

M.O., 2007-001**Order of the Minister of Health and Social Services making the Regulation to amend the Regulation respecting the List of medications covered by the basic prescription drug insurance plan dated 19 January 2007**

An Act respecting prescription drug insurance (R.S.Q., c. A-29.01; 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; 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, 19 January 2007

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; 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 section 3 entitled “EXTEMPORANEOUS PREPARATIONS”, by replacing the text following the fifth dash of the first clause of paragraph 3.2 by the following text:

“– An ophthalmic preparation containing

- amikacin, amphotericin B, cefazolin, ceftazidime, fluconazole, mitomycin, penicillin G, vancomycin or
- gentamicin or tobramycin in concentrations of 3 mg/mL and more.”.

2. The List of medications attached to that Regulation is amended, 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 “Optima”:

“Pendopharm	Pendopharm Inc.	5%”;
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(2) by inserting the following after the line concerning the manufacturer “Proval”:

“* Ranbaxy	Ranbaxy Pharmaceuticals Canada Inc.	5%”.
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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”:

* 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 the Regulations made by Minister’s Orders 2006-017 dated 1 August 2006 (2006, *G.O.* 2, 2911), 2006-021 dated 18 September 2006 (2006, *G.O.* 2, 3440) and 2006-023 dated 5 December 2006 (2006, *G.O.* 2, 3971) of that Minister. For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2006, updated to 1 September 2006.

(1) by inserting the following after the line concerning the medication “Agrimol Caps. 0,5 mg”:

“Bo. Ing. Aptivus Caps. 250 mg 120”;

(2) by inserting the following after the line concerning the medication “Avonex PS I.M. Inj. Sol. 30 mcg (6 MUI)”:

“B.-M.S. Baraclude Tab. 0,5 mg 30
B.-M.S. Baraclude Oral Sol. 0,05 mg/mL 210 ml”;

(3) by inserting the following after the line concerning the medication “Invirase Co. 500 mg”:

“Jamp Jamp-Docusate Syr. 50 mg/mL 500 ml”;

(4) by inserting the following after the line concerning the medication “pms-Docusate Syr. 50 mg/mL”:

“J.O.I. Prezista Tab. 300 mg 120”;

(5) by inserting the following after the line concerning the medication “Pulmozyne Sol. Inh. 1 mg/mL (2,5 mL)”:

“Ranbaxy Ran-Risperidone Tab. or
Oral Diss. tab. 2 mg 500
Ranbaxy Ran-Risperidone Tab. or
Oral Diss. tab. 3 mg 250”;

(6) by inserting the following after the line concerning the medication “Remodulin Inj. Sol. 10 mg/mL”:

“Pfizer Revatio Tab. 2 mg 90”.

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

(1) by deleting the medication “QUINAGOLIDE HYDROCHLORIDE” and the accompanying indication;

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

“DARUNAVIR:

- ◆ for treatment, in association with other antiretrovirals, of HIV-infected persons,
 - whose current viral load is both $\geq 1\ 000$ copies/mL and \geq the previous value, obtained at an interval of at least three months, while having been

treated with an association of three or more antiretrovirals during the interval between the two viral load measurements,

and

- who previously received at least one other antiretroviral treatment that resulted in a documented virological failure, after at least three months of treatment,

and

- who have tried, since the beginning of their antiretroviral therapy, at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, except in the presence of a class resistance.

The maximum duration of the initial authorization is five months.

Upon subsequent requests, the physician must provide evidence of a beneficial effect

- on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the tipranavir or darunavir treatment began;

or

- on a recent CD4 count, showing an increase of at least 30% compared with the CD4 count obtained before the tipranavir or darunavir treatment began.

Authorizations will then have a maximum duration of 12 months;

ENTECAVIR:

- ◆ for treatment of chronic hepatitis B, at a dose of 0.5 mg per day, in persons
 - not having a resistance to lamivudine and
 - whose viral load is greater than 100 000 copies/mL (HBeAg-positive) or 10 000 copies/mL (HBeAg-negative) prior to the beginning of treatment;
 - ◆ 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;
- and
- for whom adefovir has failed or is not tolerated;

GLYCERIN, supp.

- ◆ for treatment of constipation related to a medical condition;

RASAGILINE MESYLATE:

- ◆ for persons suffering from Parkinson's disease with motor fluctuations, despite levodopa therapy;

SILDENAFIL CITRATE:

- ◆ for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or secondary to a connective tissue disease and that is symptomatic despite the optimal conventional treatment.

The person must be evaluated and followed up on by physicians working at designated centres specializing in the treatment of pulmonary arterial hypertension.

Authorizations will be given for 20 mg three times per day;

SOLIFENACIN SUCCINATE:

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

TIPRANAVIR:

- ◆ for treatment, in association with other antiretrovirals, of HIV-infected persons,
 - whose current viral load is both $\geq 1\ 000$ copies/mL and \geq the previous value, obtained at an interval of at least three months, while having been treated with an association of three or more antiretrovirals during the interval between the two viral load measurements,
 and
 - who previously received at least one other antiretroviral treatment that resulted in a documented virological failure, after at least three months of treatment,
 and
 - who have tried, since the beginning of their antiretroviral therapy, at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, except in the presence of a class resistance.

The maximum duration of the initial authorization is five months.

Upon subsequent requests, the physician must provide evidence of a beneficial effect

- on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the tipranavir or darunavir treatment began;

or

- on a recent CD4 count, showing an increase of at least 30% compared with the CD4 count obtained before the tipranavir or darunavir treatment began.

Authorizations will then have a maximum duration of 12 months;”;

(3) by replacing the indication accompanying the medication “ADALIMUMAB” by the following indications:

- ◆ for treatment of moderate or severe rheumatoid arthritis and moderate or severe psoriatic arthritis of the rheumatoid type;

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 for rheumatoid arthritis only;
 - 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

for rheumatoid arthritis:

- methotrexate at a dose of 20 mg or more per week.

for psoriatic arthritis of the rheumatoid type:

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

or

- sulfasalazine at a dose of 2 000 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 decrease of 20% or more in the sedimentation rate;
 - a decrease of 0.20 in the HAQ score;
 - a return to work.

Requests for continuation of treatment are authorized for a period of 12 months.

For rheumatoid arthritis, authorizations for adalimumab are given for a dose of 40 mg every two weeks. However, after 12 weeks of treatment with adalimumab as monotherapy, an authorization may be given for 40 mg per week.

For psoriatic arthritis of the rheumatoid type, authorizations for adalimumab are given for a dose of 40 mg every two weeks;

- ◆ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid;

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 at least three joints with active synovitis and a score of more than 1 on the health assessment questionnaire (HAQ); 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
 - sulfasalazine at a dose of 2 000 mg per day.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish 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 decrease of 20% or more in the sedimentation rate;
 - a decrease of 0.20 in the HAQ score;
 - a return to work.

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

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

(4) by replacing the indication accompanying the medication “BETAHISTINE DIHYDROCHLORIDE” by the following indication:

“◆ to reduce the severity of vertigo of peripheral origin;”;

(5) by replacing the indications accompanying the medication “DELTA-9-TETRAHYDROCANNABINOL” by the following indication:

“◆ for treatment of severe vomiting and nausea;”;

(6) by replacing, in each of the indications accompanying the medication “ENFUVRTIDE”, the last sentence “Authorizations will then have a maximum duration of six months.” by the sentence “Authorizations will then have a maximum duration of 12 months.”;

(7) by replacing, in the last paragraph of the indication accompanying the medication “GLATIRAMER ACETATE”, the term “interferon beta-1a” by the term “interferon beta”;

(8) by replacing, in the last paragraph of the second indication accompanying the medication “INTERFERON BETA-1A i.m. inj. pd. and i.m. inj. sol.”, the term “interferon beta-1a” by the term “interferon beta”;

(9) by replacing, in the last paragraph of the second indication accompanying the medication “INTERFERON BETA-1A s.c. inj. sol. (syr.)”, the term “interferon beta-1a” by the term “interferon beta”;

(10) by replacing the indications accompanying the medication “INTERFERON BETA-1B” by the following indications:

“◆ for treatment of persons who have had a documented first acute clinical episode of demyelination.

The physician must provide, at the beginning of treatment, the results of an MRI showing:

- the presence of four or more lesions of the white substance, including a lesion located in the cerebellum, the corpus callosum or the periventricular region;
- and
- one such lesion having a diameter of 6 mm or more.

The maximum duration of the initial authorization is 12 months. When submitting subsequent requests, the physician must provide evidence of a beneficial effect (absence of new clinical episodes).

Authorizations will be given for a dose of 8 MIU every two days;

- ◆ for treatment of persons suffering from remitting multiple sclerosis who have had two or more episodes of the disease within the last two years and whose EDSS scale result is less than 7.

The physician must provide, at the beginning of treatment and with each subsequent request, the following information: number of attacks per year and EDSS scale result.

The maximum duration of the initial authorization is six months. When submitting subsequent requests, the physician must provide evidence of a beneficial effect (absence of deterioration).

For persons who previously received an interferon beta for treatment of the first acute clinical episode with documented demyelination, the interval between the two episodes may exceed two years;

- ◆ for treatment of persons suffering from secondary progressive multiple sclerosis, whether or not they have had clinical episodes, and whose EDSS scale result is less than 7.

The physician must provide, at the beginning of treatment and with each subsequent request, the following information: number of attacks per year, if any, and EDSS scale result.

The maximum duration of the initial authorization is 12 months. When submitting subsequent requests, the physician must provide evidence of a beneficial effect (absence of deterioration);”;

(11) by inserting, in the second sentence of the last paragraph of the indication accompanying the medication “PEGAPTANIB SODIUM”, the words “or by optical coherence tomography” following the words “by a retinal angiography”;

(12) concerning the medication “RIBAVIRINE/INTERFERON ALFA-2B PEGUYLATED”:

(a) by replacing, in the first indication accompanying it, the text following the second dash by the following text:

“– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negatation) at four weeks who relapsed after a shortened 12-week to 16-week treatment;”;

(b) by replacing, in the second indication accompanying it, the text following the third dash by the following text:

“– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negatation) at four weeks who relapsed after a shortened 24-week treatment;”;

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

(a) by replacing, in the first indication accompanying it, the text following the second dash by the following text:

“– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negatation) at four weeks who relapsed after a shortened 12-week to 16-week treatment;”;

(b) by replacing, in the second indication accompanying it, the text following the third dash by the following text:

“– did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negatation) at four weeks who relapsed after a shortened 24-week treatment;”;

5. 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
92:00.02					
OTHER MISCELLANEOUS					
QUINAGOLIDE HYDROCHLORIDE [P]					
Tab.					
02223767	<i>Norprolac</i>	Ferring	30	75 mcg 32.70	1.0900
Tab.					
02223775	<i>Norprolac</i>	Ferring	30	150 mcg 48.90	1.6300

6. 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
8:12.04					
ANTIFUNGAL ANTIBIOTICS					
FLUCONAZOLE [P]					
Caps.					
02282348	<i>pms-Fluconazole</i>	Phmscience	1	150 mg LPM ➔ 9.19	
8:12.12					
MACROLIDES					
AZITHROMYCIN [P]					
Oral Susp.					
02282380	<i>phl-Azithromycin</i>	Pharmel	15 ml	100 mg/5 mL 10.75	0.7167

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Oral Susp.			200 mg/5 mL		
02282410	<i>phl-Azithromycin</i>	Pharmel	22.5 ml	22.84	1.0151

Tab.			250 mg		
02278359	<i>Gen-Azithromycin</i>	Genpharm	30	93.24	3.1080

8:18**ANTIVIRALS****FAMCICLOVIR** 


Tab.			125 mg		
02278634	<i>Sandoz Famciclovir</i>	Sandoz	10	20.24	2.0240

Tab.			250 mg		
02278642	<i>Sandoz Famciclovir</i>	Sandoz	100	272.00	2.7200

Tab.			500 mg		
02278650	<i>Sandoz Famciclovir</i>	Sandoz	100	422.80	4.2280

8:22**QUINOLONES****NORFLOXACIN** 

Tab.			400 mg LPM		
02269627	<i>Co Norfloxacin</i>	Cobalt	100	137.16	➔ 1.3716

24:04.04**ANTIARRHYTHMIC AGENTS****FLECAINIDE ACETATE** 

Tab.			50 mg LPM		
02275538	<i>Apo-Flecainide</i>	Apotex	100	36.20	➔ 0.3620

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg	LPM
02275546	<i>Apo-Flecainide</i>	Apotex	100	72.39	➔ 0.7239

24:24
BÊTA-ADRENERGICS BLOCKING AGENTS
ATENOLOL 

Tab.				25 mg	LPM
02277379	<i>Riva-Atenolol</i>	Riva	100	17.58	➔ 0.1758

SOTALOL HYDROCHLORIDE 

Tab.				80 mg	LPM
02270625	<i>Co Sotalol</i>	Cobalt	100	59.32	➔ 0.5932

Tab.				160 mg	LPM
02270633	<i>Co Sotalol</i>	Cobalt	100	64.92	➔ 0.6492

24:28
CALCIUM-CHANNEL BLOCKING AGENTS
FELODIPIN 

L.A. Tab.				5 mg	
02280264	<i>Sandoz Felodipine</i>	Sandoz	100	46.20	0.4620

L.A. Tab.				10 mg	
02280272	<i>Sandoz Felodipine</i>	Sandoz	100	69.25	0.6925

24:32.04
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)
CILAZAPRIL 

Tab.				1 mg	
02283778	<i>Gen-Cilazapril</i>	Genpharm	100	37.17	0.3717
02280442	<i>pms-Cilazapril</i>	Phmscience	100	37.17	0.3717

Tab.				2.5 mg	
02283786	<i>Gen-Cilazapril</i>	Genpharm	100	42.84	0.4284
02280450	<i>pms-Cilazapril</i>	Phmscience	100	42.84	0.4284

Tab.				5 mg	
02280469	<i>pms-Cilazapril</i>	Phmscience	500	248.55	0.4971
02283794	<i>Gen-Cilazapril</i>	Genpharm	100	49.77	0.4977

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RAMIPRIL 

Caps.

02281112	<i>Altace</i>	Sanofi	100	105.00	1.0500
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24:32.08**ANGIOTENSIN II RECEPTOR ANTAGONISTS****IRBESARTAN/HYDROCHLOROTHIAZIDE** 

Tab.

02280213	<i>Avalide</i>	Sanofi	90	97.20	1.0800
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28:08.04**NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****ACETYLSALICYLIC ACID**

Ent. Tab.

02285371	<i>pms-ASA EC</i>	Phmscience	1000	28.00	0.0280
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Ent. Tab.

02284537	<i>pms-ASA EC</i>	Phmscience	1000	56.00	0.0560
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Ent. Tab. or Chew. Tab.

02280167	<i>Asatab</i>	Odan	500	28.00	➔ 0.0560
02150352	<i>Aspirin (Co. Mast.)</i>	Bayer	90	5.04	➔ 0.0560
02283905	<i>Jamp-A.S.A.</i>	Jamp	1000	56.00	➔ 0.0560
02237726	<i>Aspirin (Co. Ent.)</i>	Bayer	240	16.27	0.0678

Tab.

02245443	<i>Jamp-Acide Acetylsalicylique</i>	Jamp	1000	12.50	➔ 0.0125
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28:08.08**OPIATE AGONISTS****FENTANYL** 

Patch

02280345	<i>Duragesic</i>	J.O.I.	5	21.25	4.2500
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Patch

02249391	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	29.75	5.9500
02282941	<i>Ratio-Fentanyl</i>	Ratiopharm	5	29.75	5.9500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				50 mcg/h	
02249413	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	56.00	11.2000
02282968	<i>Ratio-Fentanyl</i>	Ratiopharm	5	56.00	11.2000

Patch				75 mcg/h	
02249421	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	78.75	15.7500
02282976	<i>Ratio-Fentanyl</i>	Ratiopharm	5	78.75	15.7500

Patch				100 mcg/h	
02249448	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	98.00	19.6000
02282984	<i>Ratio-Fentanyl</i>	Ratiopharm	5	98.00	19.6000

28:08.92**MISCELLANEOUS****ACETAMINOPHEN**

Liq.				160 mg/5 mL	LPM	
01901389	<i>Jamp-Acetaminophen</i>	Jamp	100 ml	3.65	➔	0.0365

Tab.				325 mg	LPM	
01938088	<i>Jamp-Acetaminophen</i>	Jamp	1000	11.40	➔	0.0114

Tab.				500 mg	LPM	
01939122	<i>Jamp-Acetaminophen</i>	Jamp	1000	14.90	➔	0.0149


28:12.92**MISCELLANEOUS ANTICONVULSANTS****TOPIRAMATE **

Tab.				25 mg		
02279614	<i>Apo-Topiramate</i>	Apotex	100	66.15		0.6615

Tab.				100 mg		
02279630	<i>Apo-Topiramate</i>	Apotex	100	125.37		1.2537

Tab.				200 mg		
02279649	<i>Apo-Topiramate</i>	Apotex	100	198.45		1.9845

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:16.04**ANTIDEPRESSANTS****BUPROPION HYDROCHLORIDE** 

L.A. Tab.

				100 mg	
02275074	<i>Sandoz Bupropion SR</i>	Sandoz	60	22.40	0.3733

L.A. Tab.

				150 mg	
02275082	<i>Sandoz Bupropion SR</i>	Sandoz	60	30.24	0.5040

MIRTAZAPINE 

Tab. or Oral Disint.

				15 mg	
02281732	<i>Phl-Mirtazapine</i>	Pharmel	100	37.50	0.3750

28:16.08**ANTIPSYCHOTIC AGENTS****RISPERIDONE** 

Tab. or Oral Disint.

				0.25 mg	
02282119	<i>Apo-Risperidone</i>	Apotex	500	130.75	0.2615
02282585	<i>Co Risperidone</i>	Cobalt	100	26.15	0.2615
02282240	<i>Gen-Risperidone</i>	Genpharm	100	26.15	0.2615
02282690	<i>Novo-Risperidone</i>	Novopharm	100	26.15	0.2615
02258439	<i>phl-Risperidone</i>	Pharmel	500	130.75	0.2615
02252007	<i>pms-Risperidone</i>	Phmscience	500	130.75	0.2615
02280906	<i>Ran-Risperidone</i>	Ranbaxy	100	26.15	0.2615
02264757	<i>Ratio-</i>	Ratiopharm	100	26.15	0.2615
02283565	<i>Riva-Risperidone</i>	Riva	100	26.15	0.2615
02279509	<i>Sandoz Risperidone</i>	Sandoz	100	26.15	0.2615

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Oral Disint.				0.5 mg	
02282593	<i>Co Risperidone</i>	Cobalt	100	43.78	0.4378
02280914	<i>Ran-Risperidone</i>	Ranbaxy	100	43.78	0.4378
02264765	<i>Ratio-</i>	Ratiopharm	100	43.78	0.4378
02283573	<i>Riva-Risperidone</i>	Riva	100	43.78	0.4378
02279495	<i>Sandoz Risperidone</i>	Sandoz	100	43.78	0.4378
02282127	<i>Apo-Risperidone</i>	Apotex	500	218.95	0.4379
02282259	<i>Gen-Risperidone</i>	Genpharm	100	43.79	0.4379
02264188	<i>Novo-Risperidone</i>	Novopharm	100	43.79	0.4379
02258447	<i>phl-Risperidone</i>	Pharmel	500	218.95	0.4379
02252015	<i>pms-Risperidone</i>	Phmscience	500	218.95	0.4379

Tab. or Oral Disint.				1 mg	
02282135	<i>Apo-Risperidone</i>	Apotex	500	302.40	0.6048
02282607	<i>Co Risperidone</i>	Cobalt	500	302.40	0.6048
02282267	<i>Gen-Risperidone</i>	Genpharm	500	302.40	0.6048
02264196	<i>Novo-Risperidone</i>	Novopharm	100	60.48	0.6048
02258455	<i>phl-Risperidone</i>	Pharmel	500	302.40	0.6048
02252023	<i>pms-Risperidone</i>	Phmscience	500	302.40	0.6048
02280922	<i>Ran-Risperidone</i>	Ranbaxy	500	302.40	0.6048
02264773	<i>Ratio-</i>	Ratiopharm	500	302.40	0.6048
02283581	<i>Riva-Risperidone</i>	Riva	500	302.40	0.6048
02279800	<i>Sandoz Risperidone</i>	Sandoz	500	302.40	0.6048

Tab. or Oral Disint.				2 mg	
02282143	<i>Apo-Risperidone</i>	Apotex	500	603.73	1.2075
02282615	<i>Co Risperidone</i>	Cobalt	500	603.73	1.2075
02282275	<i>Gen-Risperidone</i>	Genpharm	500	603.73	1.2075
02264218	<i>Novo-Risperidone</i>	Novopharm	500	603.73	1.2075
02258463	<i>phl-Risperidone</i>	Pharmel	500	603.73	1.2075
02252031	<i>pms-Risperidone</i>	Phmscience	500	603.73	1.2075
02280930	<i>Ran-Risperidone</i>	Ranbaxy	500	603.73	1.2075
02264781	<i>Ratio-</i>	Ratiopharm	500	603.73	1.2075
02283603	<i>Riva-Risperidone</i>	Riva	500	603.73	1.2075
02279819	<i>Sandoz Risperidone</i>	Sandoz	500	603.73	1.2075

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Oral Disint.				3 mg	
02282623	<i>Co Risperidone</i>	Cobalt	250	452.81	1.8112
02282283	<i>Gen-Risperidone</i>	Genpharm	100	181.12	1.8112
02264226	<i>Novo-Risperidone</i>	Novopharm	500	905.62	1.8112
02258471	<i>phl-Risperidone</i>	Pharmel	500	905.62	1.8112
02252058	<i>pms-Risperidone</i>	Phmscience	500	905.62	1.8112
02280949	<i>Ran-Risperidone</i>	Ranbaxy	250	452.81	1.8112
02264803	<i>Ratio-</i>	Ratiopharm	250	452.81	1.8112
02283611	<i>Riva-Risperidone</i>	Riva	250	452.81	1.8112
02279827	<i>Sandoz Risperidone</i>	Sandoz	250	452.81	1.8112
02282151	<i>Apo-Risperidone</i>	Apotex	100	181.13	1.8113

Tab. or Oral Disint.				4 mg	
02282178	<i>Apo-Risperidone</i>	Apotex	100	241.50	2.4150
02282631	<i>Co Risperidone</i>	Cobalt	60	144.90	2.4150
02282291	<i>Gen-Risperidone</i>	Genpharm	100	241.50	2.4150
02264234	<i>Novo-Risperidone</i>	Novopharm	60	144.90	2.4150
02258498	<i>phl-Risperidone</i>	Pharmel	100	241.50	2.4150
02252066	<i>pms-Risperidone</i>	Phmscience	100	241.50	2.4150
02280957	<i>Ran-Risperidone</i>	Ranbaxy	60	144.90	2.4150
02264811	<i>Ratio-</i>	Ratiopharm	100	241.50	2.4150
02283638	<i>Riva-Risperidone</i>	Riva	60	144.90	2.4150
02279835	<i>Sandoz Risperidone</i>	Sandoz	60	144.90	2.4150

RISPERIDONE TARTRATE 

Oral Sol.				1 mg/mL	
02280396	<i>Apo-Risperidone</i>	Apotex	30 ml	23.18	0.7727
02279266	<i>pms-Risperidone</i>	Phmscience	30 ml	23.18	0.7727

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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40:12**REPLACEMENT PREPARATIONS****CALCIUM CARBONATE**

Tab.		500 mg à 600 mg		LPM	
02246040	<i>Jamp-Calcium</i>	Jamp	500	10.80	➔ 0.0216
80001122	<i>pms-Calcium</i>	Pendopharm	1000	21.60	➔ 0.0216

CALCIUM CARBONATE/VITAMIN D

Caps. or Tab.		500 mg - 125 UI à 200 UI		LPM	
02246041	<i>Jamp-Calcium+Vitamin D 125 U.I.</i>	Jamp	500	34.00	➔ 0.0680
80001199	<i>pms-Calcium 500 + D 200 U.I.</i>	Pendopharm	1000	68.00	➔ 0.0680

40:28**DIURETICS****HYDROCHLOROTHIAZIDE**

Tab.		12.5 mg		LPM	
02282887	<i>Phl-Hydrochlorothiazide</i>	Pharmel	500	15.80	➔ 0.0316

56:14**CHOLELITHOLYTIC AGENTS****URSODIOL**

Tab.		250 mg		LPM	
02281317	<i>phl-Ursodiol C</i>	Pharmel	500	493.45	➔ 0.9869
02273497	<i>pms-Ursodiol C</i>	Phmscience	500	493.45	➔ 0.9869

Tab.		500 mg		LPM	
02281325	<i>phl-Ursodiol C</i>	Pharmel	100	187.20	➔ 1.8720
02273500	<i>pms-Ursodiol C</i>	Phmscience	100	187.20	➔ 1.8720

56:40**MISCELLANEOUS GI DRUGS****RABEPRAZOLE SODIUM**

Ent. Tab.		20 mg			
02243797	<i>Pariet</i>	J.O.I.	30	36.40	1.2133

RANITIDINE HYDROCHLORIDE

Oral Sol.		150 mg/10 mL		LPM	
02280833	<i>Apo-Ranitidine</i>	Apotex	300 ml	35.23	➔ 0.1174

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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68:04**ADRENALS****DEXAMETHASONE**

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02279363	<i>pms-Dexamethasone</i>	Phmscience	100	38.37	0.3837

68:12**CONTRACEPTIVES****ETHINYLESTRADIOL DESOGESTREL**

Tab. (21)

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02272903	<i>Linessa 21</i>	Organon	1	11.60	11.6000

Tab. (28)

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02257238	<i>Linessa 28</i>	Organon	1	11.60	11.6000

84:04.04**ANTIBIOTICS****MUIPIROCIN**

Top. Oint.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02279983	<i>Taro-Mupirocin</i>	Taro	30 g	10.36	0.3453

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

Caps. or Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
80001125	<i>Calciferol (tablet)</i>	Pendopharm	500	15.00	0.0300

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

Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02282771	<i>phl-Alendronate</i>	Pharmel	4	22.30	5.5750
02284006	<i>pms-Alendronate FC</i>	Phmscience	30	167.25	5.5750

ANAGRELIDE HYDROCHLORIDE



Caps.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02281155	<i>phl-Anagrelide</i>	Pharmel	100	334.91	3.3491



BICALUTAMIDE



Tab.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02281163	<i>phl-Bicalutamide</i>	Pharmel	100	405.72	4.0572

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
MIDODRINE HYDROCHLORIDE 					
Tab. 2.5 mg					
02278677	<i>Apo-Midrodine</i>	Apotex	100	29.99	0.2999
Tab. 5 mg					
02278685	<i>Apo-Midrodine</i>	Apotex	100	49.98	0.4998
RISEDRONATE SODIUM/CALCIUM CARBONATE 					
Tab. 35 mg - Ca+500 mg (4 tab. - 24 tab.)					
02279657	<i>Actonel Plus Calcium</i>	P&G Pharma	28	35.40	1.2643




(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					
BETAHISTINE DIHYDROCHLORIDE 					
Tab. 16 mg					
02280191	<i>Novo-Betahistine</i>	Novopharm	100	29.40	0.2940
Tab. 24 mg					
02280205	<i>Novo-Betahistine</i>	Novopharm	100	44.10	0.4410
CALCIUM GLUCONATE/ CALCIUM GLUCOHEPTONATE					
Oral Sol. 95 mg à 100 mg/5 mL LPM					
02246675	<i>Jamp-Calcium</i>	Jamp	250 ml	2.83	➔ 0.0113
DARUNAVIR 					
Tab. 300 mg					
02284057	<i>Prezista</i>	J.O.I.	120	835.20	6.9600
DIPHENHYDRAMINE HYDROCHLORIDE					
Caps. or Tab. 25 mg LPM					
02257548	<i>Jamp-Diphenhydramine</i>	Jamp	500	31.50	➔ 0.0630
Caps. or Tab. 50 mg LPM					
02257556	<i>Jamp-Diphenhydramine</i>	Jamp	500	37.25	➔ 0.0745
DOCUSATE SODIUM					
Caps. 100 mg LPM					
02245946	<i>Jamp-Docusate Sodium</i>	Jamp	1000	25.00	➔ 0.0250

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr. 20 mg/5 mL LPM					
02283239	<i>Jamp-Docusate</i>	Jamp	500 ml	9.50	➔ 0.0190
Syr. 50 mg/mL LPM					
02283220	<i>Jamp-Docusate</i>	Jamp	500 ml	429.19	➔ 0.8584
DRESSING - COMPOSITE					
Dressing 12.5 cm x 12.5 cm					
99100355	<i>Mepilex Border</i>	Mölnlycke	5	29.45	5.8900
Dressing 15 cm X 20 cm					
99100356	<i>Tielle Plus Bordeless</i>	J. & J.	5	55.72	11.1440
ENTECAVIR 					
Oral Sol. 0.05 mg/mL					
02282232	<i>Baraclude</i>	B.-M.S.	210 ml	462.00	2.2000
Tab. 0.5 mg					
02282224	<i>Baraclude</i>	B.-M.S.	30	660.00	22.0000
GLIMEPIRIDE 					
Tab. 1 mg					
02274248	<i>Co Glimepiride</i>	Cobalt	30	14.70	0.4900
02284545	<i>pms-Glimepiride</i>	Phmscience	100	49.00	0.4900
Tab. 2 mg					
02274256	<i>Co Glimepiride</i>	Cobalt	30	14.70	0.4900
02284553	<i>pms-Glimepiride</i>	Phmscience	100	49.00	0.4900
Tab. 4 mg					
02274272	<i>Co Glimepiride</i>	Cobalt	30	14.70	0.4900
GLYCERIN ⁵					
Supp.					
99100357			12		

5- Pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LEFLUNOMIDE					
Tab. 10 mg					
02283964	Sandoz Leflunomide	Sandoz	30	181.25	6.0417
Tab. 20 mg					
02283972	Sandoz Leflunomide	Sandoz	30	181.25	6.0417
ONDANSETRON					
Tab. or Oral Disint. 4 mg LPM					
02278618	Phl-Ondansetron	Pharmel	100	754.53	➔ 7.5453
Tab. or Oral Disint. 8 mg LPM					
02278626	Phl-Ondansetron	Pharmel	100	1151.66	➔ 11.5166
OXCARBAZEPINE					
Tab. 150 mg					
02284294	Apo-Oxcarbazepine	Apotex	100	56.25	0.5625
Tab. 300 mg					
02284308	Apo-Oxcarbazepine	Apotex	100	112.50	1.1250
Tab. 600 mg					
02284316	Apo-Oxcarbazepine	Apotex	100	225.00	2.2500
OXYBUTYRINE CHLORIDE					
L.A. Tab. 10 mg					
02273578	Uromax	Purdue	100	130.00	1.3000
L.A. Tab. 15 mg					
02273586	Uromax	Purdue	100	140.00	1.4000
RASAGILINE MESYLATE					
Tab. 0.5 mg					
02284642	Azilect	Teva	30	210.00	7.0000
Tab. 1 mg					
02284650	Azilect	Teva	30	210.00	7.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SILDENAFIL CITRATE 					
Tab.					
				20 mg	
02279401	<i>Revatio</i>	Pfizer	90	937.80	10.4200
SILVER DRESSING					
Dressing					
				5 cm X 5 cm	
99100347	<i>3M - Tegaderm Ag Mesh</i>	3M Canada	1	2.55	2.5500
Dressing					
				10 cm x 12,7 cm	
99100348	<i>3M - Tegaderm Ag Mesh</i>	3M Canada	1	5.24	5.2400
Dressing					
				10 cm X 20 cm	
99100349	<i>3M - Tegaderm Ag Mesh</i>	3M Canada	1	7.94	7.9400
Dressing					
				20 cm X 20 cm	
99100350	<i>3M - Tegaderm Ag Mesh</i>	3M Canada	1	15.52	15.5200
Dressing					
				40 cm x 40 cm	
99100351	<i>3M - Tegaderm Ag Mesh</i>	3M Canada	1	53.02	53.0200
SOLIFENACIN SUCCINATE 					
Tab.					
				5 mg	
02277263	<i>Vesicare</i>	Astellas	90	147.60	1.6400
Tab.					
				10 mg	
02277271	<i>Vesicare</i>	Astellas	90	147.60	1.6400
TIPRANAVIR 					
Caps.					
				250 mg	
02273322	<i>Aptivus</i>	Bo. Ing.	120	990.00	8.2500
WOUND CONTACT LAYER					
Dressing					
				7.5 cm X 10 cm	
99100352	<i>Tegapore</i>	3M Canada	1	3.39	3.3900
Dressing					
				7,5 cm x 20 cm	
99100353	<i>Tegapore</i>	3M Canada	1	5.23	5.2300
Dressing					
				20 cm X 25 cm	
99100354	<i>Tegapore</i>	3M Canada	1	15.84	15.8400

7. 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
8:12.12					
MACROLIDES					
AZITHROMYCIN [P]					
Oral Susp.				100 mg/5 mL	
02274388	<i>pms-Azithromycin</i>	Phmscience	15 ml	10.75	0.7167
Oral Susp.				200 mg/5 mL	
02274396	<i>pms-Azithromycin</i>	Phmscience	22.5 ml	22.84	1.0151
8:22					
QUINOLONES					
OFLOXACINE [P]					
Tab.				200 mg LPM	
02231529	<i>Apo-Oflox</i>	Apotex	100	130.41	➔ 1.3041
02243474	<i>Novo-Ofloxacin</i>	Novopharm	100	130.41	➔ 1.3041
Tab.				300 mg LPM	
02231531	<i>Apo-Oflox</i>	Apotex	100	153.23	➔ 1.5323
02243475	<i>Novo-Ofloxacin</i>	Novopharm	100	153.23	➔ 1.5323
01968416	<i>Floxin</i>	J.O.I.	50	121.61	2.4322
Tab.				400 mg LPM	
02231532	<i>Apo-Oflox</i>	Apotex	100	153.23	➔ 1.5323
02243476	<i>Novo-Ofloxacin</i>	Novopharm	100	153.23	➔ 1.5323
01968408	<i>Floxin</i>	J.O.I.	50	121.61	2.4322
10:00					
ANTINEOPLASTIC AGENTS					
TRIPTORELIN (AS PAMOATE) [P]					
Kit				3.75 mg	
02240000	<i>Trelstar</i>	Paladin	1	291.00	291.0000
12:08.04					
ANTIPARKINSONIAN AGENTS					
PERGOLIDE MESYLATE [P]					
Tab.				0.05 mg	
02123320	<i>Permax</i>	Shire	30	7.44	0.2480

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:04.04**ANTIARRHYTHMIC AGENTS****FLECAINIDE ACETATE** 

Tab.

			50 mg LPM		
01966197	<i>Tambocor</i>	3M Pharma	100	49.25	0.4925

Tab.

			100 mg LPM		
01966200	<i>Tambocor</i>	3M Pharma	100	98.50	0.9850

28:08.04**NONSTEROIDAL ANTI- INFLAMMATORY AGENTS****ACETYSALICYLIC ACID**

Ent. Tab. or Chew. Tab.

			80 mg or 81 mg LPM		
02009013	<i>Asaphen</i>	Phmscience	500	28.00	⇒ 0.0560
02250675	<i>Euro-ASA</i>	Euro-Pharm	500	28.00	⇒ 0.0560
02247355	<i>Phl-Asa</i>	Pharmel	500	28.00	⇒ 0.0560
02247318	<i>Phl-Asa</i>	Pharmel	500	28.00	⇒ 0.0560
02202352	<i>Rivasa</i>	Riva	500	28.00	⇒ 0.0560
02238545	<i>Asaphen E.C.</i>	Phmscience	1000	67.80	0.0678

TENOXCAM 

Tab.

			20 mg LPM		
02230661	<i>Apo-Tenoxicam</i>	Apotex	100	91.20	⇒ 0.9120
02231120	<i>Tenoxicam-20</i>	Pro Doc	500	456.00	⇒ 0.9120

28:12.08**BENZODIAZEPINES****CLOBAZAM** 

Tab.

			10 mg LPM		
02244638	<i>Apo-Clobazam</i>	Apotex	30	6.46	⇒ 0.2153
02248454	<i>Clobazam-10</i>	Pro Doc	30	6.46	⇒ 0.2153
02238334	<i>Novo-Clobazam</i>	Novopharm	30	6.46	⇒ 0.2153
02244474	<i>pms-Clobazam</i>	Phmscience	30	6.46	⇒ 0.2153
02238797	<i>Ratio-Clobazam</i>	Ratiopharm	30	6.46	⇒ 0.2153
02221799	<i>Frisium</i>	Aventis	30	10.25	0.3417

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

Stick

99004879	<i>Precision Xtra (Cetone)</i>	MediSense	10	15.06	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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40:28**DIURETICS****HYDROCHLOROTHIAZIDE**

Tab.

12.5 mg LPM

02274086	<i>pms-Hydrochlorothiazide</i>	Phmscience	500	15.80	➔ 0.0316
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52:04.12**MISCELLANEOUS ANTI-INFECTIVES****OFLOXACINE**

Oph. Sol.

0.3 % LPM

02248398	<i>Apo-Ofloxacin</i>	Apotex	5 ml	4.96	➔ 0.9920
02252570	<i>pms-Ofloxacin</i>	Phmscience	5 ml	➔ 4.96	
02143291	<i>Ocuflox</i>	Allergan	5 ml	7.08	

56:14**CHOLELITHOLYTIC AGENTS****URSODIOL**

Tab.

250 mg LPM

02238984	<i>Urso</i>	Axcan	100	123.36	1.2336
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Tab.

500 mg LPM

02245894	<i>Urso DS</i>	Axcan	100	234.00	2.3400
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56:40**MISCELLANEOUS GI DRUGS****RABEPRAZOLE SODIUM**

Ent. Tab.

10 mg

02243796	<i>Pariet</i>	J.O.I.	100	65.00	0.6500
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84:04.04**ANTIBIOTICS****MUPIROCIN**

Top. Oint.

2 % LPM

01916947	<i>Bactroban</i>	GSK CONS	30 g	14.80	0.4933
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EXCEPTIONAL MEDICATIONS**CALCIUM GLUCONATE/ CALCIUM GLUCOHEPTONATE**

Oral Sol.

95 mg à 100 mg/5 mL LPM


00466425	<i>Ratio-Calcium</i>	Ratiopharm	250 ml	2.83	➔ 0.0113
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DOCUSATE SODIUM

Syr.

50 mg/mL LPM

00848417	<i>pms-Docusate</i>	Phmscience	500 ml	429.19	➔ 0.8584
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LACTULOSE					
Syr. or Sol.					
			667 mg/mL	LPM	
02242814	<i>Apo-Lactulose</i>	Apotex	1000 ml	14.50	➔ 0.0145
02247383	<i>Euro-Lac</i>	Euro-Pharm	1000 ml	14.50	➔ 0.0145
00703486	<i>pms-Lactulose</i>	Phmscience	1000 ml	14.50	➔ 0.0145
00854409	<i>Ratio-Lactulose</i>	Ratiopharm	1000 ml	14.50	➔ 0.0145
ONDANSETRON 					
Tab. or Oral Disint.					
			4 mg	LPM	
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
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	LPM	
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
02239373	<i>Zofran ODT</i>	GSK	10	182.80	18.2800
02213575	<i>Zofran</i>	GSK	30	548.41	18.2803

8. This Regulation comes into force on 7 February 2007.

7987