	
02268086	<i>Risperdal M-Tab</i>	J.O.I.	28	80.50	2.8750
02025302	<i>Risperdal</i>	J.O.I.	250	772.66	3.0906

Tab. or Oral Disint.				4 mg	
02268094	<i>Risperdal M-Tab</i>	J.O.I.	28	107.33	3.8332
02025310	<i>Risperdal</i>	J.O.I.	60	247.25	4.1208

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

L.A. Tab.				20 mg LPM	
00632775	<i>Ritalin SR</i>	Novartis	100	48.06	0.4806

28:92**MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS****RIZATRIPTAN BENZOATE** 

Tab. or Oral Disint.				5 mg	
02240520	<i>Maxalt</i>	Merck	6	77.70	12.9500
02240518	<i>Maxalt RPD</i>	Merck	6	77.70	12.9500

Tab. or Oral Disint.				10 mg	
02240521	<i>Maxalt</i>	Merck	6	77.70	12.9500
02240519	<i>Maxalt RPD</i>	Merck	6	77.70	12.9500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ZOLMITRIPTAN					
Tab. or Oral Disint. 2.5 mg					
02238660	Zomig	AZC	6	77.70	12.9500
02243045	Zomig Rapimelt	AZC	6	77.70	12.9500

52:36**MISCELLANEOUS EENT DRUGS****TIMOLOL MALEATE**

Oph. Sol. Gel

0.25 % LPM					
02242275	Maleate de timolol	Alcon	5 ml	➔ 11.41	

Oph. Sol. Gel

0.5 % LPM					
02242276	Maleate de timolol	Alcon	5 ml	➔ 13.65	

56:40**MISCELLANEOUS GI DRUGS****OMEPRAZOLE (BASE OR MAGNESIUM)**

Caps. or Tab.

20 mg LPM					
02245058	Apo-Omeprazole	Apotex	500	625.00	➔ 1.2500
02190915	Losec	AZC	28	61.60	2.2000

RANITIDINE HYDROCHLORIDE

Oral Sol.

150 mg/10 mL LPM					
02242940	Novo-Ranitidine	Novopharm	300 ml	35.23	➔ 0.1174

68:04**ADRENALS****METHYLPREDNISOLONE SODIUM SUCCINATE**

Inj. Pd

1 g LPM					
02241229	Methylprednisolone	Novopharm	1	➔ 31.00	

84:04.08**ANTIFUNGALS****TERCONAZOL**

Vag. Cr. (App.)

0.4 % LPM					
02247651	Taro-Terconazole	Taro	45 g	➔ 12.27	
00894729	Terazol 7	J.O.I.	45 g	17.52	0.3893

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

Top. Oint.

0.1 % LPM

02244769	<i>pms-Mometasone</i>	Phmscience	50 g	17.46	→ 0.3492
02248130	<i>Ratio-Mometasone</i>	Ratiopharm	50 g	17.46	→ 0.3492
02264749	<i>Taro-Mometasone</i>	Taro	50 g	17.46	→ 0.3492
00851736	<i>Elocom</i>	Schering	50 g	27.71	0.5542

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

Tab.

70 mg

02248730	<i>Apo-A lendro nate</i>	Apotex	100	557.50	5.5750
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ISOTRETINOIN

Caps.

10 mg LPM

02257955	<i>Clarus</i>	Prempharm	30	27.94	→ 0.9313
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Caps.

40 mg LPM

02257963	<i>Clarus</i>	Prempharm	30	57.01	→ 1.9003
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EXCEPTIONAL MEDICATIONS**IMATINIB MESYLATE**

Tab.

100 mg

02253275	<i>Gleevec</i>	Novartis	120	3069.85	25.5821
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Tab.

400 mg

02253283	<i>Gleevec</i>	Novartis	30	3069.85	102.3283
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ONDANSETRON

Tab. or Oral Disint.

4 mg


02213567	<i>Zofran</i>	GSK	30	359.30	11.9767
02239372	<i>Zofran ODT</i>	GSK	10	119.80	11.9800

Tab. or Oral Disint.

8 mg

02239373	<i>Zofran ODT</i>	GSK	10	182.80	18.2800
02213575	<i>Zofran</i>	GSK	30	548.41	18.2803

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
12:08.08					
ANTISPASMODICS					
TIOTROPIUM MONOHYDRATED BROMIDE 					
Inh. Pd (App.)					
02246793	<i>Spiriva</i>	Bo. Ing.	30	18 mcg 63.00	

8. This Regulation comes into force on 11 October 2006.

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