NOTICE

ALTERNATIVE MEDICATION AUTHORIZATION

An Act respecting prescription drug insurance (chapter A-29.01, s. 60.1)

I hereby authorize the temporary use of the following alternative medication:

9911406	Electrolyte replacement/ dextrose		1	4.9 g/sac. to 5.1 g/sac	Oral Pd.			
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until the following medication, appearing on the List of Medications attached to the Regulation respecting the List of medications covered by the basic prescription drug insurance plan, is no longer out of stock:

01931563	Gastrolyte	SanofiAven	10	4.9 g/sac to 5.1 g/sac	Oral Pd.	7.01	0.7010
80027403	Jamp Rehydralyte	Jamp	10	4.9 g/sac to 5.1 g/sac	Oral Pd.	7.01	R

This notice has effect retroactively from 18 August 2022.

Québec, September 13, 2022

[original signed by]

MARCO THIBAULT
President and Chief Executive Officer
Régie de l'assurance maladie du Québec

Publication of this notice on the website of the Régie de l'assurance maladie du Québec imparts authentic value to it.