List of Medications

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Schedule 1

List of Medications 23 May 2019

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Sections and Therapeutic Classes

4.00	Antibiotomina Druga
4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drug
20:00	Blood Formation and Coagulation
24:00	Cardiovascular Drugs
28:00	Central Nervous System Agents
36:00	Diagnostic Agents
40:00	Electrolytic, Caloric and Water Balance
48:00	Antitussives, Expectorants and Mucolytic Agents
52:00	EENT Preparations
56:00	Gastrointestinal Drugs
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
84:00	Skin and Mucous Membrane Agents
86:00	Smooth Muscle Relaxants
88:00	Vitamins
92:00	Unclassified Therapeutic Agents
Exceptiona	I Medications
Supplies	
	r Extemporaneous Preparations
	olvents or Adjuvants
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1. ESTABLISHING THE PRICES INDICATED ON THE LIST OF MEDICATIONS

The prices indicated on the *List of Medications* are established according to the "guaranteed selling price" concept, in keeping with the manufacturer's commitment and in accordance with the methods of establishing drug prices provided for in section 60 of the Act respecting prescription drug insurance.

However, for certain drugs no price is indicated on the list, in which case the payable price is the pharmacist's cost price. Such drugs may include:

- drugs produced by non-accredited manufacturers but considered unique and essential (identified by the symbol "UE" in the "unit price" column);
- products for extemporaneous preparations;
- solvents, vehicles and adjuvants;
- supplies;
- drugs listed by generic name only, with no brand name or manufacturer's name indicated.

For drugs that have been withdrawn from the market by the manufacturer, the symbol "W" appears in the "unit price" column. These drugs remain payable during the period of validity of this edition, so that existing stocks can be sold.

1.1. Guaranteed selling price

The manufacturer's commitment stipulates that the manufacturer must submit a guaranteed selling price, per package size, for any drug it wishes to have included on the *List of Medications*. The number of package sizes is limited to two, and the price submitted must reflect prices for quantities that are multiples of these package sizes.

Where the therapeutic use of more than two package sizes has been established, as in the case of certain drugs such as antibiotics in oral suspensions, ophthalmic solutions, and topical creams and ointments, the manufacturer may submit a guaranteed selling price for each package size.

The guaranteed selling price must remain in effect during the period for which the List of Medications is valid.

The guaranteed selling price may differ for sales to pharmacists and sales to wholesalers, in which case the difference between the pharmacist's price and the wholesaler's price must not exceed 6.50% for any package size but may be different for each product in question. For a given product, the difference must be the same for all package sizes. A manufacturer's guaranteed selling price for sales to wholesalers must be the same for all wholesalers.

It should be noted that the guaranteed selling price indicated on the list is the guaranteed selling price for sales to pharmacists.

Manufacturers that have submitted different guaranteed selling prices for sales to pharmacists and sales to wholesalers are listed in Appendix I.

2. ESTABLISHING THE PAYABLE PRICE

The price of a drug is the price at which it is sold by an accredited manufacturer or wholesaler. This price is established according to the method described below or, in certain cases, is the maximum price indicated on the list.

2.1. Actual purchase price

The method used to establish the payable price is the actual purchase price method.

Under this method, the price paid to a pharmacist is the price indicated on the edition of the list that is valid at the time the prescription is filled, taking into account the source of supply and the package size.

Where the manufacturer's name does not appear on the list, the payable price is the pharmacist's cost price. This is the case, for example, with products considered unique and essential, products for which no brand name or manufacturer's name is indicated, and certain products appearing in the sections entitled *Products for Extemporaneous Preparations, Vehicles, Solvents or Adjuvants* and *Supplies*.

2.2. Lowest price

The lowest price applies when two or more manufacturers have drugs appearing on the List of Medications that have the same generic name, dosage form and strength.

The lowest price also applies where an exceptional medication, prescribed for a therapeutic indication not set out in this list with regard to this medication, is exceptionally insured under the basic prescription drug insurance plan pursuant to item 6.

2.2.1. Lowest price method

The payable price for drugs with the same generic name, dosage form and strength is that of the brand name whose selling price guaranteed by the manufacturer is the lowest for a given package size.

2.2.2. Grouping of dosage forms and strengths

For the purpose of applying the lowest price method, certain dosage forms or active drug ingredient strengths may be grouped together under the same generic name. In such case, determination of the payable price is based on the corresponding doses.

2.2.3. Exceptions to the lowest payable price

The lowest price method does not apply when the prescriber indicates to the pharmacist:

- (1) not to replace a brand name drug that he or she has prescribed with a generic name drug;
- (2) the reason, among the following, why there must not be any replacement, using for this purpose the Régie-supplied code corresponding to the reason given:
 - the patient suffers from a documented allergy or intolerance to a non-medicinal ingredient present in the makeup of the less costly generic name drug, but absent in the brand name drug;
 - the drug being prescribed is a brand name drug whose dosage form is essential to obtain the
 expected clinical results, and this drug is the only one appearing on the *List of Medications* in
 this form.

However, indication of the reason why there must not be any replacement is required only as of 1 June 2015 for prescription renewals done before 24 April 2015 that included the instruction not to replace.

It is not required for prescriptions of azathioprine, mycophenolate mofetil, mycophenolate sodium, sirolimus, tacrolimus or clozapin for persons who, before 1 June 2015, obtained a prescription containing the instructions not to replace.

It is also not required with respect to persons who received a reimbursement for Prograf[™] before 1 June 2015 and who received a prescription containing the instruction not to replace before 1 October 2015, this as long as this instruction appears on their subsequent prescriptions.

The lowest price method does not apply to insured persons having obtained a reimbursement for Remicade[™] during the period beginning on 15 February 2017 and ending on 10 February 2019.

Likewise, the lowest price method does not apply to persons having obtained a reimbursement for Inflectra[™] before 11 February 2019.

The lowest price method does not apply to insured persons having obtained a reimbursement for Clozaril™ in the 365 days preceding 21 April 2008.

Likewise, the lowest price method does not apply to the drugs appearing in Appendix V. The drugs in this appendix have one of the following characteristics:

- they are highly toxic or have a narrow therapeutic index;
- their onset of action and absorption rate are clinically important;
- they have a particular pharmaceutical form or a particular use.

2.3. Maximum amount

The Minister may establish a maximum payable amount for a drug, in which case the payable price may not exceed the maximum amount indicated on the list.

However, provided that the conditions referred to in 6.5 are fulfilled, the maximum amount indicated on the list for the payment of medications whose billing code is 02244521, 02244522, 02249464 or 02249472 does not apply when a patient suffers from severe dysphagia or is fitted with a nasogastric or gastrojejunal tube and is able to take the medication only if dissolved. In such cases, the payable price is the actual purchase price paid for the medication by the pharmacist.

2.4. Accredited drug wholesaler's mark-up

The drug wholesaler's mark-up is payable only if the drug was actually purchased through an accredited wholesaler. For certain expensive drugs, the mark-up may be limited to a maximum amount, under the terms and conditions described below.

Under this provision, the wholesaler must, in keeping with its commitment, declare the percentage mark-up that it must add exclusively to the manufacturer's guaranteed selling price for drugs appearing on the list during the period for which it is valid, except drugs for which different guaranteed selling prices for sales to wholesalers and sales to pharmacists are submitted.

Accredited drug wholesalers and their mark-ups for the period of validity of the *List of Medications* are listed in Appendix II.

2.4.1. Maximum mark-up

Under the regulatory provisions, the mark-up on certain expensive drugs may be limited to a maximum amount.

For these drugs, the wholesaler's mark-up is limited to a maximum of \$39. The products to which this measure applies are those whose guaranteed selling price for sales to wholesalers, for the smallest package size or its indivisible multiple, is \$600 or more. The price appearing on the list is the guaranteed selling price for sales to pharmacists and does not include the wholesaler's mark-up.

Products for which the wholesaler's mark-up is limited to \$39 are listed in Appendix III.

2.4.2. Two guaranteed selling prices

Where a manufacturer has submitted different guaranteed selling prices for sales to wholesalers and sales to pharmacists, the payable price is established as follows:

If the difference between the guaranteed selling prices for sales to wholesalers and sales to pharmacists is equal to or greater than 5%, this difference constitutes the wholesaler's mark-up. The payable price is then the guaranteed selling price for sales to pharmacists, except in the case of expensive products, for which the mark-up is limited to \$39. If the difference between the guaranteed selling prices for sales to wholesalers and sales to pharmacists is less than 5%, the payable price is the guaranteed selling price for sales to wholesalers, increased by the wholesaler's mark-up.

2.5. Conditions of supply

The only products for which pharmacists may bill the Régie are those appearing on the list and purchased through an accredited manufacturer or wholesaler.

When obtaining drug supplies, pharmacists must apply sound management practices and make rational purchases based on the quantity of a drug dispensed over a period of at least 30 days.

2.6. Payable price for drugs supplied by institutions

Under section 37 of the Pharmacy Act (chapter P-10), institutions are authorized to supply drugs to persons other than persons admitted or registered with them. In addition to the responsibilities entrusted to them under the Regulation respecting the application of the Hospital Insurance Act, these institutions may bill the basic prescription drug insurance plan for drugs appearing on the *List of Medications* drawn up by the Minister pursuant to section 60 of the Act respecting prescription drug insurance, where these drugs are supplied to persons insured under the basic plan.

In such cases, the price payable to institutions is the lesser of the actual purchase price and the price established according to the method described in the list.

3. EXTEMPORANEOUS PREPARATIONS

3.1. Definition

An extemporaneous preparation is any drug prepared by a pharmacist from a prescription, as opposed to an officinal preparation, which is pre-prepared.

3.2. Extemporaneous preparations whose cost is covered by the basic prescription drug insurance plan

The cost of an extemporaneous preparation is covered by the basic plan if the preparation is an extemporaneous mixture of products appearing on the *List of Medications*, is not equivalent to a drug already manufactured, and consists of:

- A systemic-effect preparation manufactured from oral forms of drugs already appearing on the List of Medications and consisting of a single active substance.
- A mouthwash preparation resulting from the mixture
 - of two or more of the following drugs in non-injectable form: diphenhydramine hydro-chloride, erythromycin, hydroxyzine, ketoconazole, lidocaine, magnesium hydroxide / aluminum hydroxide, nystatin, sucralfate, tetracycline and a corticosteroid, in association, where applicable, with one or more vehicles, solvents or adjuvants or
 - of an oral form of tranexamic acid with one or more vehicles, solvents or adjuvants.
- A preparation for topical use composed of a mixture of a drug listed in Class 84:00 Skin and Mucous Membrane Agents of the List of Medications and of one or more of the following products for extemporaneous preparations: salicylic acid, sulfur and tar in association, where applicable, with one or more vehicles, solvents or adjuvants.
- A preparation for topical use composed of one or more of the following products: salicylic acid, erythromycin, sulfur, tar and hydrocortisone in a cream, ethanol, ointment, oil or lotion base, but not a preparation that is only hydrocortisone-based that has a concentration of less than 1%.

- An ophthalmic preparation containing:
 - amikacin, amphotericine B, cefazolin, ceftazidime, fluconazole, mitomycin, penicillin G, vancomycin or
 - tobramycin in concentrations of more than 3 mg/mL or
 - cyclosporine at a concentration of 1% or 2%.
- A solution or oral suspension of folic acid, dexamethasone, methadone, phytonadione or vancomycin.
- One of the following preparations:
 - a sucralfate-based preparation for rectal use;
 - a topical preparation containing glyceryl trinitrate, nifedipine or diltiazem.
- A preparation for oral use of sodium benzoate.

Products for extemporaneous preparations, as well as vehicles, solvents or adjuvants whose price is payable by the Régie are listed in two special sections of *the List of Medications*.

3.3. Payable price

The method applicable for establishing the payable price for products for extemporaneous preparations is the price indicated on the list. Where no price is indicated, the payable price is the pharmacist's cost price.

4. EXCEPTIONAL MEDICATIONS

4.1. Classification of exceptional medications in the List of Medications

The exceptional medications are grouped together in appendices IV and IV.1 to the list.

Regarding the exceptional medications listed in Appendix IV, the exceptional medications measure is intended to:

- (a) ensure that the cost of drugs classified as exceptional medications be covered by the basic plan only when used for the therapeutic indications recognized by the Institut national d'excellence en santé et en services sociaux.
- (b) permit, on an exceptional basis, the payment of the cost of drugs where they:
- are considered effective for limited indications, since neither their effectiveness nor the cost of treatment warrants their regular and continuous use for other indications;
- offer no therapeutic advantages to warrant a higher cost than the cost of using products that have the same pharmacotherapeutic properties and that appear on the list, but where the latter are not tolerated, are contraindicated, or have been rendered ineffective by the patient's clinical condition.

Regarding the exceptional medications listed in Appendix IV.1, the exceptional medications measure is intended to guarantee, under the basic plan, and according to the conditions set out in sections 4.2.1 and 4.2.2 hereof, the cost of drugs targeted by an end of coverage.

4.2. Conditions of coverage under the basic prescription drug insurance plan

4.2.1. Medications listed in appendices IV and IV.1

The exceptional medications listed in appendices IV and IV.1 are insured under the basic plan where the following conditions are fulfilled:

(1) in the case of persons whose coverage under the basic plan is provided by the Régie de l'assurance maladie du Québec, a prior request for authorization, duly completed in accordance with the form prescribed to that effect in the Regulation respecting the terms and conditions for the issuance of health insurance cards and the transmittal of statements of fees and claims (chapter A-29, r. 7.2) was sent to the Régie; (2) in the case of persons whose basic plan coverage is provided by insurers transacting group insurance or by administrators of private-sector employee benefit plans, a prior request for authorization, if required under the applicable group insurance contract or employee benefit plan, was sent to the insurer or to the administrator of the employee benefit plan, according to the terms and conditions provided for in that contract or plan.

However, these drugs are covered only for the period authorized, if applicable, by the Régie, the insurer or the administrator of the employee benefit plan in question, if they are prescribed for the therapeutic indications provided for each of them.

4.2.2. Medications listed in Appendix IV.1

The exceptional medications listed in Appendix IV.1 are insured under the basic plan where the following conditions are also fulfilled:

For the reimbursement of Enbrel[™] S.C. Inj. Sol. (syr) 50 mg/mL and Enbrel[™] SureClick[™] S.C. Inj. Sol. 50 mg/mL,

- (1) in the case of rhumatoid arthritis and ankylosing spondylitis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 18 August 2017 and fulfil the payment indications set out in Appendix IV.1.
- (2) in the case of juvenile idiopathic arthritis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 1 February 2018 and fulfil the payment indications set out in Appendix IV.1

For the reimbursement of Lantus[™] S.C. Inj. Sol. 100U/ml (3 ml) and Lantus[™] Solostar[™] S.C. Inj. Sol. 100U/ml (3 ml), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 18 August 2017 and fulfil the payment indications set out in Appendix IV.1.

For the reimbursement of Copaxone™ S.C. Inj. Sol (syr) 20 mg/mL (1 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 5 July 2018 and fulfil the payment indications set out in Appendix IV.1.

For the reimbursement of Neupogen™ Inj. Sol. 300 mcg/mL (1.0mL) and Neupogen Inj. Sol. 300 mcg/mL (1.6mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 27 September 2018 and fulfil the payment indications set out in Appendix IV.1 without there having been an interruption in the pharmacological treatment.

4.2.3. Medications listed in Appendix IV.2

The medications removed from the *List of Medications*, indicated in Appendix IV.2, are insured under the basic plan where the following conditions are also fulfilled:

For the reimbursement of Guepe (Polistes Spp.) (DIN 01948970) and Vespides combines (DIN 01948873), where the eligible person has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan for one of these products in the six months preceding 15 February 2017.

5. SUPPLIES

The *List of Medications* may include certain supplies considered by the Minister to be essential for the administration of prescription drugs. Supplies whose cost is covered by the basic plan appear on the list in the sections entitled *Supplies* and *Vehicles*, *Solvents or Adjuvants*.

5.1. Payable price

The method used to establish the payable price for supplies is the method described in the *List of Medications*. Where no price is indicated, the payable price for supplies is the pharmacist's cost price.

6. CONDITIONS, CASES AND CIRCUMSTANCES ON OR IN WHICH THE COST OF ANY OTHER MEDICATION IS COVERED BY THE BASIC PLAN, EXCEPT THE MEDICATIONS OR CLASSES OF MEDICATIONS SPECIFIED BELOW

6.1. Objective

The purpose of this measure is to provide for the payment, in exceptional circumstances, of a medication that is not on the list or an exceptional medication prescribed for a therapeutic indication not specified on the list for that medication, on or in the conditions, cases and circumstances described below, and to provide for coverage under the basic prescription drug insurance plan of the cost of the medication and the cost of the pharmaceutical services provided by a pharmacist to an eligible person.

6.2. Conditions, cases and circumstances

6.2.1. Conditions

A medication not appearing on the list or an exceptional medication that is prescribed for a therapeutic indication not specified on the list for that medication is covered by the basic prescription drug insurance plan on an exceptional basis when no other pharmacological treatment specified on the list or no other medical treatment whose cost is covered under the Health Insurance Act (chapter A-29) can be considered because the treatment is contraindicated, there is significant intolerance to the treatment, or the treatment has been rendered ineffective due to the clinical condition of the eligible person.

That medication must:

 be manufactured and marketed in Canada and, subject to the fourth paragraph of this section, have been assigned a DIN by Health Canada;

or

(2) be manufactured and marketed in Canada and have an NPN assigned by Health Canada, on condition that the medication already had been assigned a DIN by the same authority;

or

(3) be an extemporaneous preparation consisting of ingredients marketed in Canada, on condition that there are no medications marketed in Canada of the same form and strength, containing the same ingredients;

or

(4) be a sterile preparation made by a pharmacist from sterile pharmaceutical products marketed in Canada, at least one of which is not specified on the list for parenteral administration or ophthalmic use, on condition that there are no preparations marketed in Canada of the same form and strength, containing the same ingredients.

The medication is covered by the basic plan if it satisfies every condition specified for both of the following criteria:

- severity of the medical condition;
 and
- (2) chronicity, treatment of an acute infection, and palliative care.

An exceptional medication referred to in Appendix IV may be covered by the basic plan even if it has not been assigned a DIN by Health Canada, insofar as its coverage is not subject to any exclusion set out in the list.

6.2.1.1. Severity of the medical condition

The medication is to be used to treat a severe medical condition of an eligible person for whom there is a specific necessity of an exceptional nature to use the medication, recorded in the person's medical file.

"Severe medical condition" means a symptom, illness or severe complication arising from the illness with consequences that pose a serious health threat, such as significant physical or psychological injury, with a high probability that the person will require the use of a number of services in the health network such as frequent medical services or hospitalization if the medication is not administered, and whose severity is, as the case may be:

 immediate, in that it already severely restricts the afflicted person's activities or quality of life or would, according to the current state of scientific knowledge, lead to significant functional injury or the person's death;

OI

(2) foreseeable in the short term, in that its evolution or complications could affect the eligible person's morbidity or mortality risk.

If, however, the consequences of the severe medical condition are significant functional psychological injury, the injury must be immediate and as a consequence already severely restrict the eligible person's activities or quality of life.

6.2.1.2. Chronicity, treatment of an acute severe infection, and palliative care

The medication is to be used, as the case may be:

- (1) to treat a chronic medical condition or a complication or manifestation arising from the chronic medical condition provided its degree of severity satisfies subparagraph 1 or 2 of the second paragraph of section 6.2.1.1;
- (2) to treat an acute severe infection;
- (3) notwithstanding the degree of severity criteria in section 6.2.1.1, to provide for the administration of a medication required for final phase ambulatory palliative care in the case of a terminal illness.

6.3. Exclusions

Despite the conditions being satisfied for coverage by the basic plan under section 6.2.1 as a medication not on the List or as an exceptional medication prescribed for a therapeutic indication not specified on the list for that medication, a request for payment authorization must be denied for the following medications:

- (1) (Deleted);
- (2) medications prescribed for aesthetic or cosmetic purposes;
- (3) medications prescribed to treat alopecia or baldness;
- (4) medications prescribed to treat erectile dysfunction;
- (5) medications prescribed to treat obesity;
- (6) medications prescribed for cachexia and to stimulate appetite;
- (7) oxygen;
- (8) medications prescribed to treat persons suffering from chronic hepatitis C without hepatic fibrosis (Metavir score of F0 or equivalent) or having mild hepatic fibrosis (Metavir score of F1 or equivalent) and not showing any poor prognostic factor.

6.4. Payable price

Except in the cases specified in the second paragraph of section 2.2, the price of a medication referred to in this section is the actual purchase price paid for the medication by the pharmacist.

6.5. Payment authorization and duration of authorization

The prescriber must send:

- (1) to the Régie de l'assurance maladie du Québec, in the case of persons whose basic plan coverage is provided by the Régie, a request for prior authorization on the duly completed form provided by the Régie;
- (2) to the insurer or administrator of the employee benefit plan, in the case of persons whose basic plan coverage is provided by insurers transacting group insurance or by administrators of private-sector employee benefit plans, if it is required by the applicable group insurance contract or benefit plan, a prior request for authorization duly completed in accordance with the terms and conditions of the contract or plan, as the case may be.

If the request is accepted, the medication for which payment authorization is sought is covered only for the period authorized by the Régie, by the insurer or by the administrator of the employee benefit plan, as the case may be.

7. EXCEPTIONS TO THE TEMPORARY EXCLUSION OF A MEDICATION FROM COVERAGE UNDER THE BASIC PRESCRIPTION DRUG INSURANCE PLAN

The temporary exclusion of a medication provided in section 60.0.2 of the Act respecting prescription drug insurance (chapter A-29.01), for the purpose of making a listing agreement, does not apply to a person for whom the seriousness of his or her medical condition is such, on the date that the request for payment authorization was sent to the Régie in accordance with section 6.5, that the taking of the medication may not be delayed beyond 30 days of this date without it resulting in complications leading to an irreversible deterioration of the person's condition or the person's death. In addition, the prescriber must demonstrate that the beneficial clinical effects expected of this medication for this person are medically recognized on the basis of scientific data.

Concerning requests for payment authorization being processed or awaiting processing on the date of coming into force of the notice of temporary exclusion of a medication, the 30-day period beyond which the taking of the medication may not be delayed is calculated from the date of coming into force of this notice.

As well, this exclusion does not apply to a person who received acceptance of payment for this medication at any time before the date of publication of the notice of exclusion.

8. PROTON PUMP INHIBITORS (PPI)

For persons age 18 and over, proton pump inhibitors (PPI) are covered under the basic plan only for the duration determined below, according to the specific conditions or pathologies presented by the insured persons:

- (1) for a maximum duration of 90 days of treatment, consecutive or not, per 12-month period beginning the date of the delivery of the PPI, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, with or without gastroesophageal reflux, Helicobacter pylori positive or a gastric or duodenal ulcer being predominant symptoms;
- (2) for a maximum duration of 12 months of treatment, where code PP12 is indicated on the prescription, in the case of: secondary dyspepsia associated with the taking of non-steroidal antiinflammatory drugs, cytoprotective prophylaxis, pregnancy, the wearing of a nasogastric tube or gastrojejunal tube, or a short bowel.

- (3) for a maximum duration of 12 months of treatment, where code PP205 is indicated on the prescription, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, functional dyspepsia responding to PPIs, eosinophilic gastroenteritis, a hypersensitive oesophagus or extradigestive symptoms responding to PPIs and recurring if usage is stopped, if the symptoms of gastroesophageal reflux reappear after the initial treatment provided for in paragraph 1 and are present at least three days per week.
- (4) for a maximum duration of 24 months of treatment, where code PP999 is indicated on the prescription, in the case of: Barrett's esophagus, Zollinger-Ellison syndrome, an esophageal peptic stricture, eosinophilic esophagitis, Crohn's disease of the upper digestive tract, the taking of pancreatic enzymes not having the desired effectiveness due to their inactivation by gastric acidity, Cameron ulcers, neoplasic ulcers associated with chronic bleeding or the digestive hemorrhage of a lesion of the stomach or esophagus, antral vascular ectasia, recurring erosive esophagitis, a recurring idiopathic peptic ulcer in the absence of helicobacter pylori or the taking of anti-inflammatory drugs, a gastrostomy that leaks around the stoma or a Schatzki ring.

The maximum duration of treatment indicated in subparagraphs 2, 3 and 4 is renewable if the pathology or particular condition remains present at the end of the treatment.

However, until 4 October 2017, the first paragraph does not apply to persons undergoing treatment between 2 November 2016 and 2 May 2017.

9. MAXIMUM NUMBER OF BLOOD GLUCOSE TEST STRIPS (REACTIVE QUANTITATIVE)

The maximum number of strips covered by the basic plan, per 365-day period, from the date of the first delivery after 2 May 2017, depends on which of the following situations applies to the person:

- (1) For a person suffering from diabetes and being treated:
 - (a) with insulin or pregnant, 3 000 strips;
 - (b) with repaglinide or a sulfonylurea, 400 strips;
 - (c) with an antidiabetic other than insulin, repaglinide or a sulfonylurea or not being treated with an antidiabetic, 200 strips.
- (2) for a person taking insulin not referred to in the 5th paragraph of item 9, 3 000 strips.

However, this quantity is increased by 100 strips where a person referred to in paragraphs (b) and (c) of subparagraph 1 and in subparagraph 2 of the first paragraph is in one of the following situations:

- (1) has not attained the glycemic targets determined by his or her physician during three months or more:
- (2) has an acute illness or a comorbidity or underwent a medical or surgical intervention that could have an impact on the person's glycemic control;
- (3) is starting a new pharmacotherapy known for its hypoglycemic or hyperglycemic effects;
- (4) presents risks of drug interactions that may have an impact on the person's glycemic control;
- (5) his or her work or occupation requires, according to a legally authorized person involved in the care of this person, a tighter glycemic control for his or her own safety and for that of the public;
- (6) has Type 2 diabetes, is not undergoing insulin therapy and is planning to become pregnant.

In the case where the maximum number of strips is reached before the end of the 365-day period, an additional 100 strips is also covered by the basic plan for a person referred to below, where a legally authorized person involved in the care of this person establishes, given his or her situation, that the maximum number of strips to which the person is entitled proves insufficient:

- (1) a person referred to in the second paragraph;
- (2) a person referred to in paragraph a) of subparagraph 1 and in subparagraph 2 of the first paragraph who is in the same situation as the person referred to in the second paragraph.

This additional quantity of strips is renewable as long as it is warranted by the person's situation during the 365-day period.

The maximum number of strips for which payment is covered by the basic plan is unlimited during the entire duration of the prescription for any person not suffering from diabetes who is in one of the following clinical situations entailing a risk of potentially serious symptomatic hypoglycemia:

- (1) a case under investigation or a confirmed case of congenital disease of the category of innate metabolic errors, of gluconeogenesis disorder, or of another metabolic disease severely affecting the glucose reserves and requiring a dietary adjustment according to the glycemic measure;
- (2) a case under investigation or a confirmed case of congenital or acquired disease characterized by hyperinsulinism;
- (3) a case under investigation or a confirmed case of congenital or acquired endocrine disease characterized by an imbalance or deficiency in hormones participating in the regulation of glycemia;
- (4) a case under investigation or a confirmed case of dumping syndrome causing postprandial hypoglycemia, despite an adjusted diet;
- (5) a case where the person regularly takes a drug that modulates the action of hypoglycemic or hyperglycemic hormones and has an objectively supported and documented history of hypoglycemia.

APPENDIX I

MANUFACTURERS THAT HAVE SUBMITTED DIFFERENT GUARANTEED SELLING PRICES FOR WHOLESALERS AND PHARMACISTS

3% 5,66% 5,66%
•
5,66%
6,5%
6%
5,56%
5%
5%
6,5%
5%
6,5%
5%
6,25%
6,25%
2%
6%
5%
5%
4%
3%
6

^{*} The difference applies only to certain of this manufacturer's products.

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APPENDIX II

DRUG WHOLESALERS ACCREDITED BY THE MINISTER AND EACH WHOLESALER'S MARK-UP

FAMILIPRIX IN	IC.		LE GROUPE J	EAN COUTU (PJC) INC.	
Head office:	FAMILIPRIX INC. 6000, rue Armand-Viau Québec (Québec) G2C 2C5		Head office:	LE GROUPE JEAN COUTU (PJC) INC. 530, rue Bériault Longueuil (Québec) J4G 1S8	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code A		Supply source	code D	
MCMAHON DI	STRIBUTEUR PHARMACEUTIQUE INC.		MCKESSON S	ERVICES PHARMACEUTIQUES	
Head office:	MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC. 12225, boul. Industriel, suite 100 Montréal (P.A.T.) Québec H1B 5M7		Head office:	MCKESSON SERVICES PHARMACEUTIQUES 8290, boul. Pie IX Montréal (Québec) H1Z 4E8	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code F		Supply source	code G	
AMERISOURO	CE BERGEN CANADA		KOHL & FRIS	CH LIMITED	
Head office:	AMERISOURCE BERGEN CANADA 10600, boul. du Golf Anjou (Québec) H1J 2Y7		Head office:	KOHL & FRISCH LIMITED 7622, Keele Street Concord (Ontario) L4K 2R5	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code H		Supply source	code I	
SHOPPERS D	RUG MART LIMITED		DISTRIBUTIO	NS PHARMAPLUS INC.	
Head office:	SHOPPERS DRUG MART LIMITED 243, Consumers Road North York (Ontario) M2J 4W8		Head office:	DISTRIBUTIONS PHARMAPLUS INC. 2905, rue de Celles # 102 Québec (Québec) G2C 1W7	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code J		Supply source	code M	
INNOMAR STE	RATEGIES INC.		GMD DISTRIB	UTION INC.	
Head office:	INNOMAR STRATEGIES INC. 3450, Harvester Road Burlington (Ontario) L7N 3M7		Head office:	GMD DISTRIBUTION INC. 1215, North Service Rd. W. Oakville (Ontario) L6M 2W2	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code N		Supply source	code O	
PharmaTrust I	MedServices Inc.		DEX Medical [Distribution Inc.	
Head office:	PharmaTrust MedServices Inc. 2880 Brighton Road, Unit 2 Oakville (Ontario) L6H 5S3		Head office:	DEX Medical Distribution Inc. 70 Esna Park Drive, Unit 11 Markham (Ontario) l3r 6e7	
•		6.5%	Mark-up	<u>-</u>	6.5%
Supply source	code P		Supply source	code Q	
McKesson Dis	stribution Spécialisée Inc.		Andrew and D	avid Wholesale Ltd.	
Head office:	McKesson Distribution Spécialisée In	ic.	Head office:	Andrew and David Wholesale Ltd.	

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8449 Lawson road, unit 102		3330 Ridgeway Drive, Unit 12	
Milton (Ontario) L9T 9L1		Mississauga, Ontario L5L 5Z9	
Mark-up	6.5%	Mark-up	6.5%
Supply source code R		Supply source code S	

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APPENDIX III

PRODUCTS FOR WHICH THE WHOLESALER'S MARK-UP IS LIMITED TO A MAXIMUM AMOUNT

Manufacturer	Brand name	Packaging
Novartis	Aclasta I.V. Perf. Sol. 5 mg/ 100 mL	1
ActavisPhm	ACT Bosentan Tab. 125 mg	60
Roche	Actemra I.V. Perf. Sol. 20 mg/mL (20 mL)	1
Roche	Actemra S.C. Inj.Sol (syr) 162 mg/0.9 mL	4
S. & N.	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm ²) Dressing More than 500 cm ² (active surface)	6
ActavisPhm	ACT Temozolomide Caps. 250 mg	5
ActavisPhm	ACT Temozolomide Caps. 250 mg	20
Fresenius	Acyclovir Sodique I.V. Perf. Sol. 50 mg/mL (10 mL)	10
Fresenius	Acyclovir Sodique I.V. Perf. Sol. 50 mg/mL (20 mL)	10
Sterimax	Acyclovir sodique injectable I.V. Perf. Sol. 50 mg/mL (10 mL)	10
Sterimax	Acyclovir sodique injectable I.V. Perf. Sol. 50 mg/mL (20 mL)	10
Lilly	Adcirca Tab. 20 mg	56
Bayer	Adempas Tab. 0.5 mg	42
Bayer	Adempas Tab. 1 mg	42
Bayer	Adempas Tab. 1.5 mg	42
Bayer	Adempas Tab. 2 mg	42
Bayer	Adempas Tab. 2.5 mg	42
Astellas	Advagraf L.A. Caps. 5 mg	50
Novartis	Afinitor Tab. 2.5 mg	30
Novartis	Afinitor Tab. 5 mg	30
Novartis	Afinitor Tab. 7.5 mg	28
Novartis	Afinitor Tab. 10 mg	30
Roche	Alecensaro Caps. 150 mg	240
Apotex	Apo-Abacavir-Lamivudine-Zidovudine Tab. 300 mg - 150 mg - 300 mg	60
Apotex	Apo-Ambrisentan Tab. 5 mg	30
Apotex	Apo-Ambrisentan Tab. 10 mg	30
Apotex	Apo-Bosentan Tab. 62.5 mg	56
Apotex	Apo-Bosentan Tab. 125 mg	56
Apotex	Apo-Gefitinib Tab. 250 mg	30
Apotex	Apo-Imatinib Tab. 400 mg	30
Apotex	Apo-Linezolid Tab. 600 mg	30
Apotex	Apo-Tadalafil PAH Tab. 20 mg	60
Bo. Ing.	Aptivus Caps. 250 mg	120
Amgen	Aranesp Syringe 60 mcg/0.3 mL	4

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Manufacturer	Brand name	Packaging
Amgen	Aranesp Syringe 80 mcg/0.4 mL	4
Amgen	Aranesp Syringe 100 mcg/0.5 mL	4
Amgen	Aranesp Syringe 130 mcg/0.65 mL	4
Amgen	Aranesp Syringe 150 mcg/0.3 mL	4
Amgen	Aranesp Syringe 300 mcg/0.6 mL	•
Amgen	Aranesp Syringe 500 mcg/1.0 mL	1
Gilead	Atripla Tab. 600 mg - 200 mg - 300 mg	30
Genzyme	Aubagio Tab. 14 mg	28
Biogen	Avonex Pen I.M. Inj. Sol. 30 mcg (6 MUI)	4
Biogen	Avonex PS I.M. Inj. Sol. 30 mcg (6 MUI)	4
Teligent	Baclofene injectable Inj. Sol. 2 mg/mL (5 mL)	10
B.M.S.	Baraclude Tab. 0.5 mg	30
Bayer	Betaseron Inj. Pd. 0.3 mg	15
Bayer	Betaseron Inj. Pd. 0.3 mg	45
Biomed	Bio-Bosentan Tab. 62.5 mg	56
Biomed	Bio-Bosentan Tab. 125 mg	56
Allergan	Botox I.M. Inj. Pd. 200 UI	•
Merck	Brenzys (pen) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Merck	Brenzys (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Gilead	Cayston Sol. Inh. 75 mg	84
Sterimax	Cefuroxime for injection USP Inj. Pd. 1.5 g	25
Sterimax	Cefuroxime for injection USP Inj. Pd. 7.5 g	10
ViiV	Celsentri Tab. 150 mg	60
ViiV	Celsentri Tab. 300 mg	60
U.C.B.	Cimzia S.C. Inj. Sol. (pen) 200 mg/ml (1 ml)	
U.C.B.	Cimzia S.C. Inj.Sol (syr) 200 mg/ml (1 ml)	
Gilead	Complera Tab. 200 mg - 25 mg - 300 mg	30
Novartis	Cosentyx (stylo) S.C. Inj. Sol. 150 mg/mL (1 mL)	1
Novartis	Cosentyx (stylo) S.C. Inj. Sol. 150 mg/mL (1 mL)	2
Novartis	Cosentyx (syringe) S.C. Inj. Sol. 150 mg/mL (1 mL)	•
Novartis	Cosentyx (syringe) S.C. Inj. Sol. 150 mg/mL (1 mL)	2
Roche	Cotellic Tab. 20 mg	63
RRDC	Cystadane Oral Pd. 1 g/1.7 mL	180 g
B.M.S.	Daklinza Tab. 30 mg	28
B.M.S.	Daklinza Tab. 60 mg	28
Biocodex	Diacomit Caps. 500 mg	60
Biocodex	Diacomit Oral Pd. 500 mg/sachet	60
Merck	Dificid Tab. 200 mg	20
Ipsen	Dysport Therapeutic I.M. Perf. Pd. 500 U	•
SanofiAven	Eligard Kit 22.5 mg	1

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Manufacturer	Brand name	Packaging
SanofiAven	Eligard Kit 30 mg	1
SanofiAven	Eligard Kit 45 mg	1
Amgen	Enbrel S.C. Inj. Pd. 25 mg	4
Amgen	Enbrel SureClick S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Amgen	Enbrel (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Takeda	Entyvio I.V. Perf. Pd. 300 mg	1
Gilead	Epclusa Tab. 400 mg -100 mg	28
Janss. Inc	Eprex Syringe 8 000 UI/0.8 mL	6
Janss. Inc	Eprex Syringe 10 000 UI/1.0 mL	6
Sandoz	Erelzi SensoReady Pen S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Sandoz	Erelzi (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Roche	Erivedge Caps. 150 mg	28
Roche	Esbriet Caps. 267 mg	63
Roche	Esbriet Caps. 267 mg	270
Roche	Esbriet Tab. 801 mg	90
Novartis	Extavia Inj. Pd. 0.3 mg	15
Bayer	Eylea Inj. Sol. 40 mg/mL (0,278 mL)	1
Shire HGT	Firazyr S.C. Inj.Sol (syr) 10 mg/mL (3 mL)	1
Ferring	Firmagon S.C. Inj. Sol. 120 mg	2
Lilly	Forteo S.C. Inj. Sol. 250 mcg/mL (2.4 mL or 3 mL)	1
Roche	Fuzeon S.C. Inj. Pd. 108 mg	60
Amicus	Galafold Caps. 123 mg	14
Pfizer	Genotropin GoQuick Cartridge or Sty 12 mg	5
Pfizer	Genotropin GoQuick Sty 5.3 mg	5
Gilead	Genvoya Tab. 150 mg -150 mg -200 mg -10 mg	30
Novartis	Gilenya Caps. 0.5 mg	28
Bo. Ing.	Giotrif Tab. 20 mg	28
Bo. Ing.	Giotrif Tab. 30 mg	28
Bo. Ing.	Giotrif Tab. 40 mg	28
Phmscience	Glatect S.C. Inj.Sol (syr) 20 mg/mL (1 mL)	30
Novartis	Gleevec Tab. 100 mg	120
Novartis	Gleevec Tab. 400 mg	30
Serono	Gonal-f Inj. Pd. 1050 UI	1
Serono	Gonal-f S.C. Inj. Sol. (pen) 900 UI	1
Gilead	Harvoni Tab. 90 mg -400 mg	28
Gilead	Hepsera Tab. 10 mg	30
Lilly	Humatrope Cartridge 24 mg	1
AbbVie	Humira (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
AbbVie	Humira (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hydromorphone HP 50 Inj. Sol. 50 mg/mL	50 ml

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Manufacturer	Brand name	Packaging
Pendopharm	lbavyr Tab. 200 mg	100
Pendopharm	Ibavyr Tab. 400 mg	100
Pendopharm	Ibavyr Tab. 600 mg	100
Pfizer	Ibrance Caps. 75 mg	21
Pfizer	Ibrance Caps. 100 mg	21
Pfizer	Ibrance Caps. 125 mg	21
Janss. Inc	Imbruvica Caps. 140 mg	90
Pfizer	Inlyta Tab. 1 mg	60
Pfizer	Inlyta Tab. 5 mg	60
Janss. Inc	Intelence Tab. 100 mg	120
Janss. Inc	Intelence Tab. 200 mg	60
Janss. Inc	Invega Sustenna I.M. Inj. Susp. 1 month 150 mg/1.5 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 175 mg/0.875 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 263 mg/1.315 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 350 mg/1.75 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 525 mg/2.625 mL	1
AZC	Iressa Tab. 250 mg	30
Merck	Isentress Tab. 400 mg	60
Merck	Isentress HD Tab. 600 mg	60
Novartis	Jakavi Tab. 5 mg	56
Novartis	Jakavi Tab. 10 mg	56
Novartis	Jakavi Tab. 15 mg	56
Novartis	Jakavi Tab. 20 mg	56
ViiV	Juluca Tab. 50 mg -25 mg	30
Aegerion	Juxtapid Caps. 5 mg	28
Aegerion	Juxtapid Caps. 10 mg	28
Aegerion	Juxtapid Caps. 20 mg	28
AbbVie	Kaletra Tab. 200 mg -50 mg	120
SanofiAven	Kevzara S.C. Inj.Sol (syr) 150 mg/1.14 mL	2
SanofiAven	Kevzara S.C. Inj.Sol (syr) 200 mg/1.14 mL	2
ViiV	Kivexa Tab. 600 mg - 300 mg	30
Biomarin	Kuvan Tab. 100 mg	120
Genzyme	Lemtrada I.V. Perf. Sol. 10 mg/mL (1.2 mL)	1
Eisai	Lenvima Kit (solid oral) 10 mg : 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) 14 mg : 4 mg (5 caps.) and 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) 20 mg : 10 mg (10 caps.)	6
Eisai	Lenvima Kit (solid oral) 24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)	6
Novartis	Lioresal Intrathecal Inj. Sol. 2 mg/mL (5 mL)	Ę
Novartis	Lucentis Inj. Sol. 10 mg/mL (0,23ml)	1

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Manufacturer	Brand name	Packaging
Novartis	Lucentis Inj.Sol (syr) 10 mg/mL (0,165 ml)	1
AbbVie	Lupron Depot Kit 11.25 mg	1
AbbVie	Lupron Depot Kit 22.5 mg	1
AbbVie	Lupron Depot Kit 30 mg	1
AZC	Lynparza Caps. 50 mg	448
AZC	Lynparza Tab. 100 mg	60
AZC	Lynparza Tab. 100 mg	120
AZC	Lynparza Tab. 150 mg	60
AZC	Lynparza Tab. 150 mg	120
AbbVie	Maviret Kit (solid oral) 100 mg -40 mg	28
Novartis	Mekinist Tab. 0.5 mg	30
Novartis	Mekinist Tab. 2 mg	30
Genzyme	Myozyme I.V. Perf. Pd. 50 mg	1
Natco	NAT-Bosentan Tab. 62.5 mg	60
Natco	NAT-Bosentan Tab. 125 mg	56
Natco	NAT-Bosentan Tab. 125 mg	60
Natco	NAT-Imatinib Tab. 400 mg	30
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.0 mL)	10
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.6mL)	10
Bayer	Nexavar Tab. 200 mg	120
Bayer	Nimotop Tab. 30 mg	100
Valeant	Nitoman Tab. 25 mg	112
GSK	Nucala S.C. Inj. Pd. 100 mg	1
Roche	Nutropin AQ NuSpin 20 Cartridge or Sty 20 mg	1
Intercept	Ocaliva Tab. 5 mg	30
Intercept	Ocaliva Tab. 10 mg	30
Roche	Ocrevus I.V. Perf. Sol. 30 mg/mL (10 mL)	1
Gilead	Odefsey Tab. 200 mg - 25 mg - 25 mg	30
Bo. Ing.	Ofev Caps. 100 mg	60
Bo. Ing.	Ofev Caps. 150 mg	30
Bo. Ing.	Ofev Caps. 150 mg	60
Janss. Inc	Opsumit Tab. 10 mg	30
B.M.S.	Orencia S.C. Inj.Sol (syr) 125 mg/mL (1 mL)	4
Celgene	Otezla Tab. 30 mg	56
Allergan	Ozurdex Implant intravitreal 0.7 mg	1
Merck	Pegetron Clearclick Kit 200 mg-80 mcg/0.5 mL	1
Merck	Pegetron Clearclick Kit 200 mg-100 mcg/0.5 mL	1
Merck	Pegetron Clearclick Kit 200 mg-120 mcg/0.5 mL	1
Merck	Pegetron Clearclick Kit 200 mg-150 mcg/0.5 mL	1
Phmscience	pms-Bosentan Tab. 62.5 mg	60

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Manufacturer	Brand name	Packaging	
Phmscience	pms-Bosentan Tab. 125 mg	60	
Phmscience	pms-Imatinib Tab. 100 mg	120	
Phmscience	pms-Imatinib Tab. 400 mg	30	
Celgene	Pomalyst Caps. 1 mg	21	
Celgene	Pomalyst Caps. 2 mg	21	
Celgene	Pomalyst Caps. 3 mg	21	
Celgene	Pomalyst Caps. 4 mg	21	
Merck	Posanol L.A. Tab. 100 mg	60	
Merck	Posanol Oral Susp. 40 mg/mL	1	
Janss. Inc	Prezista Tab. 75 mg	480	
Janss. Inc	Prezista Tab. 150 mg	240	
Janss. Inc	Prezista Tab. 600 mg	60	
Merck	Primaxin I.V. Inj. Pd. 500 mg -500 mg	25	
Horizon Ph	Procysbi L.A. Caps. 25 mg	60	
Horizon Ph	Procysbi L.A. Caps. 75 mg	250	
Astellas	Prograf Caps. 5 mg	100	
Roche	Pulmozyme Sol. Inh. 1 mg/mL (2.5 mL)	30	
Merck	Puregon Cartridge 900 UI	1	
Horizon	Quinsair Sol. Inh. 100 mg/mL (2.4 mL)	56	
Pfizer	Rapamune Tab. 1 mg	100	
Horizon	Ravicti Liq. 1.1 g/mL	25 ml	
Serono	Rebif S.C. Inj. Sol. 22 mcg/0.5 mL (1,5 mL)	4	
Serono	Rebif S.C. Inj. Sol. 44 mcg/0.5 mL (1,5 mL)	4	
Ferring	Rekovelle Cartridge 72 mcg	1	
Janss. Inc	Remicade I.V. Perf. Pd. 100 mg	1	
U.T.C.	Remodulin Inj. Sol. 1 mg/mL	20 ml	
U.T.C.	Remodulin Inj. Sol. 2.5 mg/mL	20 ml	
U.T.C.	Remodulin Inj. Sol. 5 mg/mL	20 ml	
U.T.C.	Remodulin Inj. Sol. 10 mg/mL	20 ml	
Pfizer	Revatio Tab. 20 mg	90	
Celgene	Revlimid Caps. 2.5 mg	21	
Celgene	Revlimid Caps. 5 mg	28	
Celgene	Revlimid Caps. 10 mg	28	
Celgene	Revlimid Caps. 15 mg	21	
Celgene	Revlimid Caps. 20 mg	21	
Celgene	Revlimid Caps. 25 mg	21	
Novartis	Revolade Tab. 25 mg	14	
Novartis	Revolade Tab. 25 mg	28	
Novartis	Revolade Tab. 50 mg	14	
Novartis	Revolade Tab. 50 mg	28	

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Manufacturer	Brand name	Packaging	
B.M.S.	Reyataz Caps. 150 mg	60	
B.M.S.	Reyataz Caps. 200 mg	60	
B.M.S.	Reyataz Caps. 300 mg	30	
Serono	Saizen Cartridge or Sty 20 mg	•	
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	•	
Novartis	Sandostatin LAR I.M. Inj. Susp. 20 mg	1	
Novartis	Sandostatin LAR I.M. Inj. Susp. 30 mg	1	
Sandoz	Sandoz Bosentan Tab. 62.5 mg	60	
Sandoz	Sandoz Bosentan Tab. 125 mg	60	
Sandoz	Sandoz Linezolid Tab. 600 mg	20	
Sandoz	Sandoz Tacrolimus Caps. 5 mg	100	
Amgen	Sensipar Tab. 90 mg	30	
Valeant	Siliq (syringe) S.C. Inj. Sol. 140 mg/mL (1,5 mL)	2	
Janss. Inc	Simponi S.C. Inj.Sol (App.) 50 mg/0.5 mL	•	
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	•	
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	•	
Sandoz	Solution de Tobramycine pour Inhalation Sol. Inh. 300 mg/5 mL	56	
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 60 mg/0.3 mL	•	
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 90 mg/0.3 mL	•	
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 120 mg/0.5 mL	•	
Gilead	Sovaldi Tab. 400 mg	28	
B.M.S.	Sprycel Tab. 20 mg	60	
B.M.S.	Sprycel Tab. 50 mg	60	
B.M.S.	Sprycel Tab. 70 mg	60	
B.M.S.	Sprycel Tab. 100 mg	30	
Janss. Inc	Stelara S.C. Inj.Sol (syr) 45 mg/0.5 mL	•	
Janss. Inc	Stelara S.C. Inj.Sol (syr) 90 mg/1 mL	1	
Bayer	Stivarga Tab. 40 mg	84	
Gilead	Stribild Tab. 150 mg -150 mg -200 mg -300 mg	30	
SanofiAven	Suprefact Depot Implant 6.3 mg	•	
SanofiAven	Suprefact Depot 3 mois Implant 9.45 mg	•	
Pfizer	Sutent Caps. 12.5 mg	28	
Pfizer	Sutent Caps. 25 mg	28	
Pfizer	Sutent Caps. 50 mg	28	
Ferring	Systeme Lutrepulse Kit 3.2 mg - 3.2 mg - 3.2 mg	1	
Novartis	Tafinlar Caps. 50 mg	120	
Novartis	Tafinlar Caps. 75 mg	120	
AZC	Tagrisso Tab. 40 mg	30	
AZC	Tagrisso Tab. 80 mg	30	

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Manufacturer	nufacturer Brand name	
Lilly	Taltz (pen) S.C. Inj. Sol. 80 mg/mL (1 mL)	,
Lilly	Taltz (syringe) S.C. Inj. Sol. 80 mg/mL (1 mL)	•
Roche	Tarceva Tab. 100 mg	30
Roche	Tarceva Tab. 150 mg	30
Taro	Taro-Temozolomide Caps. 250 mg	Ļ
Novartis	Tasigna Caps. 150 mg	112
Novartis	Tasigna Caps. 200 mg	112
Biogen	Tecfidera L.A. Caps. 240 mg	56
Merck	Temodal Caps. 250 mg	5
Teva Can	Teva-Atazanavir Caps. 300 mg	60
Teva Can	Teva-Imatinib Tab. 100 mg	120
Teva Can	Teva-Imatinib Tab. 400 mg	30
Teva Can	Teva-Tobramycin Sol. Inh. 300 mg/5 mL	56
Celgene	Thalomid Caps. 50 mg	28
Celgene	Thalomid Caps. 100 mg	28
Celgene	Thalomid Caps. 200 mg	28
Apotex	Tigecycline I.V. Perf. Pd. 50 mg	10
Novartis	Tobi Sol. Inh. 300 mg/5 mL	56
Novartis	Tobi Podhaler Inh. Pd. 28 mg	224
Janss. Inc	Tracleer Tab. 62.5 mg	56
Janss. Inc	Tracleer Tab. 125 mg	56
Actavis	Trelstar Kit 22.5 mg	1
Actavis	Trelstar LA Kit 11.25 mg	•
ViiV	Triumeq Tab. 50 mg - 600 mg - 300 mg	30
ViiV	Trizivir Tab. 300 mg - 150 mg - 300 mg	60
Gilead	Truvada Tab. 200mg- 300mg	30
Pfizer	Tygacil I.V. Perf. Pd. 50 mg	10
Novartis	Tykerb Tab. 250 mg	70
Biogen	Tysabri I.V. Inj. Sol. 300mg/15ml	1
Janss. Inc	Uptravi Tab. 200 mcg	60
Janss. Inc	Uptravi Tab. 400 mcg	60
Janss. Inc	Uptravi Tab. 600 mcg	60
Janss. Inc	Uptravi Tab. 800 mcg	60
Janss. Inc	Uptravi Tab. 1000 mcg	60
Janss. Inc	Uptravi Tab. 1200 mcg	60
Janss. Inc	Uptravi Tab. 1400 mcg	60
Janss. Inc	Uptravi Tab. 1600 mcg	60
Roche	Valcyte Tab. 450 mg	60
B.M.S.	Vepesid Caps. 50 mg	20
Xediton	Vesanoid Caps. 10 mg	100

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Manufacturer	Brand name	Packaging	
ALK-Abello	Vespides combines Inj. Pd. 3.3 mg	1	
Pfizer	Vfend Tab. 200 mg	30	
Merck	Victrelis Caps. 200 mg	168	
Novartis	Visudyne I.V. Inj. Pd. 15 mg	1	
GSK	Volibris Tab. 5 mg	30	
GSK	Volibris Tab. 10 mg	30	
Gilead	Vosevi Tab. 400 mg -100 mg -100 mg	28	
Novartis	Votrient Tab. 200 mg	120	
Pfizer	Xalkori Caps. 200 mg	60	
Pfizer	Xalkori Caps. 250 mg	60	
Pfizer	Xeljanz Tab. 5 mg	60	
Roche	Xeloda Tab. 500 mg	120	
Novartis	Xolair S.C. Inj. Pd. 150 mg	1	
Astellas	Xtandi Caps. 40 mg	120	
Roche	Zelboraf Tab. 240 mg	56	
Merck	Zepatier Tab. 50 mg -100 mg	28	
Merck	Zerbaxa I.V. Inj. Pd. 1 g - 0.5 g	10	
TerSera	Zoladex LA Implant 10.8 mg	1	
Gilead	Zydelig Tab. 100 mg	60	
Gilead	Zydelig Tab. 150 mg	60	
Novartis	Zykadia Caps. 150 mg	150	
Janss. Inc	Zytiga Tab. 250 mg	120	
Janss. Inc	Zytiga Tab. 500 mg	60	
Pfizer	Zyvoxam Tab. 600 mg	20	

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LIST OF EXCEPTIONAL MEDICATIONS WITH RECOGNIZED INDICATIONS FOR PAYMENT

ABATACEPT, I.V. Perf. Pd.:

• for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 serious intolerance or a
serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per
week.

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 beneficial effects of the treatment, 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.

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

Authorizations for abatacept are given for three doses of 10 mg/kg every two weeks, then for 10 mg/kg every four weeks.

 for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one
 of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;

and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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 beneficial effects of the treatment, specifically:

- a decrease of at least 20% in the number of joints with active synovitis and one of the following six elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school:
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement.

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

Authorizations for abatacept are given for 10 mg/kg every two weeks for three doses, then for 10 mg/kg every four weeks.

ABATACEPT, S.C. Inj. Sol. (syr):

• for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis, and one of the following five elements must be present:
 - a positive rheumatoid factor:
 - 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 serious intolerance or a
serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per
week.

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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for abatacept S.C. Inj. Sol. (syr) are given for a dose of 125 mg per week.

ABIRATERONE ACETATE:

- for treatment of metastatic castration-resistant prostate cancer in men:
 - whose disease has progressed during or following docetaxel-based chemotherapy, unless there is a contraindication or a serious intolerance;
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

It must be noted that abiraterone is not authorized after enzalutamide has failed if the latter drug was administered to treat prostate cancer.

Abiraterone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial effect defined by the absence of disease progression and the ECOG performance status remains at ≤ 2 .

- in association with prednisone for treatment of metastatic castration-resistant prostate cancer in men:
 - who are asymptomatic or mildly symptomatic after an anti-androgen treatment has failed;
 - who have never received docetaxel-based chemotherapy;
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorizations are given for a maximum daily dose of abiraterone of 1 000 mg.

It must be noted that abiraterone is not authorized after enzalutamide has failed if the latter was administered for treatment of prostate cancer.

ABOBOTULINUMTOXINA:

• for treatment of cervical dystonia and other severe spasticity conditions.

ACAMPOSATE:

 to maintain abstinence in persons suffering from alcohol dependency who have abstained from alcohol for at least 5 days and who are taking part in a full alcohol management program centred on alcohol abstinence.

The maximum duration of each authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by maintained alcohol abstinence. The total maximum duration of treatment is 12 months.

ADALIMUMAB:

 for treatment of moderate or severe rheumatoid arthritis or of 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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
serious 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 making it possible to establish the beneficial effects of the treatment, 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 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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
 serious 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 beneficial effects of the treatment, 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 period of 12 months.

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

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for adalimumab are given for a maximum of 40 mg every two weeks.

for treatment of moderate or severe intestinal Crohn's disease that is still active despite treatment with corticosteroids and immunosuppressors, unless there is a contraindication or major intolerance to corticosteroids. An immunosuppressor must have been tried for at least eight weeks.

Upon the initial request, the physician must indicate the immunosuppressor used as well as the duration of treatment. The initial request is authorized for a maximum of three months, which includes induction treatment at the rate of 160 mg initially and 80 mg on the second week, followed by maintenance treatment with a dosage of 40 mg every two weeks.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. Requests for continuation of treatment will be authorized for a maximum period of 12 months.

However, if the medical condition justifies increasing the dosage to 40 mg per week as of the 12th week of treatment, authorization will be given for a maximum period of three months. After which, for subsequent authorizations renewals, lasting a maximum of 12 months, the physician will have to demonstrate the clinical benefits obtained with this dosage.

for treatment of moderate or severe intestinal Crohn's disease that is still active despite treatment with corticosteroids, unless there is a contraindication or major intolerance to corticosteroids, where immunosuppressors are contraindicated or not tolerated, or where they have been ineffective in the past during a similar episode after treatment combined with corticosteroids.

Upon the initial request, the physician must indicate the nature of the contraindication or the intolerance as well as the immunosuppressor used. The initial request is authorized for a maximum of three months, which includes induction treatment at the rate of 160 mg initially and 80 mg on the second week, followed by maintenance treatment with a dosage of 40 mg every two weeks.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. Requests for continuation of treatment will be authorized for a maximum period of 12 months.

However, if the medical condition justifies increasing the dosage to 40 mg per week as of the 12th week of treatment, authorization will be given for a maximum period of three months. After which, for subsequent authorizations renewals, lasting a maximum of 12 months, the physician will have to demonstrate the clinical benefits obtained with this dosage.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
 questionnaire;

and

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

• an improvement of at least 75% in the PASI score compared to the base value;

or

an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI
questionnaire compared to the base values;

or

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for adalimumab are given for an induction dose of 80 mg, followed by a maintenance treatment beginning the second week at a dose of 40 mg every two weeks.

- for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite
 treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a
 contraindication:
 - in the presence of a Mayo score of 6 to 12 points;
 - in the presence of a Mayo endoscopic subscore of at least 2 points.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

 a decrease in the Mayo score of at least 3 points and at least 30 %, or a decrease in the partial Mayo score of at least 2 points;

and

a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

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

ADEFOVIR DIPIVOXIL:

- for treatment of chronic hepatitis B in persons:
 - having a resistance to lamivudine as defined by one of the following:
 - a 1-log increase in HBV-DNA under treatment with lamivudine, confirmed by a second test one month later;
 - a laboratory trial showing resistance to lamivudine;
 - a 1-log increase in HBV-DNA under treatment with lamivudine, with viremia greater than 20 000 IU/m.
 - 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;
 - not having a resistance to lamivudine and whose viral load is greater than 20 000 IU/mL (HBeAgpositive) or 2 000 IU/mL (HBeAgpositive) prior to the beginning of treatment.

AFATINIB DIMALEATE:

♦ as monotherapy, for first-line treatment of persons suffering from metastatic non-small-cell lung cancer, having an activating mutation of the EGFR tyrosine kinase, and whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorizations are granted for a maximum daily dose of 40 mg.

AFLIBERCEPT:

- for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following four criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - linear dimension of the lesion less than or equal to 12 disc areas;
 - absence of significant permanent structural damage to the centre of the macula. The structural damage
 is defined by fibrosis, atrophy or a chronic disciform scar such that, according to the treating physician, it
 precludes a functional benefit;
 - progression of the disease in the last three months, confirmed by retinal angiography, optical coherence tomography or recent changes in visual acuity.

The initial request is authorized for a maximum of four months. Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. Authorizations will then be given for a maximum of 12 months.

The recommended administration regimen is one dose of 2 mg per month during the first three months and, subsequently, every two months. Given that a minority of patients may benefit from a more frequent administration regimen, authorizations will be given for one dose per month per eye. It must be noted that aflibercept will not be authorized concomitantly with ranibizumab or verteporfin to treat the same eye.

- for treatment of a visual deficiency caused by diabetic macular edema. The eye to be treated must meet the following two criteria:
 - optimal visual acuity after correction between 6/9 and 6/96;
 - thickness of the central retina ≥ 250 µm.

The initial request is authorized for a maximum of six months, for a maximum of one dose per month, per eye.

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for a maximum period of 12 months. The recommended administration is one dose every two months, per eye. Given that a minority of patients may benefit from a more frequent administration, authorizations will be given for one dose per month and per eye.

It must be noted that aflibercept will not be authorized concomitantly with ranibizumab to treat the same eye.

- for treatment of a visual deficiency due to macular edema secondary to an occlusion of the central retinal vein. The eye to be treated must also meet the following two criteria:
 - optimal visual acuity after correction between 6/12 and 6/96:
 - thickness of the central retina ≥ 250 µm.

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

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for maximum periods of 12 months. Authorizations will be given for a maximum of one dose per month, per eye.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept to treat the same eve.

♦ for treatment of a visual deficiency due to macular edema secondary to branch retinal vein occlusion.

The eye to be treated must also meet the following three criteria:

- optimal visual acuity after correction between 6/12 and 6/120;
- thickness of the central retina ≥ 250 µm;
- · absence of afferent pupillary defect.

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

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for maximum periods of 12 months. Authorizations are given for a maximum of one dose per month, per eye.

ALECTINIB HYDROCHLORIDE:

- as monotherapy, for first-line treatment of non resectable locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the ALK gene; and
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, defined by the absence of disease progression.

- as monotherapy, for treatment of non resectable locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the ALK gene;
 - whose cancer has progressed despite the administration of crizotinib, unless there is a serious intolerance;

and

whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, defined by the absence of disease progression confirmed by imaging.

ALEMTUZUMAB:

• for treatment, as monotherapy, of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had at least two relapses in the last two years, one of which must have occurred in the last year. In addition, one of the relapse must have occurred while the person was taking, and had being doing so for at least six months, a disease modifying drug included on the list of medications for the treatment of this disease under certain conditions. The EDSS score must be equal to or less than 5.

Authorization of the initial request is for a cycle of five consecutive days of treatment at a daily dose of 12 mg to cover the first year of treatment.

For continuation of treatment after the first year, the physician must provide proof of a beneficial effect on the annual frequency of relapses, combined to, a stabilization of the EDSS score or to an increase of less than 2 points, without exceeding a score of 5.

Authorization of the second request is for a cycle of three consecutive days of treatment at a daily dose of 12 mg administered 12 months after the first cycle. The total duration of treatment allowed is 24 months.

ALGLUCOSIDASE ALFA:

 for treatment of an infantile-onset (or a rapidly progressive form) of Pompe's disease, in children whose symptoms appeared before the age of 12 months. When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of extensive deterioration. Extensive deterioration occurs when the following two criteria are met:

- the presence of invasive ventilation;
- an increase of two points or more in the ventricular mass index Z-score in comparison to the previous value.

The maximum duration of each authorization is six months.

ALISKIREN:

- for treatment of arterial hypertension, in association with at least one antihypertensive agent, if there is a therapeutic failure of, intolerance to, or a contraindication for:
 - a thiazide diuretic:

and

- an angiotensin converting enzyme inhibitor (ACEI);
- an angiotensin II receptor antagonist (ARA).

However, following therapeutic failure of an ACEI, a trial of an ARA is not required and vice versa.

ALISKIREN / HYDROCHLOROTHIAZIDE:

- for treatment of arterial hypertension if there is a therapeutic failure of a thiazide diuretic and if there is a therapeutic failure of intolerance to, or a contraindication for:
 - an angiotensin converting enzyme inhibitor (ACEI); and
 - an angiotensin II receptor antagonist (ARA).

However, following therapeutic failure of an ACEI, a trial of an ARA is not required and vice versa.

ALITRETINOIN:

• for treatment of severe chronic hand eczema that has not adequately responded to a continuous treatment of at least 8 weeks with a high or ultra-high potency topical corticosteroid, despite the elimination of contact allergens when they are identified as the cause of the eczema.

The initial authorization is granted for a treatment lasting a maximum of 24 weeks at a daily dose of 30 mg.

Subsequent treatments may be authorized in the event of recurrence, on the following conditions:

- The previous treatment led to a complete or almost complete disappearance of the symptoms;
- The intensity of symptoms during the recurrence must be moderate or severe despite a new continuous treatment of at least 4 weeks with a high or ultra-high potency topical corticosteroid, despite the elimination of contact allergens when they are identified as the cause of the eczema.

The physician must provide the response obtained with the previous treatment, as well as the intensity of the symptoms at the time of the recurrence.

Subsequent authorizations are granted for a treatment lasting a maximum of 24 weeks at a daily dose of 30 mg.

ALOGLIPTIN BENZOATE:

• for treatment of type-2 diabetic persons:

- as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;
 or
- in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective; or
- in association with a sulfonylurea, where metformin is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

ALOGLIPTIN BENZOATE / METFORMIN HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:
 - where a sulfonylurea is contraindicated, not tolerated or ineffective;
 and
 - where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

AMBRISENTAN:

• for treatment of pulmonary arterial hypertension of WHO functional class III that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

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

AMPHETAMINE MIXED SALTS:

• for treatment of persons 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.

★ APIXABAN:

- for the prevention of stroke and systemic embolic event in persons with non-valvular atrial fibrillation requiring anticoagulant therapy.
- for treatment of persons suffering from venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Authorization is given for a dose of 10 mg twice a day in the first seven days of treatment, followed by a dose of 5 mg twice a day.

The maximum duration of the authorization is six months.

• for the prevention of recurring venous thromboembolism (deep vein thrombosis and pulmonary embolism) in persons who were treated with anticoagulant therapy during a period of at least six months for an acute episode of idiopathic venous thromboembolism.

The maximum duration of each authorization is 12 months and may be granted every 12 months if the physician considers that the expected benefits outweigh the risks incurred. Authorization is given for a dose of 2.5 mg twice a day.

• for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

• for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

APOMORPHINE HYDROCHLORIDE:

 for treatment of moderate to severe "off" periods that are refractory to an optimized treatment, in patients suffering from advanced-stage Parkinson's disease.

APREMILAST:

- for treatment of persons suffering from a severe form of chronic plaque psoriasis, before using a biological agent listed to treat this disease:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of a serious intolerance or contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

an improvement of at least 75% in the PASI score;

or

 an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;

or

 a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

Requests for continuation of treatment are authorized for a maximum period of six months.

Authorizations for apremilast are given for 30 mg, twice a day.

It must be noted that apremilast is not authorized if administered concomitantly with a standard or biological systemic treatment indicated for treatment of plaque psoriasis.

★ APREPITANT:

♦ As first-line antiemetic therapy for nausea and vomiting during a highly emetic chemotherapy treatment, in association with dexamethasone and a 5-HT₃ receptor antagonist. However, the latter medication must be administered during only the first day of the chemotherapy treatment.

Authorizations are given for a maximum of three doses of aprepitant per chemotherapy treatment.

ARIPIPRAZOLE, I.M. Inj. Pd.:

 for persons who have an observance problem with an oral antipsychotic agent, or for whom a prolongedacting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

ATOMOXETINE HYDROCHLORIDE:

for treatment of children and adolescents suffering from attention deficit disorder in whom it has not been
possible to properly control the symptoms of the disease with methylphenidate and an amphetamine or for
whom these drugs are contraindicated.

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

AXITINIB:

• for second-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells after treatment with a tyrosine kinase inhibitor has failed, unless there is a contraindication or a serious intolerance, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at 0 or 1. Subsequent authorizations will also be for maximum durations of four months.

AZELAIC ACID:

 for treatment of rosacea where a topical preparation of metronidazole is ineffective, contraindicated or poorly tolerated.

AZTREONAM:

- for treatment of persons suffering from cystic fibrosis, chronically infected by Pseudomonas aeruginosa:
 - where their condition deteriorates despite treatment with a formulation of tobramycin for inhalation;
 - where they are intolerant to a solution of tobramycin for inhalation; or
 - · where they are allergic to tobramycin.

BISACODYL:

• for treatment of constipation related to a medical condition.

BOCFPRFVIR:

• for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the absence of cirrhosis, and who have never received an anti-HCV treatment, when used concomitantly with a combination of ribavirin / pegylated interferon alfa. Before beginning treatment with boceprevir, the persons must first have received four weeks of preliminary treatment with the combination of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

If the HCV-RNA viral load is undetectable on treatment weeks 8, 12 and 24, the total duration of treatment, including the preliminary treatment, will be 28 weeks.

If the viral load is detectable on week 8, less than 100 Ul/ml on week 12 and undetectable on week 24, the total duration of treatment will be 48 weeks, including the preliminary treatment and the subsequent treatment with the combination of ribavirin / pegylated interferon alfa.

If the decrease in the viral load is less than 1 log₁₀ after four weeks of preliminary treatment with the combination of ribavirin / pegylated interferon alfa, the total duration of the tritherapy will be 44 weeks.

• for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the absence of cirrhosis, and who have experienced a partial response or relapse following treatment combining ribavirin and an interferon, when used concomitantly with a combination of ribavirin / pegylated interferon alfa. Before beginning treatment with boceprevir, the persons must first have received 4 weeks of preliminary treatment with the combination of ribavirin / pegylated interferon alfa.

Partial response means a lowering of the viral load (HCV-RNA) of at least 1.8 log₁₀ on week 12, but without having obtained a sustained virological response, while relapse is defined by a viral load (HCV-RNA) that is undetectable at the end of treatment, but detectable thereafter.

The initial authorization is granted for a period of 26 weeks.

The authorization will be renewed for 6 weeks if the viral load (HCV-RNA) is less than 100 Ul/ml on treatment week 12 and undetectable on treatment week 24. In that case, the total duration of treatment, including preliminary treatment, will be 36 weeks. It will be 48 weeks, including preliminary treatment and following the combination of ribavirin / pegylated interferon alfa, if the viral load (HCV-RNA) is detectable on week 8, but undetectable on week 24.

• for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the presence of serious hepatic fibrosis or cirrhosis, when used concomitantly with a combination of ribavirin / pegylated interferon alfa. Before beginning treatment with boceprevir, the persons must first have received 4 weeks of preliminary treatment with the combination of ribavirin / pegylated interferon alfa.

The initial authorization is granted for a period of 26 weeks.

The authorization will be renewed for 18 weeks if the viral load (HCV-RNA) is less than 100 UI/ml on treatment week 12 and undetectable on treatment week 24. In that case, the total duration of treatment, including preliminary treatment, will be 48 weeks.

BOSENTAN:

 for treatment of pulmonary arterial hypertension of WHO functional class III that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment;

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

BRIVARACETAM:

 for adjunctive treatment of persons suffering from refractory partial epilepsy, that is, following the failure of two appropriate and tolerated antiepileptic drugs (used either as monotherapy or in combination).

It must be noted that brivaracetam is not authorized if administered concomitantly with levetiracetam.

BRODALUMAB:

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or in the presence of large plaques on the face, palms or soles or in the genital area;
 and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
 questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions:

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of a serious intolerance or contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

• an improvement of at least 75% in the PASI score compared to the base value;

or

an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI
questionnaire compared to the base value;

or

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pretreatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for brodalumab are given for 210 mg on weeks 0, 1 and 2, then every two weeks.

CABERGOLINE:

 for treatment of hyperprolactinemia in persons for whom bromocriptine or quinagolide is ineffective, contraindicated or not tolerated.

Notwithstanding the payment indication set out above, cabergoline remains covered by the basic prescription drug insurance plan for insured persons who used this drug during the 12-month period preceding 1 October 2007 and if its cost was already covered under that plan as part of the recognized indications provided in the appendix hereto.

CALCIPOTRIOL / BETAMETHASONE DIPROPIONATE:

 for treatment of plaque psoriasis in persons for whom control of the disease is insufficient despite the use of a vitamin D analog or a medium or high potency topical corticosteroid.

CALCIUM carbonate, Oral foam:

• for persons unable to take tablets.

CALCIUM CITRATE, Oral Sol.:

• for persons unable to take tablets.

CALCIUM CITRATE / VITAMIN D, Oral Sol.:

• for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE:

for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE / VITAMIN D:

• for persons unable to take tablets.

CANAGLIFLOZIN:

- for treatment of type-2 diabetic persons:
 - as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;
 - in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective;
 - in association with a sulfonylurea, where metformin is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

CARBOXYMETHYLCELLULOSE SODIUM:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

CARBOXYMETHYLCELLULOSE SODIUM / PURITE:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

★ CASPOFUNGIN ACETATE:

- for treatment of invasive aspergillosis in persons for whom first-line treatment has failed or is contraindicated, or who are intolerant to such a treatment.
- for treatment of invasive candidosis in persons for whom treatment with fluconazole has failed or is contraindicated, or who are intolerant to such a treatment.

 for treatment of esophageal candidosis in persons for whom treatment with itraconazole or with fluconazole and an amphotericin B formulation has failed or is contraindicated or who are intolerant to such a treatment.

★ CEFTOBIPROLE:

for treatment of nosocomial pneumonia not acquired under assisted ventilation where an antibiotic against
methicillin-resistant Staphylococcus aureus is indicated and where vancomycin and linezolid are ineffective,
contraindicated or not tolerated.

★ CEFTOLOZANE / TAZOBACTAM:

- for treatment of complicated urinary infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam.
- for treatment of complicated urinary infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam, to aminoglycosides and to collistimethate sodium but that the latter two antimicrobial agents cannot be administered due to a serious intolerance or a contraindication.
- for treatment of complicated intra-abdominal infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam.
- for treatment of complicated intra-abdominal infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam, to aminoglycosides and to collistimethate sodium but that the latter two antimicrobial agents cannot be administered due to a serious intolerance or a contraindication.

CERITINIB:

- as monotherapy, for treatment of non resectable locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the ALK gene;
 - whose cancer has progressed despite the administration of crizotinib, unless there is a serious intolerance;

and

whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, defined by the absence of disease progression confirmed by imaging.

Authorizations are given for a maximum daily dose of 750 mg.

CERTOLIZUMAB PEGOL:

 for treatment of moderate or severe rhumatoid arthritis and moderate or severe psoriatic arthritis of rheumatoid type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor for rhumatoid 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.

For rhumatoid arthritis, one of the two drugs must be methotrexate at a dose of 20 mg or more per week, unless there is serious intolerance or a contraindication to this dose.

For moderate or severe psoriatic arthritis of rhumatoid type, unless there is a serious intolerance or a 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 beneficial effects of the treatment, 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 period of 12 months. For rhumatoid arthritis, authorizations for certolizumab are given for a dose of 400 mg for the first three

doses of the treatment, that is, on weeks 0, 2 and 4, followed by 200 mg every two weeks.

For psoriatic arthritis of rheumatoid type, authorizations for certolizumab are given for a dose of 400 mg for the first three doses of the treatment, that is, on weeks 0, 2 and 4, followed by 200 mg every two weeks or 400 mg every four weeks.

- for treatment of moderate or severe psoriatic arthritis, of a type other than rhumatoid.
 Upon initiation of treatment or if the person has been receiving the drug for less than five months:
 - prior to the beginning of treatment, the person must have three or more 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 serious intolerance or a
 contraindicattion, 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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for certolizumab are given for a dose of 400 mg for the first three doses of the treatment, that is, on weeks 0, 2 and 4, followed by 200 mg every two weeks or 400 mg every four weeks.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication:
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for certolizumab are given for a dose of 400 mg on weeks 0, 2 and 4, followed by 200 mg every two weeks or 400 mg every four weeks.

CETRORELIX:

for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

CHORIOGONADOTROPIN ALFA:

• for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

CHORIONIC GONADOTROPIN:

for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

 for spermatogenesis induction in men suffering from hypogonadotropic hypogonadism who wish to procreate.

In the absence of spermatogenesis after a treatment of at least six months, continuation of the treatment in association with a gonadotropin is authorized.

Authorizations are granted for a maximum duration of one year.

CINACALCET HYDROCHLORIDE:

- for treatment of dialysized persons having severe secondary hyperparathyroiditis with an intact parathormone level greater than 88 pmol/L measured twice within a three-month period, despite an optimal phosphate binder and vitamin D based treatment, unless there is significant intolerance to these agents or they are contraindicated, and having:
 - a corrected calcemia ≥ 2.54 mmol/L;

or

a phosphoremia ≥ 1.78 mmol/L;

or

a phosphocalcic product ≥ 4.5 mmol²/L²;

or

· symptomatic osteoarticular manifestations.

The optimal vitamin D based treatment is defined as follows: one minimum weekly dose of 3 mcg of calcitriol or alfacalcidol.

CLINDAMYCIN PHOSPHATE, Vag. Cr.:

- for treatment of bacterial vaginosis during the first trimester of pregnancy.
- where intravaginal metronidazole is ineffective, contraindicated or poorly tolerated.

COBIMETINIB:

• in association with vemurafenib, for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months.

Authorizations are given for a maximum daily dose of 60 mg during 21 consecutive days per 28-day cycle.

- ★ CODEINE PHOSPHATE, Syr.:
- for treatment of pain in persons unable to take tablets.

COLESEVELAM HYDROCHLORIDE:

- for treatment of hypercholesterolemia, in persons at high risk of cardiovascular disease:
 - in association with an HMG-CoA reductase inhibitor (statin) at the optimal dose or at a lower dose in case of intolerance to that dose;
 - where an HMG-CoA reductase inhibitor (statin) is contraindicated;
 - where intolerance has led to a cessation of treatment of at least two HMG-CoA reductase inhibitors (statin).

COLLAGENASE:

 for wound debridement in the presence of devitalized tissue. Authorization is given for a maximal period of 60 days.

CRIZOTINIB:

- as monotherapy, for treatment of locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the ALK gene;
 - whose cancer has progressed despite administration of a first-line treatment based on platine-salts, unless there is a serious contraindication or intolerance;
 and
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

Authorizations are given for a maximum daily dose of 500 mg.

- as monotherapy, for first-line treatment of locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the ALK gene;
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

Authorizations are given for a maximum daily dose of 500 mg.

CYANOCOBALAMINE, L.A. Tab. and Oral Sol.:

♦ for persons suffering from a vitamin B₁₂ deficiency.

CYSTEAMINE BITARTRATE:

 for the treatment of persons suffering from nephropathic cystinosis confirmed by the presence of a mutation in the CTNS gene. The maximum duration of each authorization is 12 months. When requesting continuation of treatment, the physician must provide proof of a beneficial clinical effect defined by an intra-leukocyte cystine level ≤ 2 nanomoles of hemicystine per milligram of protein at at least one dosage per year. Three dosages of hemicystine must be made, every three to four months, during the year.

★ DABIGATRAN ETEXILATE:

• for the prevention of stroke and systemic embolic event in persons with non-valvular atrial fibrillation requiring anticoagulant therapy.

DABRAFENIB MESYLATE:

 as monotherapy for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months.

Authorizations are given for a maximum daily dose of 300 mg.

♦ in association with trametinib for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an inoperable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for a duration of four months.

Authorizations are given for a maximum daily dose of 300 mg.

DACLATASVIR DIHYDROCHLORIDE:

- in association with sofosbuvir, for treatment of persons suffering from chronic hepatitis C genotype 3 without cirrhosis:
 - who have a contraindication or a serious intolerance to pegylated interferon alfa or ribavirin;
 - who have experienced a therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

DAPAGLIFLOZIN:

- for treatment of type-2 diabetic persons:
 - in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective;
 - in association with a sulfonylurea, where metformin is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

DAPAGLIFLOZIN / METFORMIN HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:
 - where a sulfonylurea is contraindicated, not tolerated or ineffective; and
 - where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

DARBEPOETIN ALFA:

- for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min).
- ♦ for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B₁₂ deficiency:
 - in persons having a non-myeloid tumour treated with chemotherapy and whose hemoglobin rate is less than 100 g/L.

The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least 40x10⁹/L or an increase in the hemoglobin measurement of at least 10 g/L. A hemoglobin rate under 120 g/L should be targeted.

However, for persons suffering from cancer other than those previously specified, darbepeotin alfa remains covered by the basic prescription drug insurance plan until 31 January 2008 insofar as the treatment was already underway on 1 October 2007 and that its cost was already covered under that plan as part of the recognized indications provided in the appendix hereto and that the physician provides evidence of a beneficial effect defined by an increase in the reticulocyte count of at least $40x10^9/L$ or an increase in the hemoglobin measurement of at least 10 g/L.

DARUNAVIR, Tab. 600 mg:

- for treatment, in association with other antiretrovirals, of HIV-infected persons:
 - who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included another protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.
- for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed an absence of sensitivity to other protease inhibitors, coupled with a resistance to one or the other class of nucleoside reverse transcriptase inhibitors and non-nucleoside reverse transcriptase inhibitors, or to both, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

• whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/µL;

and

• for whom the use of darunavir is necessary to establish an effective therapeutic regimen.

DASATINIB:

- for treatment of chronic myeloid leukemia in the chronic phase in adults:
 - for whom imatinib or nilotinib has failed or produced a sub-optimal response;

or

• who have serious intolerance to imatinib or nilotinib.

Authorizations will be given for a maximum daily dose of 140 mg for a maximum duration of six months.

For continuation of treatment, the physician must provide evidence of a hematologic response.

- for treatment of chronic myeloid leukemia in the accelerated phase in adults:
 - for whom imatinib has failed or produced a sub-optimal response;

or

who have serious intolerance to imatinib.

Authorizations will be given for a maximum daily dose of 180 mg for a maximum duration of six months.

For continuation of treatment, the physician must provide evidence of a hematologic response.

 for first-line treatment of chronic myeloid leukemia in the chronic phase in adults having a serious contraindication to imatinib and nilotinib.

Authorizations will be given for a maximum daily dose of 100 mg for a maximum duration of six months.

For continuation of treatment, the physician must provide evidence of a hematologic response.

◆ for treatment of Philadelphia chromosome-positive acute lymphoblastic leukemia in adults for whom treatment with imatinib has failed or who are seriously intolerant to this drug and whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by proof of a hematologic response.

DENOSUMAB, S.C. Inj. Sol. (syr) 60 mg/mL:

- for treatment of postmenopausal osteoporosis in women who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.
- for treatment of osteoporosis in men at high risk of fracture who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

DENOSUMAB, Inj. Sol. 120 mg/1.7mL:

- for prevention of bone events in persons suffering from castration-resistant prostate cancer with at least one bone metastasis.
- for prevention of bone events in persons suffering from breast cancer with at least one bone metastasis, where pamidronate or zoledronic acid is not tolerated.

DEXAMETHASONE, Intravitreal implant:

• for treatment of macula edema secondary to central retinal vein occlusion.

Authorization is granted for treatment lasting a maximum of one year, with a maximum of two implants per injured eye.

- for treatment of a visual deficiency caused by diabetic macular edema in pseudophakic patients where treatment with an anti-VEGF is not appropriate. The eye to be treated must also meet the following two criteria:
 - optimal visual acuity after correction between 6/15 and 6/60;
 - thickness of the central retina ≥ 300 µm.

Authorizations are granted for a maximum duration of one year, with a maximum of one implant per 6 months per eye.

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography.

DICLOFENAC SODIUM, Oph. Sol.:

for treatment of ocular inflammation in persons for whom ophthalmic corticosteroids are not indicated.

DIMETHYL fumarate:

♦ for treatment of persons suffering from remitting multiple sclerosis diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

DIPHENHYDRAMINE HYDROCHLORIDE:

for adjuvant treatment of certain psychiatric disorders and of Parkinson's disease.

DIPYRIDAMOLE / ACETYLSALICYLIC ACID:

 for secondary prevention of strokes in persons who have already had a stroke or a transient ischemic attack.

DOCUSATE CALCIUM:

• for treatment of constipation related to a medical condition.

DOCUSATE SODIUM:

• for treatment of constipation related to a medical condition.

DONEPEZIL HYDROCHLORIDE:

• as monotherapy for persons suffering from Alzheimer's disease at the mild or moderate stage.

Upon the initial request, the following elements must be present:

- an MMSE score of 10 to 26, or as high as 27 or 28 if there is proper justification;
- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood:
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with donepezil is six months from the beginning of treatment.

However, where the cholinesterase inhibitor is used following treatment with memantine, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by each of the following elements:

- an MMSE score of 10 or more, unless there is proper justification;
- a maximum decrease of 3 points in the MMSE score per six-month period compared with the previous evaluation, or a greater decrease accompanied by proper justification;
- stabilization or improvement of symptoms in one or more of the following domains:
 - intellectual function, including memory;
 - mood:
 - behaviour:
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

The maximum duration of authorization is 12 months.

DORNASE ALFA:

- during initial treatment in persons over 5 years of age suffering from cystic fibrosis and whose forced vital
 capacity is more than 40 percent of the predicted value. The maximum duration of the initial authorization is
 three months.
- during maintenance treatment in persons for whom the physician provides evidence of a beneficial clinical effect. The maximum duration of authorization is one year.

DRESSING, ABSORPTIVE - GELLING FIBRE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, ABSORPTIVE - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.

for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
than 45 days.

DRESSING, ABSORPTIVE - SODIUM CHLORIDE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, ANTIMICROBIAL - IODINE:

for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with critical colonization by at least one pathogen, documented by a bacterial culture from the debrided wound base. The request is authorized for a maximum of 12 weeks.

Critical colonization is defined by the presence of at least one pathogen, documented by a culture, in a severe wound, showing the following clinical signs: increased exudate, friable granulation tissue, stagnation in the scarring process, accentuated odour, accentuated pain and inflammation less than two cm from the edge. Critical colonization of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

DRESSING, ANTIMICROBIAL - SILVER:

• for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with critical colonization by at least one pathogen, documented by a bacterial culture from the debrided wound base. The request is authorized for a maximum of 12 weeks.

Critical colonization is defined by the presence of at least one pathogen, documented by a culture, in a severe wound, showing the following clinical signs: increased exudate, friable granulation tissue, stagnation in the scarring process, accentuated odour, accentuated pain and inflammation less than two cm from the edge. Critical colonization of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

DRESSING, BORDERED ABSORPTIVE- GELLING FIBRE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.

for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
than 45 days.

DRESSING, BORDERED ABSORPTIVE - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, BORDERED ABSORPTIVE-POLYESTER AND RAYON FIBRE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, BORDERED ANTIMICROBIAL - SILVER:

• for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with critical colonization by at least one pathogen, documented by a bacterial culture from the debrided wound base. The request is authorized for a maximum of 12 weeks.

Critical colonization is defined by the presence of at least one pathogen, documented by a culture, in a severe wound, showing the following clinical signs: increased exudate, friable granulation tissue, stagnation in the scarring process, accentuated odour, accentuated pain and inflammation less than two cm from the edge. Critical colonization of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

DRESSING, BORDERED MOISTURE-RETENTIVE- HYDROCOLLOID OR POLYURETHANE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.

- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, INTERFACE - POLYAMIDE OR SILICONE:

to facilitate the treatment of persons suffering from very painful severe burns.

DRESSING, MOISTURE RETENTIVE - HYDROCOLLOID OR POLYURETHANE:

- for treatment of persons suffering from severe burns.
- for treatment of persons suffering from a pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe chronic wound (affecting the subcutaneous tissue) where
 the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more
 than 45 days.

DRESSING, ODOUR-CONTROL - ACTIVATED CHARCOAL:

- for treatment of persons suffering from a foul-smelling pressure sore of stage 2 or greater.
- for treatment of persons suffering from a severe foul-smelling wound (affecting the subcutaneous tissue) caused by a chronic disease or by cancer.
- for treatment of persons suffering from a severe foul-smelling cutaneous ulcer (affecting the subcutaneous tissue) related to arterial or venous insufficiency.
- for treatment of persons suffering from a severe foul-smelling chronic wound (affecting the subcutaneous tissue) where the scarring process is compromised. In this case, a chronic wound is a wound that has lasted for more than 45 days.

DULAGLUTIDE:

in association with metformin, for treatment of type-2 diabetic persons whose glycemic control is inadequate
and whose body mass index (BMI) is more than 30 kg/m² where a DPP-4 inhibitor is contraindicated, not
tolerated or ineffective.

The maximum duration of each authorization is 12 months.

When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin ($HbA1_c$) of at least 0.5% or by the attainment of a target value of 7% or less.

Authorization is given for a weekly maximum dose of 1.5 mg.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

DULOXETINE:

- for treatment of pain related to a diabetic peripheral neuropathy.
- for relief of chronic pain associated with fibromyalgia, where amitriptyline is not tolerated or is contraindicated, or where it provides insufficient benefits in the course of treatment lasting at least 12 weeks.

The maximum duration of the initial authorization is four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish clinical benefits, such as improvement of at least 30% on a pain scale, improvement of the functional level or attainment of other clinical objectives (such as a reduction in analgesics). The maximum duration of the authorization will then be 12 months.

Authorizations are granted for a maximum dose of 60 mg per day.

• for treatment of moderate or severe low back pain, without a neuropathic component, where acetaminophen and non-steroidal anti-inflammatories are not tolerated or are contraindicated, or where they provide insufficient benefits in the course of a treatment lasting at least 12 weeks.

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

When requesting continuation of treatment, the physician must provide information that demonstrates clinical benefits in comparison to the pre-treatment assessment: improvement of at least 30% on a pain scale or improvement of the functional level. The maximum duration of authorizations will then be 12 months.

The maximum dose authorized is 60 mg per day.

• for management of moderate or severe chronic pain associated with knee osteoarthritis, where acetaminophen and non-steroidal anti-inflammatories are not tolerated or are contraindicated, or where they provide insufficient benefits in the course of a treatment lasting at least 12 weeks.

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

When requesting continuation of treatment, the physician must provide information that demonstrates clinical benefits in comparison to the pre-treatment assessment: improvement of at least 30% on a pain scale or improvement of the functional level. The maximum duration of authorizations will then be 12 months.

The maximum dose authorized is 60 mg per day.

★ EDOXABAN:

• for treatment of persons with a venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Authorization is granted for a maximum of 12 months.

• for the prevention of stroke and systemic embolic event in persons with non-valvular atrial fibrillation requiring anticoagulant therapy.

ELBASVIR / GRAZOPREVIR:

- as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis:
 - who are suffering from HCV genotype 1 or 4 and who have never received an anti-HCV treatment;

 who are suffering from HCV genotype 1 and who have experienced a relapse with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

• who are suffering from HCV genotype 1, other than subtype 1a, and who have had a null response, a partial response, a viral escape or an intolerance with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

 who are suffering from HCV genotype 4 and who have had a relapse with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

- ♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis:
 - who are suffering from HCV genotype 1a and who have had a null response, a partial response, a viral
 escape or an intolerance with an association of ribavirin / pegylated interferon alfa administered alone or
 combined with a protease inhibitor;

or

who are suffering from HCV genotype 4 and who have had a null response, a partial response, a viral
escape or an intolerance with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 16 weeks.

ELTROMBOPAG:

- for treatment of chronic idiopathic thrombocytopenic purpura in:
 - splenectomized or non-splenectomized persons, where surgery is contraindicated;
 - who are refractory to corticotherapy or for whom corticotherapy is contraindicated;
 - who have been undergoing maintenance treatment with intravenous immunoglobulin for at least six months, unless there is a contraindication;
 - whose platelet count was less than 30 x 10⁹/l before intravenous immunoglobulin treatment was initiated or whose platelet count is less than 30 x 10⁹/l where intravenous immunoglobulin is contraindicated.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician will have to provide evidence of a treatment response defined by a platelet count greater than 50×10^9 /l without having to resort to administering intravenous immunoglobulin as part of rescue therapy. Subsequent authorizations will be granted for a maximum duration of six months.

EMPAGLIFLOZINE:

- for treatment of type-2 diabetic persons:
 - as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;
 - in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

◆ for treatment of type-2 diabetic persons, in association with one or several antidiabetic agents, in persons with antecedents of coronary artery disease (CAD)or peripheral artery disease (PAD)and whose glycated hemoglobin (HbA1c) is ≥ 7%.

For the initial request, the physician will have to specify the type of coronary artery disease (CAD) or peripheral artery disease (PAD) from which the person is suffering.

EMPAGLIFLOZINE / METFORMINE HYDROCHLORIDE:

♦ for treatment of type-2 diabetic persons whose optimal maximum dose of metformin has been stable for at least one month.

The persons must also fulfill the requirements of the recognized payment indication for empagliflozin.

ENFUVIRTIDE:

• for treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed sensitivity to only one antiretroviral or to none and for whom enfuvirtide has never led to a virological failure.

The initial authorization, lasting a maximum of 5 months, will be given if the viral load is greater than or equal to 5 000 copies/mL. In the case of a first-line treatment, the CD4 lymphocyte count and another dating back at least one month must be less than or equal to 350/µL.

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 enfuvirtide treatment began;

or

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

Authorizations will then have a maximum duration of 12 months.

- for treatment, in association with other antiretrovirals, of HIV-infected persons who are not concerned by the first paragraph of the previous statement:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL, while having been treated with an association of three or more antiretrovirals for at least three months and 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;
 - who have tried, since the beginning of their antiretroviral therapy, at least one non-nucleoside reverse transcriptase inhibitor (except in the presence of a resistance to that class), one nucleoside reverse transcriptase inhibitor and one protease inhibitor.

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

Authorizations will then have a maximum duration of 12 months.

ENZALUTAMIDE:

- as monotherapy, for treatment of metastatic castration-resistant prostate cancer in men:
 - whose cancer has progressed during or following docetaxel-based chemotherapy, unless there is a contraindication or serious intolerance;
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

Authorizations are given for a maximum daily dose of enzalutamide of 160 mg.

It must be noted that enzalutamide is not authorized after abiraterone has failed if the latter drug was administered to treat prostate cancer.

- as monotherapy, for treatment of metastatic castration-resistant prostate cancer in men:
 - who are asymptomatic or mildly symptomatic after an anti-androgen treatment has failed;
 - who have never received docetaxel-based chemotherapy;
 and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorization is given for a maximum daily dose of enzalutamide of 160 mg.

It must be noted that enzalutamide is not authorized after abiraterone has failed if the latter drug was administered to treat prostate cancer.

★ EPLERENONE:

- ♦ for persons showing signs of heart failure and left ventricular systolic dysfunction (with ejection fraction ≤ 40 %) after an acute myocardial infarction, when initiation of eplerenone starts in the days following the infarction as a complement to standard therapy.
- ♦ for persons suffering from New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35%), as a complement to standard therapy.

EPOETIN ALFA:

- for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min).
- for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B₁₂ deficiency:
 - in persons having a non-myeloid tumour treated with chemotherapy and whose hemoglobin rate less than 100 g/L;
 - in non cancerous persons whose hemoglobin rate is less than 100 g/L.

The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least 40x10⁹/L or an increase in the hemoglobin measurement of at least 10 g/L. A hemoglobin rate of less than 120g/L should be targeted.

However, for persons suffering from cancer other than those previously specified, epoetin alfa remains covered by the basic prescription drug insurance plan until 31 January 2008 insofar as the treatment was already underway on 1 October 2007 and that its cost was already covered under that plan as part of the recognized indications provided in the appendix hereto and that the physician provides evidence of a beneficial effect defined by an increase in the reticulocyte count of at least $40x10^9/L$ or an increase in the hemoglobin measurement of at least 10 g/L.

EPOPROSTENOL SODIUM:

 for treatment of pulmonary arterial hypertension of WHO functional class III or IV that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

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

ERLOTINIB HYDROCHLORIDE:

- for treatment of locally advanced or metastatic non-small-cell lung cancer in persons:
 - for whom a first-line therapy has failed and who are not eligible for other chemotherapy, or for whom a second-line therapy has failed;

and

- who do not have symptomatic cerebral metastases;
- whose ECOG performance status is ≤ 3.

The maximum duration of each authorization is three months. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

ESLICARBAZEPINE ACETATE:

• for adjunctive treatment of persons suffering from refractory partial epilepsy, that is, following the failure of two appropriate and tolerated antiepileptic drugs (used either as monotherapy or in combination).

ESTRADIOL-17B:

 in persons unable to take estrogens orally because of intolerance or where medical factors favour the transdermal route.

ESTRADIOL-17B / NORETHINDRONE ACETATE:

 in persons unable to take estrogens or progestogens orally because of intolerance or where medical factors favour the transdermal route.

ETANERCEPT:

 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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
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 making it possible to establish the beneficial effects of the treatment, 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 period of 12 months.

Authorizations for etanercept are given for a dose of 50 mg per week.

 for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one
 of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;

and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is an intolerance or a contraindication.

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 beneficial effects of the treatment, specifically:

- a decrease of 20% or more in the number of joints with active synovitis and one of the following six elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school:
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement.

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

Authorizations for etanercept are given for 0.8 mg/kg (maximum dose of 50 mg) per week.

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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
 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 beneficial effects of the treatment, 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 etanercept are given for a dose of 50 mg per week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for etanercept are given for a maximum of 50 mg per week.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
 questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions:

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of a serious intolerance or a contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

• an improvement of at least 75% in the PASI score compared to the base value;

or

an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI
questionnaire compared to the base values;

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 significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

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

Authorizations for etanercept are given for a maximum of 50 mg, twice per week.

ETANERCEPT – psoriatic arthritis and plaque psoriasis (Enbrel):

for treatment of 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:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following four elements must be present:
 - 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 serious intolerance or a 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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for etanercept are given for a dose of 50 mg per week.

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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
 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 beneficial effects of the treatment, 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 etanercept are given for a dose of 50 mg per week.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;
 - and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
 questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of a serious intolerance or a contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75% in the PASI score compared to the base value;
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI
 questionnaire compared to the base values;

or

 significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

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

Authorizations for etanercept are given for a maximum of 50 mg, twice per week.

ETANERCEPT - rheumatoid arthritis and ankylosing spondylitis (Brenzys):

for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor:
 - 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 one disease-modifying anti-rheumatic drug, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;

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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for etanercept are given for a dose of 50 mg per week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for etanercept are given for a maximum of 50 mg per week.

ETANERCEPT - rheumatoid arthritis, ankylosing spondylitis and juvenile idiopathic arthritis (Erelzi):

for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor:
 - 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 serious intolerance or a
 contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;

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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for etanercept are given for a dose of 50 mg per week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for etanercept are given for a maximum of 50 mg per week.

 for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one
 of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;

and

• the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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 beneficial effects of the treatment, specifically:

- a decrease of 20% or more in the number of joints with active synovitis and one of the following six elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement.

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

Authorizations for etanercept are given for 0.8 mg/kg (maximum dose of 50 mg) per week.

ETRAVIRINE:

- for treatment, in association with other antiretrovirals, of HIV-infected persons:
 - who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment:

and

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included a
 protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

Where a therapy including another non-nucleoside reverse transcriptase inhibitor cannot be used because of a primary resistance to delavirdine, efavirenz or nevirapine, a trial of at least two therapies, each including a protease inhibitor, is necessary and must have resulted in the same conditions as those listed above.

- for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one nonnucleoside reverse transcriptase inhibitor and one protease inhibitor, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

whose current CD4 lymphocyte count and another dating back at least one month are less than or equal
to 350/µL;

and

for whom the use of etravirine is necessary to establish an effective therapeutic regimen.

EVEROLIMUS:

◆ for second-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells after treatment with a tyrosine kinase inhibitor has failed, unless there is a contraindication or a serious intolerance, in persons whose ECOG performance status is ≤ 2.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at ≤ 2 . Subsequent authorizations will also be for maximum durations of four months.

♦ for treatment of unresectable and evolutive, well- or moderately-differentiated pancreatic neuroendocrine tumours, at an advanced or metastatic stage, in persons whose ECOG performance status is ≤ 2.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging. The ECOG performance status must remain at ≤ 2 . Subsequent authorizations will be for durations of six months.

Authorizations are given for a maximum daily dose of 10 mg.

It must be noted that everolimus will not be authorized in association with sunitinib, nor will it be following failure with sunitinib if the latter was administered to treat this condition.

- in association with exemestane, for treatment of advanced or metastatic breast cancer, positive for hormone receptors but not over-expressing the HER2 receptor, in menopausal women:
 - whose cancer has progressed despite administration of a non-steroid aromatase inhibitor (anastrozole or letrozole) administered in an adjuvant or metastatic context;
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. ECOG performance status must remain at ≤ 2 .

Authorizations are given for a maximum daily dose of 10 mg.

- for treatment of well-differentiated, non-functional neuroendocrine tumours of lung or gastrointestinal origin that are unresectable and at an advanced or metastatic phase, in persons:
 - whose disease progressed in the six previous months; and
 - whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of six months.

Authorizations are given for a maximum daily dose of 10 mg.

EVOLOCUMAB:

- for treatment of persons suffering from homozygous familial hypercholesterolemia (HoFH) confirmed by genotyping or by phenotyping:
 - where two hypolipemiants of different classes at optimal doses are not tolerated, are contraindicated or are ineffective;

Phenotyping is defined by the following three factors:

- a concentration in the low-density lipoprotein cholesterol (LDL-C)) > 13 mmol/l before the beginning of a treatment:
- the presence of xanthomas before age 10;
- the confirmed presence in both parents of heterozygous familial hypercholesterolemia.

The initial request is granted for a maximum period of four months.

Upon subsequent requests, the physician must provide information making it possible to establish the beneficial effects of the treatment, that is, a decrease of at least 20% in the LDL-C compared to the basic levels. Subsequent requests are authorized for a maximum duration of 12 months.

Authorizations for evolocumab are given for a maximum dose of 420 mg every two weeks.

for treatment of adults suffering from heterozygous familial hypercholesterolemia (HeFH) confirmed by genotyping or by phenotyping, for whom use of a statin at the optimal dose in association with ezetimibe has not allowed for adequate control of the cholesterolemia, unless there is a serious intolerance or a contraindication.

In patients without atherosclerotic cardiovascular disease, adequate control of the cholesterolemia is defined as a reduction in the LDL-C concentration of at least 50% compared to the basic level, that is, before any lipid lowering drug treatment.

In patients with atherosclerotic cardiovascular disease, adequate control of the cholesterolemia is defined as the attainment of a LDL-C concentration of < 2 mmol/l.

Phenotyping is defined as a LDL-C concentration > 4 mmol/l in children under age 16 or > 4.9 mmol/l in adults before the beginning of a treatment and at least one of the following:

- a history of HeFH confirmed by genotyping in a first-degree relative;
- the presence of a mutation, causing a familial hypercholesterolemia, of the LDLR, ApoB or PCSK9 genes in a first-degree relative;
- the presence of xanthomas in the person or in one of the first-degree or second-degree relatives;
- the presence of a corneal arcus before age 45 in a first-degree relative;
- a family history of LDL-C concentration > 4.9 mmol/l in an adult first-degree relative or ≥ 4 mmol/l in a first-degree relative under age 18;
- a family history of total cholesterol concentration > 7.5 mmol/l in an adult first-degree or second-degree relative or > 6.7 mmol/l in a first-degree relative under age16.

The initial request is authorized for a maximum period of four months.

Upon subsequent requests, the physician must provide information making it possible to establish the beneficial clinical effects of the treatment, that is, a decrease \geq 40 % in the LDL-C concentration compared to the value before the beginning of treatment with evolocumab. Subsequent requests are authorized for a maximum duration of 12 months.

Authorizations for evolocumab are given for a maximum dose of 140 mg every two weeks or 420 mg every month.

FEBUXOSTAT:

 for treatment of persons with complications stemming from chronic hyperucemia, such as urate deposits revealed by tophus or arthritic gout, when there is a serious contraindication or serious intolerance to allopurinol.

FESOTERODINE fumarate:

• for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

★ FIDAXOMICIN:

for treatment of a Clostridium difficile infection in the event of allergy to vancomycin.

★ FILGRASTIM:

- to stimulate bone marrow in a recipient for the purpose of an autograft.
- to treat children requiring a dosage adjustment that does not allow for use of syringes pre filled with filgrastim, or for persons who are allergic to latex:
 - undergoing cycles of moderately or highly myelosuppressive chemotherapy (≥ 40 percent risk of febrile neutropenia);

or

• at risk of developing severe neutropenia during chemotherapy;

or

 who will undergo subsequent cycles of chemotherapy and who have suffered from severe neutropenia (neutrophil count below 0.5 x 109/L) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate;

or

 who will undergo subsequent cycles of curative chemotherapy and who have suffered from neutropenia (neutrophil count below 1.5 X 109/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable;

or

 suffering from severe medullary aplasia (neutrophil count below 0.5 x 109/L) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum;

or

 suffering from congenital, hereditary, idiopathic or cyclic chronic neutropenia whose neutrophil count is below 0.5 x 109/L;

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- who are HIV-infected and suffering from severe neutropenia (neutrophil count below 0.5 x109/L);
- undergoing adjunctive treatment for acute myeloid leukemia.
- during chemotherapy, for children suffering from a solid tumour who require a dosage adjustment that does not allow for use of syringes pre filled with filgrastim or who are allergic to latex.

★ FILGRASTIM (GRASTOFIL):

- for treatment of persons undergoing cycles of moderately or highly myelosuppressive chemotherapy
 (≥ 40 percent risk of febrile neutropenia).
- for treatment of persons at risk of developing severe neutropenia during chemotherapy.
- in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below 0.5 x 10⁹/L) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.
- in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 x 10⁹/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.
- during chemotherapy undergone by children suffering from solid tumours.
- for treatment of persons suffering from severe medullary aplasia (neutrophil count below 0.5 x 10⁹/L) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum.
- for treatment of persons suffering from congenital, hereditary, idiopathic or cyclic chronic neutropenia whose neutrophil count is below 0.5 x 10⁹/L.
- for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10⁹/L).
- to stimulate bone marrow in the recipient in the case of an autograft.
- as an adjunctive treatment for acute myeloid leukemia.

FINGOLIMOD HYDROCHLORIDE:

 for monotherapy treatment of persons suffering from rapidly evolving remitting multiple sclerosis, whose EDSS score is less than 7, and who had to cease taking natalizumab for medical reasons.

Authorizations are granted for a maximum of one year. Upon subsequent requests, the EDSS score must remain under 7.

- for treatment, as monotherapy, of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), whose EDSS score is under 7:
 - who have had at least one relapse in the last year, one of which occurred even though the person had been taking, for at least six months, one of the disease modifying agents included on the list of medications for first-line treatment of this disease;

or

 who have a contraindication or an intolerance to at least two disease-modifying agents included on the list of medications for first-line treatment of this disease.

The maximum duration of each authorization is one year. When requesting continuation of treatment, the physician must provide proof of a beneficial effect defined by the absence of deterioration. The EDSS score must remain under 7.

FLUCONAZOLE, Oral Susp.:

- for treatment of esophageal candidiasis.
- for treatment of oropharyngeal candidiasis or other mycoses in persons for whom the conventional therapy is ineffective or poorly tolerated and who are unable to take fluconazole tablets.

FOLLITROPIN ALPHA:

• for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

- for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.
- Authorizations are granted for a maximum duration of one year.

FOLLITROPIN BETA:

for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

FOLLITROPIN DELTA:

• for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

FORMOTEROL FUMARATE DIHYDRATE / BUDESONIDE:

 for treatment of asthma and other reversible obstructive diseases of the respiratory tract in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

The associations of formoterol fumarate dihydrate / budesonide and salmeterol xinafoate / fluticasone propionate remain covered for persons insured with RAMQ who obtained a reimbursement in the 365 days preceding 1 October 2003.

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:
 - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite
 regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is
 understood as a sustained and repeated aggravation of the symptoms requiring intensified
 pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or
 a hospitalization;

or

 who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

or

whose disease is associated with an asthmatic component, demonstrated by factors defined by a history
of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after
bronchodilators of at least 12% and 200 ml.

The initial authorization is for a maximum duration of 12 months.

For a subsequent request, for persons having obtained the treatment due to exacerbations, the authorization may be granted if the physician considers that the expected benefits outweigh the risks incurred. For persons having obtained the treatment due to an asthmatic component, the physician will have to provide proof of an improvement of the disease symptoms.

It must be noted that this association (long-acting ß2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting ß2 agonist alone or with an association of a long-acting ß2 agonist and a long-acting antimuscarinic.

Nevertheless, the association of formoterol fumarate dihydrate / budesonide remains covered under the basic prescription drug insurance plan for insured persons having used this drug in the 12 months preceding 24 March 2016.

FORMOTEROL FUMARATE DIHYDRATE / MOMETASONE FUROATE:

 for treatment of asthma and other reversible obstructive diseases of the respiratory tract, in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

GALANTAMINE HYDROBROMIDE:

- as monotherapy for persons suffering from Alzheimer's disease at the mild or moderate stage.
 Upon the initial request, the following elements must be present:
 - an MMSE score of 10 to 26, or as high as 27 or 28 if there is proper justification;
 - medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood;
 - behaviour:

- autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
- social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with galantamine is six months from the beginning of treatment.

However, where the cholinesterase inhibitor is used following treatment with memantine, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by each of the following elements:

- an MMSE score of 10 or more, unless there is proper justification;
- a maximum decrease of 3 points in the MMSE score per six-month period compared with the previous evaluation, or a greater decrease accompanied by proper justification;
- stabilization or improvement of symptoms in one or more of the following domains:
 - intellectual function, including memory;
 - mood:
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

The maximum duration of authorization is 12 months.

GANIRELIX:

for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

GEFITINIB:

 for first-line treatment of persons suffering from a locally advanced or metastatic non-small-cell lung cancer, having an activating mutation of the EGFR tyrosine kinase and whose ECOG performance status is ≤ 2.
 The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. Subsequent authorizations will also be for maximum durations of four months.

GENTAMICIN sulfate:

for treatment of bacterial endocarditis.

GLATIRAMER ACETATE - (GLATECT):

for treatment of persons who have had a documented first acute clinical episode of demyelinization.

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

- the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord;
- the diameter of these lesions being 3 mm or more.

The maximum duration of the initial authorization is one year. When submitting subsequent requests, the physician must provide evidence of a beneficial effect defined by the absence of a new clinical episode.

 for treatment of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

GLECAPREVIR / PIBRENTASVIR:

 as monotherapy, for treatment of persons suffering from chronic hepatitis C who have never received an anti-HCV treatment.

Authorization is granted for a maximum period of eight weeks for persons without cirrhosis and for a maximum period of 12 weeks for persons with compensated cirrhosis (Metavir score of F4 or equivalent).

as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1, 2, 4, 5 or 6, who
have experienced therapeutic failure with a treatment based on pegylated interferon alfa or based on
sofosbuvir, but who have never been treated with an NS3/4A protease inhibitor nor with an NS5A protein
inhibitor.

Authorization is granted for a maximum period of eight weeks for persons without cirrhosis and for a maximum period of 12 weeks for persons with compensated cirrhosis (Metavir score of F4 or equivalent).

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 3, without decompensated cirrhosis, and who have experienced therapeutic failure with an association of ribavirin/pegylated interferon alfa or with an association of sofosbuvir/ribavirin, but who have never been treated with an NS3/4A protease inhibitor nor with an NS5A protein inhibitor.

Authorization is granted for a maximum period of 16 weeks.

 as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1, without decompensated cirrhosis, and who have experienced therapeutic failure with an NS3/4A protease inhibitor, but who have never been treated with an NS5A protein inhibitor.

Authorization is granted for a maximum period of 12 weeks.

• as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1, without decompensated cirrhosis, and who have experienced therapeutic failure with an NS5A protein inhibitor, but who have never been treated with an NS3/4A protease inhibitor.

Authorization is granted for a maximum period of 16 weeks.

GLIMEPIRIDE:

where another sulfonylurea is not tolerated or is ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

GLYCERIN, Supp.:

• for treatment of constipation related to a medical condition.

GLYCEROL PHENYLBUTYRATE:

• in association with dietary protein restriction, for treatment of patients suffering from an urea cycle disorder, except in the presence of a *N*-acetylglutamate synthase deficiency, whose plasma ammonia level is inadequate despite treatment with sodium benzoate at an optimal dose, unless there is an important intolerance or a contraindication to this drug.

The maximum duration of each authorization is 12 months. When requesting continuation of treatment, the physician must provide proof of a beneficial clinical effect.

GOLIMUMAB, S.C. Inj. Sol. (App.) and S.C. Inj. Sol. (syr):

 for treatment of moderate or severe rheumatoid arthritis and moderate or severe psoriatic arthritis of rheumatoid type. In the case of rheumatoid arthritis, methotrexate must be use concomitantly.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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.

In the case of rheumatoid arthritis, one of the two drugs must be methotrexate, at a dose of 20 mg or more per week, unless there is serious intolerance or a contraindication to this dose.

In the case of moderate or severe psoriatic arthritis of rheumatoid type, unless there is serious intolerance or a 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 beneficial effects of the treatment, 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.

Reguests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for golimumab are given for 50 mg per month.

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:

- prior to the beginning of treatment, the person must 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 serious intolerance or a
 serious 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 beneficial effects of the treatment, 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 golimumab are given for 50 mg per month.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication:
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score:
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for golimumab are given for 50 mg per month.

GOLIMUMAB, I.V. Perf. Sol.:

in association with methotrexate, for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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
concomitantly or not, for at least three months each. One of the two drugs must be methotrexate, at a
dose of 20 mg or more per week, unless there is serious intolerance or a contraindication to this dose.

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 period of 12 months.

Authorizations for golimumab are given for a dose of 2 mg/kg in weeks 0 and 4, then 2 mg/kg every eight weeks.

GONADORELIN:

 as monotherapy, for ovulation induction in women suffering from hypogonadotropic hypogonadism who wish to procreate.

Authorizations are granted for a maximum duration of one year.

GONADOTROPINS:

• for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

 for spermatogenesis induction in men suffering from hypogonadotropic hypogonadism who wish to procreate, in association with a chorionic gonadotropin.

The men must previously have been treated with a chorionic gonadotropin, as monotherapy, for at least six months.

Authorizations are granted for a maximum duration of one year.

★ GRANISETRON HYDROCHLORIDE:

- during the first day of:
 - a moderately or highly emetic chemotherapy treatment;

or

- a highly emetic radiotherapy treatment.
- in children during emetic chemotherapy or radiotherapy.
- during:
 - a chemotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated and who are not receiving aprepitant or fosaprepitant;

or

 a radiotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated.

GRASS POLLEN ALLERGENIC EXTRACT:

for treatment of the symptoms of moderate or severe seasonal allergic rhinitis associated with grass pollen.

The maximum duration of the authorization with oral allergenic grass pollen extracts is for three consecutive pollen seasons, regardless of the product used.

It must be noted that grass pollen allergenic extracts are not authorized in association with subcutaneous immunotherapy.

GUANFACINE HYDROCHLORIDE:

• in association with a psychostimulant, for treatment of children and adolescents suffering from attention deficit disorder with or without hyperactivity, for whom it has not been possible to properly control the symptoms of the disease with methylphenidate and an amphetamine used as monotherapy.

Before it can be concluded that the effectiveness of these drugs is sub optimal, they must have been titrated at optimal doses.

HYDROXYPROPYLMETHYLCELLULOSE:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

HYDROXYPROPYLMETHYLCELLULOSE / DEXTRAN 70:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

IBRUTINIB:

- for second-line or subsequent treatment of chronic lymphoid leukemia in persons:
 - who do not qualify for a treatment or the readministration of a treatment containing a purine analog for one of the following reasons:
 - excessively precarious state of health due to, notably, old age, altered renal function or a score of 6 or greater on the Cumulative Illness Rating Scale (CIRS);
 - interval without progress of less than 36 months following a treatment combining fludarabine and rituximab;
 - 17p deletion;
 - serious intolerance;

and

• whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorization is given for a maximum daily dose of 420 mg.

- for first-line treatment of chronic lymphoid leukemia in persons with 17p deletion:
 - who are symptomatic and requiring treatment; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorization is given for a maximum daily dose of 420 mg.

- as monotherapy, for first-line treatment of symptomatic chronic lymphoid leukemia in persons not having a 17p deletion:
 - who are not eligible to receive fludarabine-based chemotherapy because their health condition is too
 precarious, notably due to advanced age, altered renal function or a total score ≥ 6 on the Cumulative
 Illness Rating Scale (CIRS);
 and
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

Authorization is given for a maximum daily dose of 420 mg.

- as monotherapy, for treatment of recurrent or refractory mantle-cell lymphoma, in persons:
 - who have received at least one rituximab-based treatment;
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorization is given for a maximum daily dose of 560 mg.

ICATIBANT ACETATE:

- for treatment of acute attacks of hereditary angioedema (HAE) with C1 esterase inhibitor deficiency in adults:
 - whose diagnosis of HAE type I or II was confirmed by an antigen dosage or a functional dosage of the C1 esterase inhibitor below the lower limit of normal;
 and

having suffered at least one medically-confirmed acute attack of HAE.

Authorizations will be given for a maximum of twelve syringes of icatibant per 12 month period.

IDELALISIB:

- as monotherapy, for the continuation of second-line or subsequent treatment of chronic lymphoid leukemia in persons:
 - whose disease has not progressed during or following a six-month treatment combining idelalisib and rituximab;

and

• whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2.

Authorizations are given for a maximum daily dose of 300 mg.

IMATINIB MESYLATE:

- for treatment of chronic myeloid leukemia in the chronic phase.
- for treatment of chronic myeloid leukemia in the blastic or accelerated phase.
- in adults suffering from refractory or recurrent acute lymphoblastic leukemia with a positive Philadelphia chromosome and for whom a stem cell transplant is foreseeable.

The maximum duration of each authorization is three months. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

 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.

IMATINIB MESYLATE – gastrointestinal stromal tumour:

 for adjuvant treatment of a gastrointestinal stromal tumor with presence of the Kit receptor (CD117) that, following a complete resection, poses a high risk of recurrence.

The maximum duration of the authorization is 36 months, at a daily dose of 400 mg.

 for treatment of an inoperable, recurrent or metastatic gastrointestinal stromal tumour with presence of the c-kit receptor (CD117).

The initial authorization is for a daily dose of 400 mg for a duration of six months. For persons whose recurrence appeared during adjuvant treatment with imatinib, the initial authorization may be for a daily dose of up to 800 mg.

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.

When making subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging.

Authorizations will be for six-month periods.

IMIQUIMOD:

for treatment of external genital and peri-anal condylomas, as well as condyloma acuminata, upon failure of
physical destructive therapy or of chemical destructive therapy of a minimum duration of four weeks, unless
there is a contraindication.

The maximum duration of the initial authorization is 16 weeks. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by a reduction in the extent of the lesions. The request may then be authorized for a maximum period of 16 weeks.

INCOBOTULINUMTOXINA:

• for treatment of cervical dystonia, blepharospasm and other severe spasticity conditions.

INDACATEROL MALEATE / GLYCOPYRRONIUM BROMIDE:

 for maintenance treatment of persons suffering from chronic obstructive pulmonary disease (COPD), for whom using a long-acting bronchodilator for at least 3 months has not allowed an adequate control of the symptoms of the disease.

The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.

It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

Nevertheless, the association of indacaterol maleate / glycopyrronium bromide remains covered under the basic prescription drug insurance plan for insured persons having used this drug in the 12 months preceding 24 March 2016.

INFLIXIMAB:

• for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate:

and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum 20 mg per dose) per week for at least three months, unless there is an intolerance or a contraindication.

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 beneficial effects of the treatment:

 a decrease of at least 20% in the number of joints with active synovitis and one of the following six elements:

- a decrease of 20% or more in the C-reactive protein level;
- a decrease of 20% or more in the sedimentation rate;
- an improvement of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school:
- an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
- an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
- a decrease of 20% or more in the number of affected joints with limited movement.

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

Authorizations for infliximab are given for three doses of 3 mg/kg, with the possibility of increasing the dose to 5 mg/kg after three doses or in the 14th week.

INFLIXIMAB – CROHN'S DISEASE (ADULTS), RHUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS, PSORIATIC ARTHRITIS AND PLAQUE PSORIASIS:

for treatment of adults suffering from moderate or severe intestinal Crohn's disease that is still active despite treatment with corticosteroids and immunosuppressors, unless there is a contraindication or a major intolerance to corticosteroids. An immunosuppressor must have been tried for at least eight weeks.

The initial authorization is for a maximum of three 5 mg/kg doses.

Upon the initial request, the physician must indicate the immunosuppressor used and the duration of treatment. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, in which case the request will be authorized for a period of 12 months.

for treatment of adults suffering from moderate or severe intestinal Crohn's disease that is still active despite treatment with corticosteroids, unless there is a contraindication or a major intolerance to corticosteroids, where immunosuppressors are contraindicated, are not tolerated or have been ineffective in the past in treating a similar episode after a combined treatment with corticosteroids.

The initial authorization is for a maximum of three 5 mg/kg doses.

Upon the initial request, the physician must indicate the nature of the contraindication or intolerance, as well as the immunosuppressor used. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, in which case the request will be authorized for a period of 12 months.

for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 serious intolerance or a
 serious contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week.

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 beneficial effects of the treatment, 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.

Authorizations for infliximab are given for three doses of 3 mg/kg, with the possibility of increasing the dose to 5 mg/kg after three doses or in the 14th week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication:
 - Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

The initial request will be authorized for a maximum of five months.

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;

or

- a decrease of 1.5 points or 43% on the BASFI scale;

or

- a return to work.

Requests for continuation of treatment will be authorized for maximum periods of 12 months.

Authorizations for infliximab are given for a maximum of 5 mg/kg in weeks 0, 2 and 6 and then every six to eight weeks.

- for treatment of moderate or severe psoriatic arthritis of the rheumatoid type:
 - where a treatment with an anti-TNFα appearing in this appendix for treatment of that disease did not
 make it possible to optimally control the disease or was not tolerated. The anti-TNFα must have been
 used in respect of the indications for which it is recognized in this appendix for that pathology.

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 beneficial effects of the treatment, 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 period of 12 months.

For psoriatic arthritis of the rheumatoid type, authorizations for infliximab are given for a maximum of 5 mg/kg in weeks 0, 2 and 6 and then every six to eight weeks.

- for treatment of moderate or severe psoriatic arthritis, of a type other than rhumatoid:
 - where a treatment with an anti-TNFα appearing in this appendix for treatment of that disease did not
 make it possible to optimally control the disease or was not tolerated. The anti-TNFα must have been
 used in respect of the indications for which it is recognized in this appendix for that pathology.

The initial request is authorized for a maximum of 5 months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, 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 period of 12 months.

Authorizations for infliximab are given for a maximum of 5 mg/kg in weeks 0, 2 and 6 and then every six to eight weeks.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or in the presence of large plaques on the face, palms or soles or in the genital area;
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
 questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

cyclosporine at a dose of 3 mg/kg or more per day;

or

acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

an improvement of at least 75% in the PASI score compared to the base value;

or

 an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for infliximab are given for a maximum of 5 mg/kg in weeks 0, 2 and 6 and then every eight weeks.

INFLIXIMAB - CROHN'S DISEASE (CHILDREN):

or treatment of children suffering from moderate or severe intestinal Crohn's disease that is still active
despite treatment with corticosteroids and immunosuppressors, unless there is a contraindication or a major
intolerance to corticosteroids. An immunosuppressor must have been tried for at least eight weeks.

The initial authorization is for a maximum of three 5 mg/kg doses.

Upon the initial request, the physician must indicate the immunosuppressor used and the duration of treatment. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, in which case the request will be authorized for a period of 12 months.

• for treatment of children suffering from moderate or severe intestinal Crohn's disease that is still active despite treatment with corticosteroids, unless there is a contraindication or a major intolerance to corticosteroids, where immunosuppressors are contraindicated, are not tolerated or have been ineffective in the past in treating a similar episode after a combined treatment with corticosteroids.

The initial authorization is for a maximum of three 5 mg/kg doses.

Upon the initial request, the physician must indicate the nature of the contraindication or intolerance, as well as the immunosuppressor used. Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, in which case the request will be authorized for a period of 12 months.

INFLIXIMAB - ULCERATIVE COLITIS (ADULTS):

- for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite
 treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a
 contraindication.
 - in the presence of a Mayo score of 6 to 12 points;
 - in the presence of a Mayo endoscopic subscore of at least 2 points.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the Mayo score of at least 3 points and at least 30 %, or a decrease in the partial Mayo score of at least 2 points;
- and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

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

INSULIN ASPART / INSULIN ASPART PROTAMINE:

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

INSULIN DEGLUDEC:

 for treatment of diabetes where a prior trial with an intermediate-acting insulin has not allowed for adequate control of the glycemic profile without causing an episode of serious hypoglycemia or frequent episodes of hypoglycemia.

INSULIN DETEMIR:

 for treatment of diabetes, where a prior trial of intermediate-acting insulin did not adequately control the glycemic profile without causing an episode of severe hypoglycemia or frequent episodes of hypoglycemia.

INSULIN GLARGINE:

 for treatment of diabetes, where a prior trial of intermediate-acting insulin did not adequately control the glycemic profile without causing an episode of severe hypoglycemia or frequent episodes of hypoglycemia.

INSULIN LISPRO / INSULIN LISPRO PROTAMINE:

• for treatment of diabetes, where a trial of a premixture of 30/70 insulin did not adequately control the glycemic profile without causing episodes of hypoglycemia.

INTERFERON BETA-1A, I.M. Inj. Sol.:

for treatment of persons who have had a documented first acute clinical episode of demyelinization.

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

- the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord; and
- the diameter of these lesions being 3 mm or more.

The maximum duration of the initial authorization is one year. When submitting subsequent requests, the physician must provide evidence of a beneficial effect defined by the absence of a new clinical episode.

Authorizations are given for 30 mcg once per week.

Interferon beta-1a (I.M. Inj. Sol.) remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial effect defined by the absence of a new clinical episode.

 for treatment of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

Interferon beta-1a (I.M. Inj. Sol.) remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

 for treatment of persons suffering from secondary progressive multiple sclerosis who have had clinical episodes of the disease and whose EDSS score is less than 7.

At the beginning of treatment and with each subsequent request, the physician must provide the following information: number of attacks per year and EDSS score.

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).

Authorizations are given for 30 mcg once per week.

INTERFERON BETA-1A, S.C. Inj. Sol. and S.C. Inj. Sol. (syr):

- ◆ Persons having experienced a documented first acute clinical episode of demyelinization are eligibile for continuation of payment of interferon beta-1a (Rebif™) until their condition changes to multiple sclerosis, insofar as its cost was already covered, under the basic prescription drug insurance plan, in the 365 days before 3 June 2013.
- ♦ for treatment of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

Interferon beta-1a (S.C. Inj. Sol. and S.C. Inj. Sol. (syr)) remain covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

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

At the beginning of treatment and with each subsequent request, the physician must provide the following information: number of attacks per year, where applicable, 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).

Authorizations are given for 22 mcg three times per week.

INTERFERON BETA-1B:

• for treatment of persons who have had a documented first acute clinical relapse of demyelinization.

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

- the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord; and
- the diameter of these lesions being 3 mm or more.

The maximum duration of the initial authorization is one year. When submitting subsequent requests, the physician must provide evidence of a beneficial effect defined by the absence of a new clinical episode.

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

Interferon beta-1b remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of a new clinical episode.

♦ for treatment of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

Interferon beta-1b remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

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

At the beginning of treatment and with each subsequent request, the physician must provide the following information: number of attacks per year, where applicable, and EDSS score.

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).

IVABRADINE HYDROCHLORIDE:

- for the treatment of persons suffering from New York Heart Association (NYHA) class II or III heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35%), who are in sinus rhythm and whose heart rate at rest is 77 beats per minute or more:
 - who have been hospitalized for a deterioration of their heart failure in the past 12 months;
 - who have been receiving a treatment for at least four weeks with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB), in combination with a beta blocker and a mineralocorticoid receptor antagonist, unless there is an intolerance or contraindication.

IXEKIZUMAB

- for persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

 where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a contraindication, these two agents must be: - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

• an improvement of at least 75% in the PASI score compared to the base value;

or

 an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for Ixekizumab are given for 160 mg on week 0, for 80 mg on weeks 2, 4, 6, 8, 10 and 12, then 80 mg every four weeks.

- for the treatment of moderate or severe psoriatic arthritis of rheumatoid type:
 - upon initiation of treatment, the person must have eight or more joints with active synovitis and one of the following four elements must be present:
 - 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 serious intolerance or a
 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 beneficial effects of the treatment, 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 0.2 in the HAQ score;
 - a return to work.

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

Authorizations for ixékizumab are given for a dose of 160 mg on week 0, followed by 80 mg every 4 weeks.

- for the treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:
 - upon initiation of treatment, the person must have at least 3 joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - 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 serious intolerance or a 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 beneficial effects of the treatment, specifically:

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four
 - 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 0.2 in the HAQ score;
 - a return to work.

Reguests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for ixékizumab are given for a dose of 160 mg on week 0, followed by 80 mg every 4 weeks.

KETOROLAC TROMETHAMINE:

• for treatment of ocular inflammation in persons for whom ophthalmic corticosteroids are not indicated.

LACOSAMIDE:

• for adjuvant treatment of persons suffering from refractory partial epilepsy, that is, who have not responded adequately to at least two antiepileptic drugs.

LACTULOSE:

- for prevention and treatment of hepatic encephalopathy.
- for treatment of constipation related to a medical condition.

LANTHANUM CARBONATE HYDRATE:

♦ as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

It must be noted that lanthanum hydrate will not be authorized concomitantly with sevelamer.

LAPATINIB:

- in association with an aromatase inhibitor for first-line treatment in menopausal women suffering from a hormone receptor positive metastatic breast cancer with HER-2 overexpression:
 - whose ECOG performance status is ≤ 2;
 - who are unable to receive trastuzumab due to lower left ventricular ejection fraction of less than or equal to 55% or due to serious intolerance.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at ≤ 2 .

• for treatment of metastatic breast cancer where the tumour over-expresses the HER2 receptor, in association with capecitabine, in women whose breast cancer has progressed after administrating a taxane and an anthracycline, unless one of those drugs is contraindicated. In addition, the disease must be progressing despite treatment with trastuzumab administered at the metastatic stage, unless there is a contraindication. The ECOG performance status must be 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Lapatinib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 3 June 2013, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of disease progression and the ECOG performance status remains at 0 or 1.

LEDIPASVIR / SOFOSBUVIR:

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 without decompensated cirrhosis, who have never received an anti-SCV treatment.

Authorization is granted for a maximum period of eight weeks for persons without compensated cirrhosis and whose viral load (HCV-RNA) is less than 6 million Ul/ml before treatment. Authorization is granted for a maximum period of 12 weeks for other persons.

as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 without cirrhosis who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor.

Authorization is granted for a maximum period of 12 weeks.

- in association with ribavirin, for treatment of chronic hepatitis C genotype 1 in persons:
 - with compensated cirrhosis and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

· with decompensated cirrhosis;

or

who are waiting for an organ transplant or who have received a transplant.

Authorization is granted for a maximum period of 12 weeks.

- as monotherapy, for treatment of chronic hepatitis C genotype 1 in persons:
 - with compensated cirrhosis and a contraindication or a serious intolerance to ribavirin and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

- with decompensated cirrhosis and a contraindication or a serious intolerance to ribavirin
- who are waiting for an organ transplant or who have received a transplant and who have a contraindication or a serious intolerance to ribavirin.

Authorization is granted for a maximum period of 24 weeks.

LENALIDOMIDE:

 for treatment of anemia caused by a myelodysplastic syndrome (MDS) of low-risk or intermediate-1-risk, according to the IPSS (International Prognostic Scoring System for MDS), accompanied by a deletion 5q cytogenetic abnormality.

Anemia in this case is characterized by a hemoglobin rate of less than 90 g/L or by transfusion dependence.

Upon each request, the physician must provide a recent hemoglobin rate result for the person concerned and a history of the person's blood transfusions over the past six months.

Upon requests for continuation of treatment:

- in the case of a person with transfusion dependence before the beginning of the treatment, the physician must provide evidence of a beneficial effect defined by:
 - a reduction of at least 50% in blood transfusions, in comparison to the beginning of the treatment.
- in the case of a person who did not have a blood transfusion during the six months preceding the beginning of the treatment, the physician must provide evidence of a beneficial effect defined by:
 - an increase of at least 15 g/L in the hemoglobin rate, in comparison to the rate observed before the beginning of the treatment;

and

- the maintenance of transfusion independence.

The duration of each authorization is six months. The maximum dose authorized is 10 mg per day.

- in association with dexamethasone, for first-line treatment of symptomatic multiple myeloma in persons:
 - who are not candidates for a stem cell transplant; and
 - whose ECOG performance status is ≤ 2.

The maximum duration of the initial authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, according to the International Myeloma Working Group criteria.

The disease is progressing as soon as one of the following elements is met:

- an increase of ≥ 25% (in comparison to the lowest result (nadir)) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);

or

urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);

or

- the difference between free light chains (the absolute increase must be ≥ 100 mg/L);

or

- medullary plasmocytes (the absolute increase must be ≥ 10%);
- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration for subsequent authorizations is six months.

♦ in association with dexamethasone, for second-line or subsequent treatment of refractory or recurrent multiple myeloma in persons whose ECOG performance status is ≤ 2.

The maximum duration of the initial authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, according to the International Myeloma Working Group criteria.

The disease is progressing as soon as one of the following elements is met:

- an increase of ≥ 25% (in comparison to the lowest result (nadir)) of:
 - serum monoclonal protein (the absolute increase must be \geq 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 or
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be ≥ 10%);
- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration for subsequent authorizations is six months.

It must be noted that lenalidomide is not authorized in association with bortezomib.

- in association with dexamethasone, for continuation of treatment of recurrent multiple myeloma in persons:
 - whose disease has not progressed during or following a 18-cycle treatment combining carfilzomib, lenalidomide and dexamethasone;

and

• whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is six months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, according to the International Myeloma Working Group criteria.

The disease is progressing as soon as one of the following elements is met:

- an increase of ≥ 25% (in comparison to the lowest result (nadir)) of:
 - serum monoclonal protein (the absolute increase must be $\geq 5 \text{ g/L});$
 - urinary monoclonal protein (the absolute increase must be \geq 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be \geq 100 mg/L);
 - medullary plasmocytes (the absolute increase must be ≥ 10%);
- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

LENVATINIB:

- as monotherapy, for treatment of advanced or metastatic locally differentiated thyroid cancer, refractory to radioactive iodine, in persons:
 - whose cancer has progressed in the last 12 months; and

whose ECOG performance status is ≤ 2.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or by a physical examination. In addition, the ECOG performance status must remain ≤ 2 . Subsequent authorizations are for maximum durations of 4 months.

Authorizations are given for a maximum daily dose of 24 mg.

LEVOFLOXACINE, Sol. Inh.:

• for treatment of persons suffering from cystic fibrosis who are chronically infected with *Pseudomonas aeruginosa*, where the solution of aztreonam for inhalation is ineffective, not tolerated or contraindicated.

LINAGLIPTIN:

- for treatment of type-2 diabetic persons:
 - as monotherapy when metformin and a sulfonylurea are contraindicated or poorly tolerated;
 - in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

LINAGLIPTIN / METFORMIN hydrochloride:

- for treatment of type-2 diabetic persons:
 - where a sulfonylurea is contraindicated, not tolerated or ineffective; and
 - where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

★ LINEZOLID, I.V. Perf. Sol.:

- for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated and where linezolid cannot be used orally.
- for treatment of vancomycin-resistant proven enterococci infections, where linezolide cannot be used orally.

★ LINEZOLID, Tab.:

- for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated.
- for treatment of vancomycin-resistant proven enterococci infections.
- for continuation of treatment of proven or presumed methicillin-resistant staphylococci infections initiated intravenously in a hospital.

LIRAGLUTIDE:

in association with metformin, for treatment of type-2 diabetic persons whose glycemic control is inadequate
and whose body mass index (BMI) is more than 30 kg/m² when a DPP-4 inhibitor is contraindicated, not
tolerated or ineffective.

The maximum duration of each authorization is 12 months.

When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin (HbA1c) of at least 0.5% or by the attainment of a target value of 7% or less.

Authorization is given for a maximum daily dose of 1.8 mg.

Ineffectiveness means the non-attainment of the HbA1c value adapted to the patient.

LISDEXAMFETAMINE DIMESYLATE:

 for treatment of persons 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.

LOMITAPIDE MESYLATE:

- for treatment of adults suffering from homozygous familial hypercholesterolemia (HoFH) confirmed by genotyping or by phenotyping:
 - where two hypolipemiants of different classes at optimal doses are not tolerated, are contraindicated or are ineffective;

and

 in association with a low-density lipoprotein (LDL) apheresis treatment, unless acces to an apheresis centre is especially difficult.

Phenotyping is defined by the following three factors:

- a concentration in the low-density lipoprotein cholesterol (LDL-C) of more than 13 mmol/l before the beginning of a treatment;
- the presence of xanthomas before age 10;
- the confirmed presence in both parents of heterozygous familial hypercholesterolemia.

The initial request is granted for a maximum period of four months.

Upon subsequent requests, the physician must provide information making it possible to establish the beneficial effects of the treatment, that is, a decrease of at least 20% in the LDL-C, compared to the basic levels.

Authorizations for lomitapide are given for a maximum daily dose of 60 mg.

LURASIDONE HYDROCHLORIDE:

- for treatment of schizophrenia.
- for management of depressive episodes associated with bipolar I disorder.

MACITENTAN:

 for treatment of pulmonary arterial hypertension of WHO functional class III that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

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

MAGNESIUM HYDROXIDE:

• for treatment of constipation related to a medical condition.

MAGNESIUM HYDROXYDE / ALUMINUM HYDROXYDE:

as a phosphate binder in persons suffering from severe renal failure.

MARAVIROC:

- for treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively, and:
 - who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;

and

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included a protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

Where a therapy including a non-nucleoside reverse transcriptase inhibitor cannot be used because of a primary resistance to delavirdine, efavirenz or nevirapine, a trial of at least two therapies, each including a protease inhibitor, is necessary and must have resulted in the same conditions as those listed above.

- for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively and for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

 whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/µL;

and

• for whom the use of maraviroc is necessary for constituting an effective therapeutic regimen.

MEMANTINE HYDROCHLORIDE:

as monotherapy for person suffering from Alzheimer's disease at the moderate or severe stage who are living at home, specifically, who do not live in a residential and long-term care centre that is either a public institution or a private institution under agreement.

Upon the initial request, the following elements must be present:

- an MMSE score of 3 to 14;
- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood:

- behaviour:
- autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
- social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with memantine is six months from the beginning of treatment.

However, where memantine is used following treatment with a cholinesterase inhibitor, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by stabilization or improvement of symptoms in at least three of the following domains:

- intellectual function, including memory;
- mood:
- behaviour;
- autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
- social interaction, including the ability to carry on a conversation.

The maximum duration of the authorization is six months.

MEPOLIZUMAB:

- for treatment of severe eosinophilic asthma in adults:
 - with an eosinophil blood level of at least 150 cells/microlitre (0.15 x 109/l) at the time the mepolizumab treatment is initiated or of at least 300 cells/microlitre (0.3 x 109/l) in the 12 months preceding the mepolizumab treatment;

and

whose symptoms are not controlled despite optimal treatment. Optimal treatment is understood as the
use of an inhaled corticosteroid at a dose equivalent to 1 000 mcg of propionate fluticasone, a
long-acting β2 agonist, and the trial of a leukotriene receptor antagonist, an inhaled long-acting
antimuscarinic or theophyllin;

and

who have shown at least two exacerbations in the last year requiring the use of a systemic corticosteroid
or an increase in the dose of this drug in the case of patients receiving it on an ongoing basis.

The physician must provide the number of exacerbations in the last year, as previously defined, along with the results of one of the following questionnaires:

Asthma Control Questionnaire (ACQ);

or

Asthma Control Test (ACT);

or

St George's Respiratory Questionnaire (SGRQ);

or

Asthma Quality of Life Questionnaire (AQLQ).

Upon the initial request, the physician must have previously ascertained the inhalation technique, compliance with the pharmacological treatment and the implementation of strategies aimed at reducing exposure to aeroallergens for which the person had obtained a positive skin test or positive in vitro reactivity test.

The initial authorization is for a maximum duration of eight months.

Upon the second request, the physician must provide information demonstrating the beneficial effects of the treatment, namely:

a decrease of 0.5 point or more on the ACQ questionnaire;

or

- an increase of 3 points or more on the ACT questionnaire; or
- a decrease of 4 points or more on the SGRQ questionnaire;
 or
- an increase of 0.5 point or more on the AQLQ questionnaire.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of the continuation of the beneficial effects on one of the aforementioned questionnaires or proof of a decrease in the number of annual exacerbations as previously defined.

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

Authorizations are given for a maximum dose of 100 mg every month.

♦ for treatment of severe asthma requiring the use of an oral corticosteroid on an ongoing basis for at least three months, in adults with an eosinophil blood level of at least 150 cells/microlitre (0.15 x 109/l) at the time the mepolizumab treatment is initiated or of at least 300 cells/microlitre (0.3 x 109/l) in the 12 months preceding the mepolizumab treatment.

The initial authorization is for a maximum duration of eight months.

Upon the second request, the physician must confirm a decrease in the corticosteroid maintenance dose equivalent to 10 mg or more of prednisone or of at least 50% compared to the one before the start of the mepolizumab treatment.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must confirm the continuation of the decrease in the maintenance dose of the oral corticosteroid.

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

Authorizations are given for a maximum dose of 100 mg every month.

METHYLPHENIDATE HYDROCHLORIDE, L.A. Caps. or L.A. Tab. (12 h):

• for treatment of persons 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.

METRONIDAZOLE, Vag. Gel:

- for treatment of bacterial vaginosis during the second and third trimesters of pregnancy.
- for treatment of bacterial vaginosis where metronidazole administered orally is not tolerated.

★ MICAFUNGIN SODIUM:

for prevention of fungal infections in persons who will undergo a hematopoietic stem cell transplant.

 for treatment of invasive candidosis in persons for whom treatment with fluconazole has failed or is contraindicated, or who are intolerant to such a treatment.

MICRONIZED PROGESTERONE, Caps.:

for persons unable to take medroxyprogesterone acetate because of major intolerance.

MIGALASTAT:

• for treatment of adults with a genetically confirmed diagnosis of Fabry disease carrying a mutation in the alpha galactosidase A coding gene that is recognized amenable to migalastat.

Upon initiation of treatment, the person must:

- show symptoms of the disease, including at least renal, cardiac or neurological impairment;
 and
- not be receiving a concomitant treatment with an enzyme replacement therapy.

When requesting continuation of treatment, the physician must provide information demonstrating the beneficial effects on the manifestations that justified the initiation of the treatment or the absence of progression of the disease.

The maximum duration of each authorization is 24 months.

Authorizations are given for a maximum dose of 123 mg every 2 days.

MINRAL OIL:

• for treatment of constipation related to a medical condition.

MIRABEGRON:

 for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

MODAFINIL

- for symptomatic treatment of diurnal hypersomnolence accompanying narcolepsy or idiopathic or posttraumatic hypersomnia, where dexamphetamine sulfate or methylphenidate is ineffective, contraindicated or not tolerated.
- for adjunctive treatment of diurnal hypersomnolence secondary to sleep apnea or hypopnea syndrome that
 persists despite the use of a nasal continuous positive airway pressure device.
- ★ MOXIFLOXACIN HYDROCHLORIDE, I.V. Perf. Sol.:
- for treatment of infections, where oral moxifloxacin cannot be used.

MULTIVITAMINS:

• for persons suffering from cystic fibrosis.

NAPROXEN / ESOMEPRAZOLE:

- for treatment of medical conditions requiring chronic use of a non-steroidal anti-inflammatory drug in persons with at least one of the following gastrointestinal complication risk factors:
 - person age 65 or over;
 - history of uncomplicated ulcer of the upper digestive tract:
 - comorbidity, i.e. a serious medical condition predisposing a person to an exacerbation of his/her clinical condition following the taking of a non-steroidal anti-inflammatory drug;
 - concomitant drugs predisposing a person to an exacerbated risk of gastrointestinal complications;
 - use of more than one non-steroidal anti-inflammatory drug.

NATALIZUMAB:

- for monotherapy treatment of persons suffering from remitting multiple sclerosis whose EDSS scale score is
 ≤ 5 before the treatment and in whom there has been a rapid evolution of the disease, defined as:
 - the occurrence of two or more incapacitating clinical episodes with partial recovery during the past year; or
 - the occurrence of two or more incapacitating clinical episodes with full recovery during the past year and:
 the presence of at least one gadolinium-enhanced lesion on magnetic resonance imaging (MRI);
 - an increase of two or more T2 hyperintense lesions in comparison with a previous MRI.

The maximum duration of the authorizations is one year. For continuation of treatment, the physician must provide evidence of a beneficial effect in comparison with the evaluation carried out before the treatment began, specifically:

- a reduction in the annual frequency of incapacitating episodes during the past year;
 and
- a stabilization of the EDSS scale score or an increase of less than 2 points without the score exceeding 5.

An incapacitating episode means an episode during which a neurological examination confirms optical neuritis, posterior fossa syndrome (cerebral trunk and cervelet) or symptoms revealing that the spinal cord is affected (myelitis).

NILOTINIB:

- for treatment of chronic myeloid leukemia (CML) in the chronic or accelerated phase in adults:
 - for whom imatinib has failed or produced a sub-optimal response;
 - who have serious intolerance to imatinib.

Authorizations will be given for a maximum daily dose of 1 200 mg for a maximum duration of six months.

For continuation of treatment, the physician must provide evidence of a hematologic response.

for first-line treatment of chronic myeloid leukemia in the chronic phase.

Authorizations will be given for a maximum daily dose of 600 mg for a maximum duration of six months.

For continuation of treatment, the physician must provide evidence of a hematologic response.

NINTEDANIB ESILATE:

- for treatment of idiopathic pulmonary fibrosis, in persons:
 - whose forced vital capacity (FVC) is 50% or more of the predicted value;
 - whose carbon monoxide diffusing capacity is 30% to 79% of the predicted value corrected for hemoglobin;
 and
 - whose ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) is 0.70 or more.

The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration in the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10% or more in absolute value, in the last 12 months.

Where FVC, expressed in a percentage of the predicted value, declines by 10% or more in absolute value over a 12-month period, treatment must cease.

NITRAZEPAM:

to control seizure disorders.

Nevertheless, nitrazepam tablets remain covered under the basic prescription drug insurance plan until 31 May 2016 for insured persons having used this drug in the 90 days preceding 1 June 2015.

NUTRITIONAL FORMULA - CASEIN-BASED (INFANTS AND CHILDREN):

• for infants and children who are allergic to complete milk proteins.

In such cases, the maximum duration of the initial authorization is up to the age of 12 months. The results of an allergen skin test or of re-exposure to milk must be provided in order for utilization to continue.

- for infants and children suffering from galactomsemia and requiring a lactose-free diet.
- for infants and children suffering from persistent diarrhea or other severe gastrointestinal problems. The
 results of re-exposure to milk must be provided in order for utilization to continue.

NUTRITIONAL FORMULA - FAT EMULSION (INFANTS AND CHILDREN):

 to increase the caloric content of the diet or of other nutritional formulas in the presence of cardiac or metabolic disorders in children under age 4, and for whom the polymerized glucose nutritional formulas are not sufficient or not tolerated.

NUTRITIONAL FORMULA - FOLLOW-UP PREPARATION FOR PREMATURE INFANTS:

 for infants whose birth weight is less than or equal to 1 800 g or who are born after 34 weeks of pregnancy or less.

In this case, the maximum duration of the authorization will be until one year corrected age, in other words, until one year after the expected date of birth.

NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL:

• for persons unable to effectively digest or absorb long-chain fatty foods.

NUTRITIONAL FORMULA - MONOMERIC:

- for enteral feeding.
- for oral feeding of persons requiring monomeric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN):

for infants or children who are allergic to complete milk proteins, soy proteins or multiple dietary proteins and in whom the utilization of a casein hydrolysate formula has not succeeded in eliminating the symptoms. for infants or children who are suffering from persistent diarrhea or other severe gastrointestinal problems and in whom the utilization of a casein hydrolysate formula has not succeeded in eliminating the symptoms.

In such cases, the maximum duration of the initial authorization is one year. The results of re-exposure to a casein hydrolysate formula or milk must be provided in order for utilization to continue.

• for infants or children whose condition requires hospitalization and who have severe gastrointestinal problems of which the confirmed cause is a bovine protein allergy.

In such cases, the maximum duration of the initial authorization is one year. The results of an allergen skin test or of re-exposure to a casein hydrolysate formula or milk must be provided in order for the authorization to continue.

NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE:

- for enteral feeding.
- for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE - SPECIFIC USE:

for total feeding, whether enteral or oral, of children suffering from Crohn's disease.

NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE:

- for enteral feeding.
- for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA - POLYMERIZED GLUCOSE:

• to increase the caloric content of the diet or of other nutritional formulas.

NUTRITIONAL FORMULA - PROTEIN:

• to increase the protein content of other nutritional formulas.

NUTRITIONAL FORMULA - SEMI-ELEMENTAL:

- for enteral feeding.
- for oral feeding in persons requiring monometric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.

• for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA - SEMI ELEMENTAL. VERY HIGH PROTEIN:

for enteral feeding of persons requiring semi-elemental nutritional formulas as their source of nutrition in the
presence of malabsorbtion, and whose nutritional needs in proteins have significantly increased.

NUTRITIONAL FORMULA - SKIM MILK / COCONUT OIL:

• for persons unable to effectively digest or absorb long-chain fatty foods.

OBETICHOLIC ACID:

- for treatment of primary biliary cholangitis:
 - in association with ursodiol in adults who do not adequately respond to it after a treatment lasting a minimum of 12 months;

or

• as monotherapy in adults with an intolerance to ursodiol.

Upon the initial request, the person must have one of the following:

- an alkaline phosphatase level of at least 1.67 times the upper limit of normal;
- a total bilirubin level exceeding the upper limit of normal, but under twice this limit.

The initial request is authorized for a maximum of 12 months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically, a reduction in the alcaline phosphatase level or the total bilirubin level compared to the values before the beginning of the treatment with obeticholic acid.

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

OCRELIZUMAB:

 for treatment of persons suffering from primary progressive multiple sclerosis, diagnosed according to the McDonald criteria (2010), whose EDSS score is from 3.0 to 6.5;

Authorizations, for the initial request and for requests for continuation of treatment, are for a maximum duration of one year. Upon subsequent requests, the physician must provide evidence that the EDSS score remains under 7.

♦ for treatment of persons suffering from remitting multiple sclerosis diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization of the initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

OLAPARIB:

- for maintenance treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, with a BRCA1 or BRCA2 germinal mutation, in women:
 - who have received at least two platinum-salt chemotherapy protocols;
 - whose disease has progressed more than six months after the end of the next-to-last platinum-salts chemotherapy;

and

who obtained an objective tumour response with their last platinum-salts chemotherapy;
 and

whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

OLODATEROL HYDROCHLORIDE / TIOTROPIUM MONOHYDRATED BROMIDE:

for maintenance treatment of persons suffering from chronic obstructive pulmonary disease (COPD) for whom using a long-acting bronchodilator for at least 3 months has not allowed an adequate control of the symptoms of the disease.

The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.

It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

OMALIZUMAB:

for treatment of persons suffering from moderate to severe idiopathic chronic urticaria, whose Urticaria
 Activity Score 7 (UAS7) is equal to or greater than 16, despite the use of antihistamines at optimized doses.

When requesting the continuation of treatment, the physician must provide proof of a complete response lasting less than 12 weeks or of a partial response. A complete response means the attainment of a UAS7 score less than or equal to 6, while a partial response corresponds to a reduction of at least 9.5 points on the UAS7 score compared to the initial score, without attaining a value less than or equal to 6.

Where the patient has a complete response lasting 12 or more weeks, the treatment must be stopped. For a subsequent request, the physician will have to provide information showing a relapse. A relapse is defined as the attainment of a UAS7 score equal to or greater than 16 following a complete response.

Authorizations are given for a maximum of 24 weeks at a maximum dose of 300 mg every four weeks.

ONABOTULINUMTOXIN A:

- for treatment of cervical dystonia, blepharospasm, strabismus and other severe spasticity conditions.
- for treatment of adults suffering from severe axillary hyperhidrosis causing significant effects on the functional and psychosocial levels, where an aluminum chloride preparation of at least 20% used for one month or more according to the recommendations to maximize its effect and tolerance has proven ineffective.

In the initial request for authorization, the physician must document the above-mentioned effects. Authorization will then be granted for four months for a dose of 100 units of this drug.

Upon subsequent requests, the physician must show evidence of a beneficial effect in the form of a decrease in sudation and an observed improvement on the functional and psychosocial levels.

★ ONDANSETRON:

- during the first day of:
 - a moderately or highly emetic chemotherapy treatment;
 - a highly emetic radiotherapy treatment.

- in children during emetic chemotherapy or radiotherapy.
- during:
 - a chemotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated and who are not receiving aprepitant or fosaprepitant;
 - a radiotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated.

★ OSELTAMIVIR PHOSPHATE:

- for treatment of type A or B influenza (seasonal flu):
 - in persons living in a homecare centre;
 - in persons suffering from a chronic disease requiring regular medical follow-up or hospital care (according to the MSSS definition);
 - in pregnant women at their 2nd or 3rd trimester of pregnancy (13 weeks or more).

The request is authorized when the following conditions are fulfilled:

- the existing surveillance data demonstrate the presence and sensitivity of type A or B influenza viruses, according to notices issued by regional and provincial public health directorates, where applicable;
- the treatment administration time frame with the antiviral is met (48 hours).

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).
- ♦ for type A or B influenza (seasonal flu) prophylaxis:
 - in persons living in a homecare centre in close contact with an infected person (index case).

The request is authorized when the following conditions are fulfilled:

- the existing surveillance data demonstrate the presence and sensitivity of type A or B influenza viruses, according to notices issued by regional and provincial public health directorates, where applicable;
- the treatment administration time frame with the antiviral is met (48 hours).

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

OSIMERTINIB:

- ♦ for treatment of non resectable locally advanced or metastatic non-small-cell lung cancer with an EGFR T790M mutation, in persons:
 - whose disease has progressed during or following a treatment with an EGFR tyrosine kinase inhibitor;
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

Authorizations are given for a maximum daily dose of 80 mg.

OXCARBAZEPINE:

- for treatment of epilepsy.
- for persons for whom carbamazepine is not tolerated or is contraindicated, or for whom treatment with carbamazepine has failed.

OXYBUTYNINE, Patch:

 for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

OXYBUTYNINE CHLORIDE, L.A. Tab.:

 for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

OXYCODONE, L.A. Tab.:

• when two other opiates are not tolerated, contraindicated or ineffective.

Long-acting oxycodone is covered under the basic prescription drug insurance plan for insured persons having used that medication from 1 March 2012 to 15 July 2012.

PALBOCICLIB:

♦ in association with a non-steroidal aromatase inhibitor, for first-line treatment of unresectable locally advanced or metastatic breast cancer, positive for estrogen receptors and without HER-2 receptor overexpression, in menopausal women whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging. The ECOG performance status must remain at ≤ 2 .

Authorizations are given for a maximum daily dose of 125 mg for three weeks every four weeks.

It must be noted that palbociclib is not authorized in cases of resistance to a non-steroidal aromatase inhibitor administered in a neoadjuvant or adjuvant context for breast cancer. Resistance is defined by a progression occurring during or within 12 months after taking of an aromatase inhibitor.

PALIPERIDONE palmitate, I.M. Inj. Susp. 1 month:

 for persons who have an observance problem with an oral antipsychotic agent or for whom a prolongedacting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

PALIPERIDONE palmitate, I.M. Inj. Susp. 3 months:

for persons who have been receiving monthly injections of paliperidone palmitate for at least four months.

PARAFFIN / MINERAL OIL:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

PAZOPANIB HYDROCHLORIDE:

♦ for first-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of 18 weeks.

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at 0 or 1. Subsequent authorizations will also be for maximum durations of 18 weeks.

Authorizations are given for a daily dose of 800 mg.

PEGINTERFERON ALFA-2A:

- for treatment of persons suffering from chronic hepatitis C for whom ribavirin is contraindicated:
 - in the presence of hereditary hemolytic anemia (thalassemia and others);
 or
 - in the presence of severe renal failure (creatinine clearance less than or equal to 35 mL/min).

The initial request is authorized for a maximum of 20 weeks. The authorization will be renewed if the decrease in the HCV-RNA is greater than or equal to 1.8 log after 12 weeks of treatment. The authorization will then be given for a maximum of 12 weeks. The request will be renewed if the HCV-RNA is negative after 24 weeks of treatment. The total duration of treatment will be 48 weeks.

- for treatment of persons suffering from chronic hepatitis C for whom ribavirin is not tolerated:
 - in persons who have developed severe anemia while taking ribavirin, despite a decrease in the dosage to 600 mg per day (Hb < 80 g/L or < 100 g/L if co-morbidity of the atherosclerotic heart disease type);
 or
 - in persons who have developed a severe intolerance to ribavirin: appearance of an allergy, of an incapacitating skin rash or of incapacitating dyspnea with effort.

The initial request is authorized for a maximum of 20 weeks. The authorization will be renewed if the decrease in the HCV-RNA is greater than or equal to 1.8 log after 12 weeks of treatment. The authorization will then be given for a maximum of 12 weeks. The request will be renewed if the HCV-RNA is negative after 24 weeks of treatment. The total duration of treatment will be 48 weeks.

• for treatment of HBeAq-negative chronic hepatitis B. The request is authorized for a maximum of 48 weeks.

PENTOXIFYLLINE:

- for treatment of persons suffering from serious and chronic peripheral vascular ailments, specifically:
 - in the case of venous insufficiency with cutaneous ulcer (or antecedents);
 - in the case of arterial insufficiency with cutaneous ulcer (or antecedents), gangrene, antecedents of amputation or pain at rest.

PERAMPANEL:

• for adjuvant treatment of persons suffering from refractory partial epilepsy for whom lacosamide is ineffective, contraindicated or not tolerated.

PIMECROLIMUS:

for treatment of atopical dermatitis in children, where a topical corticosteroid treatment has failed.

PIOGLITAZONE HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:
 - in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
 - in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective;
 - where metformin and a sulfonylurea cannot be used because of a contraindication or an intolerance to those drugs;
 - in association with metformin and a sulfonylurea where going to insulin therapy is indicated but the person is not in a position to receive it;
 - · who are suffering from renal failure.

However, pioglitazone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

PIRFENIDONE:

- for treatment of idiopathic pulmonary fibrosis, in persons:
 - whose forced vital capacity (FVC) is 50% or more of the predicted value;
 - whose carbon monoxide diffusing capacity is 30% to 79% of the predicted value corrected for hemoglobin;

and

• whose ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) is 0.70 or more.

The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration in the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10% or more in absolute value, in the last 12 months.

Where FVC, expressed in a percentage of the predicted value, declines by 10% or more in absolute value over a 12-month period, treatment must cease.

It must be noted that pirfenidone will not be authorized in association with nintedanib.

POLYETHYLENE GLYCOL:

• for treatment of constipation related to a medical condition.

POLYETHYLENE GLYCOL / SODIUM (sulfate) / SODIUM (bicarbonate) / SODIUM (chloride) / POTASSIUM (chloride):

• for treatment of constipation related to a medical condition.

POLYVINYL ALCOHOL:

 for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

POMALIDOMIDE:

- in association with dexamethasone, for third-line treatment or beyond of multiple myeloma in persons:
 - whose disease was refractory to the last line of treatment received;
 - whose disease has progressed during or following a treatment with bortezomib and with lenalidomide, unless there is a serious intolerance or a contraindication:
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, according to the International Myeloma Working Group criteria (2011). The ECOG performance status must remain ≤ 2.

The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of ≥ 25% (in comparison to the lowest result (nadir) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be ≥ 10 %);

Among the 4 above doses, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

Authorization is granted for a maximum daily dose of 4 mg.

It must be noted that pomalidomide will not be authorized in association with bortezomib or with lenalidomide.

★ POSACONAZOLE:

 for prevention of invasive fungal infections in persons having developed neutropenia following chemotherapy to treat acute myeloid leucemia or myelodysplastic syndrome. • for treatment of invasive aspergillosis in persons for whom first-line treatment has failed or is contraindicated, or who are intolerant to such a treatment.

★ PRASUGREL:

where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association
with acetylsalicylic acid, in persons for whom percutaneous coronary angioplasty has been performed.
The duration of the authorization will be 12 months.

PROGESTERONE, Vag. Gel (App.) and Vag. Tab. (eff.):

• in women who began receiving in vitro fertilization services before 11 November 2015, until the end of the ovulatory cycle in which the in vitro fertilization services are provided or until there is a pregnancy, whichever occurs first.

The women (insured persons) are considered to have begun receiving *in vitro* fertilization services if their situation is one of the following:

- they themselves have received services required to retrieve eggs or ovarian tissue;
- the person participating with them in the assisted procreation activity has received, as applicable, services required to retrieve sperm by medical intervention or services required to retrieve eggs or ovarian tissue.

PROPRANOLOL HYDROCHLORIDE:

for treatment of proliferating infantile hemangiomas requiring systematic treatment, that is, those entailing a life-threatening or functional risk, those which are ulcerated and painful or not responding to simple wound care and those associated with a risk of permanent scarring or disfigurement.

PSYLLIUM MUCILLOID:

- for treatment of constipation related to a medical condition.
- for treatment of chronic diarrhea.

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST:

- to measure the international normalized ratio (INR) in persons who require long-term oral anticoagulation with a vitamin K antagonist and who perform this monitoring using a coagulometer that they own, according to one of the following options:
 - self-testing: the patient measures the INR and communicates the result to a healthcare professional who adjusts, or not, the dosage of the vitamin K antagonist;
 - self-management: the patient measures the INR, interprets the result and, if needed, adjusts the dosage
 of the vitamin K antagonist himself/herself according to an algorithm.

RANIBIZUMAB:

- for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following four criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - linear dimension of the lesion less than or equal to 12 disc areas;
 - absence of significant permanent structural damage to the centre of the macula. The structural damage
 is defined by fibrosis, atrophy or a chronic disciform scar such that, according to the treating physician, it
 precludes a functional benefit;
 - progression of the disease in the last three months, confirmed by retinal angiography, optical coherence tomography or recent changes in visual acuity.

The initial request is authorized for a maximum of four months. Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. Authorizations will then be given for a maximum of 12 months.

Authorizations are given for one dose per month, per eye. Ranibizumab will not be authorized concomitantly with aflibercept or verteporfin for treatment of the same eye.

However, ranibizumab remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the 12 months before 1 February 2010 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

- for treatment of visual deficiency caused by diabetic macular edema. The eye to be treated must meet the following two criteria:
 - optimal visual acuity after correction between 6/9 and 6/96;
 - thickness of the central retina \geq 250 μ m.

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

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for a maximum period of 12 months.

Authorizations are given for a maximum of one dose per month, per eye.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept to treat the same eye.

- for treatment of visual deficiency due to macular edema secondary to central retinal vein occlusion. The eye to be treated must meet the following three criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - thickness of the central retina ≥ 250 µm;
 - absence of afferent pupillary defect.

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

Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for a maximum period of 12 months. Authorizations are given for a maximum of one dose per month, per eye.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept to treat the same eye

• for treatment of visual deficiency due to choroidal neovascularization secondary to pathologic myopia.

The eye to be treated must meet the following three criteria:

- myopia of at least -6 diopters;
- optimal visual acuity after correction between 6/9 and 6/96;
- presence of intraretinal or subretinal fluid or presence of active leakage secondary to choroidal neovascularization, observed by retinal angiography or by optical coherence tomography.

The initial request is authorized for a maximum duration of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. The request for continuation of treatment will be authorized for a maximum of eight months.

Authorizations are given for a maximum of one dose per month, per eye. The maximum total duration of treatment will be 12 months.

It must be noted that ranibizumab will not be authorized concomitantly with verteporfin for treatment of the same eye.

RASAGILINE MESYLATE:

for persons suffering from Parkinson's disease with motor fluctuations, despite levodopa therapy.

REGORAFENIB monohydrate:

- as monotherapy, for treatment of an inoperable, recidivant or metastatic gastrointestinal stromal tumour in persons:
 - whose disease has progressed despite the administration of a treatment with imatinib and sunitinib, unless there is a serious intolerance or a contraindication;
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

Upon subsequent requests, the physician will have to provide proof of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain at 0 or 1.

Authorizations are given for a maximum daily dose of 160 mg.

- as monotherapy, for treatment of hepatocellular carcinoma refractory to sorafenib in persons:
 - who tolerated an earlier treatment with sorafenib, tolerance defined as the administration of a dose greater than or equal to 400 mg per day for at least 20 of the last 28 days prior to stopping treatment with sorafenib;

and

- whose liver function is preserved, corresponding to Child-Pugh A;
- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is 4 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

RIBAVIRIN:

- for treatment of persons suffering from chronic hepatitis C genotype 2 or 3 receiving a sofosbuvir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum period of 12 weeks for genotype 2 and 24 weeks for genotype 3.
- for treatment of persons suffering from chronic hepatitis C genotype 1 receiving the ledipasvir / sofosbuvir combination, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.

- for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis and receiving the association of sofosbuvir / velpatasvir, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.
- for treatment of persons suffering from chronic hepatitis C of genotype 1 or 4 who are receiving the association of elbasvir/grazoprevir, according to the recognized payment indication. Authorization is granted for a maximum period of 16 weeks.

RIBAVIRIN / PEGYLATED INTERFERON ALFA-2B:

• for treatment of persons suffering from chronic hepatitis C of genotype 2 or 3.

The maximum duration of the authorization will be 24 weeks.

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

- 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 (negativation) at four weeks who relapsed after a shortened 12-week to 16week treatment;

are not eligible for a second treatment.

for treatment of persons suffering from chronic hepatitis C of a genotype other than 2 or 3, and for treatment
of chronic hepatitis C of any genotype in persons infected with HIV.

The total duration of the authorization is a maximum of 48 weeks.

For persons suffering from chronic hepatitis C of genotype 2 or 3 and who are coinfected with HIV, the initial request is authorized for a maximum of 32 weeks. Thereafter, an authorization will be granted for a maximum of 16 weeks for treatment termination purposes, only if the qualitative HCV-RNA result 24 weeks from the beginning of the treatment is negative.

For other persons, authorizations will be granted under different conditions based on the type of test conducted for the purpose of evaluating response to the treatment after the first 12 weeks of treatment.

The initial request is authorized for a maximum of 20 weeks. A quantitative or qualitative HCV-RNA screening test 12 weeks from the beginning of the treatment is necessary to determine response to the treatment.

- In the case of a qualitative test, another authorization, for a maximum of 28 weeks, will be granted for treatment termination purposes, only if the test result is negative.
- In the case of a quantitative test, another authorization, for an additional maximum of 12 weeks, will be
 granted only if the test result shows a decrease in viremia greater than or equal to 1.8 log compared with
 pre-treatment viremia. Thereafter, an authorization will be granted for a maximum of 16 weeks for
 treatment termination purposes, only if the qualitative HCV-RNA result is negative after 24 weeks of
 treatment.

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

- did not obtain a 1.8-log decrease in viremia after 12 weeks 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 (negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment.

for treatment of chronic hepatitis C in persons having received a transplant.

The maximum duration of the authorization will be 48 weeks.

However, persons who, during a previous treatment with an association of ribavirin / pegylated interferon alfa-2b, did not obtain a negativation of their viremia after 48 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment.

for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the absence of cirrhosis, when used concomitantly with an antiviral NS3/4A protease inhibitor (boceprevir) and who have never received an anti-HCV treatment.

The total duration of treatment, including the 4 weeks of preliminary treatment when boceprevir is the agent used, will be a maximum of 24, 28 or 48 weeks depending on the results of the viral load (HCV-RNA) tests for the weeks set out in the recognized indications for the chosen antiviral NS3/4A protease inhibitor.

When the viral load (HCV-RNA) is detectable on week 24, the combination treatment (tritherapy) must be terminated.

• for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the presence of severe hepatic fibrosis or cirrhosis, when used concomitantly with an antiviral NS3/4A protease inhibitor (boceprevir) or who have experienced therapeutic failure with an interferon and with ribavirin.

Previous therapeutic failure means the occurrence of a partial response defined by a lowering of the viral load (HCV-RNA) of at least 1.8 log₁₀ on week 12 but without having obtained a sustained virological response, or the occurrence of relapse defined by a viral load (HCV-RNA) that is undetectable at the end of treatment, but detectable thereafter.

The total duration of treatment, including the 4 weeks of preliminary treatment when boceprevir is the agent used, will be a maximum of 36 weeks or 48 weeks, depending on the results of the viral load (HCV-RNA) tests for the weeks set out in the recognized indications for the chosen antiviral NS3/4A protease inhibitor.

When the viral load (HCV-RNA) is detectable on week 24, the combination treatment (tritherapy) must be terminated.

 for treatment of persons suffering from chronic hepatitis C genotype 1 or 4 receiving a sofosbuvir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum of 12 weeks.

★ RIFAXIMIN:

 for the prevention of recurrences of hepatic encephalopathy in cirrhotic persons for whom lactulose taken optimally did not adequately prevent the occurrence of overt episodes.

Unless there is serious intolerance or a contraindication, lactulose must be administered concomitantly.

RILUZOLE:

for treatment of amiotrophic lateral sclerosis in patients who have had symptoms of the disease for less than 5 years, whose vital capacity is more than 60% of the predicted value and who have not undergone a tracheotomy.

Upon the initial request (new case), the physician must indicate the date on which symptoms of the disease began and the patient's vital capacity measurement, and must confirm that the patient has not undergone a tracheotomy. The maximum duration of the initial authorization is six months.

Upon subsequent requests, and for patients already being treated, the physician must confirm that the patient has not undergone a tracheotomy. The maximum duration of authorization is six months. No renewal will be authorized in the presence of a tracheotomy.

RIOCIGUAT:

as monotherapy, for treatment of chronic thromboembolic pulmonary hypertension of WHO functional class
 II or III that is either inoperable or persistent, or recurrent after a surgical treatment.

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

RISPERIDONE, I.M. Inj. Pd.:

 for persons who have an observance problem with an oral antipsychotic agent or for whom a prolongedacting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

RITUXIMAB:

• for treatment of moderate or severe rheumatoid arthritis, in association with methotrexate, or with leflunomide in the case of intolerance or contraindication to methotrexate.

Upon the initial request:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 of sufficient duration with a tumour necrosis factor alpha inhibitor (anti-TNFα) included on the lists of medications as first-line biological treatment of rheumatoid arthritis, or with a biological agent having a different mechanism of action, included for the same purposes, unless there is a serious intolerance or contraindication to anti-TNFα.

The initial authorization is given for a maximum period of six months.

When requesting continuation of treatment, the physician must provide information making it possible to establish a treatment response observed during the first six months after the last perfusion. A treatment response is defined by:

- 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.

Administering a subsequent treatment is possible if the disease is still not in remission or if, following attainment of a remission, the disease is reactivated.

Requests for continuation of treatment are authorized for a minimum period of 12 months and a maximum of 2 treatments.

A treatment comprises 2 perfusions of rituximab of 1 000 mg each.

★ RIVAROXABAN, 10 mg:

for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

★ RIVAROXABAN, 15 mg and 20 mg:

 for the treatment of persons suffering from venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Authorizations are granted for a 15-mg dose twice a day during the first three weeks of treatment, followed by a daily dose of 20 mg.

The maximum duration of the authorization for the treatment of deep vein thrombosis is 6 months.

• for the prevention of stroke and systemic embolic event in persons with non-valvular atrial fibrillation requiring anticoagulant therapy.

RIVASTIGMINE:

as monotherapy for persons suffering from Alzheimer's disease at the mild or moderate stage.

Upon the initial request, the following elements must be present:

- an MMSE score of 10 to 26, or as high as 27 or 28 if there is proper justification;
- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood:
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with rivastigmine is six months from the beginning of treatment.

However, where the cholinesterase inhibitor is used following treatment with memantine, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by each of the following elements:

- an MMSE score of 10 or more, unless there is proper justification;
- a maximum decrease of 3 points in the MMSE score per six-month period compared with the previous evaluation, or a greater decrease accompanied by proper justification;
- stabilization or improvement of symptoms in one or more of the following domains:
 - intellectual function, including memory;
 - mood;
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

The maximum duration of authorization is 12 months.

ROSIGLITAZONE MALEATE:

• for treatment of type-2 diabetic persons:

- in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
- in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective;
- where metformin and a sulfonylurea cannot be used because of a contraindication or an intolerance to those drugs;
- in association with metformin and a sulfonylurea where going to insulin therapy is indicated but the person is not in a position to receive it;
- · who are suffering from renal failure.

However, rosiglitazone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

ROSIGLITAZONE MALEATE / METFORMIN HYDROCHLORIDE:

 for treatment of type-2 diabetic persons under treatment with metformin and a thiazolidinedione and whose daily doses have been stable for at least three months.

These persons must also fulfill the requirements of the recognized payment indication for thiazolidinediones.

However, the rosiglitazone / metformin association remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

ROTIGOTINE:

in association with levodopa, for treatment of patients suffering from advanced-stage Parkinson's disease.

RUFINAMIDE:

 for persons suffering from Lennox-Gastaut syndrome where at least three antiepileptics are contraindicated, not tolerated or ineffective.

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

Upon subsequent requests, the physician must provide information making it possible to establish a treatment response, i.e. a decrease in the number or intensity of convulsive seizures or quicker recovery after a postictal phase. Authorizations for subsequent requests will be granted for a period of 12 months.

RUXOLITINIB PHOSPHATE:

- for treatment of splenomegaly associated with primary myelofibrosis, myelofibrosis secondary to polycythemia vera or essential thrombocythemia in persons with:
 - a palpable spleen at 5 cm or more under the left costal margin, accompanied by basic imaging;
 - an intermediate-2 or high-risk disease according to the IPSS (International Prognostic Scoring System);
 - an ECOG performance status ≤ 3.

The initial authorization is for a maximum duration of six months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by significant reduction of the splenomegaly, confirmed by imaging or by a physical examination, and by improvement of the symptomatology in patients who were initially symptomatic. Subsequent authorizations will be for durations of six months.

Authorizations are given for a maximum daily dose of 50 mg.

- to control the hematocrit in persons suffering from polycythemia vera:
 - whose disease is resistant to hydroxyurea; and
 - whose ECOG performance status is ≤ 2.

Resistance to hydroxyurea is defined, following a treatment lasting at least three months at a minimum dose of 2 g daily or lasting at least three months at the highest effective dose that does not result in grade 3 or more hematologic, dermatologic or digestive toxicity, by:

- resorting to more than one phlebotomy over a three-month period to maintain hematocrit below 45%;
- a white blood cell count exceeding 10 x 109/l and a platelet count exceeding 400 x 109/l; or
- the presence of persistent symptoms associated with splenomegaly.

The first authorization is for a maximum duration of four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect through reduced use of phlebotomy to maintain the hematocrit below 45%, an improvement of thrombocytosis and leukocytosis or an improvement of symptoms associated with splenomegaly. The ECOG performance status must remain at \leq 2. The second authorization is for a maximum duration of six months.

Upon subsequent requests, the physician must provide evidence of a maintained beneficial clinical effect on the frequency of phlebotomy procedures, white blood cells and platelets counts or symptoms associated with splenomegaly. The ECOG performance status must remain at ≤ 2 . Subsequent authorizations are for a maximum duration of six months.

Authorizations are given for a maximum daily dose of 50 mg.

SACUBITRIL / VALSARTAN:

- for persons suffering from New York Heart Association (NYHA) class II or III heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 40%);
 - in association with a beta blocker unless there is a contraindication or an intolerance;
 and
 - as a replacement for a treatment that has been underway for at least four weeks with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARA).

SALBUTAMOL SULFATE, Pd for Inh.:

♦ for treatment of persons having difficulty using an inhalation device other than the Diskus™ device or who are already receiving another drug through this device.

SALMETEROL XINAFOATE / FLUTICASONE PROPIONATE:

 for treatment of asthma and other reversible obstructive diseases of the respiratory tract in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid. The associations of formoterol fumarate dihydrate / budesonide and salmeterol xinafoate / fluticasone propionate remain covered for persons insured with RAMQ who obtained a reimbursement in the 365 days preceding 1 October 2003.

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:
 - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite
 regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is
 understood as a sustained and repeated aggravation of the symptoms requiring intensified
 pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or
 a hospitalization;

or

 who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

٥r

whose disease is associated with an asthmatic component, demonstrated by factors defined by a history
of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after
bronchodilators of at least 12% and 200 ml.

The initial authorization is for a maximum duration of 12 months.

For a subsequent request, for persons having obtained the treatment due to exacerbations, the authorization may be granted if the physician considers that the expected benefits outweigh the risks incurred. For persons having obtained the treatment due to an asthmatic component, the physician will have to provide proof of an improvement of the disease symptoms.

It must be noted that this association (long-acting ß2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting ß2 agonist alone or with an association of a long-acting ß2 agonist and a long-acting antimuscarinic.

Nevertheless, the association of salmeterol xinafoate / fluticasone propionate remains covered under the basic prescription drug insurance plan for insured persons having used this drug in the 12 months preceding 24 March 2016.

SAPROPTERIN DIHYDROCHLORIDE:

 for women suffering from phenylketonuria who wish to procreate, a two-month trial period is authorized to determine those responding to sapropterine.

Thereafter, the physician will have to provide the following proof:

 a response to sapropterine defined by an average decrease of serum phenylalanine concentration of at least 30%;

and

a serum phenylalanine concentration greater than 360 µmol/l despite a low phenylalanine diet.

Authorization will be granted for the period during which the women actively attempt to procreate, up to the end of their pregnancy.

SARILUMAB:

for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than 5 months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 serious intolerance or a
serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per
week.

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 beneficial effects of the treatment, 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.

Authorizations for sarilumab are given for a maximum dose of 200 mg every 2 weeks.

SAXAGLIPTIN:

- for treatment of type-2 diabetic persons:
 - in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
 - in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

SAXAGLIPTIN / METFORMIN HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:
 - where a sulfonylurea is contraindicated, not tolerated or ineffective; and
 - · where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

SECUKINUMAB:

- for persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 and

 in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

an improvement of at least 75% in the PASI score compared to the base value;
 or

 an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for secukinumab are given for 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

- for treatment of moderate or severe psoriatic arthritis of rheumatoid type:
 - prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following four elements must be present:
 - 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 serious intolerance or a
 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 period of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, 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 period of 12 months.

Authorizations for secukinumab are given for a maximum of 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

- for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:
 - prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - 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 serious intolerance or a 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 period of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, 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 period of 12 months.

Authorizations for secukinumab are given for a maximum of 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

SELEXIPAG

 for treatment of pulmonary arterial hypertension of WHO functional class III, whether idiopathic or associated with connectivitis, that is symptomatic despite optimal conventional treatment.

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

SENNOSIDES A & B:

• for treatment of constipation related to a medical condition.

SEVELAMER carbonate:

• as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate.

SEVELAMER HYDROCHLORIDE:

• as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate.

SILDENAFIL CITRATE:

• for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis 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.

SITAGLIPTIN:

- for treatment of type-2 diabetic persons:
 - as monotherapy where metformin and a sulfonylurea are contraindicated or not tolerated;
 - in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective.
- Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1_c) adapted to the patient.

SITAGLIPTIN / METFORMIN HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:
 - where a sulfonylurea is contraindicated, not tolerated or ineffective; and
 - where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

• for treatment of constipation related to a medical condition.

SOFOSBUVIR:

 in association with ribavirin and pegylated interferon alfa, for treatment of persons suffering from chronic hepatitis C genotype 1 or 4, who have never received an anti-HCV treatment.

Authorization is granted for a maximum period of 12 weeks.

- ♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 2:
 - who have never received an anti-HCV treatment;
 - who have a contraindication or a serious intolerance to pegylated interferon alfa;
 - who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

- ♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 3:
 - who have a contraindication or a serious intolerance to pegylated interferon alfa;
 - who have already experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

- in association with daclatasvir, for treatment of persons suffering from chronic hepatitis C genotype 3 without cirrhosis:
 - who have a contraindication or a serious intolerance to pegylated interferon alfa or ribavirin;
 - who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

SOFOSBUVIR / VELPATASVIR:

 in association with ribavirin, for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis.

Authorization is granted for a maximum period of 12 weeks.

 as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis

Authorization is granted for a maximum period of 12 weeks.

SOFOSBUVIR / VELPATASVIR / VOXILAPREVIR

- ♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C, without decompensated cirrhosis, infected by:
 - genotype 1, 2, 3, 4, 5 or 6 and having experienced a therapeutic failure with a treatment containing a NS5A inhibitor;

or

 genotype 1, 2, 3 or 4 and having experienced a therapeutic failure with a sofosbuvir-based treatment, but without a NS5A inhibitor.

Authorization is granted for a maximum period of 12 weeks.

SOMATOTROPIN:

- for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:
 - unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

- excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
- excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys;

- excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).
- for treatment of growth hormone deficiency in persons whose bone growth has terminated and who meet the following criteria:
 - somatotropin serum or plasma level between 0 and 3 μg/mL in a pharmacological stimulation test.

In persons who have a multiple hypophyseal hormone deficiency, and to confirm a deficiency acquired during childhood or adolescence, only one pharmacological stimulation test is necessary. In the case of an isolated growth hormone deficiency, a second test is required.

The insulin hypoglycemia test is recommended. If this test is contraindicated, the glucagon test may be substituted for it.

- in the case of adult onset, the deficiency must be secondary to a hypophyseal or hypothalamic disease, surgery, radiotherapy or trauma.
- for treatment of Turner's syndrome:
 - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or may be a mosaic;
 - · excluded are girls whose bone age has reached 14 years;
 - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two
 consecutive visits (at a 3-month interval).

SOMATOTROPIN - Delayed growth and Turner's syndrome:

- for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:
 - unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

- excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
- excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys:
- excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).
- for treatment of Turner's syndrome:
 - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete
 absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or
 may be a mosaic;
 - excluded are girls whose bone age has reached 14 years;
 - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two
 consecutive visits (at a 3-month interval).

SOMATOTROPIN - Delayed growth due to renal insufficiency:

- for treatment of children and adolescents suffering from delayed growth related to chronic renal insufficiency until they undergo a kidney transplant, where they meet the following criteria:
 - unterminated growth, a glomerular filtration rate ≤ 1.25 mL/s./1.73m² (75 mL/min./ 1.73m²), and a Z score (HSDS) ≤ a standard deviation of -2 (Z score = height compared to the average of normal values for their age and sex) or a ∆ Z score (HSDS) < a standard deviation of 0 where their height is below the 10th percentile (based on observation periods of at least six months for children over the age of one and at least three months for children under the age of one);
 - excluded are children and adolescents in whom, during treatment, no response (no increase in Δ of Z score (HSDS) in the first 12 months of treatment) is observed;
 - excluded are children and adolescents in whom, during treatment, an ossification of the conjugative cartilages is observed or who have reached their final expected height;
 - excluded are children and adolescents whose growth rate, evaluated on two consecutive visits (at a 3-month interval), falls below 2 cm per year during treatment.

SORAFENIB TOSYLATE:

- for treatment of advanced-stage hepatocellular carcinoma in persons:
 - whose disease has progressed following a surgery or locoregional therapy, unless they do not qualify;
 - whose liver function is preserved, corresponding to Child-Pugh A;
 and
 - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

STIRIPENTOL:

• for treatment of persons suffering from Dravet syndrome, in association with clobazam and valproate, if these latter drugs have not allowed for adequate control of the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the drugs must have been titrated optimally, unless there is a proper justification.

At the beginning of treatment and for each subsequent request, the treating physician must provide the monthly number of generalized seizures.

The initial authorization is for a maximum duration of four months.

The authorization will be renewed if it has been demonstrated that the treatment allowed for a reduction of approximately 50% in the monthly frequency of generalized seizures.

Subsequent authorizations will be for maximum periods of 12 months.

SUNITINIB MALATE:

- ♦ for treatment of an inoperable, recurrent or metastatic gastrointestinal stromal tumour, in persons whose ECOG performance status is ≤ 2 and:
 - who have not responded to an imatinib treatment (primary resistance);
 - whose cancer has evolved after initially responding to imatinib (secondary resistance);
 - · who have an intolerance to imatinib.

The initial authorization is for a maximum duration of six months.

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging. In addition, the ECOG performance status must remain at ≤ 2 . Subsequent authorizations will also be for maximum durations of six months.

Authorizations are given for a daily dose of 50 mg for four weeks every six weeks.

 for first-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of three cycles (18 weeks).

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at 0 or 1. Subsequent authorizations will also be for maximum durations of three cycles (18 weeks).

Authorizations are given for one daily dose of 50 mg for four weeks every six weeks.

• for treatment of unresectable and evolutive, well-differentiated pancreatic neuroendocrine tumours at an advanced or metastatic stage in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for maximum durations of six months.

Authorizations are given for a maximum daily dose of 37.5 mg.

It must be noted that sunitinib will not be authorized in association with everolimus, nor will it be following failure with everolimus if the latter was administered to treat this condition.

TACROLIMUS, Top. Oint .:

- for treatment of atopic dermatitis in children, following failure of a treatment with a topical corticosteroid.
- for treatment of atopical dermatitis in adults, following failure of at least two treatments with a different topical corticosteroid of intermediate strength or greater, or following failure of at least two treatments on the face with a different low-strength topical corticosteroid.

TADALAFIL:

 for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis and that is symptomatic despite the optimal conventional treatment.

The persons 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 40 mg once per day.

TEMOZOLOMIDE:

 for treatment of persons suffering from anaplastic astrocytoma or glioblastoma multiforme and in whom a recurrence or progression of the disease is observed after administration of a first-line treatment. for first-line treatment, in association with radiotherapy, of persons suffering from glioblastoma multiforme.

TERIFLUNOMIDE:

♦ for treatment of persons suffering from remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

Authorization for an initial request is granted for a maximum of one year. The same duration applies to requests for continuation of treatment. In these latter cases, however, the physician must provide evidence of a beneficial effect defined by the absence of deterioration. The EDSS score must remain under 7.

TERIPARATIDE:

- for treatment of severe osteoporosis in menopausal women:
 - whose osteoporotic fractures are documented by a T-score of less than or equal to 3.0;
 and
 - who have shown an inadequate response to continued taking of a bisphosphonate (or raloxifene, if a bisphosphonate is contraindicated), that is, who have shown the following characteristics:
 - a new fragility fracture following continued taking of the antiresorptive therapy for at least 12 months; or
 - significant decrease in mineral bone density, less than the T-score observed during pretreatment, despite continued taking of the antiresorptive therapy for at least 24 months.

The total duration of the authorization is 18 months.

THALIDOMIDE:

in association with melphalan and prednisone, for first-line treatment of multiple myeloma, in persons who
are not candidates for stem cell transplant.

The initial request is authorized for a maximum six months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, documented by each of the following three elements. The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of ≥ 25% (in comparison to the result observed at the beginning of the treatment) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be ≥ 10%).

Among the four above dosages, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration of subsequent authorizations is six months.

It must be noted that thalidomide will not be authorized in association with bortezomib.

★ TICAGRELOR:

 where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid. The maximum duration of the authorization is 12 months.

★ TIGECYCLINE:

- for treatment of proven or presumed methicillin-resistant staphylococcus aureus (MRSA) polymicrobial complicated skin infections:
 - necessitating antibiotherapy targeting simultaneously the MRSA and Gram-negative bacteria;
 and
 - · where vancomycin in combination with another antibiotic is ineffective, contraindicated or not tolerated.
- for treatment of complicated intra-abdominal infections where first-line treatment has failed, is contraindicated or is not tolerated.

TIPRANAVIR:

- for treatment, in association with other antiretrovirals, of HIV-infected persons:
 - who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

- in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;

and

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included another protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

or

 in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

Where a therapy including a non-nucleoside reverse transcriptase inhibitor cannot be used because of a primary resistance to delavirdine, efavirenz or nevirapine, a trial of at least two therapies, each including a protease inhibitor, is necessary and must have resulted in the same conditions as those listed above.

- for first line treatment, in association with other antiretrovirals, of HIV infected persons for whom a laboratory test showed an absence of sensitivity to other protease inhibitors, coupled with a resistance to one or the other class of nucleoside reverse transcriptase inhibitors and non-nucleoside reverse transcriptase inhibitors, or to both, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

 whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/µL;

and

• for whom darunavir or tipranavir is necessary to establish an effective therapeutic regimen.

TIZANIDINE HYDROCHLORIDE:

• for treatment of spasticity where baclofen is ineffective, contraindicated or not tolerated.

TOBRAMYCIN SULFATE, Inh. Sol. and Inh. Pd.:

for treatment of chronic Pseudomonas aeruginosa infections in persons suffering from cystic fibrosis, where
deterioration of the person's clinical condition is observed despite the conventional treatment or where the
person is allergic to preservatives.

TOCILIZUMAB, I.V. Perf. Sol.:

• for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 serious intolerance or a
serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per
week

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 beneficial effects of the treatment, 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.

Authorizations for tocilizumab are given for a maximum dose of 8 mg/kg every four weeks.

 for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;

and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication;

and

the disease must still be active despite treatment with a biological response modulating agent titrated
optimally during at least five months, unless there is intolerance or a contraindication.

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 beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
 - a decrease of 20 % or more in the C-reactive protein level;
 - a decrease of 20 % or more in the sedimentation rate;
 - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school:
 - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20 % or more in the number of affected joints with limited movement.

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

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

 for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant systemic manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have had one or more joints with active synovitis and one of the following three elements:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
 - another sign of chronic inflammation, such as anemia, thrombocytosis, leukocytosis;

and

- · at least one systemic illness among the following:
 - persistence of fever episodes (≥ 38°C):
 - typical skin eruption;
 - adenomegaly, hepatomegaly or splenomegaly;
 - serositis or serous effusion.

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 beneficial effects of the treatment, specifically:

- two of the following elements or a decrease of at least 20% in the number of joints with active synovitis and one of the following six 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 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement;

and

· disappearance of fever episodes.

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

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

 for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular 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 five or more joints with active synovitis and one of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate:

and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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 beneficial effects of the treatment, specifically:

- a decrease of at least 20% in the number of joints with active synovitis and one of the following six elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate:
 - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement.

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

Authorizations for tocilizumab are given for doses of 10 mg/kg every four weeks for children weighing less than 30 kg, and 8 mg/kg every four weeks for children weighing 30 kg or more.

TOCILIZUMAB, S.C. Inj. Sol. (syr):

for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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 serious intolerance or a
serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per
week.

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 beneficial effects of the treatment, 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.

Authorizations for tocilizumab S.C. Inj. Sol. are given for a maximum dose of 162 mg every week.

 For adjuvant treatment to corticotherapy, administered in decreasing doses, for persons suffering from giant-cell arteritis.

Authorization is granted for a maximum duration of 52 weeks per episode.

Authorization may be granted following any new episode of the disease, according to the treatment terms and conditions previously mentioned for a first episode, this for a maximum duration of 52 weeks.

TOCOPHERYL ACETATE (DL-ALPHA):

for prevention and treatment of neurological manifestations associated with malabsorption of vitamin E.

TOFACITINIB CITRATE:

 in association with methotrexate, for treatment of moderate or severe rheumatoid arthritis, unless there is a serious intolerance or contraindication to methotrexate.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - 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. One of the two drugs must be methotrexate at a dose of 20 mg or more per week unless there is a serious intolerance or a contraindication to this dose.

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 beneficial effects of the treatment, 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 period of 12 months.

Authorizations for tofacitinib are given for 5 mg, twice a day.

TRAMFTINIB:

- as monotherapy, for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons:
 - with a contraindication or a serious intolerance to a BRAF inhibitor;
 - · whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months.

Authorizations are given for a maximum daily dose of 2 mg.

It must be noted that trametinib is not authorized after a BRAF inhibitor has failed if the latter was administered to treat this condition.

• in association with dabrafenib, for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months.

Authorizations are given for a maximum daily dose of 2 mg.

TRANDOLAPRIL / VERAPAMIL (HYDROCHLORIDE):

 for persons already being treated with an angiotensin converting enzyme inhibitor and verapamil taken separately.

TREPROSTINIL SODIUM:

 for treatment of pulmonary arterial hypertension of WHO functional class III or IV that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

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

TRETINOIN, Top. Cr. and Top. Gel:

• for treatment of acne or other skin diseases necessitating a keratolytic treatment.

TROSPIUM CHI ORIDE:

 for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

UROFOLLITROPIN:

• for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

• for women, as part of fertility preservation services for the purposes of fertility preservation aimed at ovarian stimulation or ovulation induction before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's ovaries for oncotherapy purposes.

Authorizations are granted for a maximum duration of one year.

USTEKINUMAB:

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
 of large plaques on the face, palms or soles or in the genital area;
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

and

where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or
where a treatment of 12 sessions or more during one month has not provided significant improvement in
the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;

or

- cyclosporine at a dose of 3 mg/kg or more per day;

or

- acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75% in the PASI score compared to the base value;
 or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

a significant improvement in lesions on the face, palms or soles or in the genital area compared to the
pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to
the base value.

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

Authorizations for ustekinumab are given for a dose of 45 mg in weeks 0 and 4, then every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

- for treatment of moderate or severe psoriatic arthritis:
 - where a treatment with an anti-TNFαs appearing in the list of medications for treatment of that disease under certain conditions are contraindicated. In this case, the requirements for granting a first authorization for ustekinumab are the same as those for the initiation of anti-TNFα treatments excluding infliximab, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type;

 where treatment with an anti-TNFα appearing in the list of medications for treatment of that disease under certain conditions has not allowed for optimal control of the disease or was not tolerated. The anti-TNFα must have been used according to its recognized indications in the list for this pathology, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, 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 0.2 in the HAQ score;
 - a return to work.

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

Authorizations for ustekinumab are given for a dose of 45 mg in weeks 0 and 4, then every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

★ VALGANCICLOVIR HYDROCHLORIDE:

- for treatment of cytomegalovirus (CMV) retinitis in immunocompromised persons.
- ◆ for CMV-infection prophylaxis in D+R- persons having had a solid organ transplant and in D+R+ and D-R+ persons having had a lung transplant. The maximum duration of the authorization is 100 days.
- ♦ for CMV-infection prophylaxis in D+R-, D+R+ and D-R+ persons having had a solid organ transplant when receiving antilymphocyte antibodies. The maximum duration of each authorization is 100 days.
- for pre-emptive treatment (in the presence of documented CMV viral replication) of CMV infection in D+R-, D+R+ and D-R+ persons who have had a solid organ transplant. The maximum duration of the authorization is 100 days per episode.

VEDOLIZUMAB:

- for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite
 treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a
 contraindication:
 - in the presence of a Mayo score of 6 to 12 points;
 - in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

 a decrease in the Mayo score of at least 3 points and of at least 30 %, or a decrease in the partial Mayo score of at least 2 points;

and

• a rectal bleeding subscore (Mayo score) of 0 or 1 point, or a decrease of this score of at least 1 point.

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

Authorizations for vedolizumab are given for a maximum of 300 mg on weeks 0, 2 and 6, then every eight weeks.

• for treatment of adults suffering from moderate or severe active Crohn's disease where a treatment with anti-TNFα appearing on the lists of medications for the treatment of that disease are not tolerated, ineffective or contraindicated. Ineffectiveness means the absence or loss of a beneficial clinical effect on the patient after administring the total number of doses recommended as part of induction treatment for the anti-TNFα drug used.

The requirements for granting the first authorization in cases where the anti-TNF α drugs are ineffective or contraindicated are the following:

- The disease is still active despite treatment with corticosteroids and immunosuppressors, unless there is
 a contraindication or a major intolerance to corticosteroids. An immunosuppressor must have been tried
 for at least eight weeks.
- The disease is still active despite treatment with corticosteroids, unless there is a contraindication or a
 major intolerance to corticosteroids, where immunosuppressors are contraindicated or not tolerated or
 where they have been ineffective in the past during a similar episode after a treatment combined with
 corticosteroids.

Upon the initial request, the physician must indicate the nature of the intolerance or the contraindication or the justification for the therapeutic failure, as well as the anti-TNF α used and the duration of the treatment.

The initial authorization is given for a duration of three months and includes a maximum of three doses of 300 mg administered on weeks 0, 2 and 6.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. The request will then be authorized for 300 mg every eight weeks for a maximum duration of 12 months.

VEMURAFENIB:

- as monotherapy for first-line treatment of unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1:
 - who have a contraindication or a serious intolerance to dabrafenib;

or

• who have a BRAF V600K mutation.

The initial authorization is for a maximum of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or based on a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months. Authorizations are given for a maximum daily dose of 1 920 mg.

Vemurafenib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial effect defined by the absence of disease progression and the ECOG performance status remains at 0 or 1.

♦ in association with cobimetinib, for first-line or second-line treatment following a failure with cytotoxic chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an inoperable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The initial authorization is for a maximum duration of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or by a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for a duration of four months.

Authorizations are given for a maximum daily dose of 1 920 mg.

VERTEPORFIN:

- for treatment of age-related macular degeneration with neovascularization in persons where 50% or more of the macular area is affected.
- for treatment of pathological myopia with neovascularization.
- for treatment of presumed ocular histoplasmosis syndrome with neovascularisation.

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg - 100 mcg:

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:
 - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite
 regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is
 understood as a sustained and repeated aggravation of the symptoms requiring intensified
 pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or
 a hospitalization;

or

 who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

٥r

whose disease is associated with an asthmatic component, demonstrated by factors defined by a history
of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after
bronchodilators of at least 12% and 200 ml.

The initial authorization is for a maximum duration of 12 months.

For a subsequent request, for persons having obtained the treatment due to exacerbations, authorization may be granted if the physician considers that the expected benefits outweigh the risks incurred. For persons having obtained the treatment due to an asthmatic component, the physician will have to provide proof of an improvement of the disease symptoms.

Authorizations are given for a maximum daily dose of 100 mcg of fluticasone furoate.

It must be noted that this association (long-acting ß2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting ß2 agonist alone or with an association of a long-acting ß2 agonist and a long-acting antimuscarinic.

 for treatment of asthma and other reversible obstructive diseases of the respiratory tract, in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg - 200 mcg:

 for treatment of asthma and other reversible obstructive diseases of the respiratory tract, in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

VILANTEROL TRIFENATATE / UMECLIDINIUM BROMIDE:

for maintenance treatment of persons suffering from chronic obstructive pulmonary disease (COPD) for whom using a long-acting bronchodilator for at least 3 months has not allowed for adequate control of the symptoms of the disease.

The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.

It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

VISMODEGIB:

 for treatment of locally advanced or metastatic basal cell carcinoma in persons who are not eligible for surgery or radiotherapy and whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

For subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression. The ECOG performance status must remain ≤ 2 .

Authorizations are given for a maximum daily dose of vismodegib of 150 mg.

★ VORICONAZOLE:

- 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.

★ ZANAMIVIR:

- for treatment of type A or B influenza (seasonal flu):
 - in persons living in a homecare centre;
 - in persons suffering from a chronic disease requiring regular medical follow-up or hospital care (according to the MSSS definition);
 - in pregnant women at their 2nd or 3rd trimester of pregnancy (13 weeks or more).

The request is authorized when the following conditions are fulfilled:

- the existing surveillance data demonstrate the presence and sensitivity of type A or B influenza viruses, according to notices issued by regional and provincial public health directorates, where applicable;
- the treatment administration time frame with the antiviral is met (48 hours).

Chronic diseases are defined as follows:

 cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;

- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).
- for type A or B influenza (seasonal flu) prophylaxis:
 - in persons living in a homecare centre in close contact with an infected person (index case).

The request is authorized when the following conditions are fulfilled:

- the existing surveillance data demonstrate the presence and sensitivity of type A or B influenza viruses, according to notices issued by regional and provincial public health directorates, where applicable;
- the treatment administration time frame with the antiviral is met (48 hours).

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

ZOLEDRONIC ACID, I.V. Perf. Sol. 4 mg/5 mL:

- for treatment of hypercalcemia of tumoral origin.
- for prevention of bone events in persons having a solid tumour with at least one bone metastasis, or multiple myeloma with bone lesions.

Notwithstanding the payment indications set out above, zoledronic acid is covered by the basic prescription drug insurance plan for insured persons who used this drug during the 12-month period preceding 28 April 2004.

Persons referred to in the preceding paragraph who are insured by the Régie de l'assurance maladie du Québec are not required to submit the form entitled "Demande d'autorisation – médicament d'exception". The Régie de l'assurance maladie du Québec will cover the cost of this drug without other formalities, if it had already done so during the above-mentioned period.

ZOLEDRONIC ACID, I.V. Perf. Sol. 5 mg/100 mL:

- for treatment of Paget's disease.
- for treatment of postmenopausal osteoporosis in women who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

LIST OF EXCEPTIONAL MEDICATIONS WITH RECOGNIZED INDICATIONS FOR PAYMENT THAT REMAIN COVERED FOR PERSONS UNDERGOING TREATMENT

ETANERCEPT

S.C. Inj. Sol. .

50 mg/mL(1mL)

02274728	Enbrel (syr)	Amgen	4	1437.13	359.2825	ì
99100373	Enbrel SureClick	Amgen	4	1437.13	359.2825	

- for treatment of moderate or severe rhumatoid arthritis, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, 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.

The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

- for treatment of persons suffering from moderate or severe ankylosing spondylitis, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;
 - a decrease of 1.5 points or 43% on the BASFI scale;
 - or
 - a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

- for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically, a decrease of 20% or more in the number of joints with active synovitis and one of the following six 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 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
 - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
 - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
 - a decrease of 20% or more in the number of affected joints with limited movement.

The duration of each authorization for continuation of treatment is 12 months at 0.8 mg/kg (maximum dose of 50 mg) per week.

GLARGINE INSULIN (100 U/mL (3 mL))

Sol. Inj. S.C 100 U/mL (3 mL)

02251930	Lantus	SanofiAven	5	88.12	
02294338	Lantus SoloStar	SanofiAven	5	88.12	

• for treatment of diabetes, where a prior trial of intermediate-acting insulin did not adequately control the glycemic profile without causing an episode of severe hypoglycemia or frequent episodes of hypoglycemia.

GLATIRAMER ACETATE

S.C. Inj. Sol (syr) 20 mg/mL (1 mL)

02245619	Copaxone	Teva Innov	30	1296.00	43.2000	

 for treatment of persons who have had a documented first acute clinical episode of demyelinization on condition that the physician provide proof of a beneficial clinical effect demonstrated by the absence of a new acute clinical episode.

The maximum duration of the initial authorization is one year.

• for treatment of persons suffering from remitting multiple sclerosis, on condition that the physician provide proof of a beneficial clinical effect demonstrated by the absence of deterioration. The EDSS score must remain under 7.

The maximum duration of each authorization for continutation of treatment is one year.

FILGRASTIM

Inj. Sol. 300 mcg/mL (1,0 mL)

01968017 Neupogen A	Amgen 10	1731.89	173.1890	
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Inj. Sol. 300 mcg/mL (1,6 mL)

99001454	Neupogen	Amgen	10	2771.02	277.1020	

- for treatment of persons undergoing cycles of moderately or highly myelosuppressive chemotherapy (≥ 40 percent risk of febrile neutropenia).
- for treatment of persons at risk of developing severe neutropenia during chemotherapy.
- in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below 0.5 x 10⁹/L) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.

- in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 x 10⁹/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.
- during chemotherapy undergone by children suffering from solid tumours.
- for treatment of persons suffering from severe medullary aplasia (neutrophil count below 0.5 x 10⁹/L) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum.
- ◆ for treatment of persons suffering from congenital, hereditary, idiopathic or cyclic chronic neutropenia whose neutrophil count is below 0.5 x 10⁹/L...
- for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10⁹/L).
- to stimulate bone marrow in the recipient in the case of an autograft.
- as an adjunctive treatment for acute myeloid leukemia.

DRUGS REMOVED FROM THE LIST OF MEDICATIONS BUT WHOSE INSURANCE COVERAGE IS MAINTAINED FOR PERSONS UNDERGOING A PHARMACOLOGICAL TREATMENT AT THE TIME OF THE REMOVAL

HYMENOPTERA VENOM PROTEINS

Inj. Pd					1.1 mg	
	01948970	Guepe (Polistes Spp.)	Allergy	1	240.00	
	Inj. Pd				3.3 mg	
	01948873	Vespides combines	Allergy	1	434.00	

LIST OF DRUGS FOR WHICH THE LOWEST PRICE METHOD DOES NOT APPLY

10:00 antineoplastic agents

leuporide (acetate)

28:28

antimanic agents

lithium (carbonate)

36:26

diabetes mellitus

quantitative glucose blood test

36:88.40 sugar

semi-quantitative glucose test

36:88.92

urine and feces contents, miscellaneous

semi-quantitative acetone and glucose test

56:36

anti-inflammatory agents

5-aminosalicylic (acid) 5-aminosalicylic (acid) Ent. Tab

L.A. Tab.

68:20.08 insulins

insulin isophane (biosynthetic of human sequence)

lispro insulin

insulin cristal zinc (biosynthetic of human sequence)

insulins zinc cristalline and isophane (biosynthetic of human sequence)

68:36.04 thyroid agents

levothyroxine sodium

84:92

skin and mucous membrane agents, miscellaneous

hydrogel

86:16

respiratory smooth muscle relaxants

theophylline L.A. Tab.

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92:00 unclassified therapeutic agents

allergenic extracts, aqueous, glycerinated allergenic extracts, aqueous, glycerinated, non standardized and standardized allergenic extracts, aqueous, glycerinated, standardized allergens, extracts, alum-precipitated allergens, extracts, aqueous albumine diluent hymenoptera venom protein hymenoptera venom

92:44 immunosuppressive agents

cyclosporine

exceptional medications

Co. L.A. (12 h)

methylphenidate hydrochloride
absorptive dressing – sodium chloride
absorptive dressing – gelling fibre
absorptive dressing – hydrophilic foam alone or in association
bordered absorptive dressing – polyester and rayon fibre
bordered absorptive dressing – gelling fibre
bordered absorptive dressing – hydrophilic foam alone or in association
antimicrobial dressing - silver
pantimicrobial dressing – iodine
bordered antimicrobial dressing – silver
odour-control dressing – activated charcoal
moisture-retentive dressing – hydrocolloidal or polyurethane
bordered moisture-retentive dressing – hydrocolloidal or polyurethane
interface dressing – polyamide or silicone

APPENDIX V - 2 2019-05

Legend

- ♦ Symbols used in this list
- Drug subject to the Narcotic Control Regulations (C.R.C., ch. 1041).
- Drug listed in Schedule F to the Food and Drugs Regulations (C.R.C., c. 870).
- Controlled drug listed in Schedule G to the Food and Drugs Regulations (C.R.C., c. 870).
- Drug subject to the Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217).
- Drug about which the information has been changed since the previous edition.
- Drug added since the previous edition was published.
- **suppl.** The service cost for this product is the service cost applicable to nutritional formulas.
- **UE** Drug considered unique and essential from an unrecognized manufacturer.
- **W** Product withdrawn from the market by the manufacturer but covered by the Régie during the period for which this edition is valid.
- **LPM** The lowest price method applies to drugs having this generic name, dosage form and strength.
- Identifies the price payable in conformity with the lowest price method.
- Identifies the maximum price payable.

4:00 ANTIHISTAMINE DRUGS

4:04	first generation antihistamines
4:04.04	ethanolamine derivatives

4:04.16 piperazine derivatives

4:04.04 ETHANOLAMINE DERIVATIVES DIPHENHYDRAMINE HYDROCHLORIDE

Inj. Sol.			50 n	ng/mL	PPB			
00596612	Diphenhydramine (chlorhydrate de)	Sandoz	1 ml	→	4.04			
00878200	pms-Diphenhydramine	Phmscience	10 ml		11.50	→	1.1500	

Caps.					
02246082	Flunarizine	AA Pharma	60 100	43.22 72.04	0.7203 0.7204

8:00 ANTI-INFECTIVE AGENTS

8:08	anthelmintics
8:12	antibiotique
8:12.02	aminoglycosides
8:12.06	cephalosporins
8:12.07	miscellaneous b-lactam antibiotics
8:12.12	macrolides
8:12.16	penicillins
8:12.18	quinolones
8:12.20	sulfonamides
8:12.24	tetracyclines
8:12.28	miscellaneous antibiotics
8:14	antifungals
8:14.04	allylamines
8:14.08	azoles
8:14.28	polyenes
8:16	antimycobacterials agents
8:16.04	antituberculosis agents
8:16.92	miscellaneous antimycobacterials
8:18	antivirals
8:18.04	adamantanes
8:18.08	antiretroviral agents
8:18.20	interferons
8:18.32	nucleosides and nucleotides
8:30	antiprotozoals
8:30.04	amebicides
8:30.08	antimalarials
8:30.92	miscellaneous antiprotozoals
8:36	urinary anti-infectives

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
8:08 ANTHELMINT MEBENDAZOLE Tab.				100 mg				
00556734	Vermox	Janss. Inc	6	19.27	3.2117			
PRAZIQUANTEL	_ 🖫			600				
Tab. 02230897	Biltricide	Bayer	6	600 mg 34.68	5.7800			
02230097	Billicide	раусі	0	34.00	3.7000			
PYRANTEL PAN Oral Susp.	OATE			50 mg/mL				
02412470	Jamp-Pyrantel Pamoate Suspension	Jamp	30 ml	13.00	0.4333			
Tab.	ı	1	I	125 mg				
02380617	Jamp-Pyrantel Pamoate	Jamp	10	11.20	1.1200			
8:12.02 AMINOGLYCO AMIKACINE SUI Inj. Sol.		ı	250 r	ng/mL PPB				
+ 02481073 * 02242971	Amikacin Sulfate Injection Amikacine (Sulfate d')	Marcan Sandoz	2 ml 2 ml	→ 84.90 89.14				
TOBRAMYCIN S Inj. Sol.	SULFATE II	1	40 r	ng/mL PPB				
02420287	Jamp-Tobramycin (avec agent de conservation)	Jamp	2 ml 30 ml	◆ 4.45◆ 69.75				
02230640	Tobramycin	Fresenius	2 ml	→ 4.45				
02382814	Tobramycin Injection, USP	Mylan	30 ml 2 ml 30 ml	♦ 69.75♦ 4.45♦ 69.75				
99005069	Tobramycine (sans preservatif)	Sandoz	2 ml	→ 4.45				
02241210	Tobramycine (sulfate de)	Sandoz	2 ml 30 ml	4.4569.75				
CEFACLOR 🖪	CEPHALOSPORINS							
Caps.	l <u>.</u> .	I	l	250 mg				
00465186	Ceclor	Pendopharm	100	102.07	1.0207			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				500 mg	
00465194	Ceclor	Pendopharm	100	200.40	2.0040
Oral Susp.				125 mg/5 mL	
00465208	Ceclor	Pendopharm	100 ml 150 ml	10.89 16.34	0.1089 0.1089
Oral Susp.			. 2	250 mg/5 mL	
00465216	Ceclor	Pendopharm	100 ml 150 ml	19.93 29.90	0.1993 0.1993
Oral Susp.				375 mg/5 mL	
00832804	Ceclor	Pendopharm	70 ml 100 ml	20.10 28.72	0.2871 0.2872
	_				
CEFADROXIL M Caps.	ONOHYDRATE		5	00 mg PPB	i
02240774	Apo-Cefadroxil	Apotex	100	84.21	→ 0.8421
02235134	Novo-Cefadroxil	Novopharm	100	84.21	→ 0.8421
02311062	Pro-Cefadroxil-500	Pro Doc	100	84.21	• 0.8421
CEFAZOLIN (SC	DDIUM) 🖪				
Inj. Pd.	biom, m			1 g PPB	
02108127	Cefazoline	Novopharm	10	32.30	→ 3.2300
02297205	Cefazoline for injection	Apotex	10	32.30	→ 3.2300
02237138	Cefazoline for injection	Fresenius	10	32.30	→ 3.2300
02308959	Cefazoline for injection	Sandoz	10	32.30	→ 3.2300
02437112	Cefazoline pour injection	Sterimax	25	80.75	→ 3.2300
Inj. Pd.				10 g PPB	
1		I	l .	1 1	
02108135	Cefazolin	Teva Can	1	→ 30.15	± 00.4555
02297213	Cefazoline for injection	Apotex	10	301.50	30.1500
02237140 02308967	Cefazoline for injection Cefazoline for injection	Fresenius Sandoz	10	301.50 → 30.15	→ 30.1500
02306907	Cefazoline for injection	Sterimax	10	301.50	→ 30.1500
	•		ı		
Inj. Pd.	ı	T.	5	00 mg PPB	1
02108119	Cefazoline	Novopharm	10	25.00	→ 2.5000
02237137	Cefazoline for injection	Fresenius	25	62.50	→ 2.5000
02308932	Cefazoline for injection	Sandoz	10	25.00	→ 2.5000
02437104	Cefazoline pour injection	Sterimax	25	62.50	→ 2.5000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	ROCHLORIDE 🖪			2	
nj. Pd.		1	I	2 g	
02467518	Apo-Cefepime	Apotex	1 ml	30.20	
CEFIXIME TO Dral Susp.			100 mg	g/5 mL PPB	
+ 02468689	Auro-Cefixime	Aurobindo	50 ml	18.32	→ 0.3664
* 00868965	Suprax	Odan	50 ml	21.56	0.4312
Гаb.			4	00 mg PPB	
02432773	Auro-Cefixime	Aurobindo	7 10	19.02 27.17	→ 2.7172→ 2.7172
00868981	Suprax	Odan	7	19.02	→ 2.717: → 2.717:
	,		10	27.17	→ 2.7172
CEFOTAXIME (S	SODIUM) 🖺			1 g	
nj. Pa. 02434091	Cefotaxime sodique pour injection BP	Sterimax	10	83.30	8.330
nj. Pd. 02434091 nj. Pd.		Sterimax	10	_ i	8.330
02434091		Sterimax	10	83.30	8.330 16.686
02434091 nj. Pd.	injection BP Cefotaxime sodique pour		10	83.30 2 g	<u> </u>
02434091 nj. Pd. 02434105	injection BP Cefotaxime sodique pour		10	83.30 2 g 166.86	16.686 V
02434091 nj. Pd. 02434105 CEFPROZIL Dral Susp.	injection BP Cefotaxime sodique pour injection BP	Sterimax	10 125 mg 75 ml	2 g 166.86	<u> </u>
02434091 nj. Pd. 02434105 CEFPROZIL Dral Susp. 02293943 02163675	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil	Sterimax	10 125 mg 75 ml 100 ml 75 ml 100 ml	2 g 166.86 g/5 mL PPB 4.44 5.92 12.38	16.686 V V
02434091 nj. Pd. 02434105 CEFPROZIL 13 pral Susp. 02293943 02163675	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil	Sterimax	10 125 mg 75 ml 100 ml 75 ml 100 ml 250 mg 75 ml	2 g 166.86 9/5 mL PPB 4.44 5.92 12.38 16.50 9/5 mL PPB 8.89	16.686 V V V
02434091 nj. Pd. 02434105 EEFPROZIL Oral Susp. 02293943 02163675 Oral Susp.	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil Cefzil	Sterimax Apotex B.M.S.	10 125 mg 75 ml 100 ml 100 ml	2 g 166.86 9/5 mL PPB 4.44 5.92 12.38 16.50	16.686 V V V V V
02434091 aj. Pd. 02434105 DEFPROZIL To prai Susp. 02293943 02163675 Oral Susp. 02293951 02163683	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil Cefzil	Sterimax Apotex B.M.S.	10 125 mg 75 ml 100 ml 75 ml 100 ml 250 mg 75 ml 100 ml 75 ml 100 ml	2 g 166.86 9/5 mL PPB 4.44 5.92 12.38 16.50 9/5 mL PPB 8.89 11.85 24.76 33.01	16.686 V V V V V V
02434091 nj. Pd. 02434105 EFFROZIL Oral Susp. 02293943 02163675 Oral Susp. 02293951 02163683	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil Cefzil Apo-Cefprozil Cefzil	Apotex B.M.S. Apotex B.M.S.	10 125 mg 75 ml 100 ml 75 ml 100 ml 250 mg 75 ml 100 ml 75 ml 100 ml	2 g 166.86 2/5 mL PPB 4.44 5.92 12.38 16.50 3/5 mL PPB 8.89 11.85 24.76 33.01	16.686 V V V V V
02434091 nj. Pd. 02434105 CEFPROZIL Dral Susp. 02293943 02163675 Oral Susp. 02293951	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil Cefzil Apo-Cefprozil Cefzil	Sterimax Apotex B.M.S.	10 125 mg 75 ml 100 ml 75 ml 100 ml 250 mg 75 ml 100 ml 75 ml 100 ml	2 g 166.86 2/5 mL PPB 4.44 5.92 12.38 16.50 2/5 mL PPB 8.89 11.85 24.76 33.01 50 mg PPB 43.32	16.686 V V
02434091 nj. Pd. 02434105 CEFPROZIL Oral Susp. 02293943 02163675 Oral Susp. 02293951 02163683	injection BP Cefotaxime sodique pour injection BP Apo-Cefprozil Cefzil Apo-Cefprozil Cefzil	Apotex B.M.S. Apotex B.M.S.	10 125 mg 75 ml 100 ml 75 ml 100 ml 250 mg 75 ml 100 ml 75 ml 100 ml	2 g 166.86 2/5 mL PPB 4.44 5.92 12.38 16.50 3/5 mL PPB 8.89 11.85 24.76 33.01	16.686 VV V

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5	00 mg PPB	
iab.		I	I		ı	I
	02293005	Apo-Cefprozil	Apotex	100	84.94	• 0.8494
	02347253	Auro-Cefprozil	Aurobindo	100	84.94	0.8494
	02293536 02302187	Ran-Cefprozil Sandoz Cefprozil	Ranbaxy Sandoz	100	84.94 84.94	→ 0.8494→ 0.8494
	02302107	Sandoz Cerprozii	Sandoz	100	04.94	0.0494
CEFT		ENTAHYDRATE 🖫			1g PPB	
,	02437848	Ceftazidime for injection BP	Sterimax	10	1	18.8500
	02437848	Ceftazidime for injection BP	Fresenius	10	188.50 → 18.85	10.0000
	02212218	Fortaz	GSK	1	21.35	
	OZZ IZZ IO	1 Ortal	COIL	<u> </u>	21.00	
lnj. Po	d.	ı	ı	ı	2 g PPB	ı
	02437856	Ceftazidime for injection BP	Sterimax	10	371.00	→ 37.1000
	00886955	Ceftazidime pour injection	Fresenius	1	→ 37.10	
	02212226	Fortaz	GSK	1	42.00	
Inj. Po	d.				6g PPB	
	02437864	Ceftazidime for injection BP	Sterimax	1	→ 111.29	
	00886963	Ceftazidime pour injection	Fresenius	1	→ 111.29	
		Contazianno pour injection				
	02212234	Fortaz	GSK	1	125.99	
	RIAXONE	Fortaz SODIUM	GSK	1	125.99	
	RIAXONE	_	GSK	1		
	RIAXONE	_	GSK Sterimax	1 10	125.99	▶ 12.4900
	RIAXONE :	SODIUM 🖪	ı	1	125.99	12.490012.4900
	TRIAXONE : d. 02325616	SODIUM R	Sterimax	10	125.99 1 g PPB 124.90	
	TRIAXONE 9 d. 02325616 02292874	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for	Sterimax Apotex	10 10	1g PPB 124.90 124.90	→ 12.4900
	TRIAXONE : d	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection	Sterimax Apotex Sandoz Hospira	10 10 10 10	1g PPB 124.90 124.90 124.90 124.90	12.490012.4900
	TRIAXONE : d. 02325616 02292874 02292270	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for	Sterimax Apotex Sandoz	10 10 10	1g PPB 124.90 124.90 124.90	12.490012.4900
Inj. Po	TRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for	Sterimax Apotex Sandoz Hospira	10 10 10 10	1g PPB 124.90 124.90 124.90 124.90	12.490012.4900
Inj. Po	RIAXONE : i. 02325616 02292874 02292270 02250292 02287633	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection	Sterimax Apotex Sandoz Hospira Novopharm	10 10 10 10 10	1g PPB 124.90 124.90 124.90 124.90 • 12.49	12.490012.490012.4900
lnj. Pe	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone	Sterimax Apotex Sandoz Hospira Novopharm	10 10 10 10 10	1g PPB 124.90 124.90 124.90 124.90 • 12.49	12.4900 12.4900 12.4900
lnj. Pe	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection	Sterimax Apotex Sandoz Hospira Novopharm	10 10 10 10 10	1g PPB 124.90 124.90 124.90 124.90 124.90 2 g PPB 241.30 241.30	 12.4900 12.4900 12.4900 24.1300 24.1300
lnj. Pe	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 d. 02325624 02292882 02292882	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz	10 10 10 10 10 1	1g PPB 124.90 124.90 124.90 124.90 124.90 2 g PPB 241.30 241.30	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300
Inj. Po	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection	Sterimax Apotex Sandoz Hospira Novopharm	10 10 10 10 10	1g PPB 124.90 124.90 124.90 124.90 124.90 2 g PPB 241.30 241.30	 12.4900 12.4900 12.4900 24.1300 24.1300
Inj. Po	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 d. 02325624 02292882 02292289 02250306	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz	10 10 10 10 10 1	125.99 1 g PPB 124.90 124.90 124.90 124.90 • 12.49 2 g PPB 241.30 241.30 241.30	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300
Inj. Po	1. 02325624 02325624 0229287633 02287633 02287633 02325624 02292882 02292289 02250306	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz Hospira	10 10 10 10 1 1	125.99 1 g PPB 124.90 124.90 124.90 124.90 124.30 241.30 241.30 241.30	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300 24.1300
Inj. Po	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882 02292289 02250306 1. 02325632	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz Hospira	10 10 10 10 1 1 1 10 10 10	1g PPB 124.90 124.90 124.90 124.90 124.90 124.30 241.30 241.30 241.30 10 g PPB 153.00	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300
Inj. Po	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882 02292289 02250306 1. 02325632 02325632 02292904	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone for injection	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz Hospira Sterimax Apotex Sandoz Apotex	10 10 10 10 1 1 1 10 10 10 10	125.99 1 g PPB 124.90 124.90 124.90 124.90 124.30 241.30 241.30 241.30 10 g PPB 153.00 153.00	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300 24.1300
CEFT Inj. Pe	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882 02292289 02250306 1. 02325632	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone sodium for	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz Hospira	10 10 10 10 1 1 1 10 10 10	1g PPB 124.90 124.90 124.90 124.90 124.90 124.30 241.30 241.30 241.30 10 g PPB 153.00	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300
Inj. Po	CRIAXONE : 1. 02325616 02292874 02292270 02250292 02287633 1. 02325624 02292882 02292289 02250306 1. 02325632 02325632 02292904	Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone sodium for injection Ceftriaxone for injection Ceftriaxone for injection Ceftriaxone for injection	Sterimax Apotex Sandoz Hospira Novopharm Sterimax Apotex Sandoz Hospira Sterimax Apotex Sandoz Apotex	10 10 10 10 1 1 1 10 10 10 10	125.99 1 g PPB 124.90 124.90 124.90 124.90 124.30 241.30 241.30 241.30 10 g PPB 153.00 153.00	 12.4900 12.4900 12.4900 24.1300 24.1300 24.1300 24.1300

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Inj. Pd. 250 mg PPB								
02292866	Commission for interesting	A	40	20.50	3.9500			
02292866	Ceftriaxone for injection Ceftriaxone sodique pour	Apotex Sterimax	10 10	39.50 39.50	→ 3.9500 → 3.9500			
02323394	injection BP	Steriiriax	10	39.30	3.9300			
02250276	Ceftriaxone sodium for injection	Pfizer	10	39.50	→ 3.9500			
				•				
CEFUROXIME (SODIUM) 🖪							
Inj. Pd.				1.5 g PPB	i			
02241639	Cefuroxime for injection	Fresenius	1	→ 28.04				
02422301	Cefuroxime for injection	Sterimax	25	701.00	→ 28.0400			
	USP				,			
				ı				
Inj. Pd.				7.5 g PPB				
02241640	Cofi wayima far injection	Fresenius	4	→ 105.14				
02241640 02422328	Cefuroxime for injection Cefuroxime for injection	Sterimax	1 10	105.14	→ 105.1400			
02422320	USP	Oterinax	10	1031.40	103.1400			
	1		ı	ļ.				
Inj. Pd.			7:	50 mg PPB				
1	1	I	1	l				
02241638	Cefuroxime for injection	Fresenius	1	→ 14.01				
02422298	Cefuroxime for injection USP	Sterimax	25	350.25	→ 14.0100			
CEFUROXIME A	XETIL B							
Oral Susp.	1	1	1	125 mg/5 mL	ı			
02212307	Ceftin	GSK	70 ml	11.57	0.1653			
			100 ml	16.52	0.1652			
	1	•		•	1			
Tab.			2	50 mg PPB				
00044000	Ana Cafananina	A	1	1	0.7000			
02244393 02344823	Apo-Cefuroxime Auro-Cefuroxime	Apotex Aurobindo	100 60	72.36 43.42	→ 0.7236→ 0.7236			
02344623	Ceftin	GSK	60	93.72	1.5620			
02242656	ratio-Cefuroxime	Ratiopharm	60	43.42	→ 0.7236			
522 12000	Corar commo			10.72	0.7250			
Tab.			E	00 mg PPB				
1 dD.	1	1	5 ¹		I			
02244394	Apo-Cefuroxime	Apotex	100	143.36	→ 1.4336			
02344831	Auro-Cefuroxime	Aurobindo	60	86.02	→ 1.4336			
02212285	Ceftin	GSK	60	185.67	3.0945			
02311453	Pro-Cefuroxime	Pro Doc	100	143.36	→ 1.4336			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
CEPHALEXIN MONOHYDRATE								
Caps. or Tab.	ı	1	2	50 mg PPB	ı			
00768723	Apo-Cephalex	Apotex	100	8.66	→ 0.0866			
02470578	Auro-Cephalexin	Aurobindo	1000 100	86.60 8.66	→ 0.0866→ 0.0866			
02470378	Auro-Cephalexin	Aurobilido	500	43.30	→ 0.0866 → 0.0866			
00342084	Novo-Lexin	Novopharm	100	8.66	→ 0.0866			
00583413	Novo-Lexin (Co.)	Novopharm	100 1000	8.66 86.60	→ 0.0866→ 0.0866			
Caps. or Tab.			-	00 mg PPB				
•	l	1		1				
00768715	Apo-Cephalex	Apotex	100 500	17.31 86.55	→ 0.1731→ 0.1731			
02470586	Auro-Cephalexin	Aurobindo	100	17.31	→ 0.1731			
0000000	Cambalania 500	D D	500	86.55	0.1731			
00828866 00342114	Cephalexin-500 Novo-Lexin	Pro Doc Novopharm	500 100	86.55 17.31	→ 0.1731→ 0.1731			
000.2		To To P. I.a	500	86.55	→ 0.1731			
00583421	Novo-Lexin (Co.)	Novopharm	100 500	17.31 86.55	→ 0.1731→ 0.1731			
			300	00.55	0.1731			
Oral Susp.				125 mg/5 mL				
00342106	Teva-Lexin 125	Teva Can	100 ml	14.62	0.1462			
			150 ml	21.93	0.1462			
Duni C				250/5!				
Oral Susp.				250 mg/5 mL 	I			
00342092	Teva-Lexin 250	Teva Can	100 ml 150 ml	27.97 41.96	0.2797 0.2797			
			130 1111	41.30	0.2191			
3:12.07								
	OUS B-LACTAM ANTIE	BIOTICS						
CEFOXITIN SOE	DIUM 🖪			4 - DDD				
nj. Pd.			I	1g PPB	I			
02128187 02291711	Cefoxitine Cefoxitine for injection	Novopharm Apotex	1 10	10.60 106.00	→ 10.6000			
02291711	Ceroxitine for injection	Арогех	10	100.00	10.0000			
lnj. Pd. 2 g PPB								
02128195	Cefoxitine	Novopharm	1	21.25				
02120193	Cefoxitine for injection	Apotex	10	212.50	→ 21.2500			
		1 .	-	1	I			
ERTAPENEM SO nj. Pd.	ODIUM LEI			1 g				
•		Manuel	40	1	40.0500			
02247437	Invanz	Merck	10	499.50	49.9500			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
IMIPENEM/ CILA	ASTATIN 🖪		500	mg -500 mg	
1	 Primaxin	Merck	25		24 2900
00717282	Primaxiri	Merck	25	609.50	24.3800
	_				
MEROPENEM Inj. Pd.	R			1g PPB	
02378795	 Meropenem	Sandoz	10	201.05	→ 20.1051
02376793	Meropenem for injection	Sterimax	10	201.05	→ 20.1051
02462893	USP Meropenem pour Injection	Aurobindo	10	201.05	→ 20.1051
02402093	Meropenem pour injection,	Fresenius	10	→ 20.11	20.1031
	USP				
Ini Dal			_	00 mag DDD	
Inj. Pd.	l	I		00 mg PPB	I
02378787 02462885	Meropenem Meropenem pour Injection	Sandoz Aurobindo	10 10	136.40 136.40	→ 13.6400 → 13.6400
02415216	Meropenem pour injection,	Fresenius	1	→ 13.64	10.0400
	USP				
8:12.12					
MACROLIDES	_				
	_		. 5	00 mg PPB	
MACROLIDES AZITHROMYCIN	_	Aurobindo	5 10	00 mg PPB 145.60	→ 14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.	Azithromycine for injection Azithromycine pour	Aurobindo Sterimax		1	→ 14.5600→ 14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604	Azithromycine for injection		10	145.60	,
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10	145.60 145.60	14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10 10	145.60 145.60	14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10 10	145.60 145.60 206.44	14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric	Phmscience Novopharm	10 10 10 100 mg 15 ml 15 ml	145.60 145.60 206.44 9/5 mL PPB 5.59 5.59	14.5600 20.6440 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience	10 10 10 100 mg 15 ml 15 ml 15 ml	145.60 145.60 206.44 9/5 mL PPB 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric	Phmscience Novopharm	10 10 10 100 mg 15 ml 15 ml	145.60 145.60 206.44 9/5 mL PPB 5.59 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 100 mg 15 ml 15 ml 15 ml 15 ml	145.60 145.60 206.44 9/5 mL PPB 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 100 mg 15 ml 15 ml 15 ml 15 ml	145.60 145.60 206.44 9/5 mL PPB 5.59 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 100 mg 15 ml 15 ml 15 ml 15 ml	145.60 145.60 206.44 2/5 mL PPB 5.59 5.59 5.59 5.59 16.17	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 07274396	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience	10 10 mg 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml	145.60 145.60 206.44 207.5 mL PPB 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88	14.5600 20.6440 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp.	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax	Phmscience Novopharm Phmscience Sandoz Pfizer	10 10 mg 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml	145.60 145.60 206.44 29/5 mL PPB 5.59 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 07274396	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience	10 10 mg 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml	145.60 145.60 206.44 207.5 mL PPB 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88	14.5600 20.6440 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Pediatric	Sterimax Pfizer Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience Novopharm	10 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml 22.5 ml 15 ml 22.5 ml	145.60 145.60 206.44 2/5 mL PPB 5.59 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88 7.92 11.88	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 02274396 02315165	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax Azithromycin Novo-Azithromycin Pediatric	Sterimax Pfizer Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience Novopharm	10 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml 22.5 ml 22.5 ml 15 ml	145.60 145.60 206.44 2/5 mL PPB 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Pediatric	Sterimax Pfizer Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience Novopharm Phmscience	10 10 mg 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml 22.5 ml 15 ml 22.5 ml	145.60 145.60 206.44 2/5 mL PPB 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88 7.92 11.88 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952 Oral Susp. 02274388 02315157 02418452 02332388 02223716 Oral Susp. 02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V. Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Pediatric	Sterimax Pfizer Phmscience Novopharm Phmscience Sandoz Pfizer Phmscience Novopharm Phmscience	10 10 mg 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml 22.5 ml 22.5 ml 15 ml	145.60 145.60 206.44 2/5 mL PPB 5.59 5.59 5.59 16.17 2/5 mL PPB 7.92 11.88 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				I.		
Tab.			1	2	50 mg PPB	ı
	02255340	ACT Azithromycin	ActavisPhm	6	5.65	→ 0.9410
	022000.0	/ · · · / · <u>- · · · · · · · · · · · · · · · · · </u>	7.101.0.710.71111	100	94.10	• 0.9410
	02247423	Apo-Azithromycin	Apotex	6	5.65	→ 0.9410
		,	'	100	94.10	• 0.9410
	02415542	Apo-Azithromycin Z	Apotex	6	5.65	→ 0.9410
				100	94.10	→ 0.9410
+	02477610	Azithromycin	Altamed	6	5.65	→ 0.9410
	02330881	Azithromycin	Sanis	6	5.65	→ 0.9410
				100	94.10	• 0.9410
	02442434	Azithromycin	Sivem	6	5.65	• 0.9410
	00450000	1 A '11		100	94.10	• 0.9410
	02452308	Jamp-Azithromycin	Jamp	6	5.65	0.9410
	02452324	Mar Azithramusin	Marcan	6	94.10 5.65	0.94100.9410
	02432324	Mar-Azithromycin	Iviaican	100	94.10	→ 0.9410 → 0.9410
	02267845	Novo-Azithromycin	Novopharm	6	5.65	→ 0.9410
	02207040	Novo Azianomyem	Novopriami	30	28.23	→ 0.9410
	02261634	pms-Azithromycin	Phmscience	6	5.65	→ 0.9410
		, , , , , ,		100	94.10	→ 0.9410
	02310600	Pro-Azithromycine	Pro Doc	6	5.65	→ 0.9410
	02275287	ratio-Azithromycin	Ratiopharm	6	5.65	→ 0.9410
		-		100	94.10	→ 0.9410
	02275309	Riva-Azithromycin	Riva	6	5.65	→ 0.9410
				100	94.10	→ 0.9410
	02265826	Sandoz Azithromycin	Sandoz	6	5.65	→ 0.9410
				100	94.10	→ 0.9410
	02212021	Zithromax	Pfizer	30	146.41	4.8803
Tab				G	00 mg DDD	
Tab.		1		I	00 mg PPB I	
	02256088	ACT Azithromycin	ActavisPhm	6	36.00	→ 6.0000
	02261642	pms-Azithromycin	Phmscience	30	180.00	→ 6.0000
			•	•		
CLA	RITHROMY	CINE R				
	or Co. L.A.		25	50 mg / 500 m	g L.A. PPB	
	02403196	ACT Clarithromycin XL	ActavisPhm	60	49.46	→ 0.8243
	02403190	Apo-Clarithromycin	Apotex	100	41.22	→ 0.6243 → 0.4122
	02413345	Apo-Clarithromycin XL	Apotex	100	82.43	→ 0.4122→ 0.8243
	01984853	Biaxin Bid	BGP Pharma	100	161.27	1.6127
	02244756	Biaxin XL	BGP Pharma	60	150.86	2.5143
	02324482	Clarithromycin	Pro Doc	100	41.22	→ 0.4122
	02466120	Clarithromycin	Sanis	100	41.22	→ 0.4122
	02442469	Clarithromycin	Sivem	100	41.22	→ 0.4122
	02471388	M-Clarithromycin	Mantra Ph.	100	41.22	
	02247573	pms-Clarithromycin	Phmscience	100	41.22	
				250	103.05	→ 0.4122
	02361426	Ran-Clarithromycin	Ranbaxy	100	41.22	→ 0.4122
				500	206.09	→ 0.4122
	02247818	ratio-Clarithromycin	Ratiopharm	100	41.22	→ 0.4122
				500	206.09	→ 0.4122
	02266539	Sandoz Clarithromycin	Sandoz	100	41.22	→ 0.4122
	02248804	Teva Clarithromycin	Teva Can	100	41.22	→ 0.4122

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg	/5 mL PPB	
02146908	Biaxin	BGP Pharma	55 ml	15.77	0.2867
02408988	Clarithromycin	Sanis	105 ml 55 ml 105 ml	30.09 11.26	0.2866 • 0.2047
02390442	Taro-Clarithromycin	Taro	55 ml 105 ml	21.49 11.26 21.49	0.20470.20470.2047
Oral Susp.	,		250 ma	1/5 mL PPB	
02244641	Biaxin	BGP Pharma	105 ml	57.89	0.5513
02408996	Clarithromycin	Sanis	105 ml	41.98	• 0.3998
02390450	Taro-Clarithromycin	Taro	105 ml	41.98	→ 0.3998
Tab.			5	00 mg PPB	
02274752	Apo-Clarithromycin	Apotex	100	162.92	→ 1.6292
02126710	Biaxin Bid	BGP Pharma	100	326.62	3.2662
02324490	Clarithromycin	Pro Doc	100	162.92	→ 1.6292
02442485	Clarithromycin	Sivem	100	162.92	→ 1.6292
02471396	M-Clarithromycin	Mantra Ph.	100	162.92	→ 1.6292
02247574	pms-Clarithromycin	Phmscience	100	162.92	→ 1.6292
			250	407.30	→ 1.6292
02361434	Ran-Clarithromycin	Ranbaxy	100	162.92	→ 1.6292
			500	814.60	→ 1.6292
02247819	ratio-Clarithromycin	Ratiopharm	100	162.92	→ 1.6292
			500	814.60	→ 1.6292
02346532	Riva-Clarithromycine	Riva	100	162.92	→ 1.6292
			250	407.30	→ 1.6292
02266547	Sandoz Clarithromycin	Sandoz	100	162.92	→ 1.6292
02248805	Teva Clarithromycin	Teva Can	100	162.92	→ 1.6292
ERYTHROMYCI Ent. Caps.	N B			250 mg	
00607142	Eryc	Pfizer	100	22.11	0.2211
Ent. Tab.	,			250 mg	
00682020	Erythro-Base	AA Pharma	100	18.28	0.1828
		<u> </u>			
Ent. Tab.		1		500 mg	
00893862	Erybid	Amdipharm	250	208.43	0.8337
	N ETHYLSUCCINATE		,	200/5	
Oral Susp.	I	I	2 I	200 mg/5 mL	I
00605859	Novo-Rythro Ethylsuccinate	Novopharm	100 ml 150 ml	6.69 10.03	0.0669 0.0669

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			2	100 mg/5 mL	
00652318	Novo-Rythro Ethylsuccinate	Novopharm	100 ml 150 ml	10.13 15.20	0.1013 0.1013
Tab.				600 mg	
00637416	6 Erythro-ES	AA Pharma	100	33.63	0.3363
	_				
Tab.	CIN STEARATE			250 mg	
00545678	B Erythro-S	AA Pharma	100	21.18	0.2118
Tab.				500 mg	
00688568	B Erythro-S	AA Pharma	100	54.25	0.5425
SPIRAMYCIN Caps.	B			250 mg	
0192782	Rovamycine	Odan	50	71.50	1.4300
Caps.				500 mg	
0192781	7 Rovamycine	Odan	50	139.80	2.7960
	-			1	
8:12.16 PENICILLINS	S				
AMOXICILLIN Caps.	R		2	50 mg PPB	
02352710	Amoxicillin	Sanis	100 1000	17.50 175.00	→ 0.1750→ 0.1750
02401499 00628119		Sivem Apotex	100 100	17.50 17.50	→ 0.1750→ 0.1750
		'	1000	175.00	→ 0.1750
02388073	3 Auro-Amoxicillin	Aurobindo	100 500	17.50 87.50	→ 0.1750→ 0.1750
02433060) Jamp-Amoxicillin	Jamp	100 1000	17.50 175.00	→ 0.1750→ 0.1750
00406724	1 Novamoxin	Novopharm	100	17.50	→ 0.1750
02230243	3 pms-Amoxicillin	Phmscience	1000 500	175.00 87.50	→ 0.1750→ 0.1750

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			50	00 mg PPB	
02352729	Amoxicillin	Sanis	100	34.17	→ 0.3417
			500	170.85	→ 0.3417
02401509	Amoxicillin	Sivem	100	34.17	→ 0.3417
			500	170.85	→ 0.3417
00628123	Apo-Amoxi	Apotex	100	34.17	• 0.3417
00000004	A Amazziaillia	A	500	170.85	0.3417
02388081	Auro-Amoxicillin	Aurobindo	100 500	34.17 170.85	→ 0.3417→ 0.3417
02433079	Jamp-Amoxicillin	Jamp	100	34.17	→ 0.3417→ 0.3417
02433079	Jamp-Amoxiciiiii	Janip	500	170.85	→ 0.3417 → 0.3417
02238172	Mylan-Amoxicillin	Mylan	100	34.17	→ 0.3417
	,	,	500	170.85	• 0.3417
00406716	Novamoxin	Novopharm	100	34.17	→ 0.3417
		· .	500	170.85	→ 0.3417
02230244	pms-Amoxicillin	Phmscience	500	170.85	→ 0.3417
00644315	Pro-Amox-500	Pro Doc	500	170.85	→ 0.3417
Chew. Tab.				125 mg	
02036347	Novamoxin	Novopharm	100	41.67	0.4167
Chew. Tab.				250 mg	
02036355	Teva-Amoxicillin	Teva Can	100	61.38	0.6138
Oral Susp.	ı	1	125 mg	/5 mL PPB	
00628131	Apo-Amoxi	Apotex	100 ml	3.52	→ 0.0352
00020101	, , , o o i i i i i i i i i i i i i i i	, , , , , , , , , , , , , , , , , , , ,	150 ml	5.28	→ 0.0352
02230879	Apo-Amoxi sans sucrose	Apotex	100 ml	3.52	→ 0.0352
		1	150 ml	5.28	→ 0.0352
01934171	Novamoxin	Teva Can	100 ml	3.52	→ 0.0352
			150 ml	5.28	→ 0.0352
00452149	Novamoxin 125	Novopharm	100 ml	3.52	→ 0.0352
			150 ml	5.28	• 0.0352
02230245	pms-Amoxicillin	Phmscience	100 ml	3.52	0.0352
			150 ml	5.28	→ 0.0352

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral S	Susp.			250 mg	/5 mL PPB	
	02352753	Amoxicillin	Sanis	75 ml 100 ml 150 ml	4.05 5.40	→ 0.0540→ 0.0540
	02352788	Amoxicillin	Sanis	100 ml 150 ml	8.10 5.40 8.10	→ 0.0540→ 0.0540→ 0.0540
	02401541	Amoxicillin	Sivem	100 ml 150 ml	5.40 8.10	→ 0.0540 → 0.0540 → 0.0540
	00628158	Apo-Amoxi	Apotex	100 ml 150 ml	5.40 8.10	→ 0.0540→ 0.0540
	02230880	Apo-Amoxi sans sucrose	Apotex	100 ml 150 ml	5.40 8.10	→ 0.0540→ 0.0540
	01934163	Novamoxin	Teva Can	100 ml 150 ml	5.40 8.10	→ 0.0540→ 0.0540
	00452130	Novamoxin 250	Novopharm	75 ml 100 ml 150 ml	4.05 5.40 8.10	→ 0.0540→ 0.0540→ 0.0540
	02230246	pms-Amoxicillin	Phmscience	100 ml 150 ml	5.40 8.10	→ 0.0540→ 0.0540→ 0.0540
	00644331	Pro-Amox-250	Pro Doc	100 ml 150 ml	5.40 8.10	→ 0.0540→ 0.0540
AMO Oral S		OTASSIUM CLAVULANATE		mg -31.25 mg l	/5 mL PPB	1
	02243986 01916882	Apo-Amoxi Clav Clavulin-125 F	Apotex GSK	100 ml 100 ml	5.17 9.50	• 0.0517 0.0950
Oral S	Susp.			200 ma -2	8.5 mg/5 mL	
	02238831	Clavulin-200	GSK	70 ml	9.39	0.1341
Oral S	Susp.			250 mg -6	2.5 mg/5 mL	
	01916874	Clavulin-250 F	GSK	100 ml	18.72	0.1872
Oral	Susp.			400 mg	- 57 mg/5mL	
*	02238830	Clavulin-400	GSK	70 ml	17.95	0.2564
Tab.				250	mg -125 mg	
	02243350	Apo-Amoxi Clav	Apotex	100	93.75	0.9375
Tab.				500 mg -1	25 mg PPB	
+	02243351 01916858 02243771 02482576	Apo-Amoxi Clav Clavulin-500 F ratio-Aclavulanate Sandoz Amoxi-Clav	Apotex GSK Ratiopharm Sandoz	100 20 20 100	66.73 27.56 13.35 66.73	 → 0.6673 1.3780 → 0.6673 → 0.6673

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			875 mg -1	25 mg PPB	
02326523	Amoxi-Clav	Pro Doc	100	55.50	→ 0.5550
02245623	Apo-Amoxi Clav	Apotex	100	55.50	→ 0.5550
02238829	Clavulin-875	ĠSK	20	41.34	2.0670
+ 02482584	Sandoz Amoxi-Clav	Sandoz	100	55.50	• 0.5550
AMPICILLIN 🖪 Caps.	1	1	1	250 mg	
00020877	Novo-Ampicillin	Novopharm	100	30.71	0.3071
Caps.				500 mg	
00020885	Novo-Ampicillin	Novopharm	100	59.55	0.5955
		•			
AMPICILLIN (SC Inj. Pd.	DDIUM) 🖪			1g PPB	
02227002	Ammieilline neur injection	Fresenius	1	→ 3.60	
02227002	Ampicilline pour injection Ampicilline Sodique	Novopharm	1 1	→ 3.60 → 3.60	
02462338	Ampicilline sodique for injection	Aurobindo	10	36.00	→ 3.6000
Inj. Pd.			ı	2g PPB	
		1	1	→ 7.20	
02226995	Ampicillin for Injection	Fresenius			
01933353	Ampicilline Sodique	Novopharm	1	→ 7.20	
				7.20 72.00	→ 7.2000
01933353 02462346	Ampicilline Sodique Ampicilline sodique for	Novopharm	1 10		7.2000
01933353 02462346 Inj. Pd.	Ampicilline Sodique Ampicilline sodique for injection	Novopharm Aurobindo	1 10	72.00	7.2000
01933353 02462346	Ampicilline Sodique Ampicilline sodique for	Novopharm	1 10	72.00	7.2000
01933353 02462346 Inj. Pd. 02227029	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection	Novopharm Aurobindo	2	72.00	→ 7.2000→ 2.0500
01933353 02462346 Inj. Pd. 02227029 00872644	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for	Novopharm Aurobindo Fresenius Novopharm	1 10 2 1 1 10	72.00 250 mg PPB 2.05 2.05	
01933353 02462346 Inj. Pd. 02227029 00872644 02462303	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection	Novopharm Aurobindo Fresenius Novopharm Aurobindo	1 10 2 1 1 10 5	72.00 750 mg PPB 2.05 2.05 20.50	
01933353 02462346 Inj. Pd. 02227029 00872644 02462303 Inj. Pd. 02227010	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection	Novopharm Aurobindo Fresenius Novopharm Aurobindo Fresenius	1 10 2 1 1 10	72.00 50 mg PPB 2.05 2.05 20.50 00 mg PPB 2.15	
01933353 02462346 Inj. Pd. 02227029 00872644 02462303	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection	Novopharm Aurobindo Fresenius Novopharm Aurobindo	1 10 2 1 1 1 10 5 5 1 1	72.00 750 mg PPB 2.05 2.05 20.50	
01933353 02462346 Inj. Pd. 02227029 00872644 02462303 Inj. Pd. 02227010 00872652	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline pour injection Ampicilline sodique Ampicilline Sodique Ampicilline sodique for	Novopharm Aurobindo Fresenius Novopharm Aurobindo Fresenius Novopharm	1 10 2 2 1 1 1 10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72.00 550 mg PPB 2.05 2.05 20.50 600 mg PPB 2.15 2.15	→ 2.0500
01933353 02462346 Inj. Pd. 02227029 00872644 02462303 Inj. Pd. 02227010 00872652 02462311	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique Ampicilline sodique injection	Novopharm Aurobindo Fresenius Novopharm Aurobindo Fresenius Novopharm	1 10 2 2 1 1 1 10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72.00 50 mg PPB 2.05 20.50 600 mg PPB 2.15 21.50	→ 2.0500
01933353 02462346 Inj. Pd. 02227029 00872644 02462303 Inj. Pd. 02227010 00872652 02462311	Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique for injection Ampicilline pour injection Ampicilline Sodique Ampicilline sodique Ampicilline sodique injection	Novopharm Aurobindo Fresenius Novopharm Aurobindo Fresenius Novopharm	1 10 2 2 1 1 1 10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72.00 550 mg PPB 2.05 2.05 20.50 600 mg PPB 2.15 2.15	▶ 2.0500

				_	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				500 mg	
00337773	Teva-Cloxin	Teva Can	100	34.98	0.3498
00337773	Teva-CloxIII	Teva Call	100	34.90	0.3490
Inj. Pd.	1	1	ı	2 g PPB	ı
02367424	Cloxacillin	Sterimax	10	73.10	→ 7.3100
01912410	Cloxacilline Sodique	Novopharm	1	→ 7.31	
Inj. Pd.				10 g	
02400081	Cloxacilline pour injection	Sterimax	1	36.55	
02400081	Cloxacilline pour injection	Sterimax	'	30.33	
Inj. Pd.	1		5	600 mg PPB	ı
02367408	Cloxacillin	Sterimax	10	45.60	→ 4.5600
01912429	Cloxacilline Sodique	Novopharm	1	→ 4.56	
Oral Susp.				125 mg/5 mL	
00337757	Teva-Cloxacillin Solution	Teva Can	100 ml	4.50	0.0450
00337737	Teva-CloxaciiiiT Solution	Teva Call	100 1111	4.30	0.0430
I.M. Inj. Susp.	BENZATHINE) 🖫	l	1	000 UI / 2 mL	l
02291924	Bicillin L-A	Pfizer	10	406.96	40.6960
PENICILLIN G (SODIUM) 🖫		1,000	000 U PPB	
1		l., .	1		I
01930672 02220261	Penicilline G Penicilline G sodium for injection	Novopharm Fresenius	1	→ 2.40 → 2.40	
Inj. Pd.			5 000	000 U PPB	
00883751	Penicilline G	Novopharm	1	→ 5.10	
02220288	Penicilline G sodium for injection	Fresenius	1	5.10	
Inj. Pd.			10 000	000 U PPB	
1	Penicilline G	Novopharm	1	♦ 8.90	
	Penicilline G sodium for injection	Fresenius	1	→ 8.90	
PHENOXYMETI	HYLPENICILLIN (BASE OR I	POTASSIUM SALT)			
Tab.				ng to 300 mg	1
00642215	Pen-VK	AA Pharma	100 1000	18.73 187.30	0.1873 0.1873
	1			1	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.	THYLPENICILLIN (POTASSIUN	n) 🖪	,	125 mg/5 mL	
* 006422	23 Apo-Pen-VK	Apotex	100 ml	5.35	w
PIPERACILL I.V. Perf. Pd.	N SODIUM/ TABACTAM SODIU	м В	2 g -	0.25 g PPB	
023626	19 Piperacilline et Tazobactam	Sterimax	10	41.70	→ 4.1700
023084		Apotex	1	→ 4.17	4.1700
022996		Sandoz	1	→ 4.17	
023701		Teva Can	10	41.70	→ 4.1700
024013	12 Piperacilline-Tazobactam for injection	Alveda	10	41.70	→ 4.1700
I.V. Perf. Pd.			3 g -0	.375 g PPB	
023626	27 Piperacilline et Tazobactam	Sterimax	10	62.59	→ 6.2590
023084		Apotex	1	→ 6.26	0.2390
022996		Sandoz	1	→ 6.26	
023701	66 Piperacilline/Tazobactam	Teva Can	10	62.59	→ 6.2590
024013	20 Piperacilline-Tazobactam for injection	Alveda	10	62.59	→ 6.2590
I.V. Perf. Pd.			4 a	-0.5 g PPB	
	1	1	I	1	
024204		Jamp	10	83.46	8.3458
023626 023084		Sterimax Apotex	10 1	♦ 83.46	▶ 8.3458
022996		Sandoz	1	→ 8.35	
023701		Teva Can	10	83.46	→ 8.3458
024013	39 Piperacilline-Tazobactam for injection	Alveda	10	83.46	8.3460
I.V. Perf. Pd.			12 a.	- 1,5 g PPB	
		l	1	1 -	
023777	18 Piperacilline et Tazobactam for injection	Sterimax	1	→ 36.33	
023305		Sandoz	1	→ 36.33	
I.V. Perf. Pd.				36 g - 4,5 g	
024391	Piperacilline et Tazobactam for injection	Sterimax	1	108.99	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CIPE	NOLONES	S N HYDROCHLORIDE 🖪			2 mg/mL	
	02301903	Ciprofloxacine Injection USP	Pfizer	100 ml 200 ml	17.92 35.84	
L.A.	Tab.			5	00 mg PPB	
	02247916 02416433	Cipro XL pms-Ciprofloxacin XL	Bayer Phmscience	50 100	144.81 173.77	2.8962 → 1.7377
L.A.	Tab.	ı	ı	ı	1000 mg	
	02251787	Cipro XL	Bayer	50	144.81	2.8962
Oral	Susp.	ı	ı	!	500 mg/5 mL	
	02237514	Cipro	Bayer	100 ml	53.23	0.5323
Tab.				. 2	50 mg PPB	
	02247339	ACT Ciprofloxacin	ActavisPhm	100	44.54	→ 0.4454
	02229521	Apo-Ciproflox	Apotex	100	44.54	→ 0.4454
	02381907	Auro-Ciprofloxacin	Aurobindo	100	44.54	→ 0.4454
				500	222.70	→ 0.4454
*	02155958	Cipro	Bayer	100	229.35	w
	02353318	Ciprofloxacin	Sanis	100	44.54	▶ 0.4454
	02386119	Ciprofloxacin	Sivem	100	44.54	→ 0.4454
	02380358	Jamp-Ciprofloxacin	Jamp	100	44.54	→ 0.4454
	02379686	Mar-Ciprofloxacin	Marcan	100	44.54	→ 0.4454
	02423553	Mint-Ciproflox	Mint	100	44.54	→ 0.4454
	02317427	Mint-Ciprofloxacine	Mint	100	44.54	• 0.4454
	02161737	Novo-Ciprofloxacin	Novopharm	100	44.54	• 0.4454
	02248437	pms-Ciprofloxacin	Phmscience	100	44.54	0.4454
	02317796	Pro-Ciprofloxacin	Pro Doc	100	44.54	0.4454
	02303728	Ran-Ciproflox	Ranbaxy	100	44.54	0.4454
	02246825	ratio-Ciprofloxacin	Ratiopharm	100	44.54	0.4454
	02251221	Riva-Ciprofloxacin	Riva	100	44.54	0.4454
	02248756 02379627	Sandoz Ciprofloxacin	Sandoz	100 100	44.54 44.54	→ 0.4454→ 0.4454
	02379627	Septa-Ciprofloxacin Taro-Ciprofloxacin	Septa Taro	100	44.54	0.44540.4454
	02426978	VAN-Ciprofloxacin	Vanc Phm	100	44.54	→ 0.4454→ 0.4454
	02420370	VAIV-CIPIOIIOXACIII	Valle FIIIII	100	44.04	- 0.4434

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5	00 mg PPB	
	02247340	ACT Ciprofloxacin	ActavisPhm	100	50.25	→ 0.5025
	02229522	Apo-Ciproflox	Apotex	100	50.25	→ 0.5025
	OLLLOOLL	, the cibienex	rpotox	500	251.25	→ 0.5025
	02381923	Auro-Ciprofloxacin	Aurobindo	100	50.25	→ 0.5025
				500	251.25	→ 0.5025
	02444887	Bio-Ciprofloxacin	Biomed	100	50.25	→ 0.5025
		,		500	251.25	→ 0.5025
	02155966	Cipro	Bayer	100	258.76	2.5876
	02353326	Ciprofloxacin	Sanis	100	50.25	→ 0.5025
	02386127	Ciprofloxacin	Sivem	100	50.25	→ 0.5025
	02380366	Jamp-Ciprofloxacin	Jamp	100	50.25	→ 0.5025
				500	251.25	→ 0.5025
	02379694	Mar-Ciprofloxacin	Marcan	100	50.25	→ 0.5025
	02423561	Mint-Ciproflox	Mint	100	50.25	→ 0.5025
	02317435	Mint-Ciprofloxacine	Mint	100	50.25	→ 0.5025
	02161745	Novo-Ciprofloxacin	Novopharm	100	50.25	→ 0.5025
				500	251.25	→ 0.5025
	02248438	pms-Ciprofloxacin	Phmscience	100	50.25	→ 0.5025
				500	251.25	→ 0.5025
	02317818	Pro-Ciprofloxacin	Pro Doc	100	50.25	→ 0.5025
				500	251.25	→ 0.5025
	02303736	Ran-Ciproflox	Ranbaxy	100	50.25	→ 0.5025
	02246826	ratio-Ciprofloxacin	Ratiopharm	100	50.25	→ 0.5025
	02251248	Riva-Ciprofloxacin	Riva	100	50.25	• 0.5025
	00040757	0		500	251.25	0.5025
	02248757	Sandoz Ciprofloxacin	Sandoz	100	50.25	0.5025
	02379635	Septa-Ciprofloxacin	Septa	100 500	50.25 251.25	0.5025
	00066070	Toro Cinvoflovacio	Toro		1	0.5025
	02266970 02427001	Taro-Ciprofloxacin	Taro Vanc Phm	100 100	50.25 50.25	→ 0.5025→ 0.5025
	02427001	VAN-Ciprofloxacin	vanc Filli	100	50.25	- 0.5025
Tab.				7	50 mg PPB	
	02247341	ACT Ciprofloxacin	ActavisPhm	50	46.01	→ 0.9201
	02229523	Apo-Ciproflox	Apotex	100	92.01	→ 0.9201
	02381931	Auro-Ciprofloxacin	Aurobindo	50	46.01	→ 0.9201
	02001001	Traire diprenexaem	7 tal obilitao	100	92.01	→ 0.9201
	02380374	Jamp-Ciprofloxacin	Jamp	50	46.01	• 0.9201
	02379708	Mar-Ciprofloxacin	Marcan	50	46.01	→ 0.9201
	02423588	Mint-Ciproflox	Mint	50	46.01	→ 0.9201
	02317443	Mint-Ciprofloxacine	Mint	100	92.01	→ 0.9201
	02161753	Novo-Ciprofloxacin	Novopharm	50	46.01	→ 0.9201
	02248439	pms-Ciprofloxacin	Phmscience	100	92.01	→ 0.9201
	02303744	Ran-Ciproflox	Ranbaxy	100	92.01	→ 0.9201
	02246827	ratio-Ciprofloxacin	Ratiopharm	50	46.01	→ 0.9201
	02251256	Riva-Ciprofloxacin	Riva	50	46.01	• 0.9201
	02248758	Sandoz Ciprofloxacin	Sandoz	50	46.01	→ 0.9201
	02379643	Septa-Ciprofloxacin	Septa	50	46.01	• 0.9201
	02427028	VAN-Ciprofloxacin	Vanc Phm	50	46.01	→ 0.9201

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			<u> </u>		OIZE	
LEV	OFLOXACIN	ı Pa				
Tab.	OF LOXACII			2	50 mg PPB	i
	02315424	ACT Levofloxacin	ActavisPhm	50	60.19	→ 1.2038
	02284707	Apo-Levofloxacin	Apotex	100	120.38	→ 1.2038
	02430592	Auro-Levofloxacin	Aurobindo	50	60.19	→ 1.2038
				100	120.38	→ 1.2038
	02248262	Novo-Levofloxacin	Novopharm	100	120.38	→ 1.2038
	02284677	pms-Levofloxacin	Phmscience	100	120.38	→ 1.2038
	02298635	Sandoz Levofloxacin	Sandoz	50	60.19	→ 1.2038
Tab.				50	00 mg PPB	
	00045400	ACT I surfleur sie	A -t i- Db	1	l	4 0740
	02315432 02284715	ACT Levofloxacin	ActavisPhm	100 100	137.18	1.37181.3718
	02284715	Apo-Levofloxacin Auro-Levofloxacin	Apotex Aurobindo	50	137.18	→ 1.3718 → 1.3718
	02430606	Auro-Levolioxaciri	Aurobindo	100	68.59 137.18	→ 1.3718
	02415879	Levofloxacin	Pro Doc	100	137.18	→ 1.3718
	02248263	Novo-Levofloxacin	Novopharm	100	137.18	→ 1.3718
	02284685	pms-Levofloxacin	Phmscience	100	137.18	→ 1.3718
	02298643	Sandoz Levofloxacin	Sandoz	100	137.18	→ 1.3718
			•			
Tab.		1	1	7:	50 mg PPB	ı
	02315440	ACT Levofloxacin	ActavisPhm	50	242.39	→ 4.8478
	02325942	Apo-Levofloxacin	Apotex	100	484.78	→ 4.8478
	02430614	Auro-Levofloxacin	Aurobindo	50	242.39	→ 4.8478
	02285649	Novo-Levofloxacin	Novopharm	100	484.78	→ 4.8478
	02305585	pms-Levofloxacin	Phmscience	100	484.78	→ 4.8478
	02298651	Sandoz Levofloxacin	Sandoz	50	242.39	→ 4.8478
MOX	IFLOXACIN	HYDROCHLORIDE		41	00 mg PPB	
		I		I	l	I
	02404923	Apo-Moxifloxacin	Apotex	30	45.69	→ 1.5230
	02432242	Auro-Moxifloxacin	Aurobindo	30	45.69	→ 1.5230
	0004	. .		100	152.30	→ 1.5230
*	02242965	Avelox	Bayer	30	165.04	5.5013
*	02447266	Bio-Moxifloxacin	Biomed	30	45.69	1.5230
	02442020	Jomn Movifloyesin	lomn	100	152.30	1.5230
	02443929 02447061	Jamp-Moxifloxacin	Jamp	30	45.69	1.5230
	02447061	Jamp-Moxifloxacin Tablets Mar-Moxifloxacin	Jamp Marcan	100 100	152.30 152.30	1.52301.5230
	02447053	M-Moxifloxacin	Mantra Ph.	100	152.30	→ 1.5230 → 1.5230
	02462974	Moxifloxacin	Pro Doc	30	45.69	→ 1.5230 → 1.5230
	02450976	Riva-Moxifloxacin	Riva	30	45.69	→ 1.5230 → 1.5230
	02430976	Sandoz Moxifloxacin	Sandoz	30	45.69	→ 1.5230 → 1.5230
	02375702	Teva-Moxifloxacin	Teva Can	30	45.69	→ 1.5230
					12.00	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NORFLOXACIN	R				
Tab. I	I	1	4(I	00 mg PPB I	
02269627	Co Norfloxacin	Cobalt	100	54.49	• 0.5449
02229524 02237682	Norflox Novo-Norfloxacin	AA Pharma Novopharm	100 100	54.49 54.49	→ 0.5449→ 0.5449
0220.002	Trovo Tromondom	, rovopiia		00	4 0.01.0
8:12.20 SULFONAMIE SULFASALAZIN	_				
Ent. Tab.				500 mg	
00598488	pms-Sulfasalazine-E.C.	Phmscience	100	28.16	0.2816
			500	140.80	0.2816
Tab.				500 mg	
00598461	pms-Sulfasalazine	Phmscience	500	90.19	0.1804
00000101	po GainaGaina_iiio		000	33.13	000
	_	_			
I.V. Perf. Sol.	M/SULFAMETHOXAZOLE [i	16 m	g -80 mg/mL	
00550086	Septra	Aspen	5 ml	6.32	w
	'	1 '			
Oral Susp.			40 mg -2	200 mg/5 mL	
00726540	Teva-Sulfamethoxazole	Teva Can	100 ml	9.68	0.0968
			400 ml	38.72	0.0968
Tab. I	1	1	I	mg -100 mg l	
* 00445266	Sulfatrim-PED	AA Pharma	100	9.11	0.0911
Tab.			80 mg -4	00 mg PPB	
* 00445274	Sulfatrim	AA Pharma	100	4.82	→ 0.0482
			1000	48.20	→ 0.0482
00510637	Teva-Sulfamethoxazole/ Trimethoprim	Novopharm	100	4.82	• 0.0482
Tab.			160 mg -80	00 mg PPB	
00510645	Novo-Trimel D.S.	Novopharm	100	12.21	→ 0.1221
00540504	0		500	61.05	→ 0.1221
00512524 * 00445282	Protrin DF Sulfatrim-DS	Pro Doc AA Pharma	100 100	12.21 12.21	→ 0.1221→ 0.1221
33110202			500	61.05	→ 0.1221→ 0.1221
				000	· · · · · · ·

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
8:12.24		•	•		
TETRACYCLI	NES				
DOXYCYCLINE					
Caps. or Tab.	Ĺ	1	1(00 mg PPB	1
00740713	Apo-Doxy	Apotex	100	58.60	→ 0.5860
			250	146.50	→ 0.5860
00874256	Apo-Doxy-Tabs	Apotex	100	58.60	→ 0.5860
00817120	Doxycin	Riva	100	58.60	0.5860
00860751	Doxycin (co.)	Riva	300 100	175.80 58.60	→ 0.5860→ 0.5860
00000731	Doxyolli (co.)	INVA	300	175.80	→ 0.5860
02351234	Doxycycline (Caps.)	Sanis	100	58.60	→ 0.5860
			200	117.20	→ 0.5860
02351242	Doxycycline (Co.)	Sanis	100	58.60	→ 0.5860
00887064	Doxytab	Pro Doc	100	58.60	• 0.5860
00725250	Novo-Doxilin	Novopharm	100	58.60	0.5860
02158574	Novo-Doxylin (Co.)	Novopharm	200 100	117.20 58.60	→ 0.5860→ 0.5860
02130374	11010-DOXYIII1 (OO.)	Поторнанн	100	30.00	0.5000
MINOCYCLINE	HYDROCHLORIDE 1				
Caps.	III DROGILORIDE III			50 mg PPB	
	l	1			L
02084090	1 '	Apotex	100	11.01	→ 0.1101
02207220		Sanis	100	11.01	W 0.1101
02153394 02230735	Minocycline-50 Mylan-Minocycline	Pro Doc	100 100	11.01 11.01	→ 0.1101→ 0.1101
02230733	Wylan-Willocycline	Mylan	250	27.53	→ 0.1101
02108143	Novo-Minocycline	Novopharm	100	11.01	→ 0.1101
02294419	pms-Minocycline	Phmscience	100	11.01	→ 0.1101
		L		l .	
Caps.			10	00 mg PPB	
			1		
02084104	1 '	Apotex	100	21.25	• 0.2125
* 02287234	1 -	Sanis	100	21.25	W
02154366	Minocycline-100	Pro Doc	100	21.25	0.2125
02230736	Mylan-Minocycline	Mylan	100 250	21.25 53.13	→ 0.2125→ 0.2125
02108151	Novo-Minocycline	Novopharm	100	21.25	→ 0.2125→ 0.2125
02294427	pms-Minocycline	Phmscience	100	21.25	→ 0.2125
	r				
TETRACYCLIN	E HYDROCHLORIDE				
Caps.				250 mg	
00580000	Tetracycline	AA Pharma	100	6.70	0.0670
00580929	retracycline	AA Phaima	100 1000	6.70 67.00	0.0670 0.0670
				07.50	0.0070
0-40-00					
8:12.28	OUG ANTIDIOTICS				
	OUS ANTIBIOTICS				
BACITRACIN Inj./Top. Pd.				50 000 U	
1			I		
00030708	Bacitracine	Pfizer	1	9.10	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OLIND ANAVOIN	UVDDOGULODIDE. B				
Caps.	HYDROCHLORIDE 🖪		1	50 mg PPB	i
02245232	Apo-Clindamycine	Apotex	100	22.17	→ 0.2217
02436906	Auro-Clindamycin	Aurobindo	100	22.17	→ 0.2217
02400529	Clindamycin	Sanis	100	22.17	0.2217
02248525 00030570	Clindamycine-150 Dalacin C	Pro Doc Pfizer	100 100	22.17 85.97	0.2217 0.8597
02468476	Riva-Clindamycin	Riva	100	22.17	0.8397 → 0.2217
02241709	Teva-Clindamycin	Teva Can	100	22.17	→ 0.2217
Caps.			3	300 mg PPB	
•	Ana Clindamyoina	Anotov	1	1	0 4424
02245233 02436914	Apo-Clindamycine Auro-Clindamycin	Apotex Aurobindo	100 100	44.34 44.34	→ 0.4434→ 0.4434
02400537	Clindamycin	Sanis	100	44.34	→ 0.4434 → 0.4434
02248526	Clindamycine-300	Pro Doc	100	44.34	→ 0.4434
02182866	Dalacin C	Pfizer	100	172.71	1.7271
02241710	Novo-Clindamycin	Novopharm	100	44.34	● 0.4434
02468484	Riva-Clindamycin	Riva	100	44.34	• 0.4434
•	Dalacin C	Dfizer	100 ml	75 mg/5 mL	0 1627
Oral Susp. 00225851	Dalacin C	Pfizer	100 ml	16.27	0.1627
00225851	Dalacin C PHOSPHATE	Pfizer		16.27	0.1627
00225851		Pfizer		1	0.1627
00225851		Pfizer		16.27	0.1627
00225851 CLINDAMYCIN nj. Sol.	PHOSPHATE 🖫		150 2 ml 4 ml	mg/mL PPB • 6.50 • 13.00	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540	PHOSPHATE Clindamycine Injection	Sandoz	150 2 ml 4 ml 6 ml	mg/mL PPB • 6.50 • 13.00 • 18.50	0.1627
00225851 CLINDAMYCIN nj. Sol.	PHOSPHATE 🖫		150 2 ml 4 ml 6 ml 2 ml	mg/mL PPB 6.50 13.00 18.50 6.88	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540	PHOSPHATE Clindamycine Injection	Sandoz	150 2 ml 4 ml 6 ml	mg/mL PPB • 6.50 • 13.00 • 18.50	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540	PHOSPHATE Clindamycine Injection	Sandoz	150 2 ml 4 ml 6 ml 2 ml 4 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436	PHOSPHATE Clindamycine Injection	Sandoz	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd.	PHOSPHATE A Clindamycine Injection Dalacin C TE (SODIUM)	Sandoz Pfizer	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849	PHOSPHATE	Sandoz	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd.	PHOSPHATE Clindamycine Injection Dalacin C TE (SODIUM) Clinding Collistimethate Collistimethate pour injection, USP	Sandoz Pfizer	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849	PHOSPHATE Colistimethate Colistimethate pour	Sandoz Pfizer	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849 02403544 00476420	PHOSPHATE Colindamycine Injection Dalacin C TE (SODIUM) Colistimethate Colistimethate pour injection, USP Coly-Mycin M Parenteral	Sandoz Pfizer Sterimax Fresenius Erfa	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849 02403544 00476420 ERYTROMYCIN	PHOSPHATE Clindamycine Injection Dalacin C TE (SODIUM) Clinding Collistimethate Collistimethate pour injection, USP	Sandoz Pfizer Sterimax Fresenius Erfa	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml 1 1 1	mg/mL PPB	0.1627
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849 02403544 00476420 ERYTROMYCIN Dral Susp.	PHOSPHATE	Sandoz Pfizer Sterimax Fresenius Erfa	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml 1 1 1 1 200 mg	mg/mL PPB	
00225851 CLINDAMYCIN nj. Sol. 02230540 00260436 COLISTIMETHA nj. Pd. 02244849 02403544 00476420 ERYTROMYCIN Dral Susp.	PHOSPHATE Colindamycine Injection Dalacin C TE (SODIUM) Colistimethate Colistimethate pour injection, USP Coly-Mycin M Parenteral	Sandoz Pfizer Sterimax Fresenius Erfa	150 2 ml 4 ml 6 ml 2 ml 4 ml 6 ml 1 1 1	mg/mL PPB	0.1627 0.1081 0.1081

	CODE	BRAND NAME	MANUFACTURER	SIZE		OF PKG. IZE	10	NIT PRICE
				<u> </u>				
		YDROCHLORIDE						
Caps	S.	I	1	1; I	25 mg	PPB	ı	
	02407744	Jamp-Vancomycin	Jamp	20		103.60	•	5.1800
*	00800430	Vancocin	Search Phm	20		103.60	•	5.1800
	02377470	Vancomycine (hydrochloride)	Fresenius	20		103.60	•	5.1800
Caps				21	50 mg	PPB		
Cap		I	I	; 	ou mg	FFB	ı	
Ι.	02407752	Jamp-Vancomycin	Jamp	20		207.20	•	10.3600
*	00788716	Vancocin	Search Phm	20		207.20	•	10.3600
	02377489	Vancomycine (hydrochloride)	Fresenius	20		207.20	•	10.3600
1 \/ [Perf. Pd.				1 a	PPB		
		I	I	I	'		I	
	02139383	Chlorhydrate de Vancomycine pour injection	Fresenius	10		589.90	•	58.9900
	02435721	Chlorhydrate de	GMP	1	→	58.99		
		Vancomycine pour injection		10		589.90	•	58.9900
	02396386	Chlorhydrate de Vancomycine pour injection	Sterimax	10		589.90	•	58.9900
	02394634	Chlorhydrate de	Sandoz	10		589.90	•	58.9900
		Vancomycine pour injection USP		-			ĺ	
	02420309	Jamp-Vancomycin	Jamp	10		589.90	•	58.9900
	02342863	Vancomycin for injection USP	Sterimax	10		589.90	•	58.9900
	02230192	Vancomycine (hydrochloride)	Pfizer	10		589.90	•	58.9900
			1	!				
I.V. I	Perf. Pd.	I	1	1	5 g	PPB	ı	
	02139243	Chlorhydrate de Vancomycine pour injection	Fresenius	1	•	294.95		
	02420317	Jamp-Vancomycin	Jamp	1	→	294.95		
	02394642	Vancomycine	Sandoz	1	→	294.95		
I.V. I	Perf. Pd.				10 g	PPB		
	00044007	Chlarbydrata -1-	Francisco	_	_	E00.00		
	02241807	Chlorhydrate de Vancomycine pour injection	Fresenius	1	-	589.90		
	02420325	Jamp-Vancomycin	Jamp	1	•	589.90		
	02405830	Vancomycin for injection USP	Sterimax	1	•	589.90		
1	02411040	Vancomycin Hydrochloride	Sterimax	1	•	589.90		
	02407949	Vancomycin Hydrochloride for Injection, USP	Mylan	1	•	589.90		
		<u></u>	<u>-</u>					

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.	ı	ı	50	00 mg PPB	
02139375	Chlorhydrate de Vancomycine pour injection	Fresenius	10	310.50	→ 31.0500
02435713	Chlorhydrate de Vancomycine pour injection	GMP	1 10	→ 31.05 310.50	→ 31.0500
02411032	Chlorhydrate de Vancomycine pour injection	Sterimax	10	310.50	→ 31.0500
02394626	Chlorhydrate de Vancomycine pour injection USP	Sandoz	10	310.50	→ 31.0500
02420295	Jamp-Vancomycin	Jamp	10	310.50	→ 31.0500
02342855	Vancomycin for injection USP	Sterimax	10	310.50	→ 31.0500
02230191	Vancomycine (hydrochloride)	Pfizer	10	310.50	→ 31.0500

8:14.04 ALLYLAMINES TERBINAFIN HYDROCHLORIDE

250 mg **PPB** Tab. 23.14 77.14 02254727 ACT Terbinafine ActavisPhm 30 0.7714 100 0.7714 23.14 02239893 Apo-Terbinafine Apotex 30 0.7714 77.14 **•** 21.60 **•** 77.14 **•** 100 0.7714 02320134 | Auro-Terbinafine 0.7714 Aurobindo 28 100 0.7714 23.14 77.14 02357070 Jamp-Terbinafine Jamp 30 0.7714 100 0.7714 02031116 | Lamisil Novartis 28 102.27 3.6525 21.60 77.14 23.14 02240346 Novo-Terbinafine Novopharm 28 0.7714 100 0.7714 02294273 pms-Terbinafine Phmscience 30 0.7714 77.14 **•** 23.14 **•** 77.14 **•** 100 0.7714 Riva 02262924 Riva-Terbinafine 30 0.7714 100 0.7714 Terbinafine 23.14 77.14 02353121 Sanis 30 0.7714 100 0.7714 02385279 Terbinafine Sivem 30 23.14 0.7714 77.14 **•** 23.14 **•** 77.14 **•** 100 0.7714 02242735 | Terbinafine-250 Pro Doc 30 0.7714 100 0.7714

8:14.08 AZOLES FLUCONAZOLE

Caps.	ı	1		150 mg	PPB	
02241895	Apo-Fluconazole-150	Apotex	1	•	3.93	ŀ
02432471	Jamp-Fluconazole	Jamp	1	•	3.93	
02428792	Mar-Fluconazole-150	Marcan	1	→	3.93	
02282348	pms-Fluconazole	Phmscience	1	•	3.93	
02255510	Riva-Fluconazole	Riva	1	→	3.93	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	CONAZOLE Perf. Sol.	B		2 n	ng/mL PPB	
	00891835	Diflucan	Pfizer	100 ml	27.50	
	02388448	Fluconazole	Sandoz	100 ml	37.56 → 26.87	
	02300440	T lacoriazoie	Garidoz	100 1111	20.07	
Tab.					50 mg PPB	
	02281260	ACT Fluconazole	ActavisPhm	50	64.52	→ 1.2904
	02237370	Apo-Fluconazole	Apotex	50 50	64.52	1.2904
	02245292	Mylan-Fluconazole	Mylan	50	64.52	1.2904
	02236978	Novo-Fluconazole	Novopharm	100	129.04	1.2904
	02245643	pms-Fluconazole	Phmscience	50	64.52	→ 1.2904 → 1.2904
	02243043	pms-r raconazore	1 IIIIISOICIICC	30	04.52	1.2904
Tab.				. 10	00 mg PPB	
	02281279	ACT Fluconazole	ActavisPhm	50	114.45	→ 2.2890
	02237371	Apo-Fluconazole	Apotex	50 50	114.45	→ 2.2890
	02245293	Mylan-Fluconazole	Mylan	50	114.45	→ 2.2890
	02245295	Novo-Fluconazole	Novopharm	50	114.45	2.2890
	02236979	pms-Fluconazole	Phmscience	50	114.45	→ 2.2890
	02310686	Pro-Fluconazole	Pro Doc	50	114.45	1
		Riva-Fluconazole	Riva	50		
	02271516	Riva-Flucoriazoie	Riva	50	114.45	→ 2.2890
		_				
	CONAZOLE					
Caps	•	ı	ı	. 10	00 mg PPB	1
	02462559	Mint-Itraconazole	Mint	30	112.27	→ 3.7423
	02047454	Sporanox	Janss. Inc	28	106.21	→ 3.7932
				30	113.80	3.7933
Oral	Sol.	1	ı	1	10 mg/mL	1
	02231347	Sporanox	Janss. Inc	150 ml	115.28	0.7685
	02201011	Speranex	Cancer me		1.0.20	0000
		- B				
Tab.	CONAZOL	.с ш		0.	00 mg BBB	
1 ab.		I	I		00 mg PPB I	I.
	02237235	Apo-Ketoconazole	Apotex	100	93.93	→ 0.9393
	02231061	Novo-Ketoconazole	Novopharm	100	93.93	→ 0.9393
		<u> </u>	· '			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
8:14.28 POLYENES NYSTATIN Oral Susp.			100 000	U/mL PPB	
1	l	1.			ll
02433443	Jamp-Nystatin	Jamp	100 ml 500 ml	5.18 25.90	→ 0.0518→ 0.0518
00792667	pms-Nystatin	Phmscience	48 ml	2.49	→ 0.0518
			100 ml	5.18	• 0.0518
02194201	ratio-Nystatin	Ratiopharm	24 ml 48 ml	1.24 2.49	0.05180.0518
			100 ml	5.18	→ 0.0518
_	ULOSIS AGENTS Hydrochloride 🖪	ı	1	100 mg	
00247960	Etibi	Valeant	100	11.00	0.1100
Tab.	1	ı	ı	400 mg	
00247979	Etibi	Valeant	100	30.00	0.3000
ISONIAZID B	ı	ı	ı	50 mg/5 mL	
00577812	pdp-Isoniazid	Pendopharm	500 ml	115.77	0.2315
Tab.	ı	ı	I	100 mg	ı ı
* 00577790	pdp-Isoniazid	Pendopharm	100	72.65	0.7265
Tab.	1	1	ı	300 mg	
* 00577804	pdp-Isoniazid	Pendopharm	100	68.49	0.6849
PYRAZINAMIDE Tab.	· ·			500 mg	
1	l	l ₋	465	500 mg	
00618810	PDP-Pyrazinamide	Pendopharm	100	116.18	1.1618
RIFABUTIN 🖪				450	
Caps.	I			150 mg	
02063786	Mycobutin	Pfizer	100	493.69	4.9369

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
RIFAMPIN 🖫					
RIFAMPIN W					
Caps.	I	I	1! 	50 mg PPB 	l
02091887 00393444	Rifadin Rofact 150	SanofiAven Valeant	100 100	60.38 60.38	0.60380.6038
Caps.			30	00 mg PPB	
02092808 00343617	Rifadin Rofact 300	SanofiAven Valeant	100 100	95.03 95.03	→ 0.9503→ 0.9503
8:16.92					
	OUS ANTIMYCOBACTER	RIALS			
Tab.			. 10	00 mg PPB	
02041510 02481227	Dapsone Mar-Dapsone	Jacobus Marcan	100 100	140.61 119.52	1.4061 1.1952
	•				
8:18.04 ADAMANTAN	IES				
AMANTADINE I	HYDROCHLORIDE 1				
Caps.	l	I	٠	100 mg	l
01990403	PDP-Amantadine	Pendopharm	100	51.79	0.5179
Syr.				50 mg/5 mL	
02022826	PDP-Amantadine	 Pendopharm	500 ml	40.50	0.0810
					l
8:18.08	UDAL ACENTS				
	'IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO	OVUDINE 🖪			
Tab.	I		g - 150 mg - 30	00 mg PPB	I
02416255	Apo-Abacavir-Lamivudine- Zidovudine	Apotex	60	818.55	→ 13.6425
02244757	Trizivir	ViiV	60	998.88	16.6480
ABACAVIR SUI	FATE B				
Oral Sol.	I	1	I	20 mg/mL	I
02240358	Ziagen	ViiV	240 ml	103.26	0.4303
Tab.			21	00 mg PPB	
02396769	Apo-Abacavir	Apotex	60	313.45	5.2242
02396769	Ziagen	ViiV	60	396.38	6.6063
		-			

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
•						
	CAVIR/LAM	IIVUDINE 🖫				
Tab.		İ	I	600 mg - 30	00 mg PPB	
	02399539	Apo-Abacavir-Lamivudine	Apotex	30	179.62	→ 5.9873
	02454513	Auro-Abacavir/Lamivudine	Aurobindo	30	179.62	⇒ 5.9873
				60	359.24	→ 5.9873
	02269341	Kivexa	ViiV	30 30	661.99	22.0663
	02450682 02458381	Mylan-Abacavir/Lamivudine pms-Abacavir-Lamivudine	Mylan Phmscience	30	179.62 179.62	5.98735.9873
	02416662	Teva-Abacavir/Lamivudine	Teva Can	30	179.62	→ 5.9873
			1			
ATAZ	ZANAVIR SI	ULFATE 🖪				
Caps			1	15	50 mg PPB	
	02456877	Mylan-Atazanavir	Mylan	60	340.62	→ 5.6770
	02248610	Reyataz	B.M.S.	60	648.00	10.8000
	02443791	Teva-Atazanavir	Teva Can	60	340.62	→ 5.6770
Caps				20	00 mg PPB	
Ι΄.		l	l			-
	02456885	Mylan-Atazanavir	Mylan B.M.S.	60 60	342.62	→ 5.7103 10.8645
	02248611 02443813	Reyataz Teva-Atazanavir	Teva Can	60	651.87 342.62	→ 5.7103
			1			* ********
Caps		1	1	30	00 mg PPB	
	02456893	Mylan-Atazanavir	Mylan	30	336.49	→ 11.2163
	02294176	Reyataz	B.M.S.	30	648.01	21.6003
	02443821	Teva-Atazanavir	Teva Can	60	672.98	→ 11.2163
DAR Tab.	UNAVIR 🖪				75 mg	
	02338432	Prezista	Janss. Inc	480	854.88	1.7810
Tab.		I	I	1	150 mg	
	02369753	Prezista	Janss. Inc	240	854.88	3.5620
Tob					900 ma	
Tab. 	00000000	l <u>.</u>	1	0.5	800 mg	
	02393050	Prezista	Janss. Inc	30	586.15	19.5383
		_				
DELA Tab.	AVIRDINE N	MESYLATE B			100 mg	
ı ub.			·			
	02238348	Rescriptor	ViiV	360	258.40	0.7178

DIDANOSIN			I			
Ent. Caps. 02244596	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Caps. 02244596						
Ent. Caps. 200 mg 02244597 Videx EC B.M.S. 30 102.69 3.4230 Ent. Caps. 200 mg 02244597 Videx EC B.M.S. 30 164.30 5.4767 Ent. Caps. 250 mg 02244598 Videx EC B.M.S. 30 205.37 6.8457 Ent. Caps. 400 mg 02244599 Videx EC B.M.S. 30 329.25 10.9750 DOLUTEGRAVIR SODIUM						
Ent. Caps. 02244597 Videx EC	Ent. Caps.	I	I	l	125 mg	ı
Ent. Caps. 250 mg 02244598 Videx EC B.M.S. 30 164.30 5.4767 Ent. Caps. 250 mg 02244599 Videx EC B.M.S. 30 205.37 6.8457 Ent. Caps. 400 mg 02244599 Videx EC B.M.S. 30 329.25 10.9750 DOLUTEGRAVIR SODIUM	02244596	Videx EC	B.M.S.	30	102.69	3.4230
Ent. Caps.	Ent. Caps.				200 mg	
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE	02244597	Videx EC	B.M.S.	30	164.30	5.4767
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE						
Ent. Caps. 400 mg 02244599 Videx EC B.M.S. 30 329.25 10.9750 DOLUTEGRAVIR SODIUM	Ent. Caps.		I	1	250 mg	ı
DOLUTEGRAVIR SODIUM	02244598	Videx EC	B.M.S.	30	205.37	6.8457
DOLUTEGRAVIR SODIUM	Ent. Caps.				400 mg	
Tab. 50 mg 02414945 Tivicay ViiV 30 555.00 18.5000 DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE Image: Solid mg - 600 mg - 300 mg 1 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Image: Solid mg - 25 mg 1 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 124.104 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	1	Videx EC	B.M.S.	30	1	10.9750
Tab. 50 mg 02414945 Tivicay ViiV 30 555.00 18.5000 DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE Image: Solid mg - 600 mg - 300 mg 1 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Image: Solid mg - 25 mg 1 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 124.104 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640			1			
Tab. 50 mg 02414945 Tivicay ViiV 30 555.00 18.5000 DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE Image: Solid mg - 600 mg - 300 mg 1 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Image: Solid mg - 25 mg 1 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 124.104 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	DOLUTEGRAVIE	R SODIUM 🖪				
DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE Tab. 50 mg - 600 mg - 300 mg 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ Tab. 50 mg 50 mg -02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640		·	ı	ı	50 mg	1
Tab. 50 mg - 600 mg - 300 mg 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ ® Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02414945	Tivicay	ViiV	30	555.00	18.5000
Tab. 50 mg - 600 mg - 300 mg 02430932 Triumeq ViiV 30 1216.99 40.5663 DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ ® Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640						
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DOLUTEGRAVIE	R SODIUM/ABACAVIR SULF	ATE/LAMIVUDINE			
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ III Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	Tab.	1	I	50 mg - 600 i	mg - 300 mg	ı
Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ III Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02430932	Triumeq	ViiV	30	1216.99	40.5663
Tab. 50 mg -25 mg 02475774 Juluca ViiV 30 1046.10 34.8700 EFAVIRENZ III Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640						
EFAVIRENZ III Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Sustiva Aurobindo 30 114.09 → 3.8030 500 1901.50 → 3.8030 500 1901.50 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva Mylan 30 114.09 → 3.8030 14.1640 → 3.8030 14.1640		R SODIUM/RILPIVIRINE HYD	ROCHLORIDE 🖪			
EFAVIRENZ III Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 ◆ 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 ◆ 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	1		I	5 ¹	1	ı
Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02475774	Juluca	ViiV	30	1046.10	34.8700
Caps. 50 mg 02239886 Sustiva B.M.S. 30 35.41 1.1803 Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 \$3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 \$3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640						
Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 500 1901.50 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640						
Caps. 200 mg 02239888 Sustiva B.M.S. 90 424.92 4.7213 Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 500 1901.50 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	Caps.	I	I	I	50 mg	ı
Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02239886	Sustiva	B.M.S.	30	35.41	1.1803
Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	Cans				200 ma	
Tab. 600 mg PPB 02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 500 1901.50 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	1	Sustiva	BMS	an an	1	4 7213
02418428 Auro-Efavirenz Aurobindo 30 114.09 → 3.8030 500 1901.50 → 3.8030 02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02203000	Guanva	B.IVI.O.	30	724.02	4.7210
02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	Tab.			60	00 mg PPB	
02381524 Mylan-Efavirenz Mylan 30 114.09 → 3.8030 02246045 Sustiva B.M.S. 30 424.92 14.1640	02418428	Auro-Efavirenz	Aurobindo	30	114.09	→ 3.8030
02246045 Sustiva B.M.S. 30 424.92 14.1640	0000156	A4 (0) E50 (0)	 .		1	-
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	1					1

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ΞFΑ \ Γab.	VIRENZ/ EM	ITRICITABINE/ TENOFOVIR		ATE II g - 200 mg - 3	00 mg PPB	1
	02468247	Apo-Efavirenz- Emtricitabine-Tenofovir	Apotex	30	339.90	→ 11.3300
	02300699 02461412	Atripla Mylan-Efavirenz/ Emtricitabine/Tenofovir	Gilead Mylan	30 30	1165.41 339.90	38.8470 → 11.3300
	02393549	Disoproxil Fumarate Teva-Efavirenz/ Emtricitabine/Tenofovir	Teva Can	30	339.90	→ 11.3300
ELVI	TEGRAVIR	COBICISTAT/EMTRICITABIN	NE/TENOFOVIR ALAF	ENAMIDE HE	MIFUMARATE	R
ab.				g -150 mg -20		_
	02449498	Genvoya	Gilead	30	1314.01	43.8003
ELVI Fab.		COBICISTAT/EMTRICITABIN		-150 mg -200	mg -300 mg	44,0000
	02397137	Stribild	Gliead	30	1320.00	44.0000
EMT	RICITABINE	E/ RILPIVIRINE / TENOFOVIR	DISOPROXIL (FUMA	RATE DE)	R	
Гab.			,		mg - 300 mg	
Γab.	02374129	Complera	Gilead			39.2227
EMT		Complera E/ TENOFOVIR DISOPROXIL	_	200 mg - 25 30	mg - 300 mg 	39.2227
EMT		E/ TENOFOVIR DISOPROXIL Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/	_	200 mg - 25 30	mg - 300 mg 1176.68	→ 7.3035
EMT	RICITABINE 02452006	E/ TENOFOVIR DISOPROXIL Apo-Emtricitabine-Tenofovir	FUMARATE (B) Apotex	200 mg - 25 30 200mg- 3	mg - 300 mg 1176.68 300mg PPB 219.11	→ 7.3035→ 7.3035
EMT	RICITABINE 02452006 02443902	E/ TENOFOVIR DISOPROXIL Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/	FUMARATE IB Apotex Mylan	200 mg - 25 30 200mg- 3 30 30	mg - 300 mg 1176.68 300mg PPB 219.11 219.11	→ 7.3035→ 7.3035
EMT ab.	02452006 02443902 02399059 02274906	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir	Apotex Mylan Teva Can Gilead	200 mg - 25 30 200mg - 3 30 30 30 30	mg - 300 mg 1176.68 300mg PPB 219.11 219.11 219.11 783.06	 → 7.3035 → 7.3035 → 7.3035 26.1020
EMT ab.	02452006 02443902 02399059 02274906	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir Truvada	Apotex Mylan Teva Can Gilead	200 mg - 25 30 200mg - 3 30 30 30 30	mg - 300 mg 1176.68 800mg PPB 219.11 219.11 219.11 783.06	 → 7.3035 → 7.3035 → 7.3035 26.1020
EMT fab.	02452006 02443902 02399059 02274906 RICITABINE 02461463	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir Truvada E/RILPIVIRINE HYDROCHLO	FUMARATE IB Apotex Mylan Teva Can Gilead RIDE/TENOFOVIR AL	200 mg - 25 30 200mg - 3 30 30 30 30 30 30 30 30 30 3	mg - 300 mg	7.3035 7.3035 7.3035 26.1020
EMT Γαb.	02452006 02443902 02399059 02274906 RICITABINE	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir Truvada E/RILPIVIRINE HYDROCHLO	FUMARATE IB Apotex Mylan Teva Can Gilead RIDE/TENOFOVIR AL	200 mg - 25 30 200mg - 3 30 30 30 30 30 30 30 30 30 3	mg - 300 mg 1176.68 300mg PPB 219.11 219.11 219.11 783.06 HEMIFUMARA 5 mg - 25 mg	7.3035 7.3035 7.3035 26.1020
EMT Γab. Fos.	02452006 02443902 02399059 02274906 RICITABINE 02461463 AMPRENAN Susp.	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir Truvada E/RILPIVIRINE HYDROCHLO	FUMARATE IB Apotex Mylan Teva Can Gilead RIDE/TENOFOVIR AL Gilead	200 mg - 25 30 200mg- 3 30 30 30 30 30 30 30 30 30 3	mg - 300 mg	7.3035 7.3035 7.3035 26.1020 TE
EMT Tab.	02452006 02443902 02399059 02274906 RICITABINE 02461463 AMPRENAN Susp.	Apo-Emtricitabine-Tenofovir Mylan-Emtricitabine/ Tenofovir Disoproxil Teva-Emtricitabine/ Tenofovir Truvada E/RILPIVIRINE HYDROCHLO	FUMARATE IB Apotex Mylan Teva Can Gilead RIDE/TENOFOVIR AL Gilead	200 mg - 25 30 200mg- 3 30 30 30 30 30 30 30 30 30 3	mg - 300 mg	7.3035 7.3035 7.3035 26.1020 TE

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ΙΔM	IVUDINE [
Oral		- I	1	I	10 mg/mL	ı i
	02192691	зтс	ViiV	240 ml	72.93	0.3039
Tab.				1	00 mg PPB	
	02393239	Apo-Lamivudine HBV	Apotex	60 100	211.90 353.16	→ 3.5316 → 3.5316
	02239193	Heptovir	GSK	60	273.50	→ 3.5316 4.5583
T-L				4	DDD	
Tab.	02192683	3TC	ViiV	60	50 mg PPB 279.05	4.6508
	02369052	Apo-Lamivudine	Apotex	60	217.61	→ 3.6269
				100	362.69	→ 3.6269
Tab.				. 3	00 mg PPB	
	02247825	зтс	ViiV	30	279.05	9.3017
	02369060	Apo-Lamivudine	Apotex	30 100	217.61 725.38	7.25387.2538
	IVUDINE/ ZI	IDOVUDIN 🖪				
Tab. I		I	I	150 mg -3	800mg PPB 	
	02375540 02414414	Apo-Lamivudine-Zidovudine Auro-Lamivudine/	Apotex Aurobindo	100 60	261.03 156.62	2.61032.6103
		Zidovudine		500	1305.15	→ 2.6103
	02239213 02387247	Combivir Teva Lamivudine/	ViiV Teva Can	60 60	156.62 156.62	2.61032.6103
	02367247	Zidovudine	Teva Call	00	150.02	2.0103
LOP	NAVIR/ RIT	ONAVIR 🖪				
Oral	Sol.	I	I	80 mg	g - 20 mg/mL l	
	02243644	Kaletra	AbbVie	160 ml	345.28	2.1580
Tab.				10	0 mg -25 mg	
	02312301	Kaletra	AbbVie	60	157.34	2.6223
		•			!	
Tab.		I	I	20 I	0 mg -50 mg I	l I
	02285533	Kaletra	AbbVie	120	644.19	5.3683
NELI Tab.	FINAVIR ME	SYLATE B			250 mg	
	02238617	Viracept	ViiV	300	546.00	1.8200
	02230017	νπασσρι	V 11 V	300	340.00	1.0200

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Tab. 625 mg	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NEVIRAPINE LA. Tab.	Tab.				625 mg	
LA. Tab.	02248761	Viracept	ViiV	120	546.00	4.5500
LA. Tab.						
O2427931 Apo-Nevirapine XR Bo. Ing. 30 55.56 1.8520 2.4693	NEVIRAPINE I	2				
Description	L.A. Tab.	I	I	4(00 mg PPB	ı .
Tab.						
02318601	02307209	Viramune XR	Bo. Ing.	30	74.00	2.4093
02387727 Mylan-Nevirapine Mylan 60 74.08 1.2346 1.2346 02238748 Viramune Bo. Ing. 60 74.08 1.2346 1.2346 02238748 Viramune Bo. Ing. 60 294.90 4.9150 RALTEGRAVIR	Tab.			20	00 mg PPB	
02405776 pms-Nevirapine Phmscience 60 74.08 1.2346 02238748 Viramune Bo. Ing. 60 294.90 4.9150	02318601	Auro-Nevirapine	Aurobindo	60	74.08	→ 1.2346
RALTEGRAVIR Stantified Bo. Ing. 60 294.90 4.9150	02387727	Mylan-Nevirapine	1 *	60	74.08	→ 1.2346
RALTEGRAVIR Harden Harde		1.				
Tab.	02238748	viramune	Bo. Ing.	60	294.90	4.9150
Tab.						
Description		lf.			400 mg	
Nerther Nert	02301881	Isentress	Merck	60	_	11.5000
Nerther Nert			I.			
RILPIVIRINE III Tab. 25 mg 02370603	Tab.	I	1	İ	600 mg	i
Tab. 25 mg 02370603 Edurant Janss. Inc 30 413.91 13.7970 RITONAVIR ■ Oral Sol. 80 mg/mL 02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ■ Caps. 200 mg * 270 501.23 W Tab. 500 mg	02465337	Isentress HD	Merck	60	690.00	11.5000
Tab. 25 mg 02370603 Edurant Janss. Inc 30 413.91 13.7970 RITONAVIR ■ Oral Sol. 80 mg/mL 02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ■ Caps. 200 mg * 270 501.23 W Tab. 500 mg						
Description Description		l				
RITONAVIR IB Oral Sol. 80 mg/mL 02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE IB Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	Tab. I	I	I	I	l	
Oral Sol. 80 mg/mL 02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE III Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	02370603	Edurant	Janss. Inc	30	413.91	13.7970
Oral Sol. 80 mg/mL 02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE III Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg						
02229145 Norvir AbbVie 240 ml 279.51 1.1646 Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ™ Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	_				90 mg/ml	
Tab. 100 mg 02357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ™ Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	Ī	Mondin	Abb\/ia	240 ml		1 1646
O2357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ® Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	02229145	NOrvir	Abbvie	240 MI	2/9.51	1.1040
O2357593 Norvir AbbVie 30 43.68 1.4560 SAQUINAVIR MESYLATE ™ Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	Tab.				100 mg	
SAQUINAVIR MESYLATE III Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	02357593	Norvir	AbbVie	30		1.4560
Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg			I			
Caps. 200 mg * 02216965 Invirase Roche 270 501.23 W Tab. 500 mg	SACILINAVID M	ESVLATE R				
Tab. 500 mg					200 mg	
	* 02216965	Invirase	Roche	270	501.23	w
		•	•			
02279320 Invirase Roche 120 514.08 4.2840	Tab.	I	I	I	500 mg	<u> </u>
	02279320	Invirase	Roche	120	514.08	4.2840

				0007.05.000	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1			
-					
STAVUDINE Caps.				15 mg	
1	l	I			
02216086	Zerit	B.M.S.	60	250.40	4.1733
0				20	
Caps.	1	I		20 mg	
02216094	Zerit	B.M.S.	60	260.35	4.3392
				••	
Caps.	ĺ	I	1	30 mg	l
02216108	Zerit	B.M.S.	60	271.61	4.5268
Caps.	İ	I	Ì	40 mg	I
02216116	Zerit	B.M.S.	60	281.54	4.6923
TENOEOVID DIS	SOPROXIL FUMARATE				
Tab.	SOPROXIL FUMARATE W		3	00 mg PPB	
02451980	Apo-Tenofovir	Apotex	30	146.65	→ 4.8883
02460173	Auro-Tenofovir	Aurobindo	30	146.65	→ 4.8883
02479087	Jamp-Tenofovir	Jamp	30	146.65	→ 4.8883
02452634	Mylan-Tenofovir Disoproxil	Mylan	30	146.65	→ 4.8883
02472511	NAT-Tenofovir	Natco	30	146.65	→ 4.8883
0220			500	2444.20	→ 4.8884
02453940	pms-Tenofovir	Phmscience	30	146.65	→ 4.8883
02403889	Teva-Tenofovir	Teva Can	30	146.65	→ 4.8883
02247128	Viread	Gilead	30	518.67	17.2890
	,	•			
ZIDOVIJENI 🖪					
ZIDOVUDIN Caps.			1	00 mg PPB	
01946323	Ano Zidovudino	Anotov	100	-	1 2077
01946323	Apo-Zidovudine Retrovir	Apotex ViiV	100	139.77 175.55	→ 1.3977 1.7555
Inj. Sol.				10 mg/mL	
01902644	Retrovir	ViiV	20 ml	16.70	
01902044	Redovii	VIIV	20 1111	10.70	
Syr				10 mg/ml	
Syr.		I		10 mg/mL	
01902652	Retrovir	ViiV	240 ml	44.94	0.1873
8:18.20	e				
INTERFERON	_				
INTERFERON A S.C. Inj. Pd.	LFA-2D W		1	0 millions UI	
1	l	I		ĺ	
02223406	Intron A	Merck	1 ml	123.35	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NTERFERON A	LFA-2B (HUMAN ALBUMIN I	FREE) 🖪		6 M UI/mL	
•	1	I	l		
02238674	Intron A (sans albumine)	Merck	3 ml	214.47	
nj. Sol.			10 m	illions UI/mL	
02238675	Intron A (sans albumine)	Merck	2.5 ml	297.87	
8:18.32 NUCLEOSIDE ACYCLOVIR B Oral Susp.	S AND NUCLEOTIDES		,	200 mg/5 mL	
00886157	Zovirax	GSK	475 ml	117.56	0.2475
00000137	ZOVII AX	GGK	4/3/111	117.50	0.2473
Tab.			2	00 mg PPB	
02207621	Apo-Acyclovir	Apotex	100	63.97	→ 0.6397
02242784	Mylan-Acyclovir	Mylan	100	63.97	→ 0.6397
02285959	Novo-Acyclovir	Novopharm	100	63.97	• 0.6397
02078627	ratio-Acyclovir	Ratiopharm	100 500	63.97 319.85	→ 0.6397→ 0.6397
			300	319.03	• 0.0397
Гаb.			. 4	00 mg PPB	
02207648	Apo-Acyclovir	Apotex	100	127.00	→ 1.2700
02242463	Mylan-Acyclovir	Mylan	100	127.00	→ 1.2700
02285967	Novo-Acyclovir	Novopharm	100	127.00	→ 1.2700
02078635	ratio-Acyclovir	Ratiopharm	100	127.00	→ 1.2700
Гаb.			8	00 mg PPB	
02207656	Apo-Acyclovir	Apotex	100	126.73	→ 1.2673
02242464	Mylan-Acyclovir	Mylan	100	126.73	→ 1.2673
02285975	Novo-Acyclovir	Novopharm	100	126.73	→ 1.2673
02078651	ratio-Acyclovir	Ratiopharm	100	126.73	→ 1.2673
ACYCLOVIR SO I.V. Perf. Sol.	DDIUM 🖪			25 mg/mL	
02236916	Acyclovir	Pfizer	20 ml	58.41	
	,				
.V. Perf. Sol.	I	I	50 mg/mL (1	0 mL) PPB	
02236926	Acyclovir Sodique	Fresenius	10	857.80	♦ 85.7800
02456524	Acyclovir sodique injectable	Sterimax	10	857.80	♦ 85.7800
.V. Perf. Sol.			50 mg/mL (2	20 mL) PPB	
	Acyclovir Sodiaue	Fresenius	I .	'	→ 171.5700
		1	1		→ 171.5700 → 171.5700
02456524 I.V. Perf. Sol. 99106493 99106293	Acyclovir sodique injectable Acyclovir Sodique Acyclovir sodique injectable	Sterimax Fresenius Sterimax	50 mg/mL (2 10 10	857.80 20 mL) PPB 1715.70 1715.70	→ 171

					SIZE	
ENTE Tab.	CAVIR B	ı	1	0	.5 mg PPB	
1	02396955	Apo-Entecavir	Apotex	30	165.00	→ 5.5000
	02448777	Auro-Entecavir	Aurobindo	30	165.00	5.5000
	02282224	Baraclude	B.M.S.	100 30	550.00 660.00	→ 5.5000 22.0000
1	02262224	Jamp-Entecavir	Jamp	30	165.00	⇒ 5.5000
1	02430576	pms-Entecavir	Phmscience	30	165.00	→ 5.5000
	CICLOVIR	R				
Tab.		I	1	12	25 mg PPB	
	02305682	ACT Famciclovir	ActavisPhm	10	5.56	→ 0.5564
1	02292025	Apo-Famciclovir	Apotex	30	16.69	→ 0.5564
1	02229110	Famvir	Novartis	10	27.15	2.7150
1	02278081 02278634	pms-Famciclovir Sandoz Famciclovir	Phmscience Sandoz	10 10	5.56 5.56	→ 0.5564→ 0.5564
	022.000.		0411402		0.00	4 0.000
Tab.		ı	T	25	50 mg PPB	
	02305690	ACT Famciclovir	ActavisPhm	30	22.62	→ 0.7541
	02292041	Apo-Famciclovir	Apotex	30	22.62	→ 0.7541
1	02229129	Famvir	Novartis	30	112.10	3.7367
	02278103	pms-Famciclovir	Phmscience	30	22.62	• 0.7541
l .	02278642	Sandoz Famciclovir	Sandoz	100 30	75.41	→ 0.7541
	02270042	Sandoz Famiciciovii	Sandoz	100	22.62 75.41	→ 0.7541→ 0.7541
Tab.		I	I	50	00 mg PPB	
	02305704	ACT Famciclovir	ActavisPhm	21	28.22	→ 1.3436
				100	134.36	→ 1.3436
	02292068	Apo-Famciclovir	Apotex	30	40.31	→ 1.3436
1	02177102	Famvir	Novartis	21	139.38	6.6371
'	02278111	pms-Famciclovir	Phmscience	21 100	28.22 134.36	1.34361.3436
	02278650	Sandoz Famciclovir	Sandoz	21	28.22	→ 1.3436 → 1.3436
	02270000	Canada r amelolovii	Canacz	100	134.36	→ 1.3436
		SODIUM R			F00	
1.V. P6	erf. Pd.		1		500 mg	
	02162695	Cytovene	Roche	5	210.19	42.0380

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UI	NIT PRICE
		. (IIVDD00III ODIDE) E					
Tab.		R (HYDROCHLORIDE)		5	00 mg PPB		
	02295822	Apo-Valacyclovir	Apotex	30	18.59		0.6198
	OLLOGOLL	The value yold viii	, thotox	100	61.98	•	0.6198
	02405040	Auro-Valacyclovir	Aurobindo	30	18.59	•	0.6198
				100	61.98	•	0.6198
	02444860	Bio-Valacyclovir	Biomed	100	61.98	•	0.6198
	02331748	Co Valacyclovir	Cobalt	100	61.98	•	0.6198
	02441454	Jamp-Valacyclovir	Jamp	100	61.98	•	0.6198
	02441586	Mar-Valacyclovir	Marcan	100	61.98	•	0.6198
	02351579	Mylan-Valacyclovir	Mylan	100	61.98	•	0.6198
	02298457	pms-Valacyclovir	Phmscience	100	61.98	•	0.6198
	02315173	Pro-Valacyclovir	Pro Doc	100	61.98	•	0.6198
	02316447	Riva-Valacyclovir	Riva	100	61.98	•	0.6198
	02347091	Sandoz Valacyclovir	Sandoz	90	55.78	•	0.6198
	02357534	Teva-Valacyclovir	Teva Can	42	26.03	*	0.6198
	00454045			100	61.98	7	0.6198
	02454645	Valacyclovir	Sanis	100	61.98	7	0.6198
	02442000 02219492	Valacyclovir Valtrex	Sivem	100	61.98 93.56	•	0.6198 3.1187
		1					
PAR Caps		IE SULFATE			250 mg		
	02078759	Humatin	Erfa	100			
				100	236.74		2.3674
				100	236.74		2.3674
).08			100	236.74		2.3674
ANT	TIMALARIA		B	100	236.74		2.3674
ANT ATO	TIMALARIA VAQUONE/	ALS PROGUANIL (HYDROCHLO	RIDE) 🖪				2.3674
ANT	TIMALARIA VAQUONE/	PROGUANIL (HYDROCHLO	I	62.5	5 mg - 25 mg	<u> </u>	
ANT ATO	TIMALARIA VAQUONE/		RIDE) (1) GSK				2.3674 1.4808
ANT ATO Tab.	TIMALARIA VAQUONE/ 02264935	PROGUANIL (HYDROCHLO	I	62.5	5 mg - 25 mg 17.77		
ANT ATO	TIMALARIA VAQUONE/ 02264935	PROGUANIL (HYDROCHLO	I	62.5	5 mg - 25 mg 17.77		
ANT ATO Tab.	TIMALARIA VAQUONE/ 02264935	PROGUANIL (HYDROCHLO	I	62.5	5 mg - 25 mg 17.77	 -	
ANT ATO Tab.	TIMALARIA VAQUONE/ 02264935	PROGUANIL (HYDROCHLO	GSK	62.5 12 250 mg - 1	5 mg - 25 mg 17.77	+	1.4808
ANT ATO Tab.	TIMALARIA VAQUONE/ 02264935	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate	GSK	62.5 12 250 mg - 1	5 mg - 25 mg 17.77 00 mg PPB 27.98	+ + +	1.4808 2.3315
ANT ATO Tab.	TIMALARIA VAQUONE/ 02264935 02466783	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil	GSK	62.5 12 250 mg - 1 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15	+ + +	1.4808 2.3315 2.3315
ANT ATO Tab.	02264935 02466783 02421429	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil	GSK Glenmark Sanis	62.5 12 250 mg - 1 12 100 12	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98	• • •	1.4808 2.3315 2.3315 2.3315
ANT ATO Tab.	02264935 02266783 02421429 02238151 02402165	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/ Proguanil	GSK Glenmark Sanis GSK Mylan	62.5 12 250 mg - 1 12 100 12 12 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81 233.15	• • •	1.4808 2.3315 2.3315 2.3315 4.3175 2.3315
ANT ATO Tab.	02264935 02466783 02421429 02238151	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/	GSK Glenmark Sanis GSK	62.5 12 250 mg - 1 12 100 12 12	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81	* * * *	1.4808 2.3315 2.3315 2.3315 4.3175
ANT ATO Tab.	02264935 02266783 02421429 02238151 02402165	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/ Proguanil	GSK Glenmark Sanis GSK Mylan	62.5 12 250 mg - 1 12 100 12 12 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81 233.15	• • • • •	1.4808 2.3315 2.3315 2.3315 4.3175 2.3315
Tab.	02264935 02466783 02421429 02238151 02402165 02380927	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/ Proguanil Teva Atovaquone Proguanil	GSK Glenmark Sanis GSK Mylan	62.5 12 250 mg - 1 12 100 12 12 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81 233.15	++++	1.4808 2.3315 2.3315 2.3315 4.3175 2.3315
Tab.	02264935 02466783 02466783 02421429 02238151 02402165 02380927	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/ Proguanil	GSK Glenmark Sanis GSK Mylan	62.5 12 250 mg - 1 12 100 12 12 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81 233.15	* * * *	1.4808 2.3315 2.3315 2.3315 4.3175 2.3315
Tab.	02264935 02466783 02466783 02421429 02238151 02402165 02380927	PROGUANIL (HYDROCHLO) Malarone pediatrique Atovaquone et chlorhydrate de proguanil Atovaquone Proguanil Malarone Mylan-Atovaquone/ Proguanil Teva Atovaquone Proguanil	GSK Glenmark Sanis GSK Mylan	62.5 12 250 mg - 1 12 100 12 12 12 100	5 mg - 25 mg 17.77 00 mg PPB 27.98 233.15 27.98 51.81 233.15 27.98	* * * * * * *	1.4808 2.3315 2.3315 2.3315 4.3175 2.3315

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				1		
		ROQUIN SULFATE		0	00 DDD	
Tab. I		I	1	1	00 mg PPB	Ì
	02246691	Apo-Hydroxyquine	Apotex	100	15.76	→ 0.1576
				500	78.80	→ 0.1576
	02424991	Mint-Hydroxychloroquine	Mint	100	15.76	→ 0.1576
	02017709	Plaquenil	SanofiAven	100	56.62	0.5662
	02311011	Pro-Hydroxyquine-200	Pro Doc	100 500	15.76 78.80	→ 0.1576→ 0.1576
MEF	LOQUINE H	YDROCHLORIDE 🖪		•		
Tab.			1	1	250 mg	ı
	02244366	Mefloquine	AA Pharma	8	29.56	3.6950
		_				
PRIN Tab.		HOSPHATE 🖫			26.3 mg	
	02017776	 Primaquine	SanofiAven	100	36.44	0.3644
	02017770	riinaquine	SanonAven	100	30.44	0.3044
	NINE SULFA	ATE		•		
Caps	S.	I	1	1	00 mg PPB	ı
	02254514	Apo-Quinine	Apotex	100	23.90	→ 0.2390
	02445190	Jamp-Quinine	Jamp	100	23.90	→ 0.2390
				500	119.50	→ 0.2390
	00021008	Novo-Quinine	Novopharm	100	23.90	→ 0.2390
	00044046	Dra Ovinina 200	Dro Doo	500	119.50	0.2390
	02311216 00695440	Pro-Quinine-200 Quinine-Odan (Caps.)	Pro Doc Odan	100 100	23.90 23.90	→ 0.2390→ 0.2390
	00093440	Quilline-Odan (Caps.)	Odan	500	119.50	→ 0.2390 →
			•		•	
Caps	s. or Tab.	I	1	3	00 mg PPB	ı
	02254522	Apo-Quinine (Caps.)	Apotex	100	37.50	→ 0.3750
	02445204	Jamp-Quinine (Caps.)	Jamp	100	37.50	→ 0.3750
				500	187.50	→ 0.3750
	00021016	Novo-Quinine (Caps.)	Novopharm	100	37.50	0.3750
	00044004	D. O. (11)		500	187.50	
	02311224	Pro-Quinine-300 (Caps.)	Pro Doc	100	37.50	0.3750
	00695459	Quinine-Odan (Caps.)	Odan	100 500	37.50 187.50	→ 0.3750→ 0.3750
*	00695432	Quinine-Odan (Co.)	Odan	100	37.50	0.3730 W
	CELLAND	OUS ANTIPROTOZOAL	S			
MIS ATO	VAQUONE	Liri			150 ma/ml	
MIS ATO		Mepron	GSK	210 ml	150 mg/mL 504.15	2.4007

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	1							
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
			,					
METRONIDAZOLE I								
I.V. Perf. Sol.	I	I	ı	5 mg/mL	ı			
00649074	Metronidazole	Pfizer	100 ml	14.58				
Tab.				250 mg				
00545066	Metronidazole	AA Pharma	500	30.35	0.0607			
00343000	Welloffidazole	AA FIIaiiiia	300	30.33	0.0007			
8:36								
_	TI-INFECTIVES							
Oral Pd.	TROMETHAMIN 🖪			3 g PPB				
02473801	Jamp-Fosfomycin	Jamp	1	→ 11.70				
02240335	Monurol sachet	Paladin	1	13.00				
	N MONOHYDRATE (MACRO	CRYSTALS) 🖪						
Caps.		I	l	00 mg PPB 	1			
02063662 02455676	MacroBid pms-Nitrofurantoin	Warner Phmscience	100 100	70.22 59.74	0.7022 • 0.5974			
	<u>r</u>				,			
NITROFURANTO	OIN B							
Tab.	JIN LEI			50 mg				
00319511	Nitrofurantoin	AA Pharma	100	16.70	0.1670			
			•		<u> </u>			
Tab.	I	I	I	100 mg	ı			
00312738	Nitrofurantoin	AA Pharma	100	22.27	0.2227			
	OIN (MACROCRYSTALS)							
Caps.	I	I	I	50 mg	I			
02231015	Teva-Nitrofuratoin	Teva Can	100	32.52	0.3252			
Caps.				100 mg				
02231016	 Novo-Furantoin	Novopharm	100	61.10	0.6110			
02231010	וויסיס-ו עומוונטווו	INOVOPIIAIIII	100	01.10	0.0110			
	. 🖪							
TRIMETHOPRIM Tab.	1 101			100 mg				
02243116	Trimethoprim	AA Pharma	100	26.17	0.2617			
	· · ·	1	ı					
Tab.	1	1	ı	200 mg				
02243117	Trimethoprim	AA Pharma	100	52.73	0.5273			
					-			

10:00 ANTINEOPLASTIC AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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10:00 ANTINEOPLASTIC AGENTS ANASTROZOLE ☐

ANASTROZOLE	Line					
Tab.	I	1		1 mg PPB		1
02394898	ACT Anastrozole	ActavisPhm	30	28.57	→	0.9522
02351218	Anastrozole	Accord	30	28.57	→	0.9522
02395649	Anastrozole	Pro Doc	30	28.57	→	0.9522
02442736	Anastrozole	Sanis	30	28.57	→	0.9522
02374420	Apo-Anastrozole	Apotex	30	28.57	→	0.9522
			100	95.22	→	0.9522
02224135	Arimidex	AZC	30	152.75		5.0917
02404990	Auro-Anastrozole	Aurobindo	30	28.57	→	0.9522
02392488	Bio-Anastrozole	Biomed	30	28.57	→	0.9522
			100	95.22	→	0.9522
02458799	CCP-Anastrozole	Cellchem	30	28.57	→	0.9522
			100	95.22	→	0.9522
02339080	Jamp-Anastrozole	Jamp	30	28.57	→	0.9522
			100	95.22	→	0.9522
02379562	Mar-Anastrozole	Marcan	30	28.57		0.9522
			100	95.22	→	0.9522
02379104	Med-Anastrozole	GMP	30	28.57	→	0.9522
02393573	Mint-Anastrozole	Mint	30	28.57	→	0.9522
02417855	Nat-Anastrozole	Natco	30	28.57	→	0.9522
			100	95.22	→	0.9522
02320738	pms-Anastrozole	Phmscience	30	28.57	→	0.9522
02328690	Ran-Anastrozole	Ranbaxy	100	95.22	→	0.9522
02392259	Riva-Anastrozole	Riva	30	28.57	→	0.9522
02338467	Sandoz Anastrozole	Sandoz	30	28.57	→	0.9522
02365650	Taro-Anastrozole	Taro	30	28.57	•	0.9522
02427818	VAN-Anastrozole	Vanc Phm	100	95.22	•	0.9522
02326035	Zinda-Anastrozole	Zinda	30	28.57	→	0.9522

BICALUTAMIDE 1

Tab.				50 mg PPB		
02296063	Apo-Bicalutamide	Apotex	30	38.07	•	1.2690
02325985	Bicalutamide	Accord	30	38.07	•	1.2690
			100	126.90	•	1.2690
02382423	Bicalutamide	Sivem	30	38.07	•	1.2690
			100	126.90	•	1.2690
02184478	Casodex	AZC	30	200.70	ı	6.6900
02274337	Co Bicalutamide	Cobalt	30	38.07	•	1.2690
02357216	Jamp-Bicalutamide	Jamp	30	38.07	•	1.2690
02270226	Novo-Bicalutamide	Novopharm	30	38.07	•	1.2690
			100	126.90	•	1.2690
02275589	pms-Bicalutamide	Phmscience	30	38.07	•	1.2690
			100	126.90	•	1.2690
02311038	Pro-Bicalutamide-50	Pro Doc	30	38.07	•	1.2690
02277700	ratio-Bicalutamide	Ratiopharm	30	38.07	•	1.2690
02428709	VAN-Bicalutamide	Vanc Phm	100	126.90	•	1.2690

CC	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1			
BUSER Implant		ETATE 🖫			6.3 mg	
1	2228955	Suprefact Depot	SanofiAven	1	733.47	
Implant	2240749	 Suprefact Depot 3 mois	 SanofiAven	1	9.45 mg 1083.76	
02	2240749	Suprefact Depot 3 mois	SanonAven	'	1003.70	
Nas. sp	ray	I	ı	1	1 mg/mL	1
02	2225158	Suprefact	SanofiAven	10 ml	69.35	
S.C. Inj.	. Sol.				1 mg/mL	
02	2225166	Suprefact	SanofiAven	5.5 ml	51.76	
	FAN 🖪					
Tab.	2004040		١,		2 mg	4 4400
00	0004618	Myleran	Aspen	25	35.32	1.4128
						
CAPEC Tab.	ITABINE			1	50 mg PPB	
	2426757	ACH-Capecitabine	Accord	60	27.45	→ 0.4575
1	2434504 2421917	Apo-Capecitabine Sandoz Capecitabine	Apotex Sandoz	60 60	27.45 27.45	→ 0.4575→ 0.4575
	2457490	Taro-Capecitabine	Taro	60	27.45	→ 0.4575→ 0.4575
1	2400022	Teva-Capecitabine	Teva Can	60	27.45	→ 0.4575
02	2238453	Xeloda	Roche	60	109.80	1.8300
Tab.				. 50	00 mg PPB	
02	2426765	ACH-Capecitabine	Accord	120	183.00	→ 1.5250
1	2434512	Apo-Capecitabine	Apotex	120	183.00	→ 1.5250
1	2421925 2457504	Sandoz Capecitabine Taro-Capecitabine	Sandoz Taro	120 120	183.00 183.00	1.52501.5250
1	2400030	Teva-Capecitabine	Teva Can	120	183.00	→ 1.5250 → 1.5250
1	2238454	Xeloda	Roche	120	732.00	6.1000
CHLOR Tab.	RAMBUCI	L B			2 mg	
1	0004626	Leukeran	Aspen	25	33.30	1.3320
			1 '		1 22.20	
CYCLO	PHOSPH	AMIDE 🖫				
Tab.		I	ı	1	25 mg	ı
02	2241795	Procytox	Baxter	200	70.40	0.3520

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab				E0 mm	
Tab.		1		50 mg	I
02241796	Procytox	Baxter	100	47.40	0.4740
ESTRAMUSTINE	DISODIUM PHOSPHATE	7			
Caps.	I	I	1	140 mg	ı
02063794	Emcyt	Pfizer	100	306.44	3.0644
ETOPOSIDE I					
Caps.				50 mg	
00616192	Vepesid	B.M.S.	20	656.42	32.8210
	,	I.			
Tab.	Li .			25 mg PPB	
1	ACT Exemestane	ActavisPhm		38.84	1 2047
02390183 02419726		Apotex	30 30	38.84	1.29471.2947
02242705	· '	Pfizer	30	155.35	5.1783
02407841	Med-Exemestane	GMP	30	38.84	→ 1.2947
02408473	Teva-Exemestane	Teva Can	30	38.84	→ 1.2947
FLUDARABINE Tab.	 I	I	I	10 mg	I
02246226	Fludara	SanofiAven	15 20	574.98 766.63	38.3320 38.3315
GOSERELINE A	CETATE IN				
Implant				3.6 mg	
02049325	Zoladex	TerSera	1	390.50	
Implant	I	1	ı	10.8 mg	ı
02225905	Zoladex LA	TerSera	1	1113.00	
HYDROXYUREA	R				
Caps.			. 5	00 mg PPB	
02247937	Apo-Hydroxyurea	Apotex	100	102.03	→ 1.0203
00465283	Hydrea	B.M.S.	100	102.03	→ 1.0203
02242920	Mylan-Hydroxyurea	Mylan	100	102.03	→ 1.0203
INTERFERON A	LFA-2B 🖫				
S.C. Inj. Pd.			. 1	0 millions UI	
02223406	Intron A	Merck	1 ml	123.35	
02220400	IIIIII A	INICION	11111	123.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•			
INTERFERON A	LFA-2B (HUMAN ALBUMIN	FREE) 🖪			
Inj. Sol.	I	1	ı	6 M UI/mL	1
02238674	Intron A (sans albumine)	Merck	3 ml	214.47	
Inj. Sol.			10 m	nillions UI/mL	
02238675	Intron A (sans albumine)	Merck	2.5 ml	297.87	
		•			
LETROZOLE [
Tab.	ı	1	. 2	2.5 mg PPB	ı
02358514	Apo-Letrozole	Apotex	30	41.34	→ 1.3780
02404400		Aurobindo	30	41.34	→ 1.3780
02392496	Bio-Letrozole	Biomed	30	41.34	→ 1.3780
			100	137.80	→ 1.3780
02459884	CCP-Letrozole	Cellchem	30	41.34	→ 1.3780
02231384	Femara	Novartis	30	163.96	5.4653
02373009	Jamp-Letrozole	Jamp	30	41.34	→ 1.3780
			100	137.80	→ 1.3780
02338459	Letrozole	Accord	30	41.34	→ 1.3780
02348969	Letrozole	ActavisPhm	30	41.34	→ 1.3780
02402025		Pro Doc	30	41.34	→ 1.3780
02347997		Teva Can	30	41.34	→ 1.3780
02373424	Mar-Letrozole	Marcan	30	41.34	→ 1.3780
02322315	Med-Letrozole	GMP	30	41.34	→ 1.3780
02421585	Nat-Letrozole	Natco	30	41.34	→ 1.3780
			100	137.80	→ 1.3780
02309114	pms-Letrozole	Phmscience	30	41.34	→ 1.3780
02372282	Ran-Letrozole	Ranbaxy	100	137.80	→ 1.3780
02398656	Riva-Letrozole	Riva	30	41.34	→ 1.3780
02344815	Sandoz Letrozole	Sandoz	30	41.34	→ 1.3780
02343657	Teva-Letrozole	Teva Can	30	41.34	→ 1.3780
02428156	VAN-Letrozole	Vanc Phm	100	137.80	→ 1.3780
02378213	Zinda-Letrozole	Zinda	30	41.34	→ 1.3780
LEUPORIDE AC	ETATE B			3.75 mg	
		1	I	1	
00884502	Lupron Depot	AbbVie	1	336.23	
Kit				5 mg/mL	
00727695	Lupron	AbbVie	14	189.41	
	,		l		
Kit	I	I	I.	7.5 mg	1
02248239 00836273	Eligard Lupron Depot	SanofiAven AbbVie	1 1	310.72 387.97	
00000273	Lapion Depot	, WD 4 IG	'	301.91	
Kit	1	1	1	11.25 mg	ı
02239834	Lupron Depot	AbbVie	1	1008.68	
	1	1	l		I

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			_		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
≺it				22.5 mg	
02248240 02230248	Eligard Lupron Depot	SanofiAven AbbVie	1	891.00 1071.00	
Kit				30 mg	
02248999 02239833	Eligard Lupron Depot	SanofiAven AbbVie	1 1	1285.20 1428.00	
≺it				45 mg	
02268892	Eligard	SanofiAven	1	1450.00	
MEGESTROL A Tab. 02195917	CETATE III	AA Pharma	100	40 mg	1.0073
MELPHALAN [Tab.	9	ı	I	2 mg	
00004715	Alkeran	Aspen	50	74.18	1.4836
MERCAPTOPUF Tab.	RINE 🖪			50 mg PPB	
02415275	 Mercaptopurine	Sterimax	25	71.53	→ 2.8610
00004723	Purinethol	Novopharm	25	71.53	→ 2.8610
METHOTREXAT Inj. Sol.	TE (B)	1	25 r	ng/mL PPB I I	
02419173 02398427	Jamp-Methotrexate Méthotrexate	Jamp Sandoz	2 ml 2 ml 20 ml	8.92 8.92 89.20	
02417626	Methotrexate Injectable, USP	Mylan	2 ml	→ 8.92	
02182777 02182955	Methotrexate Sodium Methotrexate Sodium sans	Pfizer Pfizer	2 ml 20 ml 2 ml	▶ 8.92▶ 89.2011.25	
	preservatif				
nj.Sol (syr)	1	ı	7.	5 mg/0.3 mL	
02422166	Methotrexate pour Injection BP	Phmscience	1	5.60	
Inj.Sol (syr)			7.5	mg/0.75 mL	
02320029	Metoject	Medexus	1	28.08	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj.Sol (syr)				10 mg/0.4 ml	
02422174	Methotrexate pour Injection BP	Phmscience	1	7.00	
Inj.Sol (syr)				10 mg/mL	
02320037	Metoject	Medexus	1	29.64	
Inj.Sol (syr)				15 mg/0.6 ml	
02422182	Methotrexate pour Injection BP	Phmscience	1	8.40	
Inj.Sol (syr)			1	5 mg/1.5 mL	
02320045	Metoject	Medexus	1	32.76	
Inj.Sol (syr)				20 mg/0.8 ml	
02422190	Methotrexate pour Injection	Phmscience	1	11.20	
	BP				
Inj.Sol (syr)	1	ı	ı	25 mg/mL	
02422204	Methotrexate pour Injection BP	Phmscience	1	12.20	
S.C. Inj.Sol (syr)			17.5	mg/0.35 mL	
02454769	Metoject Subcutaneous	Medexus	1	32.00	
S.C. Inj.Sol (syr)			2	0 mg/0.4 mL	
02454866	Metoject Subcutaneous	Medexus	1	35.00	
S.C. Inj.Sol (syr)			22.5	mg/0.45 mL	
02454777	Metoject Subcutaneous	Medexus	1	35.00	
S.C. Inj.Sol (syr)			2	5 mg/0.5 mL	
02454874	Metoject Subcutaneous	Medexus	1 1	39.00	
	-	1			
Tab.	1	I	1	2.5 mg PPB 	
02182963 02170698	Apo-Methotrexate pms-Methotrexate	Hospira Phmscience	100 100	63.25 63.25	→ 0.6325→ 0.6325
02244798	ratio-Methotrexate	Ratiopharm	100	63.25	→ 0.6325 → 0.6325
Tab.				10 mg	
02182750	Méthotrexate	Pfizer	100	214.55	2.1455
	•	1			

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
NILUN Tab.	MAMID 🖪				50 mg	
	02221861	Anandron	SanofiAven	90	165.31	1.8368
		HYDROCHLORIDE 🖪				
Caps.			lo: -	100	50 mg	
	00012750	Matulane	Sigma-Tau	100		UE
Tab.	OXIFEN CIT	RAIE LOI			10 mg PPB	
	00812404	Apo-Tamox	Apotex	100	17.50	→ 0.1750
	00851965	Novo-Tamoxifen	Novopharm	100	17.50	→ 0.1750
Tab.				:	20 mg PPB	
	00812390	Apo-Tamox	Apotex	100	35.00	→ 0.3500
	02048485	Nolvadex-D	AZC	250 30	87.50 11.05	0.3500 0.3683
	00851973	Novo-Tamoxifen	Novopharm	30 100	10.50 35.00	→ 0.3500
				100	35.00	→ 0.3500
TUIO	CLIANINE	(2)				
Tab.	GUANINE				40 mg	
	00282081	Lanvis	Aspen	25	102.93	4.1172
TRET	INOIN 🖪					
Caps.					10 mg	
1	02145839	 Vesanoid	Xediton	100	1638.63	16.3863
TRIPT	ORELIN (A	AS PAMOATE)				
Kit I	- (, <u>, </u>	I	I	3.75 mg	
	02240000	Trelstar	Actavis	1	304.43	
Kit					11.25 mg	
1	02243856	Trelstar LA	Actavis	1	932.12	
			1		I	
Kit I		I	1	I	22.5 mg	
	02412322	Trelstar	Actavis	1	1650.00	

12:00 AUTONOMIC DRUGS

12:04	parasympathomimetic agents
12:08	anticholinergic agents
12:08.08	antimuscarinics / antispasmodics
12:12	sympathomimetic agents
12:12.04	alpha-adrenergic agonists
12:12.08	beta adrenergic agonists
12:12.12	alpha and beta adrenergic agonists
12:16	sympatholytic agents
12:16.04	alpha-adrenergic blocking agents
12:20	skeletal muscle relaxants
12:20.04	centrally acting skeletal muscle relaxants
12:20.08	direct-acting skeletal muscle relaxants
12:20.12	GABA-derivative skeletal muscle relaxants
12:20.92	skeletal muscle relaxants, miscellaneous
12:92	Miscellaneous autonomic drugs

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	THOMIMETIC AGENTS			10 mg	
01947958	Duvoid	Paladin	100	25.98	0.2598
Tab.	1		1	25 mg	
01947931	Duvoid	Paladin	100	42.07	0.4207
Tab.			1	50 mg	
01947923	Duvoid	Paladin	100	55.26	0.5526
NEOSTIGMINE I	BROMIDE R				
Tab.	 	1	ſ	15 mg	
00869945	Prostigmin	Valeant	100	43.70	0.4370
PILOCARPINE I Tab.	HYDROCHLORIDE 1	ı	I	5 mg	
02216345	Salagen	Pfizer	100	105.32	1.0532
PYRIDOSTIGMI I L.A. Tab.	NE BROMIDE 🖪			180 mg	
00869953	Mestinon Supraspan	Valeant	30	28.19	0.9397
Tab.	Modulion Capraopan	Valount		60 mg	0.0001
00869961	Mestinon	Valeant	100	42.95	0.4295
12:08.08 ANTIMUSCAR ACLIDINIUM BR Inh. Pd. (App.)	RINICS / ANTISPASMOD	ICS		400 mcg	
02409720	Tudorza Genuair	AZC	60	53.10	
GLYCOPYRROI Inj. Sol.	_ATE		0.2	mg/mL PPB	
02382857	Glycopyrrolate injection	Oméga	1 ml 2 ml	3.987.95	
	Glycopyrrolate injection	Sandoz	2 ml	→ 7.95	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	NIUM BROMIDE 🖪		5	in mag/gang	
Inh. Pd. (App.) 02394936	Seebri Breezhaler	Novartis	30	60 mcg/caps. 53.10	
02394930	Seeph Breezhaler	INOVALUS	30	55.10	
HYOSCINE BUT	VI PROMINE				
Inj. Sol.	LEKOWIIDE	1	1	20 mg/mL	ı
02229868	Butylbromure d'hyoscine	Sandoz	1 ml	4.52	
	(BROMIDE) / SALBUTAMOL				
Sol. Inh.	0		g -1 mg/mL (2.		4 5075
02231675 02272695	Combivent UDV Teva-Combo Sterinebs	Bo. Ing. Teva Can	20 20	30.15 14.68	1.5075 → 0.7340
	-		!		
IPRATROPIUM	BROMIDE 🖫				
Nas. spray		1	0	.03 % PPB	1
* 02163705		SanofiAven	30 ml	22.70	w
02239627	pms-Ipratropium	Phmscience	30 ml	→ 22.70	
Oral aerosol			0	.02 mg/dose	
Oral aerosol 02247686	Atrovent HFA	Bo. Ing.	0 200 dose(s)	.02 mg/dose 18.92	
	Atrovent HFA	Bo. Ing.	1	1	
02247686	Atrovent HFA	Bo. Ing.	200 dose(s)	1	
Oral aerosol 02247686 Sol. Inh. 02231135	Atrovent HFA pms-lpratropium Polynebs	Bo. Ing.	200 dose(s)	18.92	0.6590
02247686 Sol. Inh. 02231135	1	1	200 dose(s) 0.125 m 20	18.92 g/mL (2 mL) 13.18	0.6590
02247686 Sol. Inh. 02231135 Sol. Inh.	pms-Ipratropium Polynebs	Phmscience	200 dose(s) 0.125 m 20 0.25 n	18.92 g/mL (2 mL) 13.18 ng/mL PPB	0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222	pms-Ipratropium Polynebs Apo-Ipravent	Phmscience Apotex	200 dose(s) 0.125 m 20 0.25 n 20 ml	18.92 g/mL (2 mL) 13.18 mg/mL PPB ♣ 6.31	0.6590
02247686 Sol. Inh. 02231135 Sol. Inh.	pms-Ipratropium Polynebs	Phmscience	200 dose(s) 0.125 m 20 0.25 n	18.92 g/mL (2 mL) 13.18 ng/mL PPB	0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide	Phmscience Apotex Novopharm	200 dose(s) 0.125 m 20 0.25 n 20 ml 20 ml 20 ml	18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 6.31	0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh.	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium	Phmscience Apotex Novopharm Phmscience	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 0.25 mg/mL (18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 1 mL) PPB	
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh. 02231244	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium pms-Ipratropium Polynebs	Phmscience Apotex Novopharm Phmscience	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 0.25 mg/mL (18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 ↑ 6.31 1 mL) PPB 13.18	• 0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh.	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium	Phmscience Apotex Novopharm Phmscience	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 0.25 mg/mL (18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 1 mL) PPB	◆ 0.6590◆ 0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh. 02231244 99001446	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium pms-Ipratropium Polynebs ratio-Ipratropium UDV	Phmscience Apotex Novopharm Phmscience Phmscience Ratiopharm	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 20 ml 0.25 mg/mL (20 20	18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 → 6.31 1 mL) PPB 13.18 13.18	◆ 0.6590◆ 0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh. 02231244 99001446 02216221	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium pms-Ipratropium Polynebs ratio-Ipratropium UDV	Phmscience Apotex Novopharm Phmscience Phmscience Ratiopharm	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 20 ml 0.25 mg/mL (20 20	18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 1 mL) PPB 13.18 13.18 13.18	◆ 0.6590◆ 0.6590
02247686 Sol. Inh. 02231135 Sol. Inh. 02126222 02210479 02231136 Sol. Inh. 02231244 99001446	pms-Ipratropium Polynebs Apo-Ipravent Novo-Ipramide pms-Ipratropium pms-Ipratropium Polynebs ratio-Ipratropium UDV	Phmscience Apotex Novopharm Phmscience Phmscience Ratiopharm	0.125 m 20 0.25 n 20 ml 20 ml 20 ml 20 ml 20 ml 20 gl 20 gl	18.92 g/mL (2 mL) 13.18 ng/mL PPB 6.31 6.31 1 mL) PPB 13.18 13.18 13.18	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
SCOPOLAMINE	HYDROBROMIDE					
Inj. Sol.				0.4 mg/mL		
02242810	Scopolamine Hydrobromide Injection	Oméga	1	5.10	W	
Inj. Sol.				0.6 mg/mL		
02242811	Scopolamine Hydrobromide Injection	Oméga	1	5.45	w	
TIOTROPIUM MO Inh. Pd. (App.)	ONOHYDRATED BROMIDE	B		18 mcg		
02246793	Spiriva Handihaler	Bo. Ing.	30	51.90		
Sol. Inh. (App.)	On interest	Da las	00 4(-)	2.5 mcg		
02435381	Spiriva Respimat	Bo. Ing.	60 dose(s)	51.90		
UMECLIDINIUM	(RROMIDE) R					
Inh. Pd.	(BROWIDE) W	1	ı	62.5 mcg		
02423596	Incruse Ellipta	GSK	30 dose(s)	50.00		
40.40.04						
12:12.04 ALPHA-ADRE	NERGIC AGONISTS					
MIDODRINE HYI Tab.	DROCHLORIDE 🖺		2.5 mg PPB			
02473984	Mar-Midodrine	Marcan	100	23.05	→ 0.2305	
02278677	Midodrine	Apotex	100	23.05	→ 0.2305	
Tab.				5 mg PPB		
02473992	 Mar-Midodrine	 Marcan	100	38.42	→ 0.3842	
02278685	Midodrine	Apotex	100	38.42	→ 0.3842	
12:12 00						
12:12.08 BETA ADREN	ERGIC AGONISTS					
FORMOTEROL I	FUMARATE DIHYDRATE			6 mcg /dose		
02237225	Oxeze Turbuhaler	AZC	60 dose(s)	33.24		
Inh. Pd.	la	1.70		12 mcg/dose		
02237224	Oxeze Turbuhaler	AZC	60 dose(s)	44.28		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1			
	(FUMARATE) 🖪				
nh. Pd.	l	I	1 I	2 mcg/caps.	
02230898	Foradil & Aerolizer	Novartis	60	46.48	0.7747
NDACATEROL Inh. Pd. (App.)	(MALEATE) 🖫			75 mcg	
02376938	Onbrez Breezhaler	Novartis	30	46.50	
ORCIPRENALIN	ESULFATE 🖪				
Syr.				10 mg/5 mL	
02236783	Orciprenaline	AA Pharma	250 ml	14.35	0.0574
		'		-	
SALBUTAMOL	R				
Oral aerosol	1	100 mcg/dose PPB			
02232570	Airomir	Valeant	200 dose(s)	→ 5.00	
	4 0 . / / 0 50	Apotex	200 dose(s)	→ 5.00	
02245669	Apo-Salvent sans CFC	Apolex	200 d030(3)	0.00	
02245669 02326450	Novo-Salbutamol HFA	Novopharm	200 dose(s)		
	Novo-Salbutamol HFA Salbutamol HFA	Novopharm Sanis	200 dose(s) 200 dose(s)	→ 5.00	
02326450	Novo-Salbutamol HFA	Novopharm	200 dose(s)	→ 5.00	
02326450 02419858	Novo-Salbutamol HFA Salbutamol HFA	Novopharm Sanis	200 dose(s) 200 dose(s)	→ 5.00 → 5.00	
02326450 02419858 02241497	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA	Novopharm Sanis	200 dose(s) 200 dose(s) 200 dose(s)	5.00 5.00 6.00	
02326450 02419858 02241497 SALBUTAMOL S	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE	Novopharm Sanis GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s)	5.00 5.00 6.00	
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs	Novopharm Sanis GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2	5.00 5.00 6.00	
02326450 02419858 02241497 SALBUTAMOL S	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE	Novopharm Sanis GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s)	5.00 5.00 6.00	→ 0.1745
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs	Novopharm Sanis GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20	5.00 5.00 6.00	
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol	Novopharm Sanis GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20	5.00 5.00 6.00 2.5mL) PPB 3.49 3.49	0.1745
02326450 02419858 02241497 6ALBUTAMOL S 6 Ol. Inh. 02208245 02239365 6 Ol. Inh.	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol pms-Salbutamol Polynebs Teva-Salbutamol Sterinebs	Novopharm Sanis GSK Phmscience Ratiopharm	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20	5.00 5.00 6.00 5.5mL) PPB 3.49 3.49	→ 0.1745→ 0.3615
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol pms-Salbutamol Polynebs	Novopharm Sanis GSK Phmscience Ratiopharm	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 1 mg/mL (2 20	5.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23	• 0.3615 • 0.3615
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE IB pms-Salbutamol Polynebs ratio-Salbutamol pms-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F.	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20	5.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50	→ 0.1745→ 0.3615→ 0.3615
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh.	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol pms-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 20 2 mg/mL (2	5.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50	 → 0.1745 → 0.3616 → 0.5750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh.	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 20 2 mg/mL (2 20 2 mg/mL (2	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	 → 0.1745 → 0.3616 → 0.5750 → 0.6750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh. 02208237 02208237 02208237 02208237	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Polynebs ratio-Salbutamol	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 2 mg/mL (2 20 2 mg/mL (2 20 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	 0.1745 0.3615 0.5750 0.6750 0.6750
02326450 02419858 02241497 6ALBUTAMOL S 6ol. Inh. 02208245 02239365 6ol. Inh. 02208229 01926934 02213419 6ol. Inh. 02208237 02208237 02208237 02208237 02239366 02228297	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Polynebs ratio-Salbutamol Salmol	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm Riva	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 2 mg/mL (2 20 2 20 2 mg/mL (2 20 20 2 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	• 0.1745 • 0.3615 • 0.5750 • 0.6750 • 0.6750 • 0.6750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh. 02208237 02208237 02208237 02208237	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE Th pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs ratio-Salbutamol Sterinebs ratio-Salbutamol Sterinebs Salmol Teva-Salbutamol Sterinebs	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 2 mg/mL (2 20 2 mg/mL (2 20 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	 0.1745 0.3615 0.5750 0.6750 0.6750 0.6750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh. 02208237 02208237 02208237 02208237	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Polynebs ratio-Salbutamol Salmol	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm Riva	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 2 mg/mL (2 20 2 20 2 mg/mL (2 20 20 2 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	0.1745 0.3615 0.3615 0.5750 0.6750 0.6750 0.6750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh. 02208237 02239366 02228297 02173360 02213427	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm Riva Teva Can	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 20 2 mg/mL (2 20 20 2 mg/mL (2 20 20 20 20 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5.mL) PPB 7.23 7.23 11.50 5.mL) PPB 13.50 13.50 13.50 13.50 13.50	0.1745 0.3615 0.3615 0.5750 0.6750 0.6750 0.6750
02326450 02419858 02241497 SALBUTAMOL S Sol. Inh. 02208245 02239365 Sol. Inh. 02208229 01926934 02213419 Sol. Inh. 02208237 02239366 02228297 02173360	Novo-Salbutamol HFA Salbutamol HFA Ventolin HFA SULFATE pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs P.F. Ventolin Nebules P.F. pms-Salbutamol Polynebs ratio-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Novopharm Sanis GSK Phmscience Ratiopharm Phmscience Teva Can GSK Phmscience Ratiopharm Riva Teva Can	200 dose(s) 200 dose(s) 200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 20 2 mg/mL (2 20 20 2 mg/mL (2 20 20 20 20 20	5.00 5.00 6.00 5.00 6.00 5.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB 13.50 13.50 13.50 13.50	• 0.3615 • 0.3615 • 0.5750 • 0.6750 • 0.6750 • 0.6750

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.				2 mg		
02146843	Apo-Salvent	Apotex	100	12.74	0.1274	
021.00.0	, ipo carroni	, perex		.2	02	
Tab.				4 mg		
02146851	Apo-Salvent	Apotex	100	21.34	0.2134	
	,					
SALMETEROL)	(INAFOATE R					
Inh. Pd.	MINAFOATE ME			50 mcg/dose		
02231129	Serevent Diskus	GSK	60 dose(s)	52.64		
Inh. Pd. (App.)			50 m	cg/coque (4)		
99000091	Serevent & Diskhaler	GSK	15	55.91		
		1				
TERBUTALIN S	III EATE P					
Inh. Pd.	OLFAIL M			0.5 mg/dose		
00786616	Bricanyl Turbuhaler	AZC	100 dose(s)	7.64		
Inj. Sol. (App.)	Allerject	SanofiAven	1	/dose PPB		
00578657	EpiPen Jr.	Pfizer	1	♦ 81.00		
Inj. Sol. (App.)		1	0,3 mg	n/dose PPB		
02382067	Allerject	SanofiAven	1	→ 81.00		
00509558	EpiPen	Pfizer	1	→ 81.00		
12:16.04 ALPHA-ADRENERGIC BLOCKING AGENTS ALFUZOSINE HYDROCHLORIDE L.A. Tab. 10 mg PPB						
02414759	Alfuzosin	Pro Doc	100	26.01	→ 0.2601	
02447576	Alfuzosin	Sivem	100	26.01	• 0.2601	
	Apo-Alfuzosin	Apotex	100		• 0.2601 • 0.2601	
02443201 02314282	Auro-Alfuzosin Novo-Alfuzosin PR	Aurobindo Teva Can	100 100		→ 0.2601→ 0.2601	
02314282	Sandoz Alfuzosin	Sandoz	100		→ 0.2601→ 0.2601	
02245565	Xatral	SanofiAven	100	101.30	1.0130	
DIHYDROERGOTAMINE MESYLATE 13						
Inj. Sol.	Bit down to i	la	۱	1 mg/mL		
00027243	Dihydroergotamine	Sterimax	1 ml	3.88		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Nas. spray	Nas. spray 4 mg/mL							
1				I				
02228947	Migranal	Sterimax	3	28.22	9.4067			
Caps.	ı	1		4 mg				
02361663	Rapaflo	Actavis	30	13.15	0.4383			
Caps.				8 mg				
1		l		l				
02361671	Rapaflo	Actavis	30	13.15	0.4383			
			90	39.45	0.4383			
	<u>_</u>							
	YDROCHLORIDE 🖺							
LA Tab or LA Ca	ps '	ı	. 0).4 mg PPB				
02362406	Apo-Tamsulosin CR	Apotex	100	15.00	→ 0.1500			
02002.00	, po ramearoum en	, the cox	500	75.00	→ 0.1500			
02270102	Flomax CR	Bo. Ing.	30	18.00	0.6000			
02281392	Novo-Tamsulosin	Novopharm	100	15.00	→ 0.1500			
02294265	ratio-Tamsulosin	Ratiopharm	100	15.00	→ 0.1500			
02319217	Sandoz Tamsulosin	Sandoz	100	15.00	→ 0.1500			
02340208	Sandoz Tamsulosin CR	Sandoz	100	15.00	→ 0.1500			
			500	75.00	→ 0.1500			
02413612	Tamsulosin CR	Pro Doc	30	4.50	→ 0.1500			
			500	75.00	→ 0.1500			
02427117	Tamsulosin CR	Sanis	100	15.00	→ 0.1500			
02429667	Tamsulosin CR	Sivem	100	15.00	→ 0.1500			
			500	75.00	→ 0.1500			
02368242	Teva-Tamsulosin CR	Teva Can	30	4.50	→ 0.1500			
			100	15.00	→ 0.1500			

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	ACTING SKELETAL MU	_			
Tab.				10 mg PPB	
02177145	Apo-Cyclobenzaprine	Apotex	100 500	10.22 → 51.10 →	0.1022 0.1022
02348853	Auro-Cyclobenzaprine	Aurobindo	100 500	10.22 51.10	0.1022 0.1022 0.1022
02287064	Cyclobenzaprine	Sanis	100 500	10.22 → 51.10 →	0.1022 0.1022
02424584	Cyclobenzaprine	Sivem	100 500	10.22 → 51.10 →	0.1022 0.1022
02220644	Cyclobenzaprine-10	Pro Doc	500	51.10	0.1022
02357127	Jamp-Cyclobenzaprine	Jamp	100 500	10.22 → 51.10 →	0.1022 0.1022
02212048	pms-Cyclobenzaprine	Phmscience	100 500	10.22 → 51.10 →	0.1022 0.1022
02242079	Riva-Cyclobenzaprine	Riva	100 500	10.22 → 51.10 →	0.1022 0.1022
02080052	Teva-Cyclobenzaprine	Teva Can	100 500	10.22 → 51.10 →	0.1022 0.1022
Caps. 01997602	Dantrium	Par Phm	100	25 mg 39.40	0.3940
GABA-DERIVA BACLOFEN	ATIVE SKELETAL MUS	CLE RELAXANTS			
Inj. Sol.	ı	1	0.05 mg/mL ((1 mL) PPB	1
02413620	Baclofen Injection	Sterimax	5	30.14	6.0280
02457059	Baclofene injectable	Teligent	10	60.03	6.0028
02131048	Lioresal Intrathecal	Novartis	5	50.23	10.0460
Inj. Sol.	ı	1	0.5 mg/mL (2	0 mL) PPB	i
02413639	Baclofen Injection	Sterimax	1	→ 90.32	
02457067	Baclofene injectable	Teligent	1	→ 90.32	
02131056	Lioresal Intrathecal	Novartis	1	150.54	
Inj. Sol.	I	ı	2 mg/mL ((5 mL) PPB	1
02413647	Baclofen Injection	Sterimax	5	451.67	90.3340
02457075	Baclofene injectable	Teligent	10	903.34	90.3340
02131064	Lioresal Intrathecal	Novartis	5	752.79	150.5580
Inj. Sol.			2 mg	/mL (20 mL)	
99110593	Baclofene injectable	Teligent	1	361.34	
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>			

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

po-Baclofen aclofen aclofen-10 presal ylan-Baclofen ms-Baclofen	Apotex Sanis Pro Doc Novartis Mylan	100 500 100 500 100 500	10 mg PPB 15.95 79.74 15.95 79.74 15.95	 0.1595 0.1595 0.1595 0.1595
aclofen aclofen-10 oresal ylan-Baclofen	Sanis Pro Doc Novartis	100 500 100 500 100	15.95 79.74 15.95 79.74 15.95	→ 0.1595→ 0.1595→ 0.1595
aclofen aclofen-10 oresal ylan-Baclofen	Sanis Pro Doc Novartis	500 100 500 100	79.74 15.95 79.74 15.95	→ 0.1595→ 0.1595→ 0.1595
aclofen-10 oresal ylan-Baclofen	Pro Doc	100 500 100	15.95 79.74 15.95	→ 0.1595→ 0.1595
aclofen-10 oresal ylan-Baclofen	Pro Doc	500 100	79.74 15.95	→ 0.1595
oresal ylan-Baclofen	Novartis	100	15.95	
oresal ylan-Baclofen	Novartis		I I	
ylan-Baclofen		500		• 0.1595
ylan-Baclofen		400	79.74	→ 0.1595
	IIVIVIAII	100 100	51.02 15.95	0.5102 → 0.1595
ns-Raciofen	,	500	79.74	0.15950.1595
	Phmscience	100	15.95	→ 0.1595→ 0.1595
iis-Dacioleli	Filliscience	500	79.74	→ 0.1595→ 0.1595
tio-Baclofen	Ratiopharm	100	15.95	→ 0.1595→ 0.1595
ilo-Bacioleli	Ratiophann			→ 0.1595→ 0.1595
va-Baclofen	Riva		1	→ 0.1595
va Bacioicii	Tilva		I I	→ 0.1595
andoz Baclofen	Sandoz		1	→ 0.1595
	Jan. 402	500	79.74	→ 0.1595
			20 mg . DDR	
	1 1		ZUTING FFB	
oo-Baclofen	Apotex	100	31.04	→ 0.3104
aclofen	Sanis	100	31.04	→ 0.3104
aclofen-20	Pro Doc	100	31.04	→ 0.3104
oresal D.S.	Novartis	100	99.32	0.9932
ylan-Baclofen	Mylan	100	31.04	→ 0.3104
ns-Baclofen			1	→ 0.3104
			1	→ 0.310 ⁴
va-Baclofen	Riva		I I	→ 0.310 ²
			1	• 0.4498
andoz Baclofen	Sandoz	100	31.04	→ 0.3104
ITRATE	1 1	l	100 mg	
andoz Orphenadrine	Sandoz	100	50.95	0.5095
			100 mg	
rfenace	Sterimax	100	1	0.3535
	aclofen aclofen-20 bresal D.S. vlan-Baclofen nis-Baclofen va-Baclofen andoz Baclofen UTRATE andoz Orphenadrine	andoz Baclofen Sandoz Apotex Sanis Pro Doc Dresal D.S. Novartis Mylan Phmscience Ratiopharm Riva Pandoz Baclofen Sandoz CLE RELAXANTS, MISCELLANEOUS ITRATE Indoz Orphenadrine Sandoz	Sandoz Sondoz S	Riva 100 15.95 500 79.74 100 15.95 500 79.74 100 15.95 500 79.74 100 15.95 500 79.74 100 15.95 500 79.74 100 15.95 100 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 10.95 100 100 10.95 100 10.95 100 100 10.95 100 100 10.95 100

¹ The duration of reimbursements for stop-smoking treatments with various nicotine preparations is limited to 12 consecutive weeks per 12-month period. In addition, the total quantity of chewing gum or lozenges for which the cost is reimbursable during the 12 weeks is limited to 840 units, all forms combined.

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
	CODE	DIVAND IVANIL	WANDI ACTORER	SIZE	SIZE	ONT FRICE
Chev	ving gum				4 mg PPB	
	80069471 80000402	Nicorette Mint Thrive	McNeil Co GSK CONS	105 108	26.49 28.47	0.25230.2636
Past.	Or.				1 mg PPB	
	80061161 80007461	Nic-Hit Thrive	Nic-Hit GSK CONS	20 108	3.70 21.77	→ 0.1850→ 0.2016
Past.	Or.				2 mg PPB	
	80059877 80007464	Nic-Hit Thrive	Nic-Hit GSK CONS	20 108	4.00 28.47	→ 0.2000→ 0.2636
Patch	1	1	1	' 7 m	g/24 h PPB	
	01943057 02093111	Habitrol Nicoderm	N.C.H.C. McNeil Co	7 7	18.75 18.75	2.67862.6786
Patcl	n			14 m	g/24 h PPB	
	01943065 02093138	Habitrol Nicoderm	N.C.H.C. McNeil Co	7 7	18.75 18.75	2.67862.6786
Patcl	n			21 m	g/24 h PPB	
	01943073 02093146	Habitrol Nicoderm	N.C.H.C. McNeil Co	7 7	18.75 18.75	2.67862.6786
VAR Tab.	ENICLINE T	ARTRATE 7 🖪		. ().5 mg PPB	
	02419882 02291177	Apo-Varenicline Champix	Apotex Pfizer	56 56	77.59 96.15	→ 1.3855 1.7170
Tab.			0.5 mg (11 d	co.) et 1 mg (4	12 co.) PPB	1
	02435675 02298309	Apo-Varenicline (kit) Champix (Starter pack)	Apotex Pfizer	53 53	→ 73.16 91.01	
Tab.		1		ı	1 mg PPB	
	02419890	Apo-Varenicline	Apotex	30 56	41.56 77.58	1.38531.3853
	02291185	Champix	Pfizer	56	96.16	1.7171

The duration of reimbursements for varenicline stop-smoking treatments is initially limited to a total of 12 consecutive weeks per 12-month period. A 12-week extension will be authorized for persons having stopped smoking on the 12th week. The duration of reimbursements is then limited to a total of 24 consecutive weeks per 12 month period.

20:00 BLOOD FORMATION AND COAGULATION

20:04	antianémique
20:04.04	iron preparations
20:12	antithrombotic agents
20:12.04	anticoagulants
20:12.14	Platelet-reducing Agents
20:12.18	platelet-aggregation inhibitors
20:28	antihemorrhagic agents
20:28.16	hemostatics

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FERE	4.04 N PREPAF ROUS SULF Oral Sol.		. 75 m	g/mL(Fe-15 m	g/mL) PPB	
	00762954	Fer-in-Sol	M.J.	50 ml	9.27	
	02237385	Ferodan	Odan	50 ml	→ 7.16	
	80008309	Jamp-Ferrous Sulfate	Jamp	50 ml	→ 7.16	
	02232202	Pediafer	Sandoz	50 ml	→ 7.16	
	02222574	pms-Ferrous Sulfate	Phmscience	50 ml	→ 7.16	
Syr. o	or Oral Sol.		150 mg/5	mL(Fe-30 mg/	/5 mL) PPB	
	00017884	Fer-in-Sol	M.J.	250 ml	12.61	0.0504
	00758469	Ferodan	Odan	250 ml	6.80	→ 0.0272
				500 ml	13.60	→ 0.0272
	80008295	Jamp-Ferrous Sulfate	Jamp	250 ml	6.80	→ 0.0272
	02242863	Pediafer Sirop	Sandoz	250 ml	6.80	→ 0.0272
	00792675	pms-Ferrous Sulfate	Phmscience	250 ml	6.80	→ 0.0272
				500 ml	13.60	→ 0.0272
Tab.			300 mg to 325 mg (Fe-60 mg to 6	5 mg) PPB	
	02246733	Euro-Ferrous Sulfate	Sandoz	1000	15.71	→ 0.0157
*	02248699	Ferodan	Odan	1000	15.71	w
	00031100	Jamp-Ferrous Sulfate	Jamp	1000	15.71	→ 0.0157
	80057416	M-Fer Sulfate	Mantra Ph.	1000	15.71	→ 0.0157
	00586323	pms-Ferrous Sulfate	Phmscience	100	2.07	→ 0.0207
				1000	15.71	→ 0.0157
IPON	I (EEDDIC (GLUCONATE/ SUCROSE O	OMPLEX)			
		SECOCIATE/ SOCIOSE C	OWN LLX, LL	12.5 mg (I	r)/mL (5 mL)	
	η. Οσι.		1			
I.V. Ir	02243333	Ferrlecit	SanofiAven	10	241.33	24.1330
	-	Ferrlecit	SanofiAven	10	241.33	24.1330
I.V. Ir	02243333 I-DEXTRAN	I	SanofiAven			24.1330
I.V. II	02243333 I-DEXTRAN	I	SanofiAven Luitpold		241.33 mg (Fe)/mL 27.50	24.1330
I.V. II	02243333 I-DEXTRAN ol.			50 I	mg (Fe)/mL	24.1330
IRON Inj. S	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO	Dexiron DSIDE 1000		50 2 ml	mg (Fe)/mL	24.1330
IRON Inj. S	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO	Dexiron DSIDE 1000	Luitpold	50 2 ml	mg (Fe)/mL 27.50 mg (Fe)/mL	24.1330
IRON Inj. S	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO	Dexiron DSIDE 1000		50 2 ml	mg (Fe)/mL 27.50 mg (Fe)/mL 45.00	24.1330
IRON Inj. S	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO	Dexiron DSIDE 1000	Luitpold	50 2 ml	mg (Fe)/mL 27.50 mg (Fe)/mL	24.1330
IRON Inj. S	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO nj. Sol. 02477777	Dexiron DSIDE 1000 Monoferric	Luitpold	50 2 ml	mg (Fe)/mL 27.50 mg (Fe)/mL 45.00 225.00	24.1330
IRON INJ. S IRON I.V. In	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO nj. Sol. 02477777	Dexiron DSIDE 1000 Monoferric	Luitpold	50 2 ml 100 1 ml 5 ml 10 ml	mg (Fe)/mL 27.50 mg (Fe)/mL 45.00 225.00 450.00	24.1330
IRON IRON IV. In	02243333 I-DEXTRAN ol. 02205963 I-ISOMALTO nj. Sol. 02477777	Dexiron DSIDE 1000 Monoferric	Luitpold	50 2 ml 100 1 ml 5 ml 10 ml	mg (Fe)/mL 27.50 mg (Fe)/mL 45.00 225.00	24.1330

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
20:12.04 ANTICOAGULANTS DALTEPARINE SODIC							
Inj. Sol.		I 1		JI/mL (4 mL) 	ı		
02377454	Fragmin	Pfizer	10	159.29	15.9290		
Inj. Sol.		1		25 000 U/mL	ı		
02231171	Fragmin	Pfizer	3.8 ml	151.32			
Inj.Sol (syr)			3500	0 UI/0,28 mL			
02430789	Fragmin	Pfizer	1	7.06			
S.C. Inj. Sol.			1	0 000 UI/mL			
02132664	Fragmin	Pfizer	1 ml	15.93			
S.C. Inj.Sol (syr)		1	2 50	00 UI/0.2 mL	1		
02132621	Fragmin	Pfizer	1	5.04			
S.C. Inj.Sol (syr)			5 00	00 UI/0.2 mL			
02132648	Fragmin	Pfizer	1	10.09			
S.C. Inj.Sol (syr)			7 5	600 UI/0.3 ml			
02352648	Fragmin	Pfizer	1	15.13			
	-						
S.C. Inj.Sol (syr)		<u> </u>		00 UI/0.4 mL 			
02352656	Fragmin	Pfizer	1	20.18			
S.C. Inj.Sol (syr)		1	12 50	00 UI/0.5 mL	ı		
02352664	Fragmin	Pfizer	1	25.22			
S.C. Inj.Sol (syr)			15 00	00 UI/0.6 mL			
02352672	Fragmin	Pfizer	1	30.26			
0.0.1.0.1/			10.00	2111/2 72			
S.C. Inj.Sol (syr)	Fragmin	Pfizer		0 UI/0.72 mL			
02352680	Fragmin	FIIZEI	1	36.32			
ENOXAPARIN [F						
S.C. Inj. Sol.		 		100 mg/mL	I		
02236564	Lovenox	SanofiAven	3 ml	62.51			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
S.C. Inj.Sol (syr)			30) mg/ 0.3 mL		
02012472	Lovenox	SanofiAven	1	6.29		
S.C. Inj.Sol (syr)	1		4	0 mg/0.4 mL		
02236883	Lovenox	SanofiAven	1	8.33		
S.C. Inj.Sol (syr)			6	0 mg/0.6 mL		
02378426	Lovenox	SanofiAven	1	12.50		
S.C. Inj.Sol (syr)			. 8	0 mg/0.8 mL		
02378434	Lovenox	SanofiAven	1	16.66		
S.C. Inj.Sol (syr)			10	0 mg/1.0 mL		
02378442	Lovenox	SanofiAven	1	20.83		
S.C. Inj.Sol (syr)			12	0 mg/0.8 mL		
02242692	Lovenox HP	SanofiAven	1	24.99		
S.C. Inj.Sol (syr)			15	0 mg/1.0 mL		
02378469	Lovenox HP	SanofiAven	1	31.24		
FONDAPARINUX S.C. Inj.Sol (syr)	x 🖪		2.5 mg/0	0.5 mL PPB		
02245531 02406853	Arixtra Solution injectable de fondaparinux sodique	Aspen Dr Reddy's	1 1	9.869.86		
S.C. Inj.Sol (syr)		ı	7.5 mg/0	0.6 mL PPB	,	
02258056 02406896	Arixtra Solution injectable de fondaparinux sodique	Aspen Dr Reddy's	1 1	→ 17.50 → 17.50		
HEPARIN (SODIUM) Inj. Sol. 100 U/mL						
00727520	Heparine Leo	Leo	10 ml	4.26	0.4260	
Inj. Sol.			1	1 000 U/mL		
00453811	Heparine	Leo	10 ml	5.01	0.5010	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.				10 000 U/mL	
02382326	Heparine sodique injectable, USP	Pfizer	1 ml	5.01	5.0100
				,	
NADROPARINE S.C. Inj.Sol (syr)	CALCIUM B		28	50 U/0.3 mL	
02236913	Fraxiparine	Aspen	1	2.72	
S.C. Inj.Sol (syr)			38	00 U/0.4 mL	
02450623	Fraxiparine	Aspen	1	3.63	
S.C. Inj.Sol (syr)			5.7	00 U/0.6 mL	
02450631	Fraxiparine	Aspen	1	5.44	
0.01:01()			0.5	0011/4.0	
S.C. Inj.Sol (syr) 02450658	 Fraxiparine	Aspen	1	00 U/1.0 mL 9.06	
02.0000	· · · · · · · · · · · · · · · · · · ·	/ topon		0.00	
S.C. Inj.Sol (syr)	I	I		00 U/0.6 mL	I
02450674	Fraxiparine Forte	Aspen	1	10.87	
S.C. Inj.Sol (syr)			15 2	00 U/0.8 mL	
02450666	Fraxiparine Forte	Aspen	1	14.50	
S.C. Inj.Sol (syr)			19.0	00 U/1.0 mL	
02240114	Fraxiparine Forte	Aspen	1	18.12	
				'	
NICOUMALONE	B				
Tab. 00010383	Sintrom	Paladin	100	1 mg	0.2733
00010303	Sintrolli	i alaulii	100	27.00	0.2733
Tab.	I	I	1	4 mg	ı
00010391	Sintrom	Paladin	100	85.91	0.8591
SODIUM DANAF Inj. Sol.	PAROID LEI		7	50 U/0.6 mL	
02129043	Orgaran	Aspen	10	190.81	w

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TINZAPARIN SO S.C. Inj. Sol.	DDIUM B		1	0 000 UI/mL	
02167840	Innohep	Leo	2 ml	33.43	
S.C. Inj. Sol.			2	20 000 UI/mL	
02229515	Innohep	Leo	2 ml	67.90	
S.C. Inj.Sol (syr)			2 500	0 UI/0.25 mL	
02229755	Innohep	Leo	10	42.15	4.2150
S.C. Inj.Sol (syr)			3 500	0 UI/0.35 mL	
02358158	Innohep	Leo	10	59.00	5.9000
S.C. Inj.Sol (syr)			4 500	0 UI/0.45 mL	
02358166	Innohep	Leo	10	75.80	7.5800
S.C. Inj.Sol (syr)			8 00	00 UI/0.4 mL	
02429462	Innohep	Leo	10	137.71	13.7710
S.C. Inj.Sol (syr)			10.00	00 UI/ 0.5 mL	
	Innohep	Leo	10	167.70	16.7700
S.C. Inj.Sol (syr)		I	12 0	00 UI/0.6 mL	
1	Innohep	Leo	10	206.57	20.6570
S.C. Inj.Sol (syr)			14 00	00 UI/ 0.7 mL	
02358174	Innohep	Leo	10	241.00	24.1000
S.C. Inj.Sol (syr)			16 0	00 UI/0,8 mL	
	Innohep	Leo	10	275.43	27.5430
	-	1			
S.C. Inj.Sol (syr)	I	I	1	00 UI/0.9 mL 	I
02358182	Innohep	Leo	10	309.85	30.9850

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
WAE	RFARIN (SO	DIUM) R				
Tab.	u Aluit (00				1 mg PPB	
	02242924	Apo-Warfarin	Apotex	100 500	7.80 39.00	→ 0.0780→ 0.0780
	01918311	Coumadin	B.M.S.	100 1000	7.80 78.00	→ 0.0780→ 0.0780
	02265273	Novo-Warfarin	Novopharm	100 250	7.80 19.50	→ 0.0780→ 0.0780
	02242680	Taro-Warfarin	Taro	100 250	7.80 19.50	→ 0.0780→ 0.0780
Tab.					2 mg PPB	
	02242925	Apo-Warfarin	Apotex	100 500	8.25 41.25	→ 0.0825→ 0.0825
	01918338	Coumadin	B.M.S.	100 250	8.25 20.63	→ 0.0825→ 0.0825
	02242681	Taro-Warfarin	Taro	100 250	8.25 20.63	→ 0.0825→ 0.0825
Tab.			'		2.5 mg PPB	
	02242926	Apo-Warfarin	Apotex	100 500	6.60	→ 0.0660→ 0.0660
	01918346	Coumadin	B.M.S.	100 250	6.60 16.50	→ 0.0660→ 0.0660
	02242682	Taro-Warfarin	Taro	100 250	6.60 16.50	→ 0.0660→ 0.0660
Tab.					3 mg PPB	
	02245618	Apo-Warfarin	Apotex	100	10.23	→ 0.1023
	02240205	Coumadin	B.M.S.	100	10.23	→ 0.1023
	02242683	Taro-Warfarin	Taro	250 100	31.15 10.23	0.12460.1023
Tab.					4 mg PPB	
	02242927	Apo-Warfarin	Apotex	100 500	10.23 51.15	→ 0.1023→ 0.1023
	02007959	Coumadin	B.M.S.	100 250	10.23 25.58	• 0.1023 • 0.1023 • 0.1023
	02242684	Taro-Warfarin	Taro	100 250	10.23 25.58	• 0.1023 • 0.1023 • 0.1023

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg PPB	
	02242928	Apo-Warfarin	Apotex	100	6.62	→ 0.0662
	04040054	0	D.440	500	33.10	0.0662
	01918354	Coumadin	B.M.S.	100 250	6.62 16.55	→ 0.0662→ 0.0662
	02265346	Novo-Warfarin	Novopharm	100	6.62	→ 0.0662
			_	250	16.55	• 0.0662
	02242685	Taro-Warfarin	Taro	100 250	6.62 16.55	→ 0.0662→ 0.0662
					10.00	4 0.0002
Tab.				1	6 mg PPB	
	02240206	Coumadin	B.M.S.	100	17.53	→ 0.1753
	02242686	Taro-Warfarin	Taro	100	17.53	→ 0.1753
Tab.					7.5 mg	
		L	I_		1	
	02242697	Taro-Warfarin	Taro	100	30.14	0.3014
Tab.					10 mg PPB	
	02242929	Apo-Warfarin	Apotex	100	11.87	→ 0.1187
	01918362	Coumadin	B.M.S.	100	11.87	
	02242687	Taro-Warfarin	Taro	100	11.87	→ 0.1187
	TELET-RE GRELIDE H	EDUCING AGENTS YDROCHLORIDE		ſ	1.5 mg PPB	
	02236859	Agndin	Shire	100	528.30	5.2830
	02274949	Agrylin pms-Anagrelide	Phmscience	100	263.61	5.2830 → 2.6361
	02260107	Sandoz Anagrelide	Sandoz	100	263.61	→ 2.6361

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

20:12.18 PLATELET-AGGREGATION INHIBITORS CLOPIDOGREL BISULFATE

Tab.				75 mg PPB			
02252767	Apo-Clopidogrel	Apotex	30	7.89	•	0.2631	
			500	131.55	→	0.2631	
02416387	Auro-Clopidogrel	Aurobindo	30	7.89	→	0.2631	
	, ,		500	131.55	→	0.2631	
02394820	Clopidogrel	Pro Doc	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02400553	Clopidogrel	Sanis	500	131.55	→	0.2631	
02385813	Clopidogrel	Sivem	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02303027	Co Clopidogrel	Cobalt	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02415550	Jamp-Clopidogrel	Jamp	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02422255	Mar-Clopidogrel	Marcan	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02408910	Mint-Clopidogrel	Mint	30	7.89	→	0.2631	
			100	26.31	→	0.2631	
02238682	Plavix	SanofiAven	28	74.23		2.6511	
02348004	Pms-Clopidogrel	Phmscience	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02379813	Ran-Clopidogrel	Ranbaxy	100	26.31	→	0.2631	
			500	131.55	→	0.2631	
02388529	Riva-Clopidogrel	Riva	30	7.89	→	0.2631	
			500	131.55	→	0.2631	
02359316	Sandoz Clopidogrel	Sandoz	100	26.31	→	0.2631	
			500	131.55	•	0.2631	
02293161	Teva Clopidogrel	Teva Can	30	7.89	•	0.2631	
			500	131.55	→	0.2631	

20:28.16 HEMOSTATICS TRANEXAMIC ACID

Tab.			50	00 mg PPB			
02401231	Acide Tranexamique	Sterimax	100	57.65	→	0.5765	
02064405	Cyklokapron	Pfizer	100	102.48		1.0248	

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24:00 CARDIAC DRUGS

24:04	cardiac drugs
24:04.04	Antiarrhythmic Agents
24:04.08	cardiotonic agents
24:06	antilipemic agents
24:06.04	bile acid sequestrants
24:06.05	cholesterol absorption inhibitors
24:06.06	fibric acid derivatives
24:06.08	HMG-CoA reductase inhibitors
24:06.92	miscellaneous antilipemic agents
24:08	hypotensive agents
24:08.16	central alpha-agonists
24:08.20	direct vasodilators
24:12	vasodilating agents
24:12.08	nitrates and nitrites
24:12.92	miscellaneous vasodilating agents
24:20	alpha-adrenergics blocking agents
24:24	bêta-adrenergics blocking agents
24:28	calcium-channel blocking agents
24:28.08	dihydropyridines
24:28.92	miscellaneous calcium-channel blocking agents
24:32	renin-angiotensin system inhibitors
24:32.04	angiotensin-converting enzyme inhibitors (ACEI)
24:32.08	angiotensin II receptor antagonists
24:32.20	aldosterone receptor antagonists

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	HMIC AGENTS				
Tab.				100 mg	
02292173	pms-Amiodarone	Phmscience	100	67.76	0.6776
Tab.			2	00 mg PPB	
02364336	Amiodarone	Sanis	100	37.06	→ 0.3706
02385465	Amiodarone	Sivem	100	37.06	→ 0.3706
02303403	Apo-Amiodarone	Apotex	100	37.06	→ 0.3706→ 0.3706
02242472	pms-Amiodarone	Phmscience	100	37.06	→ 0.3706
02309661	Pro-Amiodarone-200	Pro Doc	100	37.06	→ 0.3706
02240071	ratio-Amiodarone	Ratiopharm	100	37.06	→ 0.3706
02247217	Riva-Amiodarone	Riva	100	37.06	→ 0.3706
02243836	Sandoz Amiodarone	Sandoz	100	37.06	→ 0.3706
02239835	Teva-Amiodarone	Teva Can	100	37.06	→ 0.3706
02224801	Rythmodan	SanofiAven	84	18.93	0.2254
ELECAINIDE AC	ETATE R	•			
	CETATE III		1	50 mg PPB	
FLECAINIDE AC Tab. 02459957	Auro-Flecainide	Aurobindo	100	27.78	• 0.2778 • 0.2778
Tab. I	_ I	Aurobindo Apotex	100 1000 100	1 1	 → 0.2778 → 0.2778 → 0.2778
Tab. 02459957 02275538	Auro-Flecainide		1000 100	27.78 277.80	→ 0.2778
Tab. 02459957 02275538	Auro-Flecainide		1000 100 100	27.78 277.80 27.78 00 mg PPB 55.58	0.27780.27780.2778
Tab. 02459957 02275538	Auro-Flecainide Flecainide	Apotex	1000 100	27.78 277.80 27.78	• 0.2778 • 0.2778
Tab. 02459957 02275538 Tab. 02459965 02275546 MEXILETINE HY	Auro-Flecainide Flecainide Auro-Flecainide	Apotex	1000 100 100 100 1000	27.78 277.80 27.78 00 mg PPB 55.58 555.80 555.58	 0.2778 0.2778 0.5558 0.5558
Tab. 02459957 02275538 Tab. 02459965 02275546	Auro-Flecainide Flecainide Auro-Flecainide Flecainide	Apotex	1000 100 100 100 1000	27.78 277.80 27.78 00 mg PPB 55.58 555.80	 0.2778 0.2778 0.5558 0.5558
Tab. 02459957 02275538 Tab. 02459965 02275546 MEXILETINE HY	Auro-Flecainide Flecainide Auro-Flecainide Flecainide	Apotex	1000 100 100 100 1000	27.78 277.80 27.78 00 mg PPB 55.58 555.80 555.58	 0.2778 0.2778 0.5558 0.5558
Tab. 02459957 02275538 Tab. 02459965 02275546 MEXILETINE HY Caps.	Auro-Flecainide Flecainide Auro-Flecainide Flecainide	Apotex Aurobindo Apotex	1000 100 100 100 1000 1000	27.78 277.80 27.78 00 mg PPB 55.58 555.80 55.58	 → 0.2778 → 0.2778 → 0.5558 → 0.5558 → 0.5558
Tab. 02459957 02275538 Tab. 02459965 02275546 MEXILETINE HY Caps. 02230359	Auro-Flecainide Flecainide Auro-Flecainide Flecainide	Apotex Aurobindo Apotex	1000 100 100 100 1000 1000	27.78 277.80 27.78 00 mg PPB 55.58 555.80 55.58 100 mg 81.62	 → 0.2778 → 0.2778 → 0.5558 → 0.5558 → 0.5558

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
PROPA Tab.	AFENONE	HYDROCHLORIDE 1	1	1	50 mg PPB	ı
C	02243324	Apo-Propafenone	Apotex	100	29.65	→ 0.2965
c	02457172	Mylan-Propafenone	Mylan	100	29.65	→ 0.2965
1	02294559	pms-Propafenone	Phmscience	100	29.65	→ 0.2965
	02343053	Propafenone Rythmol	Sanis BGP Pharma	100 100	29.65 94.10	◆ 0.29650.9410
	30003700	Kytiiiioi	DOF FIIaillia	100	34.10	0.9410
Tab.		ı		3	00 mg PPB	ı
C	02243325	Apo-Propafenone	Apotex	100	52.27	→ 0.5227
c	02457164	Mylan-Propafenone	Mylan	100	52.27	→ 0.5227
C	02294575	pms-Propafenone	Phmscience	100	52.27	→ 0.5227
1	02343061	Propafenone	Sanis	100	52.27	→ 0.5227
	00603716	Rythmol	BGP Pharma	100	165.86	1.6586
24:04						
DIGOX		CAGENTS				
Oral So					0.05 mg/mL	
,	02242320	Toloxin	Pendopharm	115 ml	42.45	0.3691
	JEE 12020	TOTOXIT	Гонаорнани	1101111	12.10	0.0001
Tab.		ı	1	ı	0.0625 mg	ı
C	02335700	Toloxin	Pendopharm	250	51.61	0.2064
Tab.		1	1	ı	0.125 mg	
c	02335719	Toloxin	Pendopharm	250	51.50	0.2060
			•		•	
Tab.					0.25 mg	
_ c	02335727	Toloxin	Pendopharm	250	51.50	0.2060
		ı	1			1
MIL DI	NONELAC	TATE B				
I.V. Inj.	NONE LAC . Sol.	JAIE W			1 mg/mL	
1	02244622	Milrinone Lactate Injection	Fresenius	10 ml	46.80	
	32244022	Will mone Lactate injection	i reserius	20 ml	93.60	
24:06	.04					
		QUESTRANTS				
CHOLI Oral Po		IN RESIN		4	alsac DDB	
I		1	1		g/sac. PPB	1
1	02455609	Cholestyramine-Odan	Odan	30	15.83	0.5277
	02210320	Olestyr	Phmscience	30	15.83	→ 0.5275
1	00890960	Olestyr sugar free	Phmscience	30	15.83	→ 0.5275

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
COLESTIPOL H	YDROCHLORIDE 🖪					
Oral Pd.		ı	5 g of co	plestipol/sac.		
00642975 02132699	Colestid Colestid Orange 7.5 g	Pfizer Pfizer	30 30	25.85 25.85	0.8617 0.8617	
Tab.	I	1		1 g		
02132680	Colestid	Pfizer	120	29.49	0.2458	

24:06.05 CHOLESTEROL ABSORPTION INHIBITORS EZETIMIBE

Tab.				10 mg PPB	
02425610	ACH-Ezetimibe	Accord	30	5.43 ▶	0.1811
			100	18.11	0.1811
02414716	ACT Ezetimibe	ActavisPhm	30	5.43	0.1811
			100	18.11	0.1811
02427826	Apo-Ezetimibe	Apotex	30	5.43	0.1811
			100	18.11	0.1811
02469286	Auro-Ezetimibe	Aurobindo	30	5.43	0.1811
			100	18.11	0.1811
02425211	Bio-Ezetimibe	Biomed	30	5.43	0.1811
			100	18.11	0.1811
02422549	Ezetimibe	Pro Doc	30	5.43	0.1811
			100	18.11 →	0.1811
02478544	Ezetimibe	Riva	30	5.43	0.1811
00404000			100	18.11	0.1811
02431300	Ezetimibe	Sanis	100	18.11	0.1811
02429659	Ezetimibe	Sivem	30 100	5.43 → 18.11 →	0.1811
02247521	Ezetrol	Merck	30	18.11 → 52.20	0.1811 1.7400
02423235	Jamp-Ezetimibe	Jamp	30	52.20	0.1811
02423233	Jamp-Ezetimbe	Jamp	500	90.55	0.1811
02422662	Mar-Ezetimibe	Marcan	100	18.11 →	0.1811
02122002	Widi Ezatimba	Maroan	500	90.55	0.1811
02467437	M-Ezetimibe	Mantra Ph.	100	18.11	0.1811
02.07.00		I I I I I I I I I I I I I I I I I I I	500	90.55	0.1811
02423243	Mint-Ezetimibe	Mint	100	18.11	0.1811
02416409	pms-Ezetimibe	Phmscience	30	5.43	0.1811
	·		100	18.11	0.1811
02419548	Ran-Ezetimibe	Ranbaxy	100	18.11	0.1811
			500	90.55	0.1811
02424436	Riva-Ezetimibe	Riva	30	5.43	0.1811
			500	90.55	0.1811
02416778	Sandoz Ezetimibe	Sandoz	30	5.43	0.1811
			100	18.11	0.1811
02354101	Teva-Ezetimibe	Teva Can	30	5.43	0.1811
			100	18.11	0.1811

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
24:06.06 FIBRIC ACID BEZAFIBRATE L.A. Tab.	DERIVATIVES		4	00 mg PPB	
0000050	10		00	10.00	4 4000
02083523	'	Tribute	30	43.90	1.4633
02453312	2 Jamp-Bezafibrate SR	Jamp	30	43.90	1.4633
FENOFIBRATE Caps. or Tab.	E (NANOCRYSTALIZED OR MI		RONIZED) [r 160 mg or 2		
02239864	Apo-Feno-Micro (200 mg)	Apotex	30 100	8.17 27.22	
02246860	Apo-Feno-Super (160 mg)	Apotex	30 100	8.17 27.22	0.2722 0.2722 0.2722
02240360	Feno-Micro-200	Pro Doc	30 100	8.17 27.22	→ 0.2722 → 0.2722 → 0.2722
02269082	Lipidil EZ (145 mg)	BGP Pharma	30	32.16	1.0720
02146959		Fournier	30	32.67	1.0890
02241602		Fournier	30	37.27	1.2423
02243552	I	Novopharm	30	8.17	→ 0.2722
0004000	(200 mg)	D D	100	27.22	
02310236		Pro Doc Ratiopharm	100 30	27.22 8.17	→ 0.2722→ 0.2722
02230038	mg)	Ratiophann	100	27.22	0.2722
02288052		Sandoz	90	24.50	• 0.2722
FENOFIBRATE Tab.	E (NANOCRYSTALLIZED)	1		48 mg PPB	ı
02269074 02390698		BGP Pharma Sandoz	30 30	12.56 10.68	0.4187 → 0.3560
GEMFIBROZIL Caps.	1	l	100	300 mg	0.4000
01979574	Apo-Gemfibrozil	Apotex	100	12.88	0.1288
Tab.		1	ı	600 mg	ı
01979582	2 Apo-Gemfibrozil	Apotex	100	51.57	0.5157
MICROCOATE	D FENOFIBRATE				
Tab.		1	1	00 mg PPB	1
02246859	Apo-Feno-Super	Apotex	100	54.06	→ 0.5406
02241601	Lipidil Supra	Fournier	30	32.34	1.0780
02310228	'	Pro Doc	100	54.06	→ 0.5406
02288044	Sandoz Fenofibrate S	Sandoz	90	48.65	→ 0.5406
l .	'		1		

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
НМС	24:06.08 HMG-COA REDUCTASE INHIBITORS AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM									
Tab.	•	I	ı	5 mg -	10 mg PPB					
	02411253 02273233 02404222	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Pfizer Phmscience	100 90 100	58.02 67.96 58.02	0.58020.75510.5802				
Tab.				5 mg - 2	20 mg PPB					
	02411261 02273241 02404230	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Pfizer Phmscience	100 90 100	68.42 77.32 68.42	→ 0.68420.8591→ 0.6842				
Tab.				5 mg - 4	40 mg PPB					
	02411288 02273268	Apo-Amlodipine-Atorvastatin Caduet	Apotex Pfizer	100 90	72.32 80.83	• 0.7232 0.8981				
Tab.			ı	5 mg - 8	80 mg PPB					
	02411296 02273276	Apo-Amlodipine-Atorvastatin Caduet	Apotex Pfizer	100 90	72.32 80.83					
Tab.				10 mg -	10 mg PPB					
	02411318 02273284 02404249	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Pfizer Phmscience	100 90 100	61.25 82.75 61.25	→ 0.61250.9194→ 0.6125				
Tab.				10 mg - 2	20 mg PPB					
	02411326 02273292 02404257	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Pfizer Phmscience	100 90 100	76.36 92.11 76.36	→ 0.76361.0234→ 0.7636				
Tab.			ı	10 mg - 4	40 mg PPB					
	02411334 02273306	Apo-Amlodipine-Atorvastatin Caduet	Apotex Pfizer	100 90	80.00 95.62	→ 0.8000 1.0624				
Tab.			ı	10 mg - 8	80 mg PPB					
	02411342 02273314	Apo-Amlodipine-Atorvastatin Caduet	Apotex Pfizer	100 90	80.00 95.62	→ 0.8000 1.0624				

CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ATORVASTATINE CALCIUM

Tab.	IE CALCIUM LE			10 mg PPB		
Tab.	I	1	1	lung PPB	ı	1
02310899	Act Atorvastatin	ActavisPhm	90	15.69	•	0.1743
			500	87.15	•	0.1743
02295261	Apo-Atorvastatin	Apotex	100	17.43	•	0.1743
			500	87.15	•	0.1743
02476940	Atorvastatin	Altamed	500	87.15	•	0.1743
02346486	Atorvastatin	Pro Doc	500	87.15	•	0.1743
02475022	Atorvastatin	Riva	500	87.15	•	0.1743
02348705	Atorvastatin	Sanis	500	87.15	•	0.1743
* 02387891	Atorvastatin	Sivem	30	5.23		w
			500	87.15		w
02411350	Atorvastatin-10	Sivem	100	17.43	•	0.1743
			500	87.15	•	0.1743
02407256	Auro-Atorvastatin	Aurobindo	90	15.69	•	0.1743
			500	87.15	•	0.1743
02391058	Jamp-Atorvastatin	Jamp	90	15.69	•	0.1743
			500	87.15	•	0.1743
02230711	Lipitor	Pfizer	90	155.69		1.7299
02454017	Mar-Atorvastatin	Marcan	100	17.43	•	0.1743
			500	87.15	•	0.1743
02471167	M-Atorvastatin	Mantra Ph.	500	87.15	•	0.1743
02392933	Mylan-Atorvastatin	Mylan	90	15.69	•	0.1743
			500	87.15	•	0.1743
02313448	pms-Atorvastatin	Phmscience	90	15.69	•	0.1743
			500	87.15	•	0.1743
02399377	pms-Atorvastatin	Phmscience	100	17.43	•	0.1743
			500	87.15	•	0.1743
02313707	Ran-Atorvastatin	Ranbaxy	90	15.69	•	0.1743
			500	87.15	•	0.1743
02350297	ratio-Atorvastatin	Ratiopharm	30	5.23	•	0.1743
			500	87.15	•	0.1743
02417936	Reddy-Atorvastatin	Dr Reddy's	90	15.69	•	0.1743
			500	87.15	•	0.1743
02422751	Riva-Atorvastatin	Riva	30	5.23	•	0.1743
			500	87.15	•	0.1743
02324946	Sandoz Atorvastatin	Sandoz	30	5.23	•	0.1743
			500	87.15	•	0.1743

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Tab.	Гаb. 20 mg РРВ								
	02310902	Act Atorvastatin	ActavisPhm	90	19.61	→ 0.2179			
				500	108.95	→ 0.2179			
	02295288	Apo-Atorvastatin	Apotex	100	21.79	→ 0.2179			
		·	'	500	108.95	→ 0.2179			
	02476959	Atorvastatin	Altamed	500	108.95	→ 0.2179			
	02346494	Atorvastatin	Pro Doc	500	108.95	→ 0.2179			
	02475030	Atorvastatin	Riva	500	108.95	→ 0.2179			
	02348713	Atorvastatin	Sanis	500	108.95	→ 0.2179			
*	02387905	Atorvastatin	Sivem	30	6.54	w			
				500	108.95	W			
	02411369	Atorvastatin-20	Sivem	100	21.79	→ 0.2179			
				500	108.95	→ 0.2179			
	02407264	Auro-Atorvastatin	Aurobindo	90	19.61	→ 0.2179			
				500	108.95	→ 0.2179			
	02391066	Jamp-Atorvastatin	Jamp	90	19.61	→ 0.2179			
				500	108.95	→ 0.2179			
	02230713	Lipitor	Pfizer	90	194.62	2.1624			
	02454025	Mar-Atorvastatin	Marcan	100	21.79	→ 0.2179			
				500	108.95	→ 0.2179			
	02471175	M-Atorvastatin	Mantra Ph.	500	108.95	→ 0.2179			
	02392941	Mylan-Atorvastatin	Mylan	90	19.61	→ 0.2179			
				500	108.95	• 0.2179			
	02399385	pms-Atorvastatin	Phmscience	100	21.79	→ 0.2179			
				500	108.95	→ 0.2179			
	02313715	Ran-Atorvastatin	Ranbaxy	90	19.61	→ 0.2179			
				500	108.95	→ 0.2179			
	02350319	ratio-Atorvastatin	Ratiopharm	30	6.54	→ 0.2179			
				500	108.95	→ 0.2179			
	02417944	Reddy-Atorvastatin	Dr Reddy's	90	19.61	→ 0.2179			
				500	108.95	→ 0.2179			
	02422778	Riva-Atorvastatin	Riva	30	6.54	→ 0.2179			
				500	108.95	→ 0.2179			
	02324954	Sandoz Atorvastatin	Sandoz	30	6.54	• 0.2179			
				500	108.95	→ 0.2179			

	CODE BRAND NAME		MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.	Гаb. 40 mg РРВ									
	02310910	Act Atorvastatin	ActavisPhm	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02295296	Apo-Atorvastatin	Apotex	100	23.42	→ 0.2342				
				500	117.10	→ 0.2342				
	02476967	Atorvastatin	Altamed	500	117.10	→ 0.2342				
	02346508	Atorvastatin	Pro Doc	500	117.10	→ 0.2342				
	02475049	Atorvastatin	Riva	500	117.10	→ 0.2342				
	02348721	Atorvastatin	Sanis	500	117.10	→ 0.2342				
*	02387913	Atorvastatin	Sivem	30	7.03	w				
				500	117.10	w				
	02411377	Atorvastatin-40	Sivem	100	23.42	→ 0.2342				
				500	117.10	→ 0.2342				
	02407272	Auro-Atorvastatin	Aurobindo	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02391074	Jamp-Atorvastatin	Jamp	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02230714	Lipitor	Pfizer	90	209.22	2.3247				
	02454033	Mar-Atorvastatin	Marcan	100	23.42	→ 0.2342				
				500	117.10	→ 0.2342				
	02471183	M-Atorvastatin	Mantra Ph.	500	117.10	→ 0.2342				
	02392968	Mylan-Atorvastatin	Mylan	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02399393	pms-Atorvastatin	Phmscience	100	23.42	→ 0.2342				
				500	117.10	→ 0.2342				
	02313723	Ran-Atorvastatin	Ranbaxy	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02350327	ratio-Atorvastatin	Ratiopharm	30	7.03	→ 0.2342				
				500	117.10	→ 0.2342				
	02417952	Reddy-Atorvastatin	Dr Reddy's	90	21.08	→ 0.2342				
				500	117.10	→ 0.2342				
	02422786	Riva-Atorvastatin	Riva	30	7.03	→ 0.2342				
				500	117.10	→ 0.2342				
	02324962	Sandoz Atorvastatin	Sandoz	30	7.03	→ 0.2342				
				500	117.10	→ 0.2342				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE						
Tah	Tab. 80 mg PPB										
	1	1		1	l						
02310929		ActavisPhm	90	21.08	→ 0.2342						
02295318	Apo-Atorvastatin	Apotex	30	7.03	• 0.2342						
00470075			100	23.42	• 0.2342						
02476975		Altamed	100	23.42	• 0.2342						
02346516	Atorvastatin	Pro Doc	30	7.03	• 0.2342						
00475057	Accessories	B.	100	23.42	0.2342						
02475057	Atorvastatin	Riva	100	23.42	0.2342						
02348748	Atorvastatin	Sanis	90	21.08	• 0.2342						
* 02207021	Accessories	0.	100	23.42	• 0.2342						
* 02387921	Atorvastatin	Sivem	30 100	7.03 23.42	W W						
02411385	Atorvastatin-80	Sivem	100	23.42	• 0.2342						
02417383		Aurobindo	90	21.08	→ 0.2342→ 0.2342						
02407200	Auro-Alorvasialiri	Adiobilido	500	117.10	→ 0.2342→ 0.2342						
02391082	Jamp-Atorvastatin	Jamp	90	21.08	→ 0.2342→ 0.2342						
02331002	Jamp-Atorvastatin	Jamp	500	117.10	→ 0.2342→ 0.2342						
02243097	Lipitor	Pfizer	30	69.74	2.3247						
02454041		Marcan	100	23.42	→ 0.2342						
02471191		Mantra Ph.	90	21.08	→ 0.2342						
02392976		Mylan	90	21.08	→ 0.2342						
02399407	pms-Atorvastatin	Phmscience	100	23.42	→ 0.2342						
02313758	Ran-Atorvastatin	Ranbaxy	90	21.08	→ 0.2342						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			500	117.10	→ 0.2342						
02350335	ratio-Atorvastatin	Ratiopharm	30	7.03	• 0.2342						
			100	23.42	→ 0.2342						
02417960	Reddy-Atorvastatin	Dr Reddy's	90	21.08	→ 0.2342						
			500	117.10	→ 0.2342						
02422794	Riva-Atorvastatin	Riva	30	7.03	→ 0.2342						
			90	21.08	→ 0.2342						
02324970	Sandoz Atorvastatin	Sandoz	30	7.03	→ 0.2342						
			100	23.42	→ 0.2342						
FLUVASTATINE Caps.	SODIUM B			20 mg PPB							
00400005	Opendary Florida (1911)	04	100	00.00							
02400235	Sandoz Fluvastatin	Sandoz	100	22.02	0.2202						
02299224	Teva Fluvastatin	Teva Can	100	22.02	→ 0.2202						
Caps.	1		1	40 mg	ı						
02299232	Teva Fluvastatin	Teva Can	100	30.92	0.3092						
L.A. Tab.				80 mg							
I	l	ļ.,		1							
02250527	Lescol XL	Novartis	28	40.01	1.4289						

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LOV	ASTATINE				20 mg PPB	
	02220172	Apo-Lovastatin	Apotex	100 500	49.19 245.94	→ 0.4919→ 0.4919
	02248572	Co Lovastatin	Cobalt	30 500	14.76 245.94	→ 0.4919→ 0.4919
	02353229	Lovastatin	Sanis	100 500	49.19 245.94	→ 0.4919→ 0.4919
	02245822	ratio-Lovastatin	Ratiopharm	100 500	49.19 245.94	→ 0.4919→ 0.4919
	02272288	Riva-Lovastatin	Riva	100	49.19	• 0.4919
Tab.		ı	1		40 mg PPB	
	02220180	Apo-Lovastatin	Apotex	100	89.85	→ 0.8985
	02248573	Co Lovastatin	Cobalt	30	26.96	→ 0.8985
				100	89.85	→ 0.8985
	02353237	Lovastatin	Sanis	100	89.85	0.8985
	02245823 02272296	ratio-Lovastatin Riva-Lovastatin	Ratiopharm Riva	100 100	89.85 89.85	→ 0.8985→ 0.8985
Tab.		l	l	I	10 mg PPB	
	02248182	ACT Pravastatin	ActavisPhm	100	29.16	→ 0.2916
	02243506	Apo-Pravastatin	Apotex	30 100	8.75 29.16	→ 0.2916→ 0.2916
	02458977	Auro-Pravastatin	Aurobindo	100	29.16	0.29160.2916
	02446251	Bio-Pravastatin	Biomed	100	29.16	→ 0.2916
	02330954	Jamp-Pravastatin	Jamp	30	8.75	→ 0.2916
				100	29.16	→ 0.2916
	02432048	Mar-Pravastatin	Marcan	100	29.16	• 0.2916
	02317451	Mint-Pravastatin	Mint	30 100	8.75 29.16	0.29160.2916
*	02476274	M-Pravastatin	Mantra Ph.	30	8.75	→ 0.2916
				100	29.16	→ 0.2916
	02247655	pms-Pravastatin	Phmscience	30 100	8.75 29.16	0.2916
	02356546	Pravastatin	Sanis	30	8.75	0.29160.2916
	02000010	, ravaolatin	Carno	100	29.16	→ 0.2916
	02389703	Pravastatin	Sivem	30	8.75	→ 0.2916
		_ , ,, ,,		100	29.16	• 0.2916
	02243824	Pravastatin-10	Pro Doc	30	8.75	0.2916
	02284421	Ran-Pravastatin	Ranbaxy	30 100	8.75 29.16	0.29160.2916
	02270234	Riva-Pravastatin	Riva	30	8.75	→ 0.2916 → 0.2916
				100	29.16	→ 0.2916
	02468700	Sandoz Pravastatin	Sandoz	100	29.16	→ 0.2916
						,
	02247008	Teva-Pravastatin	Novopharm	30 100	8.75 29.16	→ 0.2916→ 0.2916

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.	Tab. 20 mg PPB							
	02248183	ACT Pravastatin	ActavisPhm	100	34.40	→ 0.3440		
	02243507	Apo-Pravastatin	Apotex	30	10.32	• 0.3440		
				100	34.40	→ 0.3440		
	02458985	Auro-Pravastatin	Aurobindo	100	34.40	→ 0.3440		
	02446278	Bio-Pravastatin	Biomed	100	34.40	→ 0.3440		
				500	172.00	→ 0.3440		
	02330962	Jamp-Pravastatin	Jamp	30	10.32	→ 0.3440		
				100	34.40	→ 0.3440		
	02432056	Mar-Pravastatin	Marcan	100	34.40	→ 0.3440		
	02317478	Mint-Pravastatin	Mint	30	10.32	→ 0.3440		
				100	34.40	→ 0.3440		
*	02476282	M-Pravastatin	Mantra Ph.	30	10.32	→ 0.3440		
				100	34.40	• 0.3440		
	02247656	pms-Pravastatin	Phmscience	30	10.32	→ 0.3440		
				100	34.40	→ 0.3440		
	00893757	Pravachol	B.M.S.	90	30.96	• 0.3440		
	02356554	Pravastatin	Sanis	30	10.32	→ 0.3440		
				100	34.40	→ 0.3440		
	02389738	Pravastatin	Sivem	30	10.32	→ 0.3440		
				100	34.40	• 0.3440		
	02243825	Pravastatin-20	Pro Doc	30	10.32	• 0.3440		
				100	34.40	→ 0.3440		
	02284448	Ran-Pravastatin	Ranbaxy	30	10.32	• 0.3440		
				100	34.40	→ 0.3440		
	02270242	Riva-Pravastatin	Riva	30	10.32	→ 0.3440		
				100	34.40	• 0.3440		
	02468719	Sandoz Pravastatin	Sandoz	100	34.40	• 0.3440		
	02247009	Teva-Pravastatin	Novopharm	30	10.32	• 0.3440		
				100	34.40	• 0.3440		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.	Tab. 40 mg PPB									
	02248184	ACT Pravastatin	ActavisPhm	100	41.43	→ 0.4143				
	02243508	Apo-Pravastatin	Apotex	30	12.43	→ 0.4143				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	100	41.43	→ 0.4143				
	02458993	Auro-Pravastatin	Aurobindo	100	41.43	→ 0.4143				
	02446286	Bio-Pravastatin	Biomed	100	41.43	→ 0.4143				
				500	207.15	→ 0.4143				
	02330970	Jamp-Pravastatin	Jamp	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
	02432064	Mar-Pravastatin	Marcan	100	41.43	→ 0.4143				
	02317486	Mint-Pravastatin	Mint	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
*	02476290	M-Pravastatin	Mantra Ph.	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
	02247657	pms-Pravastatin	Phmscience	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
	02222051	Pravachol	B.M.S.	90	37.29	→ 0.4143				
	02356562	Pravastatin	Sanis	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
	02389746	Pravastatin	Sivem	30	12.43	→ 0.4143				
				100	41.43	• 0.4143				
	02243826	Pravastatin-40	Pro Doc	30	12.43	• 0.4143				
				100	41.43	• 0.4143				
	02284456	Ran-Pravastatin	Ranbaxy	30	12.43	→ 0.4143				
				100	41.43	• 0.4143				
	02270250	Riva-Pravastatin	Riva	30	12.43	→ 0.4143				
				100	41.43	→ 0.4143				
	02468727	Sandoz Pravastatin	Sandoz	100	41.43	→ 0.4143				
	02247010	Teva-Pravastatin	Novopharm	30	12.43	• 0.4143				
				100	41.43	→ 0.4143				

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

ROSUVASTATIN CALCIUM

Tab. 5 mg PPB								
02337975	Apo-Rosuvastatin	Apotex	30	3.85	•	0.1284		
	'	'	500	64.20	•	0.1284		
02442574	Auro-Rosuvastatin	Aurobindo	90	11.56	•	0.1284		
			500	64.20	→	0.1284		
02444968	Bio-Rosuvastatin	Biomed	100	12.84	•	0.1284		
02339765	Co Rosuvastatin	Cobalt	30	3.85	•	0.1284		
			500	64.20	→	0.1284		
02265540	Crestor	AZC	30	38.70		1.2900		
02391252	Jamp-Rosuvastatin	Jamp	100	12.84	•	0.1284		
			500	64.20	→	0.1284		
02413051	Mar-Rosuvastatin	Marcan	100	12.84	→	0.1284		
			500	64.20	→	0.1284		
02399164	Med-Rosuvastatin	GMP	30	3.85	•	0.1284		
			100	12.84	•	0.1284		
02397781	Mint-Rosuvastatin	Mint	100	12.84	•	0.1284		
02378523	pms-Rosuvastatin	Phmscience	30	3.85	*	0.1284		
			500	64.20	•	0.1284		
02382644	Ran-Rosuvastatin	Ranbaxy	100	12.84	•	0.1284		
	5. 5	5.	500	64.20	•	0.1284		
02380013	Riva-Rosuvastatin	Riva	30 100	3.85 12.84	7	0.1284		
00004470	Danis santatis	Pro Doc	30	3.85	7	0.1284		
02381176	Rosuvastatin	Pro Doc	100	12.84	3	0.1284 0.1284		
02405628	Rosuvastatin	Sanis	100	12.84	7	0.1284		
02403020	Rosuvastatiii	Sallis	500	64.20	I	0.1284		
02389037	Rosuvastatin	Sivem	300	3.85	Ι.	0.1284		
02369037	Rosuvastatiii	Siveili	100	12.84	7	0.1284		
02411628	Rosuvastatin-5	Sivem	30	3.85	1	0.1284		
02411020	Nosavasialiii-5	Olveili	100	12.84	3	0.1284		
02338726	Sandoz Rosuvastatin	Sandoz	30	3.85	•	0.1284		
02000120		5511402	500	64.20	•	0.1284		
02354608	Teva Rosuvastatin	Teva Can	30	3.85	•	0.1284		
3233.000			500	64.20	•	0.1284		
					,			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg PPB	
	02337983	Apo-Rosuvastatin	Apotex	30	4.06	→ 0.1354
		,	'	500	67.70	→ 0.1354
	02442582	Auro-Rosuvastatin	Aurobindo	90	12.19	→ 0.1354
				500	67.70	→ 0.1354
	02444976	Bio-Rosuvastatin	Biomed	100	13.54	→ 0.1354
				500	67.70	→ 0.1354
	02339773	Co Rosuvastatin	Cobalt	30	4.06	→ 0.1354
				500	67.70	→ 0.1354
	02247162	Crestor	AZC	30	40.80	1.3600
	02391260	Jamp-Rosuvastatin	Jamp	100	13.54	→ 0.1354
				500	67.70	→ 0.1354
	02413078	Mar-Rosuvastatin	Marcan	100	13.54	→ 0.1354
				500	67.70	→ 0.1354
	02399172	Med-Rosuvastatin	GMP	30	4.06	→ 0.1354
				100	13.54	→ 0.1354
	02397803	Mint-Rosuvastatin	Mint	100	13.54	→ 0.1354
	02378531	pms-Rosuvastatin	Phmscience	30	4.06	→ 0.1354
				500	67.70	→ 0.1354
	02382652	Ran-Rosuvastatin	Ranbaxy	100	13.54	→ 0.1354
				500	67.70	→ 0.1354
	02380056	Riva-Rosuvastatin	Riva	30	4.06	→ 0.1354
		_ , ,,		100	13.54	0.1354
	02381184	Rosuvastatin	Pro Doc	30	4.06	0.1354
	00405000			500	67.70	0.1354
	02405636	Rosuvastatin	Sanis	500	67.70	0.1354
	02389045	Rosuvastatin	Sivem	30	4.06	0.1354
	00444000	D	0:	100	13.54	0.1354
	02411636	Rosuvastatin-10	Sivem	30 100	4.06 13.54	0.1354
	00000704	Condo- Doorwoototi-	Canda			0.1354
	02338734	Sandoz Rosuvastatin	Sandoz	30 500	4.06 67.70	0.1354
	00054640	Tour Beauty contain	Taya Can	30		0.1354
	02354616	Teva Rosuvastatin	Teva Can	500	4.06 67.70	0.13540.1354
				300	67.70	▼ 0.1354

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					20 mg PPB	
	02337991	Apo-Rosuvastatin	Apotex	30	5.08	→ 0.1692
			1.4	500	84.60	→ 0.1692
	02442590	Auro-Rosuvastatin	Aurobindo	90	15.23	→ 0.1692
				500	84.60	→ 0.1692
	02444984	Bio-Rosuvastatin	Biomed	100	16.92	→ 0.1692
				500	84.60	→ 0.1692
	02339781	Co Rosuvastatin	Cobalt	30	5.08	→ 0.1692
				500	84.60	→ 0.1692
	02247163	Crestor	AZC	30	51.00	1.7000
	02391279	Jamp-Rosuvastatin	Jamp	100	16.92	→ 0.1692
				500	84.60	→ 0.1692
	02413086	Mar-Rosuvastatin	Marcan	100	16.92	→ 0.1692
				500	84.60	→ 0.1692
	02399180	Med-Rosuvastatin	GMP	30	5.08	→ 0.1692
				100	16.92	→ 0.1692
	02397811	Mint-Rosuvastatin	Mint	100	16.92	→ 0.1692
	02378558	pms-Rosuvastatin	Phmscience	30	5.08	→ 0.1692
				500	84.60	• 0.1692
	02382660	Ran-Rosuvastatin	Ranbaxy	100	16.92	• 0.1692
				500	84.60	• 0.1692
	02380064	Riva-Rosuvastatin	Riva	30	5.08	• 0.1692
	00004400			100	16.92	• 0.1692
	02381192	Rosuvastatin	Pro Doc	30	5.08	• 0.1692
	00405044			100	16.92	0.1692
	02405644	Rosuvastatin	Sanis	500	84.60	0.1692
	02389053	Rosuvastatin	Sivem	30	5.08	0.1692
	00444044	D	C:	100	16.92	0.1692
	02411644	Rosuvastatin-20	Sivem	30	5.08	0.1692
	00000740	Condo - Door woodo	Canda -	100	16.92	0.1692
	02338742	Sandoz Rosuvastatin	Sandoz	30 500	5.08 84.60	0.1692
	02254624	Teva Rosuvastatin	Toyo Con	30	5.08	→ 0.1692→ 0.1692
	02354624	i eva Rosuvastatin	Teva Can	500	84.60	,
				500	04.00	→ 0.1692

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.				40 mg PPB	
02338009	Apo-Rosuvastatin	Apotex	30	5.97	→ 0.199
		1.4-1-11	500	99.50	• 0.199
02442604	Auro-Rosuvastatin	Aurobindo	90	17.91	• 0.199
			500	99.50	→ 0.199
02444992	Bio-Rosuvastatin	Biomed	100	19.90	→ 0.199
02339803	Co Rosuvastatin	Cobalt	30	5.97	→ 0.199
			500	99.50	→ 0.199
02247164	Crestor	AZC	30	59.70	1.990
02391287	7 Jamp-Rosuvastatin	Jamp	100	19.90	→ 0.199
			500	99.50	→ 0.199
02413108	3 Mar-Rosuvastatin	Marcan	100	19.90	→ 0.199
			500	99.50	• 0.199
02399199	Med-Rosuvastatin	GMP	30	5.97	→ 0.199
			100	19.90	→ 0.199
02397838		Mint	100	19.90	→ 0.199
02378566	pms-Rosuvastatin	Phmscience	30	5.97	• 0.199
			500	99.50	• 0.199
02382679	Ran-Rosuvastatin	Ranbaxy	100	19.90	• 0.199
			500	99.50	→ 0.199
02380102	Riva-Rosuvastatin	Riva	30	5.97	→ 0.199
			100	19.90	• 0.199
02381206	Rosuvastatin	Pro Doc	30	5.97	• 0.199
			100	19.90	→ 0.199
02405652		Sanis	100	19.90	→ 0.199
0238906	Rosuvastatin	Sivem	30	5.97	→ 0.199
			100	19.90	→ 0.199
02411652	Rosuvastatin-40	Sivem	30	5.97	• 0.199
			100	19.90	• 0.199
02338750) Sandoz Rosuvastatin	Sandoz	30	5.97	• 0.199
			100	19.90	• 0.199
02354632	2 Teva Rosuvastatin	Teva Can	30	5.97	• 0.199
			500	99.50	→ 0.199

SIMVASTATIN 🖪

Tab. 5 mg PPB							
	02248103	ACT Simvastatin	ActavisPhm	100	10.23	→	0.1023
	02247011	Apo-Simvastatin	Apotex	100	10.23	•	0.1023
	02405148	Auro-Simvastatin	Aurobindo	100	10.23	•	0.1023
	02375591	Jamp-Simvastatin	Jamp	100	10.23	•	0.1023
	02375036	Mar-Simvastatin	Marcan	100	10.23	•	0.1023
	02372932	Mint-Simvastatin	Mint	100	10.23	•	0.1023
	02246582	Mylan-Simvastatin	Mylan	100	10.23	•	0.1023
	02469979	Pharma-Simvastatin	Phmscience	30	3.07	•	0.1023
				100	10.23	•	0.1023
	02269252	pms-Simvastatin	Phmscience	30	3.07	•	0.1023
				100	10.23	•	0.1023
	02329131	Ran-Simvastatin	Ranbaxy	100	10.23	•	0.1023
	02247297	Riva-Simvastatin	Riva	30	3.07	•	0.1023
				100	10.23	•	0.1023
	02284723	Simvastatin	Sanis	100	10.23	•	0.1023
	02386291	Simvastatin	Sivem	100	10.23	•	0.1023
	02250144	Teva-Simvastatin	Teva Can	30	3.07	•	0.1023
				100	10.23	•	0.1023

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1	10 mg PPB	
	02248104	ACT Simvastatin	ActavisPhm	30 500	6.07 101.15	→ 0.2023→ 0.2023
	02247012	Apo-Simvastatin	Apotex	30 100	6.07 20.23	→ 0.2023
	02405156	Auro-Simvastatin	Aurobindo	100 500	20.23	→ 0.2023→ 0.2023
	02375605	Jamp-Simvastatin	Jamp	30 500	6.07 101.15	→ 0.2023→ 0.2023
	02375044	Mar-Simvastatin	Marcan	100 500	20.23	→ 0.2023→ 0.2023
	02372940	Mint-Simvastatin	Mint	100	20.23	→ 0.2023
	02246583 02250152	Mylan-Simvastatin Novo-Simvastatin	Mylan Novopharm	100 30	20.23 6.07	→ 0.2023→ 0.2023
	02469987	Pharma-Simvastatin	Phmscience	500 100	101.15 20.23	→ 0.2023→ 0.2023
	02269260	pms-Simvastatin	Phmscience	30 100	6.07 20.23	→ 0.2023→ 0.2023
	02329158	Ran-Simvastatin	Ranbaxy	100 500	20.23 101.15	→ 0.2023→ 0.2023
	02247298	Riva-Simvastatin	Riva	30 500	6.07 101.15	→ 0.2023→ 0.2023
	02284731	Simvastatin	Sanis	100	20.23	→ 0.2023
	02386305	Simvastatin	Sivem	30 100	6.07 20.23	→ 0.2023→ 0.2023
	02247221	Simvastatin-10	Pro Doc	30 100	6.07 20.23	→ 0.2023→ 0.2023
	00884332	Zocor	Merck	28	54.41	1.9432

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.	Tab. 20 mg PPB						
	02248105	ACT Simvastatin	ActavisPhm	30 500	7.50 125.05	→ 0.2501→ 0.2501	
	02247013	Apo-Simvastatin	Apotex	30 100	7.50 25.01	→ 0.2501→ 0.2501	
	02405164	Auro-Simvastatin	Aurobindo	100 500	25.01 125.05	→ 0.2501→ 0.2501	
	02375613	Jamp-Simvastatin	Jamp	30 500	7.50 125.05	→ 0.2501→ 0.2501	
	02375052	Mar-Simvastatin	Marcan	100 500	25.01 125.05	→ 0.2501→ 0.2501	
	02372959 02246737	Mint-Simvastatin Mylan-Simvastatin	Mint Mylan	100 100	25.01 25.01	→ 0.2501→ 0.2501→ 0.2501	
	02250160	Novo-Simvastatin	Novopharm	30 100	7.50 25.01	→ 0.2501→ 0.2501→ 0.2501	
	02469995	Pharma-Simvastatin	Phmscience	100 500	25.01 125.05	→ 0.2501→ 0.2501→ 0.2501	
	02269279	pms-Simvastatin	Phmscience	30 100	7.50 25.01	→ 0.2501→ 0.2501→ 0.2501	
	02329166	Ran-Simvastatin	Ranbaxy	100 100 500	25.01 125.05	→ 0.2501 → 0.2501 → 0.2501	
	02247299	Riva-Simvastatin	Riva	30 500	7.50 125.05	→ 0.2501 → 0.2501 → 0.2501	
	02284758	Simvastatin	Sanis	100 500	25.01 125.05	→ 0.2501 → 0.2501 → 0.2501	
	02386313	Simvastatin	Sivem	30 100	7.50 25.01	→ 0.2501 → 0.2501 → 0.2501	
	02247222	Simvastatin-20	Pro Doc	30 100	7.50 25.01	→ 0.2501 → 0.2501 → 0.2501	
	00884340	Zocor	Merck	28	67.71	2.4182	

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				,	40 mg PPB	
		l	1	l	l	
	02248106	ACT Simvastatin	ActavisPhm	30	7.50	0.2501
	02247014	Apo-Simvastatin	Apotex	500 30	125.05 7.50	→ 0.2501→ 0.2501
	02247014	Apo-Siirivastatiiri	Apolex	100	25.01	→ 0.2501→ 0.2501
	02405172	Auro-Simvastatin	Aurobindo	100	25.01	→ 0.2501
				500	125.05	→ 0.2501
	02375621	Jamp-Simvastatin	Jamp	30	7.50	→ 0.2501
				500	125.05	→ 0.2501
	02375060	Mar-Simvastatin	Marcan	100	25.01	→ 0.2501
	02372967	Mint-Simvastatin	Mint	100	25.01	• 0.2501
	02246584	Mylan-Simvastatin	Mylan	100	25.01	• 0.2501
	02470004 02269287	Pharma-Simvastatin pms-Simvastatin	Phmscience Phmscience	100 30	25.01 7.50	→ 0.2501→ 0.2501
	02209207	priis-Sirrivastatiri	Primscience	100	25.01	→ 0.2501 → 0.2501
	02329174	Ran-Simvastatin	Ranbaxy	100	25.01	→ 0.2501→ 0.2501
	02020111	ran omradiam	Turibaxy	500	125.05	→ 0.2501
	02247300	Riva-Simvastatin	Riva	30	7.50	→ 0.2501
				100	25.01	→ 0.2501
	02284766	Simvastatin	Sanis	100	25.01	→ 0.2501
	02386321	Simvastatin	Sivem	30	7.50	→ 0.2501
				100	25.01	→ 0.2501
	02247223	Simvastatin-40	Pro Doc	30	7.50	• 0.2501
	00050470			100	25.01	• 0.2501
	02250179	Teva-Simvastatin	Teva Can	30	7.50	• 0.2501 • 0.2501
	00884359	Zocor	Merck	100 28	25.01 67.71	0.25012.4182
	00004339	20001	MEICK	20	07.71	2.4102
Tab.				;	80 mg PPB	
	02248107	ACT Simvastatin	ActavisPhm	100	25.01	→ 0.2501
	02246107	Apo-Simvastatin	Apotex	30	7.50	→ 0.2501 → 0.2500
	02247013	Apo-Siirivastatiiri	Apolex	100	25.01	→ 0.2500→ 0.2501
	02405180	Auro-Simvastatin	Aurobindo	30	7.50	→ 0.2500
				100	25.01	→ 0.2501
	02375648	Jamp-Simvastatin	Jamp	100	25.00	→ 0.2500
	02375079	Mar-Simvastatin	Marcan	100	25.01	→ 0.2501
	02372975	Mint-Simvastatin	Mint	100	25.00	→ 0.2500
	02246585	Mylan-Simvastatin	Mylan	100	25.01	→ 0.2501
	02470012	Pharma-Simvastatin	Phmscience	30	7.50	→ 0.2500
	00000005			100	25.01	• 0.2501
	02269295	pms-Simvastatin	Phmscience	30	7.50	→ 0.2500
	02329182	Ran-Simvastatin	Ranbaxy	100 100	25.01 25.00	→ 0.2501→ 0.2500
	02329182	Ran-Simvastatin Riva-Simvastatin	Riva	30	7.50	→ 0.2500 → 0.2500
	J2271 JU I	, ava omivasiaum	1 11 44	100	25.01	→ 0.2500→ 0.2501
	02247224	Simvastatin	Pro Doc	30	7.50	→ 0.2500
				100	25.01	→ 0.2501
	02284774	Simvastatin	Sanis	100	25.00	→ 0.2500
	02386348	Simvastatin	Sivem	30	7.50	→ 0.2500
				100	25.01	→ 0.2501
	02250187	Teva-Simvastatin	Teva Can	30	7.50	→ 0.2500
				100	25.01	→ 0.2501

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
24:06.92 MISCELLANE NIACIN	EOUS ANTILIPEMIC AGEN	ITS			
L.A. Tab.				500 mg	
02309254	Niaspan FCT	Sunovion	90	99.00	1.1000
L.A. Tab.		1	1	1000 mg	
02309289	Niaspan FCT	Sunovion	90	99.00	1.1000
NIACIN					
Tab.	1	1.	1	00 mg PPB	ll
00557412	Jamp-Niacin	Jamp	100 500	4.50 22.50	→ 0.0450→ 0.0450
01939130	Niacine	Odan	100	7.50	0.0750
CLONIDINE HY	.PHA-AGONISTS DROCHLORIDE 🖺				
Tab.	1	l).1 mg PPB	ll
02462192 02046121	l .	Mint Teva Can	100 100	10.01 10.01	→ 0.1001→ 0.1001
Tab.					
	1	I	0	0.2 mg PPB	
02462206	l .	Mint	100	17.85	0.1785
02462206 02046148	l .	Mint Teva Can			→ 0.1785→ 0.1785
1	Teva-Clonidine		100	17.85	
02046148	Teva-Clonidine		100	17.85 17.85	
02046148 METHYLDOPA Tab.	Teva-Clonidine	Teva Can	100 100	17.85 17.85	• 0.1785
02046148 METHYLDOPA Tab. 00360252	Teva-Clonidine Methyldopa	Teva Can	100 100	17.85 17.85 125 mg 9.89	• 0.1785
02046148 METHYLDOPA Tab. 00360252	Teva-Clonidine Methyldopa	Teva Can AA Pharma	100 100	17.85 17.85 125 mg 9.89 250 mg 14.33	0.0989

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		T				
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DIR	8.20 ECT VASC	DDILATORS				
Caps	i.	ı	1	1	100 mg	ı
	00503347	Proglycem	Merck	100	161.41	1.6141
	RALAZINE	HYDROCHLORIDE 🖪				
Tab.		I	1	I	10 mg PPB	ſ
	00441619	Apo-Hydralazine	Apotex	100	3.55	0.0355
	02457865 02468778	Jamp-Hydralazine Mint-Hydralazine	Jamp Mint	100 100	3.55 3.55	→ 0.0355→ 0.0355
Tab.					25 mg PPB	
	00441627	Apo-Hydralazine	Apotex	100	6.09	→ 0.0609
	02457873	Jamp-Hydralazine	Jamp	100	6.09	→ 0.0609
	02468786	Mint-Hydralazine	Mint	100	6.09	• 0.0609
MINIC	OXIDIL 🖫					
Tab.	VAIDIL III				2.5 mg	
	00514497	Loniten	Pfizer	100	33.30	0.3330
Tab.					10 mg	
	00514500	Loniten	Pfizer	100	73.42	0.7342
NITI GLY	CERYL TRII	ID NITRITES NITRATE				
Patcl		[1	1	2 mg/h PPB 	
	02162806	Minitran	Valeant	30	13.39	0.4463
	02407442 01911910	Mylan-Nitro Patch 0.2 Nitro-Dur	Mylan Dr Reddy's	30	13.39 13.39	→ 0.4463→ 0.4463
	00584223	Transderm-Nitro	Novartis	30	18.77	0.6257
	02230732	Trinipatch	Paladin	30	13.39	• 0.4463
Patcl	า			0.4	4 mg/h PPB	
	02163527	Minitran	Valeant	30	14.11	→ 0.4703
	02407450	Mylan-Nitro Patch 0.4	Mylan	30	14.11	• 0.4703
	01911902 00852384	Nitro-Dur Transderm-Nitro	Dr Reddy's Novartis	30	14.11 21.20	0.47030.7067
	02230733	Trinipatch	Paladin	30	14.11	0.70670.4703
		1		1	1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch			0.6	mg/h PPB	
02163535 02407469 01911929 02046156 02230734	Minitran Mylan-Nitro Patch 0.6 Nitro-Dur Transderm-Nitro Trinipatch	Valeant Mylan Dr Reddy's Novartis Paladin	30 30 30 30 30 30	14.11 14.11 14.11 21.20 14.11	 0.4703 0.4703 0.4703 0.7067 0.4703
02230734	Trinipateri	r alaulii	30	14.11	0.4703
Patch	1	l	1	mg/h PPB	
02407477 02011271	Mylan-Nitro Patch 0.8 Nitro-Dur	Mylan Dr Reddy's	30 30	26.23 26.23	→ 0.8743→ 0.8743
SLing. Spray		1	. 0	.4 mg PPB	1
02243588 02231441 02238998	Mylan-Nitro SL Spray Nitrolingual Pompe Rho-Nitro	Mylan SanofiAven Sandoz	200 dose(s) 200 dose(s) 200 dose(s)	13.37	
GLYCERYL TRI S-Ling. Tab.	NITRATE (STABILIZED)			0.3 mg	
00037613	Nitrostat	Pfizer	100	3.37	
S-Ling. Tab.				0.6 mg	
00037621	Nitrostat	Pfizer	100	3.52	
ISOSORBIDE DI S-Ling. Tab.	NITRATE			5 mg	
00670944	Isdn	AA Pharma	100	6.21	0.0621
Tab.				10 mg	
00441686	Isdn	AA Pharma	100 1000	3.65 36.50	0.0365 0.0365
Tab.				30 mg	
00441694	Isdn	AA Pharma	100	8.57	0.0857
ISOSORBIDE-5- L.A. Tab.	MONONITRATE 🖪		(60 mg PPB	
02272830 02126559	Apo-ISMN Imdur	Apotex AZC	100 30	35.23 20.55	0.6850
02301288	pms-ISMN	Phmscience	100 30 100	68.50 10.57 35.23	0.6850 → 0.3523 → 0.3523
02311321	Pro-ISMN-60	Pro Doc	100	35.23	→ 0.3523 → 0.3523

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		OUS VASODILATING AG	ENTS			
Tab.		. 			25 mg	1
	00895644	Apo-Dipyridamole-FC	Apotex	100	26.33	0.2633
Tab.					50 mg	
	00895652	Apo-Dipyridamole	Apotex	100	36.85	0.3685
Tab.					75 mg	
l ab.	00895660	 Apo-Dipyridamole	Apotex	100	49.63	0.4963
	00093000	Аро-ырупиатые	Apotex	100	49.03	0.4903
	HA-ADRE	NERGICS BLOCKING AG	GENTS			
Tab.	AZOONI IVIL				1 mg PPB	1
	02240588 02242728	Apo-Doxazosin Novo-Doxazosin	Apotex Novopharm	100 100	14.16 14.16	→ 0.1416→ 0.1416
Tab.		1			2 ma DDB	
Tab.	00040500	Ann Baumania		400	2 mg PPB	→ 0.1699
	02240589 02242729	Apo-Doxazosin Novo-Doxazosin	Apotex Novopharm	100 100	16.99 16.99	→ 0.1699 → 0.1699
Tab.					4 mg PPB	
	02240590	Apo-Doxazosin	Apotex	100	22.09	• 0.2209
	02242730	Novo-Doxazosin	Novopharm	100	22.09	→ 0.2209
PRAZ Tab.	ZOSIN HYD	ROCHLORIDE B			1 mg	
	01934198	Novo-Prazin	Novopharm	100	13.71	0.1371
Tak					0	
Tab.	01934201	Maria Disaria	N	100	2 mg 18.62	0.4000
	01934201	Novo-Prazin	Novopharm	100	10.02	0.1862
Tab.				_	5 mg	
	01934228	Novo-Prazin	Novopharm	100	25.60	0.2560

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
TER.		DROCHLORIDE 🖪		ı	1 mg PPB	
	02234502	Apo-Terazosin	Apotex	100	18.35	→ 0.1835
	02243518	pms-Terazosin	Phmscience	100	18.35	→ 0.1835
	02218941	ratio-Terazosin	Ratiopharm	100	18.35	→ 0.1835
	02350475	Terazosin	Sanis	100	18.35	→ 0.1835
	02230805	Teva-Terazosin	Teva Can	100	18.35	→ 0.1835
Tab.					2 mg PPB	
1 ab.		I	1	I	Zilig FFB	I
	02234503	Apo-Terazosin	Apotex	100	23.33	→ 0.2333
	02243519	pms-Terazosin	Phmscience	100	23.33	→ 0.2333
	02218968	ratio-Terazosin	Ratiopharm	100	23.33	• 0.2333
	02350483	Terazosin	Sanis	100	23.33	• 0.2333
	02237477	Terazosin-2	Pro Doc	100	23.33	→ 0.2333
	02230806	Teva-Terazosin	Teva Can	100	23.33	→ 0.2333
Tab.					5 mg PPB	
		I	1	I		I
	02234504	Apo-Terazosin	Apotex	100	31.68	→ 0.3168
	02243520	pms-Terazosin	Phmscience	100	31.68	→ 0.3168
	02218976	ratio-Terazosin	Ratiopharm	100	31.68	→ 0.3168
	02350491	Terazosin	Sanis	100	31.68	0.3168
	02237478	Terazosin-5	Pro Doc	100	31.68	0.3168
	02230807	Teva-Terazosin	Teva Can	100	31.68	• 0.3168
Tab.					10 mg PPB	
	00004505	A T	. .	100		
	02234505	Apo-Terazosin	Apotex	100	46.37	0.4637
	02243521 02218984	pms-Terazosin ratio-Terazosin	Phmscience Ratiopharm	100 100	46.37 46.37	→ 0.4637→ 0.4637
	02210904	Terazosin	Sanis	100	46.37	→ 0.4637 → 0.4637
	02230808	Teva-Terazosin	Teva Can	100	46.37	→ 0.4637
						,
24:2						
		ERGICS BLOCKING A	AGENTS			
ACE Tab.	BUTOL HY	DROCHLORIDE 1		1	00 mg PPB	
		I		1	1	I
*	02286246	Acebutolol	Sanis	100	7.87	W
	00404000	A b d-1-1 d00	D D	500	39.33	W
	02164396	Acebutolol-100	Pro Doc	100	7.87	0.0787
	02147602	Ana Asshutalal	Anotox	500 100	39.33	0.0787
	02147602	Apo-Acebutolol	Apotex	500	7.87 39.33	→ 0.0787→ 0.0787
	02204517	Novo-Acebutolol	Novopharm	100	7.87	→ 0.0787 → 0.0787
*	01926543	Sectral	SanofiAven	100	30.02	0.0787 W
	01020040	Ocoli ai	CanonAven	100	30.02	

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20	00 mg PPB	
*	02286254	Acebutolol	Sanis	100	11.77	w
	00404440	A t t t		500	58.85	W
	02164418	Acebutolol-200	Pro Doc	100 500	11.77 58.85	→ 0.1177→ 0.1177
	02147610	Apo-Acebutolol	Apotex	100	11.77	→ 0.1177 → 0.1177
	02147010	Apo-Acebulolol	Apolex	500	58.85	→ 0.1177 → 0.1177
	02204525	Novo-Acebutolol	Novopharm	100	11.77	→ 0.1177
	01926551	Sectral	SanofiAven	100	45.02	0.4502
			1			
Tab.				4(00 mg PPB	
*	02286262	Acebutolol	Sanis	100	24.66	w
	02260202	Acebutolol-400	Pro Doc	100	24.66	→ 0.2466
	02104420	Apo-Acebutolol	Apotex	100	24.66	→ 0.2466→ 0.2466
	02147023	Novo-Acebutolol	Novopharm	100	24.66	→ 0.2466 → 0.2466
ATE	NOLOL 🖪					
Tab.			1		25 mg PPB	
	02326701	Atenolol	Pro Doc	100	5.21	→ 0.0521
	02020.0.	7 110770101		500	26.05	• 0.0521
*	02247182	Atenolol	Sivem	100	5.21	w
	02392194	Bio-Atenolol	Biomed	100	5.21	→ 0.0521
	02367556	Jamp-Atenolol	Jamp	100	5.21	→ 0.0521
	02371979	Mar-Atenolol	Marcan	100	5.21	→ 0.0521
	02368013	Mint-Atenol	Mint	100	5.21	→ 0.0521
	02246581	pms-Atenolol	Phmscience	100	5.21	• 0.0521
	0007005	<u> </u>		500	26.05	• 0.0521
	02373963	Ran-Atenolol	Ranbaxy	100	5.21	0.0521
	02277379	Riva-Atenolol	Riva	100 500	5.21 26.05	→ 0.0521→ 0.0521
	02368633	Septa-Atenolol	Septa	100	5.21	0.05210.0521
	02366660	Teva-Atenol	Teva Can	100	5.21	→ 0.0521 → 0.0521
	02200000	I GVA-MICHUI	Teva Cali	100	J.Z I	0.0321

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					50 mg PPB	
	02255545	ACT Atenolol	ActavisPhm	100	11.07	→ 0.1107
				500	55.35	→ 0.1107
	00773689	Apo-Atenol	Apotex	100	11.07	→ 0.1107
		•		500	55.35	→ 0.1107
	02466465	Atenolol	Sanis	100	11.07	→ 0.1107
				500	55.35	→ 0.1107
	02238316	Atenolol	Sivem	30	3.32	→ 0.1107
				500	55.35	→ 0.1107
	00828807	Atenolol-50	Pro Doc	30	3.32	→ 0.1107
				500	55.35	→ 0.1107
	02392178	Bio-Atenolol	Biomed	30	3.32	→ 0.1107
				100	11.07	→ 0.1107
	02367564	Jamp-Atenolol	Jamp	30	3.32	0.1107
	00074007			500	55.35	0.1107
	02371987	Mar-Atenolol	Marcan	30 500	3.32 55.35	0.1107
	02368021	Mint-Atenol	Mint	30	3.32	→ 0.1107→ 0.1107
	02300021	Mint-Aterior	IVIIII	500	55.35	0.1107
	02237600	pms-Atenolol	Phmscience	300	3.32	• 0.1107 • 0.1107
	02237000	pins-Alenoioi 	Filmscience	500	55.35	• 0.1107 • 0.1107
	02267985	Ran-Atenolol	Ranbaxy	30	3.32	→ 0.1107
	02207000	Tran Transier	Tunbaky	500	55.35	→ 0.1107
	02171791	ratio-Atenolol	Ratiopharm	30	3.32	→ 0.1107
	02	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	T tatiophianni	500	55.35	→ 0.1107
	02242094	Riva-Atenolol	Riva	30	3.32	→ 0.1107
				500	55.35	→ 0.1107
	02368641	Septa-Atenolol	Septa	30	3.32	→ 0.1107
				500	55.35	→ 0.1107
	02039532	Tenormin	AZC	30	17.91	0.5970
	01912062	Teva-Atenol	Teva Can	30	3.32	→ 0.1107
				500	55.35	→ 0.1107

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		ı	1	00 mg PPB	ı
02255553	ACT Atenolol	ActavisPhm	100 500	18.21 91.05	→ 0.1821→ 0.1821
00773697	Apo-Atenol	Apotex	30 100	5.46 18.21	→ 0.1821→ 0.1821
02466473 02238318	Atenolol Atenolol	Sanis Sivem	100	18.21 5.46	→ 0.1821→ 0.1821
00828793	Atenolol-100	Pro Doc	100	18.21 5.46	→ 0.1821→ 0.1821
02392186	Bio-Atenolol	Biomed	100	18.21 5.46	→ 0.1821→ 0.1821
02392100	Jamp-Atenolol	Jamp	100	18.21 5.46	→ 0.1821 → 0.1821 → 0.1821
02307372	Mar-Atenolol	Marcan	500	91.05 5.46	→ 0.1821 → 0.1821 → 0.1821
			500	91.05	→ 0.1821
02368048	Mint-Atenol	Mint	30 100	5.46 18.21	→ 0.1821→ 0.1821
02237601	pms-Atenolol	Phmscience	30 500	5.46 91.05	→ 0.1821→ 0.1821
02267993	Ran-Atenolol	Ranbaxy	30 500	5.46 91.05	→ 0.1821→ 0.1821
02171805	ratio-Atenolol	Ratiopharm	30 500	5.46 91.05	→ 0.1821→ 0.1821
02242093	Riva-Atenolol	Riva	30 500	5.46 91.05	→ 0.1821→ 0.1821
02368668	Septa-Atenolol	Septa	30 500	5.46 91.05	→ 0.1821→ 0.1821
02039540 01912054	Tenormin Teva-Atenol	AZC Teva Can	30 30 500	29.44 5.46 91.05	0.9813 • 0.1821 • 0.1821

BISOPROLOL FUMARATE

Tab).				5 mg PPB		
+	02256134 02391589 02383055 02465612 02267470	Apo-Bisoprolol Bisoprolol Bisoprolol Mint-Bisoprolol Novo-Bisoprolol	Apotex Sanis Sivem Mint Novopharm	100 100 100 100 100	7.15 7.15 7.15 7.15 7.15	+ + + +	0.0715 0.0715 0.0715 0.0715 0.0715
	02302632	pms-Bisoprolol	Phmscience	100	7.15	1 "	0.0715
	02306999	Pro-Bisoprolol-5	Pro Doc	100	7.15		0.0715
	02471264 02247439	Riva-Bisoprolol Sandoz Bisoprolol	Riva	100	7.15		0.0715
	02247439	Sariuoz bisoprolol	Sandoz	100	7.15	7	0.0715

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
			1				
Tab.		1	1		10 mg PPB		
	02256177	Apo-Bisoprolol	Apotex	100	10.44	•	0.1044
	02391597	Bisoprolol	Sanis	100	10.44	•	0.1044
	02383063	Bisoprolol	Sivem	100	10.44	•	0.1044
+	02465620	Mint-Bisoprolol	Mint	100	10.44	•	0.1044
	02267489	Novo-Bisoprolol	Novopharm	100	10.44	•	0.1044
	02302640	pms-Bisoprolol	Phmscience	100	10.44	•	0.1044
	02307006	Pro-Bisoprolol-10	Pro Doc	100	10.44	•	0.1044
	02471272	Riva-Bisoprolol	Riva	100	10.44	•	0.1044
	02247440	Sandoz Bisoprolol	Sandoz	100	10.44	•	0.1044
CAR	VEDILOL I	R					
Tab.		I	I	3.12	25 mg PPB		
	02247933	Apo-Carvedilol	Apotex	100	24.31	•	0.2431
	02418495	Auro-Carvedilol	Aurobindo	100	24.31	•	0.2431
				1000	243.10	•	0.2431
	02324504	Carvedilol	Pro Doc	100	24.31	•	0.2431
	02364913	Carvedilol	Sanis	100	24.31	•	0.2431
	02248752	Carvedilol	Sivem	100	24.31	•	0.2431
	02368897	Jamp-Carvedilol	Jamp	100	24.31	•	0.2431
	02245914	pms-Carvedilol	Phmscience	100	24.31	•	0.2431
	02268027	Ran-Carvedilol	Ranbaxy	100	24.31	•	0.2431
	02252309	ratio-Carvedilol	Ratiopharm	100	24.31	•	0.2431
Tab.				6.3	25 mg PPB		
	00047004	Anna Camaradilal	A	1	l J	_	0.0404
	02247934	Apo-Carvedilol	Apotex	100	24.31	3	0.2431
	02418509	Auro-Carvedilol	Aurobindo	100 1000	24.31 243.10	-	0.2431 0.2431
	02324512	Carvedilol	Pro Doc	1000	24.31	1	0.2431
	02364921	Carvedilol	Sanis	100	24.31	-	0.2431
	02248753	Carvedilol	Sivem	100	24.31	•	0.2431
	02368900	Jamp-Carvedilol	Jamp	100	24.31	-	0.2431
	02245915	pms-Carvedilol	Phmscience	100	24.31	•	0.2431
	02268035	Ran-Carvedilol	Ranbaxy	100	24.31	•	0.2431
	02252317	ratio-Carvedilol	Ratiopharm	100	24.31	•	0.2431
Tab.		I	T.	12	2.5 mg PPB		
	02247935	Apo-Carvedilol	Apotex	100	24.31	•	0.2431
	02418517	Auro-Carvedilol	Aurobindo	100	24.31	•	0.2431
				1000	243.10	•	0.2431
	02324520	Carvedilol	Pro Doc	100	24.31	•	0.2431
	02364948	Carvedilol	Sanis	100	24.31	•	0.2431
	02248754	Carvedilol	Sivem	100	24.31	•	0.2431
	02368919	Jamp-Carvedilol	Jamp	100	24.31	•	0.2431
	02245916	pms-Carvedilol	Phmscience	100	24.31	•	0.2431
	02268043	Ran-Carvedilol	Ranbaxy	100	24.31	•	0.2431
	02252325	ratio-Carvedilol	Ratiopharm	100	24.31	•	0.2431
		l	1				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
b.				25 mg PPB	
			I	1	l
02247936	Apo-Carvedilol	Apotex	100	24.31	→ 0.243
02418525	Auro-Carvedilol	Aurobindo	100	24.31	→ 0.243
			1000	243.10	→ 0.243
02324539	Carvedilol	Pro Doc	100	24.31	→ 0.243
02364956	Carvedilol	Sanis	100	24.31	→ 0.243
02248755	Carvedilol	Sivem	100	24.31	→ 0.24
02368927	Jamp-Carvedilol	Jamp	100	24.31	→ 0.24
02245917	pms-Carvedilol	Phmscience	100	24.31	→ 0.24
02268051	Ran-Carvedilol	Ranbaxy	100	24.31	→ 0.24
02252333	ratio-Carvedilol	Ratiopharm	100	24.31	→ 0.24
	YDROCHLORIDE)			400	
0.	I	I		100 mg	
02106272	Trandate	Paladin	100	26.00	0.26
o.				200 mg	
		I	l	200 mg	
02106280	Trandate	Paladin	100	45.95	0.45
	TARTRATE 1		50 mg /100 m	ng L.A. PPB	
or Co. L.A.	1	Anetov	50 mg /100 m	Ĭ	0.06
	Apo-Metoprolol 50 mg	Apotex	100	6.24	1
or Co. L.A. 00618632	Apo-Metoprolol 50 mg	'	100 1000	6.24 62.38	→ 0.06
or Co. L.A.	1	Apotex Apotex	100 1000 100	6.24 62.38 6.24	→ 0.06→ 0.06
or Co. L.A. 00618632 00749354	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg	Apotex	100 1000 100 1000	6.24 62.38 6.24 62.38	→ 0.06→ 0.06→ 0.06
or Co. L.A. 00618632	Apo-Metoprolol 50 mg	'	100 1000 100 100 1000	6.24 62.38 6.24 62.38 6.24	 → 0.06 → 0.06 → 0.06 → 0.06
or Co. L.A. 00618632 00749354 02356821	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L	Apotex Jamp	100 1000 1000 1000 1000 1000 500	6.24 62.38 6.24 62.38 6.24 31.19	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.06
or Co. L.A. 00618632 00749354	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg	Apotex	100 1000 100 1000 1000 500 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22
or Co. L.A. 00618632 00749354 02356821 00397423	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg	Apotex Jamp Novartis	100 1000 1000 1000 1000 500 100 500	6.24 62.38 6.24 62.38 6.24 31.19 22.71	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21
or Co. L.A. 00618632 00749354 02356821	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L	Apotex Jamp	100 1000 1000 1000 1000 500 100 500 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26
or Co. L.A. 00618632 00749354 02356821 00397423 00658855	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg	Apotex Jamp Novartis Novartis	100 1000 1000 1000 1000 500 100 500 100 250	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26
or Co. L.A. 00618632 00749354 02356821 00397423	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg	Apotex Jamp Novartis	100 1000 1000 1000 1000 500 100 500 100 250 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24	→ 0.06 → 0.06 → 0.06 → 0.06 0.022 0.21 0.26 0.26 → 0.06
or Co. L.A. 00618632 00749354 02356821 00397423 00658855	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg	Apotex Jamp Novartis Novartis	100 1000 1000 1000 1000 500 100 500 100 250	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28	→ 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 → 0.06
or Co. L.A. 00618632 00749354 02356821 00397423 00658855	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg	Apotex Jamp Novartis Novartis	100 1000 1000 1000 1000 500 100 500 100 250 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24	 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 0.26 0.06
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg	Apotex Jamp Novartis Novartis Sanis	100 1000 1000 1000 1000 500 100 500 100 250 100 500	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 0.06 → 0.06 → 0.01
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR	Apotex Jamp Novartis Novartis Sanis Pro Doc	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 → 0.06
007 Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 100	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06 → 0.12 → 0.06 → 0.12 → 0.06 → 0.06 → 0.06 → 0.06
007 Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38	 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06
007 Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24	 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06
007 Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L pms-Metoprolol-L	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience	100 1000 1000 1000 1000 500 100 500 100 250 100 500 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19	 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06 /ul>
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem	100 1000 1000 1000 1000 500 100 500 100 250 100 500 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19 6.24	 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.06 → 0.06 /ul>
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol 50 mg Metoprolol-S0 Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19 6.24 62.38	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.06 → 0.06 /ul>
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L pms-Metoprolol-L	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience	100 1000 1000 1000 1000 500 100 500 100 250 100 500 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 62.38 6.24 62.38	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06 → 0.12 → 0.06 /ul>
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319 02354187	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L Sandoz Metoprolol L 50	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva Sandoz	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 1000 10	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19 6.23 6.24 31.19	 → 0.06 → 0.06 → 0.06 → 0.06 → 0.22 0.21 0.26 0.26 → 0.06 /ul>
007 Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319 02354187 02303396	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L Sandoz Metoprolol SR 100	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva Sandoz Sandoz	100 1000 1000 1000 1000 1000 5000 1000 250 1000 5000 1000 1	6.24 62.38 6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19 6.24 62.38	 □ 0.06 □ 0.06 □ 0.06 □ 0.06 □ 0.22 □ 0.26 □ 0.26 □ 0.06 □ 0.
or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319 02354187	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-50 Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L Sandoz Metoprolol L 50	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva Sandoz	100 1000 1000 1000 1000 1000 5000 1000 250 1000 5000 1000 1	6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 31.19 6.24 62.38 6.24 31.19	 □ 0.06 □ 0.06 □ 0.06 □ 0.06 □ 0.22 □ 0.26 □ 0.26 □ 0.06 □ 0.
. or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319 02354187 02303396 00648035	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L Sandoz Metoprolol L 50 Sandoz Metoprolol SR 100 Teva-Metoprolol	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva Sandoz Sandoz Teva Can	100 1000 1000 1000 1000 500 100 500 100 250 100 500 100 1000 10	6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 62.38 6.24 31.19 6.24 62.38 6.24 31.19	■ 0.06 ■ 0.06 ■ 0.06 ■ 0.06 ■ 0.06 ■ 0.22 0.21 0.26 ■ 0.06 ■ 0.06
0. or Co. L.A. 00618632 00749354 02356821 00397423 00658855 02350394 02351404 00648019 02442124 02230803 02315319 02354187 02303396	Apo-Metoprolol 50 mg Apo-Metoprolol L 50 mg Jamp-Metoprolol-L Lopresor 50 mg Lopresor SR 100 mg Metoprolol 50 mg Metoprolol SR Metoprolol-L pms-Metoprolol-L Riva-Metoprolol-L Sandoz Metoprolol SR 100	Apotex Jamp Novartis Novartis Sanis Pro Doc Pro Doc Sivem Phmscience Riva Sandoz Sandoz	100 1000 1000 1000 1000 1000 5000 1000 250 1000 5000 1000 1	6.24 62.38 6.24 31.19 22.71 106.82 26.52 66.28 6.24 31.19 12.48 62.38 6.24 31.19 6.24 62.38 6.24 31.19	0.063 0.063 0.063 0.063 0.022 0.213 0.264 0.063 0.063 0.063 0.063 0.063 0.063 0.063 0.063 0.063

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Co. o	r Co. L.A.		10	00 mg / 200 m	g L.A. PPB	
	00618640	Apo-Metoprolol 100 mg	Apotex	100	12.50	→ 0.1250
				1000	125.00	→ 0.1250
	00751170	Apo-Metoprolol L 100 mg	Apotex	100 1000	12.50 125.00	→ 0.1250→ 0.1250
	02356848	Jamp-Metoprolol-L	Jamp	100	12.50	→ 0.1250
				500	62.50	→ 0.1250
	00534560	Lopresor SR 200 mg	Novartis	100 250	48.12 120.28	0.4812 0.4811
	02350408	Metoprolol 100 mg	Sanis	100	120.26	0.4611 → 0.1250
				500	62.50	→ 0.1250
	00648027	Metoprolol-100	Pro Doc	1000	125.00	→ 0.1250
	02442132	Metoprolol-L	Sivem	100	12.50	• 0.1250
	00040050	M M		1000	125.00	0.1250
	00842656	Novo-Metoprol B 100 mg	Novopharm	100 500	12.50 62.50	→ 0.1250→ 0.1250
	02230804	pms-Metoprolol-L	Phmscience	100	12.50	→ 0.1250 → 0.1250
	02230004	priis-ivietoproloi-L	Filliscience	500	62.50	→ 0.1250 → 0.1250
	02315327	Riva-Metoprolol-L	Riva	100	12.50	→ 0.1250→ 0.1250
	02010021	Tura metoprofer E	1444	1000	125.00	→ 0.1250
	02354195	Sandoz Metoprolol L 100	Sandoz	100	12.50	→ 0.1250
		,		500	62.50	→ 0.1250
	02303418	Sandoz Metoprolol SR 200	Sandoz	100	24.99	→ 0.2499
	00648043	Teva-Metoprolol	Teva Can	100	12.50	→ 0.1250
				500	62.50	→ 0.1250
Tab.				:	25 mg PPB	
	02246010	Ana Matanzalai	Anatav	100	6.43	● 0.0643
	02246010	Apo-Metoprolol	Apotex	1000	64.30	→ 0.0643 → 0.0643
	02356813	Jamp-Metoprolol-L	Jamp	100	6.43	→ 0.0643
	02000010	damp wetopreter 2	Jump	500	32.15	→ 0.0643
	02296713	Metoprolol-25	Pro Doc	1000	64.30	→ 0.0643
	02442116	Metoprolol-L	Sivem	100	6.43	→ 0.0643
				500	32.15	▶ 0.0643
	02261898	Novo-Metoprol	Novopharm	100	6.43	→ 0.0643
	02248855	pms-Metoprolol-L 25 mg	Phmscience	100	6.43	• 0.0643
				500	32.15	• 0.0643
	02315300	Riva-Metoprolol-L	Riva	100 500	6.43 32.15	0.0643
				300	32.13	→ 0.0643
	o. o. 18					
Tab.	OLOL 🖪	ı	1	ı	40 mg	ı
	00782505	Nadolol	AA Pharma	100	45.12	0.4512
T-L					00	
Tab. I		1	I	I	80 mg I	ı
1	00782467	Nadolol	AA Pharma	100	37.10	0.3710

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PINDOLOL 🖺 ab.			1	5 mg PPB	
00755877	Apo-Pindol	Apotex	100	13.61	→ 0.1361
00869007	Novo-Pindol	Novopharm	100	13.61	→ 0.1361
			500	68.03	→ 0.1361
00828416	Pindolol-5	Pro Doc	100	13.61	• 0.1361
02231536 00417270	pms-Pindolol Visken	Phmscience Tribute	100 100	13.61 45.71	0.13610.4571
			1	-	
ab.	1	1	ı	10 mg PPB	
00755885	Apo-Pindol	Apotex	100	23.23	→ 0.2323
			500	116.17	• 0.2323
00869015	Novo-Pindol	Novopharm	100	23.23	• 0.2323
00000404	Dindolal 10	Pro Doc	500	116.17	0.2323
00828424 02231537	Pindolol-10 pms-Pindolol	Phmscience	100 100	23.23 23.23	0.23230.2323
00443174	Visken	Tribute	100	78.06	0.7806
		-			
ab.	1	I	I	15 mg PPB	
00755893	Apo-Pindol	Apotex	100	33.70	• 0.3370
00869023	Novo-Pindol	Novopharm	100	33.70	→ 0.3370
02231539 00417289	pms-Pindolol Visken	Phmscience Tribute	100 100	33.70 113.23	0.33701.1323
		-			
PINDOLOL / HY Tab.	DROCHLOROTHIAZIDE	P	,	10 mg -25 mg	
00568627	Viskazide 10/25	Tribute	105	80.28	0.7646
00306027	VISKAZIUE 10/25	Tribute	105	00.20	0.7040
PROPRANOI OI	HYDROCHLORIDE				
A. Caps or Tab			20 mg /60 n	ng L.A. PPB	
02042231	Inderal L.A. 60 mg	Pfizer	100	44.93	0.4493
00740675	Novo-Pranol 20 mg	Novopharm	100	2.77	→ 0.0277
			500	13.84	→ 0.0277
A. Caps or Tab		40 mg / 5	80 ma / 120 n	ng L.A. PPB	
·	1	1	1	Ĭ	0.7000
	Inderal L.A. 120 mg Inderal L.A. 80 mg	Pfizer Pfizer	100 100	78.02 50.56	0.7802 0.5056
00496499	Teva-Propranolol	Teva Can	100	3.06	
	- r		1000	30.63	→ 0.0306
A. Caps or Tab			80 ma / 160 n	ng L.A. PPB	
•	1		1	Ĭ	
02042274	Inderal L.A. 160 mg	Pfizer	100	92.27	0.9227
00496502	Novo-Pranol 80 mg	Novopharm	100 500	5.09 25.43	→ 0.0509→ 0.0509

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg	
	00496480	Teva-Propranolol	Teva Can	100 1000	1.92 19.20	0.0192 0.0192
				1000	19.20	0.0192
eot	ALOL HYDE	ROCHLORIDE 🖪				
Tab.	ALOL HIDE				80 mg PPB	
	02210428	Apo-Sotalol	Apotex	100	29.66	→ 0.2966
	02368617	Jamp-Sotalol	Jamp	100	29.66	→ 0.2966
				500	148.30	→ 0.2966
	02238326	pms-Sotalol	Phmscience	100	29.66	→ 0.2966
				500	148.30	→ 0.2966
	02316528	Pro-Sotalol	Pro Doc	100	29.66	→ 0.2966
	02272164	Riva-Sotalol	Riva	100	29.66	→ 0.2966
*	02385988	Sotalol	Sivem	100	29.66	w
Tab.		I	1	1: I	60 mg PPB	
	02167794	Apo-Sotalol	Apotex	100	16.23	→ 0.1623
	02368625	Jamp-Sotalol	Jamp	100	16.23	→ 0.1623
				500	81.15	→ 0.1623
	02238327	pms-Sotalol	Phmscience	100	16.23	→ 0.1623
	02316536	Pro-Sotalol	Pro Doc	100	16.23	→ 0.1623
	02272172	Riva-Sotalol	Riva	100	16.23	→ 0.1623
*	02385996	Sotalol	Sivem	100	16.23	w
TIMO	DLOL MALE	ATE ®				
Tab.	COL WALE	AIL W			5 mg	
	00755842	Timol	AA Pharma	100	16.49	0.1649
		ļ.				
Tab.					10 mg	
	00755850	Timol	AA Pharma	100	25.72	0.2572
	·					
Tab.		I	ı	I	20 mg	
	00755869	Timol	AA Pharma	100	50.05	0.5005

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CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:28.08 DIHYDROPYRIDINES AMLODIPINE (BESYLATE)

. Tab. 2.5 mg **PPB** Pro Doc 0.0767 02326795 Amlodipine 100 7.67 Amlodipine 02385783 Sivem 100 7.67 0.0767 02419556 Amlodipine Besylate 7.67 ٠ 0.0767 Accord 100 02392127 Bio-Amlodipine Biomed 100 7.67 * * * 0.0767 02297477 Co Amlodipine 0.0767 Cobalt 100 7.67 02357186 | Jamp-Amlodipine 30 2.30 0.0767 Jamp * * * 100 7.67 0.0767 M-Amlodipine 7.67 02468018 Mantra Ph. 100 0.0767 02371707 Mar-Amlodipine Marcan 100 7.67 0.0767 500 38.35 0.0767 02469022 Pharma-Amlodipine Phmscience 100 7.67 **+** 0.0767 02295148 pms-Amlodipine Phmscience 100 7.67 0.0767 * * 02398877 Ran-Amlodipine Ranbaxy 100 7.67 0.0767 Riva 7.67 02331489 Riva-Amlodipine 100 0.0767 • 02330474 Sandoz Amlodipine Sandoz 100 7.67 0.0767 * * 02357704 Septa-Amlodipine Septa 100 7.67 0.0767 38.35 500 0.0767

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg PPB	
	02429217	Amlodipine	Jamp	100	13.43	→ 0.1343
				500	67.15	→ 0.1343
	02326809	Amlodipine	Pro Doc	500	67.15	→ 0.1343
	02331284	Amlodipine	Sanis	100	13.43	→ 0.1343
				500	67.15	→ 0.1343
	02385791	Amlodipine	Sivem	100	13.43	→ 0.1343
				500	67.15	• 0.1343
	02419564	Amlodipine Besylate	Accord	100	13.43	→ 0.1343
				250	33.58	• 0.1343
	02273373	Apo-Amlodipine	Apotex	100	13.43	• 0.1343
				500	67.15	• 0.1343
	02397072	Auro-Amlodipine	Aurobindo	100	13.43	• 0.1343
				250	33.58	• 0.1343
	02392135	Bio-Amlodipine	Biomed	100	13.43	• 0.1343
		l		500	67.15	• 0.1343
	02297485	Co Amlodipine	Cobalt	100	13.43	0.1343
	0040000	AA A sets distant		500	67.15	0.1343
	02468026	M-Amlodipine	Mantra Ph.	500	67.15	0.1343
	02371715	Mar-Amlodipine	Marcan	100	13.43	0.1343
	00000054	Adia A Amala alimina	N4:4	500	67.15	0.1343
	02362651	Mint-Amlodipine	Mint	100	13.43	0.1343
	00070440	AA to a A site it it is		250	33.58	0.1343
	02272113	Mylan-Amlodipine	Mylan	100 500	13.43 67.15	0.1343
	00070000	Manuara	D6:	1		• 0.1343
	00878928	Norvasc	Pfizer	100 250	129.99 324.97	1.2999 1.2999
	02469030	Pharma-Amlodipine	Phmscience	100	13.43	→ 0.1343
	02409030	Harria-Arriiodipine	Tillisolerice	250	33.58	• 0.1343 • 0.1343
	02284065	pms-Amlodipine	Phmscience	100	13.43	→ 0.1343
	02204000	pina Amiodipine	Timbolenee	500	67.15	→ 0.1343
	02321858	Ran-Amlodipine	Ranbaxy	100	13.43	→ 0.1343
	0202.000	/ /	Tunibuny	500	67.15	• 0.1343
	02259605	ratio-Amlodipine	Ratiopharm	100	13.43	• 0.1343
	02200000	Talle 7 limealpine	radopham	500	67.15	• 0.1343
	02331497	Riva-Amlodipine	Riva	100	13.43	• 0.1343
			1	500	67.15	→ 0.1343
	02284383	Sandoz Amlodipine	Sandoz	100	13.43	• 0.1343
				500	67.15	• 0.1343
	02357712	Septa-Amlodipine	Septa	100	13.43	→ 0.1343
			'	500	67.15	• 0.1343
	02250497	Teva-Amlodipine	Teva Can	100	13.43	→ 0.1343
		•		500	67.15	→ 0.1343
	02426986	VAN-Amlodipine	Vanc Phm	100	13.43	→ 0.1343

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg PPB	
	02297493	Act Amlodipine	ActavisPhm	100	19.93	→ 0.1993
	02231430	Act Attilodiplite	/ totavisi iiiii	500	99.65	• 0.1993
	02429225	Amlodipine	Jamp	100	19.93	• 0.1993
				500	99.65	→ 0.1993
	02326817	Amlodipine	Pro Doc	500	99.65	→ 0.1993
	02331292	Amlodipine	Sanis	500	99.65	→ 0.1993
	02385805	Amlodipine	Sivem	100	19.93	→ 0.1993
		-		500	99.65	→ 0.1993
	02419572	Amlodipine Besylate	Accord	100	19.93	→ 0.1993
		-		250	49.83	→ 0.1993
	02273381	Apo-Amlodipine	Apotex	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02397080	Auro-Amlodipine	Aurobindo	100	19.93	→ 0.1993
		-		250	49.83	→ 0.1993
	02392143	Bio-Amlodipine	Biomed	100	19.93	→ 0.1993
		-		500	99.65	→ 0.1993
	02468034	M-Amlodipine	Mantra Ph.	500	99.65	→ 0.1993
	02371723	Mar-Amlodipine	Marcan	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02362678	Mint-Amlodipine	Mint	100	19.93	→ 0.1993
				250	49.83	→ 0.1993
	02272121	Mylan-Amlodipine	Mylan	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	00878936	Norvasc	Pfizer	100	192.96	1.9296
				250	482.39	1.9296
	02469049	Pharma-Amlodipine	Phmscience	100	19.93	→ 0.1993
				250	49.83	→ 0.1993
	02284073	pms-Amlodipine	Phmscience	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02321866	Ran-Amlodipine	Ranbaxy	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02259613	ratio-Amlodipine	Ratiopharm	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02331500	Riva-Amlodipine	Riva	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02284391	Sandoz Amlodipine	Sandoz	100	19.93	• 0.1993
				500	99.65	• 0.1993
	02357720	Septa-Amlodipine	Septa	100	19.93	→ 0.1993
				500	99.65	0.1993
	02250500	Teva-Amlodipine	Teva Can	100	19.93	0.1993
		.,,,,	., 5.	250	49.83	0.1993
	02426994	VAN-Amlodipine	Vanc Phm	100	19.93	→ 0.1993

AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM

Tab.			5 mg -1	10 mg PPB			
02273233	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Pfizer Phmscience	100 90 100	58.02 67.96 58.02	,	0.5802 0.7551 0.5802	

		T	Т		1	Г
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg -	20 mg PPB	
	02411261	Apo-Amlodipine-Atorvastatin	Apotex	100	68.42	→ 0.6842
	02273241	Caduet	Pfizer	90	77.32	0.8591
	02404230	pms-Amlodipine- Atorvastatin	Phmscience	100	68.42	→ 0.6842
Tab.				5 mg -	40 mg PPB	
	02411288	Apo-Amlodipine-Atorvastatin	Apotex	100	72.32	→ 0.7232
	02273268	Caduet	Pfizer	90	80.83	0.8981
Tab.				5 mg -	80 mg PPB	
	02411296	Apo-Amlodipine-Atorvastatin	Apotex	100	72.32	→ 0.7232
	02273276	Caduet	Pfizer	90	80.83	0.8981
Tab.				10 mg -	10 mg PPB	
	02411318	Apo-Amlodipine-Atorvastatin	Apotex	100	61.25	→ 0.6125
	02273284	Caduet	Pfizer	90	82.75	0.9194
	02404249	pms-Amlodipine- Atorvastatin	Phmscience	100	61.25	→ 0.6125
Tab.				10 mg -	20 mg PPB	
	02411326	Apo-Amlodipine-Atorvastatin	Apotex	100	76.36	→ 0.7636
	02273292	Caduet	Pfizer	90	92.11	1.0234
	02404257	pms-Amlodipine- Atorvastatin	Phmscience	100	76.36	→ 0.7636
Tab.				10 mg -	40 mg PPB	
	00444004	A A		1	1	
	02411334 02273306	Apo-Amlodipine-Atorvastatin Caduet	Apotex Pfizer	100 90	80.00 95.62	• 0.8000 1.0624
Tab.				10 mg -	80 mg PPB	
	02411342	 Apo-Amlodipine-Atorvastatin	Apotex	100	80.00	→ 0.8000
	02273314	Caduet Caduet	Pfizer	90	95.62	1.0624
	D					
FELO L.A.	ODIPIN 🖺 Tab.	1	ı	2	2.5 mg PPB	1
	02452367	Apo-Felodipine	Apotex	100	40.50	
	02057778	Plendil	AZC	30	15.27	0.5090
L.A. [·]		I	I	I	5 mg PPB	1
	02452375	Apo-Felodipine	Apotex	100	33.98	
	00851779 02280264	Plendil Sandoz Felodipine	AZC Sandoz	30 100	20.40 33.98	0.6800 → 0.3398
					1 23.00	, 0.0000

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A.	Tab.				10 mg PPB	
	02452383 00851787	Apo-Felodipine Plendil	Apotex AZC	100 30	50.98 30.62	
	02280272	Sandoz Felodipine	Sandoz	100	50.98	→ 0.5098
NIFE Caps	DIPINE 🖪				5 mg	
	00725110	Nifedipine	AA Pharma	100	36.79	0.3679
L.A.	Tab. (24 h)				20 mg	
*	02237618	Adalat XL	Bayer	28	25.99	0.9282
				98	90.94	0.9280
L.A.	Tab. (24 h)			. ;	30 mg PPB	ı
	02155907	Adalat XL	Bayer	28 98	17.28 60.48	0.6171 • 0.6171
	02349167	Mylan-Nifedipine Extended Release	Mylan	100	61.71	• 0.6171
	02421631	Nifedipine ER	Pro Doc	30 100	18.51 61.71	→ 0.6170→ 0.6171
*	02442930	Nifedipine ER	Sivem	30 100	18.51 61.71	W
	02418630	pms-Nifedipine ER	Phmscience	30 100	18.51 61.71	→ 0.6170→ 0.6171
			I		-	,
L.A.	Tab. (24 h)	I	1	1	60 mg PPB	
	02155990	Adalat XL	Bayer	28 98	26.25 91.87	0.9375 → 0.9374
	02321149	Mylan-Nifedipine Extended Release	Mylan	100	93.74	• 0.9374
	02421658	Nifedipine ER	Pro Doc	30 100	28.12 93.74	◆ 0.9373◆ 0.9374
*	02442949	Nifedipine ER	Sivem	30 100	28.12 93.74	W
	02416301	pms-Nifedipine ER	Phmscience	30 100	28.12 93.74	→ 0.9373→ 0.9374
		1	1	l		
NIM	ODIPINE 🖺					
Tab. 		l	I_	l	30 mg	
	02325926	Nimotop	Bayer	100	988.00	9.8800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
	OUS CALCIUM-CHANN ROCHLORIDE 間	EL BLOCKING AGEN		20 mg PPB		
·				1		
02370441	ACT Diltiazem T	ActavisPhm	100	21.33	•	0.2133
02325306	Diltiazem TZ	Pro Doc	100	21.33	•	0.2133
02465353	Mar-Diltiazem T	Marcan	100	21.33	•	0.2133
02271605	Novo-Diltiazem HCI ER	Novopharm	100	21.33	•	0.2133
02245918	Sandoz Diltiazem T	Sandoz	100	21.33	•	0.2133
02231150	Tiazac	Valeant	100	83.49		0.8349
A. Caps.			1	80 mg PPB		
	4 OT D''':		100	00.00	_	0.0000
02370492	ACT Diltiazem T	ActavisPhm	100	28.89	7	0.2889
02325314	Diltiazem TZ	Pro Doc	100	28.89	•	0.2889
02465361	Mar-Diltiazem T	Marcan	100	28.89	*	0.2889
02271613	Novo-Diltiazem HCl ER	Novopharm	100	28.89	•	0.2889
02245919	Sandoz Diltiazem T	Sandoz	100	28.89	→	0.2889
00004454			500	144.45	•	0.2889
02231151	Tiazac	Valeant	100	112.48		1.1248
.A. Caps.			2	40 mg PPB		
02370506	ACT Diltiazem T	ActavisPhm	100	38.32	_	0.3832
02370300	Diltiazem TZ	Pro Doc	100	38.32	→	0.3832
02323322	Mar-Diltiazem T	Marcan	100	38.32	-	0.3832
02403366	Novo-Diltiazem HCl ER		100	38.32	3	0.3832
	Sandoz Diltiazem T	Novopharm Sandoz	100		-	0.3832
02245920	Tiazac	Valeant	100	38.32	7	
02231152	Tiazac	valeant	100	149.20		1.4920
.A. Caps.			3	00 mg PPB		
02370514	ACT Diltiazem T	ActavisPhm	100	47.19	_	0.4719
02370314	Diltiazem TZ	Pro Doc	100	47.19	→	0.4719
02325330	Mar-Diltiazem T	Marcan	100	47.19	→	0.4719
02403390	Novo-Diltiazem HCl ER	Novopharm	100	47.19	→	0.4719
02245921	Sandoz Diltiazem T	Sandoz	100	47.19	→	0.4719
02240321	Gariadz Diiliazelli I	Januoz	500	235.95	3	0.4719
02231154	Tiazac	Valeant	100	183.75	7	1.8375
	1		<u> </u>	1		
A. Caps.	I	ı	3	60 mg PPB	ı	
02370522	ACT Diltiazem T	ActavisPhm	100	57.78	•	0.5778
02325349	Diltiazem TZ	Pro Doc	100	57.78	•	0.5778
02465418	Mar-Diltiazem T	Marcan	100	57.78	•	0.5778
02271656	Novo-Diltiazem HCl ER	Novopharm	100	57.78	•	0.5778
	I		1 400		_	0 5770
02245922	Sandoz Diltiazem T	Sandoz	100	57.78	→	0.5778

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h)	I	1	1	20 mg PPB	ı
02370611	ACT Diltiazem CD	ActavisPhm	100	35.29	→ 0.3529
			500	176.45	→ 0.3529
02230997	Apo-Diltiaz CD	Apotex	100	35.29	→ 0.3529
			500	176.45	→ 0.3529
02097249	Cardizem CD	Valeant	100	129.79	1.2979
02400421	Diltiazem CD	Sanis	100	35.29	→ 0.3529
02445999	Diltiazem CD	Sivem	100	35.29	→ 0.3529
02231472	Diltiazem-CD	Pro Doc	100	35.29	→ 0.3529
02242538	Novo-Diltiazem CD	Novopharm	100	35.29	→ 0.3529
			500	176.45	→ 0.3529
02355752	pms-Diltiazem CD	Phmscience	100	35.29	→ 0.3529
			500	176.45	• 0.3529
02229781	ratio-Diltiazem CD	Ratiopharm	100	35.29	→ 0.3529
			500	176.45	→ 0.3529
02243338	Sandoz Diltiazem CD	Sandoz	100	35.29	→ 0.3529
L.A. Caps. (24 h)			1	80 mg PPB	
1		1		l	
02370638	ACT Diltiazem CD	ActavisPhm	100	46.84	• 0.4684
0000000	A D''':		500	234.20	0.4684
02230998	Apo-Diltiaz CD	Apotex	100	46.84	• 0.4684
			500	234.20	• 0.4684
02097257	Cardizem CD	Valeant	100	172.28	1.7228
02400448	Diltiazem CD	Sanis	100	46.84	• 0.4684
02446006	Diltiazem CD	Sivem	100	46.84	0.4684
02231474	Diltiazem-CD	Pro Doc	100	46.84	0.4684
02242539	Novo-Diltiazem CD	Novopharm	100 500	46.84	0.4684
00055700	Ditti OD	Dharasianas		234.20	0.4684
02355760	pms-Diltiazem CD	Phmscience	100 500	46.84 234.20	→ 0.4684→ 0.4684
00000700	ratio-Diltiazem CD	Dationharm	100	46.84	→ 0.4684
02229782	ratio-Diitiazerri CD	Ratiopharm	500	234.20	
02243339	Sandoz Diltiazem CD	Sandoz	100	46.84	→ 0.4684→ 0.4684
02243339	Sandoz Diitiazeni CD	Sandoz	100	40.04	7 0.4004
L.A. Caps. (24 h)	i	i	. 2	40 mg PPB	
02370646	ACT Diltiazem CD	ActavisPhm	100	62.13	→ 0.6213
02070040	AOT BIRIAZEITI OB	/ totavisi iiiii	500	310.65	→ 0.6213
02230999	Apo-Diltiaz CD	Apotex	100	62.13	→ 0.6213
0220000	, po Billiaz GB	ripotox	500	310.65	→ 0.6213
02097265	Cardizem CD	Valeant	100	228.51	2.2851
02400456	Diltiazem CD	Sanis	100	62.13	→ 0.6213
02446014	Diltiazem CD	Sivem	100	62.13	→ 0.6213
02231475	Diltiazem-CD	Pro Doc	100	62.13	→ 0.6213
02242540	Novo-Diltiazem CD	Novopharm	100	62.13	• 0.6213
		'	500	310.65	→ 0.6213
02355779	pms-Diltiazem CD	Phmscience	100	62.13	→ 0.6213
	<u>'</u>		500	310.65	• 0.6213
02229783	ratio-Diltiazem CD	Ratiopharm	100	62.13	→ 0.6213
		' """	500	310.65	→ 0.6213
02243340	Sandoz Diltiazem CD	Sandoz	100	62.13	→ 0.6213
			-	1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h	1)		3	00 mg PPB	
02370654	ACT Diltiazem CD	ActavisPhm	100	77.66	→ 0.7766
02229526	l .	Apotex	100	77.66	→ 0.7766
02223020	Apo Billiaz OB	ripotex	500	388.30	→ 0.7766
02097273	Cardizem CD	Valeant	100	285.65	2.8565
02400464	Diltiazem CD	Sanis	100	77.66	→ 0.7766
02446022	Diltiazem CD	Sivem	100	77.66	→ 0.7766
02231057		Pro Doc	100	77.66	→ 0.7766
02355787	ļ'	Phmscience	100	77.66	→ 0.7766
02243341		Sandoz	100	77.66	• 0.7766
02242541	Teva-Diltiazem CD	Novopharm	100	77.66	→ 0.7766
L.A. Tab.				120 mg	
1	: \/a	l., .	00		2.7000
02256738	Tiazac XC	Valeant	90	71.39	0.7932
L.A. Tab.				180 mg	
02256746	Tiazac XC	Valeant	90	94.85	1.0539
			1	1	
L.A. Tab.	1	1	ı	240 mg	
02256754	Tiazac XC	Valeant	90	126.07	1.4008
. A T-L		·		200	
L.A. Tab.	1	Ī	I	300 mg	
02256762	Tiazac XC	Valeant	90	125.82	1.3980
L.A. Tab.				360 mg	
1	<u> </u>	I	l		
02256770	Tiazac XC	Valeant	90	126.07	1.4008
Tab.				30 mg PPB	
00771376	Apo-Diltiaz	Apotex	100	18.66	→ 0.1866
00771370	Apo-Diiliaz	Apolex	500	93.30	→ 0.1866
00862924	Novo-Diltazem	Novopharm	100	18.66	→ 0.1866
			1	1	
Tab.	1	1	ı	60 mg PPB	
00771384	Apo-Diltiaz	Apotex	100	32.73	→ 0.3273
00862932	Novo-Diltazem	Novopharm	100	32.73	→ 0.3273
VERAPAMIL H L.A. Tab.	YDROCHLORIDE 1		1	20 mg PPB	
02246893	Apo-Verap SR	Apotex	100	50.78	→ 0.5078
01907123		BGP Pharma	100	101.78	1.0178
02210347		Mylan	100	50.78	→ 0.5078
1 322 10047		1,		00.70	, 0.0070

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A.	Tab.		1	18	30 mg PPB	
	02246894	Apo-Verap SR	Apotex	100	52.04	• 0.5204
	01934317	Isoptin SR	BGP Pharma	100	114.94	1.1494
	02450488	Mylan-Verapamil SR	Mylan	100	52.04	• 0.5204
L.A.	Tab.	ı	1	24	40 mg PPB	1
	02246895	Apo-Verap SR	Apotex	100	50.75	→ 0.5075
	00742554	Isoptin SR	BGP Pharma	500 100	253.75 153.25	• 0.5075 1.5325
	02450496	Mylan-Verapamil SR	Mylan	100	50.75	→ 0.5075
		,	,	500	253.75	• 0.5075
	02237791	pms-Verapamil SR	Phmscience	100	50.75	→ 0.5075
*	02312697	Pro-Verapamil SR	Pro Doc	100	50.75	w
			<u> </u>	500	253.75	W
	02248082	Riva-Verapamil SR	Riva	100	50.75	• 0.5075
Tab.					30 mg PPB	
	00782483	Apo-Verap	Apotex	100	27.35	→ 0.2735
	02237921	Mylan-Verapamil	Mylan	100	27.35	→ 0.2735
Tab.			1	1:	20 mg PPB	1
	00782491	Apo-Verap	Apotex	100	42.50	→ 0.4250
	02237922	Mylan-Verapamil	Mylan	100	42.50	→ 0.4250
		N-CONVERTING ENZYME	EINHIBITORS (ACE	I)	5 mg	
	02290332	Benazepril	AA Pharma	100	55.77	0.5577
Tab.					10 mg	
	02290340	Benazepril	AA Pharma	100	65.95	0.6595
	02230040	Венагорн	7011 Hallilla	100	00.50	0.0000
Tab.		I	1	:	20 mg PPB	ı
	02273918	Benazepril	AA Pharma	100	75.67	→ 0.7567
	00885851	Lotensin	Novartis	28	24.10	0.8607
CAP Tab.	TOPRIL 🖪				6.25 mg	
	01999559	Apo-Capto	Apotex	100	12.37	0.1237
Tab.			•	•	12.5 mg	
1 ab.		Novo-Captoril		I		1
	01942964		Novopharm	100	10.60	0.1060

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					25 mg	
	01942972	Teva Captoril	Novopharm	100	15.00	0.1500
Tab.					50 mg	
	01942980	Teva-Captoril	Novopharm	100	27.95	0.2795
Tab.					100 mg	
	01942999	Novo-Captoril	Novopharm	100	51.98	0.5198
CILA Tab.	ZAPRIL 🖺				1 mg PPB	
	02291134 02283778	Apo-Cilazapril Mylan-Cilazapril	Apotex Mylan	100 100	15.57 15.57	→ 0.1557→ 0.1557
Tab.				2	.5 mg PPB	
	02291142 01911473 02283786 02266369	Apo-Cilazapril Inhibace Mylan-Cilazapril Teva-Cilazapril	Apotex Roche Mylan Novopharm	100 100 100 100	17.95 73.23 17.95 17.95	 0.1795 0.7323 0.1795 0.1795
Tab.					5 mg PPB	
	02291150 01911481 02283794	Apo-Cilazapril Inhibace Mylan-Cilazapril	Apotex Roche Mylan	100 100 100	20.85 85.08 20.85	0.20850.85080.2085
CILA Tab.	ZAPRIL/ HY	/DROCHLOROTHIAZIDE		5 mg -12	.5 mg PPB	
	02284987 02181479 02313731	Apo-Cilazapril - HCTZ Inhibace Plus Novo-Cilazapril/HCTZ	Apotex Roche Novopharm	100 28 100	41.70 23.82 41.70	→ 0.4170 0.8507→ 0.4170

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ENA Tab.	LAPRIL MA	LEATE 🖪		. 2	2.5 mg PPB	
	02291878	ACT Enalapril	ActavisPhm	100	18.63	→ 0.1863
	02020025	Apo-Enalapril	Apotex	100	18.63	→ 0.1863
	02400650	Enalapril	Sanis	100	18.63	→ 0.1863
	02442957	Enalapril	Sivem	100	18.63	→ 0.1863
+	02474786	Jamp-Enalapril	Jamp	100	18.63	→ 0.1863
	02300036	Mylan-Enalapril	Mylan	100	18.63	→ 0.1863
	02300680	Novo-Enalapril	Novopharm	30	5.59	→ 0.1863
				100	18.63	→ 0.1863
	02300079	pms-Enalapril	Phmscience	100	18.63	→ 0.1863
	02311402	Pro-Enalapril-2.5	Pro Doc	100	18.63	→ 0.1863
	02352230	Ran-Enalapril	Ranbaxy	100	18.63	→ 0.1863
	02300796	Riva-Enalapril	Riva	100	18.63	• 0.1863
				500	93.15	• 0.1863
*	02299933	Sandoz Enalapril	Sandoz	100	18.63	• 0.1863
	00851795	Vasotec	Merck	28	10.58	W
Tab.					5 mg PPB	
	02291886	ACT Enalapril	ActavisPhm	100	22.03	→ 0.2203
İ	02019884	Apo-Enalapril	Apotex	100	22.03	→ 0.2203
				500	110.15	→ 0.2203
	02400669	Enalapril	Sanis	100	22.03	→ 0.2203
	02442965	Enalapril	Sivem	100	22.03	→ 0.2203
+	02474794	Jamp-Enalapril	Jamp	100	22.03	→ 0.2203
				500	110.15	→ 0.2203
	02300044	Mylan-Enalapril	Mylan	100	22.03	→ 0.2203
				500	110.15	→ 0.2203
	02233005	Novo-Enalapril	Novopharm	30	6.61	→ 0.2203
				500	110.15	→ 0.2203
	02300087	pms-Enalapril	Phmscience	100	22.03	→ 0.2203
				500	110.15	→ 0.2203
	02311410	Pro-Enalapril-5	Pro Doc	100	22.03	• 0.2203
	02352249	Ran-Enalapril	Ranbaxy	100	22.03	• 0.2203
	02300818	Riva-Enalapril	Riva	30	6.61	• 0.2203
				500	110.15	• 0.2203
	02299941	Sandoz Enalapril	Sandoz	100	22.03	• 0.2203
	00708879	Vasotec	Merck	28	12.52	0.4471

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
					SIZE	
Tab.					10 mg PPB	
lab.		I	I	I	loning FFB	I
	02291894	ACT Enalapril	ActavisPhm	30	7.94	▶ 0.2647
				500	132.35	→ 0.2647
	02019892	Apo-Enalapril	Apotex	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02400677	Enalapril	Sanis	100	26.47	→ 0.2647
	02442973	Enalapril	Sivem	100	26.47	→ 0.2647
+	02474808	Jamp-Enalapril	Jamp	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02300052	Mylan-Enalapril	Mylan	100	26.47	→ 0.2647
			l	500	132.35	• 0.2647
	02233006	Novo-Enalapril	Novopharm	30	7.94	• 0.2647
			L	500	132.35	0.2647
	02300095	pms-Enalapril	Phmscience	100	26.47	0.2647
	00044400	5 5 4 3 4 6		500	132.35	0.2647
	02311429	Pro-Enalapril-10	Pro Doc	100	26.47	0.2647
	02352257	Ran-Enalapril	Ranbaxy	100	26.47	0.2647
	02300826	Riva-Enalapril	Riva	30	7.94	0.2647
	0000000	October 5 colorest		500	132.35	0.2647
	02299968	Sandoz Enalapril Vasotec	Sandoz	100	26.47	→ 0.2647
	00670901	vasolec	Merck	28	15.04	0.5371
Tab.		I	1	1	20 mg PPB	I
	02291908	ACT Enalapril	ActavisPhm	100	31.95	→ 0.3195
	02019906	Apo-Enalapril	Apotex	100	31.95	→ 0.3195
			'	500	159.75	→ 0.3195
	02400685	Enalapril	Sanis	100	31.95	→ 0.3195
	02442981	Enalapril	Sivem	100	31.95	→ 0.3195
+	02474816	Jamp-Enalapril	Jamp	100	31.95	→ 0.3195
				500	159.75	→ 0.3195
	02300060	Mylan-Enalapril	Mylan	100	31.95	▶ 0.3195
				500	159.75	→ 0.3195
	02300109	pms-Enalapril	Phmscience	100	31.95	▶ 0.3195
	02311437	Pro-Enalapril-20	Pro Doc	100	31.95	→ 0.3195
	02352265	Ran-Enalapril	Ranbaxy	100	31.95	→ 0.3195
	02300834	Riva-Enalapril	Riva	30	9.59	→ 0.3195
1				500	159.75	• 0.3195
	02299976	Sandoz Enalapril	Sandoz	100	31.95	→ 0.3195
	00670928	Vasotec	Merck	28	18.14	0.6479
ENA	LAPRIL MA	LEATE/ HYDROCHLOROTH	IIAZIDE 🖪			
Tab.				. 1	10 mg -25 mg	
1		1	1	1	1	I

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1.0596

Merck

00657298 Vaseretic

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
LISINOPRIL B						
Tab.	1	1		5 mg PPB		
02217481	Apo-Lisinopril	Apotex	100	13.47	•	0.1347
			500	67.35	•	0.1347
02394472	Auro-Lisinopril	Aurobindo	100	13.47	•	0.1347
			500	67.35	•	0.1347
02271443	Co Lisinopril	Cobalt	100	13.47	→	0.1347
	-		500	67.35	→	0.1347
02361531	Jamp-Lisinopril	Jamp	100	13.47	•	0.1347
02386232	Lisinopril	Sivem	100	13.47	•	0.1347

Marcan

Novopharm

Novopharm

Phmscience

Pro Doc

Ranbaxy

Ratiopharm

Ratiopharm

Riva

AZC

Sandoz

02285061

02292203

02310961

02294230

02256797

02299879

02289199

02049333 Zestril

02285118 Novo-Lisinopril (Type Z)

pms-Lisinopril

Pro-Lisinopril-5

ratio-Lisinopril P

ratio-Lisinopril Z

Sandoz Lisinopril

02300958 | Riva-Lisinopril

Ran-Lisinopril

Novo-Lisinopril (Type P)

02422506 Mar-Lisinopril

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100

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100

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500

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500

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500

100 500

30

100

100

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg PPB	
	02217503	Apo-Lisinopril	Apotex	100	16.19	→ 0.1619
		, , , , ,	'	500	80.93	→ 0.1619
	02394480	Auro-Lisinopril	Aurobindo	100	16.19	→ 0.1619
		,		500	80.93	• 0.1619
	02271451	Co Lisinopril	Cobalt	100	16.19	→ 0.1619
	02361558	Jamp-Lisinopril	Jamp	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02386240	Lisinopril	Sivem	100	16.19	→ 0.1619
	02422514	Mar-Lisinopril	Marcan	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02285126	Novo-Lisinopril (Type Z)	Novopharm	30	4.86	→ 0.1619
				100	16.19	→ 0.1619
	02292211	pms-Lisinopril	Phmscience	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	00839396	Prinivil	Merck	28	19.61	0.7004
	02310988	Pro-Lisinopril-10	Pro Doc	100	16.19	→ 0.1619
	02294249	Ran-Lisinopril	Ranbaxy	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02256800	ratio-Lisinopril P	Ratiopharm	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02299887	ratio-Lisinopril Z	Ratiopharm	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02300982	Riva-Lisinopril	Riva	100	16.19	→ 0.1619
				500	80.93	→ 0.1619
	02289202	Sandoz Lisinopril	Sandoz	30	4.86	→ 0.1619
				100	16.19	→ 0.1619
	02285088	Teva-Lisinopril (Type P)	Teva Can	30	4.86	→ 0.1619
				100	16.19	→ 0.1619
	02049376	Zestril	AZC	100	67.23	0.6723

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Tab.		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02394499 Auro-Lisinopril	Tab.				:	20 mg PPB	
02394499 Auro-Lisinopril		02217511	Apo-l isinopril	Apotex	100	19 45	0 1945
O2271478 Co Lisinopril Cobalt 100 19.45 → 0.1945 O2381586 Jamp-Lisinopril Jamp 100 19.45 → 0.1945 O2386259 Lisinopril Sivem 100 19.45 → 0.1945 O2386259 Lisinopril Marcan 100 19.45 → 0.1945 O2385134 Novo-Lisinopril (Type Z) Novopharm 30 5.84 → 0.1945 O23825134 Novo-Lisinopril (Type Z) Novopharm 30 5.84 → 0.1945 O2383148 Prinivil Merck 28 23.56 O23413696 Pro-Lisinopril-20 Pro Doc 100 19.45 → 0.1945 O2394257 Ran-Lisinopril Ratiopharm 100 19.45 → 0.1945 O2394257 Ran-Lisinopril Ratiopharm 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Ratiopharm 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Riva 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 Riva-Lisinopril Riva 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 Riva-Lisinopril Riva 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 Riva-Lisinopril Riva 100 19.45 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 Riva-Lisinopril Sandoz 30 5.84 → 0.1945 O2300990 O2302365 Sandoz Lisinopril Sandoz 30 6.25 → 0.2083 O2303768 Castril AZC 100 80.78 O2833 → 0.2083 O2303768 Castril AZC 100 86.54 O2833 → 0.2083 O2303768 Castril AZC 100 86.54 O28654 O2302373 Castril AZC 100 86.54 O28654 O2302373 Castril AZC 100 Castril O2503 → 0.2503 O2303776 Castril AZC 100 Castril O2503 → 0.2503 O2303776 Castril AZC 100 Castril O2503 → 0.2503 O2303776 Castril AZC 100 Castril O2503 → 0.2503 O2303776 Castril AZC 100 Castril O2503 O2503 O2303776 Castril AZC 100 Castril O2503 O2503 O2303776 Castril AZC Castril O2503 O2503 O2503 O2303776 Castril		022	, the mention	, poton			
O2271478 Co Lisinopril Cobalt 100 19.45 → 0.1945 O.3945 O.		02394499	Auro-Lisinopril	Aurobindo	1		→ 0.1945
02361566 Jamp-Lisinopril Jamp 100 19.45 1.945 0.1945 0.29425529 Mar-Lisinopril Marcan 100 19.45 0.1945 0.1945 0.29425522 Mar-Lisinopril Marcan 100 19.45 0.1945 0.1945 0.2945252 Mar-Lisinopril Marcan 100 19.45 0.1945 0.1945 0.29452 0.2985134 Novo-Lisinopril (Type Z) Novopharm 30 5.84 0.1945 0.29452 0.292238 Prinivil Merck 28 23.56 0.97.24 0.1945 0.29452 0.294257 Ran-Lisinopril Pro Doc 100 19.45 0.1945 0.294257 Ran-Lisinopril Ranbaxy 100 19.45 0.1945 0.1945 0.294257 Ran-Lisinopril Ratiopharm 100 19.45 0.1945 0.1945 0.2956819 ratio-Lisinopril Z Ratiopharm 100 19.45 0.1945 0.299895 ratio-Lisinopril Z Ratiopharm 100 19.45 0.1945 0.298929 Riva-Lisinopril Riva 100 19.45 0.1945 0.298929 Sandoz Lisinopril Sandoz 30 5.84 0.1945 0.298929 Teva-Lisinopril Sandoz 30 5.84 0.1945 0.1945 0.298929 Teva-Lisinopril Sandoz 30 5.84 0.1945 0.1945 0.2983 0.20		00074470			1	1	l -
02386259 Lisinopril Sivem 100 19.45				1	1	1	l .
02386259 Lisinopril Sivem 100 19.45 0.1945 0.1945 0.2422522 Mar-Lisinopril Marcan 100 19.45 0.1945 0.1945 0.2285134 Novo-Lisinopril (Type Z) Novopharm 30 5.84 0.1945 0.2292238 pms-Lisinopril Phmscience 30 5.84 0.1945 0.1945 0.2292238 pms-Lisinopril Phmscience 30 5.84 0.1945 0.1945 0.2310996 Pro-Lisinopril-20 Pro Doc 100 19.45 0.1945 0.2294257 Ran-Lisinopril Ranbaxy 100 19.45 0.1945 0.2294257 Ran-Lisinopril Ranbaxy 100 19.45 0.1945 0.2294257 Ran-Lisinopril Ratiopharm 100 19.45 0.1945 0.2298895 ratio-Lisinopril Ratiopharm 100 19.45 0.1945 0.2300990 Riva-Lisinopril Riva 100 19.45 0.1945 0.2300990 Riva-Lisinopril Riva 100 19.45 0.1945 0.2289229 Sandoz Lisinopril Sandoz 30 5.84 0.1945 0.2289229 Sandoz Lisinopril Sandoz 30 5.84 0.1945 0.2289229 Sandoz Lisinopril Sandoz 30 5.84 0.1945 0.1945 0.2285096 Teva-Lisinopril Teva Can 30 5.84 0.1945		02301300	Јаттр-шѕтюртіі	Jamp			
02422522 Mar-Lisinopril Marcan 100 19.45 0.1945		02386259	Lisinopril	Sivem	1	1	l .
02285134 Novo-Lisinopril (Type Z) Novopharm 30 5.84				Marcan	100	19.45	
Description Description			·		l .	97.24	
02292238 pms-Lisinopril		02285134	Novo-Lisinopril (Type Z)	Novopharm			
Novo-Lisinopril/HCTZ (Type P) Case PPB Case PPB Case PP Pob P Case PP Pob P P							
00839418		02292238	pms-Lisinoprii	Pnmscience			
02310996		00839418	Prinivil	Merck	1	1	
02294257 Ran-Lisinopril Ranbaxy 100 19.45 \$ 0.1945 \$ 0.1945 \$ 0.256819 \$ ratio-Lisinopril P Ratiopharm 100 19.45 \$ 0.1945 \$ 0.1945 \$ 0.299895 \$ ratio-Lisinopril Z Ratiopharm 100 19.45 \$ 0.1945 \$ 0.1945 \$ 0.299895 \$ ratio-Lisinopril Z Ratiopharm 100 19.45 \$ 0.1945 \$ 0.29300990 \$ Riva-Lisinopril Riva 100 19.45 \$ 0.1945 \$ 0.1945 \$ 0.289229 \$ Sandoz Lisinopril Sandoz 30 5.84 \$ 0.1945 \$ 0.1945 \$ 0.289229 \$ Sandoz Lisinopril Teva-Lisinopril (Type P) Teva Can 30 5.84 \$ 0.1945 \$ 0.2049384 \$ Zestril AZC 100 80.78 \$ 0.8078 \$ 0.8078 \$ 0.2083						1	
02256819		02294257		Ranbaxy	100	1	→ 0.1945
Sandoz Sandoz					1		→ 0.1945
02299895		02256819	ratio-Lisinopril P	Ratiopharm			1 -
Riva		00000005		D " 1	l .		
02300990 Riva-Lisinopril		02299895	ratio-Lisinoprii Z	Ratiopnarm			
02289229 Sandoz Lisinopril Sandoz 30 5.84 0.1945		02300990	Riva-Lisinopril	Riva	1		l
02289229 Sandoz Lisinopril Sandoz 30 5.84 0.1945 0.		02000330	TAVA LISITOPIII	Tiva			1 -
Description Teva-Lisinopril (Type P) Teva Can 30 5.84 → 0.1945 500 97.24 → 0.1945 0.1945 0.2049384 Zestril AZC 100 80.78 → 0.8078 LISINOPRIL HYDROCHLOROTHIAZIDE		02289229	Sandoz Lisinopril	Sandoz	1		
LISINOPRIL HYDROCHLOROTHIAZIDE			,		100	19.45	→ 0.1945
LISINOPRIL HYDROCHLOROTHIAZIDE		02285096	Teva-Lisinopril (Type P)	Teva Can	1		
LISINOPRIL HYDROCHLOROTHIAZIDE		00040004	7(.7)	470	1		,
Tab. 10 mg -12.5 mg PPB 02362945 Lisinopril/HCTZ (Type Z) Sanis 30 6.25 → 0.2083 02302136 Novo-Lisinopril/HCTZ (Type P) Novopharm 30 6.25 → 0.2083 02302365 Sandoz Lisinopril HCT Sandoz 30 6.25 → 0.2083 02301768 Teva-Lisinopril/HCTZ (Type Z) Novopharm 100 20.83 → 0.2083 02103729 Zestoretic AZC 100 86.54 0.8654 Tab. Tab. 20 mg -12.5 mg PPB 02362953 Lisinopril/HCTZ (Type Z) Sanis 100 25.03 → 0.2503 Novo-Lisinopril/HCTZ (Type P) Novopharm 100 25.03 → 0.2503 02302373 Sandoz Lisinopril HCT Sandoz 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 →		02049364	Zesuii	AZC	100	80.76	0.8078
02362945		NOPRIL HYI	DROCHLOROTHIAZIDE		10 mg 13) 5 mg DDR	
02302136	ab.		1	I	I	ising PPB	I
02302136 Novo-Lisinopril/HCTZ (Type P) Novopharm 30 6.25 → 0.2083 0.2		02362945	Lisinopril/HCTZ (Type Z)	Sanis			
P) 100 20.83 → 0.2083 02302365 Sandoz Lisinopril HCT Sandoz 30 6.25 → 0.2083 02301768 Teva-Lisinopril/HCTZ (Type Z) Novopharm 100 20.83 → 0.2083 02103729 Zestoretic AZC 100 86.54 0.8654 Tab. Tab. 20 mg -12.5 mg PPB 02362953 Lisinopril/HCTZ (Type Z) Sanis 100 25.03 → 0.2503 Novo-Lisinopril/HCTZ (Type P) Novopharm 100 25.03 → 0.2503 02302373 Sandoz Lisinopril HCT Sandoz 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 → 0.2503 02503 July Calculation 25.03 → 0.2503 → 0.2503		00000106	Nova Lieinenvil/HCTZ /Trans	Nevenberm	1	1	l .
02302365 Sandoz Lisinopril HCT Sandoz 30 6.25 ♣ 0.2083 02301768 Teva-Lisinopril/HCTZ (Type Z) Novopharm 100 20.83 ♣ 0.2083 02103729 Zestoretic AZC 100 86.54 0.8654 Tab. 20 mg -12.5 mg PPB 02362953 Lisinopril/HCTZ (Type Z) Novo-Lisinopril/HCTZ (Type Z) Novopharm 100 25.03 ♣ 0.2503 02302144 Novo-Lisinopril/HCTZ (Type P) Novopharm 100 25.03 ♣ 0.2503 02302373 Sandoz Lisinopril HCT Sandoz 30 7.51 ♣ 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 ♣ 0.2503 Z) Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 ♣ 0.2503 100 25.03 ♣ 0.2503 ♣ 0.2503 ♣		02302136		Novopnam			1 -
02301768 Teva-Lisinopril/HCTZ (Type Novopharm 100 20.83 0.2083 0.2503		02302365	'	Sandoz	1		
Z) Zestoretic AZC 100 86.54 0.8654 Tab. 20 mg -12.5 mg PPB		02002000					
Tab. 20 mg -12.5 mg PPB 02362953 02302144 Novo-Lisinopril/HCTZ (Type P) 02302373 Lisinopril/HCTZ (Type P) Novopharm Novopharm P) 100 25.03 → 0.2503 → 0.2503 02302373 02301776 Teva-Lisinopril/HCTZ (Type P) 2 02301776 Teva-Lisinopril/HCTZ (Type P) 100 25.03 Teva Can 30 7.51 → 0.2503 → 0.2503 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type P) 2 02503 Teva Can 30 7.51 → 0.2503 → 0.2503 → 0.2503		02301768		Novopharm	100	20.83	→ 0.2083
02362953		02103729	Zestoretic	AZC	100	86.54	0.8654
02362953						•	
02302144 Novo-Lisinopril/HCTZ (Type P) 02302373 Sandoz Lisinopril HCT Sandoz 30 7.51 0.2503 0.25	Tab.		I	ı	20 mg -12	2.5 mg PPB	1
P) Sandoz Lisinopril HCT Sandoz 30 7.51 → 0.2503 02301776 Teva-Lisinopril/HCTZ (Type Z) Teva Can 30 7.51 → 0.2503 25.03 → 0.2503 → 0.2503 100 25.03 → 0.2503 25.03 → 0.2503			, , , , ,		I	l .	l .
02302373		02302144		Novopharm	100	25.03	→ 0.2503
02301776		00000070		Canda	20	7.54	0.0500
02301776		02302373	Sandoz Lisinoprii HCT	Sandoz			
Z) 100 25.03 → 0.2503		02301776	Teva-Lisinopril/HCT7 (Type	Teva Can	1		
		22001110			1		
		02045737	T	AZC	1	1	1.0400

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
Tab.				20 mg -2	25 mg PPB		
	02362961	Lisinopril/HCTZ (Type Z)	Sanis	30 100	7.51 25.03	→	0.2503 0.2503
	02302152	Novo-Lisinopril/HCTZ (Type P)	Novopharm	100	25.03	•	0.2503
	02301784	Novo-Lisinopril/HCTZ (Type Z)	Novopharm	30 100	7.51 25.03	→	0.2503 0.2503
	02302381	Sandoz Lisinopril HCT	Sandoz	30 100	7.51 25.03	*	0.2503 0.2503
	02045729	Zestoretic	AZC	100	104.00		1.0400

PERINDOPRIL ERBUMIN

Tab.	III DOI KIL L		1		2 mg PPB			
	02289261	Apo-Perindopril	Apotex	30	4.90	→	0.1632	
				500	81.60	•	0.1632	
	02459817	Auro-Perindopril	Aurobindo	30	4.90	•	0.1632	
				500	81.60	•	0.1632	
	02123274	Coversyl	Servier	30	18.88		0.6293	
+	02477009	Jamp-Perindopril	Jamp	100	16.32	•	0.1632	
+	02479877	Perindopril Erbumine	Sivem	30	4.90	•	0.1632	
				100	16.32	•	0.1632	
	02470675	pms-Perindopril	Phmscience	30	4.90	•	0.1632	
				500	81.60	•	0.1632	
	02472015	Riva-Perindopril	Riva	30	4.90	•	0.1632	
				100	16.32	•	0.1632	
	02470225	Sandoz Perindopril	Sandoz	30	4.90	•	0.1632	
		Erbumine		100	16.32	•	0.1632	
	02464985	Teva-Perindopril	Teva Can	100	16.32	•	0.1632	

Tab.		1	1		4 mg PPB		
	02289288	Apo-Perindopril	Apotex	30	6.13	•	0.2042
			· .	500	102.10	•	0.2042
	02459825	Auro-Perindopril	Aurobindo	30	6.13	•	0.2042
				500	102.10	•	0.2042
	02123282	Coversyl	Servier	30	23.60		0.7867
+	02477017	Jamp-Perindopril	Jamp	100	20.42	•	0.2042
+	02476770	Mint-Perindopril	Mint	100	20.42	•	0.2042
+	02479885	Perindopril Erbumine	Sivem	30	6.13	•	0.2042
				100	20.42	•	0.2042
	02470683	pms-Perindopril	Phmscience	30	6.13	•	0.2042
				500	102.10	•	0.2042
	02472023	Riva-Perindopril	Riva	30	6.13	•	0.2042
				100	20.42	•	0.2042
	02470233	Sandoz Perindopril	Sandoz	30	6.13	•	0.2042
		Erbumine		100	20.42	•	0.2042
	02464993	Teva-Perindopril	Teva Can	100	20.42	•	0.2042

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					8 mg PPB	
	02289296	Apo-Perindopril	Apotex	30	8.49	→ 0.2830
	02459833	Auro-Perindopril	Aurobindo	500 30	141.55 8.49	→ 0.2831→ 0.2830
	02246624	Coversyl	Servier	500 30	141.55 33.05	• 0.2831 1.1017
_	02477025	Jamp-Perindopril	Jamp	100	28.31	→ 0.2831
1	02476789	Mint-Perindopril	Mint	100	28.31	→ 0.2831
'		· '			1	-
+	02479893	Perindopril Erbumine	Sivem	30 100	8.49 28.31	→ 0.2830→ 0.2831
	02470691	pms-Perindopril	Phmscience	30 500	8.49 141.55	→ 0.2830→ 0.2831
	02472031	Riva-Perindopril	Riva	30	8.49	• 0.2830
				100	28.31	→ 0.2831
	02470241	Sandoz Perindopril	Sandoz	30	8.49	→ 0.2830
		Erbumine		100	28.31	• 0.2831
	02465000	Teva-Perindopril	Teva Can	100	28.31	→ 0.2831
PER l Tab.	INDOPRIL E	ERBUMIN/INDAPAMIDE	I	4 mg -1.:	25 mg PPB 	
	02246569	Coversyl Plus	Servier	30	29.29	0.9763
	02470438	Sandoz Perindopril	Sandoz	30	15.34	→ 0.5113
		Erbumine/Indapamide		100	51.13	→ 0.5113
	02464020	Teva-Perindopril/ Indapamide	Teva Can	100	51.13	• 0.5113
- .						
Tab. I		1	1	8 mg - 2	2.5 mg PPB 	1
	02321653	Coversyl Plus HD	Servier	30	32.76	1.0920
	02470446	Sandoz Perindopril	Sandoz	30	17.15	→ 0.5718
		Erbumine/Indapamide HD		100	57.18	→ 0.5718
	02464039	Teva-Perindopril/ Indapamide	Teva Can	100	57.18	• 0.5718
			•	•		
QUIN Tab.		DROCHLORIDE 1	1	ı	5 mg PPB	
		 	 Pfizer	90	l I	0 8882
	01947664	Accupril	Pfizer Anotex	90	79.94	0.8882 • 0.2278
		 	Pfizer Apotex Phmscience	90 100 100	l I	0.8882 → 0.2278 → 0.2278
Tab.	01947664 02248499	Accupril Apo-Quinapril	Apotex	100 100	79.94 22.78	→ 0.2278
Tab.	01947664 02248499	Accupril Apo-Quinapril	Apotex	100 100	79.94 22.78 22.78	→ 0.2278
Tab.	01947664 02248499 02340550	Accupril Apo-Quinapril pms-Quinapril	Apotex Phmscience	100	79.94 22.78 22.78 10 mg PPB	◆ 0.2278◆ 0.2278
	01947664 02248499 02340550 01947672	Accupril Apo-Quinapril pms-Quinapril Accupril	Apotex Phmscience	100 100	79.94 22.78 22.78 10 mg PPB 79.94	◆ 0.2278◆ 0.2278◆ 0.8882
Tab.	01947664 02248499 02340550 01947672 02248500 02340569	Accupril Apo-Quinapril pms-Quinapril Accupril Apo-Quinapril	Apotex Phmscience Pfizer Apotex	90 100 100	79.94 22.78 22.78 10 mg PPB 79.94 22.78	◆ 0.2278◆ 0.2278◆ 0.8882◆ 0.2278
Tab.	01947664 02248499 02340550 01947672 02248500 02340569	Accupril Apo-Quinapril pms-Quinapril Accupril Apo-Quinapril	Apotex Phmscience Pfizer Apotex	90 100 100	79.94 22.78 22.78 22.78 10 mg PPB 79.94 22.78 22.78	◆ 0.2278◆ 0.2278◆ 0.8882◆ 0.2278
Tab.	01947664 02248499 02340550 01947672 02248500 02340569	Accupril Apo-Quinapril pms-Quinapril Accupril Apo-Quinapril pms-Quinapril	Apotex Phmscience Pfizer Apotex Phmscience	90 100 100	79.94 22.78 22.78 10 mg PPB 79.94 22.78 22.78	 → 0.2278 → 0.2278 → 0.8882 → 0.2278 → 0.2278

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	U	NIT PRICE
Tab.				•	40 mg PPB		
	04047000	A	DC.	00	1		0.0000
	01947699	Accupril	Pfizer	90	79.94	_	0.8882
	02248502	Apo-Quinapril	Apotex	100	22.78	7	0.2278
	02340585	pms-Quinapril	Phmscience	100	22.78	7	0.2278
OUII	NAPRIL HYI	DROCHLORIDE / HYDROC	HLOROTHIAZIDE R				
Гаb.		I	1	10 mg -1	2.5 mg PPB	ı	
	02237367	Accuretic	Pfizer	28	24.86		0.8879
*	02408767	Apo-Quinapril/HCTZ	Apotex	30	14.36	•	0.4786
				100	47.86	•	0.4786
+	02473291	Auro-Quinapril HCTZ	Aurobindo	28	13.40	•	0.4786
				90	43.07	•	0.4786
Гаb.				20 mg -1	2.5 mg PPB		
	02237368	Accuretic	Pfizer	28	24.86		0.8879
*	02408775	Apo-Quinapril/HCTZ	Apotex	30	14.36	•	0.4786
			1.4	100	47.86	•	0.4786
+	02473305	Auro-Quinapril HCTZ	Aurobindo	28	13.40	•	0.4786
	02.7000	/ tare quinapin ::e:=	7 (4. 92 40	90	43.07	•	0.4786
Гаb.				20 mg -	-25 mg PPB		
	02237369	Accuretic	Pfizer	28	24.11		0.8611
*	02408783	Apo-Quinapril/HCTZ	Apotex	30	13.81	_	0.4602
	02400703	Apo-Quinaprii/11C12	Apolex	100	46.02	3	0.4602
	02473321	Aura Quinanril HCTZ	Aurobindo	28	12.89		0.4602
+	02473321	Auro-Quinapril HCTZ	Auropindo	90	41.42	→	0.4602
RAM Caps	IIPRIL 🖪						
Owbe	3.			1.	.25 mg PPB		
		ACT Raminril	ActavisPhm	1	1	_	0 0709
Japa	02295482	ACT Ramipril	ActavisPhm	100	7.08	→	0.0708
o up u	02295482 02221829	Altace	Valeant	100 30	7.08 20.97	+	0.6990
o a p	02295482	· ·		100 30 30	7.08 20.97 2.12	→	0.6990 0.0708
у «р «	02295482 02221829 02251515	Altace Apo-Ramipril	Valeant Apotex	100 30 30 100	7.08 20.97 2.12 7.08	÷	0.6990 0.0708 0.0708
o a p	02295482 02221829	Altace	Valeant	100 30 30 100 30	7.08 20.97 2.12 7.08 2.12	* * *	0.6990 0.0708 0.0708 0.0708
у шр	02295482 02221829 02251515 02387387	Altace Apo-Ramipril Auro-Ramipril	Valeant Apotex Aurobindo	100 30 30 100 30 100	7.08 20.97 2.12 7.08 2.12 7.08	* * * *	0.6990 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515	Altace Apo-Ramipril	Valeant Apotex	100 30 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12	* * * * *	0.6990 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril	Valeant Apotex Aurobindo Jamp	100 30 30 100 30 100 30 100	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08	* * * *	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril	Valeant Apotex Aurobindo Jamp Marcan	100 30 30 100 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12	++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience	100 30 30 100 30 100 30 100 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12	*****	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril	Valeant Apotex Aurobindo Jamp Marcan	100 30 30 100 30 100 30 100 30 100 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12	+++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08	*****	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 2.12 7.08	+++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08 2.12 7.08	+++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 100 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08 2.12 7.08	+++++++	0.6990 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08 2.12 7.08	+++++++	0.6990 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 100 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08 2.12 7.08	+++++++	0.6990 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700 0.0700
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023 02299372	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience Pro Doc Riva	100 30 30 100 30 100 30 100 30 30 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08 2.12 7.08	+++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023 02299372 02308363	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience Pro Doc Riva Sivem	100 30 30 100 30 100 30 100 30 30 100 30 100 30 100	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 7.08 2.12 7.08 2.12 7.08 2.10 7.08 7.08	+++++++++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708
	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023 02299372 02308363	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience Pro Doc Riva Sivem	100 30 30 100 30 100 30 100 30 30 30 100 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 7.08 2.12 7.08 2.12 7.08	+++++++++++++	0.6990 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708 0.0708

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Caps. 2.5 mg PPB						
02295490	ACT Ramipril	ActavisPhm	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02221837	Altace	Valeant	30 100	24.20 80.66	0.8067 0.8066	
02251531	Apo-Ramipril	Apotex	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02387395	Auro-Ramipril	Aurobindo	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817	
02331128	Jamp-Ramipril	Jamp	30	2.45 40.85	→ 0.0817	
02420465	Mar-Ramipril	Marcan	500 30	2.45	0.08170.0817	
02421305	Mint-Ramipril	Mint	500 100	40.85 8.17	→ 0.0817→ 0.0817	
02469065	Pharma-Ramipril	Phmscience	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02247917	pms-Ramipril	Phmscience	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02310066	Pro-Ramipril	Pro Doc	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02255316	Ramipril	Riva	30 500	2.45 40.85	0.08170.0817	
02374846	Ramipril	Sanis	100 500	8.17 40.85	→ 0.0817→ 0.0817	
02287927	Ramipril	Sivem	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02310511	Ran-Ramipril	Ranbaxy	100	8.17 40.85	→ 0.0817	
02247945	Teva-Ramipril	Teva Can	30	2.45	→ 0.0817→ 0.0817	
02438879	VAN-Ramipril	Vanc Phm	500 100	40.85 8.17	→ 0.0817→ 0.0817	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Caps. 5 mg PPB						
02295504	ACT Ramipril	ActavisPhm	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02221845	Altace	Valeant	30 100	24.20 80.66	0.8067 0.8066	
02251574	Apo-Ramipril	Apotex	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02387409	Auro-Ramipril	Aurobindo	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817	
02331136	Jamp-Ramipril	Jamp	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817	
02420473	Mar-Ramipril	Marcan	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817	
02421313	Mint-Ramipril	Mint	100	8.17	→ 0.0817	
02469073	Pharma-Ramipril	Phmscience	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02247918	pms-Ramipril	Phmscience	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02310074	Pro-Ramipril	Pro Doc	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02255324	Ramipril	Riva	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02374854	Ramipril	Sanis	100 500	8.17 40.85	→ 0.0817→ 0.0817	
02287935	Ramipril	Sivem	30 500	2.45 40.85	→ 0.0817→ 0.0817	
02310538	Ran-Ramipril	Ranbaxy	100 500	8.17 40.85	→ 0.0817→ 0.0817	
02247946	Teva-Ramipril	Teva Can	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817	
02438887	VAN-Ramipril	Vanc Phm	100	8.17	→ 0.0817 → 0.0817	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ps.				10 mg PPB	
•	40T D		00	1	d 0.4004
02295512	ACT Ramipril	ActavisPhm	30 500	3.10 51.70	→ 0.1034→ 0.1034
02221853	Altace	Valeant	30	30.65	1.0217
02221033	Anace	Valcant	100	102.16	1.0217
02251582	Apo-Ramipril	Apotex	30	3.10	→ 0.1034
	. ,		500	51.70	▶ 0.1034
02387417	Auro-Ramipril	Aurobindo	30	3.10	▶ 0.1034
			500	51.70	→ 0.1034
02331144	Jamp-Ramipril	Jamp	30	3.10	• 0.1034
			500	51.70	• 0.1034
02420481	Mar-Ramipril	Marcan	30	3.10	• 0.1034
00404004	Mark Book and a state		500	51.70	• 0.1034
02421321	Mint-Ramipril	Mint	100	10.34	0.1034
02469081	Pharma-Ramipril	Phmscience	30 500	3.10 51.70	→ 0.1034→ 0.1034
02247919	pms-Ramipril	Phmscience	300	3.10	→ 0.1034→ 0.1034
02247919	рть-катпрт	Filliscience	500	51.70	→ 0.1034→ 0.1034
02310104	Pro-Ramipril	Pro Doc	30	3.10	→ 0.1034→ 0.1034
02010104	1 To Rumpin	110 000	500	51.70	→ 0.1034→ 0.1034
02255332	Ramipril	Riva	30	3.10	→ 0.1034
02200002	r turripin	1444	500	51.70	→ 0.1034
02374862	Ramipril	Sanis	100	10.34	→ 0.1034
			500	51.70	→ 0.1034
02287943	Ramipril	Sivem	30	3.10	→ 0.1034
	•		500	51.70	→ 0.1034
02310546	Ran-Ramipril	Ranbaxy	100	10.34	→ 0.1034
			500	51.70	▶ 0.1034
02247947	Teva-Ramipril	Teva Can	30	3.10	→ 0.1034
			500	51.70	→ 0.1034
02438895	VAN-Ramipril	Vanc Phm	100	10.34	→ 0.1034
ps.				15 mg PPB	
	A.W			1 -	
02281112	Altace	Valeant	30 100	33.68 112.27	1.1227 1.1227
02325381	Apo-Ramipril	Apotex	30	17.57	→ 0.5855
02323301	Αρυ-Ναιτιιριιι	Apolex	100	58.55	→ 0.5855→ 0.5855
02440334	Jamp-Ramipril	Jamp	100	58.55	→ 0.5855
02420503	Mar-Ramipril	Marcan	30	17.57	→ 0.5855
02 120000	mai rampiii	Maroan	100	58.55	→ 0.5855
02421348	Mint-Ramipril	Mint	100	58.55	→ 0.5855
02425548	Ran-Ramipril	Ranbaxy	100	58.55	→ 0.5855
02438909	VAN-Ramipril	Vanc Phm	100	58.55	→ 0.5855
MIPRIL/ HYDI	ROCHLOROTHIAZIDE	1			
b.			2.5 mg - 1	2.5 mg PPB	
	Altace HCT	Valeant	28	8.37	0.2989
02283121				0.3/	
02283131 02342138	pms-Ramipril-HCTZ	Phmscience	100	16.13	→ 0.1613

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.	5 mg -12.5 mg PPB						
	02283158	Altace HCT	Valeant	28	10.72	0.3829	
	02342146	pms-Ramipril-HCTZ	Phmscience	30	6.03	→ 0.2011	
				100	20.11	• 0.2011	
*	02415887	Ramipril-HCTZ	Pro Doc	30	6.03	w	
	02449447	Ran-Ramipril HCTZ	Ranbaxy	100	20.11	→ 0.2011	
Tab.	b. 5 mg - 25 mg PPB						
	02283174	Altace HCT	Valeant	28	10.72	0.3829	
	02342162	pms-Ramipril-HCTZ	Phmscience	100	20.67	0.3029	
	02449463	Ran-Ramipril HCTZ	Ranbaxy	100	19.15	• 0.1915	
Tab.		I	1	10 mg -12	2.5 mg PPB	I	
	02283166	Altace HCT	Valeant	28	13.65	0.4875	
	02342154	pms-Ramipril-HCTZ	Phmscience	30	3.95	→ 0.1317	
				100	13.17	→ 0.1317	
	02415895	Ramipril-HCTZ	Pro Doc	30	3.95	→ 0.1317	
	02449455	Ran-Ramipril HCTZ	Ranbaxy	100	13.17	→ 0.1317	
Tab.	ab. 10 mg -25 mg PPB						
	02283182	Altace HCT	Valeant	28	13.65	0.4875	
	02342170	pms-Ramipril-HCTZ	Phmscience	30	3.95	→ 0.1317	
	020 12 11 0	p.m.e		100	13.17	→ 0.1317	
	02415909	Ramipril-HCTZ	Pro Doc	30	3.95	→ 0.1317	
	02449471	Ran-Ramipril HCTZ	Ranbaxy	100	13.17	→ 0.1317	
SOD Tab.	IUM FOSIN	OPRIL B		10 mg PPB			
	00000000	A	A 4	1	1	0.0477	
	02266008	Apo-Fosinopril	Apotex	100	21.77	0.2177	
	02459388 02303000	Fosinopril Fosinopril-10	Sanis Pro Doc	100 100	21.77 21.77	→ 0.2177→ 0.2177	
	02333004	Jamp-Fosinopril	Jamp	100	21.77	→ 0.2177 → 0.2177	
	02294524	Ran-Fosinopril	Ranbaxy	100	21.77	→ 0.2177 → 0.2177	
	02265923	Riva-Fosinopril	Riva	100	21.77	→ 0.2177→ 0.2177	
	02247802	Teva-Fosinopril	Teva Can	30	6.53	0.2177	
	022002	, ora i comopin	1574 54	100	21.77	→ 0.2177	
Tab.					20 mg PPB		
	02266046	Apo-Fosinopril	Anotov	100	26.19	→ 0.2619	
1	02266016 02459396	Apo-Fosinoprii Fosinoprii	Apotex Sanis	100 100	26.19		
	02303019	Fosinopril-20	Pro Doc	100	26.19	→ 0.2619 → 0.2619	
1	02303019	Jamp-Fosinopril	Jamp	100	26.19	→ 0.2619 → 0.2619	
	02331012	Ran-Fosinopril	Ranbaxy	100	26.19	→ 0.2619	
	02265931	Riva-Fosinopril	Riva	100	26.19	→ 0.2619	
	02247803	Teva-Fosinopril	Teva Can	30	7.86	→ 0.2619	
1		r		100	26.19	• 0.2619	
		l		L		· ·	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
_								
TRANDOLAPRII Caps.	L R		0	.5 mg PPB				
02471868	Auro-Trandolapril	Aurobindo	100	6.98	→ 0.0698			
02231457	Mavik	BGP Pharma	100	27.33	0.2733			
02357755	pms-Trandolapril	Phmscience	100	6.98	→ 0.0698			
02325721	Sandoz Trandolapril	Sandoz	100	6.98	→ 0.0698			
02415429	Teva-Trandolapril	Teva Can	100	6.98	→ 0.0698			
		•						
Caps.	ı	1	ı	1 mg PPB				
02471876	Auro-Trandolapril	Aurobindo	100	17.62	→ 0.1762			
02231459	Mavik	BGP Pharma	100	67.00	0.6700			
02357763	pms-Trandolapril	Phmscience	100	17.62	→ 0.1762			
02325748	Sandoz Trandolapril	Sandoz	100	17.62	→ 0.1762			
02415437	Teva-Trandolapril	Teva Can	100	17.62	→ 0.1762			
	•							
Caps.		1	ı	2 mg PPB				
02471884	Auro-Trandolapril	Aurobindo	100	20.25	→ 0.2025			
02231460	Mavik	BGP Pharma	100	77.00	0.7700			
02357771	pms-Trandolapril	Phmscience	100	20.25	→ 0.2025			
02325756	Sandoz Trandolapril	Sandoz	100	20.25	→ 0.2025			
02415445	Teva-Trandolapril	Teva Can	100	20.25	→ 0.2025			
Caps.	ı	1	ı	4 mg PPB				
02471892	Auro-Trandolapril	Aurobindo	100	24.98	→ 0.2498			
02239267	Mavik	BGP Pharma	100	95.00	0.9500			
02357798	pms-Trandolapril	Phmscience	100	24.98	→ 0.2498			
02325764	Sandoz Trandolapril	Sandoz	100	24.98	→ 0.2498			
02415453	Teva-Trandolapril	Teva Can	100	24.98	→ 0.2498			

CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
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24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS CANDESARTAN CILEXETIL ☐

Tab.		1		8 mg PPB		1
02463768	Accel-Candesartan	Accel	100	22.58	→	0.2258
02376539	ACT Candesartan	ActavisPhm	100	22.58	→	0.2258
02365359	Apo-Candesartan	Apotex	30	6.84	→	0.2281
			100	22.58	→	0.2258
02239091	Atacand	AZC	30	35.52		1.1840
02445794	Auro-Candesartan	Aurobindo	90	20.53	→	0.2281
			500	114.05	→	0.2281
02377934	Candesartan	Pro Doc	30	6.84	→	0.2281
			100	22.58	→	0.2258
02388928	Candesartan	Sanis	100	22.58	→	0.2258
			500	114.05	→	0.2281
02388707	Candesartan	Sivem	30	6.84	→	0.2281
			100	22.58	→	0.2258
02379279	Candesartan cilexetil	Accord	30	6.84	→	0.2281
			100	22.58	→	0.2258
02386518	Jamp-Candesartan	Jamp	100	22.58	→	0.2258
02476916	Mint-Candesartan	Mint	100	22.58	→	0.2258
02391198	pms-Candesartan	Phmscience	30	6.84	→	0.2281
			100	22.58	→	0.2258
02380692	Ran-Candesartan	Ranbaxy	100	22.58	→	0.2258
02425416	Riva-Candesartan	Riva	30	6.84	→	0.2281
			100	22.58	→	0.2258
02326965	Sandoz Candesartan	Sandoz	30	6.84	→	0.2281
			500	114.05	→	0.2281
02366312	Teva Candesartan	Teva Can	30	6.84	→	0.2281
			100	22.58	→	0.2258

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					16 mg PPB	
	02463776	Accel-Candesartan	Accel	100	22.58	→ 0.2258
	02403770	ACT Candesartan	ActavisPhm	100	22.58	→ 0.2258
	02376347	Apo-Candesartan	Apotex	30	6.84	→ 0.2230→ 0.2281
	02000001	Apo Ganacsantan	ripotex	100	22.58	→ 0.2251→ 0.2258
	02239092	Atacand	AZC	30	35.52	1.1840
	02445808	Auro-Candesartan	Aurobindo	90	20.53	→ 0.2281
	02000	/ tare carrageartar	7 141 0511140	500	114.05	→ 0.2281
	02377942	Candesartan	Pro Doc	30	6.84	• 0.2281
				100	22.58	→ 0.2258
	02388936	Candesartan	Sanis	100	22.58	→ 0.2258
				500	114.05	→ 0.2281
	02388715	Candesartan	Sivem	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
	02379287	Candesartan cilexetil	Accord	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
	02386526	Jamp-Candesartan	Jamp	100	22.58	→ 0.2258
	02476924	Mint-Candesartan	Mint	100	22.58	→ 0.2258
	02391201	pms-Candesartan	Phmscience	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
	02380706	Ran-Candesartan	Ranbaxy	100	22.58	→ 0.2258
	02425424	Riva-Candesartan	Riva	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
	02326973	Sandoz Candesartan	Sandoz	30	6.84	→ 0.2281
				500	114.05	→ 0.2281
	02366320	Teva Candesartan	Teva Can	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
Tab.		ı	1	;	32 mg PPB	
	02463784	Accel-Candesartan	Accel	100	22.58	→ 0.2258
	02376555	ACT Candesartan	ActavisPhm	100	22.58	→ 0.2258
	02399105	Apo-Candesartan	Apotex	100	22.58	→ 0.2258
	02311658	Atacand	AZC	30	35.52	1.1840
	02445816	Auro-Candesartan	Aurobindo	90	20.53	→ 0.2281
				500	114.05	→ 0.2281
	02422069	Candesartan	Pro Doc	100	22.58	→ 0.2258
	02435845	Candesartan	Sanis	100	22.58	→ 0.2258
	02379295	Candesartan cilexetil	Accord	30	6.84	→ 0.2281
				100	22.58	→ 0.2258
	02386534	Jamp-Candesartan	Jamp	100	22.58	→ 0.2258
	02391228	pms-Candesartan	Phmscience	30	6.84	→ 0.2281
	02380714	Ran-Candesartan	Ranbaxy	30	6.84	→ 0.2281
	02425432	Riva-Candesartan	Riva	30	6.84	• 0.2281
			<u> </u>	100	22.58	• 0.2258
	02417340	Sandoz Candesartan	Sandoz	100	22.58	• 0.2258
	02366339	Teva Candesartan	Teva Can	30	6.84	→ 0.2281

CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE						
Tab. 16 mg -12.5 mg PPB 02463865 Accel-Candesartan/HCTZ Accel 100 21.56 ♦ 0 02244021 Atacand Plus AZC 30 35.10 1 1 022440213 Auro-Candesartan HCT Aurobindo 100 21.56 ♦ 0 02392275 Candesartan HCTZ Pro Doc 30 6.47 ♦ 0 02394812 Candesartan HCT Sivem 30 6.47 ♦ 0 02394804 Candesartan/HCTZ Sanis 100 21.56 ♦ 0 02391295 pms-Candesartan-HCTZ Sanis 100 21.56 ♦ 0 02327902 Sandoz Candesartan Plus Sandoz 30 6.47 ♦ 0 02395541 Teva Candesartan/HCTZ Teva Can 30 6.47 ♦ 0 024230292 Atacand Plus AZC 30 35.10 1 0 02421046 Auro-Candesartan HCT Auro-Cand	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
Tab. 16 mg -12.5 mg PPB 02463865 Accel-Candesartan/HCTZ Accel 100 21.56 ♦ 0 02244021 Atacand Plus AZC 30 35.10 1 1 022440213 Auro-Candesartan HCT Aurobindo 100 21.56 ♦ 0 02392275 Candesartan HCTZ Pro Doc 30 6.47 ♦ 0 02394812 Candesartan HCT Sivem 30 6.47 ♦ 0 02394804 Candesartan/HCTZ Sanis 100 21.56 ♦ 0 02391295 pms-Candesartan-HCTZ Sanis 100 21.56 ♦ 0 02327902 Sandoz Candesartan Plus Sandoz 30 6.47 ♦ 0 02395541 Teva Candesartan/HCTZ Teva Can 30 6.47 ♦ 0 024230292 Atacand Plus AZC 30 35.10 1 0 02421046 Auro-Candesartan HCT Auro-Cand						
Tab. 16 mg -12.5 mg PPB 02463865 Accel-Candesartan/HCTZ Accel 100 21.56 ♦ 0 02244021 Atacand Plus AZC 30 35.10 1 1 022440213 Auro-Candesartan HCT Aurobindo 100 21.56 ♦ 0 02392275 Candesartan HCTZ Pro Doc 30 6.47 ♦ 0 02394812 Candesartan HCT Sivem 30 6.47 ♦ 0 02394804 Candesartan/HCTZ Sanis 100 21.56 ♦ 0 02391295 pms-Candesartan-HCTZ Sanis 100 21.56 ♦ 0 02327902 Sandoz Candesartan Plus Sandoz 30 6.47 ♦ 0 02395541 Teva Candesartan/HCTZ Teva Can 30 6.47 ♦ 0 024230292 Atacand Plus AZC 30 35.10 1 0 02421046 Auro-Candesartan HCT Auro-Cand	CANDESARTAN	N CILEXETIL/ HYDROCHLOR	OTHIAZIDE B			
02388650 ACT Candesartan/HCT ActavisPhm 30 6.47				16 mg -12	2.5 mg PPB	
02388650 ACT Candesartan/HCT ActavisPhm 30 6.47	02463865	Accel Candesartan/HCT7	Accel	100	21.56	→ 0.2156
02244021 Atacand Plus AZC 30 35.10 100 21.56 ★ 02421038 Auro-Candesartan HCT Aurobindo 100 21.56 ★ 02392275 Candesartan - HCTZ Pro Doc 30 6.47 ★ 02394812 Candesartan HCT Sivem 30 6.47 ★ 02394804 Candesartan HCT Sivem 30 6.47 ★ 02394804 Candesartan HCTZ Sanis 100 21.56 ★ 02394295 pms-Candesartan-HCTZ Phmscience 30 6.47 ★ 02391295 pms-Candesartan-HCTZ Phmscience 30 6.47 ★ 02397902 Sandoz Candesartan-HCTZ Phmscience 30 6.47 ★ 02397541 Teva Candesartan/HCTZ Teva Can 30 6.47 ★ 02392541 Teva Candesartan-HCTZ Accel 100 21.56 ★ 02332922 Atacand Plus AZC 30 35.10 100 21.56 ★ 02420732 Sandoz Candesartan HCT Aurobindo 100 21.56 ★ 02420732 Sandoz Candesartan HCT Aurobindo 100 21.56 ★ 02420732 Sandoz Candesartan Plus Sandoz 100 21.56 ★ 02420732 Sandoz Candesartan-HCTZ Teva Can 30 6.47 ★ 02420732 Candesartan-HCTZ Teva Can 30 6.47 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420732 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★ 02420740 Candesartan-HCTZ Accel 100 24.43 ★	1			1		→ 0.2156
02421038	0200000	7.07 Gariacoartar#7707	/ totavior riiii			→ 0.2156
02392275 Candesartan - HCTZ	02244021	Atacand Plus	AZC	30		1.1700
02394812 Candesartan HCT Sivem 30 6.47 ★ 0 0 0 0 0 0 0 0 0	02421038	Auro-Candesartan HCT	Aurobindo	100	21.56	→ 0.2156
02394812 Candesartan HCT	02392275	Candesartan - HCTZ	Pro Doc	1		→ 0.2156
02394804 Candesartan/HCTZ Sanis 100 21.56						→ 0.2156
02394804 02391295 pms-Candesartan-HCTZ Phmscience 30 6.47 0 0 0 0 0 0 0 0 0	02394812	Candesartan HCT	Sivem			→ 0.2156
02391295 pms-Candesartan-HCTZ Phmscience 30 6.47 100 21.56 100 100 21.56 100 100 21.56 100 100 21.56 100 10			L .			,
02327902 Sandoz Candesartan Plus Sandoz 30 6.47			1			
02327902 Sandoz Candesartan Plus Sandoz 30 6.47	02391295	pms-Candesartan-HC12	Primscience		-	0.2156
Tab. 32 mg - 12.5 mg PPB 02463849	02227002	Sandaz Candagartan Plua	Sanda7			→ 0.2156→ 0.2156
Tab. 32 mg - 12.5 mg PPB	02327902	Sandoz Candesartari Pius	Sandoz			→ 0.2156 → 0.2156
02463849 Accel-Candesartan/HCTZ Accel 100 21.56	02395541	Teva Candesartan/ HCTZ	Teva Can	1		→ 0.2156
02463849 Accel-Candesartan/HCTZ Accel 100 21.56			•	•		
02332922 Atacand Plus AZC 30 35.10 1 02421046 Auro-Candesartan HCT Aurobindo 100 21.56 ★ 0 02420732 Sandoz Candesartan Plus Sandoz 100 21.56 ★ 0 02395568 Teva Candesartan/ HCTZ Teva Can 30 6.47 ★ 0 Tab. 32 mg - 25 mg PPB 02463857 Accel-Candesartan/HCTZ Accel 100 24.43 ★ 0 024332957 Atacand Plus AZC 30 35.10 1 0 02421054 Auro-Candesartan HCT Aurobindo 100 24.43 ★ 0 02420740 Sandoz Candesartan Plus Sandoz 100 24.43 ★ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE B Tab. 600 mg - 12.5 mg 600 mg - 12.5 mg 1 EPROSARTAN MESYLATE B Tab. 400 mg 400 mg	Tab.	1	ı	32 mg - 12	2.5 mg PPB	
02421046 Auro-Candesartan HCT Aurobindo 100 21.56 ◆ 0 02420732 Sandoz Candesartan Plus Sandoz 100 21.56 ◆ 0 02395568 Teva Candesartan/ HCTZ Teva Can 30 6.47 ◆ 0 Tab. 32 mg - 25 mg PPB O2463857 Accel-Candesartan/HCTZ Accel 100 24.43 ◆ 0 02332957 Atacand Plus AZC 30 35.10 0 0 24.43 ◆ 0 02421054 Auro-Candesartan HCT Aurobindo 100 24.43 ◆ 0 02420740 Sandoz Candesartan Plus Sandoz 100 24.43 ◆ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE B Tab. 600 mg - 12.5 mg 0	02463849	Accel-Candesartan/HCTZ	Accel	100	21.56	→ 0.2156
02420732 Sandoz Candesartan Plus Sandoz 100 21.56	02332922	Atacand Plus	AZC	30	35.10	1.1700
Tab. 32 mg - 25 mg PPB 02463857		1		1	21.56	→ 0.2156
Tab. 32 mg - 25 mg PPB 02463857 O2332957 Atacand Plus AZC 30 35.10 02421054 Auro-Candesartan HCT Aurobindo 100 24.43 02420740 Sandoz Candesartan Plus Sandoz 100 24.43 → 0 ★ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE Tab. 600 mg - 12.5 mg 02253631 Teveten Plus BGP Pharma 28 30.34 1 EPROSARTAN MESYLATE Tab. 400 mg				1		→ 0.2156
02463857	02395568	Teva Candesartan/ HCTZ	Teva Can	30	6.47	→ 0.2156
02463857 Accel-Candesartan/HCTZ Accel 100 24.43 ♣ 0 02332957 Atacand Plus AZC 30 35.10 1 02421054 Auro-Candesartan HCT Aurobindo 100 24.43 ♣ 0 02420740 Sandoz Candesartan Plus Sandoz 100 24.43 ♣ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE ☐ Tab. 600 mg - 12.5 mg 600 mg - 12.5 mg 1 EPROSARTAN MESYLATE ☐ Tab. 400 mg	Tah			32 ma - 1	25 mg DDR	
02332957 02421054 02420740 Atacand Plus Auro-Candesartan HCT Sandoz Candesartan Plus AZC Aurobindo Sandoz 30 100 100 24.43 ⇒ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE III Tab. 600 mg - 12.5 mg 02253631 Teveten Plus BGP Pharma 28 30.34 1 EPROSARTAN MESYLATE III Tab. 400 mg	ab.	I	1	32 mg - 2	23 mg FFB	1
02421054 02420740 Auro-Candesartan HCT Sandoz Candesartan Plus Aurobindo Sandoz 100 24.43 ♣ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE ☐ 600 mg - 12.5 mg 1 02253631 Teveten Plus BGP Pharma 28 30.34 1 EPROSARTAN MESYLATE ☐ Tab. 400 mg					-	→ 0.2443
02420740 Sandoz Candesartan Plus Sandoz 100 24.43 ♣ 0 EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE III Tab. 600 mg - 12.5 mg 600 mg - 12.5 mg 1 02253631 Teveten Plus BGP Pharma 28 30.34 1 EPROSARTAN MESYLATE III Tab. 400 mg						1.1700
EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE II Tab. 600 mg - 12.5 mg 02253631 Teveten Plus BGP Pharma 28 30.34 1 EPROSARTAN MESYLATE II Tab. 400 mg						0.2443
Tab. 600 mg - 12.5 mg 02253631	02420740	Sandoz Candesartan Plus	Sandoz	100	24.43	• 0.2443
Tab. 600 mg - 12.5 mg 02253631						
02253631		(MESYLATE D')/ HYDROCHL	OROTHIAZIDE	600 n	na - 12 5 ma	
EPROSARTAN MESYLATE Tab. 400 mg	1	T	DOD DI	1		4 0000
Tab. 400 mg	02253631	l eveten Plus	BGP Pharma	28	30.34	1.0836
Tab. 400 mg		_				
		MESYLATE 🖪			400 ma	
UZZ4U43Z Teveten BGP Pharma 28 19.81 0	1		DOD DI		l	
	02240432	Teveten	BGP Pharma	28	19.81	0.7075
Tab. 600 mg	Tab.				600 ma	
	1	I	l			
02243942 Teveten BGP Pharma 28 30.34 1	02243942	Teveten	BGP Pharma	28	30.34	1.0836

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ESARTAN	P					
	1	1		75 mg PPB		
02328070	ACT Irbesartan	ActavisPhm	100	22.81	•	0.228
02386968	Apo-Irbesartan	Apotex	100	22.81	•	0.228
02406098	Auro-Irbesartan	Aurobindo	90	20.53	•	0.22
			100	22.81	•	0.22
02237923	Avapro	SanofiAven	90	107.33		1.19
02446146	Bio-Irbesartan	Biomed	100	22.81	•	0.22
02365197	Irbesartan	Pro Doc	100	22.81	•	0.22
02372347	Irbesartan	Sanis	100	22.81	•	0.22
02385287	Irbesartan	Sivem	100	22.81	•	0.22
02418193	Jamp-Irbesartan	Jamp	28	6.39	•	0.22
			100	22.81	•	0.22
02422980	Mint-Irbesartan	Mint	100	22.81	•	0.22
02317060	pms-Irbesartan	Phmscience	100	22.81	•	0.22
02406810	Ran-Irbesartan	Ranbaxy	100	22.81	•	0.22
02316390	ratio-Irbesartan	Teva Can	100	22.81	•	0.22
02425319	Riva-Irbesartan	Riva	100	22.81	•	0.22
			500	114.05	•	0.22
02328461	Sandoz Irbesartan	Sandoz	100	22.81	•	0.22
02315971	Teva Irbesartan	Teva Can	100	22.81	•	0.22
02427087	VAN-Irbesartan	Vanc Phm	100	22.81	•	0.22
	I	I	1	50 mg PPB		
02328089	ACT Irbesartan	ActavisPhm	100	22.81	•	0.22
02386976	Apo-Irbesartan	Apotex	100	22.81	•	0.22
			500	114.05	•	0.22
02406101	Auro-Irbesartan	Aurobindo	90	20.53	•	0.22
			100	22.81	•	0.22
02237924	Avapro	SanofiAven	90	107.33		1.19
02446154	Bio-Irbesartan	Biomed	100	22.81	•	0.2
02365200	Irbesartan	Pro Doc	100	22.81	•	0.22
02372371	Irbesartan	Sanis	100	22.81	•	0.22
02385295	Irbesartan	Sivem	100	22.81	•	0.22
02418207	Jamp-Irbesartan	Jamp	28	6.39	•	0.22
			100	22.81	•	0.22
02422999	Mint-Irbesartan	Mint	100	22.81	•	0.22
02317079	pms-Irbesartan	Phmscience	100	22.81	•	0.22
			500	114.05	•	0.22
02406829	Ran-Irbesartan	Ranbaxy	100	22.81	•	0.22
			500	114.05	•	0.22
02316404	ratio-Irbesartan	Teva Can	100	22.81	•	0.22
02425327	Riva-Irbesartan	Riva	100	22.81	•	0.22
			500	114.05	•	0.22
02328488	Sandoz Irbesartan	Sandoz	100	22.81	•	0.22
	1		500	114.05	•	0.22
			000			
02315998	Teva Irbesartan	Teva Can	100	22.81	•	0.22

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.	Tab. 300 mg PPB							
	02328100	ACT Irbesartan	ActavisPhm	100	22.81	→ 0.2281		
	02386984	Apo-Irbesartan	Apotex	100	22.81	→ 0.2281		
		,	'	500	114.05	→ 0.2281		
	02406128	Auro-Irbesartan	Aurobindo	90	20.53	→ 0.2281		
				100	22.81	→ 0.2281		
	02237925	Avapro	SanofiAven	90	107.33	1.1926		
	02446162	Bio-Irbesartan	Biomed	100	22.81	→ 0.2281		
	02365219	Irbesartan	Pro Doc	100	22.81	→ 0.2281		
	02372398	Irbesartan	Sanis	100	22.81	→ 0.2281		
	02385309	Irbesartan	Sivem	100	22.81	→ 0.2281		
	02418215	Jamp-Irbesartan	Jamp	28	6.39	→ 0.2281		
				100	22.81	→ 0.2281		
	02423006	Mint-Irbesartan	Mint	100	22.81	→ 0.2281		
	02317087	pms-Irbesartan	Phmscience	100	22.81	→ 0.2281		
				500	114.05	→ 0.2281		
	02406837	Ran-Irbesartan	Ranbaxy	100	22.81	→ 0.2281		
				500	114.05	→ 0.2281		
	02316412	ratio-Irbesartan	Teva Can	100	22.81	→ 0.2281		
	02425335	Riva-Irbesartan	Riva	100	22.81	→ 0.2281		
				500	114.05	→ 0.2281		
	02328496	Sandoz Irbesartan	Sandoz	100	22.81	→ 0.2281		
				500	114.05	→ 0.2281		
	02316005	Teva Irbesartan	Teva Can	100	22.81	→ 0.2281		
	02427109	VAN-Irbesartan	Vanc Phm	100	22.81	→ 0.2281		

IRBESARTAN/ HYDROCHLOROTHIAZIDE

Tab.		i		150 mg- 12	.5 mg PPB		
	02357399	ACT Irbesartan/HCT	ActavisPhm	100	22.81	→	0.2281
	02387646	Apo-Irbesartan/HCTZ	Apotex	100	22.81		w
			'	500	114.05		w
	02447878	Auro-Irbesartan HCT	Aurobindo	30	6.84	→	0.2281
				90	20.53	→	0.2281
	02241818	Avalide	SanofiAven	90	107.33		1.1926
	02385317	Irbesartan HCT	Sivem	100	22.81	•	0.2281
	02372886	Irbesartan HCTZ	Sanis	100	22.81	•	0.2281
	02365162	Irbesartan-HCTZ	Pro Doc	100	22.81	•	0.2281
	02418223	Jamp-Irbesartan & HCTZ	Jamp	28	6.39	→	0.2281
				100	22.81	→	0.2281
	02392992	Mint-Irbesartan/ HCTZ	Mint	100	22.81	→	0.2281
	02328518	pms-Irbesartan-HCTZ	Phmscience	100	22.81	→	0.2281
	02363208	Ran-Irbesartan HCTZ	Ranbaxy	100	22.81	•	0.2281
	02330512	ratio-Irbesartan HCTZ	Teva Can	100	22.81	→	0.2281
	02337428	Sandoz Irbesartan HCT	Sandoz	100	22.81	→	0.2281
				500	114.05	→	0.2281
	02316013	Teva Irbesartan / HCTZ	Teva Can	100	22.81	•	0.2281

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		1	1	300 mg- 12	2.5 mg PPB	
	02357402	ACT Irbesartan/HCT	ActavisPhm	100	22.81	→ 0.2281
	02387654	Apo-Irbesartan/HCTZ	Apotex	100	22.81	w
				500	114.05	W
	02447886	Auro-Irbesartan HCT	Aurobindo	30	6.84	→ 0.2281
				90	20.53	→ 0.2281
	02241819	Avalide	SanofiAven	90	107.33	1.1926
	02385325	Irbesartan HCT	Sivem	100	22.81	→ 0.2281
	02372894	Irbesartan HCTZ	Sanis	100	22.81	→ 0.2281
	02365170	Irbesartan-HCTZ	Pro Doc	100	22.81	→ 0.2281
	02418231	Jamp-Irbesartan & HCTZ	Jamp	28	6.39	→ 0.2281
				100	22.81	→ 0.2281
	02393018	Mint-Irbesartan/ HCTZ	Mint	100	22.81	→ 0.2281
	02328526	pms-Irbesartan-HCTZ	Phmscience	100	22.81	→ 0.2281
	02363216	Ran-Irbesartan HCTZ	Ranbaxy	100	22.81	→ 0.2281
	02330520	ratio-Irbesartan HCTZ	Teva Can	100	22.81	→ 0.2281
	02337436	Sandoz Irbesartan HCT	Sandoz	100	22.81	→ 0.2281
				500	114.05	→ 0.2281
	02316021	Teva Irbesartan / HCTZ	Teva Can	100	22.81	→ 0.2281
Tab.		ı	1	300 mg - 1	25 mg PPB	
	02357410	ACT Irbesartan/HCT	ActavisPhm	100	21.84	→ 0.2184
	02387662	Apo-Irbesartan/HCTZ	Apotex	100	21.84	
	02447894	Auro-Irbesartan HCT	Aurobindo	30	6.55	→ 0.2184
				90	19.66	→ 0.2184
	02385333	Irbesartan HCT	Sivem	100	21.84	→ 0.2184
	02372908	Irbesartan HCTZ	Sanis	100	21.84	→ 0.2184
	02365189	Irbesartan-HCTZ	Pro Doc	100	21.84	→ 0.2184
	02418258	Jamp-Irbesartan & HCTZ	Jamp	28	6.12	→ 0.2184
				100	21.84	→ 0.2184
	02393026	Mint-Irbesartan/ HCTZ	Mint	100	21.84	→ 0.2184
	02328534	pms-Irbesartan-HCTZ	Phmscience	100	21.84	→ 0.2184
	02363224	Ran-Irbesartan HCTZ	Ranbaxy	100	21.84	→ 0.2184
	02330539	ratio-Irbesartan HCTZ	Teva Can	100	21.84	→ 0.2184
	02337444	Sandoz Irbesartan HCT	Sandoz	100	21.84	→ 0.2184
				500	109.20	→ 0.2184
	02316048	Teva Irbesartan / HCTZ	Teva Can	100	21.84	→ 0.2184

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LOSARTAN POT	TASSIUM 🖪			25 mg PPB	
	l	l			م م
02379058	Apo-Losartan	Apotex	30 100	4.85 16.16	0.1616
02403323	Auro-Losartan	Aurobindo	100	16.16	→ 0.1616→ 0.1616
02403323	Bio-Losartan	Biomed	100	16.16	→ 0.1616 → 0.1616
02354829	Co Losartan	Cobalt	30	4.85	→ 0.1616 → 0.1616
02334023	Co Losartan	Cobait	100	16.16	→ 0.1616
02182815	Cozaar	Merck	100	117.07	1.1707
02398834	Jamp-Losartan	Jamp	30	4.85	→ 0.1616
0200001	Camp Locartan	Camp	100	16.16	→ 0.1616
02394367	Losartan	Pro Doc	30	4.85	→ 0.1616
02001001		110 200	100	16.16	→ 0.1616
02388863	Losartan	Sanis	100	16.16	→ 0.1616
02388790	Losartan	Sivem	100	16.16	→ 0.1616
02422468	Mar-Losartan	Marcan	100	16.16	→ 0.1616
02405733	Mint-Losartan	Mint	100	16.16	→ 0.1616
02309750	pms-Losartan	Phmscience	100	16.16	→ 0.1616
02404451	Ran-Losartan	Ranbaxy	100	16.16	→ 0.1616
		1	500	116.05	→ 0.2321
02313332	Sandoz Losartan	Sandoz	100	16.16	→ 0.1616
02424967	Septa-Losartan	Septa	100	16.16	→ 0.1616
02380838	Teva Losartan	Teva Can	30	4.85	→ 0.1616
			100	16.16	→ 0.1616
02426595	VAN-Losartan	Vanc Phm	100	16.16	→ 0.1616
Tab.				50 mg DDD	
1 ab.	I	1	1	50 mg PPB	I
02353504	Apo-Losartan	Apotex	30	4.85	→ 0.1616
			100	16.16	→ 0.1616
02403331	Auro-Losartan	Aurobindo	30	4.85	→ 0.1616
			100	16.16	→ 0.1616
02445972	Bio-Losartan	Biomed	100	16.16	→ 0.1616
02354837	Co Losartan	Cobalt	30	4.85	→ 0.1616
			100	16.16	→ 0.1616
02182874	Cozaar	Merck	30	35.12	1.1707
02398842	Jamp-Losartan	Jamp	30	4.85	→ 0.1616
20004075			100	16.16	0.1616
02394375	Losartan	Pro Doc	30	4.85	0.1616
			100	16.16	0.1616
02388871	Losartan	Sanis	100	16.16	0.1616
02388804	Losartan	Sivem	30	4.85	0.1616
00400470			100	16.16	0.1616
02422476	Mar-Losartan	Marcan	100	16.16	0.1616
	Mint-Losartan	Mint	100	16.16	
02309769	pms-Losartan	Phmscience	30	4.85	
00404470	Dan Lacarta	Dambarra	100	16.16	
02404478	Ran-Losartan	Ranbaxy	100	16.16	0.1616
00040040	Opendary Language	04	500	116.05	0.2321
02313340	Sandoz Losartan	Sandoz	30	4.85	0.1616
02424075	Conto Locartor	Sonto	100	16.16	0.1616
02424975	Septa-Losartan	Septa	100	16.16	0.1616
02357968	Teva Losartan	Teva Can	30	4.85	0.1616
02426600	VAN Lagarter	Vana Dhm	100	16.16	0.1616
02426609	VAN-Losartan	Vanc Phm	100	16.16	→ 0.1616

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Tab. 100 mg PPB								
02353512	Apo-Losartan	Apotex	30 100	4.85 16.16	→ 0.1616→ 0.1616			
02403358	Auro-Losartan	Aurobindo	30 100	4.85 16.16	→ 0.1616 → 0.1616 → 0.1616			
02445980	Bio-Losartan	Biomed	100	16.16	→ 0.1616			
02354845	Co Losartan	Cobalt	30 100	4.85 16.16	→ 0.1616→ 0.1616			
02182882 02398850	Cozaar Jamp-Losartan	Merck Jamp	30 30	35.12 4.85	1.1707 • 0.1616			
02394383	Losartan	Pro Doc	100 30	16.16 4.85	→ 0.1616→ 0.1616			
			100	16.16	• 0.1616			
02388898 02388812	Losartan Losartan	Sanis Sivem	100 30	16.16 4.85	→ 0.1616→ 0.1616			
02422484	Mar-Losartan	Marcan	100 100	16.16 16.16	→ 0.1616→ 0.1616			
02405768 02309777	Mint-Losartan pms-Losartan	Mint Phmscience	100 30	16.16 4.85	→ 0.1616→ 0.1616			
02404486	Ran-Losartan	Ranbaxy	100 100	16.16 16.16	→ 0.1616→ 0.1616			
			500	116.05	→ 0.2321			
02313359	Sandoz Losartan	Sandoz	30 100	4.85 16.16	→ 0.1616→ 0.1616			
02424983 02357976	Septa-Losartan Teva Losartan	Septa Teva Can	100 30	16.16 4.85	→ 0.1616→ 0.1616			
02426617	VAN-Losartan	Vanc Phm	100 100	16.16 16.16	→ 0.1616→ 0.1616			

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LOS.		FASSIUM/ HYDROCHLORO	THIAZIDE LE	E0 mg 10	Ema DDB		
Tab.		l	1	50 mg - 12	2.5 mg PPB I	ı	
	02388251	ACT Losartan/HCT	ActavisPhm	30	8.16	•	0.2719
				100	27.19	•	0.2719
	02371235	Apo-Losartan/HCTZ	Apotex	30	8.16	•	0.2719
	00400040			100	27.19	•	0.2719
	02423642	Auro-Losartan HCT	Aurobindo	30	8.16	7	0.2719
	02230047	Hyzaar	Merck	100 30	27.19 35.12	7	0.2719 1.1707
	02408244	Jamp-Losartan HCTZ	Jamp	30	8.16	_	0.2719
	02400244	bump Essartan 11012	Julia	100	27.19	3	0.2719
	02394391	Losartan - HCTZ	Pro Doc	30	8.16	•	0.2719
	0200.00.			100	27.19	•	0.2719
	02388960	Losartan/HCT	Sivem	30	8.16	•	0.2719
				100	27.19	•	0.2719
	02427648	Losartan/HCTZ	Sanis	30	8.16	•	0.2719
				100	27.19	•	0.2719
	02389657	Mint-Losartan / HCTZ	Mint	30	8.16	•	0.2719
				100	27.19	•	0.2719
	02392224	pms-Losartan-HCTZ	Phmscience	30	8.16	•	0.2719
				100	27.19	•	0.2719
	02313375	Sandoz Losartan HCT	Sandoz	30	8.16	•	0.2719
	00400500	0		100	27.19	7	0.2719
	02428539	Septa-Losartan HCTZ	Septa	30 100	8.16 27.19	7	0.2719
	02358263	Teva Losartan/HCTZ	Teva Can	30	8.16	*	0.2719 0.2719
	02330203	Teva Losaitail/TICTZ	Teva Call	30	0.10	7	0.2719
Tab.		l	1	100 mg - 12	2.5 mg PPB		
	02388278	ACT Losartan/HCT	ActavisPhm	30	9.25	•	0.3082
				100	30.82	•	0.3082
	02371243	Apo-Losartan/HCTZ	Apotex	30	9.25	•	0.3082
				100	30.82	•	0.3082
	02423650	Auro-Losartan HCT	Aurobindo	30	9.25	•	0.3082
				100	30.82	•	0.3082
	02297841	Hyzaar	Merck	30	35.02		1.1673
	02394405	Losartan - HCTZ	Pro Doc	30	9.25	•	0.3082
	00000070	Lasartan (LICT	C:	100	30.82	7	0.3082
	02388979	Losartan/HCT	Sivem	30 100	9.25 30.82	*	0.3082
	02427656	Losartan/HCTZ	Sanis	30	9.25	7	0.3082
	02427030	LOSartari/HCTZ	Sallis	100	30.82	1	0.3082 0.3082
	02389665	Mint-Losartan / HCTZ	Mint	30	9.25	7	0.3082
	0200000	Minit Looditail/11012	The state of the s	100	30.82	→	0.3082
	02392232	pms-Losartan-HCTZ	Phmscience	30	9.25	•	0.3082
				100	30.82	•	0.3082
	02362449	Sandoz Losartan HCT	Sandoz	30	9.25	•	0.3082
				100	30.82	•	0.3082
	02377144	Teva Losartan/HCTZ	Teva Can	30	9.25	•	0.3082
		t .					

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg -2	25 mg PPB	
	02388286	ACT Losartan/HCT	ActavisPhm	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02371251	Apo-Losartan/HCTZ	Apotex	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02423669	Auro-Losartan HCT	Aurobindo	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02241007	Hyzaar DS	Merck	30	35.12	1.1707
	02408252	Jamp-Losartan HCTZ	Jamp	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02394413	Losartan - HCTZ	Pro Doc	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02388987	Losartan/HCT	Sivem	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02427664	Losartan/HCTZ	Sanis	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02389673	Mint-Losartan / HCTZ DS	Mint	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02392240	pms-Losartan-HCTZ	Phmscience	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02313383	Sandoz Losartan HCT DS	Sandoz	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02428547	Septa-Losartan HCTZ	Septa	30	8.16	→ 0.2719
				100	27.19	→ 0.2719
	02377152	Teva Losartan/HCTZ	Teva Can	30	8.16	→ 0.2719

OLMESARTAN MEDOXOMIL

Tab.		ı	1	20	mg PPB	ı	ı
	02442191	Act Olmesartan	ActavisPhm	30	8.95	•	0.2984
	02453452	Apo-Olmesartan	Apotex	30	8.95	•	0.2984
				100	29.84	•	0.2984
	02443864	Auro-Olmesartan	Aurobindo	30	8.95	•	0.2984
				100	29.84	•	0.2984
	02461641	Jamp-Olmesartan	Jamp	30	8.95	•	0.2984
				100	29.84	•	0.2984
	02318660	Olmetec	Merck	30	30.49		1.0163
	02461307	pms-Olmesartan	Phmscience	30	8.95	•	0.2984
				100	29.84	→	0.2984
	02471353	Riva-Olmesartan	Riva	30	8.95	•	0.2984
				100	29.84	•	0.2984
	02443414	Sandoz Olmesartan	Sandoz	30	8.95	→	0.2984
				100	29.84	•	0.2984

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					40 mg PPB	
	02442205	Act Olmesartan	ActavisPhm	30	8.95	→ 0.2984
	02453460	Apo-Olmesartan	Apotex	30	8.95	→ 0.2984
		, , , , , , , , , , , , , , , , , , , ,	'	100	29.84	→ 0.2984
	02443872	Auro-Olmesartan	Aurobindo	30	8.95	→ 0.2984
				100	29.84	→ 0.2984
	02461668	Jamp-Olmesartan	Jamp	30	8.95	→ 0.2984
				100	29.84	→ 0.2984
	02318679	Olmetec	Merck	30	30.49	1.0163
	02461315	pms-Olmesartan	Phmscience	30	8.95	• 0.2984
	00474004			100	29.84	0.2984
	02471361	Riva-Olmesartan	Riva	30 100	8.95 29.84	0.2984
	02443422	Sandoz Olmesartan	Canda	30	8.95	D.2984D.2984
	02443422	Sandoz Olmesartari	Sandoz	100	29.84	0.2984→ 0.2984
OLM Tab.	ESARTAN I	MEDOXOMIL/HYDROCHLOR	OTHIAZIDE 🖫	20 mg -12	.5 mg PPB	
	02443112	Act Olmesartan HCT	ActavisPhm	30	17.90	→ 0.5967
	02453606	Apo-Olmesartan/HCTZ	Apotex	30	17.90	→ 0.5967
			1 7	100	59.67	→ 0.5967
	02319616	Olmetec Plus	Merck	30	30.49	1.0163
Tab.				40 mg - 12	.5 mg PPB	
	02443120	Act Olmesartan HCT	ActavisPhm	30	17.90	→ 0.5967
	02453614	Apo-Olmesartan/HCTZ	Apotex	30	17.90	→ 0.5967
			1 7	100	59.67	→ 0.5967
	02319624	Olmetec Plus	Merck	30	30.49	1.0163
Tab.				40 mg - 2	25 mg PPB	
ιαυ.		i .	1			
l ab.	02443139	Act Olmesartan HCT	ActavisPhm	30	17 90	▶ 0.5967
l ab.	02443139 02453622	Act Olmesartan HCT App-Olmesartan/HCTZ	ActavisPhm Apotex	30 30	17.90 17.90	0.59670.5967
l ab.	02443139 02453622	Act Olmesartan HCT Apo-Olmesartan/HCTZ	ActavisPhm Apotex	30 30 100	17.90 17.90 59.67	0.59670.59670.5967

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	_				
TELMISARTA Tab.	N B		ī	40 mg PPB	ı
0239324	7 Act Telmisartan	ActavisPhm	30 100	6.48 21.61	→ 0.2161→ 0.2161
0242008	2 Apo-Telmisartan	Apotex	30 100	6.48 21.61	→ 0.2161→ 0.2161
0245356	8 Auro-Telmisartan	Aurobindo	30 100	6.48 21.61	→ 0.2161→ 0.2161→ 0.2161
0224076 0239123		Bo. Ing. Phmscience	28 100	31.63 21.61	1.1296 • 0.2161
0237595	· / · · · · · · · · · · · · · · · · · ·	Sandoz	30 500	6.48 108.05	→ 0.2161→ 0.2161→ 0.2161
0240748	5 Telmisartan	Accord	30 100	6.48 21.61	→ 0.2161 → 0.2161 → 0.2161
0243289 0239522		Phmscience Pro Doc	100	21.61 6.48	• 0.2161 • 0.2161 • 0.2161
			100	21.61	• 0.2161
0238894 0239034		Sanis Sivem	100 30	21.61 6.48	→ 0.2161→ 0.2161
0232017	7 Teva Telmisartan	Teva Can	100 30	21.61 6.48	→ 0.2161→ 0.2161
0243416	4 VAN-Telmisartan	Vanc Phm	100 100	21.61 21.61	0.21610.2161
Tab.				80 mg PPB	
	5 Ast Talminarian	A -t d- Dh		1	• 0.0464
0239325	5 Act Telmisartan	ActavisPhm	30 100	6.48 21.61	→ 0.2161→ 0.2161
0242009	0 Apo-Telmisartan	Apotex	30	6.48	→ 0.2161
		'	100	21.61	→ 0.2161
0245357	6 Auro-Telmisartan	Aurobindo	30	6.48	→ 0.2161
			100	21.61	→ 0.2161
0224077		Bo. Ing.	28	31.63	1.1296
0239124	r	Phmscience	100	21.61	• 0.2161 • 0.2161
0237596	6 Sandoz Telmisartan	Sandoz	30 500	6.48 108.05	→ 0.2161→ 0.2161
0240749	3 Telmisartan	Accord	300	6.48	→ 0.2161
0240749	3 Tellilisartari	Accord	100	21.61	→ 0.2161→ 0.2161
0243290	0 Telmisartan	Phmscience	100	21.61	→ 0.2161
0239523		Pro Doc	30	6.48	→ 0.2161
3200020		1	100	21.61	→ 0.2161
0238895	2 Telmisartan	Sanis	100	21.61	→ 0.2161
			500	108.05	→ 0.2161
0239035	3 Telmisartan	Sivem	30	6.48	→ 0.2161
			100	21.61	• 0.2161
0232018	5 Teva Telmisartan	Teva Can	30	6.48	→ 0.2161
	O MAN Total	\	100	21.61	0.2161
0243417	2 VAN-Telmisartan	Vanc Phm	100	21.61	→ 0.2161

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TELMI Tab.				1	SIZE	ONT	RICE
				•			
ı ab.	ISARTAN/	HYDROCHLOROTHIAZIDE	P	80 mg - 12	.5 mg PPB		
	02420023	Apo-Telmisartan/HCTZ	Apotex	30	6.29		w
	02.20020	7.,00 7.000.1.0	, potox	100	20.98		W
C	02456389	Auro-Telmisartan HCTZ	Aurobindo	30	6.29		0.2098
١,	00044044	Min all Division		100	20.98		0.2098
	02244344 02401665	Micardis Plus pms-Telmisartan-HCTZ	Bo. Ing. Phmscience	28 100	31.63 20.98		1.1296 0.2098
1	02393557	Sandoz Telmisartan HCT	Sandoz	30	6.29		0.2098
(0200001	Garage Terringarian Tro	Gandoz	100	20.98		0.2098
l	02433214	Telmisartan - HCTZ	Phmscience	100	20.98		0.2098
(02395525	Telmisartan - HCTZ	Pro Doc	30	6.29	•	0.2098
				100	20.98	•	0.2098
C	02390302	Telmisartan HCTZ	Sivem	30	6.29	-	0.2098
				100	20.98	_	0.2098
	02395355	Telmisartan/ HCTZ	Sanis	100	20.98	-	0.2098
	02419114	Telmisartan/	Accord	30 100	6.29 20.98		0.2098
,	02330288	Hydrochlorothiazide Teva Telmisartan HCTZ	Teva Can	30	6.29	_	0.2098 0.2098
	02330200	Teva TellilisaitaiTTICTZ	Teva Call	500	104.90		0.2098
Tab.				80 mg - 2	25 mg PPB		
I			1	1	_		
C	02420031	Apo-Telmisartan/HCTZ	Apotex	30	6.29		W
,	02456397	Auro-Telmisartan HCTZ	Aurobindo	100 30	20.98 6.29	_	W 0.2098
	02430331	Auto-reillisartail HOTZ	Autobilido	100	20.98		0.2098
C	02318709	Micardis Plus	Bo. Ing.	28	31.63	_	1.1296
C	02401673	pms-Telmisartan-HCTZ	Phmscience	100	20.98	•	0.2098
C	02393565	Sandoz Telmisartan HCT	Sandoz	30	6.29	•	0.2098
				100	20.98		0.2098
	02433222	Telmisartan - HCTZ	Phmscience	100	20.98		0.2098
C	02395533	Telmisartan - HCTZ	Pro Doc	30	6.29		0.2098
,	00000040	Talmia antan LIOTZ	0:	100	20.98		0.2098
·	02390310	Telmisartan HCTZ	Sivem	30 100	6.29 20.98	_	0.2098 0.2098
_	02395363	Telmisartan/ HCTZ	Sanis	100	20.98		0.2098
	02419122	Telmisartan/	Accord	30	6.29		0.2098
	02110122	Hydrochlorothiazide	7100014	100	20.98		0.2098
C	02379252	Teva Telmisartan HCTZ	Teva Can	30	6.29	•	0.2098
				100	20.98	•	0.2098
TELMI Tab.	ISARTAN/A	AMLODIPINE B		Δ	10 mg - 5 mg		
I	00074000	Tomorata	De les				0.0040
	02371022	Twynsta	Bo. Ing.	28	19.09		0.6818
Tab.				. 40	mg - 10 mg		
١	02371030	Twynsta	Bo. Ing.	28	19.09		0.6818
		,	1-2		10.55		

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					80 mg -5 mg	
	02371049	Twynsta	Bo. Ing.	28	19.09	0.6818
Tab.				80) mg - 10 mg	
		l	l ₂ .	I		0.0040
	02371057	Twynsta	Bo. Ing.	28	19.09	0.6818
VAL	SARTAN 🖪	1				
Tab.		- I	I	I	40 mg PPB	
	02337487	Act Valsartan	ActavisPhm	100	22.11	w
	02371510	Apo-Valsartan	Apotex	30	6.63	→ 0.2211
	02414201	Auro-Valsartan	Aurobindo	30	6.63	• 0.2211
				100	22.11	• 0.2211
	02270528	Diovan	Novartis	28	31.27	1.1168
	02312999	pms-Valsartan	Phmscience	30	6.63	0.2211
	02363062	Ran-Valsartan	Ranbaxy	100	22.11	0.2211
	02425440 02356740	Riva-Valsartan Sandoz Valsartan	Riva Sandoz	30 30	6.63	0.2211
	02350740	Sandoz Valsarlan	Sandoz	100	6.63 22.11	0.22110.2211
	02356643	Teva Valsartan	Teva Can	30	6.63	→ 0.2211→ 0.2211
	02367726	Valsartan	Pro Doc	30	6.63	→ 0.2211→ 0.2211
	02307720	Valsartari	PIO DOC	100	22.11	→ 0.2211 → 0.2211
	02366940	Valsartan	Sanis	100	22.11	→ 0.2211→ 0.2211
	02384523	Valsartan	Sivem	30	6.63	→ 0.2211→ 0.2211
	02001020	Valoarian	S.VO.III	100	22.11	• 0.2211
Tab.					90 mg DDD	
Tab.		1	1	۱ '	80 mg PPB 	
	02337495	Act Valsartan	ActavisPhm	100	21.59	W
	02371529	Apo-Valsartan	Apotex	30	6.48	• 0.2159
				500	107.95	• 0.2159
	02414228	Auro-Valsartan	Aurobindo	100	21.59	• 0.2159
	00011701			500	107.95	• 0.2159
	02244781	Diovan	Novartis	28	31.47	1.1239
	02313006	pms-Valsartan	Phmscience	30 100	6.48 21.59	0.2159
	02363100	Ran-Valsartan	Danhavi	l	21.59	0.21590.2159
	02363100	Ran-vaisartan	Ranbaxy	100 500	107.95	0.2159→ 0.2159
	02425459	Riva-Valsartan	Riva	300	6.48	→ 0.2159→ 0.2159
	02423439	Niva-vaisartari	INVa	100	21.59	→ 0.2159→ 0.2159
	02356759	Sandoz Valsartan	Sandoz	30	6.48	→ 0.2159→ 0.2159
	02000108	Candoz vaisaitaii	Candoz	500	107.95	→ 0.2159→ 0.2159
	02356651	Teva Valsartan	Teva Can	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02367734	Valsartan	Pro Doc	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02366959	Valsartan	Sanis	100	21.59	• 0.2159
				500	107.95	• 0.2159
	02384531	Valsartan	Sivem	30	6.48	• 0.2159
				100	21.59	→ 0.2159
		1	ļ	l		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				. 10	60 mg PPB	
	02337509	Act Valsartan	ActavisPhm	100	21.59	w
	02371537	Apo-Valsartan	Apotex	30	6.48	→ 0.2159
		,	'	500	107.95	→ 0.2159
	02414236	Auro-Valsartan	Aurobindo	100	21.59	→ 0.2159
				500	107.95	→ 0.2159
	02244782	Diovan	Novartis	28	31.47	1.1239
	02313014	pms-Valsartan	Phmscience	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02363119	Ran-Valsartan	Ranbaxy	100	21.59	→ 0.2159
				500	107.95	→ 0.2159
	02425467	Riva-Valsartan	Riva	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02356767	Sandoz Valsartan	Sandoz	30	6.48	→ 0.2159
				500	107.95	→ 0.2159
	02356678	Teva Valsartan	Teva Can	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02367742	Valsartan	Pro Doc	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
	02366967	Valsartan	Sanis	100	21.59	→ 0.2159
				500	107.95	• 0.2159
	02384558	Valsartan	Sivem	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
- .				•		
Tab.		I	I	33	20 mg PPB	ı
	02337517	Act Valsartan	ActavisPhm	100	20.98	w
	02371545	Apo-Valsartan	Apotex	30	6.29	→ 0.2098
	02414244	Auro-Valsartan	Aurobindo	30	6.29	→ 0.2098
				100	20.98	→ 0.2098
	02289504	Diovan	Novartis	28	31.47	1.1239
	02344564	pms-Valsartan	Phmscience	30	6.29	→ 0.2098
				100	20.98	→ 0.2098
	02425475	Riva-Valsartan	Riva	30	6.29	→ 0.2098
				100	20.98	→ 0.2098
	02356775	Sandoz Valsartan	Sandoz	30	6.29	→ 0.2098
				100	20.98	→ 0.2098
	02356686	Teva Valsartan	Teva Can	30	6.29	→ 0.2098
	02367750	Valsartan	Pro Doc	30	6.29	→ 0.2098
				100	20.98	• 0.2098
	02366975	Valsartan	Sanis	100	20.98	→ 0.2098
	02384566	Valsartan	Sivem	30	6.29	• 0.2098
				100	20.98	→ 0.2098

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VAL:	SARTAN/HY	DROCHLOROTHIAZIDE		80 mg - 12	.5 mg PPB	
	02382547	Apo-Valsartan/HCTZ	Apotex	30	6.64	• 0.2213
	02408112	Auro-Valsartan HCT	Aurobindo	100 30	22.13 6.64	→ 0.2213→ 0.2213
	02241900	Diovan-HCT	Novartis	100 28	22.13 32.16	→ 0.22131.1486
	02356694	Sandoz Valsartan HCT	Sandoz	30 500	6.64 110.65	→ 0.2213→ 0.2213
	02356996	Teva Valsartan/HCTZ	Teva Can	30 50	6.64 11.07	→ 0.2213→ 0.2213
	02367009	Valsartan HCT	Sanis	100	22.13	→ 0.2213
	02384736	Valsartan HCT	Sivem	30 100	6.64 22.13	0.22130.2213
	02367769	Valsartan-HCTZ	Pro Doc	30 100	6.64 22.13	→ 0.2213→ 0.2213
		I	1			
Tab.			I	160 mg -12 	1.5 mg PPB 	
	02382555	Apo-Valsartan/HCTZ	Apotex	30 500	6.72 112.00	→ 0.2240→ 0.2240
	02408120	Auro-Valsartan HCT	Aurobindo	30 100	6.72 22.40	→ 0.2240→ 0.2240
	02241901	Diovan-HCT	Novartis	28	32.10	1.1464
	02356708	Sandoz Valsartan HCT	Sandoz	30 500	6.72 112.00	→ 0.2240→ 0.2240
	02357003	Teva Valsartan/HCTZ	Teva Can	30	6.72	→ 0.2240
	02367017	Valsartan HCT	Sanis	50 100	11.20 22.40	→ 0.2240→ 0.2240
	02384744	Valsartan HCT	Civama	500	112.00	0.2240
	02384744	Vaisartan HC i	Sivem	30 100	6.72 22.40	→ 0.2240→ 0.2240
	02367777	Valsartan-HCTZ	Pro Doc	30 100	6.72 22.40	→ 0.2240→ 0.2240
				100	22.10	4 0.2240
Tab.		1	1	160 mg - 2	25 mg PPB	ı
	02382563	Apo-Valsartan/HCTZ	Apotex	30	6.71	• 0.2238
	02408139	Auro-Valsartan HCT	Aurobindo	500 30	111.90 6.71	→ 0.2238→ 0.2238
	02246955	Diovan-HCT	Novartis	100 28	22.38 31.99	→ 0.22381.1425
	02356716	Sandoz Valsartan HCT	Sandoz	30	6.71	→ 0.2238
				500	111.90	→ 0.2238
	02357011	Teva Valsartan/HCTZ	Teva Can	30 50	6.71 11.19	→ 0.2238→ 0.2238
	02367025	Valsartan HCT	Sanis	100	22.38	→ 0.2238
	00001			500	111.90	• 0.2238
	02384752	Valsartan HCT	Sivem	30 100	6.71 22.38	→ 0.2238→ 0.2238
	02367785	Valsartan-HCTZ	Pro Doc	30	6.71	→ 0.2238
				100	22.38	→ 0.2238

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.				320 mg - 12	2.5 mg PPB	
	02382571	Ana Valaartan/HCT7	Apotex	30	6.71	→ 0.223
	02302371	Apo-Valsartan/HCTZ Auro-Valsartan HCT	Aurobindo	30	6.71	→ 0.223 → 0.223
	02406147	Auro-vaisariari nC i	Aurobindo	100	22.35	,
	02308908	Diovan-HCT	Novartis	28	31.49	1.124
	02356724	Sandoz Valsartan HCT	Sandoz	30	6.71	→ 0.223
	02330724	Sandoz Valsarlari HCT	Sandoz	100	22.35	→ 0.223 → 0.223
	02357038	Teva Valsartan/HCTZ	Teva Can	30	6.71	→ 0.223 → 0.223
	02367036	Valsartan HCT	Sanis	30	6.71	→ 0.223 → 0.223
	02384760	Valsartan HCT	Sivem	30	6.71	0.2230.223
	02364760	vaisarian HCT	Siverii	30	0.71	0.223
ab.				320 mg - 1	25 mg PPB	
	02382598	Apo-Valsartan/HCTZ	Apotex	30	6.69	→ 0.223
	02408155	Auro-Valsartan HCT	Aurobindo	30	6.69	→ 0.223
	02 100 100	, iaro valoarian iro	/ tarobinao	100	22.31	0.223
	02308916	Diovan-HCT	Novartis	28	31.49	1.124
	02356732	Sandoz Valsartan HCT	Sandoz	30	6.69	→ 0.223
	02000.02			100	22.31	→ 0.223
	02357046	Teva Valsartan/HCTZ	Teva Can	30	6.69	• 0.223
	02367041	Valsartan HCT	Sanis	100	22.31	→ 0.223
	02384779	Valsartan HCT	Sivem	30	6.69	,
	02304119	vaisaitaii i i C I	Siveili	1 30	0.09	J -7 U.Z

24:32.20 ALDOSTERONE RECEPTOR ANTAGONISTS SPIRONOLACTONE ☐

Tab.	1	1	2!	5 mg PPB	1
00028606 00613215	Aldactone Teva-Spironolactone	Pfizer Teva Can	100 100 500	7.47 6.92 34.60	0.0747 0.0692 0.0692
			1 000	000	 0.0002

Tab.				100 mg		
00613223	Teva-Spironolactone	Teva Can	100	21.20	0.2120	

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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08	analgesics and antipyretics
28:08.04	nonsteroidal anti- inflammatory agents
28:08.08	opiate agonists
28:08.12	opiate partial agonists
28:08.92	miscellaneous analgesics and
	antipyretics
28:10	opiate antagonists
28:10.92	miscellaneous antidotes
28:12	anticonvulsants
28:12.04	barbiturates
28:12.08	benzodiazepines
28:12.12	hydantoins
28:12.20	succinimides
28:12.92	miscellaneous anticonvulsants
28:16	psychotropics
28:16.04	antidepressants
28:16.08	antipsychotic agents
28:20	cns stimulants
28:20.04	amphetamines
28:20.92	cns stimulants, miscellaneous
28:24	anxiolytics, sedatives and hypnotics
28:24.08	benzodiazepines
28:24.92	miscellaneous anxiolytics, sedatives,
28:28	hypnotics antimanic agents
28:32	antimigraine agents
28:32.28	selective serotonin agonists
28:32.92	antimigraine agents, miscellaneous
28:36	Antiparkinsonian Agents
28:36.04	Adamantanes
28:36.08	Anticholinergic Agents
28:36.12	Catechol-O-Methyltransferase
	Inhibitors
28:36.16	Dopamine Precursors
28:36.20	Dopamine Receptor Agonists
28:36.32	Monoamine Oxydase B Inhibitors
28:36.92	Antiparkinsonian Agents,
28:92	Miscellaneous miscellaneous Central Nervous System Agents

NO	08.04 NSTEROID TYLSALICY	AL ANTI- INFLAMMATO LIC ACID	RY AGENTS				
Ent.	Tab.			. 32	25 mg PPB		
*	02352427	Asatab EC 325 mg	Odan	1000	28.00		w
	02010526	Jamp-AAS EC	Jamp	500	13.98	•	0.0280
	02284529	pms-ASA EC	Phmscience	1000	27.96	•	0.0280
F.,.t	Tab.			G	50 ma PPB		
⊑πι. 					50 mg PPB 		I
*	02352435	Asatab EC 650 mg	Odan	500	27.50		W
	00794244	Enteric coated ASA	Jamp	500	27.50	•	0.0550
Supp	D .		ı	640 m	ng to 650 mg		ı
	00582867	pms-ASA	Phmscience	10	11.00		1.1000
Tab	or EntTab or	· ChewTab	I	80 mg or 8	81 mg PPB		ı
	02461471	Apo-ASA LD	Apotex	1000	56.00	•	0.0560
	02427176	ASA EC (80 mg)	Sanis	500	28.00	•	0.0560
	02009013	Asaphen	Phmscience	100	5.60	•	0.0560
				500	28.00	•	0.0560
	02238545	Asaphen E.C.	Phmscience	500	28.00	*	0.0560
	00000407	Accept		1000	56.00	7	0.0560
	02280167	Asatab	Odan	100 500	5.60 28.00	7	0.0560 0.0560
	02250675	Euro-ASA	Euro-Pharm	500	28.00	7	0.0560
	02430835	Euro-ASA EC	Sandoz	500	28.00	*	0.0560
	02430033	Luio-ASA LC	Sandoz	1000	56.00	¥	0.0560
	02269139	Jamp-A.A.S. (Chew. Tab.)	Jamp	500	28.00	-	0.0560
	02283905	Jamp-A.A.S. (Ent. Tab.)	Jamp	1000	56.00	•	0.0560
	02296004	Lowprin (chew. tab.)	Sandoz	30	1.68	•	0.0560
				500	28.00	•	0.0560
	02295563	Lowprin (tab.)	Euro-Pharm	30	1.68	•	0.0560
				500	28.00	•	0.0560
	02429950	M-ASA 80 mg chewable	Mantra Ph.	500	28.00	•	0.0560
	02311496	Pro-AAS EC-80	Pro Doc	1000	56.00	•	0.0560
	02311518	Pro-AAS-80 (chewable)	Pro Doc	500	28.00	•	0.0560
	02202352	Rivasa (Co. Croq.)	Riva	100	5.60	•	0.0560
				500	28.00	•	0.0560
+	02485222	Rivasa 80 mg EC	Riva	1000	56.00	•	0.0560
	02420279	Rivasa 81 mg EC	Riva	1000	56.00	•	0.0560
	02202360	Rivasa FC (Co.)	Riva	100	5.60	•	0.0560
				1000	56.00	•	0.0560

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CELECOXIB Caps.			11	00 mg PPB	
02420155	ACT Celecoxib	ActavisPhm	100 500	12.79 63.95	→ 0.1279→ 0.1279
02418932	Apo-Celecoxib	Apotex	100 500	12.79 63.95	→ 0.1279→ 0.1279
02445670	Auro-Celecoxib	Aurobindo	100 500	12.79 63.95	→ 0.1279→ 0.1279
02426382	Bio-Celecoxib	Biomed	100	12.79	→ 0.1279
02239941 02424371	Celebrex Celecoxib	Pfizer Pro Doc	100 100	67.58 12.79	0.6758 → 0.1279
02424371	Celecoxio	PIO DOC	500	63.95	→ 0.1279 → 0.1279
02436299	Celecoxib	Sanis	500	63.95	→ 0.1279
02429675	Celecoxib	Sivem	100	12.79	→ 0.1279
02424533	Jamp-Celecoxib	Jamp	100 500	12.79 63.95	→ 0.1279→ 0.1279
02420058	Mar-Celecoxib	Marcan	100 500	12.79 63.95	→ 0.1279→ 0.1279
02412497	Mint-Celecoxib	Mint	100	12.79	→ 0.1279
02355442	pms-Celecoxib	Phmscience	100 500	12.79 63.95	→ 0.1279→ 0.1279
02412373	Ran-Celecoxib	Ranbaxy	100 500	12.79 63.95	0.12790.12790.1279
02425386	Riva-Celecox	Riva	100	12.79	→ 0.1279 → 0.1279
02442639	SDZ Celecoxib	Sandoz	100	12.79	→ 0.1279
			500	63.95	→ 0.1279
02288915	Teva-Celecoxib	Teva Can	100 500	12.79 63.95	→ 0.1279→ 0.1279

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			20	00 mg PPB	
02420163	ACT Celecoxib	ActavisPhm	100 500	25.58 127.90	→ 0.2558
02418940	Apo-Celecoxib	Apotex	100	25.58	→ 0.2558→ 0.2558
02445689	Auro-Celecoxib	Aurobindo	500 100	127.90 25.58	→ 0.2558→ 0.2558
02426390	Bio-Celecoxib	Biomed	500 100	127.90 25.58	→ 0.2558→ 0.2558
		Pfizer	500	127.90	→ 0.2558
02239942 02424398	Celebrex Celecoxib	Pro Doc	100 100	135.15 25.58	1.3515 → 0.2558
02436302	Celecoxib	Sanis	500 500	127.90 127.90	→ 0.2558→ 0.2558
02429683	Celecoxib	Sivem	100 500	25.58 127.90	→ 0.2558→ 0.2558
02424541	Jamp-Celecoxib	Jamp	100 500	25.58 127.90	→ 0.2558→ 0.2558
02420066	Mar-Celecoxib	Marcan	100	25.58	→ 0.2558
02412500	Mint-Celecoxib	Mint	500 100	127.90 25.58	→ 0.2558→ 0.2558
02355450	pms-Celecoxib	Phmscience	100 500	25.58 127.90	→ 0.2558→ 0.2558
02412381	Ran-Celecoxib	Ranbaxy	100 500	25.58 127.90	→ 0.2558→ 0.2558
02425394	Riva-Celecox	Riva	100	25.58	• 0.2558
02442647	SDZ Celecoxib	Sandoz	500 100	127.90 25.58	→ 0.2558→ 0.2558
02288923	Teva-Celecoxib	Teva Can	500 100	127.90 25.58	→ 0.2558→ 0.2558
02200923	I EVA-CEIECUXID	Teva Call	500	127.90	→ 0.2558 → 0.2558

	OFENAC P	OTASSIUM OR SODIUM	50 mg /50 m	ng L.A. /100 mg	a L.A. PPB		
			1	ľ Í	-	Ι.	
	00839183	Apo-Diclo 50 mg	Apotex	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02243433	Apo-Diclo Rapide 50 mg	Apotex	100	20.24	•	0.2024
	02091194	Apo-Diclo SR 100 mg	Apotex	100	40.48		0.4048
	02352397	Diclofenac EC	Sanis	100	20.24	•	0.2024
	02351684	Diclofenac K	Sanis	100	20.24	•	0.2024
	00870978	Diclofenac-50	Pro Doc	100	20.24	•	0.2024
	02224127	Diclofenac-SR 100 mg	Pro Doc	100	40.48	•	0.4048
	00808547	Novo-Difenac 50 mg	Novopharm	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02048698	Novo-Difenac SR 100 mg	Novopharm	100	40.48	•	0.4048
	02302624	pms-Diclofenac 50 mg	Phmscience	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02239753	pms-Diclofenac-K 50 mg	Phmscience	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02231505	pms-Diclofenac-SR 100 mg	Phmscience	100	40.48	•	0.4048
				250	101.20	•	0.4048
	02311461	Pro-Diclo Fast-50	Pro Doc	100	20.24	•	0.2024
	02261960	Sandoz Diclofenac 50 mg	Sandoz	100	20.24	•	0.2024
	02261774	Sandoz Diclofenac Rapide 50 mg	Sandoz	100	20.24	•	0.2024
	02261944	Sandoz Diclofenac SR 100	Sandoz	100	40.48	•	0.4048
	02239355	Teva-Diclofenac K	Teva Can	100	20.24	•	0.2024
	00514012	Voltaren 50 mg	Novartis	100	72.81		0.7281
	00881635	Voltaren Rapide 50 mg	Novartis	100	68.46		0.6846
	00590827	Voltaren S.R. 100 mg	Novartis	100	143.33		1.4333
DICL Tab.	OFENAC S	ODIC/MISOPROSTOL 🖪		50 mg - 200) mcg PPB		
	04047050		DC	050	- 440 ==		0.5000
	01917056	Arthrotec	Pfizer	250	149.75	_	0.5990
	02413469	pms-Diclofenac-Misoprostol	Phmscience	250	133.83	7	0.5353
Tab.				75 mg - 200	mcg PPB		
	02229837	Arthrotec 75	Pfizer	250	203.81		0.8152
	02229637	pms-Diclofenac-Misoprostol	Phmscience	250	182.15	•	0.7286
1	02410411	pina Dicioleriac-ivilacpi ostor	1 minocience	200	102.13	7	0.7200

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				•	
DICLOFENAC					
Ent.Tab.or L.A.	Гаb ।	I	25 mg / 75 m	g L.A. PPB	I
00839175		Apotex	100	7.73	→ 0.0773
02162814	, ,	Apotex	100	23.19	• 0.2319
02224119	1	Pro Doc Novopharm	100 100	23.19 7.73	→ 0.2319→ 0.0773
02158582	-	Novopharm	100	23.19	→ 0.0773
02302616	1	Phmscience	100	7.73	→ 0.0773
02231504	pms-Diclofenac- SR 75 mg	Phmscience	100	23.19	→ 0.2319
00004050			500	116.00	0.2320
02261952		Sandoz	100	7.73	0.0773
02261901	Sandoz Diclofenac SR 75	Sandoz	100	23.19	• 0.2319
00782459	1 -	Novartis	100	100.56	1.0056
Supp.	1	I	; I	50 mg PPB I	1
02231506	,	Phmscience	30	13.02	→ 0.4339
02261928		Sandoz	30	13.02	• 0.4339
00632724	Voltaren	Novartis	30	32.79	1.0930
Supp.			11	00 mg PPB	
1	2.77	l	1	1	
02231508 02261936	17	Phmscience Sandoz	30 30	17.52 17.52	→ 0.5840→ 0.5840
02201300	Gariage Bioloiciae	Caridoz		17.02	0.0040
ETODOLAC 🖪					
Caps.	1	I	ı	200 mg	ı
02232317	Etodolac	AA Pharma	100	76.00	0.7600
Caps.	1	I	ı	300 mg	1
02232318	Etodolac	AA Pharma	100	76.00	0.7600
FLURBIPROFE	n B				
Tab.				50 mg	
01912046	Apo-Flurbiprofen	Apotex	100	22.21	0.2221
	!		Į.		
Tab.			1(00 mg PPB	1
01912038	Apo-Flurbiprofen	Apotex	100	30.39	→ 0.3039
02100517		Novopharm	100	30.39	→ 0.3039
IBUPROFEN					
Oral Susp.			1	100 mg/5 mL	
02354799	Europrofen	Pendopharm	120 ml	6.49	0.0541
02004199		. Shaophann	1201111	0.49	0.0071

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			•	2	00 mg PPB	
	00441643	Apo-Ibuprofen	Apotex	1000	1	0.0510
	02368072	Ibuprofene tablets	Jamp	1000	51.00 5.10	→ 0.0510 → 0.0510
	02272849	Jamp-Ibuprofene	Jamp	100	5.10	• 0.0510
Tab.				. 4	00 mg PPB	
	02317338	Ibuprofene	Jamp	1000	37.20	→ 0.0372
	02401290	Jamp - Ibuprofene	Jamp	300	11.16	→ 0.0372
	00629340	Novo-Profen	Novopharm	1000	37.20	→ 0.0372
IRLID	ROFEN B					
Tab.	NOI EN				600 mg	
	00629359	Novo-Profen	Novopharm	100	4.65	0.0465
			Tro ropinalini	500	23.25	0.0465
		_				
Caps	METHACIN				25 mg PPB	
	02461811	Mint-Indomethacin	Mint	100	15.19	→ 0.1519
	00337420	Teva-Indomethacin	Teva Can	100	15.19	→ 0.1519
				1000	151.90	▶ 0.1519
Caps		ı	1	; I	50 mg PPB	ı
	02461536	Mint-Indomethacin	Mint	100	15.11	→ 0.1511
	00337439	Teva-Indomethacin	Teva Can	100	15.11	• 0.1511
				500	75.55	→ 0.1511
Supp		ı	1	ı	50 mg	ı
	02231799	Sandoz Indomethacine	Sandoz	30	24.60	0.8200
Supp	١.				100 mg	
	02231800	Sandoz Indomethacine	Sandoz	30	26.73	0.8910
VET						
Caps	OPROFEN				50 mg	
		Ketoprofen 50 mg	AA Pharma	100	50 mg 33.73	0.3373
Caps	00790427	_ 	AA Pharma	100	33.73	0.3373
	00790427 Tab.	Ketoprofen 50 mg	1	1	33.73 100 mg	0.3373
Caps	00790427	_ 	AA Pharma	100	33.73	
Caps	00790427 Tab. 00842664	Ketoprofen 50 mg	1	1	33.73 100 mg	0.3373 0.6823

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UI	NIT PRICE
			'				
MELO	OXICAM E	l		7	7.5 mg PPB		
	02250012	ACT Meloxicam	ActavisPhm	30 100	6.01 20.03	*	0.2003 0.2003
	02248973	Apo-Meloxicam	Apotex	100	20.03 20.03 100.14	•	0.2003 0.2003 0.2003
	02390884	Auro-Meloxicam	Aurobindo	30 100	6.01 20.03	•	0.2003 0.2003
	02353148	Meloxicam	Sanis	100	20.03	•	0.2003
	02242785	Mobicox	Bo. Ing.	100	80.11		0.8011
	02258315	Novo-Meloxicam	Novopharm	30 100	6.01 20.03	→	0.2003 0.2003
	02248267	pms-Meloxicam	Phmscience	30	6.01	-	0.2003
	022 10201	pine weiskisam	Timodono	500	100.14	•	0.2003
	02247889	ratio-Meloxicam	Ratiopharm	100	20.03	•	0.2003
				500	100.14	•	0.2003
Tab.					15 mg PPB		
	00050000	AOT 14.4. 1		100	00.40	_	0.0040
	02250020	ACT Meloxicam	ActavisPhm	100	23.10	7	0.2310
	02248974	Apo-Meloxicam	Apotex	100	23.10	7	0.2310
	02390892	Auro-Meloxicam	Aurobindo	30 100	6.93 23.10	7	0.2310
	02353156	Meloxicam	Comin	100		7	0.2310 0.2310
			Sanis		23.10	7	
	02242786 02248268	Mobicox	Bo. Ing.	100 30	92.43	_	0.9243 0.2310
	02240200	pms-Meloxicam	Phmscience	500	6.93 115.50	7	0.2310
	02248031	ratio-Meloxicam	Ratiopharm	100	23.10	1	0.2310
	02240031	Tatio-Meioxicam	Natiophann	500	115.50	1	0.2310
	02258323	Teva-Meloxicam	Teva Can	30	6.93	•	0.2310
	02230323	Teva-Inclosicani	Teva Call	100	23.10	→	0.2310
NABI Tab.	UMETONE	ß		5	00 mg PPB		
		I	AA Dh	1	l	ــا	0.0005
	02238639	Nabumetone	AA Pharma	100	36.25	→	0.3625
		I	AA Pharma Novopharm	1	l	+	0.3625 0.3625
Tab.	02238639 02240867	Nabumetone		100	36.25	→	
Tab.	02238639	Nabumetone		100 100	36.25	+	
Tab.	02238639 02240867 ROXEN	Nabumetone		100 100	36.25 36.25	+	
Tab.	02238639 02240867 ROXEN T Tab. or Tab.	Nabumetone Novo-Nabumetone	Novopharm	100 100	36.25 36.25	+ +	0.3625
Tab.	02238639 02240867 ROXEN 1 Tab. or Tab. 00522651	Nabumetone Novo-Nabumetone Apo-Naproxen 250 mg	Novopharm	100 100	36.25 36.25 50 mg PPB 10.68	++	0.3625
Tab.	02238639 02240867 ROXEN 1 Tab. or Tab. 00522651	Nabumetone Novo-Nabumetone Apo-Naproxen 250 mg	Novopharm	100 100 2: 100 100	36.25 36.25 50 mg PPB 10.68 10.68	++	0.3625 0.1068 0.1068
Tab.	02238639 02240867 ROXEN (a) Fab. or Tab. 00522651 02350750	Nabumetone Novo-Nabumetone Apo-Naproxen 250 mg Naproxen	Novopharm Apotex Sanis	100 100 2: 100 100 500	36.25 36.25 50 mg PPB 10.68 10.68 53.40	**	0.3625 0.1068 0.1068 0.1068
Tab.	02238639 02240867 ROXEN Tab. or Tab. 00522651 02350750 02350785	Nabumetone Novo-Nabumetone Apo-Naproxen 250 mg Naproxen Naproxen EC	Novopharm Apotex Sanis Sanis	100 100 2: 100 100 500 100	36.25 36.25 50 mg PPB 10.68 10.68 53.40 10.68	**	0.1068 0.1068 0.1068 0.1068 0.1068
Tab.	02238639 02240867 ROXEN Tab. or Tab. 00522651 02350750 02350785 00590762	Nabumetone Novo-Nabumetone Apo-Naproxen 250 mg Naproxen Naproxen EC Naproxen-250	Apotex Sanis Sanis Pro Doc	100 100 2: 100 100 500 100 100	36.25 36.25 50 mg PPB 10.68 10.68 53.40 10.68 10.68	**	0.1068 0.1068 0.1068 0.1068 0.1068

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	1	1			
Ent. Tab. or Tab	-	1	5	00 mg PPB	,
00592277	Apo-Naproxen	Apotex	100 500	21.10 105.50	→ 0.2110→ 0.2110
02246701	Apo-Naproxen EC	Apotex	100	21.10	→ 0.2110→ 0.2110
02162423	' '	Atnahs	100	98.82	0.9882
02350777	Naproxen	Sanis	100	21.10	→ 0.2110
			500	105.50	→ 0.2110
02350807	, ,	Sanis	100	21.10	→ 0.2110
00618721	'	Pro Doc	500	105.50	• 0.2110
00589861	Novo-Naprox	Novopharm	100	21.10	• 0.2110
00040044	Nova Nanzav FC	Navanharm	500	105.50	0.2110
02243314 02294710	,	Novopharm Phmscience	100 100	21.10 21.10	→ 0.2110→ 0.2110
02310953	Pro-Naproxen EC-500	Pro Doc	100	21.10	• 0.2110 • 0.2110
02010300	1 TO TRAPIOXETI EO 000	1110 000	100	21.10	4 0.2110
Oral Susp.				25 mg/mL	
02162431	Pediapharm Naproxen Suspension	Pediapharm	474 ml	45.00	0.0949
Tab.				125 mg	
00522678	Apo-Naproxen	Apotex	100	7.81	0.0781
	•				
Tab. or Ent. Tab		1	3	75 mg PPB	1
00600806	Apo-Naproxen 375 mg	Apotex	100	14.58	→ 0.1458
			500	72.90	→ 0.1458
02246700	Apo-Naproxen EC 375 mg	Apotex	100	14.58	→ 0.1458
02162415		Atnahs	100	54.79	0.5479
02350769	Naproxen	Sanis	100	14.58	• 0.1458
00050700	N		500	72.90	0.1458
02350793	'	Sanis	100	14.58	0.1458
00655686 02294702	, ,	Pro Doc Phmscience	100 100	14.58 14.58	→ 0.1458→ 0.1458
02294702	Pro-Naproxen EC-375	Pro Doc	100	14.58	• 0.1458
00627097	Teva-Naproxen	Teva Can	100	14.58	→ 0.1458→ 0.1458
00027007	Tota Naproxon	Tova Gan	500	72.90	→ 0.1458
02243313	Teva-Naproxen-EC	Teva Can	100	14.58	→ 0.1458
		•			
PIROXICAM Caps.				10 mg	
00695718	Novo-Pirocam	Novopharm	100	22.13	0.2213
00000710	Novo i nodam	Теториани	100	22.10	0.2210
Caps.	1	ı	I	20 mg	ı
00695696	Novo-Pirocam	Novopharm	100	37.11	0.3711
Supp.	İ	1	ı	20 mg	ı
02154463	pms-Piroxicam	Phmscience	30	49.38	1.6460
	1.	1	l		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SULINDAC Tab.				150 mg	
00745588	Novo-Sundac	Novopharm	100	38.24	0.3824
Tab. 00745596	Novo-Sundac	Novopharm	100	200 mg 39.20	0.3920
007 10000	Treve Sandas	Петериани	100	00.20	0.0020
TENOXICAM B	l				
Tab.		AA Pharma	100	20 mg	4.4550
02230661	Tenoxicam	AA Pharma	100	115.52	1.1552
TIAPROFENIC A	ACID III				
Tab.	I	I	I	200 mg	
02179679	Teva-Tiaprofenic	Teva Can	100	34.37	0.3437
Tab.				300 mg	
02179687	Teva-Tiaprofenic	Teva Can	100	32.57	0.3257
28:08.08 OPIATE AGON	NISTS				
BASE AND COD	EINE SULFATE 🔞			50 mg	
02230302	Codeine Contin	Purdue	60	18.60	0.3100
		•			
L.A. Tab. 02163748	Codeine Contin	Purdue	60	100 mg	0.6200
02103740	Codeme Contin	Fuldue	00	37.20	0.0200
L.A. Tab.	I	ı	I.	150 mg	
02163780	Codeine Contin	Purdue	60	56.28	0.9380
L.A. Tab.				200 mg	
02163799	Codeine Contin	Purdue	60	74.46	1.2410
CODEINE PHOS	PHATE ®			30 mg PPB	
02009757	Codeine	Riva	100	7.73	→ 0.0773
	ratio-Codeine	Teva Can	500 100		→ 0.0773→ 0.0773
00090401	Tano-Couenie	16va Cali	500		• 0.0773 • 0.0773

	I			ı	I
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				OIZE.	
FENTANYL ®					
Patch			12	mcg/h PPB	
02386844	Co Fentanyl	Cobalt	5	11.14	→ 2.2280
02395657	Fentanyl Patch	Pro Doc	5	11.14	2.2280
02396696	Mylan-Fentanyl Matrix Patch	Mylan	5	11.14	w
02341379	pms-Fentanyl MTX	Phmscience	5	11.14	→ 2.2280
02330105	Ran-Fentanyl Matrix Patch	Ranbaxy	5	11.14	→ 2.2280
02327112	Sandoz Fentanyl Patch	Sandoz	5	11.14	→ 2.2280
02311925	Teva-Fentanyl	Teva Can	5	11.14	→ 2.2280
Patch			25	mcg/h PPB	
02314630	Apo-Fentanyl Matrix	Apotex	5	18.28	w
02386852	Co Fentanyl	Cobalt	5	18.28	→ 3.6560
02395665	Fentanyl Patch	Pro Doc	5	18.28	→ 3.6560
02396718	Mylan-Fentanyl Matrix Patch	Mylan	5	18.28	w
02341387	pms-Fentanyl MTX	Phmscience	5	18.28	→ 3.6560
02330113	Ran-Fentanyl Matrix Patch	Ranbaxy	5	18.28	→ 3.6560
02249391	Ran-Fentanyl Transdermal	Ranbaxy	5	18.28	→ 3.6560
02327120	System Sandoz Fentanyl Patch	Sandoz	5	18.28	→ 3.6560
02282941	Teva-Fentanyl	Teva Can	5	18.28	→ 3.6560
					,
Patch				27 mag/h	
 	1	I	I	37 mcg/h	I
02327139	Sandoz Fentanyl Patch	Sandoz	5	32.99	6.5980
Patch			50	mcg/h PPB	
02314649	Apo-Fentanyl Matrix	Apotex	5	34.41	w
02386879	Co Fentanyl	Cobalt	5	34.41	→ 6.8820
02395673	Fentanyl Patch	Pro Doc	5	34.41	6.8820
02396726	Mylan-Fentanyl Matrix Patch	Mylan	5	34.41	w
02341395	pms-Fentanyl MTX	Phmscience	5	34.41	→ 6.8820
02330121	Ran-Fentanyl Matrix Patch	Ranbaxy	5	34.41	→ 6.8820
02249413	Ran-Fentanyl Transdermal	Ranbaxy	5	34.41	→ 6.8820
00007447	System	04	_	24.44	
02327147 02282968	Sandoz Fentanyl Patch Teva-Fentanyl	Sandoz Teva Can	5 5	34.41 34.41	♦ 6.8820♦ 6.8820
02202900	Teva-I cilianyi	Teva Call	3	34.41	0.0020
Patch	İ	l	75 i	mcg/h PPB	I
02314657	Apo-Fentanyl Matrix	Apotex	5	48.40	w
	Co Fentanyl	Cobalt	5	48.40	→ 9.6800
02395681	Fentanyl Patch	Pro Doc	5	48.40	→ 9.6800
02396734	Mylan-Fentanyl Matrix Patch	Mylan	5	48.40	w
02341409	pms-Fentanyl MTX	Phmscience	5	48.40	
02330148	Ran-Fentanyl Matrix Patch	Ranbaxy	5	48.40	
02249421	Ran-Fentanyl Transdermal Svstem	Ranbaxy	5	48.40	→ 9.6800
02327155	Sandoz Fentanyl Patch	Sandoz	5	48.40	→ 9.6800
02282976	Teva-Fentanyl	Teva Can	5	48.40	9.6800
				10.10	0.0000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch			100	mcg/h PPB	
02314665 02386895 02395703 02396742	Apo-Fentanyl Matrix Co Fentanyl Fentanyl Patch Mylan-Fentanyl Matrix Patch	Apotex Cobalt Pro Doc Mylan	5 5 5 5	60.25 60.25 60.25 60.25	→ 12.0500 → 12.0500 → 12.0500 • W
02341417 02330156 02249448	pms-Fentanyl MTX Ran-Fentanyl Matrix Patch Ran-Fentanyl Transdermal System	Phmscience Ranbaxy Ranbaxy	5 5 5	60.25 60.25 60.25	12.050012.050012.0500
02327163 02282984	Sandoz Fentanyl Patch Teva-Fentanyl	Sandoz Teva Can	5 5	60.25 60.25	→ 12.0500 → 12.0500
HYDROMORPHO	ONE HYDROCHLORIDE 180		2 mg/mL (1 mL) PPB	
02460602	Chlorhydrate	Sterimax	10	16.47	→ 1.6470
02145901	d'hydromorphone Hydromorphone	Sandoz	10	16.47	→ 1.6470
lnj. Sol.			10 m	ng/mL PPB	
02460610	Chlorhydrate d'hydromorphone HP 10	Sterimax	1 ml 5 ml 50 ml	→ 3.65→ 18.23→ 182.25	
02145928	Hydromorphone HP 10	Sandoz	1 ml 5 ml 50 ml	3.65 19.84 198.40	
Inj. Sol.				20 mg/mL	
02145936	Hydromorphone HP 20	Sandoz	50 ml	425.19	
Inj. Sol.			50 n	ng/mL PPB	
02469413 02146126 99003163	Chlorhydrate d'hydromorphone HP 50 Hydromorphone HP 50 Hydromorphone HP 50	Sterimax Sandoz Sandoz	1 ml 50 ml 50 ml 1 ml	 21.13 1006.06 1006.06 21.13 	
L.A. Caps. (12 h)				3 mg	
02125323	Hydromorph Contin	Purdue	60	36.14	0.6023
L.A. Caps. (12 h)		ı	1	4.5 mg	
02359502	Hydromorph Contin	Purdue	60	43.65	0.7275
L.A. Caps. (12 h)	1	ı	ı	6 mg	
02125331	Hydromorph Contin	Purdue	60	54.18	0.9030

L.A. Caps. (12 h) 02359510 Hydromorph Contin Purdue 60 71.55 1.1925 L.A. Caps. (12 h) 02125366 Hydromorph Contin Purdue 60 93.92 1.5653 L.A. Caps. (12 h) 0243562 Hydromorph Contin Purdue 60 135.54 2.2590 L.A. Caps. (12 h) 0243562 Hydromorph Contin Purdue 60 135.54 2.2590 L.A. Caps. (12 h) 02125380 Hydromorph Contin Purdue 60 156.83 2.6138 L.A. Caps. (12 h) 02125390 Hydromorph Contin Purdue 60 156.83 2.6138 L.A. Caps. (12 h) 02125390 Hydromorph Contin Purdue 60 187.85 3.1308 Syr. 1 mg/mL PPB 00786535 Dilaudid Dilaudid Purdue 450 ml 29.34 0.0652 01916386 pms-Hydromorphone Phmscience 500 ml 32.60 0.0950 00786535 Dilaudid Purdue 100 9.50 0.0950 00786538 Dilaudid Purdue 100 9.50 0.0950 008854415 Apo-Hydromorphone Phmscience 100 9.50 0.0950 02319403 Teva Hydromorphone Teva Can 100 14.16 0.1416 00125083 Dilaudid Purdue 100 14.16 0.1416 00125083 Dilaudid Purdue 100 14.16 0.1416 002394131 Apo-Hydromorphone Phmscience 100 14.16 0.1416 002394131 Teva Hydromorphone Phmscience 100 14.16 0.1416 00125083 Dilaudid Purdue 100 22.40 0.2240 002394131 Teva Hydromorphone Phmscience 100 22.40 0.2240 003950 Dilaudid Purdue 100 22.40 0.2240 003951 Teva Can 100 35.28 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28 0.3528 00886428 pms-Hydromorphone Phmscience 100 35.28 0.3528 00886428 pms-Hydromorphone Phmscience 100 35.28 0.3528 00836416 Teva Hydromorphone Phmscience 100 35.28 0.3528 00836428 pms-Hydromorphone Phmscience 100 35.28 0.3528 00836416 Teva Hydromorphone Phmscience 10	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (12 h) 02125366 Hydromorph Contin Purdue 60 93.92 1.5653 L.A. Caps. (12 h) 02243562 Hydromorph Contin Purdue 60 135.54 2.2590 L.A. Caps. (12 h) 02125382 Hydromorph Contin Purdue 60 156.83 2.6138 L.A. Caps. (12 h) 02125390 Hydromorph Contin Purdue 60 156.83 2.6138 L.A. Caps. (12 h) 02125390 Hydromorph Contin Purdue 60 187.85 3.1308 Syr. 1 mg/mL PPB 00786535 Diliaudid Purdue 450 ml 29.34 0.0652 Tab. 1 mg PPB 02364115 Apo-Hydromorphone Apotex 100 9.50 0.0950 02319403 Teva Hydromorphone Teva Can 100 9.50 0.0950 02319403 Teva Hydromorphone Purdue 100 9.50 0.0950 02319413 Teva Hydromorphone Purdue 100 14.16 0.1416 00125033 Diliaudid Purdue 100 14.16 0.1416 002319411 Teva Hydromorphone Phmscience 100 14.16 0.1416 002319411 Teva Hydromorphone Phmscience 100 14.16 0.1416 002319411 Teva Hydromorphone Phmscience 100 14.16 0.1416 002319413 Apo-Hydromorphone Phmscience 100 14.16 0.1416 002319414 Teva Hydromorphone Phmscience 100 22.40 0.2240 00885415 pms-Hydromorphone Phmscience 100 22.40 0.2240 00885428 pms-Hydromorphone Phmscience 100 35.28 0.3528 007865428 ilaudid pms-Hydromorphone Phmscience 100 35.28 0.3528 007865428 pms-Hydromorphone Phmscience 100 35.28 0.3528 007865428 pms-Hydromorphone Phmscience 100	L.A. Caps. (12 h).			9 mg	
Delta Del	02359510	Hydromorph Contin	Purdue	60	71.55	1.1925
L.A. Caps. (12 h) 02243562 Hydromorph Contin Purdue 60 135.54 2.2590 L.A. Caps. (12 h) 02125382 Hydromorph Contin Purdue 60 156.83 2.6138 L.A. Caps. (12 h) 02125390 Hydromorph Contin Purdue 60 187.85 3.1308 Syr.	L.A. Caps. (12 h)			12 mg	
Description	02125366	Hydromorph Contin	Purdue	60	93.92	1.5653
Description	L.A. Caps. (12 h)			18 mg	
Description			Purdue	60		2.2590
Description Purdue Contin Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purdue Contin Purd	I Δ Cans (12 h	1			24 ma	
Syr. 1 mg/mL PPB 00786535 Dilaudid pms-Hydromorphone Purdue Phmscience 450 ml 29.34			Purdue	60	ا آ	2.6138
Syr. 1 mg/mL PPB 00786535 Dilaudid pms-Hydromorphone Purdue Phmscience 450 ml 29.34						
Syr. 1 mg/mL PPB 00786535 Dilaudid pms-Hydromorphone Purdue Phmscience 450 ml 450 ml 32.60 29.34			Purdue	60	ا آ	3.1308
Dilaudid Purdue A50 ml 29.34 0.0652	02.2000	Triya. emerpir conum	1. a. a. a			0.1000
Tab. 1 mg PPB	Syr.	1	1	1 n	ng/mL PPB 	İ
02364115	1	1		1		
00705438 Dilaudid Purdue 100 9.50 0.0950 0	Tab.				1 mg PPB	
00885444 pms-Hydromorphone Phmscience 100 9.50 0.0950 0.0950	02364115	Apo-Hydromorphone	Apotex	100	9.50	→ 0.0950
Tab. 2 mg PPB 02364123 Apo-Hydromorphone Apotex 100 14.16 ♣ 0.1416 00125083 Dilaudid Purdue 100 14.16 ♣ 0.1416 00885436 pms-Hydromorphone Phmscience 100 14.16 ♣ 0.1416 02319411 Teva Hydromorphone Teva Can 100 14.16 ♣ 0.1416 Tab. 4 mg PPB 02364131 Apo-Hydromorphone Apotex 100 22.40 ♣ 0.2240 00125121 Dilaudid Purdue 100 22.40 ♣ 0.2240 00885401 pms-Hydromorphone Phmscience 100 22.40 ♣ 0.2240 02319438 Teva Hydromorphone Teva Can 100 35.28 ♣ 0.3528 0786543 Dilaudid Purdue 100 35.28 ♣ 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28 ♣ <	1	1				
02364123 Apo-Hydromorphone Apotex 100 14.16 ♣ 0.1416 00125083 Dilaudid Purdue 100 14.16 ♣ 0.1416 00885436 pms-Hydromorphone Phmscience 100 14.16 ♣ 0.1416 02319411 Teva Hydromorphone Teva Can 100 14.16 ♣ 0.1416 Tab. 4 mg PPB 02364131 Apo-Hydromorphone Apotex 100 22.40 ♣ 0.2240 00125121 Dilaudid Purdue 100 22.40 ♣ 0.2240 00885401 pms-Hydromorphone Phmscience 100 22.40 ♣ 0.2240 02319438 Teva Hydromorphone Teva Can 100 22.40 ♣ 0.2240 Tab. 8 mg PPB 02364158 Apo-Hydromorphone Apotex 100 35.28 ♣ 0.3528 00786543 Dilaudid Purdue 100 35.28 ♣ 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28	1	1				_
00125083 Dilaudid Purdue 100 14.16	Tab.				2 mg PPB	
00125083 Dilaudid Purdue 100 14.16	02364123	Apo-Hydromorphone	Apotex	100	14.16	0.1416
Tab. 4 mg PPB 02364131 0002319431 Apo-Hydromorphone Apotex Apotex Dilaudid Purdue Apotex Apote			1 '	100		
02364131	1			1		
02364131	Tab.				4 ma PPB	
00125121 Dilaudid Purdue 100 22.40 → 0.2240 00885401 pms-Hydromorphone Phmscience 100 22.40 → 0.2240 Teva Hydromorphone Teva Can 100 22.40 → 0.2240 Tab. 8 mg PPB 02364158 Apo-Hydromorphone Apotex 100 35.28 → 0.3528 00786543 Dilaudid Purdue 100 35.28 → 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28 → 0.3528	02364131	Apo-Hydromorphone	Apotex	100	ا آ	0 2240
Tab. 8 mg PPB 02364158 0786543 0885428 0885428 Apo-Hydromorphone Pms-Hydromorphone Pms-Hydromorphone Pms-Hydromorphone Phmscience Apotex 100 35.28 1	1	1	1 '			-
Tab. 8 mg PPB 02364158 0786543 0786543 0885428 08	I .			1		
02364158 Apo-Hydromorphone Apotex 100 35.28 → 0.3528 00786543 Dilaudid Purdue 100 35.28 → 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28 → 0.3528	02319436	reva riyurumurpnune	Teva Call	100	22.40	0.2240
00786543 Dilaudid Purdue 100 35.28 → 0.3528 00885428 pms-Hydromorphone Phmscience 100 35.28 → 0.3528	Tab.	1	I	I	8 mg PPB	1
00885428 pms-Hydromorphone Phmscience 100 35.28 → 0.3528	1					
	1			1		
	1			1		

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				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
MEPERIDINE Tab.	HYDROCHLORIDE 19			50 mg	
0213801	8 Demerol	SanofiAven	100	13.09	0.1309
		·			
	HYDROCHLORIDE 18			4 / 1	
Oral Sol. 0224769	4 Metadol	 Paladin	250 ml	1 mg/mL 25.18	0.1007
0224703	4 INCIAGO	1 diduiti	230 1111	20.10	0.1007
Oral Sol.	1	1	10 r	mg/mL PPB	
0224137		Paladin	100 ml	36.42	0.3642
0224429	0 Metadol-D	Paladin	100 ml 1000 ml	13.51 135.10	0.13510.1351
0239459	6 Methadose	Mallinckro	1000 ml	150.00	0.1500
0239461	8 Methadose (sans sucre)	Mallinckro	1000 ml	150.00	0.1500
Tab.				1 mg	
0224769	8 Metadol	Paladin	100	16.73	0.1673
Tab. I	1	1	I	5 mg	
0224769	9 Metadol	Paladin	100	55.75	0.5575
Tab.				10 mg	
0224770	0 Metadol	 Paladin	100	89.21	0.8921
	-			30.21	
Tab.	1	1	1	25 mg	
0224770	1 Metadol	Paladin	100	167.26	1.6726
MORPHINE HYDROCHLORIDE OR SULFATE ®				5 mg DDD	
Caps. or Tab. 0232039	8 <i>M-Ediat</i>	Ethyphorm	20	5 mg PPB	→ 0.1045
0232039	o IVI-Eulat	Ethypharm	50	5.23	→ 0.1045→ 0.1045
0201420		Purdue	60	6.27	→ 0.1045
0059465	2 Statex	Paladin	100	10.45	• 0.1045
Caps. or Tab.		10 mg PPB			
0232042	8 M-Ediat	 Ethypharm	20	3.23	→ 0.1615
			50	8.08	→ 0.1615
0201421		Purdue	60	9.69	• 0.1615 • 0.1615
0059464	4 Statex	Paladin	100	16.15	→ 0.1615

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Caps. or Tab. 20 mg PPB							
02320436	M-Ediat	Ethypharm	20	6.31	→ 0.3155		
02014238	MS-IR	Purdue	50 60	15.77 18.92	→ 0.3154→ 0.3154		
		1					
Caps. or Tab.	I	I	; I	30 mg PPB	I 1		
02320444	M-Ediat	Ethypharm	20 50	8.11 20.29	→ 0.4055		
02014254	MS-IR	Purdue	60	24.35	0.40580.4058		
Inj. Sol.				2 mg/mL			
02242484	Morphine (sulfate de)	Sandoz	1 ml	2.25			
Inj. Sol.			10 r	mg/mL PPB			
00392588	Morphine (sulfate de)	Sandoz	1 ml	→ 2.39			
02474980	Morphine sulfate injection	Sterimax	10	23.86	→ 2.3860		
Inj. Sol.			i	50 mg/mL			
00617288	Morphine H.P. 50	Sandoz	1 ml	6.82			
			10 ml 50 ml	68.20 340.98			
L.A. Caps.				10 mg			
02019930	M-Eslon	Ethypharm	20	6.06	0.3030		
			50	15.15	0.3030		
L.A. Caps.				15 mg			
02177749	M-Eslon	Ethypharm	20 50	3.52	0.1760		
			50	8.87	0.1774		
L.A. Caps. 30 mg							
02019949	M-Eslon	Ethypharm	20	5.32	0.2660		
			50	13.31	0.2662		
L.A. Caps.	L.A. Caps. 60 mg						
02019957	M-Eslon	Ethypharm	20	9.38	0.4690		
			50	23.45	0.4690		
L.A. Caps.				100 mg			
02019965	M-Eslon	Ethypharm	20	14.45	0.7225		
			50	36.11	0.7222		

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	T	1		1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
L.A. Caps. 200 mg						
02177757	M-Eslon	Ethypharm	50	66.47	1.3294	
02111101	W Zolon	Laryphann		00.11	1.0201	
L.A. Caps. (24 h)) 	1	ı	10 mg	ı	
02242163	Kadian	BGP Pharma	100	36.38	0.3638	
I A Cope (24 b)				20 mg		
L.A. Caps. (24 h)	1	DOD DI	100	20 mg	0.0400	
02184435	Kadian	BGP Pharma	100	61.32	0.6132	
L.A. Caps. (24 h))			50 mg		
02184443	Kadian	BGP Pharma	100	128.75	1.2875	
L.A. Caps. (24 h)	1	1		100 mg	1	
02184451	Kadian	BGP Pharma	50	112.27	2.2454	
		•				
L.A. Tab.	I	1	ı	15 mg PPB	1	
02350815	Morphine SR	Sanis	50	11.59	→ 0.2317	
02015439	MS Contin	Purdue	60	39.42	0.6570	
02302764 02244790	Novo-Morphine SR Sandoz Morphine SR	Novopharm Sandoz	50 100	11.59 23.17	→ 0.2317→ 0.2317	
	, , , , , , , , , , , , , , , , , , ,			-	,	
L.A. Tab.	1		1	30 mg PPB	ı	
00776181	M.O.SS.R.	Valeant	50	17.90	0.3580	
02350890	Morphine SR	Sanis	100	35.00	→ 0.3500	
02014297 02302772	MS Contin Novo-Morphine SR	Purdue Novopharm	60 50	59.46 17.50	0.9910 • 0.3500	
02302112	Novo-Morphine SK	Novopiiaiiii	100	35.00	→ 0.3500 → 0.3500	
02244791	Sandoz Morphine SR	Sandoz	100	35.00	• 0.3500	
L.A. Tab.	ĺ	1	I	60 mg PPB 	1	
00776203	M.O.SS.R.	Valeant	50	31.56	0.6312	
02350912 02014300	Morphine SR MS Contin	Sanis Purdue	100 60	61.67 104.94	• 0.6167 1.7490	
02302780	Novo-Morphine SR	Novopharm	50	30.84	→ 0.6167	
			100	61.67	→ 0.6167	
02245286	pms-Morphine Sulfate SR	Phmscience	50	30.84	→ 0.6167	
02244792	Sandoz Morphine SR	Sandoz	100	61.67	→ 0.6167	
L.A. Tab.			1	00 mg PPB		
02014319	MS Contin	Purdue	60	160.02	2.6670	
02302799	Novo-Morphine SR	Novopharm	50	47.01	→ 0.9402	
02478889	Sandoz Morphine SR	Sandoz	50	47.01	▶ 0.9402	
•	•	•	•			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
L.A.	L.A. Tab. 200 mg PPB							
	02014327	MS Contin	Purdue	60	297.54	4.9590		
	02302802	Novo-Morphine SR	Novopharm	50	87.40	1.7480		
	02478897	Sandoz Morphine SR	Sandoz	50	87.40	→ 1.7480		
Oral	Sol.		1	ı	20 mg/mL			
	00621935	Statex	Paladin	25 ml	12.45	0.4980		
				100 ml	38.57	0.3857		
•					40			
Supp		l	I	l	10 mg	1		
	00632201	Statex	Paladin	10	16.37	1.6370		
Supp).				20 mg			
	00596965	Statex	 Paladin	10	19.37	1.9370		
			1					
Supp).				30 mg			
	00639389	Statex	Paladin	10	21.51	2.1510		
Syr.				1 n	ng/mL PPB			
	00614491	Doloral 1	Atlas	225 ml	3.40	→ 0.0151		
				500 ml	7.56	• 0.0151		
	00591467	Statex	Paladin	250 ml 500 ml	5.00 10.00	0.0200 0.0200		
			1					
Syr.				. 5 m	ng/mL PPB			
	00614505	Doloral 5	Atlas	225 ml	8.67	→ 0.0385		
				500 ml	19.26	• 0.0385		
	00591475	Statex	Paladin	250 ml 500 ml	9.63 19.26	→ 0.0385→ 0.0385		
				0001111	10.20	4 0.0000		
Syr.	r. 50 mg/mL							
	00705799	Statex	 Paladin	50 ml	47.32	0.9464		
	00700700	Oldiox	T diddii	00 1111	17.02	0.0101		
Tab.	Гаb. 25 mg РРВ							
	02009749	M.O.S Sulfate-25	Valeant	100	22.50	→ 0.2250		
	00594636	Statex	Paladin	100	22.50	→ 0.2250		
Tab.				ı	50 mg PPB			
l ab.			L					
	02009706 00675962	M.O.S Sulfate-50 Statex	Valeant Paladin	100 100	34.50 34.50	→ 0.3450→ 0.3450		
	00010002	Oldiox	I diddiii	100	34.30	- 0.5450		

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02325950	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp. 10 mg						
Supp. 20 mg		YDROCHLORIDE 19			10 mg	
Supp. 20 mg 00392472 Supeudol Sandoz 12 34.44 2.8700 Tab. 5 mg PPB PPB 02325950 Oxycodone pms-Oxycodone Phmscience 100 12.87 0.1289 0.1287 0.1287 0.1287 0.1287 0.1287 0.1287 0.1287 0.1289 0.1289 0.1289 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896 0.1896	1 ''	Superidol	Sandoz	12	1	2 2600
Tab. Comparison	00392400	Supeudoi	Sandoz	12	27.12	2.2000
Tab. Comparison	Supp.				20 mg	
O2325950	1 ''	Supeudol	Sandoz	12		2.8700
O2325950		1 '	L	1		
Description	Tab.	1			5 mg PPB	1
Tab. 10 mg PPB	02325950	Oxycodone	Pro Doc	100	12.87	→ 0.1287
Tab.		1.				1
O2240131 Oxy R	00789739	Supeudol	Sandoz	100	12.87	→ 0.1287
O2240131 Oxy R	Tab.				10 mg PPB	
02325969	02240131	Oxy IR	Purdue	60	1	0.3820
Tab. 20 mg PPB		1 -			_	
Tab. 20 mg PPB 02240132 Oxy IR	1		1	1		
02240132 Oxy IR Purdue 60 39.96 0.6660 02325977 Oxycodone Pro Doc 50 14.82 0.2964 02319993 pms-Oxycodone Phmscience 50 14.82 0.2964 28:08.12 Supeudol 20 Sandoz 50 14.82 0.2964 28:08.12 OPIATE PARTIAL AGONISTS BUTORPHANOL TARTRATE Nas. spray 10 mg/mL 02242504 Butorphanol AA Pharma 2.5 ml 56.53 PENTAZOCINE HYDROCHLORIDE Tab. 50 mg 02137984 Talwin SanofiAven 100 37.74 0.3774 28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 0.1000	00443948	Supeudol	Sandoz	100	18.96	→ 0.1896
02240132 Oxy IR Purdue 60 39.96 0.6660 02325977 Oxycodone Pro Doc 50 14.82 0.2964 02319993 pms-Oxycodone Phmscience 50 14.82 0.2964 28:08.12 Supeudol 20 Sandoz 50 14.82 0.2964 28:08.12 OPIATE PARTIAL AGONISTS BUTORPHANOL TARTRATE Nas. spray 10 mg/mL 02242504 Butorphanol AA Pharma 2.5 ml 56.53 PENTAZOCINE HYDROCHLORIDE Tab. 50 mg 02137984 Talwin SanofiAven 100 37.74 0.3774 28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 0.1000	Tab.				20 mg PPB	
02325977	1	OVVIR	Purduo	60	1	0 6660
02262983 Supeudol 20 Sandoz 50 14.82 ♣ 0.2964 28:08.12 OPIATE PARTIAL AGONISTS BUTORPHANOL TARTRATE ♠ Nas. spray 10 mg/mL 02242504 Butorphanol AA Pharma 2.5 ml 56.53 PENTAZOCINE HYDROCHLORIDE № Tab. 50 mg 02137984 Talwin SanofiAven 100 37.74 0.3774 28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN Chew. Tab. 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 ♣ 0.1000						
28:08.12 OPIATE PARTIAL AGONISTS BUTORPHANOL TARTRATE ♦ Nas. spray						
OPIATE PARTIAL AGONISTS BUTORPHANOL TARTRATE ♦ Nas. spray 10 mg/mL 02242504 Butorphanol AA Pharma 2.5 ml 56.53 PENTAZOCINE HYDROCHLORIDE ® Tab. 50 mg 02137984 Talwin SanofiAven 100 37.74 0.3774 28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 • 0.1000	02262983	Supeudol 20	Sandoz	50	14.82	→ 0.2964
PENTAZOCINE HYDROCHLORIDE					10 mg/mL	
PENTAZOCINE HYDROCHLORIDE	02242504	Butorphanol	AA Pharma	2.5 ml	56.53	
28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN Chew. Tab. 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 ▶ 0.1000	PENTAZOCINE Tab.				50 mg	
MISCELLANEOUS ANALGESICS AND ANTIPYRETICS ACETAMINOPHEN Chew. Tab. 80 mg PPB 02017458 Acetaminophene Riva 24 2.40 → 0.1000	02137984	Talwin	SanofiAven	100	37.74	0.3774
02017458 <i>Acetaminophene</i> Riva 24 2.40 → 0.1000			ID ANTIPYRETICS		80 mg PPB	
	1	Acataminanhana	Pivo	24	1	0.1000
	1	1		1		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chev	w. Tab.			1	60 mg PPB	
	02017431 02246087	Acetaminophene Jamp-Acetaminophen	Riva Jamp	20 20	2.95 2.95	→ 0.1475→ 0.1475
Liq.				80 mg	1/5 mL PPB	
	01905848 00792713	Acetaminophene pms-Acetaminophene	Trianon Phmscience	100 ml 100 ml	3.10 3.10	→ 0.0310→ 0.0310
Liq.			1	160 mg	1/5 mL PPB	
	01958836 01901389 00792691	Acetaminophene Jamp-Acetaminophen PDP-Acetaminophen solution	Trianon Jamp Pendopharm	100 ml 100 ml 500 ml	3.65 3.65 18.25	→ 0.0365→ 0.0365→ 0.0365
Ped.	Oral Sol.			80 r	ng/mL PPB	
	01905864	Acetaminophene	Trianon	15 ml 24 ml	2.502.87	
	01935275 02027801	Jamp-Acetaminophen Pediatrix	Jamp Teva Can	24 ml 24 ml	2.872.87	
Supp).				120 mg	
	02230434	Acet 120	Pendopharm	12	5.75	0.4792
Supp).		ı	ı	160 mg	1
	02230435	Acet 160	Pendopharm	12	7.51	0.6258
Supp).		ı	ı	325 mg	1
	02230436	Acet 325	Pendopharm	12	7.10	0.5913
Supp).			ı	650 mg	
	02230437	Acet 650	Pendopharm	12	9.13	0.7608
Tab.				3:	25 mg PPB	
*	02022214 00382752 02362198 02241200 01938088 02451018	Acetaminophene Acetaminophene 325 Acetaminophene Caplet 325 Acetaminophen-Odan Jamp-Acetaminophen M-Acetaminophen 325	Riva Pro Doc Riva Odan Jamp Mantra Ph.	1000 1000 1000 1000 1000 1000	11.40 11.40 11.40 11.40 11.40	 → 0.0114 → 0.0114 → 0.0114 → 0.0114 → 0.0114
	00389218	Novo-Gesic	Novopharm	1000	11.40	→ 0.0114

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UI	NIT PRICE
Tab.				5	00 mg PPB		
	02022222	Acetaminophene	Riva	1000	14.90	_	0.0149
	02022222	Acetaminophene 500	Pro Doc	1000	14.90	I	0.0149
1	02362201	Acetaminophene Blason	Riva	1000	14.90	1	0.0149
	02302201	Shield 500	INVA	1000	14.50	7	0.0143
	02362228	Acetaminophene Caplet 500	Riva	1000	14.90	•	0.0149
	01939122	Jamp-Acetaminophen	Jamp	1000	14.90	•	0.0149
	02355299	Jamp-Acetaminophen	Jamp	1000	14.90	•	0.0149
	02343371	Jamp-Acetaminophene E.F.	Jamp	1000	14.90	•	0.0149
	02451123	M-Acetaminophen 500	Mantra Ph.	1000	14.90	•	0.0149
	00482323	Novo-Gesic Forte	Novopharm	1000	14.90	•	0.0149
ACET Elix.	AMINOPH	EN/ CODEINE PHOSPHATE	®	160 mg	g -8 mg/5 mL		
	00040007	4	Dharasianas	5001	20.45		0.0700
	00816027	pms-Acetaminophene avec codeine	Phmscience	500 ml	38.45		0.0769
Tab.		I	I	300 mg -	30 mg PPB	I	
	01999648	Acet codeine 30	Phmscience	500	65.00	•	0.1300
	02232658	Procet-30	Pro Doc	500	65.00	•	0.1300
	00608882	ratio-Emtec	Ratiopharm	500	65.00	•	0.1300
	00789828	Triatec-30	Riva	100	13.00	•	0.1300
				500	65.00	•	0.1300
Tab.				300 mg -	60 mg PPB		
	01999656	Acet codeine 60	Phmscience	100	13.84	_	0.1384
1	00621463	ratio-Lenoltec No 4	Ratiopharm	100	13.84	→	0.1384
	TE ANTA	GONISTS DROCHLORIDE (FOR USER)		0.4	ng/mL PPB		
1			I	1	١	I	
	02455935	Chlorhydrate de naloxone Injectable	Oméga	1 ml	→ 13.75		
	02453258	S.O.S Naloxone Hydrochloride Injection	Sandoz	1 ml	→ 13.75		
NALT Tab.	REXONE H	HYDROCHLORIDE			50 mg PPB		
	02444275	Apo-Naltrexone	Apotex	30	84.23	_	2.8075
I	02444275	Comprimes de chlorhydrate		28	78.61	3	2.8075
	02401003	de naltrexone	Jamp	20	/0.01	7	2.00/5
	02213826	Revia	Teva Can	50	140.38	•	2.8075
		1	1	-			

02453908 ACT Buprenorphine / Naloxone Mylan 100 66.75							
### SUPRENORPHINE/NALOXONE	CODE	BRAND NAME	MANUFACTURER	SIZE		U	NIT PRICE
### SUPRENORPHINE/NALOXONE	20.40.02			•	•		
S-Ling. Tab. 2 mg - 0.5 mg PPB		OUS ANTIDOTES					
02453908 ACT Buprenorphine / Naloxone Mylan 100 66.75 → 0.6675 Naloxone 02424851 pms-Buprenorphine / Naloxone pms-Buprenorphine / Naloxone ndivior 7 18.69 2.6700 2	BUPRENORPHII S-Ling. Tab.	NE/NALOXONE ®		2 mg - 0).5 mg PPB		
02408090	02453908		ActavisPhm			•	0.6675
D2424851	02408090		Mylan	100	66.75	•	0.6675
Suboxone	02424851		Phmscience	30	20.03	•	0.6675
S-Ling. Tab. 02453916 02453916 02408104 Mylan—Buprenorphine/ Naloxone 02404878 02295709 02505709 Naloxone 02505709 Naloxone	02295695		Indivior	7	18.69		2.6700
O2453916 ACT Buprenorphine/ Naloxone O2408104 Mylan O2408104 Mylan-Buprenorphine/ Naloxone O2424878 Mylan O2295709 O2424878 Mylan O2295709				28	74.76		2.6700
Naloxone	S-Ling. Tab.			8 mg -	- 2 mg PPB		
02408104 Mylan-Buprenorphine/ Naloxone Department Mylan 100 118.25	02453916		ActavisPhm	30	35.48	•	1.1825
02424878 pms-Buprenorphine/ Phmscience 30 35.48 1.1825 02295709 Suboxone Indivior 7 33.11 4.7300 28:12.04 BARBITURATES Phenobarb Pendopharm 100 ml 13.13 0.1313 Fab. 15 mg 00178799 Phenobarb Pendopharm 500 64.43 0.1289 Fab. 30 mg 00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848 PRIMIDONE ■	02408104	Mylan-Buprenorphine/	Mylan	100	118.25	•	1.1825
102295709 Suboxone Indivior 7 33.11 4.7300	02424878	pms-Buprenorphine/	Phmscience	30	35.48	•	1.1825
28:12.04 BARBITURATES PHENOBARBITAL ◆ Elix.	02295709		Indivior	l			
### PRIMIDONE				28	132.44		4.7300
PHENOBARBITAL ♦ Elix.	28:12.04						
25 mg/5 mL 00645575 Phenobarb elixir Pendopharm 100 ml 13.13 0.1313 Tab.	BARBITURAT	4					
O0645575 Phenobarb elixir Pendopharm 100 ml 13.13 0.1313 Fab. 15 mg 00178799 Phenobarb Pendopharm 500 64.43 0.1289 Fab. 30 mg 00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848 PRIMIDONE III	PHENOBARBITA	AL ¥					
Fab. 15 mg 00178799 Phenobarb Pendopharm 500 64.43 0.1289 Fab. 30 mg 00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848	Elix.	I	I	I	1		
O0178799 Phenobarb Pendopharm 500 64.43 0.1289 Fab. 30 mg 00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848	00645575	Phenobarb elixir	Pendopharm	100 ml	13.13		0.1313
Fab. 30 mg 00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848	Tab.				15 mg		
00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848 PRIMIDONE ■	00178799	Phenobarb	Pendopharm	500	64.43		0.1289
00178802 Phenobarb Pendopharm 500 76.68 0.1534 Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848 PRIMIDONE ■							
Fab. 60 mg 00178810 Phenobarb Pendopharm 500 104.03 0.2081 Fab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848		l ₌ , , ,	l ₂		l		0.4504
00178810	00178802	Phenobarb	Pendopharm	500	76.68		0.1534
Tab. 100 mg 00178829 Phenobarb Pendopharm 500 142.40 0.2848 PRIMIDONE ■	Tab.				60 mg		
00178829	00178810	Phenobarb	Pendopharm	500	104.03		0.2081
00178829	Tob				100 mg		
PRIMIDONE 13		Phenobarb	Pendopharm	500			0 2848
				1 - 30	1		
	PRIMIDONE 🖪						
	Tab.	I	I	I	125 mg	ĺ	

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5.64

100

0.0564

AA Pharma

00399310 *Primidone*

		T		1		
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					250 mg	
	00396761	 Primidone	AA Pharma	100	8.87	0.0887
	00390701	Filmidone	AA FIIdiiiid	100	0.07	0.0667
	2.08 IZODIAZE BAZAM █	_			10 mg	
*	02244638	Apo-Clobazam	Apotex	30	6.59	0.2197
CLOI Tab.	NAZEPAM	E		0.	25 mg PPB	
	02442027	Clonazepam	Sivem	100	6.90	• 0.0690
	02179660	pms-Clonazepam	Phmscience	100	6.90	→ 0.0690
Tab.				. ().5 mg PPB	
	02177889	Apo-Clonazepam	Apotex	100 500	4.18 20.90	→ 0.0418→ 0.0418
	02442035	Clonazepam	Sivem	100 500	4.18 20.90	→ 0.0418→ 0.0418
	02270641	Co Clonazepam	Cobalt	100 500	4.18 20.90	→ 0.0418→ 0.0418
	02239024	Novo-Clonazepam	Novopharm	100 500	4.18 20.90	→ 0.0418→ 0.0418
	02207818	pms-Clonazepam-R	Phmscience	100 500	4.18 20.90	→ 0.0418→ 0.0418
	02311593	Pro-Clonazepam	Pro Doc	500	20.90	→ 0.0418
	02242077	Riva-Clonazepam	Riva	100	4.18	• 0.0418
	00382825	Rivotril	Roche	500 100	20.90 19.82	• 0.0418 0.1982
Tab.					1 mg PPB	
	02442043	Clonazepam	Sivem	100 500	14.87 74.35	→ 0.1487→ 0.1487
	02048728	pms-Clonazepam	Phmscience	100 500	14.87 74.35	→ 0.1487 → 0.1487 → 0.1487
	02311607	Pro-Clonazepam	Pro Doc	500	74.35	→ 0.1487 → 0.1487

				SIZL	
Toh		•		2 mg DDD	
Tab.	I	1	ı	2 mg PPB	
02177897	Apo-Clonazepam	Apotex	100	7.21	0.0721
			500	36.05 →	0.0721
02442051	Clonazepam	Sivem	100	7.21	0.0721
02048736	pms-Clonazepam	Phmscience	500 100	36.05 → 7.21 →	0.0721 0.0721
02040730	piris-Cionazepani	Filliscience	500	36.05	0.0721
02311615	Pro-Clonazepam	Pro Doc	500	36.05 →	0.0721
02242078	Riva-Clonazepam	Riva	100	7.21	0.0721
			500	36.05 ▶	0.0721
00382841	Rivotril	Roche	100	34.17	0.3417
02239025	Teva-Clonazepam	Novopharm	100	7.21	0.0721
28:12.12 HYDANTOINS PHENYTOIN					
Oral Susp.	ı	1	ı	30 mg/5 mL	
00023442	Dilantin-30	Pfizer	250 ml	10.10	0.0404
Oral Susp.	ı	1	125 mg	g/5 mL PPB	
00023450	Dilantin-125	Pfizer	250 ml	11.93	0.0477
02250896	Taro-Phenytoin	Taro	237 ml	7.37	0.0311
Tab.				50 mg	
1		D5	100	1	0.0705
00023698	Dilantin Infatabs	Pfizer	100	7.35	0.0735
PHENYTOIN SO Caps.	DIUM 🖪	ı	ı	30 mg	
00022772	Dilantin	Pfizer	100	12.86	0.1286
Caps.	ı	ı	1	00 mg PPB	
02460912	Apo-Phenytoin Sodium	Apotex	100	6.65 ▶	0.0665
			1000	66.50	0.0665
00022780	Dilantin	Pfizer	100 1000	7.45 67.14	0.0745 0.0671
28:12.20	<u> </u>		1000	07.14	0.0071
SUCCINIMIDE ETHOSUXIMIDE Caps.	_			250 mg	
00022799	Zarontin	Erfa	100	32.03	0.3203
Syr.				250 mg/5 mL	
00023485	Zarontin	Erfa	500 ml	32.00	0.0640
	l				

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

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0005	DDAND NAME		0175	COST OF PKG.	LINUT DDIOE
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
METHSUXIMIDE	: R				
Caps.	. <u></u>		_	300 mg	
00022802	Celontin	Erfa	100	32.76	0.3276
28:12.92					
	OUS ANTICONVULSANT	S			
CARBAMAZEPI	NE B		_		
L.A. Tab.	I	I	20 	00 mg PPB I	l
02413590	Carbamazepine CR	Pro Doc	100	9.30	→ 0.0930
02241882	Mylan-Carbamazepine CR	Mylan	100	9.30	• 0.0930
02231543	pms-Carbamazepine CR	Phmscience	100	9.30	• 0.0930
00004000	0		500	46.48	• 0.0930
02261839 00773611	Sandoz Carbamazepine CR	Sandoz Novartis	100 100	9.30 33.08	0.09300.3308
00773011	Tegretol CR	INOVALUS	100	33.06	0.3306
I A T-L			4	00 BBB	
L.A. Tab.	ĺ	I	4(00 mg PPB I	
02413604	Carbamazepine CR	Pro Doc	100	18.59	→ 0.1859
02231544	pms-Carbamazepine CR	Phmscience	100	18.59	→ 0.1859
			500	92.94	• 0.1859
02261847	Sandoz Carbamazepine CR	Sandoz	100	18.59	• 0.1859
00755583	Tegretol CR	Novartis	100	66.16	0.6616
Oral Susp.	I	I	100 mg	/5 mL PPB	ı
02367394	Taro-Carbamazepine	Taro	450 ml	24.32	→ 0.0540
02194333	Tegretol	Novartis	450 ml	28.70	0.0638
Tab.	1	1	20	00 mg PPB	ı
02407515	Taro-Carbamazepine	Taro	100	7.95	→ 0.0795
			500	39.75	→ 0.0795
00010405	Tegretol	Novartis	100	32.18	0.3218
			500	156.30	0.3126
00782718	Teva-Carbamazepine	Teva Can	100	7.95	• 0.0795
			500	39.75	→ 0.0795
DIVALPROEX S	ODIUM B				
Ent. Tab.	ODIOWI W		1:	25 mg PPB	
02239698	Ano Divalproey	Apotox	100	7.24	→ 0.0724
02239698	Apo-Divalproex Epival 125	Apotex BGP Pharma	100	24.14	0.0724
02458926	Mylan-Divalproex	Mylan	100	7.24	0.2414→ 0.0724
02239701	Novo-Divalproex	Novopharm	100	7.24	→ 0.0724
	· '	· ' '	l		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1	1	50 000	I
Ent. Tab.	I	1	. 2 I	50 mg PPB	I
02239699	Apo-Divalproex	Apotex	100	13.01	→ 0.1301
			500	65.07	→ 0.1301
00596426	Epival 250	BGP Pharma	100	43.37	0.4337
			500	216.87	0.4337
02458934	Mylan-Divalproex	Mylan	100	13.01	→ 0.1301
			500	65.07	0.1301
02239702	Novo-Divalproex	Novopharm	100 500	13.01 65.07	→ 0.1301→ 0.1301
Ent. Tab.	,	'	5	00 mg PPB	1
Liit. Tab.	1		ı	l l	I
02239700	Apo-Divalproex	Apotex	100	26.04	→ 0.2604
00596434	Epival 500	BGP Pharma	100	86.81	0.8681
			500	434.01	0.8680
02459019	Mylan-Divalproex	Mylan	100	26.04	0.2604
			500	130.20	0.2604
02239703	Novo-Divalproex	Novopharm	100 500	26.04 130.20	→ 0.2604→ 0.2604
02244304	Apo-Gabapentin	Apotex	100	4.16	→ 0.0416
02244304	Apo-Gabapentin	Apotex	100	4.16	→ 0.0416
			500	20.80	0.0416
02321203	Auro-Gabapentin	Aurobindo	100	4.16	0.0416
02450143	Dia Cahanantin	Biomed	500	20.80	0.0416
02450143	Bio-Gabapentin Co Gabapentin	Cobalt	100 100	4.16 4.16	→ 0.0416→ 0.0416
02230142	Co Gabaperiiir	Cobait	500	20.80	0.0416
02416840	Gabapentin	Accord	100	4.16	0.0416
02353245	Gabapentin	Sanis	100	4.16	0.0416
			500	20.80	→ 0.0416
02246314	Gabapentin	Sivem	100	4.16	→ 0.0416
			500	20.80	→ 0.0416
02361469	Jamp-Gabapentin	Jamp	100	4.16	→ 0.0416
02391473	Mar-Gabapentin	Marcan	100	4.16	→ 0.0416
			500	20.80	→ 0.0416
02084260	Neurontin	Pfizer	100	41.51	0.4151
02243446	pms-Gabapentin	Phmscience	100	4.16	→ 0.0416
00040440	Dun Onkann di	D D	500	20.80	0.0416
02310449	Pro-Gabapentin	Pro Doc	100	4.16	0.0416
02240055	Ban Cahanantin	Ponhova:	500	20.80	0.0416
02319055	Ran-Gabapentin	Ranbaxy	100 500	4.16 20.80	→ 0.0416→ 0.0416
02251167	Piva Cahanentin	Riva	100	4.16	→ 0.0416→ 0.0416
02251167	Riva-Gabapentin	Riva	500	20.80	→ 0.0416 → 0.0416
02244513	Teva-Gabapentin	Teva Can	100	4.16	→ 0.0416 → 0.0416
02244313	16va-Ganapenun	I GVa Call	500	20.80	→ 0.0416 → 0.0416
02431408	VAN-Gabapentin	Vanc Phm	100	4.16	→ 0.0416 → 0.0416
02431400	v Aiv-Ganapeiillii	Valid Fillii	100	4.10	0.0410

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			3	00 mg PPB	
02244305	Apo-Gabapentin	Apotex	100	10.12	→ 0.1012
022 1 1000	, po casaponini	, ipotox	500	50.60	→ 0.1012
02321211	Auro-Gabapentin	Aurobindo	100	10.12	• 0.1012
			500	50.60	→ 0.1012
02450151	Bio-Gabapentin	Biomed	100	10.12	→ 0.1012
02256150	Co Gabapentin	Cobalt	100	10.12	→ 0.1012
	,		500	50.60	→ 0.1012
02416859	Gabapentin	Accord	100	10.12	→ 0.1012
02353253	Gabapentin	Sanis	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02246315	Gabapentin	Sivem	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02361485	Jamp-Gabapentin	Jamp	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02391481	Mar-Gabapentin	Marcan	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02084279	Neurontin	Pfizer	100	101.00	1.0100
02243447	pms-Gabapentin	Phmscience	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02310457	Pro-Gabapentin	Pro Doc	100	10.12	→ 0.1012
			500	50.60	• 0.1012
02319063	Ran-Gabapentin	Ranbaxy	100	10.12	→ 0.1012
			500	50.60	→ 0.1012
02251175	Riva-Gabapentin	Riva	100	10.12	• 0.1012
00044544	T O. t		500	50.60	→ 0.1012
02244514	Teva-Gabapentin	Teva Can	100	10.12	→ 0.1012
00404440	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V 51	500	50.60	→ 0.1012
02431416	VAN-Gabapentin	Vanc Phm	100	10.12	→ 0.1012

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps	s.			. 4	00 mg PPB	
	02244306	Apo-Gabapentin	Apotex	100	12.06	→ 0.1206
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	500	60.30	→ 0.1206
	02321238	Auro-Gabapentin	Aurobindo	100	12.06	→ 0.1206
		,		500	60.30	→ 0.1206
	02450178	Bio-Gabapentin	Biomed	100	12.06	→ 0.1206
	02256169	Co Gabapentin	Cobalt	100	12.06	→ 0.1206
	02416867	Gabapentin	Accord	100	12.06	→ 0.1206
	02353261	Gabapentin	Sanis	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02246316	Gabapentin	Sivem	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02361493	Jamp-Gabapentin	Jamp	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02391503	Mar-Gabapentin	Marcan	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02084287	Neurontin	Pfizer	100	120.35	1.2035
	02243448	pms-Gabapentin	Phmscience	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02310465	Pro-Gabapentin	Pro Doc	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02319071	Ran-Gabapentin	Ranbaxy	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02260905	ratio-Gabapentin	Ratiopharm	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02251183	Riva-Gabapentin	Riva	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02244515	Teva-Gabapentin	Teva Can	100	12.06	→ 0.1206
				500	60.30	→ 0.1206
	02431424	VAN-Gabapentin	Vanc Phm	100	12.06	→ 0.1206
. .				0		
Tab.		I	1	l O	00 mg PPB	ı
	02293358	Apo-Gabapentin	Apotex	100	18.09	→ 0.1809
	02450186	Bio-Gabapentin	Biomed	100	18.09	→ 0.1809
	02392526	Gabapentin	Accord	100	18.09	→ 0.1809
	02431289	Gabapentin	Sanis	100	18.09	→ 0.1809
	02388200	Gabapentin	Sivem	100	18.09	→ 0.1809
	02410990	Gabapentine tablets	Glenmark	100	18.09	→ 0.1809
	02402289	Jamp-Gabapentin	Jamp	100	18.09	→ 0.1809
	02239717	Neurontin	Pfizer	100	181.65	1.8165
	02255898	pms-Gabapentin	Phmscience	100	18.09	→ 0.1809
	02310473	Pro-Gabapentin	Pro Doc	100	18.09	→ 0.1809
	02259796	Riva-Gabapentin	Riva	100	18.09	→ 0.1809
				500	90.45	→ 0.1809
	02248457	Teva-Gabapentin	Teva Can	100	18.09	→ 0.1809
	02432544	VAN-Gabapentin	Vanc Phm	100	18.09	→ 0.1809
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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
					SIZL		
Tab.		1	1	80	00 mg PPB	ı	
	02293366	Apo-Gabapentin	Apotex	100	24.12	•	0.2412
	02392534	Gabapentin	Accord	100	24.12	→	0.2412
	02431297	Gabapentin	Sanis	100	24.12	→	0.2412
	02388219	Gabapentin	Sivem	100	24.12	→	0.2412
	02411008	Gabapentine tablets	Glenmark	100	24.12	→	0.2412
	02402297	Jamp-Gabapentin	Jamp	100	24.12	•	0.2412
	02239718	Neurontin	Pfizer	100	242.19	1	2.4219
	02255901	pms-Gabapentin	Phmscience	100	24.12	•	0.2412
	02310481	Pro-Gabapentin	Pro Doc	100	24.12	→	0.2412
	02259818	Riva-Gabapentin	Riva	100	24.12	•	0.2412
				500	120.60	•	0.2412
	02247346	Teva-Gabapentin	Teva Can	100	24.12	•	0.2412
	02432552	VAN-Gabapentin	Vanc Phm	100	24.12	•	0.2412
	OTRIGINE v. Tab.				2 mg		
	02243803	Lamictal	GSK	30	4.61		0.1537
Chau	v. Tab.				E m.a		
Chev		1	GSK	00	5 mg		0.4540
	02240115	Lamictal	GSK	28	4.32		0.1543
Tab.				. :	25 mg PPB		
	02245208	Apo-Lamotrigine	Apotex	100	6.98	-	0.0698
	02381354	Auro-Lamotrigine	Aurobindo	100	6.98	•	0.0698
	02001004	Adro Lamotrigine	/ turobindo	1000	69.80	•	0.0698
	02142082	Lamictal	GSK	100	35.78	7	0.3578
	02343010	Lamotrigine	Sanis	100	6.98	_	0.0698
	02428202	Lamotrigine	Sivem	100	6.98	•	0.0698
	02302969	Lamotrigine-25	Pro Doc	100	6.98	•	0.0698
	02265494	Mylan-Lamotrigine	Mylan	100	6.98	→	0.0698
	02248232	Novo-Lamotrigine	Novopharm	100	6.98	•	0.0698
1	02240232	I NOVO-Lamoungine	Novopriariii	100	0.90	-	
1	02246807	_	Dhmeeioneo	100	6.08	-	
	02246897 02243352	pms-Lamotrigine	Phmscience Ratiopharm	100 100	6.98 6.98	→	0.0698 0.0698
	02246897 02243352	_	Phmscience Ratiopharm	100 100	6.98 6.98	→	0.0698
Tab.		pms-Lamotrigine		100			
Tab.		pms-Lamotrigine		100	6.98		
Tab.	02243352	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine	Ratiopharm	100	6.98 00 mg PPB		0.0698
Tab.	02243352	pms-Lamotrigine ratio-Lamotrigine	Ratiopharm	100	6.98 00 mg PPB 27.87		0.0698
Tab.	02243352 02245209 02381362	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine	Apotex Aurobindo	100 100 100 1000	6.98 00 mg PPB 27.87 27.87 278.70	* *	0.0698 0.2787 0.2787 0.2787
Tab.	02243352	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal	Ratiopharm	100 100 100 100	6.98 00 mg PPB 27.87 27.87 278.70 143.10	* *	0.0698 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine	Apotex Aurobindo GSK	100 100 100 1000 1000 100	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87	* *	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine	Apotex Aurobindo GSK Sanis Sivem	100 100 100 1000 1000 100 100	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87 27.87	* *	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210 02302985	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine-100	Apotex Aurobindo GSK Sanis Sivem Pro Doc	100 100 100 1000 1000 100 100 100	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87 27.87 27.87 27.87	* *	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine	Apotex Aurobindo GSK Sanis Sivem	100 100 100 1000 1000 100 100 100 100	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87 27.87 27.87 27.87	* *	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210 02302985 02265508	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine-100 Mylan-Lamotrigine	Apotex Aurobindo GSK Sanis Sivem Pro Doc Mylan	100 100 100 1000 1000 100 100 100 100 500	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87 27.87 27.87 27.87 139.35	****	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210 02302985 02265508 02248233	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine Novo-Lamotrigine	Apotex Aurobindo GSK Sanis Sivem Pro Doc Mylan Novopharm	100 100 100 1000 1000 100 100 100 100 500 100	6.98 00 mg PPB 27.87 27.87 27.87 143.10 27.87 27.87 27.87 27.87 27.87 27.87 27.87 27.87	******	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787 0.2787 0.2787
Tab.	02243352 02245209 02381362 02142104 02343029 02428210 02302985 02265508	pms-Lamotrigine ratio-Lamotrigine Apo-Lamotrigine Auro-Lamotrigine Lamictal Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine Lamotrigine-100 Mylan-Lamotrigine	Apotex Aurobindo GSK Sanis Sivem Pro Doc Mylan	100 100 100 1000 1000 100 100 100 100 500	6.98 00 mg PPB 27.87 27.87 278.70 143.10 27.87 27.87 27.87 27.87 139.35	****	0.0698 0.2787 0.2787 0.2787 1.4310 0.2787 0.2787 0.2787 0.2787

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICI	E
Tab.				1:	50 mg PPB	ı	
		1	1.	1	1	l	
	02245210	Apo-Lamotrigine	Apotex	100	41.07	→ 0.41	
	02381370	Auro-Lamotrigine	Aurobindo	60	24.64	→ 0.41	
				100	41.07	→ 0.41	
	02142112	Lamictal	GSK	60	125.83	2.09	
	02343037	Lamotrigine	Sanis	100	41.07	→ 0.41	
	02428229	Lamotrigine	Sivem	100	41.07	→ 0.41	
	02302993	Lamotrigine-150	Pro Doc	100	41.07	→ 0.41	
	02265516	Mylan-Lamotrigine	Mylan	100	41.07	0.41	
	02248234	Novo-Lamotrigine	Novopharm	100	41.07	0.41	
	02246899	pms-Lamotrigine	Phmscience	100	41.07	0.41	
	02246963	ratio-Lamotrigine	Ratiopharm	60	24.64	→ 0.41	107
LEVE Tab.	TIRACETA	M R		2	50 mg DDD		
Tab.		I	1		50 mg PPB	I	
	02274183	ACT Levetiracetam	ActavisPhm	100	32.10	→ 0.32	210
	02285924	Apo-Levetiracetam	Apotex	100	32.10	→ 0.32	210
	02375249	Auro-Levetiracetam	Aurobindo	100	32.10	→ 0.32	210
				500	160.50	→ 0.32	210
	02450348	Bio-Levetiracetam	Biomed	120	38.52	→ 0.32	210
	02403005	Jamp-Levetiracetam	Jamp	120	38.52	→ 0.32	210
	02247027	Keppra	U.C.B.	120	96.00	0.80	000
	02399776	Levetiracetam	Accord	120	38.52	→ 0.32	210
	02454653	Levetiracetam	Phmscience	120	38.52	→ 0.32	210
	02474468	Levetiracetam	Riva	120	38.52	→ 0.32	210
	02353342	Levetiracetam	Sanis	100	32.10	→ 0.32	210
	02442531	Levetiracetam	Sivem	100	32.10	→ 0.32	210
	02440202	NAT-Levetiracetam	Natco	120	38.52	→ 0.32	
	02296101	pms-Levetiracetam	Phmscience	100	32.10	→ 0.32	210
	02396106	Ran-Levetiracetam	Ranbaxy	100	32.10	→ 0.32	
	02461986	Sandoz Levetiracetam	Sandoz	100	32.10	→ 0.32	210
Tab.				5	00 mg PPB		
	02274191	ACT Levetiracetam	ActavisPhm	100	39.11	→ 0.39	911
	02285932	Apo-Levetiracetam	Apotex	100	39.11	→ 0.39	
	02375257	Auro-Levetiracetam	Aurobindo	100	39.11	• 0.39	
				500	195.55	→ 0.39	
	02450356	Bio-Levetiracetam	Biomed	120	46.93	• 0.39	
	02403021	Jamp-Levetiracetam	Jamp	120	46.93	• 0.39	
	02247028	Keppra	U.C.B.	120	117.00	0.97	
	02399784	Levetiracetam	Accord	120	46.93	→ 0.39	
	02454661	Levetiracetam	Phmscience	120	46.93	→ 0.39	
	02474476	Levetiracetam	Riva	120	46.93	l	
	02353350	Levetiracetam	Sanis	100	39.11		
	02442558	Levetiracetam	Sivem	100	39.11		
	02440210	NAT-Levetiracetam	Natco	120	46.93	I	
	02296128	pms-Levetiracetam	Phmscience	100	39.11	→ 0.39	
	02311380	Pro-Levetiracetam-500	Pro Doc	100	39.11		
	02396114	Ran-Levetiracetam	Ranbaxy	100	39.11	→ 0.39	
	02461994	Sandoz Levetiracetam	Sandoz	100	39.11	→ 0.39	
	32 10 1004	Ca. AGE EGVOLINGGOLGIN	Juliuoz	1.50	00.11	J 0.08	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IIT PRICE
Tab.		ſ		750 mg PPB		
02274205	ACT Levetiracetam	ActavisPhm	100	54.16	→	0.5416
02285940	Apo-Levetiracetam	Apotex	100	54.16	•	0.5416
02375265	Auro-Levetiracetam	Aurobindo	100	54.16	•	0.5416
			500	270.80	•	0.5416
02450364	Bio-Levetiracetam	Biomed	120	64.99	•	0.5416
02403048	Jamp-Levetiracetam	Jamp	120	64.99	•	0.5416
02247029	Keppra	U.C.B.	120	162.00		1.3500
02399792	Levetiracetam	Accord	120	64.99	•	0.5416
02454688	Levetiracetam	Phmscience	120	64.99	•	0.5416
02474484	Levetiracetam	Riva	120	64.99	•	0.5416
02353369	Levetiracetam	Sanis	100	54.16	•	0.5416
02442566	Levetiracetam	Sivem	100	54.16	•	0.5416
02440229	NAT-Levetiracetam	Natco	120	64.99	•	0.5416
02296136	pms-Levetiracetam	Phmscience	100	54.16	•	0.5416
02311399	Pro-Levetiracetam-750	Pro Doc	100	54.16	•	0.5416
02396122	Ran-Levetiracetam	Ranbaxy	100	54.16	•	0.5416
02462001	Sandoz Levetiracetam	Sandoz	100	54.16	•	0.5416

PREGABALIN 🖪

PREGABALIN I Caps.	<u>Ir</u>		,	25 mg PPB		
Caps.	I	1	1	zonig FF B	1	ĺ
02402912	ACT Pregabalin	ActavisPhm	100	14.81	→	0.1481
			500	74.05	•	0.1481
02394235	Apo-Pregabalin	Apotex	100	14.81	•	0.1481
			500	74.05	•	0.1481
02433869	Auro-Pregabalin	Aurobindo	100	14.81	→	0.1481
02435977	Jamp-Pregabalin	Jamp	100	14.81	→	0.1481
02268418	Lyrica	Pfizer	60	46.45		0.7742
02417529	Mar-Pregabalin	Marcan	100	14.81	•	0.1481
			500	74.05	•	0.1481
02423804	Mint-Pregabalin	Mint	100	14.81	•	0.1481
02467291	M-Pregabalin	Mantra Ph.	100	14.81	•	0.1481
			500	74.05	•	0.1481
02359596	pms-Pregabalin	Phmscience	100	14.81	•	0.1481
			500	74.05	→	0.1481
02474352	Pregabalin	Altamed	100	14.81	•	0.1481
02396483	Pregabalin	Pro Doc	100	14.81	•	0.1481
			500	74.05	→	0.1481
02476304	Pregabalin	Riva	100	14.81	•	0.1481
			500	74.05	•	0.1481
02405539	Pregabalin	Sanis	60	8.89	•	0.1481
			100	14.81	•	0.1481
02403692	Pregabalin	Sivem	100	14.81	•	0.1481
			500	74.05	•	0.1481
02392801	Ran-Pregabalin	Ranbaxy	100	14.81	•	0.1481
			500	74.05	•	0.1481
02377039	Riva-Pregabalin	Riva	100	14.81	•	0.1481
			500	74.05	•	0.1481
02390817	Sandoz Pregabalin	Sandoz	100	14.81	•	0.1481
			500	74.05	•	0.1481
02361159	Teva Pregabalin	Teva Can	60	8.89	•	0.1481

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
aps. 50 mg PPB								
02402920	ACT Pregabalin	ActavisPhm	100 500	23.24 116.20	→ 0.2324→ 0.2324			
02394243	Apo-Pregabalin	Apotex	100 500	23.24 116.20	 → 0.2324 → 0.2324 → 0.2324 			
02433877 02435985	Auro-Pregabalin Jamp-Pregabalin	Aurobindo Jamp	100	23.24	→ 0.2324→ 0.2324			
02433903 02268426 02417537	Lyrica Mar-Pregabalin	Pfizer Marcan	60	72.87 23.24	1.2145 • 0.2324			
02477337	Mint-Pregabalin	Mint	500	116.20 23.24	• 0.2324 • 0.2324 • 0.2324			
02467305	M-Pregabalin	Mantra Ph.	100	23.24 116.20	• 0.2324 • 0.2324 • 0.2324			
02359618	pms-Pregabalin	Phmscience	100 500	23.24 116.20	 → 0.2324 → 0.2324 → 0.2324 			
02474360 02396505	Pregabalin Pregabalin	Altamed Pro Doc	100	23.24 23.24	• 0.2324 • 0.2324 • 0.2324			
02476312	Pregabalin	Riva	500	116.20 23.24	→ 0.2324 → 0.2324 → 0.2324			
02476512			500	116.20	→ 0.2324 → 0.2324 → 0.2324			
	Pregabalin	Sanis	500	13.94 116.20	→ 0.2324			
02403706	Pregabalin	Sivem	100 500	23.24 116.20	→ 0.2324→ 0.2324			
02392828	Ran-Pregabalin	Ranbaxy	100 500	23.24 116.20	→ 0.2324→ 0.2324			
02377047	Riva-Pregabalin	Riva	100 500	23.24 116.20	0.23240.2324			
02390825	Sandoz Pregabalin	Sandoz	100 500	23.24 116.20	→ 0.2324→ 0.2324			
02361175	Teva Pregabalin	Teva Can	60	13.94	→ 0.2324			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				75 mg PPB	
02402939	ACT Pregabalin	ActavisPhm	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02394251	Apo-Pregabalin	Apotex	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02433885	Auro-Pregabalin	Aurobindo	100	30.07	→ 0.3007
02435993	Jamp-Pregabalin	Jamp	100	30.07	→ 0.3007
02268434	Lyrica	Pfizer	60	94.29	1.5715
02417545	Mar-Pregabalin	Marcan	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02424185	Mint-Pregabalin	Mint	100	30.07	→ 0.3007
02467313	M-Pregabalin	Mantra Ph.	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02359626	pms-Pregabalin	Phmscience	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02474379	Pregabalin	Altamed	100	30.07	→ 0.3007
02396513	Pregabalin	Pro Doc	100	30.07	→ 0.3007
	_		500	150.35	→ 0.3007
02476320	Pregabalin	Riva	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02405555	Pregabalin	Sanis	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02403714	Pregabalin	Sivem	100	30.07	→ 0.3007
	3		500	150.35	→ 0.3007
02392836	Ran-Pregabalin	Ranbaxy	100	30.07	→ 0.3007
	3	1	500	150.35	→ 0.3007
02377055	Riva-Pregabalin	Riva	100	30.07	→ 0.3007
			500	150.35	→ 0.3007
02390833	Sandoz Pregabalin	Sandoz	100	30.07	→ 0.3007
1_30000			500	150.35	→ 0.3007
02361183	Teva Pregabalin	Teva Can	60	18.04	→ 0.3007
1_301.00		1	100	30.07	→ 0.3007

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			1	50 mg PPB	
02402955	ACT Branchalin	ActavisPhm	100	41.45	0.4145
02402955	ACT Pregabalin	ActavisPrim	500	207.25	
02394278	Ana Pranchalin	Anatov	100	41.45	→ 0.4145→ 0.4145
02394276	Apo-Pregabalin	Apotex	500	207.25	→ 0.4145 → 0.4145
00422007	Aura Branchalia	Aurobindo	100	41.45	→ 0.4145 → 0.4145
02433907	Auro-Pregabalin		1	I .	
02436000	Jamp-Pregabalin	Jamp	100	41.45 129.98	
02268450 02417561	Lyrica Mar-Pregabalin	Pfizer Marcan	100	41.45	2.1003 → 0.4145
02417301	Mai-Fiegaballii	Iviaican	500	207.25	→ 0.4145 → 0.4145
02424207	Mint Brogobolin	Mint	100	41.45	→ 0.4145 → 0.4145
1	Mint-Pregabalin		1	l .	
02467321	M-Pregabalin	Mantra Ph.	100 500	41.45 207.25	→ 0.4145→ 0.4145
00050604	nma Branchalin	Dhmasianas	100		0.1110
02359634	pms-Pregabalin	Phmscience	500	41.45 207.25	0.4145
00474007	Dua wa ha lia	A 14	1		0.4145
02474387	Pregabalin	Altamed Pro Doc	100	41.45 41.45	◆ 0.4145◆ 0.4145
02396521	Pregabalin	PIO DOC			
00470047	5	5.	500	207.25	0.4145
02476347	Pregabalin	Riva	100	41.45	0.4145
00405500	5		500	207.25	0.4145
02405563	Pregabalin	Sanis	100	41.45	0.4145
02403722	Pregabalin	Sivem	100	41.45	0.4145
00000044	S S		500	207.25	0.4145
02392844	Ran-Pregabalin	Ranbaxy	100	41.45	0.4145
	_ , _ , _ ,	5.	500	207.25	0.4145
02377063	Riva-Pregabalin	Riva	100	41.45	0.4145
00000044	0		500	207.25	0.4145
02390841	Sandoz Pregabalin	Sandoz	100	41.45	0.4145
00004005	Taura Bua wahadia	T 0	500	207.25	0.4145
02361205	Teva Pregabalin	Teva Can	100	24.87 41.45	→ 0.4145→ 0.4145
			100	41.43	0.4145
Caps.	1	ı	3	00 mg PPB	ı
02402998	ACT Pregabalin	ActavisPhm	100	41.45	→ 0.4145
02394294	Apo-Pregabalin	Apotex	100	41.45	→ 0.4145
02436019	Jamp-Pregabalin	Jamp	100	41.45	→ 0.4145
02268485	Lyrica	Pfizer	60	129.98	2.1663
02417618	Mar-Pregabalin	Marcan	100	41.45	→ 0.4145
02359642	pms-Pregabalin	Phmscience	100	41.45	• 0.4145
02396548	Pregabalin	Pro Doc	100	41.45	→ 0.4145
02476371	Pregabalin	Riva	100	41.45	• 0.4145
02405598	Pregabalin	Sanis	60	24.87	→ 0.4145
	. 3		100	41.45	→ 0.4145
02403730	Pregabalin	Sivem	100	41.45	• 0.4145
02392860	Ran-Pregabalin	Ranbaxy	100	41.45	→ 0.4145
02002000	T.a Togubumi	, talibuny	500	207.25	◆ 0.4145
02377071	Riva-Pregabalin	Riva	100	41.45	→ 0.4145→ 0.4145
02377071	Sandoz Pregabalin	Sandoz	100	41.45	◆ 0.4145
02361248	Teva Pregabalin	Teva Can	60	24.87	→ 0.4145
02001240		1.374 04.1		2 1.07	3.1140

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	IRAMATE nkle caps.		1	ı	15 mg	
	02239907	Торатах	Janss. Inc	60	65.11	1.0852
0					05	
Sprii	ıkle caps.		I	I	25 mg	
	02239908	Topamax	Janss. Inc	60	68.34	1.1390
Tab.					25 mg DDD	
Tab.		1	I	I	25 mg PPB 	l
	02287765	ACT Topiramate	ActavisPhm	100	24.33	→ 0.2433
	02279614	Apo-Topiramate	Apotex	100	24.33	• 0.2433
	02345803	Auro-Topiramate	Aurobindo	60	14.60	• 0.2433
				100	24.33	• 0.2433
	02435608	Jamp-Topiramate	Jamp	100	24.33	• 0.2433
	02432099	Mar-Topiramate	Marcan	100	24.33	• 0.2433
	02315645	Mint-Topiramate	Mint	100	24.33	• 0.2433
	02263351	Mylan-Topiramate	Mylan	100	24.33	• 0.2433
	02248860	Novo-Topiramate	Novopharm	100	24.33	• 0.2433
	02262991	pms-Topiramate	Phmscience	100	24.33	• 0.2433
				500	121.65	• 0.2433
	02313650	Pro-Topiramate	Pro Doc	100	24.33	• 0.2433
	02396076	Ran-Topiramate	Ranbaxy	100	24.33	• 0.2433
	02431807	Sandoz Topiramate Tablets	Sandoz	100	24.33	→ 0.2433
	02230893	Topamax	Janss. Inc	100	113.93	1.1393
	02395738	Topiramate	Accord	100	24.33	• 0.2433
	02356856	Topiramate	Sanis	100	24.33	• 0.2433
	02389460	Topiramate	Sivem	100	24.33	→ 0.2433
Tab.					50 mg	
	02312085	pms-Topiramate	Phmscience	100	75.95	0.7595
	02312003	pms-rophamate	1 Timbolerice	100	75.55	0.7393
Tab.				1	00 mg PPB	
	02287773	ACT Topiramate	ActavisPhm	100	45.83	→ 0.4583
	02279630	Apo-Topiramate	Apotex	100	45.83	→ 0.4583
	02345838	Auro-Topiramate	Aurobindo	60	27.50	→ 0.4583
	02040000	Auto ropiramate	/ tarobinao	100	45.83	→ 0.4583
	02435616	Jamp-Topiramate	Jamp	100	45.83	→ 0.4583
	02432102	Mar-Topiramate	Marcan	100	45.83	→ 0.4583→ 0.4583
	02432102	Mint-Topiramate	Mint	100	45.83	→ 0.4583
	02313033	Mylan-Topiramate	Mylan	100	45.83	→ 0.4583
	02248861	Novo-Topiramate	Novopharm	60	27.50	
	02263009	pms-Topiramate	Phmscience	100	45.83	
	02313669	Pro-Topiramate	Pro Doc	100	45.83	→ 0.4583
	02396084	Ran-Topiramate	Ranbaxy	100	45.83	→ 0.4583
	02431815	Sandoz Topiramate Tablets	Sandoz	100	45.83	→ 0.4583
	02431813	Topamax	Janss. Inc	60	129.54	2.1590
	02395746	Topiramate	Accord	100	45.83	→ 0.4583
	02356864	Topiramate	Sanis	100	45.83	→ 0.4583
	02389487	Topiramate	Sivem	100	45.83	→ 0.4583
	32000101		1	1 .00	10.50	0.1000

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		,	1	21	00 mg PPB	
		1	1		1	
	02287781	ACT Topiramate	ActavisPhm	100	67.48	• 0.6748
	02279649	Apo-Topiramate	Apotex	100	67.48	• 0.6748
	02345846	Auro-Topiramate	Aurobindo	60 100	40.49	0.6748
	02435624	Ioma Tonizamete	lamn	100	67.48 67.48	→ 0.6748→ 0.6748
	02433024	Jamp-Topiramate Mar-Topiramate	Jamp Marcan	100	67.48	→ 0.6748 → 0.6748
	02432110	Mint-Topiramate	Mint	100	67.48	→ 0.6748 → 0.6748
	02263386	Mylan-Topiramate	Mylan	100	67.48	→ 0.6748
	02248862	Novo-Topiramate	Novopharm	60	40.49	→ 0.6748
	02263017	pms-Topiramate	Phmscience	100	67.48	→ 0.6748
	02203017	Pro-Topiramate	Pro Doc	100	67.48	→ 0.6748
	02396092	Ran-Topiramate	Ranbaxy	100	67.48	→ 0.6748
	02431823	Sandoz Topiramate Tablets	Sandoz	100	67.48	→ 0.6748
	02230896	Topamax	Janss. Inc	60	205.08	3.4180
	02395754	Topiramate	Accord	100	67.48	→ 0.6748
	02356872	Topiramate	Sanis	100	67.48	→ 0.6748
Syr.		I	I	l	1/5 mL PPB 	l
	00443832	Depakene	BGP Pharma	240 ml	22.78	0.0949
	02236807	pms-Valproic acid	Phmscience	450 ml	17.05	→ 0.0379
VALI Caps		_ I	I		50 mg PPB 	I
	02238048	Apo-Valproic	Apotex	100	29.05	→ 0.2905
	02230768	pms-Valproic acid	Phmscience	100	29.05	• 0.2905
				500	145.25	→ 0.2905
Ent.	Caps.	1	ı	ı	500 mg	1
	02229628	pms-Valproic Acid E.C.	Phmscience	100 500	63.56 317.80	0.6356 0.6356
VIGA Oral	ABATRIN [9			500 mg/sac.	
	02068036	Sabril	Lundb Inc	50	44.35	0.8870
	02000030	Saulli	Luliub IIIC	30	44.35	0.0070
Tab.		ı	ı	ı	500 mg	ı
	02065819	Sabril	Lundb Inc	100	88.70	0.8870
		1	L			

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28:16.04 ANTIDEPRESSANTS AMITRIPTYLINE HYDROCHLORIDE	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
ANTIDEPRESSANTS AMITRIPTYLINE HYDROCHLORIDE	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
AMITRIPTYLINE HYDROCHLORIDE IT Tab. 10 mg PPB 02451786 Amitriptyline Sivem 100 4.35 → 00370991 Amitriptyline-10 Pro Doc 1000 43.50 → 02403137 Apo-Amitriptyline Apotex 100 4.35 → 00335053 Elavil AA Pharma 100 6.64 02435527 Jamp-Amitriptyline Tablets Jamp 100 4.35 → 02429861 Mar-Amitriptyline Marcan 100 4.35 → 00654523 pms-Amitriptyline Phmscience 100 4.35 → 02326043 Teva-Amitriptyline Teva Can 100 4.35 → Tab. 25 mg PPB Tab. 25 mg	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
Tab. 10 mg PPB 02451786 Amitriptyline Sivem 100 4.35 → 00370991 Amitriptyline-10 Pro Doc 1000 43.50 → 02403137 Apo-Amitriptyline Apotex 100 43.50 → 00335053 Elavil AA Pharma 100 66.4 → 02435527 Jamp-Amitriptyline Tablets Jamp 100 43.50 → 02429861 Mar-Amitriptyline Marcan 100 43.50 → 00654523 pms-Amitriptyline Phmscience 100 43.50 → 02326043 Teva-Amitriptyline Teva Can 100 43.50 → Tab. 25 mg PPB Tab. </td <td>0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435</td>	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
02451786	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
1000	0.0435 0.0435 0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435
00370991	0.0435 0.0435 0.0664 0.0664 0.0435 0.0435 0.0435 0.0435
02403137	0.0435 0.0664 0.0664 0.0435 0.0435 0.0435 0.0435 0.0435
1000	0.0435 0.0664 0.0664 0.0435 0.0435 0.0435 0.0435
D0335053 Elavil AA Pharma 100 6.64 1000 66.40 1000 66.40 1000 66.40 1000 66.40 1000 66.40 1000 66.40 1000 43.50 10000 10000 10000 10000 10000 10000 10000 1000	0.0664 0.0664 0.0435 0.0435 0.0435 0.0435
02435527 Jamp-Amitriptyline Tablets Jamp 1000 66.40 43.50 1000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000	0.0664 0.0435 0.0435 0.0435 0.0435 0.0435
02435527 Jamp-Amitriptyline Tablets Jamp 100 4.35 ★ 02429861 Mar-Amitriptyline Marcan 100 4.35 ★ 00654523 pms-Amitriptyline Phmscience 100 4.35 ★ 02326043 Teva-Amitriptyline Teva Can 100 4.35 ★ 02326043 Teva-Amitriptyline Teva Can 100 4.35 ★ Tab. 25 mg PPB Tab. 25 mg PPB <t< td=""><td>0.0435 0.0435 0.0435 0.0435 0.0435</td></t<>	0.0435 0.0435 0.0435 0.0435 0.0435
02429861 Mar-Amitriptyline Marcan 100 4.35 ★ 00654523 pms-Amitriptyline Phmscience 100 4.35 ★ 02326043 Teva-Amitriptyline Teva Can 100 4.35 ★ Tab. 25 mg PPB Tab. 25 mg PPB 02451794 Amitriptyline Sivem 100 8.29 ★ 00371009 Amitriptyline-25 Pro Doc 1000 82.90 ★ 02403145 Apo-Amitriptyline Apotex 100 82.90 ★ 00335061 Elavil AA Pharma 100 12.11 1000 82.90 ★ 02435535 Jamp-Amitriptyline Tablets Jamp 100 82.90 ★ 02429888 Mar-Amitriptyline Marcan 100 82.90 ★ 00654515 pms-Amitriptyline Phmscience 100 82.90 ★	0.0435 0.0435 0.0435
00654523 pms-Amitriptyline Phmscience 1000 43.50 1000 82.90 1000 1000 82.90 1000 10	0.0435 0.0435
00654523 pms-Amitriptyline Phmscience 100 4.35 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 1000 43.50 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000	0.0435
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Tab. 25 mg PPB 02326043 Teva-Amitriptyline Sivem 100 8.29 ★ 02451794 O0371009 O2403145 Apo-Amitriptyline Pro Doc Doc Doc Doc Doc Doc Doc Doc Doc Do	0.0435
Tab. 25 mg PPB 02451794 Amitriptyline Sivem 100 8.29 ♦ 00371009 O2403145 Apo-Amitriptyline Pro Doc Apotex 1000 82.90 \$	
Tab. 100 8.29 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 12.11 1000 121.11 1000 121.11 1000 121.10 1000 82.90 1000	0.0435 0.0435
02451794 Amitriptyline Sivem 100 8.29 ★ 00371009 Amitriptyline-25 Pro Doc 1000 82.90 ★ 02403145 Apo-Amitriptyline Apotex 100 82.90 ★ 00335061 Elavil AA Pharma 100 12.11 1000 121.11 02435535 Jamp-Amitriptyline Tablets Jamp 100 8.29 ★ 02429888 Mar-Amitriptyline Marcan 100 8.29 ★ 00654515 pms-Amitriptyline Phmscience 100 8.29 ★	0.0400
02451794 Amitriptyline Sivem 100 8.29 ★ 00371009 Amitriptyline-25 Pro Doc 1000 82.90 ★ 02403145 Apo-Amitriptyline Apotex 100 82.90 ★ 00335061 Elavil AA Pharma 100 12.11 1000 121.11 02435535 Jamp-Amitriptyline Tablets Jamp 100 8.29 ★ 02429888 Mar-Amitriptyline Marcan 100 8.29 ★ 00654515 pms-Amitriptyline Phmscience 100 8.29 ★	
1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 12.11 1000 121.10 121.10 121.10 1000 82.90 1000 1000 82.90 1000 10	
1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 1000 12.11 1000 121.10 121.10 121.10 1000 82.90 1000 10	0.0829
02403145 Apo-Amitriptyline Apotex 100 8.29 ★ 00335061 Elavil AA Pharma 100 12.11 100 12.11 100 121.10 100 8.29 ★ 100 8.29 ★ ★ 100 8.29 ★ ★ 100 8.29 ★ ★ ★ 100 8.29 ★	0.0829
00335061 Elavil AA Pharma 1000 12.11 1000 12.110 1000 12.110 1000 12.110 1000 82.90 ▶ 02435535 Jamp-Amitriptyline Tablets Jamp 100 82.90 ▶ 02429888 Mar-Amitriptyline Marcan 100 82.90 ▶ 00654515 pms-Amitriptyline Phmscience 100 82.90 ▶	0.0829
00335061	0.0829
02435535	0.0829
02435535 Jamp-Amitriptyline Tablets Jamp 100 8.29 ★ 02429888 Mar-Amitriptyline Marcan 100 8.29 ★ 00654515 pms-Amitriptyline Phmscience 100 8.29 ★ 1000 8.29 ★ ★ ★	0.1211
02429888	0.1211
02429888 Mar-Amitriptyline Marcan 100 8.29 1000 82.90 1000 82.00 82.00 1000 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82.00 82	0.0829
00654515 pms-Amitriptyline Phmscience 1000 82.90 → 1000 82.90 1000 82.90 → 1000 82.90 1000 82.90 → 1000 82.90 82.90 1000 82.90 1000 82.90 1000 82.90 1000 82.90 82.90 1000 82.9	0.0829 0.0829
00654515 pms-Amitriptyline Phmscience 100 8.29 → 1000 82.90 →	0.0829
1000 82.90	0.0829
02326051 Teva-Amitriptyline Teva Can 100 8 29	0.0829
0.20 100 0.20 7	0.0829
1000 82.90	0.0829
Tab. 50 mg PPB	
02451808 <i>Amitriptyline</i> Sivem 100 15.40 ▶	0.1540
00456349 <i>Amitriptyline-50</i> Pro Doc 100 15.40 →	0.1540
1000 154.00	0.1540
02403153 Apo-Amitriptyline Apotex 100 15.40 •	0.1540
00335088 Elavil AA Pharma 1000 154.00 • • • • • • • • • • • • • • • • • •	
00333000 Elavii AA Filailia 100 23.47 1000 234.70	0.1540
02435543 <i>Jamp-Amitriptyline Tablets</i> Jamp 100 15.40 ▶	0.1540 0.2347
1000 154.00	0.1540 0.2347 0.2347
02429896 <i>Mar-Amitriptyline</i> Marcan 100 15.40 →	0.1540 0.2347
1000 154.00	0.1540 0.2347 0.2347 0.1540
00654507 <i>pms-Amitriptyline</i> Phmscience 100 15.40 →	0.1540 0.2347 0.2347 0.1540 0.1540
1000 154.00	0.1540 0.2347 0.2347 0.1540 0.1540 0.1540 0.1540 0.1540
02326078 Teva-Amitriptyline Teva Can 100 15.40 •	0.1540 0.2347 0.2347 0.1540 0.1540 0.1540 0.1540 0.1540
1000 154.00	0.1540 0.2347 0.2347 0.1540 0.1540 0.1540 0.1540 0.1540

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.	1	1	ı	100 mg	1
02468409	pms-Amitriptyline	Phmscience	100	27.72	0.2772
BUPROPION HY	DROCHLORIDE II				
L.A. Tab.			. 1	00 mg PPB	
02331616	Bupropion SR	Pro Doc	60	9.28	→ 0.1547
02391562	Bupropion SR	Sanis	60	9.28	→ 0.1547
02325373	pms-Bupropion SR	Phmscience	60	9.28	→ 0.1547
02275074	Sandoz Bupropion SR	Sandoz	30	4.64	→ 0.1547
			60	9.28	→ 0.1547
L.A. Tab.	I	1	1	50 mg PPB	ı
02325357	Bupropion SR	Pro Doc	60	13.78	→ 0.2297
02391570	Bupropion SR	Sanis	60	13.78	→ 0.2297
02313421	pms-Bupropion SR	Phmscience	100	22.97	→ 0.2297
02275082	Sandoz Bupropion SR	Sandoz	30	6.89	→ 0.2297
			60	13.78	→ 0.2297
02237825	Wellbutrin SR	Valeant	60	51.02	0.8503
L.A. Tab. (24 h)	ı	1	1	50 mg PPB	1
02439654	Act Bupropion XL	ActavisPhm	90	25.60	→ 0.2844
			500	142.20	→ 0.2844
02382075	Mylan-Bupropion XL	Mylan	90	25.60	→ 0.2844
	7	'	500	142.20	→ 0.2844
02275090	Wellbutrin XL	Valeant	90	47.45	0.5272
L.A. Tab. (24 h)	ı	1	3	00 mg PPB	1
02439662	Act Bupropion XL	ActavisPhm	90	51.19	→ 0.5688
			500	284.40	→ 0.5688
02382083	Mylan-Bupropion XL	Mylan	90	51.19	→ 0.5688
	7	,	500	284.40	• 0.5688
02275104	Wellbutrin XL	Valeant	90	94.91	1.0546
	1				

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

CITALOPRAM HYDROMIDE

Tab.		I		10 mg PPB		1
02355248	Accel-Citalopram	Accel	100	7.96	•	0.0796
02448475	Bio-Citalopram	Biomed	100	7.96	•	0.0796
02430517	Citalopram	Jamp	100	7.96	•	0.0796
02445719	Citalopram	Sanis	100	7.96	•	0.0796
02387948	Citalopram	Sivem	100	7.96	•	0.0796
02325047	Citalopram-10	Pro Doc	100	7.96	•	0.0796
02370085	Jamp-Citalopram	Jamp	100	7.96	•	0.0796
02371871	Mar-Citalopram	Marcan	100	7.96	•	0.0796
02370077	Mint-Citalopram	Mint	100	7.96	•	0.0796
02429691	Mint-Citalopram	Mint	100	7.96	•	0.0796
02409003	NAT-Citalopram	Natco	100	7.96	•	0.0796
			500	39.80	•	0.0796
02312336	Novo-Citalopram	Novopharm	100	7.96	•	0.0796
02270609	pms-Citalopram	Phmscience	100	7.96	•	0.0796
02303256	Riva-Citalopram	Riva	100	7.96	•	0.0796
02431629	Septa-Citalopram	Septa	100	7.96	•	0.0796
02438739	VAN-Citalopram	Vanc Phm	100	7.96	→	0.0796

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					20 mg PPB	
	02355256	Accel-Citalopram	Accel	100	13.32	→ 0.1332
	00040050	407.0%	A	500	66.60	0.1332
	02248050	ACT Citalopram	ActavisPhm	100 250	13.32 33.30	→ 0.1332→ 0.1332
	02246056	Apo-Citalopram	Apotex	30	4.00	→ 0.1332
				500	66.60	• 0.1332
	02275562	Auro-Citalopram	Aurobindo	30 500	4.00 66.60	→ 0.1332→ 0.1332
	02448491	Bio-Citalopram	Biomed	300	4.00	→ 0.1332→ 0.1332
	02110101	Dio Charoprani	Biomod	100	13.32	→ 0.1332
	02459914	CCP-Citalopram	Cellchem	100	13.32	→ 0.1332
	02239607	Celexa	Lundbeck	30	39.95	1.3317
	00400544	64-1	Laura	100	133.17	1.3317
	02430541	Citalopram	Jamp	30 500	4.00 66.60	→ 0.1332→ 0.1332
	02353660	Citalonram	Sanis	100	13.32	0.13320.1332
	02333000	Citalopram	Sallis	500	66.60	→ 0.1332→ 0.1332
	02387956	Citalopram	Sivem	30	4.00	→ 0.1332→ 0.1332
	0200.000	- Charoprani		500	66.60	→ 0.1332
	02257513	Citalopram-20	Pro Doc	30	4.00	→ 0.1332
				500	66.60	→ 0.1332
	02313405	Jamp-Citalopram	Jamp	30	4.00	→ 0.1332
				500	66.60	→ 0.1332
	02371898	Mar-Citalopram	Marcan	100	13.32	→ 0.1332
				500	66.60	→ 0.1332
	02304686	Mint-Citalopram	Mint	30	4.00	0.1332
	00400705	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	500	66.60	0.1332
	02429705	Mint-Citalopram	Mint	30 500	4.00 66.60	0.1332
	02409011	NAT-Citalopram	Natco	300	4.00	→ 0.1332→ 0.1332
	02409011	NAT-CitalOpraili	Natco	100	13.32	→ 0.1332→ 0.1332
	02293218	Novo-Citalopram	Novopharm	30	4.00	→ 0.1332
	022002.0	Trove Charopram	Tro ropila	100	13.32	→ 0.1332
	02248010	pms-Citalopram	Phmscience	30	4.00	→ 0.1332
				500	66.60	→ 0.1332
	02285622	Ran-Citalo	Ranbaxy	100	13.32	→ 0.1332
				500	66.60	→ 0.1332
	02252112	ratio-Citalopram	Ratiopharm	30	4.00	→ 0.1332
				500	66.60	0.1332
	02303264	Riva-Citalopram	Riva	30 500	4.00 66.60	0.1332
	02248170	Sandoz Citalopram	Sandoz	300	4.00	◆ 0.1332◆ 0.1332
	02240170	Sandoz Citalopram 	Sandoz	500	66.60	→ 0.1332→ 0.1332
	02355272	Septa-Citalopram	Septa	100	13.32	→ 0.1332
				500	66.60	→ 0.1332
	02438747	VAN-Citalopram	Vanc Phm	100	13.32	→ 0.1332
Tab.		ı	1	ı	30 mg	ı
	02296152	CTP 30	Sunovion	30	18.84	0.6280
			•		•	

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					40 mg PPB	
	02355264	Accel-Citalopram	Accel	100	13.32	● 0.1332
	02333204	ACT Citalopram	ActavisPhm	100	13.32	→ 0.1332→ 0.1332
	02246057	Apo-Citalopram	Apotex	30	4.00	→ 0.1332→ 0.1332
	02240037	Apo-Citaiopram	Apolex	100	13.32	→ 0.1332→ 0.1332
	02275570	Auro-Citalopram	Aurobindo	30	4.00	→ 0.1332→ 0.1332
	02273370	Auro-Citalopiani	Autobilido	100	13.32	→ 0.1332→ 0.1332
	02448513	Bio-Citalopram	Biomed	30	4.00	→ 0.1332→ 0.1332
	02440313	Bio-Citalopram	Diomed	100	13.32	→ 0.1332→ 0.1332
	02459922	CCB Citalonrom	Cellchem	100	13.32	→ 0.1332→ 0.1332
		CCP-Citalopram	Lundbeck	30		,
	02239608 02430568	Citalogram		30	39.95	1.3317
	02430300	Citalopram	Jamp	100	4.00 13.32	→ 0.1332→ 0.1332
	02353679	Citalanyana	Sanis	30	4.00	
	02353679	Citalopram	Sanis	100		,
	00007004	Cita I a server	C:	1	13.32	0.1332
	02387964	Citalopram	Sivem	30	4.00	0.1332
	00057504	0.4.4		100	13.32	0.1332
	02257521	Citalopram-40	Pro Doc	30	4.00	• 0.1332
	00010110		1.	100	13.32	0.1332
	02313413	Jamp-Citalopram	Jamp	30	4.00	• 0.1332
				100	13.32	• 0.1332
	02371901	Mar-Citalopram	Marcan	100	13.32	• 0.1332
	02304694	Mint-Citalopram	Mint	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02429713	Mint-Citalopram	Mint	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02409038	NAT-Citalopram	Natco	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02293226	Novo-Citalopram	Novopharm	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02248011	pms-Citalopram	Phmscience	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02285630	Ran-Citalo	Ranbaxy	100	13.32	→ 0.1332
	02252120	ratio-Citalopram	Ratiopharm	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02303272	Riva-Citalopram	Riva	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02248171	Sandoz Citalopram	Sandoz	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02355280	Septa-Citalopram	Septa	30	4.00	→ 0.1332
				100	13.32	→ 0.1332
	02438755	VAN-Citalopram	Vanc Phm	100	13.32	→ 0.1332
CLO Tab.	MIPRAMINE	HYDROCHLORIDE			10 mg	
	00330566	Anafranil	AA Pharma	100	29.49	0.2949
	0000000	Zilalialiii	/ V C Hallila	100	23.43	0.2345
Tab.					25 mg	
	00324019	Anafranil	AA Pharma	100	40.20	0.4020
	00024019	Andrailli	TAT FIIAIIIIA	100	40.20	0.4020

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
0040259	1 Anafranil	AA Pharma	100	74.01	0.7401
DESIPRAMINE Tab.	HYDROCHLORIDE I			10 mg	
0221624	Desipramine	AA Pharma	100	38.80	0.3880
	-	1			
Tab.		I	I	25 mg	ı
0221625	Desipramine	AA Pharma	100	38.80	0.3880
Tab.				100 mg	
0221628	Desipramine	AA Pharma	100	90.93	0.9093
DOXEPIN HYD	ROCHLORIDE 1				
Caps.	I	1	ı	10 mg	ı
0204999		AA Pharma	100	23.60	0.2360
0002432	Sinequan	AA Pharma	100	23.60	0.2360
Caps.	1	T	ı	25 mg	ı
0205000	I	AA Pharma	100	28.95	0.2895
0002433	Sinequan	AA Pharma	100	42.01	0.4201
Caps.		1	ı	50 mg	ı
0205001	I	AA Pharma	100	53.72	0.5372
0002434	1 Sinequan	AA Pharma	100	77.93	0.7793

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CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUOXETINE HYDROCHLORIDE

Caps.			. 1	I0 mg PPB	_	
02216353	Apo-Fluoxetine	Apotex	100	34.04	→	0.3404
02385627	Auro-Fluoxetine	Aurobindo	100	34.04	•	0.3404
02448424	Bio-Fluoxetine	Biomed	100	34.04	•	0.3404
02242177	Co Fluoxetine	Cobalt	100	34.04	•	0.3404
02393441	Fluoxetine	Accord	100	34.04	•	0.3404
02286068	Fluoxetine	Sanis	100	34.04	•	0.3404
02374447	Fluoxetine	Sivem	100	34.04	•	0.3404
02401894	Jamp-Fluoxetine	Jamp	100	34.04	•	0.3404
02392909	Mar-Fluoxetine	Marcan	100	34.04	•	0.3404
02380560	Mint-Fluoxetine	Mint	100	34.04	→	0.3404
02177579	pms-Fluoxetine	Phmscience	100	34.04	•	0.3404
02314991	Pro-Fluoxetine	Pro Doc	100	34.04	→	0.3404
02018985	Prozac	Lilly	100	165.96		1.6596
02405695	Ran-Fluoxetine	Ranbaxy	100	34.04	→	0.3404
02241371	ratio-Fluoxetine	Ratiopharm	100	34.04	•	0.3404
02305461	Riva-Fluoxetine	Riva	100	34.04	•	0.3404
02479486	Sandoz Fluoxetine	Sandoz	100	34.04	•	0.3404
02216582	Teva-Fluoxetine	Teva Can	100	34.04	•	0.3404
02432412	VAN-Fluoxetine	Vanc Phm	100	34.04	•	0.3404

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				20 mg PPB	
02216361	Apo-Fluoxetine	Apotex	100	33.11	→ 0.3311
	'	'	500	165.55	• 0.3311
02385635	Auro-Fluoxetine	Aurobindo	100	33.11	→ 0.3311
			500	165.55	→ 0.3311
02448432	Bio-Fluoxetine	Biomed	100	33.11	→ 0.3311
02242178	Co Fluoxetine	Cobalt	100	33.11	→ 0.3311
			500	165.55	→ 0.3311
02286076	Fluoxetine	Sanis	100	33.11	→ 0.3311
			500	165.55	→ 0.3311
02374455	Fluoxetine	Sivem	100	33.11	• 0.3311
			500	165.55	• 0.3311
02383241	Fluoxetine BP	Accord	100	33.11	• 0.3311
02386402	Jamp-Fluoxetine	Jamp	100	33.11	0.3311
02392917	Mar-Fluoxetine	Marcan	100	33.11	0.3311
00000570	Mint Florestine	NA:4	500	165.55	0.3311
02380579	Mint-Fluoxetine	Mint	100 500	33.11 165.55	→ 0.3311→ 0.3311
00177507	nma Fluoretina	Dhmasianas	100		◆ 0.3311◆ 0.3311
02177587	pms-Fluoxetine	Phmscience	500	33.11 165.55	
02315009	Pro-Fluoxetine	Pro Doc	100	33.11	→ 0.3311→ 0.3311
02313009	F10-F1u0xetille	PIO DOC	500	165.55	→ 0.3311
00636622	Prozac	Lilly	100	169.65	1.6965
02405709	Ran-Fluoxetine	Ranbaxy	100	33.11	→ 0.3311
02241374	ratio-Fluoxetine	Ratiopharm	100	33.11	→ 0.3311
02211011	Talle Tracketine	ratiophani	500	165.55	→ 0.3311
02305488	Riva-Fluoxetine	Riva	100	33.11	• 0.3311
02000.00		1	500	165.55	• 0.3311
02479494	Sandoz Fluoxetine	Sandoz	100	33.11	• 0.3311
			500	165.55	• 0.3311
02216590	Teva-Fluoxetine	Teva Can	100	33.11	→ 0.3311
			500	165.55	→ 0.3311
02432420	VAN-Fluoxetine	Vanc Phm	100	33.11	→ 0.3311
			1	•	
Caps.	1	1	1	40 mg	ı
02464640	pms-Fluoxetine	Phmscience	100	66.22	0.6622
Caps.	1	1	1	60 mg	l
02464659	pms-Fluoxetine	Phmscience	100	99.33	0.9933
Oral Sol.			20 mg	g/5 mL PPB	
	L	1	1	1	
02231328	Fluoxetine	Apotex	120 ml	37.01	• 0.3084
02459361	Odan-Fluoxetine	Odan	120 ml	37.01	→ 0.3084

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		_				
LUVC ab.	OXAMINE	MALEATE B			50 mg PPB	
C	02255529	ACT Fluvoxamine	ActavisPhm	100	21.05	→ 0.210
	02231329	Apo-Fluvoxamine	Apotex	100	21.05	→ 0.210
C	02236753	Fluvoxamine-50	Pro Doc	100	21.05	→ 0.210
C	01919342	Luvox	BGP Pharma	30	25.90	0.863
C	02303345	Riva-Fluvox	Riva	100 250	21.05 52.63	→ 0.210→ 0.210
					02.00	0.210
ab.		1	1		100 mg PPB	
C	02255537	ACT Fluvoxamine	ActavisPhm	100	37.83	→ 0.378
C	02231330	Apo-Fluvoxamine	Apotex	100	37.83	→ 0.378
C	02236754	Fluvoxamine-100	Pro Doc	100	37.83	→ 0.378
C	01919369	Luvox	BGP Pharma	30	46.58	1.552
C	02303361	Riva-Fluvox	Riva	100	37.83	▶ 0.378
				250	94.58	• 0.378
/IIPR/ ab.	AMINE HY	DROCHLORIDE 1			10 mg	
ab.		1	İ	l	10 mg	
C	00360201	Imipramine	AA Pharma	100	13.97	0.139
ab.					25 mg	
	00312797	 Imipramine	AA Pharma	100	25.20	0.252
	00012797	mipramine	AATHailia	100	25.20	0.232
ab.					50 mg	
C	00326852	Imipramine	AA Pharma	100	49.18	0.491
			•		'	
ab.		1	I	I	75 mg	
C	00644579	Imipramine	AA Pharma	100	64.34	0.643
	PTOPHAN or Tab.	IE 🖟		;	500 mg PPB	
٠,	20040540	A T ((()		l	1 1	- 0.050
	02248540	Apo-Tryptophan (Caps.)	Apotex	100	35.63	→ 0.356
	02248538	Apo-Tryptophan (Tab.)	Apotex	100	35.63	→ 0.356
	02240334	ratio-Tryptophan	Ratiopharm	100		0.356
	02240333	Teva-Tryptophan	Teva Can	100	35.63	• 0.356
	00718149	Tryptan (Caps) Tryptan (Co.)	Valeant Valeant	100 100	67.86	0.678
·	02029456	Tryptair (Co.)	Valeant	100	67.86	0.678
					1g PPB	
ab.		İ	1	I	1	
	12248530	Ano-Tryptophan (Tah)	Anotex	100	71 26	
C	02248539	Apo-Tryptophan (Tab.)	Apotex	100	71.26	
	02248539	Apo-Tryptophan (Tab.) ratio-Tryptophan	Apotex Ratiopharm	100 100 250	71.26 71.26 178.15	 → 0.712 → 0.712 → 0.712

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					250 mg	
	02239326	Tryptan (Co.)	Valeant	100	33.93	0.3393
Tab.		ı	I	7:	50 mg PPB	ı
	02458721	Apo-Tryptophan	Apotex	100	98.89	→ 0.9889
	02239327	Tryptan (Co.)	Valeant	100	101.79	1.0179
	DOT!! IN !!	(DDGGUU GDUDE IB				
MAP Tab.	ROTILIN HY	DROCHLORIDE 🖪			25 mg	
ab.		I	I	I	I	
	02158612	Novo-Maprotiline	Novopharm	100	54.93	0.5493
Tab.					50 mg	
	02158620	Novo-Maprotiline	Novopharm	100	104.01	1.0401
Tab.		I	I	I	75 mg	ı
	02158639	Novo-Maprotiline	Novopharm	100	142.04	1.4204
		_				
	AZAPINE				45 DDD	
Tab.	Oral Disint.	oriab. I	ĺ	i I	15 mg PPB I	Ì
	02286610	Apo-Mirtazapine	Apotex	30	2.92	→ 0.0974
	02411695	Auro-Mirtazapine	Aurobindo	30	2.92	→ 0.0974
				100	9.74	→ 0.0974
	02299801	Auro-Mirtazapine OD	Aurobindo	30	2.92	→ 0.0974
	02256096	Mylan-Mirtazapine	Mylan	100	9.74	→ 0.0974
	02279894	Novo-Mirtazapine OD	Novopharm	30	2.92	• 0.0974
	02273942	pms-Mirtazapine	Phmscience	100	9.74	• 0.0974
	02312778	Pro-Mirtazapine	Pro Doc	100	9.74	→ 0.0974
	02248542	Remeron RD	Merck	30	12.22	0.4073
	02250594	Sandoz Mirtazapine	Sandoz	50	4.87	→ 0.0974

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
					<u> </u>	
Tab. 0	Oral Disint.	or Tab.	T.	;	30 mg PPB	
	02286629	Apo-Mirtazapine	Apotex	100	19.50	→ 0.1950
	02411709	Auro-Mirtazapine	Aurobindo	30	5.85	→ 0.1950
				100	19.50	→ 0.1950
	02299828	Auro-Mirtazapine OD	Aurobindo	30	5.85	→ 0.1950
1	02368579	Jamp-Mirtazapine	Jamp	100	19.50	→ 0.1950
1	02370689	Mirtazapine	Sanis	100	19.50	→ 0.1950
I	02256118	Mylan-Mirtazapine	Mylan	100	19.50	• 0.1950
	02259354	Novo-Mirtazapine	Novopharm	30	5.85	• 0.1950 • 0.4050
	00070000	Nova Minterenine OD	Nevenberm	100 30	19.50	→ 0.1950→ 0.1950
1	02279908 02248762	Novo-Mirtazapine OD pms-Mirtazapine	Novopharm Phmscience	30	5.85 5.85	→ 0.1950→ 0.1950
	02240702	priis-iviii tazapirie	Filliscience	100	19.50	→ 0.1950 → 0.1950
	02312786	Pro-Mirtazapine	Pro Doc	30	5.85	→ 0.1950→ 0.1950
	02012100	T TO WINTER LADINIO	110 500	100		→ 0.1950
	02243910	Remeron	Merck	30	38.86	1.2953
	02248543	Remeron RD	Merck	30	24.43	0.8143
	02265265	Riva-Mirtazapine	Riva	30	5.85	→ 0.1950
		·		100	19.50	→ 0.1950
	02250608	Sandoz Mirtazapine	Sandoz	100	19.50	→ 0.1950
	Oral Disint.	I	I		45 mg PPB	
l	02286637	Apo-Mirtazapine	Apotex	30	8.78	→ 0.2925
	02411717	Auro-Mirtazapine	Aurobindo	30	8.78	→ 0.2925
				100	29.25	• 0.2925
	02299836	Auro-Mirtazapine OD	Aurobindo	30	8.78	• 0.2925
l	02256126	Mylan-Mirtazapine	Mylan	100	29.25	• 0.2925
1	02279916	Novo-Mirtazapine OD	Novopharm	30		• 0.2925
	02248544	Remeron RD	Merck	30	36.66	1.2220
	LOBÉMID	B			100	
Tab. _I		I	I	ı	100 mg	
	02232148	Moclobemide	AA Pharma	100	25.20	0.2520
			1	!	1	
Tab.		1	1		150 mg	
	00899356	Manerix	Valeant	60	13.25	0.2208
			1	!	<u> </u>	
Tab.						
ιαυ.		1	1		300 mg	
1	02166747	Manerix	Valeant	60	300 mg 26.01	0.4335
1	02166747	Manerix	Valeant	60	l I	0.4335
			Valeant	60	l I	0.4335
	FRIPTYLINI	Manerix E HYDROCHLORIDE	Valeant	60	l I	0.4335
NORT Caps.	FRIPTYLINI		Valeant AA Pharma	60	26.01	0.4335
NORT Caps.	FRIPTYLINI	E HYDROCHLORIDE 🖪			26.01	
NOR1 Caps.	TRIPTYLIN I 00015229	E HYDROCHLORIDE 🖪			26.01	
NOR1 Caps.	TRIPTYLIN I 00015229	E HYDROCHLORIDE 🖪			10 mg	

CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PAROXÉTINE HYDROCHLORIDE

Tab.	OXETINE H	YDROCHLORIDE LEI	1	1	10 mg PPB		1
	02262746	ACT Paroxetine	ActavisPhm	100	30.46	•	0.3046
	02240907	Apo-Paroxetine	Apotex	100	30.46	•	0.3046
	02383276	Auro-Paroxetine	Aurobindo	100	30.46	•	0.3046
	02444909	Bio-Paroxetine	Biomed	100	30.46	•	0.3046
	02368862	Jamp-Paroxetine	Jamp	30	9.14	•	0.3046
				100	30.46	•	0.3046
	02411946	Mar-Paroxetine	Marcan	30	9.14	•	0.3046
				100	30.46	•	0.3046
	02421372	Mint-Paroxetine	Mint	100	30.46	•	0.3046
	02467402	M-Paroxetine	Mantra Ph.	100	30.46	•	0.3046
+	02477823	Paroxetine	Altamed	100	30.46	•	0.3046
	02282844	Paroxetine	Sanis	100	30.46	•	0.3046
	02388227	Paroxetine	Sivem	100	30.46	•	0.3046
	02248913	Paroxetine-10	Pro Doc	100	30.46	•	0.3046
	02027887	Paxil	GSK	30	47.25		1.5750
	02247750	pms-Paroxetine	Phmscience	30	9.14		0.3046
				100	30.46	•	0.3046
	02247810	ratio-Paroxetine	Ratiopharm	30	9.14	•	0.3046
	02248559	Riva-Paroxetine	Riva	30	9.14		0.3046
				250	76.15	•	0.3046
	02431777	Sandoz Paroxetine Tablets	Sandoz	100	30.46	•	0.3046
	02248556	Teva-Paroxetine	Teva Can	30	9.14		0.3046
				100	30.46	•	0.3046

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				. :	20 mg PPB	
	02262754	ACT Paroxetine	ActavisPhm	100	32.50	→ 0.3250
				500	162.50	→ 0.3250
	02240908	Apo-Paroxetine	Apotex	100	32.50	→ 0.3250
		,	'	500	162.50	• 0.3250
	02383284	Auro-Paroxetine	Aurobindo	100	32.50	→ 0.3250
				500	162.50	→ 0.3250
	02444917	Bio-Paroxetine	Biomed	100	32.50	→ 0.3250
				500	162.50	→ 0.3250
	02368870	Jamp-Paroxetine	Jamp	30	9.75	→ 0.3250
				500	162.50	→ 0.3250
	02411954	Mar-Paroxetine	Marcan	100	32.50	→ 0.3250
				500	162.50	→ 0.3250
	02421380	Mint-Paroxetine	Mint	100	32.50	→ 0.3250
	02467410	M-Paroxetine	Mantra Ph.	100	32.50	→ 0.3250
+	02477831	Paroxetine	Altamed	500	162.50	→ 0.3250
	02282852	Paroxetine	Sanis	100	32.50	→ 0.3250
				500	162.50	→ 0.3250
	02388235	Paroxetine	Sivem	30	9.75	→ 0.3250
				500	162.50	→ 0.3250
	02248914	Paroxetine-20	Pro Doc	30	9.75	→ 0.3250
				500	162.50	→ 0.3250
	01940481	Paxil	GSK	100	168.07	1.6807
	02247751	pms-Paroxetine	Phmscience	30	9.75	→ 0.3250
				500	162.50	• 0.3250
	02247811	ratio-Paroxetine	Ratiopharm	100	32.50	0.3250
	00010500			500	162.50	0.3250
	02248560	Riva-Paroxetine	Riva	100	32.50	0.3250
	00404705	Cont. Somethin Titlet		500	162.50	0.3250
	02431785	Sandoz Paroxetine Tablets	Sandoz	100	32.50	0.3250
	02248557	Teva-Paroxetine	Teva Can	30	9.75	0.3250
				500	162.50	→ 0.3250

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				. :	30 mg PPB	
	02262762	ACT Paroxetine	ActavisPhm	100	34.53	→ 0.3453
	02240909	Apo-Paroxetine	Apotex	100	34.53	
	02383292	Auro-Paroxetine	Aurobindo	100	34.53	→ 0.3453
	02444925	Bio-Paroxetine	Biomed	100	34.53	→ 0.3453
	02368889	Jamp-Paroxetine	Jamp	30	10.36	→ 0.3453
		,	'	100	34.53	→ 0.3453
	02411962	Mar-Paroxetine	Marcan	30	10.36	• 0.3453
				100	34.53	→ 0.3453
	02421399	Mint-Paroxetine	Mint	100	34.53	→ 0.3453
	02467429	M-Paroxetine	Mantra Ph.	100	34.53	→ 0.3453
+	02477858	Paroxetine	Altamed	100	34.53	→ 0.3453
	02282860	Paroxetine	Sanis	100	34.53	→ 0.3453
	02388243	Paroxetine	Sivem	100	34.53	→ 0.3453
	02248915	Paroxetine-30	Pro Doc	100	34.53	→ 0.3453
	01940473	Paxil	GSK	30	53.59	1.7863
	02247752	pms-Paroxetine	Phmscience	30	10.36	→ 0.3453
				100	34.53	→ 0.3453
	02247812	ratio-Paroxetine	Ratiopharm	30	10.36	• 0.3453
	02248561	Riva-Paroxetine	Riva	30	10.36	• 0.3453
				250	86.33	• 0.3453
	02431793	Sandoz Paroxetine Tablets	Sandoz	100	34.53	• 0.3453
	02248558	Teva-Paroxetine	Teva Can	30	10.36	→ 0.3453
				100	34.53	→ 0.3453
				•		
Tab.		1	1	1	40 mg	
	02293749	pms-Paroxetine	Phmscience	100	165.30	1.6530
				•		
DUE	NELZINE SI	JLFATE 🖪				
Tab.	NELZINE SU	JLFAIC W			15 mg	
	00476552	Nardil	 Erfa	60	22.22	0.3703
		l .	1		<u> </u>	

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	YDROCHLORIDE 1			OF ma DDD		
Caps.	1	I	ı '	25 mg PPB I	I	
02287390	ACT Sertraline	ActavisPhm	100	15.16	→	0.1516
02238280	Apo-Sertraline	Apotex	100	15.16	→	0.1516
02390906	Auro-Sertraline	Aurobindo	100	15.16	→	0.1516
02445042	Bio-Sertraline	Biomed	100	15.16	→	0.1516
02357143	Jamp-Sertraline	Jamp	100	15.16	→	0.1516
02399415	Mar-Sertraline	Marcan	100	15.16	•	0.1516
02402378	Mint-Sertraline	Mint	100	15.16	→	0.1516
02240485	Novo-Sertraline	Novopharm	100	15.16	•	0.1516
02244838	pms-Sertraline	Phmscience	100	15.16	•	0.1516
02374552	Ran-Sertraline	Ranbaxy	100	15.16	•	0.1516
02248496	Riva-Sertraline	Riva	100	15.16	•	0.1516
			250	37.90	•	0.1516
02245159	Sandoz Sertraline	Sandoz	100	15.16	•	0.1516
02469626	Sertraline	Jamp	100	15.16	•	0.1516
02353520	Sertraline	Sanis	100	15.16	•	0.1516
02386070	Sertraline	Sivem	100	15.16	•	0.1516
02241302	Sertraline-25	Pro Doc	100	15.16	•	0.1516
02427761	VAN-Sertraline	Vanc Phm	100	15.16	•	0.1516
02132702	Zoloft	Pfizer	100	83.18		0.8318
aps.			,	50 mg PPB		
02287404	ACT Sertraline	ActavisPhm	100	30.32	_	0.3032
02207404	ACT Sertialine	ActavisFillii	250	75.80	1	0.3032
02238281	Apo-Sertraline	Apotex	100	30.32	I	0.3032
02230201	Apo-Sertranne	Apolex	250	75.80	3	0.3032
02390914	Auro-Sertraline	Aurobindo	100	30.32	•	0.3032
02330314	Auto-Settralline	Adiobilido	250	75.80	→	0.3032
02445050	Bio-Sertraline	Biomed	100	30.32	3	0.3032
02357151	Jamp-Sertraline	Jamp	100	30.32	•	0.3032
02007 101		Joanne	250	75.80	→	0.303
02399423	Mar-Sertraline	Marcan	100	30.32	•	0.303
02000 120	War cornamic	Maroan	250	75.80	→	0.303
02402394	Mint-Sertraline	Mint	100	30.32	•	0.303
02240484	Novo-Sertraline	Novopharm	100	30.32	•	0.303
022 10 10 1	Trovo contramio	Novopriami	250	75.80	-	0.3032
02244839	pms-Sertraline	Phmscience	100	30.32	•	0.303
02211000	pino contrainio	T Timodionido	250	75.80	→	0.303
02374560	Ran-Sertraline	Ranbaxy	100	30.32	•	0.303
02248497	Riva-Sertraline	Riva	100	30.32	•	0.3032
022 10 107	Tiva Cortianio	Tuvu	250	75.80	→	0.3032
02245160	Sandoz Sertraline	Sandoz	100	30.32	•	0.3032
02469634	Sertraline	Jamp	100	30.32	•	0.3032
02353539	Sertraline	Sanis	100	30.32	•	0.3032
			250	75.80	•	0.3032
02386089	Sertraline	Sivem	100	30.32	•	0.303
02241303	Sertraline-50	Pro Doc	250	75.80	•	0.303
02427788	VAN-Sertraline	Vanc Phm	100	30.32	•	0.3032
01962817	Zoloft	Pfizer	100	166.34	1	1.6634
			250	415.86		1.6634
			I .			

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

O2238282 Apo-Sertraline Apotex 100 33.03 0.330	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Q2238282	S.			. 1	00 mg PPB	
Q2238282	02287412	ACT Sertraline	ActavisPhm	100	33.03	→ 0.330
Auro-Sertraline				1		
02390922 Auro-Sertraline	02238282	Apo-Sertraline	Apotex	100	33.03	• 0.330
Diametrial Di				250	82.58	→ 0.330
D2445069 Bio-Sertraline Biomed 100 33.03 0.330	02390922	Auro-Sertraline	Aurobindo	100	33.03	→ 0.330
Damp 100 33.03 0.330				250		• 0.330
02399431		l .		1	1	
02399431	02357178	Jamp-Sertraline	Jamp	1		
02402408						
02402408	02399431	Mar-Sertraline	Marcan	1		
Description	02402409	Mint Cortrolino	Mint	I	1	
250					1	
02374579 Ran-Sertraline Riva 100 33.03	02244640	pms-sertialine	Filliscience	1		,
Riva Sertraline Riva 100 33.03	0237/570	Pan-Sertraline	Ranhavy	I	1	
02245161 Sandoz Sertraline Sandoz 100 33.03			1 '	I		
02245161 Sandoz Sertraline Sandoz 100 33.03	02240490	Niva-Sertialine	IXIVA	1		
02469642 Sertraline Sanis 100 33.03 ♣ 0.330	02245161	Sandoz Sertraline	Sandoz	I	1	
O2353547 Sertraline				I	1	
02386097 Sertraline Sivem 100 33.03 → 0.330				1		
02386097 Sertraline Sivem 100 33.03 0.330	02000011		Carno	1		
O2241304 Sertraline-100 Pro Doc 100 33.03 0.330 0.330 0.250 82.58 0.330 0.330 0.250 82.58 0.330	02386097	Sertraline	Sivem	1	1	
02240481						
Teva Can 100 33.03	02211001		1.10 200	1		
Vanc Phm 100 33.03 → 0.330 1.746	02240481	Teva-Sertraline	Teva Can	1	1	
ANYLCYPROMINE SULFATE Output Description 10 mg 10						
ANYLCYPROMINE SULFATE		l .	Pfizer	1	1	
AZODONE HYDROCHLORIDE		MINE SULFATE			10 mg	
AZODONE HYDROCHLORIDE	01010508	Parnata	CSK	100	36.05	0.360
Description Description	01919390	r amate	GGK	100	30.03	0.300
02147637 Apo-Trazodone Apotex 100 5.54 0.058 02442809 Mar-Trazodone Marcan 100 5.54 0.058 01937227 pms-Trazodone Phmscience 100 5.54 0.058 02144263 Teva-Trazodone Teva Can 100 5.54 0.058 02348772 Trazodone Sanis 100 5.54 0.058 02164353 Trazodone-50 Pro Doc 100 5.54 0.058 0.058 27.68 0.058 0.058 0.2164353 Trazodone-50 Pro Doc 100 5.54 0.058 0.058 250 13.84 0.058 0.058		YDROCHLORIDE			50 mg DDD	
02442809 Mar-Trazodone Marcan 100 5.54 0.056 01937227 pms-Trazodone Phmscience 100 5.54 0.056 02144263 Teva-Trazodone Teva Can 100 5.54 0.056 02348772 Trazodone Sanis 100 5.54 0.056 02164353 Trazodone-50 Pro Doc 100 5.54 0.056 0.056 27.68 0.056 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 27.68 0.056 0.056 250 13.84 0.056		1	1		1 1	
02442809 Mar-Trazodone Marcan 100 5.54 0.056 01937227 pms-Trazodone Phmscience 100 5.54 0.056 02144263 Teva-Trazodone Teva Can 100 5.54 0.056 02348772 Trazodone Sanis 100 5.54 0.056 02164353 Trazodone-50 Pro Doc 100 5.54 0.056 0.056 250 13.84 0.056 0.056 250 13.84 0.056	02147637	Apo-Trazodone	Apotex	1		
01937227 pms-Trazodone Phmscience 100 5.54 0.055 0.05				I	1	
01937227 pms-Trazodone Phmscience 100 5.54 0.058 02144263 Teva-Trazodone Teva Can 100 5.54 0.058 02348772 Trazodone Sanis 100 5.54 0.058 02164353 Trazodone-50 Pro Doc 100 5.54 0.058 0.058 250 13.84 0.058 0.058 75 mg 75 mg	02442809	Mar-Trazodone	Marcan		1	
02144263				I	1	
02144263 Teva-Trazodone Teva Can 100 5.54 → 0.058 02348772 Trazodone Sanis 100 5.54 → 0.058 02164353 Trazodone-50 Pro Doc 100 5.54 → 0.058 0.058 27.68 → 0.058 250 13.84 → 0.058 0.058 → 0.058 0.059 → 0.058	01937227	pms-Trazodone	Phmscience	1		
02348772				1		
02348772	02144263	Teva-Trazodone	Teva Can	1		
02164353	000/			1		
02164353	02348772	Trazodone	Sanis			
250 13.84 → 0.055	00404050	T		1		
o. 75 mg	02164353	ı razodone-50	Pro Doc			
				250	13.84	• 0.058
02237230 nms Trazodona Dhmsciones 100 22.65 0.226	b. 75 mg					
	0222220	nms Trazodono	Physicas	100	22 66	0.336

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			•	11	00 mg PPB	
l ab.		I	1	ı ''	oonig FFB	I
	02147645	Apo-Trazodone	Apotex	100	9.89	→ 0.0989
				500	49.45	→ 0.0989
	02442817	Mar-Trazodone	Marcan	100	9.89	→ 0.0989
				500	49.45	→ 0.0989
	01937235	pms-Trazodone	Phmscience	100	9.89	→ 0.0989
				500	49.45	→ 0.0989
	02144271	Teva-Trazodone	Teva Can	100	9.89	→ 0.0989
				500	49.45	→ 0.0989
	02348780	Trazodone	Sanis	100	9.89	→ 0.0989
	02164361	Trazodone-100	Pro Doc	100	9.89	→ 0.0989
			•			
Tab.				1	50 mg PPB	
	02442825	Mar-Trazodone	Marcan	100	14.53	→ 0.1453
	02442625	Teva-Trazodone	Teva Can	100	14.53	→ 0.1453 → 0.1453
	02348799	Trazodone	Sanis	100	14.53	→ 0.1453
	02164388	Trazodone-150 D	Pro Doc	100	14.53	→ 0.1453
	02104300	Trazodone-130 D	FIO DOC	100	14.55	0.1455
TRIN	IIPRAMINE	P				
Caps					75 mg	
	02070987	Trimingspains	AA Pharma	100	74.60	0.7460
	02070967	Trimipramine	AA Phaima	100	74.60	0.7460
- .					10.5	
Tab.		I	1	I	12.5 mg	I
	00740799	Trimip	AA Pharma	100	21.56	0.2156
				•		
\/ENI	LAFAVINE	OULODUVDDATE B				
	LAFAXINE (Caps.	CHLORHYDRATE 🖪		37	7.5 mg PPB	
L.A. \	Саръ.	I	1	3 <i>1</i>	.5 mg FFB	I
	02304317	ACT Venlafaxine XR	ActavisPhm	100	9.13	→ 0.0913
				500	45.65	→ 0.0913
	02331683	Apo-Venlafaxine XR	Apotex	100	9.13	→ 0.0913
				500	45.65	→ 0.0913
	02452839	Auro-Venlafaxine XR	Aurobindo	100	9.13	→ 0.0913
				500	45.65	→ 0.0913
	02237279	Effexor XR	Pfizer	90	75.51	0.8390
	02471280	M-Venlafaxine XR	Mantra Ph.	500	45.65	▶ 0.0913
	02278545	pms-Venlafaxine XR	Phmscience	100	9.13	→ 0.0913
				500	45.65	→ 0.0913
	02380072	Ran-Venlafaxine XR	Ranbaxy	100	9.13	→ 0.0913
			·	500	45.65	→ 0.0913
	02273969	ratio-Venlafaxine XR	Ratiopharm	100	9.13	
				500	45.65	
	02307774	Riva-Venlafaxine XR	Riva	100	9.13	→ 0.0913
				500	45.65	
	02310317	Sandoz Venlafaxine XR	Sandoz	100	9.13	
	02275023	Teva-Venlafaxine XR	Teva Can	100	9.13	• 0.0913
	02339242	Venlafaxine XR	Pro Doc	100	9.13	→ 0.0913
				500	45.65	
	02354713	Venlafaxine XR	Sanis	100	9.13	• 0.0913
	02385929	Venlafaxine XR	Sivem	100	9.13	→ 0.0913
			1		L	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
L.A. Caps. 75 mg PPB						
02304325	ACT Venlafaxine XR	ActavisPhm	100	18.25	→ 0.1825	
02304323	ACT Vernalaxille XIX	Actavisi IIII	500	91.25	→ 0.1025 → 0.1825	
02331691	Apo-Venlafaxine XR	Apotex	100	18.25	→ 0.1825	
0200.001	, po romanasamo sa t	, the cox	500	91.25	→ 0.1825	
02452847	Auro-Venlafaxine XR	Aurobindo	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02237280	Effexor XR	Pfizer	90	151.01	1.6779	
02471299	M-Venlafaxine XR	Mantra Ph.	500	91.25	→ 0.1825	
02278553	pms-Venlafaxine XR	Phmscience	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02380080	Ran-Venlafaxine XR	Ranbaxy	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02273977	ratio-Venlafaxine XR	Ratiopharm	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02307782	Riva-Venlafaxine XR	Riva	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02310325	Sandoz Venlafaxine XR	Sandoz	100	18.25	→ 0.1825	
			250	45.63	→ 0.1825	
02275031	Teva-Venlafaxine XR	Teva Can	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02339250	Venlafaxine XR	Pro Doc	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02354721	Venlafaxine XR	Sanis	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	
02385937	Venlafaxine XR	Sivem	100	18.25	→ 0.1825	
			500	91.25	→ 0.1825	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
L.A. Caps. 150 mg PPB							
02304333	ACT Venlafaxine XR	ActavisPhm	100	19.27	→ 0.1927		
02304333	ACT Verilalaxille XI	ActavisFillii	500	96.35	→ 0.1927 → 0.1927		
02331705	Apo-Venlafaxine XR	Apotex	100	19.27	→ 0.1927 → 0.1927		
02331703	Apo-verilalaxirie XIX	Apolex	500	96.35	→ 0.1927 → 0.1927		
02452855	Auro-Venlafaxine XR	Aurobindo	100	19.27	→ 0.1927 → 0.1927		
02432033	Auto-verilaraxille XIX	Adiobilido	500	96.35	→ 0.1927 → 0.1927		
02237282	Effexor XR	Pfizer	90	159.72	1.7747		
02471302	M-Venlafaxine XR	Mantra Ph.	500	96.35			
02310295	Mylan-Venlafaxine XR	Mylan	100	19.27	→ 0.1927		
02278561	pms-Venlafaxine XR	Phmscience	100	19.27			
			500	96.35	• 0.1927		
02380099	Ran-Venlafaxine XR	Ranbaxy	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		
02273985	ratio-Venlafaxine XR	Ratiopharm	100	19.27	→ 0.1927		
		'	500	96.35	→ 0.1927		
02307790	Riva-Venlafaxine XR	Riva	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		
02310333	Sandoz Venlafaxine XR	Sandoz	100	19.27	→ 0.1927		
			250	48.18	→ 0.1927		
02275058	Teva-Venlafaxine XR	Teva Can	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		
02339269	Venlafaxine XR	Pro Doc	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		
02354748	Venlafaxine XR	Sanis	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		
02385945	Venlafaxine XR	Sivem	100	19.27	→ 0.1927		
			500	96.35	→ 0.1927		

28:16.08 ANTIPSYCHOTIC AGENTS ARIPIPRAZOLE

Tab.	1	1		2 mg PPB		1
02322374	Abilify	Otsuka Can	30	87.42		2.9140
02471086	Apo-Aripiprazole	Apotex	30	24.28	•	0.8092
			100	80.92	•	0.8092
02460025	Auro-Aripiprazole	Aurobindo	30	24.28	•	0.8092
			100	80.92	•	0.8092
02466635	pms-Aripiprazole	Phmscience	30	24.28	•	0.8092
02479346	Riva-Aripiprazole	Riva	30	24.28	•	0.8092
02473658	Sandoz Aripiprazole	Sandoz	30	24.28	•	0.8092
			100	80.92	•	0.8092
02464144	Teva-Aripiprazole	Teva Can	30	24.28	•	0.8092
			100	80.92	•	0.8092

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			·		5 mg PPB	
	0000000	A bilife	Otauka Can	20	00.40	2 2000
	02322382	Abilify	Otsuka Can	30	98.40	3.2800
	02471094	Apo-Aripiprazole	Apotex	30 100	27.14 90.46	→ 0.9046→ 0.9046
	02460033	Auro-Aripiprazole	Aurobindo	30	27.14	→ 0.9046 → 0.9046
	02400033	Auto-Aripipi azole	Adiobilido	100	90.46	→ 0.9046 → 0.9046
	02466643	pms-Aripiprazole	Phmscience	30	27.14	→ 0.9046 → 0.9046
	02479354	Riva-Aripiprazole	Riva	30	27.14	0.9046
	02473666	Sandoz Aripiprazole	Sandoz	30	27.14	0.9046
	02110000	Carracz 7 ii pipi azolo	Ganasz	100	90.46	0.9046
	02464152	Teva-Aripiprazole	Teva Can	30	27.14	0.9046
				100	90.46	• 0.9046
Tab.		I	1	I	10 mg PPB	ı
	02322390	Abilify	Otsuka Can	30	113.40	3.7800
	02471108	Apo-Aripiprazole	Apotex	30	32.26	→ 1.0754
				100	107.54	→ 1.0754
	02460041	Auro-Aripiprazole	Aurobindo	30	32.26	→ 1.0754
				100	107.54	→ 1.0754
	02466651	pms-Aripiprazole	Phmscience	30	32.26	→ 1.0754
	02479362	Riva-Aripiprazole	Riva	30	32.26	→ 1.0754
	02473674	Sandoz Aripiprazole	Sandoz	30	32.26	→ 1.0754
				100	107.54	→ 1.0754
	02464160	Teva-Aripiprazole	Teva Can	30	32.26	1.0754
				100	107.54	→ 1.0754
Tab.					15 mg PPB	
		l	1		1	
	02322404	Abilify	Otsuka Can	30	113.40	3.7800
	02471116	Apo-Aripiprazole	Apotex	30 100	38.08 126.92	1.2692
	00460060	Aura Ariningana	Aurobindo	30	1	1.26921.2692
	02460068	Auro-Aripiprazole	Aurobindo	100	38.08 126.92	→ 1.2692 → 1.2692
	02466678	pms-Aripiprazole	Phmscience	30	38.08	→ 1.2692 → 1.2692
	02479370	Riva-Aripiprazole	Riva	30	38.08	→ 1.2692 → 1.2692
	02479370	Sandoz Aripiprazole	Sandoz	30	38.08	→ 1.2692 → 1.2692
	02464179	Teva-Aripiprazole	Teva Can	30	38.08	1.2692
	02404173	Teva Anpiprazoie	Tova Gan	100	126.92	→ 1.2692
_						
Tab.		I	1	ı	20 mg PPB	I
	02322412	Abilify	Otsuka Can	30	113.40	3.7800
	02471124	Apo-Aripiprazole	Apotex	30	30.05	1.0017
		r rr	'	100	100.17	→ 1.0017
	02460076	Auro-Aripiprazole	Aurobindo	30	30.05	→ 1.0017
		''		100	100.17	→ 1.0017
	02466686	pms-Aripiprazole	Phmscience	30	30.05	→ 1.0017
	02479389	Riva-Aripiprazole	Riva	30	30.05	→ 1.0017
			ا ما	l	1	l -
	02473690	Sandoz Aripiprazole	Sandoz	30	30.05	1.0017

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Tab. 02322455		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Q2471132	Tab.				. 3	30 mg PPB	
Q2471132		02322455	Abilify	Otsuka Can	30	113.40	3 7800
02460084 Auro-Aripiprazole Aurobindo 30 30.05 1.0017			1 -	1	1		
02460084 Auro-Aripiprazole Aurobindo 30 30.05		0202	7 1,50 7 11,15,15,1420,10	, ipotox			
02466694 pms-Aripiprazole Phmscience 30 30.05 1.0017 02473704 Sandoz Aripiprazole Sandoz S		02460084	Auro-Aripiprazole	Aurobindo	30	30.05	
02479397 Riva-Aripiprazole Riva 30 30.05 1.0017 1.0017 02473704 Sandoz Sandoz 30 30.05 1.0017					100	100.17	→ 1.0017
02473704 Sandoz Aripiprazole Teva-Aripiprazole Teva Can 30 30.05 1.0017 1.00		02466694	pms-Aripiprazole	Phmscience	30	30.05	→ 1.0017
CHLORPROMAZINE HYDROCHLORIDE		02479397	Riva-Aripiprazole	Riva	30	30.05	→ 1.0017
CHLORPROMAZINE HYDROCHLORIDE ® Tab. 25 mg Tab. 25 mg 00232823 Novo-Chlorpromazine Novopharm 100 13.65 0.1365 Tab. 50 mg 0.1365 0.1565 0.015656 0.01565 0.01565 0.015656		02473704	Sandoz Aripiprazole	Sandoz	30	30.05	
CHLORPROMAZINE HYDROCHLORIDE III Tab. 25 mg 00232823 Novo-Chlorpromazine Novopharm 100 13.65 0.1365 Tab. 50 mg 00232807 Novo-Chlorpromazine Novopharm 100 15.65 0.1565 Tab. 100 mg 0.1565 0.1565 0.1565 Tab. 100 mg 0.0232831 Novo-Chlorpromazine Novopharm 100 32.00 0.3200 CLOZAPIN III Tab. 25 mg PPB 02248034 AA-Clozapine AA Pharma 100 65.94 0.6594 0894737 Clozaril HLS 100 94.20 0.9420 02247243 Gen-Clozapine Mylan 100 65.94 0.6594 Tab. 50 mg PPB 02458748 AA-Clozapine AA Pharma 100 131.88 1.3188 02248035 AA-Clozapine AA Pharma 100 377.80 3,7780 02248035 AA-		02464195	Teva-Aripiprazole	Teva Can		ı	
Tab. 25 mg 00232823 Novo-Chlorpromazine Novopharm 100 13.65 0.1365 Tab. 50 mg 50 mg 100 mg 15.65 0.1565 Tab. 100 mg 100 mg 100 mg 0.3200 0.3200 Tab. 100 mg 25 mg PPB 0.3200 0.3200 0.3200 CLOZAPIN Tab. 25 mg PPB 0.6594 0.6594 0.6594 Tab. 25 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 25 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594					100	100.17	→ 1.0017
Tab. 25 mg 00232823 Novo-Chlorpromazine Novopharm 100 13.65 0.1365 Tab. 50 mg 50 mg 100 mg 15.65 0.1565 Tab. 100 mg 100 mg 100 mg 0.3200 0.3200 Tab. 100 mg 25 mg PPB 0.3200 0.3200 0.3200 CLOZAPIN Tab. 25 mg PPB 0.6594 0.6594 0.6594 Tab. 25 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 25 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 Tab. 50 mg PPB 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594 0.6594	CUL	ODDDOMA	ZINE HYDDOCHI ODIDE 📵				
Tab. 50 mg 00232807 Novo-Chlorpromazine Novopharm 100 15.65 0.1565 500 78.25 0.1565 500 78.25 0.1565 500 78.25 0.1565 500 78.25 0.1565 Tab.		URPRUMAZ	INE HYDROCHLORIDE III	I	1 1	25 mg	1
Tab. 50 mg 00232807 Novo-Chlorpromazine Novopharm 100 15.65 500 78.25 0.1565 Tab. 100 mg 00232831 Novo-Chlorpromazine Novopharm 100 22.00 32.00 0.3200 0.3200 CLOZAPIN III Tab. 25 mg PPB 02248034 O0894737 Clozarii Olozarii		00232823	Novo-Chlorpromazine	Novopharm	100	13.65	0.1365
Novo-Chlorpromazine			·		500	68.25	0.1365
Tab.	Tab.					50 mg	
Tab.		00222007	Novo Chlorpromozino	Novemberm	100	15.65	0.1565
CLOZAPIN III 25 mg PPB Tab. AA Pharma 100 500 131.88 → 0.6594 0894737 Clozaril HLS 100 94.20 0.9420 02247243 Gen-Clozapine Mylan 100 65.94 → 0.6594 Tab. 50 mg PPB 02458748 AA-Clozapine AA Pharma 100 131.88 → 1.3188 02305003 Gen-Clozapine AA Pharma 100 131.88 → 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 264.46 → 2.6446 0894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892		00232607	Novo-Critorpromazine	Novopnami			
CLOZAPIN III 25 mg PPB Tab. AA Pharma 100 500 131.88 → 0.6594 0894737 Clozaril HLS 100 94.20 0.9420 02247243 Gen-Clozapine Mylan 100 65.94 → 0.6594 Tab. 50 mg PPB 02458748 AA-Clozapine AA Pharma 100 131.88 → 1.3188 02305003 Gen-Clozapine AA Pharma 100 131.88 → 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 264.46 → 2.6446 0894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892							
CLOZAPIN III Tab. 25 mg PPB 02248034 0894737 Clozaril 02247243 Gen-Clozapine AA Pharma 100 94.20 0.9420 0.9420 0.9420 0.9420 0.9420 0.9420 0.9420 0.9594 Tab. 50 mg PPB 02458748 AA-Clozapine AA Pharma 02305003 Gen-Clozapine Mylan 100 131.88 1.3188 1.3188 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 0894745 Clozaril HLS 100 377.80 3.7780 0.2247244 Gen-Clozapine Mylan 100 264.46 2.6446 2.6446 2.6446 Tab. 200 mg PPB Tab. 200 mg PPB AA Pharma 100 264.46 2.6446 2.6446 2.6446 Tab. 200 mg PPB AA Pharma 100 264.46 3.26446 2.6446 Tab. 200 mg PPB AA Pharma 100 264.46 3.26446 2.6446	Tab.		1	1		100 mg	
CLOZAPIN III Tab. 25 mg PPB 02248034 0894737 Clozaril 02247243 Gen-Clozapine AA Pharma 100 94.20 0.9420 0.9420 0.9420 0.9420 0.9420 0.9420 0.9420 0.9594 Tab. 50 mg PPB 02458748 AA-Clozapine AA Pharma 02305003 Gen-Clozapine Mylan 100 131.88 1.3188 1.3188 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 0894745 Clozaril HLS 100 377.80 3.7780 0.2247244 Gen-Clozapine Mylan 100 264.46 2.6446 2.6446 2.6446 Tab. 200 mg PPB Tab. 200 mg PPB AA Pharma 100 264.46 2.6446 2.6446 2.6446 Tab. 200 mg PPB AA Pharma 100 264.46 3.26446 2.6446 Tab. 200 mg PPB AA Pharma 100 264.46 3.26446 2.6446		00232831	Novo-Chlorpromazine	Novopharm	100	32.00	0.3200
Tab. 25 mg PPB 02248034 00894737 002247243 Clozaril 002247243 Gen-Clozapine AA Pharma 100 94.20 0.9420 0.9420 0.9420 0.9420 0.9247243 0.06594 Tab. 50 mg PPB 02458748 02305003 Gen-Clozapine AA Pharma 100 131.88 1.3188 1.3188 Tab. 100 mg PPB 02458748 02305003 Gen-Clozapine AA Pharma 100 131.88 1.3188 1.3188 Tab. 100 mg PPB 02248035 0247244 Gen-Clozapine AA Pharma 100 264.46 2.6446 1.377.80 3.7780 0.2247244 Gen-Clozapine AA Pharma 100 264.46 2.6446 2.6446 Tab. 200 mg PPB Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 5.2892 5.2892							
Tab. 25 mg PPB 02248034 00894737 002247243 Clozaril 002247243 Gen-Clozapine AA Pharma 100 94.20 0.9420 0.9420 0.9420 0.9420 0.9247243 0.06594 Tab. 50 mg PPB 02458748 02305003 Gen-Clozapine AA Pharma 100 131.88 1.3188 1.3188 Tab. 100 mg PPB 02458748 02305003 Gen-Clozapine AA Pharma 100 131.88 1.3188 1.3188 Tab. 100 mg PPB 02248035 0247244 Gen-Clozapine AA Pharma 100 264.46 2.6446 1.377.80 3.7780 0.2247244 Gen-Clozapine AA Pharma 100 264.46 2.6446 2.6446 Tab. 200 mg PPB Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 5.2892 5.2892							
02248034 00894737 Clozaril 00894737 Clozaril 00247243 Gen-Clozapine AA Pharma 100 94.20 0.9420		ZAPIN 🖪			,	E ma DDD	
00894737 O2247243 Clozaril Gen-Clozapine HLS Mylan 100 94.20 94.20 0.9420 0.6594 Tab. 50 mg PPB 02458748 O2305003 AA-Clozapine Gen-Clozapine AA Pharma 100 131.88 1.3188 1.3188 1.3188 Tab. 100 mg PPB 02248035 O894745 Clozapine O2247244 Gen-Clozapine AA Pharma 100 264.46 100 377.80 3.7780 0.2247244 Gen-Clozapine AA Pharma 100 264.46 100 264.46 100 264.46 100 264.46 Tab. 200 mg PPB 02247244 Gen-Clozapine AA Pharma 100 264.46 100 264.46 100 264.46 100 264.46 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 100 5.2892	Tab.		I	I	1	ong PPB	ı
Tab. 50 mg PPB 02458748 02305003 AA-Clozapine AA Pharma AA-Clozapine Mylan 100 131.88 1.3188 1.3188 Tab. 100 mg PPB Tab. 100 mg PPB 02248035 0894745 Clozaril O2247244 Gen-Clozapine AA Pharma AA Pharma AA Pharma AAA Pharma AAA Pharma AAA Pharma AAA Pharma AAAA Pharma AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		02248034	AA-Clozapine	AA Pharma	100	65.94	→ 0.6594
Tab. 50 mg PPB 02458748 02305003 AA-Clozapine AA Pharma 100 131.88 1.3188 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine 0894745 Clozaril 02247244 Gen-Clozapine 02247244 Gen-Clozapine Mylan 100 264.46 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 100 264.46 100 264.46 2.6446 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 5.2892 5.2892					1		
02458748 AA-Clozapine AA Pharma 100 131.88 → 1.3188 02305003 Gen-Clozapine Mylan 100 131.88 → 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 264.46 → 2.6446 00894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892		02247243	Gen-Clozapine	Mylan	100	65.94	• 0.6594
O2305003 Gen-Clozapine Mylan 100 131.88 ★ 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 264.46 ★ 2.6446 00894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 ★ 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 ★ 5.2892	Tab.				Ę	50 mg PPB	
O2305003 Gen-Clozapine Mylan 100 131.88 ★ 1.3188 Tab. 100 mg PPB 02248035 AA-Clozapine AA Pharma 100 264.46 ★ 2.6446 00894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 ★ 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 ★ 5.2892		00450740	A A C/2-2-1-2	A A Dh		_	4 2422
02248035 00894745 00894745 002247244 AA-Clozapine Clozapine AA Pharma 100 264.46 → 2.6446 → 3.7780 3.7780 0.2247244 ⇒ 2.6446 → 2.6446 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892			·	1		1	
02248035 00894745 00894745 002247244 AA-Clozapine Clozapine AA Pharma 100 264.46 → 2.6446 → 3.7780 3.7780 0.2247244 ⇒ 2.6446 → 2.6446 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892						ļ	
00894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892	Tab.		I	I	10	00 mg PPB	1
00894745 Clozaril HLS 100 377.80 3.7780 02247244 Gen-Clozapine Mylan 100 264.46 → 2.6446 Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892		02248035	AA-Clozapine	AA Pharma	100	264.46	→ 2.6446
Tab. 200 mg PPB 02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892			Clozaril				
02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892		02247244	Gen-Clozapine	Mylan	100	264.46	→ 2.6446
02458756 AA-Clozapine AA Pharma 100 528.92 → 5.2892	Tab.				20	00 mg PPB	
		0045555					<u></u> 1
U23U5U11 Gen-Clozapine Mylan 100 528.92 ➡ 5.2892			,		1		
		02305011	Gen-Clozapine	Mylan	100	528.92	→ 5.2892

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
		•		!				
FLUPENTIXOL I	DECANOATE II							
I.M. Inj. Sol.	1	ı	I	20 mg/mL				
02156032	Fluanxol Depot 2%	Lundbeck	1 ml	7.18				
IM Ini Cal				100 m a/ml				
I.M. Inj. Sol.	Fluorical Danet 109/	Lundbeck	1	100 mg/mL				
02156040	Fluanxol Depot 10%	Lundbeck	1 ml	35.93				
_								
Tab.	DIHYDROCHLORIDE 🖪			0.5 mg				
02156008	Fluanxol	Lundbeck	100	24.83	0.2483			
	•	1						
Tab.	I	I	I	3 mg				
02156016	Fluanxol	Lundbeck	100	53.62	0.5362			
	DECANOATE			05 / 1				
I.M. Inj. Sol.	l-, , , ,		۱	25 mg/mL				
02239636	Fluphenazine Omega	Oméga	5 ml	23.16				
I.M. Inj. Sol.			100 n	ng/mL PPB				
02242570	Fluphenazine Omega	Oméga	1 ml	→ 29.78				
00755575	Modecate Concentre	B.M.S.	1 ml	→ 29.78				
FLUPHENAZINE Tab.	HYDROCHLORIDE 🖪			1 mg				
00405345	 Fluphenazine	AA Pharma	100	17.39	0.1739			
00403343	Пирпепазіне	AA FIIdiiiid	100	17.39	0.1739			
Tab.			_	2 mg				
00410632	Fluphenazine	AA Pharma	100	22.52	0.2252			
Tab. I	I	I.	I	5 mg PPB				
00405361 00726354	Fluphenazine pms-Fluphenazine	AA Pharma Phmscience	100 100	17.20 17.20	→ 0.1720→ 0.1720			
	ps r raphionalino	1	1 .50	17.20	. 0.1120			
HALOPERIDOL								
I.M. Inj. Sol.			5 r	ng/mL PPB				
00808652	Haloperidol	Sandoz	1 ml	→ 3.96				
02366010 02406411	Haloperidol Injection Haloperidol Injection, USP	Oméga Fresenius	1 ml 1 ml	→ 3.96→ 3.96				
02700711	raisperidor injection, OSF	1 100011100		, 0.30				

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.					0.5 mg		
	00363685	Novo-Peridol	Novopharm	100	12.24	0.1224	
Tab.					1 mg		
l ab.	00363677	Novo-Peridol	Novopharm	100	1 mg 18.39	0.1839	
			1		_		
Tab.	00363669	Teva-Peridol	Teva Can	100	2 mg 27.48	0.2748	
	-	i reva r ender	1.014 04		2	0.20	
Tab.	00262650	 Teva-Peridol	Taya Can	100	5 mg	0.1407	
	00363650	Teva-Peridoi	Teva Can	100	14.87	0.1487	
Tab. I		I	I	I	10 mg	I	
	00713449	Novo-Peridol	Novopharm	100	63.78	0.6378	
Tab.		I	ı	ı	20 mg	ı	
	00768820	Teva-Peridol	Teva Can	100	117.28	1.1728	
	HALOPERIDOL (DECANOATE)						
I.M. I	nj. Sol. 02239639	 Haloperidol-LA Omega	Oméga	5 ml	50 mg/mL 28.03		
	0220000	riaioponaoi zi v omoga		<u> </u>	20.00		
I.M. I	nj. Sol.		la .		ng/mL PPB		
	02130300 02239640	Haloperidol LA Haloperidol-LA Omega	Sandoz Oméga	5 ml 1 ml 5 ml	→ 55.40 → 11.08 → 55.40		
					l l		
	APINE SUC	CINATE 🖪			0.5		
Tab.	02242868	Xvlac	Pendopharm	100	2.5 mg 18.66	0.1866	
		1.0.00	[132	1 1000		
Tab.	00000007	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ls	100	5 mg	0.4740	
	02230837	xyiac	Pendopharm	100	17.49	0.1749	
Tab.		1	I	I	10 mg	ı	
	02230838	Xylac	Pendopharm	100	28.70	0.2870	
Tab.		ı	1	1	25 mg		
	02230839	Xylac	Pendopharm	100	44.49	0.4449	

'	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.			•		50 mg					
1		I		I	l J					
	02230840	Xylac	Pendopharm	100	59.30	0.5930				
	METHOTRIMEPRAZINE 🖪									
METH Inj. So		RAZINE LOI			25 mg/mL					
ľ,	01927698	Nozinan	SanofiAven	1 ml	3.25					
	01027000	TVOZITICIT	Carlolly (VCII		0.20					
Tab.					2 mg					
ab.		1	I	I						
-	02238403	Methoprazine	AA Pharma	100	6.85	0.0685				
		5								
Tab.	ZAPINE [ni .		2	.5 mg PPB					
1		1	1.	1						
1	02281791	Apo-Olanzapine	Apotex	100	17.72	→ 0.1772				
	02417243	Jamp-Olanzapine FC	Jamp	100	17.72	→ 0.1772				
1	02421232	Mar-Olanzapine	Marcan	100	17.72	→ 0.1772				
1	02311968	Olanzapine	Pro Doc	100	17.72	→ 0.1772				
1 '	02372819	Olanzapine	Sanis	100	17.72	→ 0.1772				
(02385864	Olanzapine	Sivem	100	17.72	→ 0.1772				
(02303116	pms-Olanzapine	Phmscience	100	17.72	→ 0.1772				
(02403064	Ran-Olanzapine	Ranbaxy	100	17.72	→ 0.1772				
1 (02337126	Riva-Olanzapine	Riva	100	17.72	→ 0.1772				
				500	88.60	→ 0.1772				
(02310341	Sandoz Olanzapine	Sandoz	100	17.72	→ 0.1772				
1 (02276712	Teva-Olanzapine	Teva Can	100	17.72	→ 0.1772				
1 (02428008	VAN-Olanzapine	Vanc Phm	100	17.72	→ 0.1772				
	02229250	Zyprexa	Lilly	28	49.03	1.7511				
			<u>'</u>							
Tab.		I	1	7	7.5 mg PPB	ı				
(02281813	Apo-Olanzapine	Apotex	100	53.16	→ 0.5316				
1 (02417278	Jamp-Olanzapine FC	Jamp	100	53.16	→ 0.5316				
1 .	02421259	Mar-Olanzapine	Marcan	100	53.16	→ 0.5316				
1	02311984	Olanzapine	Pro Doc	100	53.16	→ 0.5316				
1 (02372835	Olanzapine	Sanis	100	53.16	→ 0.5316				
1	02385880	Olanzapine	Sivem	100	53.16	→ 0.5316				
1	02303167	pms-Olanzapine	Phmscience	100	53.16	→ 0.5316				
1	02403080	Ran-Olanzapine	Ranbaxy	100	53.16	• 0.5316				
	02337142	Riva-Olanzapine	Riva	100	53.16	→ 0.5316				
1			1	500	265.80	→ 0.5316				
	02310376	Sandoz Olanzapine	Sandoz	100	53.16	→ 0.5316				
1	02376770	Teva-Olanzapine	Teva Can	100	53.16	→ 0.5316				
1	02428024	VAN-Olanzapine	Vanc Phm	100	53.16	→ 0.5316→ 0.5316				
1	02229277	Zyprexa	Lilly	28	147.09	5.2532				
L'	02220211	2,5,0,0	y		147.09	0.2002				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab. Oral Disint.	ab. Oral Disint. or Tab. 5 mg PPB						
* 02327562	ACT Olanzapine ODT	Teva Can	30	10.63	→ 0.3544		
02281805	Apo-Olanzapine	Apotex	100	35.44	• 0.3544		
02360616	Apo-Olanzapine ODT	Apotex	30	10.63	→ 0.3544		
02448726	Auro-Olanzapine ODT	Aurobindo	30	10.63	→ 0.3544		
02417251	Jamp-Olanzapine FC	Jamp	100	35.44	→ 0.3544		
02406624	Jamp-Olanzapine ODT	Jamp	30	10.63	→ 0.3544		
02421240	Mar-Olanzapine	Marcan	100	35.44	→ 0.3544		
02389088	Mar-Olanzapine ODT	Marcan	30	10.63	→ 0.3544		
02436965	Mint-Olanzapine ODT	Mint	30	10.63	→ 0.3544		
02311976	Olanzapine .	Pro Doc	100	35.44	→ 0.3544		
02372827	Olanzapine	Sanis	100	35.44	→ 0.3544		
02385872	Olanzapine	Sivem	100	35.44	→ 0.3544		
02338645	Olanzapine ODT	Pro Doc	30	10.63	→ 0.3544		
02352974	Olanzapine ODT	Sanis	30	10.63	→ 0.3544		
02343665	Olanzapine ODT	Sivem	30	10.63	→ 0.3544		
02303159	pms-Olanzapine	Phmscience	100	35.44	→ 0.3544		
02303191	pms-Olanzapine ODT	Phmscience	30	10.63	→ 0.3544		
02403072	Ran-Olanzapine	Ranbaxy	100	35.44	→ 0.3544		
02414090	Ran-Olanzapine ODT	Ranbaxy	28	9.92	→ 0.3544		
02337134	Riva-Olanzapine	Riva	100	35.44	→ 0.3544		
			500	177.20	→ 0.3544		
02339811	Riva-Olanzapine ODT	Riva	30	10.63	→ 0.3544		
02310368	Sandoz Olanzapine	Sandoz	100	35.44	→ 0.3544		
02327775	Sandoz Olanzapine ODT	Sandoz	30	10.63	→ 0.3544		
02276720	Teva-Olanzapine	Teva Can	100	35.44	→ 0.3544		
02428016	VAN-Olanzapine	Vanc Phm	100	35.44	→ 0.3544		
02229269	Zyprexa	Lilly	28	98.06	3.5021		
02243086	Zyprexa Zydis	Lilly	28	100.09	3.5746		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.	Tab. Oral Disint. or Tab.							
*	02327570	ACT Olanzapine ODT	Teva Can	30	21.26	→ 0.7088		
	02281821	Apo-Olanzapine	Apotex	100	70.88	• 0.7088		
	0220.02.	, , , , , , , , , , , , , , , , , , ,	, the season	500	354.40	• 0.7088		
	02360624	Apo-Olanzapine ODT	Apotex	30	21.26	→ 0.7088		
	02448734	Auro-Olanzapine ODT	Aurobindo	30	21.26	→ 0.7088		
	02417286	Jamp-Olanzapine FC	Jamp	100	70.88	→ 0.7088		
	02406632	Jamp-Olanzapine ODT	Jamp	30	21.26	→ 0.7088		
	02421267	Mar-Olanzapine	Marcan	100	70.88	→ 0.7088		
	02389096	Mar-Olanzapine ODT	Marcan	30	21.26	→ 0.7088		
	02436973	Mint-Olanzapine ODT	Mint	30	21.26	→ 0.7088		
	02311992	Olanzapine	Pro Doc	100	70.88	→ 0.7088		
	02372843	Olanzapine	Sanis	100	70.88	→ 0.7088		
	02385899	Olanzapine	Sivem	100	70.88	→ 0.7088		
	02338653	Olanzapine ODT	Pro Doc	30	21.26	→ 0.7088		
	02352982	Olanzapine ODT	Sanis	30	21.26	→ 0.7088		
	02343673	Olanzapine ODT	Sivem	30	21.26	→ 0.7088		
	02303175	pms-Olanzapine	Phmscience	100	70.88	→ 0.7088		
	02303205	pms-Olanzapine ODT	Phmscience	30	21.26	→ 0.7088		
	02403099	Ran-Olanzapine	Ranbaxy	100	70.88	→ 0.7088		
	02414104	Ran-Olanzapine ODT	Ranbaxy	28	19.85	→ 0.7088		
	02337150	Riva-Olanzapine	Riva	100	70.88	→ 0.7088		
				500	354.40	→ 0.7088		
	02339838	Riva-Olanzapine ODT	Riva	30	21.26	→ 0.7088		
	02310384	Sandoz Olanzapine	Sandoz	100	70.88	→ 0.7088		
	02327783	Sandoz Olanzapine ODT	Sandoz	30	21.26	→ 0.7088		
	02276747	Teva-Olanzapine	Teva Can	100	70.88	→ 0.7088		
				500	354.40	→ 0.7088		
	02428032	VAN-Olanzapine	Vanc Phm	100	70.88	→ 0.7088		
	02229285	Zyprexa	Lilly	28	196.12	7.0043		
	02243087	Zyprexa Zydis	Lilly	28	200.00	7.1429		

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02281848 02360632 Apo-Olanzapine ODT 02448742 Auro-Olanzapine FC 02417294 Jamp-Olanzapine FC 02406640 Jamp-Olanzapine ODT 02421275 Mar-Olanzapine ODT 0239118 Mar-Olanzapine ODT 02339118 Mint-Olanzapine ODT 023328590 Olanzapine ODT 02338590 Olanzapine ODT 023328590 Olanzapine ODT 02303183 Description Apotex 30 31.89 30 30 31.89 30 30 30 30 30 30 30 30 30 30 30 30 30	T-1- O-1 Di-1-4	T-b			45 DDD		
02281848 Apo-Olanzapine Apotex 100 106.31 ★ 1.06 02360632 Apo-Olanzapine ODT Apotex 30 31.89 ★ 1.06 02448742 Auro-Olanzapine ODT Apotex 30 31.89 ★ 1.06 024417294 Jamp-Olanzapine FC Jamp 100 106.31 ★ 1.06 02406640 Jamp-Olanzapine ODT Jamp 30 31.89 ★ 1.06 02421275 Mar-Olanzapine ODT Marcan 100 106.31 ★ 1.06 02389118 Mar-Olanzapine ODT Marcan 30 31.89 ★ 1.06 0238918 Mar-Olanzapine ODT Mint 30 31.89 ★ 1.06 02312018 Olanzapine ODT Mint 30 31.89 ★ 1.06 02372851 Olanzapine E Sanis 100 106.31 ★ 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 ★ 1.06 02333183 pms-Olanzapine ODT Sanis 30 31.89 ★ 1.06 </td <td>Tab. Orai disint. (</td> <td>or rab. </td> <td>1</td> <td>I</td> <td>15 mg PPB</td> <td>ı</td> <td></td>	Tab. Orai disint. (or rab. 	1	I	15 mg PPB	ı	
02360632 Apo-Olanzapine ODT Apotex 30 31.89 ★ 1.06 024487429 Auro-Olanzapine ODT Aurobindo 30 31.89 ★ 1.06 024406640 Jamp-Olanzapine FC Jamp 100 106.31 ★ 1.06 02421275 Mar-Olanzapine ODT Jamp 30 31.89 ★ 1.06 02389118 Mar-Olanzapine ODT Marcan 30 31.89 ★ 1.06 02312018 Olanzapine ODT Marcan 30 31.89 ★ 1.06 02312018 Olanzapine ODT Mint 30 31.89 ★ 1.06 02372851 Olanzapine ODT Mint 30 31.89 ★ 1.06 02385902 Olanzapine ODT Sanis 100 106.31 ★ 1.06 02352990 Olanzapine ODT Sanis 30 31.89 ★ 1.06 02343681 Olanzapine ODT Sanis 30 31.89 ★ 1.06 02303133 Jams-Olanzapine ODT Sanis 30 31.89 ★ 1.06	* 02327589	ACT Olanzapine ODT	Teva Can	30	31.89	•	1.0631
02448742 Auro-Olanzapine ODT Jamp-Olanzapine FC 024076640 Auro-Olanzapine FC Jamp 100 100 100 100 100 100 100 100 100 100	02281848	Apo-Olanzapine	Apotex	100	106.31	•	1.0631
02417294 Jamp-Olanzapine FC Jamp 100 106.31 ♣ 1.06 02406640 Jamp-Olanzapine ODT Jamp 30 31.89 ♣ 1.06 02421275 Mar-Olanzapine ODT Marcan 100 106.31 ♣ 1.06 02389118 Mar-Olanzapine ODT Marcan 30 31.89 ♣ 1.06 02436981 Mint-Olanzapine ODT Mint 30 31.89 ♣ 1.06 02372851 Olanzapine Pro Doc 100 106.31 ♣ 1.06 02372851 Olanzapine Sivem 100 106.31 ♣ 1.06 02338661 Olanzapine ODT Sivem 100 106.31 ♣ 1.06 02352990 Olanzapine ODT Sanis 30 31.89 ♣ 1.06 02303183 pms-Olanzapine ODT Sivem 30 31.89 ♣ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ♣ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ♣ 1.06	02360632	Apo-Olanzapine ODT	Apotex	30	31.89	•	1.0631
02406640 Jamp-Olanzapine ODT Jamp 30 31.89 ★ 1.06 02421275 Mar-Clanzapine Marcan 100 106.31 ★ 1.06 02389118 Mar-Clanzapine ODT Marcan 30 31.89 ★ 1.06 0234981 Mint-Clanzapine ODT Mint 30 31.89 ★ 1.06 02372851 Olanzapine Pro Doc 100 106.31 ★ 1.06 023385902 Olanzapine Sivem 100 106.31 ★ 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 ★ 1.06 02352990 Olanzapine ODT Pro Doc 30 31.89 ★ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ★ 1.06 02303183 pms-Olanzapine ODT Phmscience 100 106.31 ★ 1.06 02303123 pms-Olanzapine ODT Ranbaxy 100 106.31 ★ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 100 106.31 ★ 1.06	02448742	Auro-Olanzapine ODT	Aurobindo	30	31.89	•	1.0631
02421275 Mar-Olanzapine Marcan 100 106.31 1.06 02389118 Mar-Olanzapine ODT Marcan 30 31.89 1.06 02436981 Mint-Olanzapine ODT Mint 30 31.89 1.06 02312018 Olanzapine Pro Doc 100 106.31 1.06 02372851 Olanzapine Sanis 100 106.31 1.06 02385902 Olanzapine ODT Pro Doc 30 31.89 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 1.06 02343681 Olanzapine ODT Sanis 30 31.89 1.06 02303183 pms-Olanzapine ODT Sivem 30 31.89 1.06 02303213 pms-Olanzapine ODT Phmscience 100 106.31 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 1.06 0	02417294	Jamp-Olanzapine FC	Jamp	100	106.31	•	1.0631
02389118 Mar-Olanzapine ODT Marcan 30 31.89 1.06 02436981 Mint-Olanzapine Pro Doc 100 106.31 1.06 02312018 Olanzapine Pro Doc 100 106.31 1.06 02372851 Olanzapine Sivem 100 106.31 1.06 02385902 Olanzapine Sivem 100 106.31 1.06 02352990 Olanzapine ODT Pro Doc 30 31.89 1.06 02352990 Olanzapine ODT Sanis 30 31.89 1.06 02343681 Olanzapine ODT Sivem 30 31.89 1.06 02303213 pms-Olanzapine ODT Phmscience 100 106.31 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 1.06 02337169 Riva-Olanzapine Riva 100 106.31 1.06 02310392	02406640	Jamp-Olanzapine ODT	Jamp	30	31.89	•	1.0631
02436981 Mint-Olanzapine Mint 30 31.89 1.06 02312018 Olanzapine Pro Doc 100 106.31 1.06 02372851 Olanzapine Sanis 100 106.31 1.06 02385902 Olanzapine Sivem 100 106.31 1.06 02352990 Olanzapine ODT Pro Doc 30 31.89 1.06 02352990 Olanzapine ODT Sanis 30 31.89 1.06 02343681 Olanzapine ODT Sivem 30 31.89 1.06 02303183 pms-Olanzapine ODT Sivem 30 31.89 1.06 02303213 pms-Olanzapine ODT Phmscience 100 106.31 1.06 02303213 pms-Olanzapine ODT Ranbaxy 100 106.31 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 28 29.77 1.06 02337169 Riva-Olanzapine ODT Riva 30 31.89 1.06 02339846 <td>02421275</td> <td>Mar-Olanzapine</td> <td>Marcan</td> <td>100</td> <td>106.31</td> <td>•</td> <td>1.0631</td>	02421275	Mar-Olanzapine	Marcan	100	106.31	•	1.0631
02312018 Olanzapine Pro Doc 100 106.31 ★ 1.06 02372851 Olanzapine Sanis 100 106.31 ★ 1.06 02385902 Olanzapine Sivem 100 106.31 ★ 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 ★ 1.06 02352990 Olanzapine ODT Sanis 30 31.89 ★ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ★ 1.06 02303183 pms-Olanzapine ODT Phmscience 100 106.31 ★ 1.06 02303102 pms-Olanzapine ODT Phmscience 30 31.89 ★ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ★ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 28 29.77 ★ 1.06 02337169 Riva-Olanzapine ODT Riva 100 106.31 ★ 1.06 02339846 Riva-Olanzapine ODT Sandoz 100 106.31 ★ 1.06	02389118	Mar-Olanzapine ODT	Marcan	30	31.89	•	1.0631
02372851 Olanzapine Sanis 100 106.31 ♣ 1.06 02385902 Olanzapine Sivem 100 106.31 ♣ 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 ♣ 1.06 02345290 Olanzapine ODT Sanis 30 31.89 ♣ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ♣ 1.06 02303183 pms-Olanzapine Phmscience 100 106.31 ♣ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ♣ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ♣ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ♣ 1.06 02339846 Riva-Olanzapine ODT Riva 100 106.31 ♣ 1.06 02310392 Sandoz Olanzapine ODT Sandoz 100 106.31 ♣ 1.06 02276755 Teva-Olanzapine ODT Teva Can 100 106.31 ♣ 1.06<	02436981	Mint-Olanzapine ODT	Mint	30	31.89	•	1.0631
02385902 Olanzapine Sivem 100 106.31 ♣ 1.06 02338661 Olanzapine ODT Pro Doc 30 31.89 ♣ 1.06 02352990 Olanzapine ODT Sanis 30 31.89 ♣ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ♣ 1.06 02303213 pms-Olanzapine ODT Phmscience 100 106.31 ♣ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ♣ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ♣ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ♣ 1.06 02337169 Riva-Olanzapine ODT Riva 100 106.31 ♣ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ♣ 1.06 02310392 Sandoz Olanzapine ODT Sandoz 100 106.31 ♣ 1.06 02236040 VAN-Olanzapine Vanc Phm 100 106.31 ♣	02312018	Olanzapine	Pro Doc	100	106.31	•	1.0631
02338661 Olanzapine ODT Pro Doc 30 31.89 ★ 1.06 02352990 Olanzapine ODT Sanis 30 31.89 ★ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ★ 1.06 02303183 pms-Olanzapine ODT Phmscience 100 106.31 ★ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ★ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ★ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ★ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ★ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ★ 1.06 02310392 Sandoz Olanzapine ODT Sandoz 100 106.31 ★ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ★ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 <td>02372851</td> <td>Olanzapine</td> <td>Sanis</td> <td>100</td> <td>106.31</td> <td>•</td> <td>1.0631</td>	02372851	Olanzapine	Sanis	100	106.31	•	1.0631
02352990 Olanzapine ODT Sanis 30 31.89 ★ 1.06 02343681 Olanzapine ODT Sivem 30 31.89 ★ 1.06 02303183 pms-Olanzapine Phmscience 100 106.31 ★ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ★ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ★ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ★ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ★ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ★ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ★ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ★ 1.06 02248850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71	02385902	Olanzapine	Sivem	100	106.31	•	1.0631
02343681 Olanzapine ODT Sivem 30 31.89 ▶ 1.06 02303183 pms-Olanzapine Phmscience 100 106.31 ▶ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ▶ 1.06 02403102 Ran-Olanzapine ODT Ranbaxy 100 106.31 ▶ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ▶ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ▶ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ▶ 1.06 02310392 Sandoz Olanzapine ODT Sandoz 100 106.31 ▶ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ▶ 1.06 022428040 VAN-Olanzapine Vanc Phm 100 106.31 ▶ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 <td>02338661</td> <td>Olanzapine ODT</td> <td>Pro Doc</td> <td>30</td> <td>31.89</td> <td>•</td> <td>1.0631</td>	02338661	Olanzapine ODT	Pro Doc	30	31.89	•	1.0631
02303183 pms-Olanzapine Phmscience 100 106.31 ♣ 1.06 02303213 pms-Olanzapine ODT Phmscience 30 31.89 ♣ 1.06 02403102 Ran-Olanzapine Ranbaxy 100 106.31 ♣ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ♣ 1.06 02337169 Riva-Olanzapine ODT Riva 100 106.31 ♣ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ♣ 1.06 02310392 Sandoz Olanzapine ODT Sandoz 100 106.31 ♣ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ♣ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ♣ 1.06 022428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10	02352990	Olanzapine ODT	Sanis	l	31.89	•	1.0631
02303213 pms-Olanzapine ODT Phmscience 30 31.89 ★ 1.06 02403102 Ran-Olanzapine Ranbaxy 100 106.31 ★ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ★ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ★ 1.06 500 531.55 ★ 1.06 500 531.55 ★ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ★ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ★ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ★ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ★ 1.06 02248040 VAN-Olanzapine Vanc Phm 100 106.31 ★ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 <tr< td=""><td>02343681</td><td>Olanzapine ODT</td><td>Sivem</td><td>30</td><td>31.89</td><td>•</td><td>1.0631</td></tr<>	02343681	Olanzapine ODT	Sivem	30	31.89	•	1.0631
02403102 Ran-Olanzapine Ranbaxy 100 106.31 ♣ 1.06 02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ♣ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ♣ 1.06 500 531.55 ♣ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ♣ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ♣ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ♣ 1.06 02276755 Teva-Olanzapine ODT Teva Can 100 106.31 ♣ 1.06 022428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 </td <td>02303183</td> <td>pms-Olanzapine</td> <td>Phmscience</td> <td>100</td> <td>106.31</td> <td>•</td> <td>1.0631</td>	02303183	pms-Olanzapine	Phmscience	100	106.31	•	1.0631
02414112 Ran-Olanzapine ODT Ranbaxy 28 29.77 ♣ 1.06 02337169 Riva-Olanzapine Riva 100 106.31 ♣ 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 ♣ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ♣ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ♣ 1.06 02276755 Teva-Olanzapine ODT Teva Can 100 106.31 ♣ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ♣ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ♣ 1.41 02360640 Apo-Olanzapine ODT <td< td=""><td>02303213</td><td>pms-Olanzapine ODT</td><td>Phmscience</td><td>30</td><td>31.89</td><td>•</td><td>1.0631</td></td<>	02303213	pms-Olanzapine ODT	Phmscience	30	31.89	•	1.0631
02337169 Riva-Olanzapine Riva 100 106.31 → 1.06 02339846 Riva-Olanzapine ODT Riva 30 31.89 → 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 → 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 → 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 → 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 → 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 → 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 → 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 → 1.41	02403102	Ran-Olanzapine	Ranbaxy	100	106.31	•	1.0631
02339846 Riva-Olanzapine ODT Riva 30 31.89 ★ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ★ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ★ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ★ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ★ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ★ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ★ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ★ 1.41	02414112	Ran-Olanzapine ODT	Ranbaxy	28	29.77	•	1.0631
02339846 Riva-Olanzapine ODT Riva 30 31.89 ♣ 1.06 02310392 Sandoz Olanzapine Sandoz 100 106.31 ♣ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ♣ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ♣ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ♣ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ♣ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ♣ 1.41	02337169	Riva-Olanzapine	Riva	100	106.31	•	1.0631
02310392 Sandoz Olanzapine Sandoz 100 106.31 ♣ 1.06 02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ♣ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ♣ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. *				500	531.55	•	1.0631
02327791 Sandoz Olanzapine ODT Sandoz 30 31.89 ◆ 1.06 02276755 Teva-Olanzapine Teva Can 100 106.31 ◆ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ◆ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ◆ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ◆ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ◆ 1.41	02339846	Riva-Olanzapine ODT	Riva	30	31.89	•	1.0631
02276755 Teva-Olanzapine Teva Can 100 106.31 ♣ 1.06 02428040 VAN-Olanzapine Vanc Phm 100 106.31 ♣ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ♣ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ♣ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ♣ 1.41	02310392	Sandoz Olanzapine	Sandoz	100	106.31	•	1.0631
02428040 VAN-Olanzapine Vanc Phm 100 106.31 ◆ 1.06 02238850 Zyprexa Lilly 28 294.17 10.50 02243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ◆ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ◆ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ◆ 1.41	02327791	Sandoz Olanzapine ODT	Sandoz	30	31.89	•	1.0631
02238850 02243088 Zyprexa Zyprexa Zydis Lilly Lilly 28 28 294.17 299.91 10.50 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 02333015 ACT Olanzapine ODT Apo-Olanzapine Teva Can Apotex Apotex Apotex 30 100 100 141.37 1.41 42.41 1.41 1.41 1.41 02360640 Apo-Olanzapine ODT Apo-Olanzapine ODT Apotex Apotex Apotex 30 30 42.41 42.41 1.41			1			•	1.0631
O2243088 Zyprexa Zydis Lilly 28 299.91 10.71 Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ♣ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ♣ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ♣ 1.41	02428040	VAN-Olanzapine	Vanc Phm	100	106.31	•	1.0631
Tab. Oral Disint. or Tab. 20 mg PPB * 02327597 ACT Olanzapine ODT Teva Can 30 42.41 ▶ 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 ▶ 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 ▶ 1.41					-		10.5061
* 02327597 ACT Olanzapine ODT Teva Can 30 42.41 → 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 → 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 → 1.41	02243088	Zyprexa Zydis	Lilly	28	299.91		10.7111
* 02327597 ACT Olanzapine ODT Teva Can 30 42.41 → 1.41 02333015 Apo-Olanzapine Apotex 100 141.37 → 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 → 1.41							
02333015 Apo-Olanzapine Apotex 100 141.37 → 1.41 02360640 Apo-Olanzapine ODT Apotex 30 42.41 → 1.41	Tab. Oral Disint.	or Tab.	1	:	20 mg PPB	1	
02360640 Apo-Olanzapine ODT Apotex 30 42.41 ▶ 1.41	* 02327597	ACT Olanzapine ODT	Teva Can	30	42.41	•	1.4137
	02333015	Apo-Olanzapine	Apotex	100	141.37	•	1.4137
02448750 Auro Olanzanina ODT Aurobindo 30 42.44 - 4.44	02360640	Apo-Olanzapine ODT	Apotex	30	42.41	•	1.4137
UZ++OTOU AUTO-CIAITZAPITIC CDT AUTODITIUO OU 42.41	02448750	Auro-Olanzapine ODT	Aurobindo	30	42.41	•	1.4137
02417308 <i>Jamp-Olanzapine FC</i> Jamp 100 141.37 ▶ 1.41	02417308	Jamp-Olanzapine FC	Jamp	100	141.37	•	1.4137
02406659 Jamp-Olanzapine ODT Jamp 30 42.41 ▶ 1.41	02406659	Jamp-Olanzapine ODT	Jamp	30	42.41	•	1.4137
02389126 Mar-Olanzapine ODT Marcan 30 42.41 → 1.41	02389126	Mar-Olanzapine ODT	Marcan	30	42.41	•	1.4137
02437007 Mint-Olanzapine ODT Mint 30 42.41 ▶ 1.41	02437007	Mint-Olanzapine ODT	Mint	30	42.41	•	1.4137
02421704 Olanzapine Pro Doc 100 141.37 ▶ 1.41	02421704	Olanzapine .	Pro Doc	100	141.37	•	1.4137
02425114 Olanzapine ODT Pro Doc 30 42.41 ▶ 1.41	02425114	Olanzapine ODT	Pro Doc	30	42.41	•	1.4137
02343703 Olanzapine ODT Sivem 30 42.41 ▶ 1.41	02343703	Olanzapine ODT	Sivem	30	42.41	•	1.4137
02367483 pms-Olanzapine Phmscience 100 141.37 → 1.41	02367483	pms-Olanzapine	Phmscience	100	141.37	•	1.4137
	02423944	1.	Phmscience	30	42.41	•	1.4137
	02414120	,	Ranbaxy	28	39.58	•	1.4137
02392399 Riva-Olanzapine ODT Riva 30 42.41 ▶ 1.41	02392399	Riva-Olanzapine ODT	Riva	30	42.41	•	1.4137
			Sandoz	l .		•	1.4137
	02359707	· '	Teva Can	100	141.37	•	1.4137
	02238851	,	Lilly	28	392.23		14.0082
02243089 Zyprexa Zydis Lilly 28 395.84 14.13	03343080	Zyprexa Zydis	Lilly	28	395.84		14.1371

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PERICYAZINE Caps.	R			5 mg	
	Neuleptil	Erfa	100	18.84	0.1884
Como				10	
Caps. 01926772	2 Neuleptil	 Erfa	100	10 mg	0.2985
		1	100		
Caps.		I	l	20 mg	
01926764	1 Neuleptil	Erfa	100	47.12	0.4712
Oral Sol.				10 mg/mL	
01926756	6 Neuleptil	Erfa	100 ml	32.84	0.3284
PERPHENAZIN Tab.	NE 🖪			2 mg	
00335134	1 Perphenazine	AA Pharma	100	6.39	0.0639
Tab.	1 2 3 3 4 3 3 3 3 3 3 3 3 3 3	المما	,,,,	4 mg	0.0770
00335126	6 Perphenazine	AA Pharma	100	7.73	0.0773
Tab.	T	1	ı	8 mg	
00335118	Perphenazine	AA Pharma	100	8.49	0.0849
Tab.				16 mg	
00335096	Perphenazine	AA Pharma	100	12.74	0.1274
	•				
PIMOZIDE I				0	
Tab. 00313815	5 Orap	AA Pharma	100	2 mg	0.2279
00313013	5 Orap	AAFIIdillid	100	22.19	0.2219
Tab.		1	I	4 mg	
00313823 02245433		AA Pharma AA Pharma	100 100	41.36 41.36	0.4136 0.4136
		1	1		
PROCHLORPE	RAZINE B				
Supp.		l	l	10 mg	
00789720	Sandoz Prochlorperazine	Sandoz	10	17.57	1.7573

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Tab.					,				
Tab.	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE			
Tab.									
Tab.	PROCHLORPER	RAZINE MALEATE							
Tab.	Tab.	I	1	ı	5 mg	ı			
QUETIAPINE (FUMARATE) II L.A. Tab. 50 mg PPB 02457229 Apo-Quetiapine XR Apotex 60 15.01 1 10.2501 02417359 Quetiapine XR Sivem 60 15.01 1 10.2501 02407671 Sandoz Quetiapine XR Sivem 60 15.01 1 10.2501 02300184 Seroquel XR AZC 60 15.01 1 10.2501 02395444 Teva-Quetiapine XR Teva Can 60 15.01 1 10.2501 02417730 Quetiapine XR AZC 60 15.01 1 10.2501 02417737 Quetiapine XR Apotex 60 15.01 1 10.2501 02417730 Quetiapine XR Apotex 60 15.01 1 10.2501 02457237 Quetiapine XR Apotex 60 25.6 1 10.0 2501 02417730 Quetiapine XR Sivem 60 25.6 1 10.0 49.26 10.49.26 02407698 Sandoz Quetiapine XR Sivem 60 25.6 1 10.49.26 10.49.26 02321513 Seroquel XR AZC 60 115.80 11	00886440	Prochlorazine	AA Pharma	100	16.59	0.1659			
QUETIAPINE (FUMARATE) II L.A. Tab. 50 mg PPB 02457229 Apo-Quetiapine XR Apotex 60 15.01 1 10.2501 02417359 Quetiapine XR Sivem 60 15.01 1 10.2501 02407671 Sandoz Quetiapine XR Sivem 60 15.01 1 10.2501 02300184 Seroquel XR AZC 60 15.01 1 10.2501 02395444 Teva-Quetiapine XR Teva Can 60 15.01 1 10.2501 02417730 Quetiapine XR AZC 60 15.01 1 10.2501 02417737 Quetiapine XR Apotex 60 15.01 1 10.2501 02417730 Quetiapine XR Apotex 60 15.01 1 10.2501 02457237 Quetiapine XR Apotex 60 25.6 1 10.0 2501 02417730 Quetiapine XR Sivem 60 25.6 1 10.0 49.26 10.49.26 02407698 Sandoz Quetiapine XR Sivem 60 25.6 1 10.49.26 10.49.26 02321513 Seroquel XR AZC 60 115.80 11									
QUETIAPINE (FUMARATE) III L.A. Tab. 50 mg PPB 02457229 (ouetiapine XR Pro Doc 02417782 (ouetiapine XR Pro Doc 0241782) 100 25.01	Tab.	1	1	I	10 mg	I			
L.A. Tab. Comparison Comp	00886432	Prochlorazine	AA Pharma	100	20.25	0.2025			
L.A. Tab. Comparison Comp									
Quetiapine XR		UMARATE) 🖫							
02417782	L.A. Tab.	I	1	ı	50 mg PPB	l			
02417359	02457229	Apo-Quetiapine XR	Apotex	60	15.01	→ 0.2501			
02407671 Sandoz Quetiapine XRT Sandoz 100 25.01 ★ 0.2501 0.2		1			1	,			
02407671 Sandoz Quetiapine XRT Sandoz 60 15.01	02417359	Quetiapine XR	Sivem			1 -			
Description Description	00407074	Canda- Overlienina VDT	0		l .	l -			
02300184 Seroquel XR Teva Can 60 58.80 0.9800 0.29551 0.2501	02407671	Sandoz Quetiapine XR I	Sandoz						
L.A. Tab. 150 mg PPB	02300184	Seroquel XR	AZC		l .				
02457237 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2407728 O2417780 O2417780 O2417780 O2417780 O2417780 O2417780 O2407728 Sandoz O2417790 O2407728 Sandoz O2417812 O2417280 O2417280 O2417780 O2407728 Sandoz O2417804 O2417780 O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O2400770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 O230000 O24000	1	1		1					
02457237 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2417790 O2407728 O2417780 O2417780 O2417780 O2417780 O2417780 O2417780 O2407728 Sandoz O2417790 O2407728 Sandoz O2417812 O2417280 O2417280 O2417780 O2407728 Sandoz O2417804 O2417780 O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O2400770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O240770 O2407728 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 O230000 Sandoz O24002 O230000 O230000 O24000				!					
02417790 Quetiapine XR Pro Doc 100 49.26 ♣ 0.4926 02417367 Quetiapine XR Sivem 60 29.56 ♣ 0.4926 02407698 Sandoz Quetiapine XRT Sandoz 60 29.56 ♣ 0.4926 02321513 Seroquel XR AZC 60 115.80 1.9300 02395452 Teva-Quetiapine XR AZC 60 115.80 1.9300 L.A. Tab. 200 mg PPB 02457245 Apo-Quetiapine XR Apotex 60 39.97 ♣ 0.6661 02417804 Quetiapine XR Pro Doc 100 66.61 ♣ 0.6661 02417375 Quetiapine XR Sivem 60 39.97 ♣ 0.6661 02407701 Sandoz Quetiapine XR Sandoz 60 39.97 ♣ 0.6661 02300192 Seroquel XR AZC 60 157.20 2.6200 02395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 0.4778 Apo-Quetiapine XR	L.A. Tab.	ı	1	_ 1	50 mg PPB	ı			
02417790 Quetiapine XR Pro Doc 100 49.26 ♣ 0.4926 02417367 Quetiapine XR Sivem 60 29.56 ♣ 0.4926 02407698 Sandoz Quetiapine XRT Sandoz 60 29.56 ♣ 0.4926 02321513 Seroquel XR AZC 60 115.80 1.9300 02395452 Teva-Quetiapine XR AZC 60 115.80 1.9300 L.A. Tab. 200 mg PPB 02457245 Apo-Quetiapine XR Apotex 60 39.97 ♣ 0.6661 02417804 Quetiapine XR Pro Doc 100 66.61 ♣ 0.6661 02417375 Quetiapine XR Sivem 60 39.97 ♣ 0.6661 02407701 Sandoz Quetiapine XR Sandoz 60 39.97 ♣ 0.6661 02300192 Seroquel XR AZC 60 157.20 2.6200 02395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 0.4778 Apo-Quetiapine XR	02457237	Apo-Quetiapine XR	Apotex	60	29.56	→ 0.4926			
02417367 Quetiapine XR		' ' '	'			1 :			
02407698 Sandoz Quetiapine XRT Sandoz 60 29.56 0.4926	02417367	Quetiapine XR	Sivem	60	29.56	→ 0.4926			
Description				100	49.26	→ 0.4926			
02321513 Seroquel XR AZC 60 115.80 1.9300 02395452 Teva-Quetiapine XR Teva Can 60 29.56 ■ 0.4926	02407698	Sandoz Quetiapine XRT	Sandoz						
L.A. Tab. 200 mg PPB 02457245 02417804 02417375 02417375 02300206 Apo-Quetiapine XR Apotex Apo	20001510		1.70			l -			
02457245 Apo-Quetiapine XR Apotex 60 39.97 ♣ 0.6661 02417804 Quetiapine XR Pro Doc 100 66.61 ♣ 0.6661 02417375 Quetiapine XR Sivem 60 39.97 ♣ 0.6661 100 66.61 ♣ 0.6661 ♣ 0.6661 ♣ 0.6661 02407701 Sandoz Quetiapine XRT Sandoz 60 39.97 ♣ 0.6661 02300192 Seroquel XR AZC 60 157.20 2.6200 02395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 L.A. Tab. 300 mg PPB 02457253 Apo-Quetiapine XR Apotex 60 58.66 ♣ 0.9776 02417812 Quetiapine XR Pro Doc 100 97.76 ♣ 0.9776 02417383 Quetiapine XR Sivem 60 58.66 ♣ 0.9776 02407728 Sandoz Quetiapine XR Sandoz 60 58.66 ♣ 0.9776 02300206 Seroquel XR AZC <t< td=""><td></td><td></td><td> </td><td></td><td></td><td></td></t<>									
02457245 Apo-Quetiapine XR Apotex 60 39.97 ♣ 0.6661 02417804 Quetiapine XR Pro Doc 100 66.61 ♣ 0.6661 02417375 Quetiapine XR Sivem 60 39.97 ♣ 0.6661 100 66.61 ♣ 0.6661 ♣ 0.6661 ♣ 0.6661 02407701 Sandoz Quetiapine XRT Sandoz 60 39.97 ♣ 0.6661 02300192 Seroquel XR AZC 60 157.20 2.6200 02395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 L.A. Tab. 300 mg PPB 02457253 Apo-Quetiapine XR Apotex 60 58.66 ♣ 0.9776 02417812 Quetiapine XR Pro Doc 100 97.76 ♣ 0.9776 02417383 Quetiapine XR Sivem 60 58.66 ♣ 0.9776 02407728 Sandoz Quetiapine XR Sandoz 60 58.66 ♣ 0.9776 02300206 Seroquel XR AZC <t< td=""><td></td><td></td><td></td><td>I</td><td></td><td></td></t<>				I					
02417804 02417375 Quetiapine XR Quetiapine XR Pro Doc Sivem 100 60 60 60 60 60 60 60 60 60 60 60 60 6	L.A. Tab.	I	1	2	00 mg PPB	ı			
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100 66.61 0.66	02417804	1 -	1 '	100	66.61	→ 0.6661			
02407701 Sandoz Quetiapine XRT Sandoz 60 39.97 ♣ 0.6661 02300192 Seroquel XR AZC 60 157.20 2.6200 02395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 L.A. Tab. 300 mg PPB 02457253 Apo-Quetiapine XR Apotex 60 58.66 ♣ 0.9776 02417812 Quetiapine XR Pro Doc 100 97.76 ♣ 0.9776 02417383 Quetiapine XR Sivem 60 58.66 ♣ 0.9776 02407728 Sandoz Quetiapine XRT Sandoz 60 58.66 ♣ 0.9776 02300206 Seroquel XR AZC 60 231.60 3.8600	02417375	Quetiapine XR	Sivem	60	39.97	→ 0.6661			
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D2395460 Teva-Quetiapine XR Teva Can 60 39.97 ♣ 0.6661 L.A. Tab. 300 mg PPB D2457253 Apo-Quetiapine XR Apotex 60 58.66 ♣ 0.9776 D2417812 Quetiapine XR Pro Doc 100 97.76 ♣ 0.9776 D2417383 Quetiapine XR Sivem 60 58.66 ♣ 0.9776 D2407728 Sandoz Quetiapine XRT Sandoz 60 58.66 ♣ 0.9776 D2300206 Seroquel XR AZC 60 231.60 3.8600			1.70	1		l .			
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02417812 Quetiapine XR Pro Doc 100 97.76 → 0.9776 02417383 Quetiapine XR Sivem 60 58.66 → 0.9776 02407728 Sandoz Quetiapine XRT Sandoz 60 58.66 → 0.9776 100 97.76 → 0.9776 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 <	L.A. Tab.			3	00 mg PPB				
02417812 Quetiapine XR Pro Doc 100 97.76 → 0.9776 02417383 Quetiapine XR Sivem 60 58.66 → 0.9776 02407728 Sandoz Quetiapine XRT Sandoz 60 58.66 → 0.9776 100 97.76 → 0.9776 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 97.76 → 0.9776 100 <	02/57252	Ano-Quetianine YP	Anotex	60	58 66	→ 0.0776			
02417383 Quetiapine XR Sivem 60 100 97.76 97.76 100 97.76 1									
02407728 Sandoz Quetiapine XRT Sandoz	1			1	1				
02407728 Sandoz Quetiapine XRT Sandoz 60 58.66 → 0.9776 100 97.76 → 0.9776 02300206 Seroquel XR AZC 60 231.60 3.8600						1 -			
02300206 Seroquel XR AZC 60 231.60 3.8600	02407728	Sandoz Quetiapine XRT	Sandoz	60	58.66	l .			
				I	97.76	▶ 0.9776			
02395479 1 eva-Quetiapine XR Teva Can 60 58.66 ▶ 0.9776				1					
	02395479	I eva-Quetiapine XR	Teva Can	60	58.66	→ 0.9776			

CODE		BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
L.A. Tab.				40	00 mg PPB			
00457	004	Ana Overtionina VD		00	70.00	4 2070		
02457		Apo-Quetiapine XR	Apotex	60	79.62	1.3270		
02417		Quetiapine XR	Pro Doc	100	132.70	1.3270		
02417	391	Quetiapine XR	Sivem	60	79.62	1.3270		
00407	700	0		100	132.70	1.3270		
02407	/36	Sandoz Quetiapine XRT	Sandoz	60	79.62	1.3270		
00000		0	470	100	132.70	→ 1.3270		
02300		Seroquel XR	AZC	60	314.40	5.2400		
02395	487	Teva-Quetiapine XR	Teva Can	60	79.62	→ 1.3270		
Tab.	05 PPP							
Tab.	1		1	ı ,	25 mg PPB I	ı		
02316	080	ACT Quetiapine	ActavisPhm	100	4.94	→ 0.0494		
				500	24.70	→ 0.0494		
02313	901	Apo-Quetiapine	Apotex	100	4.94	→ 0.0494		
		, ,	'	500	24.70	→ 0.0494		
02390	205	Auro-Quetiapine	Aurobindo	100	4.94	→ 0.0494		
		•		500	24.70	→ 0.0494		
02447	193	Bio-Quetiapine	Biomed	100	4.94	→ 0.0494		
02330		Jamp-Quetiapine	Jamp	100	4.94	• 0.0494		
		γγ.	'	500	24.70	→ 0.0494		
02399	822	Mar-Quetiapine	Marcan	100	4.94	→ 0.0494		
		4		500	24.70	→ 0.0494		
02438	003	Mint-Quetiapine	Mint	100	4.94	→ 0.0494		
02439		NAT-Quetiapine	Natco	100	4.94	→ 0.0494		
02296		pms-Quetiapine	Phmscience	100	4.94	→ 0.0494		
		,		500	24.70	→ 0.0494		
02317	346	Pro-Quetiapine	Pro Doc	100	4.94	→ 0.0494		
		,		500	24.70	• 0.0494		
02387	794	Quetiapine	Accord	60	2.96	→ 0.0494		
02353		Quetiapine	Sanis	100	4.94	→ 0.0494		
				500	24.70	→ 0.0494		
02317	893	Quetiapine	Sivem	100	4.94	→ 0.0494		
				500	24.70	→ 0.0494		
02397	099	Ran-Quetiapine	Ranbaxy	100	4.94	→ 0.0494		
				500	24.70	→ 0.0494		
02316	692	Riva-Quetiapine	Riva	100	4.94	→ 0.0494		
				500	24.70	• 0.0494		
02313	995 .	Sandoz Quetiapine	Sandoz	100	4.94	• 0.0494		
				500	24.70	• 0.0494		
02236	951	Seroguel	AZC	100	51.35	0.5135		
02284		Teva-Quetiapine	Teva Can	100	4.94	→ 0.0494		
	- 1			500	24.70	• 0.0494		
02434	024	VAN-Quetiapine	Vanc Phm	100	4.94	• 0.0494		
			1	l				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
).				100 mg PPB	
02316099	ACT Quetiapine	ActavisPhm	100	13.18	→ 0.131
			500	65.90	• 0.131
02313928	Apo-Quetiapine	Apotex	100	13.18	→ 0.13 ⁴
		'	500	65.90	→ 0.13 ⁴
02390213	Auro-Quetiapine	Aurobindo	100	13.18	→ 0.13 ²
	,		500	65.90	→ 0.13 ²
02447207	Bio-Quetiapine	Biomed	100	13.18	→ 0.13
02330423	Jamp-Quetiapine	Jamp	100	13.18	→ 0.13
			500	65.90	→ 0.13
02399830	Mar-Quetiapine	Marcan	100	13.18	→ 0.13
			500	65.90	→ 0.13
02438011	Mint-Quetiapine	Mint	100	13.18	→ 0.13
02439166	NAT-Quetiapine	Natco	100	13.18	→ 0.13
02296578	pms-Quetiapine	Phmscience	100	13.18	→ 0.13
			500	65.90	→ 0.13
02317354	Pro-Quetiapine	Pro Doc	100	13.18	→ 0.13
			500	65.90	→ 0.13
02387808	Quetiapine	Accord	60	7.91	→ 0.13
02353172	Quetiapine	Sanis	100	13.18	→ 0.13
			500	65.90	• 0.13
02317907	Quetiapine	Sivem	100	13.18	• 0.13
			500	65.90	→ 0.13
02397102	Ran-Quetiapine	Ranbaxy	100	13.18	→ 0.13
			500	65.90	• 0.13
02316706	Riva-Quetiapine	Riva	100	13.18	• 0.13
			500	65.90	→ 0.13
02314002	Sandoz Quetiapine	Sandoz	100	13.18	• 0.13
			500	65.90	→ 0.13
02236952	Seroquel	AZC	100	137.00	1.370
02284243	Teva-Quetiapine	Teva Can	100 500	13.18 65.90	→ 0.13
00404000	VAN Overtionine	Vana Dhm			→ 0.13°
02434032	VAN-Quetiapine	Vanc Phm	100	13.18	→ 0.13°

Tab.			15	50 mg PPB	
02439174	NAT-Quetiapine	Natco	100	96.56	 0.9656
02284251	Teva-Quetiapine	Teva Can	100	96.56	0.9656

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		1		2	00 mg PPB	
	02316110	ACT Quetiapine	ActavisPhm	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02313936	Apo-Quetiapine	Apotex	100	26.47	→ 0.2647
		, , ,	'	500	132.35	→ 0.2647
	02390248	Auro-Quetiapine	Aurobindo	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02447223	Bio-Quetiapine	Biomed	100	26.47	→ 0.2647
	02330458	Jamp-Quetiapine	Jamp	100	26.47	→ 0.2647
	02399849	Mar-Quetiapine	Marcan	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02438046	Mint-Quetiapine	Mint	100	26.47	→ 0.2647
	02439182	NAT-Quetiapine	Natco	100	26.47	→ 0.2647
	02296594	pms-Quetiapine	Phmscience	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02317362	Pro-Quetiapine	Pro Doc	100	26.47	→ 0.2647
	02387824	Quetiapine	Accord	60	15.88	→ 0.2647
	02353199	Quetiapine	Sanis	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02317923	Quetiapine	Sivem	100	26.47	→ 0.2647
	02397110	Ran-Quetiapine	Ranbaxy	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02316722	Riva-Quetiapine	Riva	100	26.47	→ 0.2647
				500	132.35	→ 0.2647
	02314010	Sandoz Quetiapine	Sandoz	100	26.47	→ 0.2647
	02236953	Seroquel	AZC	100	275.20	2.7520
	02284278	Teva-Quetiapine	Teva Can	30	7.94	→ 0.2647
				100	26.47	→ 0.2647
	02434040	VAN-Quetiapine	Vanc Phm	100	26.47	→ 0.2647

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
b.			:	300 mg PPB	
02316129	ACT Quetiapine	ActavisPhm	100	38.63	→ 0.386
020.0.20	7.07 Quouapo	7 10101101 11111	500	193.15	• 0.386
02313944	Apo-Quetiapine	Apotex	100	38.63	• 0.386
	. 40 20004	4	500	193.15	• 0.386
02390256	Auro-Quetiapine	Aurobindo	100	38.63	• 0.386
	, ,		500	193.15	• 0.386
02447258	Bio-Quetiapine	Biomed	100	38.63	• 0.386
02330466	Jamp-Quetiapine	Jamp	100	38.63	→ 0.386
02399857	Mar-Quetiapine	Marcan	100	38.63	→ 0.386
	,		500	193.15	→ 0.386
02438054	Mint-Quetiapine	Mint	100	38.63	• 0.386
02439190	NAT-Quetiapine	Natco	100	38.63	• 0.386
02296608	pms-Quetiapine	Phmscience	100	38.63	→ 0.386
			500	193.15	→ 0.386
02317370	Pro-Quetiapine	Pro Doc	100	38.63	→ 0.386
02387832	Quetiapine	Accord	60	23.18	→ 0.386
02353202	Quetiapine	Sanis	100	38.63	→ 0.386
			500	193.15	→ 0.386
02317931	Quetiapine	Sivem	100	38.63	→ 0.386
02397129	Ran-Quetiapine	Ranbaxy	100	38.63	• 0.386
			500	193.15	• 0.386
02316730	Riva-Quetiapine	Riva	100	38.63	• 0.386
			500	193.15	• 0.386
02314029	Sandoz Quetiapine	Sandoz	100	38.63	• 0.386
02244107	Seroquel	AZC	100	401.45	4.014
02284286	Teva-Quetiapine	Teva Can	30	11.59	• 0.386
			100	38.63	• 0.386
02434059	VAN-Quetiapine	Vanc Phm	100	38.63	• 0.386

RISPERIDONE 1

Tab.	_	1	0.2	25 mg PPB		
02282585	ACT Risperidone	ActavisPhm	100	10.36	→	0.1036
02282119	Apo-Risperidone	Apotex	100	10.36	•	0.1036
			500	51.80	→	0.1036
02359529	Jamp-Risperidone	Jamp	100	10.36	→	0.1036
			500	51.80	•	0.1036
02371766	Mar-Risperidone	Marcan	100	10.36	→	0.1036
02359790	Mint-Risperidon	Mint	100	10.36	•	0.1036
02282690	Novo-Risperidone	Novopharm	60	6.22	•	0.1036
			100	10.36	•	0.1036
02252007	pms-Risperidone	Phmscience	100	10.36	•	0.1036
			500	51.80	•	0.1036
02312700	Pro-Risperidone	Pro Doc	100	10.36	•	0.1036
02328305	Ran-Risperidone	Ranbaxy	100	10.36	•	0.1036
			500	51.80	•	0.1036
02356880	Risperidone	Sanis	100	10.36	•	0.1036
02283565	Riva-Risperidone	Riva	100	10.36	•	0.1036
02303655	Sandoz Risperidone	Sandoz	100	10.36	•	0.1036

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0	.5 mg PPB	
	02282593	ACT Risperidone	ActavisPhm	100	17.35	→ 0.1735
	02282127	Apo-Risperidone	Apotex	100	17.35	→ 0.1735
				500	86.75	→ 0.1735
	02359537	Jamp-Risperidone	Jamp	100	17.35	→ 0.1735
				500	86.75	→ 0.1735
	02371774	Mar-Risperidone	Marcan	100	17.35	→ 0.1735
	02359804	Mint-Risperidon	Mint	100	17.35	→ 0.1735
	02264188	Novo-Risperidone	Novopharm	60	10.41	• 0.1735
		5		100	17.35	0.1735
	02252015	pms-Risperidone	Phmscience	100 500	17.35 86.75	→ 0.1735→ 0.1735
	02312719	Pro-Risperidone	Pro Doc	100	17.35	→ 0.1735 → 0.1735
	02312719	Ran-Risperidone	Ranbaxy	100	17.35	→ 0.1735 → 0.1735
	02320313	Nan-Napendone	Talibaxy	500	86.75	→ 0.1735→ 0.1735
	02356899	Risperidone	Sanis	100	17.35	→ 0.1735
	02283573	Riva-Risperidone	Riva	100	17.35	→ 0.1735
	02303663	Sandoz Risperidone	Sandoz	100	17.35	→ 0.1735
Tab.		1	I	I	1 mg PPB	l I
	02282607	ACT Risperidone	ActavisPhm	60 500	14.38 119.85	→ 0.2397→ 0.2397
	02282135	Apo-Risperidone	Apotex	100	23.97	→ 0.2397
				500	119.85	→ 0.2397
	02359545	Jamp-Risperidone	Jamp	60	14.38	→ 0.2397
				500	119.85	→ 0.2397
	02371782	Mar-Risperidone	Marcan	100	23.97	→ 0.2397
	02359812	Mint-Risperidon	Mint	100	23.97	→ 0.2397
	02264196	Novo-Risperidone	Novopharm	60	14.38	• 0.2397
	0005000	Since 14		100	23.97	0.2397
	02252023	pms-Risperidone	Phmscience	60 500	14.38 119.85	→ 0.2397→ 0.2397
	02312727	Pro-Risperidone	Pro Doc	100	23.97	→ 0.2397 → 0.2397
	02312727	Ran-Risperidone	Ranbaxy	100	23.97	→ 0.2397 → 0.2397
	02320321	Nan-Nisperidone	INAIIDANY	500	119.85	→ 0.2397 → 0.2397
	02356902	Risperidone	Sanis	100	23.97	→ 0.2397
				500	119.85	→ 0.2397
	02283581	Riva-Risperidone	Riva	100	23.97	→ 0.2397
				500	119.85	→ 0.2397
	02279800	Sandoz Risperidone	Sandoz	60	14.38	→ 0.2397
				500	119.85	→ 0.2397

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					2 mg PPB	
	02282615	ACT Risperidone	ActavisPhm	60	28.77	• 0.4795
	02282143	Ana Dianaridana	Anatov	500 100	239.75 47.95	→ 0.4795→ 0.4795
	02202143	Apo-Risperidone	Apotex	500	239.75	→ 0.4795 → 0.4795
	02359553	Jamp-Risperidone	Jamp	60	28.77	→ 0.4795
		, ,	,	500	239.75	→ 0.4795
	02371790	Mar-Risperidone	Marcan	100	47.95	→ 0.4795
	02359820	Mint-Risperidon	Mint	100	47.95	→ 0.4795
	02252031	pms-Risperidone	Phmscience	60	28.77	• 0.4795
				500	239.75	• 0.4795
	02312735	Pro-Risperidone	Pro Doc	100	47.95	• 0.4795
	02328348	Ran-Risperidone	Ranbaxy	100 500	47.95 239.75	• 0.4795
	02356910	Bionoridano	Sanis	100	47.95	→ 0.4795→ 0.4795
	02330910	Risperidone	Sallis	500	239.75	→ 0.4795 → 0.4795
	02283603	Riva-Risperidone	Riva	100	47.95	→ 0.4795→ 0.4795
	02200000	Triva rasperaone	Tuva	500	239.75	→ 0.4795
	02279819	Sandoz Risperidone	Sandoz	60	28.77	→ 0.4795
		.,		500	239.75	→ 0.4795
	02264218	Teva-Risperidone	Novopharm	60	28.77	→ 0.4795
Tab.		I	I	I	3 mg PPB	l I
	02282623	ACT Risperidone	ActavisPhm	60	43.08	→ 0.7180
				250	179.50	→ 0.7180
	02282151	Apo-Risperidone	Apotex	100	71.80	→ 0.7180
				250	179.50	→ 0.7180
	02359561	Jamp-Risperidone	Jamp	60	43.08	• 0.7180
	00074004	4485		100	71.80	→ 0.7180
	02371804	Mar-Risperidone	Marcan	100	71.80	• 0.7180 • 0.7180
	02359839 02252058	Mint-Risperidon	Mint Phmscience	100 60	71.80 43.08	→ 0.7180→ 0.7180
	02232036	pms-Risperidone	Filliscience	500	359.00	→ 0.7180 → 0.7180
	02312743	Pro-Risperidone	Pro Doc	100	71.80	→ 0.7180 → 0.7180
	02312743	Ran-Risperidone	Ranbaxy	100	71.80	→ 0.7180→ 0.7180
	02356929	Risperidone	Sanis	100	71.80	→ 0.7180
	0_000020			250	179.50	→ 0.7180→ 0.7180
	02283611	Riva-Risperidone	Riva	100	71.80	→ 0.7180
1		,		250	179.50	→ 0.7180
1	02279827	Sandoz Risperidone	Sandoz	60	43.08	→ 0.7180
				250	179.50	→ 0.7180
	02264226	Teva-Risperidone	Novopharm	60	43.08	→ 0.7180

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1			
Tab.		1	1		4 mg PPB	
	02282631	ACT Risperidone	ActavisPhm	60	57.44	→ 0.9574
	02282178	Apo-Risperidone	Apotex	100	95.74	→ 0.9574
	02359588	Jamp-Risperidone	Jamp	60	57.44	→ 0.9574
				100	95.74	→ 0.9574
	02371812	Mar-Risperidone	Marcan	100	95.74	• 0.9574
	02359847	Mint-Risperidon	Mint	100	95.74	→ 0.9574
	02252066 02312751	pms-Risperidone Pro-Risperidone	Phmscience Pro Doc	100 100	95.74 95.74	→ 0.9574→ 0.9574
	02312731	Ran-Risperidone	Ranbaxy	100	95.74	→ 0.9574 → 0.9574
	02356937	Risperidone	Sanis	100	95.74	→ 0.9574 → 0.9574
	02283638	Riva-Risperidone	Riva	60	57.44	→ 0.9574
				100	95.74	→ 0.9574
	02279835	Sandoz Risperidone	Sandoz	60	57.44	→ 0.9574
	02264234	Teva-Risperidone	Novopharm	100	95.74	→ 0.9574
		TARTRATE B				
Oral	Sol.	ı	1	_ 1 n	ng/mL PPB	
	02454319	Jamp-Risperidone	Jamp	30 ml	13.99	→ 0.4663
	02279266	pms-Risperidone	Phmscience	30 ml	13.99	→ 0.4663
	02236950	Risperdal	Janss. Inc	30 ml	16.56	0.5520
THIC	PROPERA	ZINE MESYLATE	ı	ı	10 mg	1
	01927639	Majeptil	Erfa	100	31.81	0.3181
TRIF	LUOPERAZ	INE HYDROCHLORIDE				
Tab.		ı	1		1 mg	
	00345539	Trifluoperazine	AA Pharma	100	13.40	0.1340
Tab.					2 mg	
	00312754	Trifluonorozino	AA Pharma	100	17.93	0.1793
	00312754	Trifluoperazine	AA Phaima	100	17.93	0.1793
Tab.					5 mg	
	00312746	Triffy on a realing	AA Pharma	100	1	0.2275
	00312746	Trifluoperazine	AA Phaima	100	23.75	0.2375
Tab.					10 mg	
		I	1	ſ		
	00326836	Trifluoperazine	AA Pharma	100	28.46	0.2846
Tab.					20 mg	
1 ab.		1	1	I		
	00595942	Trifluoperazine	AA Pharma	100	56.92	0.5692

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				1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•	,	
ZIPRASIDONE	R				
Caps.	_	1		20 mg PPB	
02449544	Auro-Ziprasidone	Aurobindo	60	81.89	→ 1.3648
02298597	Zeldox	Pfizer	100 60	136.48 81.89	1.36481.3648
02230037	Zeidox	1 HZGI	00	01.00	1.0040
Caps.				40 mg PPB	
02449552	Auro-Ziprasidone	Aurobindo	60	93.80	→ 1.5633
0000000	Zaldan	Den	100	156.34	1.5634
02298600	Zeldox	Pfizer	60	93.80	→ 1.5633
Caps.				60 mg PPB	
02449560	Auro-Ziprasidone	Aurobindo	60	93.80	→ 1.5633
02443000	Auto Elprasidone	Adrobindo	100	156.34	→ 1.5634
02298619	Zeldox	Pfizer	60	93.80	→ 1.5633
				00 555	
Caps.	1	1	1	80 mg PPB 	
02449579	Auro-Ziprasidone	Aurobindo	60 100	93.80 156.34	1.56331.5634
02298627	Zeldox	Pfizer	60	93.80	→ 1.5633
ZUCLOPENTHIX	(OL ACETATE 🖪				
I.M. Inj. Sol.		1		50 mg/mL	
02230405	Clopixol-acuphase	Lundbeck	1 ml	14.91	
ZUCLOPENTHIX	OL DECANOATE				
I.M. Inj. Sol.	,	1		200 mg/mL	
02230406	Clopixol depot	Lundbeck	1 ml	14.91	
	•	•	•		
ZUCLOPENTHIX	OL DIHYDROCHLORIDE	Ī			
Tab.	1		1	10 mg	
02230402	Clopixol	Lundbeck	100	38.35	0.3835
Tab.	I	I	ı	25 mg	ı
02230403	Clopixol	Lundbeck	100	95.88	0.9588
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

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	HETAMIN	IES					
L.A. (10 mg PPB		
	•	1	l <u>.</u> .		1 -	. 1 .	
	02448319	ACT Dextroamphetamine SR	ActavisPhm	100	80.9	3	0.8096
	01924559	Dexedrine	Paladin	100	81.7	1	0.8171
	_						
L.A. (Caps.	İ	l	1	15 mg PPB	1	ı
	02448327	ACT Dextroamphetamine	ActavisPhm	100	98.9	3 →	0.9898
	01924567	Dexedrine	Paladin	100	100.0	5	1.0005
Tab.		I	I	ı	5 mg PPB	1	ı
	01924516	Dexedrine	Paladin	100	56.8	э	0.5689
	02443236	Dextroamphetamine	AA Pharma	100	50.8	1 →	0.5081
	STIMULA HYLPHENIC Tab.	NTS, MISCELLANEOUS DATE HYDROCHLORIDE *	l		20 mg PPB	. .	
	02266687	Apo-Methylphenidate SR	Apotex	100	28.2	1 '	0.2820
	00632775 02320312	Ritalin SR Sandoz Methylphenidate SR	Novartis Sandoz	100 100	53.0 28.2		0.5306 0.2820
Tab.			<u> </u>		5 mg PPB	1.	
	02273950	Apo-Methylphenidate Methylphenidate	Apotex Pro Doc	100	9.4	7 🖚	0.0947
	02326221	I Metnyipheniaate		400	0.4	1 '	
	02234749		Phmscience	100 100	9.4 9.4	7 🗪	0.0947
Tab.		pms-Methylphenidate	Phmscience	100	9.4 10 mg PPB	7 7 •	0.0947 0.0947
Tab.	02234749			100	9.4 10 mg PPB 8.1	7 7 •	0.0947 0.0947 0.0816
Tab.	02249324	pms-Methylphenidate Apo-Methylphenidate	Phmscience Apotex	100 100 500	9.4 10 mg PPB 8.1 40.8	7 7 •	0.0947 0.0947 0.0816 0.0816
Tab.		pms-Methylphenidate	Phmscience	100	9.4 10 mg PPB 8.1	7 7 7 •	0.0947 0.0947 0.0816
Tab.	02249324	pms-Methylphenidate Apo-Methylphenidate	Phmscience Apotex	100 500 100 500 100	9.4 10 mg PPB 8.1 40.8 8.1 40.8 8.1	7	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816 0.0816
Tab.	02249324 02326248	pms-Methylphenidate Apo-Methylphenidate Methylphenidate	Apotex Pro Doc	100 500 100 500	9.4 10 mg PPB 8.1 40.8 8.1 40.8	7	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816
Tab.	02249324 02326248	pms-Methylphenidate Apo-Methylphenidate Methylphenidate	Apotex Pro Doc	100 500 100 500 100 500	9.4 10 mg PPB 8.1 40.8 8.1 40.8 8.1	7	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816 0.0816
	02249324 02326248	pms-Methylphenidate Apo-Methylphenidate Methylphenidate	Apotex Pro Doc	100 500 100 500 100 500	9.4 10 mg PPB 8.1 40.8 8.1 40.8 8.1 40.8	66 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816 0.0816
	02249324 02326248 00584991	pms-Methylphenidate Apo-Methylphenidate Methylphenidate pms-Methylphenidate	Apotex Pro Doc Phmscience	100 500 100 500 100 500	9.4 10 mg PPB 8.1 40.8 8.1 40.8 8.1 40.8	6	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816 0.0816
	02249324 02326248 00584991 02249332	pms-Methylphenidate Apo-Methylphenidate Methylphenidate pms-Methylphenidate Apo-Methylphenidate	Phmscience Apotex Pro Doc Phmscience	100 500 100 500 100 500	9.4 10 mg PPB 8.1 40.8 8.1 40.8 8.1 20 mg PPB 23.2	7	0.0947 0.0947 0.0816 0.0816 0.0816 0.0816 0.0816 0.0816

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	1	I	I		
28:24.08 BENZODIAZE	PINES				
ALPRAZOLAM Tab.	22		0.	25 mg PPB	
02349191	Alprazolam	Sanis	100 1000	6.09 60.90	→ 0.0609→ 0.0609
01908189	Alprazolam-0.25	Pro Doc	100	6.09	→ 0.0609
00865397	Apo-Alpraz	Apotex	100	6.09	→ 0.0609
00000007	Apo Aipiuz	ripotox	1000	60.90	→ 0.0609
02400111	Jamp-Alprazolam	Jamp	100	6.09 30.45	→ 0.0609→ 0.0609
02404877	Riva-Alprazolam	Riva	100	6.09	→ 0.0609
01913484	Teva-Alprazolam	Teva Can	1000	60.90	→ 0.0609
00548359	Xanax	Pfizer	100	18.97	0.1897
	1		1		
Гаb.	1	L).5 mg PPB	l
02349205	Alprazolam	Sanis	100	7.28	→ 0.0728
			1000	72.80	• 0.0728
01908170	Alprazolam-0.5	Pro Doc	1000	72.80	• 0.0728
00865400	Apo-Alpraz	Apotex	100	7.28	→ 0.0728
00400420	James Alexanders	laman	1000	72.80 7.28	→ 0.0728→ 0.0728
02400138	Jamp-Alprazolam	Jamp	100 500	36.40	→ 0.0728→ 0.0728
02404885	Riva-Alprazolam	Riva	100	7.28	→ 0.0728 → 0.0728
02404000	Riva-Aipi azolalii	Riva	1000	72.80	→ 0.0728 → 0.0728
01913492	Teva-Alprazolam	Teva Can	1000	72.80	→ 0.0728 → 0.0728
00548367	Xanax	Pfizer	1000	22.67	0.2267
	1 1				
Tab.	1	1	ı	1 mg PPB	ı
02248706	Alprazolam-1	Pro Doc	100	20.92	→ 0.2092
02243611	Apo-Alpraz	Apotex	100	20.92	→ 0.2092
02400146	Jamp-Alprazolam	Jamp	100	20.92	→ 0.2092
02404893	Riva-Alprazolam	Riva	100	20.92	→ 0.2092
00723770	Xanax	Pfizer	100	40.81	0.4081
Tab.	1444	١, .	100	2 mg PPB	÷ 0.0740
02243612	Apo-Alpraz TS	Apotex	100	37.18	→ 0.3718
02400154	Jamp-Alprazolam	Jamp	100	37.18	• 0.3718 • 0.3748
02404907	Riva-Alprazolam	Riva	100	37.18	→ 0.3718
00813958	Xanax TS	Pfizer	100	72.55	0.7255
	150				
BROMAZEPAM Tab.			1	3 mg	
02220520	Bromazepam-3	Pro Doc	500	18.74	0.0375
T-L				2	
Tab.	I	1	I.	6 mg	ı
02220539	Bromazepam-6	Pro Doc	500	27.38	0.0548
		1		1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CHLORDIAZEP	OXIDE HYDROCHLORIDE	X			
Caps.	1	I	I	5 mg	I
00522724	Chlordiazepoxide	AA Pharma	100	6.79	0.0679
Caps.				10 mg	
00522988	Chlordiazepoxide	AA Pharma	100	10.70	0.1070
00022300	Omordiazopoxido	/VII nama	100	10.70	0.1070
Caps.	1			25 mg	1
00522996	Chlordiazepoxide	AA Pharma	100	16.58	0.1658
DIAZEPAM 🎛					
Rectal Gel	1	I	I	5 mg/mL	ı
02238162	Diastat	Valeant	1 ml 2 ml	71.09 71.09	
			3 ml	71.09	
Tab.	1	1	I	2 mg PPB 	1
00405329	Apo-Diazepam	Apotex	100 1000	5.08 50.80	→ 0.0508→ 0.0508
02247490	pms-Diazepam	Phmscience	100	5.08	→ 0.0508
Tab.				5 mg PPB	
00362158	Apo-Diazepam	Apotex	100	6.50	→ 0.0650
00302130	Аро-ыагерат	Apolex	1000	65.00	→ 0.0650 → 0.0650
00313580	Diazepam-5	Pro Doc	100	6.50	• 0.0650
02247491 00013285	pms-Diazepam Valium	Phmscience Roche	500 100	32.50 15.63	• 0.0650 0.1563
	'	1	1		
Tab.	I	I	I	10 mg PPB	ı
00405337	Apo-Diazepam	Apotex	100	8.67	• 0.0867
00434388	Diazepam-10	Pro Doc	1000	86.70 8.67	→ 0.0867→ 0.0867
02247492	pms-Diazepam	Phmscience	500	43.35	→ 0.0007 → 0.0867
	HYDROCHLORIDE 🔀				
Caps.	1	1	I	15 mg 	1
00521698	Flurazepam	AA Pharma	100	11.66	0.1166
Caps.				30 mg	
00521701	 Flurazepam	AA Pharma	100	13.64	0.1364
00321701	ι ισιαζομαιτί	A Fliaillia	100	13.04	0.1304

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	T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				1	
LORAZEPAM	Z				
Inj. Sol.				4 mg/mL	i
02243278	Lorazepam Injection	Sandoz	1 ml	21.20	
- .					
Tab.	1	1	l	0.5 mg PPB	1
00655740	Apo-Lorazepam	Apotex	100 500	3.59 17.95	→ 0.0359→ 0.0359
02041413	Ativan	Pfizer	500	17.95	• 0.0359 • 0.0359
02351072	Lorazepam	Sanis	100	3.59	→ 0.0359
00744404	., ,		1000	35.90	• 0.0359
00711101	Novo-Lorazem	Novopharm	100 1000	3.59 35.90	→ 0.0359→ 0.0359
00728187	pms-Lorazepam	Phmscience	1000	3.59	• 0.0359 • 0.0359
00.20.0.	pe zerazopa	1 111100101100	1000	35.90	→ 0.0359
00655643	Pro-Lorazepam	Pro Doc	500	17.95	→ 0.0359
Tab.	1	1	ı	1 mg PPB	1
00655759	Apo-Lorazepam	Apotex	100	4.47	→ 0.0447
			1000	44.70	• 0.0447
02041421	Ativan	Pfizer	1000	44.70 4.47	0.0447
02351080	Lorazepam	Sanis	100 1000		→ 0.0447→ 0.0447
00728195	pms-Lorazepam	Phmscience	100	4.47	→ 0.0447
	,		1000	44.70	→ 0.0447
00655651	Pro-Lorazepam	Pro Doc	1000	44.70	• 0.0447
00637742	Teva-Lorazepam	Novopharm	100 1000	4.47 44.70	→ 0.0447→ 0.0447
	1			1	-
Tab.			_	2 mg PPB	
00655767	Apo-Lorazepam	Apotex	100	6.99	→ 0.0699
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	1000	69.90	→ 0.0699
02041448	Ativan	Pfizer	1000	69.90	→ 0.0699
02351099	Lorazepam	Sanis	100 1000	6.99	0.0699
00728209	pms-Lorazepam	Phmscience	1000	6.99	→ 0.0699→ 0.0699
00720200	pino zorazopam	Timediane	1000	69.90	→ 0.0699
00655678	Pro-Lorazepam	Pro Doc	100	6.99	→ 0.0699
00637750	Teva-Lorazepam	Novopharm	100	6.99	• 0.0699
			1000	69.90	→ 0.0699
MIDAZOLAM	9				
Inj. Sol.	-	1	1	mg/mL PPB	1
02242904	Midazolam	Fresenius	2 ml	→ 1.56	
			5 ml	→ 3.90	
00040005	Midagalana	0	10 ml	5.80	
02240285	Midazolam	Sandoz	2 ml 5 ml	1.563.90	
			10 ml	→ 5.80	
02423758	Midazolam Injection	Pfizer	5 ml	→ 3.90	
	•				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				0.22	
lnj. Sol.			5 r	mg/mL PPB	
02242905	Midazolam	Fresenius	1 ml	→ 4.10	
			2 ml	→ 8.20	
			10 ml	→ 25.30	
02240286	Midazolam	Sandoz	1 ml	→ 4.10	
			2 ml	→ 8.20	
00400700	Add a set on the set of	D.C.	10 ml	→ 25.30	
02423766	Midazolam Injection	Pfizer	1 ml 3 ml	◆ 4.10◆ 12.30	
			10 ml	→ 12.30 → 25.30	
OXAZEPAM 🔀	1				
Гаb.	I	1	I	10 mg PPB	
00402680	Apo-Oxazepam	Apotex	100	3.50	→ 0.0350
			1000	35.00	→ 0.0350
00497754	Oxazepam-10	Pro Doc	1000	35.00	• 0.0350
00568392	Riva-Oxazepam	Riva	100	3.50	• 0.0350
			500	17.50	• 0.0350
Гаb.				15 mg PPB	
00402745	Apo-Oxazepam	Apotex	100	5.50	→ 0.0550
	'	'	1000	55.00	→ 0.0550
00497762	Oxazepam-15	Pro Doc	1000	55.00	▶ 0.0550
00568406	Riva-Oxazepam	Riva	100	5.50	→ 0.0550
			500	27.50	• 0.0550
Гаb.				30 mg PPB	
00402737	Ano Ovazenam	Apotex	100	7.50	→ 0.0750
00402131	Apo-Oxazepam	Thorex	1000	75.00	→ 0.0750 → 0.0750
00497770	Oxazepam-30	Pro Doc	1000	75.00	→ 0.0750
00568414	Riva-Oxazepam	Riva	100	7.50	→ 0.0750
	,		500	37.50	• 0.0750
TEMAZEPAM	X 3			1E mag	
Caps.	1	1	I	15 mg	
00604453	Restoril	AA Pharma	100	19.85	0.1985
Caps.				30 mg	
00604461	Restoril	AA Pharma	100	23.87	0 2207
00004461	RESTOTII	AA Pharma	100	23.87	0.2387

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	OUS ANXIOLYTICS, SED	ATIVES, HYPNOTIC		10 mg PPB	
1	1		1		1.
02211076	Apo-Buspirone	Apotex	100	35.17	→ 0.3517
02447851	Buspirone	Sanis	100	35.17	→ 0.3517
02223163	Buspirone-10	Pro Doc	100	35.17	→ 0.3517
02231492	Novo-Buspirone	Novopharm	100	35.17	• 0.3517
02230942	pms-Buspirone	Phmscience	100	35.17	0.3517
02237858	ratio-Buspirone	Ratiopharm	100	35.17	0.3517
02242149	Riva-Buspirone	Riva	100	35.17	0.3517
			500	176.05	→ 0.3521
CUI ODAL UVDI	DATE B				
Syr.	KAIE LOI	1	500 mg	/5 mL PPB	
02247621	Chloral Hydrate-Odan	Odan	500 ml	21.67	→ 0.0433
00792659	pms-Chloral Hydrate	Phmscience	500 ml	21.67	→ 0.0433
	1	•			
IIVDDOW/ZINE	UNADDOCUL ODIDE				
Caps.	HYDROCHLORIDE B			10 mg PPB	
00646059	Hydroxyzine	AA Pharma	100	11.16	0.1116
00738824	Novo-Hydroxyzin	Novopharm	100	3.32	→ 0.0332
Caps.				25 mg PPB	
00646024	Hydroxyzine	AA Pharma	100	14.25	0.1425
00738832	Novo-Hydroxyzin	Novopharm	100	5.38	→ 0.0538
		-			
Caps.	I	I	: I	50 mg PPB	l I
00646016	Hydroxyzine	AA Pharma	100	20.68	0.2068
00738840	Teva-Hydroxyzin	Teva Can	100	7.50	→ 0.0750
Syr.			10 mc	/5 mL PPB	
l [*]	1		I	İ	
00024694	Atarax	Erfa	473 ml	19.04	0.0403
00741817	pms-Hydroxyzine	Phmscience	500 ml	20.13	▶ 0.0403
PROMETHAZINI Tab.	E HYDROCHLORIDE			50 mg	
00575186	 Histantil	Phmscience	100	16.64	0.1664
00575186	HISTATIUI	FIIIISCIENCE	100	10.04	0.1004

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LITH	IMANIC A				450	
Caps	i.	1	1		150 mg	
	02242837 00461733 02013231 02216132	Apo-Lithium Carbonate Carbolith Lithane pms-Lithium carbonate	Apotex Valeant Erfa Phmscience	100 100 100 100 100	6.67 11.41 10.58 6.67 66.70	0.0667 0.1141 0.1058 0.0667 0.0667
				1000	00.70	0.0007
Caps	i.	ı	1	ı	300 mg	
	02242838	Apo-Lithium Carbonate	Apotex	100 1000	6.57 65.70	0.0657 0.0657
	00236683	Carbolith	Valeant	100 1000	8.86 88.61	0.0886 0.0886
	00406775	Lithane	Erfa	1000	105.40	0.1054
	02216140	pms-Lithium carbonate	Phmscience	100 1000	6.57 65.70	0.0657 0.0657
Caps	i.				600 mg	
	02011239	Carbolith	Valeant	100	17.00	0.1700
	02216159	pms-Lithium carbonate	Phmscience	100	16.23	0.1623
LITH Syr.	IUM CITRA	те 18		3	300 mg/5 mL	
	02074834	pms-Lithium Citrate	Phmscience	500 ml	34.37	0.0687
28:3						
SEL	ECTIVE S	EROTONIN AGONISTS MALATE 🏻	1	6.:	25 mg PPB	
SEL	ECTIVE S		Apotex	6.: 6	25 mg PPB 42.26	→ 7.0433
SEL	ECTIVE S OTRIPTAN	MALATE 13	Apotex Mylan		1	→ 7.0433 → 7.0433
SEL	OZ405792	MALATE To Apo-Almotriptan	1 '	6 6	42.26	
SEL ALMO Tab.	OZ405792	MALATE To Apo-Almotriptan	1 '	6 6	42.26 42.26	
SEL ALMO Tab.	O2405792 02398435	MALATE IB Apo-Almotriptan Mylan-Almotriptan	Mylan	6 6	42.26 42.26	7.0433
SEL ALMO Tab.	02405792 02398435	MALATE ® Apo-Almotriptan Mylan-Almotriptan Almotriptan	Mylan Pro Doc	6 6	42.26 42.26 2.5 mg PPB 14.09	→ 7.0433→ 2.3478
SEL ALMO Tab.	02405792 02398435 02424029 02466821	Apo-Almotriptan Mylan-Almotriptan Almotriptan Almotriptan	Mylan Pro Doc Sanis	6 6 6	42.26 42.26 2.5 mg PPB 14.09 14.09	→ 7.0433→ 2.3478→ 2.3478
SEL ALMO Tab.	02405792 02398435 02424029 02466821 02405806	Almotriptan Almotriptan Almotriptan Almotriptan Apo-Almotriptan Apo-Almotriptan	Pro Doc Sanis Apotex	6 6 6 6 6	42.26 42.26 2.5 mg PPB 14.09 14.09 14.09	 7.0433 2.3478 2.3478 2.3478

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IIT PRICE
		_					
	TRIPTAN (H	YDROBROMIDE) 🖺					
Tab.		1	I	; I	20 mg PPB	ı	
	02386054	Apo-Eletriptan	Apotex	6	15.70	•	2.6172
	02434342	pms-Eletriptan	Phmscience	6	15.70	•	2.6172
				30	78.52	•	2.6172
	02256290	Relpax	Pfizer	6	79.18		13.1967
	02382091	Teva-Eletriptan	Teva Can	6	15.70	•	2.6172
Tab.					40 mg PPB		
			1		ı		0.0470
	02386062	Apo-Eletriptan	Apotex	6	15.70	*	2.6172
	02434350	pms-Eletriptan	Phmscience	6 30	15.70 78.52	7	2.6172
	02256304	Delney	Pfizer	6	79.18	7	2.6172 13.1967
	02236304	Relpax Teva-Eletriptan	Teva Can	6	15.70	_	2.6172
	02302103	Teva-Lietriptari	Teva Call		13.70	7	2.0172
NARA Tab.	AIRIPIAN	HYDROCHLORIDE B			1 mg PPB		
Tab.		I	I	I	1 mg PPB	ı	
	02237820	Amerge	GSK	2	26.53		13.2650
	02365499	Apo-Naratriptan	Apotex	6	36.86	•	6.1433
	02314290	Teva-Naratriptan	Teva Can	8	49.15	•	6.1433
					•		
Tab.				2	2.5 mg PPB		
		1.	1		ı	١.	
	02237821	Amerge	GSK	6	83.86	•	13.9767
	02314304	Novo-Naratriptan	Novopharm	8	49.15	•	6.1433
	02322323	Sandoz Naratriptan	Sandoz	9	55.29	→	6.1433

RIZATRIPTAN BENZOATE

Tab. Oral Disint.				5 mg PPB		
02374730	ACT Rizatriptan ODT	ActavisPhm	6	22.23	•	3.7050
0207 1700	7107702atriptari GB1	/ totavior riiii	12	44.46		3.7050
02393468	Apo-Rizatriptan	Apotex	6	22.23	•	3.7050
02393484	Apo-Rizatriptan RPD	Apotex	6	22.23	•	3.7050
02458764	CCP-Rizatriptan	Cellchem	6	22.23	•	3.7050
02380455	Jamp-Rizatriptan	Jamp	6	22.23	•	3.7050
02429233	Jamp-Rizatriptan IR	Jamp	6	22.23	•	3.7050
02465086	Jamp-Rizatriptan ODT	Jamp	6	22.23	•	3.7050
02379651	Mar-Rizatriptan	Marcan	6	22.23	•	3.7050
			30	111.15	•	3.7050
02462788	Mar-Rizatriptan ODT	Marcan	6	22.23	•	3.7050
02240518	Maxalt RPD	Merck	12	171.57		14.2975
02439573	Mint-Rizatriptan ODT	Mint	6	22.23	•	3.7050
02379198	Mylan-Rizatriptan ODT	Mylan	6	22.23	•	3.7050
02436604	NAT-Rizatriptan ODT	Natco	6	22.23	•	3.7050
02393360	pms-Rizatriptan RDT	Phmscience	6	22.23	•	3.7050
02423456	Riva-Rizatriptan ODT	Riva	6	22.23	•	3.7050
02442906	Rizatriptan ODT	Sanis	6	22.23	•	3.7050
02446111	Rizatriptan ODT	Sivem	6	22.23	•	3.7050
02415798	Rizatriptan RDT	Pro Doc	6	22.23	•	3.7050
02351870	Sandoz Rizatriptan ODT	Sandoz	6	22.23	•	3.7050
02396661	Teva-Rizatriptan ODT	Teva Can	6	22.23	•	3.7050
02428512	VAN-Rizatriptan	Vanc Phm	12	44.46	•	3.7050

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint.	or Tab.			10 mg PPB	
00001700	ACT Disatriaton	ActavisPhm		22.22	3.7050
02381702	ACT Rizatriptan	ActavisPnm	6	22.23 44.46	
00074740	ACT Disatriaton ODT	A atauria Dhan	1		3.7050
02374749	ACT Rizatriptan ODT	ActavisPhm	6	22.23 44.46	→ 3.7050 → 3.7050
00000476	Ana Dizatrintan	Ameteu	6	l I	
02393476 02393492	Apo-Rizatriptan	Apotex	6	22.23	→ 3.7050 → 3.7050
02393492	Apo-Rizatriptan RPD	Apotex Aurobindo	6	22.23 22.23	→ 3.7050 → 3.7050
02441144	Auro-Rizatriptan	Aurobindo	12	44.46	
00450770	CCB Bizatrintan	Cellchem	6	1	
02458772	CCP-Rizatriptan	-	6	22.23	
02380463	Jamp-Rizatriptan	Jamp	30	22.23 111.15	
02429241	James Dizatrintan ID	laman	6	22.23	
02429241	Jamp-Rizatriptan IR	Jamp	12	44.46	3.7050
02465004	James Disservintes ODT	laman	6	1	→ 3.7050 → 3.7050
02465094 02379678	Jamp-Rizatriptan ODT	Jamp	6	22.23 22.23	
02379678	Mar-Rizatriptan	Marcan	12	22.23 44.46	
00460706	Max Bizatrintan ODT	Maraan	6	22.23	0000
02462796 02240521	Mar-Rizatriptan ODT	Marcan	12	-	-
02240521	Maxalt Maxalt RPD	Merck Merck	12	171.57 171.57	14.2975 14.2975
02240319	Mint-Rizatriptan ODT	Mint	6	22.23	3.7050
02439361	Mylan-Rizatriptan ODT	Mylan	6	22.23	→ 3.7050 → 3.7050
02379201	NAT-Rizatriptan ODT	Natco	6	22.23	→ 3.7050 → 3.7050
02393379	pms-Rizatriptan RDT	Phmscience	6	22.23	→ 3.7050 → 3.7050
02393379	'	Riva	6	22.23	→ 3.7050 → 3.7050
02423464	Riva-Rizatriptan ODT Rizatriptan ODT	Sanis	6	22.23	→ 3.7050 → 3.7050
02442914	,	Sivem	6	22.23	→ 3.7050 → 3.7050
	Rizatriptan ODT	Pro Doc	1	-	,
02415801 02351889	Rizatriptan RDT	Sandoz	6	22.23 22.23	→ 3.7050 → 3.7050
1	Sandoz Rizatriptan ODT	Teva Can	6		'
02396688	Teva-Rizatriptan ODT	Vanc Phm	l .	22.23	0000
02428520	VAN-Rizatriptan	Vanc Phm Vanc Phm	6	22.23	3.7050
02448505	VAN-Rizatriptan ODT	vanc Pilii	0	22.23	→ 3.7050
SUMATRIPTAN	(HEMISULFATE)				
Nas. spray	·			20 mg	
1	l	1		1	
02230420	Imitrex	GSK	2	27.31	13.6550
	-				
SUMATRIPTAN Kit	SUCCINATE IN			6 mg/0.5 mL	
02212188	Imitrex Stat Dose	GSK	1	81.32	
S.C. Inj. Sol.			6 ma/().5 mL PPB	
	1	1	l 5 mg/c		1
99000598	Imitrex Stat Dose	GSK	2	73.24	36.6200
02361698	Taro-Sumatriptan	Taro	2	66.35	→ 33.1750
	•	•	•		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					50 mg PPB	
	02257890	ACT Sumatriptan	ActavisPhm	6	16.64	→ 2.7732
	02268388	Apo-Sumatriptan	Apotex	6	16.64	2.7732
	02212153	Imitrex DF	GSK	6	83.86	13.9767
	02268914	Mylan-Sumatriptan	Mylan	6	16.64	→ 2.7732
	02286823	Novo-Sumatriptan DF	Novopharm	6	16.64	→ 2.7732
	02256436	pms-Sumatriptan	Phmscience	6	16.64	→ 2.7732
		<i>'</i>		30	83.20	→ 2.7732
	02263025	Sandoz Sumatriptan	Sandoz	6	16.64	→ 2.7732
	02324652	Sumatriptan	Pro Doc	6	16.64	→ 2.7732
	02286521	Sumatriptan	Sanis	6	16.64	→ 2.7732
	02385570	Sumatriptan DF	Sivem	6	16.64	→ 2.7732
Tab.				4	00 mg PPB	
Tab.		I	1	11	00 mg PPB	ı
	02257904	ACT Sumatriptan	ActavisPhm	6	18.33	→ 3.0549
	02268396	Apo-Sumatriptan	Apotex	6	18.33	→ 3.0549
	02212161	Imitrex DF	GSK	6	92.38	15.3967
	02268922	Mylan-Sumatriptan	Mylan	6	18.33	→ 3.0549
	02239367	Novo-Sumatriptan	Novopharm	6	18.33	→ 3.0549
	02286831	Novo-Sumatriptan DF	Novopharm	6	18.33	→ 3.0549
				50	152.75	→ 3.0549
	02256444	pms-Sumatriptan	Phmscience	6	18.33	→ 3.0549
				30	91.65	, 0.00.0
	02263033	Sandoz Sumatriptan	Sandoz	6	18.33	→ 3.0549
	02324660	Sumatriptan	Pro Doc	6	18.33	→ 3.0549
	02286548	Sumatriptan	Sanis	6	18.33	→ 3.0549
	02385589	Sumatriptan DF	Sivem	6	18.33	→ 3.0549
ZOLI	MITRIPTAN	R				
Nas.	spray				5 mg	
	02248993	Zomig	AZC	6	83.10	13.8500
		1 - 3				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
Tab. Oral Disint.	or Tab.		. 2	.5 mg PPB	
02381575	Apo-Zolmitriptan Rapid	Apotex	6	10.52	→ 1.7532
02458780	CCP-Zolmitriptan	Cellchem	6	10.52	,
02421623	Jamp-Zolmitriptan	Jamp	6	10.52	,
02428237	Jamp-Zolmitriptan ODT	Jamp	6	10.52	,
02399458	Mar-Zolmitriptan	Marcan	6	10.52	→ 1.7532
02419521	Mint-Zolmitriptan	Mint	6	10.52	→ 1.7532
02419513	Mint-Zolmitriptan ODT	Mint	6	10.52	→ 1.7532
02421534	NAT-Zolmitriptan	Natco	6	10.52	→ 1.7532
02.2.00.		11000	100	296.28	→ 2.9628
02324229	pms-Zolmitriptan	Phmscience	6	10.52	→ 1.7532
0202.220	pine zeminarpian		30	88.88	→ 2.9628
02324768	pms-Zolmitriptan ODT	Phmscience	6	10.52	→ 1.7532
02401304	Riva-Zolmitriptan	Riva	6	10.52	→ 1.7532
	, , , , , , , , , , , , , , , , , , , ,		30	88.88	→ 2.9628
02362988	Sandoz Zolmitriptan	Sandoz	3	8.89	→ 2.9628
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	10.52	→ 1.7532
02362996	Sandoz Zolmitriptan ODT	Sandoz	2	5.93	→ 2.9628
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	10.52	→ 1.7532
02428474	Septa-Zolmitriptan-ODT	Septa	6	10.52	→ 1.7532
02313960	Teva Zolmitriptan	Teva Can	6	10.52	→ 1.7532
02342545	Teva Zolmitriptan OD	Teva Can	6	10.52	→ 1.7532
02438763	VAN-Zolmitriptan ODT	Vanc Phm	6	10.52	→ 1.7532
02379929	Zolmitriptan	Pro Doc	6	10.52	→ 1.7532
02442655	Zolmitriptan	Sanis	6	10.52	→ 1.7532
02379988	Zolmitriptan ODT	Pro Doc	6	10.52	→ 1.7532
02442671	Zolmitriptan ODT	Sanis	6	10.52	→ 1.7532
02238660	Zomig	AZC	6	83.10	13.8500
02243045	Zomig Rapimelt	AZC	6	83.10	13.8500

28:32.92 ANTIMIGRAINE AGENTS, MISCELLANEOUS PIZOTIFEN MALATE ☐

Tab.			1 mg	
00511552 Sandomigran	DS Paladin	100	62.83	0.6283
28:36.04 ADAMANTANES AMANTADINE HYDROCHLOR Caps.	RIDE (B)		100 mg	
01990403 PDP-Amanta	dine Pendopharm	100	51.79	0.5179
Syr.	ı	I	50 mg/5 mL	I
02022826 PDP-Amanta	dine Pendopharm	500 ml	40.50	0.0810

	1			1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
28:36.08 ANTICHOLINE BENZTROPINE	ERGIC AGENTS MESYLATE 18				
Tab.				1 mg	
00706531	PDP-Benztropine	Pendopharm	1000	50.74	0.0507
TRIHEXYPHENI Tab.	DYL HYDROCHLORIDE	R		2 mg	
00545058	Trihexyphenidyl	AA Pharma	100	3.76	0.0376
Tab.				5 mg	
00545074	Trihex	AA Pharma	100	6.81	0.0681
Tab. 02321459 02243763	Apo-Entacapone Comtan	Apotex Novartis	100 100	00 mg PPB 40.10 151.92	0.40101.5192
28:36.12 CATECHOL-O ENTACAPONE	-METHYLTRANSFERA	ASE INHIBITORS			
	1	1 '			→ 0.4010
02243763 02380005	Comtan Sandoz Entacapone	Novartis Sandoz	100	151.92 40.10	1.5192 → 0.4010
02375559	Teva Entacapone	Teva Can	100	40.10	→ 0.4010
28:36.16 DOPAMINE PI LEVODOPA/ CA L.A. Tab.			100 mg -	25 mg PPB	
02272873	Apo-Levocarb CR	Apotex	100	37.07	→ 0.3707
02421488 02028786	pms-Levocarb CR Sinemet CR	Phmscience Merck	100 100	37.07 68.65	• 0.3707 0.6865
L.A. Tab.			200 mg -	50 mg PPB	
02245211 02421496	Apo-Levocarb CR pms-Levocarb CR	Apotex Phmscience	100 100	67.56 67.56	→ 0.6756→ 0.6756
00870935	Sinemet CR	Merck	500 100	337.80 125.11	• 0.6756 1.2511
Tab.			100 mg -	10 mg PPB	
02195933	Apo-Levocarb	Apotex	100	11.74	→ 0.1174
02457954	Mint-Levocarb	Mint	100	11.74	→ 0.1174
02244494 00355658	Novo-Levocarbidopa Sinemet 100/10	Novopharm Merck	100 100	11.74 44.49	• 0.1174 0.4449

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
āb.			100 mg	-25 mg PPB	
02195941	Apo-Levocarb	Apotex	100	17.53	→ 0.1753
02457962	Mint-Levocarb	Mint	500 100	87.65 17.53	→ 0.1753→ 0.1753
02437902	Willit-Levocarb	IVIIII	500	87.65	→ 0.1753 → 0.1753
02244495	Novo-Levocarbidopa	Novopharm	100	17.53	→ 0.1753
02311178	Pro-Levocarb-100/25	Pro Doc	500 100	87.65 17.53	◆ 0.1753◆ 0.1753
			500	87.65	→ 0.1753
00513997	Sinemet 100/25	Merck	100	66.42	0.6642
	ECEPTOR AGONISTS N MESYLATE Bromocriptine	AA Pharma	100	5 mg 146.44	1.4644
āb.				2.5 mg	
	1	1		1	
	Bromocriptine DIHYDROCHLORIDE	AA Pharma	100	97.82	0.9782
PRAMIPEXOLE ab.	DIHYDROCHLORIDE [1	0	.25 mg PPB	
PRAMIPEXOLE fab. 02297302	DIHYDROCHLORIDE Act Pramipexole	ActavisPhm	0	.25 mg PPB	→ 0.1950
RAMIPEXOLE ab.	DIHYDROCHLORIDE [1	0	.25 mg PPB	→ 0.1950→ 0.1950
PRAMIPEXOLE (ab. 02297302 02292378 02424061	Act Pramipexole Apo-Pramipexole Auro-Pramipexole	ActavisPhm Apotex Aurobindo	100 100 100 500	.25 mg PPB 19.50 19.50 19.50 97.50	 0.1950 0.1950 0.1950 0.1950
RAMIPEXOLE ab. 02297302 02292378 02424061 02237145	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex	ActavisPhm Apotex Aurobindo Bo. Ing.	0 100 100 100 500 90	.25 mg PPB 19.50 19.50 19.50 97.50 94.62	0.1950 0.1950 0.1950 0.1950
PRAMIPEXOLE (ab. 02297302 02292378 02424061	Act Pramipexole Apo-Pramipexole Auro-Pramipexole	ActavisPhm Apotex Aurobindo	100 100 100 500	.25 mg PPB 19.50 19.50 19.50 97.50	0.1950 0.1950 0.1950 0.1950 1.0513
PRAMIPEXOLE fab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis	0 100 100 500 90 100 100	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50	 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950
02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem	0 100 100 100 500 90 100 100 100	.25 mg PPB 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50	 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950 0.1950
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis	0 100 100 500 90 100 100	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50	 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950
02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz	0 100 100 500 90 100 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55	 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can	0 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55	0.1950 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950
PRAMIPEXOLE ab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Teva-Pramipexole Teva-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz	0 100 100 500 90 100 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55	 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can	0 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18	0.1950 0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950
02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310 02292386 02424088	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Auro-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can ActavisPhm Apotex Aurobindo	100 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18 200.90	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018
02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310 02292386 022424088	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Apo-Pramipexole pms-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can ActavisPhm Apotex Aurobindo Phmscience	100 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18 200.90 40.18	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018 0.4018 0.4018
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310 02292386 02424088 02290138 02325810	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Apo-Pramipexole pms-Pramipexole pms-Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can ActavisPhm Apotex Aurobindo Phmscience Pro Doc	100 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18 200.90 40.18 40.18	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018 0.4018 0.4018 0.4018
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310 02292386 02424088 02290138 02325810 02367610	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Apo-Pramipexole Apo-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can ActavisPhm Apotex Aurobindo Phmscience Pro Doc Sanis	100 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18 200.90 40.18 40.18 40.18 40.18	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018 0.4018 0.4018 0.4018
PRAMIPEXOLE Tab. 02297302 02292378 02424061 02237145 02290111 02325802 02367602 02309122 02315262 02269309 Tab. 02297310 02292386 02424088 02290138 02325810	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Apo-Pramipexole pms-Pramipexole pms-Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sanis Sivem Sandoz Teva Can ActavisPhm Apotex Aurobindo Phmscience Pro Doc	100 100 100 500 90 100 100 100 100 90	.25 mg PPB 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 19.50 17.55 0.5 mg PPB 40.18 40.18 40.18 200.90 40.18 40.18	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018 0.4018 0.4018

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					1 mg PPB	
	00007000	1.4.5		100	1 00.04	
	02297329 02292394	Act Pramipexole	ActavisPhm	100 100	39.01	→ 0.390→ 0.390
	02292394	Apo-Pramipexole	Apotex Aurobindo	100	39.01 39.01	→ 0.390 → 0.390
	02424096	Auro-Pramipexole	Aurobindo	500	195.05	→ 0.390 → 0.390
	02290146	pms-Pramipexole	Phmscience	100	39.01	→ 0.390 → 0.390
	02325829	Pramipexole	Pro Doc	100	39.01	→ 0.390 → 0.390
	02367629	Pramipexole	Sanis	100	39.01	→ 0.390 → 0.390
	02309149	Pramipexole	Sivem	100	39.01	→ 0.390
	02315289	Sandoz Pramipexole	Sandoz	100	39.01	→ 0.390
	02269325	Teva-Pramipexole	Teva Can	90	35.11	→ 0.390
			-			
Tab. I		I	1	I	1.5 mg PPB	I
	02297337	Act Pramipexole	ActavisPhm	100	39.01	• 0.390
	02292408	Apo-Pramipexole	Apotex	100	39.01	→ 0.390
	02424118	Auro-Pramipexole	Aurobindo	100	39.01	→ 0.390
				500	195.05	→ 0.390
	02290154	pms-Pramipexole	Phmscience	100	39.01	→ 0.390
	02325837	Pramipexole	Pro Doc	100	39.01	→ 0.390
	02309157	Pramipexole	Sivem	100	39.01	→ 0.390
	02315297	Sandoz Pramipexole	Sandoz	100	39.01	• 0.390
ROP Tab.	02315297	Sandoz Pramipexole YDROCHLORIDE	Sandoz		0.25 mg PPB	0.390
	02315297	,	Sandoz			→ 0.390→ 0.070
	02315297	YDROCHLORIDE 1		(0.25 mg PPB	
	02315297 INIROLE HY 02316846	YDROCHLORIDE III	ActavisPhm	100	0.25 mg PPB 7.09	→ 0.070
	02315297 INIROLE H 02316846 02337746	YDROCHLORIDE ACT Ropinirole Apo-Ropinirole	ActavisPhm Apotex Jamp Phmscience	100 100	0.25 mg PPB 7.09 7.09	→ 0.070→ 0.070
	02315297 INIROLE H 02316846 02337746 02352338	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole	ActavisPhm Apotex Jamp	100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09	→ 0.070→ 0.070→ 0.070
	02315297 INIROLE H 02316846 02337746 02352338 02326590	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole	ActavisPhm Apotex Jamp Phmscience	100 100 100 100	7.09 7.09 7.09 7.09 7.09	 → 0.070 → 0.070 → 0.070 → 0.070
	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09	 → 0.070 → 0.070 → 0.070 → 0.070
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis	100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09	 → 0.070 → 0.070 → 0.070 → 0.070
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040 02316854	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm	100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 7.09 28.38	 → 0.07(→ 0.07(→ 0.07(→ 0.07(→ 0.07(
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762	ACT Ropinirole Ran-Ropinirole Pan-Ropinirole Pan-Ropinirole Ran-Ropinirole Ropinirole Ropinirole Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex	100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 1 mg PPB 28.38 28.38	 → 0.070 → 0.070 → 0.070 → 0.070 → 0.280 → 0.280
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole ACT Ropinirole Jamp-Ropinirole Jamp-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp	100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38	→ 0.070 → 0.070 → 0.070 → 0.070 → 0.070 → 0.070 → 0.283 → 0.283 → 0.283
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience	100 100 100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38 28.38 28.38	0.070 0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.283 0.283 0.283
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38 28.38 28.38 28.38	0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.280 0.280 0.280 0.280
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience	100 100 100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38 28.38 28.38	0.070 0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.283 0.283 0.283
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	0.25 mg PPB 7.09 7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38 28.38 28.38 28.38	0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.280 0.280 0.280 0.280
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	0.25 mg	0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.280 0.280 0.280 0.280
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053 02353059 02316862	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Ran-Ropinirole Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole Jamp-Ropinirole Pan-Ropinirole Ran-Ropinirole Ran-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm	100 100 100 100 100 100 100 100 100 100	0.25 mg	→ 0.070 → 0.070 → 0.070 → 0.070 → 0.283 → 0.283 → 0.283 → 0.283 → 0.283
Tab.	02315297 INIROLE H 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02352346 02352346 02352346 02353059	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Pany-Ropinirole Ran-Ropinirole Ropinirole Ropinirole ACT Ropinirole Jamp-Ropinirole Jamp-Ropinirole Jamp-Ropinirole Ran-Ropinirole Ran-Ropinirole Ran-Ropinirole Ran-Ropinirole Ropinirole Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp	100 100 100 100 100 100 100 100 100 100	0.25 mg	 → 0.070 → 0.070 → 0.070 → 0.070 → 0.283 → 0.283 → 0.283 → 0.283 → 0.283 → 0.284 → 0.285 → 0.285 → 0.285
Tab.	02315297 INIROLE HY 02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053 02353059 02316862 02337770	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Ran-Ropinirole Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole Jamp-Ropinirole Jamp-Ropinirole Pan-Ropinirole Ran-Ropinirole Ran-Ropinirole Ran-Ropinirole	ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis ActavisPhm	100 100 100 100 100 100 100 100 100 100	0.25 mg	0.070 0.070 0.070 0.070 0.070 0.070 0.080 0.283 0.283 0.283 0.283

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
Tab.					5 mg PPB	
(02316870	ACT Ropinirole	ActavisPhm	100	85.96	→ 0.8596
1	02337800	Apo-Ropinirole	Apotex	100	85.96	→ 0.8596
ı	02352362	Jamp-Ropinirole	Jamp	100	85.96	• 0.8596 • 0.8596
	02314088	Ran-Ropinirole	Ranbaxy	100	85.96	→ 0.8596
28:36	.32					
		OXYDASE B INHIBITORS	3			
Tab.	GILINE HY	DROCHLORIDE 1			5 mg PPB	
(02230641	Apo-Selegiline	Apotex	100	50.21	→ 0.5021
1	02068087	Novo-Selegiline	Novopharm	60	30.13	→ 0.5021
28:36		ONIAN AGENTS, MISCE	LLANFOLIS			
ETHO		NE HYDROCHLORIDE	LLANLOGO			
Tab. I		I	I	I	50 mg	ı
(01927744	Parsitan	Erfa	100	19.53	0.1953
I FVOI	DOPA/ RE	NSERAZIDE HYDROCHLOR	IDE 🖫			
Caps.				50	mg -12.5 mg	
(00522597	Prolopa 50/12.5	Roche	100	27.87	0.2787
0				40	0 05	
Caps.		1	I	10 ⁱ	0 mg -25 mg l	
(00386464	Prolopa 100/25	Roche	100	45.88	0.4588
LÉVOI Tab.	DOPA/ CA	RBIDOPA/ ENTACAPONE	B	50 mg - 12.5	ma - 200 ma	
I	1220E022	Stolovo	Novartis	l -	160.05	1.6005
	02305933	Stalevo	Novarus	100	160.05	1.0005
Tab.			7	'5 mg - 18,75	mg - 200 mg	
	02337827	Stalevo	Novartis	100	160.05	1.6005
			1			
Tab.		I	1	100 mg - 25	mg - 200 mg	
(02305941	Stalevo	Novartis	100	160.05	1.6005
Tab. I		I	12 I	5 mg - 31,25 l	mg - 200 mg 	
(02337835	Stalevo	Novartis	100	160.05	1.6005
Tab.			4	50 mg - 37.5	ma - 200 ma	
1	2205062	Ctolovo	I	l		1 6005
(02305968	Stalevo	Novartis	100	160.05	1.6005

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:92 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS BETAHISTINE DIHYDROCHLORIDE

Tab.				16 mg PPB			
0	2374757	ACT Betahistine	ActavisPhm	100	11.06	•	0.1106
0	2449153	Auro-Betahistine	Aurobindo	100	11.06	•	0.1106
0	2466449	Betahistine	Sanis	100	11.06	•	0.1106
0	2280191	Novo-Betahistine	Novopharm	100	11.06	•	0.1106
0	2330210	pms-Betahistine	Phmscience	100	11.06	•	0.1106
0	2243878	Serc	BGP Pharma	100	45.99		0.4599

Tab.					24 mg PPB			
	02374765	ACT Betahistine	ActavisPhm	100	16.59	→	0.1659	
	02449161	Auro-Betahistine	Aurobindo	100	16.59	•	0.1659	
	02466457	Betahistine	Sanis	100	16.59	•	0.1659	
	02280205	Novo-Betahistine	Novopharm	100	16.59	•	0.1659	
	02330237	pms-Betahistine	Phmscience	100	16.59	•	0.1659	
	02247998	Serc	BGP Pharma	100	68.97		0.6897	

TETRABENAZINE

Tab.					25 mg PPB			
		P	Apotex Sterimax	100 112	180.03 201.63		1.8003 1.8003	
	02199270 02402424	tetrabenazine Nitoman pms-Tetrabenazine	Valeant Phmscience	112 100	699.92 180.03	+	6.2493 1.8003	

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36:00 DIAGNOSTIC AGENTS

36:26	diabetes mellitus
36:88	urine and feces contents
36:88.12	ketones
36:88.40	sugar
36:88.92	urine and feces contents, miscellaneous

36:92 other

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
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36:26 DIABETES MELLITUS QUANTITATIVE GLUCOSE BLOOD TEST Strip

1			İ.	T. Control of the Con	I I		1
		99002884	Accu-Chek Advantage	Roche SD	50	40.80	
					100	71.25	
		99100214	Accu-Chek Aviva	Roche SD	50	40.80	
					100	71.25	
		99004364	Accu-Chek Compact	Roche SD	51	41.62	
					102	72.68	
		99101387	Accu-Chek Guide	Roche SD	50	34.07	
					100	68.13	
		99100791	Accu-Chek Mobile	Roche SD	100	71.25	
	*	99100827	BGStar	SanofiAven	100	67.50	w
		99100834	Bionime Rightest GS100	Bionime	50	23.00	
					100	45.00	
		99101011	Bravo	DEXmedical	100	39.99	
		99100388	Breeze 2	Ascensia	50	40.56	
					100	69.89	
		99101275	CareSens N	I-Sens	100	69.12	
		99100096	Contour	Ascensia	50	40.81	
					100	69.89	
		99100849	Contour NEXT	Ascensia	100	69.89	
		99101469	D360 Blood Glucose Test	Ignite	50	34.23	
			Strips		100	63.90	
		99101227	Dario	Auto.Cont.	100	66.00	
		99101233	Fora Test N'GO	TaiDoc	50	34.00	
		99004704	Freestyle	Ab Diabete	50	37.00	
					100	69.00	
		99100478	FreeStyle Lite	Ab Diabete	50	37.00	
					100	69.00	
		99100928	FreeStyle Precision	Abbott	100	68.90	
		99101090	GE200	Bionime	50	26.00	
					100	51.00	
		99101165	GlucoDr	Medihub	50	36.45	
		99100332	iTest	Auto.Cont.	50	32.50	
					100	63.00	
		99101184	Medi+Sure	Medisure	50	34.00	
					100	68.00	
		99100497	Nova-Max	NovaBiomed	50	34.95	
					100	69.90	
		99101314	On Call Vivid	Lab. Paris	50	27.00	
					100	54.00	
		99100479	On-Call Plus	Acon	25	17.50	
					50	33.50	
					100	63.00	
		99100787	OneTouch Verio	Lifescan	100	69.43	
		99100516	Oracle	TremHarr	50	36.45	
		00004440	5		100	72.90	
		99004119	Precision Xtra	Ab Diabete	50	39.75	
		00404040	Out if Direct Of the Tour	A DI	100	68.90	
		99101313	Spirit Blood Glucose Test Strips	Ara Pharm	100	69.12	
		99101186	SureTest	Skymed	50	33.75	
		99100714	TRUEtest	Nipro Diag	50	27.00	
		99100413	TrueTrack	Nipro Diag	50	22.78	
		55100110		Ip.o Diag	100	39.57	
Į	l		I	T. Control of the Con	1 100	00.01	

SIZE						
QUANTITATIVE KETONE BLOOD TEST Strip PPB	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
Strip	99004240	Ultra	Lifescan			
Strip				•	'	
Strip	OHANTITATIVE	KETONE BI OOD TEST				
99100850 99004879 Precision Xtra (Cetone) NovaBiomed 10 14.99 15.06		,			РРВ	
36:88.12	99100929		Abbott	10	15.06	
36:88.12 KETONES QUALITATIVE ACETONE TEST Strip 00035092					,	
Name	99004879	Precision Xtra (Cetone)	Ab Diabete	10	15.06	
36:88.40 SUGAR SEMI-QUANTITATIVE GLUCOSE TEST Strip 00035130 Diastix Ascensia 50 5.44 36:88.92 URINE AND FECES CONTENTS, MISCELLANEOUS SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST Strip 00035149 Keto-Diastix Ascensia 100 13.03 36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	KETONES QUALITATIVE A	CETONE TEST				
SUGAR SEMI-QUANTITATIVE GLUCOSE TEST Strip 00035130 Diastix Ascensia 50 5.44 36:88.92 URINE AND FECES CONTENTS, MISCELLANEOUS SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST Strip 00035149 Keto-Diastix Ascensia 100 13.03 36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	00035092	Ketostix	Ascensia	50	6.06	
36:88.92 URINE AND FECES CONTENTS, MISCELLANEOUS SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST Strip 00035149 Keto-Diastix Ascensia 100 13.03 36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	SUGAR SEMI-QUANTITA	ATIVE GLUCOSE TEST				
URINE AND FECES CONTENTS, MISCELLANEOUS SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST Strip 00035149 Keto-Diastix Ascensia 100 13.03 36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	00035130	Diastix	Ascensia	50	5.44	
36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	URINE AND F SEMI-QUANTITA Strip	ATIVE ACETONE AND GLUC	OSE TEST	l	ll	
OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST	00035149	Keto-Diastix	Ascensia	100	13.03	
Strip 12	OTHER QUANTITATIVE	PROTHROMBIN-TIME BLOG	DD TEST DONE BY PH	ARMACIST	12	
24 148.80 6.2	99101324	CoaguChek XS PT Test	Roche Diag	24	148.80	6.2000 6.2000 6.2000

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¹² A strip is reimbursable where it is used to measure the international normalized ratio (INR) in persons for whom a community-based pharmacist has taken charge of adjusting the dose of a vitamin K antagonist in order to attain therapeutic targets. In addition, one strip per day is reimbursable per person.

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08	alkalinizing agents
40:12	replacement preparations
40:18	ion-removing agents
40:18.18	potassium-removing agents
40:20	caloric agents
40:28	diuretics
40:28.08	loop diuretics
40:28.16	potassium-sparing diuretics
40:28.20	thiazide diuretics
40:28.24	thiazide-like diuretics
40:28.92	diuretics, miscellaneous
40:40	uricosuric agents

CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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40:08 ALKALINIZING AGENTS CITRIC ACID/ SODIUM CITRATE

 Oral Sol.
 334 mg -500 mg/5 mL

 00721344
 Dicitrate
 Pendopharm
 500 ml
 22.33
 0.0447

SODIUM BICARBONATE

 Tab.
 500 mg
 PPB

 80030520
 Jamp-Sodium Bicarbonate
 Jamp
 500
 34.20
 → 0.0684

 80022194
 Sandoz Sodium Bicarbonate
 Sandoz
 500
 34.20
 → 0.0684

40:12 REPLACEMENT PREPARATIONS CALCIUM CARBONATE

500 mg **PPB** Tab. 80076097 | Alta-Cal Altamed 500 10.80 0.0216 00682039 Apo-Cal Apotex 500 32.20 W 0.0216 80066648 Bio-Calcium Biomed 500 10.80 80067139 Caicium Tablet Cellchem 60 1.30 0.0216 Cal-500 Pro Doc 80017732 500 10.80 0.0216 80062015 Calcium Sanis 500 10.80 0.0216 80003773 Calcium 500 Trianon 100 2.16 0.0216 10.80 500 0.0216 02237352 Euro-Cal Sandoz 500 10.80 0.0216 02246040 Jamp-Calcium 500 10.80 0.0216 Jamp 1000 21.60 0.0216 80055526 MCal 500 mg Mantra Ph. 500 10.80 0.0216 80001408 Novo-Calcium 2.16 Novopharm 100 0.0216 10.80 500 0.0216 00618098 Nu-Cal Odan 100 2.16 0.0216 500 10.80 0.0216 80039952 Opus Cal 500 Opus 500 10.80 0.0216 80001122 Pharma-Cal 500 mg Pendopharm 500 10.80 • 0.0216 21.60 1000 0.0216 80079608 | Pro-Cal-500 Pro Doc 500 10.80 0.0216

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRIC
ALCIUM CAR aps. or Tab.	BONATE/VITAMIN D		500 mg - 8	300 UI PPB	
80015972	Calcite 500 + D 800	Riva	30	3.60	→ 0.1
			500	60.00	→ 0.1
* 80083458	Calcium 500 Vitamine D800	Altamed	60	7.20	→ 0.1
			500	60.00	→ 0.1
80015847	Cal-Os D	Jamp	60	7.20	→ 0.1
			500	60.00	● 0.1
80024378	1 .	Mayaka	100	12.00	→ 0.1
80028413	1	Jamp	120	14.40	→ 0.1
80019533	MCal D800	Mantra Ph.	60	7.20	→ 0.1
			500	60.00	→ 0.1
* 80024948	Nu-Cal D 800	Odan	60	7.20	
80079933	Vitamin D + Calcium	Cellchem	500 60	60.00 7.20	→ 0.1:
00013333	Vitarriiri D + Calciurri	Celicitetti	00	1.20	J - U. I.
hew. Tab.			500	mg - 800 UI	
hew. Tab. 80058042	Calcia Plus	Medexus	500	mg - 800 UI 7.20	0.1
	Calcia Plus	Medexus	1		0.1
	Calcia Plus	I	1	7.20	0.1.
80058042 ab.	1	I	60 - 125 UI and 2	7.20 200 UI PPB	l
80058042	Biocal-D	500 mg	60	7.20	→ 0.0.
80058042 ab. 80004143	Biocal-D Cal-500-D	500 mg	- 125 UI and 2	7.20 200 UI PPB 14.45	→ 0.0.
80058042 ab. 80004143 80017196	Biocal-D Cal-500-D Calcite D 500	500 mg Biomed Pro Doc	- 125 UI and 2 500 500	7.20 200 UI PPB 14.45 14.45	→ 0.0.→ 0.0.
80058042 ab. 80004143 80017196 80004966	Biocal-D Cal-500-D Calcite D 500	500 mg Biomed Pro Doc Riva	- 125 UI and 2 500 500 100	7.20 200 UI PPB 14.45 14.45 2.89	→ 0.0→ 0.0→ 0.0
80058042 ab. 80004143 80017196 80004966	Biocal-D Cal-500-D Calcite D 500 Calcium D 500	500 mg Biomed Pro Doc Riva	- 125 UI and 2 500 500 100 100	7.20 200 UI PPB 14.45 14.45 2.89 2.89	 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004968 80004968	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D	500 mg Biomed Pro Doc Riva Trianon	- 125 UI and 2 500 500 100 100 500	7.20 200 UI PPB 14.45 14.45 2.89 2.89 14.45	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D	500 mg Biomed Pro Doc Riva Trianon Sandoz	- 125 UI and 2 500 500 100 100 500 500	7.20 200 UI PPB 14.45 14.45 2.89 2.89 14.45 14.45	• 0.0 • 0.0 • 0.0 • 0.0 • 0.0 • 0.0 • 0.0
80058042 ab. 80004143 80017196 80004966 80004968	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I.	500 mg Biomed Pro Doc Riva Trianon Sandoz	- 125 UI and 2 500 500 100 100 500 500 100	7.20 200 UI PPB 14.45 14.45 2.89 2.89 14.45 14.45 2.89	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968 02237351 02246041 * 02244477	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I. Nu-Cal D	500 mg Biomed Pro Doc Riva Trianon Sandoz Jamp Odan	500 500 500 100 100 500 500 500 100 500	7.20 200 UI PPB 14.45 14.45 2.89 2.89 14.45 14.45 2.89 14.45	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968 02237351 02246041	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I. Nu-Cal D O-Calcium 500 mg with	500 mg Biomed Pro Doc Riva Trianon Sandoz Jamp	- 125 UI and 2 500 500 100 100 500 500 100 500 100 500 100	7.20 200 UI PPB 14.45 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968 02237351 02246041 * 02244477 80007304	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I. Nu-Cal D O-Calcium 500 mg with Vitamin D	500 mg Biomed Pro Doc Riva Trianon Sandoz Jamp Odan Novopharm	- 125 UI and 2 500 500 100 100 500 500 100 500 100 500 100 500	7.20 200 UI PPB 14.45 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89 14.45	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968 02237351 02246041 * 02244477 80007304 80067149	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I. Nu-Cal D O-Calcium 500 mg with Vitamin D Osteo Tablet	500 mg Biomed Pro Doc Riva Trianon Sandoz Jamp Odan Novopharm Cellchem	- 125 UI and 2 500 500 100 100 500 500 100 500 100 500 100 500 60	7.20 200 UI PPB 14.45 2.89 2.89 14.45 14.45 2.89 14.45 2.89 14.45 2.89 14.45 1.73	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0
80058042 ab. 80004143 80017196 80004966 80004968 02237351 02246041 * 02244477 80007304	Biocal-D Cal-500-D Calcite D 500 Calcium D 500 Euro-Cal-D Jamp-Calcium+Vitamin D 125 U.I. Nu-Cal D O-Calcium 500 mg with Vitamin D Osteo Tablet	500 mg Biomed Pro Doc Riva Trianon Sandoz Jamp Odan Novopharm	- 125 UI and 2 500 500 100 100 500 500 100 500 100 500 100 500	7.20 200 UI PPB 14.45 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89 14.45 2.89 14.45	 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0 → 0.0

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRIC	Œ.
L	or Chew. Ta	sh orCans	500 m	g - 400 UI et 5	500 III PPR		
		I	1	Ĭ			
	80066647	Bio-Calcium-D	Biomed	60 500	7.20 60.00		200 200
	80012594	Biocal-D Forte	Biomed	60	7.20		200
	00012001	Brood Bronto	Biolilod	500	60.00		200
	80088060	Bio-Cal-D3 Forte	Biomed	60	7.20		200
				500	60.00	→ 0.1	200
	80000159	Calcia 400	Medexus	60	7.20		200
	80017099	Calcia Duo	Medexus	60	7.20		200
	00004000	0-1-4- 500 : 0 400	Di	500	60.00		200
	80004963	Calcite 500 + D 400	Riva	60 500	7.20 60.00		200200
	80004969	Calcium 500 + D 400	Trianon	100	12.00		200
	00004303	Calcian 600 · B 400	manon	500	60.00		200
*	80083997	Calcium 500 + Vitamine	Altamed	60	7.20		200
		D400					
	80066082	Calcium 500 Vitamine D400	Altamed	60	7.20	→ 0.1	200
				500	60.00		200
	80066089	Calcium 500 Vitamine D400	Altamed	60	7.20		200
		UI		500	60.00		200
	80053666	Calcium/Vit D	Sanis	60	7.20		200
	80017190	Cal-D 400	Pro Doc	500	60.00		200
*	80009628	Calodan D-400	Odan	500 60	60.00 7.20	→ 0.1	200 W
	80009020	Carbocal D 400 (Co. croq)	Sandoz	60	7.20	→ 0.1	200
	02245511	Carbocal D 400 (Co. croq)	Sandoz	60	7.20		200
	022 100 1 1	Carbodar B 700 (CC.)	Gundoz	500	60.00		200
	80004545	Carbocal D 400 (Co.)	Sandoz	60	7.20		200
		, ,		500	60.00	→ 0.1	200
	80012435	Jamp-Calcium + Vitamin D 500 UI	Jamp	500	60.00	→ 0.1	200
	99100832	Jamp-Calcium+Vitamin D	Jamp	60	7.20		200
		400 U.I.		500	60.00		200
	80002623	Jamp-Calcium+Vitamin D	Jamp	60	7.20		200
	00005360	400 UI Chewable J-Cal-D 400	lama	300	36.00		200
	80025360	J-Cal-D 400	Jamp	60 500	7.20 60.00		200 200
	80000408	LiquiCal D 400	 Mayaka	100	12.00		200
	80021961	Liqui-Jamp	Jamp	100	12.00		200
		, , , , , , , , , , , , , , , , , , ,		120	14.40		200
	80013329	MCal D400	Mantra Ph.	60	7.20	→ 0.1	200
				500	60.00		200
	80009412	MCal D400 chewable	Mantra Ph.	60	7.20	→ 0.1	200
*	80002703	Nu-Cal D 400	Odan	500	60.00		W
	80020974	Opus Cal D-400	Opus	60	7.20		200
	00040004	O O! D 400 Di F	0	500	60.00		200
	80040634	Opus Cal D-400 Bleu Fonce	Opus	60 500	7.20 60.00		200 200
	80001248	Pharma-Cal D 400 UI	Phmscience	60	7.20		200
	30001210			500	60.00		200
	80059293	Pharma-Cal D 400 UI Dark	Phmscience	60	7.20		200
				500	60.00		200
	80008566	Pro-Cal-D 400	Pro Doc	60	7.20		200
				500	60.00		200
	80021369	Px-Calcium 500 mg + D 400	Phoenix	60	7.20		200
		UI		500	60.00	→ 0.1	200

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	U	NIT PRICE
	80048609	Px-Calcium 500 mg + D 400	Phoenix	60	7.20	*	0.1200 0.1200
	80019198	ratio-Calcium Vit D	Ratiopharm	60 500	7.20 60.00	-	0.1200 0.1200 0.1200
	80065914	Riva-Cal D400	Riva	60 500	7.20 60.00	*	0.1200 0.1200
Tab	or Chave Ta	h arCana		F00 mag 1 (200 111 PDB		
ab.	or Chew. Ta	ib.orGaps.	I	500 mg - 1 t	000 UI PPB	I	
	80025501	Calcite 500 + D 1000	Riva	30 500	3.60 60.00	+	0.1200 0.1200
	80066093	Calcium 500 Vitamine D1000	Altamed	30 500	3.60 60.00	→	0.1200 0.1200
	80018540	Cal-Os D 1000	Jamp	30 500	3.60 60.00	→	0.1200 0.1200
	80027625	Carbocal D 1000	Sandoz	30 500	3.60 60.00	*	0.1200 0.1200
	80027787	Jamp-Calcium+Vitamine D 1000 UI (Co. Croq.)	Jamp	60	7.20	÷	0.1200
	80025051	LiquiCal-D	Mayaka	100	12.00	•	0.1200
	80028899	Liqui-Jamp Fort	Jamp	120	14.40	•	0.1200
	80019536	MCal D1000	Mantra Ph.	60	7.20	•	0.1200
				500	60.00	•	0.1200
	80050701	MCal D1000 chewable	Mantra Ph.	60	7.20	•	0.1200
*	80024405	Nu-Cal D 1000	Odan	60	7.20		W
	00000400	00.4.5.4000		500	60.00	_	W
	80039162	Opus Cal D-1000	Opus	30	3.60	*	0.1200
	80055435	Px-Calcium 500 mg + D	Phoenix	500 60	60.00 7.20	7	0.1200
	00000430	1000 UI	Prioenix	500	60.00	1	0.1200 0.1200
	80072757	Riva-Cal D1000	Riva	30	3.60	-	0.1200
	00012101	Triva Gar B 1000	Tuva	500	60.00	•	0.1200
	CIUM CITRA v. Tab.	ATE/VITAMIN D		500 mg -4	100 UI PPB		
	80000281	Ci-Cal D 400	Sandoz	60	7.20	_	0.1200
	80003262	Jamp Calci-Os	Jamp	60	7.20	→	0.1200
Chev	v. Tab.			500 n	ng - 1 000 UI		
	80029083	Jamp-Calcium Citrate +	 Jamp	60	7.20		0.1200
		Vitamine D 1000 UI	damp		7.20		0.1200
Tab.				250 mg - 20	00 U.I. PPB		
	80013612	Ci-Cal D 200	Sandoz	360	21.60	_	0.0600
	80015811	Jamp-Calcium Citrate &	Jamp	120	7.20	3	0.0600
	00010011	Vitamin D 200 IU	damp	360	21.60	•	0.0600
Tab.				250	mg - 500 UI		
	00005004	James Calaiums Citarata	laman				0.0000
	80025304	Jamp-Calcium Citrate + Vitamine D 500 UI	Jamp	60 360	3.60 21.60		0.0600 0.0600

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CODE BRAND NAME MANUFACTURER SIZE COST OF PKG. SIZE UNIT PRIC

ELECTROLYTE (REPLACEMENT)/ DEXTROSE

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

MAGNESIUM GLUCOHEPTONATE

Oral Sol.		L (Mg-25 mg/	5 mL) PPB		1	
80009357	Jamp-Magnesium	Jamp	500 ml 2000 ml	9.95 39.80		0.0199 0.0199
80004109	Magnesium-Odan	Odan	500 ml 2000 ml	9.95 39.80		0.0199 0.0199
80072191	M-Magnesium	Mantra Ph.	500 ml	9.95	•	0.0199
00026697	Rougier Magnesium	Rougier	500 ml 2000 ml	9.95 39.80		0.0199 0.0199
99100788	Rougier Magnesium sugar free	Teva Can	500 ml 2000 ml	9.95 39.80	→	0.0199 0.0199

MAGNESIUM GLUCONATE

Tab.	ı	500 mg (M	g - 28 mg to 3	0 mg) PPB		1	
80009539	Jamp-Magnesium	Jamp	100	10.88	→	0.1088	
00555126	Maglucate	Pendopharm	100	10.88	•	0.1088	
80062929	M-Magnesium Gluconate 500 mg	Mantra Ph.	100	10.88	•	0.1088	

POTASSIUM CHLORIDE

POTASSIUM CH	LORIDE						
L.A. Tab.	ı	1	20 mmol (e	en K+) PPB		ı	
80026265	Bio-POTASSIUM K20	Biomed	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
02242261	Euro-K 20	Sandoz	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80013007	Jamp-K 20	Jamp	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80040412	K-20 Potassium	Altamed	500	99.75	•	0.1995	
80025624	M-K20 L.A.	Mantra Ph.	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80071412	M-K20 Soluble	Mantra Ph.	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80004415	Odan K-20	Odan	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80028233	Opus K-20	Opus	500	99.75	•	0.1995	
80040416	Pharma-K20	Phmscience	100	19.95	•	0.1995	
			500	99.75	•	0.1995	
80040926	PX K-20	Phoenix	500	99.75	•	0.1995	
02243975	Riva-K 20 SR	Riva	100	19.95	•	0.1995	
			500	99.75	•	0.1995	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LA Caps or LA T	ab		8 mmol (e	en K+) PPB	
1	1	Altamand	1	1 ′	0.0400
80084446	Alta-K8	Altamed	500 1000	21.60 43.20	→ 0.0432→ 0.0432
00602884	Аро-К	Apotex	100	8.99	0.0432
00002001	, po k	rpotox	1000	74.86	0.0749
02246734	Euro-K 600	Sandoz	500	21.60	→ 0.0432
80013005	Jamp-K 8	Jamp	500	21.60	• 0.0432
		1.	1000	43.20	0.0432
80062704	Jamp-Potassium Chloride ER	Jamp	100	4.32	→ 0.0432
02042304	Micro-K	Paladin	100	9.30	0.0930
			500	39.60	0.0792
80035346	M-K8 L.A.	Mantra Ph.	500	21.60	→ 0.0432
80008214	Odan K-8	Odan	100	7.59	0.0759
			1000	75.90	0.0759
80044745	Opus K-8	Opus	1000	43.20	0.0432
02244068	Riva-K 8 SR	Riva	100 500	4.32 21.60	→ 0.0432→ 0.0432
			300	21.00	0.0432
Oral Sol.			6.65 mmol/5	5 mL (en K+)	
02238604	pms-Potassium Chloride	Phmscience	500 ml	5.10	0.0102
POTASSIUM CITEM. Tab.	 	1	25 mmol (e	en K+) PPB	1
80011428	Euro-K 975	Sandoz	30	14.28	→ 0.4760
80033602	Jamp-K Effervescent	Jamp	30	14.28	→ 0.4760
02085992	K-Lyte	WellSpring	30	14.28	→ 0.4760
L.A. Tab.			10 mmol (e	en K+) PPB	
80023817	Jamp-K-Citrate	Jamp	100	15.45	▶ 0.1545
02243768	K-Citra	Seaford	100	15.45	→ 0.1545
80069807	M-K10 L.A.	Mantra Ph.	100	15.45	→ 0.1545
Oral Sol.			10 mmol/5	5 mL (en K+)	
	K O'tura 40 Only ting	0	1	1 ` ′	0.0444
80011529	K-Citra 10 Solution	Seaford	450 ml	19.97	0.0444
SODIUM CHLOF	RIDE				
I.V. Inj. Sol.	I	1	23	34 mg/mL 11	l
99100498			30 ml		
Sol. Inh.			70 m	ng/mL (4 mL)	
80029758	Nebusal 7 %	Sterimax	60	53.00	0.8833
00029736	INGDUSAL I /0	Oterinax	00	33.00	0.0033

¹¹ Where no price is indicated, 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.

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## AND NAME ## AND NAME SIZE COST OF PKG. SIZE ### A0:18.18 ### POTASSIUM-REMOVING AGENTS ### CALCIUM POLYSTYRENE SULPHONATE Oral Pd. Exchange capacity: 1.6 mmol de k/g ### O2017741 Resonium Calcium SanofiAven 300 g 92.50 ### POLYSTYRENE SODIUM SULFONATE	UNIT PRICE
POTASSIUM-REMOVING AGENTS CALCIUM POLYSTYRENE SULPHONATE Oral Pd. Exchange capacity: 1.6 mmol de k/g 02017741 Resonium Calcium SanofiAven 300 g 92.50 POLYSTYRENE SODIUM SULFONATE Oral Pd. Exchange capacity: 1 mmol de k/g PPB 02026961 Kayexalate SanofiAven 454 g ♣ 66.30 00755338 Solystat Pendopharm 454 g ♣ 66.30 Oral Susp. Exchange capacity: 1 mmol de k/4mL PPB	
POLYSTYRENE SODIUM SULFONATE ☐ Oral Pd. Exchange capacity: 1 mmol de k/g PPB 02026961 Kayexalate SanofiAven 454 g ♣ 66.30 00755338 Solystat Pendopharm 454 g ♣ 66.30 Oral Susp. Exchange capacity: 1 mmol de k/4mL PPB	
POLYSTYRENE SODIUM SULFONATE ☐ Oral Pd. Exchange capacity: 1 mmol de k/g PPB 02026961 Kayexalate SanofiAven 454 g ♣ 66.30 00755338 Solystat Pendopharm 454 g ♣ 66.30 Oral Susp. Exchange capacity: 1 mmol de k/4mL PPB	l
02026961 00755338 Kayexalate SanofiAven Pendopharm 454 g → 66.30 → 66.30 Oral Susp. Exchange capacity: 1 mmol de k/4mL PPB	
00755338 Solystat Pendopharm 454 g → 66.30 Oral Susp. Exchange capacity: 1 mmol de k/4mL PPB	
sulfonate	→ 0.1044
* 00769541 Solystat Pendopharm 500 ml 52.19	→ 0.1044
LEVOCARNITINE III I.V. Inj. Sol. 1 g/5 mL 02144344 Carnitor Leadiant 5 ml	UE
Oral Sol.	OL.
02144336 Carnitor Leadiant 118 ml	UE
Tab. 330 mg	
02144328 Carnitor Leadiant 90	UE
40:28.08 LOOP DIURETICS ETHACRYNIC ACID Tab. 25 mg	
02258528 <i>Edecrin</i> Valeant 100 30.96	0.3096
FUROSEMIDE (1) Inj. Sol. 10 mg/mL PPB	
00527033 Furosemide Sandoz 4 ml → 3.46	(

Oral Sol. 10 mg/mL 02224720 Lasix SanofiAven 120 ml 36.99 0.3083 Tab. 20 mg PPB * 00396788 02247371 02351420 Apo-Furosemide Bio-Furosemide Biomed 500 10.45		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab. **O0396788											
Tab.	Oral	Oral Sol. 10 mg/mL									
* 00396788 Apo-Furosemide Apotex 1000 20.90 ★ 0.0209 0.2247371 Bio-Furosemide Biomed 500 10.45 ★ 0.0209 0.0209		02224720	Lasix	SanofiAven	120 ml	36.99	0.3083				
* 00396788 Apo-Furosemide Apotex 1000 20.90 ★ 0.0209 0.2247371 Bio-Furosemide Biomed 500 10.45 ★ 0.0209 0.0209											
100 10.45 10.0209 10.45 10.0209 10.45 10.0209 10.	Tab.		I	1	:	20 mg PPB	ı				
02351420	*	00396788	Apo-Furosemide	Apotex	1000	20.90	→ 0.0209				
00496723		02247371	Bio-Furosemide	Biomed	500	10.45	→ 0.0209				
00496723		02351420	Furosemide (Sanis)	Sanis	100	2.09	→ 0.0209				
Tab.					1000	20.90	→ 0.0209				
Tab.		00496723	Furosemide-20	Pro Doc	1000	20.90	→ 0.0209				
Tab. Apo-Furosemide Apotex 1000 32.18 0.0322					l .						
Tab.	*	00337730	Teva-Furosemide	Novopharm	l		1 -				
00362166					1000	20.90	→ 0.0209				
00362166	Tob	Tob									
02247372 Bio-Furosemide Biomed 500 16.09 0.0322 0.0322 0.0321439 Furosemide (Sanis) Sanis 100 3.218 0.0322 0.032792 0.0397792 Furosemide 40 Pro Doc 1000 32.18 0.0322 0.0322 0.0466767 Mint-Furosemide Mint 1000 32.18 0.0322 0.0247494 * 00337749 Teva-Furosemide Phmscience 500 16.09 0.0322 0.0327 0.0337749 Teva-Furosemide Phmscience 500 16.09 0.0322 0.	ab.		I	1	ı .	40 mg PPB	I				
02351439			,	1 '		1					
1000 32.18 0.0322 0.0397792 Furosemide -40 Pro Doc 1000 32.18 0.0322 0.2466767 Mint-Furosemide Mint 1000 32.18 0.0322 0.2247494 Phmscience 500 16.09 0.0322 0.0327 0.0337749 Teva-Furosemide Phmscience 100 3.22 0.0322				1		1					
00397792		02351439	Furosemide (Sanis)	Sanis		_					
02466767 Mint-Furosemide Phmscience 500 16.09 0.0322 0.0337749 Teva-Furosemide Phmscience 500 16.09 0.0322 0.0322 0.0337749 Teva-Furosemide Phmscience 500 16.09 0.0322 0.0322 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.0000000 0.00000000											
02247494				1	1	1					
* 00337749 Teva-Furosemide Novopharm 100 3.22 0.0322 Tab. 80 mg PPB * 00707570 Apo-Furosemide Apotex 100 6.54 0.0654 02351447 Furosemide (Sanis) Sanis 100 6.54 0.0654 00667080 Furosemide-80 Pro Doc 100 6.54 0.0654 02466775 Mint-Furosemide Mint 100 6.54 0.0654 * 00765953 Teva-Furosemide Novopharm 100 6.54 0.0654 Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE 5 mg				1							
Tab. * 00707570 Apo-Furosemide Apotex 100 6.54 \$\infty\$ 0.0654 02351447 Furosemide (Sanis) Sanis 100 6.54 \$\infty\$ 0.0654 00667080 Furosemide-80 Pro Doc 100 6.54 \$\infty\$ 0.0654 02466775 Mint-Furosemide Mint 100 6.54 \$\infty\$ 0.0654 * 00707570 Apo-Furosemide (Sanis) Sanis 100 6.54 \$\infty\$ 0.0654 Documentary 100 6.54 \$\infty\$ 0.0654 * 00765953 Teva-Furosemide Novopharm 100 6.54 \$\infty\$ 0.0654 Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE 5 mg	١.		1.		ı	1					
Tab. 80 mg PPB * 00707570	*	00337749	l eva-Furosemide	Novopharm	l		-				
* 00707570 Apo-Furosemide Apotex 100 6.54 ◆ 0.0654 02351447 Furosemide (Sanis) Sanis 100 6.54 ◆ 0.0654 00667080 Furosemide-80 Pro Doc 100 6.54 ◆ 0.0654 02466775 Mint-Furosemide Mint 100 6.54 ◆ 0.0654 * 00765953 Teva-Furosemide Novopharm 100 6.54 ◆ 0.0654 Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE II Tab. 5 mg							7				
02351447 Furosemide (Sanis) Sanis 100 6.54	Tab.					80 mg PPB	1				
02351447	*	00707570	Apo-Furosemide	Apotex	100	6.54	→ 0.0654				
00667080		02351447	Furosemide (Sanis)	Sanis	100	6.54	→ 0.0654				
02466775 Mint-Furosemide Mint 100 6.54 → 0.0654 * 00765953 Teva-Furosemide Novopharm 100 6.54 → 0.0654 Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE 5 mg		00667080		Pro Doc	100	6.54	→ 0.0654				
* 00765953 Teva-Furosemide Novopharm 100 6.54 ♣ 0.0654 Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE 10 5 mg Tab. 5 mg					500	61.00	→ 0.1220				
Tab. 500 mg 02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE Tab. 5 mg		02466775	Mint-Furosemide	Mint	100	6.54	→ 0.0654				
02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE ☐ Tab. 5 mg	*	00765953	Teva-Furosemide	Novopharm	100	6.54	→ 0.0654				
02224755 Lasix Special SanofiAven 20 52.47 2.6235 40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE ☐ Tab. 5 mg											
40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE Tab. 5 mg	Tab.		I	I	I	500 mg	l				
POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE Tab. 5 mg		02224755	Lasix Special	SanofiAven	20	52.47	2.6235				
POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE Tab. 5 mg	40-5	00.40									
Tab. 5 mg			SPARING DIURETICS								
			DROCHLORIDE 🖪			5 ma					
02249510 Midamor AA Pharma 100 27.17 0.2717				1	I	ı					
		02249510	Midamor	AA Pharma	100	27.17	0.2717				

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	12
THIAZIDE DIURETICS HYDROCHLOROTHIAZIDE II Tab. 12.5 mg PPB 02327856 Apo-Hydro Apotex 500 16. 02425947 Mint-Hydrochlorothiazide Mint 500 16. 02274086 pms-Hydrochlorothiazide Phmscience 500 16. Tab. 25 mg PPB 00326844 Apo-Hydro Apotex 100 1.	12
HYDROCHLOROTHIAZIDE II Tab. 12.5 mg PPB 02327856 Apo-Hydro Apotex 500 16. 02425947 Mint-Hydrochlorothiazide Mint 500 16. 02274086 pms-Hydrochlorothiazide Phmscience 500 16. Tab. 25 mg PPB 00326844 Apo-Hydro Apotex 100 1.	12
Tab. 12.5 mg PPB 02327856 002425947 002274086 Apo-Hydro Mint-Hydrochlorothiazide pms-Hydrochlorothiazide Apotex Mint Mint Mint Mint Mint Mint Mint Mint	12
02425947 Mint-Hydrochlorothiazide pms-Hydrochlorothiazide Mint Phmscience 500 16. Tab. 25 mg PPB 00326844 Apo-Hydro Apotex 100 1.	12 → 0.0322 12 → 0.0322
O2274086 pms-Hydrochlorothiazide Phmscience 500 16. Tab. 25 mg PPB 00326844 Apo-Hydro Apotex 100 1.	0.0322
Tab. 25 mg PPB 00326844 Apo-Hydro Apotex 100 1.	
00326844 <i>Apo-Hydro</i> Apotex 100 1.	
00326844 <i>Apo-Hydro</i> Apotex 100 1.	
	57 • 0.015
1000 15. 02247170 Bio-Hydrochlorothiazide Biomed 500 7.	65 → 0.0157 83 → 0.0157
02247170 Bio-nyarocrinorotinazide Biorned 300 7.	
	57 • 0.015
1000 15.	1 -
00341975 Hydrochlorothiazide-25 Pro Doc 1000 15.	
02426196 Mint-Hydrochlorothiazide Mint 1000 15.	65 • 0.0157
	83 • 0.015
1000 15.	
00021474 Teva-Hydrochlorothiazide	57 → 0.0157 65 → 0.0157
1000	0.010
Tab. 50 mg PPB	
00312800 <i>Apo-Hydro</i> Apotex 100 2.	17 • 0.0217
1000 21.	68 🗭 0.0217
02247171 Bio-Hydrochlorothiazide Biomed 100 2.	17 🔷 0.0217
	17 • 0.0217
1000 21.	
	17 • 0.0217
00021482 <i>Novo-Hydrazide</i> Novopharm 100 2. 1000 21.	17 → 0.0217 68 → 0.0217
	17 → 0.0217
,	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE Tab. 20 mg -12.5 mg PPB	
02443112 Act Olmesartan HCT ActavisPhm 30 17.	90 • 0.5967
02443112 Act Officesartan HCT Actavis Philli 30 17. 02453606 Apo-Olmesartan/HCTZ Apotex 30 17.	
100 59.	1 '
02319616	1 -
Tab. 40 mg - 12.5 mg PPB	
02443120 Act Olmesartan HCT ActavisPhm 30 17.	90 • 0.5967
02453614 Apo-Olmesartan/HCTZ Apotex 30 17.	1 '
100 59.	
02319624 Olmetec Plus Merck 30 30.	49 1.0163

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
T.		1	10	05 885	ı
Tab.	1	1	40 mg - 1	25 mg PPB	I
02443139	Act Olmesartan HCT	ActavisPhm	30	17.90	→ 0.5967
02453622	Apo-Olmesartan/HCTZ	Apotex	30	17.90	→ 0.5967
			100	59.67	→ 0.5967
02319632	Olmetec Plus	Merck	30	30.49	1.0163
40:28.24					
THIAZIDE-LIK	E DIURETICS				
CHLORTHALID					
Tab.				50 mg	
00000070	Objects alidered	A A Dh	100	1	0.4040
00360279	Chlorthalidone	AA Pharma	100	12.42	0.1242
	a				
INDAPAMIDE [Ďi.		4	05 888	
Tab.	I	1	1.: I	25 mg PPB	I
02245246	Apo-Indapamide	Apotex	100	7.45	→ 0.0745
02373904	Jamp-Indapamide	Jamp	30	2.24	→ 0.0745
			100	7.45	→ 0.0745
02179709	Lozide	Servier	30	8.94	0.2979
02240067	Mylan-Indapamide	Mylan	100	7.45	→ 0.0745
02239619	pms-Indapamide	Phmscience	30	2.24	→ 0.0745
			100	7.45	→ 0.0745
02247245	Riva-Indapamide	Riva	30	2.24	→ 0.0745
			500	37.25	→ 0.0745
Tab.	1	1	_ 2	2.5 mg PPB	1
02223678	Apo-Indapamide	Apotex	100	11.82	→ 0.1182
02373912	Jamp-Indapamide	Jamp	30	3.55	→ 0.1182
	, , , , , , , , , , , , , , , , , , , ,	'	100	11.82	→ 0.1182
00564966	Lozide	Servier	30	14.18	0.4727
02153483	Mylan-Indapamide	Mylan	100	11.82	→ 0.1182
02239620	pms-Indapamide	Phmscience	30	3.55	→ 0.1182
			100	11.82	→ 0.1182
02242125	Riva-Indapamide	Riva	30	3.55	→ 0.1182
			100	11.82	→ 0.1182
02188910	Tria-Indapamide	Trianon	30	3.55	→ 0.1182
	•	•	•	•	
METOLAZONE				0.5	
Tab.	1	T.	ı	2.5 mg	ı
00888400	Zaroxolyn	SanofiAven	100	16.14	0.1614
		1	1	1	1

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
0:28.92					
	IISCELLANEOUS				
MILORIDE HYI ab.	DROCHLORIDE HYDROCHLO	OROTHIAZIDE 🖪	E	FO may DDD	
	1	1	1	50 mg PPB 	
00784400	Apo-Amilzide	Apotex	100	8.38	0.083
01937219	Novamilor	Novopharm	1000	83.78 8.38	→ 0.083→ 0.083
01937219	Novamilior	Почорпанн	1000	83.78	→ 0.083
DIDONOL ACT	ONE/ UVDDOCUL ODOT!!!^7	IDE B			
PIRONOLACTO ab.	ONE/ HYDROCHLOROTHIAZ	IDE G	25 mg -	25 mg PPB	
	l		ı	l	
00180408 00613231	Aldactazide Teva-Spironolactone/HCTZ	Pfizer Teva Can	100 100	9.28 8.58	0.09 → 0.08
00013231	Teva-opironolacione/TOTZ	Teva Call	100	0.50	- 0.00
ab.			50 mg -	50 ma PPB	
	l	1	1	l	
00594377 00657182	Aldactazide 50 Novo-Spirozine-50	Pfizer Novopharm	100	24.19 22.36	0.24 → 0.22
00037102	Novo-Spirozine-30	поторнанн	100	22.30	4 0.22
	HYDROCHLOROTHIAZIDE		50		
ab.	I	1	50 mg -:	25 mg PPB	
00441775	Apo-Triazide	Apotex	100	6.08	→ 0.06
			1000	60.80	→ 0.06
00532657	Novo-Triamzide	Novopharm	100 1000	6.08 60.80	→ 0.06
00519367	Pro-Triazide	Pro Doc	1000	60.80	→ 0.06→ 0.06
	7 TO THELICO	110 000	1000	00.00	7 0.00
0:40 RICOSURIC	ACENTO				
ULFINPYRAZO					
olfine i RAZC ab.	/NE W			200 mg	
00441767	Cultinguage	A A Dharma	100	ı	0.29
00441767	Sulfinpyrazone	AA Pharma	100	29.97	11.70

48:00 RESPIRATORY TRACT AGENTS

48:10anti-inflammatory agents48:10.24leukotriene modifiers48:10.32mast-cell stabilizers48:24mucolytic agents

ew. Tab.	SODIUM B			4 mg PPB	
02410265	AHI-Montelukast	Accord	30	8.27	0.2
02410203	Apo-Montelukast	Apotex	30	8.27	0.2
02377606	Auro-Montelukast	Aurobindo	30	8.27	0.2
02442353	Jamp-Montelukast	Jamp	30	8.27	0.2
02399865	Mar-Montelukast	Marcan	30	8.27	0.2
02399603	Mint-Montelukast	Mint	30	8.27	0.2
02400027	Montelukast	Pro Doc	30	8.27	0.2
02379021	Montelukast	Sanis	30	8.27	0.2
02379317	Montelukast	Sivem	30	8.27	0.2
02302430	Montelukasi	Siveili	100	27.58	0.2
02354977	nma Mantalukaat	Phmscience	30	8.27	0.2
02354977	pms-Montelukast	Phinscience	100	27.58	
02402793	Ran-Montelukast	Danhayay	30	8.27	0.2
02330385	Sandoz Montelukast	Ranbaxy Sandoz	100	27.58	0.2
		Merck			
02243602 02355507	Singulair Teva Montelukast	Teva Can	30	42.00 8.27 →	1.4 0.2
ew. Tab.				5 mg PPB	
02410273	AHI-Montelukast	Accord	30	9.25	0.3
02377616	Apo-Montelukast	Apotex	30	9.25	0.3
02422875	Auro-Montelukast	Aurobindo	30	9.25	0.3
02442361	Jamp-Montelukast	Jamp	30	9.25	0.3
02399873	Mar-Montelukast	Marcan	30	9.25	0.3
	Mint-Montelukast	Mint	30	9.25	0.3
		IVIIIIL	30		0.3
02408635		Pro Doc	30	9 25 1	
02408635 02379848	Montelukast	Pro Doc	30	9.25	
02408635 02379848 02379325	Montelukast Montelukast	Sanis	30	9.25	0.3
02408635 02379848	Montelukast		30 30	9.25 9.25 →	0.3
02408635 02379848 02379325 02382466	Montelukast Montelukast Montelukast	Sanis Sivem	30 30 100	9.25 9.25 ⇒ 30.82	0.3 0.3 0.3
02408635 02379848 02379325	Montelukast Montelukast	Sanis	30 30 100 30	9.25 9.25 30.82 9.25	0.3 0.3 0.3
02408635 02379848 02379325 02382466 02354985	Montelukast Montelukast Montelukast pms-Montelukast	Sanis Sivem Phmscience	30 30 100 30 100	9.25 9.25 30.82 9.25 30.82 →	0.3 0.3 0.3 0.3
02408635 02379848 02379325 02382466 02354985 02402807	Montelukast Montelukast Montelukast pms-Montelukast Ran-Montelukast	Sanis Sivem Phmscience Ranbaxy	30 30 100 30 100 30	9.25 9.25 30.82 9.25 30.82 9.25 30.82 9.25 →	0.3 0.3 0.3 0.3 0.3
02408635 02379848 02379325 02382466 02354985	Montelukast Montelukast Montelukast pms-Montelukast	Sanis Sivem Phmscience	30 30 100 30 100	9.25 9.25 30.82 9.25 30.82 →	0.3 0.3 0.3 0.3

MANUFACTURER

CODE

02247997 Singulair

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

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Merck

30

42.00

1.4000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg PPB	
02374609	Apo-Montelukast	Apotex	30	12.69	● 0.4231
			100	42.31	• 0.4231
02401274	Auro-Montelukast	Aurobindo	30	12.69	• 0.4231
00445705	B': 14: (11 1 : 1	D: 1	90	38.08	0.4231
02445735	Bio-Montelukast Jamp-Montelukast	Biomed	30 30	12.69 12.69	→ 0.4231→ 0.4231
02391422	Jamp-Momentast	Jamp	100	42.31	→ 0.4231 → 0.4231
02399997	Mar-Montelukast	Marcan	30	12.69	• 0.4231
02408643	Mint-Montelukast	Mint	100	42.31	→ 0.4231
02379856	Montelukast	Pro Doc	30	12.69	→ 0.4231
			100	42.31	• 0.4231
02379333	Montelukast	Sanis	30	12.69	0.4231
02382474	Montelukast	Sivem	30 100	12.69 42.31	→ 0.4231→ 0.4231
02379236	Montélukast sodique	Accord	30	12.69	→ 0.4231 → 0.4231
02373230	Wontelukasi sodique	Accord	100	42.31	→ 0.4231 → 0.4231
02373947	pms-Montelukast FC	Phmscience	30	12.69	• 0.4231
	ľ		100	42.31	→ 0.4231
02389517	Ran-Montelukast	Ranbaxy	30	12.69	→ 0.4231
			100	42.31	→ 0.4231
02398826	Riva-Montelukast FC	Riva	30	12.69	• 0.4231
02328593	Sandoz Montelukast	Sandoz	100	42.31	• 0.4231
02238217 02355523	Singulair Teva Montelukast	Merck Teva Can	30 30	68.23 12.69	2.2743 • 0.4231
ZAFIRLUKAST Tab.	R			20 mg	
02236606	Accolate	AZC	60	44.95	0.7492
48:10.32 MAST-CELL S CROMOGLICAT					
Nas. spray	I	I.	I	2 %	ı
01950541	Rhinaris CS Anti-allergique	Pendopharm	13 ml	6.88	
Sol. Inh.	1	1	ı	1 % (2 mL)	ı
02046113	pms-Sodium cromoglycate	Phmscience	50	24.23	0.4846
48:24 MUCOLYTIC A ACETYLCYSTEI Sol. 02243098		Sandoz	10 ml	200 mg/mL 7.00	
02240090	, tody oyotomo	Candoz	30 ml	21.00	

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52:00 E. N. T. AGENTS

antiallergic agents
anti-infectives
antibiotics
antivirals
anti-inflammatory agents
corticosteroids
local anesthetics
mydriatics
antiglaucoma agents
alfa-adrenergic agonists
beta-adrenergic blocking agents
carbonic anhydrase inhibators
miotics
prostaglandin analogs
antiglaucoma agents, miscellaneous
miscellaneous EENT drugs

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
52:02 ANTIALLERGI CROMOGLICAT Oph. Sol.				2% PPB	
02009277	Cromolyn	Pendopharm	5 ml 10 ml	→ 4.75 → 9.50	
02230621	Opticrom	Allergan	10 ml	9.98	
LODOXAMIDE T Oph. Sol. 00893560	ROMETHAMIDE III	Novartis	 10 ml	0.1 %	
52:04.04 ANTIBIOTICS	N HYDROCHLORIDE		10	0.3 %	
02200864	Ciloxan	Novartis	3.5 g	10.15	
Oph. Sol. 02263130	Apo-Ciproflox	Apotex	 5 ml	0.3 % PPB	
01945270 02387131	Ciloxan Sandoz Ciprofloxacin	Novartis Sandoz	5 ml 5 ml	10.15 7.05	
ERYTHROMYCII Oph. Oint.	N (B)			0.5 %	
02326663	Erythromycin	Sterigen	3.5 g	9.55	
FRAMYCETIN S Oph. Sol.	ULFATE 19	ı	ı	0.5 %	
02224887	Soframycine	Erfa	8 ml	8.00	
FUSIDIC (ACID) Oph. Sol.	B	ı	ı	1 %	
02243862	Fucithalmic	Amdipharm	5 g	10.00	
OFLOXACINE Oph. Sol.	.			0.3 %	
02143291	Ocuflox	Allergan	5 ml	12.23	
		-			

2005					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TOBRAMYCIN Oph. Oint.				0.3 %	
00614254	Tobrex	Novartis	3.5 g	8.65	
Oph. Sol.				0.3 % PPB	
02241755 00513962	Sandoz Tobramycin Tobrex 0.3%	Sandoz Novartis	5 ml 5 ml	• 6.81 8.72	
52:04.20 ANTIVIRALS TRIFLURIDINE Oph. Sol.	B			1 %	
00687456	Viroptic	Valeant	7.5 ml	22.79	
52:08.08 CORTICOSTE BECLOMETHAS Aéro ou Vap Nas	SONE DIPROPIONATE		0.05 mg	g/dose PPB	
02238796 02172712 02228300	Apo-Beclomethasone AQ Mylan-Beclo AQ Rivanase AQ	Apotex Mylan Riva	200 dose(s) 200 dose(s) 200 dose(s)	12.26 12.26 • 9.80	
	C.		10	00 mcg/dose	
	Rhinocort Turbuhaler	AZC	10 200 dose(s)	00 mcg/dose 23.56	
Nas. Inh. Pd. 02035324		AZC	200 dose(s)	l I	
Nas. Inh. Pd. 02035324		AZC Mylan McNeil Co	200 dose(s)	23.56	
Nas. Inh. Pd. 02035324 Nas. spray 02241003 02231923	Rhinocort Turbuhaler Mylan-Budesonide AQ	Mylan	200 dose(s) 64 mcg 120 dose(s) 120 dose(s)	23.56 a/dose PPB	
Nas. spray 02241003	Rhinocort Turbuhaler Mylan-Budesonide AQ	Mylan	200 dose(s) 64 mcg 120 dose(s) 120 dose(s)	23.56 p/dose PPB 10.12 10.59	
Nas. Inh. Pd. 02035324 Nas. spray 02241003 02231923 Nas. spray	Rhinocort Turbuhaler Mylan-Budesonide AQ Rhinocort Aqua Mylan-Budesonide AQ	Mylan McNeil Co	200 dose(s) 64 mcg 120 dose(s) 120 dose(s)	23.56 g/dose PPB → 10.12 10.59 00 mcg/dose	
Nas. Inh. Pd.	Rhinocort Turbuhaler Mylan-Budesonide AQ Rhinocort Aqua Mylan-Budesonide AQ	Mylan McNeil Co	200 dose(s) 64 mcg 120 dose(s) 120 dose(s)	23.56 g/dose PPB 10.12 10.59 00 mcg/dose 12.74	
Nas. Inh. Pd. 02035324 Nas. spray 02241003 02231923 Nas. spray 02230648 DEXAMETHASO Oph. Oint.	Rhinocort Turbuhaler Mylan-Budesonide AQ Rhinocort Aqua Mylan-Budesonide AQ ONE B	Mylan McNeil Co Mylan	200 dose(s) 64 mcg 120 dose(s) 120 dose(s) 165 dose(s)	23.56 g/dose PPB 10.12 10.59 00 mcg/dose 12.74	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUOROMETHO Oph. Susp.	DLONE B			0.1 % PPB	
00247855	FML	Allergan	5 ml	15.29	
00432814	Sandoz Fluorometholone	Sandoz	10 ml 5 ml	30.588.09	
				,	
FLUOROMETHO	DLONE ACETATE				
Oph. Susp. I	I	I	I	0.1 %	
00756784	Flarex	Novartis	5 ml	9.10	
FLUTICASONE I Nas. spray	FUROATE 🖺		27	7.5 mcg/dose	
02298589	Avamys	GSK	120 dose(s)	20.73	
0220000	/ training	John	120 0000(0)	20.70	
EL LITICASONE I	PROPIONATE 🖫				
Nas. spray			50 mcg	dose PPB	
02294745	Apo-Fluticasone	Apotex	120 dose(s)	1 -	
02213672	Flonase	GSK	120 dose(s)		
02296071 02453738	ratio-Fluticasone Teva-Fluticasone	Ratiopharm Teva Can	120 dose(s) 120 dose(s)		
	FUROATE MONOHYDRATE	R	50	// DDD	
Nas. spray			50 mcg	g/dose PPB	
' '					
02403587	Apo-Mometasone	Apotex	140 dose(s)		
02403587 02238465	Nasonex	Merck	140 dose(s)	→ 10.42	
02403587				→ 10.42 → 10.42	
02403587 02238465 02449811	Nasonex Sandoz Mometasone	Merck Sandoz	140 dose(s) 140 dose(s)	→ 10.42 → 10.42	
02403587 02238465 02449811 02475863	Nasonex Sandoz Mometasone Teva-Mometasone	Merck Sandoz	140 dose(s) 140 dose(s)	→ 10.42 → 10.42 → 10.42	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp.	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE	Merck Sandoz Teva Can	140 dose(s) 140 dose(s) 140 dose(s)	10.42 10.42 10.42 10.42	
02403587 02238465 02449811 02475863	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE	Merck Sandoz	140 dose(s) 140 dose(s)	→ 10.42 → 10.42 → 10.42	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE	Merck Sandoz Teva Can	140 dose(s) 140 dose(s) 140 dose(s)	10.42 10.42 10.42 10.42	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp.	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE	Merck Sandoz Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 dose(s)	10.42 10.42 10.42 10.42 10.42	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp. 00700401	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE Pred Mild ratio-Prednisolone	Merck Sandoz Teva Can Allergan Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 dose(s) 10 ml	10.42 10.42 10.42 10.42 0.12 % 17.96 1 % PPB 8.50 17.00	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp.	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE Pred Mild	Merck Sandoz Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 dose(s)	10.42 10.42 10.42 10.42 10.42	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp. 00700401	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE Pred Mild ratio-Prednisolone	Merck Sandoz Teva Can Allergan Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 ml 5 ml 10 ml 5 ml	10.42 10.42 10.42 10.42 0.12 % 17.96 1 % PPB 8.50 17.00 8.50	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp. 00700401 01916203	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE Pred Mild ratio-Prednisolone Sandoz Prednisolone	Merck Sandoz Teva Can Allergan Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 ml	10.42 10.42 10.42 10.42 0.12 % 17.96 1 % PPB 8.50 17.00 8.50 17.00	
02403587 02238465 02449811 02475863 PREDNISOLONI Oph. Susp. 00299405 Oph. Susp. 00700401	Nasonex Sandoz Mometasone Teva-Mometasone E ACETATE Pred Mild ratio-Prednisolone Sandoz Prednisolone	Merck Sandoz Teva Can Allergan Teva Can	140 dose(s) 140 dose(s) 140 dose(s) 140 ml	10.42 10.42 10.42 10.42 0.12 % 17.96 1 % PPB 8.50 17.00 8.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				OIZE	
RIAMCINOLON as. spray	IE ACETONIDE		55 mcg	g/dose PPB	
02437635 02213834	Apo-Triamcinolone AQ Nasacort AQ	Apotex SanofiAven	120 dose(s) 120 dose(s)		
2:16 OCAL ANES DOCAINE HYD ral Top. Jel.	THETICS DROCHLORIDE			2 %	
00811874	pms-Lidocaine Viscous	Phmscience	50 ml 100 ml	1.70	0.03 ⁴ 0.03 ⁴
	ı	ı	1	I	
2:24 IYDRIATICS	_				
TROPINE SUL ph. Sol.	FATE 🖪			1 %	
00035017	Isopto Atropine	Alcon	5 ml	3.14	
ph. Sol.	ATE HYDROCHLORIDE 🖪	I	I	1 %	
00252506	Cyclogyl	Alcon	15 ml	12.66	
	IE HYDROCHLORIDE			0.5.0/	
ph. Sol. 00465763	Mydfrin 2.5%	Alcon	5 ml	2.5 %	
00403703	Wydnii 2.376	Alcon	31111	3.00	
ROPICAMIDE	B				
ph. Sol.	I	1	I	0.5 %	
00000981	Mydriacyl	Alcon	15 ml	13.13	
ph. Sol.				1 %	
00001007	Mydriacyl	Alcon	15 ml	16.90	
	ERGIC AGONISTS		C).15 % PPB	
02248151	Alphagan P	Allergan	5 ml	11.55	
02301334	Brimonidine P	AA Pharma	10 ml 5 ml 10 ml	23.10 8.66 17.33	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
D-1- O-1		1	!	0.00/ PPP	
Oph. Sol.	ı	1	ı	0.2 % PPB	
02236876	Alphagan	Allergan	5 ml	16.50	
			10 ml	33.00	
02260077	Apo-Brimonidine	Apotex	5 ml	→ 5.78	
			10 ml	11.55	
02246284	pms-Brimonidine	Phmscience	5 ml 10 ml	5.7811.55	
02305429	Sandoz Brimonidine	Sandoz	5 ml	→ 5.78	
02303429	Sandoz Brimonidine	Sandoz	10 ml	→ 11.55	
RIMONIDINE T	ARTRATE/ TIMOLOL MALE	ATE 🖫	,	0.2 % - 0.5 %	
pri. 30i.	I	T	Ι, ,	0.2 % - 0.5 %	
02248347	Combigan	Allergan	10 ml	40.12	
RINZOLAMIDE	BRIMONIDINE (TARTRATE	E) B			
ph. Susp.				1 % - 0.2 %	
02435411	Simbrinza	Novartis	10 ml	44.39	
	ERGIC BLOCKING AGE DROCHLORIDE	NIS		0.25 %	
	1	1	I	1	
01908448	Betoptic S	Novartis	5 ml	11.50	
			10 ml	23.00	
RIMONIDINE T	ARTRATE/ TIMOLOL MALE	ATE B			
ph. Sol.	1	1		0.2 % - 0.5 %	
02248347	Combigan	Allergan	10 ml	40.12	
			!	'	
ORZOLAMIDE	HYDROCHLORIDE/ TIMOLO	OL MALEATE			
ph. Sol.	1		2 %	-0.5 % PPB	
02404389	ACT Dorzotimolol	ActavisPhm	10 ml	→ 19.89	
	Apo-Dorzo-Timop	Apotex	10 ml	→ 19.89	
02240113	Cosopt	Purdue	10 ml	54.84	
02437686	Med-Dorzolamide-Timolol	GMP	10 ml	→ 19.89	
02443090	Mint-Dorzolamide/Timolol	Mint	10 ml	→ 19.89	
02442426	pms-Dorzolamide-Timolol	Phmscience	10 ml	19.89	
02441659	Riva-Dorzolamide/Timolol	Riva	10 ml	19.89	
02344351	Sandoz Dorzolamide/ Timolol	Sandoz	10 ml	→ 19.89	
02320525	Teva Dorzotimol	Teva Can	10 ml	→ 19.89	
02451271	VAN-Dorzolamide-Timolol	Vanc Phm	10 ml	→ 19.89	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				SIZE	
	7 TIMOLOL MALEATE				
Oph. Sol.	I	I	0.005 % - I	0.5 % PPB	
02436256	ACT Latanoprost/Timolol	ActavisPhm	2.5 ml	→ 11.07	
02414155	Apo-Latanoprost-Timop	Apotex	2.5 ml	→ 11.07	
02459205	,	Riva	2.5 ml	→ 11.07	
02394685	Sandoz Latanoprost/Timolol	Sandoz	2.5 ml	→ 11.07	
02246619	Xalacom	Pfizer	2.5 ml	30.99	
TIMOLOL MALE	ATE B				
Oph. Sol.	ı	ı	().25 % PPB	
00755826	Apo-Timop	Apotex	5 ml	4.84	w
			10 ml	9.68	w
02166712	Sandoz Timolol	Sandoz	10 ml	→ 9.68	
	!	!			
Oph. Sol.				0.5 % PPB	
00755834	Apo-Timop	Apotex	5 ml	→ 6.07	
00733634	Apo-Timop	Apolex	10 ml	→ 12.14	
02447800	Jamp-Timolol	Jamp	5 ml	→ 6.07	
02083345	pms-Timolol	Phmscience	5 ml	→ 6.07	
02000010	pine rimerer		10 ml	12.14	
02166720	Sandoz Timolol	Sandoz	5 ml	→ 6.07	
			10 ml	→ 12.14	
00451207	Timoptic	Purdue	10 ml	33.39	
Oph. Sol. Gel	ı	1	().25 % PPB	
02242275	Timolol Maleate-EX	Sandoz	5 ml	→ 9.78	
02171880	Timoptic-XE	Purdue	5 ml	18.00	
		•	•		
Oph. Sol. Gel				0.5 % PPB	
02242276	Timolol Maleate-EX	Sandoz	5 ml	→ 10.76	
02171899	Timoptic-XE	Purdue	5 ml	21.54	
	· ·····opus / ·		0		
	TIMOLOL (MALEATE OF)		0.004.0/	0.5.0/	
Oph. Sol.	I	I	0.004 % -	0.5 % PPB	
02415305		Apotex	5 ml	→ 44.21	
02278251	DuoTrav PQ	Novartis	5 ml	58.95	
	On a don Tuni in a st/Time alal	Sandoz	2.5 ml	→ 24.90	
02413817	Sandoz Travoprost/Timolol	04402			
02413817	PQ	04.11402	5 ml	→ 44.21	
02413817			5 ml	→ 44.21	
			5 ml	44.21	
52:40.12			5 ml	44.21	
52:40.12 CARBONIC AI	PQ NHYDRASE INHIBATORS		5 ml		
52:40.12	PQ NHYDRASE INHIBATORS		5 ml	250 mg	
52:40.12 CARBONIC AI ACETAZOLAMII	PQ NHYDRASE INHIBATORS		5 ml		0.1262

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1		-	
BRINZOLAMIDE	: B				
Oph. Susp.	- -		1	1 %	
02238873	Azopt	Novartis	5 ml	16.42	
DOPZOI AMIDE	(HYDROCHLORIDE)				
Oph. Sol.	(HTDROCHLORIDE) I			2 % PPB	
02459345	Riva-Dorzolamide	Riva	5 ml	→ 6.56	
02316307	Sandoz Dorzolamide	Sandoz	5 ml	→ 6.56	
02216205	Trusopt	Purdue	5 ml	17.94	
	-				
		_			
DORZOLAMIDE Oph. Sol.	HYDROCHLORIDE/ TIMOLO	DL MALEATE L	2 %	-0.5 % PPB	
1	1	1		i I	
02404389	ACT Dorzotimolol	ActavisPhm	10 ml	19.89	
02299615	Apo-Dorzo-Timop	Apotex	10 ml	19.89	
02240113	Cosopt	Purdue	10 ml	54.84	
02437686	Med-Dorzolamide-Timolol	GMP	10 ml	19.89	
02443090	Mint-Dorzolamide/Timolol	Mint	10 ml	19.89	
02442426	pms-Dorzolamide-Timolol	Phmscience	10 ml	19.89	
02441659	Riva-Dorzolamide/Timolol	Riva	10 ml	19.89	
02344351	Sandoz Dorzolamide/ Timolol	Sandoz	10 ml	→ 19.89	
02320525	Timoloi Teva Dorzotimol	Teva Can	10 ml	→ 19.89	
02320323	VAN-Dorzolamide-Timolol	Vanc Phm	10 ml	19.89	
		1		1	
METHAZOLAMI	DE 🖪			50	
Tab.	İ	I		50 mg	
02245882	Methazolamide	AA Pharma	100	49.13	0.4913
52:40.20					
MIOTICS					
Oph. Sol.	HYDROCHLORIDE 🖪			2 %	
1	1	1		1 1	
00000868	Isopto Carpine	Novartis	15 ml	3.70	
Oph. Sol.	1	1	ı	4 %	
00000884	Isopto Carpine	Novartis	15 ml	4.19	
		1		'	
52:40.28					
	UDIN ANIAL OOG				
	NDIN ANALOGS				
BIMATOPROST Oph. Sol.	Ш			0.01 %	
Opii. 30i.	I	1		0.01 70	
02324997	Lumigan RC	Allergan	5 ml	54.05	
			7.5 ml	81.08	

LATANOPROST	· R			.005.0/		
Oph. Sol.	I	I	U	.005 % P	'PB	
02296527	Apo-Latanoprost	Apotex	2.5 ml	→	9.08	
02254786	Co Latanoprost	Cobalt	2.5 ml	→	9.08	
02375508	Latanoprost	Phmscience	2.5 ml	→	9.08	
02426935	Med-Latanoprost	GMP	2.5 ml	→	9.08	
02341085	•	Riva	2.5 ml	•	9.08	
02367335	Sandoz Latanoprost	Sandoz	2.5 ml	•	9.08	
02231493	,	Pfizer	2.5 ml		27.38	
	_					
LATANOPROST Oph. Sol.	7 TIMOLOL MALEATE		0.005 %	- 0.5 % P	РВ	
i	1	l	1		- 1	
02436256	· · · · · · · · · · · · · · · · · · ·	ActavisPhm	2.5 ml	1 -	11.07	
02414155	' ' '	Apotex	2.5 ml	1 -	11.07	
02459205		Riva	2.5 ml	1	11.07	
02394685	Sandoz Latanoprost/Timolol	Sandoz	2.5 ml	1 -	11.07	
02246619	Xalacom	Pfizer	2.5 ml		30.99	
TRAVOPROST Oph. Sol. 02457997	IZba	 Novartis	5 ml	0.003	3 % 19.70	
Oph. Sol.			. 0	.004 % P	РВ	
02415739	Apo-Travoprost Z	Apotex	5 ml	→	19.70	
02413167	Sandoz Travoprost	Sandoz	5 ml	1	19.70	
02412063	Teva-Travoprost Z	Teva Can	2.5 ml	•	9.85	
02412000	Teva Travoprosi Z	Tova Oan	5 ml	-	19.70	
02318008	Travatan Z	Novartis	5 ml	1 -	55.40	
TRAVOPROST/ Oph. Sol.	TIMOLOL (MALEATE OF)	I	0.004 %	- 0.5 % P	РВ	
02445205	And Travangat Times	Anatav	F mal	_	44.04	
02415305 02278251	Apo-Travoprost-Timop DuoTrav PQ	Apotex Novartis	5 ml 5 ml	1 -	44.21 58.95	
02278251		Sandoz	2.5 ml	1		
02413017	Sandoz Travoprost/Timolol PQ	Sandoz	2.5 IIII 5 ml	1	24.90 44.21	
	FQ		31111	7	44.21	
	MA AGENTS, MISCELLA HYDROCHLORIDE/ TIMOLO		2 % - (0.5 % (0.2r	nL)	
ANTIGLAUCO DORZOLAMIDE	HYDROCHLORIDE/ TIMOLO		2 % - (1 `	mL) 28.41	0.4735

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
52:92 MISCELLANEOUS EENT DRUGS ANETHOLE TRITHIONE							
Tab.	ı	i i	1	25 mg	ı		
02240344	Sialor	Phmscience	60	54.00	0.9000		
APRACLONIDINE (HYDROCHLORIDE) (1) Oph. Sol. 0.5 %							
02076306	Iopidine	Novartis	5 ml	22.26			
BRINZOLAMIDE/TIMOLOL MALEATE Oph. Susp. 1 % -0.5 %							
02331624	Azarga	Novartis	5 ml	21.33			

56:00 GASTRO-INTESTINAL DRUGS

56:08	antidiarrhea agents
56:14	cholelitholytic agents
56:16	digestants
56:22	antiemetics
56:22.08	antihistamines
56:22.92	miscellaneous antiemetics
56:28	antiulcer agents and acid
	suppressants
56:28.12	histamine H2-antagonists
56:28.28	prostaglandins
56:28.32	protectants
56:28.36	proton-pump inhibitors
56:32	prokinetic agents
56:36	anti-inflammatory agents
56:92	GI drugs, miscellaneous

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DIPH	TIDIARRHE	EA AGENTS TE HYDROCHLORHYDE/ AT	ROPINE SULFATE			
Tab.		1	1	2.5 m	ng -0.025 mg	
	00036323	Lomotil	Pfizer	250	110.33	0.4413
LOP Tab.		YDROCHLORIDE			2 mg PPB	
	02212005	Apo-Loperamide	Apotex	100	9.52	→ 0.0952
	02256452	Jamp-Loperamide	Jamp	120	11.42	→ 0.0952 → 0.0952
	02230432	Loperamide-2	Pro Doc	500	47.58	→ 0.0952 → 0.0952
	02132591	Novo-Loperamide	Novopharm	500	47.58	→ 0.0952→ 0.0952
	02228351	pms-Loperamide	Phmscience	100	9.52	→ 0.0352→ 0.0952
	02220001	pina Loperannae	THIIISOICHOC	500	47.58	→ 0.0352→ 0.0952
	02238211	Riva-Loperamide	Riva	100	9.52	→ 0.0952
	02200211	Tiva Loperannae	Tava	500	47.58	→ 0.0352
URS Tab.	02472392 02273497 02238984 02426900	Jamp-Ursodiol pms-Ursodiol C Urso Ursodiol tablets	Jamp Phmscience Aptalis Glenmark	100 500 100 500 100 100 500	38.18 190.90 38.18 190.90 131.42 38.18 190.90	 0.3818 0.3818 0.3818 0.3818 1.3142 0.3818 0.3818
Tab.				5	00 mg PPB	
	02472406	Jamp-Ursodiol	Jamp	100	72.42	→ 0.7242
	02273500	pms-Ursodiol C	Phmscience	100	72.42	→ 0.7242
	02245894	Urso DS	Aptalis	100	249.27	2.4927
	02426919	Ursodiol tablets	Glenmark	100	72.42	→ 0.7242
LAC	6 ESTANTS TASE w. Tab.	ı	1	ı	3 000 U	ı
	02017512	Lactomax	Sterimax	100	9.75	0.0975
Tab.		 I	1	ı	3 000 U	I
	02239139	Jamp-Lactase Enzyme Regular	Jamp	100	9.75	0.0975

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE		
CODE	DIVAND NAME	WANT ACTURER	OIZE	SIZE	ONTTRICE		
Tab.	4 500 U PPB						
80084265	Alta-Lactase Extra Fort	Altamed	80	9.75	• 0.1219		
02239140	Jamp-Lactase Enzyme Extra strenght	Jamp	80	9.75	• 0.1219		
02224909	Lactomax Extra Strong	Sterimax	80	9.75	→ 0.1219		
Tab.				9000 U			
80070358	Jamp-Lactase Enzyme	Jamp	50	12.19	0.2438		
PANCRELIPASE	E (LIPASE-AMYLASE-PROTI						
Caps.	l <u></u>		000 U -30 000 				
00263818	Cotazym	Merck	100	18.66	0.1866		
Ent. Caps.		4 2	200 U -17 500	U -10 000 U			
00789445	Pancrease MT 4	Janss. Inc	100	37.96	0.3796		
Ent. Caps.	l		00 U - 20 000		l		
02203324	Ultrase	Aptalis	100	21.73	0.2173		
Ent. Caps.		6 00	00 U - 30 000	U - 19 000 U			
02415194	Creon 6 Minimicrospheres	BGP Pharma	100	17.03	0.1703		
Ent. Caps.	la., 500.0		000 U -30 000 				
00502790	Cotazym ECS 8	Merck	500	168.40	0.3368		
Ent. Caps.		10	000 U - 11 2	00 U - 730 U			
02200104	Creon 10	BGP Pharma	100	27.23	0.2723		
Ent. Caps.	l		500 U -43 750 		l		
00789437	Pancrease MT 10	Janss. Inc	100	94.93	0.9493		
Ent. Caps.		12 (000 U -39 000	U -39 000 U			
02045834	Ultrase MT 12	Aptalis	100	42.51	0.4251		
Ent. Caps.			300 U -70 000 				
00789429	Pancrease MT 16	Janss. Inc	100	151.88	1.5188		
Ent. Caps.		20 (000 U -55 000	U -55 000 U			
00821373	Cotazym ECS 20	Merck	100	88.30	0.8830		
00821373	Cotazym ECS 20	Merck	100	88.30	0.8830		

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Ent (Ent. Caps. 20 000 U -65 000 U -65 000 U							
	02045869	Ultrase MT 20	Aptalis	100	73.66	0.7366		
Ent (Caps.		25.0	000 U - 25 50	160011			
	01985205	Creon 25	BGP Pharma	100	85.07	0.8507		
Ent. (l	1	U -5 100 U -32 	l I			
	02445158	Creon Minimicrospheres MICRO	BGP Pharma	1	34.06			
Tab.			10.4	40 U -56 400	U -57 100 U			
	02230019	Viokace (10 440 USP unites	Aptalis	100	17.03	0.1703		
		de lipase)						
Tab.		1	20 880	U -113 400 L	J -112 500 U			
	02241933	Viokace (20 880 USP unites de lipase)	Aptalis	100	34.06	0.3406		
56:2	2 00							
	2.06 THISTAMII	NES						
	NHYDRINA nj. Sol.	TE			50 mg/mL			
	00392537	Dimenhydrinate	Sandoz	1 ml	1.08			
				5 ml	4.30			
PRO	CHLORPER	AZINE R						
Supp		I	ı	ı	10 mg	ı		
	00789720	Sandoz Prochlorperazine	Sandoz	10	17.57	1.7573		
PRO	CHLORPER	RAZINE MALEATE			5 mg			
	00886440	Prochlorazine	AA Pharma	100	16.59	0.1659		
T-1					40			
Tab.	00006400	Drachlarasina	AA Dharma	100	10 mg	0.2025		
	00886432	Prochlorazine	AA Pharma	100	20.25	0.2025		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	OUS ANTIEMETICS SUCCINATE/ PYRIDOXINE HY	/DROCHLORIDE 🖪	10 mg -	10 mg PPB	
02413248	Apo-Doxylamine/B6	Apotex	100	64.02	→ 0.6402
00609129	Diclectin	Duchesnay	500 100	320.10 127.20	0.6402 1.2720 1.2720
02406187	pms-Doxylamine-Pyridoxine	Phmscience	300 100	381.61 64.02	→ 0.6402
NABILONE ® Caps.			C).5 mg PPB	
02393581	ACT Nabilone	ActavisPhm	50	38.78	→ 0.7756
02393361	ACT Nabilotie	ActavisFilli	100	77.56	→ 0.7756 → 0.7756
02256193	Cesamet	Valeant	50	155.13	3.1026
02380900	pms-Nabilone	Phmscience	100	77.56	→ 0.7756
02384884	Teva Nabilone	Teva Can	50	38.78	→ 0.7756
Caps.	1	ı	I	1 mg PPB	I
02393603	ACT Nabilone	ActavisPhm	50	77.57	→ 1.5513
			100	155.13	→ 1.5513
00548375	Cesamet	Valeant	50	310.25	6.2050
02380919 02384892	pms-Nabilone Teva Nabilone	Phmscience Teva Can	100 50	155.13 77.57	1.55131.5513
56:28.12 HISTAMINE H FAMOTIDINE	2-ANTAGONISTS				
Tab.	1	1	. :	20 mg PPB	ı
01953842	Apo-Famotidine	Apotex	100	26.57	→ 0.2657
02351102	Famotidine	Sanis	100	26.57	→ 0.2657
02022133	Novo-Famotidine	Novopharm	100	26.57	→ 0.2657
			500	132.85	→ 0.2657
_	_				
FAMOTIDINE I		I	I	40 mg PPB	I
01953834	Apo-Famotidine	Apotex	100	48.33	→ 0.4833
02351110	Famotidine	Sanis	100	48.33	• 0.4833
02022141	Teva-Famotidine	Novopharm	100	48.33	→ 0.4833
NIZATIDINE B				150 ~~	
Caps.	[1	l	150 mg	I
00778338	Axid	Pendopharm	100	83.92	0.8392

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Caps.	Caps. 300 mg PPB							
00778346 02177722	Axid pms-Nizatidine	Pendopharm Phmscience	100 100	152.06 38.02	1.5206 → 0.3802			
	ļ'	L						
RANITIDINE HY	DROCHLORIDE 🖪		15	50 mg/10 mL				
02242940	Teva-Ranitidine Solution	Novopharm	300 ml	27.96	0.0932			
Tab.	ı		1:	50 mg PPB				
02248570	ACT Ranitidine	ActavisPhm	60 500	7.18 59.85	→ 0.1197→ 0.1197			
00733059	Apo-Ranitidine	Apotex	100 500	11.97 59.85	→ 0.1197→ 0.1197			
02463717	Jamp-Ranitidine	Jamp	100 500	11.97 59.85	→ 0.1197→ 0.1197→ 0.1197			
02443708 02473534	Mar-Ranitidine M-Ranitidine	Marcan Mantra Ph.	500 500 500	59.85 59.85	→ 0.1197 → 0.1197 → 0.1197			
02242453	pms-Ranitidine	Phmscience	60 500	7.18 59.85	→ 0.1197			
02353016	Ranitidine	Sanis	100	11.97 59.85	0.11970.11970.1197			
02385953	Ranitidine	Sivem	60 500	7.18 59.85	→ 0.1197 → 0.1197 → 0.1197			
00740748	Ranitidine-150	Pro Doc	60 500	7.18 59.85	→ 0.1197			
02336480	Ran-Ranitidine	Ranbaxy	100	11.97	0.11970.1197			
00828823	ratio-Ranitidine	Ratiopharm	500 60	59.85 7.18	→ 0.1197→ 0.1197			
02247814	Riva-Ranitidine	Riva	500 60	59.85 7.18	→ 0.1197→ 0.1197			
02243229	Sandoz Ranitidine	Sandoz	250 100	29.93 11.97	→ 0.1197→ 0.1197			
			500	59.85	→ 0.1197			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
āb.			30	00 mg PPB	
02248571	ACT Ranitidine	ActavisPhm	30	6.76	→ 0.2253
			100	22.53	→ 0.2253
00733067	Apo-Ranitidine	Apotex	100	22.53	→ 0.2253
00400705	. 5		500	112.65	• 0.2253
02463725 02443716	Jamp-Ranitidine Mar-Ranitidine	Jamp	100 100	22.53	→ 0.2253→ 0.2253
02443716	M-Ranitidine	Marcan Mantra Ph.	100	22.53 22.53	→ 0.2253→ 0.2253
02242454	pms-Ranitidine	Phmscience	30	6.76	→ 0.2253
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		250	56.33	→ 0.2253
02353024	Ranitidine	Sanis	100	22.53	→ 0.2253
02385961	Ranitidine	Sivem	30	6.76	→ 0.2253
			100	22.53	• 0.2253
00740756	Ranitidine-300	Pro Doc	100	22.53	• 0.2253
02336502	Ran-Ranitidine	Ranbaxy	100	22.53	• 0.2253
00000600	ratio Banitidina	Detienherm	500	112.65	→ 0.2253→ 0.2253
00828688 02247815	ratio-Ranitidine Riva-Ranitidine	Ratiopharm Riva	30 30	6.76 6.76	0.22530.2253
02247013	Niva-Namilianie	INIVA	100	22.53	→ 0.2253→ 0.2253
02243230	Sandoz Ranitidine	Sandoz	100	22.53	→ 0.2253
01917056	Arthrotec	Pfizer	250	149.75	0.5990
02413469	pms-Diclofenac-Misoprostol	Phmscience	250	133.83	→ 0.5353
ab.			75 mg - 20	0 mcg PPB	
02229837	Arthrotec 75	Pfizer	250	203.81	0.8152
02413477	pms-Diclofenac-Misoprostol	Phmscience	250	182.15	→ 0.7286
SOPROSTOL b. 02244022	Misoprostol	AA Pharma	100	100 mcg 26.36	0.2636
ab.				200 mcg	
02244023	Misoprostol	AA Pharma	100	43.89	0.4389
6:28.32 ROTECTAN UCRALFATE Iral Susp.	_	I	ı	1 g/5 mL	
02103567	Sulcrate Plus	Aptalis	500 ml	49.42	0.0988

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1g PPB	
	I	I	I	'9 	l I
02045702	Novo-Sucralate	Novopharm	100	13.09	→ 0.1309
			500	65.44	→ 0.1309
02100622	Sulcrate	Aptalis	100	54.41	0.5441
56:28.36 PROTON-PUN DEXLANSOPRA L.A. Caps.	IP INHIBITORS ZOLE			30 mg	
L.A. Caps.	I	I	I	30 mg	ı ı
02354950	Dexilant	Takeda	90	32.65	0.3628
L.A. Caps.				60 mg	
02354969	Dexilant	Takeda	90	32.65	0.3628
		1	1		
		_			
	.E (MAGNESIUM TRIHYDRA	TED) 🖪			
L.A. Tab.	I	I	; I	20 mg PPB	1 1
02423855	ACT Esomeprazole	ActavisPhm	30 100	16.50 55.00	1 0.3628 1 0.3628 1 1 0.3628
02339099	Apo-Esomeprazole	Apotex	30	16.50	1 0.3628
			100	55.00	1 0.3628
02394839	Esomeprazole	Pro Doc	30	16.50	1 0.3628
02442493	Esomeprazole	Sivem	30	16.50	1 0.3628
02383039	Mylan-Esomeprazole	Mylan	100	55.00	1 0.3628
02244521	Nexium	AZC	30	56.07	1 0.3628
02423979	Ran-Esomeprazole	Ranbaxy	30	16.50	● 0.3628
			100	55.00	0.3628
02460920	Sandoz Esomeprazole	Sandoz	30	16.50	0.3628
			100	55.00	1 0.3628
1471 140				40 888	
LA Tab or LA Ca	ps I	I		40 mg PPB	1
02423863	ACT Esomeprazole	ActavisPhm	30 100	16.50 55.00	1 0.3628 1 0.3628 1 1 0.3628
02339102	Apo-Esomeprazole	Apotex	30	16.50	1 0.3628
			500	275.00	1 0.3628
02394847	Esomeprazole	Pro Doc	30	16.50	1 0.3628
			500	275.00	1 0.3628
02431173	Esomeprazole	Sanis	100	55.00	1 0.3628
02442507	Esomeprazole	Sivem	30	16.50	1 0.3628
			500	275.00	● 0.3628
02383047	Mylan-Esomeprazole	Mylan	100	55.00	0.3628
02244522	Nexium	AZC	30	56.07	1 0.3628
0007047	F	Dharasian	100	186.90	0.3628
02379171	pms-Esomeprazole DR	Phmscience	30	16.50	0.3628
02423987	(Caps. L.A.) Ran-Esomeprazole	Panhavy	100 30	55.00 16.50	1 0.3628 1 0.3628
02423907	Nair-Esumeprazule	Ranbaxy	500	275.00	▼ 0.3628 ▼ 0.3628
02460939	Sandoz Esomeprazole	Sandoz	30	16.50	1 0.3628
02400303	Canada Edomopiazoid	Canada	100	55.00	1 0.3628 1 0.3628
		1		55.50	_ 0.0020

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
	LANSOPRAZOLE 10 A Tab or LA Caps 15 mg PPB							
02293811 02433001 02357682 02385767	Apo-Lansoprazole Lansoprazole Lansoprazole Lansoprazole	Apotex Phmscience Sanis Sivem	100 100 100 100	36.28 36.28 36.28 36.28	→ 0.3628→ 0.3628→ 0.3628→ 0.3628			
02353830 02395258 02165503	Mylan-Lansoprazole pms-Lansoprazole Prevacid	Mylan Phmscience BGP Pharma	100 100 30 100	36.28 36.28 60.00 200.00	 → 0.3628 → 0.3628 ➡ 0.3628 ➡ 0.3628 			
02249464 02402610 02422808 02385643 02280515	Prevacid FasTab Ran-Lansoprazole Riva-Lansoprazole Sandoz Lansoprazole Teva-Lansoprazole	BGP Pharma Ranbaxy Riva Sandoz Teva Can	30 100 100 100 30	60.00 36.28 36.28 36.28 10.88	 ■ 0.3628 ■ 0.3628 ■ 0.3628 ■ 0.3628 ■ 0.3628 			
LA Tab or LA Ca	1		1	36.28 30 mg PPB	0.3628			
02293838	Apo-Lansoprazole	Apotex	100 500	36.27 181.40	→ 0.3627→ 0.3628			
02433028 02366282	Lansoprazole Lansoprazole	Phmscience Pro Doc	100 100 500	36.27 36.27 181.40	→ 0.3627→ 0.3627→ 0.3628			
02357690	Lansoprazole	Sanis	100 500	36.27 181.40	→ 0.3627→ 0.3628			
02410389	Lansoprazole	Sivem	100 500	36.28 181.40	→ 0.3628→ 0.3628			
02353849 02395266	Mylan-Lansoprazole pms-Lansoprazole	Mylan Phmscience	100 100	36.28 36.27	→ 0.3628→ 0.3627			
02165511	Prevacid Prevacid FasTab	BGP Pharma BGP Pharma	30 100 30	60.00 200.00 60.00	▼ 0.3628▼ 0.3628▼ 0.3628			
02402629 02422816	Ran-Lansoprazole Riva-Lansoprazole	Ranbaxy Riva Sandoz	100 100	36.27 36.27	→ 0.3627→ 0.3627			
02385651 02280523	Sandoz Lansoprazole Teva-Lansoprazole	Teva Can	100 30 500	36.27 10.88 181.40	→ 0.3627→ 0.3627→ 0.3628			

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

OMEPRAZOLE (BASE OR MAGNESIUM)

	s. or Tab.	BASE OR MAGNESION) I		2	0 mg PPB		i
	02245058	Apo-Omeprazole (caps.)	Apotex	100	22.87	→	0.2287
				500	114.35	→	0.2287
	02422220	Auro-Omeprazole (caps.)	Aurobindo	28	6.40		0.2287
				500	114.35	→	0.2287
	02449927	Bio-Omeprazole	Biomed	100	22.87	→	0.2287
	02420198	Jamp-Omeprazole DR (co.)	Jamp	28	6.40	→	0.2287
				500	114.35		0.2287
	00846503	Losec (caps.)	AZC	30	33.00		0.3628
	02190915	Losec (tab.)	AZC	30	68.61		0.3628
				100	228.70	_	0.3628
	02439549	NAT-Omeprazole DR	Natco	100	22.87		0.2287
				500	114.35		0.2287
	02295415	Novo-Omeprazole	Teva Can	100	22.87		0.2287
				500	114.35	· ·	0.2287
	02348691	Omeprazole	Sanis	100	22.87		0.2287
		l		500	114.35		0.2287
	02339927	Omeprazole (caps.)	Pro Doc	100	22.87		0.2287
*	00005004	0	0.	500	114.35	•	0.2287
^	02385384	Omeprazole (caps.)	Sivem	100 500	22.87 114.35		w
	02416549	Omeprazole Magnesium	Accord	100	22.87	•	0.2287
		(co.)				7	
	02411857	Omeprazole-20	Sivem	100	22.87	•	0.2287
				500	114.35		0.2287
	02320851	pms-Omeprazole (caps.)	Phmscience	100	22.87		0.2287
	0001000			500	114.35	,	0.2287
	02310260	pms-Omeprazole DR (tab.)	Phmscience	30	6.86		0.2287
		_ ,		500	114.35		0.2287
	02374870	Ran-Omeprazole	Ranbaxy	100	22.87		0.2287
	02403617	Ran-Omeprazole (caps.)	Ranbaxy	100	22.87		0.2287
	0000007		D (')	500	114.35		0.2287
	02260867	ratio-Omeprazole (tab.)	Ratiopharm	100	22.87		0.2287
	02402416	Riva-Omeprazole DR (co.)	Riva	100 500	22.87 114.35		0.2287 0.2287
	02296446	Sandar Omanyarata (Cana)	Canda	100	22.87		0.2287
	02290440	Sandoz Omeprazole (Caps.)	Sandoz	500	22.87 114.35		0.2287
	02432404	VAN-Omeprazole	Vanc Phm	100	22.87	-	0.2287
	02432404	VAIN-OITIEPTAZOIE	Valid Pilli	100	22.87	7	0.2207

CODE BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PANTOPRAZOLE (MAGNESIUM OR SODIUM)

Ent. Tab.	E (MAGNESION OR SODIO)	и) ш	2	10 mg PPB	
02300486	ACT Pantoprazole	ActavisPhm	100	20.16	→ 0.2016
	,		500	100.80	→ 0.2016
02292920	Apo-Pantoprazole	Apotex	100	20.16	→ 0.2016
			500	100.80	→ 0.2016
02415208	Auro-Pantoprazole	Aurobindo	100	20.16	→ 0.2016
			500		→ 0.2016
02445867	Bio-Pantoprazole	Biomed	500	100.80	→ 0.2016
02357054	Jamp-Pantoprazole	Jamp	30		→ 0.2016
			500		• 0.2016
02416565	Mar-Pantoprazole	Marcan	100	20.16	• 0.2016
00447440	Mark Books and the		500		• 0.2016
02417448	Mint-Pantoprazole	Mint	100	20.16	• 0.2016
00407070	M Bantannania	Mantra Ph.	500 100	100.80 20.16	0.2016
02467372	M-Pantoprazole	Mantra Pn.	500		→ 0.2016→ 0.2016
02229453	Pantoloc	Takeda	100		▼ 0.2016 ▼ 0.3628
02469138	Pantoprazole	Altamed	100	204.16	0.3028→ 0.2016
02403130	T amoprazoie	Altamed	500		→ 0.2016 → 0.2016
02437945	Pantoprazole	Phmscience	100	20.16	→ 0.2016
02.0.0.0	- amoprazoro		500		→ 0.2016
02318695	Pantoprazole	Pro Doc	100	20.16	→ 0.2016
	,		500	100.80	→ 0.2016
02431327	Pantoprazole	Riva	30	6.05	→ 0.2016
			500	100.80	→ 0.2016
02370808	Pantoprazole	Sanis	100		→ 0.2016
			500		→ 0.2016
02428180	Pantoprazole-40	Sivem	100	20.16	→ 0.2016
			500		→ 0.2016
02307871	pms-Pantoprazole	Phmscience	100	20.16	• 0.2016
20005040			500		• 0.2016
02305046	Ran-Pantoprazole	Ranbaxy	100	20.16	• 0.2016
02316463	Diva Bantanasala	Riva	500 100		• 0.2016
02316463	Riva-Pantoprazole	Riva	500		→ 0.2016→ 0.2016
02301083	Sandoz Pantoprazole	Sandoz	30		→ 0.2016 → 0.2016
02301063	Gandoz Fantopiazoie	Januoz	500		→ 0.2016 → 0.2016
02267233	Tecta	Takeda	30		1 0.2010
02285487	Teva-Pantoprazole	Teva Can	100		→ 0.2016
			500	100.80	→ 0.2016
02428164	VAN-Pantoprazole	Vanc Phm	100		• 0.2016

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RABEPRAZOLE SODIUM

Ent. Tab.				10 mg PPB		
02345579	Apo-Rabeprazole	Apotex	100	6.69	•	0.0669
02243796	Pariet	Janss. Inc	100	65.00	₹	0.3628
02310805	pms-Rabeprazole EC	Phmscience	30	2.01	•	0.0669
			500	33.45	•	0.0669
02315181	Pro-Rabeprazole	Pro Doc	100	6.69	•	0.0669
02385449	Rabeprazole	Sivem	100	6.69	•	0.0669
02356511	Rabeprazole EC	Sanis	100	6.69	•	0.0669
02298074	Ran-Rabeprazole	Ranbaxy	100	6.69	•	0.0669
02330083	Riva-Rabeprazole EC	Riva	100	6.69	•	0.0669
			500	33.45	•	0.0669
02314177	Sandoz Rabeprazole	Sandoz	100	6.69	•	0.0669
02296632	Teva-Rabeprazole Sodium	Teva Can	100	6.69	•	0.0669

Ent. Tab.	1	1		20 mg PPB			
02345587	Apo-Rabeprazole	Apotex	100	13.38	•	0.1338	
02243797	Pariet	Janss. Inc	100	130.00	₹	0.3628	
02310813	pms-Rabeprazole EC	Phmscience	30	4.01	•	0.1338	
			500	66.90	•	0.1338	
02315203	Pro-Rabeprazole	Pro Doc	100	13.38	•	0.1338	
02385457	Rabeprazole	Sivem	30	4.01	•	0.1338	
			100	13.38	•	0.1338	
02356538	Rabeprazole EC	Sanis	100	13.38	•	0.1338	
02298082	Ran-Rabeprazole	Ranbaxy	100	13.38	•	0.1338	
02330091	Riva-Rabeprazole EC	Riva	100	13.38	•	0.1338	
			500	66.90	•	0.1338	
02314185	Sandoz Rabeprazole	Sandoz	30	4.01	•	0.1338	
	-		100	13.38	•	0.1338	
02296640	Teva-Rabeprazole EC	Teva Can	30	4.01	•	0.1338	
			100	13.38	•	0.1338	

56:32 PROKINETIC AGENTS DOMPERIDONE MALEATE

DOMI ENIDONE MALEATE III							
Tab.				10 mg PPB			
02103613	Apo-Domperidone	Apotex	500	21.40	•	0.0428	
02445034	Bio-Domperidone	Biomed	500	21.40	•	0.0428	
02350440	Domperidone	Sanis	500	21.40	•	0.0428	
02238341	Domperidone	Sivem	500	21.40	•	0.0428	
02236857	Domperidone-10	Pro Doc	500	21.40	•	0.0428	
02369206	Jamp-Domperidone	Jamp	500	21.40	•	0.0428	
02403870	Mar-Domperidone	Marcan	500	21.40	•	0.0428	
02157195	Novo-Domperidone	Novopharm	500	21.40	•	0.0428	
02236466	pms-Domperidone	Phmscience	500	21.40	•	0.0428	
02268078	Ran-Domperidone	Ranbaxy	500	21.40	•	0.0428	
01912070	Teva-Domperidone	Ratiopharm	500	21.40	•	0.0428	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				0.22	
	MIDE HYDROCHLORIDE		E 100 cr /100 l	(2 ml) DDB	
Inj. Sol. 02185431	Chlorhydroto do	Sandoz	2 ml	(2 mL) PPB 6.79	
	Chlorhydrate de metoclopramide injection				
02243563	Metoclopramide Omega	Oméga	2 ml	→ 6.79	
Oral Sol.				1 mg/mL	
02230433	Metonia	Pendopharm	500 ml	25.31	0.0506
T .				_	
Tab.	Motorio	Dondonhorm	100	5 mg	0.0572
02230431	Metonia	Pendopharm	100	5.73	0.0573
Tab.				10 mg	
02230432	Metonia	Pendopharm	100	6.00	0.0600
			500	30.00	0.0600
56:36 ANTLINEI AM	MATORY AGENTS				
5-AMINOSALIC	_				
02399466	 Pentasa	Ferring	60	1 g 66.83	1.1138
	1	g		1	
Ent. Tab.	I	I	I.	400 mg	
01997580 02171929	Asacol Teva-5-ASA	Warner Teva Can	180 100	95.22 31.11	0.5290 0.3111
02171929	Teva-3-A3A	Teva Call	500	155.55	0.3111
Ent. Tab.				500 ~~	
02099683	 Pentasa	Ferring	100	500 mg	0.5569
02099663	Salofalk	Aptalis	150	81.96	0.5464
			500	273.23	0.5465
Ent. Tab.				800 mg	
02267217	Asacol 800	Warner	180	185.04	1.0280
			•	'	
L.A. Tab.		I	I	1.2 g	
02297558	Mezavant	Shire	120	186.77	1.5564
Rect. Susp.				2 g	
02112795	Salofalk (58,2 mL)	Aptalis	7	25.76	3.6800
	- · · · · · · · · · · · · · · · · · · ·	1	<u> </u>		3.3330

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Rect. Susp.				4 g PPB		
02153556 02112809	Pentasa (100 mL) Salofalk (58,2 mL)	Ferring Aptalis	1 7	→ 4.46 43.68	6.2400	
Supp.		1 -		1g PPB		
о арр. 	I	I	L	'9 '1		
02474018	Mezera	Avir	30	43.20	→ 1.4400	
02153564	Pentasa	Ferring	30	48.00	1.6000	
02242146	Salofalk	Aptalis	30	48.00	1.6000	
Supp.				500 mg		
02112760	Salofalk	Aptalis	30	34.19	1.1397	
OLSALAZINE SODIUM Caps. 250 mg						
02063808	Dipentum	Search Phm	100	49.93	0.4993	
56:92 GI DRUGS, MISCELLANEOUS LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCINE Kit (solid oral) 30 mg-2 x 500 mg-500 mg PPB						
02470780	Apo-Lansoprazole- Amoxicillin-Clarithromycin	Apotex	7	67.91	→ 9.7014	
02238525	Hp-PAC	BGP Pharma	7	80.88	11.5543	

60:00 GOLD COMPOUNDS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
60:00 GOLD COMPOUNDS SODIUM AUROTHIOMALATE III I.M. Inj. Sol. 10 mg/mL							
01927620	Myochrysine	SanofiAven	1 ml	9.92			
I.M. Inj. Sol.	1	1	ı	25 mg/mL			
01927612	Myochrysine	SanofiAven	1 ml	12.05			
I.M. Inj. Sol. 50 mg/mL							
01927604	Myochrysine	SanofiAven	1 ml	18.74			

64:00 HEAVY METALS ANTAGONISTS

64:00 HEAVY METALS ANTAGONISTS DEFEROXAMINE MESYLATE ☐

Inj. Pd.				2 g	PPB	
	Mesylate de desfer- rioxamine pour injection	Pfizer	1	→	20.31	
	pms-Deferoxamine	Phmscience	1	→	20.31	

Inj. Pd.			. 5	00 mg PPB		
01981242 02241600	Desferal Mesylate de desfer- rioxamine pour injection	Novartis Pfizer	1 1	13.97 → 4.68	1	

PENICILLAMINE

Caps.				250 mg		
00016055	Cuprimine	Valeant	100	85.00	0.8500	

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04	adrenals
68:08	androgens
68:12	contraceptives
68:16	estrogens and antiestrogens
68:16.04	estrogens
68:16.12	estrogen agonist-antagonists
68:18	gonadotropins
68:20	antidiabetic agents
68:20.02	alpha-glucosidase inhibitors
68:20.04	biguanides
68:20.08	insulins
68:20.16	meglitinides
68:20.20	sulfonylureas
68:22	antihypoglycemic agents
68:22.12	glycogenolytic agents
68:24	parathyroid
68:28	pituitary
68:32	progestins
68:36	thyroid and antithyroid agents
68:36.04	thyroid agents
68:36.08	antithyroid agents

	<u> </u>		1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
68:04 ADRENALS BECLOMETHAS Oral aerosol	SONE DIPROPIONATE			50 mcg/dose	
02242029	Qvar	Valeant	200 dose(s)	29.28	
Oral aerosol			. 10	00 mcg/dose	
02242030	Qvar	Valeant	200 dose(s)	58.56	
BUDESONIDE Inh. Pd.	G.		10	00 mcg/dose	
00852074	Pulmicort Turbuhaler	AZC	200 dose(s)	30.90	
Inh. Pd.			20	00 mcg/dose	
00851752	Pulmicort Turbuhaler	AZC	200 dose(s)	63.16	
Inh. Pd.	ı	1	40	00 mcg/dose	
00851760	Pulmicort Turbuhaler	AZC	200 dose(s)	93.00	
Sol. Inh.	ı		0.125 mg/mL (2 mL) PPB	
02229099 02465949	Pulmicort nebuamp Teva-Budesonide	AZC Teva Can	20 20	8.57 6.86	0.4285 → 0.3430
02403949	Teva-BudeSoffide	Teva Call	20	0.00	0.3430
Sol. Inh.			0.25 m	g/mL (2 mL)	
01978918	Pulmicort nebuamp	AZC	20	17.14	0.8570
Sol. Inh.	ı	1	0.5 mg/mL	(2mL) PPB	
01978926 02465957	Pulmicort nebuamp Teva-Budesonide	AZC Teva Can	20 20	34.28 27.36	1.7140 1.3678
02403337	Teva-Budesonide	Teva Can	20	27.50	1.3070
CICLESONIDE Oral aerosol			10	00 mcg/dose	
02285606	Alvesco	AZC	120 dose(s)	44.15	
	1	1	1 (-7		
Oral aerosol	I	ı	20	00 mcg/dose	
02285614	Alvesco	AZC	120 dose(s)	72.81	
CORTISONE AC	ETATE 1			2F ma	
		 Valeant	100	25 mg	0.3066
00280437	Cortisorie Acetate-ICN	valeant	100	30.66	0.3066

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	AMETHASO	ONE B			0.5 /5 1	
Elix.			I		0.5 mg/5 mL 	
	01946897	pms-Dexamethasone	Phmscience	100 ml	45.71	0.4571
Tab.		1	ı	C	.5 mg PPB	
	02261081	Apo-Dexamethasone	Apotex	100	7.82	→ 0.0782
	01964976	pms-Dexamethasone	Phmscience	100	7.82	→ 0.0782
Tab.					2 mg	
	02270262	nma Dayamathasana	Phmscience	100	42.36	0.4236
	02279363	pms-Dexamethasone	Primscience	100	42.36	0.4236
Tab.		I	ı	ı	4 mg PPB	ı
	02250055	Apo-Dexamethasone	Apotex	100	30.46	→ 0.3046
	00489158	Dexasone	Valeant	100	30.46	→ 0.3046
	01964070	pms-Dexamethasone	Phmscience	100	30.46	• 0.3046
	02311267	Pro-Dexamethasone-4	Pro Doc	100	30.46	→ 0.3046
		ONE SODIUM PHOSPHATE	F	4	/	
Inj. S	Ю.	1	I	4 n	ng/mL PPB I	l
	00664227	Dexamethasone	Sandoz	5 ml	→ 8.03	
	01977547	Dexamethasone	Sterimax	5 ml	→ 8.03	
	02204266	Dexamethasone Omega	Oméga	5 ml	♦ 8.03	
Inj. S	Sol.			. 10 r	ng/mL PPB	
	00874582	Dexamethasone	Sandoz	1 ml	→ 4.23	
	02204274	Dexamethasone Omega	Oméga	1 ml	→ 4.23	
				10 ml	→ 12.83	
	02387743	Dexamethasone Omega	Oméga	1 ml	→ 4.23	
	00783900	Unidose pms-Dexamethasone	Phmscience	10 ml	→ 12.83	
E1 111	DROCORTI	SONE ACETATE				
Tab.	DROCORTI	SONE ACETATE M			0.1 mg	
	02086026	Florinef	Paladin	100	23.96	0.2396
			I			
		B				
Inh. i		FUROATE 🖫			100 mcg	
					ı	
	02446561	Arnuity Ellipta	GSK	30 dose(s)	34.70	
Inh. f	Pd.				200 mcg	
		A	COK	004. ()	l	
	02446588	Amuity Ellipta	GSK	30 dose(s)	69.40	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1		,	
FLUTICASONE Inh. Pd.	PROPIONATE 🖪		100	0 mcg/coque	
02237245	Flovent Diskus	GSK	60 dose(s)	22.61	
Inh. Pd.	F1	look		0 mcg/coque	
02237246	Flovent Diskus	GSK	60 dose(s)	38.05	
Inh. Pd.			. 500	0 mcg/coque	
02237247	Flovent Diskus	GSK	60 dose(s)	64.20	
Oral aerosol			,	50 mcg/dose	
02244291	Flovent HFA	GSK	120 dose(s)	22.61	
	1	12-11	(-)		
Oral aerosol	I	I	1: I	25 mcg/dose	ı
02244292	Flovent HFA	GSK	120 dose(s)	38.05	
Oral aerosol			2:	50 mcg/dose	
02244293	Flovent HFA	GSK	120 dose(s)	76.11	
	-				
HYDROCORTIS	ONE B				
	-			40	
Tab.	Control	D6	100	10 mg	0.4400
00030910	Cortef	Pfizer	100	14.26	0.1426
Tab.				20 mg	
00030929	Cortef	Pfizer	100	25.76	0.2576
	ONE SODIUM SUCCINATE	R			
Inj. Pd.	l	l	l .	1g PPB	
00878626 00030635	Hydrocortisone Solu-Cortef	Novopharm Pfizer	1 1	→ 8.60 14.02	
		1			
Inj. Pd.	1	I		00 mg PPB 	ı
00872520 00030600	Hydrocortisone Solu-Cortef	Novopharm Pfizer	1 1	→ 2.00 3.25	
	1 2	1	I .	!	
Inj. Pd. 	1	I		50 mg PPB 	ı
00872539 00030619	Hydrocortisone Solu-Cortef	Novopharm Pfizer	1 1	→ 3.40 5.64	
		1	· ·	0.04	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.			5	00 mg PPB	
00878618 00030627	Hydrocortisone Solu-Cortef	Novopharm Pfizer	1 1	→ 5.10 8.36	
METHYLPREDN Tab.	IISOLONE 🖪			4 mg	
00030988	Medrol	Pfizer	100	32.93	0.3293
Tab.				16 mg	
00036129	Medrol	Pfizer	100	95.03	0.9503
		-	•	'	
METHYLPREDN Inj. Susp.	IISOLONE ACETATE			20 mg/mL	
01934325	 Depo-Medrol	Pfizer	5 ml	10.76	
	,	1			
nj. Susp.	I	1	I	40 mg/mL	
01934333	Depo-Medrol	Pfizer	2 ml 5 ml	9.11 16.45	
00030759	Depo-Medrol (sans preservatif)	Pfizer	1 ml	4.75	
nj. Susp.				80 mg/mL	
00030767	Depo-Medrol	Pfizer	1 ml	9.11	
METHYLPREDN nj. Susp.	IISOLONE ACETATE/ LIDO	CAINE HYDROCHLORI		g -10 mg/mL	
00260428	Depo-Medrol & Lidocaine	Pfizer	2 ml	9.15	
00200420	Dopo Medioi a Elabounie	T NZCI	21111	0.10	
METHYLPREDN Inj. Pd.	IISOLONE SODIUM SUCCIN	ATE B		1g PPB	
02241229	Methylprednisolone	Novopharm	1	→ 31.00	
02367971	Solu-Medrol	Pfizer	1	43.88	
lnj. Pd.				40 mg PPB	
02231893	Methylprednisolone	Novopharm	1	→ 3.60	
02367947	Solu-Medrol	Pfizer	1	4.82	
nj. Pd.			. 1:	25 mg PPB	
Inj. Pd. 02231894 02367955	Methylprednisolone Solu-Medrol	Novopharm	1:	25 mg PPB 8.50 11.43	

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	1				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
nj. Pd.			5	00 mg PPB	
02231895 02367963	Methylprednisolone Solu-Medrol	Novopharm Pfizer	1 1	→ 18.60 28.66	
0200.000	Cola moure.	1	·	20.00	
MOMETASON F	TIROATE R				
nh. Pd.		1	2	00 mcg/dose	
02243595	Asmanex Twisthaler	Merck	60 dose(s)	32.00	
nh. Pd.			4	00 mcg/dose	
02243596	Asmanex Twisthaler	Merck	30 dose(s)	32.00	
			60 dose(s)	64.00	
PREDNISOLON Oral Sol.	E SODIUM PHOSPHATE		5 mc	g/5 mL PPB	
02230619	Pediapred	 SanofiAven	120 ml	12.70	0.1058
02245532	pms-Prednisolone	Phmscience	120 ml	10.80	• 0.0900
PREDNISONE Tab.	 	1	I	1 mg	1
00271373	Winpred	AA Pharma	100	10.66	0.1066
Гаь.				5 mg PPB	
00312770	Apo-Prednisone	Apotex	100	2.20	→ 0.0220
	,	'	1000	21.95	→ 0.0220
00021695	Novo-Prednisone	Novopharm	100 1000	2.20 21.95	→ 0.0220→ 0.0220
00156876	Prednisone-5	Pro Doc	1000	21.95	→ 0.0220→ 0.0220
Tab.				50 mg PPB	
00550957	Apo-Prednisone	Apotex	100	17.35	→ 0.1735
00232378	Teva-Prednisone	Teva Can	100	17.35	→ 0.1735
TRIAMCINOLON	NE ACETONIDE		40 r	ng/mL PPB	
01999869	Kenalog-40	B.M.S.	1 ml	7.29	
			5 ml	25.52	
01977563	Triamcinolone	Sterimax	1 ml 5 ml	◆ 4.77◆ 23.85	
-: 0		•		40 / -	
nj. Susp.				10 mg/mL	
01999761	Kenalog-10	B.M.S.	5 ml	15.71	

Caps. 100 mg 02018152 Cyclomen SanofiAven 100 116.79 1.1679 Caps. 200 mg 02018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
O2018144 Cyclomen SanofiAven 100 78.72 0.787. Caps. 100 mg 100 mg 1.1679 1.1679 Caps. 200 mg 1.00 186.61 1.866 TESTOSTERONE ♦ Nasal Gel 4.5 % 4.5 % 1.5 mg/24 h 1.5 mg/24 h 1.973 Patch 2.5 mg/24 h 2.5 mg/24 h 1.973 1.973 Patch 5 mg/24 h 5 mg/24 h 1.973 Top. Jel. 1% (2.5 g) PPB 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	ANDROGENS					
Caps. 100 mg 02018152 Cyclomen SanofiAven 100 116.79 1.1679 Caps. 200 mg 02018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	Caps.	I	I	I	50 mg	ı
Caps. 200 mg 02018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	02018144	Cyclomen	SanofiAven	100	78.72	0.7872
Caps. 200 mg 02018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	Caps.				100 mg	
O2018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel	1	Cyclomen	SanofiAven	100	1	1.1679
O2018160 Cyclomen SanofiAven 100 186.61 1.866 TESTOSTERONE ♦ Nasal Gel						
TESTOSTERONE ♦ Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	1	0	0	400	l I	4 0004
Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.9736 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.9477 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	02018160	Cyclomen	SanotiAven	100	186.61	1.8661
Nasal Gel 4.5 % 02450550 Natesto Acerus 2 90.00 45.000 Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.9736 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.9477 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	TEOTOOTEDON	- 4				
Patch 2.5 mg/24 h 02239653 Androderm Actavis 60 118.43 1.973 Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716		E ♥			4.5 %	
02239653 Androderm Actavis 60 118.43 1.9736 Patch 5 mg/24 h 02245972 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	02450550	Natesto	Acerus	2	90.00	45.0000
02239653 Androderm Actavis 60 118.43 1.9736 Patch 5 mg/24 h 02245972 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716						
Patch 5 mg/24 h 02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1716	1	1	1	l	I .	
02245972 Androderm Actavis 30 118.43 3.947 Top. Jel. 1% (2.5 g) PPB 02245345 AndroGel BGP Pharma 30 65.13 2.1710	02239653	Androderm	Actavis	60	118.43	1.9738
Top. Jel. 1% (2.5 g) PPB 02245345 <i>AndroGel</i> BGP Pharma 30 65.13 2.1710	Patch				5 mg/24 h	
02245345 AndroGel BGP Pharma 30 65.13 2.1710	02245972	Androderm	Actavis	30	118.43	3.9477
02245345 AndroGel BGP Pharma 30 65.13 2.1710						
	1	1	I	l '	1	
	1	1 1 1 1		1		2.1710 → 1.6727
		-			· · · · · · · · · · · · · · · · · · ·	
Top. Jel. 1 % (5.0 g) PPB	Top. Jel.	I	I	1 % (5.0 g) PPB	
		1 1 1 1		1		3.8390 → 2.9577
	1	I .	1	1		3.4507
TESTOSTERONE CYPIONATE �		E CYPIONATE 💠			400 / 1	
Oily Inj. Sol. 100 mg/mL		Bara Tartartana	D6	401	1	
00030783 Depo-Testosterone Pfizer 10 ml 24.45	00030783	Depo-Testosterone	Pilzer	10 mi	24.45	
^						
TESTOSTERONE ENANTHATE Oliy Inj. Sol. 200 mg/mL		E ENANTHATE ♥			200 mg/mL	
00029246 Delatestryl Valeant 5 ml 24.42		1	1	I .	1 1	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1		!	
TESTOSTER	ONE UNDECANOATE	\$			
Caps.	1	1	ì	40 mg PPB	
* 007823	27 Andriol	Merck	60	56.40	w
023224	98 pms-Testosterone	Phmscience	100	47.00	→ 0.4700
	ľ		120	56.40	→ 0.4700
024211	86 Taro-Testosterone	Taro	60	28.20	→ 0.4700
			120	56.40	→ 0.4700
68:12					
CONTRAC	EPTIVES	_			
	RADIOL DESOGESTRE				
Tab.	ı	0.025 mg/0.1 mg-0.025 mg/0.	.125 mg-0.025	mg/0.15 mg	
022729	03 Linessa 21	Aspen	1	12.40	
022572	38 Linessa 28	Aspen	1	12.40	
	·	·	•	•	
Tab.	ı	1	0.030 mg -0.	15 mg PPB	
023171	92 Apri 21	Teva Can	1	→ 7.77	
023172	06 <i>Apri</i> 28	Teva Can	1	→ 7.77	
023964	91 Freya 21	Mylan	1	→ 7.77	
023966	10 Freya 28	Mylan	1	→ 7.77	
l					
020424		Merck	1	12.95	
020424 020424	79 Marvelon 28	Merck	1	12.95	
020424 020424 024102	79 <i>Marvelon 28</i> 49 <i>Mirvala 21</i>	Merck Apotex	1 1	12.95 → 7.77	
020424 020424	79 <i>Marvelon 28</i> 49 <i>Mirvala 21</i>	Merck	1	12.95	
020424 020424 024102	79 <i>Marvelon 28</i> 49 <i>Mirvala 21</i>	Merck Apotex	1 1	12.95 → 7.77	
020424 020424 024102 024102 ETHINYLES	79 <i>Marvelon 28</i> 49 <i>Mirvala 21</i>	Merck Apotex Apotex	1 1 1	12.95 7.77 7.77	
020424 020424 024102 024102	79	Merck Apotex Apotex	1 1 1	12.95 → 7.77	
020424 020424 024102 024102 ETHINYLES	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 "RADIOL/ DROSPIRENO	Merck Apotex Apotex	1 1 1	12.95 7.77 7.77	
020424 020424 024102 024102 ETHINYLES	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 "RADIOL/ DROSPIRENO 80 Mya	Merck Apotex Apotex	0.02 mg	12.95 7.77 7.77	
020424 020424 024102 024102 ETHINYLES' Tab.	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 "RADIOL/ DROSPIRENO 80 Mya	Merck Apotex Apotex	0.02 mg	12.95 7.77 7.77 -3 mg PPB	
020424 020424 024102 024102 ETHINYLES' Tab. 024153 023211	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 "RADIOL/ DROSPIRENO 80 Mya	Merck Apotex Apotex	0.02 mg	12.95 7.77 7.77 -3 mg PPB	
020424 020424 024102 024102 ETHINYLES' Tab. 024153 023211	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 FRADIOL/ DROSPIRENO 80 Mya 57 Yaz	Merck Apotex Apotex	0.02 mg	-3 mg PPB -10.06 11.84	
020424 020424 024102 024102 ETHINYLES' Tab. 024153 023211	79	Merck Apotex Apotex NE Apotex Bayer	0.02 mg	-3 mg PPB -3 mg PPB -3 mg PPB -3 mg PPB	
020424 020424 024102 024102 ETHINYLES' Tab. 024153 023211 Tab. 022617 022617 024107	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 Gradiol Drospireno 80 Mya 57 Yaz 23 Yasmin 21 31 Yasmin 28 88 Zamine 21	Merck Apotex Apotex NE Apotex Bayer Bayer Bayer Apotex	0.02 mg 1 1 0.03 mg 1 1 1	-3 mg PPB - 10.06 11.84 -3 mg PPB - 11.84 -3 mg PPB - 11.84 - 9.01	
020424 020424 024102 024102 ETHINYLESTab. 024153 023211 Tab. 022617 022617 024107	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 TRADIOL/ DROSPIRENO 80 Mya 57 Yaz 23 Yasmin 21 31 Yasmin 28 88 Zamine 21 96 Zamine 28	Merck Apotex Apotex NE Apotex Bayer Bayer Apotex Apotex Apotex Apotex	0.02 mg 1 1 0.03 mg 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 ETHINYLES Tab. 024153 023211 Tab. 022617 024107 024107 024107	79	Merck Apotex Apotex NE Apotex Bayer Bayer Apotex Apotex Apotex Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 ETHINYLES' Tab. 024153 023211 Tab. 022617 022617 024107	79	Merck Apotex Apotex NE Apotex Bayer Bayer Apotex Apotex Apotex Apotex	0.02 mg 1 1 0.03 mg 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 ETHINYLES Tab. 024153 023211 Tab. 022617 024107 024107 024107	79	Merck Apotex Apotex NE Apotex Bayer Bayer Apotex Apotex Apotex Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 024102 ETHINYLES Tab. 024153 023211 Tab. 022617 024107 024107 024107 023850 023850	79	Merck Apotex Apotex NE Apotex Bayer Bayer Bayer Apotex Apotex Apotex Cobalt Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 024102 ETHINYLES Tab. 024153 023211 Tab. 022617 024107 024107 024107 023850 023850	79	Merck Apotex Apotex NE Apotex Bayer Bayer Bayer Apotex Apotex Apotex Cobalt Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01	
020424 020424 024102 024102 024102 ETHINYLES' Tab. 022617 022617 024107 024107 023850 023850 ETHINYLES' Tab.	79 Marvelon 28 49 Mirvala 21 57 Mirvala 28 TRADIOL/ DROSPIRENO	Merck Apotex Apotex NE Apotex Bayer Bayer Bayer Apotex Apotex Apotex Cobalt Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 0.03 mg	-3 mg PPB - 10.06 11.84 -3 mg PPB - 11.84 -3 mg PPB - 11.84 - 9.01 - 9.01 - 9.01 - 9.01 - 9.01	
020424 020424 024102 024102 024102 ETHINYLES' Tab. 024153 023211 Tab. 022617 024107 024107 023850 023850	79	Merck Apotex Apotex NE Apotex Bayer Bayer Bayer Apotex Apotex Apotex Cobalt Cobalt	0.02 mg 1 1 0.03 mg 1 1 1 1 1 1 1 1 1	-3 mg PPB 10.06 11.84 -3 mg PPB 11.84 -3 mg PPB 11.84 9.01 9.01 9.01	

					OCCUPANT OF THE	
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			ı			
CTU	NVI ESTDA	DIOL/ ETONOGESTREL				
	nal ring	DIOL/ ETONOGESTREL III		2.6	mg -11.4 mg	
	02253186	Nuvaring	Merck	1	14.72	
				3	44.16	
ETH	NYLESTRA	DIOL/ LEVONORGESTREL -	ETHINYLESTRADIOL	. R		
Tab.		I	0.03 mg - 0.15 n	ng (84 co.)/0.0 I)1 mg (7 co.)	
	02346176	Seasonique	Paladin	1	52.66	
ETHI	NYLESTRA	DIOL/ NORELGESTROMIN	R			
Patcl	า (3)	I	1	0.6	60 mg - 6 mg	
	02248297	Evra	Janss. Inc	1	14.95	
ETHI	NYLESTRA	DIOL/ NORETHINDRONE	1			
Tab.			1	0.035	mg -0.5 mg	
	02187086		Pfizer	1	10.92	
	02187094	Brevicon 0.5/35 (28)	Pfizer	1	10.92	
Tab.		0.03	5 mg -0.5 mg -0.035 mg	, 1 ma 0 026	ima O E ma	
	00407400		1	ĺ		
	02187108 02187116	Synphasic 21 Synphasic 28	Pfizer Pfizer	1 1	10.35 10.35	
Tab.				0.0	35 mg -1 mg	
	02189054		Pfizer	1	10.92	
	02189062		Pfizer	1	10.92	
	02197502 02199297	Select 1/35 (21) Select 1/35 (28)	Pfizer Pfizer	1 1	7.37 7.37	
	NVI FOTE:	DIOL/NODETHINGSONE :	SETATE B			
ETHI	NTLESTRA	DIOL/ NORETHINDRONE AC	EIAIE III	0.	02 mg -1 mg	
	00315966	Minestrin 1/20 (21)	Warner	1	12.73	
	00343838	Minestrin 1/20 (28)	Warner	1	12.73	
Tab.		I	I	0.03	3 mg -1.5 mg	
	00297143	Loestrin 1.5/30 (21)	Warner	1	12.73	
	00353027	Loestrin 1.5/30 (28)	Warner	1	12.73	

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ETHIN	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ETHIN				I.		
Tab.	NYLOESTR	ADIOL NORGESTIMATE	0.025 mg/0.180 mg - (0 215 ma -0 2	50 mg PPR	
Tab.		I		 	1 -	
	02401967	Tricira Lo (21)	Apotex	1	→ 9.47	
	02401975	Tricira Lo (28)	Apotex	1	→ 9.47	
	02258560	Tri-Cyclen LO (21)	Janss. Inc	1	12.15	
	02258587	Tri-Cyclen LO (28)	Janss. Inc	1	12.15	
Tab.		0.035 mg -0	.180 mg -0.035 mg -0.2	15 mg -0.035	mg -0.25 mg	
	02028700	Tri-Cyclen (21)	Janss. Inc	1	12.69	
	02028700	Tri-Cyclen (21)	Janss. Inc	1	12.69	
Tab.				0.035	mg -0.25 mg	
	0.1000.1.10	l	1	1	1 1	
	01968440	Cyclen (21)	Janss. Inc	1	12.69	
	01992872	Cyclen (28)	Janss. Inc	1	12.69	
			🖪			
ETHY Tab.	NYLOESII	RADIOL/ LEVONORGESTRE	:L LGI	0.020 mg -0.	10 mg PPB	
	02236974	Alesse 21	Pfizer	1	12.70	
	02236975	Alesse 28	Pfizer	i	12.70	
	02387875	Alysena 21	Apotex	1 1	→ 7.62	
		1,		3	22.86	→ 7.6200
	02387883	Alysena 28	Apotex	1	→ 7.62	,
	0200.000	/yeea = 0	, , , , , , , , , , , , , , , , , , , ,	3	22.86	→ 7.6200
	02298538	Aviane 21	Teva Can	1	→ 7.62	,
	02298546	Aviane 28	Teva Can	1	→ 7.62	
- .		0.00	0.05	75 0.00	0.405	
Tab. I		I	-0.05 mg -0.04 mg -0.0	75 mg -0.03 m 	ı - 1	
	00707600	Triquilar 21	Bayer	1	14.52	
	00707503	Triquilar 28	Bayer	1	14.52	
Tab.				0.03 mg -0.	15 mg PPB	
	02042320	 Min-Ovral 21	Pfizer	1	12.13	
	02042320	Min-Ovral 28	Pfizer	1	12.13	
	02387085	Ovima 21	Apotex	1	→ 7.28	
	02387093	Ovima 28	Apotex	1	7.28	
	02295946	Portia 21	Teva Can	1 1	→ 7.28	
	02295954	Portia 28	Teva Can	1 1	→ 7.28	
	02293934	FOILIA 20	Teva Call	'	7 1.20	
	91)			0.03 mg -0.	15 mg PPB	
Tab. (02398869	Indayo	Mylan	1	→ 45.96	
Tab. (Seasonale	Paladin	1	54.06	
	02296659	00000				
	02296659					
LEVO	NORGEST	_				
LEVO Intra-l		_	1	ı	19.5 mg	

					0007.05.040	
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1	!		
Intra-	-Uter. Sys.	1	1	1	52 mg	,
	02243005	Mirena	Bayer	1	326.06	
					-	
Tab.	ONORGEST	REL		0.	75 mg PPB	
	02364905	Next Choice	ActavisPhm	2	8.77	→ 4.3850
	02304903	Option 2	Teva Can	2	8.77	→ 4.3850
				l	ll	
Tab.				1	.5 mg PPB	
	02433532	Backup Plan Onestep	Apotex	1	→ 8.60	
	02425009	Contingency One	Mylan	1	→ 8.60	
	02293854	Plan B	Paladin	1	→ 8.60	
NOR	ETHINDRO	NF R				
Tab.				0.3	35 mg PPB	
	02441306	Jencycla	Lupin	1	→ 10.99	
	00037605	Micronor	Janss. Inc	1	12.69	
	02410303	Movisse	Mylan	1	→ 10.99	
111 10	RISTAL AC	ETATE P				
Tab.	NISTAL AC	CIAIC W			5 mg	
	02408163	Fibristal	Actavis	30	343.80	11.4600
					l	
68:1	6.04					
_	ROGENS		_			
		ESTROGENS (BIOLOGICS)	R		0.625	
Vag.				l	0.625 mg/g 	ı
	02043440	Premarin	Pfizer	14 g 30 g	8.79 18.84	
				30 g	10.04	
	RADIOL-17E	3 B				
Tab.			1	1	0.5 mg PPB 	ı
	02225190	Estrace	Acerus	100	13.44	0.1344
	02449048	Lupin-Estradiol	Lupin	100	10.74	• 0.1074
Tel					1 ma . BBB	
Tab.		1		I	1 mg PPB 	I
	02148587 02449056	Estrace	Acerus	100 100	25.97	0.2597
	02449000	Lupin-Estradiol	Lupin	100	20.78	→ 0.2078
Tab					2 mg BBB	
Tab.		l	1.		2 mg PPB	
Tab.	02148595 02449064	Estrace Lupin-Estradiol	Acerus Lupin	100 100	2 mg PPB 45.86 36.66	0.4586 • 0.3666

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		T	I		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•			
Vag. Tab (App.)	1	1	1	10 mcg	
02325462	Vagifem 10	N.Nordisk	18	42.07	
Maninal sina				0	
Vaginal ring I	İ	1	I	2 mg	
02168898	Estring	Paladin	1	62.77	
-					
ESTRONE A Vag. Cr.				1 mg/g	
00727369	Estragyn vaginal cream	Search Phm	45 g	15.55	
68:16.12 ESTROGEN A	GONIST-ANTAGONISTS				
	YDROCHLORIDE				
Tab.				60 mg PPB	
02358840	ACT Raloxifene	ActavisPhm	30	13.75	→ 0.4583
			100	45.83	→ 0.4583
02279215	Apo-Raloxifene	Apotex	100	45.83	→ 0.4583
02239028	Evista	Lilly	28	46.15	1.6482
02358921	pms-Raloxifene	Phmscience	30 100	13.75 45.83	0.4583
02415852	Raloxifene	Pro Doc	30	13.75	0.45830.4583
02413032	Kaloxilerie	110 000	100	45.83	→ 0.4583
02312298	Teva-Raloxifene	Novopharm	100	45.83	→ 0.4583
68:18					
GONADOTRO	PINS				
DEGARELIX AC	ETATE B				
S.C. Inj. Sol.	I	I	ı	80 mg	ı
02337029	Firmagon	Ferring	1	255.00	
S.C. Inj. Sol.				120 mg	
02337037	Firmagon	Ferring	2	690.00	
02001001	, magon	Į i si i i i g		000.00	
NAFARELIN AC	FTATE R				
Nas. spray		1	ı	2 mg/mL	,
02188783	Synarel	Pfizer	8 ml	283.56	
68:20.02	OSIDASE INHIBITORS				
ACARBOSE					
Tab.				50 mg	
02190885	Glucobay	Bayer	120	29.76	0.2480
	· · · ·	· '			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	Tab.				100 mg	
-	02190893	Glucobay	Bayer	120	41.15	0.3429

68:20.04 BIGUANIDES METFORMIN HYDROCHLORIDE

Tab.	DROCHLORIDE LEN		. 50	00 mg PPB		
02257726	ACT Metformin	ActavisPhm	100	2.47	→	0.0247
			500	12.35	•	0.0247
02167786	Apo-Metformin	Apotex	100	2.47	•	0.0247
			500	12.35	•	0.0247
02438275	Auro-Metformin	Aurobindo	100	2.47	•	0.0247
			500	12.35	•	0.0247
02099233	Glucophage	SanofiAven	100	23.68		0.2368
			500	106.53		0.2131
02380196	Jamp-Metformin	Jamp	100	2.47	•	0.0247
			500	12.35	•	0.0247
02380722	Jamp-Metformin Blackberry	Jamp	500	12.35	•	0.0247
02378620	Mar-Metformin	Marcan	100	2.47	•	0.0247
			500	12.35	•	0.0247
02378841	Metformin	Marcan	100	2.47	•	0.0247
			500	12.35	•	0.0247
02353377	Metformin	Sanis	100	2.47	•	0.0247
			500	12.35		0.0247
02385341	Metformin FC	Sivem	100	2.47		0.0247
			500	12.35		0.0247
02388766	Mint-Metformin	Mint	100	2.47		0.0247
			500	12.35		0.0247
02045710	Novo-Metformin	Novopharm	100	2.47		0.0247
			500	12.35	•	0.0247
02223562	pms-Metformin	Phmscience	100	2.47	•	0.0247
00044000	5		500	12.35		0.0247
02314908	Pro-Metformin	Pro Doc	500	12.35	7	0.0247
02269031	Ran-Metformin	Ranbaxy	100	2.47 12.35	7	0.0247
00040074	untin Adotto unnin	Detiensherme	500		7	0.0247
02242974	ratio-Metformin	Ratiopharm	100 500	2.47 12.35	3	0.0247 0.0247
02239081	Riva-Metformin	Dive	100	2.47	,	1
02239061	Riva-Mellorriiri	Riva	500	12.35		0.0247
02246820	Sandoz Metformin FC	Sandoz	100	2.47	1	0.0247 0.0247
02240020	Sandoz Wellomiin FC	Sandoz	500	12.35	3	0.0247
02379767	Septa-Metformin	Septa	100	2.47	1	0.0247
02319101	Septa-WellOITIIII	Зеріа	500	12.35	3	0.0247
			300	12.00	7	0.0247

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Tab.	Tab. 850 mg PPB							
02257734	ACT Metformin	ActavisPhm	100	3.39	→ 0.0339			
02229785	Apo-Metformin	Apotex	500 100	16.95 3.39	→ 0.0339→ 0.0339			
02438283	Auro-Metformin	Aurobindo	500 100	16.95 3.39	• 0.0339 • 0.0339			
02162849	Glucophage	SanofiAven	500 100	16.95 30.80	0.0339 0.3080			
02380218	Jamp-Metformin	Jamp	100 500	3.39 16.95	→ 0.0339→ 0.0339			
02380730	Jamp-Metformin Blackberry	Jamp	100 500	3.39 16.95	→ 0.0339→ 0.0339			
02378639	Mar-Metformin	Marcan	100	3.39	→ 0.0339			
02378868	Metformin	Marcan	100 500	3.39 16.95	→ 0.0339→ 0.0339			
02353385	Metformin	Sanis	100 500	3.39 16.95	0.03390.0339			
02385368	Metformin FC	Sivem	100 500	3.39 16.95	→ 0.0339→ 0.0339			
02388774	Mint-Metformin	Mint	100	3.39	→ 0.0339			
02230475	Novo-Metformin	Novopharm	500 100	16.95 3.39	→ 0.0339→ 0.0339			
02242589	pms-Metformin	Phmscience	500 100	16.95 3.39	→ 0.0339→ 0.0339			
02314894	Pro-Metformin	Pro Doc	500 500	16.95 16.95	→ 0.0339→ 0.0339			
02269058	Ran-Metformin	Ranbaxy	100	3.39	• 0.0339			
02242931	ratio-Metformin	Ratiopharm	100	3.39	→ 0.0339			
02242331	Tatio-WetioiTilli	Tratiophann	500	16.95	0.0339			
02242783	Riva-Metformin	Riva	100	3.39	→ 0.0339			
			500	16.95	→ 0.0339			
02246821	Sandoz Metformin FC	Sandoz	100 500	3.39 16.95	→ 0.0339→ 0.0339			
02379775	Septa-Metformin	Septa	100 500	3.39 16.95	→ 0.0339→ 0.0339			
68:20.08 INSULINS ASPART INSUL S.C. Inj. Sol.	INSULINS ASPART INSULIN							
02245397	NovoRapid	N.Nordisk	10 ml	25.37				
S.C. Inj. Sol.	ı	I	100	U/mL (3 mL)	ı			
02377209 02244353	NovoRapid FlexTouch NovoRapid Penfill	N.Nordisk N.Nordisk	5 5	50.79 50.79				
INSULIN CRISTAL ZINC (BIOSYNTHETIC OF HUMAN SEQUENCE) S.C. Inj. Sol. 100 U/mL								
00586714 02024233	Humulin R Novolin ge Toronto	Lilly N.Nordisk	10 ml 10 ml	17.12 18.39				
		1		10.00				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
S.C. Inj. Sol.	S.C. Inj. Sol. 100 U/mL (3 mL)							
01959220 02415089 02024284	Humulin R Humulin R KwikPen Novolin ge Toronto Penfill	Lilly Lilly N.Nordisk	5 5 5	35.50 35.50 36.75				
	-	1						
S.C. Inj. Sol.	SINE			100 U/mL				
02279460	Apidra	SanofiAven	10 ml	24.50				
S.C. Inj. Sol.			100	U/mL (3 mL)				
02279479 02294346	Apidra Apidra Solostar	SanofiAven SanofiAven	5 5	48.45 49.00				
			•					
INSULIN ISOPH S.C. Inj. Susp.	ANE (BIOSYNTHETIC OF HU	IMAN SEQUENCE)		100 U/mL				
00587737	Humulin N	Lilly	10 ml	17.12				
02024225	Novolin ge NPH	N.Nordisk	10 ml	18.39				
S.C. Inj. Susp.	I	I	100	U/mL (3 mL)				
01959239 02403447	Humulin N Humulin N KwikPen	Lilly Lilly	5 5	35.50 34.89				
02024268	Novolin ge NPH Penfill	N.Nordisk	5	36.75				
INSULINS ZINC S.C. Inj. Susp.	CRISTALLINE AND ISOPHA	NE BIOSYNTHETIC OF		QUENCE) U -70 U/mL				
00795879	Humulin 30/70	Lilly	10 ml	17.12				
02024217	Novolin ge 30/70	N.Nordisk	10 ml	18.39				
S.C. Inj. Susp.	1	I	30 U -70	U/mL (3 mL)				
01959212 02025248	Humulin 30/70 Novolin ge 30/70 Penfill	Lilly N.Nordisk	5 5	35.50 36.75				
	-	1						
S.C. Inj. Susp.	Nevelin se 40/60 Pentil	N. Nardiak		U/mL (3 mL)				
02024314	Novolin ge 40/60 Penfill	N.Nordisk	5	36.75				
S.C. Inj. Susp.	1	I	50 U -50	U/mL(3 mL)				
02024322	Novolin ge 50/50 Penfill	N.Nordisk	5	36.75				
S.C. Inj. Sol.	N			100 U/mL				
02229704	Humalog	Lilly	10 ml	26.17				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
400 U/m (2)							
S.C. Inj. Sol.	I	1	100	U/mL (3 mL)	I		
02229705	Humalog	Lilly	5	51.44			
02403412	Humalog KwikPen	Lilly	5	51.44			
001101							
S.C. Inj. Sol.	1	1	200	U/mL (3 mL)	I		
02439611	Humalog KwikPen	Lilly	5	102.88			
68:20.16							
MEGLITINIDE							
REPAGLINIDE Tab.				.5 mg PPB			
Tab.	I	1	ı	long PPB	I		
02321475	ACT Repaglinide	ActavisPhm	100	8.08	→ 0.0808		
02355663	Apo-Repaglinide	Apotex	100	8.08	→ 0.0808		
02424258	Auro-Repaglinide	Aurobindo	100	8.08	• 0.0808		
			1000	80.80	• 0.0808		
02239924	GlucoNorm	N.Nordisk	100	27.62	0.2762		
02354926 02415968	pms-Repaglinide Repaglinide	Phmscience Pro Doc	100 100	8.08 8.08	→ 0.0808→ 0.0808		
02357453	Sandoz Repaglinide	Sandoz	100	8.08	→ 0.0808		
	, -						
Tab.				1 mg PPB			
02321483	ACT Repaglinide	ActavisPhm	100	8.40	→ 0.0840		
02355671	Apo-Repaglinide	Apotex	100	8.40	→ 0.0840		
02424266	Auro-Repaglinide	Aurobindo	100	8.40	→ 0.0840		
02.2.20	, tare repagiiinae	7 141 5211 145	1000	84.00	→ 0.0840		
02239925	GlucoNorm	N.Nordisk	100	28.74	0.2874		
02354934	pms-Repaglinide	Phmscience	100	8.40	→ 0.0840		
02415976	Repaglinide	Pro Doc	100	8.40	→ 0.0840		
02357461	Sandoz Repaglinide	Sandoz	100	8.40	→ 0.0840		
Tab.	1	1	I	2 mg PPB	1		
02321491	ACT Repaglinide	ActavisPhm	100	8.73	→ 0.0873		
02355698	Apo-Repaglinide	Apotex	100	8.73	→ 0.0873		
02424274	Auro-Repaglinide	Aurobindo	100	8.73	→ 0.0873		
			1000	87.30	→ 0.0873		
02239926	GlucoNorm	N.Nordisk	100	29.83	0.2983		
02354942	pms-Repaglinide	Phmscience	100	8.73	• 0.0873		
02415984	Repaglinide	Pro Doc	100	8.73	0.0873		
02357488	Sandoz Repaglinide	Sandoz	100	8.73	→ 0.0873		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
68:20.20 SULFONYLUF GLICLAZIDE LA. Tab.				30 mg PPB	
	I	1	L		I
02297795	Apo-Gliclazide MR	Apotex	100	9.31	▶ 0.0931
02242987	Diamicron MR	Servier	60	8.43	0.1405
02423286	Mint-Gliclazide MR	Mint	100	9.31	→ 0.0931
02438658	Mylan-Gliclazide MR	Mylan	100	9.31	▶ 0.0931
02463571	Ran-Gliclazide MR	Ranbaxy	100	9.31	▶ 0.0931
02461323	Sandoz Gliclazide MR	Sandoz	60	5.59	▶ 0.0931
			100	9.31	→ 0.0931
L.A. Tab.	I	1	ı	60 mg PPB	I
02407124	Apo-Gliclazide MR	Apotex	100	6.32	→ 0.0632
02356422	Diamicron MR	Servier	60	15.17	0.2528
02423294	Mint-Gliclazide MR	Mint	100	6.32	▶ 0.0632
02439328	Ran-Gliclazide MR	Ranbaxy	60	3.79	→ 0.0632
			100	6.32	→ 0.0632
02461331	Sandoz Gliclazide MR	Sandoz	60	3.79	→ 0.0632
			100	6.32	→ 0.0632
Tab.				80 mg PPB	
1	I		I	1	I
02245247	Apo-Gliclazide	Apotex	100	9.31	→ 0.0931
			500	46.55	→ 0.0931
00765996	Diamicron	Servier	60	22.35	0.3725
02287072	Gliclazide	Sanis	100	9.31	▶ 0.0931
02248453	Gliclazide-80	Pro Doc	60	5.59	▶ 0.0931
			100	9.31	→ 0.0931
02238103	Novo-Gliclazide	Novopharm	100	9.31	→ 0.0931
		·	500	46.55	→ 0.0931
GLYBURIDE Tab.				2.5 mg PPB	
01913654	Apo-Glyburide	Apotex	100	3.21	→ 0.0321
			500	16.03	→ 0.0321
02224550	Diabeta	SanofiAven	30	3.51	0.1170
* 01959352	Glyburide	Pro Doc	100	3.21	→ 0.0321
			500	16.03	→ 0.0321
02350459	Glyburide	Sanis	100	3.21	→ 0.0321
			500	16.03	→ 0.0321
01900927	ratio-Glyburide	Ratiopharm	300	9.62	→ 0.0321
02248008	Sandoz Glyburide	Sandoz	500	16.03	0.0321
01913670	Teva-Glyburide	Teva Can	500	16.03	→ 0.0321
1 0.0.0070	1.2.0 0.,20.100	1	1	10.50	J 0.0021

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.	Tab. 5 mg PPB						
	01913662	Apo-Glyburide	Apotex	100	5.73	• 0.0573	
	02224569	Diabeta	SanofiAven	500 30	28.65 6.25	• 0.0573 0.2083	
+	02485664	Glyburide	Pro Doc	500	28.65	→ 0.2503 → 0.0573	
	02350467	Glyburide	Sanis	100	5.73	→ 0.0573	
				500	28.65	• 0.0573	
	02236734	pms-Glyburide	Phmscience	30	1.72	0.0573	
	01900935	ratio-Glyburide	Ratiopharm	500 30	28.65 1.72	→ 0.0573→ 0.0573	
	01300300	Tallo Ciybanac	radopham	300	17.19	→ 0.0573	
	01913689	Teva-Glyburide	Teva Can	500	28.65	→ 0.0573	
TOLI	BUTAMIDE				500 mg	ı	
	00312762	Tolbutamide	AA Pharma	100	10.89	0.1089	
				1000	108.90	0.1089	
Inj. P	CAGON III d. 02333619 02333627	GlucaGen GlucaGen HypoKit	Paladin Paladin	1 1	1 mg PPB 77.10 77.10		
	02333027	Glucagon	Lilly	1	85.67		
	ATHYROI CITONIN SA	D Almon (Synthetic) 🖪		ı	100 UI	ı	
	02007134	Caltine	Ferring	1 ml	7.82		
Inj. S	ol.				200 U/mL		
	01926691	Calcimar Solution	SanofiAven	2 ml	46.04		
68:28 PITUITARY DESMOPRESSIN ACETATE Inj. Sol. 4 mcg/mL							
	00873993	DDAVP	Ferring	1 ml	10.06		
Inj. S	ol.	ı	1	ı	15 mcg/mL	1	
	02024179	Octostim	Ferring	1 ml	34.56		

Description								
Nas. spray	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE		
Nas. spray 00836362 DDAVP Ferring 00826362 DDAVP Desmopressin AA Pharma 25 dose(s) 34.40 35.40 50 dose(s) 35.40 50 dose(s) 386.00 Nas. spray 150 mcg/dose 02237860 Octostim Ferring 25 dose(s) 386.00 Tab. or Tab. Oral Disint. 0.1 mg or 0.06 mg PPB 00824305 DDAVP Ferring 30 39.65 1.3217 02284935 DDAVP Melt Ferring 30 39.65 1.3217 02284936 DDAVP Melt Ferring 30 39.65 1.3217 02284030 Desmopressin AA Pharma 100 33.03 02304368 Dms-Desmopressin AA Pharma 100 33.03 02304368 DBAVP Ferring 30 79.30 226432 2284044 DDAVP Ferring 30 79.30 226432 226432 02284049 Desmopressin AA Pharma 100 66.07 Desmopressin AA Pharma 100 66.0	Nas. Sol. 0.1 mg/mL							
Document Document	00402516	DDAVP	Ferring	2.5 ml	47.20			
Document Document	Nas. sprav	Nas snrav						
Desmopressin AA Pharma 25 dose(s) 35.40 50 dose(s) 70.80		DDAVP	Ferring	1	ĺ			
Day Day	02242465	Desmopressin	AA Pharma	25 dose(s)	→ 35.40			
Day Day	Nas. spray			1:	50 mcg/dose			
00824305 DDAVP Ferring 30 39.65 1.3217 02284995 DDAVP Melt Ferring 30 29.73 0.9910 02284030 Desmopressin AA Pharma 100 33.03		Octostim	Ferring		l I			
00824305 DDAVP Ferring 30 39.65 1.3217 02284995 DDAVP Melt Ferring 30 29.73 0.9910 02284030 Desmopressin AA Pharma 100 33.03	Tah or Tah Ora	I Disint		0.1 mg or 0	06 mg PPR			
100 100		I	Farring	1		1 2217		
Desmopressin Desmopressin Phinscience 100 33.03				1	1			
Tab. or Tab. Oral Disint. 00824143 DDAVP			1 0	1		→ 0.3303		
DDAVP	02304368	pms-Desmopressin	Phmscience	100	33.03	→ 0.3303		
02285002 DDAVP Melt Ferring 30 59.47 1.9823 02284049 Desmopressin AA Pharma 100 66.07	Tab. or Tab. Ora	l Disint.		0.2 mg ou 0.	12 mg PPB			
02285002 DDAVP Melt Desmopressin AA Pharma 100 66.07	00824143	DDAVP	Ferring	30	79.30	2.6433		
02284049 02304376 Desmopressin pms-Desmopressin AA Pharma Phmscience 100 66.07 ♣ 0.6607 68:32 PROGESTINS DIENOGEST III Tab. 2 mg 02374900 Visanne Bayer 28 55.00 1.9643 MEDROXYPROGESTERONE ACETATE III I.M. Inj. Susp. 50 mg/mL 00030848 Depo-Provera Pfizer 5 ml 24.65 I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 ♣ 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 ♣ 0.0416								
02304376 pms-Desmopressin Phmscience 100 66.07 → 0.6607 68:32 PROGESTINS DIENOGEST ☐ Tab. 2 mg 02374900 Visanne Bayer 28 55.00 1.9643 MEDROXYPROGESTERONE ACETATE ☐ I.M. Inj. Susp. 50 mg/mL 00030848 Depo-Provera Pfizer 5 ml 24.65 I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416								
PROGESTINS DIENOGEST			1			→ 0.6607		
MEDROXYPROGESTERONE ACETATE I.M. Inj. Susp. 50 mg/mL 00030848 Depo-Provera Pfizer 5 ml 24.65 I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 0.0416								
I.M. Inj. Susp. 50 mg/mL 00030848 Depo-Provera Pfizer 5 ml 24.65 I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416 0.0416			,					
00030848 Depo-Provera Pfizer 5 ml 24.65 I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 500 20.79 → 0.0416 0.0416 → 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416	MEDROXYPRO	GESTERONE ACETATE						
I.M. Inj. Susp. 150 mg/mL 00585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 500 20.79 → 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416	I.M. Inj. Susp.	I	1	ı	50 mg/mL			
O0585092 Depo-Provera Pfizer 1 ml 26.98 Tab. 02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 500 20.79 → 0.0416 → 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416	00030848	Depo-Provera	Pfizer	5 ml	24.65			
Tab. 2.5 mg PPB 02244726 Apo-Medroxy Apotex 100	I.M. Inj. Susp. 150 ma/mL							
02244726 Apo-Medroxy Apotex 100 4.16 → 0.0416 500 20.79 → 0.0416 02253550 Medroxy-2.5 Pro Doc 500 20.79 → 0.0416	00585092	Depo-Provera	Pfizer	1 ml	26.98			
02253550 <i>Medroxy-2.5</i> Pro Doc 500 20.79 → 0.0416 0.0416	Tab.				2.5 mg PPB			
02253550 <i>Medroxy-2.5</i> Pro Doc 500 20.79 → 0.0416 0.0416	02244726	Apo-Medroxy	Apotex	100	4.16	→ 0.0416		
		, ,			20.79	→ 0.0416		
02221284 Novo-Medrone Novopharm 100 4.16 → 0.0416				1		• 0.0416		
	02221284	Novo-Medrone	Novopharm	100	4.16	• 0.0416		

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Tab. 5 mg PPB 02244727 02253577 02221392 Novo-Medrone 00030937 Provera Apotex 100 8.23 →	0.0823 0.0823 0.0823 0.0823 0.2625
02244727 02253577 02221292 00030937 Provera Apo-Medroxy Pro Doc 100 8.23 → Novo-Medrone Prizer 100 26.25 Apotex 100 8.23 → Novo-Medrone Prizer 100 8.23 → Novo-Medrone Prizer 100 26.25	0.0823 0.0823
02244727 02253577 02221292 00030937 Provera Apo-Medroxy Pro Doc 100 8.23 → Novo-Medrone Prizer 100 26.25 Apotex 100 8.23 → Novo-Medrone Prizer 100 8.23 → Novo-Medrone Prizer 100 26.25	0.0823 0.0823
02253577 Medroxy-5 Pro Doc 100 8.23 → 02221292 Novo-Medrone Novopharm 100 8.23 → 00030937 Provera Pfizer 100 26.25	0.0823 0.0823
02221292 00030937 Novo-Medrone Provera Novopharm Pfizer 100 26.25 Tab. 10 mg PPB	0.0823
00030937 Provera Pfizer 100 26.25	
Tab. 10 mg PPB	0.2020
02277298 Apo-Medroxy Apotex 100 16.70 ▶	0.1670
02217290 Apot-Medroxy Apotex 100 16.70 \$\rightarrow\$ 100 16.70 \$\rightarrow\$	0.1670
Tab. 100 mg	
02267640 Apo-Medroxy Apotex 100 120.57	1.2057
7 Potest 100 120.07	1.2007
PROGESTERONE 1	
Oily Inj. Sol. 50 mg/mL	
02446820 ACT Progesterone Injection ActavisPhm 10 ml 58.61	
68:36.04 THYROID AGENTS LEVOTHYROXINE (SODIUM) Tab. 0.025 mg	
02172062 Synthroid BGP Pharma 90 6.97	0.0774
Synanoid Solution 1000 71.09	0.0711
Tab. 0.05 mg	
02213192 <i>Eltroxin</i> Aspen 500 13.70	0.0274
02172070 Synthroid BGP Pharma 90 4.21	0.0468
1000 42.53	0.0425
Tab. 0.075 mg	
	0.0006
02172089 Synthroid BGP Pharma 90 7.52 1000 76.75	0.0836 0.0768
Tab. 0.088 mg	
	0.0836
Tab. 0.088 mg 02172097 Synthroid BGP Pharma 90 7.52 1000 76.75	0.0836 0.0768
02172097 Synthroid BGP Pharma 90 7.52	
02172097 Synthroid BGP Pharma 90 7.52	
02172097 Synthroid BGP Pharma 90 7.52 1000 76.75	
02172097 Synthroid BGP Pharma 90 7.52 1000 76.75 Tab. 0.1 mg	0.0768

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.					0.112 mg		
	02171228	Synthroid	BGP Pharma	90 1000	7.96 81.04	0.0884 0.0810	
Tab.					0.125 mg		
	02172119	Synthroid	BGP Pharma	90 1000	8.09 82.41	0.0899 0.0824	
Tab.					0.137 mg		
	02233852	Synthroid	BGP Pharma	90 1000	14.14 157.07	0.1571 0.1571	
Tab.					0.15 mg		
	02213214 02172127	Eltroxin Synthroid	Aspen BGP Pharma	500 90 1000	18.66 5.99 60.82	0.0373 0.0666 0.0608	
Tab.					0.175 mg		
	02172135	Synthroid	BGP Pharma	90 1000	8.64 88.06	0.0960 0.0881	
Tab.			ı	1	0.2 mg		
	02213222 02172143	Eltroxin Synthroid	Aspen BGP Pharma	500 90 1000	19.74 6.41 64.81	0.0395 0.0712 0.0648	
Tab.					0.3 mg		
	02213230 02172151	Eltroxin Synthroid	Aspen BGP Pharma	500 90	29.61 8.82	0.0592 0.0980	
LIOT	UVBONINE	(SODIUM)					
Tab.	HTRONINE	(SODIOM) III	1	ı	5 mcg		
	01919458	Cytomel	Pfizer	100	122.74	1.2274	
Tab.		ſ	I	I	25 mcg		
	01919466	Cytomel	Pfizer	100	133.41	1.3341	
ANT	68:36.08 ANTITHYROID AGENTS METHIMAZOL 13						
Tab.		l	l	l	5 mg PPB	. 1	
	02480107 00015741	Mar-Methimazole Tapazole	Marcan Paladin	100 100	22.97 24.73	• 0.2297 0.2473	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
PROPYLTHIOURACIL Tab. 50 mg						
00010200	Propyl-Thyracil	Paladin	100	21.40	0.2140	
Tab. 100 mg						
00010219	Propyl-Thyracil	Paladin	100	33.50	0.3350	

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04	anti-infectieux
84:04.04	antibiotics
84:04.08	antifungals
84:04.12	scabicides and pediculicides
84:04.92	local anti-infectives, miscellaneous
84:06	anti-inflammatory agents
84:28	keratolytic agents
84:32	keratoplastic agents
84:92	skin and mucous membrane agents, miscellaneous

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
4:04.04 NTIBIOTICS ACITRACIN nj./Top. Pd.				50 000 U	
00030708	Bacitracine	Pfizer	1	9.10	
Гор. Oint.	1	1. 1.2.1		00 U/g PPB	
00584908	Bacitin	Pendopharm	30 g	2.98	→ 0.0993
02351714	Bacitracin	Jamp	450 g	44.72	• 0.0994
CLINDAMYCIN I Fop. Sol. 02243659 00582301	PHOSPHATE TO Clinda-T Dalacin T	Valeant Pfizer	60 ml 30 ml	1 % PPB → 9.15 8.93	
02266938	Taro-Clindamycin	Taro	60 ml 30 ml 60 ml	17.86 → 6.78 → 9.15	
FUSIDIC (ACID) Top. Cr.	B	ı	I	2 %	
00586668	Fucidin	Leo	30 g	17.78	0.5927
METRONIDAZO Γορ. Cr.	LE B		ı	1 %	
02156091	Noritate	Valeant	45 g	24.03	0.5340
Гор. ЈеІ.	ı	1	ı	1 %	
02297809	Metrogel	Galderma	55 g	33.00	0.6000
MUPIROCIN Top. Oint.				2 %	
* 02279983	Taro-Mupirocin	Taro	15 g 30 g	5.33 10.67	0.3553 0.3557
WILDIDOOIN OA					
MUPIROCIN CA Top. Cr.	LCIUM			2 %	
	LCIUM Bactroban	GSK CONS	15 g	2 % 7.52	0.5013

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	BULFATE/ BACITRACIN (ZI	INC)	40,000 11,50	2011/ 222	
Γop. Oint.	1	1	10 000 U -50	00 U/g PPB 	
00621366	Bioderm	Odan	15 g 30 g	5.04 10.08	0.3360.336
02357569	Jampolycin	Jamp	15 g	5.04	→ 0.336
SODIUM FUSIDA	ATE B				
Γop. Oint.	1	1	I	2 %	
00586676	Fucidin	Leo	30 g	17.78	0.592
84:04.08 ANTIFUNGALS	s				
CICLOPIROX OL					
₋ot.	I	1	1	1 %	
02221810	Loprox	Valeant	60 ml	18.13	
- 0				4.0/	
Гор. Cr.		1	I	1 % 	
02221802	Loprox	Valeant	60 g	18.10	0.301
CLOTRIMAZOLE	Ē				
Гор. Сг.	ı	1	1	10 mg/g	
00812382	Clotrimaderm	Taro	20 g	4.20	0.210
			30 g 50 g	6.30 9.00	0.210 0.180
			500 g	44.20	0.088
log Or (Ann.)				1 %	
/ag. Cr. (App.)	l	_	==	1	
00812366	Clotrimaderm	Taro	50 g	8.75	
/ag. Cr. (App.)				2 %	
00812374	Clotrimaderm	Taro	25 g	8.75	
00012374	Ciotimademi	Taio		0.73	
	_ 6				
KETOCONAZOL Top. Cr.	E III			2 %	
02245662	Ketoderm	Taro	30 g	9.50	0.316
		1	1 55 5		
IVOTATINI					
NYSTATIN Fop. Cr.			100 00	00 U/g PPB	
00716871	Nyaderm	Taro	454 g	28.60	→ 0.063
02194236	ratio-Nystatin	Ratiopharm	15 g	0.95	→ 0.063
			30 g 450 g	1.89 28.35	0.063
	1	1	1 +30 g	20.33	→ 0.063

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				100 000 U/g	
02194228	ratio-Nystatin	Ratiopharm	30 g	2.71	0.0903
TERBINAFIN HY Top. Cr.	DROCHLORIDE 1			1 %	
02031094	Lamisil	Novartis	30 g	14.83	0.4943
Top. vap.				1 %	
02238703	Lamisil	Novartis	30 ml	14.65	
TERCONAZOL	R			0.4 %	
Vag. Cr. (App.)	Taro-Terconazole	Taro	45 g	12.27	
02247031	Taio-Tercoriazoie	Taio	43 g	12.21	
84:04.12 SCABICIDES A	AND PEDICULICIDES				
DIMETICONE Sol.				50% P/P	
02373785	Nyda	Pediapharm	50 ml	22.42	
ISOPROPYL MY	RISTATE				
Top. Sol.		L	l	50 %	
02279592	Resultz	MedFutures	120 ml 240 ml	11.50 22.42	
		1		'	
PERMETHRIN					
Cr. Rinse	I	I	I	1 %	1
02231480	Kwellada-P Creme rinse	Medtech	50 ml 200 ml	11.64 34.97	
Lot.				5 %	
02231348	Kwellada-P Lotion	Medtech	100 ml	25.06	
Top. Cr.	l	1	l	5 %	I
02219905	Nix	GSK CONS	30 g	14.04	0.4680

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
PYRETHRINS/ F Shamp.	PIPERONYL BUTOXYDE		0.33 % -3 %	à4% PPB	
02229642	Pronto Shampooing	Del	59 ml	→ 4.45	
02125447	R & C Shampoo with conditioner	Medtech	50 ml 200 ml	7.69 22.19	→ 0.1110
24.24.22		•		•	
84:04.92 LOCAL ANTI-	NFECTIVES, MISCELLA	ANEOUS			
SULFADIAZINE				4.0/	
Top. Cr.		1	I	1 %	I
00323098	Flamazine	S. & N.	20 g 50 g	4.86 10.96	0.2430 0.2192
			500 g	66.01	0.1320
84:06	MATORY AGENTS				
AMCINONIDE I	MATORY AGENTS				
Lot.	-			0.1 %	
02247097	ratio-Amcinonide	Teva Can	20 ml	4.54	
			60 ml	13.63	
Tan Or				0.1 % PPB	
Top. Cr.	l <u>.</u>	l		1	l
02192284 02247098	Cyclocort ratio-Amcinonide	GSK Ratiopharm	60 g 15 g	15.00 2.86	0.2500 → 0.1907
522666		, tauspiia	30 g	5.73	• 0.1910
02246714	Taro-Amcinonide	Taro	60 g	11.45	0.1908
02246714	l aro-Amcinoniae	Taro	15 g 30 g	2.86 5.73	→ 0.1907→ 0.1910
			60 g	11.45	• 0.1908
Top. Oint.	I	1	ı	0.1 %	l
02247096	ratio-Amcinonide	Teva Can	15 g	4.73	0.3153
			30 g 60 g	9.45 15.00	0.3150 0.2500
	1	1	1	1	1
DEGL OFFERING	ONE DIDDODIONATE IS				
Top. Cr.	ONE DIPROPIONATE			0.025 %	
02089602	Propaderm	Valeant	45 g	19.13	0.4251
		1	120 g	51.01	0.4251
BETAMETHASC	NE DIPROPIONATE				
Lot.	I	1	1	0.05 % PPB	I
00417246	Diprosone	Merck	75 ml	→ 14.85	
00809187	ratio-Topisone	Ratiopharm	30 ml 75 ml	→ 5.94 → 14.85	
			131111	→ 14.85	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.	ı	1	0	.05 % PPB	,
00323071 00804991	Diprosone ratio-Topisone	Merck Ratiopharm	50 g 15 g 50 g	10.23 3.07 10.23	→ 0.2046→ 0.2046→ 0.2046
01925350	Taro-Sone	Taro	50 g	10.23	→ 0.2046 → 0.2046
Top. Oint.			O	.05 % PPB	
00344923	Diprosone	Merck	50 g	10.76	→ 0.2152
00805009	ratio-Topisone	Ratiopharm	15 g 50 g 450 g	3.23 10.76 96.84	→ 0.2152→ 0.2152→ 0.2152
		_	•		
Lot.	NE DIPROPIONATE/ GLYC	DLBASE LTI	. 0	.05 % PPB	
00862975 01927914	Diprolene ratio-Topilene	Merck Ratiopharm	60 ml 30 ml 60 ml	→ 16.18→ 8.09→ 16.18	
Top. Cr.				.05 % PPB	
00688622 00849650	Diprolene ratio-Topilene	Merck Ratiopharm	50 g 15 g 50 g	25.93 7.78 25.93	→ 0.5186→ 0.5186→ 0.5186
Top. Oint.			0	.05 % PPB	
00629367	Diprolene	Merck	50 g	25.93	→ 0.5186
00849669	ratio-Topilene	Ratiopharm	15 g 50 g	7.78 25.93	→ 0.5186→ 0.5186
		•	•		
BETAMETHASO Lot.	NE DIPROPIONATE/ SALIC	YLIC ACID 🖪	0.05 %	% -2 % PPB	
00578428	Diprosalic Lotion	Merck	60 ml	→ 21.14	
02245688	ratio-Topisalic	Teva Can	30 ml 60 ml	→ 10.57→ 21.14	
Top. Oint.				0.05 % -3 %	
00578436	Diprosalic Pommade	Merck	50 g	34.96	0.6992
BETAMETHASO Rect. Sol.	NE DISODIUM PHOSPHATE	E Pr	5	mg/ 100 mL	
02060884	Betnesol	Paladin	100 ml	8.79	

					OCCT OF DIVO	
CO	DE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	ETHASO	NE VALERATE				
Lot.	ĺ			I	0.05 %	I
006	653209	ratio-Ectosone	Teva Can	60 ml	11.40	
Lot.					0.1 %	
1	750050	ratio-Ectosone	Teva Can	60 ml	15.00	
			l	1	1	
Scalp Lo	it.		I	I	0.1 % PPB	ı
1	716634	Betaderm	Taro	75 ml	→ 6.39	
006	653217	ratio-Ectosone	Ratiopharm	30 ml	→ 2.56	
010	940112	Rivasone	Riva	75 ml 30 ml	♦ 6.39♦ 2.56	
018	9 1 0112	INVASUITE	INIVA	75 ml	→ 2.56 → 6.39	
000	027944	Valisone	Valeant	75 ml	6.40	
Top. Cr.	ı		1	(0.05 % PPB	ı
007	716618	Betaderm	Taro	454 g	27.06	→ 0.0596
023	357860	Celestoderm V/2	Valeant	450 g	26.80	→ 0.0596
T O-					0.1 % PPB	
Top. Cr.			1	L	0.1% PPB	l
	716626	Betaderm	Taro	454 g	40.36	• 0.0889
023	357844	Celestoderm V	Valeant	450 g	40.00	• 0.0889
Top. Oint	t.			(0.05 % PPB	
1		D. C. d	_			± 0.5500
1	716642 357879	Betaderm Celestoderm V/2	Taro Valeant	454 g 450 g	27.06 26.80	→ 0.0596→ 0.0596
						·
Top. Oint	t.		1		0.1 % PPB	
007	716650	Betaderm	Taro	454 g	40.36	▶ 0.0889
023	357852	Celestoderm V	Valeant	450 g	40.00	→ 0.0889
BUDESC		R				
Rect. Sol	l.		1	I.	0.02 mg/mL	ĺ
020	052431	Entocort	AZC	115 ml	8.24	
		ROPIONATE B				
Scalp Lo	π.		1	(0.05 % PPB	ı
	213281	Dermovate Capillaire	Taro	60 ml	34.11	
1	216213	Mylan-Clobetasol	Mylan	60 ml	→ 11.94	
1	232195	pms-Clobetasol	Phmscience	60 ml	→ 11.94	
019	910299	ratio-Clobetasol	Ratiopharm	20 ml 60 ml	3.98	
023	245522	Taro-Clobetasol	Taro	60 ml	→ 11.94→ 11.94	
	_ 100ZZ	14.0 0,000,000	1.00	1 00 1111	7 11.34	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.			0	0.05 % PPB	
· 1	Dermovate	Taro	15 g	10.23	0.6820
02210200	Demovate	Taio	50 g	32.56	0.6512
02024187	Mylan-Clobetasol	Mylan	50 g	11.40	→ 0.2279
02093162	Novo-Clobetasol	Novopharm	50 g	11.40	→ 0.2279
	pms-Clobetasol	Phmscience	50 g	11.40	→ 0.2279
01910272	ratio-Clobetasol	Ratiopharm	15 g	3.42	• 0.2279
			50 g	11.40 102.56	0.2279
02245523	Taro-Clobetasol	Taro	450 g 15 g	3.42	→ 0.2279→ 0.2279
02243323	Taio-Ciobelasoi	Taio	50 g	11.40	→ 0.2279→ 0.2279
			454 g	103.47	→ 0.2279
		1	I .		
Top. Oint.		1	0).05 % PPB	
02213273	Dermovate	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
	Mylan-Clobetasol	Mylan	50 g	11.40	• 0.2279
ı	Novo-Clobetasol	Novopharm Phmscience	50 g	11.40	
	pms-Clobetasol	Ratiopharm	50 g	11.40 3.42	→ 0.2279→ 0.2279
	ratia Clabatanal		15 g		0.22790.2279
	ratio-Clobetasol	ratiopham	50 a	11/101	
	ratio-Clobetasol	танорпані	50 g 450 g	11.40 102.56	,
01910280			450 g	102.56	→ 0.2279
01910280	ratio-Clobetasol Taro-Clobetasol	Taro	_	1	,
01910280 / 02245524 CLOBETASONE I	Taro-Clobetasol		450 g 15 g	102.56 3.42	→ 0.2279→ 0.2279
01910280 / 02245524 CLOBETASONE F Top. Cr. 02214415	Taro-Clobetasol		450 g 15 g	102.56 3.42 11.40	→ 0.2279→ 0.2279
01910280 / 02245524 / 02245524 / 02214415 / 02214415 / 02214415	Taro-Clobetasol BUTYRATE Spectro Eczemacare	Taro	450 g 15 g 50 g	102.56 3.42 11.40	0.2279 0.2279 0.2279
01910280 / 02245524 CLOBETASONE F Top. Cr. 02214415	Taro-Clobetasol BUTYRATE Spectro Eczemacare	Taro	450 g 15 g 50 g	102.56 3.42 11.40	0.2279 0.2279 0.2279
01910280 / 02245524 CLOBETASONE F Top. Cr. 02214415 / 02214415 DESONIDE TOp. Cr.	Taro-Clobetasol BUTYRATE Spectro Eczemacare	Taro GSK CONS	450 g 15 g 50 g	0.05 %	• 0.2279 • 0.2279 • 0.2279 • 0.3817
01910280 / 02245524 CLOBETASONE F Top. Cr. 02214415 / 02214415 DESONIDE TOp. Cr.	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream	Taro	450 g 15 g 50 g	102.56 3.42 11.40 0.05 % 11.45	0.2279 0.2279 0.2279
01910280 / 02245524 CLOBETASONE FTOP. Cr. 02214415 / 02229315 / 02229315	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream	Taro GSK CONS	450 g 15 g 50 g 30 g	0.05 % 0.05 % 0.05 % 3.92 15.66	• 0.2279 • 0.2279 • 0.2279 • 0.3817
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream	GSK CONS Pendopharm	450 g 15 g 50 g 30 g	0.05 % 0.05 % 0.05 % 0.05 % 0.05 %	0.2279 0.2279 0.2279 0.2279 0.3817
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream	Taro GSK CONS	450 g 15 g 50 g 30 g	0.05 % 0.05 % 0.05 % 3.92 15.66	0.2279 0.2279 0.2279 0.2279
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream	GSK CONS Pendopharm	450 g 15 g 50 g 30 g	0.05 % 0.05 % 0.05 % 0.05 % 0.05 %	0.2279 0.2279 0.2279 0.2279 0.3817
01910280 / 02245524 / 02245524 / 02214415 / 02229315 / 02229323 / DESOXIMETASO	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream PDP-Desonide	GSK CONS Pendopharm	450 g 15 g 50 g 30 g	0.05 % 0.05 % 0.05 % 0.05 % 0.05 %	0.2279 0.2279 0.2279 0.2279
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream PDP-Desonide	GSK CONS Pendopharm	450 g 15 g 50 g 30 g 30 g	0.05 % 0.05 % 11.45 0.05 % 3.92 15.66 0.05 % 15.66	0.2279 0.2279 0.2279 0.2279
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream PDP-Desonide PDP-Desonide	GSK CONS Pendopharm Pendopharm	450 g 15 g 50 g 30 g	0.05 % 0.05 % 11.45 0.05 % 15.66 0.05 %	0.2279 0.2279 0.2279 0.2279 0.3817
01910280 / 02245524 / 02245524 / 02245524 / 02214415 / 02229315 / 02229315 / 02229323 / 02229323 / 02221918 / 02221918 / 02221918	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream PDP-Desonide PDP-Desonide	GSK CONS Pendopharm Pendopharm	450 g 15 g 50 g 30 g 30 g	0.05 % 11.45 0.05 % 15.66 0.05 % 9.08	0.2279 0.2279 0.2279 0.2279 0.2817 0.3817 0.2610 0.2610
01910280 / / / / / / / / / / / / / / / / / / /	Taro-Clobetasol BUTYRATE Spectro Eczemacare medicated cream PDP-Desonide PDP-Desonide	GSK CONS Pendopharm Pendopharm	450 g 15 g 50 g 30 g 30 g	0.05 % 11.45 0.05 % 15.66 0.05 % 15.66	0.2279 0.2279 0.2279 0.2279 0.3817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Jel.				0.05 %	
02221926	Topicort	Valeant	60 g	26.82	0.4470
	·				
Top. Oint.	I	I	I	0.25 %	ı
02221934	Topicort	Valeant	60 g	34.59	0.5765
	E ACETONIDE			0.005.0/	
Top. Oint.	<u> </u>	L		0.025 %	
02162512	Synalar Regulier	Valeant	60 g	25.85	0.4308
Top. Sol.				0.01 %	
02162504	Synalar Solution	Valeant	60 ml	24.55	
Topical oil	I	I	l	0.01 %	ı
00873292	Derma-Smoothe/FS	Hill	118 ml	29.15	
FLUOCINONIDE			_		
Emol. Top. Cr.	l	l		0.05 % PPB	
02163152	Lidemol Cream Emollient	Valeant	30 g 100 g	5.94 19.80	→ 0.1980→ 0.1980
00598933	Tiamol	Taro	25 g	4.95	→ 0.1980
			100 g	19.80	• 0.1980
Top. Cr.			C	.05 % PPB	
02161923	Lidex Cream	Valeant	60 g	14.27	→ 0.2378
00740000		_	400 g	95.12	• 0.2378
00716863	Lyderm	Taro	15 g 60 g	3.57 14.27	→ 0.2378→ 0.2378
			400 g	95.12	→ 0.2378
Top. Jel. 		I		0.05 % PPB 	I
02161974 02236997	Lidex Gel Lyderm	Valeant Taro	60 g 15 g	18.46 4.61	0.3077 → 0.3073
322333			60 g	18.45	→ 0.3075
Top. Oint.				.05 % PPB	
02161966	Lidex Ointment	 Valeant	60 g	18.21	→ 0.3035
02236996	Lyderm	Taro	60 g	18.21	→ 0.3035→ 0.3035
		1			

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

Lot.			1 % PPB			
80057191	Jamp-Hydrocortisone Lotion	Jamp	60 ml	→	7.15	
	1 %		150 ml	→	17.87	
80066168	M-HC 1% lotion	Mantra Ph.	60 ml	•	7.15	

HYDROCORTISONE 1

Rect. Sol.				100 mg	
02112736	Cortenema	Aptalis	60 ml	6.45	

HYDROCORTISONE

Top. Cr.	ı	1% PPB				
80078409	Alta-HC 1 %	Altamed	15 g 30 g	1.48 4.50	→	0.0987 0.1500
80073687 80066699 80061697	Cell Hydrocortisone Cortivera - H Cortivera Plus	Cellchem Vanc Phm Vanc Phm	15 g 454 g 15 g	1.48 39.00 1.48	+ + +	0.0987 0.0859 0.0987
00192597 02412926	Emo-Cort Euro-Hydrocortisone	GSK Sandoz	45 g 15 g 30 g 45 g 454 g	7.42 3.00 4.50 4.45 39.00		0.1649 0.2000 0.1500 0.0989 0.0859
80057189	Jamp-Hydrocortisone Cream 1 %	Jamp	30 g 45 g 454 g	4.50 4.45 39.00	+ + +	0.1500 0.0988 0.0859
80066164	M-HC 1%	Mantra Ph.	45 g 454 g	4.45 39.00	+	0.0988 0.0859
80066167 00804533	M-HC 1% Protection Prevex HC	Mantra Ph. GSK	30 g 30 g	4.50 7.84	•	0.1500 0.2613

Top. Oint.				1 % PPB		
	693 Cortoderm 193 Jamp-Hydrocortisone 1	Taro % Jamp	454 g 454 g	17.70 17.70	-	0.0390 0.0390

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
LIVEROCORTI	SONE ACETATE					
HIDROCORIS	SONE ACEIAIE M					
Rect. Oint. (App	.)		0.5 % to 0	.75 % PPB		
02128446	Anodan-HC	Odan	15 g	5.78	→	0.3850
			30 g	11.55	•	0.3850
02209764	Egozinc-HC	Phmscience	15 g	5.78		0.3850
			30 g	11.55	•	0.3850
02387239	JampZinc - HC	Jamp	15 g	5.78	•	0.3850
			30 g	11.55	•	0.3850
02179547	Riva-sol HC	Riva	15 g	5.78	•	0.3850
			30 g	11.55	•	0.3850
02247691	Sandoz Anuzinc HC	Sandoz	15 g	5.78	•	0.3850
			30 g	11.55	•	0.3850
Rectal foam (ap	p _.)			10 %		
00579335	Cortifoam	Paladin	15 g	78.78		
		,				
Supp.	1	1		10 mg PPB		
02236399	Anodan-HC	Odan	12	7.00	•	0.5833
0220000	7.1.7000.17.70	J Gaun	24	14.00		0.5833
* 02210517	Egozinc-HC	Phmscience	12	7.00	,	W
02240112	•	Riva	12	7.00	•	0.5833
02242798		Sandoz	12	7.00	•	0.5833

HYDROCORTISONE ACETATE

Ţ	Top. Cr.				1 % PPB		
	00716839	Hyderm	Taro	15 g	3.20		0.2133
				500 g	18.20	→	0.0364
	80057178	Jamp-HC Creme 1%	Jamp	15 g	2.09	•	0.1392
				500 g	18.20	•	0.0364
	80066165	M-HC Acetate 1%	Mantra Ph.	15 g	2.09	•	0.1392
				500 g	18.20	•	0.0364

HYDROCORTISONE ACETATE/ UREA

L	ot.			1 %	-10 %	PPB	
	00681997	Dermaflex HC	Paladin	150 ml	→	12.75	
	80061502	Jamp-Hydrocortisone Acetate 1 % Urea 10 % Lotion	Jamp	150 ml	•	12.75	
	80073689	M-HC 1% Urea 10% lotion	Mantra Ph.	150 ml	•	12.75	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.			1 %	-10 % PPB	
00681989	Dermaflex HC	Paladin	120 g	14.77	→ 0.1231
80061501	Jamp-Hydrocortisone	Jamp	225 g 120 g	27.70 14.77	→ 0.1231→ 0.1231
80001301	Acetate 1 % Urea 10 % Cream	Jamp	225 g	27.70	• 0.1231 • 0.1231
80073645	M-HC 1% Urea 10% cream	Mantra Ph.	120 g 225 g	14.77 27.70	→ 0.1231→ 0.1231
MOMETASON F Lot.	UROATE 🖪			0.1 % PPB	
00871095	Elocom	Merck	75 ml	32.09	
02266385	Taro-Mometasone Lotion	Taro	30 ml	→ 9.37	
			75 ml	→ 23.43	
Top. Cr.	1	ı	ı	0.1 % PPB	
00851744	Elocom	Merck	15 g	9.45	0.6300
02367157	Taro-Mometasone	Taro	50 g 15 g	29.80 7.89	0.5960 → 0.5260
02007107	Tare Wernetasone	Turo	50 g	26.31	→ 0.5262
Top. Oint.				0.1 % PPB	
00851736	Elocom	Merck	15 g	9.12	0.6080
		5	50 g	28.77	0.5754
02248130	ratio-Mometasone	Ratiopharm	15 g 50 g	3.38 11.26	→ 0.2252→ 0.2252
02264749	Taro-Mometasone	Taro	15 g	3.38	→ 0.2252
			50 g	11.26	• 0.2252
TRIAMCINOI ON	NE ACETONIDE				
Oral Top. Oint.		1		0.1 %	
01964054	Oracort	Taro	7.5 g	6.83	
Top. Cr.				0.1 % PPB	
02194058	Aristocort R	Valeant	30 g	3.90	→ 0.1300
00716960	Triaderm	Taro	500 g 500 g	26.65 25.32	0.0533 → 0.0506
		1	•		
Top. Cr.	1	I	I	0.5 % 	
02194066	Aristocort C	Valeant	15 g 50 g	17.28 57.60	1.1520 1.1520
Top. Oint.	•	•		0.1 %	
Ι ΄	1	l., .			
02194031	Aristocort R	Valeant	30 g	3.90	0.1300

	T	1	I	0007.05.040	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
84:28 KERATOLYTIC LACTIC (ACID)/ Lig.	C AGENTS SALICYLIC (ACID)/ GLACIA	AL ACETIC (ACID)	10.2%	-10 % -9.8 %	
1	l.,,	1	I	1	
00609501	Viron Lotion	Odan	15 ml	6.99	
SALICYLIC ACII Top. Jel.	D SODIUM THIOSULFATE			2 % -8 %	
00326577	Adasept Gel	Odan	50 ml	6.99	0.1398
UDE 4					
Top. Cr.			20 % and	122 % PPB	
80023775 80079151	JamUrea 20 M-Urea 20	Jamp Mantra Ph.	225 g 100 g 225 g	10.78 4.79 10.78	→ 0.0479→ 0.0479→ 0.0479
80079885 00396125	Urea Cream Urisec	Cellchem Odan	50 g 120 g 225 g 454 g	2.40 5.75 11.69 21.75	→ 0.0479→ 0.04790.0520→ 0.0479
84:32 KERATOPLAS TAR (MINERAL)		1	ı	10 %	1
00344508	Targel	Odan	100 g	13.90	0.1390
TAR (MINERAL) Top. Jel.	/ SALICYLIC ACID			10 % -3 %	
00510335	Targel S.A.	Odan	100 g	15.35	0.1535
84:92 SKIN AND MU ACITRETINE Graps.	COUS MEMBRANE AGE	ENTS, MISCELLANE		10 mg PPB	
02468840	Mint-Acitretin	Mint	30	38.90	→ 1.2965
02070847	Soriatane Toro Acitrotin	Tribute	30	38.90	→ 1.2965
02466074	Taro-Acitretin	Taro	30	38.90	→ 1.2965
Caps.	I	1	I	25 mg PPB 	l
02468859	Mint-Acitretin	Mint	30	68.31	→ 2.2770
02070863 02466082	Soriatane Taro-Acitretin	Tribute Taro	30 30	68.31 68.31	2.27702.2770
32 100002		1 . 2. 0		1 00.01	2.2.70

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CALCIPOTRIOL	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cint. 50 mcg/g 0.7337					'	
CALCITRIOL IB Top. Oint. 3 mcg/g 02338572 Silkis Galderma 60 g 40.80 0.6800 FLUOROURACIL IB Top. Cr. 5 % 00330582 Efudex Valeant 40 g 32.00 0.8000 HYDROCOLLOIDAL GEL Top. Jel. 00921084 DuoDERM Gel Convatec 30 g 6.64 0.2213 HYDROGEL Top. Jel. 99100795 Cuttimed Gel BSN Med 15 g 2.95 0.1967 99100365 Nu-Gel KCI 15 g 2.58 0.1720 99100152 Purigaderm 3M - Hydrogel Mc Caloplast 8 g 2.25 0.2813 99100192 Tegaderm 3M - Hydrogel 3M Canada 15 g 2.74 0.1827 99100300 Woun'dres Coloplast 28 g 3.70 0.1321 99100300 Woun'dres Coloplast 28 g 3.70 0.1321 Gaps. 10 mg		B			E0 mog/g	
CALCITRIOL		Dovoney	100	30 a		0.7337
Top. Oint. 3 mcg/g	01970133	Dovonex	Leo	30 g	22.01	0.7337
Top. Oint. 3 mcg/g	CALCITRIOL B	1				
FLUOROURACIL			ı	ı	3 mcg/g	
Top. Cr.	02338572	Silkis	Galderma	60 g	40.80	0.6800
Top. Cr.						
HYDROCOLLOIDAL GEL Top. Jel.		L 🖟			5 %	
HYDROCOLLOIDAL GEL Top. Jel. 00921084 DuoDERM Gel Convatec 30 g 6.64 0.2213	1	Efudex	Valeant	40 a	1	0.8000
Top. Jel. 00921084 DuoDERM Gel Convatec 30 g 6.64 0.2213				- 3		
Top. Jel. 00921084 DuoDERM Gel Convatec 30 g 6.64 0.2213	HYDROCOLLOI	DAL GEL				
HYDROGEL Top. Jel. 99100795		1	1	I	1 1	ı
Top. Jel. 99100795 Cutimed Gel	00921084	DuoDERM Gel	Convatec	30 g	6.64	0.2213
Top. Jel. 99100795 Cutimed Gel						
99100795 Cutimed Gel BSN Med 15 g 2.95 0.1967 99100365 Nu-Gel KCl 15 g 2.58 0.1720 99100152 Purilon Gel Coloplast 8 g 2.25 0.2813 99100192 Tegaderm 3M - Hydrogel wound filler Woun'dres Coloplast 28 g 3.70 0.1321 99100300 Woun'dres Coloplast 28 g 3.70 0.1321 SOTRETINOIN						
99100365 Nu-Gel KCI 15 g 2.58 0.1720 99100152 Purilon Gel Coloplast 8 g 2.25 0.2813 99100192 Tegaderm 3M - Hydrogel wound filler 99100300 Woun'dres Coloplast 28 g 3.70 0.1321 84 g 8.98 0.1069 ISOTRETINOIN Caps. 10 mg PPB 00582344 Accutane 10 Roche 30 27.94 → 0.9313 02257955 Clarus Mylan 30 57.01 → 1.9003 02257963 Clarus Mylan 30 57.01 → 1.9003 PODOFILOX Caps. 10.5%	1	Cutimed Gel	BSN Med	15 a	2 95	0 1967
99100152				25 g	3.93	0.1572
99100192	99100365	Nu-Gei	KCI		I I	
99100192	99100152	Purilon Gel	Coloplast			
99100300 Woun'dres Coloplast 28 g 3.70 0.1321 84 g 8.98 0.1069	99100192		3M Canada			
SOTRETINOIN	99100300		Coloplast	28 g	3.70	0.1321
Caps. 10 mg PPB 00582344 O2257955 Accutane 10 Olarus Roche Mylan 30 Olarus 27.94 → 0.9313 Caps. 40 mg PPB 00582352 O2257963 Accutane 40 Olarus Roche Mylan 30 Olarus 57.01 → 1.9003 PODOFILOX III Top. Sol. 0.5 %					8.98	0.1069
Caps. 10 mg PPB 00582344 O2257955 Accutane 10 Olarus Roche Mylan 30 Olarus 27.94 → 0.9313 Caps. 40 mg PPB 00582352 O2257963 Accutane 40 Olarus Roche Mylan 30 Olarus 57.01 → 1.9003 PODOFILOX III Top. Sol. 0.5 %						
00582344 02257955 Accutane 10 Clarus Roche Mylan 30 27.94 → 0.9313 Caps. 40 mg PPB 00582352 02257963 Accutane 40 Accutane 40 Clarus Roche Mylan 30 57.01 → 1.9003 PODOFILOX III Top. Sol. 0.5 %		R			10 mg PPB	
O2257955 Clarus Mylan 30 27.94 → 0.9313 Caps. 40 mg PPB 00582352 Accutane 40 Roche 30 57.01 → 1.9003 02257963 Clarus Mylan 30 57.01 → 1.9003 PODOFILOX III Top. Sol. 0.5 %		Accutane 10	Roche		1 1	→ 0.0313
00582352	1					-
00582352						
02257963	1	I	1		1	1
PODOFILOX Top. Sol. 0.5 %						
Top. Sol. 0.5 %	5220,000		,		07.01	1.0000
Top. Sol. 0.5 %	PODOFII OX R					
01945149 Condyline (3,5 ml) SanofiAven 1 37.00		1	I	ı	0.5 %	
	01945149	Condyline (3,5 ml)	SanofiAven	1	37.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
PROPYLENE GLYCOL/ CARBOXYMETHYLCELLULOSE Top. Jel.				20 % -3 %		
00907936	Intrasite	S. & N.	8 g 15 g 25 g	2.73 3.70 5.74	0.3413 0.2467 0.2296	
ZINC OXIDE Band. 7.5 cm X 6 m						
01907603	Viscopaste PB7	S. & N.	1	8.80		

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86:00 **SMOOTH MUSCLE RELAXANTS**

genitourinary smooth muscle relaxants 86:12

86:16 respiratory smooth muscle relaxants

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS OXYBUTYNINE CHLORIDE

Tab.			2.5 mg		
02240549	pms-Oxybutynin	Phmscience	100	13.72	0.1372

Tab.	i	1		5 mg PPB		1	
02163543	Apo-Oxybutynin	Apotex	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02230394	Novo-Oxybutynin	Novopharm	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02350238	Oxybutynin	Sanis	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02220636	Oxybutynine-5	Pro Doc	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02240550	pms-Oxybutynin	Phmscience	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02299364	Riva-Oxybutynin	Riva	100	9.86	•	0.0986	
			500	49.30	•	0.0986	

PROPIVERINE (CHLORHYDRATE)

Tab.				5 mg		
02460289	Mictoryl Pediatric ²¹	Duchesnay	28	10.36	0.3700	

21 Reimbursement of the cost of this product is authorized for persons under 18 years of age.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
SOLIFENAC Tab.	SOLIFENACIN SUCCINATE (B) Tab. 5 mg PPB						
024233	Apo-Solifenacin	Apotex	30	9.12	• 0.3041		
024463	75 Auro-Solifenacin	Aurobindo	100 30	30.41 9.12	→ 0.3041→ 0.3041		
024243	39 Jamp-Solifenacin	Jamp	100 30	30.41 9.12	→ 0.3041→ 0.3041		
024289	111 Med-Solifenacin	GMP	100 30	30.41 9.12	→ 0.3041→ 0.3041		
			90	27.37	→ 0.3041		
024431 024177		Mint Phmscience	90 30	27.37 9.12	→ 0.3041→ 0.3041		
024379	88 Ran-Solifenacin	Ranbaxy	100 100	30.41 30.41	→ 0.3041→ 0.3041		
023990	32 Sandoz Solifenacin	Sandoz	500 30	152.05 9.12	→ 0.3041→ 0.3041		
024581		Pro Doc	100 30	30.41 9.12	→ 0.3041		
			100	30.41	→ 0.3041→ 0.3041		
024582	141 Solifenacin	Sanis	30 100	9.12 30.41	→ 0.3041→ 0.3041		
024483	Succinate de Solifenacine	MDA	30 90	9.12 27.37	0.30410.3041		
023979	000 Teva-Solifenacin	Teva Can	30 100	9.12 30.41	→ 0.3041→ 0.3041		
022772	Vesicare	Astellas	30	45.00 135.00	1.5000 1.5000		
T.				10 888			
Tab.	Ana Californain	Anatov		10 mg PPB	0.2044		
024233	,	Apotex	30 100	9.12 30.41	→ 0.3041→ 0.3041		
024463	83 Auro-Solifenacin	Aurobindo	30 100	9.12 30.41	→ 0.3041→ 0.3041		
024243	Jamp-Solifenacin	Jamp	30 100	9.12 30.41	→ 0.3041→ 0.3041		
024289	Med-Solifenacin	GMP	30	9.12	→ 0.3041		
024431		Mint	90	27.37 27.37	→ 0.3041→ 0.3041		
024177	31 pms-Solifenacin	Phmscience	30 100	9.12 30.41	→ 0.3041→ 0.3041		
024379	96 Ran-Solifenacin	Ranbaxy	100 500	30.41 152.05	0.30410.3041		
023990	40 Sandoz Solifenacin	Sandoz	30 100	9.12 30.41	→ 0.3041		
024581	52 Solifenacin	Pro Doc	30	9.12			
024582	Solifenacin	Sanis	100 30	30.41 9.12	→ 0.3041→ 0.3041		
024483	Succinate de Solifenacine	MDA	100 30	30.41 9.12	→ 0.3041→ 0.3041		
023979	119 Teva-Solifenacin	Teva Can	90 30	27.37 9.12	→ 0.3041→ 0.3041		
			100	30.41	→ 0.3041		
022772	71 Vesicare	Astellas	30 90	45.00 135.00	1.5000 1.5000		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
		1		I.		
TOLTERODINE L-TARTRATE L.A. Caps. 2 mg PPB						
02244612	Detrol LA	Pfizer	30 90	56.76 170.28	1.8920 1.8920	
02404184	Mylan-Tolterodine ER	Mylan	30 100	14.73 49.11	• 0.4910 • 0.4911	
02413140	Sandoz Tolterodine LA	Sandoz	30 100	14.73 49.11	0.49100.4911	
02412195	Teva-Tolterodine LA	Teva Can	30 100	14.73 49.11	→ 0.4910→ 0.4911	
L.A. Caps.		•		4 mg PPB		
02244613	Detrol LA	Pfizer	30	56.76	1.8920	
02404192	Mylan-Tolterodine ER	Mylan	90 30	170.28 14.73	1.8920 • 0.4910	
02413159	Sandoz Tolterodine LA	Sandoz	100 30 100	49.11 14.73 49.11	0.49110.49100.4911	
02412209	Teva-Tolterodine LA	Teva Can	30 100	14.73 49.11	• 0.4910 • 0.4911	
Tab.	1	1		1 mg PPB		
	Ana Taltaradina	Anatov	100	1	0.2455	
02369680 02239064	Apo-Tolterodine Detrol	Apotex Pfizer	100 60	24.55 56.76	0.2455 0.9460	
02423308	Mint-Tolterodine	Mint	100	24.55	→ 0.2455	
02299593	Teva-Tolterodine	Teva Can	60	14.73	→ 0.2455	
Tab.	1	1	ı	2 mg PPB	ı	
02369699	Apo-Tolterodine	Apotex	100 500	24.55 122.75	0.2455	
02239065	Detrol	Pfizer	60	56.76	0.2455 0.9460	
02423316	Mint-Tolterodine	Mint	100	24.55	→ 0.2455	
02299607	Teva-Tolterodine	Teva Can	60	14.73	→ 0.2455	
86:16 RESPIRATOR THEOPHYLLINE	Y SMOOTH MUSCLE RE : 間	LAXANTS				
Alcohol free Sol.	_ I	1		80 mg/15 mL		
01966219	Theolair	Valeant	500 ml	9.81	0.0196	
Elix.	Elix. 80 mg/15 mL					
00627410	Theophylline	Atlas	500 ml	1.76	0.0035	
Elix. sugar less			8	30 mg/15 mL		
00466409	Pulmophylline	Riva	500 ml	4.30	0.0086	
	' '	1	1	1		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
L.A. Tab. 100 mg						
00692689	Apo-Theo LA	Apotex	100	13.00	0.1300	
L.A. Tab.	L.A. Tab. 200 mg					
00692697	Apo-Theo LA	Apotex	100	13.50	0.1350	
L.A. Tab. 400 mg						
02360101	Theo ER	AA Pharma	100	33.62	0.3362	
02014165	Uniphyl	Purdue	50	16.81	0.3362	
L.A. Tab. 600 mg						
02360128 02014181	Theo ER Uniphyl	AA Pharma Purdue	100 50	40.72 20.36	0.4072 0.4072	

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88:00 VITAMINS

88:08 vitamin b complex

88:16 vitamin d 88:24 vitamin k 88:28 multivitamins

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
88:08 VITAMIN B CC							
Inj. Sol.				0.1 mg/mL			
02241500	Vitamine B 12	Sandoz	1 ml	1.45			
Inj. Sol.			1 n	ng/mL PPB			
01987003	Cyanocobalamine	Sterimax	10 ml	→ 2.78			
02413795	Cyanocobalamine	Mylan	10 ml	→ 2.78			
02420147	Injectable, USP Jamp-Cyanocobalamin	Jamp	10 ml	→ 2.78			
00521515	Vitamine B 12	Sandoz	10 ml	3.06			
00626112	Vitamine B12	Oméga	10 ml	→ 2.78			
FOLIC ACID Inj. Sol. 02139480 Tab. 80000695 80053274	Acide folique injectable, USP Euro-Folic Jamp-Folic Acid	Fresenius Sandoz Jamp	10 ml	5 mg/mL 16.40 1 mg PPB 1.49 7.45	→ 0.0149→ 0.0149		
80061488	M-Folique 1 mg	Mantra Ph.	500	7.45	→ 0.0149→ 0.0149		
FOLIC ACID Tab. 02285673	Tab. 5 mg PPB						
02366061	Euro-Folic Jamp Folic Acid	Sandoz Jamp	1000 1000	19.80 19.80	→ 0.0198→ 0.0198		
NIACIN Tab.	I	1.		00 mg PPB			
00557412	Jamp-Niacin	Jamp	100 500	4.50 22.50	→ 0.0450→ 0.0450		
01939130	Niacine	Odan	100	7.50	0.0750		
				·			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PYRIDOXINE HY	/DROCHLORIDE				
Tab.			;	25 mg PPB	
80002890	Jamp Vitamin B6	Jamp	1000	18.30	→ 0.0183
80056458 80049803	M-B6 25 mg Opus Vitamine B6	Mantra Ph. Opus	500 500	9.15 9.15	→ 0.0183→ 0.0183
		'	1000	18.30	• 0.0183
* 01943200	Vitamine B 6	Odan	100	4.50	W
THIAMINE HYDI	POCHI OPIDE				
THIAMINE HID	COCHEORIDE				
Inj. Sol. I	I	I		ng/mL PPB 	
02193221 02243525	Thiamiject Thiamine	Oméga Sterimax	10 ml 10 ml	→ 11.88→ 11.88	
				<u> </u>	
Tab.	I	ı	; I	50 mg PPB	
02245506 80009633	Euro-B1 Jamp-Vitamin B1	Sandoz Jamp	500 500	35.00 35.00	→ 0.0700→ 0.0700
80054199	M-B1 50 mg	Mantra Ph.	500	35.00	0.07000.0700
80049777	Opus Vitamine B1	Opus	500	35.00	→ 0.0700
Tab.			1	00 mg PPB	
80009588	Jamp-Vitamin B1	Jamp	500	64.68	→ 0.1294
80054205 80049780	M-B1 100 mg Opus Vitamine B1	Mantra Ph. Opus	500 500	64.68 64.68	→ 0.1294→ 0.1294
00049700	Opus vitariirie B i	Opus	300	04.00	0.1294
88:16					
VITAMIN D ALFACALCIDO	R				
Caps.	- 	ı	ı	0.25 mcg	
00474517	One-Alpha	Leo	100	42.45	0.4245
Caps.				1 mcg	
00474525	One-Alpha	Leo	100	127.07	1.2707
00474323	опо лірна	1200	100	121.01	1.2707
I.V. Inj. Sol.	1	1	ı	2 mcg/mL	
02242502	One-Alpha	Leo	0.5 ml	7.99	
			1 ml	15.98	
Oral Sol.				2 mcg/mL	
1	1	I	1	1	

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10 ml

49.83

4.9830

Leo

02240329 One-Alpha

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CALCITRIOL Caps.	I		0.2	5 mcg PPB	
Caps.	I	1	U.Z:	5 mcg PPB I	
02431637	Calcitriol-Odan	Odan	30	20.88	→ 0.6960
00481823	Rocaltrol	Roche	100 100	69.60 69.60	→ 0.6960→ 0.6960
00461623	Rocalifor	Rocile	100	09.00	0.0900
Caps.			0.5	0 mcg PPB	
02431645	Calcitriol-Odan	Odan	30	33.21	→ 1.1070
			100	110.69	→ 1.1069
00481815	Rocaltrol	Roche	100	110.69	→ 1.1069
CHOLECALCIFE	EDOL R				
CHOLLOALON	INOL III				
Caps.				2 000 UI	
02442256	Luxa-D	Orimed	100	6.93	0.0693
02442200	Laxa B	Offined	100	0.50	0.0000
Caps. or Tab.			10.0	000 UI PPB	
1 '		1			1.
00821772	D-Tabs	Riva	60	12.60	• 0.2100
00053470	Euro D 10 000	Candas	250	52.50 12.60	→ 0.2100→ 0.2100
02253178 02379007	Jamp-Vitamine D	Sandoz Jamp	60 60	12.60	→ 0.2100 → 0.2100
02379007	Jamp-vitamine D	Janip	500	105.00	→ 0.2100 → 0.2100
02449099	Jamp-Vitamine D	Jamp	100	21.00	→ 0.2100
02371499	Pharma-D	Phmscience	100	21.00	→ 0.2100
02417995	Vitamine D 10 000	Pro Doc	60	12.60	→ 0.2100
				ı	
	6				
ERGOCALCIFER Caps.	ROL LI		50	000 U PPB	
1		1			
02237450	D-Forte	Sandoz	100	19.86	0.1986
02301911	Osto-D2	Paladin	100	19.86	→ 0.1986
Oral Sol.	I	1	8 288 I	UI/mL PPB I	
80003615	Erdol	Odan	60 ml	→ 12.80	
80020776	Jamp-D2-Dol	Jamp	60 ml	→ 12.80	
VITAMIN D					
VITAMIN D Caps.			8	300 UI PPB	
1	Furn D 900	Candaz			0.0000
80003010	Euro D 800	Sandoz	100	6.00	→ 0.0600→ 0.0600
80007769 80039160	Jamp-Vitamine D Opus D-800	Jamp Opus	500 500	30.00 30.00	→ 0.0600 → 0.0600
000039100	Opus D-000	Ориз	300	30.00	- 0.0000

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cans	. or Tab.				100 UI PPB	
l	. Or Tab.	I	1		1	I
	80001125	Calciferol (tablet)	Pendopharm	500	15.00	→ 0.0300
	02242651	Euro D 400	Sandoz	100	3.00	→ 0.0300
				500	15.00	→ 0.0300
	80006629	Jamp-Vitamine D (Caps.)	Jamp	500	15.00	→ 0.0300
	02240624	Jamp-Vitamine D (Co.)	Jamp	500	15.00	→ 0.0300
	80055196	M-D400 Gel	Mantra Ph.	500	15.00	→ 0.0300
*	80002228	Odan-D	Odan	500	15.00	W
	80039163	Opus D-400	Opus	500	15.00	→ 0.0300
	80001145	Pharma-D 400 IU	Pendopharm	500	15.00	→ 0.0300
	80005560	Riva-D	Riva	100	3.00	→ 0.0300
				500	15.00	→ 0.0300
	80063895	Vit D 400 gel	Altamed	500	15.00	→ 0.0300
	80008590	Vitamin D 400 UI	Biomed	500	15.00	→ 0.0300
Caps	. or Tab.			1 (000 UI PPB	
			1	1		
	80089250	Bio-Vitamine D3	Biomed	500	35.00	→ 0.0700
	80007766	D-Gel-1000	Jamp	500	35.00	→ 0.0700
	80003707	Euro-D 1000	Sandoz	500	35.00	→ 0.0700
	80055204	M-D1000 Gel	Mantra Ph.	500	35.00	→ 0.0700
	80027592	Opus D-1000	Opus	500	35.00	→ 0.0700
	80008496	Pharma-D 1000 IU (Caps.)	Phmscience	100	7.00	→ 0.0700
				500	35.00	→ 0.0700
	80002169	Pharma-D 1000 IU (Co.)	Phmscience	100	7.00	→ 0.0700
	80051562	Riva-D 1000	Riva	500	35.00	• 0.0700
	80063899	Vit D 1000 gel	Altamed	500	35.00	• 0.0700
	80068574 80043412	Vitamin D3 Softgel Vitamine D 1000 UI (Caps.)	Cellchem Biomed	100 500	7.00 35.00	→ 0.0700→ 0.0700
	00040412	Vitarriirie B 1000 01 (Gaps.)	Biomed	000	00.00	0.0700
Oral	Sol.	1		400 U	l/dose PPB	ı
	80001869	Baby Ddrops	D Drops	90 dose(s)	→ 9.90	
	00762881	D-VI-SOL	M.J.	l	→ 5.50	
	80019649	Jamp-D3-Dol	Jamp	90 dose(s)	→ 9.90	
	80003038	Jamp-Vitamine D	Jamp	` '	→ 5.50	
	80004595	PediaVIT D	Sandoz	50	→ 5.50	
	80077066	Pediavit Vitamine D3	Sandoz	60 dose(s)	→ 6.60	
VITA	88:24 VITAMIN K PHYTONADIONE 個					
I.M. I	nj. Sol.	1	I	1	2 mg/mL	I
	00781878	Vitamine K 1	Sandoz	0.5 ml	5.19	
J.M. I	nj. Sol.				10 mg/mL	
	00804312	Vitamine K 1	Sandoz	1 ml	5.88	
		l .	1			I

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
88:28 MULTIVITAMII VITAMINS A, D A Oral Sol.		750 L	J -400 U -30 r	ng/mL PPB	
80056252	Pediavit Multi	Sandoz	50 ml	→ 9.36	
00762903	Tri-Vi-Sol	M.J.	50 ml	→ 9.36	
Oral Sol. 1 500 U -400 U -30 mg/mL PPB					
80008471 02229790	Jamp-Vitamins A-D-C Pediavit	Jamp Euro-Pharm	50 ml 50 ml	9.369.36	

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.02	other miscellaneous
92:08	5-alfa-Reductase inhibitors
92:12	Antidotes
92:16	Antigout Agents
92:24	Bone Resorption Inhibitors
92:28	Cariostatic Agents
92:36	Disease-Modifying Antirheumatic Agents
92:44	Immunosuppressive Agents
92:92	Other Miscellaneous Therapeutic Agents

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
92:00 UNCLASSIFIED THERAPEUTIC AGENTS ALBUMINE DILUENT								
Sol.				0.03 %				
02283735	Diluent albumin	ALK-Abello	4.5 ml 9 ml	1.82 2.04				
ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED Inj. Sol. Maintenance Treatment (10 mL)								
99003813	Monovalent	ALK-Abello	1	82.17				
99101105 99003791	Monovalent	Allergo ALK-Abello	1	82.17 82.17				
99003791	Polyvalent Polyvalent	ALK-Abello Allergo	1	82.17 82.17				
L								
Inj. Sol.		Compl	ete Treatment	Set (10 mL)				
99003856	Monovalent	ALK-Abello	3	110.98				
			4	110.98				
99101106	Monovalent	Allergo	4	110.98				
99003805	Polyvalent	ALK-Abello	3	110.98				
		l	4	110.98				
99101114	Polyvalent	Allergo	4	110.98				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol.	, , , , , , , , , , , , , , , , , , ,		enance Treatn	nent (10 mL)	
02247757	Monovalent non-Pollen	Oméga	1	107.64	
99003996	Monovalent standardise	ALK-Abello	1	107.78	
99101107	Monovalent standardise	Allergo	1	107.78	
99100062	Monovalent-Acariens	Oméga	1	107.64	
99003880	Monovalent-Acariens	ALK-Abello	1	107.78	
	standardise				
99101109	Monovalent-Acariens	Allergo	1	107.78	
	standardise				
99100063	Monovalent-Chat	Oméga	1	107.64	
99003899	Monovalent-Chat	ALK-Abello	1	107.78	
	standardise				
99101111	Monovalent-Chat	Allergo	1	107.78	
	standardise				
02247754	Monovalent-Pollen	Oméga	1	107.64	
99100067	Polyvalent - Pollen	Oméga	1	107.64	
99100068	Polyvalent - Pollens -	Oméga	1	107.64	
	Acariens				
99100066	Polyvalent non-Pollen	Oméga	1	107.74	
99004100	Polyvalent standardise	ALK-Abello	1	107.78	
99101118	Polyvalent standardise	Allergo	1	107.78	
99100064	Polyvalent-Acariens	Oméga	1	107.64	
99003910	Polyvalent-Acariens	ALK-Abello	1	107.78	
	standardise				
99101120	Polyvalent-Acariens	Allergo	1	107.78	
	standardise				
99100065	Polyvalent-Chat	Oméga	1	107.64	
99003929	Polyvalent-Chat standardise	ALK-Abello	1	107.78	
99101122	Polyvalent-Chats	Allergo	1	107.78	
	standardise				
99003902	Polyvalent-Pollens-	ALK-Abello	1	107.78	
	Acariens standardise				
99101115	Polyvalent-Pollens-	Allergo	1	107.78	
	Acariens standardise				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Inj. Sol.		Comple	ete Treatment	Set (10 mL)		
99100074	 Monovalent non-Pollen	0	4	151.84		
		Oméga ALK-Abello				
99004003	Monovalent standardise	ALK-Abello	3 4	153.65 153.65		
99101108	Monovalent standardise	Allorgo	4	153.65		
99101106	Monovalent-Acariens	Allergo Oméga	3	153.65		
99003937	Monovalent-Acariens Monovalent-Acariens	ALK-Abello	4	153.65		
	standardise					
99101110	Monovalent-Acariens standardise	Allergo	4	153.65		
99100073	Monovalent-Chat	Oméga	3	153.93		
99003945	Monovalent-Chat standardise	ALK-Abello	3	153.65		
99101112	Monovalent-Chat standardise	Allergo	4	153.65		
99100075	Monovalent-Pollen	Oméga	4	153.93		
99100079	Polyvalent - Pollen	Oméga	4	153.93		
99100080	Polyvalent - Pollens -	Oméga	4	153.93		
33100000	Acariens	Omega	, T	100.00		
99100078	Polyvalent non-Pollen	Oméga	4	153.93		
99101117	Polyvalent Pollens Acariens standardisé	Allergo	4	153.65		
99004097	Polyvalent standardise	ALK-Abello	3	153.65		
			4	153.65		
99101119	Polyvalent standardise	Allergo	4	153.65		
99100076	Polyvalent-Acariens	Oméga	3	153.93		
99003961	Polyvalent-Acariens standardise	ALK-Abello	3	153.65		
99101121	Polyvalent-Acariens standardise	Allergo	4	153.65		
99100077	Polyvalent-Chat	Oméga	4	153.93		
99003988	Polyvalent-Chat standardise	ALK-Abello	3	153.65		
	in any resident control of the contr		4	153.65		
99101123	Polyvalent-Chats standardise	Allergo	4	153.65		
99003953	Polyvalent-Pollens-	ALK-Abello	3	153.65		
0000000	Acariens standardise	/ LETT / IDOIIO	4	153.65		
99101124	Polyvalent-Pollens non standAcariens stand.	Allergo	1	100.30		

Inj. Sol.	ı	Coi	mplete Treatment	Set (10 mL)	
99003864	Polyvalent-Pollens non standAcariens stand.	ALK-Abello	3 4	140.86 140.86	
99101125	Polyvalent-Pollens non standAcariens stand.	Allergo	4	140.86	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ALLERGENS (ALUM-PRECIPITATED EXTRACTS OF)

Inj. Sol.		. Main	tenance Treat	ment (5 mL)		
99101143	Presaisonnier - Arbres, Graminees et Herbes a	Allergo	1	93.90		
99101147	Presaisonnier - Graminees et Herbes a poux	Allergo	1	93.90		
99101149	Presaisonnier - Herbes a	Allergo	1	93.90		
99101141	Presaisonnier- Arbres	Allergo	1 1	93.90		
99003694	Presaisonnier- Arbres et Graminees	ALK-Abello	1	93.90		
99100069	Presaisonnier- Arbres et Graminees	ALK-Abello	3	113.12	37.7067	
99101151	Presaisonnier- Arbres et Graminees	Allergo	1	93.90		
99101155	Presaisonnier- Arbres et Graminees	Allergo	3	113.12	37.7067	
99003716	Presaisonnier- Arbres, Graminees, Herbe a poux	ALK-Abello	1	93.90		
99100070	Presaisonnier- Arbres, Graminees, Herbe a poux	Oméga	3	114.10	38.0333	
99003708	Presaisonnier- Graminees et Herbe a poux	ALK-Abello	1	93.90		
99100071	Presaisonnier- Graminees et Herbe a poux	Oméga	3	114.10	38.0333	
99003686	Presaisonnier- Herbe a	ALK-Abello	1	93.90		
99100072	Presaisonnier- Herbe a	Oméga	3	114.10	38.0333	
99003651	Presaisonnier-Arbres	ALK-Abello	1	93.90		
99003678	Presaisonnier-Graminees	ALK-Abello	1	93.90		
99101145	Presaisonnier-Graminees	Allergo	1	93.90		
00889784	Suspal- Monovalent- Acariens	Oméga	1	109.79		
00889792	Suspal- Polyvalent-Acariens	Oméga	1	101.18		
00861367	Suspal-Monovalent	Oméga	1 1	102.25		
00861375	Suspal-Polyvalent	Oméga	1	101.18		

Inj. Sol.	1	Mainte	enance Treatn	nent (10 mL)	
00908614	Suspal- Monovalent- Acariens	Oméga	1	120.55	
	Suspal- Polyvalent-Acariens	, ,	1	127.03	
	Suspal-Monovalent Suspal-Polyvalent	Oméga Oméga	1	127.02 127.02	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.		Comp	olete Treatmer	nt Set (5 mL)	
00404444	Duranta and a Adams	• • • • • • • • • • • • • • • • • • •			
99101144	Presaisonnier - Arbres, Graminees et Herbes a poux	Allergo	3	114.18	
99101148	Presaisonnier - Graminees et Herbes a poux	Allergo	3	114.18	
99101150	Presaisonnier - Herbes a	Allergo	3	114.18	
99101142	Presaisonnier- Arbres	Allergo	3	114.18	
99003759	Presaisonnier- Arbres et Graminees	ALK-Abello	3	114.18	
99101153	Presaisonnier- Arbres et Graminees	Allergo	3	114.18	
99003775	Presaisonnier- Arbres, Graminees, Herbe a poux	ALK-Abello	3	114.18	
99003767	Presaisonnier- Graminees et Herbe a poux	ALK-Abello	3	114.18	
99003740	Presaisonnier- Herbe a	ALK-Abello	3	114.18	
99003724	Presaisonnier-Arbres	ALK-Abello	3	114.18	
99003732	Presaisonnier-Graminees	ALK-Abello	3	114.18	
99101146	Presaisonnier-Graminees	Allergo	3	114.18	
00889822	Suspal- Monovalent- Acariens	Oméga	3	127.02	
99000458	Suspal- Polyvalent-Acariens	Oméga	3	127.02	
00861286	Suspal-Monovalent	Oméga	3	127.02	
00861405	Suspal-Polyvalent	Oméga	3	127.02	
Inj. Sol.	1	Comp	olete Treatmer	nt Set (8 mL)	
00896942	Presaisonnier- Arbres	Oméga	1	106.56	
99100625	Presaisonnier- Arbres et Graminees	Oméga	1	106.56	106.5600
99100083	Presaisonnier- Arbres, Graminees, Herbe a poux	Oméga	1	106.56	
99100082	Presaisonnier- Graminees et Herbe a poux	Oméga	1	106.56	106.5600
00896934 00896950	Presaisonnier- Gramines Presaisonnier- Herbes-a-	Oméga Oméga	1 1	106.56 106.56	
	poux				
Inj. Sol.		Comple	ete Treatment	Set (10 mL)	
00889849	Suspal- Monovalent- Acariens	Oméga	3	138.86	
00889857 00861308	Suspal- Polyvalent-Acariens Suspal-Monovalent	Oméga Oméga	3	138.86 138.86	
00861316	Suspal-Polyvalent	Oméga	3	138.86	
ALLERGENS (A Inj. Sol.	QUEOUS EXTRACTS OF)	Main	tenance Trea	tment (5 mL)	
00861170	Monovalent	Oméga	1	82.89	
99000415	Monovalent-Acariens	Oméga	1	87.19	
00861189	Polyvalent	Oméga	1	83.96	
	,	5~		33.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Inj. Sol.	ı	Mainte	enance Treatn	nent (10 mL)		
00861227 99000431 00861251	Monovalent Monovalent-Acariens Polyvalent	Oméga Oméga Oméga	1 1 1	94.72 91.48 87.19		
Inj. Sol. Maintenance Treatment (10 mL)						
00889733 00861081	Monovalent-Acariens Polyvalent	Oméga Oméga	3 3	104.41 101.18		
Inj. Sol.					,	
00889768 00861162	Monovalent-Acariens Polyvalent	Oméga Oméga	3	127.02 121.64		
	VENOM			1.1 mg		
1		Oméga	1	l I	w	
Inj. Pd.				1.3 mg		
99100021		Oméga	1	205.98	w	
Inj. Pd.				100 mcg		
00541435	Venin d'abeille (apis mellifera)	Oméga	6	115.17	w	

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HYM Inj. F		VENOM PROTEIN			1.1 mg	
*	00100000	l		l ,	l I	
*	99100226	Frelon a tete blanche	ALK-Abello	1	350.00	141
	99004607 01948997	Freion a tete blanche	Oméga	1 1	219.58 220.00	W
	01946997	Frelon a tete blanche (Dolichovespula Maculata)	Allergy	'	220.00	
	99004593	Frelon a tete jaune	Oméga	1	219.59	w
*	99100227	Frelon Jaune	ALK-Abello	1	350.00	
	01948938	Frelon jaune (Dolichoves pula Arenaria)	Allergy	1	220.00	
	00894362	Guepe (Polistes Spp.)	Oméga	1	245.42	W
	00894354	Guepe de l'est (vespula maculifrons)	Oméga	1	219.59	W
	01948954	Guepe jaune (Vespula Spp.)	Allergy	1	220.00	
*	99100225	Honey Bee Venom	ALK-Abello	1	350.00	
	01948903	Venin d'abeille (apis	Allergy	1	174.00	
*	00400000	mellifera)	A		050.00	
*	99100229	Wasp Venon	ALK-Abello	1	350.00	
	99100228	Yellow Jacket Venom	ALK-Abello	1	350.00	
lnj. F	Pd.	ı	1	ı	1.3 mg	
	99100016	Frelon a tete blanche	Oméga	1	259.41	w
	99100017	Guepe (Polistes Spp.)	Oméga	1	289.55	W
	99100018	Guepe de l'est (vespula	Oméga	1	259.41	W
		maculifrons)				
Inj. F	Pd.	I	I	ı	3.3 mg	
*	99100230	Vespides combines	ALK-Abello	1	625.00	
	00895245	Vespides combines	Oméga	1	431.65	w
				!	,	
lnj. F	Pd.				3.9 mg	
	99100026	Vespides combines	Oméga	1	510.14	w
lnj. F	Pd.	i	1	1	100 mcg	
	00541451	Guepe (Polistes Spp.)	Oméga	6	150.70	w
	00541427	Guepe a taches blanches	Oméga	6	138.86	W
		dolichovespula maculata				
	00541478	Guepe de l'est (vespula	Oméga	6	138.86	W
	00544440	maculifrons)	_ ,		400.00	
	00541443	Guepe jaune dolichovespula arenaria	Oméga	6	138.86	W
		arenana				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L	1	L	ı	<u> </u>	
Inj. Pd.	1		1	120 mcg	
99004038	Frelon a tete blanche	ALK-Abello	6	160.05	26.6750
01949004	Frelon a tete blanche	Allergy	6	140.00	23.3333
99004011	Frelon Jaune	ALK-Abello	6	160.05	26.6750
01948946	Frelon jaune (Dolichoves pula Arenaria)	Allergy	6	140.00	
99004046	Guepe	ALK-Abello	6	171.79	28.6317
01948989	Guepe (Polistes Spp.)	Allergy	6	148.00	
99100278	Guepe (Polistes Spp.)	Oméga	6	172.22	W
99100279	Guepe a taches blanches dolichovespula maculata	Oméga	6	160.38	W
99100280	Guepe de l'est (vespula	Oméga	6	162.54	w
	maculifrons)				
99004054	Guepe jaune	ALK-Abello	6	162.19	27.0317
01948962	Guepe jaune (Vespula Spp.)	Allergy	6	140.00	
99100270	Guepe jaune dolichovespula arenaria	Oméga	6	162.54	W
99004062	Venin d'abeille	ALK-Abello	6	119.51	19.9183
01948911	Venin d'abeille (apis	Allergy	6	105.00	
	mellifera)				
lnj. Pd.				300 mcg	
00614424	Vespides combines	Oméga	6	268.02	w
Inj. Pd. 99004070	 Vespides combines	ALK-Abello	6	360 mcg	51.3950
01948881	Vespides combines Vespides combines	Allergy	6	260.00	31.3930
99100281	Vespides combines	Oméga	6	310.01	w
	1			l l	
Inj. Pd.	I	ı	ı	550 mcg	
99100266	Frelon a tete blanche	Oméga	1	123.71	w
99100267	Frelon a tete jaune	Oméga	1	123.79	w
99100268	Guepe (Polistes Spp.)	Oméga	1	130.24	W
99100269	Guepe de l'est (vespula maculifrons)	Oméga	1	129.19	W
99100282	Venin d'abeille (apis mellifera)	Oméga	1	102.26	W
	ı	ı		<u> </u>	
Inj. Pd.	I	I	I	1 650 mcg	
99100284	Vespides combines	Oméga	1	233.58	W
92:00.02 OTHER MISCE ZINC OXIDE/ ICI Band.		ı	7	7,5 cm X 6 m	
01948466	Ichthopaste	S. & N.	1	7.02	
		l			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
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92:08 5-ALFA-REDUCTASE INHIBITORS DUTASTERIDE ☐

Caps.				.5 mg PPB		
02412691	ACT Dutasteride	ActavisPhm	30	9.08	→	0.3027
			100	30.27	•	0.3027
02404206	Apo-Dutasteride	Apotex	30	9.08	•	0.3027
			100	30.27	•	0.3027
02469308	Auro-Dutasteride	Aurobindo	30	9.08	•	0.3027
			100	30.27	•	0.3027
02247813	Avodart	GSK	30	48.12		1.6040
02421712	Dutasteride	Pro Doc	30	9.08		0.3027
			100	30.27	•	0.3027
02443058	Dutasteride	Sanis	30	9.08	•	0.3027
			100	30.27	•	0.3027
02429012	Dutasteride	Sivem	30	9.08	•	0.3027
02416298	Med-Dutasteride	GMP	30	9.08		0.3027
			90	27.24	,	0.3027
02428873	Mint-Dutasteride	Mint	30	9.08		0.3027
02393220	pms-Dutasteride	Phmscience	30	9.08	•	0.3027
			100	30.27	•	0.3027
02427753	Riva-Dutasteride	Riva	30	9.08	•	0.3027
02424444	Sandoz Dutasteride	Sandoz	30	9.08	•	0.3027
			100	30.27	•	0.3027
02408287	Teva-Dutasteride	Teva Can	30	9.08	•	0.3027
			100	30.27	•	0.3027

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	D				
FINASTERIDE Tab.				5 mg PPB	
1		1	I	1	١.
02354462	ACT Finasteride	ActavisPhm	30	12.41	0.4138
02365383	Apo-Finasteride	Apotex	30	12.41	0.4138
02405814	Auro-Finasteride	Aurobindo	30 100	12.41 41.38	→ 0.4138→ 0.4138
02355043	Finasteride	Accord	30	12.41	→ 0.4138→ 0.4138
			100	41.38	• 0.4138
02350270	Finasteride	Pro Doc	30	12.41	• 0.4138
02445077	Finasteride	Sanis	30	12.41	→ 0.4138
			100	41.38	→ 0.4138
02447541	Finasteride	Sivem	30	12.41	0.4138
00057004	James Finantavida	laman	100	41.38	0.4138
02357224	Jamp-Finasteride	Jamp	30 100	12.41 41.38	→ 0.4138→ 0.4138
02389878	Mint-Finasteride	Mint	30	12.41	→ 0.4138
02000070	Will I madicinal	TWIN IX	100	41.38	→ 0.4138
02348500	Novo-Finasteride	Teva Can	30	12.41	→ 0.4138
			100	41.38	→ 0.4138
02310112	pms-Finasteride	Phmscience	30	12.41	→ 0.4138
	_	l	100	41.38	• 0.4138
02010909	Proscar Ran-Finasteride	Merck	30	53.98	1.7993
02371820 02306905	ratio-Finasteride	Ranbaxy Ratiopharm	30	12.41 12.41	→ 0.4138→ 0.4138
02300303	Tallo-i masteride	Ratiophann	100	41.38	→ 0.4138
02455013	Riva-Finasteride	Riva	30	12.41	→ 0.4138
			100	41.38	→ 0.4138
02322579	Sandoz Finasteride	Sandoz	30	12.41	→ 0.4138
		l.,	500	206.90	• 0.4138
02428741	VAN-Finasteride	Vanc Phm	100	41.38	→ 0.4138
92:12					
ANTIDOTES					
FOLINIC ACID	R				
Tab.	l .	1	1	5 mg	ı
02170493	Leucovorin	Pfizer	24	139.75	5.8229
			100	557.93	5.5793
	•				
92:16					
ANTIGOUT AC	GENTS				
ALLOPURINOL	R				
Tab.			. 1	00 mg PPB	
00555681	Allopurinol-100	Pro Doc	100	7.80	→ 0.0780
00000001	, mopaniior ree	110 500	1000	78.00	→ 0.0780
02402769	Apo-Allopurinol	Apotex	100	7.80	→ 0.0780
			1000	78.00	→ 0.0780
02421593	Jamp-Allopurinol	Jamp	100	7.80	→ 0.0780
0000005	A4 A4		1000	78.00	0.0780
02396327	Mar-Allopurinol	Marcan	100 1000	7.80 78.00	→ 0.0780
00402818	Zyloprim	AA Pharma	1000	7.80	→ 0.0780→ 0.0780
00402010		, v i nama	1000	78.00	→ 0.0780
	l .			1 . 5.50	0.07.00

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2	200 mg PPB	
	00100155		l	100	1	
	02130157	Allopurinol-200	Pro Doc	100	13.00	• 0.1300
				500	65.00	• 0.1300
	02402777	Apo-Allopurinol	Apotex	100	13.00	0.1300
	00404007	to an Allen deal		500	65.00	0.1300
	02421607	Jamp-Allopurinol	Jamp	100	13.00	0.1300
	00000005	Adam Allamonica		500 100	65.00	→ 0.1300→ 0.1300
	02396335	Mar-Allopurinol	Marcan	500	13.00 65.00	
	00470700	7. da a visa	AA Pharma	100	1	0.1300
	00479799	Zyloprim	AA Pharma	500	13.00 65.00	0.1300
				300	05.00	→ 0.1300
Tab.		ı	1	3	300 mg PPB	ı
	00555703	Allopurinol-300	Pro Doc	100	21.25	→ 0.2125
				500	106.25	• 0.2125
	02402785	Apo-Allopurinol	Apotex	100	21.25	• 0.2125
		, , , , , , , , , , , , , , , , , , , ,	'	500	106.25	→ 0.2125
	02421615	Jamp-Allopurinol	Jamp	100	21.25	→ 0.2125
			' '	500	106.25	→ 0.2125
	02396343	Mar-Allopurinol	Marcan	100	21.25	→ 0.2125
		'		500	106.25	→ 0.2125
	00402796	Zyloprim	AA Pharma	100	21.25	→ 0.2125
				500	106.25	→ 0.2125
COL	CHICINE I	2				
Tab.					0.6 mg PPB	_
	00572349	Colchicine	Odan	100	25.65	→ 0.2565
	00012049	Colonicine	Juan	500	128.25	→ 0.2565
	02373823	Jamp-Colchicine	Jamp	100	25.65	→ 0.2565 → 0.2565
	02010020	Jamp Colomonic	Camp	500	128.25	→ 0.2565 → 0.2565
	02402181	pms-Colchicine	Phmscience	30	7.70	→ 0.2565 → 0.2565
	02702101	pino odidinanio	T TITISOICTIOC	100	25.65	→ 0.2565
	00287873	Sandoz Colchicine	Sandoz	100	25.65	→ 0.2565
	55257576		Januar	100	20.00	- 0.2000

92:24 BONE RESORPTION INHIBITORS ALENDRONATE MONOSODIUM

-	Tab.	, monecoopiem m		ı	5 mg PPB		
1	02381478	Alendronate monosodique	Accord	28	21.33	•	0.7617
-	02248727	Apo-Alendronate	Apotex	30	22.85	•	0.7617
				100	76.18	•	0.7618
١	02384698	Ran-Alendronate	Ranbaxy	28	21.33	•	0.7617
	02248251	Teva-Alendronate	Teva Can	30	22.85	•	0.7617
				100	76.18	•	0.7618
١	02428717	VAN-Alendronate	Vanc Phm	28	21.33	•	0.7617

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRI	CE
Tab.					10 mg PPB		
	02381486	Alamatan mata mananan diawa		00	40.00	ر ا	1308
		Alendronate monosodique	Accord	28	12.06	-,	4308 4308
	02248728	Apo-Alendronate	Apotex	30 100	12.92 43.08	-	
	02388545	Auro-Alendronate	Aurobindo	100	43.08		4308 4308
	02394863	Mint-Alendronate	Mint	28	12.06		+308 4308
	02384701	Ran-Alendronate	Ranbaxy	28	12.06		+308 4308
	02388087	Sandoz Alendronate	Sandoz	30	12.92		4308
	022000.		04.1402	90	38.77		4308
	02247373	Teva-Alendronate	Teva Can	30	12.92		4308
				100	43.08		1308
	02428725	VAN-Alendronate	Vanc Phm	28	12.06	→ 0.4	4308
Tab.					40 mg		
	02258102	ACT Alendronate	ActavisPhm	30	65.84	2.1	1947
Tab.		I	I	1	70 mg PPB 	1	
	02258110	ACT Alendronate	ActavisPhm	4	8.41	-	1014
				100	210.14		1014
	02352966	Alendronate	Sanis	4	8.41		1014
				50	105.07		1014
	02299712	Alendronate	Sivem	4	8.41		1014
	00001101			50	105.07		1014
	02381494	Alendronate monosodique	Accord	4	8.41		1014
	02303078 02248730	Alendronate-70	Pro Doc	4 4	8.41 8.41		1014 1014
	02240730	Apo-Alendronate	Apotex	100	210.14		1014 1014
	02388553	Auro-Alendronate	Aurobindo	4	8.41		1014
	02245329	Fosamax	Merck	4	38.62		3550
	02385031	Jamp-Alendronate	Jamp	4	8.41		1014
	02394871	Mint-Alendronate	Mint	4	8.41		1014
	02261715	Novo-Alendronate	Novopharm	4	8.41	→ 2.1	1014
				50	105.07	→ 2.1	1014
	02284006	pms-Alendronate FC	Phmscience	4	8.41	→ 2.1	1014
				30	63.04	→ 2.1	1014
	02384728	Ran-Alendronate	Ranbaxy	4	8.41	→ 2.1	1014
	02270889	Riva-Alendronate	Riva	4	8.41	⇒ 2.1	1014
				50	105.07	→ 2.1	1014
	02288109	Sandoz Alendronate	Sandoz	4	8.41		1014
				30	63.04	→ 2.1	1014
	02428733	VAN-Alendronate	Vanc Phm	4	8.41	→ 2.1	1014
ALEN Tab.	NDRONATE	:/CHOLECALCIFEROL II	, 70 m	g - 140 mcg (5 6	00 UI) PPB		
	02454475	Apo-Alendronate/Vitamin D3	Apotex	4	4.87	→ 1.5	2174
	02314940	Fosavance	Merck	4	18.17		5425
	02429160	Sandoz Alendronate/ Cholecalciferol	Sandoz	4	4.87		2174
	02403641	Teva-Alendronate/ Cholecalciferol	Teva Can	4	4.87	→ 1.2	2174

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CODE					
	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DISODIC CLOD Caps.	RONATE 🖺			400 mg	
02245828	Clasteon	Sunovion	120	145.00	1.2083
I.V. Perf. Sol.	l	I_	1	ng/mL (5 mL)	
* 01984837	Bonefos	Bayer	1	61.95	W
	_				
ETIDRONATE D Tab.	ISODIUM L			200 mg	
02248686	ACT Etidronate	ActavisPhm	100	35.68	0.3568
			•		
ETIDRONATE D	ISODIUM/ CALCIUM CARBO	NATE 🖪			
Tab.	I	400 mg - Ca+500 m	ng (14 tab 7 I	6 tab.) PPB	
	Co Etidrocal	Cobalt	90 90	19.99 40.50	0.22210.4500
02263866	Didrocal				0.4300
02263866 02176017	Didrocal	Warner	30	.0.00	
	Didrocal	warner		10.00	
02176017 PAMIDRONATE		vvamer			
02176017	DISODIUM (B	ı		30 mg PPB	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550	DISODIUM (E) Pamidronate Disodique pour injection	Pfizer	1	30 mg PPB	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597	DISODIUM III Pamidronate Disodique pour injection Pamidronate Disodium Injection	Pfizer Fresenius	1 1	30 mg PPB → 30.32 → 30.32	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550	DISODIUM III Pamidronate Disodique pour injection Pamidronate Disodium	Pfizer	1	30 mg PPB	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669	DISODIUM III Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium	Pfizer Fresenius	1 1 1	30 mg PPB → 30.32 → 30.32	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597	DISODIUM III Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium	Pfizer Fresenius	1 1 1	30 mg PPB → 30.32 → 30.32 → 30.32 ← 60 mg PPB	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour	Pfizer Fresenius Oméga	1 1 1	30 mg PPB → 30.32 → 30.32	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol.	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour injection Pamidronate Disodique pour injection Pamidronate Disodium	Pfizer Fresenius Oméga	1 1 1	30 mg PPB → 30.32 → 30.32 → 30.32 ← 60 mg PPB	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol. 02244551	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Injection Pamidronate Disodium Injection Pamidronate Disodium	Pfizer Fresenius Oméga Pfizer	1 1 1	30 mg PPB 30.32 30.32 30.32 60 mg PPB 90.36	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol. 02244551 02246598	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour injection Pamidronate Disodique pour injection Pamidronate Disodium Injection	Pfizer Fresenius Oméga Pfizer Fresenius	1 1 1 1 1	30 mg PPB 30.32 30.32 30.32 60 mg PPB 90.36 90.36	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol. 02244551 02246598	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Injection Pamidronate Disodium Injection Pamidronate Disodium	Pfizer Fresenius Oméga Pfizer Fresenius	1 1 1 1 1	30 mg PPB 30.32 30.32 30.32 60 mg PPB 90.36 90.36	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol. 02244551 02246598 02249677	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodium pour injection Pamidronate Disodium Injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodique pour Injection	Pfizer Fresenius Oméga Pfizer Fresenius Oméga	1 1 1 1 1	30 mg PPB 30.32 30.32 30.32 60 mg PPB 90.36 90.36	
02176017 PAMIDRONATE I.V. Perf. Sol. 02244550 02246597 02249669 I.V. Perf. Sol. 02244551 02246598 02249677 I.V. Perf. Sol.	Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega Pamidronate Disodium Pamidronate Disodique pour injection Pamidronate Disodium Injection Pamidronate Disodium Omega	Pfizer Fresenius Oméga Pfizer Fresenius Oméga	1 1 1 1 1	30 mg PPB 30.32 30.32 30.32 60 mg PPB 90.36 90.36 90.36	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
RISE	DRONATE	SODIUM B				
Tab.					5 mg PPB	
	02242518	Actonel	Warner	28	51.00	1.8214
	02298376	Teva-Risedronate	Teva Can	30	31.58	→ 1.0527
Tab.		I	ı	ı	30 mg	I
	02298384	Novo-Risedronate	Novopharm	30	177.00	5.9000
Tab.		I	ı	ı	35 mg PPB	I
	02246896	Actonel	Warner	4	39.05	9.7625
	02353687	Apo-Risedronate	Apotex	4	7.91	→ 1.9787
				100	197.87	→ 1.9787
	02406306	Auro-Risedronate	Aurobindo	4	7.91	1.9787
	00000550			28	55.40	1.9787
	02368552	Jamp-Risedronate	Jamp	4	7.91	1.9787
	02298392	Novo-Risedronate	Novopharm	30	7.91 59.36	1.97871.9787
	02302209	pms-Risedronate	Phmscience	4	7.91	→ 1.9787 → 1.9787
	02302209	pins-Niseuronate	Filliscience	30	59.36	→ 1.9787
	02319861	ratio-Risedronate	Ratiopharm	4	7.91	1.9787
	02347474	Risedronate	Pro Doc	4	7.91	1.9787
	02370255	Risedronate	Sanis	4	7.91	1.9787
*	02352141	Risedronate	Sivem	4	7.91	w
				30	59.36	w
	02411407	Risedronate-35	Sivem	4	7.91	→ 1.9787
				30	59.36	→ 1.9787
	02341077	Riva-Risedronate	Riva	4	7.91	→ 1.9787
				30	59.36	→ 1.9787
	02327295	Sandoz Risedronate	Sandoz	4	7.91	→ 1.9787
				30	59.36	→ 1.9787
RISE	DRONATE	SODIUM/ CALCIUM CARE	BONATE B			
Tab.				a+500 mg (4 t	ab 24 tab.)	
	02279657	Actonel Plus Calcium	Warner	28	36.22	1.2936
					ļ.	
92:2	28					
		AGENTS				
	IUM FLUOR					
	v. Tab.	WDL		2.2	mg (F-1 mg)	
	00575569	Fluor-A-Day	Phmscience	120	6.09	0.0508
	00575569	Fluor-A-Day	Primscience	120	0.09	0.0506
Oral	Sol		ı	5.56 mg/mL (F	F-2.5 mg/ml)	
				1	1	I
	00610100	Fluor-A-Day	Phmscience	60 ml	3.98	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
92:36					
	DIFYING ANTIRHEUMAT	IC AGENTS			
LEFLUNOMIDE	lii				
Tab.	1	1		10 mg PPB	1
02256495	Apo-Leflunomide	Apotex	30	79.30	→ 2.6433
02241888	Arava	SanofiAven	30	299.70	9.9900
02415828	Leflunomide	Pro Doc	30	79.30	→ 2.6433
02351668	Leflunomide	Sanis	30	79.30	→ 2.6433
02261251	Novo-Leflunomide	Novopharm	30	79.30	→ 2.6433
			100	264.33	→ 2.6433
02288265	pms-Leflunomide	Phmscience	30	79.30	→ 2.6433
02283964	Sandoz Leflunomide	Sandoz	30	79.30	→ 2.6433
0220001	04.1402 20.14.10.11.14	Julian	- 00		7 2.0.00
Tab.				20 mg PPB	
02256509	Ana Laftunamida	Anatov	30	79.30	→ 2.6433
02241889	Apo-Leflunomide	Apotex	30		10.1413
	Arava	SanofiAven Pro Doc		304.24	
02415836	Leflunomide	1	30	79.30	2.6433
02351676	Leflunomide	Sanis	30	79.30	2.6433
02261278	Novo-Leflunomide	Novopharm	30	79.30	2.6433
			100	264.33	→ 2.6433
02288273	pms-Leflunomide	Phmscience	30	79.30	2.6433
02283972	Sandoz Leflunomide	Sandoz	30	79.30	→ 2.6433
92:44					
IMMUNOSUPE	PRESSIVE AGENTS				
AZATHIOPRINE					
Tab.				50 mg PPB	
				ı	
02242907	Apo-Azathioprine	Apotex	100	24.05	→ 0.2405
02243371	Azathioprine-50	Pro Doc	100	24.05	→ 0.2405
00004596	Imuran	Aspen	100	94.53	0.9453
02236819	Teva-Azathioprine	Teva Can	100	24.05	→ 0.2405
			500	120.23	→ 0.2405
	•	•			
CYCLOSPORIN	e Ri				
Caps.				10 mg	
1		1	I	1	
02237671	Neoral	Novartis	60	37.43	0.6238
		•	•	•	
Cono				25 mg	
Caps.	1	1	I	25 mg	I
02150689	Neoral	Novartis	30	43.50	1.4500
02247073	Sandoz Cyclosporine	Sandoz	30	29.85	0.9950
L		1	1		1
•				F.C.	
Caps.	ı	1	ı	50 mg	ı
02150662	Neoral	Novartis	30	84.81	2.8270
02247074	Sandoz Cyclosporine	Sandoz	30	58.20	1.9400
02211014	CaCOL Cycloopoliilo	54402		00.20	1.0 100

	1							
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Caps.	Caps. 100 mg							
1		N	00	1				
02150670 02242821	Neoral Sandoz Cyclosporine	Novartis Sandoz	30 30	169.68 116.44	5.6560 3.8813			
Oral Sol.				100 mg/mL				
Ĺ	l	l		l				
02244324 02150697	Apo-Cyclosporine Neoral	Apotex Novartis	50 ml 50 ml	188.54 251.38	3.7708 5.0276			
MYCOPHENOLA Caps.	ATE MOFETIL 🖫		2	50 mg PPB				
1	l	1	I	1	l			
02352559 02192748	Apo-Mycophenolate Cellcept	Apotex Roche	100 100	37.12 206.20	• 0.3712 2.0620			
02192746	Jamp-Mycophenolate	Jamp	100	37.12	→ 0.3712			
02383780	Mofetilmycophenolate	Accord	100	37.12	→ 0.3712			
02457369	Mycophenolate Mofetil	Sanis	100	37.12	→ 0.3712			
02364883	Novo-Mycophenolate	Teva Can	100	37.12	→ 0.3712			
02320630	Sandoz Mycophenolate	Sandoz	100	37.12	→ 0.3712			
02433680	Mofetil VAN-Mycophenolate	Vanc Phm	100	37.12	→ 0.3712			
	, , ,				-			
Oral Susp.	I	T	I	200 mg/mL	I			
02242145	Cellcept	Roche	175 ml	288.68				
Tab.			5	00 mg PPB				
02352567	Apo-Mycophenolate	Apotex	50	37.12	→ 0.7423			
02002007	Tipo Myoophonolato	, thotox	100	74.23	0.7423			
02237484	Cellcept	Roche	50	206.20	4.1240			
02379996	Co Mycophenolate	Cobalt	50	37.12	→ 0.7423			
02380382	Jamp-Mycophenolate	Jamp	50	37.12	▶ 0.7423			
02378574	Mofetilmycophenolate	Accord	50	37.12	→ 0.7423			
02457377	Mycophenolate Mofetil	Sanis	50	37.12	→ 0.7423			
02348675	Novo-Mycophenolate	Teva Can	50	37.12	0.7423			
02389754	Ran-Mycophenolate	Ranbaxy	50	37.12	0.7423			
02313855	Sandoz Mycophenolate	Sandoz	100 50	74.23 37.12	→ 0.7423→ 0.7423			
02432625	Mofetil	Vanc Phm	50	37.12	0.7423			
02432025	VAN-Mycophenolate	vanc Prim	50	37.12	0.7423			
Ent. Tab.	ATE SODIUM 🖪		. 1	80 mg PPB				
02372738	Apo-Mycophenolic Acid	Apotex	120	179.80	→ 1.4983			
02264560	Myfortic	Novartis	120	239.72	1.9977			
Ent. Tab.			3	60 mg PPB				
1		1	1	ı				
02372746 02264579	Apo-Mycophenolic Acid Myfortic	Apotex Novartis	120 120	359.58 479.44	2.9965 3.9953			
-	•		•	•	•			

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			COST OF PKG.	
BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
	1	ı	1 mg/mL	
ine	Pfizer	60 ml	451.16	7.5193
			1 mg	
ine	Pfizer	100	751.96	7.5196
		(0.5 mg PPB	
	Astellas	100	197.00	1.9700
Tacrolimus	Sandoz	100	147.75	→ 1.4775
	1		1 mg PPB	
Tacrolimus	Astellas	100	249.95	2.4995 1.8900
Tadroiimas	Guildoz	100	100.00	1.0000
	I	I	5 mg PPB	
Tacrolimus	Astellas Sandoz	100 100	1249.85 946.50	12.4985 → 9.4650
			0.5 ma	
f	Astellas	50	98.50	1.9700
	1			
£	A-4-11	50	1	0.400
T	Astellas	50	124.97	2.4994
	1	ı	3 mg	
f	Astellas	50	374.91	7.4982
			5 mg	
f	Astellas	50	624.92	12.4984
	EUTIC AGENTS			
B			1 g/1.7 mL	
ne	RRDC	180 g	839.93	
	ine Tacrolimus Tacrolimus f	Tacrolimus Astellas Sandoz Tacrolimus Astellas Sandoz Astellas Sandoz Astellas Sandoz Astellas Sandoz Astellas Sandoz	Ine Pfizer 60 ml Tacrolimus Astellas 100 Sandoz 100 Tacrolimus Astellas 100 Sandoz 100 Tacrolimus Astellas 50 Astellas 50 Astellas 50 Astellas 50 Astellas 50 Astellas 50	1 mg/mL 1 mg

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
BUPROPION HY	DROCHLORIDE 1			150 mg		
1	I	1	I			
02238441	Zyban ⁴	Valeant	100	84.86	0.8486	
I.M. Inj. Pd.	ACETATE 🖫			100 mg/mL		
00704423	Androcur Depot	Bayer	3 ml	78.85		
Tab.	1	1	ı	50 mg PPB	ı	
00704431	Androcur	Bayer	60	84.00	→ 1.4000	
02245898	Cyproterone	AA Pharma	100	140.00	→ 1.4000	
02390760	Med-Cyproterone	GMP	60	84.00	→ 1.4000	
			100	140.00	→ 1.4000	
02395797	Riva-Cyproterone	Riva	60	84.00	→ 1.4000	
LACTOSE						
Tab.	1	1	1	100 mg		
00501190	Placebo	Odan	100 1000	7.20 72.00	0.0720 0.0720	
	-					
I ANREOTIDE (A	AS ACETATE)					
S.C. Inj.Sol (syr)	,	1	. 6	0 mg/0.3 mL	1	
02283395	Somatuline Autogel	Ipsen	1	1102.00		
0.0 (=: 0-1 ()				00 /0 0 1		
S.C. Inj.Sol (syr)		I.	1	00 mg/0.3 mL		
02283409	Somatuline Autogel	Ipsen	1	1470.00		
S.C. Inj.Sol (syr)	.C. Inj.Sol (syr) 120 mg/0.5 mL					
02283417	Somatuline Autogel	Ipsen	1	1840.00		
	1	'		•		
OCTREOTIDE (ACETATE)						
I.M. Inj. Susp.	1	1	I	10 mg	1	
02239323	Sandostatin LAR	Novartis	1	1211.00		
I.M. Inj. Susp.				20 mg		
1	Sandactatin I AD	Nevertie	4	1		
02239324	Sandostatin LAR	Novartis	1	1615.40		

The duration of reimbursements for anti-smoking treatments with this drug is limited to 12 consecutive weeks per 12-month period.

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
I.M. Inj. Susp.	I.M. Inj. Susp. 30 mg							
02239325	Sandostatin LAR	Novartis	1	2022.00				
Inj. Sol.			50 m	cg/mL PPB				
02248639	Octreotide Acetate Omega	Oméga	1 ml	→ 1.75				
00839191	Sandostatin	Novartis	1 ml	5.05				
Inj. Sol.			100 m	cg/mL PPB				
02248640	Octreotide Acetate Omega	Oméga	1 ml	→ 3.30				
00839205	Sandostatin	Novartis	1 ml	9.54				
Inj. Sol.	ı	1	200 m	cg/mL PPB				
02248642	Octreotide Acetate Omega	Oméga	5 ml	→ 31.71				
02049392	Sandostatin	Novartis	5 ml	91.75				
Inj.Sol. or Inj.Sol	(syr)		500 mc	g/mL PPB				
02413213	Ocphyl	Pendopharm	5	77.45	→ 15.4900			
02248641	Octreotide Acetate Omega	Oméga	1 ml	→ 15.49				
QUINAGOLIDE I	HYDROCHLORIDE B			75 mcg				
02223767	Norprolac	Ferring	30	32.70	1.0900			
Tab.	I	I	ı	150 mcg				
02223775	Norprolac	Ferring	30	48.90	1.6300			
SODIUM PENTOSAN POLYSULFATE								
Caps.	1	I	I	100 mg	(
02029448	Elmiron	Janss. Inc	100	131.40	1.3140			

EXCEPTIONAL MEDICATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
EXCEPTIONAL	EXCEPTIONAL MEDICATIONS								
ABATACEPT II.V. Perf. Pd.	1			250 mg					
02282097	Orencia	B.M.S.	1	459.61					
S.C. Inj.Sol (syr)			125 m	ıg/mL (1 mL)					
02402475	Orencia	B.M.S.	4	1378.83	344.7075				
ABIRATERONE	ABIRATERONE ACETATE								
02371065	 Zytiga	Janss. Inc	120	250 mg 3400.00	28.3333				
	, , ,								
Tab.	1	I	1	500 mg	ı				
02457113	Zytiga	Janss. Inc	60	3400.00	56.6667				
I.M. Perf. Pd.	MTOXINA LOI			300 U					
02460203	Dysport Therapeutic	Ipsen	1	385.56					
I.M. Perf. Pd.	ı	ı	1	500 U	1				
02456117	Dysport Therapeutic	Ipsen	1	642.60					

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ABSORPTIVE DRESSING - GELLING FIBRE

Dressing	RESSING - GELLING FIBRE	100 cm² t	100 cm² to 200 cm² (active surface)			
99003481	3M Tegaderm High Integrity Alginate Dressing (10x10-100 cm²)	3M Canada	10	38.97	3.8970	
99100285	3M Tegaderm High Integrity Alginate Dressing (10x20-200 cm²)	3M Canada	1	7.53		
00920223	Algosteril (10 cm x 10 cm - 100 cm ²)	Erfa	16	68.00	4.2500	
00921092	Algosteril (10 cm x 20 cm - 200 cm ²)	Erfa	16	105.50	6.5938	
99101009	Aquacel Extra hydrofiber (10 cm x 10 cm - 100 cm²)	Convatec	10	38.00	3.8000	
99100975	Aquacel foam (10 cm x 10 cm - 100 cm²)	Convatec	10	38.00	3.8000	
99101232	Aquacel foam (10 cm x 20 cm - 200 cm²)	Convatec	5	38.00	7.6000	
99001772	Aquacel hydrofiber (10 cm x 10 cm - 100 cm ²)	Convatec	10	61.44	6.1440	
99100153	Biatain Alginate (10 cm x 10 cm - 100 cm²)	Coloplast	10	34.20	3.4200	
99101342	Biosorb (10 cm x 10 cm - 100 cm ²)	KCI	10	37.60	3.7600	
99101304	CalciCare calcium alginate (10,2 cm x 12 cm - 122 cm²)	Hollister	10	44.15	4.4150	
99101377	Exufiber (10 cm x 10 cm - 100 cm ²)	Mölnlycke	10	35.20	3.5200	
00898643	Kaltostat (10 cm x 20 cm - 200 cm ²)	Convatec	10	85.60	8.5600	
99101217	Kendall calcium alginate dressing (10.2cm x 14cm-143 cm²)	Covidien	10	13.48	1.3475	
99101224	Kendall Pans. sup. alg. calcium (10.2 cmx10.2 cm - 104 cm²)	Covidien	10	13.48	1.3475	
99101216	Kendall pans.a l'alginate calcium (10,2cmx10,2cm-104 cm²)	Covidien	10	13.48	1.3475	
99100656	Maxorb Extra (10,2 cm x 10,2 cm - 104 cm²)	Medline	100	134.75	1.3475	
99003007	Melgisorb Plus (10 cm x 10 cm - 100 cm²)	Mölnlycke	10 50	36.46 182.33	3.6460 3.6466	
99003023	Melgisorb Plus (10 cm x 20 cm - 200 cm²)	Mölnlycke	10 50	68.49 342.47	6.8490 6.8494	
99100004	Nu-Derm Alginate (10 cm x 10 cm - 100 cm ²)	KCI	50	205.44	4.1088	
99100005	Nu-Derm Alginate (10 cm x 20 cm - 200 cm²)	KCI	25	188.92	7.5568	
99100467	Versiva XC Non-Adhesive (11 cm x 11 cm - 121 cm²)	Convatec	10	51.79	5.1790	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Dressing	Pressing 201 cm² to 500 cm² (active surface)							
99003279	Algisite M (15 cm x 20 cm - 300 cm²)	S. & N.	10	100.28	10.0280			
99101010	Aquacel Extra hydrofiber (15 cm x 15 cm - 225 cm²)	Convatec	5	46.58	9.3160			
99100932	Aquacel foam (15 cm x 15 cm - 225 cm²)	Convatec	5	46.91	9.3820			
99100931	Aquacel foam (15 cm x 20 cm - 300 cm²)	Convatec	5	62.55	12.5100			
99100934	Aquacel foam (20 cm x 20 cm - 400 cm²)	Convatec	5	83.40	16.6800			
99001764	Aquacel hydrofiber (15 cm x 15 cm - 225 cm²)	Convatec	5	65.35	13.0700			
99100891	Biatain Alginate (15 cm x 15 cm - 225 cm²)	Coloplast	10	87.75	8.7750			
99101343	Biosorb (15 cm x 15 cm - 225 cm ²)	KCI	5	46.70	9.3400			
99101305	CalciCare calcium alginate (10,2 cm x 20,3 cm - 207 cm²)	Hollister	5	42.30	8.4600			
99101378	Exufiber (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	87.75	8.7750			
99101218	Kendall calcium alginate dressing (10.2xm x 20.3cm-207 cm²)	Covidien	5	13.20	2.6400			
99101219	Kendall calcium alginate dressing (15.2cm x 25.4cm-386 cm²)	Covidien	10	26.40	2.6400			
99100657	Maxorb Extra (10,2 cm x 20,3 cm - 207 cm²)	Medline	50	235.00	4.7000			
99100468	Versiva XC Non-Adhesive (15 cm x 15 cm - 225 cm²)	Convatec	5	52.49	10.4980			
99100472	Versiva XC Non-Adhesive (20 cm x 20 cm - 400 cm²)	Convatec	5	96.72	19.3440			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less tha	ın 100 cm² (ac	tive surface)	
00920266	Algosteril (5 cm x 5 cm - 25 cm²)	Erfa	10	17.04	1.7040
99101133	Aquacel Extra hydrofiber (5 cm x 5 cm - 25 cm²)	Convatec	10	17.67	1.7670
99100937	Aquacel foam (5 cm x 5 cm - 25 cm ²)	Convatec	10	16.50	1.6500
99001780	Aquacel hydrofiber (5 cm x 5 cm - 25 cm²)	Convatec	10	24.97	2.4970
99100156	Biatain Alginate (5 cm x 5 cm - 25 cm²)	Coloplast	30	52.50	1.7500
99101345	Biosorb (5 cm x 5 cm - 25 cm²)	KCI	10	17.00	1.7000
99101306	CalciCare calcium alginate (5 cm x 5 cm - 25 cm²)	Hollister	10	16.00	1.6000
99101380	Exufiber (5 cm x 5 cm - 25 cm²)	Mölnlycke	10	16.85	1.6850
00898627	Kaltotstat (5 cm x 5 cm - 25 cm²)	Convatec	10	19.02	1.9020
00898635	Kaltotstat (7.5 cm x 12 cm - 90 cm²)	Convatec	10	55.57	5.5570
99101221	Kendall calcium alginate dressing (5.1 cm x 5.1 cm- 26cm²)	Covidien	10	8.40	0.8400
99100658	Maxorb Extra (5,1 cm x 5,1 cm - 26 cm²)	Medline	100	160.50	1.6050
99003066	Melgisorb Plus (5 cm x 5 cm - 25 cm ²)	Mölnlycke	5 50	8.92 89.23	1.7840 1.7846
99100006	Nu-Derm Alginate (5 cm x 5 cm - 25 cm²)	KCI	50	94.33	1.8866
99100466	Versiva XC Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)	Convatec	10	33.95	3.3950
Dressing		More tha	ın 500 cm² (ac	tive surface)	
99100888	Aquacel Burn hydrofiber (23 cm x 30 cm - 690 cm²)	Convatec	5	220.00	44.0000
99101220	(23 cm x 30 cm - 690 cm²) Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)	Covidien	5	220.00	44.0000

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Strip	Strip 30 cm to 90 cm								
Ι.		1							
	99003260	Algisite M 30 cm	S. & N.	5	24.81	4.9620			
	00921157	Algosteril (30 cm)	Erfa	10	49.97	4.9970			
	99100955	Aquacel Hydrofiber (1 cm x	Convatec	5	33.93	6.7860			
		45 cm)							
	99001705	Aquacel hydrofiber (2 cm x 45 cm)	Convatec	5	41.60	8.3200			
	99100155	Biatain Alginate (44 cm ou 1" X 17 1/2")	Coloplast	6	41.22	6.8700			
	99101344	Biosorb (2 cm x 45 cm)	KCI	5	33.10	6.6200			
	99101307	CalciCare calcium alginate	Hollister	5	34.39	6.8780			
	99100100	Calcium Alginate Dressing	Covidien	1	4.17				
	99100101	Calcium Alginate Dressing	Covidien	1	5.97				
	99100102	Calcium Alginate Dressing	Covidien	1	10.50				
	99101379	Exufiber (2 cm x 45 cm)	Mölnlycke	5	33.91	6.7820			
	00898899	Kaltostat 40 cm	Convatec	5	35.49	7.0980			
	99100659	Maxorb Extra Post-op Rope	Medline	20	80.35	4.0175			
	00.0000	(30,5 cm)							
	99003015	Melgisorb Plus 45 cm	Mölnlycke	5	21.51	4.3020			
	23000010		,	50	215.18	4.3036			
	99100003	Nu-Derm Alginate 30 cm	KCI	25	133.11	5.3244			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
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ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing		100 cm² t	o 200 cm² (ac	tive surface)	
99100193	3M Tegaderm Foam Dressing (nonadhesive)	3M Canada	1	4.41	
99100537	(10cm x 10cm-100cm²) Allevyn Gentle (10 cm x	S. & N.	10	49.50	4.9500
99100475	10 cm - 100 cm ²) Allevyn Gentle (10 cm x	S. & N.	10	100.05	10.0050
	20 cm - 200 cm²)				10.0030
00907863	Allevyn Non-Adhesive (10 cm x 10 cm - 100 cm²)	S. & N.	1	5.02	
00920738	Allevyn Non-Adhesive (10 cm x 20 cm - 200 cm²)	S. & N.	1	10.01	
99100135	Biatain (10 cm x 10 cm - 100 cm ²)	Coloplast	10	39.50	3.9500
99100601	Biatain (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99100298	Biatain Soft-Hold (10 cm x 10 cm - 100 cm²)	Coloplast	5	19.75	3.9500
99100600	Biatain Soft-Hold (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99002787	Combiderm Non-Adhesive	Convatec	10	54.88	5.4880
99100794	(13 cm x 13 cm - 169 cm²) Cutimed Cavity (10 cm x 10 cm - 100 cm²)	BSN Med	10	37.44	3.7440
99100744	Cutimed Siltec (10 cm x 10 cm - 100 cm²)	BSN Med	10	37.44	3.7440
99100745	Cutimed Siltec (10 cm x 20 cm - 200 cm²)	BSN Med	10	79.00	7.9000
99101206	Cutimed Siltec Plus (10 cm	BSN Med	10	37.44	3.7440
99101207	x 10 cm - 100 cm²) Cutimed Siltec Plus (10 cm	BSN Med	10	79.00	7.9000
99004801	x 20 cm - 200 cm²) Kendall Hydrophilic Foam Dressing (10 cm x 10 cm -	Covidien	50	94.88	1.8976
99101188	100 cm²) Kendall Hydrophilic Foam Dressing(12.7 cm x	Covidien	10	14.61	1.4610
99003244	12.7 cm-161 cm²) Mepilex (10 cm x 10 cm -	Mölnlycke	5	24.70	4.9400
99003252	100 cm²) Mepilex (10 cm x 20 cm -	Mölnlycke	5	46.70	9.3400
99101382	179 cm²) Mepilex XT (10 cm x 10 cm	Mölnlycke	5	19.35	3.8700
99101383	- 100 cm²) Mepilex XT (10 cm x 20 cm	Mölnlycke	10 5 10	38.70 34.60 69.20	3.8700 6.9200 6.9200
99100664	- 178,6 cm²) Optifoam Basic (10,2 cm x	Medline	100	146.10	1.4610
99100666	12,7 cm - 130 cm²) Optifoam Non-Adhesive (10,2 cm x 10,2 cm - 104 cm²)	Medline	100	230.56	2.3056
99100708	Restore Advanced Foam Dressing (10 cm x 10 cm - 100 cm²)	Hollister	10	35.32	3.5320
99100889	Tegaderm 3M-Foam Dressing (non adhesive) 10 x 20-200 cm ²	3M Canada	5	39.50	7.9000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99101349	Tielle non adhesif (10 cm x 10 cm - 100 cm²)	KCI	10	39.50	3.9500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ssing		201 cm² t	to 500 cm² (ac	tive surface)	
99100196	3M Tegaderm Foam	3M Canada	30	492.37	16.4123
99100190	Dressing (nonadhesive) (20cm x 20cm-400cm²)	Sivi Carlada	30	492.57	10.4123
99100536	Allevyn Gentle (15 cm x 15 cm - 225 cm²)	S. & N.	10	95.60	9.5600
99100535	Allevyn Gentle (20 cm x 20 cm - 400 cm ²)	S. & N.	10	170.00	17.0000
99002949	Allevyn Non-Adhesive (15 cm x 15 cm - 225 cm²)	S. & N.	1	9.69	
00907855	Allevyn Non-Adhesive (20 cm x 20 cm - 400 cm²)	S. & N.	1	17.22	
99100571	Biatain (15 cm x 15 cm - 225 cm ²)	Coloplast	5	44.50	8.9000
99100603	Biatain (20 cm x 20 cm - 400 cm²)	Coloplast	5	79.00	15.8000
99100572	Biatain Soft-Hold (15 cm x 15 cm - 225 cm²)	Coloplast	5	44.50	8.9000
99005034	Combiderm Non-Adhesive (15 cm x 25 cm - 375 cm²)	Convatec	1	11.16	
99100793	Cutimed Cavity (15 cm x 15 cm - 225 cm²)	BSN Med	5	41.51	8.3020
99100746	Cutimed Siltec (15 cm x 15 cm - 225 cm²)	BSN Med	10	83.04	8.3040
99100747	Cutimed Siltec (20 cm x 20 cm - 400 cm²)	BSN Med	5	71.10	14.2200
99101208	Cutimed Siltec Plus (15 cm x 15 cm - 225 cm²)	BSN Med	10	83.04	8.3040
99101209	Cutimed Siltec Plus (20 cm x 20 cm - 400 cm ²)	BSN Med	5	71.10	14.2200
99101187	Kendall Hydrophilic Foam Dressing(10.2 cm x 20.3 cm-207 cm²)	Covidien	10	33.60	3.3600
99101189	Kendall Hydrophilic Foam Dressing(15.2 cm x 15.2 cm-231 cm²)	Covidien	10	33.60	3.3600
99101190	Kendall Hydrophilic Foam Dressing(20.3 cm x 20.3 cm-412 cm²)	Covidien	10	33.60	3.3600
99100602	Mepilex (15 cm x 15 cm - 225 cm ²)	Mölnlycke	5	47.00	9.4000
99003538	Mepilex (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5	92.60	18.5200
99101384	Mepilex XT (15 cm x 15 cm - 225 cm²)	Mölnlycke	5 10	40.95 81.90	8.1900 8.1900
99101385	Mepilex XT (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5 10	72.80 145.60	14.5600 14.5600
99100667	Optifoam Non-Adhesive (15,2 cm x 15,2 cm -	Medline	100	443.45	4.4345
99100709	231 cm²) Restore Advanced Foam Dressing (15 cm x 15 cm -	Hollister	10	74.48	7.4480
99101350	225 cm²) Tielle non adhesif (15 cm x	ксі	10	85.18	8.5180
99101351	15 cm - 225 cm ²) Tielle non adhesif (17,5 cm	ксі	5	54.70	10.9400
99101276	x 17,5 cm - 306 cm ²) Tielle non-adhesive (21 cm x 22 cm - 462 cm ²)	ксі	5	80.00	16.0000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less tha	n 100 cm² (ac	tive surface)	
99100570	Allevyn Gentle (5 cm x 5 cm - 25 cm²)	S. & N.	1	1.75	
00920711	Allevyn Non-Adhesive (5 cm x 5 cm - 25 cm²)	S. & N.	1	1.78	
99100599	Biatain (5 cm x 7 cm - 35 cm²)	Coloplast	10	13.83	1.3830
99004534	Combiderm Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)	Convatec	10	33.54	3.3540
99100743	Cutimed Siltec (5 cm x 6 cm - 30 cm²)	BSN Med	10	17.07	1.7070
99101210	Cutimed Siltec Plus (5 cm x 6 cm - 30 cm²)	BSN Med	10	17.07	1.7070
99004852	Kendall Hydrophilic Foam Dressing (5 cm x 5 cm - 25 cm²)	Covidien	25	36.25	1.4500
99101191	Kendall Hydrophilic Foam Dressing (7.6 cm x 7.6 cm - 58 cm²)	Covidien	10	5.10	0.5100
99100665	Optifoam Basic (7,6 cm x 7,6 cm - 58 cm²)	Medline	200	102.05	0.5103
Dressing		More tha	n 500 cm² (ac	tive surface)	
99100195	3M Tegaderm Foam	3M Canada	1	25.78	
99100604	Dressing (nonadhesive) (10cm x 60cm-600cm²) Mepilex (20 cm x 50 cm - 1 000 cm²)	Mölnlycke	2	86.00	43.0000
99101386	Mepilex XT (20 cm x 50 cm - 1000 cm²)	Mölnlycke	2	86.00	43.0000
Dressing			Sacrum	or triangular	
99101388	Biatain Silicone Sacrum	Coloplast	5	52.50	10.5000
99101389	(15 cm x 19 cm - 222 cm²) Biatain Silicone Sacrum (25 cm x 25 cm - 405 cm²)	Coloplast	5	67.50	13.5000
Thin dr.		100 cm² t	o 200 cm² (ac	tive surface)	
99100749	Cutimed Siltec L (10 cm x	BSN Med	10	34.20	3.4200
99100133	10 cm - 100 cm²) Mepilex Lite (10 cm x 10 cm	Mölnlycke	1	3.54	
99100704	- 100 cm²) Restore Advanced Lite Foam Dressing (10 cm x 12,5 cm-125cm²)	Hollister	10	31.79	3.1790

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.		201 cm² t	o 500 cm² (ac	tive surface)	
99100750		BSN Med	10	57.31	5.7310
99100134	15 cm - 225 cm²) Mepilex Lite (15 cm x 15 cm - 225 cm²)	Mölnlycke	1	6.37	
99100707	Restore Advanced Foam Dressing (15 cm x 15 cm -	Hollister	10	67.03	6.7030
99100705	225 cm²) Restore Advanced Lite Foam Dressing (15 cm x 20 cm-300 cm²)	Hollister	10	89.37	8.9370
Thin dr.		Less tha	n 100 cm² (ac	tive surface)	
99100748	Cutimed Siltec L (5 cm x 6 cm - 30 cm ²)	BSN Med	10	12.99	1.2990
99100132		Mölnlycke	1	2.11	
99100706	,	Hollister	10	22.32	2.2320
Thin dr.		More tha	n 500 cm² (ac	tive surface)	
99100605	Mepilex Lite (20 cm x 50 cm - 1 000 cm²)	Mölnlycke	4	154.76	38.6900
ABSORPTIVE Dressing	DRESSING - SODIUM CHLOR		o 200 cm² (ac	tive surface)	
00899496	Mesalt (10 cm x 10 cm - 100 cm²)	Mölnlycke	30	27.29	0.9097
Dressing		201 cm² t	o 500 cm² (ac	tive surface)	
99004712	Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)	Covidien	96	202.04	2.1046
Dressing		Less tha	n 100 cm² (ac	tive surface)	
00899429	,	Mölnlycke	30	21.25	0.7083
00899518	25 cm²) Mesalt (7.5 cm X 7.5 cm - 56 cm²)	Mölnlycke	30	22.99	0.7663
Strip				1 m	
00920525	Mesalt (1 m)	Mölnlycke	10	44.70	4.4700

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ACAMPROSATE	: G				
L.A. Tab.	l	l	۱	333 mg	
02293269	Campral	Mylan	84	67.20	0.8000
	.				
ADALIMUMAB S.C. Inj. Sol.			50 mg/	/mL (0.8 mL)	
99100385	Humira (pen)	AbbVie	2	1428.48	714.2400
02258595	Humira (syringe)	AbbVie	2	1428.48	714.2400
ADEFOVIR DIPINATE.	VOXIL 🖪			10 mg PPB	
02420333	Apo-Adefovir	Apotex	30	547.55	→ 18.2517
02247823	Hepsera	Gilead	30	696.73	23.2243
AFATINIB DIMAI	LEATE 🖪			20 mg	
02415666	Giotrif	Po Ing	28	20 mg 1736.00	62.0000
02413000	Giotili	Bo. Ing.	20	1730.00	02.0000
Tab.			1	30 mg	
02415674	Giotrif	Bo. Ing.	28	1736.00	62.0000
. .				40	
Tab.	Giotrif	Do Inc	28	40 mg 1736.00	62.0000
02415682	GIOTH	Bo. Ing.	20	1736.00	62.0000
AFLIBERCEPT Inj. Sol.			40 mg/ml	L (0,278 mL)	
02415992	Eylea	Bayer	1	1418.00	
	ROCHLORIDE 1				
Caps.		l	l	150 mg	
* 02458136	Alecensaro	Roche	240	10119.99	42.1666
ALEMTUZUMAB I.V. Perf. Sol.			10 mg/	/mL (1.2 mL)	
02418320	 Lemtrada	Genzyme	10 1119/	9970.00	
02110020		25250	'	0070.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE					
ALGLUCOSID I.V. Perf. Pd.	ASE ALFA R			50 mg						
0228486	3 Myozyme	Genzyme	1	840.31						
ALISKIREN [150 mg						
0230206	3 Rasilez	Noden	28	32.31	1.1539					
		1								
Tab.	1 Booiles	Noden	28	300 mg	1 1530					
0230207	1 Rasilez	Noden	20	32.31	1.1539					
ALISKIRENE/	ALISKIRENE/HYDROCHLOROTHIAZIDE 🖫									
Tab.	1	I	150	mg- 12.5 mg	1					
0233272	8 Rasilez HCT	Noden	28	31.08	1.1100					
Tab.			150) mg - 25 mg						
0233273	6 Rasilez HCT	Noden	28	31.08	1.1100					
Tab.			300	mg- 12.5 mg						
0233274	4 Rasilez HCT	Noden	28	31.08	1.1100					
	•									
Tab.	2 Rasilez HCT	Noden	28) mg - 25 mg 31.08	1.1100					
0233273	Z Rasilez HCT	Nodell	20	31.06	1.1100					
ALITRETINOII	NE B									
Caps.	_ 	I	I	30 mg	1					
* 0233764	9 Toctino	Janss. Inc	30	560.75	18.6917					
	_									
ALOGLIPTIN I Tab.	BENZOATE B			6.25 mg						
0241718	9 Nesina	Takeda	28	58.80	2.1000					
Tab.				12.5 mg						
0241719	7 Nesina	Takeda	28	58.80	2.1000					
	1	1	1							
Tab.	1	I	I	25 mg	I					
0241720	0 Nesina	Takeda	28	58.80	2.1000					

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
0002	510 412 10 4112	IIII II TOT OT GIVE	0.22	SIZE	0
Tab.	ENZOATE/ METFORMIN HYD	,	12.5	mg - 500 mg	
02417219	Kazano	Takeda	56	64.12	1.1450
Tab.			12.5	mg - 850 mg	
02417227	Kazano	Takeda	56	64.12	1.1450
	1			1	
Tab.	1	1	12.5 n	ng - 1000 mg 	!
02417235	Kazano	Takeda	56	64.12	1.1450
AMBRISENTAN Tab.	R			5 mg PPB	
02475375	Apo-Ambrisentan	Apotex	30	3189.86	→ 106.3287
02307065	Volibris	GSK	30	3600.00	120.0000
Tab.				10 mg PPB	
02475383	Apo-Ambrisentan	Apotex	30	3189.86	→ 106.3287
02307073	Volibris	GSK	30	3600.00	120.0000
	(MIXED SALTS) 🗢			Ema DDD	
L.A. Caps.	A C.T. A man h a ta main a V.D.	A -t i- Dl	100	5 mg PPB	A 0.5070
02439239 02248808	ACT Amphetamine XR Adderall XR	ActavisPhm Shire	100 100	53.72 205.78	0.53722.0578
02440369	pms-Amphetamines XR	Phmscience	100	53.72	• 0.5372
02457288	Sandoz Amphetamine XR	Sandoz	100	53.72	• 0.5372
L.A. Caps.				10 mg PPB	
02439247	ACT Amphetamine XR	ActavisPhm	100	61.05	→ 0.6105
02248809	Adderall XR	Shire	100	233.86	2.3386
02440377 02457296	pms-Amphetamines XR Sandoz Amphetamine XR	Phmscience Sandoz	100 100	61.05 61.05	→ 0.6105→ 0.6105
		1	I.		
L.A. Caps.	1	1	I	15 mg PPB	
02439255	ACT Amphetamine XR	ActavisPhm	100	68.38	• 0.6838
02439255 02248810	Adderall XR	Shire	100	68.38 261.94	2.6194
02439255		1		68.38	
02439255 02248810 02440385 02457318	Adderall XR pms-Amphetamines XR	Shire Phmscience	100 100 100	68.38 261.94 68.38 68.38	2.6194 • 0.6838
02439255 02248810 02440385 02457318	Adderall XR pms-Amphetamines XR Sandoz Amphetamine XR	Shire Phmscience Sandoz	100 100 100	68.38 261.94 68.38 68.38	2.6194 • 0.6838 • 0.6838
02439255 02248810 02440385 02457318 L.A. Caps.	Adderall XR pms-Amphetamines XR	Shire Phmscience	100 100 100	68.38 261.94 68.38 68.38	2.61940.68380.68380.7572
02439255 02248810 02440385 02457318	Adderall XR pms-Amphetamines XR Sandoz Amphetamine XR ACT Amphetamine XR	Shire Phmscience Sandoz ActavisPhm	100 100 100	68.38 261.94 68.38 68.38 20 mg PPB 75.72	2.6194 • 0.6838 • 0.6838

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			. :	25 mg PPB	
02439271 02248812 02440407 02457334	ACT Amphetamine XR Adderall XR pms-Amphetamines XR Sandoz Amphetamine XR	ActavisPhm Shire Phmscience Sandoz	100 100 100 100	83.05 318.09 83.05 83.05	→ 0.83053.1809→ 0.8305→ 0.8305
L.A. Caps.			. ;	30 mg PPB	
02439298 02248813 02440415 02457342	ACT Amphetamine XR Adderall XR pms-Amphetamines XR Sandoz Amphetamine XR	ActavisPhm Shire Phmscience Sandoz	100 100 100 100	90.38 346.18 90.38 90.38	 → 0.9038 3.4618 → 0.9038 → 0.9038
ANTIMICROBIA Paste	L DRESSING - IODINE				
99100098	lodosorb	S. & N.	5 g 10 g 17 g	8.49 16.99 28.86	
Top. Oint.					
99100099	lodosorb	S. & N.	10 g 20 g 40 g	13.72 27.44 54.88	

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CODE BRAND NAME MANUFAC	JRER SIZE COST OF PKG. SIZE UNIT PRICE
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ANTIMICROBIAL DRESSING - SILVER

Dressing	- DREGOING - GIEVER	100 cm² t	o 200 cm² (ac	tive surface)	
99100348	3M - Tegaderm Ag Mesh (10 cm x 12.7 cm - 127cm²)	3M Canada	1	5.24	
99100349	3M Tegaderm Ag Mesh (10 cm x 20 cm - 200 cm²)	3M Canada	1	7.94	
99100852	3M Tegaderm- Alginate Ag silver dressing 10,2 x 12,7-129 cm ²	3M Canada	10	59.70	5.9700
99100559	Allevyn Ag Gentle (10 cm x 10 cm - 100 cm²)	S. & N.	10	74.10	7.4100
99100456	Allevyn Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)	S. & N.	10	74.10	7.4100
99100953	Aquacel Ag Extra (10 cm x 10 cm - 100 cm²)	Convatec	10	63.90	6.3900
99100998	Aquacel Ag foam (10 cm x 10 cm - 100 cm²)	Convatec	10	65.00	6.5000
99101228	Aquacel Ag+Extra (10 cm x 10 cm - 100 cm²)	Convatec	10	65.00	6.5000
99100324	Biatain Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)	Coloplast	5	33.25	6.6500
99100325	Biatain Ag Non-Adhesive (10 cm x 20 cm - 200 cm²)	Coloplast	5	66.50	13.3000
99100541	Biatain Alginate Ag (10 cm x 10 cm - 100 cm²)	Coloplast	10	52.50	5.2500
99101336	CalciCare calc.alginate silver dressing (10,2cmx12cm-122cm²)	Hollister	10	79.00	7.9000
99101452	Exufiber Ag+ (10 cm x 10 cm - 100 cm²)	Mölnlycke	10	64.70	6.4700
99100545	Melgisorb Ag (10 cm x 10 cm - 100 cm²)	Mölnlycke	10	59.74	5.9740
99100366	Mepilex Ag (10 cm x 10 cm - 100 cm ²)	Mölnlycke	5	34.33	6.8660
99100367	Mepilex Ag (10 cm x 20 cm - 179 cm²)	Mölnlycke	5	64.67	12.9340
99100663	Optifoam Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)	Medline	100	453.00	4.5300
99100562	Restore Foam Dressing Silver sulphate 10 cm x 10 cm -100 cm ²	Hollister	10	83.27	8.3270
99100288	Silvercel (10 cm x 20 cm - 200 cm ²)	KCI	5	80.44	16.0880
99100289	Silvercel (11 cm x 11 cm - 121 cm²)	KCI	10	96.00	9.6000
99101346	Silvercel non adherent (10 cm x 20 cm- 200 cm²)	KCI	5	64.99	12.9980
99101347	Silvercel non adherent (11 cm x 11 cm- 121 cm²)	KCI	10	78.64	7.8640

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	o 500 cm² (ad	tive surface)	
99100350	3M Tegaderm Ag Mesh (20 cm x 20 cm - 400 cm²)	3M Canada	1	15.52	
99100560	Allevyn Ag Gentle (15 cm x 15 cm - 225 cm²)	S. & N.	10	157.50	15.7500
99100561	Allevyn Ag Gentle (20 cm x 20 cm - 400 cm²)	S. & N.	10	280.40	28.0400
99100457	Allevyn Ag Non-Adhesif (20 cm x 20 cm - 400 cm²)	S. & N.	10	283.96	28.3960
99100455	Allevyn Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)	S. & N.	10	159.50	15.9500
99100326	Aquacel AG (14.5 cm x 14.5 cm - 210 cm²)	Convatec	5	93.02	18.6040
99100954	Aquacel Ag Extra (15 cm x 15 cm - 225 cm²)	Convatec	5	73.13	14.6260
99101000	Aquacel Ag foam (15 cm x 15 cm - 225 cm²)	Convatec	5	74.70	14.9400
99101001	Aquacel Ag foam (15 cm x 20 cm - 300 cm²)	Convatec	5	99.60	19.9200
99101005	Aquacel Ag foam (20 cm x 20 cm - 400 cm²)	Convatec	5	132.80	26.5600
99101229	Aquacel Ag+Extra (15 cm x 15 cm - 225 cm²)	Convatec	5	74.70	14.9400
99100595	Biatain Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)	Coloplast	5	74.81	14.9620
99100329	Biatain Ag Non-Adhesive (20 cm x 20 cm - 400 cm²)	Coloplast	5	124.80	24.9600
99101381	Exufiber Ag+ (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	148.10	14.8100
99100543	Melgisorb Ag (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	102.29	10.2290
99100368	Mepilex Ag (15 cm x 15 cm - 225 cm²)	Mölnlycke	5	77.06	15.4120
99100369	Mepilex Ag (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5	124.83	24.9660
99100825	Restore Foam Dressing Silver 15cm x 20cm-300cm ²	Hollister	10	194.40	19.4400

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				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
			100 37		
Dressing	I	Less tha	n 100 cm² (ac l	tive surrace)	ı
99100347	3M Tegaderm Ag Mesh (5 cm x 5 cm - 25 cm²)	3M Canada	1	2.55	
99100851	3M Tegaderm- Alginate Ag silver dressing 5.1 x 5.1-26cm ²	3M Canada	10	27.50	2.7500
99100557	Allevyn Ag Gentle (5 cm x 5 cm - 25 cm²)	S. & N.	10	43.02	4.3020
99100450	Allevyn Ag Non-Adhesive (5 cm x 5 cm - 25 cm²)	S. & N.	10	43.02	4.3020
99100338	Aquacel AG (9.5 cm x 9.5 cm - 90 cm²)	Convatec	10	102.78	10.2780
99100974	Aquacel Ag Extra (5 cm x 5 cm - 25 cm²)	Convatec	10	28.34	2.8340
99101006	Aquacel Ag foam (5 cm x 5 cm - 25 cm²)	Convatec	10	28.38	2.8380
99101231	Aquacel Ag+Extra (5 cm x 5 cm - 25 cm²)	Convatec	10	28.38	2.8380
99100594	Biatain Ag Non-Adhesive (5 cm x 7 cm - 35 cm²)	Coloplast	5	11.64	2.3280
99101308	CalciCare calcium alginate silver dressing	Hollister	10	27.50	2.7500
99101454	(5cmx5cm-25 cm²) Exufiber Ag+ (5 cm x 5 cm - 25 cm²)	Mölnlycke	10	28.00	2.8000
99100544	Melgisorb Ag (5 cm x 5 cm - 25 cm ²)	Mölnlycke	10	27.75	2.7750
99100287	Silvercel (5 cm x 5 cm - 25 cm ²)	ксі	10	31.70	3.1700
99101348	Silvercel non adherent (5 cm x 5 cm- 25 cm²)	KCI	10	28.36	2.8360
	,				
Dressing	1	More tha	n 500 cm² (ac	tive surface)	1
99100235	Acticoat (20 cm x 40 cm - 600 cm2)	S. & N.	1	66.28	
99100236	Acticoat (40 cm x 40 cm - 1 600 cm ²)	S. & N.	1	130.27	
99100593	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm²)	S. & N.	6	781.62	130.2700
99100328	Aquacel AG (19.5 cm x 29.5 cm - 575 cm²)	Convatec	5	224.00	44.8000
99100973	Aquacel Ag Extra (20 cm x 30 cm - 600 cm²)	Convatec	5	233.70	46.7400
99101230	Aquacel Ag+Extra (20 cm x 30 cm - 600 cm²)	Convatec	5	233.70	46.7400
99101453	Exufiber Ag+ (20 cm x 30 cm - 600 cm²)	Mölnlycke	5	233.00	46.6000
99100596	Mepilex Ag (20 cm x 50 cm - 1 000 cm²)	Mölnlycke	2	106.20	53.1000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				5.22	
Dressing	1	1	Sacrum	or triangular	
9910045	Allevyn Ag Adhesive Sacrum (17 cm x 17 cm - 123 cm²)	S. & N.	10	151.40	15.1400
9910045		S. & N.	10	244.30	24.4300
9910109		Convatec	5	60.95	12.1900
9910024		Coloplast	5	100.00	20.0000
9910080		Mölnlycke	1	22.87	
9910080		Mölnlycke	1	13.09	
APIXABAN I	1			2 E ma	
Tab. 0237723	3 Eliquis	B.M.S.	60	2.5 mg 96.00	1.6000
0231123	Eliquis	B.W.3.	00	90.00	1.0000
Tab.				5 mg	
0239771	4 Eliquis	B.M.S.	60 180	96.00 288.00	1.6000 1.6000
	E HYDROCHLORIDE		10		
S.C. Inj. Sol. (p	ĺ	 Paladin	5	ng/mL (3 mL) 214.76	42.9520
+ 0245915	z Movapo	Falaulii	3	214.70	42.9320
	a				
APREMILAST Tab.		10 mg (4 co.) - 20 r	ng (4 co.) - 30) mg (19 co.)	
0243431	Otezla (Starter parck)	Celgene	27	510.41	
Tab.		I	I	30 mg	
0243433	4 Otezla	Celgene	56	1058.63	18.9041
APREPITANT Caps.	P			80 mg	
0229879	1 Emend	Merck	2	60.36	30.1800
		1		11110	
Caps.	1	ı	I	125 mg	
0229880	5 Emend	Merck	6	181.08	30.1800

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps			125mg (1	caps.) and 80	mg (2 cans)	
Caps	•	1	125mg (1	l	1	
	02298813	Emend Tri-Pack	Merck	3	90.54	
		_				
	IPRAZOLE nj. Pd.				300 mg	
	02420864	Abilify Maintena	Otsuka Can	1	456.18	
	-: D.				400	
I.IVI. II	nj. Pd.	1	İ.	I	400 mg	İ
	02420872	Abilify Maintena	Otsuka Can	1	456.18	
ATO! Caps		HYDROCHLORIDE 🖪			10 mg PPB	
1		Ana Atamayatina	Anatav		1	0.5106
	02318024	Apo-Atomoxetine	Apotex Pro Doc	30	15.32	0.5106
	02396904	Atomoxetine		30	15.32	0.5106
	02467747	Atomoxetine	Sanis	30	15.32	→ 0.5106
	02445883	Atomoxetine	Sivem	30	15.32	• 0.5106
	02314541	Novo-Atomoxetine	Teva Can	30	15.32	• 0.5106
	02381028	pms-Atomoxetine	Phmscience	30	15.32	→ 0.5106
	02405962	Riva-Atomoxetine	Riva	30	15.32	→ 0.5106
				100	51.06	→ 0.5106
	02386410	Sandoz Atomoxetine	Sandoz	30	15.32	→ 0.5106
	02262800	Strattera	Lilly	28	72.80	2.6000
Caps					18 mg PPB	
	02318032	Apo-Atomoxetine	Apotex	30	17.24	→ 0.5748
	02396912	Atomoxetine	Pro Doc	30	17.24	→ 0.5748
	02390912	Atomoxetine	Sanis	30	17.24	→ 0.5748
	02447733	Atomoxetine	Sivem	30	17.24	→ 0.5748 → 0.5748
	02314568	Novo-Atomoxetine	Teva Can	30	17.24	→ 0.5748
	02314306	pms-Atomoxetine	Phmscience	30	17.24	→ 0.5748
		'				
	02405970	Riva-Atomoxetine	Riva	30 100	17.24 57.48	→ 0.5748→ 0.5748
	00006400	Sandoz Atomoxetine	Sandoz			
	02386429 02262819	Strattera	Lilly	30 28	17.24 83.44	• 0.5748 2.9800
					-	
Caps		ĺ	I	: I	25 mg PPB	İ
	02318040	Apo-Atomoxetine	Apotex	30 100	19.26 64.20	0.6420
	00006000	Atamayatina	Dro Doo	l		0.6420
1	02396920	Atomoxetine	Pro Doc	30	19.26	
1	02467763	Atomoxetine	Sanis	30	19.26	0.6420
	02445913	Atomoxetine	Sivem	30	19.26	
1	02314576	Novo-Atomoxetine	Teva Can	30	19.26	• 0.6420
1	02381044	pms-Atomoxetine	Phmscience	30	19.26	• 0.6420
1		<u></u>	l	100	64.20	• 0.6420
1	02405989	Riva-Atomoxetine	Riva	30	19.26	→ 0.6420
1				100	64.20	→ 0.6420
1						
	02386437 02262827	Sandoz Atomoxetine Strattera	Sandoz Lilly	30 28	19.26 92.12	→ 0.64203.2900

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				40 mg PPB	
Caps.	1	1	ı	+ung PPB	ı
02318059	Apo-Atomoxetine	Apotex	30	22.11	→ 0.7369
			100	73.69	→ 0.7369
02396939	Atomoxetine	Pro Doc	30	22.11	• 0.7369
02467771	Atomoxetine	Sanis	30	22.11	0.7369
02445948	Atomoxetine	Sivem	30	22.11	
02314584	Novo-Atomoxetine	Teva Can	30	22.11	0.7369
02381052	pms-Atomoxetine	Phmscience	30 100	22.11 73.69	→ 0.7369→ 0.7369
02405997	Riva-Atomoxetine	Riva	30	22.11	• 0.7369 • 0.7369
02403991	Niva-Atomoxetine	INVa	100	73.69	→ 0.7369
02386445	Sandoz Atomoxetine	Sandoz	30	22.11	→ 0.7369→ 0.7369
02262835	Strattera	Lilly	28	105.00	3.7500
0220200	- Challera	,			0.7000
Caps.			(60 mg PPB	
00040007	A A	A 4	20	04.00	- 0,0000
02318067	Apo-Atomoxetine	Apotex	30 100	24.28 80.92	0.8092
02396947	Atomoxetine	Pro Doc	30	24.28	→ 0.8092→ 0.8092
02390947	Atomoxetine	Sanis	30	24.28	→ 0.8092 → 0.8092
02407798	Atomoxetine	Sivem	30	24.28	→ 0.8092→ 0.8092
02314592	Novo-Atomoxetine	Teva Can	30	24.28	→ 0.8092→ 0.8092
02381060	pms-Atomoxetine	Phmscience	30	24.28	→ 0.8092
02001000	pino ruomexeune	T THITIOGIOTICO	100	80.92	→ 0.8092
02406004	Riva-Atomoxetine	Riva	30	24.28	→ 0.8092
			100	80.92	→ 0.8092
02386453	Sandoz Atomoxetine	Sandoz	30	24.28	→ 0.8092
02262843	Strattera	Lilly	28	116.48	4.1600
AXITINIB 🖪					
Tab.				1 mg	
	1	Dr.			40,0000
02389630	Inlyta	Pfizer	60	1116.00	18.6000
Tab.				5 mg	
I	l			l I	
02389649	Inlyta	Pfizer	60	5580.00	93.0000
	Б				
Top. Jel.				15 %	
02270811	Finacea	Bayer	50 g	30.00	0.6000
AZTREONAM [Sol. Inh.	fi			75 mg	
02329840	Cayston	Gilead	84	3561.51	42.3989
02023040	Cayoton	Circua		0001.01	72.000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
BISACODYL Ent. Tab.				5 mg PPB	
00545023	Apo-Bisacodyl	Apotex	1000	40.50	→ 0.0405
02273411	Bisacodyl-Odan	Odan	1000	4.05	→ 0.0405
	,		1000	40.50	→ 0.0405
02246039	Jamp-Bisacodyl	Jamp	100	4.05	→ 0.0405
C				DDD	
Supp.		I	I	5 mg PPB	I
02458845	Bisacodyl	Cellchem	10	4.27	• 0.4267
02410893	Bisacodyl Suppository 5 mg	Jamp	3	1.28	→ 0.4267
Supp.				10 mg PPB	
02458853	Bisacodyl	Cellchem	10	4.68	● 0.4680
02458655	Bisacodyl Suppository	Jamp	100	46.80	→ 0.4680
00582883	pms-Bisacodyl	Phmscience	100	46.80	→ 0.4680
BOCEPREVIR Caps.				200 mg	
1		l., .	100	1	l
* 02370816	Victrelis	Merck	168	1890.00	W
BORDERED AR	SORPTIVE DRESSING - GEL	I ING FIBRE			
Dressing	00111 1112 B112001110 022		to 200 cm² (ad	ctive surface)	
99101213	Aquacel foam (10 cm x	Convatec	5	40.50	8.1000
33101210	25 cm - 120 cm²)	Convace		40.00	0.1000
99101214	4	Convatec	5	50.62	10.1240
99100944	30 cm - 150 cm²) Aquacel foam (17.5 cm x	Convatec	10	112.08	11.2080
	17.5 cm - 182 cm²)				
99100469	Versiva XC Adhesive (14cm x 14cm - 100 cm²)	Convatec	10	70.51	7.0510
99100470	Versiva XC Adhesive	Convatec	5	69.15	13.8300
	(19 cm x 19 cm - 196 cm²)				
Dressing	ı	201 cm ² t	to 500 cm² (ad	tive surface)	1
99100942	4	Convatec	5	77.02	15.4040
99100943	21 cm - 289 cm²) Aquacel foam (25 cm x	Convatec	5	121.52	24.3040
	30 cm - 456 cm²)				
99100471	Versiva XC Adhesive (22 cm x 22 cm - 289 cm²)	Convatec	5	93.49	18.6980
	(22 OH X 22 OH - 209 OH-)				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Dragging	Dressing Less than 100 cm² (active surface)							
Dressing	ı	Less ma	n 100 cm² (ac	ilive surface)	1			
99100976	Aquacel foam (10 cm x 10 cm - 49 cm²)	Convatec	10	41.70	4.1700			
99101212	Aquacel foam (10 cm x 20 cm - 90 cm²)	Convatec	5	38.25	7.6500			
99100977	Aquacel foam (12.5 cm x 12. 5 cm - 72 cm²)	Convatec	10	61.20	6.1200			
99101185	Aquacel foam (8 cm x 8 cm - 30 cm²)	Convatec	10	25.50	2.5500			
99100464	Versiva XC Adhesive (10 cm x 10 cm - 49 cm²)	Convatec	10	41.68	4.1680			
		•						
Dressing	ı		ı	Sacrum	ı			
99100945	Aquacel foam (16.9 cm x 20 cm - 115 cm²)	Convatec	5	43.00	8.6000			
99100465	Versiva XC - Sacrum (21 cm x 25 cm - 218 cm²)	Convatec	5	90.62	18.1240			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION Dressing 100 cm² to 200 cm² (active surface)

Dressing	100 cm² to 200 cm² (active surface)				
99100199	3M Tegaderm Foam Adhesive Dressing (14.3cm	3M Canada	1	6.87	
99100854	x 14.3cm-100 cm²) 3M Tegaderm- Foam adhesive dressing 19cm x 22.2 cm-188cm²	3M Canada	5	55.00	11.0000
99001667	Allevyn Adhesive (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	58.65	5.8650
99004585	Allevyn Adhesive (12.5 cm x 22.5 cm - 200 cm²)	S. & N.	10	110.18	11.0180
99100476	Allevyn Gentle Border (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	59.00	5.9000
99100139	Biatain Adhesive (18 cm x 18 cm - 196 cm²)	Coloplast	5	52.92	10.5840
99100654	Biatain Silicone (15 cm x 15 cm - 104 cm²)	Coloplast	5	32.75	6.5500
99100742	Biatain Silicone (17,5 cm x 17,5 cm - 156 cm²)	Coloplast	5	48.95	9.7900
99005026	Combiderm ACD (15 cm x 25 cm - 200 cm²)	Convatec	1	12.00	
99100752	Cutimed Siltec B (15 cm x 15 cm - 100 cm²)	BSN Med	10	58.00	5.8000
99100753	Cutimed Siltec B (17,5 cm x 17,5 cm - 144 cm²)	BSN Med	5	43.61	8.7220
99004321	Mepilex Border (15 cm x 15 cm - 121 cm²)	Mölnlycke	1	7.96	
99004348	Mepilex Border (15 cm x 20 cm - 168 cm²)	Mölnlycke	1	11.77	
99110093	Mepilex Border Flex (15 cm x 15 cm - 120 cm²)	Mölnlycke	10	74.10	7.4100
99109793	Mepilex Border Flex (15 cm x 20 cm - 175 cm²)	Mölnlycke	10	108.10	10.8100
99100661	Optifoam (15,2 cm x 15,2 cm - 131 cm²)	Medline	100	440.30	4.4030
99100796	Restore Advanced Foam Dressing Adhesive 15 x 15 - 100 cm ²	Hollister	10	62.00	6.2000
99100797	Restore Advanced Foam Dressing Adhesive 15 x 20 -125 cm ²	Hollister	10	77.50	7.7500
99004623	Tielle (15 cm x 15 cm - 121 cm²)	KCI	10	88.48	8.8480
99001799	Tielle (15 cm x 20 cm - 176 cm²)	KCI	5	63.31	12.6620
99001675	Tielle (18 cm x 18 cm - 196 cm²)	KCI	5	56.13	11.2260
99100012	Tielle Plus (15 cm x 15 cm - 121 cm²)	KCI	10	88.48	8.8480
99004895	Tielle Plus (15 cm x 20 cm - 176 cm²)	KCI	5	64.35	12.8700
99101337	Triact.pans.mousse bordure silicone (15 cm x 20 cm -141 cm²)	Hollister	10	87.20	8.7200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	o 500 cm² (ac	tive surface)	
99001659	Allevyn Adhesive (17,5 cm x	S. & N.	1	11.72	
99001896	17,5 cm - 225 cm2) Allevyn Adhesive (22.5 cm x 22.5 cm - 400 cm²)	S. & N.	1	22.41	
99100477	Allevyn Gentle Border (17.5 cm x 17.5 cm -	S. & N.	10	118.00	11.8000
99004526	225 cm²) Combiderm ACD (20 cm x 20 cm - 225 cm²)	Convatec	5	51.54	10.3080
99100754	Cutimed Siltec B (22,5 cm x 22,5 cm - 272 cm²)	BSN Med	5	66.86	13.3720

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Less than 100 cm² (active surface)							
99100198	3M Tegaderm Foam Adhesive Dressing (10 cm x	3M Canada	1	4.41			
99100197	11 cm - 46 cm²) 3M Tegaderm Foam Adhesive Dressing (8.8 cm x 8.8 cm-25 cm²)	3M Canada	1	2.68			
99100853	3M Tegaderm- Foam adhesive dressing 14,3 x 15.6 - 86 cm ²	3M Canada	5	25.00	5.000		
99001713	Allevyn Adhesive (7.5 cm x 7.5 cm - 25 cm²)	S. & N.	10	24.14	2.414		
99100474	Allevyn Gentle Border (10 cm x 10 cm - 56 cm²)	S. & N.	10	49.00	4.900		
99100612	Biatain Adhesif (10 cm x 10 cm - 28,3 cm²)	Coloplast	10	27.10	2.710		
99100613	Biatain Adhesif (7,5 cm x 7,5 cm - 12,6 cm²)	Coloplast	10	12.10	1.210		
99100137	Biatain Adhesive (12.5 cm x 12.5 cm - 64 cm²)	Coloplast	10	44.80	4.480		
99100820	Biatain Silicone (10 cm x 10 cm - 36 cm²)	Coloplast	10	32.00	3.200		
99101375	Biatain Silicone (10 cm x 20 cm - 85,3 cm²)	Coloplast	5	35.00	7.000		
99100653	Biatain Silicone (12,5 cm x 12,5 cm - 64 cm²)	Coloplast	10	52.00	5.20		
99004968	Combiderm ACD (10 cm x 10 cm - 49 cm²)	Convatec	1	3.20			
99001853	Combiderm ACD (13 cm x 13 cm - 81 cm²)	Convatec	10	45.83	4.58		
99101205	Cutimed Siltec B (10 cm x 22,5 cm - 99 cm²)	BSN Med	10	87.12	8.71		
99100751	Cutimed Siltec B (12,5 cm x 12,5 cm - 64 cm²)	BSN Med	10	52.00	5.20		
99004313	Mepilex Border (10 cm x 10 cm - 42 cm²)	Mölnlycke	1	4.55			
99100445	Mepilex Border (10 cm x 20 cm - 96 cm²)	Mölnlycke	5	44.17	8.83		
99100355	Mepilex Border (12.5 cm x 12.5 cm - 72 cm ²)	Mölnlycke	5	29.45	5.89		
99100606	Mepilex Border (7,5 cm x 7,5 cm - 25 cm²)	Mölnlycke	5	11.90	2.38		
99109593	Mepilex Border Flex (10 cm x 10 cm - 41 cm²)	Mölnlycke	10	36.00	3.60		
99109693	Mepilex Border Flex (12,5 cm x 12,5 cm - 71 cm²)	Mölnlycke	10	62.40	6.240		
99109893	Mepilex Border Flex (7,5 cm x 7,5 cm - 20 cm ²)	Mölnlycke	10	17.50	1.75		
99100660	Optifoam (10,2 cm x 10,2 cm - 40 cm ²)	Medline	100	243.10	2.43		
99001683	Tielle (11 cm x 11 cm - 49 cm²)	KCI	10	54.78	5.47		
99100538 99004887	Tielle (7 cm x 9 cm - 15 cm²) Tielle Plus (11 cm x 11 cm - 49 cm²)	KCI KCI	10 10	16.78 55.07	1.67 5.50		
99101309	Triact pans. mousse bord. silicone (15 cm x 15 cm - 93 cm²)	Hollister	10	61.80	6.180		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
99101310	Triact pans. mousse bordure silicone (10 cm x10cm - 36 cm²)	Hollister	10	31.50	3.1500			
Dressing	1	I	Sacrum	or triangular	Í			
99004259	Allevyn Sacrum (17 cm x 17 cm - 123 cm²)	S. & N.	1	9.39				
99002957	Allevyn Sacrum (23 cm x 23 cm - 237 cm²)	S. & N.	1	17.05				
99101315	Biatain adhesif (Sacrum 23 cm x 23 cm - 123 cm²)	Coloplast	5	46.35	9.2700			
99005018	Combiderm ACD (Triangular 15 cm x 18 cm - 96 cm²)	Convatec	1	8.62				
99100105	Combiderm ACD (Triangular 20 cm x 22.5 cm - 216 cm ²)	Convatec	1	14.39				
99100447	Mepilex Border Sacrum (16 cm x 20 cm - 120 cm²)	Mölnlycke	5	47.90	9.5800			
99100448	Mepilex Border Sacrum (22 cm x 25 cm - 240 cm²)	Mölnlycke	5	69.80	13.9600			
99100001	Tielle Plus (Sacrum 15 cm x 15 cm - 70 cm ²)	KCI	10	63.33	6.3330			
99101316	Triact pans. mousse	Hollister	10	137.50	13.7500			
	silicone(Sacrum20cmx20cm -154cm²)							
Thin dr.	ı	100 cm² t	o 200 cm² (ac	tive surface)	1			
99100887	Allevyn Gentle Border Lite (15 cm x 15 cm - 146 cm²)	S. & N.	10	59.95	5.9950			
99101328	Foam Lite Convatec (15 cm x 15 cm - 121 cm²)	Convatec	10	49.70	4.9700			
99100297	Mepilex Border Lite (15 cm x 15 cm - 121 cm²)	Mölnlycke	5	24.88	4.9760			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Thin dr.	nin dr. Less than 100 cm² (active surface)							
99100886	Allevyn Gentle Border Lite (10 cm x 10 cm - 52 cm²)	S. & N.	10	36.83	3.6830			
99100885	Allevyn Gentle Border Lite (5.5 cm x 12 cm - 27 cm²)	S. & N.	10	25.69	2.5690			
99100884	Allevyn Gentle Border Lite (7,5 cm x 7.5 cm - 23 cm ²)	S. & N.	10	20.15	2.0150			
99100952	Biatain Silicone Lite (10 cm x 10 cm - 36 cm²)	Coloplast	10	24.80	2.4800			
99100890	Biatain Silicone Lite (12.5 cm x 12.5 cm - 64 cm²)	Coloplast	10	27.80	2.7800			
99101211	Biatain silicone lite (7,5 cm x 7,5 cm - 20 cm²)	Coloplast	10	17.50	1.7500			
99101327	Foam Lite Convatec (10 cm x 10 cm - 42,25 cm²)	Convatec	10	40.00	4.0000			
99101893	Foam Lite Convatec (10 cm x 20 cm - 97,5 cm ²)	Convatec	10	92.14	9.2140			
99101329	Foam Lite Convatec (5,5 cm x 12 cm - 24 cm²)	Convatec	10	22.50	2.2500			
99101326	Foam Lite Convatec (8cm x 8 cm - 25 cm²)	Convatec	10	23.67	2.3670			
99100296	Mepilex Border Lite (10 cm x 10 cm - 42 cm²)	Mölnlycke	5	14.94	2.9880			
99100293	Mepilex Border Lite (4 cm x 5 cm - 6 cm ²)	Mölnlycke	10	13.89	1.3890			
99100294	Mepilex Border Lite (5 cm x 12.5 cm - 21 cm²)	Mölnlycke	5	10.68	2.1360			
99100295	Mepilex Border Lite (7.5 cm x 7.5 cm - 20 cm ²)	Mölnlycke	5	8.90	1.7800			
BORDERED AB	SORPTIVE DRESSING - POL		I FIBRE o 200 cm² (ac	tive surface)				
00920509	Alldress (15 cm x 15 cm -	Mölnlycke	10	28.80	2.8800			
00920495	100 cm²) Alldress (15 cm x 20 cm - 150 cm²)	Mölnlycke	10	36.70	3.6700			
Dressing	Dressing Less than 100 cm² (active surface)							
00920487	Alldress (10 cm x 10 cm - 25 cm²)	Mölnlycke	100 cm (ac	23.80	2.3800			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
BORDERED ANTIMICROBIAL DRESSING - SILVER								
Dressing	ı	100 cm² t	o 200 cm² (ac	tive surface)				
99100453	Allevyn Ag Adhesive (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	118.19	11.8190			
99100564	Allevyn Ag Gentle Border (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	118.19	11.8190			
99101002	Aquacel Ag foam (17.5 cm x 17.5 cm - 182 cm²)	Convatec	10	220.52	22.0520			
99100597	Biatain Ag Adhesive (18 cm x 18 cm - 169 cm²)	Coloplast	5	92.95	18.5900			
99101274	Biatain silicone Ag (15 cm x 15 cm - 110 cm²)	Coloplast	5	65.16	13.0320			
99101277	Biatain silicone Ag (17,5 cm x 17,5 cm - 168 cm²)	Coloplast	5	99.89	19.9780			
99100799	Mepilex Border Ag (10 cm x 25 cm - 99 cm²)	Mölnlycke	1	15.67				
99100712	Mepilex Border Ag (15 cm x 15 cm - 121 cm²)	Mölnlycke	1	13.87				
99100713	Mepilex Border Ag (15 cm x 20 cm - 168 cm²)	Mölnlycke	1	19.86				
Dressing		201 cm² t	o 500 cm² (ac	tive surface)				
99100454	Allevyn Ag Adhesive (17.5 cm x 17.5 cm - 225 cm²)	S. & N.	10	276.70	27.6700			
99100565	Allevyn Ag Gentle Border (17.5 cm x 17.5 cm - 225 cm²)	S. & N.	10	276.70	27.6700			
99101007	Aquacel Ag foam (21 cm x 21 cm - 289 cm²)	Convatec	5	177.74	35.5480			
99101008	Aquacel Ag foam (25 cm x 30 cm - 456 cm²)	Convatec	5	280.44	56.0880			

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		·					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Dressing	Dressing Less than 100 cm² (active surface)						
99100449	1	S. & N.	10	53.00	5.3000		
99100563	(7.5 cm x 7.5 cm - 25 cm ²) Allevyn Ag Gentle Border (7.5 cm x 7.5 cm - 25 cm ²)	S. & N.	10	53.00	5.3000		
99101003		Convatec	10	81.88	8.1880		
99101091		Convatec	10	120.31	12.0310		
99101092	,	Convatec	10	53.47	5.3470		
99100245		Coloplast	5	35.20	7.0400		
99100598	1 ,	Coloplast	5	13.20	2.6400		
99100926		Coloplast	5	24.75	4.9500		
99100927		Coloplast	5	50.55	10.1100		
99100710		Mölnlycke	1	6.94			
99100798		Mölnlycke	1	13.88			
99100711		Mölnlycke	1	4.67			
99100662	Optifoam Ag Adhesive (10 cm x 10 cm - 40 cm²)	Medline	100	433.00	4.3300		
	•	1		1			
BORDERED MO	DISTURE-RETENTIVE DRESS		DAL OR POL				
00800961	3M Tegaderm Hydrocolloid Dressing (17 cm x 20 cm -	3M Canada	1	6.50			
00907707	187 cm²) DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)	Convatec	1	4.39			
Dragging		201 0002 t	o 500 cm² (ac	tive evertees)			
Dressing							
00907715	DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)	Convatec	1	11.35			
Dressing		Less tha	n 100 cm² (ac	tive surface)			
1	la.,,		·	l í l			
00801038	Dressing (10 cm x 12 cm -	3M Canada	1	2.99			
00801003	3M Tegaderm Hydrocolloid Dressing (13 cm x 15 cm -	3M Canada	1	4.00			
00907804		Convatec	1	2.31			
	Dressing (10 cm x 12 cm - 50 cm²) 3M Tegaderm Hydrocolloid Dressing (13 cm x 15 cm - 94 cm²) DuoDERM CGF Border						

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing				Sacrum	
99100855	Tegaderm 3M-Pansement hydrocolloide 16,1cm x 17,1cm-172cm²	3M Canada	6	54.81	9.1350
Thin dr.		100 cm² t	o 200 cm² (ac	tive surface)	
99100292	3M Tegaderm Hydrocolloid Thin Dressing (17cm x 20cm-187cm²)	3M Canada	1	5.61	
Thin dr.		Less tha	n 100 cm² (ac	tive surface)	
99100291	3M Tegaderm Hydrocolloid Thin Dressing (13 cm x	3M Canada	1	3.38	
99100857	15 cm-94cm²) 3M Tegaderm- Hydrocolloid thin dressing 10cm x 12cm-63cm²	3M Canada	10	19.56	1.9560
BOSENTAN Tab.	!		62	.5 mg PPB	
02399202	Apo-Bosentan	Apotex	56	898.50	→ 16.0446
02466538	1 '	Biomed	56	898.50	→ 16.0446
02467984	NAT-Bosentan	Natco	60	962.68	→ 16.0446
02383012	1'	Phmscience	60	962.68	→ 16.0446
02386275		Sandoz	60	962.68	→ 16.0446
* 02244981	Tracleer	Janss. Inc	56	3594.00	64.1786
Tab.			1:	25 mg PPB	
02386208	ACT Bosentan	ActavisPhm	60	962.68	→ 16.0446
02399210	Apo-Bosentan	Apotex	56	898.50	→ 16.0446
02466546		Biomed	56	898.50	→ 16.0446
02467992	NAT-Bosentan	Natco	56	898.50	→ 16.0446
00000000	Bassartan	Dharasiaaas	60	962.68	16.0447
02383020 02386283	7	Phmscience Sandoz	60 60	962.68 962.68	→ 16.0446→ 16.0446
* 02244982		Janss. Inc	56	3594.00	64.1786
DDIVA DA OĆTA	0				
BRIVARACÉTA Tab.	NWI LOI	ı	ı	10 mg	ı
02452936	Brivlera	U.C.B.	60	259.20	4.3200
Tab.				25 mg	
02452944	Brivlera	U.C.B.	60	259.20	4.3200
02432344	DINIGIA	U.U.D.	00	239.20	4.5200

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
02452952	Brivlera	U.C.B.	60	259.20	4.3200
	1	-	1	1	
Tab.	1	1	I	75 mg	1
02452960	Brivlera	U.C.B.	60	259.20	4.3200
Tab.				100 mg	
02452979	Brivlera	U.C.B.	60	259.20	4.3200
	1	1			
BRODALUMAB	R				
S.C. Inj. Sol.	1	1	140 mg	/mL (1,5 mL)	1
02473623	Siliq (syringe)	Valeant	2	1290.00	645.0000
CABERGOLINE	R				
Tab.	1	T	().5 mg PPB 	ı
02455897 02242471	Apo-Cabergoline Dostinex	Apotex Paladin	8 8	99.15 105.72	12.3938 13.2150
02242471	Dostinex	I diduiii	0	100.72	13.2130
CAI CIPOTRIOI	./ BETAMETHASONE DIPRO	DPIONATE R			
Top. Foam	. DETAINETHAGGINE BILLING	, ionxie L	50 mcg	g/g -0.5 mg/g	
02457393	Enstilar	Leo	60 g	84.22	
Top. Jel.	1	1	50 mcg	g/g -0.5 mg/g 	l
02319012	Dovobet Gel	Leo	60 g	84.22	1.4037
Top. Oint.			50 mcg	g/g -0.5 mg/g	
02244126	Dovobet	Leo	120 g	168.44	1.4037
		-			
CALCIUM CARE	BONATE				
Oral foam	1	T.	I	500 mg/6 g	Ī
80057859	Pluscal	Medelys	180 g	13.50	
CALCIUM CITRA	ATE		500	45	
Oral Sol.	1	1	1	15 mL PPB	1
80064257 80068122	Calcite Liquide Jamp-Calcium Citrate liq	Riva Jamp	450 ml 450 ml	32.50 32.50	-
80054756		Mantra Ph.	450 ml	32.50	l l
99101288	MCal Citrate liquide (120 packs of 15 mL)	Mantra Ph.	1800 ml	130.00	→ 0.0722
	1: '	-1	1		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•		-	· · · · · · · · · · · · · · · · · · ·	
CAL Oral		ATE/VITAMIN D	500) mg - 400 UI/	15 ml DDR	
Orai 	301.	I	1	/ mg - 400 01/		I
	80061575 80007347	Calcite Liquide + D 400 Jamp Calcium Citrate Liq. D400	Riva Jamp	450 ml 450 ml	34.50 34.50	→ 0.0767→ 0.0767
Oral	Sal		500	mg - 1000 UI/	15 ml DDR	
Orai 	301.	I]	1000 01/		
	80068124	Jamp-Calcium Citrate liq D1000	Jamp	450 ml	34.50	→ 0.0767
	80049201 99101287	MCal Citrate liquide D1000 MCal Citrate liquide D1000 (120 packs of 15 mL)	Mantra Ph. Mantra Ph.	450 ml 1800 ml	34.50 138.00	→ 0.0767→ 0.0767
					,	
		ONATE/CALCIUM LACTATE	<u>.</u>			
Oral	Sol.	1	I	100 mg	1/5 mL PPB	ı
	80054754	MCal Solution	Mantra Ph.	350 ml	15.60	→ 0.0446
*	80043628	Nu-Cal Liquide	Odan	350 ml	15.60	w
	99100833	SoluCAL (all flavours)	Jamp	350 ml	15.60	→ 0.0446
Į.				l 1500 ml	66.06	▶ 0.0440
				1000 1111	33.33	
	Sol.	CONATE/CALCIUM LACTATE	500) mg - 400 UI/2	25 mL PPB	
	Sol. 80054755	MCal Solution D400	500 Mantra Ph.) mg - 400 UI/: 350 ml	25 mL PPB	→ 0.0467
	Sol.	I	500) mg - 400 UI/2	25 mL PPB	
Oral	Sol. 80054755 99100830	MCal Solution D400	500 Mantra Ph.	0 mg - 400 Ul/3 350 ml 350 ml 1500 ml	25 mL PPB 16.33 16.33 69.99	→ 0.0467→ 0.0467
Oral	Sol. 80054755 99100830	MCal Solution D400	500 Mantra Ph.	0 mg - 400 Ul/3 350 ml 350 ml 1500 ml	25 mL PPB 16.33 16.33	→ 0.0467→ 0.0467
Oral	Sol. 80054755 99100830	MCal Solution D400	500 Mantra Ph.	350 ml 350 ml 350 ml 1500 ml 500 mg - 10	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33	 → 0.0467 → 0.0467 → 0.0467
CAL Oral Oral	Sol. 80054755 99100830 Sol.	MCal Solution D400 SoluCAL D (all flavours)	Mantra Ph. Jamp	350 ml 350 ml 350 ml 1500 ml	25 mL PPB 16.33 16.33 69.99	
Oral	Sol. 80054755 99100830 Sol.	MCal Solution D400 SoluCAL D (all flavours)	Mantra Ph. Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33	 → 0.0467 → 0.0467 → 0.0467
Oral	Sol. 80054755 99100830 Sol.	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours)	Mantra Ph. Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69	 → 0.0467 → 0.0467 → 0.0467
Oral	Sol. 80054755 99100830 Sol. 99101332	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours)	Mantra Ph. Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33	 → 0.0467 → 0.0467 → 0.0467
Oral Oral	Sol. 80054755 99100830 Sol. 99101332	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours)	Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69	0.0467 0.0467 0.0467 0.0467 0.0467
Oral Oral CAN Tab.	Sol. 80054755 99100830 Sol. 99101332	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours)	Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69	0.0467 0.0467 0.0467 0.0467 0.0467
Oral Oral CAN Tab.	Sol. 80054755 99100830 Sol. 99101332	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours)	Jamp	350 ml 350 ml 350 ml 1500 ml 500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69 100 mg 78.53	0.0467 0.0467 0.0467 0.0467 0.0467
Oral Oral CAN Tab.	Sol. 80054755 99100830 Sol. 99101332 AGLIFLOZII 02425483	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours) NE II	Jamp Janss. Inc	350 ml 350 ml 350 ml 1500 ml 500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69 100 mg 78.53	 → 0.0467 → 0.0467 → 0.0467 0.0467 0.0467
Oral Oral CAN Tab. Tab.	Sol. 80054755 99100830 Sol. 99101332 AGLIFLOZII 02425483 02425491 BOXYMETH	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours) NE II	Jamp Janss. Inc	350 ml 350 ml 350 ml 1500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 1000 U.I./25ml 16.33 32.69 100 mg 78.53 300 mg 78.53	 → 0.0467 → 0.0467 → 0.0467 0.0467 0.0467
Oral Oral CAN Tab.	Sol. 80054755 99100830 Sol. 99101332 AGLIFLOZII 02425483 02425491 BOXYMETH	MCal Solution D400 SoluCAL D (all flavours) Solucal D+1000 (all flavours) NE II Invokana	Jamp Janss. Inc	350 ml 350 ml 350 ml 1500 mg - 10 350 ml 700 ml	25 mL PPB 16.33 16.33 69.99 000 U.I./25ml 16.33 32.69 100 mg 78.53	 → 0.0467 → 0.0467 → 0.0467 0.0467 0.0467

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oph. Sol.				1 % (0.4 mL)	
00870153	Refresh Celluvisc	Allergan	30	9.58	0.3193
		-			
CARBOXYMETH Oph. Sol.	IYLCELLULOSE SODIUM/ PI	URITE		0.5 %	
02231008	Refresh tears	Allergan	15 ml	6.25	
CASPOFUNGIN I.V. Inj. Pd.	ACETATE B			50 mg PPB	
02244265	Cancidas	Merck	1	222.00	
02460947	Caspofongine pour injection	MDA	1	→ 166.50	
I.V. Inj. Pd.	ı	1		70 mg PPB	
02244266	Cancidas	Merck	1	222.00	
02460955	Caspofongine pour injection	MDA	1	→ 166.50	
CEFTOBIPROLE	.	ı	ı	500 mg	
02446685	Zevtera	Avir	1 10	58.40 584.00	58.4000
CEFTOLOZANE I.V. Inj. Pd.	/TAZOBACTAM 🖪	I	I	1 g - 0.5 g	
02446901	Zerbaxa	Merck	10	1366.30	136.6300
CERITINIB 🖪 Caps.				150 mg	
02436779	 Zykadia	 Novartis	150	7800.00	52.0000
CERTOLIZUMAE	_	Nevanie		1	02.0000
S.C. Inj. Sol. (per	n) 	I	1	mg/ml (1 ml)	
02465574	Cimzia	U.C.B.	2	1262.56	631.2800
S.C. Inj.Sol (syr)	ı	I	200	mg/ml (1 ml)	
02331675	Cimzia	U.C.B.	2	1262.56	631.2800
CETRORELIX [] S.C. Inj. Pd.	2			0.25 mg	
02247766	I		I		
	Cetrotide	Serono	1	90.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
	_							
CHORIOGONADOTROPIN ALFA 🖪 S.C. Inj. Sol. (pen) 250 mcg/0.5 mL								
, ,,	ĺ	1.						
02371588	Ovidrel	Serono	1	72.00				
001:01()				050				
S.C. Inj.Sol (syr)		1		250 mcg				
02262088	Ovidrel	Serono	1	72.00				
CINACALCET H	YDROCHLORIDE 🖫							
Tab.		1	. ;	30 mg PPB	1			
02452693	Apo-Cinacalcet	Apotex	30	164.51	→ 5.4836			
02480298	Mar-Cinacalcet	Marcan	30	164.51	→ 5.4836			
02481987	M-Cinacalcet	Mantra Ph.	30	164.51	→ 5.4836			
02434539	Mylan-Cinacalcet	Mylan	30	164.51	→ 5.4836			
02257130	Sensipar	Amgen	30	323.52	10.7840			
02441624	Teva-Cinacalcet	Teva Can	30	164.51	→ 5.4836			
Tab.		1		60 mg PPB	ı			
02452707	Apo-Cinacalcet	Apotex	30	299.97	→ 9.9990			
02480301	Mar-Cinacalcet	Marcan	30	299.97	→ 9.9990			
02481995	M-Cinacalcet	Mantra Ph.	30	299.97	⇒ 9.9990			
02434547	Mylan-Cinacalcet	Mylan	30	299.97	⇒ 9.9990			
02257149	Sensipar	Amgen	30	589.81	19.6603			
02441632	Teva-Cinacalcet	Teva Can	30	299.97	→ 9.9990			
Tab.		1	;	90 mg PPB	ı			
02452715	Apo-Cinacalcet	Apotex	30	436.51	→ 14.5504			
02480328	Mar-Cinacalcet	Marcan	30	436.51	→ 14.5504			
02482002	M-Cinacalcet	Mantra Ph.	30	436.51	→ 14.5504			
02434555	Mylan-Cinacalcet	Mylan	30	436.51	→ 14.5504			
02257157	Sensipar	Amgen	30	858.43	28.6143			
02441640	Teva-Cinacalcet	Teva Can	30	436.51	→ 14.5504			
CLINDAMYCIN F	PHOSPHATE IN							
Vag. Cr.				20 mg/g				
02060604	Dalacin	Paladin	40 g	26.26				
-	<u> </u>	1	<u> </u>					
CODMETTING "	.							
COBIMETINIB [Tab.				20 mg				
		1	I		1			
02452340	Cotellic	Roche	63	7567.00	120.1111			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1	1	
CODEINE PHOS	ВРНАТЕ ®			05 (5)	
Syr.	1	I	I.	25 mg/5 mL	
00050024	Codeine	Atlas	500 ml 2000 ml	19.43 62.71	0.0389 0.0314
COLESEVELAN Tab.	I (CHLORHYDRATE DE)			625 mg	
02373955	Lodalis	Valeant	180	198.00	1.1000
COLLAGENASE	R			050 11/-	
Top. Oint.	1		1	250 U/g	
02063670	Santyl	S. & N.	30 g	87.50	2.9167
CRIZOTINIB 🖪 Caps.				200 mg	
02384256	Xalkori	 Pfizer	60	1	120 0000
02364236	XaikOri	Plizei	60	7800.00	130.0000
Caps.				250 mg	
02384264	Xalkori	Pfizer	60	7800.00	130.0000
CYANOCOBALA	AMIN		400	O	
L.A. Tab.	[1	120 	0 mcg PPB 	
80075338	Alta-B12	Altamed	500	52.50	→ 0.1050
80025207 80061573	Beduzil Euro-B12 LA	Orimed Sandoz	500 500	52.50 52.50	→ 0.1050→ 0.1050
80021427	Jamp-Vitamin B12 L.A.	Jamp	500	52.50	→ 0.1050→ 0.1050
80042834	M-B12 1200 mcg L.A.	Mantra Ph.	500	52.50	→ 0.1050
80062941	Opus Vitamine B12 L.A.	Opus	500	52.50	• 0.1050
L.A. Tab.				1500 mcg	
L.A. Tab. 80043158	Beduzil 1500	Orimed	500	1500 mcg 52.50	0.1050
80043158	Beduzil 1500	Orimed		52.50	0.1050
80043158 Oral Sol.	1	1	200 m	52.50	
	Beduzil 1500 Beduzil Jamp-Vitamine B12	Orimed Orimed Jamp		52.50	0.1050 ◆ 0.0357 • 0.0357
80043158 Oral Sol. 80039903	Beduzil	Orimed	200 m 350 ml	52.50 cg/mL PPB	→ 0.0357
80043158 Oral Sol. 80039903 80026092 CYSTEAMINE B	Beduzil	Orimed	200 m 350 ml	52.50 cg/mL PPB 12.50 12.50	→ 0.0357
80043158 Oral Sol. 80039903 80026092	Beduzil Jamp-Vitamine B12	Orimed	200 m 350 ml	52.50 cg/mL PPB	→ 0.0357

					COST OF PKG.	
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
L.A.	Caps.	I	ı	ı	75 mg	
	02464713	Procysbi	Horizon Ph	250	7762.50	31.0500
DAB	IGATRAN E	TEXILATE B				
Caps			1	1	10 mg PPB	
+	02468905	Apo-Dabigatran	Apotex	60	75.24	→ 1.2540
*	02312441	Pradaxa	Bo. Ing.	60	96.00	1.6000
Caps	3.	I	I	1	50 mg PPB	
1	02468913	Apo-Dabigatran	Apotex	60	75.24	→ 1.2540
*	02358808	Pradaxa	Bo. Ing.	60	96.00	1.6000
DAB	RAFÉNIB N	IESYLATE 🖫				
Caps	3.	I	ı	1	50 mg	
	02409607	Tafinlar	Novartis	120	5066.67	42.2223
Caps	3.	I	ı	1	75 mg	
	02409615	Tafinlar	Novartis	120	7600.00	63.3333
DAC	LATASVIR	DICHLORHYDRATE 🖫				
Tab.					30 mg	
	02444747	Daklinza	B.M.S.	28	12000.00	428.5714
			•	•	•	
Tab.		1		1	60 mg	
	02444755	Daklinza	B.M.S.	28	12000.00	428.5714
			•	•	•	
DAD	AGLIFLOZI	NE PI				
Tab.					5 mg	
	02435462	Forxiga	AZC	30	73.50	2.4500
				1		
Tab.					10 mg	
	02435470	Forxiga	AZC	30	73.50	2.4500
		1 3				
						
DAP Tab.		NE/METFORMINE (HYDRO	DCHLORIDE) Lin	5	mg -850 mg	
	02449935	Xigduo	AZC	60	73.50	1.2250
	UZ448833	Niguuo	120	1 00	13.30	1.2230
Tab.				5 1	ng -1000 mg	
	02449943	 Xigduo	AZC	60	73.50	1.2250
	02449943	Niguuu	ALU	00	13.30	1.2230

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DARBEPOETINE ALFA 18 Syringe 10 mcg/0.4 mL 02392313 Aranesp Amgen 4 107.20 26.8000 Syringe 20 mcg/0.5 mL 02392321 Aranesp Amgen 4 214.40 53.6000 Syringe 30 mcg/0.3 mL 02392348 Aranesp Amgen 4 321.60 80.4000 Syringe 40 mcg/0.4 mL 02391740 Aranesp Amgen 4 428.80 107.2000 Syringe 50 mcg/0.5 mL 02391759 Aranesp Amgen 4 536.00 134.0000 Syringe 60 mcg/0.3 mL 02392356 Aranesp Amgen 4 643.20 160.8000 Syringe 80 mcg/0.4 mL 02391767 Aranesp Amgen 4 857.60 214.4000 Syringe 100 mcg/0.5 mL 02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 150 mcg/0.3 mL	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe 10 mcg/0.4 mL 02392313 Aranesp Amgen 4 107.20 26.8000 Syringe 20 mcg/0.5 mL 02392321 Aranesp Amgen 4 214.40 53.6000 Syringe 30 mcg/0.3 mL 80.4000 Syringe 40 mcg/0.4 mL 202391740 Aranesp Amgen 4 428.80 107.2000 Syringe 50 mcg/0.5 mL 50 mcg/0.5 mL 02391759 Aranesp Amgen 4 536.00 134.0000 Syringe 60 mcg/0.3 mL 60 mcg/0.3 mL 60.8000 160.8000 Syringe 80 mcg/0.4 mL 857.60 214.4000 Syringe 100 mcg/0.5 mL 268.0000 Syringe 130 mcg/0.65 mL 268.0000 Syringe 130 mcg/0.65 mL 1393.60 348.4000 Syringe 150 mcg/0.3 mL 402.0000 402.0000 Syringe 150 mcg/0.3 mL 402.0000 402.0000					1	
Ozagezata Aranesp Amgen 4 107.20 26.8000 Syringe 20 mcg/0.5 mL 20 mcg/0.5 mL 30.6000 Syringe 30 mcg/0.3 mL 321.60 80.4000 Syringe 40 mcg/0.4 mL 428.80 107.2000 Syringe 50 mcg/0.5 mL 107.2000 Syringe 50 mcg/0.5 mL 134.0000 Syringe 60 mcg/0.3 mL 643.20 160.8000 Syringe 80 mcg/0.4 mL 643.20 160.8000 Syringe 80 mcg/0.5 mL 214.4000 Syringe 100 mcg/0.5 mL 268.0000 Syringe 130 mcg/0.65 mL 268.0000 Syringe 130 mcg/0.65 mL 20391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 408.000 402.0000 402.0000 Syringe 150 mcg/0.3 mL 408.000 402.0000 402.0000		ALFA 🖪		10	mca/0.4 mL	
O2392321 Aranesp Amgen 4 214.40 53.6000 Syringe 30 mcg/0.3 mL 80.4000 Syringe 40 mcg/0.4 mL 80.4000 Syringe 40 mcg/0.4 mL 428.80 107.2000 Syringe 50 mcg/0.5 mL 102391759 134.0000 Syringe 60 mcg/0.3 mL 643.20 160.8000 Syringe 80 mcg/0.4 mL 4857.60 214.4000 Syringe 100 mcg/0.5 mL 214.4000 Syringe 100 mcg/0.5 mL 268.0000 Syringe 130 mcg/0.65 mL 268.0000 Syringe 130 mcg/0.65 mL 348.4000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 200 mcg/0.4 mL 402.0000		Aranesp	Amgen			26.8000
O2392321 Aranesp Amgen 4 214.40 53.6000 Syringe 30 mcg/0.3 mL 80.4000 Syringe 40 mcg/0.4 mL 80.4000 Syringe 40 mcg/0.4 mL 428.80 107.2000 Syringe 50 mcg/0.5 mL 102391759 134.0000 Syringe 60 mcg/0.3 mL 643.20 160.8000 Syringe 80 mcg/0.4 mL 4857.60 214.4000 Syringe 100 mcg/0.5 mL 214.4000 Syringe 100 mcg/0.5 mL 268.0000 Syringe 130 mcg/0.65 mL 268.0000 Syringe 130 mcg/0.65 mL 348.4000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 150 mcg/0.3 mL 402.0000 Syringe 200 mcg/0.4 mL 402.0000	Syringe			20	mca/0.5 ml	
O2392348 Aranesp Amgen 4 321.60 80.4000 Syringe 40 mcg/0.4 mL 428.80 107.2000 Syringe 50 mcg/0.5 mL 02391759 Aranesp Amgen 4 536.00 134.0000 Syringe 60 mcg/0.3 mL 02392356 Aranesp Amgen 4 643.20 160.8000 Syringe 80 mcg/0.4 mL 02391767 Aranesp Amgen 4 857.60 214.4000 Syringe 100 mcg/0.5 mL 02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000		Aranesp	Amgen			53.6000
O2392348 Aranesp Amgen 4 321.60 80.4000 Syringe 40 mcg/0.4 mL 428.80 107.2000 Syringe 50 mcg/0.5 mL 02391759 Aranesp Amgen 4 536.00 134.0000 Syringe 60 mcg/0.3 mL 02392356 Aranesp Amgen 4 643.20 160.8000 Syringe 80 mcg/0.4 mL 02391767 Aranesp Amgen 4 857.60 214.4000 Syringe 100 mcg/0.5 mL 02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000	Curingo			20	mag/0.2 ml	
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Syringe 80 mcg/0.4 mL 02391767 Aranesp Amgen 4 857.60 214.4000 Syringe 100 mcg/0.5 mL 02391775 Aranesp 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL 200 mcg/0.4 mL 200 mcg/0.4 mL 200 mcg/0.4 mL	Syringe			60	mcg/0.3 mL	
O2391767 Aranesp Amgen 4 857.60 214.4000 Syringe 100 mcg/0.5 mL 02391775 Aranesp 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL 200 mcg/0.4 mL 4 1608.00 402.0000	02392356	Aranesp	Amgen	4	643.20	160.8000
Syringe 100 mcg/0.5 mL 02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL	Syringe			80	mcg/0.4 mL	
02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL	02391767	Aranesp	Amgen	4	857.60	214.4000
02391775 Aranesp Amgen 4 1072.00 268.0000 Syringe 130 mcg/0.65 mL 02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL	Svringe			100	mca/0.5 mL	
02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL	1 1	Aranesp	Amgen		1	268.0000
02391783 Aranesp Amgen 4 1393.60 348.4000 Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL	Coming and			420 -		
Syringe 150 mcg/0.3 mL 02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL		Aranesp	Amgen			348.4000
02391791 Aranesp Amgen 4 1608.00 402.0000 Syringe 200 mcg/0.4 mL			3			
Syringe 200 mcg/0.4 mL	1 1		l.			400.000
	02391791	Aranesp	Amgen	4	1608.00	402.0000
			1	200	mcg/0.4 mL	ı
02391805 Aranesp Amgen 1 536.00			Amgen	1	536.00	
Syringe 300 mcg/0.6 mL	Syringe			300	mcg/0.6 mL	
02391821 <i>Aranesp</i> Amgen 1 828.00	02391821	Aranesp	Amgen	1	828.00	
Syringe 500 mcg/1.0 mL	Syringe			500	mcg/1.0 mL	
02392364 <i>Aranesp</i> Amgen 1 1380.00		Aranesp	Amgen		1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				1	
DARUNAVIR	l			COO	
Tab.	B. 116	I	00	600 mg	44.0070
02324024	Prezista	Janss. Inc	60	877.62	14.6270
DASATINIB 🖫					
Tab.	ı	1	1	20 mg	
02293129	Sprycel	B.M.S.	60	2195.08	36.5847
Tab.				50 mg	
02293137	Sprycel	B.M.S.	60	4390.13	73.1688
				1	
Tab.	I	ı	ı	70 mg	
02293145	Sprycel	B.M.S.	60	4841.45	80.6908
Tab.				100 mg	
02320193	Sprycel	B.M.S.	30	4390.13	146.3377
02020100	Op. 1900.	12		1.000.10	. 10.001
DENOSUMAB I	B				
Inj. Sol.		1	1	20 mg/1.7 mL 	
02368153	Xgeva	Amgen	1	538.45	
S.C. Inj.Sol (syr)				60 mg/mL	
02343541	Prolia	Amgen	1	330.00	
DEXAMETHASO Implant intravitrea				0.7 mg	
02363445		Allorgon	1	1295.00	
02303443	Ozurdex	Allergan	1	1293.00	
DIOLOFFILACO	ODUM B				
DICLOFENAC S Oph. Sol.	ODIUM LA			0.1 % PPB	
02441020	Apo-Diclofenac Ophtalmic	Apotex	5 ml	♦ 8.86	
02454807	Sandoz Diclofenac Ophtha	Sandoz	10 ml 5 ml	→ 17.71→ 8.86	
01940414	·	Novartis	10 ml 5 ml	→ 17.71 12.60	
01940414	Voltaren Ophta	INOVALUS	10 ml	25.21	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DIMETHYL FUI L.A. Caps.	MARATE 🖫			120 mg	
1	I	l	1	1	
02404508	Tecfidera	Biogen	14 56	178.36 713.42	12.7400 12.7396
L.A. Caps.				240 mg	
02420201	Tecfidera	Riogon	56	1426.85	25.4795
02420201	recildera	Biogen	30	1420.65	25.4795
	AMINE HYDROCHLORIDE				
Caps. or Tab.	I	1	1	25 mg PPB	I
02257548	Jamp-Diphenhydramine	Jamp	250	13.35	→ 0.0534
0000000	N. 4. 105	D:	500	26.70	0.0534
02239029 00757683		Riva Pendopharm	100	5.34 5.34	→ 0.0534→ 0.0534
00757005	рар-ырпеннуаганше	Генцорнанн	100	3.54	0.0334
Elix.			12.5 m	g/5 mL PPB	
02298503	Jamp-Diphenhydramine	Jamp	120 ml	2.81	→ 0.0234
02230000	Dipriently dramine	Jamp	500 ml	11.70	→ 0.0234
00792705	pms-Diphenhydramine	Phmscience	100 ml	2.34	→ 0.0234
			500 ml	11.70	→ 0.0234
				50	
Tab.	1	1	I	50 mg PPB	I
02257556	Jamp-Diphenhydramine	Jamp	100	7.04	→ 0.0704
00757004			500	35.20	0.0704
00757691	pdp-Diphenhydramine	Pendopharm	100 500	7.04 35.20	→ 0.0704→ 0.0704
		•	•		
DIPYRIDAMOL	E/ ACETYLSALICYLIC ACIE) R			
Caps.			200 mg L.A	25 mg PPB	
02242119	Aggrenox	Bo. Ing.	60	49.38	0.8230
02471051		Taro	60	39.94	→ 0.6657
		•		•	
DOCUMENTE OF	N. OHIM				
DOCUSATE CA Caps.	ALCIUIVI		2	240 mg PPB	
00830275	Doguanto Coloium	Trianan	1	1	0.0040
00830275	Docusate Calcium	Trianon	100 300	8.16 24.48	→ 0.0816→ 0.0816
		Jamp	250	20.40	→ 0.0816
02283255	Jamp-Docusate Calcium				
02283255 00842044		Novopharm	100	8.16	→ 0.0816
1	Novo-Docusate Calcium		1		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
DOC Caps	USATE SOI	DIUM	1	11	00 mg PPB		
	02465329	Alta-Docusate Sodium	Altamed	1000	25.00	→ 0.0250	
	00830267	Docusate de Sodium	Trianon	100	3.28	→ 0.0328	
				1000	25.00	→ 0.0250	
	00716731	Docusate Sodique	Taro	100	3.28	→ 0.0328	
				1000	25.00	→ 0.0250	
	02326086	Docusate sodium	Pro Doc	1000	25.00	→ 0.0250	
	02426838	Docusate sodium	Sanis	1000	25.00	→ 0.0250	
	02247385	Euro-Docusate	Sandoz	1000	25.00	→ 0.0250	
	02303825	Euro-Docusate C	Sandoz	1000	25.00	• 0.0250	
	02376121	Jamp Docusate S Oblong	Jamp	1000	25.00	• 0.0250	
	02245946	Jamp-Docusate Sodium	Jamp	1000	25.00	0.0250	
	00703494	pms-Docusate Sodium	Phmscience	100	3.28	0.0328	
	00070400		D	1000	25.00	0.0250	
	00870196	ratio-Docusate Sodium	Ratiopharm	1000	25.00	0.0250	
	00514888	Selax	Odan	100 1000	3.28 25.00	0.0328	
				1000	25.00	→ 0.0250	
Caps	Caps. 200 mg PPB						
		1	1		l		
	02335077	Jamp-Docusate Sodium	Jamp	100	8.39	• 0.0839	
	02029529	Soflax	Phmscience	500	41.95	→ 0.0839	
Caps	i.	I	1	I	250 mg		
	02335085	Jamp-Docusate Sodium	Jamp	100	9.50	0.0950	
Syr.				20 mc	/5 mL PPB		
Jyı.		1	1	ı		l I	
	02238283	Docusate de Sodium	Atlas	225 ml	4.95	→ 0.0220	
				500 ml	5.95	→ 0.0119	
	02024624	Docusate de Sodium	Trianon	250 ml	5.50	→ 0.0220	
	02283239	Jamp-Docusate Sodium	Jamp	250 ml	5.50	• 0.0220	
	00703508	pms-Docusate Sodium	Phmscience	500 ml	5.95	0.0119	
	00870226	ratio-Docusate Sodium	Ratiopharm	500 ml	5.95	→ 0.0119	
*	00695033	Selax	Odan	250 ml 500 ml	5.50 5.95	W W	
				000 1111	0.50	**	
Syr.				50 n	ng/mL PPB		
		l, <u> </u>	1.		١		
1	02283220	Jamp-Docusate Sodium	Jamp	500 ml	429.19	0.8584	
	00848417	pms-Docusate	Phmscience	500 ml	429.19	→ 0.8584	
Svr.	or Oral Sal				10 ma/ml		
Jyı. (or Oral Sol.	1	1	1	10 mg/mL I		
	02332485	Jamp-Docusate Sodium	Jamp	500 ml	86.60	0.1732	
1	00880140	pms-Docusate Sodium	Phmscience	500 ml	86.60	→ 0.1732	
	02006723	Soflax	Phmscience	25 ml	4.33	→ 0.1732	
		•	•				

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

DONEPEZIL HYDROCHLORIDE

Tab. or Tab. Ora	DROCHLORIDE III	1		5 mg PPB	ı	
02397595	ACT Donepezil	ActavisPhm	100	45.86	•	0.4586
02397617	ACT Donepezil ODT	ActavisPhm	28	12.84	•	0.4586
02362260	Apo-Donepezil	Apotex	100	45.86	•	0.4586
			500	229.30	•	0.4586
02232043	Aricept	Pfizer	28	132.23		4.7225
			30	141.67		4.7223
02269457	Aricept RDT	Pfizer	28	133.50		4.7679
02400561	Auro-Donepezil	Aurobindo	30	13.76	-	0.4586
			100	45.86	-	0.4586
02412853	Bio-Donepezil	Biomed	30	13.76	-	0.4586
			100	45.86	-	0.4586
02402645	Donepezil	Accord	100	45.86	-	0.4586
02416417	Donepezil	Pro Doc	100	45.86	-	0.4586
02475278	Donepezil	Riva	100	45.86	-	0.4586
02426846	Donepezil	Sanis	100	45.86	-	0.4586
02420597	Donepezil	Sivem	100	45.86	-	0.4586
02404419	Jamp-Donepezil	Jamp	30	13.76	-	0.4586
			100	45.86	_	0.4586
02416948	Jamp-Donepezil Tablets	Jamp	30	13.76	-	0.4586
			100	45.86	-	0.4586
02402092	Mar-Donepezil	Marcan	30	13.76	-	0.4586
			100	45.86	-	0.4586
02467453	M-Donepezil	Mantra Ph.	100	45.86	-	0.4586
02439557	NAT-Donepezil	Natco	100	45.86	_	0.4586
02322331	pms-Donepezil	Phmscience	100	45.86	-	0.4586
02381508	Ran-Donepezil	Ranbaxy	100	45.86	-	0.4586
			500	229.30	-	0.4586
02412918	Riva-Donepezil	Riva	100	45.86	-	0.4586
02328666	Sandoz Donepezil	Sandoz	100	45.86	-	0.4586
02367688	Sandoz Donepezil ODT	Sandoz	30	13.76	-	0.4586
02428482	Septa-Donepezil	Septa	30	13.76	_	0.4586
			100	45.86	-	0.4586
02340607	Teva-Donepezil	Teva Can	100	45.86	-	0.4586
02426943	VAN-Donepezil	Vanc Phm	100	45.86	•	0.4586

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab. or Tab. Oral Disint. 10 mg PPB							
02397609	ACT Donepezil	ActavisPhm	100	45.86	→ 0.4586		
02397625	ACT Donepezil ODT	ActavisPhm	28	12.84	→ 0.4586		
02362279	Apo-Donepezil	Apotex	100	45.86	→ 0.4586		
02002270	, the Bellebezii	, ipotox	500	229.30	→ 0.4586		
02232044	Aricept	Pfizer	28	132.23	4.7225		
02202011	7 11700 61	1 11201	30	141.67	4.7223		
02269465	Aricept RDT	Pfizer	28	133.50	4.7679		
02400588	Auro-Donepezil	Aurobindo	30	13.76	→ 0.4586		
	,		100	45.86	→ 0.4586		
02412861	Bio-Donepezil	Biomed	30	13.76	→ 0.4586		
	,		100	45.86	→ 0.4586		
02402653	Donepezil	Accord	100	45.86	→ 0.4586		
02416425	Donepezil	Pro Doc	100	45.86	→ 0.4586		
02475286	Donepezil	Riva	100	45.86	→ 0.4586		
02426854	Donepezil	Sanis	100	45.86	→ 0.4586		
02420600	Donepezil	Sivem	100	45.86	→ 0.4586		
02404427	Jamp-Donepezil	Jamp	30	13.76	→ 0.4586		
			500	229.30	→ 0.4586		
02416956	Jamp-Donepezil Tablets	Jamp	30	13.76	→ 0.4586		
			250	114.65	→ 0.4586		
02402106	Mar-Donepezil	Marcan	30	13.76	→ 0.4586		
			100	45.86	→ 0.4586		
02467461	M-Donepezil	Mantra Ph.	100	45.86	→ 0.4586		
02439565	NAT-Donepezil	Natco	100	45.86	→ 0.4586		
02322358	pms-Donepezil	Phmscience	100	45.86	→ 0.4586		
02381516	Ran-Donepezil	Ranbaxy	100	45.86	→ 0.4586		
			500	229.30	→ 0.4586		
02412934	Riva-Donepezil	Riva	100	45.86	→ 0.4586		
02328682	Sandoz Donepezil	Sandoz	100	45.86	• 0.4586		
02367696	Sandoz Donepezil ODT	Sandoz	30	13.76	• 0.4586		
02428490	Septa-Donepezil	Septa	30	13.76	→ 0.4586		
			100	45.86	• 0.4586		
02340615	Teva-Donepezil	Teva Can	30	13.76	0.4586		
00400054	VAN 5	V 51	100	45.86	0.4586		
02426951	VAN-Donepezil	Vanc Phm	100	45.86	→ 0.4586		
DORNASE ALFA Sol. Inh. 1 mg/mL (2.5 mL)							
02046733	Pulmozyme	Roche	30	1130.66	37.6887		
DULAGLUTIDE ☐ S.C. Inj. Sol. 0.75 mg/0.5 mL							
02448599	Trulicity	Lilly	4	168.28			
02440099	Transity		-	100.20			
S.C. Inj. Sol.	.C. Inj. Sol. 1.5 mg/0.5 mL						
02448602	Trulicity	Lilly	4	168.28			
	· *	1 '					

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	_				
DULOXETINE I L.A. Caps.	B		ı	30 mg PPB	ı
02440423	Apo-Duloxetine	Apotex	30 100	14.44 48.13	0.48130.4813
02436647	Auro-Duloxetine	Aurobindo	30 100	14.44 48.13	• 0.4813 • 0.4813
02301482	Cymbalta	Lilly	28	51.17	1.8275
02452650	Duloxetine	Pro Doc	30 100	14.44 48.13	→ 0.4813→ 0.4813
02453630	Duloxetine	Sivem	30	14.44	→ 0.4813
02437082	Duloxetine DR	Teva Can	100 30	48.13 14.44	→ 0.4813→ 0.4813
00454040	. 5		100	48.13	• 0.4813
02451913	Jamp-Duloxetine	Jamp	30 100	14.44 48.13	→ 0.4813→ 0.4813
02446081	Mar-Duloxetine	Marcan	100	48.13	• 0.4813
02473208	M-Duloxetine	Mantra Ph.	100	48.13	• 0.4813
02438984	Mint-Duloxetine	Mint	100	48.13	→ 0.4813
02429446	pms-Duloxetine	Phmscience	30	14.44	▶ 0.4813
			100	48.13	→ 0.4813
02438259	Ran-Duloxetine	Ranbaxy	100	48.13	→ 0.4813
02451077	Riva-Duloxetine	Riva	30	14.44	→ 0.4813
			100	48.13	0.4813
02439948	Sandoz Duloxetine	Sandoz	30 100	14.44 48.13	→ 0.4813→ 0.4813
					,
A. Caps.	1	1	I	60 mg PPB	1
02440431	Apo-Duloxetine	Apotex	30	29.31	→ 0.9769
			100	97.69	0.9769
02436655	Auro-Duloxetine	Aurobindo	30	29.31	0.9769
00004400			100	97.69	→ 0.9769
02301490 02452669	Cymbalta Duloxetine	Lilly Pro Doc	28 30	102.33 29.31	3.6546 → 0.9769
02432009	Duloxeline	PIO DOC	100	97.69	→ 0.9769 → 0.9769
02453649	Duloxetine	Sivem	30	29.31	→ 0.9769 → 0.9769
02 1000 10	Винохошно	Oivoiii	100	97.69	0.9769
02437090	Duloxetine DR	Teva Can	30	29.31	→ 0.9769
02.0.000	Z dioxotino Z i	. Sta San	100	97.69	0.9769
02451921	Jamp-Duloxetine	Jamp	30	29.31	→ 0.9769
	,	'	100	97.69	→ 0.9769
02446103	Mar-Duloxetine	Marcan	100	97.69	→ 0.9769
			500	488.45	→ 0.9769
02473216	M-Duloxetine	Mantra Ph.	500	488.45	→ 0.9769
02438992	Mint-Duloxetine	Mint	100	97.69	→ 0.9769
02429454	pms-Duloxetine	Phmscience	30	29.31	→ 0.9769
			100	97.69	• 0.9769
02438267	Ran-Duloxetine	Ranbaxy	100	97.69	• 0.9769
			500	488.45	l -
02451085	Riva-Duloxetine	Riva	30	29.31	0.9769
00400050	Oanda- Duli - : !! : :	0	100	97.69	0.9769
02439956	Sandoz Duloxetine	Sandoz	30	29.31	0.9769
		1	100	97.69	▶ 0.9769

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
			•						
EDO:	XABAN 🖪				15 mg				
	02458640	Lixiana	Servier	30	85.20	2.8400			
Tab.					30 mg				
l ab.	02458659	 Lixiana	Servier	30	30 mg 85.20	2.8400			
				90	255.60	2.8400			
Tab.				_	60 mg				
	02458667	Lixiana	Servier	30 90	85.20	2.8400			
				90	255.60	2.8400			
ELB	ELBASVIR/GRAZOPREVIR 🖪								
Tab.		l	l		mg -100 mg				
	02451131	Zepatier	Merck	28	18674.32	666.9400			
EI TE	ELTROMBOPAG 🖪								
Tab.	COMIDO! AC	J	ı	I	25 mg	I			
	02361825	Revolade	Novartis	14 28	735.00 1470.00	52.5000 52.5000			
				ı	l l				
Tab.	00004000		l	l	50 mg	405 0000			
	02361833	Revolade	Novartis	14 28	1470.00 2940.00	105.0000 105.0000			
EMPAGLIFLOZIN / METFORMIN HYDROCHLORIDE 個 5 mg - 500 mg									
	02456575	Synjardy	Bo. Ing.	60	81.00	1.3500			
Tab.				5	mg - 850 mg				
l ab.	02456583	 Synjardy	Bo. Ing.	60	81.00	1.3500			
		, , ,	<u> </u>						
Tab.	00450504	Our founds	De les		ng -1000 mg	4.2500			
	02456591	Synjardy	Bo. Ing.	60	81.00	1.3500			
Tab.		I	ı	12.5	mg - 500 mg	I			
	02456605	Synjardy	Bo. Ing.	60	81.00	1.3500			
Tab.				12.5 mg - 850 mg					
	02456613	Synjardy	Bo. Ing.	60	81.00	1.3500			

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			12.5 m	ng - 1000 mg	
02456621	Synjardy	Bo. Ing.	60	81.00	1.3500
				'	
EMPAGLIFLOZI	NE B			10 mg	
02443937	Jardiance	Bo. Ing.	30 90	78.53 235.59	2.6177 2.6177
Tab.	I			25 mg	-
02443945	Jardiance	Bo. Ing.	30	78.53	2.6177
02110010	04.4.4.700		90	235.59	2.6177
ENFUVIRTIDE S.C. Inj. Pd.	C			108 mg	
02247725	Fuzeon	Roche	60	2385.60	39.7600
Caps. 02407329	= un Xtandi	Astellas	120	40 mg 3401.40	28.3450
02407329	Xtandi	Astellas	120	3401.40	28.3450
	п				
EPLERENONE Tab.	LOI			25 mg PPB	
02323052	Inspra	Pfizer	30	76.69	2.5563
02471442	Mint-Eplerenone	Mint	90	185.36	→ 2.0595
Tab.	I	1	1	50 mg PPB	ı
02323060 02471450	Inspra Mint-Eplerenone	Pfizer Mint	30 90	76.69 185.36	2.5563 → 2.0595
02.11.100				100.00	2.0000
EPOETIN ALFA	R				
Syringe I	I	I	1 0	00 UI/0.5 mL 	I
02231583	Eprex	Janss. Inc	6	85.50	14.2500
Syringe	1	1	2 0	00 UI/0.5 mL	ı
02231584	Eprex	Janss. Inc	6	171.00	28.5000
Syringe			3 0	00 UI/0.3 mL	
02231585	Eprex	Janss. Inc	6	256.50	42.7500
•		-	•		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe			4 0	00 UI/0.4 mL	
02231586	Eprex	Janss. Inc	6	342.00	57.0000
Syringe			5.0	00 UI/0.5 mL	
02243400	Eprex	Janss. Inc	6	427.50	71.2500
	- - - - - - - - - -	1-2002			
Syringe	I	I	6 0	00 UI/0.6 mL	1
02243401	Eprex	Janss. Inc	6	513.00	85.5000
Syringe			8 0	00 UI/0.8 mL	
02243403	Eprex	Janss. Inc	6	684.00	114.0000
	,				
Syringe I	I	I	10 0	00 UI/1.0 mL 	ľ
02231587	Eprex	Janss. Inc	6	803.70	133.9500
Syringe			20 0	00 UI/0.5 mL	
02243239	Eprex	Janss. Inc	1	278.52	
		1		<u> </u>	
Syringe I	I	I	30 00	0 UI/0.75 mL	ĺ
02288680	Eprex	Janss. Inc	1	357.19	
Syringe			40 000 0	JI/mL (1 mL)	
02240722	Eprex	Janss. Inc	1	417.77	
EPOPROSTENO Inj. Pd.	I	I		0.5 mg PPB	Ī
* 02397447 02230845	Caripul Flolan	Janss. Inc GSK	1 1	17.18 18.13	
Inj. Pd.	1	1		1.5 mg PPB	
* 02397455	Caripul	Janss. Inc GSK	1 1	→ 34.45 36.26	
02230848	Flolan	GSK	ı	30.20	
ERI OTINIR (HVI	DROCHLORIDE) 🖟				
Tab.			. 1	00 mg PPB	
02461870 02483920 02454386 02269015 02377705	Apo-Erlotinib NAT-Erlotinib pms-Erlotinib Tarceva Teva-Erlotinib	Apotex Natco Phmscience Roche Teva Can	30 30 30 30 30 30	396.00 396.00 1600.00	13.200013.200013.200053.333313.2000

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		ı	1	1:	50 mg PPB	
	02461889	Apo-Erlotinib	Apotex	30	594.00	→ 19.8000
	02483939	NAT-Erlotinib	Natco	30	594.00	→ 19.8000
	02454394	pms-Erlotinib	Phmscience	30	594.00	→ 19.8000
	02269023	Tarceva	Roche	30	2400.00	80.0000
	02377713	Teva-Erlotinib	Teva Can	30	594.00	→ 19.8000
5011		NINE A OFTATE B				
Tab.	CARBAZEF	PINE ACETATE	1	ı	200 mg	
	02426862	Aptiom	Sunovion	30	286.80	9.5600
Tab.		ı	1	1	400 mg	
	02426870	Aptiom	Sunovion	30	286.80	9.5600
Tab.		ı	1	1	600 mg	
	02426889	Aptiom	Sunovion	60	573.60	9.5600
Tab.		1	1	ı	800 mg	1
	02426897	Aptiom	Sunovion	30	286.80	9.5600
ESTI	RADIOL-17E	3 🖪	0.025	mg/24 h (4) a	nd (8) PPB	
	02247499	Climara-25	Bayer	4	19.67	4.9175
	02245676	Estradot	Novartis	8	20.04	2.5050
	02243722	Oesclim 25	Search Phm	8	19.28	→ 2.4100
Patch	h	ı	1	0.0	375 mg/24 h	ı
	02243999	Estradot	Novartis	8	20.04	2.5050
Patch	h	ı	0.05	mg/24 h (4) a	nd (8) PPB	
	02231509	Climara -50	Bayer	4	21.01	5.2525
	02244000	Estradot	Novartis	8	21.44	2.6800
	02243724	Oesclim 50	Search Phm	8	19.85	2.4813
	02246967	Sandoz Estradiol Derm 50	Sandoz	8	16.80	→ 2.1000
Patch	h	ı	0.07	75 mg/24 h (4)	et (8) PPB	1
	02247500	Climara-75	Bayer	4	22.40	5.6000
	02244001	Estradot	Novartis	8	23.00	2.8750
1	02246968	Sandoz Estradiol Derm 75	Sandoz	8	17.90	→ 2.2375

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch			0	.1 mg/24 h (4)	et (8) DDR	
1		l a		l	l `´	ا
1	02231510	Climara -100 Estradot	Bayer Novartis	4 8	23.69 23.88	W 2.9850
	02244002	Sandoz Estradiol Derm 100	Sandoz	8	18.70	→ 2.3375
Top. J	el.	ı	ı	ı	0.06 %	
(02238704	Estrogel	Merck	80 g	24.35	
ESTR/ Patch	ADIOL-17E	B/ NORETHINDRONE ACETA	TE B	0 05 mg -().14 mg/24 h	
1	02241835	Estalis 140/50	Novertie	8	23.95	2.9938
	02241035	Estails 140/50	Novartis	0	23.95	2.9936
Patch				0.05 mg -0).25 mg/24 h	
	02241837	Estalis 250/50	Novartis	8	23.95	2.9938
ÉTANI S.C. In	ERCEPT nj. Pd.			ı	25 mg	
	02242903	Enbrel	Amgen	4	728.55	182.1375
S.C. In	nj. Sol. 02274728	PSORIATIC ARTHRITIS AND	Amgen	50 m	ng/mL (1 mL) 1437.13	359.2825
	99100373 ERCEPT -	Enbrel SureClick RHEUMATOID ARTHRITIS A	Amgen	ONDYLITIS (1437.13	359.2825
S.C. In					ng/mL (1 mL)	
	02455331	Brenzys (pen)	Merck	4	1020.00	255.0000
(02455323	Brenzys (syringe)	Merck	4	1020.00	255.0000
	ERCEPT - RITIS (ERI	RHEUMATOID ARTHRITIS	AND ANKYLOSING	SPONDYLITIS	S AND JUVEN	ILE IDIOPATHIC
S.C. In		,		50 mg	/mL (0,5 mL)	
(02462877	Erelzi (syringe)	Sandoz	4	510.00	127.5000
S.C. Ir	nj. Sol.			50 m	ng/mL (1 mL)	
	02462869	Erelzi (syringe)	Sandoz	4	1020.00	255.0000
	02462850	Erelzi SensoReady Pen	Sandoz	4	1020.00	255.0000

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				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
ETRAVIRINE 1	l				
Tab.	ĺ	I	I	100 mg	
02306778	Intelence	Janss. Inc	120	671.40	5.5950
Tab.				200 mg	
02375931	Intelence	Janss. Inc	60	200 mg 654.00	10.9000
02373931	Intelefice	Janss. IIIC	00	034.00	10.9000
EVEROLIMUS Tab.	li di			2.5 mg	
02369257	Afinitor	Novartis	30	5580.00	186.0000
		1			
Tab.	I	I	ı	5 mg	
02339501	Afinitor	Novartis	30	5580.00	186.0000
Tob				7 5 22 2	
Tab. 02450267	Afinitor	Novartis	28	7.5 mg 5208.00	w
02430207	Allilloi	Novartis	20	5206.00	VV
Tab.				10 mg	
02339528	Afinitor	Novartis	30	5580.00	186.0000
		•			
EVOLOCUMAB	R				
S.C. Inj. Sol. (per	n) 	I	140 m	ng/mL (1 mL)	1
02446057	Repatha	Amgen	2	503.82	251.9100
S.C.Inj.Sol. (mini-	donor		120 ma	/mL (3.5 mL)	
02459779	 Repatha	Amgen	120 mg	545.80	
02439119	Пераша	Ailigeil	'	343.00	
	.				
FEBUXOSTAT Tab.				80 mg	
02357380	Uloric	Takeda	30	47.70	1.5900
	ı	ı		<u> </u>	
FESOTERODINE	FUMARATE 🖫				
L.A. Tab.	1	1	ı	4 mg	
02380021	Toviaz	Pfizer	30	45.00	1.5000
L.A. Tab.	I	l _D c	۱	8 mg	4 5000
02380048	Toviaz	Pfizer	30	45.00	1.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FIDAXOMICIN I	B			200 mg	
02387174	Dificid	 Merck	20	1584.00	79.2000
			-		
FILGRASTIM B	I				
Inj. Sol. I	I	I	300 mcg/	/mL (1.0 mL)	1
01968017	Neupogen	Amgen	10	1731.89	173.1890
Inj. Sol.			300 mcg	/mL (1.6mL)	
99001454	Neupogen	Amgen	10	2771.02	277.1020
FILGRASTIM GR	RASTOFIL)				
Inj.Sol (syr)	 	l .	·	/mL (0,5 mL)	1
02441489	Grastofil	Apotex	1 10	144.31 1443.10	144.3100
Inj.Sol (syr)	l	Ι.	1	/mL (0,8 mL)	1
02454548	Grastofil	Apotex	1 10	230.90 2309.02	230.9020
	YDROCHLORIDE 1				
Caps.]	I	l	0.5 mg	1
02365480	Gilenya	Novartis	28	2384.62	85.1650
	_				
FLUCONAZOLE Oral Susp.	R			50 mg/5 mL	
02024152	Diflucan	 Pfizer	35 ml	33.65	0.9614
				I	
FOLLITROPIN A	LFA 🖫				
Inj. Pd.		ı	ı	75 UI	1
02248154	Gonal-f	Serono	1	70.88	
Inj. Pd.				450 UI	
02248156	Gonal-f	Serono	1	425.25	
		1	'	120.20	
Inj. Pd.	ı			1050 UI	ı
02248157	Gonal-f	Serono	1	992.25	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. (per	n)			300 UI	
02270404	Gonal-f	Serono	1	283.50	
S.C. Inj. Sol. (per	n)			450 UI	
02270390	Gonal-f	Serono	1	425.25	
		1			
S.C. Inj. Sol. (per	ľ	ا		900 UI	
02270382	Gonal-f	Serono	1	850.50	
FOLLITROPIN B	ETA 🖪				
Cartridge		l., .		300 UI	
02243948	Puregon	Merck	1	291.00	
Cartridge				600 UI	Í
99100718	Puregon	Merck	1	582.00	
Cartridge				900 UI	
99100637	Puregon	Merck	1	873.00	
Inj. Sol.	,		I.	50 UI/0.5 mL	
02242439	Puregon	Merck	5	242.50	48.5000
			I		
Inj. Sol.	I	I	1	00 UI/0.5 mL	I
02242441	Puregon	Merck	5	485.00	97.0000
FOLLITROPIN D	FITA R				
Cartridge	1	1	ı	12 mcg	ı
02474093	Rekovelle	Ferring	1	178.00	
Cartridge				36 mcg	
02474085	Rekovelle	Ferring	1	536.00	
Cartridge	De la vella	Familia	4	72 mcg	
02474077	Rekovelle	Ferring	1	1073.00	
FORMOTEROL I	FUMARATE DIHYDRATE/ BL	JDESONIDE 🖪			
Inh. Pd.	1	I		00 mcg/dose	ĺ
02245385	Symbicort 100 Turbuhaler	AZC	120 dose(s)	62.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inh. Pd.			6 mca -20	00 mcg/dose	
	laaaa =	1.70			
02245386	Symbicort 200 Turbuhaler	AZC	120 dose(s)	81.25	
FORMOTEROL	FUMARATE DIHYDRATE/MO	METASONE FUROAT	E B		
Oral aerosol	ı	1	5 mc	cg - 100 mcg	1
02361752	Zenhale	Merck	120 dose(s)	78.00	
Oral aerosol	I	I	5 mc	cg - 200 mcg	ı
02361760	Zenhale	Merck	120 dose(s)	96.00	
CAL ANTAMINE	UVDDODDOMIDE (F				
L.A. Caps.	HYDROBROMIDE 🖪			8 mg PPB	
	Aura Calantamina ED	Aurobindo	20	1 -	1 1 1 1 7 7
02425157	Auro-Galantamine ER	Aurobindo	30 100	34.43 114.75	1.14771.1475
02416573	Galantamine ER	Pro Doc	30	34.43	→ 1.1473 → 1.1477
02443015	Galantamine ER	Sanis	100	114.75	→ 1.1475
02420821	Mar-Galantamine ER	Marcan	30	34.43	→ 1.1477
02339439	Mylan-Galantamine ER	Mylan	30	34.43	→ 1.1477
02000.00	Ingrair Garamanino Err	,	100	114.75	→ 1.1475
02398370	pms-Galantamine ER	Phmscience	30	34.43	→ 1.1477
	, , , , , , , , , , , , , , , , , , , ,		100	114.75	→ 1.1475
L.A. Caps.	1	I	1	16 mg PPB	ı
02425165	Auro-Galantamine ER	Aurobindo	30	34.43	→ 1.1477
			100	114.75	→ 1.1475
02416581	Galantamine ER	Pro Doc	30	34.43	→ 1.1477
02443023	Galantamine ER	Sanis	100	114.75	→ 1.1475
02420848	Mar-Galantamine ER	Marcan	30	34.43	→ 1.1477
02339447	Mylan-Galantamine ER	Mylan	30	34.43	→ 1.1477
			100	114.75	→ 1.1475
02398389	pms-Galantamine ER	Phmscience	30 100	34.43 114.75	1.14771.1475
			100	114.75	1.1475
L.A. Caps.				24 mg PPB	
,		I		ا آ	
02425173	Auro-Galantamine ER	Aurobindo	30	34.43	1.1477
			100	114.75	1.1475
02416603	Galantamine ER	Pro Doc	30	34.43	1.1477
02443031	Galantamine ER	Sanis	100	114.75	1.1475
02420856	Mar-Galantamine ER	Marcan	30	34.43	1.1477
02339455	Mylan-Galantamine ER	Mylan	30	34.43	1.1477
		L	100	114.75	1.1475
02398397	pms-Galantamine ER	Phmscience	30 100	34.43 114.75	1.14771.1475

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	T	_		T					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
GANIRELIX II									
S.C. Inj.Sol (syr)	[1	1	mcg/0.5 mL	1				
02245641	Orgalutran	Merck	1	94.71					
GEFITINIB 🖪 Tab.	ı	I	2	50 mg PPB	ı				
02468050	Apo-Gefitinib	Apotex	30	1869.15	♦ 62.3050				
02248676	Iressa	AZC	30	2199.00	73.3000				
GENTAMICIN Sol.	ULFATE 🖫			40 mg/mL					
02242652	Gentamicine Injection	Sandoz	2 ml	15.56					
02242002	Gernamiente injection	Caridoz	2 1111	10.00					
S.C. Inj. Sol.	ULIN			100 U/mL					
02245689	Lantus	SanofiAven	10 ml	58.07					
S.C. Inj. Sol.	1	1	100	U/mL (3 mL)	1				
02444844	Basaglar	Lilly	5	69.64					
02444852 02461528	Basaglar KwikPen Basaglar KwikPen (80 U)	Lilly Lilly	5 5	69.64 69.64					
				'					
GLATIRAMER A	CETATE - (GLATECT)								
S.C. Inj.Sol (syr)		1	20 m	ng/mL (1 mL)	Í				
02460661	Glatect	Phmscience	30	972.00	32.4000				
GLECAPREVIR	PIBRENTASVIR								
Kit (solid oral)	I	I	10 I	0 mg -40 mg 	ı				
02467550	Maviret	AbbVie	28	20000.00	714.2857				
GLIMEPIRIDE	B								
Tab.	l	اه د		1 mg PPB					
* 02245272 02295377	Amaryl Apo-Glimepiride	SanofiAven Apotex	30 100	23.21 38.57	W → 0.3857				
02269589	Sandoz Glimepiride	Sandoz	30	11.57	→ 0.3857 → 0.3857				
Tab.	I	I	I	2 mg PPB	ı				
* 02245273		SanofiAven	30	23.21	W 0.2057				
02295385 02269597	Apo-Glimepiride Sandoz Glimepiride	Apotex Sandoz	100 30	38.57 11.57	→ 0.3857→ 0.3857				
	,	1	l						

					COST OF PKG.	
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Tab.		I	ſ	ı	4 mg PPB	
*	02245274	Amaryl	SanofiAven	30	23.21	w
	02295393	Apo-Glimepiride	Apotex	100	38.57	0.3857
	02269619	Sandoz Glimepiride	Sandoz	30	11.57	• 0.3857
GLY	CERIN 5					
Supp).	I	T.	I.	I	
	99100357			12		
GOI	IMUMAB 🖪	2				
	Perf. Sol.	•		12.5 m	ıg/mL (4 mL)	
	02417472	Simponi I.V.	Janss. Inc	1	826.86	
S.C.	Inj.Sol (App.	.)		5	0 mg/0.5 mL	
	02324784	Simponi	Janss. Inc	1	1447.00	
		,	1			
S.C.	Inj.Sol (syr)			5	0 mg/0.5 mL	
	02324776	Simponi	Janss. Inc	1	1447.00	
		,				
GON Inj. P	ADORELIN	li d			0.8 mg	
		Lutrepulse	Ferring	1	115.00	
	02040210	Lutrepuise	renning	ı	113.00	
Kit				3 2 mg - 3 2	mg - 3.2 mg	
	02046202	Systeme Lutrepulse	Ferring	1	924.00	
	02040202	Systeme Lutrepuise	Terring	ı	324.00	
		N (CHORIONIC)		40		
Inj. P			1	1	000 U PPB 	l I
	02247459 02182904	Chorionic Gonadotropin Pregnyl	Fresenius Merck	1 1	→ 72.00→ 72.00	
	02102904	i regilyi	INICION	1	7 12.00	
	ADOTROPI	NS 🖪				
Inj. P	d.	I	I	l	75 UI I	
	02283093 02247790	Menopur	Ferring	5 5	275.00 275.00	55.0000 55.0000
	02241190	Repronex	Ferring	<u> </u>	2/5.00	35.0000

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Where no price is indicated, 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
GRANISETRON ab.	HYDROCHLORIDE 1			1 mg PPB	
02308894 02452359	Granisetron Nat-Granisetron	Apotex Natco	10 10	90.00 90.00	→ 9.0000
GRASS POLLEM S-Ling. Tab.	N ALLERGEN EXTRACT			100 IR	
* 02381885	Oralair	Stallergen	3	3.78	1.2600
S-Ling. Tab.			1	300 IR	ı
* 02381893	Oralair	Stallergen	30 90	114.00 342.00	3.8000 3.8000
S-Ling. Tab.				2800 UAB	
02418304	Grastek	ALK-Abello	30	114.00	3.8000
GUANFACINE H A. Tab. 02409100	IYDROCHLORIDE 🖪	Shire	100	1 mg 300.00	3.0000
02409100	Intuniv XR	Shire	100	300.00	3.0000
L.A. Tab. 02409119	1			_	
02409119	Intuniv XR	Shire	100	2 mg 365.00	3.6500
L.A. Tab.	Intuniv XR	1	1	365.00 3 mg	3.6500
	Intuniv XR	Shire	100	365.00	1
L.A. Tab. 02409127 L.A. Tab.	Intuniv XR	Shire	100	365.00 3 mg 430.00	3.6500 4.3000
L.A. Tab. 02409127	1	1	1	365.00 3 mg 430.00	4.3000
L.A. Tab. 02409127 L.A. Tab. 02409135 HYDROXYPROF	Intuniv XR	Shire	100	365.00 3 mg 430.00	4.3000
A. Tab. 02409127 A. Tab. 02409135	Intuniv XR Intuniv XR	Shire	100	365.00 3 mg 430.00 4 mg 495.00	4.3000
L.A. Tab. 02409127 L.A. Tab. 02409135 HYDROXYPROF Oph. Sol.	Intuniv XR Intuniv XR PYLMETHYLCELLULOSE	Shire	100	365.00 3 mg 430.00 4 mg 495.00	1

	T								
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70									
Oph. Sol.	I	1	(0.3 % -0.1 %	,				
00390291	Tears Naturale	Alcon	15 ml	5.28					
00740445	Table Materials II	Alson	30 ml	8.91					
00743445	Tears Naturale II	Alcon	15 ml 30 ml	5.10 9.26					
IBRUTINIB 🖪 Caps.									
	l	1	۱	l	00.0500				
02434407	Imbruvica	Janss. Inc	90	8158.50	90.6500				
ICATIBANT ACE	TATE B		40						
S.C. Inj.Sol (syr)	[1		ig/mL (3 mL)					
02425696	Firazyr	Shire HGT	1	2700.00					
IDELALISIB 🖪									
Tab.	1	1	1	100 mg					
02438798	Zydelig	Gilead	60	5121.00	85.3500				
	-	!		-					
Tab.				150 mg					
02438801	Zydelig	Gilead	60	5121.00	85.3500				
				<u> </u>					
	_								
IMATINIB MESY Tab.	LATE I		11	00 mg PPB					
	l	L.		l I					
02355337	Apo-Imatinib	Apotex	30	156.24	→ 5.2079				
02253275 02397285	Gleevec NAT-Imatinib	Novartis Natco	120 30	3182.21 156.24	26.5184 → 5.2079				
02431114	pms-Imatinib	Phmscience	120	624.95	→ 5.2079				
02399806	Teva-Imatinib	Teva Can	120	624.95	→ 5.2079				
Tab.	ı	1	4(00 mg PPB					
02355345	Apo-Imatinib	Apotex	30	624.94	→ 20.8314				
02253283	Gleevec	Novartis	30	3182.21	106.0737				
02397293	NAT-Imatinib	Natco	30	624.94	→ 20.8314				
	pms-Imatinib	Phmscience	30	624.94					
02399814	Teva-Imatinib	Teva Can	30	624.94	→ 20.8314				
IMATINIB MESY	LATE - GASTRO INTESTINA	L STROMAL TUMOUR	R B						
Tab.	ı	1	ı	100 mg					
99100983	Gleevec	Novartis	120	3182.21	26.5184				
L	1	1							

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				400 mg	
	 Gleevec	Nevertie	30	I I	106.0737
99100982	Gleevec	Novartis	30	3182.21	100.0737
IMIQUIMOD 🖺					
Top. Cr.	i	ı	1	5 % PPB	
02239505	Aldara P	Valeant	7.5 g	287.52	
02482983	Taro-Imiquimod Pump	Taro	7.5 g	→ 287.44	
Top. Cr.			5	5 % (250 mg)	
02407825	Apo-Imiquimod	Apotex	24	264.72	11.0300
		1			
INCOBOTULINU	IMTOXINA R				
I.M. Inj. Pd.	, ,	ı	ı	50 UI	
02371081	Xeomin	Merz	1	165.00	
I.M. Inj. Pd. I	I	I	I	100 UI	
02324032	Xeomin	Merz	1	330.00	
	(MALEATE)/ GLYCOPYRRO	NIUM BROMIDE			
Inh. Pd. (App.)	I	I	110 mcg - 5	50 mcg/caps.	
02418282	Ultibro Breezhaler	Novartis	30	78.45	
INFLIXIMAB					
I.V. Perf. Pd.	I	I	İ	100 mg	
02244016	Remicade	Janss. Inc	1	940.00	
INFLIXIMAB -	CROHN'S DISEASE (ADU	LTS), RHUMATOID	ARTHRITIS,	ANKYLOSING	SPONDYLITIS
PSORIATIC ART	THRITIS AND PLAQUE PSOR	RIASIS L	1	00 mg PPB	
02419475	 Inflectra	 Hospira	1 1	525.00	
99108493	Remicade	Janss. Inc	1	940.00	
02470373	Renflexis	Merck	1	→ 493.00	
	ROHN'S DISEASE (CHILDRE	N) B			
I.V. Perf. Pd.	I	I	1	00 mg PPB	
99108693	Remicade	Janss. Inc	1 1	940.00	
99108694	Renflexis	Merck	1	→ 493.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
INFLIXIMAR -III	CERATIVE COLITIS (ADUL1	rs) 🖪			
I.V. Perf. Pd.	. CERTIVE COLITIO (ADOLI		. 10	00 mg PPB	
99108893	Inflectra	Hospira	1	525.00	
99109093	Renflexis	Merck	1	→ 493.00	
INSULIN ASPAR	RT/ INSULIN ASPART PROTA	AMINE			
S.C. Inj. Susp.	1	1	30 % -	70 % (3 mL)	
02265435	NovoMix30	N.Nordisk	5	52.20	
			•		
INSULIN DEGLU	IDEC				
S.C. Inj. Sol.	JDEC		100	U/mL (3 mL)	
02467879	Tresiba FlexTouch	N.Nordisk	5	98.69	19.7379
S.C. Inj. Sol.			200	U/mL (3 mL)	
02467887	Tresiba FlexTouch	N.Nordisk	3	118.42	39.4734
		1			
S.C. Inj. Sol.	IIR		100	U/mL (3 mL)	
02412829	Levemir FlexTouch	N.Nordisk	5	98.69	
02412829	Levemir Penfill	N.Nordisk	5	98.69	
	!			l l	
S.C. Inj. Susp.	O/ INSULIN LISPRO PROTAM	MINE	25 % -	· 75 % (3mL)	
02240294	Humalog Mix 25	Lilly	5	51.44	
02403420	_	Lilly	5	51.44	
INTEREACE DR	ESSING - POLYAMIDE OR S	II ICONE			
Dressing			o 200 cm² (ac	tive surface)	
99100353	3M Tegaderm Non-	3M Canada	1	5.23	
	Adherent Contact Layer				
99100239	7.5 cm x 20 cm-150cm ² Mepitel (10 cm x 18 cm -	Mölnlycke	1	7.40	
	180 cm²)				
Dressing I	I	201 cm ² t	o 500 cm² (ad	tive surface)	
99100354	3M Tegaderm Non-	3M Canada	1	15.84	
	Adherent Contact Layer 20 cm x 25 cm-500 cm ²				
		I .	I	1	

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	1		1	T T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Dressing	Dressing Less than 100 cm² (active surface)							
99100352	3M Tegaderm Non- Adherent Contact Layer	3M Canada	1	3.39				
99100237	7.5 cm x 10 cm-75 cm ² Mepitel (5 cm X 7.5 cm -	Mölnlycke	1	3.48				
99100238	38 cm²) Mepitel (7.5 cm x 10 cm - 75 cm²)	Mölnlycke	1	4.52				
Dressing		More tha	n 500 cm² (ac	ctive surface)				
99100240	Mepitel (20 cm x 30 cm - 600 cm²)	Mölnlycke	1	21.36				
INTERFERON B	ETA 1A 🔞							
I.M. Inj. Sol.			30	mcg (6 MUI)				
99100763 02269201	Avonex Pen Avonex PS	Biogen Biogen	4 4	1409.85 1409.85	352.4625 352.4625			
S.C. Inj. Sol.		•	22 mcg/0.5	mL (1,5 mL)				
02318253	Rebif	Serono	4	1434.74	358.6850			
0.0 1=1.0=1			44 10 5	(4.5				
S.C. Inj. Sol. 02318261	Rebif	Serono	44 mcg/0.5	mL (1,5 mL)	436.6550			
			I.	<u> </u>				
S.C. Inj.Sol (syr)	I	1	1	mcg (6 MUI)				
02237319	Rebif	Serono	3	358.69	119.5633			
S.C. Inj.Sol (syr)			. 44 n	ncg (12 MUI)				
02237320	Rebif	Serono	3	436.66	145.5533			
INTERFERON B Inj. Pd.	ETA-1B		().3 mg PPB				
02169649	Betaseron	Bayer	15	1490.39	→ 99.3593			
02337819	Extavia	Novartis	45 15	4471.17 1490.39	99.359399.3593			
IVABRADINE HY	YDROCHLORIDE 1			5 mg				
02459973	Lancora	Servier	56	47.63	0.8505			
T-1-		•	1	7.5				
Tab. 02459981	Lancora	Servier	56	7.5 mg 87.18	1.5568			
02400001	Larroord	COI VIOI		07.10	1.0000			

	0005	DDAND NAME	MANUEACTURER	0175	COST OF PKG.	LINIT DDIOE
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
	IZUMAB			00		
5.6.	Inj. Sol.	<u></u>	I		ng/mL (1 mL) 	
	02455102 02455110	Taltz (pen) Taltz (syringe)	Lilly Lilly	1 1	1519.00 1519.00	
			1	1		
KET	OROLAC TE	ROMETHAMINE 🖫				
Oph.	Sol.	I	1	0.4	5 % (0.4 mL)	
	02369362	Acuvail	Allergan	30	7.25	0.2417
				60	14.50	0.2417
Oph.	Sol.				0.5 % PPB	
	01968300	Acular	Allergan	5 ml	16.80	
	02245821	Ketorolac	AA Pharma	10 ml 5 ml	33.60 → 12.98	
	02240021	Reloroide	/VVI nama	10 ml	→ 25.96	
LAC	OSAMIDE	R				
Tab.		I	1	ı	50 mg PPB	
	02475332	Auro-Lacosamide	Aurobindo	60	37.88	→ 0.6313
	02478196	Pharma-Lacosamide Sandoz Lacosamide	Phmscience Sandoz	60	37.88	→ 0.6313→ 0.6313
	02474670 02472902	Teva-Lacosamide	Teva Can	60	37.88 37.88	→ 0.6313→ 0.6313
	02357615	Vimpat	U.C.B.	60	139.20	2.3200
			•			
Tab.		I	1	1	00 mg PPB	
	02475340	Auro-Lacosamide	Aurobindo	60	52.50	→ 0.8750
	02478218	Pharma-Lacosamide	Phmscience	60	52.50	→ 0.8750
	02474689 02472910	Sandoz Lacosamide Teva-Lacosamide	Sandoz Teva Can	60	52.50 52.50	→ 0.8750→ 0.8750
	02357623	Vimpat	U.C.B.	60	199.20	3.3200
Tab.		I	1	1	50 mg PPB 	
	02475359	Auro-Lacosamide	Aurobindo	60	70.58	→ 1.1763
	02478226	Pharma-Lacosamide	Phmscience	60	70.58	→ 1.1763
	02474697 02472929	Sandoz Lacosamide Teva-Lacosamide	Sandoz Teva Can	60	70.58 70.58	1.17631.1763
	02357631	Vimpat	U.C.B.	60	259.20	4.3200
Tab.		I	1		00 mg PPB 	
	02475367	Auro-Lacosamide	Aurobindo	60	87.00	→ 1.4500
	02478234	Pharma-Lacosamide	Phmscience	60	87.00	→ 1.4500
	02474700 02472937	Sandoz Lacosamide Teva-Lacosamide	Sandoz Teva Can	60	87.00 87.00	1.45001.4500
	02357658	Vimpat	U.C.B.	60	319.20	5.3200
		r	1.5	1		1.1230

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				OIZE	
LACTULOSE Syr. or Oral Sol.			667 r	ng/mL PPB	
02242814	Apo-Lactulose	Apotex	500 ml	7.25	→ 0.0145
02295881	Jamp-Lactulose	Jamp	1000 ml 500 ml 1000 ml	14.50 7.25 14.50	→ 0.0145→ 0.0145→ 0.0145
02412268 02247383	Lactulose Pharma-Lactulose	Sanis Phmscience	500 ml 500 ml	7.25 7.25	→ 0.0145→ 0.0145→ 0.0145
00703486	pms-Lactulose	Phmscience	1000 ml 500 ml 1000 ml	14.50 7.25 14.50	→ 0.0145→ 0.0145→ 0.0145
02469391	pms-Lactulose-Pharma	Phmscience	500 ml 1000 ml	7.25 14.50	→ 0.0145→ 0.0145→ 0.0145
00854409	ratio-Lactulose	Ratiopharm	500 ml 1000 ml	7.25 14.50	→ 0.0145→ 0.0145
		•			
LANTHANUM C.	ARBONATE HYDRATE			250 mg	
02287145	Fosrenol	Shire	90	96.38	1.0709
Chew. Tab.				500 mg	
02287153	Fosrenol	Shire	90	192.74	2.1416
Chew. Tab.				750 mg	
02287161	Fosrenol	Shire	90	290.06	3.2229
Chew. Tab.	1		1	1000 mg	
02287188	Fosrenol	Shire	90	384.56	4.2729
LAPATINIB 🖪					
Tab.	1	1	1	250 mg	1
02326442	Tykerb	Novartis	70	1645.00	23.5000
LEDIPASVIR/SO	FOSBUVIR 🖪		90	mg -400 mg	
02432226	Harvoni	Gilead	28	22333.33	797.6189
	1		1	ı	<u> </u>
LENALIDOMIDE Caps.	: B			2.5 mg	
02459418	Revlimid	Celgene	21	6919.50	329.5000
-	•	•			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				5 mg	
02304899	Revlimid	Celgene	28	9520.00	340.0000
Caps. I	I	I	1	10 mg	ĺ
02304902	Revlimid	Celgene	28	10108.00	361.0000
Caps.				15 mg	
02317699	Revlimid	Celgene	21	8022.00	382.0000
0				20	
Caps.	Daylimid	Colgona		20 mg	402 0000
02440601	Revlimid	Celgene	21	8463.00	403.0000
Caps.				25 mg	
02317710	Revlimid	Celgene	21	8904.00	424.0000
				'	
LENVATINIB	l		10 mg : 10	ma (E cono)	
Kit (solid oral)	 Lenvima	Figai	10 mg : 10	mg (5 caps.)	359 3000
02450321	Lerivima	Eisai	0	2149.20	358.2000
Kit (solid oral)		14 mg : 4 mg (5 c	caps.) and 10	mg (5 caps.)	
02450313	Lenvima	Eisai	6	3312.60	552.1000
167.7 17.1 15				(10	
Kit (solid oral)	l	l	20 mg : 10 m	1	
02450305	Lenvima	Eisai	6	4969.20	828.2000
Kit (solid oral)		24 mg : 4 mg (5 ca	ps.) and 10 m	ng (10 caps.)	
02450291	Lenvima	Eisai	6	6625.20	1104.2000
LEVOFLOXACIN	1 G				
Sol. Inh.	l	l		/mL (2.4 mL)	
02442302	Quinsair	Horizon	56	3611.37	64.4887
		_			
LINAGLIPTIN/MI Tab.	ETFORMIN HYDROCHLORID	E M	2.5	mg - 500 mg	
02403250	Jentadueto	Bo. Ing.	60	71.02	1.1837
Tab.	l	١, .		mg - 850 mg	
02403269	Jentadueto	Bo. Ing.	60	71.02	1.1837

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.	•		2.5 m	g - 1 000 mg	
0240327	77 Jentadueto	Bo. Ing.	60	71.02	1.1837
LINAGLIPTIN Tab.	E B			5 mg	
0237092	21 Trajenta	Bo. Ing.	30	67.50	2.2500
			90	202.50	2.2500
	.				
I.V. Perf. Sol.				2 mg/mL	
0224368	35 Zyvoxam	Pfizer	300 ml	99.91	
Tab.			6	00 mg PPB	
024265	52 Apo-Linezolid	Apotex	30	1111.50	→ 37.0500
0242268	Sandoz Linezolid	Sandoz	20	741.00	→ 37.0500
0224368	34 Zyvoxam	Pfizer	20	1468.78	73.4390
	_ 10				
S.C. Inj. Sol.	E LGI		6 m	ig/mL (3 mL)	
0235106	64 Victoza	N.Nordisk	2 3	136.98 205.47	
				,	
	TAMINE (DIMESYLATE)				
Caps.	12 Maronoo	Shire	100	10 mg	2.0100
0243960	03 Vyvanse	Snire	100	201.00	2.0100
Caps.	1	1	1	20 mg	
023471	56 Vyvanse	Shire	100	224.00	2.2400
Caps.				30 mg	
023229	51 Vyvanse	Shire	100	251.00	2.5100
020220	, prance			201.00	2.0.00
Caps.	ı	I	ı	40 mg	ı
0234716	64 Vyvanse	Shire	100	278.00	2.7800
Caps.				50 mg	
0232297	78 Vyvanse	Shire	100	305.00	3.0500
			1		
Caps.		T	I	60 mg	
0234717	72 Vyvanse	Shire	100	331.00	3.3100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				l I	
LOMITAPIDE (M Caps.	ESYLATE) 🖫			5 mg	
02420341	Juxtapid	Aegerion	28	29120.00	1040.0000
		-		l l	
Caps.	L	l . .	00	10 mg	4040,0000
02420376	Juxtapid	Aegerion	28	29120.00	1040.0000
Caps.	1	1	ı	20 mg	ı
02420384	Juxtapid	Aegerion	28	29120.00	1040.0000
LURASIDONE H Tab.	YDROCHLORIDE 🖪			20 mg	
02422050	Latuda	Sunovion	30	107.10	3.5700
				'	
Tab.	L., .	la .	۱ ۵	40 mg	0.5700
02387751	Latuda	Sunovion	30	107.10	3.5700
Tab.			1	60 mg	,
02413361	Latuda	Sunovion	30	107.10	3.5700
Tab.				80 mg	
02387778	 Latuda	Sunovion	30	107.10	3.5700
				l I	
Tab.	L	l	l	120 mg	
02387786	Latuda	Sunovion	30	107.10	3.5700
MA OITENTAN	Ð				
MACITENTAN Tab.	.			10 mg	
* 02415690	Opsumit	Janss. Inc	30	3495.00	116.5000
MAGNESIUM HY	/DROXIDE			100/51	
Oral Susp. 00468401	Lait de Magnesie	Atlas	 500 ml	100 mg/5 mL 2.49	0.0050
53100101			3331111	2.10	0.0000
MACNESHIM III	/DROXIDE/ ALUMINUM HYD	POVIDE 5			
Oral Susp.	DROXIDE/ ALUMINUM HTD	I	200 mg - 2	200 mg/5 mL	ı
99002574			500 ml		

Where no price is indicated, 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.

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			300 mg -6	600 mg/5 mL	
99002442			350 ml		
Tab.	ı	1	100	mg -184 mg	
99002868			50		
T-1-			200	200	
Tab.		1	1	mg -200 mg 	
99100716			36		
Tab.			300	mg -600 mg	
99002450			40		
MARAVIROC [a				
Tab.			_	150 mg	_
02299844	Celsentri	ViiV	60	990.00	16.5000
Tab. I	I	I	l	300 mg	1
02299852	Celsentri	ViiV	60	990.00	16.5000
	DROCHLORIDE				
Tab. I	1	I	l	10 mg PPB 	I
02324067	ACT Memantine	ActavisPhm	30 100	13.26 44.20	→ 0.4420→ 0.4420
02366487	Apo-Memantine	Apotex	30	13.26	→ 0.4420
			100	44.20	→ 0.4420
02260638	Ebixa	Lundbeck	30	70.10	2.3367
02409895	Med-Memantine	GMP	100	44.20	0.4420
02443082	Memantine	Sanis Sivem	100	44.20	0.4420
02446049	Memantine	Siverii	30 100	13.26 44.20	→ 0.4420→ 0.4420
02321130	pms-Memantine	Phmscience	30	13.26	→ 0.4420 → 0.4420
02021100	pine memanane	T TITISOICTIOC	100	44.20	→ 0.4420 → 0.4420
02421364	Ran-Memantine	Ranbaxy	30	13.26	→ 0.4420
		,	100	44.20	→ 0.4420
02320908	ratio-Memantine	Ratiopharm	100	44.20	→ 0.4420
02348950	Riva-Memantine	Riva	30	13.26	→ 0.4420
			100	44.20	→ 0.4420
02375532	Sandoz Memantine FCT	Sandoz	100	44.20	→ 0.4420
	_				
MEPOLIZUMAB S.C. Inj. Pd.	P			100 mg	
02449781	Nucala	GSK	1	1938.46	
02443101	ivacaia	COIL	'	1930.40	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
METHYLPHENID L.A. Caps.	METHYLPHENIDATE HYDROCHLORIDE ♦ L.A. Caps. 10 mg								
02277166	Biphentin	Purdue	100	67.45	0.6745				
L.A. Caps.				15 mg					
02277131	 Biphentin	Purdue	100	96.57	0.9657				
	· ·								
L.A. Caps.	 	I		20 mg					
02277158	Biphentin	Purdue	100	124.68	1.2468				
L.A. Caps.				30 mg					
02277174	Biphentin	Purdue	100	171.18	1.7118				
L.A. Caps.				40 mg					
02277182	 Biphentin	Purdue	100	218.15	2.1815				
02277.02		. u.uuo	.00	2.00	2				
L.A. Caps.	I	1	ſ	50 mg	ı				
02277190	Biphentin	Purdue	50	132.20	2.6440				
L.A. Caps.				60 mg					
02277204	Biphentin	Purdue	50	156.20	3.1240				
L.A. Caps.	Dinhontin	Purdue	50	80 mg 202.86	4.0572				
02211212	Biphentin	Purdue	50	202.00	4.0572				
L.A. Tab. (12 h)	I	1	ı	18 mg	1				
02441934 02452731	ACT Methylphenidate ER	ActavisPhm Apotex	100 100	50.99 50.99	0.5099 0.5099				
02432731	Apo-Methylphenidate ER Concerta	Janss. Inc	100	203.64	2.0364				
02315068	Novo-Methylphenidate ER- C	Teva Can	100	50.99	0.5099				
02413728	pms-Methylphenidate ER	Phmscience	100	50.99	0.5099				
L.A. Tab. (12 h)	ı		ı	27 mg	,				
02441942	ACT Methylphenidate ER	ActavisPhm	100	58.84	0.5884				
02452758 02250241	Apo-Methylphenidate ER Concerta	Apotex Janss. Inc	100 100	58.84 235.01	0.5884 2.3501				
02250241	Novo-Methylphenidate ER-	Teva Can	100	58.84	0.5884				
02413736	pms-Methylphenidate ER	Phmscience	100	58.84	0.5884				

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				COST OF PKG.				
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE			
L.A. Tab. (12 h)	I	ſ	ı	36 mg				
02441950	ACT Methylphenidate ER	ActavisPhm	100	68.63	0.6863			
02452766	Apo-Methylphenidate ER	Apotex	100	68.63	0.6863			
02247733 02315084	Concerta Novo-Methylphenidate ER-	Janss. Inc Teva Can	100 100	266.38 68.63	2.6638 0.6863			
02010004	C	Tova Gan	100	00.00	0.0000			
02413744	pms-Methylphenidate ER	Phmscience	100	68.63	0.6863			
L.A. Tab. (12 h)	I	T.	I	54 mg				
02441969	ACT Methylphenidate ER	ActavisPhm	100	82.40	0.8240			
02330377	Apo-Methylphenidate ER	Apotex	100	82.40	0.8240			
02247734 02315092	Concerta	Janss. Inc Teva Can	100 100	329.12 82.40	3.2912 0.8240			
02313092	Novo-Methylphenidate ER- C	Teva Call	100	02.40	0.0240			
02413752	pms-Methylphenidate ER	Phmscience	100	82.40	0.8240			
METRONIDAZO	LE R							
Vag. Jel.				0.75 %				
02125226	Nidagel	Valeant	70 g	18.62				
		1		1				
MICA FUNCINI O	00.004 B							
MICAFUNGIN SO	ODIUM LA			50 mg				
02294222	 Mycamine	 Astellas	1	98.00				
02294222	wycarnine	Astellas	'	98.00				
I.V. Perf. Pd.				100 mg				
1	l., .	1	١.,	1 1				
02311054	Mycamine	Astellas	1	196.00				
MICRONIZED PI	ROGESTERONE 🖪							
Caps.	I	I.	1	00 mg PPB				
02476576	pms-Progesterone	Phmscience	30	20.65	→ 0.6884			
			100	68.84	• 0.6884			
02166704	Prometrium	Merck	30	20.65	• 0.6884			
02439913	Teva-Progesterone	Teva Can	30 100	20.65 68.84	→ 0.6884→ 0.6884			
			100	00.04	0.0004			
	B			400				
Caps.	ĺ	I	I	123 mg				
02468042	Galafold	Amicus	14	23800.00	1700.0000			
MINERAL OIL	MINERAL OII							
Liq.		1		100 %				
00704172	Huile Minerale	Atlas	250 ml	2.15	0.0086			
			500 ml	3.11	0.0062			
		1						

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Lig. (Rect.)					
,	F1 () 1. %		400 1		
00107875	Fleet Huileux	McNeil Co	130 ml	4.24	
MIRABEGRON L.A. Tab.	B			25 mg	
		I	I	ا آ	
02402874	Myrbetriq	Astellas	30	43.80	1.4600
			90	131.40	1.4600
A. Tab.	1	1		50 mg	
02402882	Myrbetriq	Astellas	30	43.80	1.4600
			90	131.40	1.4600
			•	,	
MODATINI B					
MODAFINIL 🖪			1	00 mg PPB	
	1	1.	1	ا آ	
02285398	Apo-Modafinil	Apotex	100	31.71	• 0.3171
02430487	Auro-Modafinil	Aurobindo	30 100	10.28 31.71	0.3425
00440070	Bio-Modafinil	Diamad			• 0.3171 • 0.3171
02442078	Mar-Modafinil	Biomed Marcan	100 100	31.71	0.3171
02432560 02420260	Teva-Modafinil	Teva Can	30	31.71 10.28	0.31710.3425
02420200	I Eva-IVIOUAIIIIII	TEVA CAII	30	10.20	• 0.3425
MOISTURE-RET	ENTIVE DRESSING - HYDRO	COLLOIDAL OR POL	YURETHANE	Ē	
Dressing		100 cm² t	o 200 cm² (ac	tive surface)	
00004044	014 To a do so 11 do so 11 do			0.55	

Dressing		100 cm² t	o 200 cm² (ac	tive surface)	
00801011	3M Tegaderm Hydrocolloid	3M Canada	1	3.55	
	Dressing (10 cm x 10 cm - 100 cm²)				
99004720	Alginate Hydrocolloid	Covidien	5	18.00	3.6000
	Dressing (12,2 cm x 10,2 cm - 104 cm²)				
99100609	Comfeel Plus Ulcer (10 cm x	Coloplast	10	28.00	2.8000
	10 cm - 100 cm²)				
99000040	Cutinova hydro (10 cm x	S. & N.	5	19.90	3.9800
	10 cm - 100 cm²)				
00899666	DuoDERM CGF (10 cm x	Convatec	5	21.70	4.3400
	10 cm - 100 cm²)		20	86.82	4.3410
99004984	DuoDERM Signal (14 cm x	Convatec	1	8.15	
	14 cm - 188 cm²)				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	to 500 cm² (ac	tive surface)	
00800996	3M Tegaderm Hydrocolloid Dressing (15 cm x 15 cm -	3M Canada	1	8.50	
99004747	225 cm²) Alginate Hydrocolloid Dressing (15,2 cm x	Covidien	30	229.90	7.6633
99004755	20,3 cm - 309 cm²) Alginate Hydrocolloid Dressing (20,3 cm x	Covidien	30	273.20	9.1067
99100610	20,3 cm - 412 cm²) Comfeel Plus Ulcer (15 cm x 15 cm - 225 cm²)	Coloplast	5	31.50	6.3000
99100611	Comfeel Plus Ulcer (20 cm x 20 cm - 400 cm²)	Coloplast	5	56.00	11.2000
99000059	Cutinova hydro (15 cm x 20 cm - 300 cm²)	S. & N.	3	35.55	11.8500
00899674	DuoDERM CGF (15 cm x 15 cm - 225 cm²)	Convatec	1	9.50	
00801046	DuoDERM CGF (15 cm x 20 cm - 300 cm ²)	Convatec	1	12.65	
00899682	DuoDERM CGF (20 cm x 20 cm - 400 cm²)	Convatec	1	16.87	
99004992	DuoDERM Signal (20 cm x 20 cm - 388 cm²)	Convatec	1	16.36	
Dressing		Less tha	ın 100 cm² (ac	tive surface)	
99100608	Comfeel Plus Ulcer (4 cm x	Coloplast	30	20.16	0.6720
99000032	6 cm - 24 cm²) Cutinova hydro (5 cm x 6 cm - 30 cm²)	S. & N.	1	2.33	
99004976	DuoDERM Signal (10 cm x 10 cm - 94 cm²)	Convatec	1	4.09	
Oressing		More tha	ın 500 cm² (ac	tive surface)	
00800988	DuoDERM CGF (20 cm x 30 cm - 600 cm2)	Convatec	1	17.92	
Dressing			Sacrum	or triangular	
99100148	Comfeel Plus Triangle	Coloplast	5	46.75	9.3500
00907758	(18 cm x 20 cm - 180 cm²) DuoDERM CGF Border (Triangular 15 cm x 18 cm -	Convatec	1	5.43	
00907782	99 cm²) DuoDERM CGF Border (Triangular 20 cm x 23 cm -	Convatec	1	11.17	
99100108	270 cm²) DuoDERM Signal (Sacrum 20 cm x 23 cm - 258 cm²)	Convatec	1	14.13	
99100107	DuoDERM Signal (Triangular 15 cm x 18 cm -	Convatec	1	10.65	
99100106	216 cm²) DuoDERM Signal (Triangular 20 cm x 23 cm - 322 cm²)	Convatec	1	16.33	

	1	I			
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.		100 cm² t	o 200 cm² (ac	tive surface)	
99100290	3M Tegaderm Hydrocolloid Thin Dressing (10cm x	3M Canada	1	3.10	
99100143	10cm-100 cm ²) Comfeel Plus Clear (10 cm x 10 cm - 100 cm ²)	Coloplast	10	28.10	2.8100
99101135	Comfeel Plus Clear (5 cm x 25 cm - 125 cm ²)	Coloplast	10	36.20	3.6200
99100147	Comfeel Plus Clear (9 cm x 14 cm - 126 cm²)	Coloplast	10	36.60	3.6600
99000261	DuoDERM CGF Extra Thin (10 cm x 10 cm - 100 cm²)	Convatec	1 10	3.00 30.00	3.0000
00920029	DuoDERM CGF Extra Thin (10 cm x 15 cm - 118 cm²)	Convatec	1	3.82	0.0000
00920088	DuoDERM CGF Extra Thin (5 cm x 20 cm - 100 cm²)	Convatec	1	3.24	
99100655	Exuderm OdorShield (10 cm x 10 cm - 100 cm²)	Medline	10	21.28	2.1280
Thin dr.		201 cm² t	o 500 cm² (ac	tive surface)	
99100144	Comfeel Plus Clear (15 cm	Coloplast	5	27.30	5.4600
	x 15 cm - 225 cm²)				
99101136	Comfeel Plus Clear (9 cm x 25 cm - 225 cm²)	Coloplast	5	27.25	5.4500
00908134	DuoDERM CGF Extra Thin (15 cm x 15 cm - 225 cm²)	Convatec	1	5.77	
Thin dr.		Less tha	n 100 cm² (ac	tive surface)	
99101134	Comfeel Plus Clear (5 cm x 15 cm - 75 cm²)	Coloplast	10	26.20	2.6200
99100146	Comfeel Plus Clear (5 cm x 7 cm - 35 cm²)	Coloplast	10	15.80	1.5800
00920010	DuoDERM CGF Extra Thin (7.5 cm x 7.5 cm - 56 cm²)	Convatec	1	2.60	
00920231	DuoDERM CGF Extra-Thin (5 cm x 10 cm - 50 cm²)	Convatec	1	1.96	
Thin dr.				Sacrum	
00920037	DuoDERM CGF Extra-Thin (Sacrum 15 cm x 18 cm -	Convatec	1	8.43	
99100652	216 cm²) Exuderm OdorShield Sacral (15,2 cm x 16,3 cm - 271 cm²)	Medline	5	36.79	7.3580
MOXIFLOXACIN I.V. Perf. Sol.	HYDROCHLORIDE		400) mg/250 mL	
02246414	Avelox I.V.	Bayer	1	35.02	35.0200
		1		· · · · · · · · · · · · · · · · · · ·	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
MULTIVITAMINS Caps. or Tab.	5				
99002493			1		
Chew. Tab.		I	l .		
99002507			1		
NADDOVENJEGO	OMEDDAZOLE B				
Tab.	OMEPRAZOLE 🖪	1	375 mg - 2	20 mg PPB	
02458608	Mylan-Naproxen/ Esomeprazole MR	Mylan	60	46.92	→ 0.7820
02361701	Vimovo	AZC	60	55.20	0.9200
Tab.			500 mg - 2	20 mg PPB	
02443449	Mylan-Naproxen/	 Mylan	60	46.92	→ 0.7820
02361728	Esomeprazole MR Vimovo	AZC	60	55.20	0.9200
		ı			
NATALIZUMAB	R				
I.V. Inj. Sol.	I	l ₌ .		300mg/15ml	
02286386	Tysabri	Biogen	1	2451.32	
NILOTINIB 🖪					
Caps.	1	1	ı	150 mg	
02368250	Tasigna	Novartis	112	3054.72	27.2743
Caps.				200 mg	
02315874	Tasigna	Novartis	112	3947.17	35.2426
NINTEDANIB ES	SILATE 🖫				
Caps.	I	I	l	100 mg	
02443066	Ofev	Bo. Ing.	60	1630.80	27.1800
Caps.				150 mg	
02443074	Ofev	Bo. Ing.	30	1630.80	54.3600 54.3600
1	İ	1	60	3261.60	54 3600

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
NITR	AZEPAM [7 8				
Tab.	AZLI AWI I		1	ı	5 mg	
	00511528	Mogadon	AA Pharma	100	15.34	0.1534
Tab.					10 mg	
l ab.	00511536	 Mogadon	AA Pharma	100	22.96	0.2296
	00311330	Mogadon	AATIIaiiia	100	22.90	0.2230
MILIT	DITIONAL E	ORMULA - FAT EMULSION	INEANTS AND CHILD	DEN)		
Liq.	RITIONAL F	CRINICLA - FAT EMULSION	(INFANTS AND CHILD		9 mL suppl.	
	99100401	Microlipid	Nestlé-Nut	48	141.12	2.9400
	RITIONAL F	ORMULA - CASEIN HYDROI	LYSATE (INFANTS AN			
Liq. 		I	I		7 mL suppl.	
	99100206	Alimentum	Abbott	1	1.41	
Ped.	Oral Pd.			4	.54 g suppl.	
	99100532	Nutramigen A+	M.J.	1	16.53	
	99100533	Pregestimil A+	M.J.	1	17.72	
Ped.	Oral Pd.			5	61 g suppl.	
	99101338	 Nutramigen A+ LGG	M.J.	561 g	20.42	
			1	9		
NIIT	RITIONAL F	ORMULA - FRACTIONATED	COCONUT OII			
Liq.			1	ı	suppl.	
	99100217	Medium chain triglycerides	Nestlé-Nut	946 ml	34.49	
	RITIONAL F	ORMULA - HIGH PROTEIN S	SEMI-ELEMENTAL			
Liq. l		I	I	I	1 L suppl.	
	99002922 99100826	Peptamen 1.5 Peptamen AF	Nestlé-Nut Nestlé-Nut	1 1	38.36 38.08	
	99101178	Vital Peptide 1.5 Cal	Abbott	1	11.32	
l in					1 E L aummi	
Liq.	0040000:	Boutoman avy a Boutin d	No salá Nova		1.5 L suppl.	
	99100094	Peptamen avec Prebio 1	Nestlé-Nut	1	39.90	

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CODE					
	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Liq.			220 mL à 250	0 mL suppl.	
99101181	Radio Sura Bantida 1 Cal	Abbott	1	2.49	
00908444	PediaSure Peptide 1 Cal Peptamen	Nestlé-Nut		6.65	
99003031	Peptamen 1.5	Nestlé-Nut		9.59	
99100309	Peptamen AF	Nestlé-Nut		9.77	
99004631	Peptamen avec Prebio 1	Nestlé-Nut	1	6.65	
99000296	Peptamen Junior	Nestlé-Nut	1 1	6.65	
99100789	Peptamen Junior 1.5	Nestlé-Nut	1 1	9.98	
99101182	Vital Peptide 1 Cal	Abbott	1	2.49	
99101183	Vital Peptide 1.5 Cal	Abbott	1	2.49	
NUTRITIONAL F	FORMULA - MONOMERIC		40.7/		
Orai Pa. I	1	I	48.7 g/sa	ichet suppl.	
99000229	Vivonex Pediatrique	Nestlé-Nut	6	39.42	6.5700
Oral Pd.	1	1	79.5 g/	sac. suppl.	
00921017	Vivonex Plus	Nestlé-Nut	6	39.39	6.5650
Oral Pd.	1	1	80 g	/sac. suppl.	
00861464	Tolerex	Nestlé-Nut	6	23.40	3.9000
			80.4 g	/sac. suppl.	
Oral Pd. I	1		1		
Oral Pd. 00895229	Vivonex T.E.N.	Nestlé-Nut	10	65.60	6.5600
00895229	Vivonex T.E.N. FORMULA - MONOMERIC WI		R CHILDREN		6.5600 6.6207
00895229 NUTRITIONAL F Liq. 99100463	FORMULA - MONOMERIC WI	TH IRON (INFANTS O	R CHILDREN 233 27) 7 mL suppl.	
00895229 NUTRITIONAL F Liq. 99100463	FORMULA - MONOMERIC WI	TH IRON (INFANTS O	R CHILDREN 233 27) 7 mL suppl. 178.76	
00895229 NUTRITIONAL F Liq. 99100463 Ped. Oral Pd.	FORMULA - MONOMERIC WI	TH IRON (INFANTS O	23 27 4	00 g suppl.	6.6207
00895229 NUTRITIONAL F Liq. 99100463 Ped. Oral Pd. 99100892 99004402 99100790	Pocate Splash Neocate Splash Neocate avec DHA et ARA Neocate Junior Neocate junior with fibers prebiotics	TH IRON (INFANTS OF Nutricia Nutricia Nutricia Nutricia Nutricia	23 27 4 4 4 4 4 4	00 g suppl. 199.28 191.23 184.00	6.6207
00895229 NUTRITIONAL F Liq. 99100463 Ped. Oral Pd. 99100892 99004402	Possible Process of the Second Process of th	TH IRON (INFANTS O	27 4 4 4	00 g suppl. 199.28	6.6207 49.8198 47.8075
00895229 NUTRITIONAL F Liq. 99100463 Ped. Oral Pd. 99100892 99004402 99100790 99100715 99101278	Neocate Splash Neocate avec DHA et ARA Neocate Junior Neocate junior with fibers prebiotics PurAmino A+	Nutricia Nutricia Nutricia Nutricia Nutricia Nutricia M.J. M.J.	27 27 4 4 4 4 4 1 1 1 1 C USE	00 g suppl. 199.28 191.23 184.00	6.6207 49.8198 47.8075

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	DITIONAL F		* PEOIDUE			
NU I Liq.	RITIONAL F	ORMULA - POLYMERIC LO	W-RESIDUE		1 L suppl.	
	99100395	Isosource 2.0	Nestlé-Nut	1	10.35	
	99100244	Novasource Renal	Nestlé-Nut	1 1	8.38	
	99100462	TwoCal HN	Abbott	1	9.84	
Liq.		I	1	1	1.5 L suppl.	
	99000164	Isosource 1.2	Nestlé-Nut	1	7.50	
	99002000		Nestlé-Nut	1	10.75	
	99003570		Abbott	1	8.01	
	99004216	Osmolite 1.2 cal	Abbott	1	8.08	
Liq.				235 mL à 25	0 mL suppl.	
	00898708	Boost 1.5	Nestlé-Nut	1	1.45	
	99000512		Nestlé-Nut	1	1.12	
	00907766		Nestlé-Nut	1	1.77	
	99003546	Novasource Renal	Nestlé-Nut	1	1.92	
	99003406	Nutren Junior	Nestlé-Nut	1	1.54	
	00895350	Osmolite 1.0 cal	Abbott	1	1.25	
	99004224	Osmolite 1.2 cal	Abbott	1	1.25	
	99000474		Abbott	1	1.56	
	99001543		Abbott	1	1.36	
	99003554 99004690	Resource 2.0 TwoCal HN	Nestlé-Nut Abbott	1 1	1.92 2.32	
	99004090	TWOCATTIV	Abbott	<u> </u>	2.52	
NUT	RITIONAL F	ORMULA - POLYMERIC WIT	TH RESIDUE			
Liq.		I	I.	ı	1 L suppl.	
	99003635	Compleat	Nestlé-Nut	1	7.45	
	99003597	Jevity 1.2 cal	Abbott	1	8.06	
	99100393	Jevity 1.5 Cal	Abbott	1	10.07	
	99100703	Nepro	Abbott	1	8.01	
Liq.					1.5 L suppl.	
	00004400	Income Sibrate 4.0 U.S.	N = =414 N = 4	1	I '' I	
1	99004496 99000202		Nestlé-Nut Nestlé-Nut	1 1	12.20 10.29	
1				1 -		
		Isosource Fibres 1 5	l Nactlá-Nut			
	99004127	Isosource Fibres 1.5	Nestlé-Nut Abbott	1 1	10.53	
	99004127 99100645	Jevity 1 cal	Abbott	1 1	10.63	
	99004127			1		

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		I	1		l.	
Liq.			1	235 mL à 250	mL suppl.	
	99000504	Compleat	Nestlé-Nut	1	1.90	
	99004658	Compleat Pediatrique	Nestlé-Nut	1	2.42	
	00920347	Glucerna 1.0 Cal	Abbott	1	1.57	
	99000180	Isosource Fibres 1.0 HP	Nestlé-Nut	1	1.98	
	00801194	Isosource Fibres 1.2	Nestlé-Nut	1	1.72	
	99004135	Isosource Fibres 1.5	Nestlé-Nut	1	1.75	
	99000482	Jevity 1 cal	Abbott	1	1.65	
	99003392	Jevity 1.2 cal	Abbott	1	1.89	
	99100417	Jevity 1.5 Cal	Abbott	1 1	2.38	
	99100702	Nepro	Abbott	1 1	1.90	
	99003414	Nutren Junior Fibres avec Prebio	Nestlé-Nut	1	1.54	
	99001381	Pediasure avec fibres	Abbott	1	1.56	
	99005050	Pediasure Plus avec fibres	Abbott	1	2.35	
	99100216	Resource Essentiels	Nestlé-Nut	1	2.17	
	99002019	Jeunesse 1.5	Nestlé-Nut	4	1.63	
	99002019	Resource pour diabetiques Suplena	Abbott	1 1	2.00	
	00002017	Capiona	7100011		2.00	
Oral	Pd.			85 g	/sac. suppl.	
	99003236	 Scandishake Aromatisee	Aptalis	4	11.81	2.9525
	99003230	Scandishake Aromatisee	Aptalis	4	11.01	2.9323
NUT Oral		ORMULA - POLYMERIZED (GLUCOSE	4	54 g suppl.	
	99101093	SolCarb	Medica	6	59.94	9.9900
	00.0.000	30.04.2	····ouiou		00.01	0.0000
	Oral Pd.	ORMULA - POST-DISCHAR	I	3	63 g suppl.	1
	99100122	Enfamil Enfacare A+ Similac Neosure	M.J.	1 1	14.45 14.41	
	99100123	Similac Neosure	Abbott	ı	14.41	
NUT	RITIONAL F	ORMULA - PROTEIN				
Oral				2	27 g suppl.	
	00000700	Bananatain	No sald No.		24.00	45.0400
	99003783	Beneprotein	Nestlé-Nut	6	91.86	15.3100
NUT Liq.	RITIONAL F	ORMULA - SEMI-ELEMENIA	L HYPERPROTEINAT	ED	1 L suppl.	
	99101234	Peptamen Intense	Nestlé H.S	1	32.95	
	J31012J4	Hyperproteine	140300 11.0	'	32.93	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Liq.				250) mL suppl.	
"		<u> </u>	I	1		1
	99101235	Peptamen Intense Hyperproteine	Nestlé H.S	1	8.24	

	T								
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
NUTRITIONAL FORMULA - SKIM MILK/ COCONUT OIL Oral Pd. 410 g suppl.									
00881201	Portagen	M.J.	1	20.22					
OBESTICHOLIC Tab.	ACID I			5 mg					
02463121	Ocaliva	Intercept	30	2958.90	98.6301				
Tab.	ı	ı	1	10 mg	1				
02463148	Ocaliva	Intercept	30	2958.90	98.6301				
OCRELIZUMAB	P								
I.V. Perf. Sol.	1	I	l	g/mL (10 mL) 	1				
02467224	Ocrevus	Roche	1	8150.00					
ODOUR-CONTR Dressing	OL DRESSING - ACTIVATED		o 200 cm² (ad	etivo surfaco)					
99001802	Actisorb Silver (10.5 cm x	KCI	50 50 511 (ac	95.12	1.9024				
	10.5 cm - 110 cm²)								
99001810	Actisorb Silver (10.5 cm x 19 cm - 200 cm²)	KCI	50	212.90	4.2580				
Descripe			- 400 /						
Dressing	Antinonta Oikena (C. F. anna e	Less tha	n 100 cm² (ad 	1 1	1				
99100103	Actisorb Silver (6.5 cm x 9.5 cm - 62 cm²)	KCI	1	2.70					
	1	1							
OLAPARIB 🖺									
Caps.	ı	1	ı	50 mg	1				
02454408	Lynparza	AZC	448	7376.99	16.4665				
Tab.				100 mg					
1	Lynnarza	AZC	60		6E 000E				
02475200	Lynparza	AZC	60 120	3953.55 7907.10	65.8925 65.8925				
	•	•		'					
Tab.	I	I	I	150 mg	1				
02475219	Lynparza	AZC	60 120	3953.55 7907.10	65.8925 65.8925				
			120	1901.10	00.0925				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				3	
Sol. Inh. (App.)	HYDROCHLORIDE/TIOTROP			cg - 2,5 mcg	
02441888	Inspiolto Respimat	Bo. Ing.	60 dose(s)	60.90	
•	R				
S.C. Inj. Pd. I	1	I		150 mg 	
02260565	Xolair	Novartis	1	618.00	
ONABOTULINU	MTOXINA 🖪				
I.M. Inj. Pd.	I	I	1	50 UI	
99100741	Botox	Allergan	1	178.50	
I.M. Inj. Pd. I	I	I	1	100 UI I I	
01981501	Botox	Allergan	1	357.00	
I.M. Inj. Pd.				200 UI	
1	I	l			
99100646	Botox	Allergan	1	714.00	
ONDANSETRON Oral Sol.	N G	ı	4 mg	/5 mL PPB	
02291967	Ondansetron	AA Pharma	50 ml	73.07	→ 1.4614
02229639	Zofran	Novartis	50 ml	96.61	1.9322

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab. Oral Disint.	b. Oral Disint. or Tab.								
02288184	Apo-Ondansetron	Apotex	10	32.72	→ 3.2720				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	30	98.16	→ 3.2720				
02445840	Bio-Ondansetron	Biomed	10	32.72	→ 3.2720				
			30	98.16	→ 3.2720				
02458810	CCP-Ondansetron	Cellchem	30	98.16	→ 3.2720				
			100	327.20	→ 3.2720				
02296349	Co Ondansetron	Cobalt	10	32.72	→ 3.2720				
02313685	Jamp-Ondansetron	Jamp	10	32.72	→ 3.2720				
			100	327.20	→ 3.2720				
02371731	Mar-Ondansetron	Marcan	10	32.72	→ 3.2720				
			30	98.16	→ 3.2720				
02305259	Mint-Ondansetron	Mint	10	32.72	→ 3.2720				
			30	98.16	→ 3.2720				
02297868	Mylan-Ondansetron	Mylan	10	32.72	→ 3.2720				
		*	100	327.20	→ 3.2720				
02417839	NAT-Ondansetron	Natco	10	32.72	→ 3.2720				
			30	98.16	→ 3.2720				
02264056	Novo-Ondansetron	Novopharm	10	32.72	→ 3.2720				
02421402	Ondansetron	Sanis	100	327.20	→ 3.2720				
02389983	Ondissolve ODF	Takeda	10	32.72	→ 3.2720				
02258188	pms-Ondansetron	Phmscience	10	32.72	→ 3.2720				
	,		100	327.20	→ 3.2720				
02312247	Ran-Ondansetron	Ranbaxy	10	32.72	→ 3.2720				
			100	327.20	→ 3.2720				
02278529	ratio-Ondansetron	Ratiopharm	10	32.72	→ 3.2720				
			100	327.20	→ 3.2720				
02370298	Riva-Ondansetron	Riva	10	32.72	→ 3.2720				
02274310	Sandoz Ondansetron	Sandoz	10	32.72	→ 3.2720				
			100	327.20	→ 3.2720				
02444674	Sandoz Ondansetron ODT	Sandoz	10	32.72	→ 3.2720				
02376091	Septa-Ondansetron	Septa	10	32.72	→ 3.2720				
323.3301			100	327.20	→ 3.2720				
02448440	VAN-Ondansetron	Vanc Phm	10	32.72	→ 3.2720				
02213567	Zofran	Novartis	10	126.60	12.6600				
02239372	Zofran ODT	Novartis	10	123.71	12.3710				

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				000T OF BIG	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. o	or Tah			8 mg PPB	
		1	I	ا آ ا	
02288192	Apo-Ondansetron	Apotex	10	49.93	4 .9930
00445050	Dia Cardanastra	Diamad	30	149.79	4 .9930
02445859	Bio-Ondansetron	Biomed	10	49.93 149.79	◆ 4.9930◆ 4.9930
02458802	CCP-Ondansetron	Cellchem	30	149.79	→ 4.9930
02430002	CCI -Citatisetroii	Celicrieni	100	499.30	→ 4.9930
02296357	Co Ondansetron	Cobalt	10	49.93	→ 4.9930
02313693	Jamp-Ondansetron	Jamp	10	49.93	4 .9930
	•		30	149.79	4 .9930
02371758	Mar-Ondansetron	Marcan	10	49.93	4 .9930
			30	149.79	4 .9930
02305267	Mint-Ondansetron	Mint	10	49.93	4 .9930
			30	149.79	4 .9930
02297876	Mylan-Ondansetron	Mylan	10	49.93	4.9930
00447047	MAT O de la contra de		100	499.30	4.9930
02417847	NAT-Ondansetron	Natco	10 30	49.93 149.79	◆ 4.9930◆ 4.9930
02325160	Ondansetron	Pro Doc	10	49.93	→ 4.9930
02323100	Ondansetron	Sanis	100	499.30	→ 4.9930
02389991	Ondissolve ODF	Takeda	100	49.93	→ 4.9930
02258196	pms-Ondansetron	Phmscience	10	49.93	→ 4.9930
	,		100	499.30	→ 4.9930
02312255	Ran-Ondansetron	Ranbaxy	10	49.93	4 .9930
			100	499.30	4 .9930
02278537	ratio-Ondansetron	Ratiopharm	10	49.93	→ 4.9930
			100	499.30	→ 4.9930
02370301	Riva-Ondansetron	Riva	10	49.93	4 .9930
02274329	Sandoz Ondansetron	Sandoz	10	49.93	4.9930
00444000	0		100	499.30	→ 4.9930
02444682	Sandoz Ondansetron ODT	Sandoz	10	49.93	→ 4.9930
02376105	Septa-Ondansetron	Septa	10	49.93 499.30	◆ 4.9930◆ 4.9930
02264064	Teva-Ondansetron	Teva Can	100	49.93	→ 4.9930
02204004	reva endansenon	Tova Gair	100	499.30	→ 4.9930
02448467	VAN-Ondansetron	Vanc Phm	10	49.93	→ 4.9930
02213575	Zofran	Novartis	10	193.22	19.3220
02239373	Zofran ODT	Novartis	10	188.77	18.8770
SELTAMIVIR P	HOSPHATE R				
Caps.	_	1	1	30 mg PPB	
02472635	NAT-Oseltamivir	Natco	10	15.54	→ 1.5540
02304848	Tamiflu	Roche	10	19.50	1.9500
Caps.				45 mg PPB	
·		l., .	1	I . I	
02472643	NAT-Oseltamivir	Natco Roche	10	23.91	→ 2.3910
02304856	Tamiflu	Nocile	10	30.00	3.0000
Caps.				75 mg PPB	
02457989	NAT-Oseltamivir	Natco	10	20.56	▲ 2.0562
02457989	NA ι-Oseιταπινιr Tamiflu	Roche	10	30.56 39.00	→ 3.0563 3.9000
02241412	ranniu	TOOLIG	10	39.00	3.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.				6 mg/mL	
02381842	Tamiflu	Roche	65 ml	19.50	0.3000
		-			
OSIMERTINIB				40	
Tab.	ĺ	1	l	40 mg	
02456214	Tagrisso	AZC	30	8840.29	294.6764
Tab.				80 mg	
02456222	Tagrisso	AZC	30	8840.29	294.6764
		'			
OXCARBAZEPII	NE R				
Oral Susp.		1		60 mg/mL	
02244673	Trileptal	Novartis	250 ml	77.45	0.3098
Tab.	I	T	1: I	50 mg PPB	
02284294	Apo-Oxcarbazepine	Apotex	100	62.09	• 0.6209
02440717	Jamp-Oxcarbazepine	Jamp	100	62.09	• 0.6209
Tab.			300 mg PPB		
02284308	Apo-Oxcarbazepine	Apotex	100	72.42	→ 0.7242
02440725	Jamp-Oxcarbazepine	Jamp	100	72.42	→ 0.7242
02242068	Trileptal	Novartis	50	42.60	0.8520
ab.			600 mg PPB		
02284316	Apo-Oxcarbazepine	Apotex	100	144.84	→ 1.4484
02440733	Jamp-Oxcarbazepine	Jamp	100	144.84	→ 1.4484
02242069	Trileptal	Novartis	50	85.20	1.7040
OXYBUTYNIN Patch	B			36 mg	
I	0 (11)	1	_	1	0.4775
02254735	Oxytrol	Actavis	8	51.82	6.4775
OXYBUTYNINE L.A. Tab.	CHLORIDE 🖫			5 mg	
02243960	Ditropan XL	Janss. Inc	100	183.30	1.8330
			ı	1	
L.A. Tab.	I	1	I	10 mg	
02243961	Ditropan XL	Janss. Inc	100	183.30	1.8330

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				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
OXYCODONE	®				
L.A. Tab.				5 mg PPB	
02394170	ACT Oxycodone CR	ActavisPhm	100	34.02	→ 0.3402
02366746	Apo-Oxycodone CR	Apotex	100	34.02	→ 0.3402
L.A. Tab.	ĺ	Í	ı	10 mg PPB	I
02394189	ACT Oxycodone CR	ActavisPhm	100	47.41	→ 0.4741
02366754	Apo-Oxycodone CR	Apotex	100	47.41	0.4741
02372525 02309882	OxyNEO pms-Oxycodone CR	Purdue Phmscience	60 100	52.68 47.41	0.8780 → 0.4741
	, ,				-
L.A. Tab.				15 mg PPB	
02394766	Apo-Oxycodone CR	Apotex	100	57.24	→ 0.5724
02372533	OxyNEO	Purdue	60	63.60	1.0600
L.A. Tab.	ı	1	1	20 mg PPB	•
02394197	ACT Oxycodone CR	ActavisPhm	100	71.12	→ 0.7112
02366762	Apo-Oxycodone CR	Apotex	100	71.12	→ 0.7112
02372797	OxyNEO	Purdue	60 100	79.02	1.3170
02309890	pms-Oxycodone CR	Phmscience	100	71.12	→ 0.7112
L.A. Tab.				30 mg PPB	
	A		100	1	0.0000
02394774 02372541	Apo-Oxycodone CR OxyNEO	Apotex Purdue	100 60	93.96 104.40	◆ 0.93961.7400
L.A. Tab.				40 mg PPB	
02394200	ACT Oxycodone CR	ActavisPhm	100	123.26	1.2326
02306530	Apo-Oxycodone CR	Apotex	100	123.26	→ 1.2326
02372568	OxyNEO	Purdue	60	136.95	2.2825
02309904	pms-Oxycodone CR	Phmscience	100	123.26	→ 1.2326
				00 000	
L.A. Tab.	l	1.	l	60 mg PPB	
02394782 02372576	Apo-Oxycodone CR OxyNEO	Apotex Purdue	100	170.10 189.00	→ 1.7010 3.1500
02372370	OXYNLO	Fuldue	00	109.00	3.1300
L.A. Tab.				80 mg PPB	
1	ACT Oxycodone CR	ActovicDhm	100	1	0.0760
02394219 02366789	ACT Oxycodone CR Apo-Oxycodone CR	ActavisPhm Apotex	100	227.66 227.66	2.27662.2766
02372584	OxyNEO	Purdue	60	252.96	4.2160
02309912	pms-Oxycodone CR	Phmscience	100	227.66	→ 2.2766
PALBOCICLIB	R				
Caps.				75 mg	
02453150	Ibrance	Pfizer	21	5332.16	253.9124
				1	, , , , , , ,

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			•	100 mg	
02453169	Ibrance	Pfizer	21	5332.16	253.9124
02400103	TOTATIOC .	1 11201	21	0002.10	200.0124
Caps.				125 mg	
02453177	Ibrance	Pfizer	21	5332.16	253.9124
PALIPERIDONE I.M. Inj. Susp. 1 r	PALMITATE III		5	0 mg/0.5 mL	
02354217	Invega Sustenna	Janss. Inc	1	304.10	
		•			
I.M. Inj. Susp. 1 r	month I	I	75 I	mg/0.75 mL	
02354225	Invega Sustenna	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 r	month		10	0 mg/1.0 mL	
02354233	Invega Sustenna	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 r	month 	1	15 I	0 mg/1.5 mL I I	
02354241	Invega Sustenna	Janss. Inc	1	608.22	
I.M. Inj. Susp. 3 r	months		. 175 r	mg/0.875 mL	
02455943	Invega Trinza	Janss. Inc	1	912.30	
I.M. Inj. Susp. 3 r	nonths		263 r	mg/1.315 mL	
1	Invega Trinza	Janss. Inc	1	1368.54	
02400000	mvega mmza	danss. me	'	1000.04	
I.M. Inj. Susp. 3 r	nonths		350	mg/1.75 mL	
02455994	Invega Trinza	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 r	months		525 r	ng/2.625 mL	
02456001		Janss. Inc	1	1824.66	
0240001	mvega mmza	danss. me	'	1024.00	
PARAFFIN/MINE	EDAL OIL				
Oph. Oint.			57.3	3 % - 42.5 %	
00210889	Lacrilube	Allergan	3.5 g 7 g	6.98 9.85	
	1	1	1 . 3	1 0.00	
DAZODANIBUW	DROCHLORIDE 🖫				
Tab.				200 mg	
02352303	Votrient	Novartis	120	4129.20	34.4100

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE			
				OIZE				
PEGINTERFER	ON ALFA-2A 🖫							
S.C. Inj. Sol. 180 mcg/0.5 mL								
02248077	Pegasys	Roche	1	395.84				
PENTOXIFYLLI L.A. Tab.	NE B			400 mg				
02230090	Pentoxifylline SR	AA Pharma	100	58.46	0.5846			
02200000	T CHROXIII III OTC	/VVI nama	500	292.30	0.5846			
PERAMPANEL	R							
Tab.	_		l _	2 mg	0.4500			
02404516	Fycompa	Eisai	7	66.15	9.4500			
Tab.				4 mg				
02404524	Fycompa	Eisai	28	264.60	9.4500			
	•		!	! !				
Tab.	1	1	ı	6 mg				
02404532	Fycompa	Eisai	28	264.60	9.4500			
Tab.				8 mg				
02404540	Fycompa	 Eisai	28	264.60	9.4500			
02404340	Тусопіра	Lisai	20	204.00	9.4300			
Tab.				10 mg				
02404559	Fycompa	Eisai	28	264.60	9.4500			
Tab.	_		00	12 mg	0.4500			
02404567	Fycompa	Eisai	28	264.60	9.4500			
	<u>_</u>							
PHENYLBUTYR Liq.	RATE GLYCEROL 🖫			1.1 g/mL				
+ 02453304	Ravicti	Horizon	25 ml	1200.00	48.0000			
L			1					
PIMECROLIMU:	s R							
Top. Cr.	- 	1	ı	1 %				
02247238	Elidel	Valeant	30 g	62.94	2.0980			
			60 g	125.89	2.0982			

	HYDROCHLORIDE 1					
Tab.	İ	1	1	15 mg PPB		
02242572	Actos	Takeda	90	191.26		2.1251
02302942	Apo-Pioglitazone	Apotex	100	50.00	•	0.5000
02384906	Auro-Pioglitazone	Aurobindo	100	50.00	•	0.5000
02302861	Co Pioglitazone	Cobalt	100	50.00	•	0.5000
02397307	Jamp-Pioglitazone	Jamp	90	45.00	•	0.5000
02326477	Mint-Pioglitazone	Mint	100	50.00	•	0.5000
02274914	Novo-Pioglitazone	Novopharm	100	50.00	•	0.5000
02391600	Pioglitazone	Accord	90	45.00	•	0.5000
02303124	pms-Pioglitazone	Phmscience	100	50.00	•	0.5000
02312050	Pro-Pioglitazone	Pro Doc	90	45.00	•	0.5000
			100	50.00	•	0.5000
02375850	Ran-Pioglitazone	Ranbaxy	100	50.00	•	0.5000
02301423	ratio-Pioglitazone	Ratiopharm	100	50.00	•	0.5000
			500	250.00	•	0.5000
02297906	Sandoz Pioglitazone	Sandoz	90	45.00	•	0.5000
02434121	VAN-Pioglitazone	Vanc Phm	90	45.00	•	0.5000
Tab.	1	1	1	30 mg PPB		
02242573	Actos	Takeda	90	267.95		2.9772
02302950	Apo-Pioglitazone	Apotex	100	70.00	•	0.7000
02384914	Auro-Pioglitazone	Aurobindo	100	70.00	•	0.7000
02302888	Co Pioglitazone	Cobalt	100	70.00	•	0.7000
02365529	Jamp-Pioglitazone	Jamp	90	63.00	•	0.7000
02326485	Mint-Pioglitazone	Mint	100	70.00	•	0.7000
02339587	Pioglitazone	Accord	90	63.00	•	0.7000
02303132	pms-Pioglitazone	Phmscience	100	70.00	•	0.7000
02312069	Pro-Pioglitazone	Pro Doc	90	63.00	•	0.7000
			100	70.00	•	0.7000
02375869	Ran-Pioglitazone	Ranbaxy	100	70.00	•	0.7000
02301431	ratio-Pioglitazone	Ratiopharm	100	70.00	•	0.7000
			500	350.00	•	0.7000
02297914	Sandoz Pioglitazone	Sandoz	90	63.00	•	0.7000
02274922	Teva-Pioglitazone	Novopharm	100	70.00	•	0.7000
02434148	VAN-Pioglitazone	Vanc Phm	90	63.00	•	0.7000

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.	Tab. 45 mg PPB									
	02242574	Actos	Takeda	90	402.90	4.4767				
	02302977	Apo-Pioglitazone	Apotex	100	105.00	→ 1.0500				
	02384922	Auro-Pioglitazone	Aurobindo	100	105.00	→ 1.0500				
	02302896	Co Pioglitazone	Cobalt	100	105.00	→ 1.0500				
	02365537	Jamp-Pioglitazone	Jamp	90	94.50	→ 1.0500				
	02326493	Mint-Pioglitazone	Mint	100	105.00	→ 1.0500				
	02274930	Novo-Pioglitazone	Novopharm	100	105.00	→ 1.0500				
				500	525.00	→ 1.0500				
	02339595	Pioglitazone	Accord	90	94.50	→ 1.0500				
	02303140	pms-Pioglitazone	Phmscience	100	105.00	→ 1.0500				
	02312077	Pro-Pioglitazone	Pro Doc	90	94.50	→ 1.0500				
				100	105.00	→ 1.0500				
	02375877	Ran-Pioglitazone	Ranbaxy	100	105.00	→ 1.0500				
	02301458	ratio-Pioglitazone	Ratiopharm	100	105.00	→ 1.0500				
				500	525.00	→ 1.0500				
	02297922	Sandoz Pioglitazone	Sandoz	90	94.50	→ 1.0500				
	02434156	VAN-Pioglitazone	Vanc Phm	90	94.50	→ 1.0500				
Caps	ENIDONE 5.	ua I	I	I	267 mg	I				
	02393751	Esbriet	Roche	63 270	820.89 3518.10	13.0300 13.0300				
Tab.					267 mg					
	02464489	Esbriet	Roche	21	273.63	13.0300				
	02404469	Espilei	Roche	270	3518.10	13.0300				
Tab.					801 mg					
		I	Í	I	l	I				
	02464500	Esbriet	Roche	90	3518.10	39.0900				
POL	YETHYLEN I Pd.	E GLYCOL			1 g/g PPB					
	02460297	Comfilax	Cellchem	238 g 510 g	5.9312.70					
	02374137	Emolax	Jamp	510	→ 12.70					
1	02453193	Lax-A-Day Pharma	Phmscience	510 g	→ 12.70					
1	02450070	M-Peg 3350	Mantra Ph.	510 g	→ 12.70					
1	02358034	Peg 3350	Medisca	255 g	→ 6.35					
1				510 g	14.74					
	02346672	Relaxa	Pediapharm	510 g	→ 12.70					
	99101166	Relaxa (30 packs of 17 grams)	Pediapharm	510 g	12.70	• 0.0249				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
				1				
	E GLYCOL/ SODIUM SULFA	TE/ SODIUM BICARE	SONATE/ SOI	DIUM CHLORIC	E/ POTASSIUM			
CHLORIDE Oral Pd. 0.851 g - 0.082 g - 0.024 g - 0.021 g - 0.011 g / g PPB								
02378329	Jamplyte (280g)	Jamp	1	→ 16.45				
99100717	PegLyte (280 g)	Pendopharm	1	→ 16.45				
POLYVINYL ALC Oph. Sol.	СОНОГ		1.4	4 % (0.4 mL)				
02138670	Refresh	Allergan	30	9.95	0.3317			
POMALIDOMIDE	- IR							
Caps.	- ш			1 mg				
02419580	Pomalyst	Celgene	21	10500.00	500.0000			
Caps.	I	I	1	2 mg	1			
02419599	Pomalyst	Celgene	21	10500.00	500.0000			
Cane				3 ma				
Caps. 02419602	Domokrat	Colgono	21	3 mg 10500.00	500.0000			
02419002	Fornaryst	Celgene	21	10500.00	300.0000			
Caps.				4 mg				
02419610	Pomalyst	Celgene	21	10500.00	500.0000			
				1				
POSACONAZOL	E B							
L.A. Tab.	 I	ı	1	100 mg	1			
02424622	Posanol	Merck	60	2803.38	46.7230			
01 0				40/1				
Oral Susp.	.	l., .		40 mg/mL	1			
02293404	Posanol	Merck	1	981.18				
	_							
PRASUGREL Tab.				10 mg				
02349124	Effient	Lilly	30	57.49	1.9163			
	1=3.11	1 3		07.10	1.0100			
DDOOFSTEDS:	ur B							
PROGESTERON Vag. gel (App.)	E W			8 %				
02241013	Crinone	Serono	18	144.00				
L	I.	1	!	1				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		1			
Vag. Tab. (eff.)	I	I	ı	100 mg	
02334992	Endometrin	Ferring	21	84.00	4.0000
PROPRANOLOL Oral Sol.	HYDROCHLORIDE I			3.75 mg/mL	
	l	I	l	1 1	
02457857	Hemangiol	Pierre Fab	120 ml	273.70	2.2808
PSYLLIUM MUC Dral Pd.	ILLOID 3		336	6 g to 1040 g	
99002876			1		
				'	
QUANTITATIVE	PROTHROMBIN-TIME BLOC	DD TEST			
Strip	1	1	ı		
99100333	CoaguChek XS PT Test	Roche Diag	6	37.20	
	_	_	24	148.80	
			48	297.60	
	_		48	297.60	
RANIBIZUMAB	<u> </u>				
RANIBIZUMAB	Lucentis	Novartis		/mL (0,23ml)	
RANIBIZUMAB nj. Sol.	I	Novartis	10 mg	/mL (0,23ml)	
RANIBIZUMAB Inj. Sol. 02296810	I	Novartis	10 mg 1	/mL (0,23ml)	
RANIBIZUMAB nj. Sol. 02296810	I	Novartis Novartis	10 mg 1	/mL (0,23ml) 1575.00	
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr)	Lucentis	1	10 mg 1 10 mg/n	/mL (0,23ml) 1575.00	
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629	Lucentis	1	10 mg 1 10 mg/n	/mL (0,23ml) 1575.00	
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629	Lucentis	1	10 mg 1 10 mg/n 1	/mL (0,23ml) 1575.00	
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629	Lucentis	1	10 mg 1 10 mg/n 1	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00	→ 3.6050
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629 RASAGILINE MI Tab. 02404680 02284642	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect	Novartis Apotex Teva Innov	10 mg/n 1 10 mg/n 1 1 (0 100 30)	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00	7.0000
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629 RASAGILINE MI Tab. 02404680	Lucentis Lucentis ESYLATE Apo-Rasagiline	Novartis	10 mg 1 10 mg/m 1	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50	
RANIBIZUMAB nj. Sol. 02296810 nj. Sol (syr) 02425629 RASAGILINE MI Fab. 02404680 02284642 02418436	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect	Novartis Apotex Teva Innov	10 mg/n 1 10 mg/n 1 1 (0 100 30)	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00	7.0000
RANIBIZUMAB nj. Sol. 02296810 nj. Sol (syr) 02425629 RASAGILINE MI ab. 02404680 02284642 02418436	Lucentis Lucentis ESYLATE IN Apo-Rasagiline Azilect Teva-Rasagiline	Apotex Teva Innov Teva Can	10 mg/n 1 10 mg/n 1 1 00 00 00 00 00 00 00 00 00 00 00 00	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15	7.0000 3.6050
RANIBIZUMAB nj. Sol. 02296810 nj.Sol (syr) 02425629 RASAGILINE MI Tab. 02404680 02284642 02418436 Tab. 02404699	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect Teva-Rasagiline Apo-Rasagiline	Apotex Teva Innov Teva Can	10 mg/n 1 10 mg/n 1 1 00 30 30 30 30	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15 1 mg PPB 360.50	7.0000 3.6050 3.6050
RANIBIZUMAB nj. Sol. 02296810 nj. Sol (syr) 02425629 RASAGILINE MI Fab. 02404680 02284642 02418436	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect Teva-Rasagiline Apo-Rasagiline Azilect	Apotex Teva Innov Teva Can	10 mg/n 1 10 mg/n 1 1 00 00 00 00 00 00 00 00 00 00 00 00	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15	7.0000 3.6050 3.6050 7.0000
RANIBIZUMAB nj. Sol. 02296810 nj. Sol (syr) 02425629 RASAGILINE MI Fab. 02404680 02284642 02418436 Fab. 02404699 02284650	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect Teva-Rasagiline Apo-Rasagiline Azilect	Apotex Teva Innov Teva Can Apotex Teva Innov	10 mg/n 1 10 mg/n 1 100 30 30 30	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15 1 mg PPB 360.50 210.00	7.0000 3.6050 3.6050 7.0000
RANIBIZUMAB nj. Sol. 02296810 nj. Sol (syr) 02425629 RASAGILINE MI Tab. 02404680 02284642 02418436 Tab. 02404699 02284650 02418444	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect Teva-Rasagiline Apo-Rasagiline Azilect	Apotex Teva Innov Teva Can Apotex Teva Innov	10 mg/n 1 10 mg/n 1 100 30 30 30	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15 1 mg PPB 360.50 210.00 108.15	7.0000 3.6050 3.6050 7.0000
RANIBIZUMAB Inj. Sol. 02296810 Inj.Sol (syr) 02425629 RASAGILINE MI Tab. 02404680 02284642 02418436 Tab. 02404699 02284650 02418444	Lucentis Lucentis ESYLATE Apo-Rasagiline Azilect Teva-Rasagiline Apo-Rasagiline Azilect Teva-Rasagiline	Apotex Teva Innov Teva Can Apotex Teva Innov	10 mg/n 1 10 mg/n 1 100 30 30 30	/mL (0,23ml) 1575.00 nL (0,165 ml) 1575.00 0.5 mg PPB 360.50 210.00 108.15 1 mg PPB 360.50 210.00	7.0000 3.6050 3.6050 7.0000

Where no price is indicated, 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
	VIRINE 1				000	
Tab.	00400040	th as a se	Dan dankana	400	200 mg	7.0500
	02439212	Ibavyr	Pendopharm	100	725.00	7.2500
Tab.					400 mg	
	02425890	lbavyr	Pendopharm	100	1450.00	14.5000
Tab					600	
Tab.	02425904	lhour	Pendopharm	100	600 mg 2175.00	21.7500
	02425904	IDavyi	Pendopnarm	100	2175.00	21.7500
DID/	WIDINE/ IN	TEREFORM ALEA OR (REC)	(LATED) B			
Kit	AVIRINE/ IN	TERFERON ALFA-2B (PEG`	LATED) W	200 mg-80	mcg/0.5 mL	
*	02254581	Pegetron Clearclick	Merck	1	752.20	w
Kit	00054000	B	l., .	I -	mcg/0.5 mL	141
*	02254603	Pegetron Clearclick	Merck	1	752.20	W
Kit				200 mg-120	mcg/0.5 mL	
*	02254638	Pegetron Clearclick	Merck	1	831.18	w
					'	
Kit 		I	I	I	mcg/0.5 mL	
*	02254646	Pegetron Clearclick	Merck	1	831.18	W
RIFA Tab.	XIMINE 1				550 mg	
	02410702	Zaxine	Salix	60	460.65	7.6775
			1			
RILU	ZOLE 🖪					
Tab.		I	1		50 mg PPB	
	02352583 02390299	Apo-Riluzole Mylan-Riluzole	Apotex Mylan	60 60	206.17 206.17	→ 3.4361→ 3.4361
	02242763	Rilutek	SanofiAven	60	585.84	9.7640
	CIGUAT 🖪				0.5	
Tab.	00440701	Adamas	D	40	0.5 mg	40.7500
	02412764	Adempas	Bayer	42	1795.50	42.7500
Tab.					1 mg	
	02412772	Adempas	Bayer	42	1795.50	42.7500

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
T-1-				4.5	
Tab.	l	I_		1.5 mg	
02412799	Adempas	Bayer	42	1795.50	42.7500
Tab.		1	ı	2 mg	
02412802	Adempas	Bayer	42	1795.50	42.7500
Tab.				2.5 mg	
02412810	Adamasa	Bayer	42	1795.50	42.7500
02412610	Adempas	Bayer	42	1795.50	42.7500
	_				
I.M. Inj. Pd.				12.5 mg	
02298465	Risperdal Consta	Janss. Inc	1	75.41	
I.M. Inj. Pd.	ı	ı	ı	25 mg	ı
02255707	Risperdal Consta	Janss. Inc	1	156.09	
I.M. Inj. Pd.	I	1	ı	37.5 mg	ı
02255723	Risperdal Consta	Janss. Inc	1	234.16	
I.M. Inj. Pd.				50 mg	
1	B:	l		l - I	
02255758	Risperdal Consta	Janss. Inc	1	312.20	
RITUXIMAB					
I.V. Perf. Sol.	I	I	1	10 mg/mL I I	ı
02241927	Rituxan	Roche	10 ml 50 ml	453.10 2265.50	
RIVAROXABAN	B				
Tab.				10 mg	
02316986	Xarelto	Bayer	50	142.00	2.8400
				l I	
Tab.			1	15 mg	
02378604	Xarelto	Bayer	90	255.60	2.8400
	-	1			
Tab.	I	ı	ı	20 mg	ı
02378612	Xarelto	Bayer	90	255.60	2.8400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	_				
RIVASTIGMINE Caps.	.		. 1	1.5 mg PPB	
02336715	Apo-Rivastigmine	Apotex	100	65.14	→ 0.6514
02427567	Auro-Rivastigmine	Aurobindo	60	39.08	0.6511→ 0.6513
	· · · · · · · · · · · · · · · · · · ·		100	65.14	• 0.6514
02242115	Exelon	Novartis	56	136.50	2.4375
02401614	Med-Rivastigmine	GMP	56	36.47	→ 0.6513
			100	65.14	→ 0.6514
02406985	Mint-Rivastigmine	Mint	56	36.47	→ 0.6513
02305984	Novo-Rivastigmine	Novopharm	56	36.47	→ 0.6513
			100	65.14	→ 0.6514
02416999	Rivastigmine	Pro Doc	100	65.14	→ 0.6514
02324563	Sandoz Rivastigmine	Sandoz	56	36.47	→ 0.6513
			100	65.14	→ 0.6514
Caps.	ı	1	1	3 mg PPB	1
02336723	Apo-Rivastigmine	Apotex	100	65.14	→ 0.6514
02427575	Auro-Rivastigmine	Aurobindo	60	39.08	• 0.6513
	· ···· - · · · · · · · · · · · · · · ·		100	65.14	→ 0.6514
02242116	Exelon	Novartis	56	136.50	2.4375
02401622	Med-Rivastigmine	GMP	56	36.47	→ 0.6513
	_		100	65.14	→ 0.6514
02406993	Mint-Rivastigmine	Mint	56	36.47	→ 0.6513
02305992	Novo-Rivastigmine	Novopharm	56	36.47	→ 0.6513
			100	65.14	→ 0.6514
02417006	Rivastigmine	Pro Doc	100	65.14	→ 0.6514
02324571	Sandoz Rivastigmine	Sandoz	56	36.47	→ 0.6513
			100	65.14	→ 0.6514
Caps.	1	1	I	1.5 mg PPB 	
02336731	Apo-Rivastigmine	Apotex	100	65.14	→ 0.6514
02427583	Auro-Rivastigmine	Aurobindo	60	39.08	→ 0.6513
			100	65.14	→ 0.6514
02242117	Exelon	Novartis	56	136.50	2.4375
02401630	Med-Rivastigmine	GMP	56	36.47	0.6513
00407655			100	65.14	• 0.6514
02407000	Mint-Rivastigmine	Mint	56	36.47	0.6513
02306018	Novo-Rivastigmine	Novopharm	56	36.47	0.6513
00447044	Diversions	D D	100	65.14	0.6514
02417014	Rivastigmine	Pro Doc	100	65.14	0.6514
02324598	Sandoz Rivastigmine	Sandoz	56 100	36.47 65.14	→ 0.6513→ 0.6514
			100	05.14	→ 0.6514

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	CODE	BRAND NAME	MANUFACTURER	SIZE		OF PKG. SIZE	UI	NIT PRICE
Caps					6 mg	PPB		
	02336758	Apo-Rivastigmine	Apotex	100		65.14	•	0.6514
	02427591	Auro-Rivastigmine	Aurobindo	60		39.08	•	0.6513
				100		65.14	•	0.6514
	02242118	Exelon	Novartis	56		136.50		2.4375
	02401649	Med-Rivastigmine	GMP	56		36.47	•	0.6513
	00407040	Mint Divertions	N4:4	100		65.14	→	0.6514
	02407019 02306026	Mint-Rivastigmine Novo-Rivastigmine	Mint Novopharm	56 56		36.47 36.47	3	0.6513 0.6513
	02300020	Novo-Nivastigitilite	Поторнанн	100		65.14	→	0.6514
	02417022	Rivastigmine	Pro Doc	100		65.14	•	0.6514
	02324601	Sandoz Rivastigmine	Sandoz	56		36.47	•	0.6513
		•		100		65.14	•	0.6514
Oral	Sol.				2 m	ng/mL		
	02245240	Exelon	Novartis	120 ml		153.02		1.2752
	02240240	Excion	14074113	120 1111		100.02		1.2702
Patcl	1	1	1	4.6 m	ıg/24H	PPB	ı	
	02302845	Exelon Patch 5	Novartis	30		131.63		4.3877
	02423413	Mylan-Rivastigmine Patch 5	Mylan	30		119.32	•	3.9773
	02426293	Sandoz Rivastigmine Patch 5	Sandoz	30		119.32	•	3.9773
Patcl	1			9.5 m	ıg/24H	PPB		
	02302853	Exelon Patch 10	Novartis	30	Ī	131.63		4.3877
	02302633	Mylan-Rivastigmine Patch	Mylan	30		119.32	•	3.9773
	02426307	Sandoz Rivastigmine Patch	Sandoz	30		119.32	•	3.9773
		- MALEATE P	I		1			
Tab.	IGLII AZON	EMALEATE B	1	ı	2 mg	PPB	ı	
	02241112	Avandia	GSK	60		76.76		1.2793
*	02403366	Rosiglitazone	AA Pharma	100		103.16	•	1.0316
					4 mg	PPB		
Tah		I	1	I	+ mg			
Tab.		1		100	1	200.73		2.0073
	02241113	Avandia	GSK				_	
Tab.	02241113 02403374	Avandia Rosiglitazone	AA Pharma	100		161.88	•	1.6188
					8 mg	161.88	•	
*					8 mg	161.88	•	

			1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ROTIGOTINE Datch				2 mg/24 h	
02403900	Neupro	U.C.B.	30	106.20	3.5400
				1	
Patch	l.,	lu o p	00	4 mg/24 h	0.5000
02403927	Neupro	U.C.B.	30	195.00	6.5000
Patch			1	6 mg/24 h	·
02403935	Neupro	U.C.B.	30	218.10	7.2700
Patch				8 mg/24 h	
02403943	Neupro	U.C.B.	30	218.10	7.2700
	,		l		
RUFINAMIDE [r				
Tab. I	I	1	I	100 mg	
02369613	Banzel	Eisai	30	21.54	0.7180
Tab.				200 mg	
02369621	Banzel	Eisai	30	43.09	1.4363
Tob				400	
Tab. 02369648	Banzel	Eisai	120	400 mg 375.58	3.1298
0200010			.20	0.0.00	0.1200
RUXOLITINIB PI	HOSPHATE R				
Tab.	I	1	I	5 mg	
02388006	Jakavi	Novartis	56	4602.74	82.1918
Tab.				10 mg	
02434814	Jakavi	Novartis	56	4602.74	82.1918
Tab. 02388014	lokovi	Novertie	56	15 mg 4602.74	82.1918
02366014	Jakavi	Novartis	30	4002.74	02.1910
Tab.	ı	1	ı	20 mg	
02388022	Jakavi	Novartis	56	4602.74	82.1918
SACUBITRIL/VA	LSARTAN 🖪		24.3 r	ng - 25.7 mg	
02446928	Entresto	Novartis	30	108.60	3.6200
	1		1	1	

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			48.6 r	ng - 51.4 mg	
02446936	Entresto	Novartis	60	217.20	3.6200
Tab.			97.2 m	g - 102.8 mg	
02446944	Entresto	Novartis	60	217.20	3.6200
	B				
Inh. Pd.	SULFATE LOI		200) mcg/coque	
02243115	Ventolin Diskus	GSK	60 dose(s)	9.40	
		_			
Inh. Pd.	KINAFOATE/ FLUTICASONE	PROPIONATE L	50 mcg-100) mcg/coque	
02240835	Advair 100 Diskus	GSK	60 dose(s)	75.79	
Inh. Pd.			50 mca-25() mcg/coque	
02240836	Advair 250 Diskus	GSK	60 dose(s)	90.69	
			50 50		
Inh. Pd. 02240837	Advair 500 Diskus	GSK	50 mcg-500 60 dose(s)	0 mcg/coque 	
022 10001	Navan 600 Biokas	CON	00 0000(0)	120.71	
Oral aerosol	I	1	25 mcg -12	25 mcg/dose	
02245126	Advair 125	GSK	120 dose(s)	90.69	
Oral aerosol			25 mcg -25	50 mcg/dose	
02245127	Advair 250	GSK	120 dose(s)	128.74	
SAPROPTERIN Tab.	DIHYDROCHLORIDE 1			100 mg	
02350580	Kuvan	Biomarin	120	3960.00	33.0000
	1	1		<u> </u>	
SARILUMAB	I		150	mg/1.14 mL	
02460521	Kevzara	SanofiAven	2	1400.00	700.0000
	,				
S.C. Inj.Sol (syr)		اه ده		mg/1.14 mL	700 0005
02460548	Kevzara	SanofiAven	2	1400.00	700.0000

				COST OF PKG.						
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE					
	SAXAGLIPTIN 18									
Tab.	.	1	١	2.5 mg						
02375842	2 Onglyza	AZC	30	69.00	2.3000					
Tab.				5 mg						
02333554	1 Onglyza	AZC	30	69.00	2.3000					
			100	230.00	2.3000					
SAXAGLIPTIN Tab.	METFORMIN HYDROCHLOR	IDE 🖪	2.5	mg - 500 mg						
02389169) Komboglyze	AZC	60	76.20	1.2700					
	1 1 12 11 12 11 12 11 11 11 11 11 11 11	1. = 4								
Tab.	1	I	2.5	mg - 850 mg	i					
0238917	7 Komboglyze	AZC	60	76.20	1.2700					
Tab.			2 E m	g - 1 000 mg						
0238918	5 Komboglyze	AZC	60	76.20	1.2700					
0236916	Kombogiyze	AZC	00	70.20	1.2700					
	_ 6									
S.C. Inj. Sol.	. в ш		150 m	g/mL (1 mL)						
9910121	Cosentyx (stylo)	Novartis	1	772.50						
02438070	Cosentyx (syringe)	Novartis	2 1	1545.00 772.50	772.5000					
			2	1545.00	772.5000					
SELEXIPAG I	R			200 mcg						
* 02451158	3 Uptravi	Janss. Inc	60	3850.00	64.1667					
02431130	Optiavi	Janss. Inc	00	3030.00	04.1007					
Tab.				400 mcg						
* 02451166	3 Uptravi	Janss. Inc	60	3850.00	64.1667					
	-	•								
Tab. I		I	1	600 mcg						
* 02451174	1 Uptravi	Janss. Inc	60	3850.00	64.1667					
Tob				900 mag						
Tab.	2 Uptravi	Janss. Inc	60	800 mcg 3850.00	64.1667					
02431102	- Optiavi	Julias. IIIC		3030.00	04.1007					
Tab.				1000 mcg						
* 02451190) Uptravi	Janss. Inc	60	3850.00	64.1667					
		1								

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		T			1	
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
T-L					4000	
Tab.		I	I	I	1200 mcg	I
*	02451204	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.					1400 mcg	
		I	1	I		
*	02451212	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.					1600 mcg	
		I		I	1	
*	02451220	Uptravi	Janss. Inc	60	3850.00	64.1667
SEN	NOSIDES A	. & B				
Liq.				8.5 mg	g/5 mL PPB	
	80024394	Jamp-Sennaguil	Jamp	250 ml	7.96	→ 0.0318
	00367729	Senokot	Purdue	250 ml	7.96	• 0.0318
					1	
Tab.				۶	3.6 mg PPB	
		1		I	1	
	80064362	Alta-Senna	Altamed	1000	46.39	• 0.0464
	80019511	Bio-Sennosides	Biomed	500	23.20	• 0.0464
	02247389	Euro-Senna	Sandoz	1000	46.39	0.0464
	80009595	Jamp-Senna	Jamp	100 500	4.64	0.0464
	80009182	Jamp-Sennosides Coated	Jamp	500	23.19 23.19	→ 0.0464→ 0.0464
	02068109	Lax-A Senna	Pendopharm	1000	46.39	→ 0.0464 → 0.0464
	80079884	M-Senna 8.6 mg	Mantra Ph.	500	23.19	→ 0.0464 → 0.0464
	80054498	M-Sennosides 8.6 mg	Mantra Ph.	500	23.19	→ 0.0464
	80038814	Opus Senna	Opus	1000	46.40	→ 0.0464
	80047592	Opus Sennosides Enrobe	Opus	1000	46.39	→ 0.0464
	00896411	pms-Sennosides	Phmscience	1000	4.64	→ 0.0464
	00000-11	pina demiosides	Timolonoc	1000	46.39	• 0.0464
	01949292	Riva-Senna	Riva	100	4.64	• 0.0464
	01010202	Tiva comia	Tuva	1000	46.39	0.0464
	80079605	Riva-Senna	Riva	100	4.64	0.0464
	000.000	1		1000	46.39	0.0464
1	80061813	SennAce	Vanc Phm	500	23.20	• 0.0464
	80069737	Sennalax	Cellchem	60	2.78	• 0.0464
	80054167	Sennosides	Altamed	1000	46.40	• 0.0464
				l		
Tab.					12 mg PPB	
	00000400	Jomn Connocides Costs -	lomn		1	_ 0.0EEE
	80009183	Jamp-Sennosides Coated	Jamp Mantra Dh	500	27.75	0.0555
	80055641	M-Sennosides 12 mg	Mantra Ph.	500	27.75	0.0555
1	00896403	pms-Sennosides	Phmscience	100 1000	5.55	0.0555
	80069733	Sennalax Forte	Cellchem	60	55.50 3.33	→ 0.0555→ 0.0555
	00009733	Serindiax Fulle	Centrieni	00	3.33	→ 0.0333

	1		1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SEVELAMER CA	ARBONATE 🖫		8	00 mg PPB	
02461501	Accel-Sevelamer	Accel	180	227.42	→ 1.2634
02354586	Renvela	SanofiAven	180	227.42	→ 1.2634
	_				
Tab.	YDROCHLORIDE			800 mg	
02244310	Renagel	SanofiAven	180	277.36	1.5409
SILDENAFIL CIT	TRATE B				
Tab.	I		1	20 mg PPB	1 -
02418118	Apo-Sildenafil R	Apotex	100	577.65 519.89	5.7765
02412179	pms-Sildenafil R	Phmscience	90	577.65	→ 5.7765 → 5.7765
02319500	ratio-Sildenafil R	Ratiopharm	100	577.65	→ 5.7765
02279401	Revatio	Pfizer	90	962.75	10.6972
SITAGLIPTIN				05	
Tab.	Ι	I		25 mg	
02388839	Januvia	Merck	30	78.53	2.6177
Tab.				50 mg	
02388847	Januvia	Merck	30	78.53	2.6177
- .				400	
Tab.	1		I	100 mg	I
02303922	Januvia	Merck	30 100	78.53 261.78	2.6177 2.6178
		'		'	
SITAGLIPTIN/MI	ETFORMIN HYDROCHLOI	RIDE 🖫			
L.A. Tab.	I	I	50) mg -500 mg	I
02416786	Janumet XR	Merck	60	82.20	1.3700
L.A. Tab.			50	mg -1000 mg	
02416794	Janumet XR	Merck	60	82.20	1.3700
02410734	odifullet XIX	INIGION	00	02.20	1.3700
L.A. Tab.			100	mg-1000 mg	ı
02416808	Janumet XR	Merck	30	82.20	2.7400
Tab. I	I	I) mg -500 mg 	1
02333856	Janumet	Merck	60	82.20	1.3700

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.				50	mg -850 mg					
	02333864	Janumet	Merck	60	82.20	1.3700				
. .	T.I. 50 4000									
Tab.	00000070		l.	1	ng -1000 mg	4 2700				
	02333872	Janumet	Merck	60	82.20	1.3700				
	IUM PHOSE Rect. Sol.	PHATE MONOBASIC/ SODIU	M PHOSPHATE DIBAS	SIC 160 mg -60 n	ng/mL PPB					
	00108065	Fleet Pediatrique	McNeil Co	65 ml	2.86					
	99101425	Lax-A Nema Pediatric	Pendopharm	67 ml	→ 2.66					
Rect.	. Sol.			160 mg -60 n	ng/mL PPB					
	00009911	Fleet	McNeil Co	130 ml	3.07					
	02096900	Lax-A NEMA	Pendopharm	130 ml	→ 2.66					
SOF	OSBUVIR	R			400 mg					
	02418355	Sovaldi	Gilead	28	18333.33	654.7618				
			-							
SOF	OSBUVIR/V	ELPATASVIR 🖫								
Tab.			ı	400	mg -100 mg	1				
	02456370	Epclusa	Gilead	28	20000.00	714.2857				
	OSBUVIR/V	ELPATASVIR/VOXILAPREVI	R 🖪							
Tab.		l., ,	l	400 mg -100	1 1	1				
	02467542	Vosevi	Gilead	28	20000.00	714.2857				
	ATOTROPH . or Inj. Pd. o		ı	ı	5 mg PPB	1				
	00745626	Humatrope	Lilly	1	→ 139.50					
	02399091 02325063	Nutropin AQ NuSpin 5 Omnitrope	Roche Sandoz	1 1	→ 139.50→ 139.50					
				5	697.50	→ 139.5000				
	02237971	Saizen	Serono	1	→ 139.50					
Cartr	idge	1	1	ı	6 mg PPB					
	02243077	Humatrope	Lilly	1	→ 261.00					
	02350122	Saizen	Serono	1	→ 261.00					

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cartridge I	I	1	I	15 mg	ı
02459647	Omnitrope	Sandoz	1 5	418.50 2092.50	418.5000
Cartridge				24 mg	
1	11	1.36.		1	
02243079	Humatrope	Lilly	1	1120.08	
Cartridge or Sty				10 mg PPB	
02376393	Nutropin AQ NuSpin 10	Roche	1	→ 279.00	
02325071	Omnitrope	Sandoz	1 5	→ 279.00	370,0000
			5	1395.00	→ 279.0000
Cartridge or Sty				12 mg PPB	
02401711	Genotropin GoQuick	Pfizer	5	1674.00	→ 334.8000
02243078	Humatrope	Lilly	1	→ 334.80	
02350130	Saizen	Serono	1	→ 334.80	
Cartridge or Sty				20 mg PPB	
02399083	Nutropin AQ NuSpin 20	Roche	1	→ 778.88	
02350149	Saizen	Serono	1	→ 778.88	
Inj. Pd.				3.33 mg	
1	0	0		1 1	
02215136	Saizen	Serono	1	135.45	
Inj. Pd.				8.8 mg	
02272083	Saizen	Serono	1	348.03	
	I	1			
S.C. Inj.Sol (syr)	I	1	I	0.6 mg	1
02401762	Genotropin MiniQuick	Pfizer	7	117.18	16.7400
S.C. Inj.Sol (syr)				0.8 mg	
02401770	Constronin MiniOuisk	Pfizer	7	1	22 2200
02401770	Genotropin MiniQuick	Plizei	1	156.24	22.3200
S.C. Inj.Sol (syr)				1 mg	
02401789	Genotropin MiniQuick	Pfizer	7	195.30	27.9000
		1			
S.C. Inj.Sol (syr)	I	1	I	1.2 mg	1
02401797	Genotropin MiniQuick	Pfizer	7	234.36	33.4800
S.C. Inj.Sol (syr)				1.4 mg	
02401800	Genotropin MiniQuick	Pfizer	7	273.42	39.0600
		1	I		

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					COST OF PKG.					
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE				
S.C.	Inj.Sol (syr)	1	1	1	1.6 mg	,				
	02401819	Genotropin MiniQuick	Pfizer	7	312.48	44.6400				
S.C.	Inj.Sol (syr)	I	I	ı	1.8 mg	1				
	02401827	Genotropin MiniQuick	Pfizer	7	351.54	50.2200				
S.C.	Inj.Sol (syr)		I	I	2 mg					
	02401835	Genotropin MiniQuick	Pfizer	7	390.60	55.8000				
Ch.					5.2 mg					
Sty 	00404702	Constrania Coloriale	Direc	_	5.3 mg	147.0700				
	02401703	Genotropin GoQuick	Pfizer	5	739.35	147.8700				
	ATOTROPH	IIN - DELAYED GROWTH AN	ID TURNER'S SYNDR	OME 🖪	E ma					
Sty / *	00004050	Marillo de Marillo	l		5 mg					
	02334852	Norditropin Nordiflex	N.Nordisk	1	139.50					
Sty					10 mg					
*	02334860	 Norditropin Nordiflex	N.Nordisk	1	279.00					
	02334600	Norditropiri Nordinex	IN.INOI GISK	'	279.00					
Sty					15 mg					
*	02334879	 Norditropin Nordiflex	N.Nordisk	1	418.50					
	02004073	TVOTALITOPITT TVOTALITEX	14.1401GISK	'	410.00					
SOM Cartr		IIN - DELAYED GROWTH RE	LATED TO RENAL FA	ALURE B	6 mg					
Carti	_				1					
	99101243	Saizen	Serono	1	261.00					
Cartr	idge				10 mg					
	99101242	Nutropin AQ NuSpin 10	Roche	1	279.00					
	33101242	Transpir A Transpir To	TOOLE	'	210.00					
Cartr	idge				12 mg					
	99101245	Saizen	Serono	1	334.80					
_					1					
Cartr	idge or Sty	1	1		20 mg PPB					
	99101240	Nutropin AQ NuSpin 20	Roche	1	→ 778.88					
	99101246	Saizen	Serono	1	→ 778.88					
L-1 -					2.22					
Inj. P		l	١	l .	3.33 mg					
	99101247	Saizen	Serono	1	135.45					

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Inj. Pd.				8.8 mg				
99101248	Saizen	Serono	1	348.03				
Inj. Pd. or Sty	nj. Pd. or Sty 5 mg PPB							
99101238	Nutropin AQ NuSpin 5 Saizen	Roche Serono	1 1	→ 139.50 → 139.50				
		1		1				
SORAFENIB TO	SYLATE B			200 mg				
02284227	Nexavar	Bayer	120	5521.20	46.0100			
		-	ı	1				
STIRIPENTOL	P			050				
Caps. 02398958	Diacomit	Biocodex	60	250 mg 353.90	5.8983			
02030300	Bidconne	Biocodex		000.00	0.0000			
Caps.	I	I	ı	500 mg	1			
02398966	Diacomit	Biocodex	60	706.70	11.7783			
Oral Pd.			25	i0 mg/sachet				
02398974	Diacomit	Biocodex	60	353.90	5.8983			
Oral Pd.			50	0 mg/sachet				
02398982	Diacomit	Biocodex	60	706.70	11.7783			
SUNITINIB (MAL	LATE) 🖫							
Caps.	I	I	I	12.5 mg				
02280795	Sutent	Pfizer	28	1768.27	63.1525			
Caps.				25 mg				
02280809	Sutent	Pfizer	28	3536.52	126.3043			
Caps. 02280817	Sutent	 Pfizer	28	50 mg 7073.05	252.6089			
02200017	Julent	1 11201		1013.03	202.0009			
TACROLIMUS B								
Top. Oint.		1	ı	0.03 %	ı			
02244149	Protopic	Leo	30 g 60 g	64.50 129.00	2.1500 2.1500			

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				COST OF PKG.						
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE					
Top. Oint.				0.1 %						
02244148	Protopic	Leo	30 g	69.00	2.3000					
			60 g	138.00	2.3000					
TADALAFIL 🖺										
Tab.		1	:	20 mg PPB	ı					
02338327	Adcirca	Lilly	56	680.81	12.1573					
02421933	Apo-Tadalafil PAH	Apotex	60	607.37	→ 10.1228					
TEMOZOLOMIDE										
Caps.		1	I	5 mg PPB						
02441160	ACT Temozolomide	ActavisPhm	5 20	19.50 78.00	⇒ 3.9000⇒ 3.9000					
02443473	Taro-Temozolomide	Taro	5	19.50	→ 3.9000					
			20	78.00	→ 3.9000					
02241093	Temodal	Merck	5	19.50	→ 3.9000					
0				00 DDD						
Caps.		1	1	20 mg PPB 	l					
02395274	ACT Temozolomide	ActavisPhm	5 20	78.00 312.00	→ 15.6000 → 15.6000					
02443481	Taro-Temozolomide	Taro	5	78.00	→ 15.6000					
			20	312.00	→ 15.6000					
02241094	Temodal	Merck	5	78.00	→ 15.6000					
Caps.			1	00 mg PPB						
1 ' 1	AOT To see also wide		1	ı	70,000					
02395282	ACT Temozolomide	ActavisPhm	5 20	390.00 1560.00	→ 78.0000 → 78.0000					
02443511	Taro-Temozolomide	Taro	5	390.02	78.0030					
02241095	Temodal	Merck	20 5	1560.06 390.00	78.0030 78.0000					
02211000	Tomodar	Worok		000.00	70.0000					
Caps.			1.	40 mg PPB						
02395290	ACT Temozolomide	ActavisPhm	5	546.03	→ 109.2050					
02030230	AOT TEMOZOIOMIGE	/ totavisi iiiii	20	2184.10	→ 109.2050					
02443538	Taro-Temozolomide	Taro	5	546.03	→ 109.2050					
02312794	Temodal	Merck	5	546.03	109.2060					
Caps.			2	50 mg PPB						
1 ' 1	AOT Tamanala salah	A -ti-D/	1	1	405 0000					
02395312	ACT Temozolomide	ActavisPhm	5 20	975.00 3900.04	→ 195.0000→ 195.0020					
02443554	Taro-Temozolomide	Taro	5	975.01	195.0020					
02241096	Temodal	Merck	5	975.00	→ 195.0000					

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
				1				
TERIFLUNOMID				14 mg				
02416328	Aubagio	Genzyme	28	1426.82	50.9579			
02.10020	7 ta 2 ag / 2			1 120.02	00.0010			
TERIPARATIDE S.C. Inj. Sol.		250	mcg/mL (2.4	mL or 3 mL)				
02254689	Forteo	Lilly	1	809.73				
	(a)							
THALIDOMIDE Caps.				50 mg				
02355191	Thalomid	Celgene	28	825.13	29.4689			
Caps.				100 mg				
02355205	Thalomid	Celgene	28	1650.26	58.9379			
Caps.				200 mg				
02355221	Thalomid	Celgene	28	3300.64	117.8800			
				l				
TICAGRELOR [R			90 mg				
02368544	Brilinta	AZC	60	88.80	1.4800			
TIGECYCLINE I.V. Perf. Pd.	B		·	50 mg PPB				
02409356	Tigecycline	Apotex	10	714.23	→ 71.4230			
02285401	Tygacil	Pfizer	10	802.50	80.2500			
TIPRANAVIR Caps.				250 mg				
02273322	Aptivus	Bo. Ing.	120	990.00	8.2500			
				'				
TIZANIDINE HYD	TIZANIDINE HYDROCHLORIDE 1 Tab. 4 mg							
02259893	Tizanidine	AA Pharma	100	36.86	0.3686			
		1		<u> </u>				
TOBRAMYCIN S	ULFATE 🖪			28 mg				
02365154	Tobi Podhaler	Novartis	224	2880.36				
32000104		1						

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Sol. Inh.			300 mg	/5 mL PPB	
02443368	Solution de Tobramycine	Sandoz	56	1533.36	→ 27.3814
02389622 02239630	pour Inhalation Teva-Tobramycin Tobi	Teva Can Novartis	56 56	1533.36 2880.36	→ 27.3814 51.4350
I.V. Perf. Sol.			20 m	g/mL (4 mL)	
02350092	Actemra	Roche	1	179.20	
I.V. Perf. Sol.			20 mg	/mL (10 mL)	
02350106	Actemra	Roche	1	448.00	
I.V. Perf. Sol.			20 mg	/mL (20 mL)	
02350114	Actemra	Roche	1	896.00	
S.C. Inj.Sol (syr)		•	16	2 mg/0.9 mL	
02424770	Actemra	Roche	4	1420.00	355.0000
Caps.	ACETATE (DL-ALPHA) ⁵			100 UI	
99002396			100		
Caps.				200 UI	
99002418			100		
Caps.				400 UI	
99002426			100		
	I				
Chew. Tab. 99100202			90	200 UI	
99100202			90		
Oral Sol.	ı	1	ı	50 UI/mL	
99002469			25 ml		
TOFACITINIB CI	TRATE 1			5 mg	
02423898	Xeljanz	Pfizer	60	1385.79	23.0965

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
_	_			•					
TRAMETINIB Tab.				0.5 mg					
02409623	Mekinist	Novartis	30	2175.00	72.5000				
Tab.				2 mg					
02409658	Mekinist	Novartis	30	8700.00	290.0000				
	L/ VERAPAMIL HYDROCHLO	RIDE 🖪	•	0.40					
Tab.	Torko	BCD Dharma	l	mg -240 mg	1 7220				
02240946	Tarka	BGP Pharma	100	172.30	1.7230				
Tab.			. 4	mg -240 mg					
02238097	Tarka	BGP Pharma	100	191.21	1.9121				
TREPROSTINIL	SODIUM B			4 / 1					
Inj. Sol.	B		00 1	1 mg/mL	1				
02246552	Remodulin	U.T.C.	20 ml	900.00					
Inj. Sol.				2.5 mg/mL					
02246553	Remodulin	U.T.C.	20 ml	2250.00					
I-: 0-I				5 <i>l</i> l					
Inj. Sol. 02246554	 Remodulin	U.T.C.	20 ml	5 mg/mL 4500.00					
02246554	Remodulin	0.1.0.	20 1111	4500.00					
Inj. Sol.				10 mg/mL	ī				
02246555	Remodulin	U.T.C.	20 ml	9000.00					
TRETINOIN 🖪									
Top. Cr.			0	.01 % PPB					
00897329	Retin-A	 Valeant	30 g	10.68	0.3560				
00657204	Stieva-A	GSK	25 g	7.30	→ 0.2920				
Top. Cr. 0.025 % PPB									
00897310	Retin-A	 Valeant	30 g	10.68	0.3560				
00578576	Stieva-A	GSK	25 g	7.30	• 0.2920				
Top. Cr.	Top. Cr. 0.05 % PPB								
00443794	Retin-A	 Valeant	30 g	10.36	0.3453				
00518182	Stieva-A	GSK	25 g	5.15	→ 0.2060				

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CODE	≣	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Top. Cr.	Top. Cr. 0.1 %							
0066	2348	Stieva-A Forte	GSK	25 g	7.30	0.2920		
Top. Jel.					0.01 %			
0192	6462	Vitamin A Acid Gel Doux	Valeant	25 g	7.41	0.2964		
Top. Jel.				0.0	025 % PPB			
* 0044	3816	Retin-A	Janss. Inc	30 g	10.36	w		
I	6470	Vitamin A Acid Gel	Valeant	25 g	7.41	→ 0.2964		
Top. Jel.					0.05 %			
0192	6489	Vitamin A Acid Gel	Valeant	25 g	7.41	0.2964		
	и СНL	ORIDE 🖪						
Tab. I		I	1	I	20 mg	ı		
0227	5066	Trosec	Sunovion	60	45.57	0.7595		
UROFOLL Inj. Pd.	ITROF	PIN B	1	I	75 UI	ı ı		
0226	8140	Bravelle	Ferring	5	265.00	53.0000		
USTEKINU S.C. Inj.So			1	4	5 mg/0.5 mL			
0232	0673	Stelara	Janss. Inc	1	4311.72			
S.C. Inj.So	l (syr)	ı			90 mg/1 mL			
0232	0681	Stelara	Janss. Inc	1	4311.72			
VALGANCICLOVIR HYDROCHLORIDE TO S0 mg/mL								
0230	6085	Valcyte	Roche	100 ml	253.98	2.5398		
Tab.		ı	1	4:	50 mg PPB			
0239	3824	Apo-Valganciclovir	Apotex	60	348.19	→ 5.8032		
0243	5179	Auro-Valganciclovir	Aurobindo	60	348.19	→ 5.8032		
0011	0005	T		100	580.31	5.8031		
1	3825 5777	Teva-Valganciclovir Valcyte	Teva Can Roche	60 60	348.19 1371.49	→ 5.8032 22.8582		
0224	0111	valoyte	TOOLE	00	107 1.48	22.0002		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VEDOLIZUMAB	R			000	
I.V. Perf. Pd.	Entrada		1	300 mg	
02436841	Entyvio	Takeda	1	3290.00	
VEMURAFENIB	EN				
Tab.	ш. 1	1	ı	240 mg	1
02380242	Zelboraf	Roche	56	1911.59	34.1355
VERTEPORFIN I.V. Inj. Pd.	R			15 mg	
02242367	Visudyne	 Novartis	1	1703.10	
	,				
VILANTEROL TI	RIFENATATE/FLUTICASONE	FUROATE 🖫			
Inh. Pd.	I	I	25 mcg - 10	00 mcg/dose	I
02408872	Breo Ellipta	GSK	30 dose(s)	82.20	
Inh. Pd.			25 mcg -20	00 mcg/dose	
02444186	Breo Ellipta	GSK	30 dose(s)	116.90	
	RIFENATATE/UMECLIDINIUM	BROMURE 🖺			
Inh. Pd. (App.)	A	look	1	2,5 mcg/dose	
02418401	Anoro Ellipta	GSK	30 dose(s)	63.00	
VIOLED FOR	Ð				
VISMODEGIB [Caps.				150 mg	
02409267	Erivedge	Roche	28	8238.26	294.2236
VORICONAZOLI	E R			200 ma	
02256487	Vfend	 Pfizer	1	200 mg 145.55	145.5500
02230407	VICIO	1 11261	'	140.00	170.0000
Tab.	1	ı		50 mg PPB	ı
02409674	Apo-Voriconazole	Apotex	30	95.87	3.1957
02399245 02396866	Sandoz Voriconazole Teva-Voriconazole	Sandoz Teva Can	30 30	95.87 95.87	3.19573.1957
02256460	Vfend	Pfizer	30	370.53	12.3510

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	NIT PRICE
Tab.			2	00 mg PPB		
02409682	Apo-Voriconazole	Apotex	30	383.33	→	12.7777
02399253	Sandoz Voriconazole	Sandoz	30	383.33	•	12.7777
02396874	Teva-Voriconazole	Teva Can	30	383.33	•	12.7777
02256479	Vfend	Pfizer	30	1481.49		49.3830

ZANAMIVIR 🖪

Inh. Pd. (App.)			5 n	ng/coque (4)		
	02240863	Relenza	GSK	5	36.54	

ZOLEDRONIC ACID

I.V. Perf. Sol. 4 mg/5 mL **PPB** 02422425 | Acide zoledronique pour Dr Reddy's 134.61 5 ml injection 02434458 Acide zoledronique pour Fresenius 5 ml 134.61 injection + 02472805 Acide zoledronique pour 5 ml 134.61 Marcan injection 02444739 Acide zoledronique pour MDA 5 ml 134.61 injection 02421550 Acide zoledronique pour Pfizer 5 ml 134.61 injection 02415186 | Acide zoledronique pour 5 ml 134.61 Taro injection 02407639 Acide zoledronique pour Teva Can 5 ml 134.61 injection 02401606 Acide zoledronique-Z 5 ml 134.61 Sandoz 02403056 pms-Zoledronic Acid Phmscience 134.61 5 ml 02248296 Zometa 538.45 Novartis 5 ml

I.V. Perf. Sol. 5 mg/ 100 mL P						
02422433	Acide zoledronique injectable	Dr Reddy's	1	→	335.40	
02408082	Acide zoledronique injectable	Teva Can	1	→	335.40	
02269198	Aclasta	Novartis	1		668.60	
02415100	Injection d'acide zoledronique	Taro	1	•	335.40	

SUPPLIES

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SUPPLIES ⁶ AEROSOL HOLD	DING CHAMBER				
99002116	JING GHAMBER		1		
99002110			ı ı		
AEROSOL HOLD	DING CHAMBER AND MASK				
99002124			1		
DIEDOCADI E NI	EEDLE FOR AUTO IN IECTO	D			
ı	EEDLE FOR AUTO-INJECTO	r 	,		
99002108			1		
DISPOSABLE N	EEDLE FOR SYRINGE OF MI	ETHOTREXATE			
99101194			1		
				۰	
	EEDLE WITH SAFETY DEVIC	CE FOR INSULIN AUTO	O-INJECTOR	9 I I	
99100517			1		
DISPOSABLE SY	ringe (without needle))			
99002337			1	1.0 cc	
				2.0 cc	
99002531			1	2.0 00	
				3 cc	
99002175			1		
,		ı	ı	5 cc	
99002183			1		
		1	I	10 cc	
99002191			1		

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⁹

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				20 cc	
99100668			1		
				30 cc	
99100669			1		
		•			
DISPOSABLE S	YRINGE WITH NEEDLE FOR	INSULIN		0.25 cc	
99002132			1	0.23 00	
	I	I			
99002140			1	0.3 cc	
99002140			1		
1	I	I	I	0.5 cc	
99002159			1		
				1.0 cc	
99002167			1		
DISPOSABLE S	YRINGE WITH NEEDLE(S)			1.0 cc	
99002345			1		
99002558			1	2.0 cc	
00002000					
	I	I	l	3 cc	
99002205			1		
1	I	ı	ı	5 cc	
99002213			1		
				10 cc	
99002221			1		

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
DIS	DISPOSABLE SYRINGE WITH RETRACTABLE NEEDLE ¹³								
	99101335			1					
MA	SK FOR AER	OSOL HOLDING CHAMBER							
	99003643			1					
	DIUM CHLOR sh. sol.	RIDE	ı		0.9 % PPB	1			
	99100499	BD Saline SP NaCl 0.9 %	B-D	3 ml 5 ml	0.90 0.95				
	99100894	Chlorure de Sodium	MedXL	10 ml 3 ml 5 ml 10 ml	1.00 0.85 0.90 0.95				

Syringes and retractable needles are reimbursable only where billed for the administration of naloxone hydrochloride.

PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
PPODUCTS E	OR EXTEMPORANEOUS	DDEDADATIONS 6					
PRODUCTS FO	UR EXTEMPURANEOUS	PREPARATIONS					
AMPHOTERICIN Inj. Pd.	ВВ			50 mg			
99100416			20 ml				
COLLOIDAL SU	LFUR						
00901725			50 g				
CYCLOSPORINE Inj. Sol.							
99100387			1				
ERYTHROMYCII							
Pd. (external use) 		2 g				
33100100			- y				
HYDROCORTISC	ONE						
00900761			5 g				
			<u> </u>				
HYDROCORTISC	ONE ACETATE						
00906689			10 g				
LIQUOR CARBO	LIQUOR CARBONIS DETERGENS						
00903256			500 ml				
METHADONE H	YDROCHLORIDE 19			1 a à 100 ~			
00907561	Methadone		1	1 g à 100 g			
			· · · · · ·				

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
1					
MITOMYCINE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
99004518			1		
PRECIPITATED SU	LFUR				
00901733			500 g		
SALICYLIC ACID	ı	1	ı	1 1	
00901164			50 g		
SODIUM BENZOAT Pd.	E - ACTIVE INGREDIENT				
99101236			100 g		
SUBLIMED SULFU	R		1		
00896217			125 g		
TAR (MINERAL)		1	ı		
00897361			25 g		
TAR (WOOD)	1	1	ı	1 1	
00908169			100 ml		
VANCOMYCIN HYE Pd.	DROCHLORIDE B	1	ı	, ,	
99100176			1 g		

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VEHICLES, SOLVENTS OR ADJUVANTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VEUIOLEO 00	NAME OF A DUNANT	0.6			
VEHICLES, SC	DLVENTS OR ADJUVANT	5 °			
ANHYDROUS SO	ODIUM CITRATE				
99002779			100 g		
ARTIFICIEL Oph. Sol.					
00921270			15 ml		
BASES/ EMULS	ions ²²				
99101014			1		
CARBOXYMETH	YLCELLULOSE SODIUM				
00897175			100 g		
CASSETTE OR I	BAG FOR ADMINISTRATION	DEVICE			
99002248			1		
CHLOROFORM					
99002752			100 ml		
Pd.					
99001500			50 g		
DEXTROSE Inj. Sol.				5 %	
99002256			500 ml 1000 ml		

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²²

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				'	
DEXTROSE (MIN Inj. Sol.	II-BAGS)			5 %	
00921289			25 ml		
			50 ml 100 ml		
			250 ml		
DISPOSABLE NE	EEDLE FOR SYRINGUES				
99005077			100		
DISTILLED WAT	ER				
00906719			4550 ml		
ELASTOMERIC I	NFUSOR (CONTINUOUS)	ı	ı	1 1	
99002280			1		
EL ACTOMEDIO I	NELICOR (INTERMITENT)				
	NFUSOR (INTERMITENT)	I	I	I I	
99002272			1		
EMPTY BAG FOI Bag	R IV SOLUTIONS				
99002299			1		
ETHANOL Liq.				95 %	
99002388			750 ml		
GELATIN (EMPT Caps.	Y CAPSULE)				
99001519			1		
GLYCERIN ⁵					
00903159			100 ml		
5 Where no	nrice is indicated pharmacist	a may purchase the pro	duct of their	shoice. The prod	luot thuo

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
		,		·			
GLYCINE/ SODIUM CHLORIDE 94 mg -73.3 mg							
00000057	Flatar (dilument manus)	COK					
02230857	Flolan (diluant pour)	GSK	50 ml	10.36			
YDRATED LAN	IOLIN						
00902659			450 g				
ACTOSE							
00900834			500 g				
IDOCAINE HYD ij. Sol.	ROCHLORIDE		1 % (2	? mL à 5 mL)			
99101013			1				
99003376			1 ml				
IAGNESIUM HY	/DROXIDE/ ALUMINIUM HYD	PROXIDE/ SIMETHICO	NE				
99100243			1 ml				
IETHYLCELLUI	LOSE						
00902365			100 g				
d.				1 500 cps			
99001527			500 g				
MINERAL OIL							
00906654			500 ml				
OILY VEHICLE							
99101192			500 ml				
	•	•					

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ROPYLENE GL	YCOL				
00903353			500 ml		
URIFIED WATE	R (DISTILLED, DEMINERAL	ZED OR OTHERS)	I	1 1	
99101431			1 ml		
IMPLE SYRUP					
1					
00905038			500 ml		
	ATE AD HIVANT				
ODIUM BENZO	AIE - ADJUVANI				
d.	ATE - ADJUVANT		400 =		
	ATE - ADJUVANT		100 g		
d.		[100 g		
99001535 99001535 ODIUM BICARE			100 g		
99001535 SODIUM BICARE			l		
99001535 SODIUM BICARE	BONATE		l	0.9 %	
99001535 ODIUM BICARE dd. 99100058	BONATE		l	0.9 %	
99001535 ODIUM BICARE d. 99100058 ODIUM CHLOR nj. Sol.	BONATE		100 g	0.9 %	
99001535 ODIUM BICARE dd. 99100058 ODIUM CHLOR nj. Sol. 99002310	BONATE		100 g	0.9 %	
99001535 ODIUM BICARE dd. 99100058 ODIUM CHLOR nj. Sol. 99002310	BONATE		100 g 500 ml 1000 ml		
99001535 ODIUM BICARE d. 99100058 ODIUM CHLOR nj. Sol. 99002310 ODIUM CHLOR nj. Sol.	BONATE		500 ml 1000 ml 5 ml 10 ml 20 ml		
99001535 ODIUM BICARE d. 99100058 ODIUM CHLOR nj. Sol. 99002310 ODIUM CHLOR nj. Sol.	BONATE		100 g 500 ml 1000 ml 5 ml 10 ml		
99001535 ODIUM BICARE d. 99100058 ODIUM CHLOR nj. Sol. 99002310 ODIUM CHLOR nj. Sol. 99002329	BONATE		500 ml 1000 ml 5 ml 10 ml 20 ml	0.9 %	
99001535 ODIUM BICARE d. 99100058 ODIUM CHLOR nj. Sol. 99002310 ODIUM CHLOR nj. Sol. 99002329	IDE IDE (SMALL VOLUMES)		500 ml 1000 ml 5 ml 10 ml 20 ml		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•		'	
ODIUM CHLOR	RURE MINI-SAC			0.9 %	
00921300			25 ml		
			50 ml 100 ml		
			250 ml		
OFT WHITE PA	RAFFIN				
00902691			450 g		
OFT YELLOW	PARAFFIN	ı	ı	1 1	
00902683			454 g		
ORBITOL					
99000555			100 g		
TERILE SYRIN	GE CAP	I	l	l I	
99100673			25		
TERILE WATE	R FOR INJECTION				
99100407			250 ml		
			500 ml 1000 ml		
			2000 ml		
TERILE WATE	R FOR INJECTION (SMALL \	/OLUMES)			
		1	l		
99002264			5 ml 10 ml		
			20 ml 50 ml		
TEDU E WATE	D FOR IRRIGATION				
	R FOR IRRIGATION	I	I	 	
99101432			1 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
STERILE WATER	R INHALATION THERAPY				
00920282			3 ml 5 ml		
			0 1111		
SWEET ALMOND	OOIL				
00907448			100 ml		
SWEETENERS (\	/ARIOUS FLAVOURS)		ı		
99002353			500 ml		
WEINOE FOR A	DMINIOTO ATION DEVICE				
I	DMINISTRATION DEVICE	I		l I	
99002302			1		
TRAGACANTH					
Pd.			100 ~		
Pd. 99002361			100 g		
99002361	DRAL SUSPENSIONS				
99002361 /EHICLES FOR (DRAL SUSPENSIONS		250	0 ml à 473 ml	
99002361	DRAL SUSPENSIONS			ml à 473 ml	
99002361 /EHICLES FOR (Oral Susp. 99101222	DRAL SUSPENSIONS ECTION (INHALATION THEI	RAPY)	250	ı ml à 473 ml	
99002361 /EHICLES FOR (Oral Susp. 99101222		RAPY)	250 1 2 ml) ml à 473 ml	
99002361 VEHICLES FOR O Dral Susp. 99101222		RAPY)	250 1 2 ml 10 ml 30 ml	o ml à 473 ml	
99002361 VEHICLES FOR O Dral Susp. 99101222		RAPY)	250 1 2 ml 10 ml	9 ml à 473 ml	
99002361 VEHICLES FOR O Dral Susp. 99101222 WATER FOR INJ		RAPY)	250 1 2 ml 10 ml 30 ml 50 ml	ml à 473 ml	
99002361 VEHICLES FOR O Dral Susp. 99101222 WATER FOR INJ 00905178 00905186			250 1 2 ml 10 ml 30 ml 50 ml	ml à 473 ml	

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	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
	WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %							
1	WATER FOR INJ	JECTION/ BENZTL ALCOHOL	L 1.5 %					
	00402257			30 ml 50 ml				
,	WATER FOR INJECTION/ PARABENS							
	00905445			30 ml				
2	XANTHAN GUM							
	99002760			100 g				