List of Medications

Last Updated on 15 August 2019

Produced by: Service des relations avec la clientèle

ISSN 1913-2794
Legal deposit — Bibliothèque et Archives nationales du Québec, 2019

ISBN 978-2-550-84619-2

Québec, 13 August 2019

Schedule 1

List of Medications
15 August 2019

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Exceptional Medications
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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For drugs that have been withdrawn from the market by the manufacturer, the symbol "W" appears in the "unit price" column.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:

(1) 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:

(1) 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:

(1) 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;

or

(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 anti-inflammatory 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

	Manufacturer		Difference between pharmacist's GSP and wholesaler's GSP
	Ara Pharm	Ara Pharmaceuticals	3%
	Atlas	Laboratoire Atlas Inc.	5,65%, 5,7%, 5,71%, 5,66%
*	Bionime	Bionime Corporation	5,66%
	Cellchem	Cellchem Pharmaceuticals Inc.	6,5%
*	Covidien	Covidien	6%
	Del	Del Pharmaceuticals Inc.	5,56%
*	Erfa	Erfa Canada 2012 Inc.	5%
*	GMP	Generic Medical Partners Inc.	5%
	Ignite	Ignite Pharma Inc.	6,5%
	I-Sens	I-Sens, Inc.	5%
	Lab. Paris	Laboratoires Paris Inc.	6,5%
	Medelys	Medelys Laboratoires international inc.	5%
	Medihub	MediHub International	6,25%
	Medisure	Medi + Sure	6,25%
	Medline	Medline Canada Corporation	2%
*	Nipro Diag	Nipro Diagnostics Inc.	6%
*	Purdue	Purdue Pharma	5%
*	Septa	Septa Pharmaceuticals	5%
	Sterigen	Sterigen	4%
*	Teligent	Teligent Canada Inc.	3%

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

APPENDIX II

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

FAMILIPRIX INC.

Head office: **FAMILIPRIX INC.**
6000, rue Armand-Viau
Québec (Québec) G2C 2C5

Mark-up 6.5%

Supply source code A

LE GROUPE JEAN COUTU (PJC) INC.

Head office: **LE GROUPE JEAN COUTU (PJC) INC.**
530, rue Bériault
Longueuil (Québec) J4G 1S8

Mark-up 6.5%

Supply source code D

MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC.

Head office: **MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC.**
12225, boul. Industriel, suite 100
Montréal (P.A.T.) Québec H1B 5M7

Mark-up 6.5%

Supply source code F

MCKESSON SERVICES PHARMACEUTIQUES

Head office: **MCKESSON SERVICES PHARMACEUTIQUES**
8290, boul. Pie IX
Montréal (Québec) H1Z 4E8

Mark-up 6.5%

Supply source code G

AMERISOURCE BERGEN CANADA

Head office: **AMERISOURCE BERGEN CANADA**
10600, boul. du Golf
Anjou (Québec) H1J 2Y7

Mark-up 6.5%

Supply source code H

KOHL & FRISCH LIMITED

Head office: **KOHL & FRISCH LIMITED**
7622, Keele Street
Concord (Ontario) L4K 2R5

Mark-up 6.5%

Supply source code I

SHOPPERS DRUG MART LIMITED

Head office: **SHOPPERS DRUG MART LIMITED**
243, Consumers Road
North York (Ontario) M2J 4W8

Mark-up 6.5%

Supply source code J

DISTRIBUTIONS PHARMAPLUS INC.

Head office: **DISTRIBUTIONS PHARMAPLUS INC.**
2905, rue de Celles # 102
Québec (Québec) G2C 1W7

Mark-up 6.5%

Supply source code M

INNOMAR STRATEGIES INC.

Head office: **INNOMAR STRATEGIES INC.**
3450, Harvester Road
Burlington (Ontario) L7N 3M7

Mark-up 6.5%

Supply source code N

GMD DISTRIBUTION INC.

Head office: **GMD DISTRIBUTION INC.**
1215, North Service Rd. W.
Oakville (Ontario) L6M 2W2

Mark-up 6.5%

Supply source code O

PharmaTrust MedServices Inc.

Head office: **PharmaTrust MedServices Inc.**
2880 Brighton Road, Unit 2
Oakville (Ontario) L6H 5S3

Mark-up 6.5%

Supply source code P

DEX Medical Distribution Inc.

Head office: **DEX Medical Distribution Inc.**
70 Esna Park Drive, Unit 11
Markham (Ontario) l3r 6e7

Mark-up 6.5%

Supply source code Q

McKesson Distribution Spécialisée Inc.

Head office: **McKesson Distribution Spécialisée Inc.**

Andrew and David Wholesale Ltd.

Head office: **Andrew and David Wholesale Ltd.**

8449 Lawson road, unit 102
Milton (Ontario) L9T 9L1

Mark-up 6.5%

Supply source code R

3330 Ridgeway Drive, Unit 12
Mississauga, Ontario L5L 5Z9

Mark-up 6.5%

Supply source code S

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 cm²) Dressing More than 500 cm² (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. 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
Amgen	Aranesp Syringe 80 mcg/0.4 mL	4

Manufacturer	Brand name	Packaging
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	1
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
Gilead	Biktarvy Tab. 50 mg -200 mg -25 mg	30
Biomed	Bio-Bosentan Tab. 62.5 mg	56
Biomed	Bio-Bosentan Tab. 125 mg	56
Allergan	Botox I.M. Inj. Pd. 200 UI	1
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)	2
U.C.B.	Cimzia S.C. Inj.Sol (syr) 200 mg/ml (1 ml)	2
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)	1
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	1
SanofiAven	Eligard Kit 22.5 mg	1

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
Janss. Inc	Erleada Tab. 60 mg	120
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
AZC	Fasenra S.C. Inj.Sol (syr) 30 mg/mL (1 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
Oméga	Guepe de l'est (vespula maculifrons) Inj. Pd. 1.3 mg	1
Oméga	Guepe (Polistes Spp.) Inj. Pd. 1.3 mg	1
Gilead	Harvoni Tab. 90 mg -400 mg	28
Gilead	Hepsera Tab. 10 mg	30

Manufacturer	Brand name	Packaging
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
Pendopharm	Ibavyr 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
Novartis	Kisqali Tab. 200 mg	21
Novartis	Kisqali Tab. 200 mg	63
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

Manufacturer	Brand name	Packaging
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)	5
Taiho	Lonsurf Tab. 15 mg - 6.14 mg	20
Taiho	Lonsurf Tab. 20 mg - 8.19 mg	20
Novartis	Lucentis Inj. Sol. 10 mg/mL (0,23ml)	1
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

Manufacturer	Brand name	Packaging
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
Phmscience	pms-Bosentan Tab. 62.5 mg	60
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

Manufacturer	Brand name	Packaging
Novartis	Revolade Tab. 25 mg	14
Novartis	Revolade Tab. 25 mg	28
Novartis	Revolade Tab. 50 mg	14
Novartis	Revolade Tab. 50 mg	28
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	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	1
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	1
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	1
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	1
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	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 90 mg/0.3 mL	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 120 mg/0.5 mL	1
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	1
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	1
SanofiAven	Suprefact Depot 3 mois Implant 9.45 mg	1
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

Manufacturer	Brand name	Packaging
Novartis	Tafinlar Caps. 50 mg	120
Novartis	Tafinlar Caps. 75 mg	120
AZC	Tagrisso Tab. 40 mg	30
AZC	Tagrisso Tab. 80 mg	30
Lilly	Taltz (pen) S.C. Inj. Sol. 80 mg/mL (1 mL)	1
Lilly	Taltz (syringe) S.C. Inj. Sol. 80 mg/mL (1 mL)	1
Roche	Tarceva Tab. 100 mg	30
Roche	Tarceva Tab. 150 mg	30
Taro	Taro-Temozolomide Caps. 250 mg	5
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	1
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

Manufacturer	Brand name	Packaging
Janss. Inc	Uptravi Tab. 1600 mcg	60
Roche	Valcyte Tab. 450 mg	60
Oméga	Venin d'abeille (apis mellifera) Inj. Pd. 1.3 mg	1
B.M.S.	Vepesid Caps. 50 mg	20
Xediton	Vesanoid Caps. 10 mg	100
ALK-Abello	Vespides combines Inj. Pd. 3.3 mg	1
Oméga	Vespides combines Inj. Pd. 3.9 mg	1
Oméga	Vespides combines Inj. Pd. 360 mcg	6
Pfizer	Vfend Tab. 200 mg	30
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
Pfizer	Xeljanz XR L.A. Tab. 11 mg	30
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

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.

Requests 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/m^2 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:

♦ in association with prednisone for treatment of metastatic castration-resistant prostate cancer in persons:

- who are asymptomatic or mildly symptomatic after an anti-androgen treatment has failed;

and

- 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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

♦ in association with prednisone, for treatment of metastatic castration-resistant prostate cancer in persons:

- whose disease has progressed during or following docetaxel-based chemotherapy, unless there is a contraindication or a serious intolerance;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

It must be noted that abiraterone is not authorized after enzalutamide has failed if it 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 10 July 2019, insofar as the physician provides evidence of a beneficial effect by the absence of disease progression.

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;

  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 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.

  Requests 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;

  and

  - 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 (HBeAg-positive) or 2 000 IU/mL (HBeAg-negative) 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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 eye.

- 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 unresectable 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

- as monotherapy, for treatment of unresectable locally advanced or metastatic non-small-cell lung cancer in persons :

  - whose tumour shows a rearrangement of the ALK gene;

  and

  - 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effectby 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;

and

- 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);

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.

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 ($HbA1_c$) 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 ($HbA1_c$) 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 with attention deficit disorder, with or without hyperactivity.

APALUTAMIDE :

♦ for treatment of non-metastatic castration-resistant prostate cancer, in persons:

- at high risk of developing distant metastases despite an androgenic deprivation treatment. High risk is defined as a prostate specific antigen doubling time equal to or less than 10 months;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

★ 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;

  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;

  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-HT_3 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 prolonged-acting 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 maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

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;

or

- where they are intolerant to a solution of tobramycin for inhalation;

or

- where they are allergic to tobramycin.

BENRALIZUMAB :

♦ for treatment of severe eosinophilic asthma in adults:

- with an eosinophil blood count of at least 300 cells/microlitre (0.30×10^9/l) at the time the benralizumab treatment is initiated or who had this concentration prior to starting a treatment with another medication targeting interleukin-5 (IL-5);

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 1000 mcg of propionate fluticasone, a long-acting β_2 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 period of 12 months.

Authorizations are given for a maximum dose of 30 mg every four weeks for the first three doses, followed thereafter by 30 mg every eight weeks.

- 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 (0.15×10^9/l) at the time the benralizumab treatment is initiated or who had this level before having started the treatment with another medication targeting interleukin-5 (IL-5).

  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 benralizumab 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 30 mg every four weeks for the first three doses, followed thereafter by 30 mg every eight weeks.

BISACODYL:

- for treatment of constipation related to a medical condition.

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;

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 ($HbA1_c$) 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 colistimethate 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 colistimethate 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 unresectable locally advanced or metastatic non-small-cell lung cancer in persons:

- whose tumour shows a rearrangement of the ALK gene;

and

- 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

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 $\geq$ 2.54 mmol/L;

  or

  - a phosphoremia $\geq$ 1.78 mmol/L;

  or

  - a phosphocalcic product $\geq$ 4.5 $mmol^2/L^2$;

  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 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 maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

★ 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 first-line treatment of 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 four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

- 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;

  and

  - whose cancer has progressed despite administration of a first-line treatment based on platine-salt, unless there is a serious contraindication or intolerance;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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

♦ for persons suffering from a vitamin B_{12} 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 or in association with trametinib for first-line or second-line treatment following a failure with 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 maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

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;

or

- 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;

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 ($HbA1_c$) 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 ($HbA1_c$) 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 B_{12} 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 $40x10^9$/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 first-line treatment of chronic myeloid leukemia in the chronic phase in adults having a serious contraindication to imatinib and nilotinib.

The maximum duration of each authorization is six months.

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

- 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.

  The maximum duration of each authorization is six months.

  When requesting 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.

  The maximum duration of each authorization is six months.

  When requesting 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/m^2 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 ($HbA1_c$) 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;

  or

- 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;

and

- who are refractory to corticotherapy or for whom corticotherapy is contraindicated;

and

- who have been undergoing maintenance treatment with intravenous immunoglobulin for at least six months, unless there is a contraindication;

and

- whose platelet count was less than 30 x 10^9/l before intravenous immunoglobulin treatment was initiated or whose platelet count is less than 30 x 10^9/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 x 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;

or

- 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;

  and

  - 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;

  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.

ENZALUTAMIDE:

♦ as monotherapy, for treatment of metastatic castration-resistant prostate cancer in persons:

- 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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 persons:

- who are asymptomatic or mildly symptomatic after an anti-androgen treatment has failed;

and

- 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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 B_{12} 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 $40x10^9$/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;

and

- whose ECOG performance status is ≤ 3.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect 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/m^2 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;

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;

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

- 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 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;

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
- 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 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/m^2 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 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 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 maximum duration of each authorization is four months.
When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

♦ 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;

and
- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

- 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging. Subsequent authorizations will be for durations of six 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging. Subsequent authorizations will be for durations of six months.

  It must be noted that everolimus will not be authorized in association with sunitinib, nor will it be following failure with sunitinib if it was administered to treat pancreatic neuroendocrine tumours.

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 ≥ 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;

or

- who are HIV-infected and suffering from severe neutropenia (neutrophil count below 0.5 x109/L);

or

- 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 10^9/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 10^9/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 10^9/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 10^9/L.

♦ for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10^9/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.

Themaximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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 providethe 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.

- 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 ($HbA1_c$) adapted to the patient.

GLUCOSE MEASUREMENT EQUIPMENT :

- for persons age 18 and over, with at least two years of experience self-managing their diabetes, who meet the following three criteria:

  - intensive insulin therapy;

  and

- frequent or severe hypoglycemia problems;

and

- the necessity of glycemia self-monitoring a minimum of eight times per day.

The initial request is authorized for a period of three months to assess the person's capacity to use FreeStyle Libre™ and wear the sensor.

Requests for continuation of treatment are authorized for a maximum period of 12 months if the person shows optimum use of FreeStyle Libre™, i.e. at least 70% of the time.

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.

Requests 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 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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

♦ for second-line or subsequent treatment of chronic lymphoid leukemia in persons:

- who do not qualify for 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

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 an eight-cycle treatment combining idelalisib and rituximab.

  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 the absence of disease progression.

IMATINIB MESYLATE:

- for treatment of chronic myeloid leukemia in the chronic phase.

- for treatment of chronic myeloid leukemia in the blastic or accelerated phase.

- for treatment of 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 four months.

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

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

  The maximum duration of each authorization is six months.

  When requesting continuation of treatment, the physician must provide evidence of ahematologic response.

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.

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

  The maximum duration of each authorization is six months.

  The initial authorization is for a daily dose of 400 mg. 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 requesting continuation of treatment, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging.

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/m^2 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;

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 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;

and

- 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 treatment of persons suffering from New York Heart Association (NYHA) class II or III heart failure:

- who have left ventricular systolic dysfunction with ejection fraction ≤ 35%;

and

- who are in sinus rhythm and have a heart rate at rest of 77 beats per minute or more;

and

- who have been hospitalized, have had a consultation at an emergency department or at a heart **failure** clinic, due to an aggravation of their heart failure in the last 12 months;

and

- who have been receiving for at least four weeks a treatment with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARA), in combination with a beta blocker and a mineralocorticoid receptor antagonist, unless there is a contraindication or an intolerance.

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);

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.

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:

- who are unable to receive trastuzumab due to a lower left ventricular ejection fraction of less than or equal to 55% or due to serious intolerance.

and

- whose ECOG performance status is ≤ 2;

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

- for treatment of metastatic breast cancer where the tumour over-expresses the HER2 receptor, in association with capecitabine, in persons 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

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 evidence of a beneficial clinical effect by the absence of disease progression.

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 treatement.

  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 UI/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

  or

- 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.

For 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.

When requesting 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.

♦ 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

LENVATINIB:

♦ as monotherapy, for treatment of advanced or metastatic locally differentiated thyroid cancer, refractory to radioactive iodine, in persons:

- whose cancer progressed in the last 12 months before the start of lenvatinib;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each autorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

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;

or

- 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 ($HbA1_c$) 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/m^2 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 ($HbA1_c$) 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 $HbA1_c$ value adapted to the patient.

LISDEXAMFETAMINE DIMESYLATE:

♦ for treatment of persons with attention deficit disorder, with or without hyperactivity.

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 presenting or having presented:

- an eosinophil blood level of at least 150 cells/microlitre (0.15×10^9/l) at the time the treatment with an agent targeting interleukin-5 (IL-5) is initiated or of at least 300 cells/microlitre (0.3×10^9/l) in the 12 months preceding the treatment with an agent targeting IL-5;

and

- symptoms that 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

- 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 (0.15×10^9/l) at the time the treatment with an agent targeting interleukin-5 (IL-5) is initiated or of at least 300 cells/microlitre (0.3×10^9/l) in the 12 months preceding the treatment with an agent targeting IL-5.

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 with attention deficit disorder, with or without hyperactivity.

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 post-traumatic 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);

  or
  - 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).

★ NETUPITANT / PALONOSETRON CHLORHYDRATE :

♦ In association with dexamethasone, for the prevention of nausea and vomiting, on the first day of a highly emetic chemotherapy treatment.

Authorizations are given for one dose per cycle of chemotherapy.

NILOTINIB:

♦ for first-line treatment of chronic myeloid leukemia in the chronic phase.

The maximum duration of each authorization is six months.

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

♦ 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;

or

- who have serious intolerance to imatinib.

The maximum duration of each authorization is six months.

When requesting 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;
    and
  - 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 persons:

  - who have received at least two platinum-salt chemotherapy protocols;

  and

  - whose disease has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;

  and

  - who obtained an objective tumour response with their last platinum-salt chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect 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;

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.

★ 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 unresectable 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; and
- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

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 hormone 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  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 prolonged-acting 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 maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

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 HBeAg-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 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).

♦ as adjunctive treatment of persons suffering from refractory primary generalized tonic-clonic epilepsy seisures, i.e. following a failure with two appropriate and tolerated antiepileptic drugs (used as monotherapy or combined).

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 ($HbA1_c$) 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;

and

- 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;

and

- whose disease has progressed during or following a treatment with bortezomib and with lenalidomide, unless there is a serious intolerance or a contraindication;

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 by the absence of disease progression according to the International Myeloma Working Group criteria.

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.

★ 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 ≥ 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 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, reccurent 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

- 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;

  and

  - 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.

RIBOCICLIB SUCCINATE :

- in association with a non-steroidal aromatase inhibitor, for first-line treatment of locally advanced or metastatic breast cancer, positive for hormone receptors and without HER-2 receptor overexpression, in menopausal women whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

  It must be noted that ribociclib 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.

★ 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 prolonged-acting 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 ($HbA1_c$) 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;

and

- an intermediate-2 or high-risk disease according to the IPSS (International Prognostic Scoring System);

and

- an ECOG performance status ≤ 3.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, 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.

♦ 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%;
  or
- 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.

For the second authorization, 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 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. Subsequent authorizations are for a maximum duration of six months.

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;

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 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;

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.

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 ($HbA1_c$) 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);

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.

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;

or

- 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 ($HbA1_c$) adapted to the patient.

SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

♦ for treatment of constipation related to a medical condition.

SOFOSBUVIR:

♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 2:

- who have never received an anti-HCV treatment;
  or
- who have a contraindication or a serious intolerance to pegylated interferon alfa;
  or
- 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;
  or
- 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;

or

- 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 Δ 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;

  and

  - 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);

or

- whose cancer has evolved after initially responding to imatinib (secondary resistance);

or

- who have a serious intolerance to imatinib.

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 the absence of disease progression, confirmed by imaging.

♦ 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 maximum duration of each authorization is three cycles (18 weeks).

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

♦ 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.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging. Subsequent authorizations will be for maximum durations of six months.

It must be noted that sunitinib will not be authorized in association with everolimus, nor will it be following failure with everolimus if it was administered to treat pancreatic neuroendocrine tumours.

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.

- in association with radiotherapy, for first-line treatment of persons suffering from glioblastoma multiforme or anaplastic astrocytoma.

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 maximum duration of each authorization is six months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

  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/m^2 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/m^2 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.

TRAMETINIB:

- in association with dabrafenib, for first-line or second-line treatment following a failure with 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 maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

- as monotherapy, for first-line or second-line treatment following a failure with 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;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

  It must be noted that trametinib is not authorized after a BRAF inhibitor has failed if it was administered to treat a melanoma.

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.

TRIFLURIDINE / TIPIRACIL (HYDROCHLORIDE) :

- as monotherapy, for treatment of metastatic colorectal cancer in persons with an ECOG performance status of 0 or 1 and for whom the following therapies have failed, unless there is a contraindication or a serious intolerance:
  - chemotherapy based on irinotecan and a fluoropyrimidine;

  and

  - chemotherapy based on oxaliplatin and a fluoropyrimidine;

  and

  - a treatment including bevacizumab;

  and

  - in the presence of a non-mutated RAS gene, a treatment including panitumumab or cetuximab.

  The maximum duration of each authorization four 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.

TROSPIUM CHLORIDE:

♦ 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;

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 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;

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 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;

or

- 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;

and

- 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 intestinal Crohn's disease that is still active despite a 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.

Upon the initial request, the physician must indicate the immunosuppressor used and the duration of 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.

♦ for treatment of adults suffering from moderate or severe intestinal Crohn's disease that is still active despite a treatment with corticosteroids, unless there is a significant intolerance or a contraindication 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 contraindication or intolerance, as well as the immunosuppressor used.

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:

♦ in association with cobimetinib, for first-line or second-line treatment following a failure with 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 maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on physical examination.

♦ as monotherapy for 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 maximum duration of each autorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

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 evidence of a beneficial effect by the absence of disease progression.

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;

  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, 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.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

★ 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
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;

  or

  - 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	Amgen	10	1731.89	173.1890	

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 ($\geq$ 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 10^9/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 10^9/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 10^9/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 10^9/L..
- for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10^9/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)	Ent. Tab
5-aminosalicylic (acid)	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.

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

92:44
immunosuppressive agents

cyclosporine

exceptional medications

glucose measurement equipment
methylphenidate hydrochloride — Co. L.A. (12 h)
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

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

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

4:04.04
ETHANOLAMINE DERIVATIVES
DIPHENHYDRAMINE HYDROCHLORIDE

Inj. Sol. — 50 mg/mL **PPB**

00596612	*Diphenhydramine (chlorhydrate de)*	Sandoz	1 ml	➡ 4.04	
00878200	*pms-Diphenhydramine*	Phmscience	10 ml	11.50	➡ 1.1500

4:04.16
PIPERAZINE DERIVATIVES
FLUNARIZINE HYDROCHLORIDE P

Caps. — 5 mg

02246082	*Flunarizine*	AA Pharma	60	43.22	0.7203
			100	72.04	0.7204

8:00
ANTI-INFECTIVE AGENTS

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

8:08
ANTHELMINTICS
MEBENDAZOLE P

Tab. 100 mg

00556734	*Vermox*	Janss. Inc	6	19.27	3.2117

PRAZIQUANTEL P

Tab. 600 mg

02230897	*Biltricide*	Bayer	6	34.68	5.7800

PYRANTEL PAMOATE

Oral Susp. 50 mg/mL

02412470	*Jamp-Pyrantel Pamoate Suspension*	Jamp	30 ml	20.00	0.6667

Tab. 125 mg

02380617	*Jamp-Pyrantel Pamoate*	Jamp	10	11.20	1.1200

8:12.02
AMINOGLYCOSIDES
AMIKACINE SULFATE P

Inj. Sol. 250 mg/mL **PPB**

02481073	*Amikacin Sulfate Injection*	Marcan	2 ml	➡ 84.90	
02242971	*Amikacine (Sulfate d')*	Sandoz	2 ml	➡ 84.90	

TOBRAMYCIN SULFATE P

Inj. Sol. 40 mg/mL **PPB**

02420287	*Jamp-Tobramycin (avec agent de conservation)*	Jamp	2 ml	➡ 4.45	
			30 ml	➡ 69.75	
02230640	*Tobramycin*	Fresenius	2 ml	➡ 4.45	
			30 ml	➡ 69.75	
02382814	*Tobramycin Injection, USP*	Mylan	2 ml	➡ 4.45	
			30 ml	➡ 69.75	
99005069	*Tobramycine (sans preservatif)*	Sandoz	2 ml	➡ 4.45	
02241210	*Tobramycine (sulfate de)*	Sandoz	2 ml	➡ 4.45	
			30 ml	➡ 69.75	

8:12.06
CEPHALOSPORINS
CEFACLOR P

Caps. 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.				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 MONOHYDRATE Pr					
Caps.				500 mg **PPB**	
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 (SODIUM) Pr					
Inj. Pd.				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**	
02108135	*Cefazolin*	Teva Can	1	➡ 30.15	
02297213	*Cefazoline for injection*	Apotex	10	301.50 ➡	30.1500
02237140	*Cefazoline for injection*	Fresenius	10	301.50 ➡	30.1500
02308967	*Cefazoline for injection*	Sandoz	1	➡ 30.15	
02437120	*Cefazoline for injection*	Sterimax	10	301.50 ➡	30.1500
Inj. Pd.				500 mg **PPB**	
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

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

CEFEPIME HYDROCHLORIDE P

Inj. Pd.				2 g		
	02467518	*Apo-Cefepime*	Apotex	1 ml	30.20	

CEFIXIME P

Oral Susp.				100 mg/5 mL	**PPB**		
	02468689	*Auro-Cefixime*	Aurobindo	50 ml	18.32	➧	0.3664
	00868965	*Suprax*	Odan	50 ml	18.32	➧	0.3664
Tab.				400 mg	**PPB**		
	02432773	*Auro-Cefixime*	Aurobindo	7	19.02	➧	2.7172
				10	27.17	➧	2.7172
*	00868981	*Suprax*	Odan	7	19.02	➧	2.7172
				10	27.17	➧	2.7172

CEFOTAXIME (SODIUM) P

Inj. Pd.				1 g		
	02434091	*Cefotaxime sodique pour injection BP*	Sterimax	10	83.30	8.3300
Inj. Pd.				2 g		
	02434105	*Cefotaxime sodique pour injection BP*	Sterimax	10	166.86	16.6860

CEFPROZIL P

Oral Susp.				125 mg/5 mL	**PPB**	
	02293943	*Apo-Cefprozil*	Apotex	75 ml	4.44	**W**
				100 ml	5.92	**W**
	02163675	*Cefzil*	B.M.S.	75 ml	12.38	**W**
				100 ml	16.50	**W**
Oral Susp.				250 mg/5 mL	**PPB**	
	02293951	*Apo-Cefprozil*	Apotex	75 ml	8.89	**W**
				100 ml	11.85	**W**
	02163683	*Cefzil*	B.M.S.	75 ml	24.76	**W**
				100 ml	33.01	**W**
Tab.				250 mg	**PPB**	
	02292998	*Apo-Cefprozil*	Apotex	100	43.32	➧ 0.4332
	02347245	*Auro-Cefprozil*	Aurobindo	100	43.32	➧ 0.4332
	02293528	*Ran-Cefprozil*	Ranbaxy	100	43.32	➧ 0.4332
	02302179	*Sandoz Cefprozil*	Sandoz	100	43.32	➧ 0.4332

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				500 mg **PPB**	
02293005	*Apo-Cefprozil*	Apotex	100	84.94	0.8494
02347253	*Auro-Cefprozil*	Aurobindo	100	84.94	0.8494
02293536	*Ran-Cefprozil*	Ranbaxy	100	84.94	0.8494
02302187	*Sandoz Cefprozil*	Sandoz	100	84.94	0.8494
CEFTAZIDIME PENTAHYDRATE P					
Inj. Pd.				1 g **PPB**	
02437848	*Ceftazidime for injection BP*	Sterimax	10	188.50	18.8500
00886971	*Ceftazidime pour injection*	Fresenius	1	18.85	
02212218	*Fortaz*	GSK	1	21.35	
Inj. Pd.				2 g **PPB**	
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. Pd.				6 g **PPB**	
02437864	*Ceftazidime for injection BP*	Sterimax	1	111.29	
00886963	*Ceftazidime pour injection*	Fresenius	1	111.29	
02212234	*Fortaz*	GSK	1	125.99	
CEFTRIAXONE SODIUM P					
Inj. Pd.				1 g **PPB**	
02325616	*Ceftriaxone*	Sterimax	10	124.90	12.4900
02292874	*Ceftriaxone for injection*	Apotex	10	124.90	12.4900
02292270	*Ceftriaxone for injection*	Sandoz	10	124.90	12.4900
02250292	*Ceftriaxone sodium for injection*	Hospira	10	124.90	12.4900
02287633	*Ceftriaxone sodium for injection*	Novopharm	1	12.49	
Inj. Pd.				2 g **PPB**	
02325624	*Ceftriaxone*	Sterimax	10	241.30	24.1300
02292882	*Ceftriaxone for injection*	Apotex	10	241.30	24.1300
02292289	*Ceftriaxone for injection*	Sandoz	10	241.30	24.1300
02250306	*Ceftriaxone sodium for injection*	Hospira	10	241.30	24.1300
Inj. Pd.				10 g **PPB**	
02325632	*Ceftriaxone*	Sterimax	1	153.00	
02292904	*Ceftriaxone for injection*	Apotex	1	153.00	
02287668	*Ceftriaxone sodium for injection*	Novopharm	1	153.00	
02292297	*Ceftriaxone sodium for injection*	Sandoz	1	153.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				250 mg **PPB**	
02292866	*Ceftriaxone for injection*	Apotex	10	39.50	➡ 3.9500
02325594	*Ceftriaxone sodique pour injection BP*	Sterimax	10	39.50	➡ 3.9500
02250276	*Ceftriaxone sodium for injection*	Pfizer	10	39.50	➡ 3.9500
CEFUROXIME (SODIUM) Pr					
Inj. Pd.				1.5 g **PPB**	
02241639	*Cefuroxime for injection*	Fresenius	1	➡ 28.04	
02422301	*Cefuroxime for injection USP*	Sterimax	25	701.00	➡ 28.0400
Inj. Pd.				7.5 g **PPB**	
02241640	*Cefuroxime for injection*	Fresenius	1	➡ 105.14	
02422328	*Cefuroxime for injection USP*	Sterimax	10	1051.40	➡ 105.1400
Inj. Pd.				750 mg **PPB**	
02241638	*Cefuroxime for injection*	Fresenius	1	➡ 14.01	
02422298	*Cefuroxime for injection USP*	Sterimax	25	350.25	➡ 14.0100
CEFUROXIME AXETIL Pr					
Oral Susp.				125 mg/5 mL	
02212307	*Ceftin*	GSK	70 ml	11.57	0.1653
			100 ml	16.52	0.1652
Tab.				250 mg **PPB**	
02244393	*Apo-Cefuroxime*	Apotex	100	72.36	➡ 0.7236
02344823	*Auro-Cefuroxime*	Aurobindo	60	43.42	➡ 0.7236
02212277	*Ceftin*	GSK	60	93.72	1.5620
02242656	*ratio-Cefuroxime*	Ratiopharm	60	43.42	➡ 0.7236
Tab.				500 mg **PPB**	
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.			250 mg	**PPB**	
00768723	*Apo-Cephalex*	Apotex	100	8.66	0.0866
			1000	86.60	0.0866
02470578	*Auro-Cephalexin*	Aurobindo	100	8.66	0.0866
			500	43.30	0.0866
00342084	*Novo-Lexin*	Novopharm	100	8.66	**W**
00583413	*Novo-Lexin (Co.)*	Novopharm	100	8.66	0.0866
			1000	86.60	0.0866

Caps. or Tab.			500 mg	**PPB**	
00768715	*Apo-Cephalex*	Apotex	100	17.31	0.1731
			500	86.55	0.1731
02470586	*Auro-Cephalexin*	Aurobindo	100	17.31	0.1731
			500	86.55	0.1731
00828866	*Cephalexin-500*	Pro Doc	500	86.55	0.1731
00342114	*Novo-Lexin*	Novopharm	100	17.31	**W**
			500	86.55	**W**
00583421	*Novo-Lexin (Co.)*	Novopharm	100	17.31	0.1731
			500	86.55	0.1731

Oral Susp.			125 mg/5 mL	**PPB**	
+ 02469170	*Lupin-Cephalexin*	Lupin	100 ml	14.62	0.1462
			150 ml	21.93	0.1462
* 00342106	*Teva-Lexin 125*	Teva Can	100 ml	14.62	0.1462
			150 ml	21.93	0.1462

Oral Susp.			250 mg/5 mL	**PPB**	
+ 02469189	*Lupin-Cephalexin*	Lupin	100 ml	27.97	0.2797
			150 ml	41.96	0.2797
* 00342092	*Teva-Lexin 250*	Teva Can	100 ml	27.97	0.2797
			150 ml	41.96	0.2797

8:12.07
MISCELLANEOUS B-LACTAM ANTIBIOTICS

CEFOXITIN SODIUM Ⓟ

Inj. Pd.			1 g	**PPB**	
02128187	*Cefoxitine*	Novopharm	1	10.60	
02291711	*Cefoxitine for injection*	Apotex	10	106.00	10.6000

Inj. Pd.			2 g	**PPB**	
02128195	*Cefoxitine*	Novopharm	1	21.25	
02291738	*Cefoxitine for injection*	Apotex	10	212.50	21.2500

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

ERTAPENEM SODIUM P

Inj. Pd.				1 g	
02247437	*Invanz*	Merck	10	499.50	49.9500

IMIPENEM/ CILASTATIN P

I.V. Inj. Pd.				500 mg -500 mg	
00717282	*Primaxin*	Merck	25	609.50	24.3800

MEROPENEM P

Inj. Pd.				1 g **PPB**	
* 02378795	*Meropenem*	Sandoz	10	184.45	18.4450
* 02436507	*Meropenem for injection USP*	Sterimax	10	184.45	18.4450
* 02462893	*Meropenem pour Injection*	Aurobindo	10	184.45	18.4450
* 02415224	*Meropenem pour injection, USP*	Fresenius	1	18.45	

Inj. Pd.				500 mg **PPB**	
* 02378787	*Meropenem*	Sandoz	10	92.23	9.2225
* 02462885	*Meropenem pour Injection*	Aurobindo	10	92.23	9.2225
* 02415216	*Meropenem pour injection, USP*	Fresenius	1	9.22	

8:12.12
MACROLIDES

AZITHROMYCIN P

I.V. Perf. Pd.				500 mg **PPB**	
02465604	*Azithromycine for injection*	Aurobindo	10	145.60	14.5600
02368846	*Azithromycine pour injection, USP*	Sterimax	10	145.60	14.5600
02239952	*Zithromax I.V.*	Pfizer	10	206.44	20.6440

Oral Susp.				100 mg/5 mL **PPB**	
02274388	*Azithromycin*	Phmscience	15 ml	5.59	0.3726
02315157	*Novo-Azithromycin Pediatric*	Novopharm	15 ml	5.59	0.3726
02418452	*pms-Azithromycin*	Phmscience	15 ml	5.59	0.3726
02332388	*Sandoz Azithromycin*	Sandoz	15 ml	5.59	0.3726
02223716	*Zithromax*	Pfizer	15 ml	16.17	1.0780

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			200 mg/5 mL **PPB**		
02274396	*Azithromycin*	Phmscience	15 ml	7.92	0.5280
			22.5 ml	11.88	0.5280
02315165	*Novo-Azithromycin Pediatric*	Novopharm	15 ml	7.92	0.5280
			22.5 ml	11.88	0.5280
02418460	*pms-Azithromycin*	Phmscience	15 ml	7.92	0.5280
			22.5 ml	11.88	0.5280
02332396	*Sandoz Azithromycin*	Sandoz	15 ml	7.92	0.5280
			22.5 ml	11.88	0.5280
			37.5 ml	19.80	0.5280
02223724	*Zithromax*	Pfizer	15 ml	22.92	1.5280
			22.5 ml	34.37	1.5276
Tab.			250 mg **PPB**		
02255340	*ACT Azithromycin*	ActavisPhm	6	5.65	0.9410
			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
			100	94.10	0.9410
02452308	*Jamp-Azithromycin*	Jamp	6	5.65	0.9410
			100	94.10	0.9410
02452324	*Mar-Azithromycin*	Marcan	6	5.65	0.9410
			100	94.10	0.9410
02267845	*Novo-Azithromycin*	Novopharm	6	5.65	0.9410
			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.			600 mg **PPB**		
02256088	*ACT Azithromycin*	ActavisPhm	6	36.00	6.0000
02261642	*pms-Azithromycin*	Phmscience	30	180.00	6.0000

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

CLARITHROMYCINE P

Co. or Co. L.A. — 250 mg / 500 mg L.A. — **PPB**

02403196	*ACT Clarithromycin XL*	ActavisPhm	60	49.46	➡	0.8243
02274744	*Apo-Clarithromycin*	Apotex	100	41.22	➡	0.4122
02413345	*Apo-Clarithromycin XL*	Apotex	100	82.43	➡	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	➡	0.4122
02247573	*pms-Clarithromycin*	Phmscience	100	41.22	➡	0.4122
			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

Oral Susp. — 125 mg/5 mL — **PPB**

02146908	*Biaxin*	BGP Pharma	55 ml	15.77		0.2867
			105 ml	30.09		0.2866
02408988	*Clarithromycin*	Sanis	55 ml	11.26	➡	0.2047
			105 ml	21.49	➡	0.2047
02390442	*Taro-Clarithromycin*	Taro	55 ml	11.26	➡	0.2047
			105 ml	21.49	➡	0.2047

Oral Susp. — 250 mg/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. — 500 mg — **PPB**

*	02274752	*Apo-Clarithromycin*	Apotex	100	83.18	➡	0.8318
	02126710	*Biaxin Bid*	BGP Pharma	100	326.62		3.2662
*	02324490	*Clarithromycin*	Pro Doc	100	83.18	➡	0.8318
*	02442485	*Clarithromycin*	Sivem	100	83.18	➡	0.8318
*	02471396	*M-Clarithromycin*	Mantra Ph.	100	83.18	➡	0.8318
*	02247574	*pms-Clarithromycin*	Phmscience	100	83.18	➡	0.8318
				250	207.95	➡	0.8318
*	02361434	*Ran-Clarithromycin*	Ranbaxy	100	83.18	➡	0.8318
				500	415.90	➡	0.8318
*	02247819	*ratio-Clarithromycin*	Ratiopharm	100	83.18	➡	0.8318
				500	415.90	➡	0.8318
*	02346532	*Riva-Clarithromycine*	Riva	100	83.18	➡	0.8318
				250	207.95	➡	0.8318
*	02266547	*Sandoz Clarithromycin*	Sandoz	100	83.18	➡	0.8318
*	02248805	*Teva Clarithromycin*	Teva Can	100	83.18	➡	0.8318

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ERYTHROMYCIN Pr					
Ent. Caps.				250 mg	
00607142	*Eryc*	Pfizer	100	22.11	0.2211
Ent. Tab.				250 mg	
00682020	*Erythro-Base*	AA Pharma	100	18.28	0.1828
Ent. Tab.				500 mg	
00893862	*Erybid*	Amdipharm	250	208.43	0.8337
ERYTHROMYCIN ETHYLSUCCINATE Pr					
Oral Susp.				200 mg/5 mL	
00605859	*Novo-Rythro Ethylsuccinate*	Novopharm	100 ml 150 ml	6.69 10.03	0.0669 0.0669
Oral Susp.				400 mg/5 mL	
00652318	*Novo-Rythro Ethylsuccinate*	Novopharm	100 ml 150 ml	10.13 15.20	0.1013 0.1013
Tab.				600 mg	
00637416	*Erythro-ES*	AA Pharma	100	33.63	0.3363
ERYTHROMYCIN STEARATE Pr					
Tab.				250 mg	
00545678	*Erythro-S*	AA Pharma	100	21.18	0.2118
Tab.				500 mg	
00688568	*Erythro-S*	AA Pharma	100	54.25	0.5425
SPIRAMYCIN Pr					
Caps.				250 mg	
01927825	*Rovamycine*	Odan	50	71.50	1.4300
Caps.				500 mg	
01927817	*Rovamycine*	Odan	50	139.80	2.7960

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

8:12.16
PENICILLINS
AMOXICILLIN Pr

Caps. — 250 mg **PPB**

*	02352710	*Amoxicillin*	Sanis	100	6.72	0.0672
				1000	67.20	0.0672
*	02401495	*Amoxicillin*	Sivem	100	6.72	0.0672
*	00628115	*Apo-Amoxi*	Apotex	100	6.72	0.0672
				1000	67.20	0.0672
*	02388073	*Auro-Amoxicillin*	Aurobindo	100	6.72	0.0672
				500	33.60	0.0672
*	02433060	*Jamp-Amoxicillin*	Jamp	100	6.72	0.0672
				1000	67.20	0.0672
*	00406724	*Novamoxin*	Novopharm	100	6.72	0.0672
				1000	67.20	0.0672
*	02230243	*pms-Amoxicillin*	Phmscience	500	33.60	0.0672

Caps. — 500 mg **PPB**

*	02352729	*Amoxicillin*	Sanis	100	13.08	0.1308
				500	65.40	0.1308
*	02401509	*Amoxicillin*	Sivem	100	13.08	0.1308
				500	65.40	0.1308
*	00628123	*Apo-Amoxi*	Apotex	100	13.08	0.1308
				500	65.40	0.1308
*	02388081	*Auro-Amoxicillin*	Aurobindo	100	13.08	0.1308
				500	65.40	0.1308
*	02433079	*Jamp-Amoxicillin*	Jamp	100	13.08	0.1308
				500	65.40	0.1308
*	02238172	*Mylan-Amoxicillin*	Mylan	100	13.08	0.1308
				500	65.40	0.1308
*	00406716	*Novamoxin*	Novopharm	100	13.08	0.1308
				500	65.40	0.1308
*	02230244	*pms-Amoxicillin*	Phmscience	500	65.40	0.1308
*	00644315	*Pro-Amox-500*	Pro Doc	500	65.40	0.1308

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg/5 mL **PPB**		
00628131	*Apo-Amoxi*	Apotex	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
02230879	*Apo-Amoxi sans sucrose*	Apotex	100 ml	3.52	0.0352
			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
Oral Susp.			250 mg/5 mL **PPB**		
02352753	*Amoxicillin*	Sanis	75 ml	4.05	0.0540
			100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02352788	*Amoxicillin*	Sanis	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02401541	*Amoxicillin*	Sivem	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00628158	*Apo-Amoxi*	Apotex	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02230880	*Apo-Amoxi sans sucrose*	Apotex	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
01934163	*Novamoxin*	Teva Can	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00452130	*Novamoxin 250*	Novopharm	75 ml	4.05	0.0540
			100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02230246	*pms-Amoxicillin*	Phmscience	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00644331	*Pro-Amox-250*	Pro Doc	100 ml	5.40	0.0540
			150 ml	8.10	0.0540

AMOXICILLIN/ POTASSIUM CLAVULANATE P

Oral Susp.			125 mg -31.25 mg/5 mL **PPB**		
02243986	*Apo-Amoxi Clav*	Apotex	100 ml	5.17	**W**
01916882	*Clavulin-125 F*	GSK	100 ml	9.50	0.0950
Oral Susp.			200 mg -28.5 mg/5 mL		
02238831	*Clavulin-200*	GSK	70 ml	9.39	0.1341
Oral Susp.			250 mg -62.5 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				250 mg -125 mg	
02243350	*Apo-Amoxi Clav*	Apotex	100	93.75	0.9375
Tab.				500 mg -125 mg **PPB**	
02243351	*Apo-Amoxi Clav*	Apotex	100	66.73	0.6673
01916858	*Clavulin-500 F*	GSK	20	27.56	1.3780
02243771	*ratio-Aclavulanate*	Ratiopharm	20	13.35	0.6673
02482576	*Sandoz Amoxi-Clav*	Sandoz	100	66.73	0.6673
Tab.				875 mg -125 mg **PPB**	
* 02326523	*Amoxi-Clav*	Pro Doc	100	55.50	**W**
02245623	*Apo-Amoxi Clav*	Apotex	100	55.50	0.5550
02238829	*Clavulin-875*	GSK	20	41.34	2.0670
02482584	*Sandoz Amoxi-Clav*	Sandoz	100	55.50	0.5550
AMPICILLIN Ⓟ					
Caps.				250 mg	
00020877	*Novo-Ampicillin*	Novopharm	100	30.71	0.3071
Caps.				500 mg	
00020885	*Novo-Ampicillin*	Novopharm	100	59.55	0.5955
AMPICILLIN (SODIUM) Ⓟ					
Inj. Pd.				1 g **PPB**	
02227002	*Ampicilline pour injection*	Fresenius	1	3.60	
01933345	*Ampicilline Sodique*	Novopharm	1	3.60	
02462338	*Ampicilline sodique for injection*	Aurobindo	10	36.00	3.6000
Inj. Pd.				2 g **PPB**	
02226995	*Ampicillin for Injection*	Fresenius	1	7.20	
01933353	*Ampicilline Sodique*	Novopharm	1	7.20	
02462346	*Ampicilline sodique for injection*	Aurobindo	10	72.00	7.2000
Inj. Pd.				250 mg **PPB**	
02227029	*Ampicilline pour injection*	Fresenius	1	2.05	
00872644	*Ampicilline Sodique*	Novopharm	1	2.05	
02462303	*Ampicilline sodique for injection*	Aurobindo	10	20.50	2.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				500 mg **PPB**	
02227010	*Ampicilline pour injection*	Fresenius	1	➡ 2.15	
00872652	*Ampicilline Sodique*	Novopharm	1	➡ 2.15	
02462311	*Ampicilline sodique for injection*	Aurobindo	10	21.50	➡ 2.1500
CLOXACILLIN (SODIUM) ℙ					
Caps.				250 mg	
00337765	*Teva-Cloxin*	Teva Can	100	18.50	0.1850
Caps.				500 mg	
00337773	*Teva-Cloxin*	Teva Can	100	34.98	0.3498
Inj. Pd.				2 g **PPB**	
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	
Inj. Pd.				500 mg **PPB**	
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
PENICILLIN G (BENZATHINE) ℙ					
I.M. Inj. Susp.				1 2000 000 UI / 2 mL	
02291924	*Bicillin L-A*	Pfizer	10	406.96	40.6960
PENICILLIN G (SODIUM) ℙ					
Inj. Pd.				1 000 000 U **PPB**	
01930672	*Penicilline G*	Novopharm	1	➡ 2.40	
02220261	*Penicilline G sodium for injection*	Fresenius	1	➡ 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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.			10 000 000 U **PPB**		
01930680	*Penicilline G*	Novopharm	1	8.90	
02220296	*Penicilline G sodium for injection*	Fresenius	1	8.90	
PHENOXYMETHYLPENICILLIN (BASE OR POTASSIUM SALT) P					
Tab.			250 mg to 300 mg		
00642215	*Pen-VK*	AA Pharma	100	18.73	0.1873
			1000	187.30	0.1873
PIPERACILLIN SODIUM/ TABACTAM SODIUM P					
I.V. Perf. Pd.			2 g -0.25 g **PPB**		
02362619	*Piperacilline et Tazobactam*	Sterimax	10	41.70	4.1700
02308444	*Piperacilline et Tazobactam for injection*	Apotex	1	4.17	
02299623	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	4.17	
02370158	*Piperacilline/Tazobactam*	Teva Can	10	41.70	4.1700
02401312	*Piperacilline-Tazobactam for injection*	Teligent	10	41.70	4.1700
I.V. Perf. Pd.			3 g -0.375 g **PPB**		
02362627	*Piperacilline et Tazobactam*	Sterimax	10	62.59	6.2590
02308452	*Piperacilline et Tazobactam for injection*	Apotex	1	6.26	
02299631	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	6.26	
02370166	*Piperacilline/Tazobactam*	Teva Can	10	62.59	6.2590
02401320	*Piperacilline-Tazobactam for injection*	Teligent	10	62.59	6.2590
I.V. Perf. Pd.			4 g -0.5 g **PPB**		
02420430	*Jamp-PIP/TAZ*	Jamp	10	83.46	8.3458
02362635	*Piperacilline et Tazobactam*	Sterimax	10	83.46	8.3458
02308460	*Piperacilline et Tazobactam for injection*	Apotex	1	8.35	
02299658	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	8.35	
02370174	*Piperacilline/Tazobactam*	Teva Can	10	83.46	8.3458
02401339	*Piperacilline-Tazobactam for injection*	Teligent	10	83.46	8.3460
I.V. Perf. Pd.			12 g - 1,5 g **PPB**		
02377748	*Piperacilline et Tazobactam for injection*	Sterimax	1	36.33	
02330547	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	36.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.				36 g - 4,5 g	
02439131	*Piperacilline et Tazobactam for injection*	Sterimax	1	108.99	

8:12.18
QUINOLONES
CIPROFLOXACIN HYDROCHLORIDE

I.V. Perf. Sol.				2 mg/mL	
02301903	*Ciprofloxacine Injection USP*	Pfizer	100 ml 200 ml	17.92 35.84	
L.A. Tab.				500 mg **PPB**	
02247916	*Cipro XL*	Bayer	50	144.81	2.8962
02416433	*pms-Ciprofloxacin XL*	Phmscience	100	173.77	1.7377
L.A. Tab.				1000 mg	
02251787	*Cipro XL*	Bayer	50	144.81	2.8962
Oral Susp.				500 mg/5 mL	
02237514	*Cipro*	Bayer	100 ml	53.23	0.5323
Tab.				250 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
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	*Sandoz Ciprofloxacin*	Sandoz	100	44.54	0.4454
02379627	*Septa-Ciprofloxacin*	Septa	100	44.54	0.4454
02266962	*Taro-Ciprofloxacin*	Taro	100	44.54	0.4454
02426978	*VAN-Ciprofloxacin*	Vanc Phm	100	44.54	0.4454

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				500 mg **PPB**	
02247340	*ACT Ciprofloxacin*	ActavisPhm	100	50.25	0.5025
02229522	*Apo-Ciproflox*	Apotex	100	50.25	0.5025
			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
			500	251.25	0.5025
02248757	*Sandoz Ciprofloxacin*	Sandoz	100	50.25	0.5025
02379635	*Septa-Ciprofloxacin*	Septa	100	50.25	0.5025
			500	251.25	0.5025
02266970	*Taro-Ciprofloxacin*	Taro	100	50.25	0.5025
02427001	*VAN-Ciprofloxacin*	Vanc Phm	100	50.25	0.5025
Tab.				750 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
			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

LEVOFLOXACIN P

Tab. 250 mg **PPB**

*	02315424	*ACT Levofloxacin*	Teva Can	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
	02284677	*pms-Levofloxacin*	Phmscience	100	120.38	1.2038
	02298635	*Sandoz Levofloxacin*	Sandoz	50	60.19	1.2038
	02248262	*Teva-Levofloxacin*	Teva Can	100	120.38	1.2038

Tab. 500 mg **PPB**

*	02315432	*ACT Levofloxacin*	Teva Can	100	137.18	1.3718
	02284715	*Apo-Levofloxacin*	Apotex	100	137.18	1.3718
	02430606	*Auro-Levofloxacin*	Aurobindo	50	68.59	1.3718
				100	137.18	1.3718
	02415879	*Levofloxacin*	Pro Doc	100	137.18	1.3718
	02284685	*pms-Levofloxacin*	Phmscience	100	137.18	1.3718
	02298643	*Sandoz Levofloxacin*	Sandoz	100	137.18	1.3718
	02248263	*Teva-Levofloxacin*	Teva Can	100	137.18	1.3718

Tab. 750 mg **PPB**

*	02315440	*ACT Levofloxacin*	Teva Can	50	242.39	4.8478
	02325942	*Apo-Levofloxacin*	Apotex	100	484.78	4.8478
	02430614	*Auro-Levofloxacin*	Aurobindo	50	242.39	4.8478
	02305585	*pms-Levofloxacin*	Phmscience	100	484.78	4.8478
	02298651	*Sandoz Levofloxacin*	Sandoz	50	242.39	4.8478
	02285649	*Teva-Levofloxacin*	Teva Can	100	484.78	4.8478

MOXIFLOXACIN HYDROCHLORIDE P

Tab. 400 mg **PPB**

	02404923	*Apo-Moxifloxacin*	Apotex	30	45.69	1.5230
	02432242	*Auro-Moxifloxacin*	Aurobindo	30	45.69	1.5230
				100	152.30	1.5230
	02242965	*Avelox*	Bayer	30	165.04	5.5013
	02447266	*Bio-Moxifloxacin*	Biomed	30	45.69	1.5230
				100	152.30	1.5230
	02443929	*Jamp-Moxifloxacin*	Jamp	30	45.69	1.5230
	02447061	*Jamp-Moxifloxacin Tablets*	Jamp	100	152.30	1.5230
	02447053	*Mar-Moxifloxacin*	Marcan	100	152.30	1.5230
	02472791	*M-Moxifloxacin*	Mantra Ph.	100	152.30	1.5230
	02462974	*Moxifloxacin*	Pro Doc	30	45.69	1.5230
	02450976	*Riva-Moxifloxacin*	Riva	30	45.69	1.5230
	02383381	*Sandoz Moxifloxacin*	Sandoz	30	45.69	1.5230
	02375702	*Teva-Moxifloxacin*	Teva Can	30	45.69	1.5230

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

NORFLOXACIN Pr

Tab. 400 mg **PPB**

	02269627	*Co Norfloxacin*	Cobalt	100	54.49	0.5449
	02229524	*Norflox*	AA Pharma	100	54.49	0.5449
	02237682	*Novo-Norfloxacin*	Novopharm	100	54.49	0.5449

8:12.20
SULFONAMIDES

SULFASALAZINE Pr

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

TRIMETHOPRIM/ SULFAMETHOXAZOLE Pr

Oral Susp. 40 mg -200 mg/5 mL

00726540	*Teva-Sulfamethoxazole*	Teva Can	100 ml	9.68	0.0968
			400 ml	38.72	0.0968

Tab. 20 mg -100 mg

00445266	*Sulfatrim-PED*	AA Pharma	100	9.11	0.0911

Tab. 80 mg -400 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 -800 mg **PPB**

	00510645	*Novo-Trimel D.S.*	Novopharm	100	12.21	0.1221
				500	61.05	0.1221
*	00512524	*Protrin DF*	Pro Doc	100	12.21	**W**
	00445282	*Sulfatrim-DS*	AA Pharma	100	12.21	0.1221
				500	61.05	0.1221

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

8:12.24
TETRACYCLINES
DOXYCYCLINE HYCLATE P

Caps. or Tab. — 100 mg **PPB**

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
			300	175.80	0.5860
00860751	*Doxycin (co.)*	Riva	100	58.60	0.5860
			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
			200	117.20	0.5860
02158574	*Novo-Doxylin (Co.)*	Novopharm	100	58.60	0.5860

MINOCYCLINE HYDROCHLORIDE P

Caps. — 50 mg **PPB**

02084090	*Apo-Minocycline*	Apotex	100	11.01	**W**
02153394	*Minocycline-50*	Pro Doc	100	11.01	0.1101
02230735	*Mylan-Minocycline*	Mylan	100	11.01	0.1101
			250	27.53	0.1101
02108143	*Novo-Minocycline*	Novopharm	100	11.01	0.1101
02294419	*pms-Minocycline*	Phmscience	100	11.01	0.1101

Caps. — 100 mg **PPB**

02084104	*Apo-Minocycline*	Apotex	100	21.25	**W**
02154366	*Minocycline-100*	Pro Doc	100	21.25	0.2125
02230736	*Mylan-Minocycline*	Mylan	100	21.25	0.2125
			250	53.13	0.2125
02108151	*Novo-Minocycline*	Novopharm	100	21.25	0.2125
02294427	*pms-Minocycline*	Phmscience	100	21.25	0.2125

TETRACYCLINE HYDROCHLORIDE P

Caps. — 250 mg

00580929	*Tetracycline*	AA Pharma	100	6.70	0.0670
			1000	67.00	0.0670

8:12.28
MISCELLANEOUS ANTIBIOTICS
BACITRACIN

Inj./Top. Pd. — 50 000 U

00030708	*Bacitracine*	Pfizer	1	9.10	

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

CLINDAMYCIN HYDROCHLORIDE P

Caps. 150 mg **PPB**

	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	*Clindamycine-150*	Pro Doc	100	22.17	0.2217
	00030570	*Dalacin C*	Pfizer	100	85.97	0.8597
+	02483734	*Jamp-Clindamycin*	Jamp	100	22.17	0.2217
+	02479923	*M-Clindamycin*	Mantra Ph.	100	22.17	0.2217
	02468476	*Riva-Clindamycin*	Riva	100	22.17	0.2217
	02241709	*Teva-Clindamycin*	Teva Can	100	22.17	0.2217

Caps. 300 mg **PPB**

	02245233	*Apo-Clindamycine*	Apotex	100	44.34	0.4434
	02436914	*Auro-Clindamycin*	Aurobindo	100	44.34	0.4434
	02400537	*Clindamycin*	Sanis	100	44.34	0.4434
	02248526	*Clindamycine-300*	Pro Doc	100	44.34	0.4434
	02182866	*Dalacin C*	Pfizer	100	172.71	1.7271
+	02483742	*Jamp-Clindamycin*	Jamp	100	44.34	0.4434
+	02479931	*M-Clindamycin*	Mantra Ph.	100	44.34	0.4434
	02241710	*Novo-Clindamycin*	Novopharm	100	44.34	0.4434
	02468484	*Riva-Clindamycin*	Riva	100	44.34	0.4434

CLINDAMYCIN PALMITATE HYDROCHLORIDE P

Oral Susp. 75 mg/5 mL

00225851	*Dalacin C*	Pfizer	100 ml	16.27	0.1627

CLINDAMYCIN PHOSPHATE P

Inj. Sol. 150 mg/mL **PPB**

02230540	*Clindamycine Injection*	Sandoz	2 ml	6.50	
			4 ml	13.00	
			6 ml	18.50	
00260436	*Dalacin C*	Pfizer	2 ml	6.88	
			4 ml	13.76	
			6 ml	18.75	

COLISTIMETHATE (SODIUM) P

Inj. Pd. 150 mg **PPB**

02244849	*Colistimethate*	Sterimax	1	30.42	
02403544	*Colistimethate pour injection, USP*	Fresenius	1	30.42	
00476420	*Coly-Mycin M Parenteral*	Erfa	1	30.42	

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

ERYTROMYCIN ETHYLSUCCINATE/ SULFISOXAZOLE ACETYL P

Oral Susp. 200 mg -600 mg/5 mL

00583405	*Pediazole*	Amdipharm	105 ml	11.35	0.1081
			150 ml	16.21	0.1081

VANCOMYCIN HYDROCHLORIDE P

Caps. 125 mg **PPB**

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. 250 mg **PPB**

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

I.V. Perf. Pd. 1 g **PPB**

02139383	*Chlorhydrate de Vancomycine pour injection*	Fresenius	10	589.90	58.9900
02435721	*Chlorhydrate de Vancomycine pour injection*	GMP	1	58.99	
			10	589.90	58.9900
02396386	*Chlorhydrate de Vancomycine pour injection*	Sterimax	10	589.90	58.9900
02394634	*Chlorhydrate de Vancomycine pour injection USP*	Sandoz	10	589.90	58.9900
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

I.V. Perf. Pd. 5 g **PPB**

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. Perf. Pd. 10 g **PPB**

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	
02411040	*Vancomycin Hydrochloride*	Sterimax	1	589.90	
02407949	*Vancomycin Hydrochloride for Injection, USP*	Mylan	1	589.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.				500 mg **PPB**	
02139375	*Chlorhydrate de Vancomycine pour injection*	Fresenius	10	310.50	➡ 31.0500
02435713	*Chlorhydrate de Vancomycine pour injection*	GMP	1	➡ 31.05	
			10	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 [F]

Tab.				250 mg **PPB**	
02254727	*ACT Terbinafine*	ActavisPhm	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02239893	*Apo-Terbinafine*	Apotex	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02320134	*Auro-Terbinafine*	Aurobindo	28	21.60	➡ 0.7714
			100	77.14	➡ 0.7714
02357070	*Jamp-Terbinafine*	Jamp	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02031116	*Lamisil*	Novartis	28	102.27	3.6525
02240346	*Novo-Terbinafine*	Novopharm	28	21.60	➡ 0.7714
			100	77.14	➡ 0.7714
02294273	*pms-Terbinafine*	Phmscience	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02262924	*Riva-Terbinafine*	Riva	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02353121	*Terbinafine*	Sanis	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02385279	*Terbinafine*	Sivem	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714
02242735	*Terbinafine-250*	Pro Doc	30	23.14	➡ 0.7714
			100	77.14	➡ 0.7714

8:14.08
AZOLES
FLUCONAZOLE

Caps.				150 mg **PPB**	
02241895	*Apo-Fluconazole-150*	Apotex	1	➡ 3.93	
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

FLUCONAZOLE Ⓟ

I.V. Perf. Sol. — 2 mg/mL — **PPB**

00891835	*Diflucan*	Pfizer	100 ml	37.56	
02388448	*Fluconazole*	Sandoz	100 ml	➡ 26.87	

Tab. — 50 mg — **PPB**

02281260	*ACT Fluconazole*	ActavisPhm	50	64.52	➡ 1.2904
02237370	*Apo-Fluconazole*	Apotex	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

Tab. — 100 mg — **PPB**

02281279	*ACT Fluconazole*	ActavisPhm	50	114.45	➡ 2.2890
02237371	*Apo-Fluconazole*	Apotex	50	114.45	➡ 2.2890
02245293	*Mylan-Fluconazole*	Mylan	50	114.45	➡ 2.2890
02236979	*Novo-Fluconazole*	Novopharm	50	114.45	➡ 2.2890
02245644	*pms-Fluconazole*	Phmscience	50	114.45	➡ 2.2890
02310686	*Pro-Fluconazole*	Pro Doc	50	114.45	➡ 2.2890
02271516	*Riva-Fluconazole*	Riva	50	114.45	**W**

ITRACONAZOLE Ⓟ

Caps. — 100 mg — **PPB**

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. — 10 mg/mL — **PPB**

+	02484315	*Jamp Itraconazole*	Jamp	150	103.76	➡ 0.6917
*	02231347	*Sporanox*	Janss. Inc	150 ml	115.28	0.7685

KETOCONAZOLE Ⓟ

Tab. — 200 mg — **PPB**

02237235	*Apo-Ketoconazole*	Apotex	100	93.93	➡ 0.9393
02231061	*Novo-Ketoconazole*	Novopharm	100	93.93	➡ 0.9393

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

8:14.28
POLYENES
NYSTATIN Pr

Oral Susp. — 100 000 U/mL **PPB**

02433443	*Jamp-Nystatin*	Jamp	100 ml	5.18	0.0518
			500 ml	25.90	0.0518
00792667	*pms-Nystatin*	Phmscience	48 ml	2.49	0.0518
			100 ml	5.18	0.0518
02194201	*ratio-Nystatin*	Ratiopharm	24 ml	1.24	0.0518
			48 ml	2.49	0.0518
			100 ml	5.18	0.0518

8:16.04
ANTITUBERCULOSIS AGENTS
ETHAMBUTOL HYDROCHLORIDE Pr

Tab. — 100 mg

00247960	*Etibi*	Valeant	100	11.00	0.1100

Tab. — 400 mg

00247979	*Etibi*	Valeant	100	30.00	0.3000

ISONIAZID Pr

Syr. — 50 mg/5 mL

00577812	*pdp-Isoniazid*	Pendopharm	500 ml	115.77	0.2315

Tab. — 100 mg

00577790	*pdp-Isoniazid*	Pendopharm	100	72.65	0.7265

Tab. — 300 mg

00577804	*pdp-Isoniazid*	Pendopharm	100	68.49	0.6849

PYRAZINAMIDE Pr

Tab. — 500 mg

00618810	*PDP-Pyrazinamide*	Pendopharm	100	116.18	1.1618

RIFABUTIN Pr

Caps. — 150 mg

02063786	*Mycobutin*	Pfizer	100	493.69	4.9369

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

RIFAMPIN Pr

Caps.				150 mg **PPB**	
02091887	*Rifadin*	SanofiAven	100	60.38	0.6038
00393444	*Rofact 150*	Valeant	100	60.38	0.6038

Caps.				300 mg **PPB**	
02092808	*Rifadin*	SanofiAven	100	95.03	0.9503
00343617	*Rofact 300*	Valeant	100	95.03	0.9503

8:16.92
MISCELLANEOUS ANTIMYCOBACTERIALS

DAPSONE Pr

Tab.				100 mg **PPB**	
02041510	*Dapsone*	Jacobus	100	140.61	1.4061
02481227	*Mar-Dapsone*	Marcan	100	119.52	1.1952

8:18.04
ADAMANTANES

AMANTADINE HYDROCHLORIDE Pr

Caps.				100 mg	
01990403	*PDP-Amantadine*	Pendopharm	100	51.79	0.5179

Syr.				50 mg/5 mL	
02022826	*PDP-Amantadine*	Pendopharm	500 ml	40.50	0.0810

8:18.08
ANTIRETROVIRAL AGENTS

ABACAVIR (SULFATE) / LAMIVUDINE / ZIDOVUDINE Pr

Tab.				300 mg - 150 mg - 300 mg **PPB**	
02416255	*Apo-Abacavir-Lamivudine-Zidovudine*	Apotex	60	818.55	13.6425
02244757	*Trizivir*	ViiV	60	998.88	16.6480

ABACAVIR SULFATE Pr

Oral Sol.				20 mg/mL	
02240358	*Ziagen*	ViiV	240 ml	103.26	0.4303

Tab.				300 mg **PPB**	
* 02396769	*Apo-Abacavir*	Apotex	60	208.97	3.4828
* 02480956	*Mint-Abacavir*	Mint	60	208.97	3.4828
02240357	*Ziagen*	ViiV	60	396.38	6.6063

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

ABACAVIR/LAMIVUDINE P

Tab. 600 mg - 300 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	661.99		22.0663
02450682	*Mylan-Abacavir/Lamivudine*	Mylan	30	179.62	➡	5.9873
02458381	*pms-Abacavir-Lamivudine*	Phmscience	30	179.62	➡	5.9873
02416662	*Teva-Abacavir/Lamivudine*	Teva Can	30	179.62	➡	5.9873

ATAZANAVIR SULFATE P

Caps. 150 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. 200 mg **PPB**

02456885	*Mylan-Atazanavir*	Mylan	60	342.62	➡	5.7103
02248611	*Reyataz*	B.M.S.	60	651.87		10.8645
02443813	*Teva-Atazanavir*	Teva Can	60	342.62	➡	5.7103

Caps. 300 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

BICTEGRAVIR SODIUM/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE P

Tab. 50 mg -200 mg -25 mg

+ 02478579	*Biktarvy*	Gilead	30	1176.68		39.2227

DARUNAVIR P

Tab. 75 mg

02338432	*Prezista*	Janss. Inc	480	854.88	1.7810

Tab. 150 mg

02369753	*Prezista*	Janss. Inc	240	854.88	3.5620

Tab. 800 mg

02393050	*Prezista*	Janss. Inc	30	586.15	19.5383

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DELAVIRDINE MESYLATE P					
Tab.				100 mg	
02238348	*Rescriptor*	ViiV	360	258.40	0.7178
DIDANOSIN P					
Ent. Caps.				125 mg	
02244596	*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 P					
Tab.				50 mg	
02414945	*Tivicay*	ViiV	30	555.00	18.5000
DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE P					
Tab.			50 mg - 600 mg - 300 mg		
02430932	*Triumeq*	ViiV	30	1216.99	40.5663
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE P					
Tab.				50 mg -25 mg	
02475774	*Juluca*	ViiV	30	1046.10	34.8700
EFAVIRENZ P					
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

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					600 mg **PPB**		
	02418428	*Auro-Efavirenz*	Aurobindo	30	114.09	➡	3.8030
				500	1901.50	➡	3.8030
+	02458233	*Jamp-Efavirenz*	Jamp	30	114.09	➡	3.8030
	02381524	*Mylan-Efavirenz*	Mylan	30	114.09	➡	3.8030
	02246045	*Sustiva*	B.M.S.	30	424.92		14.1640
	02389762	*Teva-Efavirenz*	Teva Can	30	114.09	➡	3.8030

EFAVIRENZ/ EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE Ⓟ

Tab.					600 mg - 200 mg - 300 mg **PPB**		
	02468247	*Apo-Efavirenz-Emtricitabine-Tenofovir*	Apotex	30	339.90	➡	11.3300
	02300699	*Atripla*	Gilead	30	1165.41		38.8470
	02461412	*Mylan-Efavirenz/ Emtricitabine/Tenofovir Disoproxil Fumarate*	Mylan	30	339.90	➡	11.3300
	02393549	*Teva-Efavirenz/ Emtricitabine/Tenofovir*	Teva Can	30	339.90	➡	11.3300

ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE Ⓟ

Tab.					150 mg -150 mg -200 mg -10 mg		
	02449498	*Genvoya*	Gilead	30	1314.01		43.8003

ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR DISOPROXIL (FUMARATE) Ⓟ

Tab.					150 mg -150 mg -200 mg -300 mg		
	02397137	*Stribild*	Gilead	30	1320.00		44.0000

EMTRICITABINE/ RILPIVIRINE / TENOFOVIR DISOPROXIL (FUMARATE DE) Ⓟ

Tab.					200 mg - 25 mg - 300 mg		
	02374129	*Complera*	Gilead	30	1176.68		39.2227

EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE Ⓟ

Tab.					200mg- 300mg **PPB**		
	02452006	*Apo-Emtricitabine-Tenofovir*	Apotex	30	219.11	➡	7.3035
	02443902	*Mylan-Emtricitabine/ Tenofovir Disoproxil*	Mylan	30	219.11	➡	7.3035
	02399059	*Teva-Emtricitabine/ Tenofovir*	Teva Can	30	219.11	➡	7.3035
	02274906	*Truvada*	Gilead	30	783.06		26.1020

EMTRICITABINE/RILPIVIRINE HYDROCHLORIDE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE Ⓟ

Tab.					200 mg - 25 mg - 25 mg		
	02461463	*Odefsey*	Gilead	30	1176.68		39.2227

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FOSAMPRENAVIR CALCIUM P					
Oral Susp.				50 mg/mL	
02261553	*Telzir*	ViiV	225 ml	129.27	0.5745
Tab.				700 mg	
02261545	*Telzir*	ViiV	60	471.52	7.8587
LAMIVUDINE P					
Oral Sol.				10 mg/mL	
02192691	*3TC*	ViiV	240 ml	72.93	0.3039
Tab.				100 mg **PPB**	
02393239	*Apo-Lamivudine HBV*	Apotex	60	211.90	3.5316
			100	353.16	3.5316
02239193	*Heptovir*	GSK	60	273.50	4.5583
Tab.				150 mg **PPB**	
02192683	*3TC*	ViiV	60	279.05	4.6508
02369052	*Apo-Lamivudine*	Apotex	60	217.61	3.6269
			100	362.69	3.6269
Tab.				300 mg **PPB**	
02247825	*3TC*	ViiV	30	279.05	9.3017
02369060	*Apo-Lamivudine*	Apotex	30	217.61	7.2538
			100	725.38	7.2538
LAMIVUDINE/ ZIDOVUDIN P					
Tab.				150 mg -300mg **PPB**	
02375540	*Apo-Lamivudine-Zidovudine*	Apotex	100	261.03	2.6103
02414414	*Auro-Lamivudine/ Zidovudine*	Aurobindo	60	156.62	2.6103
			500	1305.15	2.6103
02239213	*Combivir*	ViiV	60	156.62	2.6103
02387247	*Teva Lamivudine/ Zidovudine*	Teva Can	60	156.62	2.6103
LOPINAVIR/ RITONAVIR P					
Oral Sol.				80 mg - 20 mg/mL	
02243644	*Kaletra*	AbbVie	160 ml	345.28	2.1580
Tab.				100 mg -25 mg	
02312301	*Kaletra*	AbbVie	60	157.34	2.6223

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg -50 mg	
02285533	*Kaletra*	AbbVie	120	644.19	5.3683

NELFINAVIR MESYLATE Pr

Tab.				250 mg	
02238617	*Viracept*	ViiV	300	546.00	1.8200
Tab.				625 mg	
02248761	*Viracept*	ViiV	120	546.00	4.5500

NEVIRAPINE Pr

L.A. Tab.				400 mg **PPB**	
02427931	*Apo-Nevirapine XR*	Apotex	30	55.56 ➧	1.8520
02367289	*Viramune XR*	Bo. Ing.	30	74.08	2.4693
Tab.				200 mg **PPB**	
02318601	*Auro-Nevirapine*	Aurobindo	60	74.08 ➧	1.2346
02387727	*Mylan-Nevirapine*	Mylan	60	74.08 ➧	1.2346
02405776	*pms-Nevirapine*	Phmscience	60	74.08 ➧	1.2346
02238748	*Viramune*	Bo. Ing.	60	294.90	4.9150

RALTEGRAVIR Pr

Tab.				400 mg	
02301881	*Isentress*	Merck	60	690.00	11.5000
Tab.				600 mg	
02465337	*Isentress HD*	Merck	60	690.00	11.5000

RILPIVIRINE Pr

Tab.				25 mg	
02370603	*Edurant*	Janss. Inc	30	413.91	13.7970

RITONAVIR Pr

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

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

SAQUINAVIR MESYLATE Ⓟ

Tab. 500 mg

02279320	*Invirase*	Roche	120	514.08	4.2840

STAVUDINE Ⓟ

Caps. 15 mg

02216086	*Zerit*	B.M.S.	60	250.40	4.1733

Caps. 20 mg

02216094	*Zerit*	B.M.S.	60	260.35	4.3392

Caps. 30 mg

02216108	*Zerit*	B.M.S.	60	271.61	4.5268

Caps. 40 mg

02216116	*Zerit*	B.M.S.	60	281.54	4.6923

TENOFOVIR DISOPROXIL FUMARATE Ⓟ

Tab. 300 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
			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

ZIDOVUDIN Ⓟ

Caps. 100 mg **PPB**

01946323	*Apo-Zidovudine*	Apotex	100	139.77	➧	1.3977
01902660	*Retrovir*	ViiV	100	175.55		1.7555

Inj. Sol. 10 mg/mL

01902644	*Retrovir*	ViiV	20 ml	16.70	

Syr. 10 mg/mL

01902652	*Retrovir*	ViiV	240 ml	44.94	0.1873

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

8:18.20
INTERFERONS

INTERFERON ALFA-2B

S.C. Inj. Pd. — 10 millions UI

02223406	*Intron A*	Merck	1 ml	123.35	

INTERFERON ALFA-2B (HUMAN ALBUMIN FREE)

Inj. Sol. — 6 M UI/mL

02238674	*Intron A (sans albumine)*	Merck	3 ml	214.47	

Inj. Sol. — 10 millions UI/mL

02238675	*Intron A (sans albumine)*	Merck	2.5 ml	297.87	

8:18.32
NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR

Oral Susp. — 200 mg/5 mL

00886157	*Zovirax*	GSK	475 ml	117.56	0.2475

Tab. — 200 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	63.97	0.6397
			500	319.85	0.6397

Tab. — 400 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

Tab. — 800 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 SODIUM

I.V. Perf. Sol. — 25 mg/mL

02236916	*Acyclovir*	Pfizer	20 ml	58.41	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Sol.			50 mg/mL (10 mL)	**PPB**	
02236926	*Acyclovir Sodique*	Fresenius	10	857.80	85.7800
02456524	*Acyclovir sodique injectable*	Sterimax	10	857.80	85.7800
I.V. Perf. Sol.			50 mg/mL (20 mL)	**PPB**	
99106493	*Acyclovir Sodique*	Fresenius	10	1715.70	171.5700
99106293	*Acyclovir sodique injectable*	Sterimax	10	1715.70	171.5700
ENTECAVIR P					
Tab.				0.5 mg	**PPB**
02396955	*Apo-Entecavir*	Apotex	30	165.00	5.5000
02448777	*Auro-Entecavir*	Aurobindo	30	165.00	5.5000
			100	550.00	5.5000
02282224	*Baraclude*	B.M.S.	30	660.00	22.0000
02467232	*Jamp-Entecavir*	Jamp	30	165.00	5.5000
02430576	*pms-Entecavir*	Phmscience	30	165.00	5.5000
FAMCICLOVIR P					
Tab.				125 mg	**PPB**
02305682	*ACT Famciclovir*	ActavisPhm	10	5.56	0.5564
02292025	*Apo-Famciclovir*	Apotex	30	16.69	0.5564
02229110	*Famvir*	Novartis	10	27.15	2.7150
02278081	*pms-Famciclovir*	Phmscience	10	5.56	0.5564
02278634	*Sandoz Famciclovir*	Sandoz	10	5.56	0.5564
Tab.				250 mg	**PPB**
02305690	*ACT Famciclovir*	ActavisPhm	30	22.62	0.7541
02292041	*Apo-Famciclovir*	Apotex	30	22.62	0.7541
02229129	*Famvir*	Novartis	30	112.10	3.7367
02278103	*pms-Famciclovir*	Phmscience	30	22.62	0.7541
			100	75.41	0.7541
02278642	*Sandoz Famciclovir*	Sandoz	30	22.62	0.7541
			100	75.41	0.7541
Tab.				500 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
02177102	*Famvir*	Novartis	21	139.38	6.6371
02278111	*pms-Famciclovir*	Phmscience	21	28.22	1.3436
			100	134.36	1.3436
02278650	*Sandoz Famciclovir*	Sandoz	21	28.22	1.3436
			100	134.36	1.3436

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

GANCICLOVIR SODIUM P

I.V. Perf. Pd. — 500 mg

02162695	*Cytovene*	Roche	5	210.19	42.0380

VALACYCLOVIR (HYDROCHLORIDE) P

Tab. — 500 mg **PPB**

02295822	*Apo-Valacyclovir*	Apotex	30	18.59	➡	0.6198
			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
			100	61.98	➡	0.6198
02454645	*Valacyclovir*	Sanis	100	61.98	➡	0.6198
02442000	*Valacyclovir*	Sivem	100	61.98	➡	0.6198
02219492	*Valtrex*	GSK	30	93.56		3.1187

8:30.04
AMEBICIDES

PAROMOMYCINE SULFATE P

Caps. — 250 mg

02078759	*Humatin*	Erfa	100	236.74	2.3674

8:30.08
ANTIMALARIALS

ATOVAQUONE/ PROGUANIL (HYDROCHLORIDE) P

Tab. — 62.5 mg - 25 mg

02264935	*Malarone pediatrique*	GSK	12	17.77	1.4808

Tab. — 250 mg - 100 mg **PPB**

02466783	*Atovaquone et chlorhydrate de proguanil*	Glenmark	12	27.98	➡	2.3315
			100	233.15	➡	2.3315
02421429	*Atovaquone Proguanil*	Sanis	12	27.98	➡	2.3315
02238151	*Malarone*	GSK	12	51.81		4.3175
02402165	*Mylan-Atovaquone/ Proguanil*	Mylan	100	233.15	➡	2.3315
02380927	*Teva Atovaquone Proguanil*	Teva Can	12	27.98	➡	2.3315

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

CHLOROQUINE PHOSPHATE Ⓟ

Tab. 250 mg

00021261	*Novo-Chloroquine*	Novopharm	100	32.08	0.3208

HYDROXYCHLOROQUIN SULFATE Ⓟ

Tab. 200 mg **PPB**

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	15.76	➡	0.1576
			500	78.80	➡	0.1576

MEFLOQUINE HYDROCHLORIDE Ⓟ

Tab. 250 mg

02244366	*Mefloquine*	AA Pharma	8	29.56	3.6950

PRIMAQUINE PHOSPHATE Ⓟ

Tab. 26.3 mg

02017776	*Primaquine*	SanofiAven	100	36.44	0.3644

QUININE SULFATE

Caps. 200 mg **PPB**

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
			500	119.50	➡	0.2390
02311216	*Pro-Quinine-200*	Pro Doc	100	23.90	➡	0.2390
00695440	*Quinine-Odan (Caps.)*	Odan	100	23.90	➡	0.2390
			500	119.50	➡	0.2390

Caps. or Tab. 300 mg **PPB**

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
			500	187.50	➡	0.3750
02311224	*Pro-Quinine-300 (Caps.)*	Pro Doc	100	37.50	➡	0.3750
00695459	*Quinine-Odan (Caps.)*	Odan	100	37.50	➡	0.3750
			500	187.50	➡	0.3750

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

8:30.92
MISCELLANEOUS ANTIPROTOZOALS

ATOVAQUONE Pr

Oral Susp. — 150 mg/mL

02217422	*Mepron*	GSK	210 ml	504.15	2.4007

METRONIDAZOLE Pr

I.V. Perf. Sol. — 5 mg/mL

00649074	*Metronidazole*	Pfizer	100 ml	14.58	

Tab. — 250 mg

00545066	*Metronidazole*	AA Pharma	500	30.35	0.0607

8:36
URINARY ANTI-INFECTIVES

FOSFOMYCINE TROMETHAMIN Pr

Oral Pd. — 3 g **PPB**

02473801	*Jamp-Fosfomycin*	Jamp	1	➡ 11.70	
02240335	*Monurol sachet*	Paladin	1	13.00	

NITROFURANTIN MONOHYDRATE (MACROCRYSTALS) Pr

Caps. — 100 mg **PPB**

02063662	*MacroBid*	Warner	100	70.22	0.7022
02455676	*pms-Nitrofurantoin*	Phmscience	100	59.74	➡ 0.5974

NITROFURANTOIN Pr

Tab. — 50 mg

00319511	*Nitrofurantoin*	AA Pharma	100	16.70	0.1670

Tab. — 100 mg

00312738	*Nitrofurantoin*	AA Pharma	100	22.27	0.2227

NITROFURANTOIN (MACROCRYSTALS) Pr

Caps. — 50 mg

02231015	*Teva-Nitrofuratoin*	Teva Can	100	32.52	0.3252

Caps. — 100 mg

02231016	*Novo-Furantoin*	Novopharm	100	61.10	0.6110

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TRIMETHOPRIM P					
Tab.				100 mg	
02243116	*Trimethoprim*	AA Pharma	100	26.17	0.2617
Tab.				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

10:00
ANTINEOPLASTIC AGENTS

ANASTROZOLE F

Tab. — 1 mg **PPB**

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 F

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	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BUSERELIN ACETATE P					
Implant				6.3 mg	
02228955	*Suprefact Depot*	SanofiAven	1	733.47	
Implant				9.45 mg	
02240749	*Suprefact Depot 3 mois*	SanofiAven	1	1083.76	
Nas. spray				1 mg/mL	
02225158	*Suprefact*	SanofiAven	10 ml	69.35	
S.C. Inj. Sol.				1 mg/mL	
02225166	*Suprefact*	SanofiAven	5.5 ml	51.76	
BUSULFAN P					
Tab.				2 mg	
00004618	*Myleran*	Aspen	25	35.32	1.4128
CAPECITABINE P					
Tab.				150 mg **PPB**	
02426757	*ACH-Capecitabine*	Accord	60	27.45	0.4575
02434504	*Apo-Capecitabine*	Apotex	60	27.45	0.4575
02421917	*Sandoz Capecitabine*	Sandoz	60	27.45	0.4575
02457490	*Taro-Capecitabine*	Taro	60	27.45	0.4575
02400022	*Teva-Capecitabine*	Teva Can	60	27.45	0.4575
02238453	*Xeloda*	Roche	60	109.80	1.8300
Tab.				500 mg **PPB**	
02426765	*ACH-Capecitabine*	Accord	120	183.00	1.5250
02434512	*Apo-Capecitabine*	Apotex	120	183.00	1.5250
02421925	*Sandoz Capecitabine*	Sandoz	120	183.00	1.5250
02457504	*Taro-Capecitabine*	Taro	120	183.00	1.5250
02400030	*Teva-Capecitabine*	Teva Can	120	183.00	1.5250
02238454	*Xeloda*	Roche	120	732.00	6.1000
CHLORAMBUCIL P					
Tab.				2 mg	
00004626	*Leukeran*	Aspen	25	33.30	1.3320
CYCLOPHOSPHAMIDE P					
Tab.				25 mg	
02241795	*Procytox*	Baxter	200	70.40	0.3520

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
02241796	*Procytox*	Baxter	100	47.40	0.4740

ESTRAMUSTINE DISODIUM PHOSPHATE Pr

Caps.				140 mg	
02063794	*Emcyt*	Pfizer	100	306.44	3.0644

ETOPOSIDE Pr

Caps.				50 mg	
00616192	*Vepesid*	B.M.S.	20	656.42	32.8210

EXEMESTANE Pr

Tab.				25 mg **PPB**	
02390183	*ACT Exemestane*	ActavisPhm	30	38.84	1.2947
02419726	*Apo-Exemestane*	Apotex	30	38.84	1.2947
02242705	*Aromasin*	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 PHOPHATE Pr

Tab.				10 mg	
02246226	*Fludara*	SanofiAven	15	574.98	38.3320
			20	766.63	38.3315

GOSERELINE ACETATE Pr

Implant				3.6 mg	
02049325	*Zoladex*	TerSera	1	390.50	
Implant				10.8 mg	
02225905	*Zoladex LA*	TerSera	1	1113.00	

HYDROXYUREA Pr

Caps.				500 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 ALFA-2B Pr

S.C. Inj. Pd.				10 millions UI	
02223406	*Intron A*	Merck	1 ml	123.35	

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

INTERFERON ALFA-2B (HUMAN ALBUMIN FREE) Pr

Inj. Sol. 6 M UI/mL

02238674	*Intron A (sans albumine)*	Merck	3 ml	214.47	

Inj. Sol. 10 millions UI/mL

02238675	*Intron A (sans albumine)*	Merck	2.5 ml	297.87	

LETROZOLE Pr

Tab. 2.5 mg **PPB**

02358514	*Apo-Letrozole*	Apotex	30	41.34	1.3780
02404400	*Auro-Letrozole*	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	*Letrozole*	Pro Doc	30	41.34	1.3780
02347997	*Letrozole*	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 ACETATE Pr

Kit 3.75 mg

00884502	*Lupron Depot*	AbbVie	1	336.23	

Kit 5 mg/mL

00727695	*Lupron*	AbbVie	14	189.41	

Kit 7.5 mg

02248239	*Eligard*	SanofiAven	1	310.72	
00836273	*Lupron Depot*	AbbVie	1	387.97	

Kit 11.25 mg

02239834	*Lupron Depot*	AbbVie	1	1008.68	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit				22.5 mg	
02248240	*Eligard*	SanofiAven	1	891.00	
02230248	*Lupron Depot*	AbbVie	1	1071.00	
Kit				30 mg	
02248999	*Eligard*	SanofiAven	1	1285.20	
02239833	*Lupron Depot*	AbbVie	1	1428.00	
Kit				45 mg	
02268892	*Eligard*	SanofiAven	1	1450.00	
MEGESTROL ACETATE Pr					
Tab.				40 mg	
02195917	*Megestrol*	AA Pharma	100	100.73	1.0073
MELPHALAN Pr					
Tab.				2 mg	
00004715	*Alkeran*	Aspen	50	74.18	1.4836
MERCAPTOPURINE Pr					
Tab.				50 mg **PPB**	
02415275	*Mercaptopurine*	Sterimax	25	71.53 ➡	2.8610
00004723	*Purinethol*	Novopharm	25	71.53 ➡	2.8610
METHOTREXATE Pr					
Inj. Sol.				25 mg/mL **PPB**	
02419173	*Jamp-Methotrexate*	Jamp	2 ml	➡ 8.92	
02398427	*Méthotrexate*	Sandoz	2 ml	➡ 8.92	
			20 ml	➡ 89.20	
02417626	*Methotrexate Injectable, USP*	Mylan	2 ml	➡ 8.92	
02182777	*Methotrexate Sodium*	Pfizer	2 ml	➡ 8.92	
			20 ml	➡ 89.20	
02182955	*Methotrexate Sodium sans preservatif*	Pfizer	2 ml	11.25	
Inj.Sol (syr)				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)				15 mg/1.5 mL	
02320045	*Metoject*	Medexus	1	32.76	
Inj.Sol (syr)				20 mg/0.8 ml	
02422190	*Methotrexate pour Injection BP*	Phmscience	1	11.20	
Inj.Sol (syr)				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)				20 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)				25 mg/0.5 mL	
02454874	*Metoject Subcutaneous*	Medexus	1	39.00	
Tab.				2.5 mg **PPB**	
02182963	*Apo-Methotrexate*	Hospira	100	63.25	0.6325
02170698	*pms-Methotrexate*	Phmscience	100	63.25	0.6325
02244798	*ratio-Methotrexate*	Ratiopharm	100	63.25	0.6325
Tab.				10 mg	
02182750	*Méthotrexate*	Pfizer	100	214.55	2.1455

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NILUMAMID Pr					
Tab.				50 mg	
02221861	*Anandron*	SanofiAven	90	165.31	1.8368
PROCARBAZINE HYDROCHLORIDE Pr					
Caps.				50 mg	
00012750	*Matulane*	Sigma-Tau	100		**UE**
TAMOXIFEN CITRATE Pr					
Tab.				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
			250	87.50	0.3500
02048485	*Nolvadex-D*	AZC	30	11.05	0.3683
00851973	*Novo-Tamoxifen*	Novopharm	30	10.50	0.3500
			100	35.00	0.3500
THIOGUANINE Pr					
Tab.				40 mg	
00282081	*Lanvis*	Aspen	25	102.93	4.1172
TRETINOIN Pr					
Caps.				10 mg	
02145839	*Vesanoid*	Xediton	100	1638.63	16.3863
TRIPTORELIN (AS PAMOATE) Pr					
Kit				3.75 mg	
02240000	*Trelstar*	Actavis	1	304.43	
Kit				11.25 mg	
02243856	*Trelstar LA*	Actavis	1	932.12	
Kit				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

12:04
PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE Pr

Tab.				10 mg	
01947958	*Duvoid*	Paladin	100	25.98	0.2598
Tab.				25 mg	
01947931	*Duvoid*	Paladin	100	42.07	0.4207
Tab.				50 mg	
01947923	*Duvoid*	Paladin	100	55.26	0.5526

NEOSTIGMINE BROMIDE Pr

Tab.				15 mg	
00869945	*Prostigmin*	Valeant	100	43.70	0.4370

PILOCARPINE HYDROCHLORIDE Pr

Tab.				5 mg	
02216345	*Salagen*	Pfizer	100	105.32	1.0532

PYRIDOSTIGMINE BROMIDE Pr

L.A. Tab.				180 mg	
00869953	*Mestinon Supraspan*	Valeant	30	28.19	0.9397
Tab.				60 mg	
00869961	*Mestinon*	Valeant	100	42.95	0.4295

12:08.08
ANTIMUSCARINICS / ANTISPASMODICS

ACLIDINIUM BROMIDE Pr

Inh. Pd. (App.)				400 mcg	
02409720	*Tudorza Genuair*	AZC	60	53.10	

GLYCOPYRROLATE

Inj. Sol.			0.2 mg/mL	**PPB**	
02382857	*Glycopyrrolate injection*	Oméga	1 ml	3.98	
			2 ml	7.95	
02039508	*Glycopyrrolate injection*	Sandoz	2 ml	7.95	
02382849	*Glycopyrrolate Injection Multidose*	Oméga	20 ml	62.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GLYCOPYRRONIUM BROMIDE Pr					
Inh. Pd. (App.)				50 mcg/caps.	
02394936	*Seebri Breezhaler*	Novartis	30	53.10	
HYOSCINE BUTYLBROMIDE					
Inj. Sol.				20 mg/mL	
02229868	*Butylbromure d'hyoscine*	Sandoz	1 ml	4.52	
IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE) Pr					
Sol. Inh.			0.2 mg -1 mg/mL (2.5 mL) **PPB**		
02231675	*Combivent UDV*	Bo. Ing.	20	30.15	1.5075
02272695	*Teva-Combo Sterinebs*	Teva Can	20	14.68 ➡	0.7340
IPRATROPIUM BROMIDE Pr					
Nas. spray				0.03 %	
* 02239627	*pms-Ipratropium*	Phmscience	30 ml	22.70	
Oral aerosol				0.02 mg/dose	
02247686	*Atrovent HFA*	Bo. Ing.	200 dose(s)	18.92	
Sol. Inh.				0.125 mg/mL (2 mL)	
02231135	*pms-Ipratropium Polynebs*	Phmscience	20	13.18	0.6590
Sol. Inh.				0.25 mg/mL **PPB**	
02126222	*Apo-Ipravent*	Apotex	20 ml	➡ 6.31	
02210479	*Novo-Ipramide*	Novopharm	20 ml	➡ 6.31	
02231136	*pms-Ipratropium*	Phmscience	20 ml	➡ 6.31	
Sol. Inh.			0.25 mg/mL (1 mL) **PPB**		
02231244	*pms-Ipratropium Polynebs*	Phmscience	20	13.18	➡ 0.6590
99001446	*ratio-Ipratropium UDV*	Ratiopharm	20	13.18	➡ 0.6590
02216221	*Teva-Ipratropium Sterinebs*	Teva Can	20	13.18	➡ 0.6590
Sol. Inh.			0.25 mg/mL (2 mL) **PPB**		
02231245	*pms-Ipratropium Polynebs*	Phmscience	10	13.18	➡ 1.3180
99002795	*Teva-Ipratropium Sterinebs*	Teva Can	10	13.18	➡ 1.3180

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 MONOHYDRATED BROMIDE Pr

Inh. Pd. (App.) 18 mcg

02246793	*Spiriva Handihaler*	Bo. Ing.	30	51.90	

Sol. Inh. (App.) 2.5 mcg

02435381	*Spiriva Respimat*	Bo. Ing.	60 dose(s)	51.90	

UMECLIDINIUM (BROMIDE) Pr

Inh. Pd. 62.5 mcg

02423596	*Incruse Ellipta*	GSK	30 dose(s)	50.00	

12:12.04
ALPHA-ADRENERGIC AGONISTS
MIDODRINE HYDROCHLORIDE Pr

Tab. 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

12:12.08
BETA ADRENERGIC AGONISTS
FORMOTEROL FUMARATE DIHYDRATE Pr

Inh. Pd. 6 mcg /dose

02237225	*Oxeze Turbuhaler*	AZC	60 dose(s)	33.24	

Inh. Pd. 12 mcg/dose

02237224	*Oxeze Turbuhaler*	AZC	60 dose(s)	44.28	

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

FORMOTEROL (FUMARATE) P

Inh. Pd.				12 mcg/caps.	
02230898	*Foradil & Aerolizer*	Novartis	60	46.48	0.7747

INDACATEROL (MALEATE) P

Inh. Pd. (App.)				75 mcg	
02376938	*Onbrez Breezhaler*	Novartis	30	46.50	

ORCIPRENALINE SULFATE P

Syr.				10 mg/5 mL	
02236783	*Orciprenaline*	AA Pharma	250 ml	14.35	0.0574

SALBUTAMOL P

Oral aerosol			100 mcg/dose	**PPB**	
02232570	*Airomir*	Valeant	200 dose(s)	5.00	
02245669	*Apo-Salvent sans CFC*	Apotex	200 dose(s)	5.00	
02326450	*Novo-Salbutamol HFA*	Novopharm	200 dose(s)	5.00	
02419858	*Salbutamol HFA*	Sanis	200 dose(s)	5.00	
02241497	*Ventolin HFA*	GSK	200 dose(s)	6.00	

SALBUTAMOL SULFATE P

Sol. Inh.			0.5 mg/mL (2.5mL)	**PPB**	
02208245	*pms-Salbutamol Polynebs*	Phmscience	20	3.49	0.1745
02239365	*ratio-Salbutamol*	Ratiopharm	20	3.49	0.1745

Sol. Inh.			1 mg/mL (2.5 mL)	**PPB**	
02208229	*pms-Salbutamol Polynebs*	Phmscience	20	7.23	0.3615
01926934	*Teva-Salbutamol Sterinebs P.F.*	Teva Can	20	7.23	0.3615
02213419	*Ventolin Nebules P.F.*	GSK	20	11.50	0.5750

Sol. Inh.			2 mg/mL (2.5 mL)	**PPB**	
02208237	*pms-Salbutamol Polynebs*	Phmscience	20	13.50	0.6750
02239366	*ratio-Salbutamol*	Ratiopharm	20	13.50	0.6750
02228297	*Salmol*	Riva	20	13.50	0.6750
02173360	*Teva-Salbutamol Sterinebs P.F.*	Teva Can	20	13.50	0.6750
02213427	*Ventolin Nebules P.F.*	GSK	20	13.50	0.6750

Sol. Inh.				5 mg/mL	
02213486	*Ventolin*	GSK	10 ml	2.30	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg	
02146843	*Apo-Salvent*	Apotex	100	12.74	0.1274
Tab.				4 mg	
02146851	*Apo-Salvent*	Apotex	100	21.34	0.2134

SALMETEROL XINAFOATE Pr

Inh. Pd.				50 mcg/dose	
02231129	*Serevent Diskus*	GSK	60 dose(s)	52.64	
Inh. Pd. (App.)				50 mcg/coque (4)	
99000091	*Serevent & Diskhaler*	GSK	15	55.91	

TERBUTALIN SULFATE Pr

Inh. Pd.				0.5 mg/dose	
00786616	*Bricanyl Turbuhaler*	AZC	100 dose(s)	7.64	

12:12.12
ALPHA AND BETA ADRENERGIC AGONISTS
EPINEPHRINE

Inj. Sol. (App.)				0,15 mg/dose	**PPB**	
02382059	*Allerject*	SanofiAven	1	➡ 81.00		
00578657	*EpiPen Jr.*	Pfizer	1	➡ 81.00		
Inj. Sol. (App.)				0,3 mg/dose	**PPB**	
02382067	*Allerject*	SanofiAven	1	➡ 81.00		
00509558	*EpiPen*	Pfizer	1	➡ 81.00		

12:16.04
ALPHA-ADRENERGIC BLOCKING AGENTS
ALFUZOSINE HYDROCHLORIDE Pr

L.A. Tab.				10 mg	**PPB**	
02414759	*Alfuzosin*	Pro Doc	100	26.01	➡	0.2601
02447576	*Alfuzosin*	Sivem	100	26.01	➡	0.2601
02315866	*Apo-Alfuzosin*	Apotex	100	26.01	➡	0.2601
02443201	*Auro-Alfuzosin*	Aurobindo	100	26.01	➡	0.2601
02314282	*Novo-Alfuzosin PR*	Teva Can	100	26.01	➡	0.2601
02304678	*Sandoz Alfuzosin*	Sandoz	100	26.01	➡	0.2601
02245565	*Xatral*	SanofiAven	100	101.30		1.0130

DIHYDROERGOTAMINE MESYLATE Pr

Inj. Sol.				1 mg/mL	
00027243	*Dihydroergotamine*	Sterimax	1 ml	3.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Nas. spray				4 mg/mL	
02228947	*Migranal*	Sterimax	3	28.22	9.4067

SILODOSINE P

Caps.				4 mg	
02361663	*Rapaflo*	Actavis	30	13.15	0.4383

Caps.				8 mg	
02361671	*Rapaflo*	Actavis	30	13.15	0.4383
			90	39.45	0.4383

TAMSULOSIN HYDROCHLORIDE P

LA Tab or LA Caps				0.4 mg **PPB**	
02362406	*Apo-Tamsulosin CR*	Apotex	100	15.00	0.1500
			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

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

12:20.04
CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CYCLOBENZAPRINE HYDROCHLORIDE Pr

Tab. — 10 mg **PPB**

02177145	*Apo-Cyclobenzaprine*	Apotex	100	10.22	0.1022
			500	51.10	0.1022
02348853	*Auro-Cyclobenzaprine*	Aurobindo	100	10.22	0.1022
			500	51.10	0.1022
02287064	*Cyclobenzaprine*	Sanis	100	10.22	0.1022
			500	51.10	0.1022
02424584	*Cyclobenzaprine*	Sivem	100	10.22	0.1022
			500	51.10	0.1022
02220644	*Cyclobenzaprine-10*	Pro Doc	500	51.10	0.1022
02357127	*Jamp-Cyclobenzaprine*	Jamp	100	10.22	0.1022
			500	51.10	0.1022
02212048	*pms-Cyclobenzaprine*	Phmscience	100	10.22	0.1022
			500	51.10	0.1022
02242079	*Riva-Cyclobenzaprine*	Riva	100	10.22	0.1022
			500	51.10	0.1022
02080052	*Teva-Cyclobenzaprine*	Teva Can	100	10.22	0.1022
			500	51.10	0.1022

12:20.08
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE (SODIUM) Pr

Caps. — 25 mg

01997602	*Dantrium*	Par Phm	100	39.40	0.3940

12:20.12
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS
BACLOFEN Pr

Inj. Sol. — 0.05 mg/mL (1 mL) **PPB**

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. — 0.5 mg/mL (20 mL) **PPB**

02413639	*Baclofen Injection*	Sterimax	1	90.32	
02457067	*Baclofene injectable*	Teligent	1	90.32	
02131056	*Lioresal Intrathecal*	Novartis	1	150.54	

Inj. Sol. — 2 mg/mL (5 mL) **PPB**

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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02139332	*Apo-Baclofen*	Apotex	100	15.95	0.1595
			500	79.74	0.1595
02287021	*Baclofen*	Sanis	100	15.95	0.1595
			500	79.74	0.1595
02152584	*Baclofen-10*	Pro Doc	100	15.95	0.1595
			500	79.74	0.1595
00455881	*Lioresal*	Novartis	100	51.02	0.5102
02088398	*Mylan-Baclofen*	Mylan	100	15.95	0.1595
			500	79.74	0.1595
02063735	*pms-Baclofen*	Phmscience	100	15.95	0.1595
			500	79.74	0.1595
02236507	*ratio-Baclofen*	Ratiopharm	100	15.95	0.1595
			500	79.74	0.1595
02242150	*Riva-Baclofen*	Riva	100	15.95	0.1595
			500	79.74	0.1595
02442140	*Sandoz Baclofen*	Sandoz	100	15.95	0.1595
			500	79.74	0.1595
Tab.				20 mg **PPB**	
02139391	*Apo-Baclofen*	Apotex	100	31.04	0.3104
02287048	*Baclofen*	Sanis	100	31.04	0.3104
02152592	*Baclofen-20*	Pro Doc	100	31.04	0.3104
00636576	*Lioresal D.S.*	Novartis	100	99.32	0.9932
02088401	*Mylan-Baclofen*	Mylan	100	31.04	0.3104
02063743	*pms-Baclofen*	Phmscience	100	31.04	0.3104
02236508	*ratio-Baclofen*	Ratiopharm	100	31.04	0.3104
02242151	*Riva-Baclofen*	Riva	100	31.04	0.3104
			500	224.90	0.4498
02442159	*Sandoz Baclofen*	Sandoz	100	31.04	0.3104

12:20.92
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS

ORPHENADRINE CITRATE

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				100 mg	
02243559	*Sandoz Orphenadrine*	Sandoz	100	50.95	0.5095
Tab.				100 mg	
02047535	*Orfenace*	Sterimax	100	35.35	0.3535

12:92
MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE [1]

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chewing gum				2 mg **PPB**	
80069513	*Nicorette Mint*	McNeil Co	105	26.49	0.2523
80000396	*Thrive*	GSK CONS	108	21.77	0.2016

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.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chewing gum				4 mg **PPB**	
80069471	*Nicorette Mint*	McNeil Co	105	26.49	0.2523
80000402	*Thrive*	GSK CONS	108	28.47	0.2636
Past. Or.				1 mg **PPB**	
80061161	*Nic-Hit*	Nic-Hit	20	3.70	0.1850
80007461	*Thrive*	GSK CONS	108	21.77	0.2016
Past. Or.				2 mg **PPB**	
80059877	*Nic-Hit*	Nic-Hit	20	4.00	0.2000
80007464	*Thrive*	GSK CONS	108	28.47	0.2636
Patch				7 mg/24 h **PPB**	
01943057	*Habitrol*	N.C.H.C.	7	18.75	2.6786
80044518	*Nicoderm*	McNeil Co	7	18.75	2.6786
Patch				14 mg/24 h **PPB**	
01943065	*Habitrol*	N.C.H.C.	7	18.75	2.6786
80044503	*Nicoderm*	McNeil Co	7	18.75	2.6786
Patch				21 mg/24 h **PPB**	
01943073	*Habitrol*	N.C.H.C.	7	18.75	2.6786
80044515	*Nicoderm*	McNeil Co	7	18.75	2.6786

VARENICLINE TARTRATE [7] P

Tab.				0.5 mg **PPB**	
02419882	*Apo-Varenicline*	Apotex	56	77.59	1.3855
02291177	*Champix*	Pfizer	56	96.15	1.7170
Tab.			0.5 mg (11 co.) et 1 mg (42 co.)		**PPB**
02435675	*Apo-Varenicline (kit)*	Apotex	53	73.16	
02298309	*Champix (Starter pack)*	Pfizer	53	91.01	
Tab.				1 mg **PPB**	
02419890	*Apo-Varenicline*	Apotex	30	41.56	1.3853
			56	77.58	1.3853
02291185	*Champix*	Pfizer	56	96.16	1.7171

7 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

20:04.04
IRON PREPARATIONS
FERROUS SULFATE

Ped. Oral Sol. — 75 mg/mL(Fe-15 mg/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. 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 65 mg) **PPB**

02246733	*Euro-Ferrous Sulfate*	Sandoz	1000	15.71	0.0157
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

IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX) Pr

I.V. Inj. Sol. — 12.5 mg (Ir)/mL (5 mL)

02243333	*Ferrlecit*	SanofiAven	10	241.33	24.1330

IRON-DEXTRAN

Inj. Sol. — 50 mg (Fe)/mL

02205963	*Dexiron*	Luitpold	2 ml	27.50	

IRON-ISOMALTOSIDE 1000 Pr

I.V. Inj. Sol. — 100 mg (Fe)/mL

02477777	*Monoferric*	Pfizer	1 ml	45.00	
			5 ml	225.00	
			10 ml	450.00	

IRON-SUCROSE

I.V. Inj. Sol. — 20 mg (Fe)/mL (5 mL)

02243716	*Venofer*	Luitpold	10	375.00	37.5000

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

20:12.04
ANTICOAGULANTS
DALTEPARINE SODIC P

Inj. Sol.				2 500 UI/mL (4 mL)	
02377454	*Fragmin*	Pfizer	10	159.29	15.9290
Inj. Sol.				25 000 U/mL	
02231171	*Fragmin*	Pfizer	3.8 ml	151.32	
Inj.Sol (syr)				3500 UI/0,28 mL	
02430789	*Fragmin*	Pfizer	1	7.06	
S.C. Inj. Sol.				10 000 UI/mL	
02132664	*Fragmin*	Pfizer	1 ml	15.93	
S.C. Inj.Sol (syr)				2 500 UI/0.2 mL	
02132621	*Fragmin*	Pfizer	1	5.04	
S.C. Inj.Sol (syr)				5 000 UI/0.2 mL	
02132648	*Fragmin*	Pfizer	1	10.09	
S.C. Inj.Sol (syr)				7 500 UI/0.3 ml	
02352648	*Fragmin*	Pfizer	1	15.13	
S.C. Inj.Sol (syr)				10 000 UI/0.4 mL	
02352656	*Fragmin*	Pfizer	1	20.18	
S.C. Inj.Sol (syr)				12 500 UI/0.5 mL	
02352664	*Fragmin*	Pfizer	1	25.22	
S.C. Inj.Sol (syr)				15 000 UI/0.6 mL	
02352672	*Fragmin*	Pfizer	1	30.26	
S.C. Inj.Sol (syr)				18 000 UI/0.72 mL	
02352680	*Fragmin*	Pfizer	1	36.32	

ENOXAPARIN P

S.C. Inj. Sol.				100 mg/mL	
02236564	*Lovenox*	SanofiAven	3 ml	62.51	

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)				40 mg/0.4 mL	
02236883	*Lovenox*	SanofiAven	1	8.33	
S.C. Inj.Sol (syr)				60 mg/0.6 mL	
02378426	*Lovenox*	SanofiAven	1	12.50	
S.C. Inj.Sol (syr)				80 mg/0.8 mL	
02378434	*Lovenox*	SanofiAven	1	16.66	
S.C. Inj.Sol (syr)				100 mg/1.0 mL	
02378442	*Lovenox*	SanofiAven	1	20.83	
S.C. Inj.Sol (syr)				120 mg/0.8 mL	
02242692	*Lovenox HP*	SanofiAven	1	24.99	
S.C. Inj.Sol (syr)				150 mg/1.0 mL	
02378469	*Lovenox HP*	SanofiAven	1	31.24	
FONDAPARINUX P					
S.C. Inj.Sol (syr)				2.5 mg/0.5 mL **PPB**	
02245531	*Arixtra*	Aspen	1	➡ 9.86	
02406853	*Solution injectable de fondaparinux sodique*	Dr Reddy's	1	➡ 9.86	
S.C. Inj.Sol (syr)				7.5 mg/0.6 mL **PPB**	
02258056	*Arixtra*	Aspen	1	➡ 17.50	
02406896	*Solution injectable de fondaparinux sodique*	Dr Reddy's	1	➡ 17.50	
HEPARIN (SODIUM)					
Inj. Sol.				100 U/mL	
00727520	*Heparine Leo*	Leo	10 ml	4.26	0.4260
Inj. Sol.				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 CALCIUM Pr

S.C. Inj.Sol (syr)				2 850 U/0.3 mL	
02236913	*Fraxiparine*	Aspen	1	2.72	
S.C. Inj.Sol (syr)				3 800 U/0.4 mL	
02450623	*Fraxiparine*	Aspen	1	3.63	
S.C. Inj.Sol (syr)				5 700 U/0.6 mL	
02450631	*Fraxiparine*	Aspen	1	5.44	
S.C. Inj.Sol (syr)				9 500 U/1.0 mL	
02450658	*Fraxiparine*	Aspen	1	9.06	
S.C. Inj.Sol (syr)				11 400 U/0.6 mL	
02450674	*Fraxiparine Forte*	Aspen	1	10.87	
S.C. Inj.Sol (syr)				15 200 U/0.8 mL	
02450666	*Fraxiparine Forte*	Aspen	1	14.50	
S.C. Inj.Sol (syr)				19 000 U/1.0 mL	
* 02240114	*Fraxiparine Forte*	Aspen	1	18.12	

NICOUMALONE Pr

Tab.				1 mg	
00010383	*Sintrom*	Paladin	100	27.33	0.2733
Tab.				4 mg	
00010391	*Sintrom*	Paladin	100	85.91	0.8591

TINZAPARIN SODIUM Pr

S.C. Inj. Sol.				10 000 UI/mL	
02167840	*Innohep*	Leo	2 ml	33.43	
S.C. Inj. Sol.				20 000 UI/mL	
02229515	*Innohep*	Leo	2 ml	67.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				2 500 UI/0.25 mL	
02229755	*Innohep*	Leo	10	42.15	4.2150
S.C. Inj.Sol (syr)				3 500 UI/0.35 mL	
02358158	*Innohep*	Leo	10	59.00	5.9000
S.C. Inj.Sol (syr)				4 500 UI/0.45 mL	
02358166	*Innohep*	Leo	10	75.80	7.5800
S.C. Inj.Sol (syr)				8 000 UI/0.4 mL	
02429462	*Innohep*	Leo	10	137.71	13.7710
S.C. Inj.Sol (syr)				10 000 UI/ 0.5 mL	
02231478	*Innohep*	Leo	10	167.70	16.7700
S.C. Inj.Sol (syr)				12 000 UI/0.6 mL	
02429470	*Innohep*	Leo	10	206.57	20.6570
S.C. Inj.Sol (syr)				14 000 UI/ 0.7 mL	
02358174	*Innohep*	Leo	10	241.00	24.1000
S.C. Inj.Sol (syr)				16 000 UI/0,8 mL	
02429489	*Innohep*	Leo	10	275.43	27.5430
S.C. Inj.Sol (syr)				18 000 UI/0.9 mL	
02358182	*Innohep*	Leo	10	309.85	30.9850

WARFARIN (SODIUM) P

Tab.				1 mg **PPB**	
02242924	*Apo-Warfarin*	Apotex	100	7.80	0.0780
			500	39.00	0.0780
01918311	*Coumadin*	B.M.S.	100	7.80	0.0780
			1000	78.00	0.0780
02265273	*Novo-Warfarin*	Novopharm	100	7.80	0.0780
			250	19.50	0.0780
02242680	*Taro-Warfarin*	Taro	100	7.80	0.0780
			250	19.50	0.0780

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02242925	*Apo-Warfarin*	Apotex	100	8.25	0.0825
			500	41.25	0.0825
01918338	*Coumadin*	B.M.S.	100	8.25	0.0825
			250	20.63	0.0825
02242681	*Taro-Warfarin*	Taro	100	8.25	0.0825
			250	20.63	0.0825
Tab.				2.5 mg **PPB**	
02242926	*Apo-Warfarin*	Apotex	100	6.60	0.0660
			500	33.00	0.0660
01918346	*Coumadin*	B.M.S.	100	6.60	0.0660
			250	16.50	0.0660
02242682	*Taro-Warfarin*	Taro	100	6.60	0.0660
			250	16.50	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
			250	31.15	0.1246
02242683	*Taro-Warfarin*	Taro	100	10.23	0.1023
Tab.				4 mg **PPB**	
02242927	*Apo-Warfarin*	Apotex	100	10.23	0.1023
			500	51.15	0.1023
02007959	*Coumadin*	B.M.S.	100	10.23	0.1023
			250	25.58	0.1023
02242684	*Taro-Warfarin*	Taro	100	10.23	0.1023
			250	25.58	0.1023
Tab.				5 mg **PPB**	
02242928	*Apo-Warfarin*	Apotex	100	6.62	0.0662
			500	33.10	0.0662
01918354	*Coumadin*	B.M.S.	100	6.62	0.0662
			250	16.55	0.0662
02265346	*Novo-Warfarin*	Novopharm	100	6.62	0.0662
			250	16.55	0.0662
02242685	*Taro-Warfarin*	Taro	100	6.62	0.0662
			250	16.55	0.0662
Tab.				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	
02242697	*Taro-Warfarin*	Taro	100	30.14	0.3014

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02242929	*Apo-Warfarin*	Apotex	100	11.87	0.1187
01918362	*Coumadin*	B.M.S.	100	11.87	0.1187
02242687	*Taro-Warfarin*	Taro	100	11.87	0.1187

20:12.14
PLATELET-REDUCING AGENTS
ANAGRELIDE HYDROCHLORIDE

Caps.				0.5 mg **PPB**	
02236859	*Agrylin*	Shire	100	528.30	5.2830
02274949	*pms-Anagrelide*	Phmscience	100	263.61	2.6361
02260107	*Sandoz Anagrelide*	Sandoz	100	263.61	2.6361

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

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

20:28.16
HEMOSTATICS
TRANEXAMIC ACID Pr

Tab. 500 mg **PPB**

02401231	*Acide Tranexamique*	Sterimax	100	57.65	0.5765
02064405	*Cyklokapron*	Pfizer	100	102.48	1.0248

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

24:04.04
ANTIARRHYTHMIC AGENTS

AMIODARONE HYDROCHLORIDE Pr

Tab. 100 mg

02292173	*pms-Amiodarone*	Phmscience	100	67.76	0.6776

Tab. 200 mg **PPB**

02364336	*Amiodarone*	Sanis	100	37.06	0.3706
02385465	*Amiodarone*	Sivem	100	37.06	0.3706
02246194	*Apo-Amiodarone*	Apotex	100	37.06	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

DISOPYRAMIDE Pr

Caps. 100 mg

02224801	*Rythmodan*	SanofiAven	84	18.93	0.2254

FLECAINIDE ACETATE Pr

Tab. 50 mg **PPB**

02459957	*Auro-Flecainide*	Aurobindo	100	27.78	0.2778
			1000	277.80	0.2778
02275538	*Flecainide*	Apotex	100	27.78	0.2778

Tab. 100 mg **PPB**

02459965	*Auro-Flecainide*	Aurobindo	100	55.58	0.5558
			1000	555.80	0.5558
02275546	*Flecainide*	Apotex	100	55.58	0.5558

MEXILETINE HYDROCHLORIDE Pr

Caps. 100 mg

02230359	*Novo-Mexiletine*	Novopharm	100	81.62	0.8162

Caps. 200 mg

02230360	*Novo-Mexiletine*	Novopharm	100	109.30	1.0930

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

PROPAFENONE HYDROCHLORIDE Pr

Tab. 150 mg **PPB**

02243324	*Apo-Propafenone*	Apotex	100	29.65	0.2965
02457172	*Mylan-Propafenone*	Mylan	100	29.65	0.2965
02294559	*pms-Propafenone*	Phmscience	100	29.65	0.2965
02343053	*Propafenone*	Sanis	100	29.65	0.2965
00603708	*Rythmol*	BGP Pharma	100	94.10	0.9410

Tab. 300 mg **PPB**

02243325	*Apo-Propafenone*	Apotex	100	52.27	0.5227
02457164	*Mylan-Propafenone*	Mylan	100	52.27	0.5227
02294575	*pms-Propafenone*	Phmscience	100	52.27	0.5227
02343061	*Propafenone*	Sanis	100	52.27	0.5227
00603716	*Rythmol*	BGP Pharma	100	165.86	1.6586

24:04.08
CARDIOTONIC AGENTS

DIGOXIN Pr

Oral Sol. 0.05 mg/mL

02242320	*Toloxin*	Pendopharm	115 ml	42.45	0.3691

Tab. 0.0625 mg

02335700	*Toloxin*	Pendopharm	250	51.61	0.2064

Tab. 0.125 mg

02335719	*Toloxin*	Pendopharm	250	51.50	0.2060

Tab. 0.25 mg

* 02335727	*Toloxin*	Pendopharm	250	51.50	**W**

MILRINONE LACTATE Pr

I.V. Inj. Sol. 1 mg/mL

02244622	*Milrinone Lactate Injection*	Fresenius	10 ml 20 ml	46.80 93.60	

24:06.04
BILE ACID SEQUESTRANTS

CHOLESTYRAMIN RESIN Pr

Oral Pd. 4 g/sac. **PPB**

02455609	*Cholestyramine-Odan*	Odan	30	15.83	0.5277
02478595	*Jamp-Cholestyramine*	Jamp	30	15.83	0.5275
02210320	*Olestyr*	Phmscience	30	15.83	0.5275
00890960	*Olestyr sugar free*	Phmscience	30	15.83	0.5275

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

COLESTIPOL HYDROCHLORIDE Pr

Oral Pd. 5 g of colestipol/sac.

00642975	*Colestid*	Pfizer	30	25.85	0.8617
02132699	*Colestid Orange 7.5 g*	Pfizer	30	25.85	0.8617

Tab. 1 g

02132680	*Colestid*	Pfizer	120	29.49	0.2458

24:06.05
CHOLESTEROL ABSORPTION INHIBITORS

EZETIMIBE Pr

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
			100	18.11	0.1811
02431300	*Ezetimibe*	Sanis	100	18.11	0.1811
02429659	*Ezetimibe*	Sivem	30	5.43	0.1811
			100	18.11	0.1811
02247521	*Ezetrol*	Merck	30	52.20	1.7400
02423235	*Jamp-Ezetimibe*	Jamp	30	5.43	0.1811
			500	90.55	0.1811
02422662	*Mar-Ezetimibe*	Marcan	100	18.11	0.1811
			500	90.55	0.1811
02467437	*M-Ezetimibe*	Mantra Ph.	100	18.11	0.1811
			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

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

24:06.06
FIBRIC ACID DERIVATIVES

BEZAFIBRATE

L.A. Tab. — 400 mg **PPB**

02083523	*Bezalip S.R.*	Tribute	30	43.90	1.4633
02453312	*Jamp-Bezafibrate SR*	Jamp	30	43.90	1.4633

FENOFIBRATE (NANOCRYSTALIZED OR MICROCOATED OR MICRONIZED)

Caps. or Tab. — 145 mg or 160 mg or 200 mg **PPB**

02239864	*Apo-Feno-Micro (200 mg)*	Apotex	30	8.17	0.2722
			100	27.22	0.2722
02246860	*Apo-Feno-Super (160 mg)*	Apotex	30	8.17	0.2722
			100	27.22	0.2722
02240360	*Feno-Micro-200*	Pro Doc	30	8.17	0.2722
			100	27.22	0.2722
02269082	*Lipidil EZ (145 mg)*	BGP Pharma	30	32.16	1.0720
02146959	*Lipidil Micro (200 mg)*	Fournier	30	32.67	1.0890
02241602	*Lipidil Supra (160 mg)*	Fournier	30	37.27	1.2423
02243552	*Novo-Fenofibrate Micronise (200 mg)*	Novopharm	30	8.17	0.2722
			100	27.22	0.2722
02310236	*Pro-Feno-Super-160*	Pro Doc	100	27.22	0.2722
02250039	*ratio-Fenofibrate MC (200 mg)*	Ratiopharm	30	8.17	0.2722
			100	27.22	0.2722
02288052	*Sandoz Fenofibrate S (160 mg)*	Sandoz	90	24.50	0.2722

FENOFIBRATE (NANOCRYSTALLIZED)

Tab. — 48 mg **PPB**

02269074	*Lipidil EZ*	BGP Pharma	30	12.56	0.4187
02390698	*Sandoz Fenofibrate E*	Sandoz	30	10.68	0.3560

GEMFIBROZIL

Caps. — 300 mg

01979574	*Apo-Gemfibrozil*	Apotex	100	12.88	0.1288

Tab. — 600 mg

01979582	*Apo-Gemfibrozil*	Apotex	100	51.57	0.5157

MICROCOATED FENOFIBRATE

Tab. — 100 mg **PPB**

02246859	*Apo-Feno-Super*	Apotex	100	54.06	0.5406
02241601	*Lipidil Supra*	Fournier	30	32.34	1.0780
02310228	*Pro-Feno-Super-100*	Pro Doc	100	54.06	0.5406
02288044	*Sandoz Fenofibrate S*	Sandoz	90	48.65	0.5406

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

24:06.08
HMG-COA REDUCTASE INHIBITORS
AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM Pr

Tab. 5 mg -10 mg **PPB**

02411253	*Apo-Amlodipine-Atorvastatin*	Apotex	100	58.02	➧ 0.5802
02273233	*Caduet*	Pfizer	90	67.96	0.7551
02404222	*pms-Amlodipine-Atorvastatin*	Phmscience	100	58.02	➧ 0.5802

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**

02411334	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	➧ 0.8000
02273306	*Caduet*	Pfizer	90	95.62	1.0624

Tab. 10 mg - 80 mg **PPB**

02411342	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	➧ 0.8000
02273314	*Caduet*	Pfizer	90	95.62	1.0624

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ATORVASTATINE CALCIUM					
Tab.				10 mg **PPB**	
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	**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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
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	**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.				40 mg **PPB**	
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	**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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				80 mg **PPB**	
02310929	*Act Atorvastatin*	ActavisPhm	90	21.08	0.2342
02295318	*Apo-Atorvastatin*	Apotex	30	7.03	0.2342
			100	23.42	0.2342
02476975	*Atorvastatin*	Altamed	100	23.42	0.2342
02346516	*Atorvastatin*	Pro Doc	30	7.03	0.2342
			100	23.42	0.2342
02475057	*Atorvastatin*	Riva	100	23.42	0.2342
02348748	*Atorvastatin*	Sanis	90	21.08	**W**
			100	23.42	**W**
02411385	*Atorvastatin-80*	Sivem	100	23.42	0.2342
02407280	*Auro-Atorvastatin*	Aurobindo	90	21.08	0.2342
			500	117.10	0.2342
02391082	*Jamp-Atorvastatin*	Jamp	90	21.08	0.2342
			500	117.10	0.2342
02243097	*Lipitor*	Pfizer	30	69.74	2.3247
02454041	*Mar-Atorvastatin*	Marcan	100	23.42	0.2342
02471191	*M-Atorvastatin*	Mantra Ph.	90	21.08	0.2342
02392976	*Mylan-Atorvastatin*	Mylan	90	21.08	0.2342
02399407	*pms-Atorvastatin*	Phmscience	100	23.42	0.2342
02313758	*Ran-Atorvastatin*	Ranbaxy	90	21.08	0.2342
			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 SODIUM P					
Caps.				20 mg **PPB**	
02400235	*Sandoz Fluvastatin*	Sandoz	100	22.02	0.2202
02299224	*Teva Fluvastatin*	Teva Can	100	22.02	0.2202
Caps.				40 mg	
02299232	*Teva Fluvastatin*	Teva Can	100	30.92	0.3092
L.A. Tab.				80 mg	
02250527	*Lescol XL*	Novartis	28	40.01	1.4289

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

LOVASTATINE P

Tab. 20 mg **PPB**

02220172	*Apo-Lovastatin*	Apotex	100	49.19	0.4919
			500	245.94	0.4919
02248572	*Co Lovastatin*	Cobalt	30	14.76	0.4919
			500	245.94	0.4919
02353229	*Lovastatin*	Sanis	100	49.19	0.4919
			500	245.94	0.4919
02245822	*ratio-Lovastatin*	Ratiopharm	100	49.19	0.4919
			500	245.94	0.4919
02272288	*Riva-Lovastatin*	Riva	100	49.19	0.4919

Tab. 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	*ratio-Lovastatin*	Ratiopharm	100	89.85	0.8985
02272296	*Riva-Lovastatin*	Riva	100	89.85	0.8985

PRAVASTATINE SODIUM P

Tab. 10 mg **PPB**

02248182	*ACT Pravastatin*	ActavisPhm	100	29.16	0.2916
02243506	*Apo-Pravastatin*	Apotex	30	8.75	0.2916
			100	29.16	0.2916
02458977	*Auro-Pravastatin*	Aurobindo	100	29.16	0.2916
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	8.75	0.2916
			100	29.16	0.2916
02476274	*M-Pravastatin*	Mantra Ph.	100	29.16	0.2916
02247655	*pms-Pravastatin*	Phmscience	30	8.75	0.2916
			100	29.16	0.2916
02356546	*Pravastatin*	Sanis	30	8.75	0.2916
			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	8.75	0.2916
			100	29.16	0.2916
02270234	*Riva-Pravastatin*	Riva	30	8.75	**W**
			100	29.16	**W**
02468700	*Sandoz Pravastatin*	Sandoz	100	29.16	0.2916
02247008	*Teva-Pravastatin*	Novopharm	30	8.75	0.2916
			100	29.16	0.2916

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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	**W**
			100	34.40	**W**
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.				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	**W**
			100	41.43	**W**
02468727	*Sandoz Pravastatin*	Sandoz	100	41.43	0.4143
02247010	*Teva-Pravastatin*	Novopharm	30	12.43	0.4143
			100	41.43	0.4143

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ROSUVASTATIN CALCIUM P					
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
			500	64.20	0.1284
02380013	*Riva-Rosuvastatin*	Riva	30	3.85	0.1284
			100	12.84	0.1284
02381176	*Rosuvastatin*	Pro Doc	30	3.85	0.1284
			100	12.84	0.1284
02405628	*Rosuvastatin*	Sanis	100	12.84	0.1284
			500	64.20	0.1284
02389037	*Rosuvastatin*	Sivem	30	3.85	0.1284
			100	12.84	0.1284
02411628	*Rosuvastatin*	Sivem	30	3.85	0.1284
			100	12.84	0.1284
02338726	*Sandoz Rosuvastatin*	Sandoz	30	3.85	0.1284
			500	64.20	0.1284
02354608	*Teva Rosuvastatin*	Teva Can	30	3.85	0.1284
			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
			500	67.70	0.1354
02405636	*Rosuvastatin*	Sanis	500	67.70	0.1354
02389045	*Rosuvastatin*	Sivem	30	4.06	0.1354
			100	13.54	0.1354
02411636	*Rosuvastatin*	Sivem	30	4.06	0.1354
			100	13.54	0.1354
02338734	*Sandoz Rosuvastatin*	Sandoz	30	4.06	0.1354
			500	67.70	0.1354
02354616	*Teva Rosuvastatin*	Teva Can	30	4.06	0.1354
			500	67.70	0.1354

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02337991	*Apo-Rosuvastatin*	Apotex	30	5.08	0.1692
			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
			100	16.92	0.1692
02381192	*Rosuvastatin*	Pro Doc	30	5.08	0.1692
			100	16.92	0.1692
02405644	*Rosuvastatin*	Sanis	500	84.60	0.1692
02389053	*Rosuvastatin*	Sivem	30	5.08	0.1692
			100	16.92	0.1692
02411644	*Rosuvastatin*	Sivem	30	5.08	0.1692
			100	16.92	0.1692
02338742	*Sandoz Rosuvastatin*	Sandoz	30	5.08	0.1692
			500	84.60	0.1692
02354624	*Teva Rosuvastatin*	Teva Can	30	5.08	0.1692
			500	84.60	0.1692

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02338009	*Apo-Rosuvastatin*	Apotex	30	5.97	0.1990
			500	99.50	0.1990
02442604	*Auro-Rosuvastatin*	Aurobindo	90	17.91	0.1990
			500	99.50	0.1990
02444992	*Bio-Rosuvastatin*	Biomed	100	19.90	0.1990
02339803	*Co Rosuvastatin*	Cobalt	30	5.97	0.1990
			500	99.50	0.1990
02247164	*Crestor*	AZC	30	59.70	1.9900
02391287	*Jamp-Rosuvastatin*	Jamp	100	19.90	0.1990
			500	99.50	0.1990
02413108	*Mar-Rosuvastatin*	Marcan	100	19.90	0.1990
			500	99.50	0.1990
02399199	*Med-Rosuvastatin*	GMP	30	5.97	0.1990
			100	19.90	0.1990
02397838	*Mint-Rosuvastatin*	Mint	100	19.90	0.1990
02378566	*pms-Rosuvastatin*	Phmscience	30	5.97	0.1990
			500	99.50	0.1990
02382679	*Ran-Rosuvastatin*	Ranbaxy	100	19.90	0.1990
			500	99.50	0.1990
02380102	*Riva-Rosuvastatin*	Riva	30	5.97	0.1990
			100	19.90	0.1990
02381206	*Rosuvastatin*	Pro Doc	30	5.97	0.1990
			100	19.90	0.1990
02405652	*Rosuvastatin*	Sanis	100	19.90	0.1990
02389061	*Rosuvastatin*	Sivem	30	5.97	0.1990
			100	19.90	0.1990
02411652	*Rosuvastatin*	Sivem	30	5.97	0.1990
			100	19.90	0.1990
02338750	*Sandoz Rosuvastatin*	Sandoz	30	5.97	0.1990
			100	19.90	0.1990
02354632	*Teva Rosuvastatin*	Teva Can	30	5.97	0.1990
			500	99.50	0.1990

SIMVASTATIN P

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	**W**
			100	10.23	**W**
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02248104	*ACT Simvastatin*	ActavisPhm	30	6.07	0.2023
			500	101.15	0.2023
02247012	*Apo-Simvastatin*	Apotex	30	6.07	0.2023
			100	20.23	0.2023
02405156	*Auro-Simvastatin*	Aurobindo	100	20.23	0.2023
			500	101.15	0.2023
02375605	*Jamp-Simvastatin*	Jamp	30	6.07	0.2023
			500	101.15	0.2023
02375044	*Mar-Simvastatin*	Marcan	100	20.23	0.2023
			500	101.15	0.2023
02372940	*Mint-Simvastatin*	Mint	100	20.23	0.2023
02246583	*Mylan-Simvastatin*	Mylan	100	20.23	0.2023
02250152	*Novo-Simvastatin*	Novopharm	30	6.07	0.2023
			500	101.15	0.2023
02469987	*Pharma-Simvastatin*	Phmscience	100	20.23	0.2023
02269260	*pms-Simvastatin*	Phmscience	30	6.07	0.2023
			100	20.23	0.2023
02329158	*Ran-Simvastatin*	Ranbaxy	100	20.23	0.2023
			500	101.15	0.2023
02247298	*Riva-Simvastatin*	Riva	30	6.07	**W**
			500	101.15	**W**
02284731	*Simvastatin*	Sanis	100	20.23	0.2023
02386305	*Simvastatin*	Sivem	30	6.07	0.2023
			100	20.23	0.2023
02247221	*Simvastatin-10*	Pro Doc	30	6.07	0.2023
			100	20.23	0.2023
00884332	*Zocor*	Merck	28	54.41	1.9432

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02248105	*ACT Simvastatin*	ActavisPhm	30	7.50	0.2501
			500	125.05	0.2501
02247013	*Apo-Simvastatin*	Apotex	30	7.50	0.2501
			100	25.01	0.2501
02405164	*Auro-Simvastatin*	Aurobindo	100	25.01	0.2501
			500	125.05	0.2501
02375613	*Jamp-Simvastatin*	Jamp	30	7.50	0.2501
			500	125.05	0.2501
02375052	*Mar-Simvastatin*	Marcan	100	25.01	0.2501
			500	125.05	0.2501
02372959	*Mint-Simvastatin*	Mint	100	25.01	0.2501
02246737	*Mylan-Simvastatin*	Mylan	100	25.01	0.2501
02250160	*Novo-Simvastatin*	Novopharm	30	7.50	0.2501
			100	25.01	0.2501
02469995	*Pharma-Simvastatin*	Phmscience	100	25.01	0.2501
			500	125.05	0.2501
02269279	*pms-Simvastatin*	Phmscience	30	7.50	0.2501
			100	25.01	0.2501
02329166	*Ran-Simvastatin*	Ranbaxy	100	25.01	0.2501
			500	125.05	0.2501
02247299	*Riva-Simvastatin*	Riva	30	7.50	**W**
			500	125.05	**W**
02284758	*Simvastatin*	Sanis	100	25.01	0.2501
			500	125.05	0.2501
02386313	*Simvastatin*	Sivem	30	7.50	0.2501
			100	25.01	0.2501
02247222	*Simvastatin-20*	Pro Doc	30	7.50	0.2501
			100	25.01	0.2501
00884340	*Zocor*	Merck	28	67.71	2.4182

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02248106	*ACT Simvastatin*	ActavisPhm	30	7.50	0.2501
			500	125.05	0.2501
02247014	*Apo-Simvastatin*	Apotex	30	7.50	0.2501
			100	25.01	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	*Pharma-Simvastatin*	Phmscience	100	25.01	0.2501
02269287	*pms-Simvastatin*	Phmscience	30	7.50	0.2501
			100	25.01	0.2501
02329174	*Ran-Simvastatin*	Ranbaxy	100	25.01	0.2501
			500	125.05	0.2501
02247300	*Riva-Simvastatin*	Riva	30	7.50	**W**
			100	25.01	**W**
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
			100	25.01	0.2501
02250179	*Teva-Simvastatin*	Teva Can	30	7.50	0.2501
			100	25.01	0.2501
00884359	*Zocor*	Merck	28	67.71	2.4182
Tab.				80 mg **PPB**	
02248107	*ACT Simvastatin*	ActavisPhm	100	25.01	0.2501
02247015	*Apo-Simvastatin*	Apotex	30	7.50	0.2500
			100	25.01	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
			100	25.01	0.2501
02269295	*pms-Simvastatin*	Phmscience	30	7.50	0.2500
			100	25.01	0.2501
02329182	*Ran-Simvastatin*	Ranbaxy	100	25.00	0.2500
02247301	*Riva-Simvastatin*	Riva	30	7.50	**W**
			100	25.01	**W**
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
MISCELLANEOUS ANTILIPEMIC AGENTS
NIACIN Pr

L.A. Tab. 500 mg

02309254	*Niaspan FCT*	Sunovion	90	99.00	1.1000

L.A. Tab. 1000 mg

02309289	*Niaspan FCT*	Sunovion	90	99.00	1.1000

NIACIN

Tab. 500 mg **PPB**

00557412	*Jamp-Niacin*	Jamp	100	4.50	➡ 0.0450
			500	22.50	➡ 0.0450
01939130	*Niacine*	Odan	100	7.50	0.0750

24:08.16
CENTRAL ALPHA-AGONISTS
CLONIDINE HYDROCHLORIDE Pr

Tab. 0.1 mg **PPB**

02462192	*Mint-Clonidine*	Mint	100	10.01	➡ 0.1001
02046121	*Teva-Clonidine*	Teva Can	100	10.01	➡ 0.1001

Tab. 0.2 mg **PPB**

02462206	*Mint-Clonidine*	Mint	100	17.85	➡ 0.1785
02046148	*Teva-Clonidine*	Teva Can	100	17.85	➡ 0.1785

METHYLDOPA Pr

Tab. 125 mg

00360252	*Methyldopa*	AA Pharma	100	9.89	0.0989

Tab. 250 mg

00360260	*Methyldopa*	AA Pharma	100	14.33	0.1433
			1000	143.30	0.1433

Tab. 500 mg

00426830	*Methyldopa*	AA Pharma	100	25.37	0.2537

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

24:08.20
DIRECT VASODILATORS

DIAZOXIDE

Caps. — 100 mg

00503347	*Proglycem*	Merck	100	161.41	1.6141

HYDRALAZINE HYDROCHLORIDE

Tab. — 10 mg **PPB**

00441619	*Apo-Hydralazine*	Apotex	100	3.55	0.0355
02457865	*Jamp-Hydralazine*	Jamp	100	3.55	0.0355
02468778	*Mint-Hydralazine*	Mint	100	3.55	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

MINOXIDIL

Tab. — 2.5 mg

00514497	*Loniten*	Pfizer	100	33.30	0.3330

Tab. — 10 mg

00514500	*Loniten*	Pfizer	100	73.42	0.7342

24:12.08
NITRATES AND NITRITES

GLYCERYL TRINITRATE

Patch — 0.2 mg/h **PPB**

02162806	*Minitran*	Valeant	30	13.39	0.4463
02407442	*Mylan-Nitro Patch 0.2*	Mylan	30	13.39	0.4463
01911910	*Nitro-Dur*	Dr Reddy's	30	13.39	0.4463
00584223	*Transderm-Nitro*	Novartis	30	18.77	0.6257
02230732	*Trinipatch*	Paladin	30	13.39	0.4463

Patch — 0.4 mg/h **PPB**

02163527	*Minitran*	Valeant	30	14.11	0.4703
02407450	*Mylan-Nitro Patch 0.4*	Mylan	30	14.11	0.4703
01911902	*Nitro-Dur*	Dr Reddy's	30	14.11	0.4703
00852384	*Transderm-Nitro*	Novartis	30	21.20	0.7067
02230733	*Trinipatch*	Paladin	30	14.11	0.4703

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				0.6 mg/h **PPB**	
02163535	*Minitran*	Valeant	30	14.11 ➡	0.4703
02407469	*Mylan-Nitro Patch 0.6*	Mylan	30	14.11 ➡	0.4703
01911929	*Nitro-Dur*	Dr Reddy's	30	14.11 ➡	0.4703
02046156	*Transderm-Nitro*	Novartis	30	21.20	0.7067
02230734	*Trinipatch*	Paladin	30	14.11 ➡	0.4703
Patch				0.8 mg/h **PPB**	
02407477	*Mylan-Nitro Patch 0.8*	Mylan	30	26.23 ➡	0.8743
02011271	*Nitro-Dur*	Dr Reddy's	30	26.23 ➡	0.8743
S.-Ling. Spray				0.4 mg **PPB**	
02243588	*Mylan-Nitro SL Spray*	Mylan	200 dose(s)	➡ 8.42	
02231441	*Nitrolingual Pompe*	SanofiAven	200 dose(s)	13.37	
02238998	*Rho-Nitro*	Sandoz	200 dose(s)	➡ 8.42	

GLYCERYL TRINITRATE (STABILIZED)

S-Ling. Tab.				0.3 mg	
00037613	*Nitrostat*	Pfizer	100	3.37	
S-Ling. Tab.				0.6 mg	
00037621	*Nitrostat*	Pfizer	100	3.52	

ISOSORBIDE DINITRATE

S-Ling. Tab.				5 mg	
00670944	*Isdn*	AA Pharma	100	6.21	0.0621
Tab.				10 mg	
00441686	*Isdn*	AA Pharma	100	3.65	0.0365
			1000	36.50	0.0365
Tab.				30 mg	
00441694	*Isdn*	AA Pharma	100	8.57	0.0857

ISOSORBIDE-5-MONONITRATE Pr

L.A. Tab.				60 mg **PPB**	
02272830	*Apo-ISMN*	Apotex	100	35.23 ➡	0.3523
02126559	*Imdur*	AZC	30	20.55	0.6850
			100	68.50	0.6850
02301288	*pms-ISMN*	Phmscience	30	10.57 ➡	0.3523
			100	35.23 ➡	0.3523
02311321	*Pro-ISMN-60*	Pro Doc	100	35.23 ➡	0.3523

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

24:12.92
MISCELLANEOUS VASODILATING AGENTS
DIPYRIDAMOLE Pr

Tab. 25 mg

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

00895660	*Apo-Dipyridamole*	Apotex	100	49.63	0.4963

24:20
ALPHA-ADRENERGICS BLOCKING AGENTS
DOXAZOSIN MESYLATE Pr

Tab. 1 mg **PPB**

02240588	*Apo-Doxazosin*	Apotex	100	14.16	0.1416
02242728	*Novo-Doxazosin*	Novopharm	100	14.16	0.1416

Tab. 2 mg **PPB**

02240589	*Apo-Doxazosin*	Apotex	100	16.99	0.1699
02242729	*Novo-Doxazosin*	Novopharm	100	16.99	0.1699

Tab. 4 mg **PPB**

02240590	*Apo-Doxazosin*	Apotex	100	22.09	0.2209
02242730	*Novo-Doxazosin*	Novopharm	100	22.09	0.2209

PRAZOSIN HYDROCHLORIDE Pr

Tab. 1 mg

01934198	*Novo-Prazin*	Novopharm	100	13.71	0.1371

Tab. 2 mg

01934201	*Novo-Prazin*	Novopharm	100	18.62	0.1862

Tab. 5 mg

01934228	*Novo-Prazin*	Novopharm	100	25.60	0.2560

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

TERAZOSIN HYDROCHLORIDE Ⓟ

Tab. 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**

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**

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**

02234505	*Apo-Terazosin*	Apotex	100	46.37	0.4637
02243521	*pms-Terazosin*	Phmscience	100	46.37	0.4637
02218984	*ratio-Terazosin*	Ratiopharm	100	46.37	0.4637
02350505	*Terazosin*	Sanis	100	46.37	0.4637
02230808	*Teva-Terazosin*	Teva Can	100	46.37	0.4637

24:24
BÊTA-ADRENERGICS BLOCKING AGENTS

ACEBUTOL HYDROCHLORIDE Ⓟ

Tab. 100 mg **PPB**

02164396	*Acebutolol-100*	Pro Doc	100	7.87	0.0787
			500	39.33	0.0787
02147602	*Apo-Acebutolol*	Apotex	100	7.87	0.0787
			500	39.33	0.0787
02204517	*Novo-Acebutolol*	Novopharm	100	7.87	0.0787

Tab. 200 mg **PPB**

02164418	*Acebutolol-200*	Pro Doc	100	11.77	0.1177
			500	58.85	0.1177
02147610	*Apo-Acebutolol*	Apotex	100	11.77	0.1177
			500	58.85	0.1177
02204525	*Novo-Acebutolol*	Novopharm	100	11.77	0.1177
01926551	*Sectral*	SanofiAven	100	45.02	0.4502

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				400 mg **PPB**	
02164426	*Acebutolol-400*	Pro Doc	100	24.66	0.2466
02147629	*Apo-Acebutolol*	Apotex	100	24.66	0.2466
02204533	*Novo-Acebutolol*	Novopharm	100	24.66	0.2466
ATENOLOL P					
Tab.				25 mg **PPB**	
02326701	*Atenolol*	Pro Doc	100	5.21	0.0521
			500	26.05	0.0521
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
			500	26.05	0.0521
02373963	*Ran-Atenolol*	Ranbaxy	100	5.21	0.0521
02277379	*Riva-Atenolol*	Riva	100	5.21	0.0521
			500	26.05	0.0521
02368633	*Septa-Atenolol*	Septa	100	5.21	0.0521
02266660	*Teva-Atenol*	Teva Can	100	5.21	0.0521

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
			500	55.35	0.1107
02371987	*Mar-Atenolol*	Marcan	30	3.32	0.1107
			500	55.35	0.1107
02368021	*Mint-Atenol*	Mint	30	3.32	0.1107
			500	55.35	0.1107
02237600	*pms-Atenolol*	Phmscience	30	3.32	0.1107
			500	55.35	0.1107
02267985	*Ran-Atenolol*	Ranbaxy	30	3.32	0.1107
			500	55.35	0.1107
02171791	*ratio-Atenolol*	Ratiopharm	30	3.32	0.1107
			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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02255553	*ACT Atenolol*	ActavisPhm	100	18.21	0.1821
			500	91.05	0.1821
00773697	*Apo-Atenol*	Apotex	30	5.46	0.1821
			100	18.21	0.1821
02466473	*Atenolol*	Sanis	100	18.21	0.1821
02238318	*Atenolol*	Sivem	30	5.46	0.1821
			100	18.21	0.1821
00828793	*Atenolol-100*	Pro Doc	30	5.46	0.1821
			100	18.21	0.1821
02392186	*Bio-Atenolol*	Biomed	30	5.46	0.1821
			100	18.21	0.1821
02367572	*Jamp-Atenolol*	Jamp	30	5.46	0.1821
			500	91.05	0.1821
02371995	*Mar-Atenolol*	Marcan	30	5.46	0.1821
			500	91.05	0.1821
02368048	*Mint-Atenol*	Mint	30	5.46	0.1821
			100	18.21	0.1821
02237601	*pms-Atenolol*	Phmscience	30	5.46	0.1821
			500	91.05	0.1821
02267993	*Ran-Atenolol*	Ranbaxy	30	5.46	0.1821
			500	91.05	0.1821
02171805	*ratio-Atenolol*	Ratiopharm	30	5.46	0.1821
			500	91.05	0.1821
02242093	*Riva-Atenolol*	Riva	30	5.46	0.1821
			500	91.05	0.1821
02368668	*Septa-Atenolol*	Septa	30	5.46	0.1821
			500	91.05	0.1821
02039540	*Tenormin*	AZC	30	29.44	0.9813
01912054	*Teva-Atenol*	Teva Can	30	5.46	0.1821
			500	91.05	0.1821

BISOPROLOL FUMARATE Pr

Tab.				5 mg **PPB**	
02256134	*Apo-Bisoprolol*	Apotex	100	7.15	0.0715
02391589	*Bisoprolol*	Sanis	100	7.15	0.0715
02383055	*Bisoprolol*	Sivem	100	7.15	0.0715
02465612	*Mint-Bisoprolol*	Mint	100	7.15	0.0715
02267470	*Novo-Bisoprolol*	Novopharm	100	7.15	0.0715
02302632	*pms-Bisoprolol*	Phmscience	100	7.15	0.0715
02306999	*Pro-Bisoprolol-5*	Pro Doc	100	7.15	0.0715
02471264	*Riva-Bisoprolol*	Riva	100	7.15	0.0715
02247439	*Sandoz Bisoprolol*	Sandoz	100	7.15	0.0715

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

CARVEDILOL Pr

Tab.				3.125 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.				6.25 mg **PPB**	
02247934	*Apo-Carvedilol*	Apotex	100	24.31	0.2431
02418509	*Auro-Carvedilol*	Aurobindo	100	24.31	0.2431
			1000	243.10	0.2431
02324512	*Carvedilol*	Pro Doc	100	24.31	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.				12.5 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				25 mg **PPB**	
02247936	*Apo-Carvedilol*	Apotex	100	24.31	0.2431
02418525	*Auro-Carvedilol*	Aurobindo	100	24.31	0.2431
			1000	243.10	0.2431
02324539	*Carvedilol*	Pro Doc	100	24.31	0.2431
02364956	*Carvedilol*	Sanis	100	24.31	0.2431
02248755	*Carvedilol*	Sivem	100	24.31	0.2431
02368927	*Jamp-Carvedilol*	Jamp	100	24.31	0.2431
02245917	*pms-Carvedilol*	Phmscience	100	24.31	0.2431
02268051	*Ran-Carvedilol*	Ranbaxy	100	24.31	0.2431
02252333	*ratio-Carvedilol*	Ratiopharm	100	24.31	0.2431
LABETALOL (HYDROCHLORIDE) F					
Tab.				100 mg	
02106272	*Trandate*	Paladin	100	26.00	0.2600
Tab.				200 mg	
02106280	*Trandate*	Paladin	100	45.95	0.4595
METOPROLOL TARTRATE F					
Co. or Co. L.A.				50 mg /100 mg L.A. **PPB**	
00618632	*Apo-Metoprolol 50 mg*	Apotex	100	6.24	0.0624
			1000	62.38	0.0624
00749354	*Apo-Metoprolol L 50 mg*	Apotex	100	6.24	0.0624
			1000	62.38	0.0624
02356821	*Jamp-Metoprolol-L*	Jamp	100	6.24	0.0624
			500	31.19	0.0624
00397423	*Lopresor 50 mg*	Novartis	100	22.71	0.2271
			500	106.82	0.2136
00658855	*Lopresor SR 100 mg*	Novartis	100	26.52	0.2652
			250	66.28	0.2651
02350394	*Metoprolol 50 mg*	Sanis	100	6.24	0.0624
			500	31.19	0.0624
02351404	*Metoprolol SR*	Pro Doc	100	12.48	0.1248
00648019	*Metoprolol-50*	Pro Doc	1000	62.38	0.0624
02442124	*Metoprolol-L*	Sivem	100	6.24	0.0624
			1000	62.38	0.0624
02230803	*pms-Metoprolol-L*	Phmscience	100	6.24	0.0624
			500	31.19	0.0624
02315319	*Riva-Metoprolol-L*	Riva	100	6.24	0.0624
			1000	62.38	0.0624
02354187	*Sandoz Metoprolol L 50*	Sandoz	100	6.24	0.0624
			500	31.19	0.0624
02303396	*Sandoz Metoprolol SR 100*	Sandoz	100	12.48	0.1248
00648035	*Teva-Metoprolol*	Teva Can	100	6.24	0.0624
			500	31.19	0.0624
00842648	*Teva-Metoprolol*	Teva Can	100	6.24	0.0624
			500	31.19	0.0624

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Co. or Co. L.A.			100 mg / 200 mg 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	12.50	0.1250
			1000	125.00	0.1250
02356848	*Jamp-Metoprolol-L*	Jamp	100	12.50	0.1250
			500	62.50	0.1250
00534560	*Lopresor SR 200 mg*	Novartis	100	48.12	0.4812
			250	120.28	0.4811
02350408	*Metoprolol 100 mg*	Sanis	100	12.50	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
			1000	125.00	0.1250
00842656	*Novo-Metoprol B 100 mg*	Novopharm	100	12.50	0.1250
			500	62.50	0.1250
02230804	*pms-Metoprolol-L*	Phmscience	100	12.50	0.1250
			500	62.50	0.1250
02315327	*Riva-Metoprolol-L*	Riva	100	12.50	0.1250
			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	*Apo-Metoprolol*	Apotex	100	6.43	0.0643
			1000	64.30	0.0643
02356813	*Jamp-Metoprolol-L*	Jamp	100	6.43	0.0643
			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	6.43	0.0643
			500	32.15	0.0643

NADOLOL P

Tab.				40 mg	
00782505	*Nadolol*	AA Pharma	100	45.12	0.4512

Tab.				80 mg	
00782467	*Nadolol*	AA Pharma	100	37.10	0.3710

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

PINDOLOL Pr

Tab. 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	*pms-Pindolol*	Phmscience	100	13.61	0.1361
00417270	*Visken*	Tribute	100	45.71	0.4571

Tab. 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
			500	116.17	0.2323
00828424	*Pindolol-10*	Pro Doc	100	23.23	0.2323
02231537	*pms-Pindolol*	Phmscience	100	23.23	0.2323
00443174	*Visken*	Tribute	100	78.06	0.7806

Tab. 15 mg **PPB**

00755893	*Apo-Pindol*	Apotex	100	33.70	0.3370
00869023	*Novo-Pindol*	Novopharm	100	33.70	0.3370
02231539	*pms-Pindolol*	Phmscience	100	33.70	0.3370
00417289	*Visken*	Tribute	100	113.23	1.1323

PINDOLOL / HYDROCHLOROTHIAZIDE Pr

Tab. 10 mg -25 mg

00568627	*Viskazide 10/25*	Tribute	105	80.28	0.7646

PROPRANOLOL HYDROCHLORIDE Pr

L.A. Caps or Tab. 20 mg /60 mg 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

L.A. Caps or Tab. 40 mg / 80 mg / 120 mg L.A. **PPB**

02042266	*Inderal L.A. 120 mg*	Pfizer	100	78.02	0.7802
02042258	*Inderal L.A. 80 mg*	Pfizer	100	50.56	0.5056
00496499	*Teva-Propranolol*	Teva Can	100	3.06	0.0306
			1000	30.63	0.0306

L.A. Caps or Tab. 80 mg / 160 mg L.A. **PPB**

02042274	*Inderal L.A. 160 mg*	Pfizer	100	92.27	0.9227
00496502	*Novo-Pranol 80 mg*	Novopharm	100	5.09	0.0509
			500	25.43	0.0509

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg	
00496480	*Teva-Propranolol*	Teva Can	100	1.92	0.0192
			1000	19.20	0.0192

SOTALOL HYDROCHLORIDE Pr

Tab.				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

Tab.				160 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

TIMOLOL MALEATE Pr

Tab.				5 mg	
00755842	*Timol*	AA Pharma	100	16.49	0.1649

Tab.				10 mg	
00755850	*Timol*	AA Pharma	100	25.72	0.2572

Tab.				20 mg	
00755869	*Timol*	AA Pharma	100	50.05	0.5005

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

24:28.08
DIHYDROPYRIDINES
AMLODIPINE (BESYLATE) Pr

Tab. 2.5 mg **PPB**

02326795	*Amlodipine*	Pro Doc	100	7.67	0.0767
02385783	*Amlodipine*	Sivem	100	7.67	0.0767
02419556	*Amlodipine Besylate*	Accord	100	7.67	0.0767
02392127	*Bio-Amlodipine*	Biomed	100	7.67	0.0767
02297477	*Co Amlodipine*	Cobalt	100	7.67	0.0767
02357186	*Jamp-Amlodipine*	Jamp	30	2.30	0.0767
			100	7.67	0.0767
02468018	*M-Amlodipine*	Mantra Ph.	100	7.67	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
02331489	*Riva-Amlodipine*	Riva	100	7.67	0.0767
02330474	*Sandoz Amlodipine*	Sandoz	100	7.67	0.0767
02357704	*Septa-Amlodipine*	Septa	100	7.67	0.0767
			500	38.35	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
			500	67.15	0.1343
02297485	*Co Amlodipine*	Cobalt	100	13.43	0.1343
			500	67.15	0.1343
02468026	*M-Amlodipine*	Mantra Ph.	500	67.15	0.1343
02371715	*Mar-Amlodipine*	Marcan	100	13.43	0.1343
			500	67.15	0.1343
02362651	*Mint-Amlodipine*	Mint	100	13.43	0.1343
			250	33.58	0.1343
02272113	*Mylan-Amlodipine*	Mylan	100	13.43	0.1343
			500	67.15	0.1343
00878928	*Norvasc*	Pfizer	100	129.99	1.2999
			250	324.97	1.2999
02469030	*Pharma-Amlodipine*	Phmscience	100	13.43	0.1343
			250	33.58	0.1343
02284065	*pms-Amlodipine*	Phmscience	100	13.43	0.1343
			500	67.15	0.1343
02321858	*Ran-Amlodipine*	Ranbaxy	100	13.43	0.1343
			500	67.15	0.1343
02259605	*ratio-Amlodipine*	Ratiopharm	100	13.43	0.1343
			500	67.15	0.1343
02331497	*Riva-Amlodipine*	Riva	100	13.43	0.1343
			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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02297493	*Act Amlodipine*	ActavisPhm	100	19.93	0.1993
			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
			250	49.83	0.1993
02426994	*VAN-Amlodipine*	Vanc Phm	100	19.93	0.1993

AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM P

Tab.				5 mg -10 mg **PPB**	
02411253	*Apo-Amlodipine-Atorvastatin*	Apotex	100	58.02	0.5802
02273233	*Caduet*	Pfizer	90	67.96	0.7551
02404222	*pms-Amlodipine-Atorvastatin*	Phmscience	100	58.02	0.5802

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**	
02411334	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	0.8000
02273306	*Caduet*	Pfizer	90	95.62	1.0624
Tab.			10 mg - 80 mg	**PPB**	
02411342	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	0.8000
02273314	*Caduet*	Pfizer	90	95.62	1.0624

FELODIPIN [F]

L.A. Tab.			2.5 mg	**PPB**	
02452367	*Apo-Felodipine*	Apotex	100	40.50	0.4050
02057778	*Plendil*	AZC	30	15.27	0.5090
L.A. Tab.			5 mg	**PPB**	
02452375	*Apo-Felodipine*	Apotex	100	33.98	0.3398
00851779	*Plendil*	AZC	30	20.40	0.6800
02280264	*Sandoz Felodipine*	Sandoz	100	33.98	0.3398

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				10 mg **PPB**	
02452383	*Apo-Felodipine*	Apotex	100	50.98	0.5098
00851787	*Plendil*	AZC	30	30.62	1.0207
02280272	*Sandoz Felodipine*	Sandoz	100	50.98	0.5098
NIFEDIPINE P					
Caps.				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**	
02155907	*Adalat XL*	Bayer	28	17.28	0.6171
			98	60.48	0.6171
02349167	*Mylan-Nifedipine Extended Release*	Mylan	100	61.71	0.6171
02421631	*Nifedipine ER*	Pro Doc	30	18.51	0.6170
			100	61.71	0.6171
02418630	*pms-Nifedipine ER*	Phmscience	30	18.51	0.6170
			100	61.71	0.6171
L.A. Tab. (24 h)				60 mg **PPB**	
* 02155990	*Adalat XL*	Bayer	28	26.25	0.9374
			98	91.87	0.9374
02321149	*Mylan-Nifedipine Extended Release*	Mylan	100	93.74	0.9374
02421658	*Nifedipine ER*	Pro Doc	30	28.12	0.9373
			100	93.74	0.9374
02416301	*pms-Nifedipine ER*	Phmscience	30	28.12	0.9373
			100	93.74	0.9374
NIMODIPINE P					
Tab.				30 mg	
02325926	*Nimotop*	Bayer	100	988.00	9.8800

24:28.92
MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS
DILTIAZEM HYDROCHLORIDE P

L.A. Caps.				120 mg **PPB**	
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 HCl 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				180 mg	**PPB**
02370492	*ACT Diltiazem T*	ActavisPhm	100	28.89	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
			500	144.45	0.2889
02231151	*Tiazac*	Valeant	100	112.48	1.1248
L.A. Caps.				240 mg	**PPB**
02370506	*ACT Diltiazem T*	ActavisPhm	100	38.32	0.3832
02325322	*Diltiazem TZ*	Pro Doc	100	38.32	0.3832
02465388	*Mar-Diltiazem T*	Marcan	100	38.32	0.3832
02271621	*Novo-Diltiazem HCl ER*	Novopharm	100	38.32	0.3832
02245920	*Sandoz Diltiazem T*	Sandoz	100	38.32	0.3832
02231152	*Tiazac*	Valeant	100	149.20	1.4920
L.A. Caps.				300 mg	**PPB**
02370514	*ACT Diltiazem T*	ActavisPhm	100	47.19	0.4719
02325330	*Diltiazem TZ*	Pro Doc	100	47.19	0.4719
02465396	*Mar-Diltiazem T*	Marcan	100	47.19	0.4719
02271648	*Novo-Diltiazem HCl ER*	Novopharm	100	47.19	0.4719
02245921	*Sandoz Diltiazem T*	Sandoz	100	47.19	0.4719
			500	235.95	0.4719
02231154	*Tiazac*	Valeant	100	183.75	1.8375
L.A. Caps.				360 mg	**PPB**
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
02245922	*Sandoz Diltiazem T*	Sandoz	100	57.78	0.5778
02231155	*Tiazac*	Valeant	100	224.97	2.2497
L.A. Caps. (24 h)				120 mg	**PPB**
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h)				180 mg **PPB**	
02370638	*ACT Diltiazem CD*	ActavisPhm	100	46.84	0.4684
			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	46.84	0.4684
			500	234.20	0.4684
02355760	*pms-Diltiazem CD*	Phmscience	100	46.84	0.4684
			500	234.20	0.4684
02229782	*ratio-Diltiazem CD*	Ratiopharm	100	46.84	0.4684
			500	234.20	0.4684
02243339	*Sandoz Diltiazem CD*	Sandoz	100	46.84	0.4684
L.A. Caps. (24 h)				240 mg **PPB**	
02370646	*ACT Diltiazem CD*	ActavisPhm	100	62.13	0.6213
			500	310.65	0.6213
02230999	*Apo-Diltiaz CD*	Apotex	100	62.13	0.6213
			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
			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
L.A. Caps. (24 h)				300 mg **PPB**	
02370654	*ACT Diltiazem CD*	ActavisPhm	100	77.66	0.7766
02229526	*Apo-Diltiaz CD*	Apotex	100	77.66	0.7766
			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	*Diltiazem-CD*	Pro Doc	100	77.66	0.7766
02355787	*pms-Diltiazem CD*	Phmscience	100	77.66	0.7766
02243341	*Sandoz Diltiazem CD*	Sandoz	100	77.66	0.7766
02242541	*Teva-Diltiazem CD*	Novopharm	100	77.66	0.7766
L.A. Tab.				120 mg	
02256738	*Tiazac XC*	Valeant	90	71.39	0.7932
L.A. Tab.				180 mg	
02256746	*Tiazac XC*	Valeant	90	94.85	1.0539

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				240 mg	
02256754	*Tiazac XC*	Valeant	90	126.07	1.4008
L.A. Tab.				300 mg	
02256762	*Tiazac XC*	Valeant	90	125.82	1.3980
L.A. Tab.				360 mg	
02256770	*Tiazac XC*	Valeant	90	126.07	1.4008
Tab.				30 mg **PPB**	
00771376	*Apo-Diltiaz*	Apotex	100	18.66	0.1866
			500	93.30	0.1866
00862924	*Novo-Diltazem*	Novopharm	100	18.66	0.1866
Tab.				60 mg **PPB**	
00771384	*Apo-Diltiaz*	Apotex	100	32.73	0.3273
00862932	*Novo-Diltazem*	Novopharm	100	32.73	0.3273

VERAPAMIL HYDROCHLORIDE P

L.A. Tab.				120 mg **PPB**	
02246893	*Apo-Verap SR*	Apotex	100	50.78	0.5078
01907123	*Isoptin SR*	BGP Pharma	100	101.78	1.0178
02210347	*Mylan-Verapamil SR*	Mylan	100	50.78	0.5078
L.A. Tab.				180 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.				240 mg **PPB**	
02246895	*Apo-Verap SR*	Apotex	100	50.75	0.5075
			500	253.75	0.5075
00742554	*Isoptin SR*	BGP Pharma	100	153.25	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
02248082	*Riva-Verapamil SR*	Riva	100	50.75	**W**
Tab.				80 mg **PPB**	
00782483	*Apo-Verap*	Apotex	100	27.35	0.2735
02237921	*Mylan-Verapamil*	Mylan	100	27.35	0.2735

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				120 mg **PPB**	
00782491	*Apo-Verap*	Apotex	100	42.50	0.4250
02237922	*Mylan-Verapamil*	Mylan	100	42.50	0.4250

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ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)

BENAZEPRIL Pr

Tab.				5 mg	
02290332	*Benazepril*	AA Pharma	100	55.77	0.5577
Tab.				10 mg	
02290340	*Benazepril*	AA Pharma	100	65.95	0.6595
Tab.				20 mg **PPB**	
02273918	*Benazepril*	AA Pharma	100	75.67	0.7567
00885851	*Lotensin*	Novartis	28	24.10	**W**

CAPTOPRIL Pr

Tab.				6.25 mg	
01999559	*Apo-Capto*	Apotex	100	12.37	0.1237
Tab.				12.5 mg	
01942964	*Novo-Captoril*	Novopharm	100	10.60	0.1060
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

CILAZAPRIL Pr

Tab.				1 mg **PPB**	
02291134	*Apo-Cilazapril*	Apotex	100	15.57	0.1557
02283778	*Mylan-Cilazapril*	Mylan	100	15.57	0.1557

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					2.5 mg	**PPB**	
	02291142	*Apo-Cilazapril*	Apotex	100	17.95	➡	0.1795
	01911473	*Inhibace*	Roche	100	73.23		0.7323
	02283786	*Mylan-Cilazapril*	Mylan	100	17.95	➡	0.1795
*	02266369	*Teva-Cilazapril*	Novopharm	100	17.95		**W**
Tab.					5 mg	**PPB**	
	02291150	*Apo-Cilazapril*	Apotex	100	20.85	➡	0.2085
	01911481	*Inhibace*	Roche	100	85.08		0.8508
	02283794	*Mylan-Cilazapril*	Mylan	100	20.85	➡	0.2085

CILAZAPRIL/ HYDROCHLOROTHIAZIDE P

Tab.					5 mg -12.5 mg	**PPB**	
	02284987	*Apo-Cilazapril - HCTZ*	Apotex	100	41.70	➡	0.4170
	02181479	*Inhibace Plus*	Roche	28	23.82		0.8507
	02313731	*Novo-Cilazapril/HCTZ*	Novopharm	100	41.70	➡	0.4170

ENALAPRIL MALEATE P

Tab.					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
	02459450	*Mar-Enalapril*	Marcan	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
02291886	*ACT Enalapril*	ActavisPhm	100	22.03	0.2203
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
02459469	*Mar-Enalapril*	Marcan	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
Tab.				10 mg **PPB**	
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
02444771	*Mar-Enalapril*	Marcan	100	26.47	0.2647
			500	132.35	0.2647
02300052	*Mylan-Enalapril*	Mylan	100	26.47	0.2647
			500	132.35	0.2647
02233006	*Novo-Enalapril*	Novopharm	30	7.94	0.2647
			500	132.35	0.2647
02300095	*pms-Enalapril*	Phmscience	100	26.47	0.2647
			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
			500	132.35	0.2647
02299968	*Sandoz Enalapril*	Sandoz	100	26.47	0.2647
00670901	*Vasotec*	Merck	28	15.04	0.5371

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
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
02444798	*Mar-Enalapril*	Marcan	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
			500	159.75	0.3195
02299976	*Sandoz Enalapril*	Sandoz	100	31.95	0.3195
00670928	*Vasotec*	Merck	28	18.14	0.6479

ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE P

Tab.				10 mg -25 mg	
00657298	*Vaseretic*	Merck	28	29.67	1.0596

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LISINOPRIL P					
Tab.				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
02422506	*Mar-Lisinopril*	Marcan	100	13.47	0.1347
			500	67.35	0.1347
02285061	*Novo-Lisinopril (Type P)*	Novopharm	30	4.04	0.1347
			100	13.47	0.1347
02285118	*Novo-Lisinopril (Type Z)*	Novopharm	30	4.04	0.1347
			100	13.47	0.1347
02292203	*pms-Lisinopril*	Phmscience	30	4.04	0.1347
			100	13.47	0.1347
02310961	*Pro-Lisinopril-5*	Pro Doc	100	13.47	0.1347
02294230	*Ran-Lisinopril*	Ranbaxy	100	13.47	0.1347
			500	67.35	0.1347
02256797	*ratio-Lisinopril P*	Ratiopharm	100	13.47	0.1347
			500	67.35	0.1347
02299879	*ratio-Lisinopril Z*	Ratiopharm	100	13.47	0.1347
			500	67.35	0.1347
02300958	*Riva-Lisinopril*	Riva	100	13.47	**W**
			500	67.35	**W**
02289199	*Sandoz Lisinopril*	Sandoz	30	4.04	0.1347
			100	13.47	0.1347
02049333	*Zestril*	AZC	100	55.94	0.5594

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	**W**
			500	80.93	**W**
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg	**PPB**	
02217511	*Apo-Lisinopril*	Apotex	100	19.45	0.1945
			500	97.24	0.1945
02394499	*Auro-Lisinopril*	Aurobindo	100	19.45	0.1945
			500	97.24	0.1945
02271478	*Co Lisinopril*	Cobalt	100	19.45	0.1945
02361566	*Jamp-Lisinopril*	Jamp	100	19.45	0.1945
			500	97.24	0.1945
02386259	*Lisinopril*	Sivem	100	19.45	0.1945
02422522	*Mar-Lisinopril*	Marcan	100	19.45	0.1945
			500	97.24	0.1945
02285134	*Novo-Lisinopril (Type Z)*	Novopharm	30	5.84	0.1945
			500	97.24	0.1945
02292238	*pms-Lisinopril*	Phmscience	30	5.84	0.1945
			500	97.24	0.1945
00839418	*Prinivil*	Merck	28	23.56	0.8414
02310996	*Pro-Lisinopril-20*	Pro Doc	100	19.45	0.1945
02294257	*Ran-Lisinopril*	Ranbaxy	100	19.45	0.1945
			500	97.24	0.1945
02256819	*ratio-Lisinopril P*	Ratiopharm	100	19.45	0.1945
			500	97.24	0.1945
02299895	*ratio-Lisinopril Z*	Ratiopharm	100	19.45	0.1945
			500	97.24	0.1945
02300990	*Riva-Lisinopril*	Riva	100	19.45	**W**
			500	97.24	**W**
02289229	*Sandoz Lisinopril*	Sandoz	30	5.84	0.1945
			100	19.45	0.1945
02285096	*Teva-Lisinopril (Type P)*	Teva Can	30	5.84	0.1945
			500	97.24	0.1945
02049384	*Zestril*	AZC	100	80.78	0.8078

LISINOPRIL HYDROCHLOROTHIAZIDE Ⓟ

Tab.			10 mg -12.5 mg	**PPB**	
02362945	*Lisinopril/HCTZ (Type Z)*	Sanis	30	6.25	0.2083
			100	20.83	0.2083
02302136	*Novo-Lisinopril/HCTZ (Type P)*	Novopharm	30	6.25	0.2083
			100	20.83	0.2083
02302365	*Sandoz Lisinopril HCT*	Sandoz	30	6.25	0.2083
			100	20.83	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)*	Sanis	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
			100	25.03	0.2503
02301776	*Teva-Lisinopril/HCTZ (Type Z)*	Teva Can	30	7.51	0.2503
			100	25.03	0.2503
02045737	*Zestoretic*	AZC	100	104.00	1.0400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg -25 mg **PPB**		
02362961	*Lisinopril/HCTZ (Type Z)*	Sanis	30	7.51	0.2503
			100	25.03	0.2503
02302152	*Novo-Lisinopril/HCTZ (Type P)*	Novopharm	100	25.03	0.2503
02301784	*Novo-Lisinopril/HCTZ (Type Z)*	Novopharm	30	7.51	0.2503
			100	25.03	0.2503
02302381	*Sandoz Lisinopril HCT*	Sandoz	30	7.51	0.2503
			100	25.03	0.2503
02045729	*Zestoretic*	AZC	100	104.00	1.0400

PERINDOPRIL ERBUMIN P

Tab.			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
02474824	*Mar-Perindopril*	Marcan	100	16.32	0.1632
			500	81.60	0.1632
02476762	*Mint-Perindopril*	Mint	100	16.32	0.1632
02481634	*Perindopril Erbumine*	Sanis	100	16.32	0.1632
			500	81.60	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 Erbumine*	Sandoz	30	4.90	0.1632
			100	16.32	0.1632
02464985	*Teva-Perindopril*	Teva Can	100	16.32	0.1632

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				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
02474832	*Mar-Perindopril*	Marcan	100	20.42	0.2042
			500	102.10	0.2042
02476770	*Mint-Perindopril*	Mint	100	20.42	0.2042
02481642	*Perindopril Erbumine*	Sanis	100	20.42	0.2042
			500	102.10	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 Erbumine*	Sandoz	30	6.13	0.2042
			100	20.42	0.2042
02464993	*Teva-Perindopril*	Teva Can	100	20.42	0.2042
Tab.				8 mg **PPB**	
02289296	*Apo-Perindopril*	Apotex	30	8.49	0.2830
			500	141.55	0.2831
02459833	*Auro-Perindopril*	Aurobindo	30	8.49	0.2830
			500	141.55	0.2831
02246624	*Coversyl*	Servier	30	33.05	1.1017
02477025	*Jamp-Perindopril*	Jamp	100	28.31	0.2831
02474840	*Mar-Perindopril*	Marcan	100	28.31	0.2831
			500	141.55	0.2831
02476789	*Mint-Perindopril*	Mint	100	28.31	0.2831
02481650	*Perindopril Erbumine*	Sanis	100	28.31	0.2831
02479893	*Perindopril Erbumine*	Sivem	30	8.49	0.2830
			100	28.31	0.2831
02470691	*pms-Perindopril*	Phmscience	30	8.49	0.2830
			500	141.55	0.2831
02472031	*Riva-Perindopril*	Riva	30	8.49	0.2830
			100	28.31	0.2831
02470241	*Sandoz Perindopril Erbumine*	Sandoz	30	8.49	0.2830
			100	28.31	0.2831
02465000	*Teva-Perindopril*	Teva Can	100	28.31	0.2831

PERINDOPRIL ERBUMIN/INDAPAMIDE Pr

Tab.				4 mg -1.25 mg **PPB**	
02246569	*Coversyl Plus*	Servier	30	29.29	0.9763
02470438	*Sandoz Perindopril Erbumine/Indapamide*	Sandoz	30	15.34	0.5113
			100	51.13	0.5113
02464020	*Teva-Perindopril/ Indapamide*	Teva Can	100	51.13	0.5113

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			8 mg - 2.5 mg	**PPB**	
02321653	*Coversyl Plus HD*	Servier	30	32.76	1.0920
02470446	*Sandoz Perindopril Erbumine/Indapamide HD*	Sandoz	30	17.15	0.5718
			100	57.18	0.5718
02464039	*Teva-Perindopril/ Indapamide*	Teva Can	100	57.18	0.5718

QUINAPRIL HYDROCHLORIDE P

Tab.				5 mg	**PPB**
01947664	*Accupril*	Pfizer	90	79.94	0.8882
02248499	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340550	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.				10 mg	**PPB**
01947672	*Accupril*	Pfizer	90	79.94	0.8882
02248500	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340569	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.				20 mg	**PPB**
01947680	*Accupril*	Pfizer	90	79.94	0.8882
02248501	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340577	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.				40 mg	**PPB**
01947699	*Accupril*	Pfizer	90	79.94	0.8882
02248502	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340585	*pms-Quinapril*	Phmscience	100	22.78	0.2278

QUINAPRIL HYDROCHLORIDE / HYDROCHLOROTHIAZIDE P

Tab.			10 mg -12.5 mg		**PPB**
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
Tab.			20 mg -12.5 mg		**PPB**
02237368	*Accuretic*	Pfizer	28	24.86	0.8879
02408775	*Apo-Quinapril/HCTZ*	Apotex	30	14.36	0.4786
			100	47.86	0.4786
02473305	*Auro-Quinapril HCTZ*	Aurobindo	28	13.40	0.4786
			90	43.07	0.4786

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg -25 mg **PPB**		
02237369	*Accuretic*	Pfizer	28	24.11	0.8611
02408783	*Apo-Quinapril/HCTZ*	Apotex	30	13.81	0.4602
			100	46.02	0.4602
02473321	*Auro-Quinapril HCTZ*	Aurobindo	28	12.89	0.4602
			90	41.42	0.4602
RAMIPRIL P					
Caps.			1.25 mg **PPB**		
02295482	*ACT Ramipril*	ActavisPhm	100	7.08	0.0708
02221829	*Altace*	Valeant	30	20.97	0.6990
02251515	*Apo-Ramipril*	Apotex	30	2.12	0.0708
			100	7.08	0.0708
02387387	*Auro-Ramipril*	Aurobindo	30	2.12	0.0708
			100	7.08	0.0708
02331101	*Jamp-Ramipril*	Jamp	30	2.12	0.0708
			100	7.08	0.0708
02420457	*Mar-Ramipril*	Marcan	30	2.12	0.0708
02469057	*Pharma-Ramipril*	Phmscience	30	2.12	0.0708
02295369	*pms-Ramipril*	Phmscience	30	2.12	0.0708
			100	7.08	0.0708
02310023	*Pro-Ramipril*	Pro Doc	30	2.12	0.0708
			100	7.08	0.0708
02299372	*Ramipril*	Riva	30	2.12	0.0708
			100	7.08	0.0708
02308363	*Ramipril*	Sivem	100	7.08	0.0708
02310503	*Ran-Ramipril*	Ranbaxy	100	7.08	0.0708
			500	35.40	0.0708
02438860	*VAN-Ramipril*	Vanc Phm	30	2.12	0.0708

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				2.5 mg **PPB**	
02295490	*ACT Ramipril*	ActavisPhm	30	2.45	0.0817
			500	40.85	0.0817
02221837	*Altace*	Valeant	30	24.20	0.8067
			100	80.66	0.8066
02251531	*Apo-Ramipril*	Apotex	30	2.45	0.0817
			500	40.85	0.0817
02387395	*Auro-Ramipril*	Aurobindo	30	2.45	0.0817
			500	40.85	0.0817
02331128	*Jamp-Ramipril*	Jamp	30	2.45	0.0817
			500	40.85	0.0817
02420465	*Mar-Ramipril*	Marcan	30	2.45	0.0817
			500	40.85	0.0817
02421305	*Mint-Ramipril*	Mint	100	8.17	0.0817
02469065	*Pharma-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.85	0.0817
02247917	*pms-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.85	0.0817
02310066	*Pro-Ramipril*	Pro Doc	30	2.45	0.0817
			500	40.85	0.0817
02255316	*Ramipril*	Riva	30	2.45	0.0817
			500	40.85	0.0817
02374846	*Ramipril*	Sanis	100	8.17	0.0817
			500	40.85	0.0817
02287927	*Ramipril*	Sivem	30	2.45	0.0817
			500	40.85	0.0817
02310511	*Ran-Ramipril*	Ranbaxy	100	8.17	0.0817
			500	40.85	0.0817
02247945	*Teva-Ramipril*	Teva Can	30	2.45	0.0817
			500	40.85	0.0817
02438879	*VAN-Ramipril*	Vanc Phm	100	8.17	0.0817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				5 mg **PPB**	
02295504	*ACT Ramipril*	ActavisPhm	30	2.45	0.0817
			500	40.85	0.0817
02221845	*Altace*	Valeant	30	24.20	0.8067
			100	80.66	0.8066
02251574	*Apo-Ramipril*	Apotex	30	2.45	0.0817
			500	40.85	0.0817
02387409	*Auro-Ramipril*	Aurobindo	30	2.45	0.0817
			500	40.85	0.0817
02331136	*Jamp-Ramipril*	Jamp	30	2.45	0.0817
			500	40.85	0.0817
02420473	*Mar-Ramipril*	Marcan	30	2.45	0.0817
			500	40.85	0.0817
02421313	*Mint-Ramipril*	Mint	100	8.17	0.0817
02469073	*Pharma-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.85	0.0817
02247918	*pms-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.85	0.0817
02310074	*Pro-Ramipril*	Pro Doc	30	2.45	0.0817
			500	40.85	0.0817
02255324	*Ramipril*	Riva	30	2.45	0.0817
			500	40.85	0.0817
02374854	*Ramipril*	Sanis	100	8.17	0.0817
			500	40.85	0.0817
02287935	*Ramipril*	Sivem	30	2.45	0.0817
			500	40.85	0.0817
02310538	*Ran-Ramipril*	Ranbaxy	100	8.17	0.0817
			500	40.85	0.0817
02247946	*Teva-Ramipril*	Teva Can	30	2.45	0.0817
			500	40.85	0.0817
02438887	*VAN-Ramipril*	Vanc Phm	100	8.17	0.0817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				10 mg **PPB**	
02295512	*ACT Ramipril*	ActavisPhm	30	3.10	0.1034
			500	51.70	0.1034
02221853	*Altace*	Valeant	30	30.65	1.0217
			100	102.16	1.0216
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
			500	51.70	0.1034
02421321	*Mint-Ramipril*	Mint	100	10.34	0.1034
02469081	*Pharma-Ramipril*	Phmscience	30	3.10	0.1034
			500	51.70	0.1034
02247919	*pms-Ramipril*	Phmscience	30	3.10	0.1034
			500	51.70	0.1034
02310104	*Pro-Ramipril*	Pro Doc	30	3.10	0.1034
			500	51.70	0.1034
02255332	*Ramipril*	Riva	30	3.10	0.1034
			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
Caps.				15 mg **PPB**	
02281112	*Altace*	Valeant	30	33.68	1.1227
			100	112.27	1.1227
02325381	*Apo-Ramipril*	Apotex	30	17.57	0.5855
			100	58.55	0.5855
02440334	*Jamp-Ramipril*	Jamp	100	58.55	0.5855
02420503	*Mar-Ramipril*	Marcan	30	17.57	0.5855
			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

RAMIPRIL/ HYDROCHLOROTHIAZIDE P

Tab.				2.5 mg - 12.5 mg **PPB**	
02283131	*Altace HCT*	Valeant	28	8.37	0.2989
02342138	*pms-Ramipril-HCTZ*	Phmscience	100	16.13	0.1613
02449439	*Ran-Ramipril HCTZ*	Ranbaxy	100	14.95	0.1495

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
02449447	*Ran-Ramipril HCTZ*	Ranbaxy	100	20.11	0.2011
Tab.			5 mg - 25 mg	**PPB**	
02283174	*Altace HCT*	Valeant	28	10.72	0.3829
02342162	*pms-Ramipril-HCTZ*	Phmscience	100	20.67	0.2067
02449463	*Ran-Ramipril HCTZ*	Ranbaxy	100	19.15	0.1915
Tab.			10 mg -12.5 mg	**PPB**	
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.			10 mg -25 mg	**PPB**	
02283182	*Altace HCT*	Valeant	28	13.65	0.4875
02342170	*pms-Ramipril-HCTZ*	Phmscience	30	3.95	0.1317
			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
SODIUM FOSINOPRIL P					
Tab.			10 mg	**PPB**	
02266008	*Apo-Fosinopril*	Apotex	100	21.77	0.2177
02459388	*Fosinopril*	Sanis	100	21.77	0.2177
02303000	*Fosinopril-10*	Pro Doc	100	21.77	0.2177
02331004	*Jamp-Fosinopril*	Jamp	100	21.77	0.2177
02294524	*Ran-Fosinopril*	Ranbaxy	100	21.77	0.2177
02265923	*Riva-Fosinopril*	Riva	100	21.77	**W**
02247802	*Teva-Fosinopril*	Teva Can	30	6.53	0.2177
			100	21.77	0.2177
Tab.			20 mg	**PPB**	
02266016	*Apo-Fosinopril*	Apotex	100	26.19	0.2619
02459396	*Fosinopril*	Sanis	100	26.19	0.2619
02303019	*Fosinopril-20*	Pro Doc	100	26.19	0.2619
02331012	*Jamp-Fosinopril*	Jamp	100	26.19	0.2619
02294532	*Ran-Fosinopril*	Ranbaxy	100	26.19	0.2619
02265931	*Riva-Fosinopril*	Riva	100	26.19	**W**
02247803	*Teva-Fosinopril*	Teva Can	30	7.86	0.2619
			100	26.19	0.2619

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

TRANDOLAPRIL P

Caps. 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. 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. 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. 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

24:32.08
ANGIOTENSIN II RECEPTOR ANTAGONISTS
CANDESARTAN CILEXETIL

Tab. 8 mg **PPB**

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	**W**
			100	22.58	**W**
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				16 mg **PPB**	
02463776	*Accel-Candesartan*	Accel	100	22.58	0.2258
02376547	*ACT Candesartan*	ActavisPhm	100	22.58	0.2258
02365367	*Apo-Candesartan*	Apotex	30	6.84	0.2281
			100	22.58	0.2258
02239092	*Atacand*	AZC	30	35.52	1.1840
02445808	*Auro-Candesartan*	Aurobindo	90	20.53	0.2281
			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	**W**
			100	22.58	**W**
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.				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	**W**
			100	22.58	**W**
02417340	*Sandoz Candesartan*	Sandoz	100	22.58	0.2258
02366339	*Teva Candesartan*	Teva Can	30	6.84	0.2281

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

CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE Pr

Tab. 16 mg -12.5 mg **PPB**

02463865	*Accel-Candesartan/HCTZ*	Accel	100	21.56	0.2156
02388650	*ACT Candesartan/HCT*	ActavisPhm	30	6.47	0.2156
			100	21.56	0.2156
02244021	*Atacand Plus*	AZC	30	35.10	1.1700
02421038	*Auro-Candesartan HCT*	Aurobindo	100	21.56	0.2156
02392275	*Candesartan - HCTZ*	Pro Doc	30	6.47	0.2156
			100	21.56	0.2156
02394812	*Candesartan HCT*	Sivem	30	6.47	0.2156
			100	21.56	0.2156
02394804	*Candesartan/ HCTZ*	Sanis	100	21.56	0.2156
02473240	*Jamp-Candesartan HCT*	Jamp	30	6.47	0.2156
			100	21.56	0.2156
02391295	*pms-Candesartan-HCTZ*	Phmscience	30	6.47	0.2156
			100	21.56	0.2156
02327902	*Sandoz Candesartan Plus*	Sandoz	30	6.47	0.2156
			100	21.56	0.2156
02395541	*Teva Candesartan/ HCTZ*	Teva Can	30	6.47	0.2156

Tab. 32 mg - 12.5 mg **PPB**

02463849	*Accel-Candesartan/HCTZ*	Accel	100	21.56	0.2156
02332922	*Atacand Plus*	AZC	30	35.10	1.1700
02421046	*Auro-Candesartan HCT*	Aurobindo	100	21.56	0.2156
02473259	*Jamp-Candesartan HCT*	Jamp	30	6.47	0.2156
			100	21.56	0.2156
02420732	*Sandoz Candesartan Plus*	Sandoz	100	21.56	0.2156
02395568	*Teva Candesartan/ HCTZ*	Teva Can	30	6.47	0.2156

Tab. 32 mg - 25 mg **PPB**

02463857	*Accel-Candesartan/HCTZ*	Accel	100	24.43	0.2443
02332957	*Atacand Plus*	AZC	30	35.10	1.1700
02421054	*Auro-Candesartan HCT*	Aurobindo	100	24.43	0.2443
02473267	*Jamp-Candesartan HCT*	Jamp	30	7.33	0.2443
			100	24.43	0.2443
02420740	*Sandoz Candesartan Plus*	Sandoz	100	24.43	0.2443

EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE Pr

Tab. 600 mg - 12.5 mg

02253631	*Teveten Plus*	BGP Pharma	28	30.34	1.0836

EPROSARTAN MESYLATE Pr

Tab. 400 mg

02240432	*Teveten*	BGP Pharma	28	19.81	0.7075

Tab. 600 mg

02243942	*Teveten*	BGP Pharma	28	30.34	1.0836

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

IRBESARTAN Pr

Tab. 75 mg **PPB**

*	02328070	*ACT Irbesartan*	ActavisPhm	100	22.81	**W**
	02386968	*Apo-Irbesartan*	Apotex	100	22.81	0.2281
	02406098	*Auro-Irbesartan*	Aurobindo	90	20.53	0.2281
				100	22.81	0.2281
	02237923	*Avapro*	SanofiAven	90	107.33	1.1926
	02446146	*Bio-Irbesartan*	Biomed	100	22.81	0.2281
	02365197	*Irbesartan*	Pro Doc	100	22.81	0.2281
	02372347	*Irbesartan*	Sanis	100	22.81	0.2281
	02385287	*Irbesartan*	Sivem	100	22.81	0.2281
	02418193	*Jamp-Irbesartan*	Jamp	28	6.39	0.2281
				100	22.81	0.2281
	02422980	*Mint-Irbesartan*	Mint	100	22.81	0.2281
	02317060	*pms-Irbesartan*	Phmscience	100	22.81	0.2281
	02406810	*Ran-Irbesartan*	Ranbaxy	100	22.81	0.2281
	02316390	*ratio-Irbesartan*	Teva Can	100	22.81	0.2281
	02425319	*Riva-Irbesartan*	Riva	100	22.81	**W**
				500	114.05	**W**
	02328461	*Sandoz Irbesartan*	Sandoz	100	22.81	0.2281
*	02315971	*Teva Irbesartan*	Teva Can	100	22.81	**W**
	02427087	*VAN-Irbesartan*	Vanc Phm	100	22.81	0.2281

Tab. 150 mg **PPB**

02328089	*ACT Irbesartan*	ActavisPhm	100	22.81	0.2281
02386976	*Apo-Irbesartan*	Apotex	100	22.81	0.2281
			500	114.05	0.2281
02406101	*Auro-Irbesartan*	Aurobindo	90	20.53	0.2281
			100	22.81	0.2281
02237924	*Avapro*	SanofiAven	90	107.33	1.1926
02446154	*Bio-Irbesartan*	Biomed	100	22.81	0.2281
02365200	*Irbesartan*	Pro Doc	100	22.81	0.2281
02372371	*Irbesartan*	Sanis	100	22.81	0.2281
02385295	*Irbesartan*	Sivem	100	22.81	0.2281
02418207	*Jamp-Irbesartan*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
02422999	*Mint-Irbesartan*	Mint	100	22.81	0.2281
02317079	*pms-Irbesartan*	Phmscience	100	22.81	0.2281
			500	114.05	0.2281
02406829	*Ran-Irbesartan*	Ranbaxy	100	22.81	0.2281
			500	114.05	0.2281
02316404	*ratio-Irbesartan*	Teva Can	100	22.81	0.2281
02425327	*Riva-Irbesartan*	Riva	100	22.81	**W**
			500	114.05	**W**
02328488	*Sandoz Irbesartan*	Sandoz	100	22.81	0.2281
			500	114.05	0.2281
02315998	*Teva Irbesartan*	Teva Can	100	22.81	0.2281
02427095	*VAN-Irbesartan*	Vanc Phm	100	22.81	0.2281

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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	**W**
			500	114.05	**W**
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 P

Tab.			150 mg- 12.5 mg **PPB**		
02357399	*ACT Irbesartan/HCT*	ActavisPhm	100	22.81	0.2281
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			300 mg- 12.5 mg **PPB**		
02357402	*ACT Irbesartan/HCT*	ActavisPhm	100	22.81	0.2281
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.			300 mg - 25 mg **PPB**		
02357410	*ACT Irbesartan/HCT*	ActavisPhm	100	21.84	0.2184
02387662	*Apo-Irbesartan/HCTZ*	Apotex	100	21.84	0.2184
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 POTASSIUM Pr

Tab. 25 mg **PPB**

02379058	*Apo-Losartan*	Apotex	30	4.85	0.1616
			100	16.16	0.1616
02403323	*Auro-Losartan*	Aurobindo	100	16.16	0.1616
02445964	*Bio-Losartan*	Biomed	100	16.16	0.1616
02354829	*Co Losartan*	Cobalt	30	4.85	0.1616
			100	16.16	0.1616
02182815	*Cozaar*	Merck	100	117.07	1.1707
02398834	*Jamp-Losartan*	Jamp	30	4.85	0.1616
			100	16.16	0.1616
02394367	*Losartan*	Pro Doc	30	4.85	0.1616
			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
			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 **PPB**

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
			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
			100	16.16	0.1616
02422476	*Mar-Losartan*	Marcan	100	16.16	0.1616
02405741	*Mint-Losartan*	Mint	100	16.16	0.1616
02309769	*pms-Losartan*	Phmscience	30	4.85	0.1616
			100	16.16	0.1616
02404478	*Ran-Losartan*	Ranbaxy	100	16.16	0.1616
			500	116.05	0.2321
02313340	*Sandoz Losartan*	Sandoz	30	4.85	0.1616
			100	16.16	0.1616
02424975	*Septa-Losartan*	Septa	100	16.16	0.1616
02357968	*Teva Losartan*	Teva Can	30	4.85	0.1616
			100	16.16	0.1616
02426609	*VAN-Losartan*	Vanc Phm	100	16.16	0.1616

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					100 mg **PPB**		
	02353512	*Apo-Losartan*	Apotex	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02403358	*Auro-Losartan*	Aurobindo	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02445980	*Bio-Losartan*	Biomed	100	16.16	➡	0.1616
*	02354845	*Co Losartan*	Cobalt	30	4.85		**W**
				100	16.16		**W**
	02182882	*Cozaar*	Merck	30	35.12		1.1707
	02398850	*Jamp-Losartan*	Jamp	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02394383	*Losartan*	Pro Doc	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02388898	*Losartan*	Sanis	100	16.16	➡	0.1616
	02388812	*Losartan*	Sivem	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02422484	*Mar-Losartan*	Marcan	100	16.16	➡	0.1616
	02405768	*Mint-Losartan*	Mint	100	16.16	➡	0.1616
	02309777	*pms-Losartan*	Phmscience	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02404486	*Ran-Losartan*	Ranbaxy	100	16.16	➡	0.1616
				500	116.05	➡	0.2321
	02313359	*Sandoz Losartan*	Sandoz	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02424983	*Septa-Losartan*	Septa	100	16.16	➡	0.1616
	02357976	*Teva Losartan*	Teva Can	30	4.85	➡	0.1616
				100	16.16	➡	0.1616
	02426617	*VAN-Losartan*	Vanc Phm	100	16.16	➡	0.1616

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

Llosartan potassium/ hydrochlorothiazide P

Tab. 50 mg -12.5 mg **PPB**

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
			100	27.19	0.2719
02423642	*Auro-Losartan HCT*	Aurobindo	30	8.16	0.2719
			100	27.19	0.2719
02230047	*Hyzaar*	Merck	30	35.12	1.1707
02408244	*Jamp-Losartan HCTZ*	Jamp	30	8.16	0.2719
			100	27.19	0.2719
02394391	*Losartan - HCTZ*	Pro Doc	30	8.16	0.2719
			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
			100	27.19	0.2719
02428539	*Septa-Losartan HCTZ*	Septa	30	8.16	0.2719
			100	27.19	0.2719
02358263	*Teva Losartan/HCTZ*	Teva Can	30	8.16	0.2719

Tab. 100 mg - 12.5 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
			100	30.82	0.3082
02388979	*Losartan/HCT*	Sivem	30	9.25	0.3082
			100	30.82	0.3082
02427656	*Losartan/HCTZ*	Sanis	30	9.25	0.3082
			100	30.82	0.3082
02389665	*Mint-Losartan / HCTZ*	Mint	30	9.25	0.3082
			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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			100 mg -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 R

Tab.			20 mg **PPB**		
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
			100	29.84	0.2984
02471361	*Riva-Olmesartan*	Riva	30	8.95	0.2984
			100	29.84	0.2984
02443422	*Sandoz Olmesartan*	Sandoz	30	8.95	0.2984
			100	29.84	0.2984

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE F

Tab.				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
			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
			100	59.67	0.5967
02319624	*Olmetec Plus*	Merck	30	30.49	1.0163
Tab.				40 mg - 25 mg **PPB**	
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

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

TELMISARTAN P

Tab. 40 mg **PPB**

02393247	*Act Telmisartan*	ActavisPhm	30	6.48	0.2161
			100	21.61	0.2161
02420082	*Apo-Telmisartan*	Apotex	30	6.48	0.2161
			100	21.61	0.2161
02453568	*Auro-Telmisartan*	Aurobindo	30	6.48	0.2161
			100	21.61	0.2161
02240769	*Micardis*	Bo. Ing.	28	31.63	1.1296
02391236	*pms-Telmisartan*	Phmscience	100	21.61	0.2161
02375958	*Sandoz Telmisartan*	Sandoz	30	6.48	0.2161
			500	108.05	0.2161
02407485	*Telmisartan*	Accord	30	6.48	0.2161
			100	21.61	0.2161
02432897	*Telmisartan*	Phmscience	100	21.61	0.2161
02395223	*Telmisartan*	Pro Doc	30	6.48	0.2161
			100	21.61	0.2161
02388944	*Telmisartan*	Sanis	100	21.61	0.2161
02390345	*Telmisartan*	Sivem	30	6.48	0.2161
			100	21.61	0.2161
02320177	*Teva Telmisartan*	Teva Can	30	6.48	0.2161
			100	21.61	0.2161
02434164	*VAN-Telmisartan*	Vanc Phm	100	21.61	0.2161

Tab. 80 mg **PPB**

02393255	*Act Telmisartan*	ActavisPhm	30	6.48	0.2161
			100	21.61	0.2161
02420090	*Apo-Telmisartan*	Apotex	30	6.48	0.2161
			100	21.61	0.2161
02453576	*Auro-Telmisartan*	Aurobindo	30	6.48	0.2161
			100	21.61	0.2161
02240770	*Micardis*	Bo. Ing.	28	31.63	1.1296
02391244	*pms-Telmisartan*	Phmscience	100	21.61	0.2161
02375966	*Sandoz Telmisartan*	Sandoz	30	6.48	0.2161
			500	108.05	0.2161
02407493	*Telmisartan*	Accord	30	6.48	0.2161
			100	21.61	0.2161
02432900	*Telmisartan*	Phmscience	100	21.61	0.2161
02395231	*Telmisartan*	Pro Doc	30	6.48	0.2161
			100	21.61	0.2161
02388952	*Telmisartan*	Sanis	100	21.61	0.2161
			500	108.05	0.2161
02390353	*Telmisartan*	Sivem	30	6.48	0.2161
			100	21.61	0.2161
02320185	*Teva Telmisartan*	Teva Can	30	6.48	0.2161
			100	21.61	0.2161
02434172	*VAN-Telmisartan*	Vanc Phm	100	21.61	0.2161

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

TELMISARTAN/ HYDROCHLOROTHIAZIDE P

Tab. 80 mg - 12.5 mg **PPB**

02456389	*Auro-Telmisartan HCTZ*	Aurobindo	30	6.29	0.2098
			100	20.98	0.2098
02244344	*Micardis Plus*	Bo. Ing.	28	31.63	1.1296
02401665	*pms-Telmisartan-HCTZ*	Phmscience	100	20.98	0.2098
02393557	*Sandoz Telmisartan HCT*	Sandoz	30	6.29	0.2098
			100	20.98	0.2098
02433214	*Telmisartan - HCTZ*	Phmscience	100	20.98	0.2098
02395525	*Telmisartan - HCTZ*	Pro Doc	30	6.29	0.2098
			100	20.98	0.2098
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/ Hydrochlorothiazide*	Accord	30	6.29	0.2098
			100	20.98	0.2098
02330288	*Teva Telmisartan HCTZ*	Teva Can	30	6.29	0.2098
			500	104.90	0.2098

Tab. 80 mg - 25 mg **PPB**

02456397	*Auro-Telmisartan HCTZ*	Aurobindo	30	6.29	0.2098
			100	20.98	0.2098
02318709	*Micardis Plus*	Bo. Ing.	28	31.63	1.1296
02401673	*pms-Telmisartan-HCTZ*	Phmscience	100	20.98	0.2098
02393565	*Sandoz Telmisartan HCT*	Sandoz	30	6.29	0.2098
			100	20.98	0.2098
02433222	*Telmisartan - HCTZ*	Phmscience	100	20.98	0.2098
02395533	*Telmisartan - HCTZ*	Pro Doc	30	6.29	0.2098
			100	20.98	0.2098
02390310	*Telmisartan HCTZ*	Sivem	30	6.29	0.2098
			100	20.98	0.2098
02395363	*Telmisartan/ HCTZ*	Sanis	100	20.98	0.2098
02419122	*Telmisartan/ Hydrochlorothiazide*	Accord	30	6.29	0.2098
			100	20.98	0.2098
02379252	*Teva Telmisartan HCTZ*	Teva Can	30	6.29	0.2098
			100	20.98	0.2098

TELMISARTAN/AMLODIPINE P

Tab. 40 mg - 5 mg

02371022	*Twynsta*	Bo. Ing.	28	19.09	0.6818

Tab. 40 mg - 10 mg

02371030	*Twynsta*	Bo. Ing.	28	19.09	0.6818

Tab. 80 mg -5 mg

02371049	*Twynsta*	Bo. Ing.	28	19.09	0.6818

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					80 mg - 10 mg		
	02371057	*Twynsta*	Bo. Ing.	28	19.09		0.6818
VALSARTAN P							
Tab.					40 mg **PPB**		
	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		**W**
	02363062	*Ran-Valsartan*	Ranbaxy	100	22.11	➡	0.2211
	02425440	*Riva-Valsartan*	Riva	30	6.63		**W**
	02356740	*Sandoz Valsartan*	Sandoz	30	6.63	➡	0.2211
				100	22.11	➡	0.2211
	02356643	*Teva Valsartan*	Teva Can	30	6.63	➡	0.2211
	02367726	*Valsartan*	Pro Doc	30	6.63	➡	0.2211
				100	22.11	➡	0.2211
	02366940	*Valsartan*	Sanis	100	22.11	➡	0.2211
	02384523	*Valsartan*	Sivem	30	6.63	➡	0.2211
				100	22.11	➡	0.2211
Tab.					80 mg **PPB**		
	02371529	*Apo-Valsartan*	Apotex	30	6.48	➡	0.2159
				500	107.95	➡	0.2159
	02414228	*Auro-Valsartan*	Aurobindo	100	21.59	➡	0.2159
				500	107.95	➡	0.2159
	02244781	*Diovan*	Novartis	28	31.47		1.1239
*	02313006	*pms-Valsartan*	Phmscience	30	6.48		**W**
				100	21.59		**W**
	02363100	*Ran-Valsartan*	Ranbaxy	100	21.59	➡	0.2159
				500	107.95	➡	0.2159
	02425459	*Riva-Valsartan*	Riva	30	6.48		**W**
				100	21.59		**W**
	02356759	*Sandoz Valsartan*	Sandoz	30	6.48	➡	0.2159
				500	107.95	➡	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				160 mg **PPB**	
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	**W**
			100	21.59	**W**
02363119	*Ran-Valsartan*	Ranbaxy	100	21.59	0.2159
			500	107.95	0.2159
02425467	*Riva-Valsartan*	Riva	30	6.48	**W**
			100	21.59	**W**
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.				320 mg **PPB**	
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	**W**
			100	20.98	**W**
02425475	*Riva-Valsartan*	Riva	30	6.29	**W**
			100	20.98	**W**
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

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

VALSARTAN/HYDROCHLOROTHIAZIDE P

Tab. 80 mg - 12.5 mg **PPB**

02382547	*Apo-Valsartan/HCTZ*	Apotex	30	6.64	0.2213
			100	22.13	0.2213
02408112	*Auro-Valsartan HCT*	Aurobindo	30	6.64	0.2213
			100	22.13	0.2213
02241900	*Diovan-HCT*	Novartis	28	32.16	1.1486
02356694	*Sandoz Valsartan HCT*	Sandoz	30	6.64	0.2213
			500	110.65	0.2213
02356996	*Teva Valsartan/HCTZ*	Teva Can	30	6.64	0.2213
			50	11.07	0.2213
02367009	*Valsartan HCT*	Sanis	100	22.13	0.2213
02384736	*Valsartan HCT*	Sivem	30	6.64	0.2213
			100	22.13	0.2213
02367769	*Valsartan-HCTZ*	Pro Doc	30	6.64	0.2213
			100	22.13	0.2213

Tab. 160 mg -12.5 mg **PPB**

02382555	*Apo-Valsartan/HCTZ*	Apotex	30	6.72	0.2240
			500	112.00	0.2240
02408120	*Auro-Valsartan HCT*	Aurobindo	30	6.72	0.2240
			100	22.40	0.2240
02241901	*Diovan-HCT*	Novartis	28	32.10	1.1464
02356708	*Sandoz Valsartan HCT*	Sandoz	30	6.72	0.2240
			500	112.00	0.2240
02357003	*Teva Valsartan/HCTZ*	Teva Can	30	6.72	0.2240
			50	11.20	0.2240
02367017	*Valsartan HCT*	Sanis	100	22.40	0.2240
			500	112.00	0.2240
02384744	*Valsartan HCT*	Sivem	30	6.72	0.2240
			100	22.40	0.2240
02367777	*Valsartan-HCTZ*	Pro Doc	30	6.72	0.2240
			100	22.40	0.2240

Tab. 160 mg - 25 mg **PPB**

02382563	*Apo-Valsartan/HCTZ*	Apotex	30	6.71	0.2238
			500	111.90	0.2238
02408139	*Auro-Valsartan HCT*	Aurobindo	30	6.71	0.2238
			100	22.38	0.2238
02246955	*Diovan-HCT*	Novartis	28	31.99	1.1425
02356716	*Sandoz Valsartan HCT*	Sandoz	30	6.71	0.2238
			500	111.90	0.2238
02357011	*Teva Valsartan/HCTZ*	Teva Can	30	6.71	0.2238
			50	11.19	0.2238
02367025	*Valsartan HCT*	Sanis	100	22.38	0.2238
			500	111.90	0.2238
02384752	*Valsartan HCT*	Sivem	30	6.71	0.2238
			100	22.38	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
Tab.			320 mg - 12.5 mg **PPB**		
02382571	*Apo-Valsartan/HCTZ*	Apotex	30	6.71	0.2235
02408147	*Auro-Valsartan HCT*	Aurobindo	30	6.71	0.2235
			100	22.35	0.2235
02308908	*Diovan-HCT*	Novartis	28	31.49	1.1246
02356724	*Sandoz Valsartan HCT*	Sandoz	30	6.71	0.2235
			100	22.35	0.2235
02357038	*Teva Valsartan/HCTZ*	Teva Can	30	6.71	0.2235
02367033	*Valsartan HCT*	Sanis	30	6.71	0.2235
02384760	*Valsartan HCT*	Sivem	30	6.71	0.2235
Tab.			320 mg - 25 mg **PPB**		
02382598	*Apo-Valsartan/HCTZ*	Apotex	30	6.69	0.2231
02408155	*Auro-Valsartan HCT*	Aurobindo	30	6.69	0.2231
			100	22.31	0.2231
02308916	*Diovan-HCT*	Novartis	28	31.49	1.1246
02356732	*Sandoz Valsartan HCT*	Sandoz	30	6.69	0.2231
			100	22.31	0.2231
02357046	*Teva Valsartan/HCTZ*	Teva Can	30	6.69	0.2231
02367041	*Valsartan HCT*	Sanis	100	22.31	0.2231
02384779	*Valsartan HCT*	Sivem	30	6.69	0.2231

24:32.20
ALDOSTERONE RECEPTOR ANTAGONISTS
SPIRONOLACTONE Pr

Tab.				25 mg **PPB**	
00028606	*Aldactone*	Pfizer	100	7.47	0.0747
00613215	*Teva-Spironolactone*	Teva Can	500	34.60	0.0692
Tab.				100 mg	
00613223	*Teva-Spironolactone*	Teva Can	100	21.20	0.2120

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, hypnotics
28:28 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, Miscellaneous
28:92 miscellaneous Central Nervous System Agents

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

28:08.04
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS
ACETYLSALICYLIC ACID

Ent. Tab. — 325 mg **PPB**

	02010526	*Jamp-AAS EC*	Jamp	500	13.98	0.0280
	02284529	*pms-ASA EC*	Phmscience	1000	27.96	**W**

Ent. Tab. — 650 mg

*	00794244	*Enteric coated ASA*	Jamp	500	27.50	0.0550

Supp. — 640 mg to 650 mg

	00582867	*pms-ASA*	Phmscience	10	11.00	1.1000

Tab or EntTab or ChewTab — 80 mg or 81 mg **PPB**

	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
				1000	56.00	0.0560
	02280167	*Asatab*	Odan	100	5.60	0.0560
				500	28.00	0.0560
	02250675	*Euro-ASA*	Euro-Pharm	500	28.00	0.0560
	02430835	*Euro-ASA EC*	Sandoz	500	28.00	0.0560
				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

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

CELECOXIB Pr

Caps. 100 mg **PPB**

	02420155	*ACT Celecoxib*	ActavisPhm	100	12.79	0.1279
				500	63.95	0.1279
	02418932	*Apo-Celecoxib*	Apotex	100	12.79	0.1279
				500	63.95	0.1279
	02445670	*Auro-Celecoxib*	Aurobindo	100	12.79	0.1279
				500	63.95	0.1279
	02426382	*Bio-Celecoxib*	Biomed	100	12.79	0.1279
	02239941	*Celebrex*	Pfizer	100	67.58	0.6758
+	02477661	*Celecoxib*	Altamed	100	12.79	0.1279
	02424371	*Celecoxib*	Pro Doc	100	12.79	0.1279
				500	63.95	0.1279
	02436299	*Celecoxib*	Sanis	500	63.95	0.1279
	02429675	*Celecoxib*	Sivem	100	12.79	0.1279
	02424533	*Jamp-Celecoxib*	Jamp	100	12.79	0.1279
				500	63.95	0.1279
	02420058	*Mar-Celecoxib*	Marcan	100	12.79	0.1279
				500	63.95	0.1279
	02412497	*Mint-Celecoxib*	Mint	100	12.79	0.1279
	02355442	*pms-Celecoxib*	Phmscience	100	12.79	0.1279
				500	63.95	0.1279
	02412373	*Ran-Celecoxib*	Ranbaxy	100	12.79	0.1279
				500	63.95	0.1279
	02425386	*Riva-Celecox*	Riva	100	12.79	0.1279
	02442639	*SDZ Celecoxib*	Sandoz	100	12.79	0.1279
				500	63.95	0.1279
	02288915	*Teva-Celecoxib*	Teva Can	100	12.79	0.1279
				500	63.95	0.1279

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				200 mg **PPB**	
02420163	*ACT Celecoxib*	ActavisPhm	100	25.58	0.2558
			500	127.90	0.2558
02418940	*Apo-Celecoxib*	Apotex	100	25.58	0.2558
			500	127.90	0.2558
02445689	*Auro-Celecoxib*	Aurobindo	100	25.58	0.2558
			500	127.90	0.2558
02426390	*Bio-Celecoxib*	Biomed	100	25.58	0.2558
			500	127.90	0.2558
02239942	*Celebrex*	Pfizer	100	135.15	1.3515
+ 02477688	*Celecoxib*	Altamed	500	127.90	0.2558
02424398	*Celecoxib*	Pro Doc	100	25.58	0.2558
			500	127.90	0.2558
02436302	*Celecoxib*	Sanis	500	127.90	0.2558
02429683	*Celecoxib*	Sivem	100	25.58	0.2558
			500	127.90	0.2558
02424541	*Jamp-Celecoxib*	Jamp	100	25.58	0.2558
			500	127.90	0.2558
02420066	*Mar-Celecoxib*	Marcan	100	25.58	0.2558
			500	127.90	0.2558
02412500	*Mint-Celecoxib*	Mint	100	25.58	0.2558
02355450	*pms-Celecoxib*	Phmscience	100	25.58	0.2558
			500	127.90	0.2558
02412381	*Ran-Celecoxib*	Ranbaxy	100	25.58	0.2558
			500	127.90	0.2558
02425394	*Riva-Celecox*	Riva	100	25.58	0.2558
			500	127.90	0.2558
02442647	*SDZ Celecoxib*	Sandoz	100	25.58	0.2558
			500	127.90	0.2558
02288923	*Teva-Celecoxib*	Teva Can	100	25.58	0.2558
			500	127.90	0.2558

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

DICLOFENAC POTASSIUM OR SODIUM P

Tab - Ent.Tab or LA Tab — 50 mg /50 mg L.A. /100 mg L.A. **PPB**

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 mg*	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

DICLOFENAC SODIC/MISOPROSTOL P

Tab. — 50 mg - 200 mcg **PPB**

01917056	*Arthrotec*	Pfizer	250	149.75	0.5990
02413469	*pms-Diclofenac-Misoprostol*	Phmscience	250	133.83	0.5353

Tab. — 75 mg - 200 mcg **PPB**

02229837	*Arthrotec 75*	Pfizer	250	203.81	0.8152
02413477	*pms-Diclofenac-Misoprostol*	Phmscience	250	182.15	0.7286

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

DICLOFENAC SODIUM P

Ent.Tab.or L.A.Tab — 25 mg / 75 mg L.A. **PPB**

00839175	*Apo-Diclo 25 mg*	Apotex	100	7.73	0.0773
02162814	*Apo-Diclo S.R. 75 mg*	Apotex	100	23.19	0.2319
02224119	*Diclofenac-SR 75 mg*	Pro Doc	100	23.19	0.2319
00808539	*Novo-Difenac 25 mg*	Novopharm	100	7.73	0.0773
02158582	*Novo-Difenac SR 75 mg*	Novopharm	100	23.19	0.2319
02302616	*pms-Diclofenac 25 mg*	Phmscience	100	7.73	0.0773
02231504	*pms-Diclofenac- SR 75 mg*	Phmscience	100	23.19	0.2319
			500	116.00	0.2320
02261952	*Sandoz Diclofenac*	Sandoz	100	7.73	0.0773
02261901	*Sandoz Diclofenac SR 75 mg*	Sandoz	100	23.19	0.2319
00782459	*Voltaren S.R. 75 mg*	Novartis	100	100.56	1.0056

Supp. — 50 mg **PPB**

02231506	*pms-Diclofenac*	Phmscience	30	13.02	0.4339
02261928	*Sandoz Diclofenac*	Sandoz	30	13.02	0.4339
00632724	*Voltaren*	Novartis	30	32.79	1.0930

Supp. — 100 mg **PPB**

02231508	*pms-Diclofenac*	Phmscience	30	17.52	0.5840
02261936	*Sandoz Diclofenac*	Sandoz	30	17.52	0.5840

ETODOLAC P

Caps. — 200 mg

02232317	*Etodolac*	AA Pharma	100	76.00	0.7600

Caps. — 300 mg

02232318	*Etodolac*	AA Pharma	100	76.00	0.7600

FLURBIPROFEN P

Tab. — 50 mg

01912046	*Flurbiprofen*	AA Pharma	100	22.21	0.2221

Tab. — 100 mg **PPB**

01912038	*Flurbiprofen*	AA Pharma	100	30.39	0.3039
02100517	*Novo-Flurprofen*	Novopharm	100	30.39	0.3039

IBUPROFEN

Oral Susp. — 100 mg/5 mL

02354799	*Europrofen*	Pendopharm	120 ml	6.49	0.0541

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
00441643	*Apo-Ibuprofen*	Apotex	1000	51.00	0.0510
02368072	*Ibuprofene tablets*	Jamp	100	5.10	0.0510
02272849	*Jamp-Ibuprofene*	Jamp	100	5.10	0.0510
Tab.				400 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
IBUPROFEN P					
Tab.				600 mg	
00629359	*Novo-Profen*	Novopharm	100	4.65	0.0465
			500	23.25	0.0465
INDOMETHACIN P					
Caps.				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.				50 mg **PPB**	
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.				50 mg	
02231799	*Sandoz Indomethacine*	Sandoz	30	24.60	0.8200
Supp.				100 mg	
02231800	*Sandoz Indomethacine*	Sandoz	30	26.73	0.8910
KETOPROFEN P					
Caps.				50 mg	
00790427	*Ketoprofen 50 mg*	AA Pharma	100	33.73	0.3373
Ent. Tab.				100 mg	
00842664	*Ketoprofen-E 100 mg*	AA Pharma	100	68.23	0.6823
L.A. Tab.				200 mg	
02172577	*Ketoprofen SR 200 mg*	AA Pharma	100	138.90	1.3890

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

MELOXICAM P

Tab. 7.5 mg **PPB**

02250012	*ACT Meloxicam*	ActavisPhm	30	6.01	0.2003
			100	20.03	0.2003
02248973	*Apo-Meloxicam*	Apotex	100	20.03	0.2003
			500	100.14	0.2003
02390884	*Auro-Meloxicam*	Aurobindo	30	6.01	0.2003
			100	20.03	0.2003
02353148	*Meloxicam*	Sanis	100	20.03	0.2003
02242785	*Mobicox*	Bo. Ing.	100	80.11	0.8011
02258315	*Novo-Meloxicam*	Novopharm	30	6.01	0.2003
			100	20.03	0.2003
02248267	*pms-Meloxicam*	Phmscience	30	6.01	0.2003
			500	100.14	0.2003
02247889	*ratio-Meloxicam*	Ratiopharm	100	20.03	0.2003
			500	100.14	0.2003

Tab. 15 mg **PPB**

02250020	*ACT Meloxicam*	ActavisPhm	100	23.10	0.2310
02248974	*Apo-Meloxicam*	Apotex	100	23.10	0.2310
02390892	*Auro-Meloxicam*	Aurobindo	30	6.93	0.2310
			100	23.10	0.2310
02353156	*Meloxicam*	Sanis	100	23.10	0.2310
02242786	*Mobicox*	Bo. Ing.	100	92.43	0.9243
02248268	*pms-Meloxicam*	Phmscience	30	6.93	0.2310
			500	115.50	0.2310
02248031	*ratio-Meloxicam*	Ratiopharm	100	23.10	0.2310
			500	115.50	0.2310
02258323	*Teva-Meloxicam*	Teva Can	30	6.93	0.2310
			100	23.10	0.2310

NABUMETONE P

Tab. 500 mg **PPB**

02238639	*Nabumetone*	AA Pharma	100	36.25	0.3625
02240867	*Novo-Nabumetone*	Novopharm	100	36.25	0.3625

NAPROXEN P

Ent. Tab. or Tab. 250 mg **PPB**

00522651	*Apo-Naproxen 250 mg*	Apotex	100	10.68	0.1068
02350750	*Naproxen*	Sanis	100	10.68	0.1068
			500	53.40	0.1068
02350785	*Naproxen EC*	Sanis	100	10.68	0.1068
00590762	*Naproxen-250*	Pro Doc	100	10.68	0.1068
02243312	*Novo-Naprox EC*	Novopharm	100	10.68	0.1068
00565350	*Teva-Naproxen*	Teva Can	100	10.68	0.1068
			500	53.40	0.1068

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Tab. or Tab.				500 mg **PPB**	
00592277	*Apo-Naproxen*	Apotex	100	21.10	0.2110
			500	105.50	0.2110
02246701	*Apo-Naproxen EC*	Apotex	100	21.10	0.2110
02162423	*Naprosyn E*	Atnahs	100	98.82	0.9882
02350777	*Naproxen*	Sanis	100	21.10	0.2110
			500	105.50	0.2110
02350807	*Naproxen EC*	Sanis	100	21.10	0.2110
00618721	*Naproxen-500*	Pro Doc	500	105.50	0.2110
00589861	*Novo-Naprox*	Novopharm	100	21.10	0.2110
			500	105.50	0.2110
02243314	*Novo-Naprox EC*	Novopharm	100	21.10	0.2110
02294710	*pms-Naproxen EC*	Phmscience	100	21.10	0.2110
02310953	*Pro-Naproxen EC-500*	Pro Doc	100	21.10	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.				375 mg **PPB**	
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	*Naprosyn E 375 mg*	Atnahs	100	54.79	0.5479
02350769	*Naproxen*	Sanis	100	14.58	0.1458
			500	72.90	0.1458
02350793	*Naproxen EC*	Sanis	100	14.58	0.1458
00655686	*Naproxen-375*	Pro Doc	100	14.58	0.1458
02294702	*pms-Naproxen EC*	Phmscience	100	14.58	0.1458
02310945	*Pro-Naproxen EC-375*	Pro Doc	100	14.58	0.1458
00627097	*Teva-Naproxen*	Teva Can	100	14.58	0.1458
			500	72.90	0.1458
02243313	*Teva-Naproxen-EC*	Teva Can	100	14.58	0.1458

PIROXICAM P

Caps.				10 mg	
00695718	*Novo-Pirocam*	Novopharm	100	22.13	0.2213
Caps.				20 mg	
00695696	*Novo-Pirocam*	Novopharm	100	37.11	0.3711
Supp.				20 mg	
02154463	*pms-Piroxicam*	Phmscience	30	49.38	1.6460

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SULINDAC Pr					
Tab.				150 mg	
00745588	*Novo-Sundac*	Novopharm	100	38.24	0.3824
Tab.				200 mg	
00745596	*Novo-Sundac*	Novopharm	100	39.20	0.3920
TENOXICAM Pr					
Tab.				20 mg	
02230661	*Tenoxicam*	AA Pharma	100	115.52	1.1552
TIAPROFENIC ACID Pr					
Tab.				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 AGONISTS					
BASE AND CODEINE SULFATE N					
L.A. Tab.				50 mg	
02230302	*Codeine Contin*	Purdue	60	18.60	0.3100
L.A. Tab.				100 mg	
02163748	*Codeine Contin*	Purdue	60	37.20	0.6200
L.A. Tab.				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 PHOSPHATE N					
Tab.				30 mg **PPB**	
02009757	*Codeine*	Riva	100	7.73	0.0773
			500	38.66	0.0773
00593451	*ratio-Codeine*	Teva Can	100	7.73	0.0773
			500	38.66	0.0773

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

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
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**

02386852	*Co Fentanyl*	Cobalt	5	18.28	3.6560
02395665	*Fentanyl Patch*	Pro Doc	5	18.28	3.6560
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 System*	Ranbaxy	5	18.28	3.6560
02327120	*Sandoz Fentanyl Patch*	Sandoz	5	18.28	3.6560
02282941	*Teva-Fentanyl*	Teva Can	5	18.28	3.6560

Patch — 37 mcg/h

02327139	*Sandoz Fentanyl Patch*	Sandoz	5	32.99	6.5980

Patch — 50 mcg/h **PPB**

02386879	*Co Fentanyl*	Cobalt	5	34.41	6.8820
02395673	*Fentanyl Patch*	Pro Doc	5	34.41	6.8820
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 System*	Ranbaxy	5	34.41	6.8820
02327147	*Sandoz Fentanyl Patch*	Sandoz	5	34.41	6.8820
02282968	*Teva-Fentanyl*	Teva Can	5	34.41	6.8820

Patch — 75 mcg/h **PPB**

02386887	*Co Fentanyl*	Cobalt	5	48.40	9.6800
02395681	*Fentanyl Patch*	Pro Doc	5	48.40	9.6800
02341409	*pms-Fentanyl MTX*	Phmscience	5	48.40	9.6800
02330148	*Ran-Fentanyl Matrix Patch*	Ranbaxy	5	48.40	9.6800
02249421	*Ran-Fentanyl Transdermal System*	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				100 mcg/h **PPB**	
02314665	*Apo-Fentanyl Matrix*	Apotex	5	60.25	12.0500
02386895	*Co Fentanyl*	Cobalt	5	60.25	12.0500
02395703	*Fentanyl Patch*	Pro Doc	5	60.25	12.0500
02341417	*pms-Fentanyl MTX*	Phmscience	5	60.25	12.0500
02330156	*Ran-Fentanyl Matrix Patch*	Ranbaxy	5	60.25	12.0500
02249448	*Ran-Fentanyl Transdermal System*	Ranbaxy	5	60.25	12.0500
02327163	*Sandoz Fentanyl Patch*	Sandoz	5	60.25	12.0500
02282984	*Teva-Fentanyl*	Teva Can	5	60.25	12.0500

HYDROMORPHONE HYDROCHLORIDE Ⓝ

Inj. Sol.				2 mg/mL (1 mL) **PPB**	
02460602	*Chlorhydrate d'hydromorphone*	Sterimax	10	16.47	1.6470
02145901	*Hydromorphone*	Sandoz	10	16.47	1.6470

Inj. Sol.				10 mg/mL **PPB**	
02460610	*Chlorhydrate d'hydromorphone HP 10*	Sterimax	1 ml	3.65	
			5 ml	18.23	
			50 ml	182.25	
02145928	*Hydromorphone HP 10*	Sandoz	1 ml	3.65	
			5 ml	19.84	
			50 ml	198.40	

Inj. Sol.				20 mg/mL	
02145936	*Hydromorphone HP 20*	Sandoz	50 ml	446.45	

Inj. Sol.				50 mg/mL **PPB**	
02469413	*Chlorhydrate d'hydromorphone HP 50*	Sterimax	1 ml	21.13	
			50 ml	1006.06	
02146126	*Hydromorphone HP 50*	Sandoz	50 ml	1006.06	
99003163	*Hydromorphone HP 50*	Sandoz	1 ml	21.13	

L.A. Caps. (12 h)				3 mg	
02125323	*Hydromorph Contin*	Purdue	60	36.14	0.6023

L.A. Caps. (12 h)				4.5 mg	
02359502	*Hydromorph Contin*	Purdue	60	43.65	0.7275

L.A. Caps. (12 h)				6 mg	
02125331	*Hydromorph Contin*	Purdue	60	54.18	0.9030

L.A. Caps. (12 h)				9 mg	
02359510	*Hydromorph Contin*	Purdue	60	71.55	1.1925

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (12 h)				12 mg	
02125366	*Hydromorph Contin*	Purdue	60	93.92	1.5653
L.A. Caps. (12 h)				18 mg	
02243562	*Hydromorph Contin*	Purdue	60	135.54	2.2590
L.A. Caps. (12 h)				24 mg	
02125382	*Hydromorph Contin*	Purdue	60	156.83	2.6138
L.A. Caps. (12 h)				30 mg	
02125390	*Hydromorph Contin*	Purdue	60	187.85	3.1308
Syr.				1 mg/mL **PPB**	
00786535	*Dilaudid*	Purdue	450 ml	29.34	0.0652
01916386	*pms-Hydromorphone*	Phmscience	500 ml	32.60	0.0652
Tab.				1 mg **PPB**	
02364115	*Apo-Hydromorphone*	Apotex	100	9.50	0.0950
00705438	*Dilaudid*	Purdue	100	9.50	0.0950
00885444	*pms-Hydromorphone*	Phmscience	100	9.50	0.0950
02319403	*Teva Hydromorphone*	Teva Can	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	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
02319446	*Teva Hydromorphone*	Teva Can	100	35.28	0.3528
MEPERIDINE HYDROCHLORIDE Ⓝ					
Tab.				50 mg	
02138018	*Demerol*	SanofiAven	100	13.09	0.1309

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

METHADONE HYDROCHLORIDE Ⓝ

Oral Sol. 1 mg/mL

02247694	*Metadol*	Paladin	250 ml	25.18	0.1007

Oral Sol. 10 mg/mL **PPB**

02241377	*Metadol*	Paladin	100 ml	36.42	0.3642
02244290	*Metadol-D*	Paladin	100 ml	13.51	0.1351
			1000 ml	135.10	0.1351
02394596	*Methadose*	Mallinckro	1000 ml	150.00	0.1500
02394618	*Methadose (sans sucre)*	Mallinckro	1000 ml	150.00	0.1500

Tab. 1 mg

02247698	*Metadol*	Paladin	100	16.73	0.1673

Tab. 5 mg

02247699	*Metadol*	Paladin	100	55.75	0.5575

Tab. 10 mg

02247700	*Metadol*	Paladin	100	89.21	0.8921

Tab. 25 mg

02247701	*Metadol*	Paladin	100	167.26	1.6726

MORPHINE HYDROCHLORIDE OR SULFATE Ⓝ

Caps. or Tab. 5 mg **PPB**

02320398	*M-Ediat*	Ethypharm	20	2.09	0.1045
			50	5.23	0.1045
02014203	*MS-IR*	Purdue	60	6.27	0.1045
00594652	*Statex*	Paladin	100	10.45	0.1045

Caps. or Tab. 10 mg **PPB**

02320428	*M-Ediat*	Ethypharm	20	3.23	0.1615
			50	8.08	0.1615
02014211	*MS-IR*	Purdue	60	9.69	0.1615
00594644	*Statex*	Paladin	100	16.15	0.1615

Caps. or Tab. 20 mg **PPB**

02320436	*M-Ediat*	Ethypharm	20	6.31	0.3155
			50	15.77	0.3154
02014238	*MS-IR*	Purdue	60	18.92	0.3154

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. or Tab.				30 mg **PPB**	
02320444	*M-Ediat*	Ethypharm	20	8.11	➧ 0.4055
			50	20.29	➧ 0.4058
02014254	*MS-IR*	Purdue	60	24.35	➧ 0.4058
Inj. Sol.				2 mg/mL	
02242484	*Morphine (sulfate de)*	Sandoz	1 ml	2.25	
Inj. Sol.				10 mg/mL **PPB**	
00392588	*Morphine (sulfate de)*	Sandoz	1 ml	➧ 2.39	
02474980	*Morphine sulfate injection*	Sterimax	10	23.86	➧ 2.3860
Inj. Sol.				50 mg/mL	
00617288	*Morphine H.P. 50*	Sandoz	1 ml	6.82	
			10 ml	68.20	
			50 ml	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	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.				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
L.A. Caps.				200 mg	
02177757	*M-Eslon*	Ethypharm	50	66.47	1.3294
L.A. Caps. (24 h)				10 mg	
02242163	*Kadian*	BGP Pharma	100	36.38	0.3638

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h)				20 mg	
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)				100 mg	
02184451	*Kadian*	BGP Pharma	50	112.27	2.2454
L.A. Tab.				15 mg **PPB**	
02350815	*Morphine SR*	Sanis	50	11.59	0.2317
02015439	*MS Contin*	Purdue	60	39.42	0.6570
02302764	*Novo-Morphine SR*	Novopharm	50	11.59	0.2317
02244790	*Sandoz Morphine SR*	Sandoz	100	23.17	0.2317
L.A. Tab.				30 mg **PPB**	
00776181	*M.O.S.-S.R.*	Valeant	50	17.90	0.3580
02350890	*Morphine SR*	Sanis	100	35.00	0.3500
02014297	*MS Contin*	Purdue	60	59.46	0.9910
02302772	*Novo-Morphine SR*	Novopharm	50	17.50	0.3500
			100	35.00	0.3500
02244791	*Sandoz Morphine SR*	Sandoz	100	35.00	0.3500
L.A. Tab.				60 mg **PPB**	
00776203	*M.O.S.-S.R.*	Valeant	50	31.56	0.6312
02350912	*Morphine SR*	Sanis	100	61.67	0.6167
02014300	*MS Contin*	Purdue	60	104.94	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.				100 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
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.				20 mg/mL	
00621935	*Statex*	Paladin	25 ml	12.45	0.4980
			100 ml	38.57	0.3857

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp.				10 mg	
00632201	*Statex*	Paladin	10	16.37	1.6370
Supp.				20 mg	
00596965	*Statex*	Paladin	10	19.37	1.9370
Supp.				30 mg	
00639389	*Statex*	Paladin	10	21.51	2.1510
Syr.				1 mg/mL **PPB**	
00614491	*Doloral 1*	Atlas	225 ml	3.40	0.0151
			500 ml	7.56	0.0151
00591467	*Statex*	Paladin	250 ml	5.00	0.0200
			500 ml	10.00	0.0200
Syr.				5 mg/mL **PPB**	
00614505	*Doloral 5*	Atlas	225 ml	8.67	0.0385
			500 ml	19.26	0.0385
00591475	*Statex*	Paladin	250 ml	9.63	0.0385
			500 ml	19.26	0.0385
Syr.				50 mg/mL	
00705799	*Statex*	Paladin	50 ml	47.32	0.9464
Tab.				25 mg **PPB**	
02009749	*M.O.S. - Sulfate-25*	Valeant	100	22.50	0.2250
00594636	*Statex*	Paladin	100	22.50	0.2250
Tab.				50 mg **PPB**	
02009706	*M.O.S. - Sulfate-50*	Valeant	100	34.50	0.3450
00675962	*Statex*	Paladin	100	34.50	0.3450

OXYCODONE HYDROCHLORIDE Ⓝ

Supp.				10 mg	
00392480	*Supeudol*	Sandoz	12	27.12	2.2600
Supp.				20 mg	
00392472	*Supeudol*	Sandoz	12	34.44	2.8700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
02325950	*Oxycodone*	Pro Doc	100	12.87	0.1287
02319977	*pms-Oxycodone*	Phmscience	100	12.87	0.1287
00789739	*Supeudol*	Sandoz	100	12.87	0.1287
Tab.				10 mg **PPB**	
02240131	*Oxy IR*	Purdue	60	22.92	0.3820
02325969	*Oxycodone*	Pro Doc	100	18.96	0.1896
02319985	*pms-Oxycodone*	Phmscience	100	18.96	0.1896
00443948	*Supeudol*	Sandoz	100	18.96	0.1896
Tab.				20 mg **PPB**	
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
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
02245010	*Jamp-Acetaminophen*	Jamp	24	2.40	0.1000
Chew. Tab.				160 mg **PPB**	
02017431	*Acetaminophene*	Riva	20	2.95	0.1475
02246087	*Jamp-Acetaminophen*	Jamp	20	2.95	0.1475
Liq.				80 mg/5 mL **PPB**	
01905848	*Acetaminophene*	Trianon	100 ml	3.10	0.0310
00792713	*pms-Acetaminophene*	Phmscience	100 ml	3.10	0.0310

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Liq.				160 mg/5 mL **PPB**	
01958836	*Acetaminophene*	Trianon	100 ml	3.65	0.0365
01901389	*Jamp-Acetaminophen*	Jamp	100 ml	3.65	0.0365
00792691	*PDP-Acetaminophen solution*	Pendopharm	500 ml	18.25	0.0365
Ped. Oral Sol.				80 mg/mL **PPB**	
01905864	*Acetaminophene*	Trianon	15 ml	2.50	
			24 ml	2.87	
01935275	*Jamp-Acetaminophen*	Jamp	24 ml	2.87	
02027801	*Pediatrix*	Teva Can	24 ml	2.87	
Supp.				120 mg	
02230434	*Acet 120*	Pendopharm	12	5.75	0.4792
Supp.				160 mg	
02230435	*Acet 160*	Pendopharm	12	7.51	0.6258
Supp.				325 mg	
02230436	*Acet 325*	Pendopharm	12	7.10	0.5913
Supp.				650 mg	
02230437	*Acet 650*	Pendopharm	12	9.13	0.7608
Tab.				325 mg **PPB**	
02022214	*Acetaminophene*	Riva	1000	11.40	0.0114
00382752	*Acetaminophene 325*	Pro Doc	1000	11.40	0.0114
02362198	*Acetaminophene Caplet 325*	Riva	1000	11.40	0.0114
01938088	*Jamp-Acetaminophen*	Jamp	1000	11.40	0.0114
02451018	*M-Acetaminophen 325*	Mantra Ph.	1000	11.40	0.0114
00389218	*Novo-Gesic*	Novopharm	1000	11.40	0.0114
Tab.				500 mg **PPB**	
02022222	*Acetaminophene*	Riva	1000	14.90	0.0149
00386626	*Acetaminophene 500*	Pro Doc	1000	14.90	0.0149
02362201	*Acetaminophene Blason Shield 500*	Riva	1000	14.90	0.0149
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

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
ACETAMINOPHEN/ CODEINE PHOSPHATE Ⓝ							
Elix.				160 mg -8 mg/5 mL			
	00816027	*pms-Acetaminophene avec codeine*	Phmscience	500 ml	38.45		0.0769
Tab.				300 mg - 30 mg	**PPB**		
	01999648	*Acet codeine 30*	Phmscience	500	65.00	➡	0.1300
	02232658	*Procet-30*	Pro Doc	500	65.00	➡	0.1300
*	00608882	*Teva-Emtec-30*	Teva Can	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
	00621463	*ratio-Lenoltec No 4*	Ratiopharm	100	13.84	➡	0.1384

28:10
OPIATE ANTAGONISTS

NALOXONE HYDROCHLORIDE (FOR USER)

Inj. sol.				0.4 mg/mL	**PPB**		
	02455935	*Chlorhydrate de naloxone Injectable*	Oméga	1 ml	➡	13.75	
	02453258	*S.O.S Naloxone Hydrochloride Injection*	Sandoz	1 ml	➡	13.75	
NALTREXONE HYDROCHLORIDE Ⓟ							
Tab.				50 mg	**PPB**		
	02444275	*Apo-Naltrexone*	Apotex	30	84.23	➡	2.8075
	02451883	*Comprimes de chlorhydrate de naltrexone*	Jamp	28	78.61	➡	2.8075
	02213826	*Revia*	Teva Can	50	140.38	➡	2.8075

28:10.92
MISCELLANEOUS ANTIDOTES

BUPRENORPHINE/NALOXONE Ⓝ

S-Ling. Tab.				2 mg - 0.5 mg	**PPB**		
	02453908	*ACT Buprenorphine/ Naloxone*	ActavisPhm	30	20.03	➡	0.6675
	02408090	*Mylan-Buprenorphine/ Naloxone*	Mylan	100	66.75	➡	0.6675
	02424851	*pms-Buprenorphine/ Naloxone*	Phmscience	30	20.03	➡	0.6675
	02295695	*Suboxone*	Indivior	7	18.69		2.6700
				28	74.76		2.6700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S-Ling. Tab.				8 mg - 2 mg **PPB**	
02453916	*ACT Buprenorphine/ Naloxone*	ActavisPhm	30	35.48	1.1825
02408104	*Mylan-Buprenorphine/ Naloxone*	Mylan	100	118.25	1.1825
02424878	*pms-Buprenorphine/ Naloxone*	Phmscience	30	35.48	1.1825
02295709	*Suboxone*	Indivior	7	33.11	4.7300
			28	132.44	4.7300

28:12.04
BARBITURATES
PHENOBARBITAL

Elix.				25 mg/5 mL	
00645575	*Phenobarb elixir*	Pendopharm	100 ml	13.13	0.1313
Tab.				15 mg	
00178799	*Phenobarb*	Pendopharm	500	64.43	0.1289
Tab.				30 mg	
00178802	*Phenobarb*	Pendopharm	500	76.68	0.1534
Tab.				60 mg	
00178810	*Phenobarb*	Pendopharm	500	104.03	0.2081
Tab.				100 mg	
00178829	*Phenobarb*	Pendopharm	500	142.40	0.2848

PRIMIDONE

Tab.				125 mg	
00399310	*Primidone*	AA Pharma	100	5.64	0.0564
Tab.				250 mg	
00396761	*Primidone*	AA Pharma	100	8.87	0.0887

28:12.08
BENZODIAZEPINES
CLOBAZAM

Tab.				10 mg	
02244638	*Apo-Clobazam*	Apotex	30	6.59	0.2197

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

CLONAZEPAM

Tab. 0.25 mg **PPB**

02442027	*Clonazepam*	Sivem	100	6.90	0.0690
02179660	*pms-Clonazepam*	Phmscience	100	6.90	0.0690

Tab. 0.5 mg **PPB**

02177889	*Apo-Clonazepam*	Apotex	100	4.18	0.0418
			500	20.90	0.0418
02442035	*Clonazepam*	Sivem	100	4.18	0.0418
			500	20.90	0.0418
02270641	*Co Clonazepam*	Cobalt	100	4.18	0.0418
			500	20.90	0.0418
02239024	*Novo-Clonazepam*	Novopharm	100	4.18	0.0418
			500	20.90	0.0418
02207818	*pms-Clonazepam-R*	Phmscience	100	4.18	0.0418
			500	20.90	0.0418
02311593	*Pro-Clonazepam*	Pro Doc	500	20.90	0.0418
02242077	*Riva-Clonazepam*	Riva	100	4.18	0.0418
			500	20.90	0.0418
00382825	*Rivotril*	Roche	100	19.82	0.1982

Tab. 1 mg **PPB**

02442043	*Clonazepam*	Sivem	100	14.87	0.1487
			500	74.35	0.1487
02048728	*pms-Clonazepam*	Phmscience	100	14.87	0.1487
			500	74.35	0.1487
02311607	*Pro-Clonazepam*	Pro Doc	500	74.35	0.1487

Tab. 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
			500	36.05	0.0721
02048736	*pms-Clonazepam*	Phmscience	100	7.21	0.0721
			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. 30 mg/5 mL

00023442	*Dilantin-30*	Pfizer	250 ml	10.10	0.0404

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg/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	
00023698	*Dilantin Infatabs*	Pfizer	100	7.35	0.0735

PHENYTOIN SODIUM Pr

Caps.				30 mg	
00022772	*Dilantin*	Pfizer	100	12.86	0.1286
Caps.				100 mg **PPB**	
02460912	*Apo-Phenytoin Sodium*	Apotex	100	6.65	➡ 0.0665
			1000	66.50	➡ 0.0665
00022780	*Dilantin*	Pfizer	100	7.45	0.0745
			1000	67.14	0.0671

28:12.20
SUCCINIMIDES

ETHOSUXIMIDE Pr

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

METHSUXIMIDE Pr

Caps.				300 mg	
00022802	*Celontin*	Erfa	100	32.76	0.3276

28:12.92
MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE Pr

L.A. Tab.				200 mg **PPB**	
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
			500	46.48	➡ 0.0930
02261839	*Sandoz Carbamazepine CR*	Sandoz	100	9.30	➡ 0.0930
00773611	*Tegretol CR*	Novartis	100	33.08	0.3308

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				400 mg **PPB**	
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.				100 mg/5 mL **PPB**	
02367394	*Taro-Carbamazepine*	Taro	450 ml	24.32	0.0540
02194333	*Tegretol*	Novartis	450 ml	28.70	0.0638
Tab.				200 mg **PPB**	
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 SODIUM Pr

Ent. Tab.				125 mg **PPB**	
02239698	*Apo-Divalproex*	Apotex	100	7.24	0.0724
00596418	*Epival 125*	BGP Pharma	100	24.14	0.2414
02458926	*Mylan-Divalproex*	Mylan	100	7.24	0.0724
02239701	*Novo-Divalproex*	Novopharm	100	7.24	0.0724
Ent. Tab.				250 mg **PPB**	
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	13.01	0.1301
			500	65.07	0.1301
Ent. Tab.				500 mg **PPB**	
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	26.04	0.2604
			500	130.20	0.2604

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

GABAPENTIN Pr

Caps. 100 mg **PPB**

02244304	*Apo-Gabapentin*	Apotex	100	4.16	0.0416
			500	20.80	0.0416
02321203	*Auro-Gabapentin*	Aurobindo	100	4.16	0.0416
			500	20.80	0.0416
02450143	*Bio-Gabapentin*	Biomed	100	4.16	0.0416
02256142	*Co Gabapentin*	Cobalt	100	4.16	0.0416
			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
			500	20.80	0.0416
02310449	*Pro-Gabapentin*	Pro Doc	100	4.16	0.0416
			500	20.80	0.0416
02319055	*Ran-Gabapentin*	Ranbaxy	100	4.16	0.0416
			500	20.80	0.0416
02251167	*Riva-Gabapentin*	Riva	100	4.16	0.0416
			500	20.80	0.0416
02244513	*Teva-Gabapentin*	Teva Can	100	4.16	0.0416
			500	20.80	0.0416
02431408	*VAN-Gabapentin*	Vanc Phm	100	4.16	0.0416

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				300 mg **PPB**	
02244305	*Apo-Gabapentin*	Apotex	100	10.12	0.1012
			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
			500	50.60	0.1012
02244514	*Teva-Gabapentin*	Teva Can	100	10.12	0.1012
			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.				400 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
Tab.				600 mg **PPB**	
02293358	*Apo-Gabapentin*	Apotex	100	18.09	0.1809
02428334	*Auro-Gabapentin*	Aurobindo	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

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					800 mg **PPB**		
	02293366	*Apo-Gabapentin*	Apotex	100	24.12	➧	0.2412
	02428342	*Auro-Gabapentin*	Aurobindo	100	24.12	➧	0.2412
+	02450194	*Bio-Gabapentin*	Biomed	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		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

LAMOTRIGINE P

Chew. Tab.					2 mg		
	02243803	*Lamictal*	GSK	30	4.61		0.1537
Chew. Tab.					5 mg		
	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
				1000	69.80	➧	0.0698
	02142082	*Lamictal*	GSK	100	35.78		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
	02246897	*pms-Lamotrigine*	Phmscience	100	6.98	➧	0.0698
	02243352	*ratio-Lamotrigine*	Ratiopharm	100	6.98	➧	0.0698
Tab.					100 mg **PPB**		
	02245209	*Apo-Lamotrigine*	Apotex	100	27.87	➧	0.2787
	02381362	*Auro-Lamotrigine*	Aurobindo	100	27.87	➧	0.2787
				1000	278.70	➧	0.2787
	02142104	*Lamictal*	GSK	100	143.10		1.4310
	02343029	*Lamotrigine*	Sanis	100	27.87	➧	0.2787
	02428210	*Lamotrigine*	Sivem	100	27.87	➧	0.2787
	02302985	*Lamotrigine-100*	Pro Doc	100	27.87	➧	0.2787
	02265508	*Mylan-Lamotrigine*	Mylan	100	27.87	➧	0.2787
				500	139.35	➧	0.2787
	02248233	*Novo-Lamotrigine*	Novopharm	100	27.87	➧	0.2787
	02246898	*pms-Lamotrigine*	Phmscience	100	27.87	➧	0.2787
	02243353	*ratio-Lamotrigine*	Ratiopharm	100	27.87	➧	0.2787

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				150 mg **PPB**	
02245210	*Apo-Lamotrigine*	Apotex	100	41.07	0.4107
02381370	*Auro-Lamotrigine*	Aurobindo	60	24.64	0.4107
			100	41.07	0.4107
02142112	*Lamictal*	GSK	60	125.83	2.0972
02343037	*Lamotrigine*	Sanis	100	41.07	0.4107
02428229	*Lamotrigine*	Sivem	100	41.07	0.4107
02302993	*Lamotrigine-150*	Pro Doc	100	41.07	0.4107
02265516	*Mylan-Lamotrigine*	Mylan	100	41.07	0.4107
02248234	*Novo-Lamotrigine*	Novopharm	100	41.07	0.4107
02246899	*pms-Lamotrigine*	Phmscience	100	41.07	0.4107
02246963	*ratio-Lamotrigine*	Ratiopharm	60	24.64	0.4107

LEVETIRACETAM P

Tab.				250 mg **PPB**	
02274183	*ACT Levetiracetam*	ActavisPhm	100	32.10	0.3210
02285924	*Apo-Levetiracetam*	Apotex	100	32.10	0.3210
02375249	*Auro-Levetiracetam*	Aurobindo	100	32.10	0.3210
			500	160.50	0.3210
02450348	*Bio-Levetiracetam*	Biomed	120	38.52	0.3210
02403005	*Jamp-Levetiracetam*	Jamp	120	38.52	0.3210
02247027	*Keppra*	U.C.B.	120	96.00	0.8000
02399776	*Levetiracetam*	Accord	120	38.52	0.3210
02454653	*Levetiracetam*	Phmscience	120	38.52	0.3210
02474468	*Levetiracetam*	Riva	120	38.52	0.3210
02353342	*Levetiracetam*	Sanis	100	32.10	0.3210
02442531	*Levetiracetam*	Sivem	100	32.10	0.3210
02440202	*NAT-Levetiracetam*	Natco	120	38.52	0.3210
02296101	*pms-Levetiracetam*	Phmscience	100	32.10	0.3210
02396106	*Ran-Levetiracetam*	Ranbaxy	100	32.10	0.3210
02482274	*Riva-Levetiracetam*	Riva	100	32.10	0.3210
02461986	*Sandoz Levetiracetam*	Sandoz	100	32.10	0.3210

Tab.				500 mg **PPB**	
02274191	*ACT Levetiracetam*	ActavisPhm	100	39.11	0.3911
02285932	*Apo-Levetiracetam*	Apotex	100	39.11	0.3911
02375257	*Auro-Levetiracetam*	Aurobindo	100	39.11	0.3911
			500	195.55	0.3911
02450356	*Bio-Levetiracetam*	Biomed	120	46.93	0.3911
02403021	*Jamp-Levetiracetam*	Jamp	120	46.93	0.3911
02247028	*Keppra*	U.C.B.	120	117.00	0.9750
02399784	*Levetiracetam*	Accord	120	46.93	0.3911
02454661	*Levetiracetam*	Phmscience	120	46.93	0.3911
02474476	*Levetiracetam*	Riva	120	46.93	0.3911
02353350	*Levetiracetam*	Sanis	100	39.11	0.3911
02442558	*Levetiracetam*	Sivem	100	39.11	0.3911
02440210	*NAT-Levetiracetam*	Natco	120	46.93	0.3911
02296128	*pms-Levetiracetam*	Phmscience	100	39.11	0.3911
02311380	*Pro-Levetiracetam-500*	Pro Doc	100	39.11	0.3911
02396114	*Ran-Levetiracetam*	Ranbaxy	100	39.11	0.3911
02482282	*Riva-Levetiracetam*	Riva	100	39.11	0.3911
02461994	*Sandoz Levetiracetam*	Sandoz	100	39.11	0.3911

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				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
02482290	*Riva-Levetiracetam*	Riva	100	54.16	0.5416
02462001	*Sandoz Levetiracetam*	Sandoz	100	54.16	0.5416
Tab.				1000 mg	
02462028	*Sandoz Levetiracetam*	Sandoz	100	78.22	0.7822

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PREGABALIN P					
Caps.				25 mg **PPB**	
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
Caps.				50 mg **PPB**	
02402920	*ACT Pregabalin*	ActavisPhm	100	23.24	0.2324
			500	116.20	0.2324
02394243	*Apo-Pregabalin*	Apotex	100	23.24	0.2324
			500	116.20	0.2324
02433877	*Auro-Pregabalin*	Aurobindo	100	23.24	0.2324
02435985	*Jamp-Pregabalin*	Jamp	100	23.24	0.2324
02268426	*Lyrica*	Pfizer	60	72.87	1.2145
02417537	*Mar-Pregabalin*	Marcan	100	23.24	0.2324
			500	116.20	0.2324
02423812	*Mint-Pregabalin*	Mint	100	23.24	0.2324
02467305	*M-Pregabalin*	Mantra Ph.	100	23.24	0.2324
			500	116.20	0.2324
02359618	*pms-Pregabalin*	Phmscience	100	23.24	0.2324
			500	116.20	0.2324
02474360	*Pregabalin*	Altamed	100	23.24	0.2324
02396505	*Pregabalin*	Pro Doc	100	23.24	0.2324
			500	116.20	0.2324
02476312	*Pregabalin*	Riva	100	23.24	0.2324
			500	116.20	0.2324
02405547	*Pregabalin*	Sanis	60	13.94	0.2324
			500	116.20	0.2324
02403706	*Pregabalin*	Sivem	100	23.24	0.2324
			500	116.20	0.2324
02392828	*Ran-Pregabalin*	Ranbaxy	100	23.24	0.2324
			500	116.20	0.2324
02377047	*Riva-Pregabalin*	Riva	100	23.24	0.2324
			500	116.20	0.2324
02390825	*Sandoz Pregabalin*	Sandoz	100	23.24	0.2324
			500	116.20	0.2324
02361175	*Teva Pregabalin*	Teva Can	60	13.94	0.2324

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
			500	150.35	0.3007
02392836	*Ran-Pregabalin*	Ranbaxy	100	30.07	0.3007
			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
			500	150.35	0.3007
02361183	*Teva Pregabalin*	Teva Can	60	18.04	0.3007
			100	30.07	0.3007

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				150 mg **PPB**	
02402955	*ACT Pregabalin*	ActavisPhm	100	41.45	0.4145
			500	207.25	0.4145
02394278	*Apo-Pregabalin*	Apotex	100	41.45	0.4145
			500	207.25	0.4145
02433907	*Auro-Pregabalin*	Aurobindo	100	41.45	0.4145
02436000	*Jamp-Pregabalin*	Jamp	100	41.45	0.4145
02268450	*Lyrica*	Pfizer	60	129.98	2.1663
02417561	*Mar-Pregabalin*	Marcan	100	41.45	0.4145
			500	207.25	0.4145
02424207	*Mint-Pregabalin*	Mint	100	41.45	0.4145
02467321	*M-Pregabalin*	Mantra Ph.	100	41.45	0.4145
			500	207.25	0.4145
02359634	*pms-Pregabalin*	Phmscience	100	41.45	0.4145
			500	207.25	0.4145
02474387	*Pregabalin*	Altamed	100	41.45	0.4145
02396521	*Pregabalin*	Pro Doc	100	41.45	0.4145
			500	207.25	0.4145
02476347	*Pregabalin*	Riva	100	41.45	0.4145
			500	207.25	0.4145
02405563	*Pregabalin*	Sanis	100	41.45	0.4145
02403722	*Pregabalin*	Sivem	100	41.45	0.4145
			500	207.25	0.4145
02392844	*Ran-Pregabalin*	Ranbaxy	100	41.45	0.4145
			500	207.25	0.4145
02377063	*Riva-Pregabalin*	Riva	100	41.45	0.4145
			500	207.25	0.4145
02390841	*Sandoz Pregabalin*	Sandoz	100	41.45	0.4145
			500	207.25	0.4145
02361205	*Teva Pregabalin*	Teva Can	60	24.87	0.4145
			100	41.45	0.4145
Caps.				300 mg **PPB**	
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
			100	41.45	0.4145
02403730	*Pregabalin*	Sivem	100	41.45	0.4145
02392860	*Ran-Pregabalin*	Ranbaxy	100	41.45	0.4145
			500	207.25	0.4145
02377071	*Riva-Pregabalin*	Riva	100	41.45	0.4145
02390868	*Sandoz Pregabalin*	Sandoz	100	41.45	0.4145
02361248	*Teva Pregabalin*	Teva Can	60	24.87	0.4145

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

TOPIRAMATE P

Sprinkle caps. 15 mg

02239907	*Topamax*	Janss. Inc	60	65.11	1.0852

Sprinkle caps. 25 mg

02239908	*Topamax*	Janss. Inc	60	68.34	1.1390

Tab. 25 mg **PPB**

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

Tab. 100 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
			100	45.83	0.4583
02435616	*Jamp-Topiramate*	Jamp	100	45.83	0.4583
02432102	*Mar-Topiramate*	Marcan	100	45.83	0.4583
02315653	*Mint-Topiramate*	Mint	100	45.83	0.4583
02263378	*Mylan-Topiramate*	Mylan	100	45.83	0.4583
02248861	*Novo-Topiramate*	Novopharm	60	27.50	0.4583
02263009	*pms-Topiramate*	Phmscience	100	45.83	0.4583
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
02230894	*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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
02287781	*ACT Topiramate*	ActavisPhm	100	67.48	0.6748
02279649	*Apo-Topiramate*	Apotex	100	67.48	0.6748
02345846	*Auro-Topiramate*	Aurobindo	60	40.49	0.6748
			100	67.48	0.6748
02435624	*Jamp-Topiramate*	Jamp	100	67.48	0.6748
02432110	*Mar-Topiramate*	Marcan	100	67.48	0.6748
02315661	*Mint-Topiramate*	Mint	100	67.48	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
02313677	*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

VALPROATE SODIUM P

Syr.				250 mg/5 mL **PPB**	
00443832	*Depakene*	BGP Pharma	240 ml	22.78	0.0949
02236807	*pms-Valproic acid*	Phmscience	450 ml	17.05	0.0379

VALPROIC ACID P

Caps.				250 mg **PPB**	
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.				500 mg	
02229628	*pms-Valproic Acid E.C.*	Phmscience	100	63.56	0.6356
			500	317.80	0.6356

VIGABATRIN P

Oral Pd.				500 mg/sac.	
02068036	*Sabril*	Lundb Inc	50	44.35	0.8870

Tab.				500 mg	
02065819	*Sabril*	Lundb Inc	100	88.70	0.8870

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

28:16.04
ANTIDEPRESSANTS
AMITRIPTYLINE HYDROCHLORIDE Pr

Tab. 10 mg **PPB**

02451786	*Amitriptyline*	Sivem	100	4.35	0.0435
			1000	43.50	0.0435
00370991	*Amitriptyline-10*	Pro Doc	1000	43.50	0.0435
02403137	*Apo-Amitriptyline*	Apotex	100	4.35	0.0435
			1000	43.50	0.0435
00335053	*Elavil*	AA Pharma	100	6.64	0.0664
			1000	66.40	0.0664
02435527	*Jamp-Amitriptyline Tablets*	Jamp	100	4.35	0.0435
			1000	43.50	0.0435
02429861	*Mar-Amitriptyline*	Marcan	100	4.35	0.0435
			1000	43.50	0.0435
00654523	*pms-Amitriptyline*	Phmscience	100	4.35	0.0435
			1000	43.50	0.0435
02326043	*Teva-Amitriptyline*	Teva Can	100	4.35	0.0435
			1000	43.50	0.0435

Tab. 25 mg **PPB**

02451794	*Amitriptyline*	Sivem	100	8.29	0.0829
			1000	82.90	0.0829
00371009	*Amitriptyline-25*	Pro Doc	1000	82.90	0.0829
02403145	*Apo-Amitriptyline*	Apotex	100	8.29	0.0829
			1000	82.90	0.0829
00335061	*Elavil*	AA Pharma	100	12.11	0.1211
			1000	121.10	0.1211
02435535	*Jamp-Amitriptyline Tablets*	Jamp	100	8.29	0.0829
			1000	82.90	0.0829
02429888	*Mar-Amitriptyline*	Marcan	100	8.29	0.0829
			1000	82.90	0.0829
00654515	*pms-Amitriptyline*	Phmscience	100	8.29	0.0829
			1000	82.90	0.0829
02326051	*Teva-Amitriptyline*	Teva Can	100	8.29	0.0829
			1000	82.90	0.0829

Tab. 50 mg **PPB**

02451808	*Amitriptyline*	Sivem	100	15.40	0.1540
00456349	*Amitriptyline-50*	Pro Doc	100	15.40	0.1540
			1000	154.00	0.1540
02403153	*Apo-Amitriptyline*	Apotex	100	15.40	0.1540
			1000	154.00	0.1540
00335088	*Elavil*	AA Pharma	100	23.47	0.2347
			1000	234.70	0.2347
02435543	*Jamp-Amitriptyline Tablets*	Jamp	100	15.40	0.1540
			1000	154.00	0.1540
02429896	*Mar-Amitriptyline*	Marcan	100	15.40	0.1540
			1000	154.00	0.1540
00654507	*pms-Amitriptyline*	Phmscience	100	15.40	0.1540
			1000	154.00	0.1540
02326078	*Teva-Amitriptyline*	Teva Can	100	15.40	0.1540
			1000	154.00	0.1540

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg	
02468409	*pms-Amitriptyline*	Phmscience	100	27.72	0.2772

BUPROPION HYDROCHLORIDE P

L.A. Tab.				100 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.				150 mg **PPB**	
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)				150 mg **PPB**	
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
			500	142.20	0.2844
+ 02475804	*Ran-Bupropion XL*	Ranbaxy	90	25.60	0.2844
			500	142.20	0.2844
02275090	*Wellbutrin XL*	Valeant	90	47.45	0.5272

L.A. Tab. (24 h)				300 mg **PPB**	
* 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
			500	284.40	0.5688
+ 02475812	*Ran-Bupropion XL*	Ranbaxy	90	51.19	0.5688
			500	284.40	0.5688
02275104	*Wellbutrin XL*	Valeant	90	94.91	1.0546

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

CITALOPRAM HYDROMIDE P

Tab. 10 mg **PPB**

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
			500	66.60	0.1332
02248050	*ACT Citalopram*	ActavisPhm	100	13.32	0.1332
			250	33.30	0.1332
02246056	*Apo-Citalopram*	Apotex	30	4.00	0.1332
			500	66.60	0.1332
02275562	*Auro-Citalopram*	Aurobindo	30	4.00	0.1332
			500	66.60	0.1332
02448491	*Bio-Citalopram*	Biomed	30	4.00	0.1332
			100	13.32	0.1332
02459914	*CCP-Citalopram*	Cellchem	100	13.32	0.1332
02239607	*Celexa*	Lundbeck	30	39.95	1.3317
			100	133.17	1.3317
02430541	*Citalopram*	Jamp	30	4.00	0.1332
			500	66.60	0.1332
02353660	*Citalopram*	Sanis	100	13.32	0.1332
			500	66.60	0.1332
02387956	*Citalopram*	Sivem	30	4.00	0.1332
			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
			500	66.60	0.1332
02429705	*Mint-Citalopram*	Mint	30	4.00	0.1332
			500	66.60	0.1332
02409011	*NAT-Citalopram*	Natco	30	4.00	0.1332
			100	13.32	0.1332
02293218	*Novo-Citalopram*	Novopharm	30	4.00	0.1332
			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	4.00	0.1332
			500	66.60	0.1332
02248170	*Sandoz Citalopram*	Sandoz	30	4.00	0.1332
			500	66.60	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.				30 mg	
02296152	*CTP 30*	Sunovion	30	18.84	0.6280

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02355264	*Accel-Citalopram*	Accel	100	13.32	0.1332
02248051	*ACT Citalopram*	ActavisPhm	100	13.32	0.1332
02246057	*Apo-Citalopram*	Apotex	30	4.00	0.1332
			100	13.32	0.1332
02275570	*Auro-Citalopram*	Aurobindo	30	4.00	0.1332
			100	13.32	0.1332
02448513	*Bio-Citalopram*	Biomed	30	4.00	0.1332
			100	13.32	0.1332
02459922	*CCP-Citalopram*	Cellchem	100	13.32	0.1332
02239608	*Celexa*	Lundbeck	30	39.95	1.3317
02430568	*Citalopram*	Jamp	30	4.00	0.1332
			100	13.32	0.1332
02353679	*Citalopram*	Sanis	30	4.00	0.1332
			100	13.32	0.1332
02387964	*Citalopram*	Sivem	30	4.00	0.1332
			100	13.32	0.1332
02257521	*Citalopram-40*	Pro Doc	30	4.00	0.1332
			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

CLOMIPRAMINE HYDROCHLORIDE Pr

Tab.				10 mg	
00330566	*Anafranil*	AA Pharma	100	29.49	0.2949

Tab.				25 mg	
00324019	*Anafranil*	AA Pharma	100	40.20	0.4020

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
00402591	*Anafranil*	AA Pharma	100	74.01	0.7401
DESIPRAMINE HYDROCHLORIDE					
Tab.				10 mg	
02216248	*Desipramine*	AA Pharma	100	38.80	0.3880
Tab.				25 mg	
02216256	*Desipramine*	AA Pharma	100	38.80	0.3880
Tab.				100 mg	
02216280	*Desipramine*	AA Pharma	100	90.93	0.9093
DOXEPIN HYDROCHLORIDE					
Caps.				10 mg	
02049996	*Doxepin*	AA Pharma	100	23.60	0.2360
* 00024325	*Sinequan*	AA Pharma	100	34.23	0.3423
Caps.				25 mg	
02050005	*Doxepin*	AA Pharma	100	28.95	0.2895
00024333	*Sinequan*	AA Pharma	100	42.01	0.4201
Caps.				50 mg	
02050013	*Doxepin*	AA Pharma	100	53.72	0.5372
00024341	*Sinequan*	AA Pharma	100	77.93	0.7793

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

FLUOXETINE HYDROCHLORIDE Pr

Caps. 10 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
			500	165.55	0.3311
02380579	*Mint-Fluoxetine*	Mint	100	33.11	0.3311
			500	165.55	0.3311
02177587	*pms-Fluoxetine*	Phmscience	100	33.11	0.3311
			500	165.55	0.3311
02315009	*Pro-Fluoxetine*	Pro Doc	100	33.11	0.3311
			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
			500	165.55	0.3311
02305488	*Riva-Fluoxetine*	Riva	100	33.11	0.3311
			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
Caps.				40 mg	
02464640	*pms-Fluoxetine*	Phmscience	100	66.22	0.6622
Caps.				60 mg	
02464659	*pms-Fluoxetine*	Phmscience	100	99.33	0.9933
Oral Sol.				20 mg/5 mL **PPB**	
02231328	*Fluoxetine*	Apotex	120 ml	37.01	0.3084
* 02459361	*Odan-Fluoxetine*	Odan	120 ml	37.01	0.3084

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUVOXAMINE MALEATE P					
Tab.				50 mg **PPB**	
02255529	*ACT Fluvoxamine*	ActavisPhm	100	21.05	0.2105
02231329	*Apo-Fluvoxamine*	Apotex	100	21.05	0.2105
02236753	*Fluvoxamine-50*	Pro Doc	100	21.05	0.2105
01919342	*Luvox*	BGP Pharma	30	25.90	0.8633
02303345	*Riva-Fluvox*	Riva	100	21.05	0.2105
			250	52.63	0.2105
Tab.				100 mg **PPB**	
02255537	*ACT Fluvoxamine*	ActavisPhm	100	37.83	0.3783
02231330	*Apo-Fluvoxamine*	Apotex	100	37.83	0.3783
02236754	*Fluvoxamine-100*	Pro Doc	100	37.83	0.3783
01919369	*Luvox*	BGP Pharma	30	46.58	1.5527
02303361	*Riva-Fluvox*	Riva	100	37.83	0.3783
			250	94.58	0.3783
IMIPRAMINE HYDROCHLORIDE P					
Tab.				10 mg	
00360201	*Imipramine*	AA Pharma	100	13.97	0.1397
Tab.				25 mg	
00312797	*Imipramine*	AA Pharma	100	25.20	0.2520
Tab.				50 mg	
00326852	*Imipramine*	AA Pharma	100	49.18	0.4918
Tab.				75 mg	
00644579	*Imipramine*	AA Pharma	100	64.34	0.6434
L-TRYPTOPHANE P					
Caps. or Tab.				500 mg **PPB**	
02248540	*Apo-Tryptophan (Caps.)*	Apotex	100	35.63	0.3563
02248538	*Apo-Tryptophan (Tab.)*	Apotex	100	35.63	0.3563
02240334	*ratio-Tryptophan*	Ratiopharm	100	35.63	0.3563
02240333	*Teva-Tryptophan*	Teva Can	100	35.63	0.3563
00718149	*Tryptan (Caps)*	Valeant	100	67.86	0.6786
02029456	*Tryptan (Co.)*	Valeant	100	67.86	0.6786
Tab.				1 g **PPB**	
02248539	*Apo-Tryptophan (Tab.)*	Apotex	100	71.26	0.7126
02237250	*ratio-Tryptophan*	Ratiopharm	100	71.26	0.7126
			250	178.15	0.7126
00654531	*Tryptan (Co.)*	Valeant	100	135.72	1.3572

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				250 mg	
02239326	*Tryptan (Co.)*	Valeant	100	33.93	0.3393
Tab.				750 mg **PPB**	
02458721	*Apo-Tryptophan*	Apotex	100	98.89	➧ 0.9889
02239327	*Tryptan (Co.)*	Valeant	100	101.79	1.0179

MAPROTILIN HYDROCHLORIDE Pr

Tab.				25 mg	
02158612	*Novo-Maprotiline*	Novopharm	100	54.93	0.5493
Tab.				50 mg	
02158620	*Novo-Maprotiline*	Novopharm	100	104.01	1.0401
Tab.				75 mg	
02158639	*Novo-Maprotiline*	Novopharm	100	142.04	1.4204

MIRTAZAPINE Pr

Tab. Oral Disint. or Tab.				15 mg **PPB**	
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				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
02368579	*Jamp-Mirtazapine*	Jamp	100	19.50	0.1950
02370689	*Mirtazapine*	Sanis	100	19.50	0.1950
02256118	*Mylan-Mirtazapine*	Mylan	100	19.50	0.1950
02259354	*Novo-Mirtazapine*	Novopharm	30	5.85	0.1950
			100	19.50	0.1950
02279908	*Novo-Mirtazapine OD*	Novopharm	30	5.85	0.1950
02248762	*pms-Mirtazapine*	Phmscience	30	5.85	0.1950
			100	19.50	0.1950
02312786	*Pro-Mirtazapine*	Pro Doc	30	5.85	0.1950
			100	19.50	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
Tab. Oral Disint. or Tab.				45 mg **PPB**	
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
02256126	*Mylan-Mirtazapine*	Mylan	100	29.25	0.2925
02279916	*Novo-Mirtazapine OD*	Novopharm	30	8.78	0.2925
02248544	*Remeron RD*	Merck	30	36.66	1.2220

MOCLOBÉMID P

Tab.				100 mg	
02232148	*Moclobemide*	AA Pharma	100	25.20	0.2520
Tab.				150 mg	
00899356	*Manerix*	Valeant	60	13.25	0.2208
Tab.				300 mg	
02166747	*Manerix*	Valeant	60	26.01	0.4335

NORTRIPTYLINE HYDROCHLORIDE P

Caps.				10 mg	
00015229	*Aventyl*	AA Pharma	100	25.17	0.2517
Caps.				25 mg	
00015237	*Aventyl*	AA Pharma	100	50.86	0.5086

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PAROXÉTINE HYDROCHLORIDE Ⓟ					
Tab.				10 mg **PPB**	
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

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
			500	162.50	0.3250
02248560	*Riva-Paroxetine*	Riva	100	32.50	0.3250
			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	0.3453
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.				40 mg	
02293749	*pms-Paroxetine*	Phmscience	100	165.30	1.6530

PHENELZINE SULFATE P

Tab.				15 mg	
00476552	*Nardil*	Erfa	60	22.22	0.3703

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

SERTRALINE HYDROCHLORIDE Pr

Caps. 25 mg **PPB**

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

Caps. 50 mg **PPB**

02287404	*ACT Sertraline*	ActavisPhm	100	30.32	0.3032
			250	75.80	0.3032
02238281	*Apo-Sertraline*	Apotex	100	30.32	0.3032
			250	75.80	0.3032
02390914	*Auro-Sertraline*	Aurobindo	100	30.32	0.3032
			250	75.80	0.3032
02445050	*Bio-Sertraline*	Biomed	100	30.32	0.3032
02357151	*Jamp-Sertraline*	Jamp	100	30.32	0.3032
			250	75.80	0.3032
02399423	*Mar-Sertraline*	Marcan	100	30.32	0.3032
			250	75.80	0.3032
02402394	*Mint-Sertraline*	Mint	100	30.32	0.3032
02240484	*Novo-Sertraline*	Novopharm	100	30.32	0.3032
			250	75.80	0.3032
02244839	*pms-Sertraline*	Phmscience	100	30.32	0.3032
			250	75.80	0.3032
02374560	*Ran-Sertraline*	Ranbaxy	100	30.32	0.3032
02248497	*Riva-Sertraline*	Riva	100	30.32	0.3032
			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	0.3032
02241303	*Sertraline-50*	Pro Doc	250	75.80	0.3032
02427788	*VAN-Sertraline*	Vanc Phm	100	30.32	0.3032
01962817	*Zoloft*	Pfizer	100	166.34	1.6634
			250	415.86	1.6634

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg **PPB**	
02287412	*ACT Sertraline*	ActavisPhm	100	33.03	0.3303
			250	82.58	0.3303
02238282	*Apo-Sertraline*	Apotex	100	33.03	0.3303
			250	82.58	0.3303
02390922	*Auro-Sertraline*	Aurobindo	100	33.03	0.3303
			250	82.58	0.3303
02445069	*Bio-Sertraline*	Biomed	100	33.03	0.3303
02357178	*Jamp-Sertraline*	Jamp	100	33.03	0.3303
			250	82.58	0.3303
02399431	*Mar-Sertraline*	Marcan	100	33.03	0.3303
			250	82.58	0.3303
02402408	*Mint-Sertraline*	Mint	100	33.03	0.3303
02244840	*pms-Sertraline*	Phmscience	100	33.03	0.3303
			250	82.58	0.3303
02374579	*Ran-Sertraline*	Ranbaxy	100	33.03	0.3303
02248498	*Riva-Sertraline*	Riva	100	33.03	0.3303
			250	82.58	0.3303
02245161	*Sandoz Sertraline*	Sandoz	100	33.03	0.3303
02469642	*Sertraline*	Jamp	100	33.03	0.3303
02353547	*Sertraline*	Sanis	100	33.03	0.3303
			250	82.58	0.3303
02386097	*Sertraline*	Sivem	100	33.03	0.3303
02241304	*Sertraline-100*	Pro Doc	100	33.03	0.3303
			250	82.58	0.3303
02240481	*Teva-Sertraline*	Teva Can	100	33.03	0.3303
02427796	*VAN-Sertraline*	Vanc Phm	100	33.03	0.3303
01962779	*Zoloft*	Pfizer	100	174.66	1.7466
TRANYLCYPROMINE SULFATE Ⓟ					
Tab.				10 mg	
01919598	*Parnate*	GSK	100	36.05	0.3605
TRAZODONE HYDROCHLORIDE Ⓟ					
Tab.				50 mg **PPB**	
02147637	*Apo-Trazodone*	Apotex	100	5.54	0.0554
			250	13.84	0.0554
02442809	*Mar-Trazodone*	Marcan	100	5.54	0.0554
			500	27.68	0.0554
01937227	*pms-Trazodone*	Phmscience	100	5.54	0.0554
			500	27.68	0.0554
02144263	*Teva-Trazodone*	Teva Can	100	5.54	0.0554
			500	27.68	0.0554
02348772	*Trazodone*	Sanis	100	5.54	0.0554
			500	27.68	0.0554
02164353	*Trazodone-50*	Pro Doc	100	5.54	0.0554
			250	13.84	0.0554
Tab.				75 mg	
02237339	*pms-Trazodone*	Phmscience	100	33.66	0.3366

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
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.				150 mg **PPB**	
02442825	*Mar-Trazodone*	Marcan	100	14.53	0.1453
02144298	*Teva-Trazodone*	Teva Can	100	14.53	0.1453
02348799	*Trazodone*	Sanis	100	14.53	0.1453
02164388	*Trazodone-150 D*	Pro Doc	100	14.53	0.1453
TRIMIPRAMINE Ⓡ					
Caps.				75 mg	
02070987	*Trimipramine*	AA Pharma	100	74.60	0.7460
Tab.				12.5 mg	
00740799	*Trimip*	AA Pharma	100	21.56	0.2156
VENLAFAXINE CHLORHYDRATE Ⓡ					
L.A. Caps.				37.5 mg **PPB**	
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	0.0913
			500	45.65	0.0913
02307774	*Riva-Venlafaxine XR*	Riva	100	9.13	0.0913
			500	45.65	0.0913
02310317	*Sandoz Venlafaxine XR*	Sandoz	100	9.13	0.0913
02275023	*Teva-Venlafaxine XR*	Teva Can	100	9.13	0.0913
02339242	*Venlafaxine XR*	Pro Doc	100	9.13	0.0913
			500	45.65	0.0913
02354713	*Venlafaxine XR*	Sanis	100	9.13	0.0913
02385929	*Venlafaxine XR*	Sivem	100	9.13	0.0913

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
			500	91.25	0.1825
02331691	*Apo-Venlafaxine XR*	Apotex	100	18.25	0.1825
			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

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
			500	96.35	0.1927
02331705	*Apo-Venlafaxine XR*	Apotex	100	19.27	0.1927
			500	96.35	0.1927
02452855	*Auro-Venlafaxine XR*	Aurobindo	100	19.27	0.1927
			500	96.35	0.1927
02237282	*Effexor XR*	Pfizer	90	159.72	1.7747
02471302	*M-Venlafaxine XR*	Mantra Ph.	500	96.35	0.1927
02310295	*Mylan-Venlafaxine XR*	Mylan	100	19.27	0.1927
02278561	*pms-Venlafaxine XR*	Phmscience	100	19.27	0.1927
			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

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ANTIPSYCHOTIC AGENTS
ARIPIPRAZOLE P

Tab.				2 mg **PPB**	
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**	
02322382	*Abilify*	Otsuka Can	30	98.40	3.2800
02471094	*Apo-Aripiprazole*	Apotex	30	27.14	0.9046
			100	90.46	0.9046
02460033	*Auro-Aripiprazole*	Aurobindo	30	27.14	0.9046
			100	90.46	0.9046
02466643	*pms-Aripiprazole*	Phmscience	30	27.14	0.9046
02479354	*Riva-Aripiprazole*	Riva	30	27.14	0.9046
02473666	*Sandoz Aripiprazole*	Sandoz	30	27.14	0.9046
			100	90.46	0.9046
02464152	*Teva-Aripiprazole*	Teva Can	30	27.14	0.9046
			100	90.46	0.9046
Tab.				10 mg **PPB**	
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**	
02322404	*Abilify*	Otsuka Can	30	113.40	3.7800
02471116	*Apo-Aripiprazole*	Apotex	30	38.08	1.2692
			100	126.92	1.2692
02460068	*Auro-Aripiprazole*	Aurobindo	30	38.08	1.2692
			100	126.92	1.2692
02466678	*pms-Aripiprazole*	Phmscience	30	38.08	1.2692
02479370	*Riva-Aripiprazole*	Riva	30	38.08	1.2692
02473682	*Sandoz Aripiprazole*	Sandoz	30	38.08	1.2692
02464179	*Teva-Aripiprazole*	Teva Can	30	38.08	1.2692
			100	126.92	1.2692
Tab.				20 mg **PPB**	
02322412	*Abilify*	Otsuka Can	30	113.40	3.7800
02471124	*Apo-Aripiprazole*	Apotex	30	30.05	1.0017
			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
02473690	*Sandoz Aripiprazole*	Sandoz	30	30.05	1.0017
02464187	*Teva-Aripiprazole*	Teva Can	30	30.05	1.0017

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				30 mg **PPB**	
02322455	*Abilify*	Otsuka Can	30	113.40	3.7800
02471132	*Apo-Aripiprazole*	Apotex	30	30.05	1.0017
			100	100.17	1.0017
02460084	*Auro-Aripiprazole*	Aurobindo	30	30.05	1.0017
			100	100.17	1.0017
02466694	*pms-Aripiprazole*	Phmscience	30	30.05	1.0017
02479397	*Riva-Aripiprazole*	Riva	30	30.05	1.0017
02473704	*Sandoz Aripiprazole*	Sandoz	30	30.05	1.0017
02464195	*Teva-Aripiprazole*	Teva Can	30	30.05	1.0017
			100	100.17	1.0017
CHLORPROMAZINE HYDROCHLORIDE P					
Tab.				25 mg	
00232823	*Novo-Chlorpromazine*	Novopharm	100	13.65	0.1365
			500	68.25	0.1365
Tab.				50 mg	
00232807	*Novo-Chlorpromazine*	Novopharm	100	15.65	0.1565
			500	78.25	0.1565
Tab.				100 mg	
00232831	*Novo-Chlorpromazine*	Novopharm	100	32.00	0.3200
			500	160.00	0.3200
CLOZAPIN P					
Tab.				25 mg **PPB**	
02248034	*AA-Clozapine*	AA Pharma	100	65.94	0.6594
00894737	*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*	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
02305011	*Gen-Clozapine*	Mylan	100	528.92	5.2892

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

FLUPENTIXOL DECANOATE Pr

I.M. Inj. Sol. — 20 mg/mL

02156032	*Fluanxol Depot 2%*	Lundbeck	1 ml	7.18	

I.M. Inj. Sol. — 100 mg/mL

02156040	*Fluanxol Depot 10%*	Lundbeck	1 ml	35.93	

FLUPENTIXOL DIHYDROCHLORIDE Pr

Tab. — 0.5 mg

02156008	*Fluanxol*	Lundbeck	100	24.83	0.2483

Tab. — 3 mg

02156016	*Fluanxol*	Lundbeck	100	53.62	0.5362

FLUPHENAZINE DECANOATE Pr

I.M. Inj. Sol. — 25 mg/mL

02239636	*Fluphenazine Omega*	Oméga	5 ml	23.16	**W**

I.M. Inj. Sol. — 100 mg/mL **PPB**

02242570	*Fluphenazine Omega*	Oméga	1 ml	29.78	**W**
00755575	*Modecate Concentre*	B.M.S.	1 ml	➡ 29.78	

FLUPHENAZINE HYDROCHLORIDE Pr

Tab. — 1 mg

00405345	*Fluphenazine*	AA Pharma	100	17.39	0.1739

Tab. — 2 mg

00410632	*Fluphenazine*	AA Pharma	100	22.52	0.2252

Tab. — 5 mg **PPB**

00405361	*Fluphenazine*	AA Pharma	100	17.20	➡ 0.1720
00726354	*pms-Fluphenazine*	Phmscience	100	17.20	➡ 0.1720

HALOPERIDOL Pr

I.M. Inj. Sol. — 5 mg/mL **PPB**

00808652	*Haloperidol*	Sandoz	1 ml	➡ 3.96	
02366010	*Haloperidol Injection*	Oméga	1 ml	➡ 3.96	
02406411	*Haloperidol Injection, USP*	Fresenius	1 ml	➡ 3.96	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0.5 mg	
00363685	*Teva-Haloperidol*	Teva Can	100	12.24	0.1224
Tab.				1 mg	
00363677	*Teva-Haloperidol*	Teva Can	100	18.39	0.1839
Tab.				2 mg	
00363669	*Teva-Haloperidol*	Teva Can	100	27.48	0.2748
Tab.				5 mg	
00363650	*Teva-Haloperidol*	Teva Can	100	14.87	0.1487
Tab.				10 mg	
00713449	*Teva-Haloperidol*	Teva Can	100	63.78	0.6378
Tab.				20 mg	
00768820	*Teva-Haloperidol*	Teva Can	100	117.28	1.1728
HALOPERIDOL (DECANOATE) Pr					
I.M. Inj. Sol.				50 mg/mL	
02239639	*Haloperidol-LA Omega*	Oméga	5 ml	28.03	
I.M. Inj. Sol.				100 mg/mL **PPB**	
02130300	*Haloperidol LA*	Sandoz	5 ml	➡ 55.40	
02239640	*Haloperidol-LA Omega*	Oméga	1 ml	➡ 11.08	
			5 ml	➡ 55.40	
LOXAPINE SUCCINATE Pr					
Tab.				2.5 mg	
02242868	*Xylac*	Pendopharm	100	18.66	0.1866
Tab.				5 mg	
02230837	*Xylac*	Pendopharm	100	17.49	0.1749
Tab.				10 mg	
02230838	*Xylac*	Pendopharm	100	28.70	0.2870
Tab.				25 mg	
02230839	*Xylac*	Pendopharm	100	44.49	0.4449

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
02230840	*Xylac*	Pendopharm	100	59.30	0.5930

METHOTRIMEPRAZINE Pr

Inj. Sol.				25 mg/mL	
01927698	*Nozinan*	SanofiAven	1 ml	3.25	
Tab.				2 mg	
02238403	*Methoprazine*	AA Pharma	100	6.85	0.0685

OLANZAPINE Pr

Tab.				2.5 mg **PPB**	
02281791	*Apo-Olanzapine*	Apotex	100	17.72	0.1772
02417243	*Jamp-Olanzapine FC*	Jamp	100	17.72	0.1772
02421232	*Mar-Olanzapine*	Marcan	100	17.72	0.1772
02311968	*Olanzapine*	Pro Doc	100	17.72	0.1772
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
02337126	*Riva-Olanzapine*	Riva	100	17.72	0.1772
			500	88.60	0.1772
02310341	*Sandoz Olanzapine*	Sandoz	100	17.72	0.1772
02276712	*Teva-Olanzapine*	Teva Can	100	17.72	0.1772
02428008	*VAN-Olanzapine*	Vanc Phm	100	17.72	0.1772
02229250	*Zyprexa*	Lilly	28	49.03	1.7511
Tab.				7.5 mg **PPB**	
02281813	*Apo-Olanzapine*	Apotex	100	53.16	0.5316
02417278	*Jamp-Olanzapine FC*	Jamp	100	53.16	0.5316
02421259	*Mar-Olanzapine*	Marcan	100	53.16	0.5316
02311984	*Olanzapine*	Pro Doc	100	53.16	0.5316
02372835	*Olanzapine*	Sanis	100	53.16	0.5316
02385880	*Olanzapine*	Sivem	100	53.16	0.5316
02303167	*pms-Olanzapine*	Phmscience	100	53.16	0.5316
02403080	*Ran-Olanzapine*	Ranbaxy	100	53.16	0.5316
02337142	*Riva-Olanzapine*	Riva	100	53.16	0.5316
			500	265.80	0.5316
02310376	*Sandoz Olanzapine*	Sandoz	100	53.16	0.5316
02276739	*Teva-Olanzapine*	Teva Can	100	53.16	0.5316
02428024	*VAN-Olanzapine*	Vanc Phm	100	53.16	0.5316
02229277	*Zyprexa*	Lilly	28	147.09	5.2532

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. 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. Oral Disint. or Tab.				10 mg **PPB**	
02327570	*ACT Olanzapine ODT*	Teva Can	30	21.26	0.7088
02281821	*Apo-Olanzapine*	Apotex	100	70.88	0.7088
			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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				15 mg **PPB**	
02327589	*ACT Olanzapine ODT*	Teva Can	30	31.89	1.0631
02281848	*Apo-Olanzapine*	Apotex	100	106.31	1.0631
02360632	*Apo-Olanzapine ODT*	Apotex	30	31.89	1.0631
02448742	*Auro-Olanzapine ODT*	Aurobindo	30	31.89	1.0631
02417294	*Jamp-Olanzapine FC*	Jamp	100	106.31	1.0631
02406640	*Jamp-Olanzapine ODT*	Jamp	30	31.89	1.0631
02421275	*Mar-Olanzapine*	Marcan	100	106.31	1.0631
02389118	*Mar-Olanzapine ODT*	Marcan	30	31.89	1.0631
02436981	*Mint-Olanzapine ODT*	Mint	30	31.89	1.0631
02312018	*Olanzapine*	Pro Doc	100	106.31	1.0631
02372851	*Olanzapine*	Sanis	100	106.31	1.0631
02385902	*Olanzapine*	Sivem	100	106.31	1.0631
02338661	*Olanzapine ODT*	Pro Doc	30	31.89	1.0631
02352990	*Olanzapine ODT*	Sanis	30	31.89	1.0631
02343681	*Olanzapine ODT*	Sivem	30	31.89	1.0631
02303183	*pms-Olanzapine*	Phmscience	100	106.31	1.0631
02303213	*pms-Olanzapine ODT*	Phmscience	30	31.89	1.0631
02403102	*Ran-Olanzapine*	Ranbaxy	100	106.31	1.0631
02414112	*Ran-Olanzapine ODT*	Ranbaxy	28	29.77	1.0631
02337169	*Riva-Olanzapine*	Riva	100	106.31	1.0631
			500	531.55	1.0631
02339846	*Riva-Olanzapine ODT*	Riva	30	31.89	1.0631
02310392	*Sandoz Olanzapine*	Sandoz	100	106.31	1.0631
02327791	*Sandoz Olanzapine ODT*	Sandoz	30	31.89	1.0631
02276755	*Teva-Olanzapine*	Teva Can	100	106.31	1.0631
02428040	*VAN-Olanzapine*	Vanc Phm	100	106.31	1.0631
02238850	*Zyprexa*	Lilly	28	294.17	10.5061
02243088	*Zyprexa Zydis*	Lilly	28	299.91	10.7111
Tab. Oral Disint. or Tab.				20 mg **PPB**	
02327597	*ACT Olanzapine ODT*	Teva Can	30	42.41	1.4137
02333015	*Apo-Olanzapine*	Apotex	100	141.37	1.4137
02360640	*Apo-Olanzapine ODT*	Apotex	30	42.41	1.4137
02448750	*Auro-Olanzapine ODT*	Aurobindo	30	42.41	1.4137
02417308	*Jamp-Olanzapine FC*	Jamp	100	141.37	1.4137
02406659	*Jamp-Olanzapine ODT*	Jamp	30	42.41	1.4137
02389126	*Mar-Olanzapine ODT*	Marcan	30	42.41	1.4137
02437007	*Mint-Olanzapine ODT*	Mint	30	42.41	1.4137
02421704	*Olanzapine*	Pro Doc	100	141.37	1.4137
02425114	*Olanzapine ODT*	Pro Doc	30	42.41	1.4137
02343703	*Olanzapine ODT*	Sivem	30	42.41	1.4137
02367483	*pms-Olanzapine*	Phmscience	100	141.37	1.4137
02423944	*pms-Olanzapine ODT*	Phmscience	30	42.41	1.4137
02414120	*Ran-Olanzapine ODT*	Ranbaxy	28	39.58	1.4137
02392399	*Riva-Olanzapine ODT*	Riva	30	42.41	1.4137
02327805	*Sandoz Olanzapine ODT*	Sandoz	30	42.41	1.4137
02359707	*Teva-Olanzapine*	Teva Can	100	141.37	1.4137
02238851	*Zyprexa*	Lilly	28	392.23	14.0082
02243089	*Zyprexa Zydis*	Lilly	28	395.84	14.1371

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

PERICYAZINE Pr

Caps.				5 mg	
01926780	*Neuleptil*	Erfa	100	18.84	0.1884
Caps.				10 mg	
01926772	*Neuleptil*	Erfa	100	29.85	0.2985
Caps.				20 mg	
01926764	*Neuleptil*	Erfa	100	47.12	0.4712
Oral Sol.				10 mg/mL	
01926756	*Neuleptil*	Erfa	100 ml	32.84	0.3284

PERPHENAZINE Pr

Tab.				2 mg	
00335134	*Perphenazine*	AA Pharma	100	6.39	0.0639
Tab.				4 mg	
00335126	*Perphenazine*	AA Pharma	100	7.73	0.0773
Tab.				8 mg	
00335118	*Perphenazine*	AA Pharma	100	8.49	0.0849
Tab.				16 mg	
00335096	*Perphenazine*	AA Pharma	100	12.74	0.1274

PIMOZIDE Pr

Tab.				2 mg	
00313815	*Orap*	AA Pharma	100	22.79	0.2279
Tab.				4 mg	
00313823	*Orap*	AA Pharma	100	41.36	0.4136
02245433	*Pimozide*	AA Pharma	100	41.36	0.4136

PROCHLORPERAZINE Pr

Supp.				10 mg	
00789720	*Sandoz Prochlorperazine*	Sandoz	10	18.20	1.8200

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

PROCHLORPERAZINE MALEATE Pr

Tab. 5 mg

00886440	*Prochlorazine*	AA Pharma	100	16.59	0.1659

Tab. 10 mg

00886432	*Prochlorazine*	AA Pharma	100	20.25	0.2025

QUETIAPINE (FUMARATE) Pr

L.A. Tab. 50 mg **PPB**

02457229	*Apo-Quetiapine XR*	Apotex	60	15.01	➡	0.2501
02417782	*Quetiapine XR*	Pro Doc	100	25.01	➡	0.2501
02417359	*Quetiapine XR*	Sivem	60	15.01	➡	0.2501
			100	25.01	➡	0.2501
02407671	*Sandoz Quetiapine XRT*	Sandoz	60	15.01	➡	0.2501
			100	25.01	➡	0.2501
02300184	*Seroquel XR*	AZC	60	58.80		0.9800
02395444	*Teva-Quetiapine XR*	Teva Can	60	15.01	➡	0.2501

L.A. Tab. 150 mg **PPB**

02457237	*Apo-Quetiapine XR*	Apotex	60	29.56	➡	0.4926
02417790	*Quetiapine XR*	Pro Doc	100	49.26	➡	0.4926
02417367	*Quetiapine XR*	Sivem	60	29.56	➡	0.4926
			100	49.26	➡	0.4926
02407698	*Sandoz Quetiapine XRT*	Sandoz	60	29.56	➡	0.4926
			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

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
			100	66.61	➡	0.6661
02407701	*Sandoz Quetiapine XRT*	Sandoz	60	39.97	➡	0.6661
			100	66.61	➡	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
			100	97.76	➡	0.9776
02407728	*Sandoz Quetiapine XRT*	Sandoz	60	58.66	➡	0.9776
			100	97.76	➡	0.9776
02300206	*Seroquel XR*	AZC	60	231.60		3.8600
02395479	*Teva-Quetiapine XR*	Teva Can	60	58.66	➡	0.9776

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				400 mg **PPB**	
02457261	*Apo-Quetiapine XR*	Apotex	60	79.62	1.3270
02417820	*Quetiapine XR*	Pro Doc	100	132.70	1.3270
02417391	*Quetiapine XR*	Sivem	60	79.62	1.3270
			100	132.70	1.3270
02407736	*Sandoz Quetiapine XRT*	Sandoz	60	79.62	1.3270
			100	132.70	1.3270
02300214	*Seroquel XR*	AZC	60	314.40	5.2400
02395487	*Teva-Quetiapine XR*	Teva Can	60	79.62	1.3270
Tab.				25 mg **PPB**	
02316080	*ACT Quetiapine*	ActavisPhm	100	4.94	0.0494
			500	24.70	0.0494
02313901	*Apo-Quetiapine*	Apotex	100	4.94	0.0494
			500	24.70	0.0494
02390205	*Auro-Quetiapine*	Aurobindo	100	4.94	0.0494
			500	24.70	0.0494
02447193	*Bio-Quetiapine*	Biomed	100	4.94	0.0494
02330415	*Jamp-Quetiapine*	Jamp	100	4.94	0.0494
			500	24.70	0.0494
02399822	*Mar-Quetiapine*	Marcan	100	4.94	0.0494
			500	24.70	0.0494
02438003	*Mint-Quetiapine*	Mint	100	4.94	0.0494
02439158	*NAT-Quetiapine*	Natco	100	4.94	0.0494
02296551	*pms-Quetiapine*	Phmscience	100	4.94	0.0494
			500	24.70	0.0494
02317346	*Pro-Quetiapine*	Pro Doc	100	4.94	0.0494
			500	24.70	0.0494
02387794	*Quetiapine*	Accord	60	2.96	0.0494
02353164	*Quetiapine*	Sanis	100	4.94	0.0494
			500	24.70	0.0494
02317893	*Quetiapine*	Sivem	100	4.94	0.0494
			500	24.70	0.0494
02397099	*Ran-Quetiapine*	Ranbaxy	100	4.94	0.0494
			500	24.70	0.0494
02316692	*Riva-Quetiapine*	Riva	100	4.94	0.0494
			500	24.70	0.0494
02313995	*Sandoz Quetiapine*	Sandoz	100	4.94	0.0494
			500	24.70	0.0494
02236951	*Seroquel*	AZC	100	51.35	0.5135
02284235	*Teva-Quetiapine*	Teva Can	100	4.94	0.0494
			500	24.70	0.0494
02434024	*VAN-Quetiapine*	Vanc Phm	100	4.94	0.0494

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02316099	*ACT Quetiapine*	ActavisPhm	100	13.18	0.1318
			500	65.90	0.1318
02313928	*Apo-Quetiapine*	Apotex	100	13.18	0.1318
			500	65.90	0.1318
02390213	*Auro-Quetiapine*	Aurobindo	100	13.18	0.1318
			500	65.90	0.1318
02447207	*Bio-Quetiapine*	Biomed	100	13.18	0.1318
02330423	*Jamp-Quetiapine*	Jamp	100	13.18	0.1318
			500	65.90	0.1318
02399830	*Mar-Quetiapine*	Marcan	100	13.18	0.1318
			500	65.90	0.1318
02438011	*Mint-Quetiapine*	Mint	100	13.18	0.1318
02439166	*NAT-Quetiapine*	Natco	100	13.18	0.1318
02296578	*pms-Quetiapine*	Phmscience	100	13.18	0.1318
			500	65.90	0.1318
02317354	*Pro-Quetiapine*	Pro Doc	100	13.18	0.1318
			500	65.90	0.1318
02387808	*Quetiapine*	Accord	60	7.91	0.1318
02353172	*Quetiapine*	Sanis	100	13.18	0.1318
			500	65.90	0.1318
02317907	*Quetiapine*	Sivem	100	13.18	0.1318
			500	65.90	0.1318
02397102	*Ran-Quetiapine*	Ranbaxy	100	13.18	0.1318
			500	65.90	0.1318
02316706	*Riva-Quetiapine*	Riva	100	13.18	0.1318
			500	65.90	0.1318
02314002	*Sandoz Quetiapine*	Sandoz	100	13.18	0.1318
			500	65.90	0.1318
02236952	*Seroquel*	AZC	100	137.00	1.3700
02284243	*Teva-Quetiapine*	Teva Can	100	13.18	0.1318
			500	65.90	0.1318
02434032	*VAN-Quetiapine*	Vanc Phm	100	13.18	0.1318
Tab.				150 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.				200 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				300 mg **PPB**	
02316129	*ACT Quetiapine*	ActavisPhm	100	38.63	0.3863
			500	193.15	0.3863
02313944	*Apo-Quetiapine*	Apotex	100	38.63	0.3863
			500	193.15	0.3863
02390256	*Auro-Quetiapine*	Aurobindo	100	38.63	0.3863
			500	193.15	0.3863
02447258	*Bio-Quetiapine*	Biomed	100	38.63	0.3863
02330466	*Jamp-Quetiapine*	Jamp	100	38.63	0.3863
02399857	*Mar-Quetiapine*	Marcan	100	38.63	0.3863
			500	193.15	0.3863
02438054	*Mint-Quetiapine*	Mint	100	38.63	0.3863
02439190	*NAT-Quetiapine*	Natco	100	38.63	0.3863
02296608	*pms-Quetiapine*	Phmscience	100	38.63	0.3863
			500	193.15	0.3863
02317370	*Pro-Quetiapine*	Pro Doc	100	38.63	0.3863
02387832	*Quetiapine*	Accord	60	23.18	0.3863
02353202	*Quetiapine*	Sanis	100	38.63	0.3863
			500	193.15	0.3863
02317931	*Quetiapine*	Sivem	100	38.63	0.3863
02397129	*Ran-Quetiapine*	Ranbaxy	100	38.63	0.3863
			500	193.15	0.3863
02316730	*Riva-Quetiapine*	Riva	100	38.63	0.3863
			500	193.15	0.3863
02314029	*Sandoz Quetiapine*	Sandoz	100	38.63	0.3863
02244107	*Seroquel*	AZC	100	401.45	4.0145
02284286	*Teva-Quetiapine*	Teva Can	30	11.59	0.3863
			100	38.63	0.3863
02434059	*VAN-Quetiapine*	Vanc Phm	100	38.63	0.3863

RISPERIDONE R

Tab.				0.25 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
			100	17.35	0.1735
02252015	*pms-Risperidone*	Phmscience	100	17.35	0.1735
			500	86.75	0.1735
02312719	*Pro-Risperidone*	Pro Doc	100	17.35	0.1735
02328313	*Ran-Risperidone*	Ranbaxy	100	17.35	0.1735
			500	86.75	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 mg **PPB**	
02282607	*ACT Risperidone*	ActavisPhm	60	14.38	0.2397
			500	119.85	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
			100	23.97	0.2397
02252023	*pms-Risperidone*	Phmscience	60	14.38	0.2397
			500	119.85	0.2397
02312727	*Pro-Risperidone*	Pro Doc	100	23.97	0.2397
02328321	*Ran-Risperidone*	Ranbaxy	100	23.97	0.2397
			500	119.85	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02282615	*ACT Risperidone*	ActavisPhm	60	28.77	0.4795
			500	239.75	0.4795
02282143	*Apo-Risperidone*	Apotex	100	47.95	0.4795
			500	239.75	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	47.95	0.4795
			500	239.75	0.4795
02356910	*Risperidone*	Sanis	100	47.95	0.4795
			500	239.75	0.4795
02283603	*Riva-Risperidone*	Riva	100	47.95	0.4795
			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.				3 mg **PPB**	
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
			100	71.80	0.7180
02371804	*Mar-Risperidone*	Marcan	100	71.80	0.7180
02359839	*Mint-Risperidon*	Mint	100	71.80	0.7180
02252058	*pms-Risperidone*	Phmscience	60	43.08	0.7180
			500	359.00	0.7180
02312743	*Pro-Risperidone*	Pro Doc	100	71.80	0.7180
02328364	*Ran-Risperidone*	Ranbaxy	100	71.80	0.7180
02356929	*Risperidone*	Sanis	100	71.80	0.7180
			250	179.50	0.7180
02283611	*Riva-Risperidone*	Riva	100	71.80	0.7180
			250	179.50	0.7180
02279827	*Sandoz Risperidone*	Sandoz	60	43.08	0.7180
			250	179.50	0.7180
02264226	*Teva-Risperidone*	Novopharm	60	43.08	0.7180

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				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	*pms-Risperidone*	Phmscience	100	95.74	0.9574
02312751	*Pro-Risperidone*	Pro Doc	100	95.74	0.9574
02328372	*Ran-Risperidone*	Ranbaxy	100	95.74	0.9574
02356937	*Risperidone*	Sanis	100	95.74	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

RISPERIDONE TARTRATE Pr

Oral Sol.				1 mg/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

THIOPROPERAZINE MESYLATE Pr

Tab.				10 mg	
01927639	*Majeptil*	Erfa	100	31.81	0.3181

TRIFLUOPERAZINE HYDROCHLORIDE Pr

Tab.				1 mg	
00345539	*Trifluoperazine*	AA Pharma	100	13.40	0.1340
Tab.				2 mg	
00312754	*Trifluoperazine*	AA Pharma	100	17.93	0.1793
Tab.				5 mg	
00312746	*Trifluoperazine*	AA Pharma	100	23.75	0.2375
Tab.				10 mg	
00326836	*Trifluoperazine*	AA Pharma	100	28.46	0.2846
Tab.				20 mg	
00595942	*Trifluoperazine*	AA Pharma	100	56.92	0.5692

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

ZIPRASIDONE P

Caps. 20 mg **PPB**

02449544	*Auro-Ziprasidone*	Aurobindo	60	81.89	1.3648
			100	136.48	1.3648
02298597	*Zeldox*	Pfizer	60	81.89	1.3648

Caps. 40 mg **PPB**

02449552	*Auro-Ziprasidone*	Aurobindo	60	93.80	1.5633
			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
			100	156.34	1.5634
02298619	*Zeldox*	Pfizer	60	93.80	1.5633

Caps. 80 mg **PPB**

02449579	*Auro-Ziprasidone*	Aurobindo	60	93.80	1.5633
			100	156.34	1.5634
02298627	*Zeldox*	Pfizer	60	93.80	1.5633

ZUCLOPENTHIXOL ACETATE P

I.M. Inj. Sol. 50 mg/mL

02230405	*Clopixol-acuphase*	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DECANOATE P

I.M. Inj. Sol. 200 mg/mL

02230406	*Clopixol depot*	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DIHYDROCHLORIDE P

Tab. 10 mg

02230402	*Clopixol*	Lundbeck	100	38.35	0.3835

Tab. 25 mg

02230403	*Clopixol*	Lundbeck	100	95.88	0.9588

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

28:20.04
AMPHETAMINES
DEXAMPHETAMINE SULFATE ◈

L.A. Caps. — 10 mg **PPB**

02448319	*ACT Dextroamphetamine SR*	ActavisPhm	100	80.96	➡ 0.8096
01924559	*Dexedrine*	Paladin	100	81.71	0.8171

L.A. Caps. — 15 mg **PPB**

02448327	*ACT Dextroamphetamine SR*	ActavisPhm	100	98.98	➡ 0.9898
01924567	*Dexedrine*	Paladin	100	100.05	1.0005

Tab. — 5 mg **PPB**

01924516	*Dexedrine*	Paladin	100	56.89	0.5689
02443236	*Dextroamphetamine*	AA Pharma	100	50.81	➡ 0.5081

28:20.92
CNS STIMULANTS, MISCELLANEOUS
METHYLPHENIDATE HYDROCHLORIDE ◈

L.A. Tab. — 20 mg **PPB**

02266687	*Apo-Methylphenidate SR*	Apotex	100	28.20	➡ 0.2820
00632775	*Ritalin SR*	Novartis	100	53.06	0.5306
02320312	*Sandoz Methylphenidate SR*	Sandoz	100	28.20	➡ 0.2820

Tab. — 5 mg **PPB**

02273950	*Apo-Methylphenidate*	Apotex	100	9.47	➡ 0.0947
02326221	*Methylphenidate*	Pro Doc	100	9.47	➡ 0.0947
02234749	*pms-Methylphenidate*	Phmscience	100	9.47	➡ 0.0947

Tab. — 10 mg **PPB**

02249324	*Apo-Methylphenidate*	Apotex	100	8.16	➡ 0.0816
			500	40.80	➡ 0.0816
02326248	*Methylphenidate*	Pro Doc	100	8.16	➡ 0.0816
			500	40.80	➡ 0.0816
00584991	*pms-Methylphenidate*	Phmscience	100	8.16	➡ 0.0816
			500	40.80	➡ 0.0816

Tab. — 20 mg **PPB**

02249332	*Apo-Methylphenidate*	Apotex	100	23.26	➡ 0.2326
02326256	*Methylphenidate*	Pro Doc	100	23.26	➡ 0.2326
00585009	*pms-Methylphenidate*	Phmscience	100	23.26	➡ 0.2326
00005614	*Ritalin*	Novartis	100	50.35	0.5035

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

28:24.08
BENZODIAZEPINES
ALPRAZOLAM ☒

Tab. 0.25 mg **PPB**

02349191	*Alprazolam*	Sanis	100	6.09	0.0609
			1000	60.90	0.0609
01908189	*Alprazolam-0.25*	Pro Doc	100	6.09	0.0609
00865397	*Apo-Alpraz*	Apotex	100	6.09	0.0609
			1000	60.90	0.0609
02400111	*Jamp-Alprazolam*	Jamp	100	6.09	0.0609
			500	30.45	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

Tab. 0.5 mg **PPB**

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
			1000	72.80	0.0728
02400138	*Jamp-Alprazolam*	Jamp	100	7.28	0.0728
			500	36.40	0.0728
02404885	*Riva-Alprazolam*	Riva	100	7.28	0.0728
			1000	72.80	0.0728
01913492	*Teva-Alprazolam*	Teva Can	1000	72.80	0.0728
00548367	*Xanax*	Pfizer	100	22.67	0.2267

Tab. 1 mg **PPB**

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. 2 mg **PPB**

02243612	*Apo-Alpraz TS*	Apotex	100	37.18	0.3718
02400154	*Jamp-Alprazolam*	Jamp	100	37.18	0.3718
02404907	*Riva-Alprazolam*	Riva	100	37.18	**W**
00813958	*Xanax TS*	Pfizer	100	72.55	0.7255

BROMAZEPAM ☒

Tab. 3 mg

02220520	*Bromazepam-3*	Pro Doc	500	18.74	0.0375

Tab. 6 mg

02220539	*Bromazepam-6*	Pro Doc	500	27.38	0.0548

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

CHLORDIAZEPOXIDE HYDROCHLORIDE ☒

Caps.				5 mg	
00522724	*Chlordiazepoxide*	AA Pharma	100	6.79	0.0679
Caps.				10 mg	
00522988	*Chlordiazepoxide*	AA Pharma	100	10.70	0.1070
Caps.				25 mg	
00522996	*Chlordiazepoxide*	AA Pharma	100	16.58	0.1658

DIAZEPAM ☒

Rectal Gel				5 mg/mL	
02238162	*Diastat*	Valeant	1 ml	71.09	
			2 ml	71.09	
			3 ml	71.09	
Tab.				2 mg **PPB**	
* 00405329	*Diazepam*	AA Pharma	100	5.08	0.0508
			1000	50.80	0.0508
02247490	*pms-Diazepam*	Phmscience	100	5.08	0.0508
Tab.				5 mg **PPB**	
* 00362158	*Diazepam*	AA Pharma	100	6.50	0.0650
			1000	65.00	0.0650
00313580	*Diazepam-5*	Pro Doc	100	6.50	0.0650
02247491	*pms-Diazepam*	Phmscience	500	32.50	0.0650
00013285	*Valium*	Roche	100	15.63	0.1563
Tab.				10 mg **PPB**	
* 00405337	*Diazepam*	AA Pharma	100	8.67	0.0867
			1000	86.70	0.0867
00434388	*Diazepam-10*	Pro Doc	100	8.67	0.0867
02247492	*pms-Diazepam*	Phmscience	500	43.35	0.0867

FLURAZEPAM HYDROCHLORIDE ☒

Caps.				15 mg	
00521698	*Flurazepam*	AA Pharma	100	11.66	0.1166
Caps.				30 mg	
00521701	*Flurazepam*	AA Pharma	100	13.64	0.1364

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

LORAZEPAM ☒

Inj. Sol. 4 mg/mL

02243278	*Lorazepam Injection*	Sandoz	1 ml	21.20	

Tab. 0.5 mg **PPB**

00655740	*Apo-Lorazepam*	Apotex	100	3.59	0.0359
			500	17.95	0.0359
02041413	*Ativan*	Pfizer	500	17.95	0.0359
02351072	*Lorazepam*	Sanis	100	3.59	0.0359
			1000	35.90	0.0359
00711101	*Novo-Lorazem*	Novopharm	100	3.59	0.0359
			1000	35.90	0.0359
00728187	*pms-Lorazepam*	Phmscience	100	3.59	0.0359
			1000	35.90	0.0359
00655643	*Pro-Lorazepam*	Pro Doc	500	17.95	0.0359

Tab. 1 mg **PPB**

00655759	*Apo-Lorazepam*	Apotex	100	4.47	0.0447
			1000	44.70	0.0447
02041421	*Ativan*	Pfizer	1000	44.70	0.0447
02351080	*Lorazepam*	Sanis	100	4.47	0.0447
			1000	44.70	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	4.47	0.0447
			1000	44.70	0.0447

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	6.99	0.0699
			1000	69.90	0.0699
00728209	*pms-Lorazepam*	Phmscience	100	6.99	0.0699
			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 ☒

Inj. Sol. 1 mg/mL **PPB**

02242904	*Midazolam*	Fresenius	2 ml	1.56	
			5 ml	3.90	
			10 ml	5.80	
02240285	*Midazolam*	Sandoz	2 ml	1.56	
			5 ml	3.90	
			10 ml	5.80	
02423758	*Midazolam Injection*	Pfizer	5 ml	3.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.				5 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	
			10 ml	25.30	
02423766	*Midazolam Injection*	Pfizer	1 ml	4.10	
			3 ml	12.30	
			10 ml	25.30	
OXAZEPAM ⊠					
Tab.				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
Tab.				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
Tab.				30 mg **PPB**	
00402737	*Apo-Oxazepam*	Apotex	100	7.50	0.0750
			1000	75.00	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 ⊠					
Caps.				15 mg	
00604453	*Restoril*	AA Pharma	100	19.85	0.1985
Caps.				30 mg	
00604461	*Restoril*	AA Pharma	100	23.87	0.2387

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

28:24.92
MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRON HYDROCHLORIDE

Tab. — 10 mg **PPB**

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	**W**
			500	176.05	**W**

CHLORAL HYDRATE

Syr. — 500 mg/5 mL **PPB**

02247621	*Chloral Hydrate-Odan*	Odan	500 ml	21.67	**W**
00792659	*pms-Chloral Hydrate*	Phmscience	500 ml	21.67	0.0433

HYDROXYZINE HYDROCHLORIDE

Caps. — 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. — 50 mg **PPB**

00646016	*Hydroxyzine*	AA Pharma	100	20.68	0.2068
00738840	*Teva-Hydroxyzin*	Teva Can	100	7.50	0.0750

Syr. — 10 mg/5 mL **PPB**

00024694	*Atarax*	Erfa	473 ml	19.04	0.0403
00741817	*pms-Hydroxyzine*	Phmscience	500 ml	20.13	0.0403

PROMETHAZINE HYDROCHLORIDE

Tab. — 50 mg

00575186	*Histantil*	Phmscience	100	16.64	0.1664

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

28:28
ANTIMANIC AGENTS
LITHIUM CARBONATE Pr

Caps. 150 mg

02242837	*Apo-Lithium Carbonate*	Apotex	100	6.67	0.0667
00461733	*Carbolith*	Valeant	100	11.41	0.1141
02013231	*Lithane*	Erfa	100	10.58	0.1058
02216132	*pms-Lithium carbonate*	Phmscience	100	6.67	0.0667
			1000	66.70	0.0667

Caps. 300 mg

02242838	*Apo-Lithium Carbonate*	Apotex	100	6.57	0.0657
			1000	65.70	0.0657
00236683	*Carbolith*	Valeant	100	8.86	0.0886
			1000	88.61	0.0886
00406775	*Lithane*	Erfa	1000	105.40	0.1054
02216140	*pms-Lithium carbonate*	Phmscience	100	6.57	0.0657
			1000	65.70	0.0657

Caps. 600 mg

02011239	*Carbolith*	Valeant	100	17.00	0.1700
02216159	*pms-Lithium carbonate*	Phmscience	100	16.23	0.1623

LITHIUM CITRATE Pr

Syr. 300 mg/5 mL

02074834	*pms-Lithium Citrate*	Phmscience	500 ml	34.37	0.0687

28:32.28
SELECTIVE SEROTONIN AGONISTS
ALMOTRIPTAN MALATE Pr

Tab. 6.25 mg **PPB**

02405792	*Apo-Almotriptan*	Apotex	6	42.26	7.0433
02398435	*Mylan-Almotriptan*	Mylan	6	42.26	7.0433

Tab. 12.5 mg **PPB**

02424029	*Almotriptan*	Pro Doc	6	14.09	2.3478
02466821	*Almotriptan*	Sanis	6	14.09	2.3478
02405806	*Apo-Almotriptan*	Apotex	6	14.09	2.3478
02398443	*Mylan-Almotriptan*	Mylan	6	14.09	2.3478
02405334	*Sandoz Almotriptan*	Sandoz	6	14.09	2.3478
02434849	*Teva-Almotriptan*	Teva Can	6	14.09	2.3478

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

ELETRIPTAN (HYDROBROMIDE) Ⓟ

Tab. 20 mg **PPB**

	02386054	*Apo-Eletriptan*	Apotex	6	15.70	➡	2.6172
+	02479451	*Auro-Eletriptan*	Aurobindo	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**

*	02386062	*Apo-Eletriptan*	Apotex	6	15.70	➡	2.6167
+	02479478	*Auro-Eletriptan*	Aurobindo	6	15.70	➡	2.6167
*	02434350	*pms-Eletriptan*	Phmscience	6	15.70	➡	2.6167
				30	78.52	➡	2.6172
	02256304	*Relpax*	Pfizer	6	79.18		13.1967
*	02382105	*Teva-Eletriptan*	Teva Can	6	15.70	➡	2.6167

NARATRIPTAN HYDROCHLORIDE Ⓟ

Tab. 1 mg **PPB**

	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. 2.5 mg **PPB**

	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

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

RIZATRIPTAN BENZOATE Pr

Tab. Oral Disint. or Tab. 5 mg **PPB**

02374730	*ACT Rizatriptan ODT*	ActavisPhm	6	22.23	3.7050
			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	**W**
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				10 mg **PPB**	
02381702	*ACT Rizatriptan*	ActavisPhm	6	22.23	3.7050
			12	44.46	3.7050
02374749	*ACT Rizatriptan ODT*	ActavisPhm	6	22.23	3.7050
			12	44.46	3.7050
02393476	*Apo-Rizatriptan*	Apotex	6	22.23	3.7050
02393492	*Apo-Rizatriptan RPD*	Apotex	6	22.23	3.7050
02441144	*Auro-Rizatriptan*	Aurobindo	6	22.23	3.7050
			12	44.46	3.7050
02458772	*CCP-Rizatriptan*	Cellchem	6	22.23	3.7050
02380463	*Jamp-Rizatriptan*	Jamp	6	22.23	3.7050
			30	111.15	3.7050
02429241	*Jamp-Rizatriptan IR*	Jamp	6	22.23	3.7050
			12	44.46	3.7050
02465094	*Jamp-Rizatriptan ODT*	Jamp	6	22.23	3.7050
02379678	*Mar-Rizatriptan*	Marcan	6	22.23	3.7050
			12	44.46	3.7050
02462796	*Mar-Rizatriptan ODT*	Marcan	6	22.23	3.7050
02240521	*Maxalt*	Merck	12	171.57	14.2975
02240519	*Maxalt RPD*	Merck	12	171.57	14.2975
02439581	*Mint-Rizatriptan ODT*	Mint	6	22.23	3.7050
02379201	*Mylan-Rizatriptan ODT*	Mylan	6	22.23	3.7050
02436612	*NAT-Rizatriptan ODT*	Natco	6	22.23	3.7050
02393379	*pms-Rizatriptan RDT*	Phmscience	6	22.23	3.7050
02423464	*Riva-Rizatriptan ODT*	Riva	6	22.23	**W**
02442914	*Rizatriptan ODT*	Sanis	6	22.23	3.7050
02446138	*Rizatriptan ODT*	Sivem	6	22.23	3.7050
02415801	*Rizatriptan RDT*	Pro Doc	6	22.23	3.7050
02351889	*Sandoz Rizatriptan ODT*	Sandoz	6	22.23	3.7050
02396688	*Teva-Rizatriptan ODT*	Teva Can	6	22.23	3.7050
02428520	*VAN-Rizatriptan*	Vanc Phm	6	22.23	3.7050
02448505	*VAN-Rizatriptan ODT*	Vanc Phm	6	22.23	3.7050
SUMATRIPTAN (HEMISULFATE) Pr					
Nas. spray				20 mg	
02230420	*Imitrex*	GSK	2	27.31	13.6550
SUMATRIPTAN SUCCINATE Pr					
Kit				6 mg/0.5 mL	
02212188	*Imitrex Stat Dose*	GSK	1	81.32	
S.C. Inj. Sol.				6 mg/0.5 mL **PPB**	
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
			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.				100 mg **PPB**	
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	3.0549
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

ZOLMITRIPTAN P

Nas. spray				5 mg	
02248993	*Zomig*	AZC	6	83.10	13.8500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	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	1.7532
02421623	*Jamp-Zolmitriptan*	Jamp	6	10.52	1.7532
02477106	*Jamp-Zolmitriptan*	Jamp	6	10.52	1.7532
02428237	*Jamp-Zolmitriptan ODT*	Jamp	6	10.52	1.7532
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
			100	296.28	2.9628
02324229	*pms-Zolmitriptan*	Phmscience	6	10.52	1.7532
			30	88.88	2.9628
02324768	*pms-Zolmitriptan ODT*	Phmscience	6	10.52	1.7532
02401304	*Riva-Zolmitriptan*	Riva	6	10.52	**W**
			30	88.88	**W**
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 HYDROCHLORIDE

Caps.				100 mg	
01990403	*PDP-Amantadine*	Pendopharm	100	51.79	0.5179

Syr.				50 mg/5 mL	
02022826	*PDP-Amantadine*	Pendopharm	500 ml	40.50	0.0810

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

28:36.08
ANTICHOLINERGIC AGENTS
BENZTROPINE MESYLATE

Tab. 1 mg

00706531	*PDP-Benztropine*	Pendopharm	1000	50.74	0.0507

TRIHEXYPHENIDYL HYDROCHLORIDE

Tab. 2 mg

00545058	*Trihexyphenidyl*	AA Pharma	100	3.76	0.0376

Tab. 5 mg

00545074	*Trihex*	AA Pharma	100	6.81	0.0681

28:36.12
CATECHOL-O-METHYLTRANSFERASE INHIBITORS
ENTACAPONE

Tab. 200 mg **PPB**

02321459	*Apo-Entacapone*	Apotex	100	40.10	0.4010
02243763	*Comtan*	Novartis	100	151.92	1.5192
02380005	*Sandoz Entacapone*	Sandoz	100	40.10	0.4010
02375559	*Teva Entacapone*	Teva Can	100	40.10	0.4010

28:36.16
DOPAMINE PRECURSORS
LEVODOPA/ CARBIDOPA

L.A. Tab. 100 mg -25 mg **PPB**

02272873	*Apo-Levocarb CR*	Apotex	100	37.07	0.3707
02421488	*pms-Levocarb CR*	Phmscience	100	37.07	0.3707
02028786	*Sinemet CR*	Merck	100	68.65	0.6865

L.A. Tab. 200 mg -50 mg **PPB**

02245211	*Apo-Levocarb CR*	Apotex	100	67.56	0.6756
02421496	*pms-Levocarb CR*	Phmscience	100	67.56	0.6756
			500	337.80	0.6756
00870935	*Sinemet CR*	Merck	100	125.11	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	*Novo-Levocarbidopa*	Novopharm	100	11.74	0.1174
00355658	*Sinemet 100/10*	Merck	100	44.49	0.4449

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			100 mg -25 mg	**PPB**	
02195941	*Apo-Levocarb*	Apotex	100	17.53	0.1753
			500	87.65	0.1753
02457962	*Mint-Levocarb*	Mint	100	17.53	0.1753
			500	87.65	0.1753
02244495	*Novo-Levocarbidopa*	Novopharm	100	17.53	0.1753
			500	87.65	0.1753
02311178	*Pro-Levocarb-100/25*	Pro Doc	100	17.53	0.1753
			500	87.65	0.1753
00513997	*Sinemet 100/25*	Merck	100	66.42	0.6642

28:36.20
DOPAMINE RECEPTOR AGONISTS

BROMOCRIPTIN MESYLATE

Caps.				5 mg	
02230454	*Bromocriptine*	AA Pharma	100	146.44	1.4644
Tab.				2.5 mg	
02087324	*Bromocriptine*	AA Pharma	100	97.82	0.9782

PRAMIPEXOLE DIHYDROCHLORIDE

Tab.				0.25 mg **PPB**	
02297302	*Act Pramipexole*	ActavisPhm	100	19.50	0.1950
02292378	*Apo-Pramipexole*	Apotex	100	19.50	0.1950
02424061	*Auro-Pramipexole*	Aurobindo	100	19.50	0.1950
			500	97.50	0.1950
02237145	*Mirapex*	Bo. Ing.	90	94.62	1.0513
02290111	*pms-Pramipexole*	Phmscience	100	19.50	0.1950
02325802	*Pramipexole*	Pro Doc	100	19.50	0.1950
02367602	*Pramipexole*	Sanis	100	19.50	**W**
02309122	*Pramipexole*	Sivem	100	19.50	0.1950
02315262	*Sandoz Pramipexole*	Sandoz	100	19.50	0.1950
02269309	*Teva-Pramipexole*	Teva Can	90	17.55	0.1950
Tab.				0.5 mg **PPB**	
02297310	*Act Pramipexole*	ActavisPhm	100	40.18	0.4018
02292386	*Apo-Pramipexole*	Apotex	100	40.18	0.4018
02424088	*Auro-Pramipexole*	Aurobindo	100	40.18	0.4018
			500	200.90	0.4018
02290138	*pms-Pramipexole*	Phmscience	100	40.18	0.4018
02325810	*Pramipexole*	Pro Doc	100	40.18	0.4018
02367610	*Pramipexole*	Sanis	100	40.18	**W**
02309130	*Pramipexole*	Sivem	100	40.18	0.4018
02315270	*Sandoz Pramipexole*	Sandoz	100	40.18	0.4018
02269317	*Teva-Pramipexole*	Teva Can	90	36.16	0.4018

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1 mg **PPB**	
02297329	*Act Pramipexole*	ActavisPhm	100	39.01	0.3901
02292394	*Apo-Pramipexole*	Apotex	100	39.01	0.3901
02424096	*Auro-Pramipexole*	Aurobindo	100	39.01	0.3901
			500	195.05	0.3901
02290146	*pms-Pramipexole*	Phmscience	100	39.01	0.3901
02325829	*Pramipexole*	Pro Doc	100	39.01	0.3901
02367629	*Pramipexole*	Sanis	100	39.01	**W**
02309149	*Pramipexole*	Sivem	100	39.01	0.3901
02315289	*Sandoz Pramipexole*	Sandoz	100	39.01	0.3901
02269325	*Teva-Pramipexole*	Teva Can	90	35.11	0.3901
Tab.				1.5 mg **PPB**	
02297337	*Act Pramipexole*	ActavisPhm	100	39.01	0.3901
02292408	*Apo-Pramipexole*	Apotex	100	39.01	0.3901
02424118	*Auro-Pramipexole*	Aurobindo	100	39.01	0.3901
			500	195.05	0.3901
02290154	*pms-Pramipexole*	Phmscience	100	39.01	0.3901
02325837	*Pramipexole*	Pro Doc	100	39.01	0.3901
02309157	*Pramipexole*	Sivem	100	39.01	0.3901
02315297	*Sandoz Pramipexole*	Sandoz	100	39.01	0.3901
ROPINIROLE HYDROCHLORIDE Pr					
Tab.				0.25 mg **PPB**	
02316846	*ACT Ropinirole*	ActavisPhm	100	7.09	0.0709
02337746	*Apo-Ropinirole*	Apotex	100	7.09	0.0709
02352338	*Jamp-Ropinirole*	Jamp	100	7.09	0.0709
02326590	*pms-Ropinirole*	Phmscience	100	7.09	0.0709
02314037	*Ran-Ropinirole*	Ranbaxy	100	7.09	0.0709
02353040	*Ropinirole*	Sanis	100	7.09	0.0709
Tab.				1 mg **PPB**	
02316854	*ACT Ropinirole*	ActavisPhm	100	28.38	0.2838
02337762	*Apo-Ropinirole*	Apotex	100	28.38	0.2838
02352346	*Jamp-Ropinirole*	Jamp	100	28.38	0.2838
02326612	*pms-Ropinirole*	Phmscience	100	28.38	0.2838
02314053	*Ran-Ropinirole*	Ranbaxy	100	28.38	0.2838
02353059	*Ropinirole*	Sanis	100	28.38	0.2838
Tab.				2 mg **PPB**	
02316862	*ACT Ropinirole*	ActavisPhm	100	31.22	0.3122
02337770	*Apo-Ropinirole*	Apotex	100	31.22	0.3122
02352354	*Jamp-Ropinirole*	Jamp	100	31.22	0.3122
02326620	*pms-Ropinirole*	Phmscience	100	31.22	0.3122
02314061	*Ran-Ropinirole*	Ranbaxy	100	31.22	0.3122

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
02316870	*ACT Ropinirole*	ActavisPhm	100	85.96	0.8596
02337800	*Apo-Ropinirole*	Apotex	100	85.96	0.8596
02352362	*Jamp-Ropinirole*	Jamp	100	85.96	0.8596
02314088	*Ran-Ropinirole*	Ranbaxy	100	85.96	0.8596

28:36.32
MONOAMINE OXYDASE B INHIBITORS
SELEGILINE HYDROCHLORIDE Pr

Tab.				5 mg **PPB**	
02230641	*Apo-Selegiline*	Apotex	100	50.21	0.5021
02068087	*Novo-Selegiline*	Novopharm	60	30.13	0.5021

28:36.92
ANTIPARKINSONIAN AGENTS, MISCELLANEOUS
ETHOPROPAZINE HYDROCHLORIDE Pr

Tab.				50 mg	
01927744	*Parsitan*	Erfa	100	19.53	0.1953

LEVODOPA/ BENSERAZIDE HYDROCHLORIDE Pr

Caps.				50 mg -12.5 mg	
00522597	*Prolopa 50/12.5*	Roche	100	27.87	0.2787
Caps.				100 mg -25 mg	
00386464	*Prolopa 100/25*	Roche	100	45.88	0.4588

LÉVODOPA/ CARBIDOPA/ ENTACAPONE Pr

Tab.				50 mg - 12.5 mg - 200 mg	
02305933	*Stalevo*	Novartis	100	160.05	1.6005
Tab.				75 mg - 18,75 mg - 200 mg	
02337827	*Stalevo*	Novartis	100	160.05	1.6005
Tab.				100 mg - 25 mg - 200 mg	
02305941	*Stalevo*	Novartis	100	160.05	1.6005
Tab.				125 mg - 31,25 mg - 200 mg	
02337835	*Stalevo*	Novartis	100	160.05	1.6005
Tab.				150 mg - 37.5 mg - 200 mg	
02305968	*Stalevo*	Novartis	100	160.05	1.6005

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

28:92
MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

BETAHISTINE DIHYDROCHLORIDE

Tab. 16 mg **PPB**

02374757	*ACT Betahistine*	ActavisPhm	100	11.06	0.1106
02449153	*Auro-Betahistine*	Aurobindo	100	11.06	0.1106
02466449	*Betahistine*	Sanis	100	11.06	0.1106
02280191	*Novo-Betahistine*	Novopharm	100	11.06	0.1106
02330210	*pms-Betahistine*	Phmscience	100	11.06	0.1106
02243878	*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**

02407590	*Apo-Tetrabenazine*	Apotex	100	180.03	1.8003
02410338	*Comprimes de tetrabenazine*	Sterimax	112	201.63	1.8003
02199270	*Nitoman*	Valeant	112	699.92	6.2493
02402424	*pms-Tetrabenazine*	Phmscience	100	180.03	1.8003

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

36:26
DIABETES MELLITUS
QUANTITATIVE GLUCOSE BLOOD TEST
Strip

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	
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 Strips*	Ignite	50	34.23	
			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	
			100	72.90	
99004119	*Precision Xtra*	Ab Diabete	50	39.75	
			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	
			100	39.57	
99004240	*Ultra*	Lifescan	50	39.75	
			100	69.43	

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

QUANTITATIVE KETONE BLOOD TEST

Strip

					PPB
99100929	*FreeStyle Precision (Cetone)*	Abbott	10	15.06	
99100850	*Nova Max Plus (Ketone)*	NovaBiomed	10	14.99	
99004879	*Precision Xtra (Cetone)*	Ab Diabete	10	15.06	

36:88.12
KETONES

QUALITATIVE ACETONE TEST

Strip

00035092	*Ketostix*	Ascensia	50	6.06	

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

Strip

					12
99101324	*CoaguChek XS PT Test*	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000
			48	297.60	6.2000
+ 99113493	*CoaguChek XS PT Test PST*	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000

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

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

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

Tab. 500 mg **PPB**

80076097	*Alta-Cal*	Altamed	500	10.80	0.0216
80066648	*Bio-Calcium*	Biomed	500	10.80	0.0216
80067139	*Caicium Tablet*	Cellchem	60	1.30	0.0216
80017732	*Cal-500*	Pro Doc	500	10.80	0.0216
80062015	*Calcium*	Sanis	500	10.80	0.0216
80003773	*Calcium 500*	Trianon	100	2.16	0.0216
			500	10.80	0.0216
02237352	*Euro-Cal*	Sandoz	500	10.80	0.0216
02246040	*Jamp-Calcium*	Jamp	500	10.80	0.0216
			1000	21.60	0.0216
80055526	*MCal 500 mg*	Mantra Ph.	500	10.80	0.0216
80001408	*Novo-Calcium*	Novopharm	100	2.16	0.0216
			500	10.80	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
			1000	21.60	0.0216
80079608	*Pro-Cal-500*	Pro Doc	500	10.80	0.0216

CALCIUM CARBONATE/VITAMIN D

Caps. or Tab. 500 mg - 800 UI **PPB**

80015972	*Calcite 500 + D 800*	Riva	30	3.60	0.1200
			500	60.00	0.1200
80083458	*Calcium 500 Vitamine D800*	Altamed	60	7.20	0.1200
			500	60.00	0.1200
80015847	*Cal-Os D*	Jamp	60	7.20	0.1200
			500	60.00	0.1200
80024378	*LiquiCal-D*	Mayaka	100	12.00	0.1200
80028413	*Liqui-Jamp Plus*	Jamp	120	14.40	0.1200
80019533	*MCal D800*	Mantra Ph.	60	7.20	0.1200
			500	60.00	0.1200
80079933	*Vitamin D + Calcium*	Cellchem	60	7.20	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chew. Tab.			500 mg - 800 UI		
80058042	*Calcia Plus*	Medexus	60	7.20	0.1200
Tab.			500 mg - 125 UI and 200 UI **PPB**		
80004143	*Biocal-D*	Biomed	500	14.45	0.0289
80017196	*Cal-500-D*	Pro Doc	500	14.45	0.0289
80004966	*Calcite D 500*	Riva	100	2.89	0.0289
80004968	*Calcium D 500*	Trianon	100	2.89	0.0289
			500	14.45	0.0289
02237351	*Euro-Cal-D*	Sandoz	500	14.45	0.0289
02246041	*Jamp-Calcium+Vitamin D 125 U.I.*	Jamp	100	2.89	0.0289
			500	14.45	0.0289
80007304	*O-Calcium 500 mg with Vitamin D*	Novopharm	100	2.89	0.0289
			500	14.45	0.0289
80067149	*Osteo Tablet*	Cellchem	60	1.73	0.0289
80001199	*Pharma-Cal D 200 UI*	Pendopharm	500	14.45	0.0289
80004281	*pms-Calcium 500 + D 125 UI*	Phmscience	500	14.45	0.0289

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

Tab. or Chew. Tab.orCaps. 500 mg - 400 UI et 500 UI **PPB**

	80066647	*Bio-Calcium-D*	Biomed	60	7.20	0.1200
				500	60.00	0.1200
	80012594	*Biocal-D Forte*	Biomed	60	7.20	0.1200
				500	60.00	0.1200
+	80090977	*Bio-Cal-D3*	Biomed	500	60.00	0.1200
	80088060	*Bio-Cal-D3 Forte*	Biomed	60	7.20	0.1200
				500	60.00	0.1200
	80000159	*Calcia 400*	Medexus	60	7.20	0.1200
	80017099	*Calcia Duo*	Medexus	60	7.20	0.1200
				500	60.00	0.1200
	80004963	*Calcite 500 + D 400*	Riva	60	7.20	0.1200
				500	60.00	0.1200
	80004969	*Calcium 500 + D 400*	Trianon	100	12.00	0.1200
				500	60.00	0.1200
	80083997	*Calcium 500 + Vitamine D400*	Altamed	60	7.20	0.1200
	80066082	*Calcium 500 Vitamine D400*	Altamed	60	7.20	0.1200
				500	60.00	0.1200
	80066089	*Calcium 500 Vitamine D400 UI*	Altamed	60	7.20	0.1200
				500	60.00	0.1200
	80053666	*Calcium/Vit D*	Sanis	60	7.20	0.1200
				500	60.00	0.1200
	80017190	*Cal-D 400*	Pro Doc	500	60.00	0.1200
	80002901	*Carbocal D 400 (Co. croq)*	Sandoz	60	7.20	0.1200
	02245511	*Carbocal D 400 (Co.)*	Sandoz	60	7.20	0.1200
				500	60.00	0.1200
	80004545	*Carbocal D 400 (Co.)*	Sandoz	60	7.20	0.1200
				500	60.00	0.1200
	80012435	*Jamp-Calcium + Vitamin D 500 UI*	Jamp	500	60.00	0.1200
	99100832	*Jamp-Calcium+Vitamin D 400 U.I.*	Jamp	60	7.20	0.1200
				500	60.00	0.1200
	80002623	*Jamp-Calcium+Vitamin D 400 UI Chewable*	Jamp	60	7.20	0.1200
				300	36.00	0.1200
	80025360	*J-Cal-D 400*	Jamp	60	7.20	0.1200
				500	60.00	0.1200
	80000408	*LiquiCal D 400*	Mayaka	100	12.00	0.1200
	80021961	*Liqui-Jamp*	Jamp	100	12.00	0.1200
				120	14.40	0.1200
	80013329	*MCal D400*	Mantra Ph.	60	7.20	0.1200
				500	60.00	0.1200
	80009412	*MCal D400 chewable*	Mantra Ph.	60	7.20	0.1200
	80020974	*Opus Cal D-400*	Opus	60	7.20	0.1200
				500	60.00	0.1200
	80040634	*Opus Cal D-400 Bleu Fonce*	Opus	60	7.20	0.1200
				500	60.00	0.1200
	80001248	*Pharma-Cal D 400 UI*	Phmscience	60	7.20	0.1200
				500	60.00	0.1200
	80059293	*Pharma-Cal D 400 UI Dark*	Phmscience	60	7.20	0.1200
				500	60.00	0.1200
	80008566	*Pro-Cal-D 400*	Pro Doc	60	7.20	0.1200
				500	60.00	0.1200
	80021369	*Px-Calcium 500 mg + D 400 UI*	Phoenix	60	7.20	0.1200
				500	60.00	0.1200
	80048609	*Px-Calcium 500 mg + D 400 UI*	Phoenix	60	7.20	0.1200
				500	60.00	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
80019198	*ratio-Calcium Vit D*	Ratiopharm	60	7.20	0.1200
			500	60.00	0.1200
80065914	*Riva-Cal D400*	Riva	60	7.20	0.1200
			500	60.00	0.1200

Tab. or Chew. Tab.orCaps. 500 mg - 1 000 UI **PPB**

80025501	*Calcite 500 + D 1000*	Riva	30	3.60	0.1200
			500	60.00	0.1200
80066093	*Calcium 500 Vitamine D1000*	Altamed	30	3.60	0.1200
			500	60.00	0.1200
80018540	*Cal-Os D 1000*	Jamp	30	3.60	0.1200
			500	60.00	0.1200
80027625	*Carbocal D 1000*	Sandoz	30	3.60	0.1200
			500	60.00	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
80039162	*Opus Cal D-1000*	Opus	30	3.60	0.1200
			500	60.00	0.1200
80055435	*Px-Calcium 500 mg + D 1000 UI*	Phoenix	60	7.20	0.1200
			500	60.00	0.1200
80072757	*Riva-Cal D1000*	Riva	30	3.60	0.1200
			500	60.00	0.1200

CALCIUM CITRATE/VITAMIN D

Chew. Tab. 500 mg -400 UI **PPB**

80000281	*Ci-Cal D 400*	Sandoz	60	7.20	0.1200
80003262	*Jamp Calci-Os*	Jamp	60	7.20	0.1200

Chew. Tab. 500 mg - 1 000 UI

80029083	*Jamp-Calcium Citrate + Vitamine D 1000 UI*	Jamp	60	7.20	0.1200

Tab. 250 mg - 200 U.I. **PPB**

80013612	*Ci-Cal D 200*	Sandoz	360	21.60	0.0600
80015811	*Jamp-Calcium Citrate & Vitamin D 200 IU*	Jamp	120	7.20	0.0600
			360	21.60	0.0600

Tab. 250 mg - 500 UI

80025304	*Jamp-Calcium Citrate + Vitamine D 500 UI*	Jamp	60	3.60	0.0600
			360	21.60	0.0600

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

ELECTROLYTE (REPLACEMENT)/ DEXTROSE

Oral Pd. 4.9 g/sac. to 5.1 g/sac. **PPB**

01931563	*Gastrolyte*	SanofiAven	10	7.01	0.7010
80027403	*Jamp Rehydralyte*	Jamp	10	7.01	0.7010

MAGNESIUM GLUCOHEPTONATE

Oral Sol. 500 mg/5 mL (Mg-25 mg/5 mL) **PPB**

80009357	*Jamp-Magnesium*	Jamp	500 ml	9.95	0.0199
			2000 ml	39.80	0.0199
80004109	*Magnesium-Odan*	Odan	500 ml	9.95	0.0199
			2000 ml	39.80	0.0199
80072191	*M-Magnesium*	Mantra Ph.	500 ml	9.95	0.0199
00026697	*Rougier Magnesium*	Rougier	500 ml	9.95	0.0199
			2000 ml	39.80	0.0199
99100788	*Rougier Magnesium sugar free*	Teva Can	500 ml	9.95	0.0199
			2000 ml	39.80	0.0199

MAGNESIUM GLUCONATE

Tab. 500 mg (Mg - 28 mg to 30 mg) **PPB**

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

L.A. Tab. 20 mmol (en K+) **PPB**

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 Tab			8 mmol (en K+) **PPB**		
80084446	*Alta-K8*	Altamed	500	21.60	0.0432
			1000	43.20	0.0432
00602884	*Apo-K*	Apotex	100	8.99	0.0899
			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
			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	**W**
			1000	75.90	**W**
80044745	*Opus K-8*	Opus	1000	43.20	0.0432
02244068	*Riva-K 8 SR*	Riva	100	4.32	0.0432
			500	21.60	0.0432
Oral Sol.			6.65 mmol/5 mL (en K+)		
02238604	*pms-Potassium Chloride*	Phmscience	500 ml	5.10	0.0102

POTASSIUM CITRATE

Eff. Tab.			25 mmol (en K+) **PPB**		
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 (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	**W**
Oral Sol.			10 mmol/5 mL (en K+)		
80011529	*K-Citra 10 Solution*	Seaford	450 ml	19.97	0.0444

SODIUM CHLORIDE

I.V. Inj. Sol.			234 mg/mL **11**		
99100498			30 ml		
Sol. Inh.			70 mg/mL (4 mL)		
80029758	*Nebusal 7 %*	Sterimax	60	53.00	0.8833

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.

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

40:18.18
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**

02473968	*Odan-Sodium polystyrene sulfonate*	Odan	500 ml	52.19	➡ 0.1044
00769541	*Solystat*	Pendopharm	500 ml	52.19	➡ 0.1044

40:20
CALORIC AGENTS
LEVOCARNITINE

I.V. Inj. Sol. — 1 g/5 mL

02144344	*Carnitor*	Leadiant	5 ml		**UE**

Oral Sol. — 100 mg/mL

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	*Edecrin*	Valeant	100	30.96	0.3096

FUROSEMIDE

Inj. Sol. — 10 mg/mL **PPB**

00527033	*Furosemide*	Sandoz	4 ml	➡ 3.46	
02384094	*Furosemide pour injection USP*	Teligent	2 ml	➡ 1.30	
02382539	*Furosemide SDZ*	Sandoz	2 ml	➡ 1.30	
			4 ml	➡ 3.46	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Sol.				10 mg/mL	
02224720	*Lasix*	SanofiAven	120 ml	36.99	0.3083
Tab.				20 mg **PPB**	
00396788	*Apo-Furosemide*	Apotex	1000	20.90	0.0209
02247371	*Bio-Furosemide*	Biomed	500	10.45	0.0209
02351420	*Furosemide (Sanis)*	Sanis	1000	20.90	0.0209
00496723	*Furosemide-20*	Pro Doc	1000	20.90	0.0209
02466759	*Mint-Furosemide*	Mint	1000	20.90	0.0209
00337730	*Teva-Furosemide*	Novopharm	100	2.09	0.0209
			1000	20.90	0.0209
Tab.				40 mg **PPB**	
00362166	*Apo-Furosemide*	Apotex	1000	32.18	0.0322
02247372	*Bio-Furosemide*	Biomed	500	16.09	0.0322
02351439	*Furosemide (Sanis)*	Sanis	1000	32.18	0.0322
00397792	*Furosemide -40*	Pro Doc	1000	32.18	0.0322
02466767	*Mint-Furosemide*	Mint	1000	32.18	0.0322
02247494	*pms-Furosemide*	Phmscience	500	16.09	0.0322
00337749	*Teva-Furosemide*	Novopharm	100	3.22	0.0322
			1000	32.18	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
			500	61.00	0.1220
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 Pr

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg	
02249510	*Midamor*	AA Pharma	100	27.17	0.2717

40:28.20
THIAZIDE DIURETICS
HYDROCHLOROTHIAZIDE Pr

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				12.5 mg **PPB**	
02327856	*Apo-Hydro*	Apotex	500	16.12	0.0322
02425947	*Mint-Hydrochlorothiazide*	Mint	500	16.12	0.0322
02274086	*pms-Hydrochlorothiazide*	Phmscience	500	16.12	0.0322

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					25 mg	**PPB**	
*	00326844	*Apo-Hydro*	Apotex	100	1.57	➧	0.0157
				1000	15.65	➧	0.0157
	02247170	*Bio-Hydrochlorothiazide*	Biomed	500	7.83	➧	0.0157
				1000	15.65	➧	0.0157
+	02486962	*Hydrochlorothiazide*	Pro Doc	1000	15.65	➧	0.0157
*	02360594	*Hydrochlorothiazide*	Sanis	100	1.57	➧	0.0157
				1000	15.65	➧	0.0157
*	00341975	*Hydrochlorothiazide-25*	Pro Doc	1000	15.65		**W**
	02426196	*Mint-Hydrochlorothiazide*	Mint	1000	15.65	➧	0.0157
	02247386	*pms-Hydrochlorothiazide*	Phmscience	500	7.83	➧	0.0157
				1000	15.65	➧	0.0157
*	00021474	*Teva-Hydrochlorothiazide*	Teva Can	100	1.57	➧	0.0157
				1000	15.65	➧	0.0157
Tab.					50 mg	**PPB**	
	00312800	*Apo-Hydro*	Apotex	100	2.17	➧	0.0217
				1000	21.68	➧	0.0217
	02247171	*Bio-Hydrochlorothiazide*	Biomed	100	2.17	➧	0.0217
	02360608	*Hydrochlorothiazide*	Sanis	100	2.17	➧	0.0217
				1000	21.68	➧	0.0217
	02426218	*Mint-Hydrochlorothiazide*	Mint	100	2.17	➧	0.0217
	00021482	*Novo-Hydrazide*	Novopharm	100	2.17	➧	0.0217
				1000	21.68	➧	0.0217
	02247387	*pms-Hydrochlorothiazide*	Phmscience	100	2.17	➧	0.0217

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE 🅿

Tab.					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
				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
				100	59.67	➧	0.5967
	02319624	*Olmetec Plus*	Merck	30	30.49		1.0163
Tab.					40 mg - 25 mg	**PPB**	
	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

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

40:28.24
THIAZIDE-LIKE DIURETICS
CHLORTHALIDONE Pr

Tab. 50 mg

00360279	*Chlorthalidone*	AA Pharma	100	12.42	0.1242

INDAPAMIDE Pr

Tab. 1.25 mg **PPB**

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	**W**
			500	37.25	**W**

Tab. 2.5 mg **PPB**

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	**W**
			100	11.82	**W**
02188910	*Tria-Indapamide*	Trianon	30	3.55	0.1182

METOLAZONE Pr

Tab. 2.5 mg

00888400	*Zaroxolyn*	SanofiAven	100	16.14	0.1614

40:28.92
DIURETICS, MISCELLANEOUS
AMILORIDE HYDROCHLORIDE HYDROCHLOROTHIAZIDE Pr

Tab. 5 mg -50 mg **PPB**

*	00784400	*Amilzide*	AA Pharma	100	8.38	0.0838
				1000	83.78	0.0838
	01937219	*Novamilor*	Novopharm	100	8.38	0.0838
				1000	83.78	0.0838

SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE Pr

Tab. 25 mg -25 mg **PPB**

00180408	*Aldactazide*	Pfizer	100	9.28	0.0928
00613231	*Teva-Spironolactone/HCTZ*	Teva Can	100	8.58	0.0858

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.				50 mg -50 mg **PPB**			
	00594377	*Aldactazide 50*	Pfizer	100	24.19		0.2419
	00657182	*Novo-Spirozine-50*	Novopharm	100	22.36	➡	0.2236

TRIAMTERENE/ HYDROCHLOROTHIAZIDE Ⓡ

Tab.				50 mg -25 mg **PPB**			
	00441775	*Apo-Triazide*	Apotex	100	6.08	➡	0.0608
				1000	60.80	➡	0.0608
	00532657	*Novo-Triamzide*	Novopharm	100	6.08	➡	0.0608
				1000	60.80	➡	0.0608
*	00519367	*Pro-Triazide*	Pro Doc	1000	60.80		**W**

40:40
URICOSURIC AGENTS
SULFINPYRAZONE Ⓡ

Tab.					200 mg		
	00441767	*Sulfinpyrazone*	AA Pharma	100	29.97		0.2997

48:00
RESPIRATORY TRACT AGENTS

48:10 anti-inflammatory agents
48:10.24 leukotriene modifiers
48:10.32 mast-cell stabilizers
48:24 mucolytic agents

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

48:10.24
LEUKOTRIENE MODIFIERS
MONTELUKAST SODIUM P

Chew. Tab. 4 mg **PPB**

02410265	*AHI-Montelukast*	Accord	30	8.27	0.2758
02377608	*Apo-Montelukast*	Apotex	30	8.27	0.2758
02422867	*Auro-Montelukast*	Aurobindo	30	8.27	0.2758
02442353	*Jamp-Montelukast*	Jamp	30	8.27	0.2758
02399865	*Mar-Montelukast*	Marcan	30	8.27	0.2758
02408627	*Mint-Montelukast*	Mint	30	8.27	0.2758
02379821	*Montelukast*	Pro Doc	30	8.27	0.2758
02379317	*Montelukast*	Sanis	30	8.27	0.2758
02382458	*Montelukast*	Sivem	30	8.27	0.2758
			100	27.58	0.2758
02354977	*pms-Montelukast*	Phmscience	30	8.27	0.2758
			100	27.58	0.2758
02402793	*Ran-Montelukast*	Ranbaxy	30	8.27	0.2758
02330385	*Sandoz Montelukast*	Sandoz	100	27.58	0.2758
02243602	*Singulair*	Merck	30	42.00	1.4000
02355507	*Teva Montelukast*	Teva Can	30	8.27	0.2758

Chew. Tab. 5 mg **PPB**

02410273	*AHI-Montelukast*	Accord	30	9.25	0.3082
02377616	*Apo-Montelukast*	Apotex	30	9.25	0.3082
02422875	*Auro-Montelukast*	Aurobindo	30	9.25	0.3082
02442361	*Jamp-Montelukast*	Jamp	30	9.25	0.3082
02399873	*Mar-Montelukast*	Marcan	30	9.25	0.3082
02408635	*Mint-Montelukast*	Mint	30	9.25	0.3082
02379848	*Montelukast*	Pro Doc	30	9.25	0.3082
02379325	*Montelukast*	Sanis	30	9.25	0.3082
02382466	*Montelukast*	Sivem	30	9.25	0.3082
			100	30.82	0.3082
02354985	*pms-Montelukast*	Phmscience	30	9.25	0.3082
			100	30.82	0.3082
02402807	*Ran-Montelukast*	Ranbaxy	30	9.25	0.3082
02330393	*Sandoz Montelukast*	Sandoz	100	30.82	0.3082
02238216	*Singulair*	Merck	30	46.36	1.5453
02355515	*Teva Montelukast*	Teva Can	30	9.25	0.3082

Gran. 4 mg/packet

02247997	*Singulair*	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
			90	38.08	0.4231
02445735	*Bio-Montelukast*	Biomed	30	12.69	0.4231
02391422	*Jamp-Montelukast*	Jamp	30	12.69	0.4231
			100	42.31	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	12.69	0.4231
			100	42.31	0.4231
02379236	*Montélukast sodique*	Accord	30	12.69	0.4231
			100	42.31	0.4231
02373947	*pms-Montelukast FC*	Phmscience	30	12.69	0.4231
			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	*Singulair*	Merck	30	68.23	2.2743
02355523	*Teva Montelukast*	Teva Can	30	12.69	0.4231

ZAFIRLUKAST P

Tab.				20 mg	
02236606	*Accolate*	AZC	60	44.95	0.7492

48:10.32
MAST-CELL STABILIZERS
CROMOGLICATE (SODIUM)

Nas. spray				2 %	
01950541	*Rhinaris CS Anti-allergique*	Pendopharm	13 ml	6.88	

Sol. Inh.				1 % (2 mL)	
02046113	*pms-Sodium cromoglycate*	Phmscience	50	24.23	0.4846

48:24
MUCOLYTIC AGENTS
ACETYLCYSTEINE

Sol.				200 mg/mL	
02243098	*Acetylcysteine*	Sandoz	10 ml	7.00	
			30 ml	21.00	

52:00
E. N. T. AGENTS

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

52:02
ANTIALLERGIC AGENTS
CROMOGLICATE (SODIUM)

Oph. Sol. — 2 % **PPB**

02009277	*Cromolyn*	Pendopharm	5 ml	➡ 4.75	
			10 ml	➡ 9.50	
02230621	*Opticrom*	Allergan	10 ml	9.98	

LODOXAMIDE TROMETHAMIDE Pr

Oph. Sol. — 0.1 %

00893560	*Alomide*	Novartis	10 ml	10.73	

52:04.04
ANTIBIOTICS
CIPROFLOXACIN HYDROCHLORIDE Pr

Oph. Oint. — 0.3 %

02200864	*Ciloxan*	Novartis	3.5 g	10.15	

Oph. Sol. — 0.3 % **PPB**

02263130	*Apo-Ciproflox*	Apotex	5 ml	➡ 7.05	
01945270	*Ciloxan*	Novartis	5 ml	10.15	
02387131	*Sandoz Ciprofloxacin*	Sandoz	5 ml	➡ 7.05	

ERYTHROMYCIN Pr

Oph. Oint. — 0.5 %

02326663	*Erythromycin*	Sterigen	3.5 g	9.55	

FRAMYCETIN SULFATE Pr

Oph. Sol. — 0.5 %

02224887	*Soframycine*	Erfa	8 ml	8.00	

FUSIDIC (ACID) Pr

Oph. Sol. — 1 %

02243862	*Fucithalmic*	Amdipharm	5 g	10.00	

OFLOXACINE Pr

Oph. Sol. — 0.3 %

02143291	*Ocuflox*	Allergan	5 ml	12.23	

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

TOBRAMYCIN P

Oph. Oint. 0.3 %

00614254	*Tobrex*	Novartis	3.5 g	8.65	

Oph. Sol. 0.3 % **PPB**

02241755	*Sandoz Tobramycin*	Sandoz	5 ml	➡ 6.81	
00513962	*Tobrex 0.3%*	Novartis	5 ml	8.72	

52:04.20
ANTIVIRALS

TRIFLURIDINE P

Oph. Sol. 1 %

00687456	*Viroptic*	Valeant	7.5 ml	22.79	

52:08.08
CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE P

Aéro ou Vap Nasal 0.05 mg/dose **PPB**

02238796	*Apo-Beclomethasone AQ*	Apotex	200 dose(s)	12.26	
02172712	*Mylan-Beclo AQ*	Mylan	200 dose(s)	12.26	
02228300	*Rivanase AQ*	Riva	200 dose(s)	➡ 9.80	

BUDESONIDE P

Nas. Inh. Pd. 100 mcg/dose

02035324	*Rhinocort Turbuhaler*	AZC	200 dose(s)	23.56	

Nas. spray 64 mcg/dose **PPB**

02241003	*Mylan-Budesonide AQ*	Mylan	120 dose(s)	➡ 10.12	
02231923	*Rhinocort Aqua*	McNeil Co	120 dose(s)	10.59	

Nas. spray 100 mcg/dose

02230648	*Mylan-Budesonide AQ*	Mylan	165 dose(s)	12.74	

DEXAMETHASONE P

Oph. Oint. 0.1 %

00042579	*Maxidex*	Novartis	3.5 g	8.74	

Oph. Susp. or Oph. Sol. 0.1 % **PPB**

+ 02023865	*Dexamethasone*	Stulln	5 ml	➡ 8.06	
* 00042560	*Maxidex*	Novartis	5 ml	➡ 8.06	

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

FLUOROMETHOLONE Pr

Oph. Susp. 0.1 % **PPB**

00247855	*FML*	Allergan	5 ml	15.29	
			10 ml	➡ 30.58	
00432814	*Sandoz Fluorometholone*	Sandoz	5 ml	➡ 8.09	

FLUOROMETHOLONE ACETATE Pr

Oph. Susp. 0.1 %

00756784	*Flarex*	Novartis	5 ml	9.10	

FLUTICASONE FUROATE Pr

Nas. spray 27.5 mcg/dose

02298589	*Avamys*	GSK	120 dose(s)	20.73	

FLUTICASONE PROPIONATE Pr

Nas. spray 50 mcg/dose **PPB**

02294745	*Apo-Fluticasone*	Apotex	120 dose(s)	➡ 21.97	
02213672	*Flonase*	GSK	120 dose(s)	23.71	
02296071	*ratio-Fluticasone*	Ratiopharm	120 dose(s)	➡ 21.97	
02453738	*Teva-Fluticasone*	Teva Can	120 dose(s)	➡ 21.97	

MOMETASONE FUROATE MONOHYDRATE Pr

Nas. spray 50 mcg/dose **PPB**

02403587	*Apo-Mometasone*	Apotex	140 dose(s)	➡ 10.42	
02238465	*Nasonex*	Merck	140 dose(s)	➡ 10.42	
02449811	*Sandoz Mometasone*	Sandoz	140 dose(s)	➡ 10.42	
02475863	*Teva-Mometasone*	Teva Can	140 dose(s)	➡ 10.42	

PREDNISOLONE ACETATE Pr

Oph. Susp. 0.12 %

00299405	*Pred Mild*	Allergan	10 ml	17.96	

Oph. Susp. 1 % **PPB**

00700401	*ratio-Prednisolone*	Teva Can	5 ml	➡ 8.50	
			10 ml	➡ 17.00	
01916203	*Sandoz Prednisolone*	Sandoz	5 ml	➡ 8.50	
			10 ml	➡ 17.00	

TRIAMCINOLONE ACETONIDE

Nas Spray 55 mcg/dose

02417510	*Nasacort Allergie 24H*	Pendopharm	120 dose(s)	15.60	

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

TRIAMCINOLONE ACETONIDE P

Nas. spray — 55 mcg/dose **PPB**

02437635	*Apo-Triamcinolone AQ*	Apotex	120 dose(s)	20.40	
02213834	*Nasacort AQ*	SanofiAven	120 dose(s)	20.40	

52:16
LOCAL ANESTHETICS

LIDOCAINE HYDROCHLORIDE

Oral Top. Jel. — 2 %

00811874	*pms-Lidocaine Viscous*	Phmscience	50 ml	1.70	0.0340
			100 ml	3.40	0.0340

52:24
MYDRIATICS

ATROPINE SULFATE P

Oph. Sol. — 1 %

00035017	*Isopto Atropine*	Alcon	5 ml	3.14	

CYCLOPENTOLATE HYDROCHLORIDE P

Oph. Sol. — 1 %

00252506	*Cyclogyl*	Alcon	15 ml	12.66	

PHENYLEPHRINE HYDROCHLORIDE

Oph. Sol. — 2.5 %

00465763	*Mydfrin 2.5%*	Alcon	5 ml	5.08	

TROPICAMIDE P

Oph. Sol. — 0.5 %

00000981	*Mydriacyl*	Alcon	15 ml	13.13	

Oph. Sol. — 1 %

00001007	*Mydriacyl*	Alcon	15 ml	16.90	

52:40.04
ALFA-ADRENERGIC AGONISTS

BRIMONIDINE TARTRATE P

Oph. Sol. — 0.15 % **PPB**

02248151	*Alphagan P*	Allergan	5 ml	11.55	
			10 ml	23.10	
02301334	*Brimonidine P*	AA Pharma	5 ml	8.66	
			10 ml	17.33	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oph. Sol.					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	➡ 5.78	
				10 ml	➡ 11.55	
	02305429	*Sandoz Brimonidine*	Sandoz	5 ml	➡ 5.78	
				10 ml	➡ 11.55	

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE Pr

Oph. Sol.					0.2 % - 0.5 %	
	02248347	*Combigan*	Allergan	10 ml	40.12	

BRINZOLAMIDE/BRIMONIDINE (TARTRATE) Pr

Oph. Susp.					1 % - 0.2 %	
	02435411	*Simbrinza*	Novartis	10 ml	44.39	

52:40.08
BETA-ADRENERGIC BLOCKING AGENTS

BETOXALOL HYDROCHLORIDE Pr

Oph. Susp.					0.25 %	
	01908448	*Betoptic S*	Novartis	5 ml	11.50	
				10 ml	23.00	

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE Pr

Oph. Sol.					0.2 % - 0.5 %	
	02248347	*Combigan*	Allergan	10 ml	40.12	

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE Pr

Oph. Sol.					2 % -0.5 % **PPB**	
	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	*Teva Dorzotimol*	Teva Can	10 ml	19.89	**W**
	02451271	*VAN-Dorzolamide-Timolol*	Vanc Phm	10 ml	➡ 19.89	

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

LATANOPROST/ TIMOLOL MALEATE Pr

Oph. Sol.				0.005 % - 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-Latanoprost/Timolol*	Riva	2.5 ml		11.07	**W**
	02394685	*Sandoz Latanoprost/Timolol*	Sandoz	2.5 ml	➡	11.07	
	02246619	*Xalacom*	Pfizer	2.5 ml		30.99	

TIMOLOL MALEATE Pr

Oph. Sol.					0.25 %		
*	02166712	*Sandoz Timolol*	Sandoz	10 ml		9.68	

Oph. Sol.					0.5 %	**PPB**	
	00755834	*Apo-Timop*	Apotex	5 ml	➡	6.07	
				10 ml	➡	12.14	
	02447800	*Jamp-Timolol*	Jamp	5 ml	➡	6.07	
	02083345	*pms-Timolol*	Phmscience	5 ml	➡	6.07	
				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					0.25 %	**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	

TRAVOPROST/ TIMOLOL (MALEATE OF) Pr

Oph. Sol.				0.004 % - 0.5 %		**PPB**	
	02415305	*Apo-Travoprost-Timop*	Apotex	5 ml	➡	44.21	
	02278251	*DuoTrav PQ*	Novartis	5 ml		58.95	
	02413817	*Sandoz Travoprost/Timolol*	Sandoz	2.5 ml	➡	24.90	
		PQ		5 ml	➡	44.21	

52:40.12
CARBONIC ANHYDRASE INHIBATORS

ACETAZOLAMIDE Pr

Tab.					250 mg		
	00545015	*Acetazolamide 250 mg*	AA Pharma	100		12.62	0.1262

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

BRINZOLAMIDE Pr

Oph. Susp. 1 %

02238873	*Azopt*	Novartis	5 ml	16.42	

DORZOLAMIDE (HYDROCHLORIDE) Pr

Oph. Sol. 2 % **PPB**

02459345	*Riva-Dorzolamide*	Riva	5 ml	6.56	**W**
02316307	*Sandoz Dorzolamide*	Sandoz	5 ml	➡ 6.56	
02216205	*Trusopt*	Purdue	5 ml	17.94	

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE Pr

Oph. Sol. 2 % -0.5 % **PPB**

	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	*Teva Dorzotimol*	Teva Can	10 ml	19.89	**W**
	02451271	*VAN-Dorzolamide-Timolol*	Vanc Phm	10 ml	➡ 19.89	

METHAZOLAMIDE Pr

Tab. 50 mg

02245882	*Methazolamide*	AA Pharma	100	49.13	0.4913

52:40.20
MIOTICS

PILOCARPINE HYDROCHLORIDE Pr

Oph. Sol. 2 %

00000868	*Isopto Carpine*	Novartis	15 ml	3.70	

Oph. Sol. 4 %

00000884	*Isopto Carpine*	Novartis	15 ml	4.19	

52:40.28
PROSTAGLANDIN ANALOGS

BIMATOPROST Pr

Oph. Sol. 0.01 %

02324997	*Lumigan RC*	Allergan	5 ml 7.5 ml	54.05 81.08	

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

LATANOPROST Pr

Oph. Sol. 0.005 % **PPB**

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-Latanoprost*	Riva	2.5 ml	➡ 9.08	
02367335	*Sandoz Latanoprost*	Sandoz	2.5 ml	➡ 9.08	
02231493	*Xalatan*	Pfizer	2.5 ml	27.38	

LATANOPROST/ TIMOLOL MALEATE Pr

Oph. Sol. 0.005 % - 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-Latanoprost/Timolol*	Riva	2.5 ml	11.07	**W**
02394685	*Sandoz Latanoprost/Timolol*	Sandoz	2.5 ml	➡ 11.07	
02246619	*Xalacom*	Pfizer	2.5 ml	30.99	

TRAVOPROST Pr

Oph. Sol. 0.003 %

02457997	*Izba*	Novartis	5 ml	19.70	

Oph. Sol. 0.004 % **PPB**

02415739	*Apo-Travoprost Z*	Apotex	5 ml	➡ 19.70	
02413167	*Sandoz Travoprost*	Sandoz	5 ml	➡ 19.70	
02412063	*Teva-Travoprost Z*	Teva Can	2.5 ml	➡ 9.85	
			5 ml	➡ 19.70	
02318008	*Travatan Z*	Novartis	5 ml	55.40	

TRAVOPROST/ TIMOLOL (MALEATE OF) Pr

Oph. Sol. 0.004 % - 0.5 % **PPB**

02415305	*Apo-Travoprost-Timop*	Apotex	5 ml	➡ 44.21	
02278251	*DuoTrav PQ*	Novartis	5 ml	58.95	
02413817	*Sandoz Travoprost/Timolol*	Sandoz	2.5 ml	➡ 24.90	
	PQ		5 ml	➡ 44.21	

52:40.92
ANTIGLAUCOMA AGENTS, MISCELLANEOUS

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE Pr

Oph. Sol. 2 % - 0.5 % (0.2mL)

02258692	*Cosopt sans preservateur*	Purdue	60	28.41	0.4735

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

52:92
MISCELLANEOUS EENT DRUGS

ANETHOLE TRITHIONE

Tab. 25 mg

02240344	*Sialor*	Phmscience	60	54.00	0.9000

APRACLONIDINE (HYDROCHLORIDE) P

Oph. Sol. 0.5 %

02076306	*Iopidine*	Novartis	5 ml	22.26	

BRINZOLAMIDE/TIMOLOL MALEATE P

Oph. Susp. 1 % -0.5 %

02331624	*Azarga*	Novartis	5 ml	21.33	

56:00
GASTRO-INTESTINAL DRUGS

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

56:08
ANTIDIARRHEA AGENTS

DIPHENOXYLATE HYDROCHLORHYDE/ ATROPINE SULFATE Ⓝ

Tab. 2.5 mg -0.025 mg

00036323	*Lomotil*	Pfizer	250	110.33	0.4413

LOPERAMIDE HYDROCHLORIDE

Tab. 2 mg **PPB**

02212005	*Apo-Loperamide*	Apotex	100	9.52	➡	0.0952
02256452	*Jamp-Loperamide*	Jamp	120	11.42	➡	0.0952
02225182	*Loperamide-2*	Pro Doc	500	47.58	➡	0.0952
02132591	*Novo-Loperamide*	Novopharm	500	47.58	➡	0.0952
02228351	*pms-Loperamide*	Phmscience	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
02238211	*Riva-Loperamide*	Riva	100	9.52	➡	0.0952
			500	47.58	➡	0.0952

56:14
CHOLELITHOLYTIC AGENTS

URSODIOL Ⓟ

Tab. 250 mg **PPB**

02472392	*Jamp-Ursodiol*	Jamp	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02273497	*pms-Ursodiol C*	Phmscience	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02238984	*Urso*	Aptalis	100	131.42		1.3142
02426900	*Ursodiol tablets*	Glenmark	100	38.18	➡	0.3818
			500	190.90	➡	0.3818

Tab. 500 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

56:16
DIGESTANTS

LACTASE

Chew. Tab. 3 000 U

02017512	*Lactomax*	Sterimax	100	9.75	0.0975

Tab. 3 000 U

02239139	*Jamp-Lactase Enzyme Regular*	Jamp	100	9.75	0.0975

Tab. 9000 U

80070358	*Jamp-Lactase Enzyme*	Jamp	50	12.19	0.2438

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Chew. Tab.				4 500 U **PPB**	
80084265	*Alta-Lactase Extra Fort*	Altamed	80	9.75	0.1219
+ 80018706	*Jamp-Lactase Enzyme*	Jamp	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

PANCRELIPASE (LIPASE-AMYLASE-PROTEASE) P

Caps.				8 000 U -30 000 U -30 000 U	
00263818	*Cotazym*	Merck	100	18.66	0.1866
Ent. Caps.				4 200 U -17 500 U -10 000 U	
00789445	*Pancrease MT 4*	Janss. Inc	100	37.96	0.3796
Ent. Caps.				4 500 U - 20 000 U - 25 000 U	
02203324	*Ultrase*	Aptalis	100	21.73	0.2173
Ent. Caps.				6 000 U - 30 000 U - 19 000 U	
02415194	*Creon 6 Minimicrospheres*	BGP Pharma	100	17.03	0.1703
Ent. Caps.				8 000 U -30 000 U -30 000 U	
00502790	*Cotazym ECS 8*	Merck	500	168.40	0.3368
Ent. Caps.				10 000 U - 11 200 U - 730 U	
02200104	*Creon 10*	BGP Pharma	100	27.23	0.2723
Ent. Caps.				10 500 U -43 750 U -25 000 U	
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.				16 800 U -70 000 U -40 000 U	
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
Ent. Caps.				20 000 U -65 000 U -65 000 U	
02045869	*Ultrase MT 20*	Aptalis	100	73.66	0.7366

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Caps.			25 000 U - 25 500 U - 1600 U		
01985205	*Creon 25*	BGP Pharma	100	85.07	0.8507
Ent. Gran.			5 000 U -5 100 U -320 U/100 mg		
02445158	*Creon Minimicrospheres MICRO*	BGP Pharma	1	34.06	
Tab.			10 440 U -56 400 U -57 100 U		
02230019	*Viokace (10 440 USP unites de lipase)*	Aptalis	100	17.03	0.1703
Tab.			20 880 U -113 400 U -112 500 U		
02241933	*Viokace (20 880 USP unites de lipase)*	Aptalis	100	34.06	0.3406

56:22.08
ANTIHISTAMINES
DIMENHYDRINATE

I.M. Inj. Sol.				50 mg/mL	
00392537	*Dimenhydrinate*	Sandoz	1 ml 5 ml	1.08 4.30	

PROCHLORPERAZINE Pr

Supp.				10 mg	
00789720	*Sandoz Prochlorperazine*	Sandoz	10	18.20	1.8200

PROCHLORPERAZINE MALEATE Pr

Tab.				5 mg	
00886440	*Prochlorazine*	AA Pharma	100	16.59	0.1659
Tab.				10 mg	
00886432	*Prochlorazine*	AA Pharma	100	20.25	0.2025

56:22.92
MISCELLANEOUS ANTIEMETICS
DOXYLAMINE SUCCINATE/ PYRIDOXINE HYDROCHLORIDE Pr

L.A. Tab.			10 mg -10 mg	**PPB**		
02413248	*Apo-Doxylamine/B6*	Apotex	100	64.02	➧	0.6402
			500	320.10	➧	0.6402
00609129	*Diclectin*	Duchesnay	100	127.20		1.2720
			300	381.61		1.2720
02406187	*pms-Doxylamine-Pyridoxine*	Phmscience	100	64.02	➧	0.6402

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

NABILONE Ⓝ

Caps. 0.5 mg **PPB**

02393581	*ACT Nabilone*	ActavisPhm	50	38.78	0.7756
			100	77.56	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 mg **PPB**

02393603	*ACT Nabilone*	ActavisPhm	50	77.57	1.5513
			100	155.13	1.5513
00548375	*Cesamet*	Valeant	50	310.25	6.2050
02380919	*pms-Nabilone*	Phmscience	100	155.13	1.5513
02384892	*Teva Nabilone*	Teva Can	50	77.57	1.5513

56:28.12
HISTAMINE H2-ANTAGONISTS

FAMOTIDINE

Tab. 20 mg **PPB**

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 Ⓟ

Tab. 40 mg **PPB**

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 Ⓟ

Caps. 150 mg

00778338	*Axid*	Pendopharm	100	83.92	0.8392

Caps. 300 mg **PPB**

00778346	*Axid*	Pendopharm	100	152.06	1.5206
02177722	*pms-Nizatidine*	Phmscience	100	38.02	0.3802

RANITIDINE HYDROCHLORIDE Ⓟ

Oral Sol. 150 mg/10 mL

02242940	*Teva-Ranitidine Solution*	Novopharm	300 ml	27.96	0.0932

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				150 mg **PPB**	
02248570	*ACT Ranitidine*	ActavisPhm	60	7.18	0.1197
			500	59.85	0.1197
00733059	*Apo-Ranitidine*	Apotex	100	11.97	0.1197
			500	59.85	0.1197
02463717	*Jamp-Ranitidine*	Jamp	100	11.97	0.1197
			500	59.85	0.1197
02443708	*Mar-Ranitidine*	Marcan	500	59.85	0.1197
02473534	*M-Ranitidine*	Mantra Ph.	500	59.85	0.1197
02242453	*pms-Ranitidine*	Phmscience	60	7.18	0.1197
			500	59.85	0.1197
02353016	*Ranitidine*	Sanis	100	11.97	0.1197
			500	59.85	0.1197
02385953	*Ranitidine*	Sivem	60	7.18	0.1197
			500	59.85	0.1197
00740748	*Ranitidine-150*	Pro Doc	60	7.18	0.1197
			500	59.85	0.1197
02336480	*Ran-Ranitidine*	Ranbaxy	100	11.97	0.1197
			500	59.85	0.1197
00828823	*ratio-Ranitidine*	Ratiopharm	60	7.18	0.1197
			500	59.85	0.1197
02247814	*Riva-Ranitidine*	Riva	60	7.18	0.1197
			250	29.93	0.1197
02243229	*Sandoz Ranitidine*	Sandoz	100	11.97	0.1197
			500	59.85	0.1197
Tab.				300 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
			500	112.65	0.2253
02463725	*Jamp-Ranitidine*	Jamp	100	22.53	0.2253
02443716	*Mar-Ranitidine*	Marcan	100	22.53	0.2253
02473542	*M-Ranitidine*	Mantra Ph.	100	22.53	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
			500	112.65	0.2253
00828688	*ratio-Ranitidine*	Ratiopharm	30	6.76	0.2253
02247815	*Riva-Ranitidine*	Riva	30	6.76	0.2253
			100	22.53	0.2253
02243230	*Sandoz Ranitidine*	Sandoz	100	22.53	0.2253

56:28.28
PROSTAGLANDINS
DICLOFENAC SODIC/MISOPROSTOL P

Tab.				50 mg - 200 mcg **PPB**	
01917056	*Arthrotec*	Pfizer	250	149.75	0.5990
02413469	*pms-Diclofenac-Misoprostol*	Phmscience	250	133.83	0.5353

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			75 mg - 200 mcg **PPB**		
02229837	*Arthrotec 75*	Pfizer	250	203.81	0.8152
02413477	*pms-Diclofenac-Misoprostol*	Phmscience	250	182.15	0.7286
MISOPROSTOL					
Tab.				100 mcg	
02244022	*Misoprostol*	AA Pharma	100	26.36	0.2636
Tab.				200 mcg	
02244023	*Misoprostol*	AA Pharma	100	43.89	0.4389

56:28.32
PROTECTANTS
SUCRALFATE

Oral Susp.				1 g/5 mL	
02103567	*Sulcrate Plus*	Aptalis	500 ml	49.42	0.0988
Tab.				1 g **PPB**	
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-PUMP INHIBITORS
DEXLANSOPRAZOLE

L.A. Caps.				30 mg	
02354950	*Dexilant*	Takeda	90	32.65	0.3628
L.A. Caps.				60 mg	
02354969	*Dexilant*	Takeda	90	32.65	0.3628

ESOMEPRAZOLE (MAGNESIUM TRIHYDRATED)

L.A. Tab.				20 mg **PPB**	
02423855	*ACT Esomeprazole*	ActavisPhm	30	16.50	0.3628
			100	55.00	0.3628
02339099	*Apo-Esomeprazole*	Apotex	30	16.50	0.3628
			100	55.00	0.3628
02394839	*Esomeprazole*	Pro Doc	30	16.50	0.3628
02442493	*Esomeprazole*	Sivem	30	16.50	0.3628
02383039	*Mylan-Esomeprazole*	Mylan	100	55.00	0.3628
02244521	*Nexium*	AZC	30	56.07	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	0.3628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LA Tab or LA Caps				40 mg **PPB**	
02423863	*ACT Esomeprazole*	ActavisPhm	30	16.50 ↑	0.3628
			100	55.00 ↑	0.3628
02339102	*Apo-Esomeprazole*	Apotex	30	16.50 ↑	0.3628
			500	275.00 ↑	0.3628
02394847	*Esomeprazole*	Pro Doc	30	16.50 ↑	0.3628
			500	275.00 ↑	0.3628
02431173	*Esomeprazole*	Sanis	100	55.00 ↑	0.3628
02442507	*Esomeprazole*	Sivem	30	16.50 ↑	0.3628
			500	275.00 ↑	0.3628
02383047	*Mylan-Esomeprazole*	Mylan	100	55.00 ↑	0.3628
02244522	*Nexium*	AZC	30	56.07 ↑	0.3628
			100	186.90 ↑	0.3628
02379171	*pms-Esomeprazole DR (Caps. L.A.)*	Phmscience	30	16.50 ↑	0.3628
			100	55.00 ↑	0.3628
02423987	*Ran-Esomeprazole*	Ranbaxy	30	16.50 ↑	0.3628
			500	275.00 ↑	0.3628
02460939	*Sandoz Esomeprazole*	Sandoz	30	16.50 ↑	0.3628
			100	55.00 ↑	0.3628

LANSOPRAZOLE R

LA Tab or LA Caps				15 mg **PPB**	
02293811	*Apo-Lansoprazole*	Apotex	100	36.28 →	0.3628
02433001	*Lansoprazole*	Phmscience	100	36.28 →	0.3628
02357682	*Lansoprazole*	Sanis	100	36.28 →	0.3628
02385767	*Lansoprazole*	Sivem	100	36.28 →	0.3628
02353830	*Mylan-Lansoprazole*	Mylan	100	36.28 →	0.3628
02395258	*pms-Lansoprazole*	Phmscience	100	36.28 →	0.3628
02165503	*Prevacid*	BGP Pharma	30	60.00 ↑	0.3628
			100	200.00 ↑	0.3628
02249464	*Prevacid FasTab*	BGP Pharma	30	60.00 ↑	0.3628
02402610	*Ran-Lansoprazole*	Ranbaxy	100	36.28 →	0.3628
02422808	*Riva-Lansoprazole*	Riva	100	36.28 →	0.3628
02385643	*Sandoz Lansoprazole*	Sandoz	100	36.28 →	0.3628
02280515	*Teva-Lansoprazole*	Teva Can	30	10.88 →	0.3628
			100	36.28 →	0.3628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LA Tab or LA Caps				30 mg **PPB**	
02293838	*Apo-Lansoprazole*	Apotex	100	36.27	0.3627
			500	181.40	0.3628
02433028	*Lansoprazole*	Phmscience	100	36.27	0.3627
02366282	*Lansoprazole*	Pro Doc	100	36.27	0.3627
			500	181.40	0.3628
02357690	*Lansoprazole*	Sanis	100	36.27	0.3627
			500	181.40	0.3628
02410389	*Lansoprazole*	Sivem	100	36.28	0.3628
			500	181.40	0.3628
02353849	*Mylan-Lansoprazole*	Mylan	100	36.28	0.3628
02395266	*pms-Lansoprazole*	Phmscience	100	36.27	0.3627
02165511	*Prevacid*	BGP Pharma	30	60.00	0.3628
			100	200.00	0.3628
02249472	*Prevacid FasTab*	BGP Pharma	30	60.00	0.3628
02402629	*Ran-Lansoprazole*	Ranbaxy	100	36.27	0.3627
02422816	*Riva-Lansoprazole*	Riva	100	36.27	0.3627
02385651	*Sandoz Lansoprazole*	Sandoz	100	36.27	0.3627
02280523	*Teva-Lansoprazole*	Teva Can	30	10.88	0.3627
			500	181.40	0.3628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OMEPRAZOLE (BASE OR MAGNESIUM) P					
Caps. or Tab.				20 mg **PPB**	
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
			500	114.35	0.2287
02339927	*Omeprazole (caps.)*	Pro Doc	100	22.87	0.2287
			500	114.35	0.2287
02416549	*Omeprazole Magnesium (co.)*	Accord	100	22.87	0.2287
02411857	*Omeprazole-20*	Sivem	100	22.87	0.2287
			500	114.35	0.2287
02320851	*pms-Omeprazole (caps.)*	Phmscience	100	22.87	0.2287
			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
			500	114.35	0.2287
02260867	*ratio-Omeprazole (tab.)*	Ratiopharm	100	22.87	0.2287
02402416	*Riva-Omeprazole DR (co.)*	Riva	100	22.87	0.2287
			500	114.35	0.2287
02296446	*Sandoz Omeprazole (Caps.)*	Sandoz	100	22.87	0.2287
			500	114.35	0.2287
02432404	*VAN-Omeprazole*	Vanc Phm	100	22.87	0.2287

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

PANTOPRAZOLE (MAGNESIUM OR SODIUM) Pr

Ent. Tab. 40 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	100.80	0.2016
	02445867	*Bio-Pantoprazole*	Biomed	500	100.80	0.2016
	02357054	*Jamp-Pantoprazole*	Jamp	30	6.05	0.2016
				500	100.80	0.2016
	02416565	*Mar-Pantoprazole*	Marcan	100	20.16	0.2016
				500	100.80	0.2016
	02417448	*Mint-Pantoprazole*	Mint	100	20.16	0.2016
				500	100.80	0.2016
*	02467372	*M-Pantoprazole*	Mantra Ph.	30	6.05	0.2016
				500	100.80	0.2016
	02229453	*Pantoloc*	Takeda	100	204.16	0.3628
	02469138	*Pantoprazole*	Altamed	100	20.16	0.2016
				500	100.80	0.2016
	02437945	*Pantoprazole*	Phmscience	100	20.16	0.2016
				500	100.80	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	20.16	0.2016
				500	100.80	0.2016
	02428180	*Pantoprazole-40*	Sivem	100	20.16	0.2016
				500	100.80	0.2016
	02307871	*pms-Pantoprazole*	Phmscience	100	20.16	0.2016
				500	100.80	0.2016
	02305046	*Ran-Pantoprazole*	Ranbaxy	100	20.16	0.2016
				500	100.80	0.2016
	02316463	*Riva-Pantoprazole*	Riva	100	20.16	0.2016
				500	100.80	0.2016
	02301083	*Sandoz Pantoprazole*	Sandoz	30	6.05	0.2016
				500	100.80	0.2016
	02267233	*Tecta*	Takeda	30	22.50	0.3628
	02285487	*Teva-Pantoprazole*	Teva Can	100	20.16	0.2016
				500	100.80	0.2016
	02428164	*VAN-Pantoprazole*	Vanc Phm	100	20.16	0.2016

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

RABEPRAZOLE SODIUM Pr

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. 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 Pr

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
02462834	*PRZ-Domperidone*	Pharmaris	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. SIZE	UNIT PRICE

METOCLOPRAMIDE HYDROCHLORIDE P

Inj. Sol. 5 mg/mL (2 mL) **PPB**

02185431	*Chlorhydrate de metoclopramide injection*	Sandoz	2 ml	➡ 6.79	
02243563	*Metoclopramide Omega*	Oméga	2 ml	➡ 6.79	

Oral Sol. 1 mg/mL

02230433	*Metonia*	Pendopharm	500 ml	25.31	0.0506

Tab. 5 mg

02230431	*Metonia*	Pendopharm	100	5.73	0.0573

Tab. 10 mg

* 02230432	*Metonia*	Pendopharm	100	6.00	**W**
			500	30.00	**W**

56:36
ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID P

Ent. Tab. 1 g

02399466	*Pentasa*	Ferring	60	66.83	1.1138

Ent. Tab. 400 mg

01997580	*Asacol*	Warner	180	95.22	0.5290
02171929	*Teva-5-ASA*	Teva Can	100	31.11	0.3111
			500	155.55	0.3111

Ent. Tab. 500 mg

02099683	*Pentasa*	Ferring	100	55.69	0.5569
02112787	*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. 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

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Rect. Susp.					4 g **PPB**	
	02153556	*Pentasa (100 mL)*	Ferring	1	4.46	
	02112809	*Salofalk (58,2 mL)*	Aptalis	7	43.68	6.2400
Supp.					1 g **PPB**	
	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 P

Caps.					250 mg	
	02063808	*Dipentum*	Search Phm	100	49.93	0.4993

56:92
GI DRUGS, MISCELLANEOUS

LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCINE P

Kit (solid oral)					30 mg-2 x 500 mg-500 mg **PPB**	
	02470780	*Apo-Lansoprazole-Amoxicillin-Clarithromycin Hp-PAC*	Apotex	7	67.91	9.7014
*	02238525		BGP Pharma	7	67.91	9.7014

60:00
GOLD COMPOUNDS

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

60:00
GOLD COMPOUNDS
SODIUM AUROTHIOMALATE

I.M. Inj. Sol.				10 mg/mL	
01927620	*Myochrysine*	SanofiAven	1 ml	9.92	
I.M. Inj. Sol.				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

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

64:00
HEAVY METALS ANTAGONISTS
DEFEROXAMINE MESYLATE

Inj. Pd. 2 g **PPB**

02247022	*Mesylate de desferrioxamine pour injection*	Pfizer	1	20.31	
02243450	*pms-Deferoxamine*	Phmscience	1	20.31	

Inj. Pd. 500 mg **PPB**

01981242	*Desferal*	Novartis	1	13.97	
02241600	*Mesylate de desferrioxamine pour injection*	Pfizer	1	4.68	

PENICILLAMINE

Caps. 250 mg

00016055	*Cuprimine*	Valeant	100	85.00	0.8500

68:00
HORMONES AND SYNTHETIC SUBSTITUTES

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

68:04
ADRENALS

BECLOMETHASONE DIPROPIONATE

Oral aerosol — 50 mcg/dose

02242029	*Qvar*	Valeant	200 dose(s)	29.28	

Oral aerosol — 100 mcg/dose

02242030	*Qvar*	Valeant	200 dose(s)	58.56	

BUDESONIDE

Inh. Pd. — 100 mcg/dose

00852074	*Pulmicort Turbuhaler*	AZC	200 dose(s)	30.90	

Inh. Pd. — 200 mcg/dose

00851752	*Pulmicort Turbuhaler*	AZC	200 dose(s)	63.16	

Inh. Pd. — 400 mcg/dose

00851760	*Pulmicort Turbuhaler*	AZC	200 dose(s)	93.00	

Sol. Inh. — 0.125 mg/mL (2 mL) **PPB**

02229099	*Pulmicort nebuamp*	AZC	20	8.57	0.4285
02465949	*Teva-Budesonide*	Teva Can	20	6.86	0.3430

Sol. Inh. — 0.25 mg/mL (2 mL)

01978918	*Pulmicort nebuamp*	AZC	20	17.14	0.8570

Sol. Inh. — 0.5 mg/mL (2mL) **PPB**

01978926	*Pulmicort nebuamp*	AZC	20	34.28	1.7140
02465957	*Teva-Budesonide*	Teva Can	20	27.36	1.3678

CICLESONIDE

Oral aerosol — 100 mcg/dose

02285606	*Alvesco*	AZC	120 dose(s)	44.15	

Oral aerosol — 200 mcg/dose

02285614	*Alvesco*	AZC	120 dose(s)	72.81	

CORTISONE ACETATE

Tab. — 25 mg

00280437	*Cortisone Acetate-ICN*	Valeant	100	30.66	0.3066

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DEXAMETHASONE P					
Elix.				0.5 mg/5 mL	
01946897	*pms-Dexamethasone*	Phmscience	100 ml	45.71	0.4571
Tab.				0.5 mg **PPB**	
02261081	*Apo-Dexamethasone*	Apotex	100	7.82	0.0782
01964976	*pms-Dexamethasone*	Phmscience	100	7.82	0.0782
Tab.				2 mg	
02279363	*pms-Dexamethasone*	Phmscience	100	42.36	0.4236
Tab.				4 mg **PPB**	
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
DEXAMETHASONE SODIUM PHOSPHATE P					
Inj. Sol.				4 mg/mL **PPB**	
00664227	*Dexamethasone*	Sandoz	5 ml	8.03	
01977547	*Dexamethasone*	Sterimax	5 ml	8.03	
02204266	*Dexamethasone Omega*	Oméga	5 ml	8.03	
Inj. Sol.				10 mg/mL **PPB**	
00874582	*Dexamethasone*	Sandoz	1 ml	4.23	
02204274	*Dexamethasone Omega*	Oméga	1 ml	4.23	
			10 ml	12.83	
02387743	*Dexamethasone Omega Unidose*	Oméga	1 ml	4.23	
00783900	*pms-Dexamethasone*	Phmscience	10 ml	12.83	
FLUDROCORTISONE ACETATE P					
Tab.				0.1 mg	
02086026	*Florinef*	Paladin	100	23.96	0.2396
FLUTICASONE FUROATE P					
Inh. Pd.				100 mcg	
02446561	*Arnuity Ellipta*	GSK	30 dose(s)	34.70	
Inh. Pd.				200 mcg	
02446588	*Arnuity Ellipta*	GSK	30 dose(s)	69.40	

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

FLUTICASONE PROPIONATE Pr

Inh. Pd. 100 mcg/coque

02237245	*Flovent Diskus*	GSK	60 dose(s)	22.61	

Inh. Pd. 250 mcg/coque

02237246	*Flovent Diskus*	GSK	60 dose(s)	38.05	

Inh. Pd. 500 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	

Oral aerosol 125 mcg/dose

02244292	*Flovent HFA*	GSK	120 dose(s)	38.05	

Oral aerosol 250 mcg/dose

02244293	*Flovent HFA*	GSK	120 dose(s)	76.11	

HYDROCORTISONE Pr

Tab. 10 mg

00030910	*Cortef*	Pfizer	100	14.26	0.1426

Tab. 20 mg

00030929	*Cortef*	Pfizer	100	25.76	0.2576

HYDROCORTISONE SODIUM SUCCINATE Pr

Inj. Pd. 1 g **PPB**

00878626	*Hydrocortisone*	Novopharm	1	➡ 8.60	
00030635	*Solu-Cortef*	Pfizer	1	14.02	

Inj. Pd. 100 mg **PPB**

00872520	*Hydrocortisone*	Novopharm	1	➡ 2.00	
00030600	*Solu-Cortef*	Pfizer	1	3.25	

Inj. Pd. 250 mg **PPB**

00872539	*Hydrocortisone*	Novopharm	1	➡ 3.40	
00030619	*Solu-Cortef*	Pfizer	1	5.64	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				500 mg **PPB**	
00878618	*Hydrocortisone*	Novopharm	1	➡ 5.10	
00030627	*Solu-Cortef*	Pfizer	1	8.36	
METHYLPREDNISOLONE Ⓟ					
Tab.				4 mg	
00030988	*Medrol*	Pfizer	100	32.93	0.3293
Tab.				16 mg	
00036129	*Medrol*	Pfizer	100	95.03	0.9503
METHYLPREDNISOLONE ACETATE Ⓟ					
Inj. Susp.				20 mg/mL	
01934325	*Depo-Medrol*	Pfizer	5 ml	10.76	
Inj. Susp.				40 mg/mL	
01934333	*Depo-Medrol*	Pfizer	2 ml	9.11	
			5 ml	16.45	
00030759	*Depo-Medrol (sans preservatif)*	Pfizer	1 ml	4.75	
Inj. Susp.				80 mg/mL	
00030767	*Depo-Medrol*	Pfizer	1 ml	9.11	
METHYLPREDNISOLONE ACETATE/ LIDOCAINE HYDROCHLORIDE Ⓟ					
Inj. Susp.				40 mg -10 mg/mL	
00260428	*Depo-Medrol & Lidocaine*	Pfizer	2 ml	9.15	
METHYLPREDNISOLONE SODIUM SUCCINATE Ⓟ					
Inj. Pd.				1 g **PPB**	
02241229	*Methylprednisolone*	Novopharm	1	➡ 31.00	
02367971	*Solu-Medrol*	Pfizer	1	43.88	
Inj. Pd.				40 mg **PPB**	
02231893	*Methylprednisolone*	Novopharm	1	➡ 3.60	
02367947	*Solu-Medrol*	Pfizer	1	4.82	
Inj. Pd.				125 mg **PPB**	
02231894	*Methylprednisolone*	Novopharm	1	➡ 8.50	
02367955	*Solu-Medrol*	Pfizer	1	11.43	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				500 mg **PPB**	
02231895	*Methylprednisolone*	Novopharm	1	➡ 18.60	
02367963	*Solu-Medrol*	Pfizer	1	28.66	
MOMETASON FUROATE Ⓟ					
Inh. Pd.				200 mcg/dose	
02243595	*Asmanex Twisthaler*	Merck	60 dose(s)	32.00	
Inh. Pd.				400 mcg/dose	
02243596	*Asmanex Twisthaler*	Merck	30 dose(s)	32.00	
			60 dose(s)	64.00	
PREDNISOLONE SODIUM PHOSPHATE Ⓟ					
Oral Sol.				5 mg/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 mg	
00271373	*Winpred*	AA Pharma	100	10.66	0.1066
Tab.				5 mg **PPB**	
00312770	*Apo-Prednisone*	Apotex	100	2.20	➡ 0.0220
			1000	21.95	➡ 0.0220
00021695	*Novo-Prednisone*	Novopharm	100	2.20	➡ 0.0220
			1000	21.95	➡ 0.0220
00156876	*Prednisone-5*	Pro Doc	1000	21.95	➡ 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
TRIAMCINOLONE ACETONIDE Ⓟ					
I.M. Inj. Susp.				40 mg/mL **PPB**	
01999869	*Kenalog-40*	B.M.S.	1 ml	7.29	
			5 ml	25.52	
01977563	*Triamcinolone*	Sterimax	1 ml	➡ 4.77	
			5 ml	➡ 23.85	
Inj. Susp.				10 mg/mL	
01999761	*Kenalog-10*	B.M.S.	5 ml	15.71	

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

68:08
ANDROGENS
DANAZOL

Caps. — 50 mg

02018144	*Cyclomen*	SanofiAven	100	78.72	0.7872

Caps. — 100 mg

02018152	*Cyclomen*	SanofiAven	100	116.79	1.1679

Caps. — 200 mg

02018160	*Cyclomen*	SanofiAven	100	186.61	1.8661

TESTOSTERONE

Nasal Gel — 4.5 %

02450550	*Natesto*	Acerus	2	90.00	45.0000

Patch — 2.5 mg/24 h

02239653	*Androderm*	Actavis	60	118.43	1.9738

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	2.1710
02463792	*Taro-Testosterone Gel*	Taro	30	50.18	➡ 1.6727

Top. Jel. — 1 % (5.0 g) **PPB**

02245346	*AndroGel*	BGP Pharma	30	115.17	3.8390
02463806	*Taro-Testosterone Gel*	Taro	30	88.73	➡ 2.9577
02280248	*Testim 1%*	Paladin	30	103.52	3.4507

TESTOSTERONE CYPIONATE

Oily Inj. Sol. — 100 mg/mL

00030783	*Depo-Testosterone*	Pfizer	10 ml	24.45	

TESTOSTERONE ENANTHATE

Oily Inj. Sol. — 200 mg/mL

00029246	*Delatestryl*	Valeant	5 ml	24.42	

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

TESTOSTERONE UNDECANOATE ◈

Caps. 40 mg **PPB**

02322498	*pms-Testosterone*	Phmscience	100	47.00	➡ 0.4700
			120	56.40	➡ 0.4700
02421186	*Taro-Testosterone*	Taro	60	28.20	➡ 0.4700
			120	56.40	➡ 0.4700

68:12
CONTRACEPTIVES

ETHINYLESTRADIOL DESOGESTREL Ⓟ

Tab. 0.025 mg/0.1 mg-0.025 mg/0.125 mg-0.025 mg/0.15 mg

02272903	*Linessa 21*	Aspen	1	12.40	
02257238	*Linessa 28*	Aspen	1	12.40	

Tab. 0.030 mg -0.15 mg **PPB**

02317192	*Apri 21*	Teva Can	1	➡ 7.77	
02317206	*Apri 28*	Teva Can	1	➡ 7.77	
02396491	*Freya 21*	Mylan	1	➡ 7.77	
02396610	*Freya 28*	Mylan	1	➡ 7.77	
02042487	*Marvelon 21*	Merck	1	12.95	
02042479	*Marvelon 28*	Merck	1	12.95	
02410249	*Mirvala 21*	Apotex	1	➡ 7.77	
02410257	*Mirvala 28*	Apotex	1	➡ 7.77	

ETHINYLESTRADIOL/ DROSPIRENONE Ⓟ

Tab. 0.02 mg -3 mg **PPB**

02415380	*Mya*	Apotex	1	➡ 10.06	
02321157	*Yaz*	Bayer	1	11.84	

Tab. 0.03 mg - 3 mg **PPB**

02261723	*Yasmin 21*	Bayer	1	11.84	
02261731	*Yasmin 28*	Bayer	1	11.84	
02410788	*Zamine 21*	Apotex	1	➡ 9.01	
02410796	*Zamine 28*	Apotex	1	➡ 9.01	
02385058	*Zarah 21*	Cobalt	1	➡ 9.01	
02385066	*Zarah 28*	Cobalt	1	➡ 9.01	

ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE Ⓟ

Tab. 0.03 mg -2 mg

00469327	*Demulen 30 (21)*	Pfizer	1	11.91	
00471526	*Demulen 30 (28)*	Pfizer	1	12.74	

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

ETHINYLESTRADIOL/ ETONOGESTREL P

Vaginal ring — 2.6 mg -11.4 mg

02253186	*Nuvaring*	Merck	1 3	14.72 44.16	

ETHINYLESTRADIOL/ LEVONORGESTREL - ETHINYLESTRADIOL P

Tab. — 0.03 mg - 0.15 mg (84 co.)/0.01 mg (7 co.)

02346176	*Seasonique*	Paladin	1	52.66	

ETHINYLESTRADIOL/ NORELGESTROMIN P

Patch (3) — 0.60 mg - 6 mg

02248297	*Evra*	Janss. Inc	1	14.95	

ETHINYLESTRADIOL/ NORETHINDRONE P

Tab. — 0.035 mg -0.5 mg

02187086	*Brevicon 0.5/35 (21)*	Pfizer	1	10.92	
02187094	*Brevicon 0.5/35 (28)*	Pfizer	1	10.92	

Tab. — 0.035 mg -0.5 mg -0.035 mg -1 mg -0.035 mg -0.5 mg

02187108	*Synphasic 21*	Pfizer	1	10.35	
02187116	*Synphasic 28*	Pfizer	1	10.35	

Tab. — 0.035 mg -1 mg

02189054	*Brevicon 1/35 (21)*	Pfizer	1	10.92	
02189062	*Brevicon 1/35 (28)*	Pfizer	1	10.92	
02197502	*Select 1/35 (21)*	Pfizer	1	7.37	
02199297	*Select 1/35 (28)*	Pfizer	1	7.37	

ETHINYLESTRADIOL/ NORETHINDRONE ACETATE P

Tab. — 0.02 mg -1 mg

00315966	*Minestrin 1/20 (21)*	Warner	1	12.73	
00343838	*Minestrin 1/20 (28)*	Warner	1	12.73	

Tab. — 0.03 mg -1.5 mg

00297143	*Loestrin 1.5/30 (21)*	Warner	1	12.73	
00353027	*Loestrin 1.5/30 (28)*	Warner	1	12.73	

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

ETHINYLOESTRADIOL NORGESTIMATE Pr

Tab. 0.025 mg/0.180 mg - 0.215 mg -0.250 mg **PPB**

02401967	*Tricira Lo (21)*	Apotex	1	9.47	**W**
02401975	*Tricira Lo (28)*	Apotex	1	9.47	**W**
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 -0.215 mg -0.035 mg -0.25 mg

02028700	*Tri-Cyclen (21)*	Janss. Inc	1	12.69	
02029421	*Tri-Cyclen (28)*	Janss. Inc	1	12.69	

Tab. 0.035 mg -0.25 mg

01968440	*Cyclen (21)*	Janss. Inc	1	12.69	
01992872	*Cyclen (28)*	Janss. Inc	1	12.69	

ETHYNYLOESTRADIOL/ LEVONORGESTREL Pr

Tab. 0.020 mg -0.10 mg **PPB**

02236974	*Alesse 21*	Pfizer	1	12.70	
02236975	*Alesse 28*	Pfizer	1	12.70	
02387875	*Alysena 21*	Apotex	1	➡ 7.62	
			3	22.86	➡ 7.6200
02387883	*Alysena 28*	Apotex	1	➡ 7.62	
			3	22.86	➡ 7.6200
02298538	*Aviane 21*	Teva Can	1	➡ 7.62	
02298546	*Aviane 28*	Teva Can	1	➡ 7.62	

Tab. 0.03 mg -0.05 mg -0.04 mg -0.075 mg -0.03 mg -0.125 mg

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	
02042339	*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	➡ 7.28	
02295954	*Portia 28*	Teva Can	1	➡ 7.28	

Tab. (91) 0.03 mg -0.15 mg **PPB**

02398869	*Indayo*	Mylan	1	➡ 45.96	
02296659	*Seasonale*	Paladin	1	54.06	

LEVONORGESTREL Pr

Intra-Uter. Sys. 19.5 mg

02459523	*Kyleena*	Bayer	1	326.06	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Intra-Uter. Sys.				52 mg	
02243005	*Mirena*	Bayer	1	326.06	

LEVONORGESTREL

Tab.				0.75 mg **PPB**	
02364905	*Next Choice*	ActavisPhm	2	8.77	4.3850
02371189	*Option 2*	Teva Can	2	8.77	4.3850
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	

NORETHINDRONE Pr

Tab. (28)				0.35 mg **PPB**	
02441306	*Jencycla*	Lupin	1	10.99	
00037605	*Micronor*	Janss. Inc	1	12.69	
02410303	*Movisse*	Mylan	1	10.99	

ULIPRISTAL ACETATE Pr

Tab.				5 mg	
02408163	*Fibristal*	Actavis	30	343.80	11.4600
Tab.				30 mg	
02436329	*Ella*	Allergan	1	25.94	

68:16.04
ESTROGENS

CONJUGATED ESTROGENS (BIOLOGICS) Pr

Vag. Cr.				0.625 mg/g	
02043440	*Premarin*	Pfizer	14 g	8.79	
			30 g	18.84	

ESTRADIOL-17B Pr

Tab.				0.5 mg **PPB**	
02225190	*Estrace*	Acerus	100	13.44	0.1344
02449048	*Lupin-Estradiol*	Lupin	100	10.74	0.1074
Tab.				1 mg **PPB**	
02148587	*Estrace*	Acerus	100	25.97	0.2597
02449056	*Lupin-Estradiol*	Lupin	100	20.78	0.2078

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02148595	*Estrace*	Acerus	100	45.86	0.4586
02449064	*Lupin-Estradiol*	Lupin	100	36.66	0.3666
Vag. Tab (App.)				10 mcg	
02325462	*Vagifem 10*	N.Nordisk	18	42.07	
Vaginal ring				2 mg	
02168898	*Estring*	Paladin	1	62.77	

ESTRONE Pr

Vag. Cr.				1 mg/g	
00727369	*Estragyn vaginal cream*	Search Phm	45 g	15.55	

68:16.12
ESTROGEN AGONIST-ANTAGONISTS

RALOXIFENE HYDROCHLORIDE Pr

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	13.75	0.4583
			100	45.83	0.4583
02415852	*Raloxifene*	Pro Doc	30	13.75	0.4583
			100	45.83	0.4583
02312298	*Teva-Raloxifene*	Novopharm	100	45.83	0.4583

68:18
GONADOTROPINS

DEGARELIX ACETATE Pr

S.C. Inj. Sol.				80 mg	
02337029	*Firmagon*	Ferring	1	255.00	
S.C. Inj. Sol.				120 mg	
02337037	*Firmagon*	Ferring	2	690.00	

NAFARELIN ACETATE Pr

Nas. spray				2 mg/mL	
02188783	*Synarel*	Pfizer	8 ml	283.56	

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

68:20.02
ALPHA-GLUCOSIDASE INHIBITORS
ACARBOSE Pr

Tab.				50 mg	
02190885	*Glucobay*	Bayer	120	29.76	0.2480

Tab.				100 mg	
02190893	*Glucobay*	Bayer	120	41.15	0.3429

68:20.04
BIGUANIDES
METFORMIN HYDROCHLORIDE Pr

Tab.				500 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
			500	12.35	0.0247
02314908	*Pro-Metformin*	Pro Doc	500	12.35	0.0247
02269031	*Ran-Metformin*	Ranbaxy	100	2.47	0.0247
			500	12.35	0.0247
02242974	*ratio-Metformin*	Ratiopharm	100	2.47	0.0247
			500	12.35	0.0247
02239081	*Riva-Metformin*	Riva	100	2.47	0.0247
			500	12.35	0.0247
02246820	*Sandoz Metformin FC*	Sandoz	100	2.47	0.0247
			500	12.35	0.0247
02379767	*Septa-Metformin*	Septa	100	2.47	0.0247
			500	12.35	0.0247

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				850 mg **PPB**	
02257734	*ACT Metformin*	ActavisPhm	100	3.39	0.0339
			500	16.95	0.0339
02229785	*Apo-Metformin*	Apotex	100	3.39	0.0339
			500	16.95	0.0339
02438283	*Auro-Metformin*	Aurobindo	100	3.39	0.0339
			500	16.95	0.0339
02162849	*Glucophage*	SanofiAven	100	30.80	0.3080
02380218	*Jamp-Metformin*	Jamp	100	3.39	0.0339
			500	16.95	0.0339
02380730	*Jamp-Metformin Blackberry*	Jamp	100	3.39	0.0339
			500	16.95	0.0339
02378639	*Mar-Metformin*	Marcan	100	3.39	0.0339
02378868	*Metformin*	Marcan	100	3.39	0.0339
			500	16.95	0.0339
02353385	*Metformin*	Sanis	100	3.39	0.0339
			500	16.95	0.0339
02385368	*Metformin FC*	Sivem	100	3.39	0.0339
			500	16.95	0.0339
02388774	*Mint-Metformin*	Mint	100	3.39	0.0339
			500	16.95	0.0339
02230475	*Novo-Metformin*	Novopharm	100	3.39	0.0339
			500	16.95	0.0339
02242589	*pms-Metformin*	Phmscience	100	3.39	0.0339
			500	16.95	0.0339
02314894	*Pro-Metformin*	Pro Doc	500	16.95	0.0339
02269058	*Ran-Metformin*	Ranbaxy	100	3.39	0.0339
02242931	*ratio-Metformin*	Ratiopharm	100	3.39	0.0339
			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	3.39	0.0339
			500	16.95	0.0339
02379775	*Septa-Metformin*	Septa	100	3.39	0.0339
			500	16.95	0.0339

68:20.08
INSULINS
ASPART INSULIN

S.C. Inj. Sol.				100 U/mL	
02245397	*NovoRapid*	N.Nordisk	10 ml	25.37	

S.C. Inj. Sol.				100 U/mL (3 mL)	
02377209	*NovoRapid FlexTouch*	N.Nordisk	5	50.79	
02244353	*NovoRapid Penfill*	N.Nordisk	5	50.79	

INSULIN CRISTAL ZINC (BIOSYNTHETIC OF HUMAN SEQUENCE)

S.C. Inj. Sol.				100 U/mL	
00586714	*Humulin R*	Lilly	10 ml	17.12	
02024233	*Novolin ge Toronto*	N.Nordisk	10 ml	18.39	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.				100 U/mL (3 mL)	
01959220	*Humulin R*	Lilly	5	35.50	
02415089	*Humulin R KwikPen*	Lilly	5	35.50	
02024284	*Novolin ge Toronto Penfill*	N.Nordisk	5	36.75	

INSULIN GLULISINE

S.C. Inj. Sol.				100 U/mL	
02279460	*Apidra*	SanofiAven	10 ml	24.50	
S.C. Inj. Sol.				100 U/mL (3 mL)	
02279479	*Apidra*	SanofiAven	5	48.45	
02294346	*Apidra Solostar*	SanofiAven	5	49.00	

INSULIN ISOPHANE (BIOSYNTHETIC OF HUMAN SEQUENCE)

S.C. Inj. Susp.				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.				100 U/mL (3 mL)	
01959239	*Humulin N*	Lilly	5	35.50	
02403447	*Humulin N KwikPen*	Lilly	5	34.89	
02024268	*Novolin ge NPH Penfill*	N.Nordisk	5	36.75	

INSULINS ZINC CRISTALLINE AND ISOPHANE BIOSYNTHETIC OF HUMAN SEQUENCE

S.C. Inj. Susp.				30 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.				30 U -70 U/mL (3 mL)	
01959212	*Humulin 30/70*	Lilly	5	35.50	
02025248	*Novolin ge 30/70 Penfill*	N.Nordisk	5	36.75	
S.C. Inj. Susp.				40 U -60 U/mL (3 mL)	
02024314	*Novolin ge 40/60 Penfill*	N.Nordisk	5	36.75	
S.C. Inj. Susp.				50 U -50 U/mL(3 mL)	
02024322	*Novolin ge 50/50 Penfill*	N.Nordisk	5	36.75	

LISPRO INSULIN

S.C. Inj. Sol.				100 U/mL	
02229704	*Humalog*	Lilly	10 ml	26.17	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.			100 U/mL (3 mL)		
02229705	*Humalog*	Lilly	5	51.44	
02403412	*Humalog KwikPen*	Lilly	5	51.44	
S.C. Inj. Sol.			200 U/mL (3 mL)		
02439611	*Humalog KwikPen*	Lilly	5	102.88	

68:20.16
MEGLITINIDES
REPAGLINIDE F

Tab.			0.5 mg **PPB**		
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	*pms-Repaglinide*	Phmscience	100	8.08	0.0808
02415968	*Repaglinide*	Pro Doc	100	8.08	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
			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.			2 mg **PPB**		
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
SULFONYLUREAS
GLICLAZIDE P

L.A. Tab. — 30 mg **PPB**

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. — 60 mg **PPB**

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**

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 P

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
01913662	*Apo-Glyburide*	Apotex	100	5.73	0.0573
			500	28.65	0.0573
02224569	*Diabeta*	SanofiAven	30	6.25	0.2083
02485664	*Glyburide*	Pro Doc	500	28.65	0.0573
02350467	*Glyburide*	Sanis	100	5.73	0.0573
			500	28.65	0.0573
02236734	*pms-Glyburide*	Phmscience	30	1.72	0.0573
			500	28.65	0.0573
01900935	*ratio-Glyburide*	Ratiopharm	30	1.72	0.0573
			300	17.19	0.0573
01913689	*Teva-Glyburide*	Teva Can	500	28.65	0.0573
TOLBUTAMIDE P					
Tab.				500 mg	
00312762	*Tolbutamide*	AA Pharma	100	10.89	0.1089
			1000	108.90	0.1089

68:22.12
GLYCOGENOLYTIC AGENTS
GLUCAGON P

Inj. Pd.				1 mg **PPB**	
02333619	*GlucaGen*	Paladin	1	77.10	
02333627	*GlucaGen HypoKit*	Paladin	1	77.10	
02243297	*Glucagon*	Lilly	1	85.67	

68:24
PARATHYROID
CALCITONIN SALMON (SYNTHETIC) P

Inj. Sol.				100 UI	
02007134	*Caltine*	Ferring	1 ml	7.82	
Inj. Sol.				200 U/mL	
01926691	*Calcimar Solution*	SanofiAven	2 ml	46.04	

68:28
PITUITARY
DESMOPRESSIN ACETATE P

Inj. Sol.				4 mcg/mL	
00873993	*DDAVP*	Ferring	1 ml	10.06	
Inj. Sol.				15 mcg/mL	
02024179	*Octostim*	Ferring	1 ml	34.56	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Nas. Sol.				0.1 mg/mL	
00402516	*DDAVP*	Ferring	2.5 ml	47.20	
Nas. spray				10 mcg/dose **PPB**	
00836362	*DDAVP*	Ferring	25 dose(s)	47.20	
			50 dose(s)	94.40	
02242465	*Desmopressin*	AA Pharma	25 dose(s)	➡ 35.40	
			50 dose(s)	➡ 70.80	
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
02284995	*DDAVP Melt*	Ferring	30	29.73	0.9910
02284030	*Desmopressin*	AA Pharma	100	33.03	➡ 0.3303
02304368	*pms-Desmopressin*	Phmscience	100	33.03	➡ 0.3303
Tab. or Tab. Oral Disint.			0.2 mg ou 0.12 mg **PPB**		
00824143	*DDAVP*	Ferring	30	79.30	2.6433
			100	264.32	➡ 2.6432
02285002	*DDAVP Melt*	Ferring	30	59.47	1.9823
02284049	*Desmopressin*	AA Pharma	100	66.07	➡ 0.6607
02304376	*pms-Desmopressin*	Phmscience	100	66.07	➡ 0.6607

68:32
PROGESTINS
DIENOGEST Pr
Tab. 2 mg

02374900	*Visanne*	Bayer	28	55.00	1.9643

MEDROXYPROGESTERONE ACETATE Pr
I.M. Inj. Susp. 50 mg/mL

* 00030848	*Depo-Provera*	Pfizer	5 ml	24.65	**W**
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
02221284	*Novo-Medrone*	Novopharm	100	4.16	➡ 0.0416

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
02244727	*Apo-Medroxy*	Apotex	100	8.23	0.0823
02253577	*Medroxy-5*	Pro Doc	100	8.23	0.0823
02221292	*Novo-Medrone*	Novopharm	100	8.23	0.0823
00030937	*Provera*	Pfizer	100	26.25	0.2625
Tab.				10 mg **PPB**	
02277298	*Apo-Medroxy*	Apotex	100	16.70	0.1670
02221306	*Novo-Medrone*	Novopharm	100	16.70	0.1670
Tab.				100 mg	
02267640	*Apo-Medroxy*	Apotex	100	120.57	1.2057
PROGESTERONE Pr					
Oily Inj. Sol.				50 mg/mL	
02446820	*ACT Progesterone Injection*	ActavisPhm	10 ml	58.61	

68:36.04
THYROID AGENTS
LEVOTHYROXINE (SODIUM) Pr

Tab.				0.025 mg	
02172062	*Synthroid*	BGP Pharma	90	6.97	0.0774
			1000	71.09	0.0711
Tab.				0.05 mg	
02213192	*Eltroxin*	Aspen	500	13.70	0.0274
02172070	*Synthroid*	BGP Pharma	90	4.21	0.0468
			1000	42.53	0.0425
Tab.				0.075 mg	
02172089	*Synthroid*	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768
Tab.				0.088 mg	
02172097	*Synthroid*	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768
Tab.				0.1 mg	
02213206	*Eltroxin*	Aspen	500	16.82	0.0336
02172100	*Synthroid*	BGP Pharma	90	5.58	0.0620
			1000	56.61	0.0566

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.				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

LIOTHYRONINE (SODIUM) Ⓟ

Tab.				5 mcg	
01919458	*Cytomel*	Pfizer	100	122.74	1.2274
Tab.				25 mcg	
01919466	*Cytomel*	Pfizer	100	133.41	1.3341

68:36.08
ANTITHYROID AGENTS

METHIMAZOL Ⓟ

Tab.				5 mg **PPB**	
02480107	*Mar-Methimazole*	Marcan	100	22.97	0.2297
00015741	*Tapazole*	Paladin	100	24.73	0.2473

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PROPYLTHIOURACIL P					
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

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

84:04.04
ANTIBIOTICS

BACITRACIN

Inj./Top. Pd. — 50 000 U

00030708	*Bacitracine*	Pfizer	1	9.10	

Top. Oint. — 500 U/g **PPB**

00584908	*Bacitin*	Pendopharm	30 g	2.98	➡ 0.0993
02351714	*Bacitracin*	Jamp	450 g	44.72	➡ 0.0994

CLINDAMYCIN PHOSPHATE

Top. Sol. — 1 % **PPB**

02243659	*Clinda-T*	Valeant	60 ml	➡ 9.15	
00582301	*Dalacin T*	Pfizer	30 ml	8.93	
			60 ml	17.86	
02266938	*Taro-Clindamycin*	Taro	30 ml	➡ 6.78	
			60 ml	➡ 9.15	

FUSIDIC (ACID)

Top. Cr. — 2 %

00586668	*Fucidin*	Leo	30 g	17.78	0.5927

METRONIDAZOLE

Top. Cr. — 1 %

02156091	*Noritate*	Valeant	45 g	24.03	0.5340

Top. Jel. — 1 %

02297809	*Metrogel*	Galderma	55 g	33.00	0.6000

MUPIROCIN

Top. Oint. — 2 %

02279983	*Taro-Mupirocin*	Taro	15 g	5.33	0.3553
			30 g	10.67	0.3556

MUPIROCIN CALCIUM

Top. Cr. — 2 %

02239757	*Bactroban*	GSK CONS	15 g	7.52	0.5013

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

POLYMYXIN B SULFATE/ BACITRACIN (ZINC)

Top. Oint.			10 000 U -500 U/g **PPB**		
00621366	*Bioderm*	Odan	15 g	5.04	0.3360
			30 g	10.08	0.3360
02357569	*Jampolycin*	Jamp	15 g	5.04	0.3360

SODIUM FUSIDATE Pr

Top. Oint.				2 %	
00586676	*Fucidin*	Leo	30 g	17.78	0.5927

84:04.08
ANTIFUNGALS

CICLOPIROX OLAMINE Pr

Lot.				1 %	
02221810	*Loprox*	Valeant	60 ml	18.13	

Top. Cr.				1 %	
02221802	*Loprox*	Valeant	60 g	18.10	0.3017

CLOTRIMAZOLE

Top. Cr.				10 mg/g	
00812382	*Clotrimaderm*	Taro	20 g	4.20	0.2100
			30 g	6.30	0.2100
			50 g	9.00	0.1800
			500 g	44.20	0.0884

Vag. Cr. (App.)				1 %	
00812366	*Clotrimaderm*	Taro	50 g	8.75	

Vag. Cr. (App.)				2 %	
00812374	*Clotrimaderm*	Taro	25 g	8.75	

KETOCONAZOLE Pr

Top. Cr.				2 %	
02245662	*Ketoderm*	Taro	30 g	9.50	0.3167

NYSTATIN

Top. Cr.			100 000 U/g **PPB**		
00716871	*Nyaderm*	Taro	454 g	28.60	0.0630
02194236	*ratio-Nystatin*	Ratiopharm	15 g	0.95	0.0633
			30 g	1.89	0.0630
			450 g	28.35	0.0630

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 HYDROCHLORIDE P					
Top. Cr.				1 %	
02031094	*Lamisil*	Novartis	30 g	14.83	0.4943
Top. vap.				1 %	
02238703	*Lamisil*	Novartis	30 ml	14.65	
TERCONAZOL P					
Vag. Cr. (App.)				0.4 %	
02247651	*Taro-Terconazole*	Taro	45 g	12.27	

84:04.12
SCABICIDES AND PEDICULICIDES

DIMETICONE

Sol.				50% P/P	
02373785	*Nyda*	Pediapharm	50 ml	22.42	

ISOPROPYL MYRISTATE

Top. Sol.				50 %	
02279592	*Resultz*	MedFutures	120 ml 240 ml	11.50 22.42	

PERMETHRIN

Cr. Rinse				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.				5 %	
02219905	*Nix*	GSK CONS	30 g	14.04	0.4680

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

PYRETHRINS/ PIPERONYL BUTOXYDE

Shamp. 0.33 % -3 % à 4 % **PPB**

02229642	*Pronto Shampooing*	Del	59 ml	➡ 4.45	
02125447	*R & C Shampoo with conditioner*	Medtech	50 ml	7.69	
			200 ml	22.19	➡ 0.1110

84:04.92
LOCAL ANTI-INFECTIVES, MISCELLANEOUS

SULFADIAZINE (SILVER) Pr

Top. Cr. 1 %

00323098	*Flamazine*	S. & N.	20 g	4.86	0.2430
			50 g	10.96	0.2192
			500 g	66.01	0.1320

84:06
ANTI-INFLAMMATORY AGENTS

AMCINONIDE Pr

Lot. 0.1 %

02247097	*ratio-Amcinonide*	Teva Can	20 ml	4.54	
			60 ml	13.63	

Top. Cr. 0.1 % **PPB**

02192284	*Cyclocort*	GSK	60 g	15.00	0.2500
02247098	*ratio-Amcinonide*	Ratiopharm	15 g	2.86	➡ 0.1907
			30 g	5.73	➡ 0.1910
			60 g	11.45	➡ 0.1908
02246714	*Taro-Amcinonide*	Taro	15 g	2.86	➡ 0.1907
			30 g	5.73	➡ 0.1910
			60 g	11.45	➡ 0.1908

Top. Oint. 0.1 %

02247096	*ratio-Amcinonide*	Teva Can	15 g	4.73	0.3153
			30 g	9.45	0.3150
			60 g	15.00	0.2500

BECLOMETHASONE DIPROPIONATE Pr

Top. Cr. 0.025 %

02089602	*Propaderm*	Valeant	45 g	19.13	0.4251
			120 g	51.01	0.4251

BETAMETHASONE DIPROPIONATE Pr

Lot. 0.05 % **PPB**

00417246	*Diprosone*	Merck	75 ml	➡ 14.85	
00809187	*ratio-Topisone*	Ratiopharm	30 ml	➡ 5.94	
			75 ml	➡ 14.85	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				0.05 % **PPB**	
00323071	*Diprosone*	Merck	50 g	10.23	0.2046
00804991	*ratio-Topisone*	Ratiopharm	15 g	3.07	0.2046
			50 g	10.23	0.2046
01925350	*Taro-Sone*	Taro	50 g	10.23	0.2046
Top. Oint.				0.05 % **PPB**	
00344923	*Diprosone*	Merck	50 g	10.76	0.2152
00805009	*ratio-Topisone*	Ratiopharm	15 g	3.23	0.2152
			50 g	10.76	0.2152
			450 g	96.84	0.2152

BETAMETHASONE DIPROPIONATE/ GLYCOL BASE P

Lot.				0.05 %	**PPB**	
00862975	*Diprolene*	Merck	60 ml	16.18		
* 01927914	*Teva-Topilene*	Teva Can	30 ml	8.09		
			60 ml	16.18		
Top. Cr.				0.05 %	**PPB**	
00688622	*Diprolene*	Merck	50 g	25.93	0.5186	
* 00849650	*Teva-Topilene*	Teva Can	15 g	7.78	0.5186	
			50 g	25.93	0.5186	
Top. Oint.				0.05 %	**PPB**	
00629367	*Diprolene*	Merck	50 g	25.93	0.5186	
* 00849669	*Teva-Topilene*	Teva Can	15 g	7.78	0.5186	
			50 g	25.93	0.5186	

BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID P

Lot.				0.05 % -2 %	**PPB**	
00578428	*Diprosalic Lotion*	Merck	60 ml	21.14		
02245688	*ratio-Topisalic*	Teva Can	30 ml	10.57		
			60 ml	21.14		
Top. Oint.				0.05 % -3 %		
00578436	*Diprosalic Pommade*	Merck	50 g	34.96	0.6992	

BETAMETHASONE DISODIUM PHOSPHATE P

Rect. Sol.				5 mg/ 100 mL	
02060884	*Betnesol*	Paladin	100 ml	8.79	

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

BETAMETHASONE VALERATE Pr

Lot. 0.05 %

00653209	*ratio-Ectosone*	Teva Can	60 ml	11.40	

Lot. 0.1 %

00750050	*ratio-Ectosone*	Teva Can	60 ml	15.00	

Scalp Lot. 0.1 % **PPB**

00716634	*Betaderm*	Taro	75 ml	6.39	
00653217	*ratio-Ectosone*	Ratiopharm	30 ml	2.56	
			75 ml	6.39	
01940112	*Rivasone*	Riva	30 ml	2.56	
			75 ml	6.39	
00027944	*Valisone*	Valeant	75 ml	6.40	

Top. Cr. 0.05 % **PPB**

00716618	*Betaderm*	Taro	454 g	27.06	0.0596
02357860	*Celestoderm V/2*	Valeant	450 g	26.80	0.0596

Top. Cr. 0.1 % **PPB**

00716626	*Betaderm*	Taro	454 g	40.36	0.0889
02357844	*Celestoderm V*	Valeant	450 g	40.00	0.0889

Top. Oint. 0.05 % **PPB**

00716642	*Betaderm*	Taro	454 g	27.06	0.0596
02357879	*Celestoderm V/2*	Valeant	450 g	26.80	0.0596

Top. Oint. 0.1 % **PPB**

00716650	*Betaderm*	Taro	454 g	40.36	0.0889
02357852	*Celestoderm V*	Valeant	450 g	40.00	0.0889

BUDESONIDE Pr

Rect. Sol. 0.02 mg/mL

02052431	*Entocort*	AZC	115 ml	8.24	

CLOBETASOL PROPIONATE Pr

Scalp Lot. 0.05 % **PPB**

02213281	*Dermovate Capillaire*	Taro	60 ml	34.11	
02216213	*Mylan-Clobetasol*	Mylan	60 ml	11.94	
02232195	*pms-Clobetasol*	Phmscience	60 ml	11.94	
02245522	*Taro-Clobetasol*	Taro	60 ml	11.94	
* 01910299	*Teva-Clobetasol*	Teva Can	20 ml	3.98	
			60 ml	11.94	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				0.05 % **PPB**	
02213265	*Dermovate*	Taro	15 g	10.23	0.6820
			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
02309521	*pms-Clobetasol*	Phmscience	50 g	11.40	0.2279
02245523	*Taro-Clobetasol*	Taro	15 g	3.42	0.2279
			50 g	11.40	0.2279
			454 g	103.47	0.2279
* 01910272	*Teva-Clobetasol*	Teva Can	15 g	3.42	0.2279
			50 g	11.40	0.2279
			450 g	102.56	0.2279
Top. Oint.				0.05 % **PPB**	
02213273	*Dermovate*	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
02026767	*Mylan-Clobetasol*	Mylan	50 g	11.40	0.2279
02126192	*Novo-Clobetasol*	Novopharm	50 g	11.40	0.2279
02309548	*pms-Clobetasol*	Phmscience	50 g	11.40	0.2279
02245524	*Taro-Clobetasol*	Taro	15 g	3.42	0.2279
			50 g	11.40	0.2279
* 01910280	*Teva-Clobetasol*	Teva Can	15 g	3.42	0.2279
			50 g	11.40	0.2279
			450 g	102.56	0.2279
CLOBETASONE BUTYRATE					
Top. Cr.				0.05 %	
02214415	*Spectro Eczemacare medicated cream*	GSK CONS	30 g	11.45	0.3817
DESONIDE Pr					
Top. Cr.				0.05 %	
02229315	*PDP-Desonide*	Pendopharm	15 g	3.92	0.2613
			60 g	15.66	0.2610
Top. Oint.				0.05 %	
02229323	*PDP-Desonide*	Pendopharm	60 g	15.66	0.2610
DESOXIMETASONE Pr					
Emol. Top. Cr.				0.05 %	
02221918	*Topicort Doux*	Valeant	20 g	9.08	0.4540
			60 g	22.97	0.3828
Emol. Top. Cr.				0.25 %	
02221896	*Topicort*	Valeant	20 g	13.08	0.6540
			60 g	34.59	0.5765

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.				0.25 %	
02221934	*Topicort*	Valeant	60 g	34.59	0.5765

FLUOCINOLONE ACETONIDE Pr

Top. Oint.				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				0.01 %	
00873292	*Derma-Smoothe/FS*	Hill	118 ml	29.15	

FLUOCINONIDE Pr

Emol. Top. Cr.				0.05 %	**PPB**	
02163152	*Lidemol Cream Emollient*	Valeant	30 g	5.94	➡	0.1980
			100 g	19.80	➡	0.1980
00598933	*Tiamol*	Taro	25 g	4.95	➡	0.1980
			100 g	19.80	➡	0.1980
Top. Cr.				0.05 %	**PPB**	
02161923	*Lidex Cream*	Valeant	60 g	14.27	➡	0.2378
			400 g	95.12	➡	0.2378
00716863	*Lyderm*	Taro	15 g	3.57	➡	0.2378
			60 g	14.27	➡	0.2378
			400 g	95.12	➡	0.2378
Top. Jel.				0.05 %	**PPB**	
02161974	*Lidex Gel*	Valeant	60 g	18.46		0.3077
02236997	*Lyderm*	Taro	15 g	4.61	➡	0.3073
			60 g	18.45	➡	0.3075
Top. Oint.				0.05 %	**PPB**	
02161966	*Lidex Ointment*	Valeant	60 g	18.21	➡	0.3035
02236996	*Lyderm*	Taro	60 g	18.21	➡	0.3035

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

HYDROCORTISONE

Lot.				1 % **PPB**	
80057191	*Jamp-Hydrocortisone Lotion 1 %*	Jamp	60 ml	7.15	
			150 ml	17.87	
80066168	*M-HC 1% lotion*	Mantra Ph.	60 ml	7.15	

HYDROCORTISONE Pr

Rect. Sol.				100 mg	
02112736	*Cortenema*	Aptalis	60 ml	6.45	

HYDROCORTISONE

Top. Cr.				1 % **PPB**	
80078409	*Alta-HC 1 %*	Altamed	15 g	1.48	0.0987
			30 g	4.50	0.1500
80073687	*Cell Hydrocortisone*	Cellchem	15 g	1.48	0.0987
80066699	*Cortivera - H*	Vanc Phm	454 g	39.00	0.0859
80061697	*Cortivera Plus*	Vanc Phm	15 g	1.48	0.0987
00192597	*Emo-Cort*	GSK	45 g	7.42	0.1649
02412926	*Euro-Hydrocortisone*	Sandoz	15 g	3.00	0.2000
			30 g	4.50	0.1500
			45 g	4.45	0.0989
			454 g	39.00	0.0859
80057189	*Jamp-Hydrocortisone Cream 1 %*	Jamp	30 g	4.50	0.1500
			45 g	4.45	0.0988
			454 g	39.00	0.0859
80066164	*M-HC 1%*	Mantra Ph.	45 g	4.45	0.0988
			454 g	39.00	0.0859
80066167	*M-HC 1% Protection*	Mantra Ph.	30 g	4.50	0.1500
00804533	*Prevex HC*	GSK	30 g	7.84	0.2613

Top. Oint.				1 % **PPB**	
00716693	*Cortoderm*	Taro	454 g	17.70	0.0390
80057193	*Jamp-Hydrocortisone 1%*	Jamp	454 g	17.70	0.0390

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

HYDROCORTISONE ACETATE P

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 (app.)				10 %	
00579335	*Cortifoam*	Paladin	15 g	78.78	

Supp.				10 mg **PPB**	
02236399	*Anodan-HC*	Odan	12	7.00	0.5833
			24	14.00	0.5833
02240112	*Riva-sol HC*	Riva	12	7.00	0.5833
02242798	*Sandoz Anuzinc HC*	Sandoz	12	7.00	0.5833

HYDROCORTISONE ACETATE

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

Lot.				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	**W**

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
			225 g	27.70	0.1231
80061501	*Jamp-Hydrocortisone Acetate 1 % Urea 10 % Cream*	Jamp	120 g	14.77	0.1231
			225 g	27.70	0.1231
80073645	*M-HC 1% Urea 10% cream*	Mantra Ph.	120 g	14.77	0.1231
MOMETASON FUROATE Pr					
Lot.				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.				0.1 % **PPB**	
00851744	*Elocom*	Merck	15 g	9.45	0.6300
			50 g	29.80	0.5960
02367157	*Taro-Mometasone*	Taro	15 g	7.89	0.5260
			50 g	26.31	0.5262
Top. Oint.				0.1 % **PPB**	
00851736	*Elocom*	Merck	15 g	9.12	0.6080
			50 g	28.77	0.5754
02248130	*ratio-Mometasone*	Ratiopharm	15 g	3.38	0.2252
			50 g	11.26	0.2252
02264749	*Taro-Mometasone*	Taro	15 g	3.38	0.2252
			50 g	11.26	0.2252
TRIAMCINOLONE ACETONIDE Pr					
Oral Top. Oint.				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
			500 g	26.65	0.0533
00716960	*Triaderm*	Taro	500 g	25.32	0.0506
Top. Cr.				0.5 %	
02194066	*Aristocort C*	Valeant	15 g	17.28	1.1520
			50 g	57.60	1.1520
Top. Oint.				0.1 %	
02194031	*Aristocort R*	Valeant	30 g	3.90	0.1300

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

84:28
KERATOLYTIC AGENTS

LACTIC (ACID)/ SALICYLIC (ACID)/ GLACIAL ACETIC (ACID)

Liq. 10.2 % -10 % -9.8 %

00609501	*Viron Lotion*	Odan	15 ml	6.99	**W**

SALICYLIC ACID SODIUM THIOSULFATE

Top. Jel. 2 % -8 %

00326577	*Adasept Gel*	Odan	50 ml	6.99	**W**

UREA

Top. Cr. 20 % and 22 % **PPB**

80023775	*JamUrea 20*	Jamp	225 g	10.78	0.0479
80079151	*M-Urea 20*	Mantra Ph.	100 g	4.79	0.0479
			225 g	10.78	0.0479
80079885	*Urea Cream*	Cellchem	50 g	2.40	0.0479
00396125	*Urisec*	Odan	120 g	5.75	0.0479
			225 g	11.69	0.0520
			454 g	21.75	0.0479

84:32
KERATOPLASTIC AGENTS

TAR (MINERAL)

Top. Jel. 10 %

00344508	*Targel*	Odan	100 g	13.90	0.1390

TAR (MINERAL)/ SALICYLIC ACID

Top. Jel. 10 % -3 %

00510335	*Targel S.A.*	Odan	100 g	15.35	0.1535

84:92
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS

ACITRETINE P

Caps. 10 mg **PPB**

02468840	*Mint-Acitretin*	Mint	30	38.90	1.2965
02070847	*Soriatane*	Tribute	30	38.90	1.2965
02466074	*Taro-Acitretin*	Taro	30	38.90	1.2965

Caps. 25 mg **PPB**

02468859	*Mint-Acitretin*	Mint	30	68.31	2.2770
02070863	*Soriatane*	Tribute	30	68.31	2.2770
02466082	*Taro-Acitretin*	Taro	30	68.31	2.2770

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

CALCIPOTRIOL Pr

Top. Oint. 50 mcg/g

01976133	*Dovonex*	Leo	100 g	73.37	0.7337

CALCITRIOL Pr

Top. Oint. 3 mcg/g

02338572	*Silkis*	Galderma	60 g	40.80	0.6800

FLUOROURACIL Pr

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	*Cutimed Gel*	BSN Med	15 g	2.95	0.1967
			25 g	3.93	0.1572
99100365	*Nu-Gel*	KCl	15 g	2.58	0.1720
			25 g	4.31	0.1724
99100152	*Purilon Gel*	Coloplast	8 g	2.25	0.2813
			15 g	3.15	0.2100
99100192	*Tegaderm 3M - Hydrogel wound filler*	3M Canada	15 g	2.74	0.1827
99100300	*Woun'dres*	Coloplast	28 g	3.70	0.1321
			84 g	8.98	0.1069

ISOTRETINOIN Pr

Caps. 10 mg **PPB**

00582344	*Accutane 10*	Roche	30	27.94	0.9313
02257955	*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 Pr

Top. Sol. 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	

86:00
SMOOTH MUSCLE RELAXANTS

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

86:12
GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNINE CHLORIDE P

Tab. 2.5 mg

02240549	*pms-Oxybutynin*	Phmscience	100	13.72	0.1372

Tab. 5 mg **PPB**

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) P

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

SOLIFENACIN SUCCINATE P

Tab. 5 mg **PPB**

02423375	*Apo-Solifenacin*	Apotex	30	9.12	0.3041
			100	30.41	0.3041
02446375	*Auro-Solifenacin*	Aurobindo	30	9.12	0.3041
			100	30.41	0.3041
02424339	*Jamp-Solifenacin*	Jamp	30	9.12	0.3041
			100	30.41	0.3041
02428911	*Med-Solifenacin*	GMP	30	9.12	0.3041
			90	27.37	0.3041
02443171	*Mint-Solifenacin*	Mint	90	27.37	0.3041
02417723	*pms-Solifenacin*	Phmscience	30	9.12	0.3041
			100	30.41	0.3041
02437988	*Ran-Solifenacin*	Ranbaxy	100	30.41	0.3041
			500	152.05	0.3041
02399032	*Sandoz Solifenacin*	Sandoz	30	9.12	0.3041
			100	30.41	0.3041
02458144	*Solifenacin*	Pro Doc	30	9.12	0.3041
			100	30.41	0.3041
02458241	*Solifenacin*	Sanis	30	9.12	0.3041
			100	30.41	0.3041
02448335	*Succinate de Solifenacine*	MDA	30	9.12	0.3041
			90	27.37	0.3041
02397900	*Teva-Solifenacin*	Teva Can	30	9.12	0.3041
			100	30.41	0.3041
02277263	*Vesicare*	Astellas	30	45.00	1.5000
			90	135.00	1.5000

Tab. 10 mg **PPB**

02423383	*Apo-Solifenacin*	Apotex	30	9.12	0.3041
			100	30.41	0.3041
02446383	*Auro-Solifenacin*	Aurobindo	30	9.12	0.3041
			100	30.41	0.3041
02424347	*Jamp-Solifenacin*	Jamp	30	9.12	0.3041
			100	30.41	0.3041
02428938	*Med-Solifenacin*	GMP	30	9.12	0.3041
			90	27.37	0.3041
02443198	*Mint-Solifenacin*	Mint	90	27.37	0.3041
02417731	*pms-Solifenacin*	Phmscience	30	9.12	0.3041
			100	30.41	0.3041
02437996	*Ran-Solifenacin*	Ranbaxy	100	30.41	0.3041
			500	152.05	0.3041
02399040	*Sandoz Solifenacin*	Sandoz	30	9.12	0.3041
			100	30.41	0.3041
02458152	*Solifenacin*	Pro Doc	30	9.12	0.3041
			100	30.41	0.3041
02458268	*Solifenacin*	Sanis	30	9.12	0.3041
			100	30.41	0.3041
02448343	*Succinate de Solifenacine*	MDA	30	9.12	0.3041
			90	27.37	0.3041
02397919	*Teva-Solifenacin*	Teva Can	30	9.12	0.3041
			100	30.41	0.3041
02277271	*Vesicare*	Astellas	30	45.00	1.5000
			90	135.00	1.5000

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

TOLTERODINE L-TARTRATE P

L.A. Caps. 2 mg **PPB**

02244612	*Detrol LA*	Pfizer	30	56.76	1.8920
			90	170.28	1.8920
02404184	*Mylan-Tolterodine ER*	Mylan	30	14.73	0.4910
			100	49.11	0.4911
02413140	*Sandoz Tolterodine LA*	Sandoz	30	14.73	0.4910
			100	49.11	0.4911
02412195	*Teva-Tolterodine LA*	Teva Can	30	14.73	0.4910
			100	49.11	0.4911

L.A. Caps. 4 mg **PPB**

02244613	*Detrol LA*	Pfizer	30	56.76	1.8920
			90	170.28	1.8920
02404192	*Mylan-Tolterodine ER*	Mylan	30	14.73	0.4910
			100	49.11	0.4911
02413159	*Sandoz Tolterodine LA*	Sandoz	30	14.73	0.4910
			100	49.11	0.4911
02412209	*Teva-Tolterodine LA*	Teva Can	30	14.73	0.4910
			100	49.11	0.4911

Tab. 1 mg **PPB**

02369680	*Apo-Tolterodine*	Apotex	100	24.55	0.2455
02239064	*Detrol*	Pfizer	60	56.76	0.9460
02423308	*Mint-Tolterodine*	Mint	100	24.55	0.2455
02299593	*Teva-Tolterodine*	Teva Can	60	14.73	0.2455

Tab. 2 mg **PPB**

02369699	*Apo-Tolterodine*	Apotex	100	24.55	0.2455
			500	122.75	0.2455
02239065	*Detrol*	Pfizer	60	56.76	0.9460
02423316	*Mint-Tolterodine*	Mint	100	24.55	0.2455
02299607	*Teva-Tolterodine*	Teva Can	60	14.73	0.2455

86:16
RESPIRATORY SMOOTH MUSCLE RELAXANTS

THEOPHYLLINE P

Alcohol free Sol. 80 mg/15 mL

01966219	*Theolair*	Valeant	500 ml	9.81	0.0196

Elix. 80 mg/15 mL

00627410	*Theophylline*	Atlas	500 ml	1.76	0.0035

Elix. sugar less 80 mg/15 mL

00466409	*Pulmophylline*	Riva	500 ml	4.30	0.0086

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				100 mg	
* 00692689	*Theo LA*	AA Pharma	100	13.00	0.1300
L.A. Tab.				200 mg	
* 00692697	*Theo LA*	AA Pharma	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	*Theo ER*	AA Pharma	100	40.72	0.4072
02014181	*Uniphyl*	Purdue	50	20.36	0.4072

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 COMPLEX
CYANOCOBALAMIN

Inj. Sol. — 0.1 mg/mL

02241500	*Vitamine B 12*	Sandoz	1 ml	1.45	

Inj. Sol. — 1 mg/mL **PPB**

01987003	*Cyanocobalamine*	Sterimax	10 ml	2.78	
02413795	*Cyanocobalamine Injectable, USP*	Mylan	10 ml	2.78	
02420147	*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. — 5 mg/mL

02139480	*Acide folique injectable, USP*	Fresenius	10 ml	16.40	

Tab. — 1 mg **PPB**

80000695	*Euro-Folic*	Sandoz	100	1.49	0.0149
80053274	*Jamp-Folic Acid*	Jamp	500	7.45	0.0149
80061488	*M-Folique 1 mg*	Mantra Ph.	500	7.45	0.0149

FOLIC ACID Pr

Tab. — 5 mg **PPB**

02285673	*Euro-Folic*	Sandoz	1000	19.80	0.0198
02366061	*Jamp Folic Acid*	Jamp	1000	19.80	0.0198

NIACIN

Tab. — 500 mg **PPB**

00557412	*Jamp-Niacin*	Jamp	100	4.50	0.0450
			500	22.50	0.0450
01939130	*Niacine*	Odan	100	7.50	0.0750

PYRIDOXINE HYDROCHLORIDE

Tab. — 25 mg **PPB**

80002890	*Jamp Vitamin B6*	Jamp	1000	18.30	0.0183
80056458	*M-B6 25 mg*	Mantra Ph.	500	9.15	0.0183
80049803	*Opus Vitamine B6*	Opus	500	9.15	0.0183
			1000	18.30	0.0183

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

THIAMINE HYDROCHLORIDE

Inj. Sol. — 100 mg/mL **PPB**

02193221	*Thiamiject*	Oméga	10 ml	➡ 11.88	
02243525	*Thiamine*	Sterimax	10 ml	➡ 11.88	

Tab. — 50 mg **PPB**

02245506	*Euro-B1*	Sandoz	500	35.00	➡ 0.0700
80009633	*Jamp-Vitamin B1*	Jamp	500	35.00	➡ 0.0700
80054199	*M-B1 50 mg*	Mantra Ph.	500	35.00	➡ 0.0700
80049777	*Opus Vitamine B1*	Opus	500	35.00	➡ 0.0700

Tab. — 100 mg **PPB**

80009588	*Jamp-Vitamin B1*	Jamp	500	64.68	➡ 0.1294
80054205	*M-B1 100 mg*	Mantra Ph.	500	64.68	➡ 0.1294
80049780	*Opus Vitamine B1*	Opus	500	64.68	➡ 0.1294

88:16
VITAMIN D

ALFACALCIDOL Pr

Caps. — 0.25 mcg

00474517	*One-Alpha*	Leo	100	42.45	0.4245

Caps. — 1 mcg

00474525	*One-Alpha*	Leo	100	127.07	1.2707

I.V. Inj. Sol. — 2 mcg/mL

02242502	*One-Alpha*	Leo	0.5 ml	7.99	
			1 ml	15.98	

Oral Sol. — 2 mcg/mL

02240329	*One-Alpha*	Leo	20 ml	99.66	4.9830

CALCITRIOL Pr

Caps. — 0.25 mcg **PPB**

*	02431637	*Calcitriol-Odan*	Odan	30	20.88	➡ 0.6960
				100	69.60	➡ 0.6960
	00481823	*Rocaltrol*	Roche	100	69.60	➡ 0.6960

Caps. — 0.50 mcg **PPB**

*	02431645	*Calcitriol-Odan*	Odan	30	33.21	➡ 1.1069
				100	110.69	➡ 1.1069
	00481815	*Rocaltrol*	Roche	100	110.69	➡ 1.1069

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

CHOLECALCIFEROL P

Caps. 2 000 UI

02442256	*Luxa-D*	Orimed	100	6.93	0.0693

Caps. or Tab. 10 000 UI **PPB**

00821772	*D-Tabs*	Riva	60	12.60	0.2100
			250	52.50	0.2100
02253178	*Euro D 10 000*	Sandoz	60	12.60	0.2100
02379007	*Jamp-Vitamine D*	Jamp	60	12.60	0.2100
			500	105.00	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

ERGOCALCIFEROL P

Caps. 50 000 U **PPB**

02237450	*D-Forte*	Sandoz	100	19.86	0.1986
02301911	*Osto-D2*	Paladin	100	19.86	0.1986

Oral Sol. 8 288 UI/mL **PPB**

80003615	*Erdol*	Odan	60 ml	12.80	
80020776	*Jamp-D2-Dol*	Jamp	60 ml	12.80	

VITAMIN D

Caps. 800 UI **PPB**

80003010	*Euro D 800*	Sandoz	100	6.00	0.0600
80007769	*Jamp-Vitamine D*	Jamp	500	30.00	0.0600
80039160	*Opus D-800*	Opus	500	30.00	0.0600

Caps. or Tab. 400 UI **PPB**

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
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. or Tab.				1 000 UI **PPB**	
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	*Vitamin D3 Softgel*	Cellchem	100	7.00	0.0700
80043412	*Vitamine D 1000 UI (Caps.)*	Biomed	500	35.00	0.0700
Oral Sol.				400 UI/dose **PPB**	
80001869	*Baby Ddrops*	D Drops	90 dose(s)	9.90	
00762881	*D-VI-SOL*	M.J.	50 dose(s)	5.50	
80019649	*Jamp-D3-Dol*	Jamp	90 dose(s)	9.90	
80003038	*Jamp-Vitamine D*	Jamp	50 dose(s)	5.50	
80004595	*PediaVIT D*	Sandoz	50	5.50	
80077066	*Pediavit Vitamine D3*	Sandoz	60 dose(s)	6.60	

88:24
VITAMIN K
PHYTONADIONE P

I.M. Inj. Sol.				2 mg/mL	
00781878	*Vitamine K 1*	Sandoz	0.5 ml	5.19	
I.M. Inj. Sol.				10 mg/mL	
00804312	*Vitamine K 1*	Sandoz	1 ml	5.88	

88:28
MULTIVITAMINS
VITAMINS A, D AND C

Oral Sol.				750 U -400 U -30 mg/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	*Jamp-Vitamins A-D-C*	Jamp	50 ml	9.36	
02229790	*Pediavit*	Euro-Pharm	50 ml	9.36	

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	*Monovalent*	Allergo	1	82.17	
99003791	*Polyvalent*	ALK-Abello	1	82.17	
99101113	*Polyvalent*	Allergo	1	82.17	

Inj. Sol. Complete 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	
			4	110.98	
99101114	*Polyvalent*	Allergo	4	110.98	

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

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol. Maintenance Treatment (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 standardise*	ALK-Abello	1	107.78	
99101109	*Monovalent-Acariens standardise*	Allergo	1	107.78	
99100063	*Monovalent-Chat*	Oméga	1	107.64	
99003899	*Monovalent-Chat standardise*	ALK-Abello	1	107.78	
99101111	*Monovalent-Chat standardise*	Allergo	1	107.78	
02247754	*Monovalent-Pollen*	Oméga	1	107.64	
99100067	*Polyvalent - Pollen*	Oméga	1	107.64	
99100068	*Polyvalent - Pollens - Acariens*	Oméga	1	107.64	
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 standardise*	ALK-Abello	1	107.78	
99101120	*Polyvalent-Acariens standardise*	Allergo	1	107.78	
99100065	*Polyvalent-Chat*	Oméga	1	107.64	
99003929	*Polyvalent-Chat standardise*	ALK-Abello	1	107.78	
99101122	*Polyvalent-Chats standardise*	Allergo	1	107.78	
99003902	*Polyvalent-Pollens-Acariens standardise*	ALK-Abello	1	107.78	
99101115	*Polyvalent-Pollens-Acariens standardise*	Allergo	1	107.78	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Complete Treatment Set (10 mL)		
99100074	*Monovalent non-Pollen*	Oméga	4	151.84	
99004003	*Monovalent standardise*	ALK-Abello	3	153.65	
			4	153.65	
99101108	*Monovalent standardise*	Allergo	4	153.65	
99100061	*Monovalent-Acariens*	Oméga	3	153.93	
99003937	*Monovalent-Acariens standardise*	ALK-Abello	4	153.65	
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 - Acariens*	Oméga	4	153.93	
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	
			4	153.65	
99101123	*Polyvalent-Chats standardise*	Allergo	4	153.65	
99003953	*Polyvalent-Pollens-Acariens standardise*	ALK-Abello	3	153.65	
			4	153.65	

ALLERGENIC EXTRACTS,AQUEOUS, GLYCERINATED, NON STANDARDIZED AND STANDARDIZED

Inj. Sol.			Maintenance Treatment (10 mL)		
99003821	*Polyvalent-Pollens non stand.-Acariens stand.*	ALK-Abello	1	100.30	
99101124	*Polyvalent-Pollens non stand.-Acariens stand.*	Allergo	1	100.30	
Inj. Sol.			Complete Treatment Set (10 mL)		
99003864	*Polyvalent-Pollens non stand.-Acariens stand.*	ALK-Abello	3	140.86	
			4	140.86	
99101125	*Polyvalent-Pollens non stand.-Acariens stand.*	Allergo	4	140.86	

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

ALLERGENS (ALUM-PRECIPITATED EXTRACTS OF)

Inj. Sol. Maintenance Treatment (5 mL)

99101143	*Presaisonnier - Arbres, Graminees et Herbes a poux*	Allergo	1	93.90	
99101147	*Presaisonnier - Graminees et Herbes a poux*	Allergo	1	93.90	
99101149	*Presaisonnier - Herbes a poux*	Allergo	1	93.90	
99101141	*Presaisonnier- Arbres*	Allergo	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 poux*	ALK-Abello	1	93.90	
99100072	*Presaisonnier- Herbe a poux*	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	102.25	
00861375	*Suspal-Polyvalent*	Oméga	1	101.18	

Inj. Sol. Maintenance Treatment (10 mL)

00908614	*Suspal- Monovalent-Acariens*	Oméga	1	120.55	
00889814	*Suspal- Polyvalent-Acariens*	Oméga	1	127.03	
00861332	*Suspal-Monovalent*	Oméga	1	127.02	
00861359	*Suspal-Polyvalent*	Oméga	1	127.02	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Complete Treatment Set (5 mL)		
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 poux*	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 poux*	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.			Complete Treatment 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	*Presaisonnier- Gramines*	Oméga	1	106.56	
00896950	*Presaisonnier- Herbes-a-poux*	Oméga	1	106.56	
Inj. Sol.			Complete Treatment Set (10 mL)		
00889849	*Suspal- Monovalent-Acariens*	Oméga	3	138.86	
00889857	*Suspal- Polyvalent-Acariens*	Oméga	3	138.86	
00861308	*Suspal-Monovalent*	Oméga	3	138.86	
00861316	*Suspal-Polyvalent*	Oméga	3	138.86	

ALLERGENS (AQUEOUS EXTRACTS OF)

Inj. Sol.			Maintenance Treatment (5 mL)		
00861170	*Monovalent*	Oméga	1	82.89	
99000415	*Monovalent-Acariens*	Oméga	1	87.19	
00861189	*Polyvalent*	Oméga	1	83.96	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Maintenance Treatment (10 mL)		
00861227	*Monovalent*	Oméga	1	94.72	
99000431	*Monovalent-Acariens*	Oméga	1	91.48	
00861251	*Polyvalent*	Oméga	1	87.19	
Inj. Sol.			Complete Treatment Set (5 mL)		
00861073	*Monovalent*	Oméga	3	104.41	
00889733	*Monovalent-Acariens*	Oméga	3	104.41	
00861081	*Polyvalent*	Oméga	3	101.18	
00889741	*Polyvalent-Acariens*	Oméga	3	104.40	
Inj. Sol.			Complete Treatment Set (10 mL)		
00861138	*Monovalent*	Oméga	3	121.63	
00889768	*Monovalent-Acariens*	Oméga	3	127.02	
00861162	*Polyvalent*	Oméga	3	121.64	
00889776	*Polyvalent-Acariens*	Oméga	3	127.02	

HYMENOPTERA VENOM

Inj. Pd.				1.3 mg		
+	99100021	*Venin d'abeille (apis mellifera)*	Oméga	1	634.40	
Inj. Pd.				120 mcg		
+	00541435	*Venin d'abeille (apis mellifera)*	Oméga	6	414.80	69.1333

HYMENOPTERA VENOM PROTEIN

Inj. Pd.				1.1 mg		
	99100226	*Frelon a tete blanche*	ALK-Abello	1	350.00	
	01948997	*Frelon a tete blanche (Dolichovespula Maculata)*	Allergy	1	220.00	
	99100227	*Frelon Jaune*	ALK-Abello	1	350.00	
	01948938	*Frelon jaune (Dolichoves pula Arenaria)*	Allergy	1	220.00	
	01948954	*Guepe jaune (Vespula Spp.)*	Allergy	1	220.00	
	99100225	*Honey Bee Venom*	ALK-Abello	1	350.00	
	01948903	*Venin d'abeille (apis mellifera)*	Allergy	1	174.00	
	99100229	*Wasp Venon*	ALK-Abello	1	350.00	
	99100228	*Yellow Jacket Venom*	ALK-Abello	1	350.00	
Inj. Pd.				1.3 mg		
+	99100017	*Guepe (Polistes Spp.)*	Oméga	1	634.40	
+	99100018	*Guepe de l'est (vespula maculifrons)*	Oméga	1	634.40	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.					3.3 mg	
	99100230	*Vespides combines*	ALK-Abello	1	625.00	
Inj. Pd.					3.9 mg	
+	99100026	*Vespides combines*	Oméga	1	1122.40	
Inj. Pd.					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
+	99100270	*Frelon a tete jaune*	Oméga	6	414.80	69.1333
	99004011	*Frelon Jaune*	ALK-Abello	6	160.05	26.6750
*	01948946	*Frelon jaune (Dolichoves pula Arenaria)*	Allergy	6	140.00	23.3333
	99004046	*Guepe*	ALK-Abello	6	171.79	28.6317
*	01948989	*Guepe (Polistes Spp.)*	Allergy	6	148.00	24.6667
+	99100278	*Guepe (Polistes Spp.)*	Oméga	6	414.80	69.1333
+	99100279	*Guepe a taches blanches dolichovespula maculata*	Oméga	6	414.80	69.1333
+	99100280	*Guepe de l'est (vespula maculifrons)*	Oméga	6	414.80	69.1333
	99004054	*Guepe jaune*	ALK-Abello	6	162.19	27.0317
*	01948962	*Guepe jaune (Vespula Spp.)*	Allergy	6	140.00	23.3333
	99004062	*Venin d'abeille*	ALK-Abello	6	119.51	19.9183
*	01948911	*Venin d'abeille (apis mellifera)*	Allergy	6	105.00	17.5000
Inj. Pd.					360 mcg	
	99004070	*Vespides combines*	ALK-Abello	6	308.37	51.3950
*	01948881	*Vespides combines*	Allergy	6	260.00	43.3333
+	99100281	*Vespides combines*	Oméga	6	741.76	123.6267
Inj. Pd.					550 mcg	
+	99100266	*Frelon a tete blanche*	Oméga	1	317.20	
+	99100267	*Frelon a tete jaune*	Oméga	1	317.20	
+	99100268	*Guepe (Polistes Spp.)*	Oméga	1	317.20	
+	99100269	*Guepe de l'est (vespula maculifrons)*	Oméga	1	317.20	
+	99100282	*Venin d'abeille (apis mellifera)*	Oméga	1	317.20	
Inj. Pd.					1 650 mcg	
+	99100284	*Vespides combines*	Oméga	1	561.20	

92:00.02
OTHER MISCELLANEOUS
ZINC OXIDE/ ICHTHAMMOL

Band.					7,5 cm X 6 m	
	01948466	*Ichthopaste*	S. & N.	1	7.02	

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

92:08
5-ALFA-REDUCTASE INHIBITORS
DUTASTERIDE Pr

Caps. 0.5 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
			90	27.24	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

FINASTERIDE P

Tab. 5 mg **PPB**

02354462	*ACT Finasteride*	ActavisPhm	30	12.41	0.4138
02365383	*Apo-Finasteride*	Apotex	30	12.41	0.4138
02405814	*Auro-Finasteride*	Aurobindo	30	12.41	0.4138
			100	41.38	0.4138
02355043	*Finasteride*	Accord	30	12.41	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
			100	41.38	0.4138
02357224	*Jamp-Finasteride*	Jamp	30	12.41	0.4138
			100	41.38	0.4138
02389878	*Mint-Finasteride*	Mint	30	12.41	0.4138
			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
			100	41.38	0.4138
02010909	*Proscar*	Merck	30	53.98	1.7993
02371820	*Ran-Finasteride*	Ranbaxy	30	12.41	0.4138
02306905	*ratio-Finasteride*	Ratiopharm	30	12.41	0.4138
			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
			500	206.90	0.4138
02428741	*VAN-Finasteride*	Vanc Phm	100	41.38	0.4138

92:12
ANTIDOTES

FOLINIC ACID P

Tab. 5 mg

02170493	*Leucovorin*	Pfizer	24	139.75	5.8229
			100	557.93	5.5793

92:16
ANTIGOUT AGENTS

ALLOPURINOL P

Tab. 100 mg **PPB**

00555681	*Allopurinol-100*	Pro Doc	100	7.80	0.0780
			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
			1000	78.00	0.0780
02396327	*Mar-Allopurinol*	Marcan	100	7.80	0.0780
			1000	78.00	0.0780
00402818	*Zyloprim*	AA Pharma	100	7.80	0.0780
			1000	78.00	0.0780

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
02130157	*Allopurinol-200*	Pro Doc	100	13.00	0.1300
			500	65.00	0.1300
02402777	*Apo-Allopurinol*	Apotex	100	13.00	0.1300
			500	65.00	0.1300
02421607	*Jamp-Allopurinol*	Jamp	100	13.00	0.1300
			500	65.00	0.1300
02396335	*Mar-Allopurinol*	Marcan	100	13.00	0.1300
			500	65.00	0.1300
00479799	*Zyloprim*	AA Pharma	100	13.00	0.1300
			500	65.00	0.1300
Tab.				300 mg **PPB**	
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
COLCHICINE P					
Tab.				0.6 mg **PPB**	
00572349	*Colchicine*	Odan	100	25.65	0.2565
			500	128.25	0.2565
02373823	*Jamp-Colchicine*	Jamp	100	25.65	0.2565
			500	128.25	0.2565
02402181	*pms-Colchicine*	Phmscience	30	7.70	0.2565
			100	25.65	0.2565
00287873	*Sandoz Colchicine*	Sandoz	100	25.65	0.2565
92:24					
BONE RESORPTION INHIBITORS					
ALENDRONATE MONOSODIUM P					
Tab.				5 mg **PPB**	
02381478	*Alendronate monosodique*	Accord	28	21.33	0.7617
02248727	*Apo-Alendronate*	Apotex	30	22.85	0.7617
			100	76.18	0.7618
02384698	*Ran-Alendronate*	Ranbaxy	28	21.33	0.7617
02248251	*Teva-Alendronate*	Teva Can	30	22.85	0.7617
			100	76.18	0.7618
02428717	*VAN-Alendronate*	Vanc Phm	28	21.33	0.7617

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02381486	*Alendronate monosodique*	Accord	28	12.06	0.4308
02248728	*Apo-Alendronate*	Apotex	30	12.92	0.4308
			100	43.08	0.4308
02388545	*Auro-Alendronate*	Aurobindo	100	43.08	0.4308
02394863	*Mint-Alendronate*	Mint	28	12.06	0.4308
02384701	*Ran-Alendronate*	Ranbaxy	28	12.06	0.4308
02288087	*Sandoz Alendronate*	Sandoz	30	12.92	0.4308
			90	38.77	0.4308
02247373	*Teva-Alendronate*	Teva Can	30	12.92	0.4308
			100	43.08	0.4308
02428725	*VAN-Alendronate*	Vanc Phm	28	12.06	0.4308
Tab.				40 mg	
02258102	*ACT Alendronate*	ActavisPhm	30	65.84	2.1947
Tab.				70 mg **PPB**	
02258110	*ACT Alendronate*	ActavisPhm	4	8.41	2.1014
			100	210.14	2.1014
02352966	*Alendronate*	Sanis	4	8.41	2.1014
			50	105.07	2.1014
02299712	*Alendronate*	Sivem	4	8.41	2.1014
			50	105.07	2.1014
02381494	*Alendronate monosodique*	Accord	4	8.41	2.1014
02303078	*Alendronate-70*	Pro Doc	4	8.41	2.1014
02248730	*Apo-Alendronate*	Apotex	4	8.41	2.1014
			100	210.14	2.1014
02388553	*Auro-Alendronate*	Aurobindo	4	8.41	2.1014
02245329	*Fosamax*	Merck	4	38.62	9.6550
02385031	*Jamp-Alendronate*	Jamp	4	8.41	2.1014
02394871	*Mint-Alendronate*	Mint	4	8.41	2.1014
02261715	*Novo-Alendronate*	Novopharm	4	8.41	2.1014
			50	105.07	2.1014
02284006	*pms-Alendronate FC*	Phmscience	4	8.41	2.1014
			30	63.04	2.1014
02384728	*Ran-Alendronate*	Ranbaxy	4	8.41	2.1014
02270889	*Riva-Alendronate*	Riva	4	8.41	2.1014
			50	105.07	2.1014
02288109	*Sandoz Alendronate*	Sandoz	4	8.41	2.1014
			30	63.04	2.1014
02428733	*VAN-Alendronate*	Vanc Phm	4	8.41	2.1014

ALENDRONATE/CHOLECALCIFEROL P

Tab.				70 mg - 140 mcg (5 600 UI) **PPB**	
02454475	*Apo-Alendronate/Vitamin D3*	Apotex	4	4.87	1.2174
02314940	*Fosavance*	Merck	4	18.17	4.5425
02429160	*Sandoz Alendronate/ Cholecalciferol*	Sandoz	4	4.87	1.2174
02403641	*Teva-Alendronate/ Cholecalciferol*	Teva Can	4	4.87	1.2174

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

DISODIC CLODRONATE Pr

Caps. 400 mg

02245828	*Clasteon*	Sunovion	120	145.00	1.2083

ETIDRONATE DISODIUM Pr

Tab. 200 mg

02248686	*ACT Etidronate*	ActavisPhm	100	35.68	0.3568

ETIDRONATE DISODIUM/ CALCIUM CARBONATE Pr

Tab. 400 mg - Ca+500 mg (14 tab. - 76 tab.) **PPB**

02263866	*Co Etidrocal*	Cobalt	90	19.99	➧ 0.2221
02176017	*Didrocal*	Warner	90	40.50	0.4500

PAMIDRONATE DISODIUM Pr

I.V. Perf. Sol. 30 mg **PPB**

02244550	*Pamidronate Disodique pour injection*	Pfizer	1	➧ 30.32	
02246597	*Pamidronate Disodium Injection*	Fresenius	1	➧ 30.32	
02249669	*Pamidronate Disodium Omega*	Oméga	1	➧ 30.32	

I.V. Perf. Sol. 60 mg **PPB**

02244551	*Pamidronate Disodique pour injection*	Pfizer	1	➧ 90.36	
02246598	*Pamidronate Disodium Injection*	Fresenius	1	➧ 90.36	
02249677	*Pamidronate Disodium Omega*	Oméga	1	➧ 90.36	

I.V. Perf. Sol. 90 mg **PPB**

02244552	*Pamidronate Disodique pour injection*	Pfizer	1	➧ 90.95	
02246599	*Pamidronate Disodium Injection*	Fresenius	1	➧ 90.95	
02249685	*Pamidronate Disodium Omega*	Oméga	1	➧ 90.95	

RISEDRONATE SODIUM Pr

Tab. 5 mg **PPB**

02242518	*Actonel*	Warner	28	51.00	1.8214
02298376	*Teva-Risedronate*	Teva Can	30	31.58	➧ 1.0527

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				30 mg	
02298384	*Novo-Risedronate*	Novopharm	30	177.00	5.9000
Tab.				35 mg **PPB**	
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
			28	55.40	1.9787
02368552	*Jamp-Risedronate*	Jamp	4	7.91	1.9787
02298392	*Novo-Risedronate*	Novopharm	4	7.91	1.9787
			30	59.36	1.9787
02302209	*pms-Risedronate*	Phmscience	4	7.91	1.9787
			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
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

RISEDRONATE SODIUM/ CALCIUM CARBONATE F

Tab.			35 mg - Ca+500 mg (4 tab. - 24 tab.)		
02279657	*Actonel Plus Calcium*	Warner	28	36.22	1.2936

92:28
CARIOSTATIC AGENTS
SODIUM FLUORIDE

Chew. Tab.				2.2 mg (F-1 mg)	
00575569	*Fluor-A-Day*	Phmscience	120	6.09	0.0508
Oral Sol.				5.56 mg/mL (F-2.5 mg/mL)	
00610100	*Fluor-A-Day*	Phmscience	60 ml	3.98	

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

92:36
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
LEFLUNOMIDE Pr

Tab. 10 mg **PPB**

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

Tab. 20 mg **PPB**

02256509	*Apo-Leflunomide*	Apotex	30	79.30	2.6433
02241889	*Arava*	SanofiAven	30	304.24	10.1413
02415836	*Leflunomide*	Pro Doc	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
IMMUNOSUPPRESSIVE AGENTS
AZATHIOPRINE Pr

Tab. 50 mg **PPB**

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

CYCLOSPORINE Pr

Caps. 10 mg

02237671	*Neoral*	Novartis	60	37.43	0.6238

Caps. 25 mg

02150689	*Neoral*	Novartis	30	43.50	1.4500
02247073	*Sandoz Cyclosporine*	Sandoz	30	29.85	0.9950

Caps. 50 mg

02150662	*Neoral*	Novartis	30	84.81	2.8270
02247074	*Sandoz Cyclosporine*	Sandoz	30	58.20	1.9400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg	
02150670	*Neoral*	Novartis	30	169.68	5.6560
02242821	*Sandoz Cyclosporine*	Sandoz	30	116.44	3.8813
Oral Sol.				100 mg/mL	
02244324	*Apo-Cyclosporine*	Apotex	50 ml	188.54	3.7708
02150697	*Neoral*	Novartis	50 ml	251.38	5.0276

MYCOPHENOLATE MOFETIL Pr

Caps.				250 mg **PPB**	
02352559	*Apo-Mycophenolate*	Apotex	100	37.12 ➡	0.3712
02192748	*Cellcept*	Roche	100	206.20	2.0620
02386399	*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 Mofetil*	Sandoz	100	37.12 ➡	0.3712
02433680	*VAN-Mycophenolate*	Vanc Phm	100	37.12 ➡	0.3712
Oral Susp.				200 mg/mL	
02242145	*Cellcept*	Roche	175 ml	288.68	
Tab.				500 mg **PPB**	
02352567	*Apo-Mycophenolate*	Apotex	50	37.12 ➡	0.7423
			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
			100	74.23 ➡	0.7423
02313855	*Sandoz Mycophenolate Mofetil*	Sandoz	50	37.12 ➡	0.7423
02432625	*VAN-Mycophenolate*	Vanc Phm	50	37.12 ➡	0.7423

MYCOPHÉNOLATE SODIUM Pr

Ent. Tab.				180 mg **PPB**	
02372738	*Apo-Mycophenolic Acid*	Apotex	120	179.80 ➡	1.4983
02264560	*Myfortic*	Novartis	120	239.72	1.9977
Ent. Tab.				360 mg **PPB**	
02372746	*Apo-Mycophenolic Acid*	Apotex	120	359.58 ➡	2.9965
02264579	*Myfortic*	Novartis	120	479.44	3.9953

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SIROLIMUS P					
Oral Sol.				1 mg/mL	
02243237	*Rapamune*	Pfizer	60 ml	451.16	7.5193
Tab.				1 mg	
02247111	*Rapamune*	Pfizer	100	751.96	7.5196
TACROLIMUS P					
Caps.				0.5 mg **PPB**	
02243144	*Prograf*	Astellas	100	197.00	1.9700
02416816	*Sandoz Tacrolimus*	Sandoz	100	147.75	1.4775
Caps.				1 mg **PPB**	
02175991	*Prograf*	Astellas	100	249.95	2.4995
02416824	*Sandoz Tacrolimus*	Sandoz	100	189.00	1.8900
Caps.				5 mg **PPB**	
02175983	*Prograf*	Astellas	100	1249.85	12.4985
02416832	*Sandoz Tacrolimus*	Sandoz	100	946.50	9.4650
L.A. Caps.				0.5 mg	
02296462	*Advagraf*	Astellas	50	98.50	1.9700
L.A. Caps.				1 mg	
02296470	*Advagraf*	Astellas	50	124.97	2.4994
L.A. Caps.				3 mg	
02331667	*Advagraf*	Astellas	50	374.91	7.4982
L.A. Caps.				5 mg	
02296489	*Advagraf*	Astellas	50	624.92	12.4984

92:92
OTHER MISCELLANEOUS THERAPEUTIC AGENTS

BÉTAINE ANHYDROUS P					
Oral Pd.				1 g/1.7 mL	
02238526	*Cystadane*	RRDC	180 g	839.93	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BUPROPION HYDROCHLORIDE P					
L. A tab				150 mg	
02238441	*Zyban*[4]	Valeant	100	84.86	0.8486
CYPROTERONE ACETATE P					
I.M. Inj. Pd.				100 mg/mL	
00704423	*Androcur Depot*	Bayer	3 ml	78.85	
Tab.				50 mg **PPB**	
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.				100 mg	
00501190	*Placebo*	Odan	100	7.20	0.0720
			1000	72.00	0.0720
LANREOTIDE (AS ACETATE) P					
S.C. Inj.Sol (syr)				60 mg/0.3 mL	
02283395	*Somatuline Autogel*	Ipsen	1	1102.00	
S.C. Inj.Sol (syr)				90 mg/0.3 mL	
02283409	*Somatuline Autogel*	Ipsen	1	1470.00	
S.C. Inj.Sol (syr)				120 mg/0.5 mL	
02283417	*Somatuline Autogel*	Ipsen	1	1840.00	
OCTREOTIDE (ACETATE) P					
I.M. Inj. Susp.				10 mg	
02239323	*Sandostatin LAR*	Novartis	1	1211.00	
I.M. Inj. Susp.				20 mg	
02239324	*Sandostatin LAR*	Novartis	1	1615.40	

4 The duration of reimbursements for anti-smoking treatments with this drug is limited to 12 consecutive weeks per 12-month period.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M. Inj. Susp.				30 mg	
02239325	*Sandostatin LAR*	Novartis	1	2022.00	
Inj. Sol.				50 mcg/mL **PPB**	
02248639	*Octreotide Acetate Omega*	Oméga	1 ml	➡ 1.75	
00839191	*Sandostatin*	Novartis	1 ml	5.05	
Inj. Sol.				100 mcg/mL **PPB**	
02248640	*Octreotide Acetate Omega*	Oméga	1 ml	➡ 3.30	
00839205	*Sandostatin*	Novartis	1 ml	9.54	
Inj. Sol.				200 mcg/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 mcg /mL **PPB**	
02413213	*Ocphyl*	Pendopharm	5	77.45	➡ 15.4900
02248641	*Octreotide Acetate Omega*	Oméga	1 ml	➡ 15.49	

QUINAGOLIDE HYDROCHLORIDE Ⓟ

Tab.				75 mcg	
02223767	*Norprolac*	Ferring	30	32.70	1.0900
Tab.				150 mcg	
02223775	*Norprolac*	Ferring	30	48.90	1.6300

SODIUM PENTOSAN POLYSULFATE Ⓟ

Caps.				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 MEDICATIONS

ABATACEPT Pr

I.V. Perf. Pd.				250 mg	
02282097	*Orencia*	B.M.S.	1	459.61	
S.C. Inj.Sol (syr)				125 mg/mL (1 mL)	
02402475	*Orencia*	B.M.S.	4	1378.83	344.7075

ABIRATERONE ACETATE Pr

Tab.				250 mg	
02371065	*Zytiga*	Janss. Inc	120	3400.00	28.3333
Tab.				500 mg	
02457113	*Zytiga*	Janss. Inc	60	3400.00	56.6667

ABOBOTULINUMTOXINA Pr

I.M. Perf. Pd.				300 U	
02460203	*Dysport Therapeutic*	Ipsen	1	385.56	
I.M. Perf. Pd.				500 U	
02456117	*Dysport Therapeutic*	Ipsen	1	642.60	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ABSORPTIVE DRESSING - GELLING FIBRE					
Dressing			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 cm²)*	Erfa	16	68.00	4.2500
00921092	*Algosteril (10 cm x 20 cm - 200 cm²)*	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 cm²)*	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 cm²)*	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 cm²)*	Mölnlycke	10	35.20	3.5200
00898643	*Kaltostat (10 cm x 20 cm - 200 cm²)*	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	36.46	3.6460
			50	182.33	3.6466
99003023	*Melgisorb Plus (10 cm x 20 cm - 200 cm²)*	Mölnlycke	10	68.49	6.8490
			50	342.47	6.8494
99100004	*Nu-Derm Alginate (10 cm x 10 cm - 100 cm²)*	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			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 cm²)*	KCl	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 than 100 cm² (active 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 cm²)*	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 cm²)*	Mölnlycke	5	8.92	1.7840
			50	89.23	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 than 500 cm² (active surface)		
99100888	*Aquacel Burn hydrofiber (23 cm x 30 cm - 690 cm²)*	Convatec	5	220.00	44.0000
99101220	*Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)*	Covidien	5	220.00	44.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Strip			30 cm to 90 cm		
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 45 cm)*	Convatec	5	33.93	6.7860
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 46 cm*	Hollister	5	34.39	6.8780
99100100	*Calcium Alginate Dressing 30 cm*	Covidien	1	4.17	
99100101	*Calcium Alginate Dressing 60 cm*	Covidien	1	5.97	
99100102	*Calcium Alginate Dressing 90 cm*	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 (30,5 cm)*	Medline	20	80.35	4.0175
99003015	*Melgisorb Plus 45 cm*	Mölnlycke	5	21.51	4.3020
			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

ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing 100 cm² to 200 cm² (active surface)

99100193	*3M Tegaderm Foam Dressing (nonadhesive) (10cm x 10cm-100cm²)*	3M Canada	1	4.41	
99100537	*Allevyn Gentle (10 cm x 10 cm - 100 cm²)*	S. & N.	10	49.50	4.9500
99100475	*Allevyn Gentle (10 cm x 20 cm - 200 cm²)*	S. & N.	10	100.05	10.0050
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 cm²)*	Coloplast	10	39.50	3.9500
99100601	*Biatain (10 cm x 20 cm - 200 cm²)*	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 cm²)*	Coloplast	5	39.50	7.9000
99002787	*Combiderm Non-Adhesive (13 cm x 13 cm - 169 cm²)*	Convatec	10	54.88	5.4880
99100794	*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 x 10 cm - 100 cm²)*	BSN Med	10	37.44	3.7440
99101207	*Cutimed Siltec Plus (10 cm x 20 cm - 200 cm²)*	BSN Med	10	79.00	7.9000
99004801	*Kendall Hydrophilic Foam Dressing (10 cm x 10 cm - 100 cm²)*	Covidien	50	94.88	1.8976
99101188	*Kendall Hydrophilic Foam Dressing(12.7 cm x 12.7 cm-161 cm²)*	Covidien	10	14.61	1.4610
99003244	*Mepilex (10 cm x 10 cm - 100 cm²)*	Mölnlycke	5	24.70	4.9400
99003252	*Mepilex (10 cm x 20 cm - 179 cm²)*	Mölnlycke	5	46.70	9.3400
99101382	*Mepilex XT (10 cm x 10 cm - 100 cm²)*	Mölnlycke	5 10	19.35 38.70	3.8700 3.8700
99101383	*Mepilex XT (10 cm x 20 cm - 178,6 cm²)*	Mölnlycke	5 10	34.60 69.20	6.9200 6.9200
99100664	*Optifoam Basic (10,2 cm x 12,7 cm - 130 cm²)*	Medline	100	146.10	1.4610
99100666	*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 cm²*	3M Canada	5	39.50	7.9000

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
Dressing			201 cm² to 500 cm² (active surface)		
99100196	*3M Tegaderm Foam Dressing (nonadhesive) (20cm x 20cm-400cm²)*	3M Canada	30	492.37	16.4123
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 cm²)*	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 cm²)*	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 cm²)*	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 cm²)*	Mölnlycke	5	47.00	9.4000
99003538	*Mepilex (20 cm x 20 cm - 400 cm²)*	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 cm²)*	Mölnlycke	5 10	72.80 145.60	14.5600 14.5600
99100667	*Optifoam Non-Adhesive (15,2 cm x 15,2 cm - 231 cm²)*	Medline	100	443.45	4.4345
99100709	*Restore Advanced Foam Dressing (15 cm x 15 cm - 225 cm²)*	Hollister	10	74.48	7.4480
99101350	*Tielle non adhesif (15 cm x 15 cm - 225 cm²)*	KCI	10	85.18	8.5180
99101351	*Tielle non adhesif (17,5 cm x 17,5 cm - 306 cm²)*	KCI	5	54.70	10.9400
99101276	*Tielle non-adhesive (21 cm x 22 cm - 462 cm²)*	KCI	5	80.00	16.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active 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 than 500 cm² (active surface)		
99100195	*3M Tegaderm Foam Dressing (nonadhesive) (10cm x 60cm-600cm²)*	3M Canada	1	25.78	
99100604	*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 (15 cm x 19 cm - 222 cm²)*	Coloplast	5	52.50	10.5000
99101389	*Biatain Silicone Sacrum (25 cm x 25 cm - 405 cm²)*	Coloplast	5	67.50	13.5000
Thin dr.			100 cm² to 200 cm² (active surface)		
99100749	*Cutimed Siltec L (10 cm x 10 cm - 100 cm²)*	BSN Med	10	34.20	3.4200
99100133	*Mepilex Lite (10 cm x 10 cm - 100 cm²)*	Mölnlycke	1	3.54	
99100704	*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 to 500 cm² (active surface)		
99100750	*Cutimed Siltec L (15 cm x 15 cm - 225 cm²)*	BSN Med	10	57.31	5.7310
99100134	*Mepilex Lite (15 cm x 15 cm - 225 cm²)*	Mölnlycke	1	6.37	
99100707	*Restore Advanced Foam Dressing (15 cm x 15 cm - 225 cm²)*	Hollister	10	67.03	6.7030
99100705	*Restore Advanced Lite Foam Dressing (15 cm x 20 cm-300 cm²)*	Hollister	10	89.37	8.9370
Thin dr.			Less than 100 cm² (active surface)		
99100748	*Cutimed Siltec L (5 cm x 6 cm - 30 cm²)*	BSN Med	10	12.99	1.2990
99100132	*Mepilex Lite (6.8 cm x 8.5 cm - 58 cm²)*	Mölnlycke	1	2.11	
99100706	*Restore Advanced Lite Foam Dressing (6 cm x 6 cm - 36cm²)*	Hollister	10	22.32	2.2320
Thin dr.			More than 500 cm² (active surface)		
99100605	*Mepilex Lite (20 cm x 50 cm - 1 000 cm²)*	Mölnlycke	4	154.76	38.6900

ABSORPTIVE DRESSING - SODIUM CHLORIDE

Dressing			100 cm² to 200 cm² (active surface)		
00899496	*Mesalt (10 cm x 10 cm - 100 cm²)*	Mölnlycke	30	27.29	0.9097
Dressing			201 cm² to 500 cm² (active surface)		
99004712	*Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)*	Covidien	96	202.04	2.1046
Dressing			Less than 100 cm² (active surface)		
00899429	*Mesalt (5 cm x 5 cm - 25 cm²)*	Mölnlycke	30	21.25	0.7083
00899518	*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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ACAMPROSATE P					
L.A. Tab.				333 mg	
02293269	*Campral*	Mylan	84	67.20	0.8000
ADALIMUMAB P					
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 DIPIVOXIL P					
Tab.				10 mg **PPB**	
02420333	*Apo-Adefovir*	Apotex	30	547.55	➧ 18.2517
02247823	*Hepsera*	Gilead	30	696.73	23.2243
AFATINIB DIMALEATE P					
Tab.				20 mg	
02415666	*Giotrif*	Bo. Ing.	28	1736.00	62.0000
Tab.				30 mg	
02415674	*Giotrif*	Bo. Ing.	28	1736.00	62.0000
Tab.				40 mg	
02415682	*Giotrif*	Bo. Ing.	28	1736.00	62.0000
AFLIBERCEPT P					
Inj. Sol.				40 mg/mL (0,278 mL)	
02415992	*Eylea*	Bayer	1	1418.00	
ALECTINIB HYDROCHLORIDE P					
Caps.				150 mg	
02458136	*Alecensaro*	Roche	240	10119.99	42.1666
ALEMTUZUMAB P					
I.V. Perf. Sol.				10 mg/mL (1.2 mL)	
02418320	*Lemtrada*	Genzyme	1	9970.00	

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

ALGLUCOSIDASE ALFA Pr

I.V. Perf. Pd. 50 mg

02284863	*Myozyme*	Genzyme	1	840.31	

ALISKIREN Pr

Tab. 150 mg

02302063	*Rasilez*	Noden	28	32.31	1.1539

Tab. 300 mg

02302071	*Rasilez*	Noden	28	32.31	1.1539

ALISKIRENE/HYDROCHLOROTHIAZIDE Pr

Tab. 150 mg- 12.5 mg

02332728	*Rasilez HCT*	Noden	28	31.08	1.1100

Tab. 150 mg - 25 mg

02332736	*Rasilez HCT*	Noden	28	31.08	1.1100

Tab. 300 mg- 12.5 mg

02332744	*Rasilez HCT*	Noden	28	31.08	1.1100

Tab. 300 mg - 25 mg

02332752	*Rasilez HCT*	Noden	28	31.08	1.1100

ALITRETINOINE Pr

Caps. 30 mg

02337649	*Toctino*	Janss. Inc	30	560.75	18.6917

ALOGLIPTIN BENZOATE Pr

Tab. 6.25 mg

02417189	*Nesina*	Takeda	28	58.80	2.1000

Tab. 12.5 mg

02417197	*Nesina*	Takeda	28	58.80	2.1000

Tab. 25 mg

02417200	*Nesina*	Takeda	28	58.80	2.1000

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

ALOGLIPTIN BENZOATE/ METFORMIN HYDROCHLORIDE P

Tab. 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

Tab. 12.5 mg - 1000 mg

02417235	*Kazano*	Takeda	56	64.12	1.1450

AMBRISENTAN P

Tab. 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

AMPHETAMINE (MIXED SALTS) ◈

L.A. Caps. 5 mg **PPB**

02439239	*ACT Amphetamine XR*	ActavisPhm	100	53.72	➡	0.5372
02248808	*Adderall XR*	Shire	100	205.78		2.0578
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	*pms-Amphetamines XR*	Phmscience	100	61.05	➡	0.6105
02457296	*Sandoz Amphetamine XR*	Sandoz	100	61.05	➡	0.6105

L.A. Caps. 15 mg **PPB**

02439255	*ACT Amphetamine XR*	ActavisPhm	100	68.38	➡	0.6838
02248810	*Adderall XR*	Shire	100	261.94		2.6194
02440385	*pms-Amphetamines XR*	Phmscience	100	68.38	➡	0.6838
02457318	*Sandoz Amphetamine XR*	Sandoz	100	68.38	➡	0.6838

L.A. Caps. 20 mg **PPB**

02439263	*ACT Amphetamine XR*	ActavisPhm	100	75.72	➡	0.7572
02248811	*Adderall XR*	Shire	100	290.01		2.9001
02440393	*pms-Amphetamines XR*	Phmscience	100	75.72	➡	0.7572
02457326	*Sandoz Amphetamine XR*	Sandoz	100	75.72	➡	0.7572

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				25 mg **PPB**	
02439271	*ACT Amphetamine XR*	ActavisPhm	100	83.05	0.8305
02248812	*Adderall XR*	Shire	100	318.09	3.1809
02440407	*pms-Amphetamines XR*	Phmscience	100	83.05	0.8305
02457334	*Sandoz Amphetamine XR*	Sandoz	100	83.05	0.8305
L.A. Caps.				30 mg **PPB**	
02439298	*ACT Amphetamine XR*	ActavisPhm	100	90.38	0.9038
02248813	*Adderall XR*	Shire	100	346.18	3.4618
02440415	*pms-Amphetamines XR*	Phmscience	100	90.38	0.9038
02457342	*Sandoz Amphetamine XR*	Sandoz	100	90.38	0.9038

ANTIMICROBIAL DRESSING - IODINE

Paste					
99100098	*Iodosorb*	S. & N.	5 g	8.49	
			10 g	16.99	
			17 g	28.86	
Top. Oint.					
99100099	*Iodosorb*	S. & N.	10 g	13.72	
			20 g	27.44	
			40 g	54.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ANTIMICROBIAL DRESSING - SILVER					
Dressing			100 cm² to 200 cm² (active 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 cm²*	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 cm²)*	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 cm²*	Hollister	10	83.27	8.3270
99100288	*Silvercel (10 cm x 20 cm - 200 cm²)*	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 to 500 cm² (active 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 cm²)*	Mölnlycke	5	124.83	24.9660
99100825	*Restore Foam Dressing Silver 15cm x 20cm-300cm²*	Hollister	10	194.40	19.4400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less than 100 cm² (active surface)			
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 5,1-26cm²*	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 (5cmx5cm-25 cm²)*	Hollister	10	27.50	2.7500
99101454	*Exufiber Ag+ (5 cm x 5 cm - 25 cm²)*	Mölnlycke	10	28.00	2.8000
99100544	*Melgisorb Ag (5 cm x 5 cm - 25 cm²)*	Mölnlycke	10	27.75	2.7750
99100287	*Silvercel (5 cm x 5 cm - 25 cm²)*	KCI	10	31.70	3.1700
99101348	*Silvercel non adherent (5 cm x 5 cm- 25 cm²)*	KCI	10	28.36	2.8360
Dressing		More than 500 cm² (active surface)			
99100235	*Acticoat (20 cm x 40 cm - 600 cm2)*	S. & N.	1	66.28	
99100236	*Acticoat (40 cm x 40 cm - 1 600 cm²)*	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
Dressing			Sacrum or triangular		
99100451	*Allevyn Ag Adhesive Sacrum (17 cm x 17 cm - 123 cm²)*	S. & N.	10	151.40	15.1400
99100452	*Allevyn Ag Adhesive Sacrum (23 cm x 23 cm - 237 cm²)*	S. & N.	10	244.30	24.4300
99101094	*Aquacel Ag Foam (17 cm x 20 cm - 115 cm²)*	Convatec	5	60.95	12.1900
99100247	*Biatain Ag Adhesive (sacrum 23 cm x 23 cm - 200 cm²)*	Coloplast	5	100.00	20.0000
99100800	*Mepilex Border Sacrum Ag (23 cm x 23 cm - 239 cm²)*	Mölnlycke	1	22.87	
99100801	*Mepilex Border Sacrum Ag (18 cm x 18 cm - 121 cm²)*	Mölnlycke	1	13.09	
APALUTAMIDE Pr					
Tab.				60 mg	
+ 02478374	*Erleada*	Janss. Inc	120	3401.40	28.3450
APIXABAN Pr					
Tab.				2.5 mg	
02377233	*Eliquis*	B.M.S.	60	96.00	1.6000
Tab.				5 mg	
02397714	*Eliquis*	B.M.S.	60 180	96.00 288.00	1.6000 1.6000
APOMORPHINE HYDROCHLORIDE Pr					
S.C. Inj. Sol. (pen)				10 mg/mL (3 mL)	
02459132	*Movapo*	Paladin	5	214.76	42.9520
APREMILAST Pr					
Tab.			10 mg (4 co.) - 20 mg (4 co.) - 30 mg (19 co.)		
02434318	*Otezla (Starter parck)*	Celgene	27	510.41	
Tab.				30 mg	
02434334	*Otezla*	Celgene	56	1058.63	18.9041
APREPITANT Pr					
Caps.				80 mg	
02298791	*Emend*	Merck	2	60.36	30.1800

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.					125 mg	
	02298805	*Emend*	Merck	6	181.08	30.1800
Caps.				125mg (1 caps.) and 80mg (2 caps.)		
	02298813	*Emend Tri-Pack*	Merck	3	90.54	

ARIPIPRAZOLE Pr

I.M. Inj. Pd.					300 mg	
	02420864	*Abilify Maintena*	Otsuka Can	1	456.18	
I.M. Inj. Pd.					400 mg	
	02420872	*Abilify Maintena*	Otsuka Can	1	456.18	

ATOMOXETINE HYDROCHLORIDE Pr

Caps.					10 mg **PPB**		
	02318024	*Apo-Atomoxetine*	Apotex	30	15.32	➡	0.5106
	02396904	*Atomoxetine*	Pro Doc	30	15.32	➡	0.5106
	02467747	*Atomoxetine*	Sanis	30	15.32	➡	0.5106
	02445883	*Atomoxetine*	Sivem	30	15.32	➡	0.5106
+	02471485	*Auro-Atomoxetine*	Aurobindo	30	15.32	➡	0.5106
				100	51.06	➡	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
	02467755	*Atomoxetine*	Sanis	30	17.24	➡	0.5748
	02445905	*Atomoxetine*	Sivem	30	17.24	➡	0.5748
+	02471493	*Auro-Atomoxetine*	Aurobindo	30	17.24	➡	0.5748
				100	57.48	➡	0.5748
	02314568	*Novo-Atomoxetine*	Teva Can	30	17.24	➡	0.5748
	02381036	*pms-Atomoxetine*	Phmscience	30	17.24	➡	0.5748
	02405970	*Riva-Atomoxetine*	Riva	30	17.24	➡	0.5748
				100	57.48	➡	0.5748
	02386429	*Sandoz Atomoxetine*	Sandoz	30	17.24	➡	0.5748
	02262819	*Strattera*	Lilly	28	83.44		2.9800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				25 mg **PPB**	
02318040	*Apo-Atomoxetine*	Apotex	30	19.26	0.6420
			100	64.20	0.6420
02396920	*Atomoxetine*	Pro Doc	30	19.26	0.6420
02467763	*Atomoxetine*	Sanis	30	19.26	0.6420
02445913	*Atomoxetine*	Sivem	30	19.26	0.6420
+ 02471507	*Auro-Atomoxetine*	Aurobindo	30	19.26	0.6420
			100	64.20	0.6420
02314576	*Novo-Atomoxetine*	Teva Can	30	19.26	0.6420
02381044	*pms-Atomoxetine*	Phmscience	30	19.26	0.6420
			100	64.20	0.6420
02405989	*Riva-Atomoxetine*	Riva	30	19.26	0.6420
			100	64.20	0.6420
02386437	*Sandoz Atomoxetine*	Sandoz	30	19.26	0.6420
02262827	*Strattera*	Lilly	28	92.12	3.2900
Caps.				40 mg **PPB**	
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	0.7369
+ 02471515	*Auro-Atomoxetine*	Aurobindo	30	22.11	0.7369
			100	73.69	0.7369
02314584	*Novo-Atomoxetine*	Teva Can	30	22.11	0.7369
02381052	*pms-Atomoxetine*	Phmscience	30	22.11	0.7369
			100	73.69	0.7369
02405997	*Riva-Atomoxetine*	Riva	30	22.11	0.7369
			100	73.69	0.7369
02386445	*Sandoz Atomoxetine*	Sandoz	30	22.11	0.7369
02262835	*Strattera*	Lilly	28	105.00	3.7500
Caps.				60 mg **PPB**	
02318067	*Apo-Atomoxetine*	Apotex	30	24.28	0.8092
			100	80.92	0.8092
02396947	*Atomoxetine*	Pro Doc	30	24.28	0.8092
02467798	*Atomoxetine*	Sanis	30	24.28	0.8092
02445956	*Atomoxetine*	Sivem	30	24.28	0.8092
+ 02471523	*Auro-Atomoxetine*	Aurobindo	30	24.28	0.8092
			100	80.92	0.8092
02314592	*Novo-Atomoxetine*	Teva Can	30	24.28	0.8092
02381060	*pms-Atomoxetine*	Phmscience	30	24.28	0.8092
			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 P

Tab.				1 mg	
02389630	*Inlyta*	Pfizer	60	1116.00	18.6000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg	
02389649	*Inlyta*	Pfizer	60	5580.00	93.0000

AZELAIC ACID Pr

Top. Jel.				15 %	
02270811	*Finacea*	Bayer	50 g	30.00	0.6000

AZTREONAM Pr

Sol. Inh.				75 mg	
02329840	*Cayston*	Gilead	84	3561.51	42.3989

BENRALIZUMAB Pr

S.C. Inj.Sol (syr)				30 mg/mL (1 mL)	
02473232	*Fasenra*	AZC	1	3876.92	

BISACODYL

Ent. Tab.				5 mg **PPB**	
00545023	*Apo-Bisacodyl*	Apotex	1000	40.50	0.0405
02273411	*Bisacodyl-Odan*	Odan	100	4.05	0.0405
			1000	40.50	0.0405
02246039	*Jamp-Bisacodyl*	Jamp	100	4.05	0.0405
Supp.				5 mg **PPB**	
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
02361450	*Bisacodyl Suppository*	Jamp	100	46.80	0.4680
00582883	*pms-Bisacodyl*	Phmscience	100	46.80	0.4680

BORDERED ABSORPTIVE DRESSING - GELLING FIBRE

Dressing			100 cm² to 200 cm² (active surface)		
99101213	*Aquacel foam (10 cm x 25 cm - 120 cm²)*	Convatec	5	40.50	8.1000
99101214	*Aquacel foam (10 cm x 30 cm - 150 cm²)*	Convatec	5	50.62	10.1240
99100944	*Aquacel foam (17.5 cm x 17.5 cm - 182 cm²)*	Convatec	10	112.08	11.2080
99100469	*Versiva XC Adhesive (14cm x 14cm - 100 cm²)*	Convatec	10	70.51	7.0510
99100470	*Versiva XC Adhesive (19 cm x 19 cm - 196 cm²)*	Convatec	5	69.15	13.8300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			201 cm² to 500 cm² (active surface)		
99100942	*Aquacel foam (21 cm x 21 cm - 289 cm²)*	Convatec	5	77.02	15.4040
99100943	*Aquacel foam (25 cm x 30 cm - 456 cm²)*	Convatec	5	121.52	24.3040
99100471	*Versiva XC Adhesive (22 cm x 22 cm - 289 cm²)*	Convatec	5	93.49	18.6980
Dressing			Less than 100 cm² (active surface)		
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				Sacrum	
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

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

BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing 100 cm² to 200 cm² (active surface)

99100199	*3M Tegaderm Foam Adhesive Dressing (14.3cm x 14.3cm-100 cm²)*	3M Canada	1	6.87	
99100854	*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 cm²*	Hollister	10	62.00	6.2000
99100797	*Restore Advanced Foam Dressing Adhesive 15 x 20 -125 cm²*	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 to 500 cm² (active surface)			
99001659	*Allevyn Adhesive (17,5 cm x 17,5 cm - 225 cm2)*	S. & N.	1	11.72	
99001896	*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 - 225 cm²)*	S. & N.	10	118.00	11.8000
99004526	*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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)		
99100198	*3M Tegaderm Foam Adhesive Dressing (10 cm x 11 cm - 46 cm²)*	3M Canada	1	4.41	
99100197	*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 cm²*	3M Canada	5	25.00	5.0000
99001713	*Allevyn Adhesive (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	24.14	2.4140
99100474	*Allevyn Gentle Border (10 cm x 10 cm - 56 cm²)*	S. & N.	10	49.00	4.9000
99100612	*Biatain Adhesif (10 cm x 10 cm - 28,3 cm²)*	Coloplast	10	27.10	2.7100
99100613	*Biatain Adhesif (7,5 cm x 7,5 cm - 12,6 cm²)*	Coloplast	10	12.10	1.2100
99100137	*Biatain Adhesive (12.5 cm x 12.5 cm - 64 cm²)*	Coloplast	10	44.80	4.4800
99100820	*Biatain Silicone (10 cm x 10 cm - 36 cm²)*	Coloplast	10	32.00	3.2000
99101375	*Biatain Silicone (10 cm x 20 cm - 85,3 cm²)*	Coloplast	5	35.00	7.0000
99100653	*Biatain Silicone (12,5 cm x 12,5 cm - 64 cm²)*	Coloplast	10	52.00	5.2000
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	4.5830
99101205	*Cutimed Siltec B (10 cm x 22,5 cm - 99 cm²)*	BSN Med	10	87.12	8.7120
99100751	*Cutimed Siltec B (12,5 cm x 12,5 cm - 64 cm²)*	BSN Med	10	52.00	5.2000
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	8.8340
99100355	*Mepilex Border (12.5 cm x 12.5 cm - 72 cm²)*	Mölnlycke	5	29.45	5.8900
99100606	*Mepilex Border (7,5 cm x 7,5 cm - 25 cm²)*	Mölnlycke	5	11.90	2.3800
99109593	*Mepilex Border Flex (10 cm x 10 cm - 41 cm²)*	Mölnlycke	10	36.00	3.6000
99109693	*Mepilex Border Flex (12,5 cm x 12,5 cm - 71 cm²)*	Mölnlycke	10	62.40	6.2400
99109893	*Mepilex Border Flex (7,5 cm x 7,5 cm - 20 cm²)*	Mölnlycke	10	17.50	1.7500
99100660	*Optifoam (10,2 cm x 10,2 cm - 40 cm²)*	Medline	100	243.10	2.4310
99001683	*Tielle (11 cm x 11 cm - 49 cm²)*	KCI	10	54.78	5.4780
99100538	*Tielle (7 cm x 9 cm - 15 cm²)*	KCI	10	16.78	1.6780
99004887	*Tielle Plus (11 cm x 11 cm - 49 cm²)*	KCI	10	55.07	5.5070
99101309	*Triact pans. mousse bord. silicone (15 cm x 15 cm - 93 cm²)*	Hollister	10	61.80	6.1800

	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 — Sacrum or triangular

	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 cm²)*	Convatec	1	14.39	
*	99100447	*Mepilex Border Sacrum (16 cm x 20 cm - 120 cm²)*	Mölnlycke	10	95.80	9.5800
*	99100448	*Mepilex Border Sacrum (22 cm x 25 cm - 240 cm²)*	Mölnlycke	10	139.60	13.9600
	99100001	*Tielle Plus (Sacrum 15 cm x 15 cm - 70 cm²)*	KCl	10	63.33	6.3330
	99101316	*Triact pans. mousse bordure silicone(Sacrum20cmx20cm -154cm²)*	Hollister	10	137.50	13.7500

Thin dr. — 100 cm² to 200 cm² (active surface)

	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin 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 cm²)*	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 cm²)*	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 cm²)*	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 cm²)*	Mölnlycke	5	8.90	1.7800

BORDERED ABSORPTIVE DRESSING - POLYESTER AND RAYON FIBRE

Dressing			100 cm² to 200 cm² (active surface)		
00920509	*Alldress (15 cm x 15 cm - 100 cm²)*	Mölnlycke	10	28.80	2.8800
00920495	*Alldress (15 cm x 20 cm - 150 cm²)*	Mölnlycke	10	36.70	3.6700
Dressing			Less than 100 cm² (active surface)		
00920487	*Alldress (10 cm x 10 cm - 25 cm²)*	Mölnlycke	10	23.80	2.3800

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

BORDERED ANTIMICROBIAL DRESSING - SILVER

Dressing			100 cm² to 200 cm² (active 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 to 500 cm² (active 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)		
99100449	*Allevyn Ag Adhesive (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	53.00	5.3000
99100563	*Allevyn Ag Gentle Border (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	53.00	5.3000
99101003	*Aquacel Ag foam (10 cm x 10 cm - 49 cm²)*	Convatec	10	81.88	8.1880
99101091	*Aquacel Ag Foam (12.5 cm x 12.5 cm - 72 cm²)*	Convatec	10	120.31	12.0310
99101092	*Aquacel Ag Foam (8 cm x 8 cm - 32 cm²)*	Convatec	10	53.47	5.3470
99100245	*Biatain Ag Adhesive (12.5 cm x 12.5 cm - 64 cm²)*	Coloplast	5	35.20	7.0400
99100598	*Biatain Ag Adhesive (7,5 cm x 7,5 cm - 12,6 cm²)*	Coloplast	5	13.20	2.6400
99100926	*Biatain Silicone Ag (10 cm x 10 cm - 30 cm²)*	Coloplast	5	24.75	4.9500
99100927	*Biatain Silicone Ag (12,5 cm x 12,5 cm - 64 cm²)*	Coloplast	5	50.55	10.1100
99100710	*Mepilex Border Ag (10 cm x 10 cm - 42 cm²)*	Mölnlycke	1	6.94	
99100798	*Mepilex Border Ag (10 cm x 20 cm - 96 cm²)*	Mölnlycke	1	13.88	
99100711	*Mepilex Border Ag (7,5 cm x 7,5 cm - 25 cm²)*	Mölnlycke	1	4.67	
99100662	*Optifoam Ag Adhesive (10 cm x 10 cm - 40 cm²)*	Medline	100	433.00	4.3300

BORDERED MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing			100 cm² to 200 cm² (active surface)		
00800961	*3M Tegaderm Hydrocolloid Dressing (17 cm x 20 cm - 187 cm²)*	3M Canada	1	6.50	
00907707	*DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)*	Convatec	1	4.39	
Dressing			201 cm² to 500 cm² (active surface)		
00907715	*DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)*	Convatec	1	11.35	
Dressing			Less than 100 cm² (active surface)		
00801038	*3M Tegaderm Hydrocolloid Dressing (10 cm x 12 cm - 50 cm²)*	3M Canada	1	2.99	
00801003	*3M Tegaderm Hydrocolloid Dressing (13 cm x 15 cm - 94 cm²)*	3M Canada	1	4.00	
00907804	*DuoDERM CGF Border (10 cm x 10 cm - 36 cm²)*	Convatec	1	2.31	

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 to 200 cm² (active surface)		
99100292	*3M Tegaderm Hydrocolloid Thin Dressing (17cm x 20cm-187cm²)*	3M Canada	1	5.61	
Thin dr.			Less than 100 cm² (active surface)		
99100291	*3M Tegaderm Hydrocolloid Thin Dressing (13 cm x 15 cm-94cm²)*	3M Canada	1	3.38	
99100857	*3M Tegaderm- Hydrocolloid thin dressing 10cm x 12cm-63cm²*	3M Canada	10	19.56	1.9560

BOSENTAN Pr

Tab.				62.5 mg **PPB**	
02399202	*Apo-Bosentan*	Apotex	56	898.50	16.0446
02466538	*Bio-Bosentan*	Biomed	56	898.50	16.0446
02467984	*NAT-Bosentan*	Natco	60	962.68	16.0446
02383012	*pms-Bosentan*	Phmscience	60	962.68	16.0446
02386275	*Sandoz Bosentan*	Sandoz	60	962.68	16.0446
02244981	*Tracleer*	Janss. Inc	56	3594.00	64.1786

Tab.				125 mg **PPB**	
02386208	*ACT Bosentan*	ActavisPhm	60	962.68	16.0446
02399210	*Apo-Bosentan*	Apotex	56	898.50	16.0446
02466546	*Bio-Bosentan*	Biomed	56	898.50	16.0446
02467992	*NAT-Bosentan*	Natco	56	898.50	16.0446
			60	962.68	16.0447
02383020	*pms-Bosentan*	Phmscience	60	962.68	16.0446
02386283	*Sandoz Bosentan*	Sandoz	60	962.68	16.0446
02244982	*Tracleer*	Janss. Inc	56	3594.00	64.1786

BRIVARACÉTAM Pr

Tab.				10 mg	
02452936	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				25 mg	
02452944	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				50 mg	
02452952	*Brivlera*	U.C.B.	60	259.20	4.3200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				75 mg	
02452960	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				100 mg	
02452979	*Brivlera*	U.C.B.	60	259.20	4.3200
BRODALUMAB					
S.C. Inj. Sol.				140 mg/mL (1,5 mL)	
02473623	*Siliq (syringe)*	Valeant	2	1290.00	645.0000
CABERGOLINE					
Tab.				0.5 mg **PPB**	
02455897	*Apo-Cabergoline*	Apotex	8	99.15	12.3938
02242471	*Dostinex*	Paladin	8	105.72	13.2150
CALCIPOTRIOL/ BETAMETHASONE DIPROPIONATE					
Top. Foam				50 mcg/g -0.5 mg/g	
02457393	*Enstilar*	Leo	60 g	84.22	
Top. Jel.				50 mcg/g -0.5 mg/g	
02319012	*Dovobet Gel*	Leo	80 g	112.29	1.4036
Top. Oint.				50 mcg/g -0.5 mg/g	
02244126	*Dovobet*	Leo	120 g	168.44	1.4037
CALCIUM CARBONATE					
Oral foam				500 mg/6 g	
80057859	*Pluscal*	Medelys	180 g	13.50	
CALCIUM CITRATE					
Oral Sol.				500 mg/15 mL **PPB**	
80064257	*Calcite Liquide*	Riva	450 ml	32.50	**W**
80068122	*Jamp-Calcium Citrate liq*	Jamp	450 ml	32.50	0.0722
80054756	*MCal Citrate liquide*	Mantra Ph.	450 ml	32.50	0.0722
* 99101288	*MCal Citrate liquide (120 packs of 15 mL)*	Mantra Ph.	1800 ml	130.00	**W**

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

CALCIUM CITRATE/VITAMIN D

Oral Sol. 500 mg - 400 UI/15 mL **PPB**

	80061575	*Calcite Liquide + D 400*	Riva	450 ml	34.50	**W**
	80007347	*Jamp Calcium Citrate Liq. D400*	Jamp	450 ml	34.50	0.0767

Oral Sol. 500 mg - 1000 UI/15 mL **PPB**

	80068124	*Jamp-Calcium Citrate liq D1000*	Jamp	450 ml	34.50	0.0767
	80049201	*MCal Citrate liquide D1000*	Mantra Ph.	450 ml	34.50	0.0767
*	99101287	*MCal Citrate liquide D1000 (120 packs of 15 mL)*	Mantra Ph.	1800 ml	138.00	**W**

CALCIUM GLUCONATE/CALCIUM LACTATE

Oral Sol. 100 mg/5 mL **PPB**

	80054754	*MCal Solution*	Mantra Ph.	350 ml	15.60	0.0446
	99100833	*SoluCAL (all flavours)*	Jamp	350 ml	15.60	0.0446
				1500 ml	66.06	0.0440

CALCIUM GLUCONATE/CALCIUM LACTATE/VITAMIN D

Oral Sol. 500 mg - 400 UI/25 mL **PPB**

*	80054755	*MCal Solution D400*	Mantra Ph.	350 ml	16.33	**W**
	99100830	*SoluCAL D (all flavours)*	Jamp	350 ml	16.33	0.0467
				1500 ml	69.99	0.0467

Oral Sol. 500 mg - 1000 U.I./25ml

99101332	*Solucal D+1000 (all flavours)*	Jamp	350 ml	16.33	0.0467
			700 ml	32.69	0.0467

CANAGLIFLOZINE P

Tab. 100 mg

02425483	*Invokana*	Janss. Inc	30	78.53	2.6177

Tab. 300 mg

02425491	*Invokana*	Janss. Inc	30	78.53	2.6177

CARBOXYMETHYLCELLULOSE SODIUM

Oph. Sol. 0.5 % (0.4 mL)

02049260	*Refresh plus*	Allergan	30	8.85	0.2950

Oph. Sol. 1 % (0.4 mL)

00870153	*Refresh Celluvisc*	Allergan	30	9.58	0.3193

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CARBOXYMETHYLCELLULOSE SODIUM/ PURITE					
Oph. Sol.				0.5 %	
02231008	*Refresh tears*	Allergan	15 ml	6.25	
CASPOFUNGIN ACETATE P					
I.V. Inj. Pd.				50 mg **PPB**	
02244265	*Cancidas*	Merck	1	222.00	
02460947	*Caspofongine pour injection*	MDA	1	➡ 166.50	
I.V. Inj. Pd.				70 mg **PPB**	
02244266	*Cancidas*	Merck	1	222.00	
02460955	*Caspofongine pour injection*	MDA	1	➡ 166.50	
CEFTOBIPROLE P					
I.V. Perf. Pd.				500 mg	
02446685	*Zevtera*	Avir	1	58.40	
			10	584.00	58.4000
CEFTOLOZANE/TAZOBACTAM P					
I.V. Inj. Pd.				1 g - 0.5 g	
02446901	*Zerbaxa*	Merck	10	1366.30	136.6300
CERITINIB P					
Caps.				150 mg	
02436779	*Zykadia*	Novartis	150	7800.00	52.0000
CERTOLIZUMAB PEGOL P					
S.C. Inj. Sol. (pen)				200 mg/ml (1 ml)	
02465574	*Cimzia*	U.C.B.	2	1262.56	631.2800
S.C. Inj.Sol (syr)				200 mg/ml (1 ml)	
02331675	*Cimzia*	U.C.B.	2	1262.56	631.2800
CETRORELIX P					
S.C. Inj. Pd.				0.25 mg	
02247766	*Cetrotide*	Serono	1	90.00	

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

CHORIOGONADOTROPIN ALFA Pr

S.C. Inj. Sol. (pen) — 250 mcg/0.5 mL

02371588	*Ovidrel*	Serono	1	72.00	

S.C. Inj.Sol (syr) — 250 mcg

02262088	*Ovidrel*	Serono	1	72.00	

CINACALCET HYDROCHLORIDE Pr

Tab. — 30 mg **PPB**

02452693	*Apo-Cinacalcet*	Apotex	30	164.51	➡	5.4836
02478900	*Auro-Cinacalcet*	Aurobindo	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. — 60 mg **PPB**

02452707	*Apo-Cinacalcet*	Apotex	30	299.97	➡	9.9990
02478919	*Auro-Cinacalcet*	Aurobindo	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. — 90 mg **PPB**

02452715	*Apo-Cinacalcet*	Apotex	30	436.51	➡	14.5504
02478943	*Auro-Cinacalcet*	Aurobindo	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 PHOSPHATE Pr

Vag. Cr. — 20 mg/g

02060604	*Dalacin*	Paladin	40 g	26.26	

COBIMETINIB Pr

Tab. — 20 mg

02452340	*Cotellic*	Roche	63	7567.00	120.1111

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

CODEINE PHOSPHATE Ⓝ

Syr. 25 mg/5 mL

00050024	*Codeine*	Atlas	500 ml 2000 ml	19.43 62.71	0.0389 0.0314

COLESEVELAM (CHLORHYDRATE DE) Ⓟ

Tab. 625 mg

02373955	*Lodalis*	Valeant	180	198.00	1.1000

COLLAGENASE Ⓟ

Top. Oint. 250 U/g

02063670	*Santyl*	S. & N.	30 g	87.50	2.9167

CRIZOTINIB Ⓟ

Caps. 200 mg

02384256	*Xalkori*	Pfizer	60	7800.00	130.0000

Caps. 250 mg

02384264	*Xalkori*	Pfizer	60	7800.00	130.0000

CYANOCOBALAMIN

L.A. Tab. 1200 mcg **PPB**

80075338	*Alta-B12*	Altamed	500	52.50	0.1050
80025207	*Beduzil*	Orimed	500	52.50	0.1050
80061573	*Euro-B12 LA*	Sandoz	500	52.50	0.1050
80021427	*Jamp-Vitamin B12 L.A.*	Jamp	500	52.50	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

80043158	*Beduzil 1500*	Orimed	500	52.50	0.1050

Oral Sol. 200 mcg/mL **PPB**

80039903	*Beduzil*	Orimed	350 ml	12.50	0.0357
80026092	*Jamp-Vitamine B12*	Jamp	350 ml	12.50	0.0357

CYSTEAMINE BITARTRATE Ⓟ

L.A. Caps. 25 mg

02464705	*Procysbi*	Horizon Ph	60	621.00	10.3500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				75 mg	
02464713	*Procysbi*	Horizon Ph	250	7762.50	31.0500

DABIGATRAN ETEXILATE Pr

Caps.				110 mg **PPB**	
02468905	*Apo-Dabigatran*	Apotex	60	75.24	➧ 1.2540
02312441	*Pradaxa*	Bo. Ing.	60	96.00	1.6000
Caps.				150 mg **PPB**	
02468913	*Apo-Dabigatran*	Apotex	60	75.24	➧ 1.2540
02358808	*Pradaxa*	Bo. Ing.	60	96.00	1.6000

DABRAFÉNIB MESYLATE Pr

Caps.				50 mg	
02409607	*Tafinlar*	Novartis	120	5066.67	42.2223
Caps.				75 mg	
02409615	*Tafinlar*	Novartis	120	7600.00	63.3333

DACLATASVIR DICHLORHYDRATE Pr

Tab.				30 mg	
02444747	*Daklinza*	B.M.S.	28	12000.00	428.5714
Tab.				60 mg	
02444755	*Daklinza*	B.M.S.	28	12000.00	428.5714

DAPAGLIFLOZINE Pr

Tab.				5 mg	
02435462	*Forxiga*	AZC	30	73.50	2.4500
Tab.				10 mg	
02435470	*Forxiga*	AZC	30	73.50	2.4500

DAPAGLIFLOZINE/METFORMINE (HYDROCHLORIDE) Pr

Tab.				5 mg -850 mg	
02449935	*Xigduo*	AZC	60	73.50	1.2250
Tab.				5 mg -1000 mg	
02449943	*Xigduo*	AZC	60	73.50	1.2250

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DARBEPOETINE ALFA P					
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				200 mcg/0.4 mL	
02391805	*Aranesp*	Amgen	1	536.00	
Syringe				300 mcg/0.6 mL	
02391821	*Aranesp*	Amgen	1	828.00	
Syringe				500 mcg/1.0 mL	
02392364	*Aranesp*	Amgen	1	1380.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DARUNAVIR Pr					
Tab.				600 mg	
02324024	*Prezista*	Janss. Inc	60	877.62	14.6270
DASATINIB Pr					
Tab.				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
Tab.				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
DENOSUMAB Pr					
Inj. Sol.				120 mg/1.7 mL	
02368153	*Xgeva*	Amgen	1	538.45	
S.C. Inj.Sol (syr)				60 mg/mL	
02343541	*Prolia*	Amgen	1	330.00	
DEXAMETHASONE Pr					
Implant intravitreal				0.7 mg	
02363445	*Ozurdex*	Allergan	1	1295.00	
DICLOFENAC SODIUM Pr					
Oph. Sol.				0.1 % **PPB**	
02441020	*Apo-Diclofenac Ophtalmic*	Apotex	5 ml	➡ 8.86	
			10 ml	➡ 17.71	
+ 02475065	*Diclofenac*	Stulln	15 ml	➡ 26.57	
02454807	*Sandoz Diclofenac Ophtha*	Sandoz	5 ml	➡ 8.86	
			10 ml	➡ 17.71	
01940414	*Voltaren Ophta*	Novartis	5 ml	12.60	
			10 ml	25.21	

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

DIMETHYL FUMARATE Pr

L.A. Caps. — 120 mg

02404508	*Tecfidera*	Biogen	14	178.36	12.7400
			56	713.42	12.7396

L.A. Caps. — 240 mg

02420201	*Tecfidera*	Biogen	56	1426.85	25.4795

DIPHENHYDRAMINE HYDROCHLORIDE

Caps. or Tab. — 25 mg **PPB**

02257548	*Jamp-Diphenhydramine*	Jamp	250	13.35	➡	0.0534
			500	26.70	➡	0.0534
02239029	*Nadryl 25*	Riva	100	5.34	➡	0.0534
00757683	*pdp-Diphenhydramine*	Pendopharm	100	5.34	➡	0.0534

Elix. — 12.5 mg/5 mL **PPB**

02298503	*Jamp-Diphenhydramine*	Jamp	120 ml	2.81	➡	0.0234
			500 ml	11.70	➡	0.0234
00792705	*pms-Diphenhydramine*	Phmscience	100 ml	2.34	➡	0.0234
			500 ml	11.70	➡	0.0234

Tab. — 50 mg **PPB**

02257556	*Jamp-Diphenhydramine*	Jamp	100	7.04	➡	0.0704
			500	35.20	➡	0.0704
00757691	*pdp-Diphenhydramine*	Pendopharm	100	7.04	➡	0.0704
			500	35.20	➡	0.0704

DIPYRIDAMOLE/ ACETYLSALICYLIC ACID Pr

Caps. — 200 mg L.A. - 25 mg **PPB**

02242119	*Aggrenox*	Bo. Ing.	60	49.38		0.8230
* 02471051	*Taro-Dipyridamole/ASA*	Taro	60	39.94	➡	0.6656

DOCUSATE CALCIUM

Caps. — 240 mg **PPB**

00830275	*Docusate Calcium*	Trianon	100	8.16	➡	0.0816
			300	24.48	➡	0.0816
02283255	*Jamp-Docusate Calcium*	Jamp	250	20.40	➡	0.0816
00842044	*Novo-Docusate Calcium*	Novopharm	100	8.16	➡	0.0816
			500	40.80	➡	0.0816
00664553	*pms-Docusate-Calcium*	Phmscience	300	24.48	➡	0.0816

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DOCUSATE SODIUM					
Caps.				100 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
			1000	25.00	0.0250
00870196	*ratio-Docusate Sodium*	Ratiopharm	1000	25.00	0.0250
00514888	*Selax*	Odan	100	3.28	0.0328
			1000	25.00	0.0250
Caps.				200 mg **PPB**	
02335077	*Jamp-Docusate Sodium*	Jamp	100	8.39	0.0839
02029529	*Soflax*	Phmscience	500	41.95	0.0839
Caps.				250 mg	
02335085	*Jamp-Docusate Sodium*	Jamp	100	9.50	0.0950
Syr.				20 mg/5 mL **PPB**	
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
Syr.				50 mg/mL **PPB**	
02283220	*Jamp-Docusate Sodium*	Jamp	500 ml	429.19	0.8584
00848417	*pms-Docusate*	Phmscience	500 ml	429.19	0.8584
Syr. or Oral Sol.				10 mg/mL	
02332485	*Jamp-Docusate Sodium*	Jamp	500 ml	86.60	0.1732
00880140	*pms-Docusate Sodium*	Phmscience	500 ml	86.60	0.1732
02006723	*Soflax*	Phmscience	25 ml	4.33	0.1732

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

DONEPEZIL HYDROCHLORIDE Pr

Tab. or Tab. Oral Disint. 5 mg **PPB**

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
			500	229.30	0.4586
02232044	*Aricept*	Pfizer	28	132.23	4.7225
			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
			100	45.86	0.4586
02426951	*VAN-Donepezil*	Vanc Phm	100	45.86	0.4586

DORNASE ALFA P

Sol. Inh.				1 mg/mL (2.5 mL)	
02046733	*Pulmozyme*	Roche	30	1130.66	37.6887

DULAGLUTIDE P

S.C. Inj. Sol.				0.75 mg/0.5 mL	
02448599	*Trulicity*	Lilly	4	168.28	
S.C. Inj. Sol.				1.5 mg/0.5 mL	
02448602	*Trulicity*	Lilly	4	168.28	

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

DULOXETINE Pr

L.A. Caps. 30 mg **PPB**

02440423	*Apo-Duloxetine*	Apotex	30	14.44	0.4813
			100	48.13	0.4813
02436647	*Auro-Duloxetine*	Aurobindo	30	14.44	0.4813
			100	48.13	0.4813
02301482	*Cymbalta*	Lilly	28	51.17	1.8275
02452650	*Duloxetine*	Pro Doc	30	14.44	0.4813
			100	48.13	0.4813
02453630	*Duloxetine*	Sivem	30	14.44	0.4813
			100	48.13	0.4813
02437082	*Duloxetine DR*	Teva Can	30	14.44	0.4813
			100	48.13	0.4813
02451913	*Jamp-Duloxetine*	Jamp	30	14.44	0.4813
			100	48.13	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	14.44	0.4813
			100	48.13	0.4813

L.A. Caps. 60 mg **PPB**

02440431	*Apo-Duloxetine*	Apotex	30	29.31	0.9769
			100	97.69	0.9769
02436655	*Auro-Duloxetine*	Aurobindo	30	29.31	0.9769
			100	97.69	0.9769
02301490	*Cymbalta*	Lilly	28	102.33	3.6546
02452669	*Duloxetine*	Pro Doc	30	29.31	0.9769
			100	97.69	0.9769
02453649	*Duloxetine*	Sivem	30	29.31	0.9769
			100	97.69	0.9769
02437090	*Duloxetine DR*	Teva Can	30	29.31	0.9769
			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	0.9769
02451085	*Riva-Duloxetine*	Riva	30	29.31	0.9769
			100	97.69	0.9769
02439956	*Sandoz Duloxetine*	Sandoz	30	29.31	0.9769
			100	97.69	0.9769

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
EDOXABAN P					
Tab.				15 mg	
02458640	*Lixiana*	Servier	30	85.20	2.8400
Tab.				30 mg	
02458659	*Lixiana*	Servier	30	85.20	2.8400
Tab.				60 mg	
02458667	*Lixiana*	Servier	30	85.20	2.8400
ELBASVIR/GRAZOPREVIR P					
Tab.				50 mg -100 mg	
02451131	*Zepatier*	Merck	28	18674.32	666.9400
ELTROMBOPAG P					
Tab.				25 mg	
02361825	*Revolade*	Novartis	14 28	735.00 1470.00	52.5000 52.5000
Tab.				50 mg	
02361833	*Revolade*	Novartis	14 28	1470.00 2940.00	105.0000 105.0000
EMPAGLIFLOZIN / METFORMIN HYDROCHLORIDE P					
Tab.				5 mg - 500 mg	
02456575	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				5 mg - 850 mg	
02456583	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				5 mg -1000 mg	
02456591	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				12.5 mg - 500 mg	
02456605	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				12.5 mg - 850 mg	
02456613	*Synjardy*	Bo. Ing.	60	81.00	1.3500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				12.5 mg - 1000 mg	
02456621	*Synjardy*	Bo. Ing.	60	81.00	1.3500

EMPAGLIFLOZINE P

Tab.				10 mg	
02443937	*Jardiance*	Bo. Ing.	30	78.53	2.6177
			90	235.59	2.6177
Tab.				25 mg	
02443945	*Jardiance*	Bo. Ing.	30	78.53	2.6177
			90	235.59	2.6177

ENFUVIRTIDE P

S.C. Inj. Pd.				108 mg	
02247725	*Fuzeon*	Roche	60	2385.60	39.7600

ENZALUTAMIDE P

Caps.				40 mg	
02407329	*Xtandi*	Astellas	120	3401.40	28.3450

EPLERENONE P

Tab.				25 mg **PPB**	
02323052	*Inspra*	Pfizer	30	76.69	2.5563
02471442	*Mint-Eplerenone*	Mint	90	185.36	2.0595
Tab.				50 mg **PPB**	
02323060	*Inspra*	Pfizer	30	76.69	2.5563
02471450	*Mint-Eplerenone*	Mint	90	185.36	2.0595

EPOETIN ALFA P

Syringe				1 000 UI/0.5 mL	
02231583	*Eprex*	Janss. Inc	6	85.50	14.2500
Syringe				2 000 UI/0.5 mL	
02231584	*Eprex*	Janss. Inc	6	171.00	28.5000
Syringe				3 000 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				4 000 UI/0.4 mL	
02231586	*Eprex*	Janss. Inc	6	342.00	57.0000
Syringe				5 000 UI/0.5 mL	
02243400	*Eprex*	Janss. Inc	6	427.50	71.2500
Syringe				6 000 UI/0.6 mL	
02243401	*Eprex*	Janss. Inc	6	513.00	85.5000
Syringe				8 000 UI/0.8 mL	
02243403	*Eprex*	Janss. Inc	6	684.00	114.0000
Syringe				10 000 UI/1.0 mL	
02231587	*Eprex*	Janss. Inc	6	803.70	133.9500
Syringe				20 000 UI/0.5 mL	
02243239	*Eprex*	Janss. Inc	1	278.52	
Syringe				30 000 UI/0.75 mL	
02288680	*Eprex*	Janss. Inc	1	357.19	
Syringe				40 000 UI/mL (1 mL)	
02240722	*Eprex*	Janss. Inc	1	417.77	

EPOPROSTENOL SODIUM Ⓟ

Inj. Pd.				0.5 mg **PPB**	
02397447	*Caripul*	Janss. Inc	1	➧ 17.18	
02230845	*Flolan*	GSK	1	18.13	
Inj. Pd.				1.5 mg **PPB**	
02397455	*Caripul*	Janss. Inc	1	➧ 34.45	
02230848	*Flolan*	GSK	1	36.26	

ERLOTINIB (HYDROCHLORIDE) Ⓟ

Tab.				100 mg **PPB**	
02461870	*Apo-Erlotinib*	Apotex	30	396.00	➧ 13.2000
02483920	*NAT-Erlotinib*	Natco	30	396.00	➧ 13.2000
02454386	*pms-Erlotinib*	Phmscience	30	396.00	➧ 13.2000
02269015	*Tarceva*	Roche	30	1600.00	53.3333
02377705	*Teva-Erlotinib*	Teva Can	30	396.00	➧ 13.2000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				150 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
ESLICARBAZEPINE ACETATE P					
Tab.				200 mg	
02426862	*Aptiom*	Sunovion	30	286.80	9.5600
Tab.				400 mg	
02426870	*Aptiom*	Sunovion	30	286.80	9.5600
Tab.				600 mg	
02426889	*Aptiom*	Sunovion	60	573.60	9.5600
Tab.				800 mg	
02426897	*Aptiom*	Sunovion	30	286.80	9.5600
ESTRADIOL-17B P					
Patch				0.025 mg/24 h (4) and (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				0.0375 mg/24 h	
02243999	*Estradot*	Novartis	8	20.04	2.5050
Patch				0.05 mg/24 h (4) and (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				0.075 mg/24 h (4) et (8) **PPB**	
02247500	*Climara-75*	Bayer	4	22.40	5.6000
02244001	*Estradot*	Novartis	8	23.00	2.8750
02246968	*Sandoz Estradiol Derm 75*	Sandoz	8	17.90	2.2375
Patch				0.1 mg/24 h (4) et (8) **PPB**	
02244002	*Estradot*	Novartis	8	23.88	2.9850
02246969	*Sandoz Estradiol Derm 100*	Sandoz	8	18.70	2.3375

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Jel.				0.06 %	
02238704	*Estrogel*	Merck	80 g	24.35	

ESTRADIOL-17B/ NORETHINDRONE ACETATE Pr

Patch				0.05 mg -0.14 mg/24 h	
02241835	*Estalis 140/50*	Novartis	8	23.95	2.9938
Patch				0.05 mg -0.25 mg/24 h	
02241837	*Estalis 250/50*	Novartis	8	23.95	2.9938

ÉTANERCEPT Pr

S.C. Inj. Pd.				25 mg	
02242903	*Enbrel*	Amgen	4	728.55	182.1375

ETANERCEPT - PSORIATIC ARTHRITIS AND PLAQUE PSORIASIS (ENBREL) Pr

S.C. Inj. Sol.				50 mg/mL (1 mL)	
02274728	*Enbrel (syringe)*	Amgen	4	1437.13	359.2825
99100373	*Enbrel SureClick*	Amgen	4	1437.13	359.2825

ETANERCEPT - RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS (BRENZYS) Pr

S.C. Inj. Sol.				50 mg/mL (1 mL)	
* 02455331	*Brenzys (pen)*	Merck	4	1016.00	254.0000
* 02455323	*Brenzys (syringe)*	Merck	4	1016.00	254.0000

ETANERCEPT - RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS AND JUVENILE IDIOPATHIC ARTHRITIS (ERELZI) Pr

S.C. Inj. Sol.				50 mg/mL (0,5 mL)	
* 02462877	*Erelzi (syringe)*	Sandoz	4	482.00	120.5000
S.C. Inj. Sol.				50 mg/mL (1 mL)	
* 02462869	*Erelzi (syringe)*	Sandoz	4	964.00	241.0000
* 02462850	*Erelzi SensoReady Pen*	Sandoz	4	964.00	241.0000

ETRAVIRINE Pr

Tab.				100 mg	
02306778	*Intelence*	Janss. Inc	120	671.40	5.5950
Tab.				200 mg	
02375931	*Intelence*	Janss. Inc	60	654.00	10.9000

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

EVEROLIMUS Ⓟ

Tab. — 2.5 mg

02369257	*Afinitor*	Novartis	30	5580.00	186.0000

Tab. — 5 mg

02339501	*Afinitor*	Novartis	30	5580.00	186.0000

Tab. — 10 mg

02339528	*Afinitor*	Novartis	30	5580.00	186.0000

EVOLOCUMAB Ⓟ

S.C. Inj. Sol. (pen) — 140 mg/mL (1 mL)

02446057	*Repatha*	Amgen	2	503.82	251.9100

S.C.Inj.Sol. (mini-doser) — 120 mg/mL (3.5 mL)

02459779	*Repatha*	Amgen	1	545.80	

FEBUXOSTAT Ⓟ

Tab. — 80 mg **PPB**

+	02473607	*Mar-Febuxostat*	Marcan	100	119.25	1.1925
*	02357380	*Uloric*	Takeda	30	47.70	1.5900

FESOTERODINE FUMARATE Ⓟ

L.A. Tab. — 4 mg

02380021	*Toviaz*	Pfizer	30	45.00	1.5000

L.A. Tab. — 8 mg

02380048	*Toviaz*	Pfizer	30	45.00	1.5000

FIDAXOMICIN Ⓟ

Tab. — 200 mg

02387174	*Dificid*	Merck	20	1584.00	79.2000

FILGRASTIM Ⓟ

Inj. Sol. — 300 mcg/mL (1.0 mL)

01968017	*Neupogen*	Amgen	10	1731.89	173.1890

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			300 mcg/mL (1.6mL)		
99001454	*Neupogen*	Amgen	10	2771.02	277.1020
FILGRASTIM GRASTOFIL) P					
Inj.Sol (syr)			600 mcg/mL (0,5 mL)		
02441489	*Grastofil*	Apotex	1 10	144.31 1443.10	144.3100
Inj.Sol (syr)			600 mcg/mL (0,8 mL)		
02454548	*Grastofil*	Apotex	1 10	230.90 2309.02	230.9020
FINGOLIMOD HYDROCHLORIDE P					
Caps.				0.5 mg	
02365480	*Gilenya*	Novartis	28	2384.62	85.1650
FLUCONAZOLE P					
Oral Susp.				50 mg/5 mL	
02024152	*Diflucan*	Pfizer	35 ml	33.65	0.9614
FOLLITROPIN ALFA P					
Inj. Pd.				75 UI	
02248154	*Gonal-f*	Serono	1	70.88	
Inj. Pd.				450 UI	
02248156	*Gonal-f*	Serono	1	425.25	
Inj. Pd.				1050 UI	
02248157	*Gonal-f*	Serono	1	992.25	
S.C. Inj. Sol. (pen)				300 UI	
02270404	*Gonal-f*	Serono	1	283.50	
S.C. Inj. Sol. (pen)				450 UI	
02270390	*Gonal-f*	Serono	1	425.25	
S.C. Inj. Sol. (pen)				900 UI	
02270382	*Gonal-f*	Serono	1	850.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FOLLITROPIN BETA Ⓟ					
Cartridge				300 UI	
02243948	*Puregon*	Merck	1	291.00	
Cartridge				600 UI	
99100718	*Puregon*	Merck	1	582.00	
Cartridge				900 UI	
99100637	*Puregon*	Merck	1	873.00	
Inj. Sol.				50 UI/0.5 mL	
02242439	*Puregon*	Merck	5	242.50	48.5000
Inj. Sol.				100 UI/0.5 mL	
02242441	*Puregon*	Merck	5	485.00	97.0000
FOLLITROPIN DELTA Ⓟ					
Cartridge				12 mcg	
02474093	*Rekovelle*	Ferring	1	178.00	
Cartridge				36 mcg	
02474085	*Rekovelle*	Ferring	1	536.00	
Cartridge				72 mcg	
02474077	*Rekovelle*	Ferring	1	1073.00	
FORMOTEROL FUMARATE DIHYDRATE/ BUDESONIDE Ⓟ					
Inh. Pd.				6 mcg -100 mcg/dose	
02245385	*Symbicort 100 Turbuhaler*	AZC	120 dose(s)	62.50	
Inh. Pd.				6 mcg -200 mcg/dose	
02245386	*Symbicort 200 Turbuhaler*	AZC	120 dose(s)	81.25	
FORMOTEROL FUMARATE DIHYDRATE/MOMETASONE FUROATE Ⓟ					
Oral aerosol				5 mcg - 100 mcg	
02361752	*Zenhale*	Merck	120 dose(s)	78.00	
Oral aerosol				5 mcg - 200 mcg	
02361760	*Zenhale*	Merck	120 dose(s)	96.00	

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

GALANTAMINE HYDROBROMIDE P

L.A. Caps. 8 mg **PPB**

02425157	*Auro-Galantamine ER*	Aurobindo	30	34.43	1.1477
			100	114.75	1.1475
02416573	*Galantamine ER*	Pro Doc	30	34.43	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
			100	114.75	1.1475
02398370	*pms-Galantamine ER*	Phmscience	30	34.43	1.1477
			100	114.75	1.1475

L.A. Caps. 16 mg **PPB**

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	34.43	1.1477
			100	114.75	1.1475

L.A. Caps. 24 mg **PPB**

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
			100	114.75	1.1475
02398397	*pms-Galantamine ER*	Phmscience	30	34.43	1.1477
			100	114.75	1.1475

GANIRELIX P

S.C. Inj.Sol (syr) 250 mcg/0.5 mL

02245641	*Orgalutran*	Merck	1	94.71	

GEFITINIB P

Tab. 250 mg **PPB**

02468050	*Apo-Gefitinib*	Apotex	30	1869.15	62.3050
02248676	*Iressa*	AZC	30	2199.00	73.3000

GENTAMICIN SULFATE P

Inj. Sol. 40 mg/mL

02242652	*Gentamicine Injection*	Sandoz	2 ml	15.56	

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

GLARGINE INSULIN

S.C. Inj. Sol. — 100 U/mL

02245689	*Lantus*	SanofiAven	10 ml	58.07	

S.C. Inj. Sol. — 100 U/mL (3 mL)

02444844	*Basaglar*	Lilly	5	69.64	
02444852	*Basaglar KwikPen*	Lilly	5	69.64	
02461528	*Basaglar KwikPen (80 U)*	Lilly	5	69.64	

S.C. Inj. Sol. (pen) — 300 U/mL (1.5 mL)

+ 02441829	*Toujeo SoloStar*	SanofiAven	3	66.42	
			5	110.70	

GLATIRAMER ACETATE - (GLATECT) P

S.C. Inj.Sol (syr) — 20 mg/mL (1 mL)

02460661	*Glatect*	Phmscience	30	972.00	32.4000

GLECAPREVIR/PIBRENTASVIR P

Kit (solid oral) — 100 mg -40 mg

02467550	*Maviret*	AbbVie	28	20000.00	714.2857

GLIMEPIRIDE P

Tab. — 1 mg **PPB**

02295377	*Apo-Glimepiride*	Apotex	100	38.57	0.3857
02269589	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857

Tab. — 2 mg **PPB**

02295385	*Apo-Glimepiride*	Apotex	100	38.57	0.3857
02269597	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857

Tab. — 4 mg **PPB**

02295393	*Apo-Glimepiride*	Apotex	100	38.57	0.3857
02269619	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857

GLUCOSE MEASUREMENT EQUIPMENT P

Sensor

99101399	*FreeStyle Libre*	Ab Diabete	1	89.00	

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

GLYCERIN [5]

Supp.

99100357			12		

GOLIMUMAB Pr

I.V. Perf. Sol. — 12.5 mg/mL (4 mL)

02417472	*Simponi I.V.*	Janss. Inc	1	826.86	

S.C. Inj.Sol (App.) — 50 mg/0.5 mL

02324784	*Simponi*	Janss. Inc	1	1447.00	

S.C. Inj.Sol (syr) — 50 mg/0.5 mL

02324776	*Simponi*	Janss. Inc	1	1447.00	

GONADORELIN Pr

Inj. Pd. — 0.8 mg

02046210	*Lutrepulse*	Ferring	1	115.00	

Kit — 3.2 mg - 3.2 mg - 3.2 mg

02046202	*Systeme Lutrepulse*	Ferring	1	924.00	

GONADOTROPIN (CHORIONIC) Pr

Inj. Pd. — 10 000 U **PPB**

02247459	*Chorionic Gonadotropin*	Fresenius	1	➡ 72.00	
02182904	*Pregnyl*	Merck	1	➡ 72.00	

GONADOTROPINS Pr

Inj. Pd. — 75 UI

02283093	*Menopur*	Ferring	5	275.00	55.0000
02247790	*Repronex*	Ferring	5	275.00	55.0000

GRANISETRON HYDROCHLORIDE Pr

Tab. — 1 mg **PPB**

02308894	*Granisetron*	Apotex	10	90.00	➡ 9.0000
02452359	*Nat-Granisetron*	Natco	10	90.00	➡ 9.0000

5 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

GRASS POLLEN ALLERGEN EXTRACT P

S-Ling. Tab.				100 IR	
02381885	*Oralair*	Stallergen	3	3.78	1.2600
S-Ling. Tab.				300 IR	
02381893	*Oralair*	Stallergen	30	114.00	3.8000
			90	342.00	3.8000
S-Ling. Tab.				2800 UAB	
02418304	*Grastek*	ALK-Abello	30	114.00	3.8000

GUANFACINE HYDROCHLORIDE P

L.A. Tab.				1 mg	
02409100	*Intuniv XR*	Shire	100	300.00	3.0000
L.A. Tab.				2 mg	
02409119	*Intuniv XR*	Shire	100	365.00	3.6500
L.A. Tab.				3 mg	
02409127	*Intuniv XR*	Shire	100	430.00	4.3000
L.A. Tab.				4 mg	
02409135	*Intuniv XR*	Shire	100	495.00	4.9500

HYDROXYPROPYLMETHYLCELLULOSE

Oph. Sol.				0.5 %	
00000809	*Isopto Tears*	Alcon	15 ml	4.16	
Oph. Sol.				1 %	
00000817	*Isopto Tears*	Alcon	15 ml	4.70	

HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70

Oph. Sol.				0.3 % -0.1 %	
00390291	*Tears Naturale*	Alcon	15 ml	5.28	
			30 ml	8.91	
00743445	*Tears Naturale II*	Alcon	15 ml	5.10	
			30 ml	9.26	

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

IBRUTINIB P

Caps. 140 mg

02434407	*Imbruvica*	Janss. Inc	90	8158.50	90.6500

ICATIBANT ACETATE P

S.C. Inj.Sol (syr) 10 mg/mL (3 mL)

02425696	*Firazyr*	Shire HGT	1	2700.00	

IDELALISIB P

Tab. 100 mg

02438798	*Zydelig*	Gilead	60	5121.00	85.3500

Tab. 150 mg

02438801	*Zydelig*	Gilead	60	5121.00	85.3500

IMATINIB MESYLATE P

Tab. 100 mg **PPB**

02355337	*Apo-Imatinib*	Apotex	30	156.24	5.2079
02253275	*Gleevec*	Novartis	120	3182.21	26.5184
02397285	*NAT-Imatinib*	Natco	30	156.24	5.2079
02431114	*pms-Imatinib*	Phmscience	120	624.95	5.2079
02399806	*Teva-Imatinib*	Teva Can	120	624.95	5.2079

Tab. 400 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
02431122	*pms-Imatinib*	Phmscience	30	624.94	20.8314
02399814	*Teva-Imatinib*	Teva Can	30	624.94	20.8314

IMATINIB MESYLATE - GASTRO INTESTINAL STROMAL TUMOUR P

Tab. 100 mg

99100983	*Gleevec*	Novartis	120	3182.21	26.5184

Tab. 400 mg

99100982	*Gleevec*	Novartis	30	3182.21	106.0737

IMIQUIMOD P

Top. Cr. 5 % **PPB**

02239505	*Aldara P*	Valeant	7.5 g	287.52	
02482983	*Taro-Imiquimod Pump*	Taro	7.5 g	287.44	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				5 % (250 mg)	
02407825	*Apo-Imiquimod*	Apotex	24	264.72	11.0300

INCOBOTULINUMTOXINA P

I.M. Inj. Pd.				50 UI	
02371081	*Xeomin*	Merz	1	165.00	
I.M. Inj. Pd.				100 UI	
02324032	*Xeomin*	Merz	1	330.00	

INDACATEROL (MALEATE)/ GLYCOPYRRONIUM BROMIDE P

Inh. Pd. (App.)				110 mcg - 50 mcg/caps.	
02418282	*Ultibro Breezhaler*	Novartis	30	78.45	

INFLIXIMAB P

I.V. Perf. Pd.				100 mg	
02244016	*Remicade*	Janss. Inc	1	940.00	

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

I.V. Perf. Pd.				100 mg **PPB**	
02419475	*Inflectra*	Hospira	1	525.00	
99108493	*Remicade*	Janss. Inc	1	940.00	
02470373	*Renflexis*	Merck	1	➡ 493.00	

INFLIXIMAB - CROHN'S DISEASE (CHILDREN) P

I.V. Perf. Pd.				100 mg **PPB**	
99108693	*Remicade*	Janss. Inc	1	940.00	
99108694	*Renflexis*	Merck	1	➡ 493.00	

INFLIXIMAB -ULCERATIVE COLITIS (ADULTS) P

I.V. Perf. Pd.				100 mg **PPB**	
99108893	*Inflectra*	Hospira	1	525.00	
99109093	*Renflexis*	Merck	1	➡ 493.00	

INSULIN ASPART/ INSULIN ASPART PROTAMINE

S.C. Inj. Susp.				30 % - 70 % (3 mL)	
02265435	*NovoMix30*	N.Nordisk	5	52.20	

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

INSULIN DEGLUDEC

S.C. Inj. Sol. — 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

INSULIN DETEMIR

S.C. Inj. Sol. — 100 U/mL (3 mL)

02412829	*Levemir FlexTouch*	N.Nordisk	5	98.69	
02271842	*Levemir Penfill*	N.Nordisk	5	98.69	

INSULIN LISPRO/ INSULIN LISPRO PROTAMINE

S.C. Inj. Susp. — 25 % - 75 % (3mL)

02240294	*Humalog Mix 25*	Lilly	5	51.44	
02403420	*Humalog Mix 25 KwikPen*	Lilly	5	51.44	

INTERFACE DRESSING - POLYAMIDE OR SILICONE

Dressing — 100 cm² to 200 cm² (active surface)

99100353	*3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 20 cm-150cm²*	3M Canada	1	5.23	
99100239	*Mepitel (10 cm x 18 cm - 180 cm²)*	Mölnlycke	1	7.40	

Dressing — 201 cm² to 500 cm² (active surface)

99100354	*3M Tegaderm Non-Adherent Contact Layer 20 cm x 25 cm-500 cm²*	3M Canada	1	15.84	

Dressing — Less than 100 cm² (active surface)

99100352	*3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 10 cm-75 cm²*	3M Canada	1	3.39	
99100237	*Mepitel (5 cm X 7.5 cm - 38 cm²)*	Mölnlycke	1	3.48	
99100238	*Mepitel (7.5 cm x 10 cm - 75 cm²)*	Mölnlycke	1	4.52	

Dressing — More than 500 cm² (active surface)

99100240	*Mepitel (20 cm x 30 cm - 600 cm²)*	Mölnlycke	1	21.36	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
INTERFERON BETA-1A Ⓟ					
I.M. Inj. Sol.			30 mcg (6 MUI)		
99100763	*Avonex Pen*	Biogen	4	1409.85	352.4625
02269201	*Avonex PS*	Biogen	4	1409.85	352.4625
S.C. Inj. Sol.			22 mcg/0.5 mL (1,5 mL)		
02318253	*Rebif*	Serono	4	1434.74	358.6850
S.C. Inj. Sol.			44 mcg/0.5 mL (1,5 mL)		
02318261	*Rebif*	Serono	4	1746.62	436.6550
S.C. Inj.Sol (syr)			22 mcg (6 MUI)		
02237319	*Rebif*	Serono	3	358.69	119.5633
S.C. Inj.Sol (syr)			44 mcg (12 MUI)		
02237320	*Rebif*	Serono	3	436.66	145.5533
INTERFERON BETA-1B Ⓟ					
Inj. Pd.			0.3 mg **PPB**		
02169649	*Betaseron*	Bayer	15	1490.39	➧ 99.3593
			45	4471.17	➧ 99.3593
02337819	*Extavia*	Novartis	15	1490.39	➧ 99.3593
IVABRADINE HYDROCHLORIDE Ⓟ					
Tab.				5 mg	
02459973	*Lancora*	Servier	56	47.63	0.8505
Tab.				7.5 mg	
02459981	*Lancora*	Servier	56	87.18	1.5568
IXEKIZUMAB Ⓟ					
S.C. Inj. Sol.			80 mg/mL (1 mL)		
02455102	*Taltz (pen)*	Lilly	1	1519.00	
02455110	*Taltz (syringe)*	Lilly	1	1519.00	
KETOROLAC TROMETHAMINE Ⓟ					
Oph. Sol.			0.45 % (0.4 mL)		
02369362	*Acuvail*	Allergan	30	7.25	0.2417
			60	14.50	0.2417

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oph. Sol.				0.5 % **PPB**	
01968300	*Acular*	Allergan	5 ml	16.80	
			10 ml	33.60	
02245821	*Ketorolac*	AA Pharma	5 ml	➡ 12.98	
			10 ml	➡ 25.96	

LACOSAMIDE Pr

Tab.				50 mg **PPB**	
02475332	*Auro-Lacosamide*	Aurobindo	60	37.88	➡ 0.6313
02478196	*Pharma-Lacosamide*	Phmscience	60	37.88	➡ 0.6313
02474670	*Sandoz Lacosamide*	Sandoz	60	37.88	➡ 0.6313
02472902	*Teva-Lacosamide*	Teva Can	60	37.88	➡ 0.6313
02357615	*Vimpat*	U.C.B.	60	139.20	2.3200

Tab.				100 mg **PPB**	
02475340	*Auro-Lacosamide*	Aurobindo	60	52.50	➡ 0.8750
02478218	*Pharma-Lacosamide*	Phmscience	60	52.50	➡ 0.8750
02474689	*Sandoz Lacosamide*	Sandoz	60	52.50	➡ 0.8750
02472910	*Teva-Lacosamide*	Teva Can	60	52.50	➡ 0.8750
02357623	*Vimpat*	U.C.B.	60	199.20	3.3200

Tab.				150 mg **PPB**	
02475359	*Auro-Lacosamide*	Aurobindo	60	70.58	➡ 1.1763
02478226	*Pharma-Lacosamide*	Phmscience	60	70.58	➡ 1.1763
02474697	*Sandoz Lacosamide*	Sandoz	60	70.58	➡ 1.1763
02472929	*Teva-Lacosamide*	Teva Can	60	70.58	➡ 1.1763
02357631	*Vimpat*	U.C.B.	60	259.20	4.3200

Tab.				200 mg **PPB**	
02475367	*Auro-Lacosamide*	Aurobindo	60	87.00	➡ 1.4500
02478234	*Pharma-Lacosamide*	Phmscience	60	87.00	➡ 1.4500
02474700	*Sandoz Lacosamide*	Sandoz	60	87.00	➡ 1.4500
02472937	*Teva-Lacosamide*	Teva Can	60	87.00	➡ 1.4500
02357658	*Vimpat*	U.C.B.	60	319.20	5.3200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LACTULOSE					
Syr. or Oral Sol.				667 mg/mL **PPB**	
02242814	*Apo-Lactulose*	Apotex	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02295881	*Jamp-Lactulose*	Jamp	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02412268	*Lactulose*	Sanis	500 ml	7.25	0.0145
02247383	*Pharma-Lactulose*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
00703486	*pms-Lactulose*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02469391	*pms-Lactulose-Pharma*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
00854409	*ratio-Lactulose*	Ratiopharm	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
LANTHANUM CARBONATE HYDRATE F					
Chew. Tab.				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.				1000 mg	
02287188	*Fosrenol*	Shire	90	384.56	4.2729
LAPATINIB F					
Tab.				250 mg	
02326442	*Tykerb*	Novartis	70	1645.00	23.5000
LEDIPASVIR/SOFOSBUVIR F					
Tab.				90 mg -400 mg	
02432226	*Harvoni*	Gilead	28	22333.33	797.6189
LENALIDOMIDE F					
Caps.				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.				10 mg	
02304902	*Revlimid*	Celgene	28	10108.00	361.0000
Caps.				15 mg	
02317699	*Revlimid*	Celgene	21	8022.00	382.0000
Caps.				20 mg	
02440601	*Revlimid*	Celgene	21	8463.00	403.0000
Caps.				25 mg	
02317710	*Revlimid*	Celgene	21	8904.00	424.0000
LENVATINIB Ⓟ					
Kit (solid oral)			10 mg : 10 mg (5 caps.)		
02450321	*Lenvima*	Eisai	6	2149.20	358.2000
Kit (solid oral)			14 mg : 4 mg (5 caps.) and 10 mg (5 caps.)		
02450313	*Lenvima*	Eisai	6	3312.60	552.1000
Kit (solid oral)			20 mg : 10 mg (10 caps.)		
02450305	*Lenvima*	Eisai	6	4969.20	828.2000
Kit (solid oral)			24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)		
02450291	*Lenvima*	Eisai	6	6625.20	1104.2000
LEVOFLOXACIN Ⓟ					
Sol. Inh.			100 mg/mL (2.4 mL)		
02442302	*Quinsair*	Horizon	56	3611.37	64.4887
LINAGLIPTIN/METFORMIN HYDROCHLORIDE Ⓟ					
Tab.			2.5 mg - 500 mg		
02403250	*Jentadueto*	Bo. Ing.	60	71.02	1.1837
Tab.			2.5 mg - 850 mg		
02403269	*Jentadueto*	Bo. Ing.	60	71.02	1.1837

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2.5 mg - 1 000 mg	
02403277	*Jentadueto*	Bo. Ing.	60	71.02	1.1837

LINAGLIPTINE P

Tab.				5 mg	
02370921	*Trajenta*	Bo. Ing.	30	67.50	2.2500
			90	202.50	2.2500

LINEZOLID P

I.V. Perf. Sol.				2 mg/mL	
02243685	*Zyvoxam*	Pfizer	300 ml	99.91	
Tab.				600 mg **PPB**	
02426552	*Apo-Linezolid*	Apotex	30	1111.50	37.0500
02422689	*Sandoz Linezolid*	Sandoz	20	741.00	37.0500
02243684	*Zyvoxam*	Pfizer	20	1468.78	73.4390

LIRAGLUTIDE P

S.C. Inj. Sol.				6 mg/mL (3 mL)	
02351064	*Victoza*	N.Nordisk	2	136.98	
			3	205.47	

LISDEXAMFETAMINE (DIMESYLATE) ◈

Caps.				10 mg	
02439603	*Vyvanse*	Shire	100	201.00	2.0100
Caps.				20 mg	
02347156	*Vyvanse*	Shire	100	224.00	2.2400
Caps.				30 mg	
02322951	*Vyvanse*	Shire	100	251.00	2.5100
Caps.				40 mg	
02347164	*Vyvanse*	Shire	100	278.00	2.7800
Caps.				50 mg	
02322978	*Vyvanse*	Shire	100	305.00	3.0500
Caps.				60 mg	
02347172	*Vyvanse*	Shire	100	331.00	3.3100

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

LOMITAPIDE (MESYLATE) P

Caps.				5 mg	
02420341	*Juxtapid*	Aegerion	28	29120.00	1040.0000
Caps.				10 mg	
02420376	*Juxtapid*	Aegerion	28	29120.00	1040.0000
Caps.				20 mg	
02420384	*Juxtapid*	Aegerion	28	29120.00	1040.0000

LURASIDONE HYDROCHLORIDE P

Tab.				20 mg	
02422050	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				40 mg	
02387751	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				60 mg	
02413361	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				80 mg	
02387778	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				120 mg	
02387786	*Latuda*	Sunovion	30	107.10	3.5700

MACITENTAN P

Tab.				10 mg	
02415690	*Opsumit*	Janss. Inc	30	3495.00	116.5000

MAGNESIUM HYDROXIDE

Oral Susp.				400 mg/5 mL	
00468401	*Lait de Magnesie*	Atlas	500 ml	2.49	0.0050

MAGNESIUM HYDROXIDE/ ALUMINUM HYDROXIDE [5]

Oral Susp.			200 mg - 200 mg/5 mL		
99002574			500 ml		

5 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
Oral Susp.			300 mg -600 mg/5 mL		
99002442			350 ml		
Tab.			100 mg -184 mg		
99002868			50		
Tab.			200 mg -200 mg		
99100716			36		
Tab.			300 mg -600 mg		
99002450			40		

MARAVIROC P

Tab.				150 mg	
02299844	*Celsentri*	ViiV	60	990.00	16.5000

Tab.				300 mg	
02299852	*Celsentri*	ViiV	60	990.00	16.5000

MEMANTINE HYDROCHLORIDE P

Tab.				10 mg **PPB**	
02324067	*ACT Memantine*	ActavisPhm	30	13.26	0.4420
			100	44.20	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	100	44.20	0.4420
02446049	*Memantine*	Sivem	30	13.26	0.4420
			100	44.20	0.4420
02321130	*pms-Memantine*	Phmscience	30	13.26	0.4420
			100	44.20	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 P

S.C. Inj. Pd.				100 mg	
02449781	*Nucala*	GSK	1	1938.46	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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.				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
L.A. Caps.				50 mg	
02277190	*Biphentin*	Purdue	50	132.20	2.6440
L.A. Caps.				60 mg	
02277204	*Biphentin*	Purdue	50	156.20	3.1240
L.A. Caps.				80 mg	
02277212	*Biphentin*	Purdue	50	202.86	4.0572
L.A. Tab. (12 h)				18 mg	
02441934	*ACT Methylphenidate ER*	ActavisPhm	100	50.99	0.5099
02452731	*Apo-Methylphenidate ER*	Apotex	100	50.99	0.5099
02247732	*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)				27 mg	
02441942	*ACT Methylphenidate ER*	ActavisPhm	100	58.84	0.5884
02452758	*Apo-Methylphenidate ER*	Apotex	100	58.84	0.5884
02250241	*Concerta*	Janss. Inc	100	235.01	2.3501
02315076	*Novo-Methylphenidate ER-C*	Teva Can	100	58.84	0.5884
02413736	*pms-Methylphenidate ER*	Phmscience	100	58.84	0.5884

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab. (12 h)				36 mg	
02441950	*ACT Methylphenidate ER*	ActavisPhm	100	68.63	0.6863
02452766	*Apo-Methylphenidate ER*	Apotex	100	68.63	0.6863
02247733	*Concerta*	Janss. Inc	100	266.38	2.6638
02315084	*Novo-Methylphenidate ER-C*	Teva Can	100	68.63	0.6863
02413744	*pms-Methylphenidate ER*	Phmscience	100	68.63	0.6863
L.A. Tab. (12 h)				54 mg	
02441969	*ACT Methylphenidate ER*	ActavisPhm	100	82.40	0.8240
02330377	*Apo-Methylphenidate ER*	Apotex	100	82.40	0.8240
02247734	*Concerta*	Janss. Inc	100	329.12	3.2912
02315092	*Novo-Methylphenidate ER-C*	Teva Can	100	82.40	0.8240
02413752	*pms-Methylphenidate ER*	Phmscience	100	82.40	0.8240
METRONIDAZOLE Pr					
Vag. Jel.				0.75 %	
02125226	*Nidagel*	Valeant	70 g	18.62	
MICAFUNGIN SODIUM Pr					
I.V. Perf. Pd.				50 mg	
02294222	*Mycamine*	Astellas	1	98.00	
I.V. Perf. Pd.				100 mg	
02311054	*Mycamine*	Astellas	1	196.00	
MICRONIZED PROGESTERONE Pr					
Caps.				100 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	20.65	0.6884
			100	68.84	0.6884
MIGALASTAT Pr					
Caps.				123 mg	
02468042	*Galafold*	Amicus	14	23800.00	1700.0000
MINERAL OIL					
Liq.				100 %	
00704172	*Huile Minerale*	Atlas	250 ml	2.15	0.0086
			500 ml	3.11	0.0062

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Liq. (Rect.)					
00107875	*Fleet Huileux*	McNeil Co	130 ml	4.24	

MIRABEGRON P

L.A. Tab.				25 mg	
02402874	*Myrbetriq*	Astellas	30	43.80	1.4600
			90	131.40	1.4600
L.A. Tab.				50 mg	
02402882	*Myrbetriq*	Astellas	30	43.80	1.4600
			90	131.40	1.4600

MODAFINIL P

Tab.				100 mg **PPB**	
02285398	*Apo-Modafinil*	Apotex	100	31.71 ➡	0.3171
02430487	*Auro-Modafinil*	Aurobindo	30	10.28 ➡	0.3425
			100	31.71 ➡	0.3171
02442078	*Bio-Modafinil*	Biomed	100	31.71 ➡	0.3171
02432560	*Mar-Modafinil*	Marcan	100	31.71 ➡	0.3171
02420260	*Teva-Modafinil*	Teva Can	30	10.28 ➡	0.3425

MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing			100 cm² to 200 cm² (active surface)		
00801011	*3M Tegaderm Hydrocolloid Dressing (10 cm x 10 cm - 100 cm²)*	3M Canada	1	3.55	
99004720	*Alginate Hydrocolloid Dressing (12,2 cm x 10,2 cm - 104 cm²)*	Covidien	5	18.00	3.6000
99100609	*Comfeel Plus Ulcer (10 cm x 10 cm - 100 cm²)*	Coloplast	10	28.00	2.8000
99000040	*Cutinova hydro (10 cm x 10 cm - 100 cm²)*	S. & N.	5	19.90	3.9800
00899666	*DuoDERM CGF (10 cm x 10 cm - 100 cm²)*	Convatec	5	21.70	4.3400
			20	86.82	4.3410
99004984	*DuoDERM Signal (14 cm x 14 cm - 188 cm²)*	Convatec	1	8.15	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² to 500 cm² (active surface)			
00800996	*3M Tegaderm Hydrocolloid Dressing (15 cm x 15 cm - 225 cm²)*	3M Canada	1	8.50	
99004747	*Alginate Hydrocolloid Dressing (15,2 cm x 20,3 cm - 309 cm²)*	Covidien	30	229.90	7.6633
99004755	*Alginate Hydrocolloid Dressing (20,3 cm x 20,3 cm - 412 cm²)*	Covidien	30	273.20	9.1067
99100610	*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 cm²)*	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 than 100 cm² (active surface)			
99100608	*Comfeel Plus Ulcer (4 cm x 6 cm - 24 cm²)*	Coloplast	30	20.16	0.6720
99000032	*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	
Dressing		More than 500 cm² (active surface)			
00800988	*DuoDERM CGF (20 cm x 30 cm - 600 cm2)*	Convatec	1	17.92	
Dressing			Sacrum or triangular		
99100148	*Comfeel Plus Triangle (18 cm x 20 cm - 180 cm²)*	Coloplast	5	46.75	9.3500
00907758	*DuoDERM CGF Border (Triangular 15 cm x 18 cm - 99 cm²)*	Convatec	1	5.43	
00907782	*DuoDERM CGF Border (Triangular 20 cm x 23 cm - 270 cm²)*	Convatec	1	11.17	
99100108	*DuoDERM Signal (Sacrum 20 cm x 23 cm - 258 cm²)*	Convatec	1	14.13	
99100107	*DuoDERM Signal (Triangular 15 cm x 18 cm - 216 cm²)*	Convatec	1	10.65	
99100106	*DuoDERM Signal (Triangular 20 cm x 23 cm - 322 cm²)*	Convatec	1	16.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.			100 cm² to 200 cm² (active surface)		
99100290	*3M Tegaderm Hydrocolloid Thin Dressing (10cm x 10cm-100 cm²)*	3M Canada	1	3.10	
99100143	*Comfeel Plus Clear (10 cm x 10 cm - 100 cm²)*	Coloplast	10	28.10	2.8100
99101135	*Comfeel Plus Clear (5 cm x 25 cm - 125 cm²)*	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	
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 to 500 cm² (active surface)		
99100144	*Comfeel Plus Clear (15 cm x 15 cm - 225 cm²)*	Coloplast	5	27.30	5.4600
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 than 100 cm² (active 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 - 216 cm²)*	Convatec	1	8.43	
99100652	*Exuderm OdorShield Sacral (15,2 cm x 16,3 cm - 271 cm²)*	Medline	5	36.79	7.3580

MOXIFLOXACIN HYDROCHLORIDE Pr

I.V. Perf. Sol.			400 mg/250 mL		
02246414	*Avelox I.V.*	Bayer	1	35.02	35.0200

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

MULTIVITAMINS [5]

Caps. or Tab.

99002493			1		

Chew. Tab.

99002507			1		

NAPROXEN/ESOMEPRAZOLE Pr

Tab. 375 mg - 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 - 20 mg **PPB**

02443449	*Mylan-Naproxen/ Esomeprazole MR*	Mylan	60	46.92	➡ 0.7820
02361728	*Vimovo*	AZC	60	55.20	0.9200

NATALIZUMAB Pr

I.V. Inj. Sol. 300mg/15ml

02286386	*Tysabri*	Biogen	1	2451.32	

NETUPITANT/PALONOSETRON CHLORHYDRATE Pr

Caps. 300 mg - 0,5 mg

02468735	*Akynzeo*	Purdue	1	135.00	

NILOTINIB Pr

Caps. 150 mg

02368250	*Tasigna*	Novartis	112	3054.72	27.2743

Caps. 200 mg

02315874	*Tasigna*	Novartis	112	3947.17	35.2426

NINTEDANIB ESILATE Pr

Caps. 100 mg

02443066	*Ofev*	Bo. Ing.	60	1630.80	27.1800

5 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
Caps.				150 mg	
02443074	*Ofev*	Bo. Ing.	30 60	1630.80 3261.60	54.3600 54.3600

NITRAZEPAM ☒

Tab.				5 mg	
00511528	*Mogadon*	AA Pharma	100	15.34	0.1534
Tab.				10 mg	
00511536	*Mogadon*	AA Pharma	100	22.96	0.2296

NUTRITIONAL FORMULA - FAT EMULSION (INFANTS AND CHILDREN)

Liq.				89 mL suppl.	
99100401	*Microlipid*	Nestlé-Nut	48	141.12	2.9400

NUTRITIONAL FORMULA - CASEIN HYDROLYSATE (INFANTS AND CHILDREN)

Liq.				237 mL suppl.	
99100206	*Alimentum*	Abbott	1	1.41	
Ped. Oral Pd.				454 g suppl.	
99100532	*Nutramigen A+*	M.J.	1	16.53	
99100533	*Pregestimil A+*	M.J.	1	17.72	
Ped. Oral Pd.				561 g suppl.	
99101338	*Nutramigen A+ LGG*	M.J.	561 g	20.42	

NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL

Liq.				suppl.	
99100217	*Medium chain triglycerides*	Nestlé-Nut	946 ml	34.49	

NUTRITIONAL FORMULA - HIGH PROTEIN SEMI-ELEMENTAL

Liq.				1 L suppl.	
99002922	*Peptamen 1.5*	Nestlé-Nut	1	38.36	
99100826	*Peptamen AF*	Nestlé-Nut	1	38.08	
99101178	*Vital Peptide 1.5 Cal*	Abbott	1	11.32	
Liq.				1.5 L suppl.	
99100094	*Peptamen avec Prebio 1*	Nestlé-Nut	1	39.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Liq.			220 mL à 250 mL	suppl.	
99101181	*PediaSure Peptide 1 Cal*	Abbott	1	2.49	
00908444	*Peptamen*	Nestlé-Nut	1	6.65	
99003031	*Peptamen 1.5*	Nestlé-Nut	1	9.59	
99100309	*Peptamen AF*	Nestlé-Nut	1	9.77	
99004631	*Peptamen avec Prebio 1*	Nestlé-Nut	1	6.65	
99000296	*Peptamen Junior*	Nestlé-Nut	1	6.65	
99100789	*Peptamen Junior 1.5*	Nestlé-Nut	1	9.98	
99101182	*Vital Peptide 1 Cal*	Abbott	1	2.49	
99101183	*Vital Peptide 1.5 Cal*	Abbott	1	2.49	
NUTRITIONAL FORMULA - MONOMERIC					
Oral Pd.			48.7 g/sachet	suppl.	
99000229	*Vivonex Pediatrique*	Nestlé-Nut	6	39.42	6.5700
Oral Pd.			79.5 g/ sac.	suppl.	
00921017	*Vivonex Plus*	Nestlé-Nut	6	39.39	6.5650
Oral Pd.			80 g/sac.	suppl.	
00861464	*Tolerex*	Nestlé-Nut	6	23.40	3.9000
Oral Pd.			80.4 g/sac.	suppl.	
00895229	*Vivonex T.E.N.*	Nestlé-Nut	10	65.60	6.5600
NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)					
Liq.			237 mL	suppl.	
99100463	*Neocate Splash*	Nutricia	27	178.76	6.6207
Ped. Oral Pd.			400 g	suppl.	
99100892	*Neocate avec DHA et ARA*	Nutricia	4	199.28	49.8198
99004402	*Neocate Junior*	Nutricia	4	191.23	47.8075
99100790	*Neocate junior with fibers prebiotics*	Nutricia	4	184.00	46.0000
99100715	*PurAmino A+*	M.J.	1	51.66	
99101278	*PurAmino A+ Junior*	M.J.	1	47.22	
NUTRITIONAL FORMULA - POLYMERIC LOW RESIDUE - SPECIFIC USE					
Oral Pd.			400 g	suppl.	
99100792	*Modulen IBD*	Nestlé-Nut	1	27.10	

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

NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE

Liq. 1 L suppl.

99100395	*Isosource 2.0*	Nestlé-Nut	1	10.35	
99100244	*Novasource Renal*	Nestlé-Nut	1	8.38	
99100462	*TwoCal HN*	Abbott	1	9.84	

Liq. 1.5 L suppl.

99000164	*Isosource 1.2*	Nestlé-Nut	1	7.50	
99002000	*Isosource 1.5*	Nestlé-Nut	1	10.75	
99003570	*Osmolite 1.0 cal*	Abbott	1	8.01	
99004216	*Osmolite 1.2 cal*	Abbott	1	8.08	

Liq. 235 mL à 250 mL suppl.

00898708	*Boost 1.5*	Nestlé-Nut	1	1.45	
99000512	*Isosource 1.2*	Nestlé-Nut	1	1.12	
00907766	*Isosource 1.5*	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	*Pediasure*	Abbott	1	1.56	
99001543	*Promote*	Abbott	1	1.36	
99003554	*Resource 2.0*	Nestlé-Nut	1	1.92	
99004690	*TwoCal HN*	Abbott	1	2.32	

NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE

Liq. 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.

99004496	*Isosource Fibres 1.0 HP*	Nestlé-Nut	1	12.20	
99000202	*Isosource Fibres 1.2*	Nestlé-Nut	1	10.29	
99004127	*Isosource Fibres 1.5*	Nestlé-Nut	1	10.53	
99100645	*Jevity 1 cal*	Abbott	1	10.63	
99003600	*Jevity 1.2 cal*	Abbott	1	12.09	
99100402	*Jevity 1.5 Cal*	Abbott	1	15.10	
99100042	*Resource pour diabetiques*	Nestlé-Nut	1	9.79	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Liq.			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	2.38	
99100702	*Nepro*	Abbott	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 Jeunesse 1.5*	Nestlé-Nut	1	2.17	
99002019	*Resource pour diabetiques*	Nestlé-Nut	1	1.63	
99002647	*Suplena*	Abbott	1	2.00	
Oral Pd.			85 g/sac.	suppl.	
99003236	*Scandishake Aromatisee*	Aptalis	4	11.81	2.9525

NUTRITIONAL FORMULA - POLYMERIZED GLUCOSE

Oral Pd.			454 g	suppl.	
99101093	*SolCarb*	Medica	6	59.94	9.9900

NUTRITIONAL FORMULA - POST-DISCHARGE PRETERM FORMULA (INFANTS)

Ped. Oral Pd.			363 g	suppl.	
99100122	*Enfamil Enfacare A+*	M.J.	1	14.45	
99100123	*Similac Neosure*	Abbott	1	14.41	

NUTRITIONAL FORMULA - PROTEIN

Oral Pd.			227 g	suppl.	
99003783	*Beneprotein*	Nestlé-Nut	6	91.86	15.3100

NUTRITIONAL FORMULA - SEMI-ELEMENIAL HYPERPROTEINATED

Liq.			1 L	suppl.	
99101234	*Peptamen Intense Hyperproteine*	Nestlé H.S	1	32.95	
Liq.			250 mL	suppl.	
99101235	*Peptamen Intense Hyperproteine*	Nestlé H.S	1	8.24	

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 ACID P

Tab. — 5 mg

02463121	*Ocaliva*	Intercept	30	2958.90	98.6301

Tab. — 10 mg

02463148	*Ocaliva*	Intercept	30	2958.90	98.6301

OCRELIZUMAB P

I.V. Perf. Sol. — 30 mg/mL (10 mL)

02467224	*Ocrevus*	Roche	1	8150.00	

ODOUR-CONTROL DRESSING - ACTIVATED CHARCOAL

Dressing — 100 cm² to 200 cm² (active surface)

99001802	*Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)*	KCl	50	95.12	1.9024
99001810	*Actisorb Silver (10.5 cm x 19 cm - 200 cm²)*	KCl	50	212.90	4.2580

Dressing — Less than 100 cm² (active surface)

99100103	*Actisorb Silver (6.5 cm x 9.5 cm - 62 cm²)*	KCl	1	2.70	

OLAPARIB P

Caps. — 50 mg

02454408	*Lynparza*	AZC	448	7376.99	16.4665

Tab. — 100 mg

02475200	*Lynparza*	AZC	60	3953.55	65.8925
			120	7907.10	65.8925

Tab. — 150 mg

02475219	*Lynparza*	AZC	60	3953.55	65.8925
			120	7907.10	65.8925

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

OLODATEROL HYDROCHLORIDE/TIOTROPIUM BROMIDE MONOHYDRATE Ⓟ

Sol. Inh. (App.) — 2,5 mcg - 2,5 mcg

02441888	*Inspiolto Respimat*	Bo. Ing.	60 dose(s)	60.90	

OMALIZUMAB Ⓟ

S.C. Inj. Pd. — 150 mg

02260565	*Xolair*	Novartis	1	618.00	

ONABOTULINUMTOXINA Ⓟ

I.M. Inj. Pd. — 50 UI

99100741	*Botox*	Allergan	1	178.50	

I.M. Inj. Pd. — 100 UI

01981501	*Botox*	Allergan	1	357.00	

I.M. Inj. Pd. — 200 UI

99100646	*Botox*	Allergan	1	714.00	

ONDANSETRON Ⓟ

Oral Sol. — 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. or Tab.					4 mg **PPB**	
	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
+	02481723	*Ondansetron ODT*	Sandoz	10	32.72	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	**W**
	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
				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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				8 mg **PPB**	
02288192	*Apo-Ondansetron*	Apotex	10	49.93	4.9930
			30	149.79	4.9930
02445859	*Bio-Ondansetron*	Biomed	10	49.93	4.9930
			30	149.79	4.9930
02458802	*CCP-Ondansetron*	Cellchem	30	149.79	4.9930
			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
			100	499.30	4.9930
02417847	*NAT-Ondansetron*	Natco	10	49.93	4.9930
			30	149.79	4.9930
02325160	*Ondansetron*	Pro Doc	10	49.93	4.9930
02421410	*Ondansetron*	Sanis	100	499.30	4.9930
02389991	*Ondissolve ODF*	Takeda	10	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	**W**
02274329	*Sandoz Ondansetron*	Sandoz	10	49.93	4.9930
			100	499.30	4.9930
02444682	*Sandoz Ondansetron ODT*	Sandoz	10	49.93	4.9930
02376105	*Septa-Ondansetron*	Septa	10	49.93	4.9930
			100	499.30	4.9930
02264064	*Teva-Ondansetron*	Teva Can	10	49.93	4.9930
			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

OSELTAMIVIR PHOSPHATE Ⓟ

Caps.				30 mg **PPB**	
02472635	*NAT-Oseltamivir*	Natco	10	15.54	1.5540
02304848	*Tamiflu*	Roche	10	19.50	1.9500
Caps.				45 mg **PPB**	
02472643	*NAT-Oseltamivir*	Natco	10	23.91	2.3910
02304856	*Tamiflu*	Roche	10	30.00	3.0000
Caps.				75 mg **PPB**	
02457989	*NAT-Oseltamivir*	Natco	10	30.56	3.0563
02241472	*Tamiflu*	Roche	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 Pr

Tab.				40 mg	
02456214	*Tagrisso*	AZC	30	8840.29	294.6764
Tab.				80 mg	
02456222	*Tagrisso*	AZC	30	8840.29	294.6764

OXCARBAZEPINE Pr

Oral Susp.				60 mg/mL	
02244673	*Trileptal*	Novartis	250 ml	77.45	0.3098
Tab.				150 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
Tab.				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 Pr

Patch				36 mg	
02254735	*Oxytrol*	Actavis	8	51.82	6.4775

OXYBUTYNINE CHLORIDE Pr

L.A. Tab.				5 mg	
02243960	*Ditropan XL*	Janss. Inc	100	183.30	1.8330
L.A. Tab.				10 mg	
02243961	*Ditropan XL*	Janss. Inc	100	183.30	1.8330

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. 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. 10 mg **PPB**

02394189	*ACT Oxycodone CR*	ActavisPhm	100	47.41	0.4741
02366754	*Apo-Oxycodone CR*	Apotex	100	47.41	0.4741
02372525	*OxyNEO*	Purdue	60	52.68	0.8780
02309882	*pms-Oxycodone CR*	Phmscience	100	47.41	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. 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	79.02	1.3170
02309890	*pms-Oxycodone CR*	Phmscience	100	71.12	0.7112

L.A. Tab. 30 mg **PPB**

02394774	*Apo-Oxycodone CR*	Apotex	100	93.96	0.9396
02372541	*OxyNEO*	Purdue	60	104.40	1.7400

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

L.A. Tab. 60 mg **PPB**

02394782	*Apo-Oxycodone CR*	Apotex	100	170.10	1.7010
02372576	*OxyNEO*	Purdue	60	189.00	3.1500

L.A. Tab. 80 mg **PPB**

02394219	*ACT Oxycodone CR*	ActavisPhm	100	227.66	2.2766
02366789	*Apo-Oxycodone CR*	Apotex	100	227.66	2.2766
02372584	*OxyNEO*	Purdue	60	252.96	4.2160
02309912	*pms-Oxycodone CR*	Phmscience	100	227.66	2.2766

PALBOCICLIB Ⓡ

Caps. 75 mg

02453150	*Ibrance*	Pfizer	21	5332.16	253.9124

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg	
02453169	*Ibrance*	Pfizer	21	5332.16	253.9124
Caps.				125 mg	
02453177	*Ibrance*	Pfizer	21	5332.16	253.9124

PALIPERIDONE PALMITATE P

I.M. Inj. Susp. 1 month				50 mg/0.5 mL	
02354217	*Invega Sustenna*	Janss. Inc	1	304.10	
I.M. Inj. Susp. 1 month				75 mg/0.75 mL	
02354225	*Invega Sustenna*	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month				100 mg/1.0 mL	
02354233	*Invega Sustenna*	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month				150 mg/1.5 mL	
02354241	*Invega Sustenna*	Janss. Inc	1	608.22	
I.M. Inj. Susp. 3 months				175 mg/0.875 mL	
02455943	*Invega Trinza*	Janss. Inc	1	912.30	
I.M. Inj. Susp. 3 months				263 mg/1.315 mL	
02455986	*Invega Trinza*	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months				350 mg/1.75 mL	
02455994	*Invega Trinza*	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months				525 mg/2.625 mL	
02456001	*Invega Trinza*	Janss. Inc	1	1824.66	

PARAFFIN/MINERAL OIL

Oph. Oint.				57.3 % - 42.5 %	
00210889	*Lacrilube*	Allergan	3.5 g 7 g	6.98 9.85	

PAZOPANIB HYDROCHLORIDE P

Tab.				200 mg	
02352303	*Votrient*	Novartis	120	4129.20	34.4100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PEGINTERFERON ALFA-2A P					
S.C. Inj. Sol.				180 mcg/0.5 mL	
02248077	*Pegasys*	Roche	1	395.84	
PENTOXIFYLLINE P					
L.A. Tab.				400 mg	
02230090	*Pentoxifylline SR*	AA Pharma	100 500	58.46 292.30	0.5846 0.5846
PERAMPANEL P					
Tab.				2 mg	
02404516	*Fycompa*	Eisai	7	66.15	9.4500
Tab.				4 mg	
02404524	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				6 mg	
02404532	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				8 mg	
02404540	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				10 mg	
02404559	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				12 mg	
02404567	*Fycompa*	Eisai	28	264.60	9.4500
PHENYLBUTYRATE GLYCEROL P					
Liq.				1.1 g/mL	
02453304	*Ravicti*	Horizon	25 ml	1200.00	48.0000
PIMECROLIMUS P					
Top. Cr.				1 %	
02247238	*Elidel*	Valeant	30 g 60 g	62.94 125.89	2.0980 2.0982

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

PIOGLITAZONE HYDROCHLORIDE F

Tab. 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. 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

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

PIRFENIDONE [R]

Caps.				267 mg	
02393751	*Esbriet*	Roche	63	820.89	13.0300
			270	3518.10	13.0300
Tab.				267 mg	
02464489	*Esbriet*	Roche	21	273.63	13.0300
			270	3518.10	13.0300
Tab.				801 mg	
02464500	*Esbriet*	Roche	90	3518.10	39.0900

POLYETHYLENE GLYCOL

Oral Pd.				1 g/g **PPB**	
02460297	*Comfilax*	Cellchem	238 g	5.93	
			510 g	12.70	
02374137	*Emolax*	Jamp	510	12.70	
02453193	*Lax-A-Day Pharma*	Phmscience	510 g	12.70	
02450070	*M-Peg 3350*	Mantra Ph.	510 g	12.70	
02358034	*Peg 3350*	Medisca	255 g	6.35	
			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

POLYETHYLENE GLYCOL/ SODIUM SULFATE/ SODIUM BICARBONATE/ SODIUM CHLORIDE/ 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 ALCOHOL

Oph. Sol. 1.4 % (0.4 mL)

02138670	*Refresh*	Allergan	30	9.95	0.3317

POMALIDOMIDE Pr

Caps. 1 mg

02419580	*Pomalyst*	Celgene	21	10500.00	500.0000

Caps. 2 mg

02419599	*Pomalyst*	Celgene	21	10500.00	500.0000

Caps. 3 mg

02419602	*Pomalyst*	Celgene	21	10500.00	500.0000

Caps. 4 mg

02419610	*Pomalyst*	Celgene	21	10500.00	500.0000

POSACONAZOLE Pr

L.A. Tab. 100 mg

02424622	*Posanol*	Merck	60	2803.38	46.7230

Oral Susp. 40 mg/mL

02293404	*Posanol*	Merck	1	981.18	

PRASUGREL Pr

Tab. 10 mg

02349124	*Effient*	Lilly	30	57.49	1.9163

PROGESTERONE Pr

Vag. gel (App.) 8 %

02241013	*Crinone*	Serono	18	144.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Vag. Tab. (eff.)				100 mg	
02334992	*Endometrin*	Ferring	21	84.00	4.0000

PROPRANOLOL HYDROCHLORIDE Pr

Oral Sol.				3.75 mg/mL	
02457857	*Hemangiol*	Pierre Fab	120 ml	273.70	2.2808

PSYLLIUM MUCILLOID [5]

Oral Pd.				336 g to 1040 g	
99002876			1		

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST

Strip					
99100333	*CoaguChek XS PT Test*	Roche Diag	6	37.20	
			24	148.80	
			48	297.60	
+ 99113393	*CoaguChek XS PT Test PST*	Roche Diag	6	37.20	
			24	148.80	

RANIBIZUMAB Pr

Inj. Sol.				10 mg/mL (0,23ml)	
02296810	*Lucentis*	Novartis	1	1575.00	
Inj.Sol (syr)				10 mg/mL (0,165 ml)	
02425629	*Lucentis*	Novartis	1	1575.00	

RASAGILINE MESYLATE Pr

Tab.				0.5 mg	**PPB**	
02404680	*Apo-Rasagiline*	Apotex	100	360.50	➡	3.6050
02284642	*Azilect*	Teva Innov	30	210.00		7.0000
02418436	*Teva-Rasagiline*	Teva Can	30	108.15	➡	3.6050
Tab.				1 mg	**PPB**	
02404699	*Apo-Rasagiline*	Apotex	100	360.50	➡	3.6050
02284650	*Azilect*	Teva Innov	30	210.00		7.0000
02418444	*Teva-Rasagiline*	Teva Can	30	108.15	➡	3.6050

5 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
RÉGORAFENIB (MONOHYDRATE DE) P					
Tab.				40 mg	
02403390	*Stivarga*	Bayer	84	6100.08	72.6200
RIBAVIRINE P					
Tab.				200 mg	
02439212	*Ibavyr*	Pendopharm	100	725.00	7.2500
Tab.				400 mg	
02425890	*Ibavyr*	Pendopharm	100	1450.00	14.5000
Tab.				600 mg	
02425904	*Ibavyr*	Pendopharm	100	2175.00	21.7500
RIBOCICLIB SUCCINATE P					
Tab.				200 mg	
02473569	*Kisqali*	Novartis	21	1777.65	84.6500
			63	5332.95	84.6500
RIFAXIMINE P					
Tab.				550 mg	
02410702	*Zaxine*	Salix	60	460.65	7.6775
RILUZOLE P					
Tab.				50 mg **PPB**	
02352583	*Apo-Riluzole*	Apotex	60	206.17	3.4361
02390299	*Mylan-Riluzole*	Mylan	60	206.17	3.4361
02242763	*Rilutek*	SanofiAven	60	585.84	9.7640
RIOCIGUAT P					
Tab.				0.5 mg	
02412764	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				1 mg	
02412772	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				1.5 mg	
02412799	*Adempas*	Bayer	42	1795.50	42.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg	
02412802	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				2.5 mg	
02412810	*Adempas*	Bayer	42	1795.50	42.7500
RISPERIDONE P					
I.M. Inj. Pd.				12.5 mg	
02298465	*Risperdal Consta*	Janss. Inc	1	75.41	
I.M. Inj. Pd.				25 mg	
02255707	*Risperdal Consta*	Janss. Inc	1	156.09	
I.M. Inj. Pd.				37.5 mg	
02255723	*Risperdal Consta*	Janss. Inc	1	234.16	
I.M. Inj. Pd.				50 mg	
02255758	*Risperdal Consta*	Janss. Inc	1	312.20	
RITUXIMAB P					
I.V. Perf. Sol.				10 mg/mL	
02241927	*Rituxan*	Roche	10 ml 50 ml	453.10 2265.50	
RIVAROXABAN P					
Tab.				10 mg	
02316986	*Xarelto*	Bayer	50	142.00	2.8400
Tab.				15 mg	
02378604	*Xarelto*	Bayer	90	255.60	2.8400
Tab.				20 mg	
02378612	*Xarelto*	Bayer	90	255.60	2.8400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
RIVASTIGMINE P					
Caps.				1.5 mg **PPB**	
02336715	*Apo-Rivastigmine*	Apotex	100	65.14	0.6514
02427567	*Auro-Rivastigmine*	Aurobindo	60	39.08	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.				3 mg **PPB**	
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.				4.5 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
			100	65.14	0.6514
02407000	*Mint-Rivastigmine*	Mint	56	36.47	0.6513
02306018	*Novo-Rivastigmine*	Novopharm	56	36.47	0.6513
			100	65.14	0.6514
02417014	*Rivastigmine*	Pro Doc	100	65.14	0.6514
02324598	*Sandoz Rivastigmine*	Sandoz	56	36.47	0.6513
			100	65.14	0.6514

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT 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
			100	65.14	➧ 0.6514
02407019	*Mint-Rivastigmine*	Mint	56	36.47	➧ 0.6513
02306026	*Novo-Rivastigmine*	Novopharm	56	36.47	➧ 0.6513
			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 mg/mL	
02245240	*Exelon*	Novartis	120 ml	153.02	1.2752
Patch				4.6 mg/24H **PPB**	
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
Patch				9.5 mg/24H **PPB**	
02302853	*Exelon Patch 10*	Novartis	30	131.63	4.3877
02423421	*Mylan-Rivastigmine Patch 10*	Mylan	30	119.32	➧ 3.9773
02426307	*Sandoz Rivastigmine Patch 10*	Sandoz	30	119.32	➧ 3.9773
ROSIGLITAZONE MALEATE Ⓟ					
Tab.				2 mg **PPB**	
02241112	*Avandia*	GSK	60	76.76	1.2793
02403366	*Rosiglitazone*	AA Pharma	100	103.16	➧ 1.0316
Tab.				4 mg **PPB**	
02241113	*Avandia*	GSK	100	200.73	2.0073
02403374	*Rosiglitazone*	AA Pharma	100	161.88	➧ 1.6188
Tab.				8 mg **PPB**	
02241114	*Avandia*	GSK	60	172.24	2.8707
02403382	*Rosiglitazone*	AA Pharma	100	231.50	➧ 2.3150
ROTIGOTINE Ⓟ					
Patch				2 mg/24 h	
02403900	*Neupro*	U.C.B.	30	106.20	3.5400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				4 mg/24 h	
02403927	*Neupro*	U.C.B.	30	195.00	6.5000
Patch				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
RUFINAMIDE Pr					
Tab.				100 mg	
02369613	*Banzel*	Eisai	30	21.54	0.7180
Tab.				200 mg	
02369621	*Banzel*	Eisai	30	43.09	1.4363
Tab.				400 mg	
02369648	*Banzel*	Eisai	120	375.58	3.1298
RUXOLITINIB PHOSPHATE Pr					
Tab.				5 mg	
02388006	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				10 mg	
02434814	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				15 mg	
02388014	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				20 mg	
02388022	*Jakavi*	Novartis	56	4602.74	82.1918
SACUBITRIL/VALSARTAN Pr					
Tab.				24.3 mg - 25.7 mg	
02446928	*Entresto*	Novartis	30	108.60	3.6200
Tab.				48.6 mg - 51.4 mg	
02446936	*Entresto*	Novartis	60	217.20	3.6200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				97.2 mg - 102.8 mg	
02446944	*Entresto*	Novartis	60	217.20	3.6200

SALBUTAMOL SULFATE Pr

Inh. Pd.				200 mcg/coque	
02243115	*Ventolin Diskus*	GSK	60 dose(s)	9.40	

SALMETEROL XINAFOATE/ FLUTICASONE PROPIONATE Pr

Inh. Pd.				50 mcg-100 mcg/coque	
02240835	*Advair 100 Diskus*	GSK	60 dose(s)	75.79	
Inh. Pd.				50 mcg-250 mcg/coque	
02240836	*Advair 250 Diskus*	GSK	60 dose(s)	90.69	
Inh. Pd.				50 mcg-500 mcg/coque	
02240837	*Advair 500 Diskus*	GSK	60 dose(s)	128.74	
Oral aerosol				25 mcg -125 mcg/dose	
02245126	*Advair 125*	GSK	120 dose(s)	90.69	
Oral aerosol				25 mcg -250 mcg/dose	
02245127	*Advair 250*	GSK	120 dose(s)	128.74	

SAPROPTERIN DIHYDROCHLORIDE Pr

Tab.				100 mg	
02350580	*Kuvan*	Biomarin	120	3960.00	33.0000

SARILUMAB Pr

S.C. Inj.Sol (syr)				150 mg/1.14 mL	
02460521	*Kevzara*	SanofiAven	2	1400.00	700.0000
S.C. Inj.Sol (syr)				200 mg/1.14 mL	
02460548	*Kevzara*	SanofiAven	2	1400.00	700.0000

SAXAGLIPTIN Pr

Tab.				2.5 mg	
02375842	*Onglyza*	AZC	30	69.00	2.3000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg	
02333554	*Onglyza*	AZC	30	69.00	2.3000
			100	230.00	2.3000

SAXAGLIPTIN/METFORMIN HYDROCHLORIDE Pr

Tab.				2.5 mg - 500 mg	
02389169	*Komboglyze*	AZC	60	76.20	1.2700
Tab.				2.5 mg - 850 mg	
02389177	*Komboglyze*	AZC	60	76.20	1.2700
Tab.				2.5 mg - 1 000 mg	
02389185	*Komboglyze*	AZC	60	76.20	1.2700

SECUKINUMAB Pr

S.C. Inj. Sol.				150 mg/mL (1 mL)	
99101215	*Cosentyx (stylo)*	Novartis	1	772.50	
			2	1545.00	772.5000
02438070	*Cosentyx (syringe)*	Novartis	1	772.50	
			2	1545.00	772.5000

SELEXIPAG Pr

Tab.				200 mcg	
02451158	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				400 mcg	
02451166	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				600 mcg	
02451174	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				800 mcg	
02451182	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1000 mcg	
02451190	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1200 mcg	
02451204	*Uptravi*	Janss. Inc	60	3850.00	64.1667

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1400 mcg	
02451212	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1600 mcg	
02451220	*Uptravi*	Janss. Inc	60	3850.00	64.1667

SENNOSIDES A & B

Liq.				8.5 mg/5 mL **PPB**	
80024394	*Jamp-Sennaquil*	Jamp	250 ml	7.96 ➡	0.0318
00367729	*Senokot*	Purdue	250 ml	7.96 ➡	0.0318
Tab.				8.6 mg **PPB**	
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	4.64 ➡	0.0464
			500	23.19 ➡	0.0464
80009182	*Jamp-Sennosides Coated*	Jamp	500	23.19 ➡	0.0464
02068109	*Lax-A Senna*	Pendopharm	1000	46.39 ➡	0.0464
80079884	*M-Senna 8.6 mg*	Mantra Ph.	500	23.19 ➡	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	100	4.64 ➡	0.0464
			1000	46.39 ➡	0.0464
01949292	*Riva-Senna*	Riva	100	4.64	**W**
			1000	46.39	**W**
80079605	*Riva-Senna*	Riva	100	4.64 ➡	0.0464
			1000	46.39 ➡	0.0464
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
Tab.				12 mg **PPB**	
80009183	*Jamp-Sennosides Coated*	Jamp	500	27.75 ➡	0.0555
80055641	*M-Sennosides 12 mg*	Mantra Ph.	500	27.75 ➡	0.0555
00896403	*pms-Sennosides*	Phmscience	100	5.55 ➡	0.0555
			1000	55.50 ➡	0.0555
80069733	*Sennalax Forte*	Cellchem	60	3.33 ➡	0.0555

SEVELAMER CARBONATE 🅿

Oral Pd.				2.4 g	
+ 02485567	*Renvela*	SanofiAven	90	341.12	3.7902
Oral Pd.				800 mg	
+ 02485559	*Renvela*	SanofiAven	90	113.71	1.2634

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				800 mg **PPB**	
02461501	*Accel-Sevelamer*	Accel	180	227.42	1.2634
02354586	*Renvela*	SanofiAven	180	227.42	1.2634
SEVELAMER HYDROCHLORIDE P					
Tab.				800 mg	
02244310	*Renagel*	SanofiAven	180	277.36	1.5409
SILDENAFIL CITRATE P					
Tab.				20 mg **PPB**	
02418118	*Apo-Sildenafil R*	Apotex	100	577.65	5.7765
02469669	*Jamp-Sildenafil R*	Jamp	30	173.30	5.7765
02412179	*pms-Sildenafil R*	Phmscience	90	519.89	5.7765
			100	577.65	5.7765
02319500	*ratio-Sildenafil R*	Ratiopharm	100	577.65	5.7765
02279401	*Revatio*	Pfizer	90	962.75	10.6972
SITAGLIPTIN P					
Tab.				25 mg	
02388839	*Januvia*	Merck	30	78.53	2.6177
Tab.				50 mg	
02388847	*Januvia*	Merck	30	78.53	2.6177
Tab.				100 mg	
02303922	*Januvia*	Merck	30	78.53	2.6177
			100	261.78	2.6178
SITAGLIPTIN/METFORMIN HYDROCHLORIDE P					
L.A. Tab.				50 mg -500 mg	
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
L.A. Tab.				100 mg-1000 mg	
02416808	*Janumet XR*	Merck	30	82.20	2.7400
Tab.				50 mg -500 mg	
02333856	*Janumet*	Merck	60	82.20	1.3700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg -850 mg	
02333864	*Janumet*	Merck	60	82.20	1.3700
Tab.				50 mg -1000 mg	
02333872	*Janumet*	Merck	60	82.20	1.3700
SODIUM PHOSPHATE MONOBASIC/ SODIUM PHOSPHATE DIBASIC					
Ped. Rect. Sol.				160 mg -60 mg/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 mg/mL **PPB**	
00009911	*Fleet*	McNeil Co	130 ml	3.07	
02096900	*Lax-A NEMA*	Pendopharm	130 ml	➡ 2.66	
SOFOSBUVIR P					
Tab.				400 mg	
02418355	*Sovaldi*	Gilead	28	18333.33	654.7618
SOFOSBUVIR/VELPATASVIR P					
Tab.				400 mg -100 mg	
02456370	*Epclusa*	Gilead	28	20000.00	714.2857
SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR P					
Tab.				400 mg -100 mg -100 mg	
02467542	*Vosevi*	Gilead	28	20000.00	714.2857
SOMATOTROPHIN P					
Cartr. or Inj. Pd. or Sty				5 mg **PPB**	
00745626	*Humatrope*	Lilly	1	➡ 139.50	
02399091	*Nutropin AQ NuSpin 5*	Roche	1	➡ 139.50	
02325063	*Omnitrope*	Sandoz	1	➡ 139.50	
			5	697.50	➡ 139.5000
02237971	*Saizen*	Serono	1	➡ 139.50	
Cartridge				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				15 mg	
02459647	*Omnitrope*	Sandoz	1	418.50	
			5	2092.50	418.5000
Cartridge				24 mg	
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	➡ 279.00	
			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	
02215136	*Saizen*	Serono	1	135.45	
Inj. Pd.				8.8 mg	
02272083	*Saizen*	Serono	1	348.03	
S.C. Inj.Sol (syr)				0.6 mg	
02401762	*Genotropin MiniQuick*	Pfizer	7	117.18	16.7400
S.C. Inj.Sol (syr)				0.8 mg	
02401770	*Genotropin MiniQuick*	Pfizer	7	156.24	22.3200
S.C. Inj.Sol (syr)				1 mg	
02401789	*Genotropin MiniQuick*	Pfizer	7	195.30	27.9000
S.C. Inj.Sol (syr)				1.2 mg	
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				1.6 mg	
02401819	*Genotropin MiniQuick*	Pfizer	7	312.48	44.6400
S.C. Inj.Sol (syr)				1.8 mg	
02401827	*Genotropin MiniQuick*	Pfizer	7	351.54	50.2200
S.C. Inj.Sol (syr)				2 mg	
02401835	*Genotropin MiniQuick*	Pfizer	7	390.60	55.8000
Sty				5.3 mg	
02401703	*Genotropin GoQuick*	Pfizer	5	739.35	147.8700

SOMATOTROPHIN - DELAYED GROWTH AND TURNER'S SYNDROME P

Sty				5 mg	
02334852	*Norditropin Nordiflex*	N.Nordisk	1	139.50	
Sty				10 mg	
02334860	*Norditropin Nordiflex*	N.Nordisk	1	279.00	
Sty				15 mg	
02334879	*Norditropin Nordiflex*	N.Nordisk	1	418.50	

SOMATOTROPHIN - DELAYED GROWTH RELATED TO RENAL FAILURE P

Cartridge				6 mg	
99101243	*Saizen*	Serono	1	261.00	
Cartridge				10 mg	
99101242	*Nutropin AQ NuSpin 10*	Roche	1	279.00	
Cartridge				12 mg	
99101245	*Saizen*	Serono	1	334.80	
Cartridge or Sty				20 mg **PPB**	
99101240	*Nutropin AQ NuSpin 20*	Roche	1	➡ 778.88	
99101246	*Saizen*	Serono	1	➡ 778.88	
Inj. Pd.				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				5 mg **PPB**	
99101238	*Nutropin AQ NuSpin 5*	Roche	1	➡ 139.50	
99101244	*Saizen*	Serono	1	➡ 139.50	
SORAFENIB TOSYLATE P					
Tab.				200 mg	
02284227	*Nexavar*	Bayer	120	5521.06	46.0088
STIRIPENTOL P					
Caps.				250 mg	
02398958	*Diacomit*	Biocodex	60	353.90	5.8983
Caps.				500 mg	
02398966	*Diacomit*	Biocodex	60	706.70	11.7783
Oral Pd.				250 mg/sachet	
02398974	*Diacomit*	Biocodex	60	353.90	5.8983
Oral Pd.				500 mg/sachet	
02398982	*Diacomit*	Biocodex	60	706.70	11.7783
SUNITINIB (MALATE) P					
Caps.				12.5 mg	
02280795	*Sutent*	Pfizer	28	1768.27	63.1525
Caps.				25 mg	
02280809	*Sutent*	Pfizer	28	3536.52	126.3043
Caps.				50 mg	
02280817	*Sutent*	Pfizer	28	7073.05	252.6089
TACROLIMUS P					
Top. Oint.				0.03 %	
02244149	*Protopic*	Leo	30 g	64.50	2.1500
			60 g	129.00	2.1500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				0.1 %	
02244148	*Protopic*	Leo	30 g	69.00	2.3000
			60 g	138.00	2.3000
TADALAFIL P					
Tab.				20 mg **PPB**	
02338327	*Adcirca*	Lilly	56	680.81	12.1573
02421933	*Apo-Tadalafil PAH*	Apotex	60	607.37	➡ 10.1228
TEMOZOLOMIDE P					
Caps.				5 mg **PPB**	
02441160	*ACT Temozolomide*	ActavisPhm	5	19.50	➡ 3.9000
			20	78.00	➡ 3.9000
02443473	*Taro-Temozolomide*	Taro	5	19.50	➡ 3.9000
			20	78.00	➡ 3.9000
02241093	*Temodal*	Merck	5	19.50	➡ 3.9000
Caps.				20 mg **PPB**	
02395274	*ACT Temozolomide*	ActavisPhm	5	78.00	➡ 15.6000
			20	312.00	➡ 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.				100 mg **PPB**	
02395282	*ACT Temozolomide*	ActavisPhm	5	390.00	➡ 78.0000
			20	1560.00	➡ 78.0000
02443511	*Taro-Temozolomide*	Taro	5	390.02	78.0030
			20	1560.06	78.0030
02241095	*Temodal*	Merck	5	390.00	➡ 78.0000
Caps.				140 mg **PPB**	
02395290	*ACT Temozolomide*	ActavisPhm	5	546.03	➡ 109.2050
			20	2184.10	➡ 109.2050
02443538	*Taro-Temozolomide*	Taro	5	546.03	➡ 109.2050
02312794	*Temodal*	Merck	5	546.03	109.2060
Caps.				250 mg **PPB**	
02395312	*ACT Temozolomide*	ActavisPhm	5	975.00	➡ 195.0000
			20	3900.04	➡ 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
TERIFLUNOMIDE Pr					
Tab.				14 mg	
02416328	*Aubagio*	Genzyme	28	1426.82	50.9579
TERIPARATIDE Pr					
S.C. Inj. Sol.			250 mcg/mL (2.4 mL or 3 mL)		
02254689	*Forteo*	Lilly	1	809.73	
THALIDOMIDE Pr					
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
TICAGRELOR Pr					
Tab.				90 mg	
02368544	*Brilinta*	AZC	60	88.80	1.4800
TIGECYCLINE Pr					
I.V. Perf. Pd.				50 mg **PPB**	
* 02409356	*Tigecycline*	Apotex	10	714.23	➧ 71.4225
02285401	*Tygacil*	Pfizer	10	802.50	80.2500
TIPRANAVIR Pr					
Caps.				250 mg	
02273322	*Aptivus*	Bo. Ing.	120	990.00	8.2500
TIZANIDINE HYDROCHLORIDE Pr					
Tab.				4 mg	
02259893	*Tizanidine*	AA Pharma	100	36.86	0.3686
TOBRAMYCIN SULFATE Pr					
Inh. Pd.				28 mg	
02365154	*Tobi Podhaler*	Novartis	224	2880.36	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Sol. Inh.			300 mg/5 mL **PPB**		
02443368	*Solution de Tobramycine pour Inhalation*	Sandoz	56	1533.36	➧ 27.3814
02389622	*Teva-Tobramycin*	Teva Can	56	1533.36	➧ 27.3814
02239630	*Tobi*	Novartis	56	2880.36	51.4350
TOCILIZUMAB 🅿					
I.V. Perf. Sol.			20 mg/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)			162 mg/0.9 mL		
02424770	*Actemra*	Roche	4	1420.00	355.0000
TOCOPHERYL ACETATE (DL-ALPHA) [5]					
Caps.				100 UI	
99002396			100		
Caps.				200 UI	
99002418			100		
Caps.				400 UI	
99002426			100		
Chew. Tab.				200 UI	
99100202			90		
Oral Sol.				50 UI/mL	
99002469			25 ml		
TOFACITINIB CITRATE 🅿					
L.A. Tab.				11 mg	
+ 02470608	*Xeljanz XR*	Pfizer	30	1385.79	46.1930

5 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
Tab.				5 mg	
02423898	*Xeljanz*	Pfizer	60	1385.79	23.0965

TRAMETINIB P

Tab.				0.5 mg	
02409623	*Mekinist*	Novartis	30	2175.00	72.5000
Tab.				2 mg	
02409658	*Mekinist*	Novartis	30	8700.00	290.0000

TRANDOLAPRIL/ VERAPAMIL HYDROCHLORIDE P

Tab.				2 mg -240 mg	
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 P

Inj. Sol.				1 mg/mL	
02246552	*Remodulin*	U.T.C.	20 ml	900.00	
Inj. Sol.				2.5 mg/mL	
02246553	*Remodulin*	U.T.C.	20 ml	2250.00	
Inj. Sol.				5 mg/mL	
02246554	*Remodulin*	U.T.C.	20 ml	4500.00	
Inj. Sol.				10 mg/mL	
02246555	*Remodulin*	U.T.C.	20 ml	9000.00	

TRETINOIN P

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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
Top. Cr.				0.1 %	
00662348	*Stieva-A Forte*	GSK	25 g	7.30	0.2920
Top. Jel.				0.01 %	
01926462	*Vitamin A Acid Gel Doux*	Valeant	25 g	7.41	0.2964
Top. Jel.				0.025 %	
* 01926470	*Vitamin A Acid Gel*	Valeant	25 g	7.41	0.2964
Top. Jel.				0.05 %	
01926489	*Vitamin A Acid Gel*	Valeant	25 g	7.41	0.2964
TRIFLURIDINE/TIPIRACIL HYDROCHLORIDE Pr					
Tab.				15 mg - 6.14 mg	
+ 02472104	*Lonsurf*	Taiho	20	1525.00	76.2500
Tab.				20 mg - 8.19 mg	
+ 02472112	*Lonsurf*	Taiho	20	1525.00	76.2500
TROSPIUM CHLORIDE Pr					
Tab.				20 mg	
02275066	*Trosec*	Sunovion	60	45.57	0.7595
UROFOLLITROPIN Pr					
Inj. Pd.				75 UI	
02268140	*Bravelle*	Ferring	5	265.00	53.0000
USTEKINUMAB Pr					
S.C. Inj.Sol (syr)				45 mg/0.5 mL	
02320673	*Stelara*	Janss. Inc	1	4311.72	
S.C. Inj.Sol (syr)				90 mg/1 mL	
02320681	*Stelara*	Janss. Inc	1	4311.72	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VALGANCICLOVIR HYDROCHLORIDE P					
Oral Susp.				50 mg/mL	
02306085	*Valcyte*	Roche	100 ml	253.98	2.5398
Tab.				450 mg **PPB**	
02393824	*Apo-Valganciclovir*	Apotex	60	348.19	5.8032
02435179	*Auro-Valganciclovir*	Aurobindo	60	348.19	5.8032
			100	580.31	5.8031
02413825	*Teva-Valganciclovir*	Teva Can	60	348.19	5.8032
02245777	*Valcyte*	Roche	60	1371.49	22.8582
VEDOLIZUMAB P					
I.V. Perf. Pd.				300 mg	
02436841	*Entyvio*	Takeda	1	3290.00	
VEMURAFENIB P					
Tab.				240 mg	
02380242	*Zelboraf*	Roche	56	1911.59	34.1355
VERTEPORFIN P					
I.V. Inj. Pd.				15 mg	
02242367	*Visudyne*	Novartis	1	1703.10	
VILANTEROL TRIFENATATE/FLUTICASONE FUROATE P					
Inh. Pd.				25 mcg - 100 mcg/dose	
02408872	*Breo Ellipta*	GSK	30 dose(s)	82.20	
Inh. Pd.				25 mcg -200 mcg/dose	
02444186	*Breo Ellipta*	GSK	30 dose(s)	116.90	
VILANTEROL TRIFENATATE/UMECLIDINIUM BROMURE P					
Inh. Pd. (App.)				25 mcg - 62,5 mcg/dose	
02418401	*Anoro Ellipta*	GSK	30 dose(s)	63.00	
VISMODEGIB P					
Caps.				150 mg	
02409267	*Erivedge*	Roche	28	8238.26	294.2236

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

VORICONAZOLE Ⓟ

I.V. Perf. Pd. 200 mg **PPB**

*	02256487	*Vfend*	Pfizer	1		145.55	
+	02477696	*Voriconazole pour injection*	Jamp	1	➡	136.58	

Tab. 50 mg **PPB**

	02409674	*Apo-Voriconazole*	Apotex	30		95.87	➡ 3.1957
	02399245	*Sandoz Voriconazole*	Sandoz	30		95.87	➡ 3.1957
	02396866	*Teva-Voriconazole*	Teva Can	30		95.87	➡ 3.1957
	02256460	*Vfend*	Pfizer	30		370.53	12.3510

Tab. 200 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 mg/coque (4)

	02240863	*Relenza*	GSK	5		36.54	

ZOLEDRONIC ACID Ⓟ

I.V. Perf. Sol. 4 mg/5 mL **PPB**

	02422425	*Acide zoledronique pour injection*	Dr Reddy's	5 ml	➡	134.61	
	02434458	*Acide zoledronique pour injection*	Fresenius	5 ml	➡	134.61	
	02472805	*Acide zoledronique pour injection*	Marcan	5 ml	➡	134.61	
	02444739	*Acide zoledronique pour injection*	MDA	5 ml	➡	134.61	
	02421550	*Acide zoledronique pour injection*	Pfizer	5 ml	➡	134.61	
	02415186	*Acide zoledronique pour injection*	Taro	5 ml	➡	134.61	
	02407639	*Acide zoledronique pour injection*	Teva Can	5 ml	➡	134.61	
	02401606	*Acide zoledronique-Z*	Sandoz	5 ml	➡	134.61	
+	02482525	*Jamp-Zoledronic Acid*	Jamp	5 ml	➡	134.61	
	02403056	*pms-Zoledronic Acid*	Phmscience	5 ml	➡	134.61	
	02248296	*Zometa*	Novartis	5 ml		538.45	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Sol.			5 mg/ 100 mL	**PPB**	
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 HOLDING CHAMBER

99002116			1		

AEROSOL HOLDING CHAMBER AND MASK

99002124			1		

DISPOSABLE NEEDLE FOR AUTO-INJECTOR

99002108			1		

DISPOSABLE NEEDLE FOR SYRINGE OF METHOTREXATE

99101194			1		

DISPOSABLE NEEDLE WITH SAFETY DEVICE FOR INSULIN AUTO-INJECTOR [9]

99100517			1		

DISPOSABLE SYRINGE (WITHOUT NEEDLE)

				1.0 cc	
99002337			1		
				2.0 cc	
99002531			1		
				3 cc	
99002175			1		
				5 cc	
99002183			1		
				10 cc	
99002191			1		

6 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.

9 This type of supply is reimbursable for persons carrying a blood-borne infection.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99100668			1	20 cc	
99100669			1	30 cc	

DISPOSABLE SYRINGE WITH NEEDLE FOR INSULIN

99002132			1	0.25 cc	
99002140			1	0.3 cc	
99002159			1	0.5 cc	
99002167			1	1.0 cc	

DISPOSABLE SYRINGE WITH NEEDLE(S)

99002345			1	1.0 cc	
99002558			1	2.0 cc	
99002205			1	3 cc	
99002213			1	5 cc	
99002221			1	10 cc	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DISPOSABLE SYRINGE WITH RETRACTABLE NEEDLE [13]					
				3 cc	
99101335			1		
MASK FOR AEROSOL HOLDING CHAMBER					
99003643			1		
SODIUM CHLORIDE					
Flush. sol.				0.9 % **PPB**	
99100499	*BD Saline SP NaCl 0.9 %*	B-D	3 ml	0.90	
			5 ml	0.95	
			10 ml	1.00	
99100894	*Chlorure de Sodium*	MedXL	3 ml	➡ 0.85	
			5 ml	➡ 0.90	
			10 ml	➡ 0.95	

13 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

PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS [6]

AMPHOTERICIN B Ⓟ

Inj. Pd.

				50 mg	
99100416			20 ml		

COLLOIDAL SULFUR

00901725			50 g		

CYCLOSPORINE Ⓟ

Inj. Sol.

99100387			1		

ERYTHROMYCIN Ⓟ

Pd. (external use)

99100163			2 g		

HYDROCORTISONE

00900761			5 g		

HYDROCORTISONE ACETATE Ⓟ

00906689			10 g		

LIQUOR CARBONIS DETERGENS

00903256			500 ml		

METHADONE HYDROCHLORIDE Ⓝ

				1 g à 100 g	
00907561	*Methadone*		1		

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

MITOMYCINE P
Inj. Pd.

99004518			1		

PRECIPITATED SULFUR

00901733			500 g		

SALICYLIC ACID

00901164			50 g		

SODIUM BENZOATE - ACTIVE INGREDIENT
Pd.

99101236			100 g		

SUBLIMED SULFUR

00896217			125 g		

TAR (MINERAL)

00897361			25 g		

TAR (WOOD)

00908169			100 ml		

VANCOMYCIN HYDROCHLORIDE P
Pd.

99100176			1 g		

VEHICLES, SOLVENTS OR ADJUVANTS

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

VEHICLES, SOLVENTS OR ADJUVANTS [6]

ANHYDROUS SODIUM CITRATE

99002779			100 g		

ARTIFICIEL

Oph. Sol.

00921270			15 ml		

BASES/ EMULSIONS [22]

99101014			1		

CARBOXYMETHYLCELLULOSE SODIUM

00897175			100 g		

CASSETTE OR BAG FOR ADMINISTRATION DEVICE

99002248			1		

CHLOROFORM

99002752			100 ml		

CITRIC ACID

Pd.

99001500			50 g		

DEXTROSE

Inj. Sol. 5 %

99002256			500 ml 1000 ml		

6 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.

22 The quantity and actual acquisition price must be indicated in grams or millilitres according to the product used.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DEXTROSE (MINI-BAGS)					
Inj. Sol.				5 %	
00921289			25 ml 50 ml 100 ml 250 ml		
DISPOSABLE NEEDLE FOR SYRINGUES					
99005077			100		
DISTILLED WATER					
00906719			4550 ml		
ELASTOMERIC INFUSOR (CONTINUOUS)					
99002280			1		
ELASTOMERIC INFUSOR (INTERMITENT)					
99002272			1		
EMPTY BAG FOR IV SOLUTIONS					
Bag					
99002299			1		
ETHANOL					
Liq.				95 %	
99002388			750 ml		
GELATIN (EMPTY CAPSULE)					
Caps.					
99001519			1		
GLYCERIN [5]					
00903159			100 ml		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GLYCINE/ SODIUM CHLORIDE					
				94 mg -73.3 mg	
02230857	*Flolan (diluant pour)*	GSK	50 ml	10.36	
HYDRATED LANOLIN					
00902659			450 g		
LACTOSE					
00900834			500 g		
LIDOCAINE HYDROCHLORIDE					
Inj. Sol.				1 % (2 mL à 5 mL)	
99101013			1		
MAGNESIUM HYDROXIDE / ALUMINUM HYDROXIDE					
Oral Susp.					
99003376			1 ml		
MAGNESIUM HYDROXIDE/ ALUMINIUM HYDROXIDE/ SIMETHICONE					
Oral Susp.					
99100243			1 ml		
METHYLCELLULOSE					
00902365			100 g		
Pd.				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
PROPYLENE GLYCOL					
00903353			500 ml		
PURIFIED WATER (DISTILLED, DEMINERALIZED OR OTHERS)					
99101431			1 ml		
SIMPLE SYRUP					
00905038			500 ml		
SODIUM BENZOATE - ADJUVANT Pd.					
99001535			100 g		
SODIUM BICARBONATE Pd.					
99100058			100 g		
SODIUM CHLORIDE Inj. Sol.				0.9 %	
99002310			500 ml 1000 ml		
SODIUM CHLORIDE (SMALL VOLUMES) Inj. Sol.				0.9 %	
99002329			5 ml 10 ml 20 ml 50 ml		
SODIUM CHLORIDE INHALATION THERAPY				0.9 %	
99101482			3 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SODIUM CHLORURE MINI-SAC					
Inj. Sol.				0.9 %	
00921300			25 ml 50 ml 100 ml 250 ml		
SOFT WHITE PARAFFIN					
00902691			450 g		
SOFT YELLOW PARAFFIN					
00902683			454 g		
SORBITOL					
99000555			100 g		
STERILE SYRINGE CAP					
99100673			25		
STERILE WATER FOR INJECTION					
99100407			250 ml 500 ml 1000 ml 2000 ml		
STERILE WATER FOR INJECTION (SMALL VOLUMES)					
99002264			5 ml 10 ml 20 ml 50 ml		
STERILE WATER FOR IRRIGATION					
99101432			1 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
STERILE WATER INHALATION THERAPY					
00920282			3 ml 5 ml		
SWEET ALMOND OIL					
00907448			100 ml		
SWEETENERS (VARIOUS FLAVOURS)					
99002353			500 ml		
SYRINGE FOR ADMINISTRATION DEVICE					
99002302			1		
TRAGACANTH Pd.					
99002361			100 g		
VEHICLES FOR ORAL SUSPENSIONS Oral Susp.				250 ml à 473 ml	
99101222			1		
WATER FOR INJECTION (INHALATION THERAPY)					
00905178 00905186			2 ml 10 ml 30 ml 50 ml 5 ml		
WATER FOR INJECTION/ BENZYL ALCOHOL 0.9%					
00906077			30 ml		

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

WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %

00402257			30 ml 50 ml		

WATER FOR INJECTION/ PARABENS

00905445			30 ml		

XANTHAN GUM

99002760			100 g		