

Legal deposit — Bibliothèque et Archives nationales du Québec, 2019

ISSN 1913-2794 ISBN 978-2-550-85757-0 (PDF)

Québec, 19 december 2019

### Schedule 1

# **List of Medications** 18 December 2019

### **Table of Contents**

1.	ESTABLISHI	NG THE PRICES INDICATED ON THE <i>LIST OF MEDICATIONS</i>	3
2.	ESTABLISHI	NG THE PAYABLE PRICE	3
3.	EXTEMPORA	NEOUS PREPARATIONS	6
4.	EXCEPTION	AL MEDICATIONS	7
5.	SUPPLIES		8
6.	MEDICATION	S, CASES AND CIRCUMSTANCES ON OR IN WHICH THE COST OF ANY OTHER I IS COVERED BY THE BASIC PLAN, EXCEPT THE MEDICATIONS OR CLASSES TONS SPECIFIED BELOW	9
7.		S TO THE TEMPORARY EXCLUSION OF A MEDICATION FROM COVERAGE BASIC PRESCRIPTION DRUG INSURANCE PLAN1	1
8.	PROTON PU	MP INHIBITORS (PPI)1	1
9.	MAXIMUM N	UMBER OF BLOOD GLUCOSE TEST STRIPS (REACTIVE QUANTITATIVE)1	2
AF	PENDIX I:	Manufacturers That Have Submitted Different Guaranteed Selling Prices for Wholesalers and Pharmacists	
ΑF	PENDIX II:	Drug Wholesalers Accredited by the Minister and Each Wholesaler's Mark-Up	
ΑF	PENDIX III:	Products for Which the Wholesaler's Mark-Up Is Limited to a Maximum Amount	
ΑF	PENDIX IV:	List of Exceptional Medications With Recognized Indications for Payment	
AF	PENDIX IV.1:	List of Exceptional Medications With Recognized Indications for Payment That Remain Covered for Persons Undergoing Treatment	
AF	PENDIX IV.2:	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	
ΑF	PENDIX V:	List of Drugs for Which the Lowest Price Method Does Not Apply	

### **Sections and Therapeutic Classes**

4.00	A4!Li-4i D
4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drug
20:00	Blood Formation and Coagulation
24:00	Cardiovascular Drugs
28:00	Central Nervous System Agents
36:00	Diagnostic Agents
40:00	Electrolytic, Caloric and Water Balance
48:00	Antitussives, Expectorants and Mucolytic Agents
52:00	EENT Preparations
56:00	Gastrointestinal Drugs
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
84:00	Skin and Mucous Membrane Agents
86:00	Smooth Muscle Relaxants
88:00	Vitamins
92:00	Unclassified Therapeutic Agents
Exceptiona	l Medications
Supplies	
Products fo	r Extemporaneous Preparations
	olvents or Adjuvants

#### 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<sup>™</sup> 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<sup>™</sup> 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<sup>™</sup> 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<sup>™</sup> S.C. Inj. Sol. (syr) 50 mg/mL and Enbrel<sup>™</sup> SureClick<sup>™</sup> 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<sup>™</sup> S.C. Inj. Sol. 100U/ml (3 ml) and Lantus<sup>™</sup> Solostar<sup>™</sup> S.C. Inj. Sol. 100U/ml (3 ml), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 18 August 2017 and fulfil the payment indications set out in Appendix IV.1.

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

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

#### 4.2.3. Medications listed in Appendix IV.2

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

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

#### 5. SUPPLIES

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

#### 5.1. Payable price

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

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

#### 6.1. Objective

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

#### 6.2. Conditions, cases and circumstances

#### 6.2.1. Conditions

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

That medication must:

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

10

(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;

٥r

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

or

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

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

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

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

#### 6.2.1.1. Severity of the medical condition

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

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

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

OI

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

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

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

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

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

#### 6.3. Exclusions

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

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

#### 6.4. Payable price

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

#### 6.5. Payment authorization and duration of authorization

The prescriber must send:

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

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

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

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

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

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

#### 8. PROTON PUMP INHIBITORS (PPI)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### APPENDIX I

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

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%

<sup>\*</sup> The difference applies only to certain of this manufacturer's products.

2019-12 APPENDIX I - 1

#### **APPENDIX II**

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

FAMILIPRIX IN	NC.		LE GROUPE J	IEAN COUTU (PJC) INC.	
Head office:	FAMILIPRIX INC. 6000, rue Armand-Viau Québec (Québec) G2C 2C5		Head office:	LE GROUPE JEAN COUTU (PJC) INC. 530, rue Bériault Longueuil (Québec) J4G 1S8	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code A		Supply source	code D	
MCMAHON DI	STRIBUTEUR PHARMACEUTIQUE INC.		MCKESSON S	ERVICES PHARMACEUTIQUES	
Head office:	MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC. 12225, boul. Industriel, suite 100 Montréal (P.A.T.) Québec H1B 5M7		Head office:	MCKESSON SERVICES PHARMACEUTIQUES 8290, boul. Pie IX Montréal (Québec) H1Z 4E8	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code F		Supply source	code G	
AMERISOURO	CE BERGEN CANADA		KOHL & FRIS	CH LIMITED	
Head office:	AMERISOURCE BERGEN CANADA 10600, boul. du Golf Anjou (Québec) H1J 2Y7	0.50/	Head office:	KOHL & FRISCH LIMITED 7622, Keele Street Concord (Ontario) L4K 2R5	0.50/
•	······	6.5%	•		6.5%
Supply source	code H		Supply source	code I	
SHOPPERS D	RUG MART LIMITED		DISTRIBUTIO	NS PHARMAPLUS INC.	
Head office:	SHOPPERS DRUG MART LIMITED 243, Consumers Road North York (Ontario) M2J 4W8		Head office:	DISTRIBUTIONS PHARMAPLUS INC. 2905, rue de Celles # 102 Québec (Québec) G2C 1W7	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code J		Supply source	code M	
INNOMAR STI	RATEGIES INC.		GMD DISTRIB	UTION INC.	
Head office:	INNOMAR STRATEGIES INC. 3450, Harvester Road Burlington (Ontario) L7N 3M7		Head office:	GMD DISTRIBUTION INC. 1215, North Service Rd. W. Oakville (Ontario) L6M 2W2	
Mark-up		6.5%	Mark-up		6.5%
Supply source	code N		Supply source	code O	
PharmaTrust	MedServices Inc.		DEX Medical [	Distribution Inc.	
Head office:	PharmaTrust MedServices Inc. 2880 Brighton Road, Unit 2 Oakville (Ontario) L6H 5S3		Head office:	DEX Medical Distribution Inc. 70 Esna Park Drive, Unit 11 Markham (Ontario) l3r 6e7	
·	······ –	6.5%	•		6.5%
Supply source	code P		Supply source	code Q	
McKesson Dis	stribution Spécialisée Inc.		Andrew and D	avid Wholesale Ltd.	
Head office:	McKesson Distribution Spécialisée In	ıc.	Head office:	Andrew and David Wholesale Ltd.	

2019-12 APPENDIX II - 1

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

**APPENDIX II - 2** 2019-12

#### **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. (pen) 162 mg/0.9 mL	4
Roche	Actemra S.C. Inj.Sol (syr) 162 mg/0.9 mL	4
S. & N.	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm <sup>2</sup> ) Dressing More than 500 cm <sup>2</sup> (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

2019-12 APPENDIX III - 1

Manufacturer	Brand name	Packaging
Amgen	Aranesp Syringe 80 mcg/0.4 mL	4
Amgen	Aranesp Syringe 100 mcg/0.5 mL	4
Amgen	Aranesp Syringe 130 mcg/0.65 mL	4
Amgen	Aranesp Syringe 150 mcg/0.3 mL	4
Amgen	Aranesp Syringe 300 mcg/0.6 mL	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
Ipsen	Cabometyx Tab. 20 mg	30
Ipsen	Cabometyx Tab. 40 mg	30
Ipsen	Cabometyx Tab. 60 mg	30
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
Merck	Delstrigo Tab. 100 mg -300 mg -300 mg	30

**APPENDIX III - 2** 2019-12

Manufacturer	Brand name	Packaging
Biocodex	Diacomit Caps. 500 mg	60
Biocodex	Diacomit Oral Pd. 500 mg/sachet	60
Merck	Dificid Tab. 200 mg	20
ViiV	Dovato Tab. 50 mg-300 mg	30
SanofiAven	Dupixent S.C. Inj.Sol (syr) 150 mg/mL (2 mL)	
Ipsen	Dysport Therapeutic I.M. Inj. Pd. 500 U	1
SanofiAven	Eligard Kit 22.5 mg	1
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
Paladin	Envarsus PA L.A. Tab. 4 mg	100
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	Ę
Pfizer	Genotropin GoQuick Sty 5.3 mg	Ę
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

2019-12 APPENDIX III - 3

Manufacturer	Brand name	Packaging
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
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 m
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

**APPENDIX III - 4** 2019-12

Manufacturer	Brand name	Packaging
SanofiAven	Kevzara S.C. Inj. Sol. (pen) 150 mg/1.14 mL	2
SanofiAven	Kevzara S.C. Inj. Sol. (pen) 200 mg/1.14 mL	2
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	2
Novartis	Kisqali Tab. 200 mg	4:
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)	
Eisai	Lenvima Kit (solid oral) 4 mg : 4 mg (5 caps.)	(
Eisai	Lenvima Kit (solid oral) 8 mg : 4 mg (10 caps.)	(
Eisai	Lenvima Kit (solid oral) 10 mg : 10 mg (5 caps.)	(
Eisai	Lenvima Kit (solid oral) 12 mg : 4 mg (15 caps.)	(
Eisai	Lenvima Kit (solid oral) 14 mg : 4 mg (5 caps.) and 10 mg (5 caps.)	(
Eisai	Lenvima Kit (solid oral) 20 mg : 10 mg (10 caps.)	(
Eisai	Lenvima Kit (solid oral) 24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)	(
Jamp	Linezolid Injection I.V. Perf. Sol. 2 mg/mL (300 mL)	10
Novartis	Lioresal Intrathecal Inj. Sol. 2 mg/mL (5 mL)	;
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)	
Novartis	Lucentis Inj.Sol (syr) 10 mg/mL (0,165 ml)	
AbbVie	Lupron Depot Kit 11.25 mg	
AbbVie	Lupron Depot Kit 22.5 mg	
AbbVie	Lupron Depot Kit 30 mg	
AZC	Lynparza Caps. 50 mg	448
AZC	Lynparza Tab. 100 mg	60
AZC	Lynparza Tab. 100 mg	120
AZC	Lynparza Tab. 150 mg	6
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	
Natco	NAT-Bosentan Tab. 62.5 mg	60
Natco	NAT-Bosentan Tab. 125 mg	50
Natco	NAT-Bosentan Tab. 125 mg	60
Natco	Nat-Gefitinib Tab. 250 mg	30

2019-12 APPENDIX III - 5

Manufacturer	Brand name	Packaging
Natco	NAT-Imatinib Tab. 400 mg	30
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.0 mL)	10
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.6mL)	10
Bayer	Nexavar Tab. 200 mg	120
Bayer	Nimotop Tab. 30 mg	100
Valeant	Nitoman Tab. 25 mg	112
GSK	Nucala S.C. Inj. Pd. 100 mg	1
Roche	Nutropin AQ NuSpin 20 Cartridge or Sty 20 mg	1
Intercept	Ocaliva Tab. 5 mg	30
Intercept	Ocaliva Tab. 10 mg	30
Roche	Ocrevus I.V. Perf. Sol. 30 mg/mL (10 mL)	1
Gilead	Odefsey Tab. 200 mg - 25 mg - 25 mg	30
Bo. Ing.	Ofev Caps. 100 mg	60
Bo. Ing.	Ofev Caps. 150 mg	30
Bo. Ing.	Ofev Caps. 150 mg	60
Janss. Inc	Opsumit Tab. 10 mg	30
B.M.S.	Orencia S.C. Inj.Sol (syr) 125 mg/mL (1 mL)	4
Celgene	Otezla Tab. 30 mg	56
Allergan	Ozurdex Implant intravitreal 0.7 mg	1
Phmscience	pms-Bosentan Tab. 62.5 mg	60
Phmscience	pms-Bosentan Tab. 125 mg	60
Phmscience	pms-Fingolimod Caps. 0.5 mg	28
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
Knight	Probuphine Kit (implants) 80 mg/implant	1
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

**APPENDIX III - 6** 2019-12

Manufacturer	Brand name	Packagin
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 m
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	•
Ferring	Rekovelle S.C. Inj. Sol. (pen) 72 mcg/2,16 mL	•
Janss. Inc	Remicade I.V. Perf. Pd. 100 mg	•
U.T.C.	Remodulin Inj. Sol. 1 mg/mL	20 m
U.T.C.	Remodulin Inj. Sol. 2.5 mg/mL	20 m
U.T.C.	Remodulin Inj. Sol. 5 mg/mL	20 m
U.T.C.	Remodulin Inj. Sol. 10 mg/mL	20 m
Upjohn	Revatio Tab. 20 mg	90
Celgene	Revlimid Caps. 2.5 mg	2
Celgene	Revlimid Caps. 5 mg	28
Celgene	Revlimid Caps. 10 mg	28
Celgene	Revlimid Caps. 15 mg	2
Celgene	Revlimid Caps. 20 mg	2
Celgene	Revlimid Caps. 25 mg	2
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	
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	
Novartis	Sandostatin LAR I.M. Inj. Susp. 20 mg	•
Novartis	Sandostatin LAR I.M. Inj. Susp. 30 mg	•
Sandoz	Sandoz Bosentan Tab. 62.5 mg	60
Sandoz	Sandoz Bosentan Tab. 125 mg	60
Sandoz	Sandoz Gefitinib Tab. 250 mg	30
Sandoz	Sandoz Linezolid Tab. 600 mg	20
Sandoz	Sandoz Tacrolimus Caps. 5 mg	100
Amgen	Sensipar Tab. 90 mg	30
Valeant	Siliq (syringe) S.C. Inj. Sol. 140 mg/mL (1,5 mL)	2
Janss. Inc	Simponi S.C. Inj.Sol (App.) 50 mg/0.5 mL	•
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	•
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	

2019-12 APPENDIX III - 7

Manufacturer	Brand name	Packaging
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
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

**APPENDIX III - 8** 2019-12

Manufacturer	Brand name	Packaging
Apotex	Tigecycline I.V. Perf. Pd. 50 mg	10
BGP Pharma	Tobi Sol. Inh. 300 mg/5 mL	56
BGP Pharma	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
Janss. Inc	Uptravi Tab. 1600 mcg	60
Roche	Valcyte Tab. 450 mg	60
Oméga	Venin d'abeille (apis mellifera) Inj. Pd. 1.3 mg	•
B.M.S.	Vepesid Caps. 50 mg	20
Xediton	Vesanoid Caps. 10 mg	100
ALK-Abello	Vespides combines Inj. Pd. 3.3 mg	•
Oméga	Vespides combines Inj. Pd. 3.9 mg	•
Oméga	Vespides combines Inj. Pd. 360 mcg	(
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

2019-12 APPENDIX III - 9

Manufacturer	Brand name	Packaging
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

**APPENDIX III - 10** 2019-12

## 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/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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

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

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

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

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

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

• for treatment of moderate or severe rheumatoid arthritis.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis, and one of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

#### and

the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used
either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious
contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

#### ABIRATERONE ACETATE:

- 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 failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor 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;
  - 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 failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of 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 clinical 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;
  - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI)
    questionnaire;

and

and

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

and

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

or

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

or

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

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

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

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

or

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

or

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

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

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

- for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a contraindication:
  - in the presence of a Mayo score of 6 to 12 points; 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
    - 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  $\geq$  250  $\mu$ m.

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;
  - 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;
  - 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.

## ALIROCUMAB:

for treatment of adults suffering from heterozygous familial hypercholesterolemia (HeFH), confirmed by genotyping or 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.

For patients without an atherosclerotic cardiovascular disease, adequate control of the cholesterolemia is defined by a reduction of at least 50% in the LDL-C concentration compared to the basic levels, that is, before the beginning of any hypolipemiant treatment.

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

Phenotyping is defined by an 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 factors:

- a family history of HeFH confirmed by genotyping of a first-degree relative;
- the presence of a mutation causing 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 parent 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 parent under age16.

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

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

Authorizations for alirocumab are given for a maximum dose of 150 mg every two weeks.

# 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;
  - in association with a sulfonylurea, where metformin is contraindicated, not tolerated or ineffective.

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

# ALOGLIPTIN BENZOATE / METFORMIN HYDROCHLORIDE:

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

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

# AMBRISENTAN:

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

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

## AMPHETAMINE MIXED SALTS:

• for treatment of persons 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;
  - 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

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<sub>3</sub> receptor antagonist. However, the latter medication must be administered during only the first day of the chemotherapy treatment.

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

# ARIPIPRAZOLE, I.M. Inj. Pd.:

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

### ATOMOXETINE HYDROCHLORIDE:

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

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

# **AXITINIB:**

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

The 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 x 10<sup>9</sup>/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<sub>2</sub>
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;
- 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 x 10<sup>9</sup>/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;

٥r

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.

# **BUPRENORPHINE HYDROCHLORIDE:**

 for substitution treatment of opioid dependency in adults whose clinical state is stabilized by a daily dose of 8 mg or less of buprenorphine administered sublingually.

## 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.

# CABOZANTINIB:

 as monotherapy, for treatment of locally advanced or metastatic renal adenocarcinoma, characterized by the presence of clear cells, in persons:  whose cancer has progressed despite the administration of at least one treatment targeting the VEGF receptor;

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, confirmed by imaging.

## 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 (HbA1c) adapted to the patient.

## CARBOXYMETHYLCELLULOSE SODIUM:

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

## CARBOXYMETHYLCELLULOSE SODIUM / PURITE:

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

## ★ CASPOFUNGIN ACETATE:

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

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

## ★ CEFTOBIPROLE:

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

### **★** CEFTOLOZANE / TAZOBACTAM:

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

## **CERITINIB:**

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

The maximum duration of each authorization is four months.

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 ≥ 2.54 mmol/L;

or

• a phosphoremia ≥ 1.78 mmol/L;

or

• a phosphocalcic product ≥ 4.5 mmol<sup>2</sup>/L<sup>2</sup>;

٦r

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.

It must be noted that cobimetinib, in association with vemurafenib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

## ★ 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;
  - 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<sub>12</sub> 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.

#### DABRAFFNIB 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.

It must be noted that dabrafenib, in association with trametinib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

- in association with trametinib, for adjuvant treatment of a melanoma expressing a V600 mutation of the BRAF gene with regional lymph node involvement, or with in-transit or satellite metastases without lymph node involvement, in persons:
  - whose melanoma has been completely resected; and
  - whose last resection was performed in the previous last 12 weeks;
  - 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 recurrence.

The maximum duration of the treatment is 12 months.

## DACLATASVIR DIHYDROCHLORIDE:

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

Authorization is granted for a maximum period of 12 weeks.

## DAPAGLIFLOZIN:

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

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

# DAPAGLIFLOZIN / METFORMIN HYDROCHLORIDE:

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

### DARBEPOETIN ALFA:

- for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min).
- for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B<sub>12</sub> 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<sup>9</sup>/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 due to diabetic macular edema in pseudophakic patients, where a treatment with an anti-VEGF is ineffective, contraindicated or not tolerated. 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 six months per eye.

When requesting continuation of treatment, the physician must provide information demonstrating a beneficial clinical effect, that is, a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography.

### DICLOFENAC SODIUM, Oph. Sol.:

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

### **DIMETHYL** fumarate:

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

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

## DIPHENHYDRAMINE HYDROCHLORIDE:

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

## DIPYRIDAMOLE / ACETYLSALICYLIC ACID:

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

# DOCUSATE CALCIUM:

for treatment of constipation related to a medical condition.

## DOCUSATE SODIUM:

• for treatment of constipation related to a medical condition.

### DONEPEZIL HYDROCHLORIDE:

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

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

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

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

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

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

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

The maximum duration of authorization is 12 months.

## DORNASE ALFA:

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

## DRESSING, ABSORPTIVE - GELLING FIBRE:

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

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

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

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

## DRESSING, ABSORPTIVE - SODIUM CHLORIDE:

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

# DRESSING, ANTIMICROBIAL - IODINE:

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

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

## DRESSING, ANTIMICROBIAL - SILVER:

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

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

## DRESSING, BORDERED ABSORPTIVE- GELLING FIBRE:

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

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

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

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

# DRESSING, BORDERED ABSORPTIVE-POLYESTER AND RAYON FIBRE:

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

## DRESSING, BORDERED ANTIMICROBIAL - SILVER:

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

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

# DRESSING, BORDERED MOISTURE-RETENTIVE- HYDROCOLLOID OR POLYURETHANE:

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

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

## DRESSING, INTERFACE - POLYAMIDE OR SILICONE:

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

# DRESSING, MOISTURE RETENTIVE - HYDROCOLLOID OR POLYURETHANE:

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

## DRESSING, ODOUR-CONTROL - ACTIVATED CHARCOAL:

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

## **DULAGLUTIDE:**

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

The maximum duration of each authorization is 12 months.

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

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

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

## **DULOXETINE**:

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

The maximum duration of the initial authorization is four months.

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

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

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

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

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

The maximum dose authorized is 60 mg per day.

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

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

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

The maximum dose authorized is 60 mg per day.

# DUPILUMAB:

- for treatment of adults suffering from a moderate to severe form of chronic atopic dermatitis:
  - in the presence of a score greater than or equal to 16 on the Eczema Area and Severity Index (EASI);
     and
  - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI);
  - where 10% or more of the body surface area is affected;
  - where the disease is insufficiently controlled despite the use of topical treatments including at least two
    medium- or high-potency topical corticosteroids and one topical calcineurin inhibitor;
     and
  - where a phototherapy treatment of 30 sessions or more during three months has not made it possible to
    optimally control the disease, unless this 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.

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 effects of the treatment, specifically:

- an improvement of at least 75% in the EASI score compared to the basic level;
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI questionnaire compared to the basic level.

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

Authorizations for dupilumab are given for an initial dose of 600 mg followed by a dose of 300 mg every two weeks.

## ★ EDOXABAN:

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

Authorization is granted for a maximum of 12 months.

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

### ELBASVIR / GRAZOPREVIR:

- as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis:
  - who are suffering from HCV genotype 1 or 4 and who have never received an anti-HCV treatment;
  - who are suffering from HCV genotype 1 and who have experienced a relapse with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

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

٥r

 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;
- who have been undergoing maintenance treatment with intravenous immunoglobulin for at least six months, unless there is a contraindication;
- whose platelet count was less than 30 x 10<sup>9</sup>/l before intravenous immunoglobulin treatment was initiated
  or whose platelet count is less than 30 x 10<sup>9</sup>/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  $50 \times 10^9$ /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 empaqliflozin.

# **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;
- 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;
  - who previously received at least one other antiretroviral treatment that resulted in a documented virological failure after at least three months of treatment;
  - who have tried, since the beginning of their antiretroviral therapy, at least one non-nucleoside reverse transcriptase inhibitor (except in the presence of a resistance to that class), one nucleoside reverse transcriptase inhibitor and one protease inhibitor.

The maximum duration of the initial authorization is five months.

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

- on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the enfuvirtide treatment began;
- on a recent CD4 count, showing an increase of at least 30% compared with the CD4 count obtained before
  the enfuvirtide treatment began.

Authorizations will then have a maximum duration of 12 months.

## **ENZALUTAMIDE:**

- as monotherapy, for treatment of metastatic castration-resistant prostate cancer in 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 failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of 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 failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of 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<sub>12</sub> 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  $40 \times 10^9$ /L or an increase in the hemoglobin measurement of at least 10 g/L. A hemoglobin rate of less than 120 g/L should be targeted.

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

# **EPOPROSTENOL SODIUM:**

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

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

# **ERLOTINIB HYDROCHLORIDE:**

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

and

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

The maximum duration of each authorization is 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.

### **FTANFRCEPT**:

 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<sup>2</sup> 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);
- 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 pretreatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

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

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

ETANERCEPT – psoriatic arthritis and plaque psoriasis (Enbrel):

• for treatment of moderate or severe psoriatic arthritis of the rheumatoid type.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one
  of the following four elements must be present:
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

or

- sulfasalazine at a dose of 2 000 mg per day.

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid.

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

- prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
- 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 pretreatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

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

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

ETANERCEPT – rheumatoid arthritis and ankylosing spondylitis (Brenzys):

• for treatment of moderate or severe rheumatoid arthritis.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one
  of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with one disease-modifying anti-rheumatic drug, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

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

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

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

or

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

or

- a return to work.

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

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

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

• for treatment of moderate or severe rheumatoid arthritis.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one
  of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with -two disease-modifying anti-rheumatic drugs, used
  either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a
  contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

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

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

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

or

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

or

- a return to work.

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

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

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

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

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

### and

 the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m<sup>2</sup> 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;
  - 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  $\geq$  40 % in the LDL-C concentration compared to the value before the beginning of treatment with evolocumab. Subsequent requests are authorized for a maximum duration of 12 months.

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

### **FEBUXOSTAT:**

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

### **FESOTERODINE** fumarate:

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

#### ★ FIDAXOMICIN:

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

#### ★ FILGRASTIM:

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

or

· at risk of developing severe neutropenia during chemotherapy;

or

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

or

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

or

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

or

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

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<sup>9</sup>/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<sup>9</sup>/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<sup>9</sup>/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<sup>9</sup>/L.
- ◆ for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10<sup>9</sup>/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 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.

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

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

### GLECAPREVIR / PIBRENTASVIR:

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

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

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

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

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

Authorization is granted for a maximum period of 16 weeks.

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

Authorization is granted for a maximum period of 12 weeks.

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

Authorization is granted for a maximum period of 16 weeks.

#### GLIMEPIRIDE:

where another sulfonylurea is not tolerated or is ineffective.

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

### 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 $^{\text{TM}}$ , 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;
  - 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;
  - 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;
  - 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 ckit 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<sup>2</sup> 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:

٥r

a return to work.

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

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

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

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

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

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20% or more in the C-reactive protein level;
  - a decrease of 20% or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

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

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

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

and

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

and

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

or

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

or

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

The initial request is authorized for a maximum four months.

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

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

or

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

or

 a significant improvement in lesions on the face, palms or soles or in the genital area compared to the 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 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):

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

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

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

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

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

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

## INFLIXIMAB - ULCERATIVE COLITIS (ADULTS):

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

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

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

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

and

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

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

#### INSULIN ASPART / INSULIN ASPART PROTAMINE:

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

#### **INSULIN DEGLUDEC:**

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

## **INSULIN DETEMIR:**

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

# **INSULIN GLARGINE:**

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

# INSULIN LISPRO / INSULIN LISPRO PROTAMINE:

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

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

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

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

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

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

Authorizations are given for 30 mcg once per week.

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

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

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

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

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

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

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

Authorizations are given for 30 mcg once per week.

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

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

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

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

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

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

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

Authorizations are given for 22 mcg three times per week.

### **INTERFERON BETA-1B:**

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

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

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

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

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

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

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

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

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

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

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

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

### **IVABRADINE HYDROCHLORIDE:**

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

It must be noted that lanthanum hydrate will not be authorized concomitantly with sevelamer or sucroferric oxyhydroxide.

#### 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 treatment.

Authorization is granted for a maximum period of eight weeks for persons without compensated cirrhosis and whose viral load (HCV-RNA) is less than 6 million UI/mI 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;

٥r

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;
  - 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, 10 mg, 14 mg, 20 mg, 24 mg:

- 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.

# LENVATINIB, 4 mg, 8 mg, 12 mg:

- as monotherapy, for first-line treatment of unresectable hepatocellular carcinoma, in persons:
  - whose disease corresponds to BCLC stage B or C (Barcelona Clinic Liver Cancer);
     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.

It must be noted that lenvatinib is not authorized after a failure of sorafenib if it was administered to treat hepatocellular carcinoma.

## 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 (HbA1c) adapted to the patient.

#### ★ LINEZOLID, I.V. Perf. Sol.:

- for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated and where linezolid cannot be used orally.
- for treatment of vancomycin-resistant proven enterococci infections, where linezolide cannot be used orally.

# ★ LINEZOLID, Tab.:

- for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated.
- for treatment of vancomycin-resistant proven enterococci infections.
- for continuation of treatment of proven or presumed methicillin-resistant staphylococci infections initiated intravenously in a hospital.

# LIRAGLUTIDE:

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

The maximum duration of each authorization is 12 months.

When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin (HbA1c) of at least 0.5% or by the attainment of a target value of 7% or less.

Authorization is given for a maximum daily dose of 1.8 mg.

Ineffectiveness means the non-attainment of the HbA1c value adapted to the patient.

## LISDEXAMFETAMINE DIMESYLATE:

• for treatment of persons 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 x 10<sup>9</sup>/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 x 10<sup>9</sup>/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 x 10<sup>9</sup>/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 x 10<sup>9</sup>/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 posttraumatic hypersomnia, where dexamphetamine sulfate or methylphenidate is ineffective, contraindicated or not tolerated.
- for adjunctive treatment of diurnal hypersomnolence secondary to sleep apnea or hypopnea syndrome that persists despite the use of a nasal continuous positive airway pressure device.
- ★ MOXIFLOXACIN HYDROCHLORIDE, I.V. Perf. Sol.:
- for treatment of infections, where oral moxifloxacin cannot be used.

#### MULTIVITAMINS:

for persons suffering from cystic fibrosis.

#### NAPROXEN / ESOMEPRAZOLE:

- for treatment of medical conditions requiring chronic use of a non-steroidal anti-inflammatory drug in persons with at least one of the following gastrointestinal complication risk factors:
  - person age 65 or over;
  - history of uncomplicated ulcer of the upper digestive tract;
  - comorbidity, i.e. a serious medical condition predisposing a person to an exacerbation of his/her clinical condition following the taking of a non-steroidal anti-inflammatory drug;
  - concomitant drugs predisposing a person to an exacerbated risk of gastrointestinal complications;
  - use of more than one non-steroidal anti-inflammatory drug.

### NATALIZUMAB:

- for monotherapy treatment of persons suffering from remitting multiple sclerosis whose EDSS scale score is
   ≤ 5 before the treatment and in whom there has been a rapid evolution of the disease, defined as:
  - the occurrence of two or more incapacitating clinical episodes with partial recovery during the past year; or
  - the occurrence of two or more incapacitating clinical episodes with full recovery during the past year and:
    - the presence of at least one gadolinium-enhanced lesion on magnetic resonance imaging (MRI);
    - 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;
  - whose carbon monoxide diffusing capacity is 30% to 79% of the predicted value corrected for hemoglobin;
  - 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 mutation, in persons:
  - who have received at least two platinum-salt chemotherapy protocols;
  - whose disease has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;

and

- who obtained an objective tumour response with their last platinum-salt chemotherapy;
- 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 a maintenance treatment with olaparib is not authorized following the failure of a PARP inhibitor if it was administered for the treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

## OLODATEROL HYDROCHLORIDE / TIOTROPIUM MONOHYDRATED BROMIDE:

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

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

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

### OMALIZUMAB:

 for treatment of persons suffering from moderate to severe idiopathic chronic urticaria, whose Urticaria Activity Score 7 (UAS7) is equal to or greater than 16, despite the use of antihistamines at optimized doses.

When requesting the continuation of treatment, the physician must provide proof of a complete response lasting less than 12 weeks or of a partial response. A complete response means the attainment of a UAS7 score less than or equal to 6, while a partial response corresponds to a reduction of at least 9.5 points on the UAS7 score compared to the initial score, without attaining a value less than or equal to 6.

Where the patient has a complete response lasting 12 or more weeks, the treatment must be stopped. For a subsequent request, the physician will have to provide information showing a relapse. A relapse is defined as the attainment of a UAS7 score equal to or greater than 16 following a complete response.

Authorizations are given for a maximum of 24 weeks at a maximum dose of 300 mg every four weeks.

### ONABOTULINUMTOXIN A:

- for treatment of cervical dystonia, blepharospasm, strabismus and other severe spasticity conditions.
- for treatment of adults suffering from severe axillary hyperhidrosis causing significant effects on the functional and psychosocial levels, where an aluminum chloride preparation of at least 20% used for one month or more according to the recommendations to maximize its effect and tolerance has proven ineffective.

In the initial request for authorization, the physician must document the above-mentioned effects. Authorization will then be granted for four months for a dose of 100 units of this drug.

Upon subsequent requests, the physician must show evidence of a beneficial effect in the form of a decrease in sudation and an observed improvement on the functional and psychosocial levels.

### **★** ONDANSETRON:

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

# **★** OSELTAMIVIR PHOSPHATE:

- for treatment of type A or B influenza (seasonal flu):
  - in persons living in a homecare centre;
  - in persons suffering from a chronic disease requiring regular medical follow-up or hospital care (according to the MSSS definition);
  - in pregnant women at their 2nd or 3rd trimester of pregnancy (13 weeks or more).

The request is authorized when the following conditions are fulfilled:

- the existing surveillance data demonstrate the presence and sensitivity of type A or B influenza viruses, according to notices issued by regional and provincial public health directorates, where applicable;
- the treatment administration time frame with the antiviral is met (48 hours).

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical followup 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 followup 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;
  - 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.

◆ for first-line treatment of persons suffering from a locally advanced unresectable or metastatic non-small-cell lung cancer, having an activating mutation of the EGFR tyrosine kinase, and whose ECOG performance status is ≤ 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, 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.

### OXYHYDROXYDE SUCRO FERRIC:

 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 hyperphosphatemia.

It must be noted that taking this medication concomitantly with sevelamer or lanthanum hydrate is not authorized.

#### 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 prolongedacting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

## PALIPERIDONE palmitate, I.M. Inj. Susp. 3 months:

for persons who have been receiving monthly injections of paliperidone palmitate for at least four months.

#### PARAFFIN / MINERAL OIL:

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

### PAZOPANIB HYDROCHLORIDE:

 for first-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is 0 or 1.

The 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);</li>
  - in persons who have developed a severe intolerance to ribavirin: appearance of an allergy, of an incapacitating skin rash or of incapacitating dyspnea with effort.

The initial request is authorized for a maximum of 20 weeks. The authorization will be renewed if the decrease in the HCV-RNA is greater than or equal to 1.8 log after 12 weeks of treatment. The authorization will then be given for a maximum of 12 weeks. The request will be renewed if the HCV-RNA is negative after 24 weeks of treatment. The total duration of treatment will be 48 weeks.

• for treatment of HBeAq-negative chronic hepatitis B. The request is authorized for a maximum of 48 weeks.

## PENTOXIFYLLINE:

- for treatment of persons suffering from serious and chronic peripheral vascular ailments, specifically:
  - · in the case of venous insufficiency with cutaneous ulcer (or antecedents);
  - in the case of arterial insufficiency with cutaneous ulcer (or antecedents), gangrene, antecedents of amputation or pain at rest.

### PERAMPANEL:

- for 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 (HbA1c) adapted to the patient.

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

### PIRFENIDONE:

- for treatment of idiopathic pulmonary fibrosis, in persons:
  - whose forced vital capacity (FVC) is 50% or more of the predicted value;
  - whose carbon monoxide diffusing capacity is 30% to 79% of the predicted value corrected for hemoglobin; and
  - whose ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) is 0.70 or more.

The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration in the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10% or more in absolute value, in the last 12 months.

Where FVC, expressed in a percentage of the predicted value, declines by 10% or more in absolute value over a 12-month period, treatment must cease.

It must be noted that pirfenidone will not be authorized in association with nintedanib.

### POLYETHYLENE GLYCOL:

• for treatment of constipation related to a medical condition.

POLYETHYLENE GLYCOL / SODIUM (sulfate) / SODIUM (bicarbonate) / SODIUM (chloride) / POTASSIUM (chloride):

• for treatment of constipation related to a medical condition.

#### POLYVINYL ALCOHOL:

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

#### POMALIDOMIDE:

- in association with dexamethasone, for third-line treatment or beyond of multiple myeloma in persons:
  - whose disease was refractory to the last line of treatment received;
     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 prolongedacting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

### RITUXIMAB:

 for treatment of moderate or severe rheumatoid arthritis, in association with methotrexate, or with leflunomide in the case of intolerance or contraindication to methotrexate.

Upon the initial request:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one
  of the following five elements must be present:
  - a positive rheumatoid factor:
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate:

### and

 the disease must still be active despite treatment of sufficient duration with a tumour necrosis factor alpha inhibitor (anti-TNFα) included on the lists of medications as first-line biological treatment of rheumatoid arthritis, or with a biological agent having a different mechanism of action, included for the same purposes, when 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, 2,5 mg:

 for secondary prevention of cardiovascular events, in combination with low dose acetylsalicylic acid, in patients with coronary artery disease and peripheral artery disease.

## ★ RIVAROXABAN, 10 mg:

• for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

• for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

### ★ RIVAROXABAN, 15 mg and 20 mg:

 for the treatment of persons suffering from venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Authorizations are granted for a 15-mg dose twice a day during the first three weeks of treatment, followed by a daily dose of 20 mg.

The maximum duration of the authorization for the treatment of deep vein thrombosis is 6 months.

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

### **RIVASTIGMINE:**

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

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

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

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

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

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

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

The maximum duration of authorization is 12 months.

#### **ROSIGLITAZONE MALEATE:**

- for treatment of type-2 diabetic persons:
  - in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
  - in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective;
  - where metformin and a sulfonylurea cannot be used because of a contraindication or an intolerance to those drugs;
  - in association with metformin and a sulfonylurea where going to insulin therapy is indicated but the person is not in a position to receive it;
  - who are suffering from renal failure.

However, rosiglitazone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

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

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

### ROSIGLITAZONE MALEATE / METFORMIN HYDROCHLORIDE:

 for treatment of type-2 diabetic persons under treatment with metformin and a thiazolidinedione and whose daily doses have been stable for at least three months.

These persons must also fulfill the requirements of the recognized payment indication for thiazolidinediones.

However, the rosiglitazone / metformin association remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

## ROTIGOTINE:

in association with levodopa, for treatment of patients suffering from advanced-stage Parkinson's disease.

#### **RUFINAMIDE:**

 for persons suffering from Lennox-Gastaut syndrome where at least three antiepileptics are contraindicated, not tolerated or ineffective.

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

Upon subsequent requests, the physician must provide information making it possible to establish a treatment response, i.e. a decrease in the number or intensity of convulsive seizures or quicker recovery after a postictal phase. Authorizations for subsequent requests will be granted for a period of 12 months.

### **RUXOLITINIB PHOSPHATE:**

- for treatment of splenomegaly associated with primary myelofibrosis, myelofibrosis secondary to polycythemia vera or essential thrombocythemia in persons with:
  - a palpable spleen at 5 cm or more under the left costal margin, accompanied by basic imaging;
  - an intermediate-2 or high-risk disease according to the IPSS (International Prognostic Scoring System);
  - an ECOG performance status ≤ 3.

The 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%;
- 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 (HbA1c) adapted to the patient.

#### SECUKINUMAB:

• for persons suffering from a severe form of chronic plaque psoriasis:

in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or
of large plaques on the face, palms or soles or in the genital area;

and

 in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

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

and

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

or

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

or

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

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

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

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

or

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

or

 a significant improvement in lesions on the face, palms or soles or in the genital area compared to the 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 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;
    - 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.

## SEMAGLUTIDE:

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

Authorization is given for a weekly maximum dose of 1 mg.

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

### 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 hyperphosphatemia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate or sucroferric oxyhydroxide

#### 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 hyperphosphatemia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate or sucroferric oxyhydroxide.

### 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 (HbA1c) adapted to the patient.

# SITAGLIPTIN / METFORMIN HYDROCHLORIDE:

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

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

## SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

for treatment of constipation related to a medical condition.

### SOFOSBUVIR:

- in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 2:
  - who have never received an anti-HCV treatment;
  - who have a contraindication or a serious intolerance to pegylated interferon alfa; 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;
  - who have already experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

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

Authorization is granted for a maximum period of 12 weeks.

### SOFOSBUVIR / VELPATASVIR:

 in association with ribavirin, for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis.

Authorization is granted for a maximum period of 12 weeks.

as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis
 Authorization is granted for a maximum period of 12 weeks.

## SOFOSBUVIR / VELPATASVIR / VOXILAPREVIR

- as monotherapy, for treatment of persons suffering from chronic hepatitis C, without decompensated cirrhosis, infected by:
  - genotype 1, 2, 3, 4, 5 or 6 and having experienced a therapeutic failure with a treatment containing a NS5A inhibitor;

or

 genotype 1, 2, 3 or 4 and having experienced a therapeutic failure with a sofosbuvir-based treatment, but without a NS5A inhibitor.

Authorization is granted for a maximum period of 12 weeks.

## SOMATOTROPIN:

- for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:
  - unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

- excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
- excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys;
- excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).
- for treatment of growth hormone deficiency in persons whose bone growth has terminated and who meet the following criteria:
  - somatotropin serum or plasma level between 0 and 3 μg/mL in a pharmacological stimulation test.

In persons who have a multiple hypophyseal hormone deficiency, and to confirm a deficiency acquired during childhood or adolescence, only one pharmacological stimulation test is necessary. In the case of an isolated growth hormone deficiency, a second test is required.

The insulin hypoglycemia test is recommended. If this test is contraindicated, the glucagon test may be substituted for it.

- in the case of adult onset, the deficiency must be secondary to a hypophyseal or hypothalamic disease, surgery, radiotherapy or trauma.
- for treatment of Turner's syndrome:
  - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete
    absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or
    may be a mosaic;
  - · excluded are girls whose bone age has reached 14 years;
  - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two
    consecutive visits (at a 3-month interval).

## SOMATOTROPIN - Delayed growth and Turner's syndrome :

- for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:
  - unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

- excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
- excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys:
- excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).
- for treatment of Turner's syndrome:
  - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete
    absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or
    may be a mosaic;
  - · excluded are girls whose bone age has reached 14 years;
  - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two
    consecutive visits (at a 3-month interval).

## SOMATOTROPIN - Delayed growth due to renal insufficiency:

- for treatment of children and adolescents suffering from delayed growth related to chronic renal insufficiency until they undergo a kidney transplant, where they meet the following criteria:
  - unterminated growth, a glomerular filtration rate ≤ 1.25 mL/s./1.73m² (75 mL/min./ 1.73m²), and a Z score (HSDS) ≤ a standard deviation of -2 (Z score = height compared to the average of normal values for their age and sex) or a ∆ Z score (HSDS) < a standard deviation of 0 where their height is below the 10th percentile (based on observation periods of at least six months for children over the age of one and at least three months for children under the age of one);</li>
  - excluded are children and adolescents in whom, during treatment, no response (no increase in ∆ of Z score (HSDS) in the first 12 months of treatment) is observed;
  - excluded are children and adolescents in whom, during treatment, an ossification of the conjugative cartilages is observed or who have reached their final expected height;
  - excluded are children and adolescents whose growth rate, evaluated on two consecutive visits (at a 3-month interval), falls below 2 cm per year during treatment.

#### SORAFENIB TOSYLATE:

- for treatment of advanced-stage hepatocellular carcinoma in persons:
  - whose disease has progressed following a surgery or locoregional therapy, unless they do not qualify;
  - whose liver function is preserved, corresponding to Child-Pugh A;
     and
  - whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

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

It must be noted that sorafenib is not authorized following a failure of lenvatinib if it was administered to treat hepatocellular carcinoma.

### 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);

٥r

· 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, L.A. Tab. :

• for the prophylaxis of organ rejection in adults who have received a kidney transplant.

# 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:
  - ullet 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;
    - 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/uL:

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<sup>2</sup> or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication;

and

the disease must still be active despite treatment with a biological response modulating agent titrated
optimally during at least five months, unless there is intolerance or a contraindication.

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

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

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

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

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

 for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant systemic manifestations.

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

- prior to the beginning of treatment, the person must have had one or more joints with active synovitis and one of the following three elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;
  - another sign of chronic inflammation, such as anemia, thrombocytosis, leukocytosis;

and

- at least one systemic illness among the following:
  - persistence of fever episodes (≥ 38°C);
  - typical skin eruption;
  - adenomegaly, hepatomegaly or splenomegaly;
  - serositis or serous effusion.

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

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

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

and

disappearance of fever episodes.

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

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

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

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

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

and

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

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

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

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

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

Authorizations for tocilizumab are given for doses of 10 mg/kg every four weeks for children weighing less than 30 kg, and 8 mg/kg every four weeks for children weighing 30 kg or more.

TOCILIZUMAB, S.C. Inj. Sol. (syr) and S.C. Inj. Sol. (pen):

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 giantcell 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 the failure of chemotherapy or 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.

It must be noted that trametinib, in association with dabrafenib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

- in association with dabrafenib, for adjuvant treatment of a melanoma expressing a V600 mutation of the BRAF gene with regional lymph node involvement, or with in-transit or satellite metastases without lymph node involvement, in persons:
  - whose melanoma has been completely resected; and

- whose last resection was performed in the previous last 12 weeks;
   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 recurrence.

The maximum duration of the treatment is 12 months.

- 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 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 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.

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

Authorizations for ustekinumab are given for a dose of 45 mg in weeks 0 and 4, then every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

## **★ VALGANCICLOVIR HYDROCHLORIDE:**

- for treatment of cytomegalovirus (CMV) retinitis in immunocompromised persons.
- ♦ for CMV-infection prophylaxis in D+R- persons having had a solid organ transplant and in D+R+ and D-R+ persons having had a lung transplant. The maximum duration of the authorization is 100 days.
- for CMV-infection prophylaxis in D+R-, D+R+ and D-R+ persons having had a solid organ transplant when receiving antilymphocyte antibodies. The maximum duration of each authorization is 100 days.
- for pre-emptive treatment (in the presence of documented CMV viral replication) of CMV infection in D+R-, D+R+ and D-R+ persons who have had a solid organ transplant. The maximum duration of the authorization is 100 days per episode.

#### **VEDOLIZUMAB:**

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

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

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

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

and

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

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

Authorizations for vedolizumab are given for a maximum of 300 mg on weeks 0, 2 and 6, then every eight weeks.

• for treatment of adults suffering from moderate or severe 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.

It must be noted that vemurafenib, in association with cobimetinib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

- ♦ 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;
  - 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.

## **VENETOCLAX:**

 as monotherapy, for continuation of treatment of chronic lymphocytic leukemia in persons whose disease has not progressed during a treatment of six cycles combining venetoclax and rituximab.

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

The first two authorizations are given for a maximum duration of seven cycles and the last one for six cycles, for a total of 20 cycles.

### **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.

#### VILANTEROL TRIFENATATE / UMECLIDINIUM BROMIDE/ FLUTICASONE FUROATE:

- 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 a high blood eosinophilia or by an improvement in the FEV1 after
  bronchodilators of at least 12% and 200 ml and whose symptoms are not well-controlled with an
  association of a long-acting β<sub>2</sub> agonist and an inhaled corticosteroid;

or

• who have already been receiving a long-acting β<sub>2</sub> agonist, a long-acting antimuscarinic as well as an inhaled corticosteroid for one year or less.

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

For a subsequent request, 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 must not be used concomitantly with a long-acting  $\beta_2$  agonist, a long-acting antimuscarinic or an inhaled corticosteroid, alone or in association.

for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons
who are already receiving a long-acting β<sub>2</sub> agonist, a long-acting antimuscarinic as well as an inhaled
corticosteroid for more than one year.

Authorizations are given for a maximum daily dose of 100 mcg of fluticasone furoate.

It must be noted that this association must not be used concomitantly with a long-acting  $\beta_2$  agonist, a long-acting antimuscarinic or an inhaled corticosteroid, alone or in association.

#### 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 followup 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 followup 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	ı

 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
   (≥ 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<sup>9</sup>/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<sup>9</sup>/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<sup>9</sup>/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<sup>9</sup>/L...
- for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10<sup>9</sup>/L).
- to stimulate bone marrow in the recipient in the case of an autograft.
- as an adjunctive treatment for acute myeloid leukemia.

# DRUGS REMOVED FROM THE LIST OF MEDICATIONS BUT WHOSE INSURANCE COVERAGE IS MAINTAINED FOR PERSONS UNDERGOING A PHARMACOLOGICAL TREATMENT AT THE TIME OF THE REMOVAL

### HYMENOPTERA VENOM PROTEINS

Inj. Pd					1.1 mg	
	01948970	Guepe (Polistes Spp.)	Allergy	1	240.00	
	Inj. Pd				3.3 mg	
	01948873	Vespides combines	Allergy	1	434.00	

## LIST OF DRUGS FOR WHICH THE LOWEST PRICE METHOD DOES NOT APPLY

10:00 antineoplastic agents

leuporide (acetate)

28:28

antimanic agents

lithium (carbonate)

36:26

diabetes mellitus

quantitative glucose blood test

36:88.40

sugar

semi-quantitative glucose test

36:88.92

urine and feces contents, miscellaneous

semi-quantitative acetone and glucose test

56:36

anti-inflammatory agents

5-aminosalicylic (acid) 5-aminosalicylic (acid) Ent. Tab

L.A. Tab.

68:20.08 insulins

insulin isophane (biosynthetic of human sequence)

lispro insulin

insulin cristal zinc (biosynthetic of human sequence)

insulins zinc cristalline and isophane (biosynthetic of human sequence)

68:36.04 thyroid agents

levothyroxine sodium

84:92

skin and mucous membrane agents, miscellaneous

hydrogel

86:16

respiratory smooth muscle relaxants

theophylline L.A. Tab.

2019-12 Appendix V - 1

## 92:00 unclassified therapeutic agents

allergenic extracts, aqueous, glycerinated allergenic extracts, aqueous, glycerinated, non standardized and standardized allergenic extracts, aqueous, glycerinated, standardized allergens, extracts, alum-precipitated allergens, extracts, aqueous albumine diluent hymenoptera venom protein hymenoptera venom

## 92:44 immunosuppressive agents

cyclosporine

### exceptional medications

Co. L.A. (12 h)

glucose measurement equipment
methylphenidate hydrochloride
absorptive dressing – sodium chloride
absorptive dressing – gelling fibre
absorptive dressing – hydrophilic foam alone or in association
bordered absorptive dressing – polyester and rayon fibre
bordered absorptive dressing – gelling fibre
bordered absorptive dressing – hydrophilic foam alone or in association
antimicrobial dressing - silver
pantimicrobial dressing – iodine
bordered antimicrobial dressing – silver
odour-control dressing – activated charcoal
moisture-retentive dressing – hydrocolloidal or polyurethane
bordered moisture-retentive dressing – hydrocolloidal or polyurethane

interface dressing - polyamide or silicone

APPENDIX V - 2 2019-12

### Legend

- ♦ Symbols used in this list
- Drug subject to the Narcotic Control Regulations (C.R.C., ch. 1041).
- Drug listed in Schedule F to the Food and Drugs Regulations (C.R.C., c. 870).
- Controlled drug listed in Schedule G to the Food and Drugs Regulations (C.R.C., c. 870).
- Drug subject to the Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217).
- Drug about which the information has been changed since the previous edition.
- Drug added since the previous edition was published.
- **suppl.** The service cost for this product is the service cost applicable to nutritional formulas.
- **UE** Drug considered unique and essential from an unrecognized manufacturer.
- **W** Product withdrawn from the market by the manufacturer but covered by the Régie during the period for which this edition is valid.
- **LPM** The lowest price method applies to drugs having this generic name, dosage form and strength.
- Identifies the price payable in conformity with the lowest price method.
- Identifies the maximum price payable.

### 4:00 ANTIHISTAMINE DRUGS

4:04	first generation antihistamines
4:04.04	ethanolamine derivatives

4:04.16 piperazine derivatives

### 4:04.04 ETHANOLAMINE DERIVATIVES DIPHENHYDRAMINE HYDROCHLORIDE

Inj. Sol.			50 n	ng/mL	PPB			
00596612	Diphenhydramine (chlorhydrate de)	Sandoz	1 ml	<b>→</b>	4.04			
00878200	pms-Diphenhydramine	Phmscience	10 ml		11.50	<b>→</b>	1.1500	

### 

Caps.				5 mg	
02246082	Flunarizine	AA Pharma	60 100	43.22 72.04	0.7203 0.7204

### 8:00 ANTI-INFECTIVE AGENTS

8:08	anthelmintics
8:12	antibiotique
8:12.02	aminoglycosides
8:12.06	cephalosporins
8:12.07	miscellaneous b-lactam antibiotics
8:12.12	macrolides
8:12.16	penicillins
8:12.18	quinolones
8:12.20	sulfonamides
8:12.24	tetracyclines
8:12.28	miscellaneous antibiotics
8:14	antifungals
8:14.04	allylamines
8:14.08	azoles
8:14.28	polyenes
8:16	antimycobacterials agents
8:16.04	antituberculosis agents
8:16.92	miscellaneous antimycobacterials
8:18	antivirals
8:18.04	adamantanes
8:18.08	antiretroviral agents
8:18.20	interferons
8:18.32	nucleosides and nucleotides
8:30	antiprotozoals
8:30.04	amebicides
8:30.08	antimalarials
8:30.92	miscellaneous antiprotozoals
8:36	urinary anti-infectives

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
CODE	DIVAND NAME	MANOI ACTORER	SIZE	SIZE	ONIT FRICE
8:08 ANTHELMINT MEBENDAZOLE Tab.				100 mg	
00556734	Vermox	Janss. Inc	6	19.27	3.2117
00000701	Vollinox	barros. mo		10.27	0.2117
PRAZIQUANTEL Tab.	_ 0			600 mg	
1	Billeriaida	 		l I	F 7000
02230897	Biltricide	Bayer	6	34.68	5.7800
PYRANTEL PAN Oral Susp.	<b>IOATE</b>			50 mg/mL	
02412470	Jamp-Pyrantel Pamoate Suspension	Jamp	30 ml	20.00	0.6667
Tab.	ı	ı	ı	125 mg	
02380617	Jamp-Pyrantel Pamoate	Jamp	10	11.20	1.1200
AMINOGLYCO AMIKACINE SUI Inj. Sol.		I	250 r	ng/mL <b>PPB</b>	
02481073		Marcan	2 ml	<b>♦</b> 84.90	
02242971 02486717	Amikacine (Sulfate d') Sulfate d'amikacine injection	Sandoz Oméga	2 ml 2 ml	<ul><li>▶ 84.90</li><li>▶ 84.90</li></ul>	
TOBRAMYCIN S Inj. Sol.	I	ı	40 r	ng/mL <b>PPB</b>	
02420287	Jamp-Tobramycin (avec agent de conservation)	Jamp	2 ml 30 ml	<ul><li>◆ 4.45</li><li>◆ 69.75</li></ul>	
02230640	Tobramycin	Fresenius	2 ml	<b>→</b> 4.45	
02382814	Tobramycin Injection, USP	Mylan	30 ml 2 ml 30 ml	<ul><li>◆ 69.75</li><li>◆ 4.45</li><li>◆ 69.75</li></ul>	
99005069	Tobramycine (sans preservatif)	Sandoz	2 ml	<b>→</b> 4.45	
02241210	Tobramycine (sulfate de)	Sandoz	2 ml 30 ml	<ul><li>4.45</li><li>69.75</li></ul>	
8:12.06 CEPHALOSPO CEFACLOR	DRINS			250 mg	
Caps.	0	Danidanka	400	250 mg	101
00465186	Ceclor	Pendopharm	100	102.07	W

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps					500 mg	
	00465194	Ceclor	Pendopharm	100	200.40	w
	_					
Oral S	Susp.	I	1	I	125 mg/5 mL	
	00465208	Ceclor	Pendopharm	100 ml 150 ml	10.89 16.34	W W
Oral	Puon			,	050 mg/5 ml	
Oral S	-	I	1	1	250 mg/5 mL 	
	00465216	Ceclor	Pendopharm	100 ml 150 ml	19.93 29.90	W W
Oral S	Suen			,	375 mg/5 mL	
	•	l	<u> </u>		l - I	
	00832804	Ceclor	Pendopharm	70 ml 100 ml	20.10 28.72	W W
CEF#		ONOHYDRATE 🖪		5	00 mg <b>PPB</b>	
Capo	•	1	1	I	ig <u>-</u>	
	00040774				0404	
	02240774	Apo-Cefadroxil	Apotex	100	84.21	0.8421
	02240774 02235134 02311062	Apo-Cefadroxil Novo-Cefadroxil Pro-Cefadroxil-500	Apotex Novopharm Pro Doc	100 100 100	84.21 84.21 84.21	<ul><li>→ 0.8421</li><li>→ 0.8421</li><li>→ 0.8421</li></ul>
	02235134	Novo-Cefadroxil	Novopharm	100	84.21	<b>→</b> 0.8421
CEFA	02235134 02311062	Novo-Cefadroxil Pro-Cefadroxil-500	Novopharm	100	84.21	<b>→</b> 0.8421
CEFA Inj. Po	02235134 02311062 AZOLIN (SC	Novo-Cefadroxil Pro-Cefadroxil-500	Novopharm	100	84.21	→ 0.8421
	02235134 02311062 AZOLIN (SC	Novo-Cefadroxil Pro-Cefadroxil-500	Novopharm Pro Doc	100	84.21 84.21	→ 0.8421
	02235134 02311062 AZOLIN (SC	Novo-Cefadroxil Pro-Cefadroxil-500  DDIUM)	Novopharm	100 100	84.21 84.21	• 0.8421 • 0.8421
	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138	Novo-Cefadroxil Pro-Cefadroxil-500  DDIUM)  Cefazoline	Novopharm Pro Doc	100 100 100	1 g <b>PPB</b> 32.30	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300
	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline for injection Cefazoline for injection	Novopharm Pro Doc Novopharm Apotex Fresenius Sandoz	100 100	1 g <b>PPB</b> 32.30 32.30 32.30 32.30 32.30	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300 • 3.2300
	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection	Novopharm Pro Doc Novopharm Apotex Fresenius	100 100 100	1 g <b>PPB</b> 32.30 32.30 32.30	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300
	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline for injection Cefazoline for injection	Novopharm Pro Doc Novopharm Apotex Fresenius Sandoz	100 100	1 g <b>PPB</b> 32.30 32.30 32.30 32.30 32.30	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300 • 3.2300
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d.	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline for injection Cefazoline pour injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax	100 100 100 10 10 10 25	1 g PPB  32.30 32.30 32.30 32.30 80.75	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300 • 3.2300
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline for injection Cefazoline for injection	Novopharm Pro Doc Novopharm Apotex Fresenius Sandoz	100 100	1 g PPB 32.30 32.30 32.30 32.30 80.75	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300 • 3.2300
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135	Novo-Cefadroxil Pro-Cefadroxil-500  DIUM)  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline pour injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can	100 100 100 10 10 10 25	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15	• 0.8421 • 0.8421 • 3.2300 • 3.2300 • 3.2300 • 3.2300 • 3.2300
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02237140 02308967	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius Sandoz	100 100 100 10 10 10 25	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15 301.50 301.50 30.15	
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02297213	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection Cefazoline for injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius	100 100 100 10 10 10 25 1 10 10	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15 301.50 301.50	<ul> <li>→ 0.8421</li> <li>→ 3.2300</li> </ul>
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02237140 02308967 02437120	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius Sandoz	100 100 100 10 10 10 25 1 10 10 10 10	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15 301.50 301.50 30.15	<ul> <li>→ 0.8421</li> <li>→ 3.2300</li> </ul>
Inj. Po	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02237140 02308967 02437120 d.	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius Sandoz Sterimax  Sandoz Sterimax	100 100 100 10 10 10 10 25 1 10 10 10 10 10 5	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15 301.50 30.15 301.50 30.15 00 mg PPB	<ul> <li>→ 0.8421</li> <li>→ 3.2300</li> <li>→ 30.1500</li> <li>→ 30.1500</li> <li>→ 30.1500</li> </ul>
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02237140 02307207 02437120 d.	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius Sandoz Sterimax  Sandoz Sterimax	100 100 100 10 10 10 25 1 10 10 10 10	1 g PPB  32.30 32.30 32.30 32.30 32.30 30.75  10 g PPB  301.50 301.50 301.50 00 mg PPB 25.00	<ul> <li>→ 0.8421</li> <li>→ 3.2300</li> <li>→ 3.2300</li> <li>→ 3.2300</li> <li>→ 3.2300</li> <li>→ 3.2300</li> <li>→ 3.2300</li> <li>→ 30.1500</li> <li>→ 30.1500</li> <li>→ 30.1500</li> <li>→ 2.5000</li> </ul>
Inj. P	02235134 02311062 AZOLIN (SC d. 02108127 02297205 02237138 02308959 02437112 d. 02108135 02297213 02237140 02308967 02437120 d.	Novo-Cefadroxil Pro-Cefadroxil-500  Cefazoline Cefazoline for injection Cefazoline for injection Cefazoline pour injection Cefazoline for injection	Novopharm Pro Doc  Novopharm Apotex Fresenius Sandoz Sterimax  Teva Can Apotex Fresenius Sandoz Sterimax  Sandoz Sterimax	100 100 100 10 10 10 10 25 1 1 10 10 10 10 10 10 10 10 10 10 10 10	1 g PPB  32.30 32.30 32.30 32.30 80.75  10 g PPB  30.15 301.50 30.15 301.50 30.15 00 mg PPB	<ul> <li>→ 0.8421</li> <li>→ 3.2300</li> <li>→ 30.1500</li> <li>→ 30.1500</li> <li>→ 30.1500</li> </ul>

Page 8 2019-12

	I			I	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		-			
CEFEPIME HYD	ROCHLORIDE 🖪				
Inj. Pd.	1	1	ı	2 g	Ī
02467518	Apo-Cefepime	Apotex	1 ml	30.20	
CEFIXIME I					
Oral Susp.	I	1	100 mg	1/5 mL <b>PPB</b>	I
02468689	Auro-Cefixime	Aurobindo	50 ml	18.32	• 0.3664
00868965	Suprax	Odan	50 ml	18.32	→ 0.3664
Tab.			4	00 mg <b>PPB</b>	
02432773	Auro-Cefixime	Aurobindo	7	19.02	<b>→</b> 2.7172
			10	27.17	<b>→</b> 2.7172
00868981	Suprax	Odan	7 10	19.02 27.17	<ul><li>⇒ 2.7172</li><li>⇒ 2.7172</li></ul>
	_				
CEFOTAXIME (S	SODIUM) LEI			1 g	
02434091	Cefotaxime sodique pour	Sterimax	10	83.30	8.3300
02101001	injection BP			00.00	0.0000
Inj. Pd.	I	1	I	2 g	l
02434105	Cefotaxime sodique pour injection BP	Sterimax	10	166.86	16.6860
	Injection Bi				
CEFPROZIL Oral Susp.			125 mc	1/5 mL <b>PPB</b>	
02293943	Apo-Cefprozil	Apotex	75 ml	4.44	w
		'	100 ml	5.92	w
02163675	Cefzil	B.M.S.	75 ml 100 ml	12.38 16.50	W W
	I .	1		1	<u> </u>
Oral Susp.			250 mg	/5 mL <b>PPB</b>	1
02293951	Apo-Cefprozil	Apotex	75 ml	8.89	w
02163683	Cefzil	B.M.S.	100 ml 75 ml	11.85 24.76	W W
02100000	COIEM	B.M.e.	100 ml	33.01	w
				<u> </u>	
Tab.	I	I	2	50 mg <b>PPB</b> I	I
02292998	Apo-Cefprozil	Apotex	100	43.32	
02347245 02293528	Auro-Cefprozil Ran-Cefprozil	Aurobindo Ranbaxy	100 100	43.32 43.32	
02293528	Sandoz Cefprozil	Sandoz	100	43.32	<ul><li>0.4332</li><li>0.4332</li></ul>
		1			0002

CODE	BRAND NAME	MANUFACTURER	SIZE		OF PKG. SIZE	UN	IT PRICE
Tab.				00 mg	PPB		
		l	1				0.0404
02293005	Apo-Cefprozil	Apotex	100		84.94	<b>*</b>	0.8494
02347253 02293536	Auro-Cefprozil	Aurobindo	100		84.94	7	0.8494
02302187	Ran-Cefprozil Sandoz Cefprozil	Ranbaxy Sandoz	100 100		84.94 84.94	÷	0.8494 0.8494
				•			
CEFTAZIDIME P	PENTAHYDRATE			1 a	PPB		
*	l	l		'9		١.	
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		
lnj. Pd.				2 g	РРВ	ı	
02437856	Ceftazidime for injection BP	Sterimax	10		371.00	•	37.1000
00886955	Ceftazidime pour injection	Fresenius	1	<b>→</b>	37.10		
02212226	Fortaz	GSK	1		42.00		
Inj. Pd.				6 g	PPB		
	Coffee idime for injection BD	Sterimax	4	١	111.29		
02437864 00886963	Ceftazidime for injection BP Ceftazidime pour injection	Fresenius	1 1	7	111.29		
02212234	Fortaz	GSK		7	125.99		
CEFTRIAXONE	SODIUM R						
Inj. Pd.	I	1	i	1 g	PPB	ı	
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	Novopharm	1	<b>→</b>	12.49		
	injection	'					
Inj. Pd.				2 q	PPB		
1	Coffrievene	Storimov	10			_	24 4200
02325624	Ceftriaxone	Sterimax	10		241.30	7	24.1300
02292882 02292289	Ceftriaxone for injection Ceftriaxone for injection	Apotex Sandoz	10 10		241.30 241.30	7	24.1300 24.1300
02250306	Ceftriaxone sodium for	Hospira	10	-	241.30	<b>-</b>	24.1300
02200000	injection	1 loopiid			<u>-</u> 71.00	_	24.1000
				_			
Inj. Pd.				10 g	PPB		
	Ceffriavone	Storimov	4	10 g			
02325632	Ceftriaxone	Sterimax Anotey	1 1	10 g	153.00		
02325632 02292904	Ceftriaxone for injection	Apotex	1	10 g →	153.00 153.00		
02325632			1	10 g	153.00		

Page 10 2019-12

cc	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				2:	50 mg <b>PPB</b>	
02	2292866	Ceftriaxone for injection	Apotex	10	39.50	3.9500
	2325594	Ceftriaxone sodique pour	Sterimax	10	39.50	→ 3.9500 → 3.9500
02	2323334	injection BP	Sterimax	10	39.30	3.9300
02	2250276	Ceftriaxone sodium for injection	Pfizer	10	39.50	→ 3.9500
		_				
CEFURO Inj. Pd.	OXIME (S	SODIUM) 🖪			1.5 g <b>PPB</b>	
1		I	I	I		l I
	2241639	Cefuroxime for injection	Fresenius	1	→ 28.04	
02	2422301	Cefuroxime for injection USP	Sterimax	25	701.00	<b>→</b> 28.0400
Inj. Pd.					7.5 g <b>PPB</b>	
00	2241640	Cof wayima for injection	Fresenius	1	<b>→</b> 105.14	
1	2422328	Cefuroxime for injection Cefuroxime for injection USP	Sterimax	10	1051.40	→ 105.1400
				-	50 000	
Inj. Pd. I		I	I	/; I	50 mg <b>PPB</b> I	
02	2241638	Cefuroxime for injection	Fresenius	1	<b>→</b> 14.01	
02	2422298	Cefuroxime for injection USP	Sterimax	25	350.25	<b>→</b> 14.0100
		XETIL B			105 /5 1	
Oral Sus	sp.	I	T.	1 I	125 mg/5 mL	
02	2212307	Ceftin	GSK	70 ml	11.57	0.1653
				100 ml	16.52	0.1652
Tab.		i	ı	2	50 mg <b>PPB</b>	
02	2244393	Apo-Cefuroxime	Apotex	100	72.36	<b>→</b> 0.7236
1	2344823	Auro-Cefuroxime	Aurobindo	60	43.42	<ul><li>→ 0.7236</li></ul>
1	2212277	Ceftin	GSK	60	93.72	1.5620
02	2242656	ratio-Cefuroxime	Ratiopharm	60	43.42	<b>→</b> 0.7236
Tab.				. 50	00 mg <b>PPB</b>	
02	2244394	Apo-Cefuroxime	Apotex	100	143.36	<b>→</b> 1.4336
	2344831	Auro-Cefuroxime	Aurobindo	60	86.02	<b>→</b> 1.4336
	2212285	Ceftin	GSK	60	185.67	3.0945
	2311453	Pro-Cefuroxime	Pro Doc	100	143.36	<b>→</b> 1.4336
					1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				OIZL	
CEDUAL EVIN M	ONOHYDRATE 🖫				
Caps. or Tab.	ONOTIDICATE LL	ı	2	50 mg <b>PPB</b>	ı
00768723	Apo-Cephalex	Apotex	100	8.66	• 0.0866
02470578	Auro-Cephalexin	Aurobindo	1000	86.60 8.66	<ul><li>→ 0.0866</li><li>→ 0.0866</li></ul>
00583413	Novo-Lexin (Co.)	Novopharm	500 100	43.30 8.66	<ul><li>0.0866</li><li>0.0866</li></ul>
00363413	NOVO-LEXIII (Co.)	Поуорпанн	1000	86.60	→ 0.0866 → 0.0866
		•			
Caps. or Tab.	I	1	5 I	00 mg <b>PPB</b> 	I
00768715	Apo-Cephalex	Apotex	100 500	17.31 86.55	<ul><li>→ 0.1731</li><li>→ 0.1731</li></ul>
02470586	Auro-Cephalexin	Aurobindo	100	17.31	<b>→</b> 0.1731
			500	86.55	• 0.1731
00828866 00583421	Cephalexin-500 Novo-Lexin (Co.)	Pro Doc Novopharm	500 100	86.55 17.31	<ul><li>→ 0.1731</li><li>→ 0.1731</li></ul>
00000421	TVOVO ECXIII (CC.)	Novopham	500	86.55	<b>→</b> 0.1731
0.10			405	/5 L DDD	
Oral Susp.	1	1	1	g/5 mL <b>PPB</b> 	I
02469170	Lupin-Cephalexin	Lupin	100 ml 150 ml	14.62 21.93	<ul><li>→ 0.1462</li><li>→ 0.1462</li></ul>
00342106	Teva-Lexin 125	Teva Can	100 ml	14.62	<b>→</b> 0.1462
			150 ml	21.93	<b>→</b> 0.1462
Oral Susp.			250 m	g/5 mL <b>PPB</b>	
1					
02469189	Lupin-Cephalexin	Lupin	100 ml 150 ml	27.97 41.96	<ul><li>→ 0.2797</li><li>→ 0.2797</li></ul>
00342092	Teva-Lexin 250	Teva Can	100 ml	27.97	<b>→</b> 0.2797
			150 ml	41.96	<b>→</b> 0.2797
0.42.07					
8:12.07 MISCELLANE	OUS B-LACTAM ANTIE	BIOTICS			
CEFOXITIN SOE	DIUM 🖪			1 a DDD	
Inj. Pd.	l	l., .		1 g <b>PPB</b>	l
02128187 02291711	Cefoxitine Cefoxitine for injection	Novopharm Apotex	1 10	10.60 106.00	→ 10.6000
	, <b>,</b>	'			,
lnj. Pd.				2 g <b>PPB</b>	
02128195	Cefoxitine	Novopharm	1	<b>→</b> 21.25	
02291738	Cefoxitine for injection	Apotex	10	212.50	<b>→</b> 21.2500
ERTAPENEM SO	DDIUM 🖪			4	
Inj. Pd. 	]	1		1 g	
02247437	Invanz	Merck	10	499.50	49.9500

Page 12 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
IMIPENEM/ CILA I.V. Inj. Pd.	ASTATIN B		500	) mg -500 mg	
00717282	Primaxin	Merck	25	609.50	24.3800
00111202	, <b>.</b>			300.00	2000
MEROPENEM	D.				
Inj. Pd.				1g <b>PPB</b>	
02378795	Meropenem	Sandoz	10	184.45	<b>→</b> 18.4450
02436507	Meropenem for injection	Sterimax	10	184.45	<b>→</b> 18.4450
02462893	USP Meropenem pour Injection	Aurobindo	10	184.45	<b>→</b> 18.4450
02415224	Meropenem pour injection, USP	Fresenius	1	<b>→</b> 18.45	
	USP				
Inj. Pd.			5	600 mg <b>PPB</b>	
02378787	Meropenem	Sandoz	10	92.23	<b>→</b> 9.2225
02462885	Meropenem pour Injection	Aurobindo	10	92.23	<b>→</b> 9.2225
02415216	Meropenem pour injection, USP	Fresenius	1	→ 9.22	
	001				
0.42.42					
8:12.12 MACROLIDES					
8:12.12 MACROLIDES AZITHROMYCIN	_				
MACROLIDES	_	ı	5	500 mg <b>PPB</b>	1
MACROLIDES AZITHROMYCIN	Azithromycine for injection	Aurobindo	5	500 mg <b>PPB</b> 145.60	<b>→</b> 14.5600
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.	Azithromycine for injection Azithromycine pour	Aurobindo Sterimax		1	<ul><li>→ 14.5600</li><li>→ 14.5600</li></ul>
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604	Azithromycine for injection		10	145.60	
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10	145.60 145.60	<b>14.5600</b>
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10 10	145.60 145.60	<b>14.5600</b>
MACROLIDES AZITHROMYCIN I.V. Perf. Pd. 02465604 02368846 02239952	Azithromycine for injection Azithromycine pour injection, USP	Sterimax	10 10 10	145.60 145.60 206.44	<b>14.5600</b>
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric	Sterimax Pfizer  Phmscience Novopharm	10 10 10	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59	14.5600 20.6440
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience	10 10 10 10 100 mg 15 ml 15 ml	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 10 100 mg 15 ml 15 ml 15 ml	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience	10 10 10 10 100 mg 15 ml 15 ml	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 10 100 mg 15 ml 15 ml 15 ml 15 ml	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin	Phmscience Novopharm Phmscience Sandoz	10 10 10 10 100 mg 15 ml 15 ml 15 ml 15 ml	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59 16.17	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  Oral Susp.	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax  Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59 16.17 g/5 mL <b>PPB</b> 7.92 11.88	<ul> <li>14.5600</li> <li>20.6440</li> <li>0.3726</li> <li>0.3726</li> <li>0.3726</li> <li>1.0780</li> <li>0.5280</li> <li>0.5280</li> </ul>
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax	Phmscience Novopharm Phmscience Sandoz Pfizer	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59 16.17 g/5 mL <b>PPB</b> 7.92 11.88 7.92	→ 14.5600 20.6440 → 0.3726 → 0.3726 → 0.3726 → 0.3726 1.0780 → 0.5280 → 0.5280 → 0.5280 → 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  Oral Susp.	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax  Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145.60 145.60 206.44 g/5 mL <b>PPB</b> 5.59 5.59 5.59 5.59 16.17 g/5 mL <b>PPB</b> 7.92 11.88	→ 14.5600 20.6440 → 0.3726 → 0.3726 → 0.3726 → 0.3726 1.0780 → 0.5280 → 0.5280 → 0.5280 → 0.5280 → 0.5280 → 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience Novopharm Phmscience Novopharm Phmscience	10 10 mg 15 ml 15 ml 15 ml 15 ml 15 ml 200 mg 15 ml 22.5 ml 15 ml 22.5 ml 15 ml 22.5 ml	145.60 145.60 206.44 g/5 mL PPB 5.59 5.59 5.59 5.59 16.17 g/5 mL PPB 7.92 11.88 7.92 11.88 7.92 11.88	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  02274396 02315165	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Sandoz Azithromycin Zithromax  Azithromycin Novo-Azithromycin Pediatric	Sterimax Pfizer  Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience Novopharm	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145.60 145.60 206.44 g/5 mL PPB 5.59 5.59 5.59 5.59 16.17 g/5 mL PPB 7.92 11.88 7.92 11.88 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience Novopharm Phmscience Novopharm Phmscience	10 10 10 10 10 10 10 10 10 10 10 10 10 1	g/5 mL PPB 5.59 5.59 5.59 16.17  g/5 mL PPB 7.92 11.88 7.92 11.88 7.92 11.88 7.92 11.88 7.92 11.88	14.5600 20.6440 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280
MACROLIDES AZITHROMYCIN I.V. Perf. Pd.  02465604 02368846 02239952  Oral Susp.  02274388 02315157 02418452 02332388 02223716  Oral Susp.  02274396 02315165 02418460	Azithromycine for injection Azithromycine pour injection, USP Zithromax I.V.  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin Zithromax  Azithromycin Novo-Azithromycin Pediatric pms-Azithromycin	Phmscience Novopharm Phmscience Sandoz Pfizer  Phmscience Novopharm Phmscience Novopharm Phmscience	10 10 10 10 10 10 10 10 10 10 10 10 10 1	145.60 145.60 206.44 g/5 mL PPB 5.59 5.59 5.59 5.59 16.17 g/5 mL PPB 7.92 11.88 7.92 11.88 7.92 11.88 7.92	14.5600 20.6440 0.3726 0.3726 0.3726 1.0780 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280 0.5280

CODE	1	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	NIT PRICE
Tab.				2	50 mg <b>PPB</b>		
022553	340 ACT Azi	thromycin	ActavisPhm	6	5.65	<b>→</b>	0.9410
022474	423 Ano-Azii	thromycin	Apotex	100	94.10 5.65	*	0.9410 0.9410
022	.20 / ,,00 / .2		, potox	100	94.10	•	0.9410
02415	542 Apo-Azii	thromycin Z	Apotex	6 100	5.65 94.10	*	0.9410 0.9410
024776	610 Azithron	nycin	Altamed	6	5.65	<b>→</b>	0.9410
023308	381 Azithron	nycin	Sanis	6	5.65	•	0.9410
024424	434 Azithron	avcin	Sivem	100	94.10 5.65	*	0.9410 0.9410
02442	+34 AZILITOII	iyoni	Siveiii	100	94.10	<b>→</b>	0.9410
024523	308 <i>Jamp-A</i>	zithromycin	Jamp	6	5.65	•	0.9410
024523	324 Mar-Azii	thromycin	Marcan	100	94.10 5.65	*	0.9410 0.9410
024020	JZ4   Wai -AZI	inoniyeni	Warcan	100	94.10	<b>→</b>	0.9410
022678	845 <i>Novo-Az</i>	zithromycin	Novopharm	6	5.65	•	0.9410
022616	634 nms-Azi	thromycin	Phmscience	30	28.23 5.65	*	0.9410 0.9410
022010	DOT PINS AZI	unoniyom	Timisolonico	100	94.10	•	0.9410
023106		hromycine	Pro Doc	6	5.65	•	0.9410
022752	287   ratio-Azi	ithromycin	Ratiopharm	6	5.65	*	0.9410
022753	309 <i>Riva-Azi</i>	ithromycin	Riva	100	94.10 5.65	<b>*</b>	0.9410 0.9410
022700	7.174 7.12	an only only	Tuva	100	94.10	•	0.9410
022658	326 Sandoz	Azithromycin	Sandoz	6	5.65	•	0.9410
022120	021 Zithroma	ev	Pfizer	100 30	94.10 146.41	•	0.9410 4.8803
02212	2.1.1.0111		1. 11201		110.11		1.0000
Tab.	1		1	6	00 mg <b>PPB</b>	ı	
022560		ithromycin	ActavisPhm	6	36.00	•	6.0000
022616	642 pms-Azi	thromycin	Phmscience	30	180.00	•	6.0000
CLARITHRO	MYCINE A.			250 mg / 500 m	g L.A. <b>PPB</b>		
02403	196 ACT Cla	arithromycin XL	ActavisPhm	60	49.46	•	0.8243
022747	744 Apo-Cla	rithromycin	Apotex	100	41.22	<b>→</b>	0.4122
024133		rithromycin XL	Apotex	100	82.43	•	0.8243
019848			BGP Pharma	100	161.27		1.6127
022447			BGP Pharma	60	150.86	_	2.5143
023242		•	Pro Doc Sanis	100 100	41.22 41.22	<b>→</b>	0.4122 0.4122
024424	l l		Sivem	100	41.22		0.4122
024713		hromycin	Mantra Ph.	100	41.22		0.4122
024713		rithromycin	Phmscience	100	41.22	•	0.4122
				250	103.05	•	0.4122
023614	426 Ran-Cla	rithromycin	Ranbaxy	100	41.22	•	0.4122
		•		500	206.09	•	0.4122
022478	318 <i>ratio-Cla</i>	nrithromycin	Ratiopharm	100	41.22	•	0.4122
		o :		500	206.09	•	0.4122
02266	l l	Clarithromycin	Sandoz	100	41.22	*	0.4122
022488	ou4   reva Cla	arithromycin	Teva Can	100	41.22	•	0.4122

Page 14 2019-12

	1	_	1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mc	1/5 mL <b>PPB</b>	
02146908	Biaxin	BGP Pharma	55 ml	15.77	0.2867
02140906	Diaxiii	BGF FIIaillia	105 ml	30.09	0.2866
02408988	Clarithromycin	Sanis	55 ml	11.26	→ 0.2047
			105 ml	21.49	<b>→</b> 0.2047
02390442	Taro-Clarithromycin	Taro	55 ml	11.26	0.2047
			105 ml	21.49	→ 0.2047
Oral Susp.			250 mg	1/5 mL <b>PPB</b>	
02244641	Biaxin	BGP Pharma	105 ml	57.89	0.5513
02408996	Clarithromycin	Sanis	105 ml	41.98	<ul><li>0.3313</li><li>→ 0.3998</li></ul>
02390450	Taro-Clarithromycin	Taro	105 ml	41.98	→ 0.3998
			,	,	
Tab.	I	1	5	00 mg <b>PPB</b>	ı
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
ERYTHROMYCI	N B				
Ent. Caps.	ĺ	1	I	250 mg	1
00607142	Eryc	Pfizer	100	22.11	0.2211
Ent. Tab.	I	T.	ı	250 mg	ı
00682020	Erythro-Base	AA Pharma	100	18.28	0.1828
Ent. Tab.	I	1	I	500 mg	I
00893862	Erybid	Amdipharm	250	208.43	0.8337
	N ETHYLSUCCINATE				
Oral Susp.	I	I	2 I	200 mg/5 mL I	I
00605859	Novo-Rythro Ethylsuccinate	Novopharm	100 ml	6.69	0.0669
			150 ml	10.03	0.0669
L	1	I .	1	l	1

C	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Su	ien				100 mg/5 mL	
	азр.	I	I	ı -	l I	
00	0652318	Novo-Rythro Ethylsuccinate	Novopharm	100 ml 150 ml	10.13 15.20	0.1013 0.1013
			1	1	l l	
Tab.					600 mg	
0(	0637416	Erythro-ES	AA Pharma	100	33.63	0.3363
	ROMYCI	N STEARATE				
Tab.		ı	I	ı	250 mg	
00	0545678	Erythro-S	AA Pharma	100	21.18	0.2118
Tab.					500 mg	
1			1		ا آ	
00	0688568	Erythro-S	AA Pharma	100	54.25	0.5425
SPIRAI Caps.	MYCIN 🖪	1			250 mg	
1	1927825	Rovamycine	Odan	50	71.50	1.4300
Caps.				_	500 mg	
0	1927817	Rovamycine	Odan	50	139.80	2.7960
8:12.1 PFNIC	6 CILLINS					
AMOXI	ICILLIN [	P		_		
Caps.		1	I	2:	50 mg <b>PPB</b>	
0:	2352710	Amoxicillin	Sanis	100 1000	6.72 67.20	<ul><li>→ 0.0672</li><li>→ 0.0672</li></ul>
0:	2401495	Amoxicillin	Sivem	1000	6.72	<b>→</b> 0.0672
1	0628115	Apo-Amoxi	Apotex	100	6.72	<ul><li>→ 0.0672</li><li>→ 0.0672</li></ul>
		1. 4	1. 1	1000	67.20	<ul><li>→ 0.0672</li></ul>
0:	2388073	Auro-Amoxicillin	Aurobindo	100	6.72	→ 0.0672
				500	33.60	<b>→</b> 0.0672
0:	2433060	Jamp-Amoxicillin	Jamp	100	6.72	<b>→</b> 0.0672
		l., ,	l	1000	67.20	• 0.0672
00	0406724	Novamoxin	Novopharm	100	6.72	<ul><li>→ 0.0672</li><li>→ 0.0673</li></ul>
0:	2230243	pms-Amoxicillin	Phmscience	1000 500	67.20 33.60	<ul><li>→ 0.0672</li><li>→ 0.0672</li></ul>
		·				

Page 16 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Caps.	Caps. 500 mg <b>PPB</b>							
02352729	Amoxicillin	Sanis	100	13.08	<b>→</b> 0.1308			
			500	65.40	→ 0.1308			
02401509	Amoxicillin	Sivem	100	13.08	→ 0.1308			
			500	65.40	<b>→</b> 0.1308			
00628123	Apo-Amoxi	Apotex	100	13.08	<b>→</b> 0.1308			
		l	500	65.40	• 0.1308			
02388081	Auro-Amoxicillin	Aurobindo	100	13.08	→ 0.1308			
00400070	Lance Access to the	1.	500	65.40	• 0.1308			
02433079	Jamp-Amoxicillin	Jamp	100 500	13.08 65.40	0.1308			
02238172	Mylan-Amoxicillin	Mylon	100	13.08	<ul><li>0.1308</li><li>0.1308</li></ul>			
02236172	Wylan-Amoxiciiin	Mylan	500	65.40	<ul><li>→ 0.1308</li><li>→ 0.1308</li></ul>			
00406716	Novamoxin	Novopharm	100	13.08	<ul><li>→ 0.1308</li><li>→ 0.1308</li></ul>			
00400710	INOVAINIONIII	Novopilailii	500	65.40	<ul><li>→ 0.1308</li><li>→ 0.1308</li></ul>			
02230244	pms-Amoxicillin	Phmscience	500	65.40	<ul><li>→ 0.1308</li></ul>			
00644315	Pro-Amox-500	Pro Doc	500	65.40	→ 0.1308			
Chew. Tab.	ı	1	ı	125 mg	1			
02036347	Novamoxin	Novopharm	100	41.67	0.4167			
Chew. Tab.	ı	I	ı	250 mg				
02036355	Teva-Amoxicillin	Teva Can	100	61.38	0.6138			
Oral Susp.	1	1	125 mg	1/5 mL <b>PPB</b>	ı			
00628131	Apo-Amoxi	Apotex	100 ml	3.52	<b>→</b> 0.0352			
		'	150 ml	5.28	→ 0.0352			
02230879	Apo-Amoxi sans sucrose	Apotex	100 ml	3.52	<b>→</b> 0.0352			
			150 ml	5.28	→ 0.0352			
01934171	Novamoxin	Teva Can	100 ml	3.52	→ 0.0352			
			150 ml	5.28	<b>→</b> 0.0352			
00452149	Novamoxin 125	Novopharm	100 ml	3.52	<b>→</b> 0.0352			
			150 ml	5.28	• 0.0352			
02230245	pms-Amoxicillin	Phmscience	100 ml	3.52	• 0.0352			
			150 ml	5.28	<b>→</b> 0.0352			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			250 mg	ı/5 mL <b>PPB</b>	
02352753	Amoxicillin	Sanis	75 ml 100 ml	4.05 5.40	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
02352788	Amoxicillin	Sanis	150 ml 100 ml 150 ml	8.10 5.40 8.10	<ul><li>0.0540</li><li>0.0540</li><li>0.0540</li></ul>
02401541	Amoxicillin	Sivem	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
00628158	Apo-Amoxi	Apotex	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
02230880	Apo-Amoxi sans sucrose	Apotex	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
01934163	Novamoxin	Teva Can	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
00452130	Novamoxin 250	Novopharm	75 ml 100 ml 150 ml	4.05 5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li><li>→ 0.0540</li></ul>
02230246	pms-Amoxicillin	Phmscience	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
00644331	Pro-Amox-250	Pro Doc	100 ml 150 ml	5.40 8.10	<ul><li>→ 0.0540</li><li>→ 0.0540</li></ul>
AMOXICILLIN/ Oral Susp.	POTASSIUM CLAVULANATI	E <b>G</b>	125 mg -31	.25 mg/5 mL	ı
01916882	Clavulin-125 F	GSK	100 ml	9.50	0.0950
Oral Susp.			200 mg -2	8.5 mg/5 mL	1
02238831	Clavulin-200	GSK	70 ml	9.39	0.1341
Oral Susp.			250 mg -6	2.5 mg/5 mL	
01916874	Clavulin-250 F	GSK	100 ml	18.72	0.1872
Oral Susp.			400 mg	- 57 mg/5mL	
02238830	Clavulin-400	GSK	70 ml	17.95	0.2564
Tab.			250	mg -125 mg	
02243350	Apo-Amoxi Clav	Apotex	100	93.75	0.9375
Tab.			500 mg -1	25 mg <b>PPB</b>	
02243351 01916858 02243771 02482576	ratio-Aclavulanate	Apotex GSK Ratiopharm Sandoz	100 20 20 100	66.73 27.56 13.35 66.73	<ul> <li>→ 0.6673</li> <li>1.3780</li> <li>→ 0.6673</li> <li>→ 0.6673</li> </ul>

Page 18 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			875 mg -1	25 mg <b>PPB</b>	
02245623	Apo-Amoxi Clav	Apotex	100	55.50	<b>→</b> 0.5550
02238829	Clavulin-875	GSK	20	41.34	2.0670
02482584	Sandoz Amoxi-Clav	Sandoz	100	55.50	• 0.5550
AMPICILLIN R Caps.				250 mg	
00020877	Novo-Ampicillin	Novopharm	100	30.71	0.3071
_					
Caps. I	I	1	I	500 mg	
00020885	Novo-Ampicillin	Novopharm	100	59.55	0.5955
	_				
AMPICILLIN (SC Inj. Pd.	DDIUM) LE			1 g <b>PPB</b>	
02227002	Ampicilline pour injection	Fresenius	1	<b>→</b> 3.60	
01933345	Ampicilline Sodique	Novopharm	1	→ 3.60	
02462338	Ampicilline sodique for injection	Aurobindo	10	36.00	→ 3.6000
Inj. Pd.				2 g <b>PPB</b>	
l Í	A	<sub>-</sub> .	1	1 1	
02226995 01933353	Ampicillin for Injection Ampicilline Sodique	Fresenius Novopharm	1 1	<ul><li>7.20</li><li>7.20</li></ul>	
02462346	Ampicilline sodique for injection	Aurobindo	10	72.00	<b>→</b> 7.2000
Inj. Pd.			2	50 mg <b>PPB</b>	
	A i - illin in inii			l I	
02227029 00872644	Ampicilline pour injection Ampicilline Sodique	Fresenius Novopharm	1 1	<ul><li>2.05</li><li>2.05</li></ul>	
02462303	Ampicilline sodique for injection	Aurobindo	10	20.50	<b>2</b> .0500
Inj. Pd.			5	00 mg <b>PPB</b>	
-	Amaniaillina nassasiaisetti	Franchius		I I	
02227010 00872652	Ampicilline pour injection Ampicilline Sodique	Fresenius Novopharm	1 1	<ul><li>2.15</li><li>2.15</li></ul>	
02462311	Ampicilline sodique for	Aurobindo	10	21.50	<b>2.1500</b>
02.020	injection	7.14.162145		200	2000
	_				
CLOXACILLIN (S Caps.	SODIUM) 🖪			250 mg	
00337765	Teva-Cloxin	Teva Can	100	18.50	0.1850
_	•	'			
Caps.	l	I	1	500 mg	
00337773	Teva-Cloxin	Teva Can	100	34.98	0.3498

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				2 g <b>PPB</b>	
l Í	Olava aillia	Ct - mi	10	1 1	7 2400
02367424 01912410	Cloxacillin Cloxacilline Sodique	Sterimax Novopharm	10	73.10 7.31	<b>→</b> 7.3100
01312410	Oloxaciiiii C Ooaiqac	ТОТОРПАПП	'	7.01	
lnj. Pd.				10 g	
02400081	Cloxacilline pour injection	Sterimax	1	36.55	
Inj. Pd.	ı	1	5	00 mg <b>PPB</b>	ı
02367408	Cloxacillin	Sterimax	10	45.60	<b>→</b> 4.5600
01912429	Cloxacilline Sodique	Novopharm	1	<b>→</b> 4.56	
Oral Suc-		•	•	105 mm m/51	
Oral Susp.	1	1	I.	125 mg/5 mL 	ı
00337757	Teva-Cloxacillin Solution	Teva Can	100 ml	4.50	0.0450
PENICILLIN G (I I.M. Inj. Susp. 02291924	BENZATHINE) 🖫	Pfizer	1 2000 (	000 UI / 2 mL 406.96	40.6960
02291924	DICIIIII L-A	Flizei	10	400.90	40.0900
PENICILLIN G (3 Inj. Pd. 01930672 02220261	Penicilline G Penicilline G Sodium for injection	Novopharm Fresenius	1 000 1 1	000 U <b>PPB</b> 2.40 2.40	
	Injection				
lnj. Pd.			5 000	000 U <b>PPB</b>	
00883751	Penicilline G	Novopharm	1	<b>→</b> 5.10	
02220288	Penicilline G sodium for injection	Fresenius	1	<b>→</b> 5.10	
Inj. Pd.			10 000	000 U <b>PPB</b>	
01930680	Penicilline G	Novopharm	1	→ 8.90	
02220296	Penicilline G sodium for injection	Fresenius	1	<b>♦</b> 8.90	
		'	•	, ,	
PHENOXYMETH Tab.	HYLPENICILLIN (BASE OR F	POTASSIUM SALT)	250 n	ng to 300 mg	
00642215	Pen-VK	AA Pharma	100	18.73	0.1873
00042215	L GII-AV	AA FIIAIIIIA	1000	187.30	0.1873
	1				3370

Page 20 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		SODIUM/ TABACTAM SODIU	м В	0	0.05	
I.V. F	Perf. Pd.	ĺ	I	2 g - (	0.25 g <b>PPB</b> I	l
	02362619 02308444	Piperacilline et Tazobactam Piperacilline et Tazobactam for injection	Sterimax Apotex	10 1	41.70 <b>→</b> 4.17	<b>→</b> 4.1700
	02299623	Piperacilline sodique/ Tazobactam sodique	Sandoz	1	<b>→</b> 4.17	
	02370158 02401312	Piperacilline/Tazobactam Piperacilline-Tazobactam for injection	Teva Can Teligent	10 10	41.70 41.70	<ul><li>4.1700</li><li>4.1700</li></ul>
.V. F	Perf. Pd.			3 g -0.	.375 g <b>PPB</b>	
	02362627	Piperacilline et Tazobactam	Sterimax	10	62.59	♦ 6.2590
	02308452	Piperacilline et Tazobactam Piperacilline et Tazobactam for injection	Apotex	1	<b>♦</b> 6.26	0.2090
	02299631	Piperacilline sodique/ Tazobactam sodique	Sandoz	1	→ 6.26	
	02370166	Piperacilline/Tazobactam	Teva Can	10	62.59	<b>→</b> 6.2590
	02401320	Piperacilline-Tazobactam for injection	Teligent	10	62.59	→ 6.2590
.V. F	Perf. Pd.			4 g	-0.5 g <b>PPB</b>	
	02420430	Jamp-PIP/TAZ	Jamp	10	83.46	▶ 8.3458
	02362635	Piperacilline et Tazobactam	Sterimax	10	83.46	<b>→</b> 8.3458
	02308460	Piperacilline et Tazobactam for injection	Apotex	1	<b>♦</b> 8.35	
	02299658	Piperacilline sodique/ Tazobactam sodique	Sandoz	1	<b>♦</b> 8.35	
	02370174	Piperacilline/Tazobactam	Teva Can	10	83.46	<b>♦</b> 8.3458
*	02401339	Piperacilline-Tazobactam for injection	Teligent	10	83.46	▶ 8.3458
VF	Perf. Pd.			12 a -	· 1,5 g <b>PPB</b>	
	02377748	   Piperacilline et Tazobactam	Sterimax	1	<b>→</b> 36.33	
	02330547	for injection Piperacilline sodique/ Tazobactam sodique	Sandoz	1	<b>→</b> 36.33	
			ı		00 17	
.V. F	Perf. Pd.	1	I	I	36 g - 4,5 g	ı
	02439131	Piperacilline et Tazobactam for injection	Sterimax	1	108.99	
8:12 QUI	.18 NOLONES					
	ROFLOXACI Perf. Sol.	N HYDROCHLORIDE 🖪			2 mg/mL	
	02301903	Ciprofloxacine Injection USP	Pfizer	100 ml 200 ml	17.92 35.84	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
L.A. Tab.	.A. Tab. 500 mg <b>PPB</b>								
02247916	Cipro XL	Bayer	50	144.81	2.8962				
02416433	pms-Ciprofloxacin XL	Phmscience	100	173.77	<b>→</b> 1.7377				
		'	•						
L.A. Tab.				1000 mg					
02251787	Cipro XL	Bayer	50	144.81	2.8962				
Oral Susp.	ı	1		500 mg/5 mL	, ,				
02237514	Cipro	Bayer	100 ml	53.23	0.5323				
	-			'					
Tab.			2	50 mg <b>PPB</b>					
02247339	ACT Ciprofloxacin	ActavisPhm	100	44.54	0.4454				
02229521	Apo-Ciproflox	Apotex	100	44.54	<b>→</b> 0.4454				
02381907	Auro-Ciprofloxacin	Aurobindo	100	44.54	<ul><li>→ 0.4454</li></ul>				
02001007	, tare diprenexaem	, turobilido	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	<b>→</b> 0.4454				
02248437	pms-Ciprofloxacin	Phmscience	100	44.54	<b>→</b> 0.4454				
02317796	Pro-Ciprofloxacin	Pro Doc	100	44.54	<b>→</b> 0.4454				
02303728	Ran-Ciproflox	Ranbaxy	100	44.54	→ 0.4454				
02246825	ratio-Ciprofloxacin	Ratiopharm	100	44.54	<b>→</b> 0.4454				
02251221	Riva-Ciprofloxacin	Riva	100	44.54	• 0.4454				
02248756	Sandoz Ciprofloxacin	Sandoz	100	44.54	<b>→</b> 0.4454				
02379627	Septa-Ciprofloxacin	Septa	100	44.54	<b>→</b> 0.4454				
02266962	Taro-Ciprofloxacin	Taro	100	44.54	<b>→</b> 0.4454				
02426978	VAN-Ciprofloxacin	Vanc Phm	100	44.54	<b>→</b> 0.4454				

**Page 22** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5	00 mg <b>PPB</b>	
	02247340	ACT Ciprofloxacin	ActavisPhm	100	50.25	→ 0.5025
	02229522	Apo-Ciproflox	Apotex	100	50.25	<ul><li>→ 0.5025</li></ul>
	OLLLOOLL	, the cibienex	rpotox	500	251.25	<ul><li>→ 0.5025</li></ul>
	02381923	Auro-Ciprofloxacin	Aurobindo	100	50.25	<ul><li>→ 0.5025</li></ul>
				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	<b>→</b> 0.5025
	02379694	Mar-Ciprofloxacin	Marcan	100	50.25	→ 0.5025
	02423561	Mint-Ciproflox	Mint	100	50.25	<b>→</b> 0.5025
	02317435	Mint-Ciprofloxacine	Mint	100	50.25	<b>→</b> 0.5025
	02161745	Novo-Ciprofloxacin	Novopharm	100	50.25	<b>→</b> 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	<b>→</b> 0.5025
				500	251.25	→ 0.5025
	02303736	Ran-Ciproflox	Ranbaxy	100	50.25	<b>→</b> 0.5025
	02246826	ratio-Ciprofloxacin	Ratiopharm	100	50.25	<b>→</b> 0.5025
	02251248	Riva-Ciprofloxacin	Riva	100	50.25	• 0.5025
	00040757	0		500	251.25	0.5025
	02248757	Sandoz Ciprofloxacin	Sandoz	100	50.25	0.5025
	02379635	Septa-Ciprofloxacin	Septa	100 500	50.25 251.25	0.5025
	00066070	Toro Cinvoflovacio	Toro		1	0.5025
	02266970 02427001	Taro-Ciprofloxacin	Taro Vanc Phm	100 100	50.25 50.25	<ul><li>→ 0.5025</li><li>→ 0.5025</li></ul>
	02427001	VAN-Ciprofloxacin	vanc Filli	100	50.25	<b>-</b> 0.5025
Tab.				7	50 mg <b>PPB</b>	
	02247341	ACT Ciprofloxacin	ActavisPhm	50	46.01	→ 0.9201
	02229523	Apo-Ciproflox	Apotex	100	92.01	<b>→</b> 0.9201
	02381931	Auro-Ciprofloxacin	Aurobindo	50	46.01	<ul><li>→ 0.9201</li></ul>
	02001001	Trairo dipronoxaom	7 tal obilitao	100	92.01	<ul><li>→ 0.9201</li></ul>
	02380374	Jamp-Ciprofloxacin	Jamp	50	46.01	• 0.9201
	02379708	Mar-Ciprofloxacin	Marcan	50	46.01	<ul><li>→ 0.9201</li></ul>
	02423588	Mint-Ciproflox	Mint	50	46.01	<ul><li>→ 0.9201</li></ul>
	02317443	Mint-Ciprofloxacine	Mint	100	92.01	→ 0.9201
	02161753	Novo-Ciprofloxacin	Novopharm	50	46.01	<ul><li>→ 0.9201</li></ul>
	02248439	pms-Ciprofloxacin	Phmscience	100	92.01	→ 0.9201
	02303744	Ran-Ciproflox	Ranbaxy	100	92.01	→ 0.9201
	02246827	ratio-Ciprofloxacin	Ratiopharm	50	46.01	→ 0.9201
	02251256	Riva-Ciprofloxacin	Riva	50	46.01	• 0.9201
	02248758	Sandoz Ciprofloxacin	Sandoz	50	46.01	→ 0.9201
	02379643	Septa-Ciprofloxacin	Septa	50	46.01	• 0.9201
	02427028	VAN-Ciprofloxacin	Vanc Phm	50	46.01	→ 0.9201

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			<u> </u>		OIZE	
I EV	OFLOXACIN	. R				
Tab.	JILOXACII			2	50 mg <b>PPB</b>	i
	02315424	ACT Levofloxacin	Teva Can	50	60.19	→ 1.2038
	02284707	Apo-Levofloxacin	Apotex	100	120.38	<b>→</b> 1.2038
	02430592	Auro-Levofloxacin	Aurobindo	50	60.19	<b>→</b> 1.2038
				100	120.38	<b>→</b> 1.2038
	02284677	pms-Levofloxacin	Phmscience	100	120.38	<b>→</b> 1.2038
	02298635	Sandoz Levofloxacin	Sandoz	50	60.19	<b>→</b> 1.2038
	02248262	Teva-Levofloxacin	Teva Can	100	120.38	<b>→</b> 1.2038
T-L				-	00 <b>DDD</b>	
Tab.		1		) 	00 mg <b>PPB</b> I	I
	02315432	ACT Levofloxacin	Teva Can	100	137.18	<b>→</b> 1.3718
	02284715	Apo-Levofloxacin	Apotex	100	137.18	<b>→</b> 1.3718
	02430606	Auro-Levofloxacin	Aurobindo	50	68.59	<b>→</b> 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	<b>→</b> 1.3718
Tab.				7:	50 mg <b>PPB</b>	
	02315440	ACT Levofloxacin	Teva Can	50	242.39	4.8478
	02315440	Apo-Levofloxacin	Apotex	100	484.78	<b>→</b> 4.8478
	02430614	Auro-Levofloxacin	Aurobindo	50	242.39	<b>→</b> 4.8478
	02305585	pms-Levofloxacin	Phmscience	100	484.78	<b>→</b> 4.8478
	02298651	Sandoz Levofloxacin	Sandoz	50	242.39	<b>→</b> 4.8478
	02285649	Teva-Levofloxacin	Teva Can	100	484.78	<b>→</b> 4.8478
	IFLOXACIN	HYDROCHLORIDE		4.		
Tab.		1	I	4( 	00 mg <b>PPB</b> 	I
	02404923	Apo-Moxifloxacin	Apotex	30	45.69	<b>→</b> 1.5230
	02432242	Auro-Moxifloxacin	Aurobindo	30	45.69	<b>→</b> 1.5230
				100	152.30	<b>→</b> 1.5230
	02242965	Avelox	Bayer	30	165.04	5.5013
	02447266	Bio-Moxifloxacin	Biomed	30	45.69	<b>→</b> 1.5230
				100	152.30	<b>→</b> 1.5230
	02443929	Jamp-Moxifloxacin	Jamp	30	45.69	<b>→</b> 1.5230
	02447061	Jamp-Moxifloxacin Tablets	Jamp	100	152.30	1.5230
	02447053	Mar-Moxifloxacin	Marcan	100	152.30	<b>→</b> 1.5230
	02472791	M-Moxifloxacin	Mantra Ph.	100	152.30	<b>→</b> 1.5230
	02462974	Moxifloxacin	Pro Doc	30	45.69	<b>→</b> 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	<b>→</b> 1.5230

Page 24 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NORFLOXACIN Tab.	R		4	00 mg <b>PPB</b>	
			100	54.40	
02269627 02229524	Co Norfloxacin Norflox	Cobalt AA Pharma	100 100	54.49 109.33	<b>W</b> <b>1</b> .0933
02229524	Novo-Norfloxacin	Novopharm	100	54.49	→ 1.0933 W
02237062	NOVO-NOTIIOXACITI	почорпанн	100	54.49	VV
8:12.20 SULFONAMID SULFASALAZIN Ent. Tab.				500 mg	
Ent. Tab.	I	1	I	500 mg	
00598488	pms-Sulfasalazine-E.C.	Phmscience	100	28.16	0.2816
			500	140.80	0.2816
Tab.				500 mg	
ab.	I	1	I	Joo mg	
00598461	pms-Sulfasalazine	Phmscience	500	90.19	0.1804
TRIMETHOPRIN Oral Susp.	/SULFAMETHOXAZOLE [	F.	40 mg -2	200 mg/5 mL	
00726540	Teva-Sulfamethoxazole	Teva Can	100 ml 400 ml	9.68 38.72	0.0968 0.0968
Tab.	ı	1	20	mg -100 mg	
00445266	Sulfatrim-PED	AA Pharma	100	9.11	0.0911
Tab.	1		80 mg -4	00 mg <b>PPB</b>	
00445274	Sulfatrim	AA Pharma	100 1000	4.82 48.20	<ul><li>→ 0.0482</li><li>→ 0.0482</li></ul>
00510637	Teva-Sulfamethoxazole/ Trimethoprim	Novopharm	100	4.82	• 0.0482
Tab.	ı	1	160 mg -8	00 mg <b>PPB</b>	
00510645	Novo-Trimel D.S.	Novopharm	100	12.21	<b>→</b> 0.1221
		' '''	500	61.05	→ 0.1221
00445282	Sulfatrim-DS	AA Pharma	100	12.21	→ 0.1221
			500	61.05	<b>→</b> 0.1221
			500 100	61.05 12.21	<ul><li>→ 0.1</li><li>→ 0.1</li></ul>

	I			1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
8:12.24 TETRACYCLINE DOXYCYCLINE Caps. or Tab.	_		10	00 mg <b>PPB</b>	
1 '		<b>.</b> .	l	ı	
00740713	Apo-Doxy	Apotex	100 250	58.60 146.50	<ul><li>→ 0.586</li><li>→ 0.586</li></ul>
00874256	Apo-Doxy-Tabs	Apotex	100	58.60	<ul><li>→ 0.586</li></ul>
00817120	Doxycin	Riva	100	58.60	<b>→</b> 0.586
00017120	2019 0111		300	175.80	→ 0.586
00860751	Doxycin (co.)	Riva	100	58.60	→ 0.586
			300	175.80	→ 0.586
02351234	Doxycycline (Caps.)	Sanis	100	58.60	→ 0.586
			200	117.20	<b>→</b> 0.586
02351242	Doxycycline (Co.)	Sanis	100	58.60	<b>→</b> 0.586
00887064	Doxytab	Pro Doc	100	58.60	• 0.586
00725250	Novo-Doxilin	Novopharm	100	58.60	<b>→</b> 0.586
02158574	Novo-Doxylin (Co.)	Novopharm	200 100	117.20 58.60	<ul><li>→ 0.586</li><li>→ 0.586</li></ul>
02130374	NOVO-DOXYIII (CO.)	Поторнанн	100	36.00	- 0.360
MINOCYCLINE I	HYDROCHLORIDE 1	ı		50 mg <b>PPB</b>	ı
02153394	Minocycline-50	Pro Doc	100	11.01	<b>→</b> 0.110
02230735	Mylan-Minocycline	Mylan	100	11.01	→ 0.110
			250	27.53	<b>→</b> 0.110
02108143	Novo-Minocycline	Novopharm	100	11.01	• 0.110
02294419	pms-Minocycline	Phmscience	100	11.01	<b>→</b> 0.110
Caps.	I	I	1: I	00 mg <b>PPB</b>	ı
02154366	Minocycline-100	Pro Doc	100	21.25	<b>→</b> 0.212
02230736	Mylan-Minocycline	Mylan	100	21.25	• 0.212
00400454	Maria Adia annalisa	Navarah ama	250	53.13	0.212
02108151 02294427	Novo-Minocycline pms-Minocycline	Novopharm Phmscience	100 100	21.25 21.25	<ul><li>→ 0.212</li><li>→ 0.212</li></ul>
	HYDROCHLORIDE 🖫			250 mg	
00580929	Tetracycline	AA Pharma	100	6.70	0.067
00000020	Tota doyomito	, o cr nama	1000	67.00	0.067
BACITRACIN Inj./Top. Pd.	OUS ANTIBIOTICS	l	l .	50 000 U	
00030708	Bacitracine	Pfizer	1	9.10	

Page 26 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CLINDAMYCIN I Caps.	HYDROCHLORIDE 🖫		15	50 mg <b>PPB</b>	
02245232	Apo-Clindamycine	Apotex	100	22.17	<b>→</b> 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	<b>→</b> 0.2217
02479923	M-Clindamycin	Mantra Ph.	100	22.17	→ 0.2217
02468476	Riva-Clindamycin	Riva	100	22.17	<b>→</b> 0.2217
02241709	Teva-Clindamycin	Teva Can	100	22.17	<b>→</b> 0.2217
Caps.	I	ı	30	00 mg <b>PPB</b>	1
02245233	Apo-Clindamycine	Apotex	100	44.34	<b>→</b> 0.4434
02436914	Auro-Clindamycin	Aurobindo	100	44.34	<b>→</b> 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	<b>→</b> 0.4434
02479931	M-Clindamycin	Mantra Ph.	100	44.34	<b>→</b> 0.4434
02241710	Novo-Clindamycin	Novopharm	100	44.34	<b>→</b> 0.4434
02468484	Riva-Clindamycin	Riva	100	44.34	<b>→</b> 0.4434
CLINDAMYCINI	PALMITATE HYDROCHLORI				
Oral Susp.	PALIMITATE HTDROCHLORI	DE W		75 mg/5 mL	
00225851	Dalacin C	Pfizer	100 ml	16.27	0.1627
00223031	Dalacili C	Filzei	100 1111	10.27	0.1027
CLINDAMYCIN I	PHOSPHATE I				
Inj. Sol.	I	I	150 n	ng/mL <b>PPB</b>	
02230540	Clindamycine Injection	Sandoz	2 ml	<b>→</b> 6.50	
			4 ml	<b>→</b> 13.00	
			6 ml	<b>→</b> 18.50	
00260436	Dalacin C	Pfizer	2 ml	6.88	
			4 ml	13.76	
			6 ml	18.75	
COLISTIMETHA	TE (SODIUM)				
Inj. Pd.	(	1	15	50 mg <b>PPB</b>	
02244849	Colistimethate	Sterimax	1	→ 30.42	
02403544	Colistimethate pour	Fresenius	1	→ 30.42 → 30.42	
02-100044	injection, USP	1 TOOOTHUG	·	- 00.42	
00476420	Coly-Mycin M Parenteral	Erfa	1	→ 30.42	
	ı				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ERYTROMYCIN Oral Susp.	ETHYLSUCCINATE/ SULFIS	OXAZOLE ACETYL		600 mg/5 mL	
00583405	Pediazole	Amdipharm	105 ml	11.35 16.21	0.1081 0.1081
	<u> </u>	L			
VANCOMYCIN H Caps.	IYDROCHLORIDE 🖪		11	25 mg <b>PPB</b>	
· .	l	1.	1		
02407744	Jamp-Vancomycin	Jamp	20	103.60	<b>→</b> 5.1800
00800430 02377470	Vancocin Vancomycine	Search Phm Fresenius	20 20	103.60 103.60	<ul><li>→ 5.1800</li><li>→ 5.1800</li></ul>
02377470	(hydrochloride)	Freseillus	20	103.00	5.1600
Caps.			2:	50 mg <b>PPB</b>	
l .	Jama Vanaamijain	laman	1	I	<b>→</b> 10.3600
02407752 00788716	Jamp-Vancomycin Vancocin	Jamp Search Phm	20 20	207.20 207.20	<ul><li>→ 10.3600</li><li>→ 10.3600</li></ul>
02377489	Vancomycine	Fresenius	20	207.20	<b>→</b> 10.3600
02011100	(hydrochloride)	1.000		201.20	
I.V. Perf. Pd.				1 g <b>PPB</b>	
02139383	Chlorhydrate de	Fresenius	10	589.90	<b>→</b> 58.9900
02103000	Vancomycine pour injection	Tresenius	10	003.30	- 00.0000
02435721	Chlorhydrate de	GMP	1	<b>→</b> 58.99	
00000000	Vancomycine pour injection	Cti	10	589.90	<b>→</b> 58.9900
02396386	Chlorhydrate de Vancomycine pour injection	Sterimax	10	589.90	<b>→</b> 58.9900
02394634	Chlorhydrate de	Sandoz	10	589.90	<b>→</b> 58.9900
	Vancomycine pour injection				
02420200	USP	lomn	10	E90 00	<b>→</b> 59,0000
02420309 02342863	Jamp-Vancomycin Vancomycin for injection	Jamp Sterimax	10	589.90 589.90	<ul><li>→ 58.9900</li><li>→ 58.9900</li></ul>
02042000	USP	Otermax	10	303.30	- 00.0000
02230192	Vancomycine (hydrochloride)	Pfizer	10	589.90	▶ 58.9900
	(nydrochlonde)				
I.V. Perf. Pd.				5 g <b>PPB</b>	
02139243	Chlorhydrate de	Fresenius	1	<b>→</b> 294.95	
02420317	Vancomycine pour injection Jamp-Vancomycin	Jamp	1	<b>→</b> 294.95	
02394642	Vancomycine	Sandoz	1	<b>→</b> 294.95	
I.V. Perf. Pd.	I	I	I	10 g <b>PPB</b>	
02241807	Chlorhydrate de Vancomycine pour injection	Fresenius	1	<b>→</b> 589.90	
02420325	Jamp-Vancomycin	Jamp	1	<b>→</b> 589.90	
02405830	Vancomycin for injection	Sterimax	1	<b>→</b> 589.90	
02411040	USP Vancomycin Hydrochloride	Sterimax	1	<b>→</b> 589.90	
				,	
02407949	Vancomycin Hydrochloride	Mylan	1	→ 589.90	

Page 28 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.	ı		50	00 mg <b>PPB</b>	
02139375	Chlorhydrate de Vancomycine pour injection	Fresenius	10	310.50	<b>→</b> 31.0500
02435713	Chlorhydrate de	GMP	1	<b>→</b> 31.05	
	Vancomycine pour injection		10	310.50	<b>→</b> 31.0500
02411032	Chlorhydrate de Vancomycine pour injection	Sterimax	10	310.50	<b>→</b> 31.0500
02394626	Chlorhydrate de Vancomycine pour injection USP	Sandoz	10	310.50	<b>→</b> 31.0500
02420295	Jamp-Vancomycin	Jamp	10	310.50	<b>→</b> 31.0500
02342855	Vancomycin for injection USP	Sterimax	10	310.50	<b>→</b> 31.0500
02230191	Vancomycine (hydrochloride)	Pfizer	10	310.50	<b>→</b> 31.0500

## 8:14.04 ALLYLAMINES TERBINAFIN HYDROCHLORIDE

Tab.			25	50 mg <b>PPB</b>		i
02254727	ACT Terbinafine	ActavisPhm	30	23.14	<b>→</b>	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	<b>→</b>	3.93	
+ 02462168	Bio-Fluconazole	Biomed	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		OF PKG. SIZE	UNI	T PRICE
FLU	CONAZOLE	R						
I.V. I	Perf. Sol.	ı	1	2 n	ng/mL	PPB		
	00891835	Diflucan	Pfizer	100 ml		37.56		
	02388448	Fluconazole	Sandoz	100 ml	<b>→</b>	26.87		
Tab.		ı	ı		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.		I	1	10	00 mg	PPB	ı	
	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	<b>→</b>	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
		- m						
Caps	ACONAZOLI	= 101		10	00 mg	PPB		
 		I	I				l	
	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.	İ	1	10 n	ng/mL	PPB	ı	
*	02484315	Jamp Itraconazole	Jamp	150		92.51	•	0.6167
	02231347	Sporanox	Janss. Inc	150 ml		115.28		0.7685
		_						
KET Tab.	OCONAZOL	E M		21	00 mg	PPB		
1 ab.		I	I		oo mg	FD	l	
	02237235	Apo-Ketoconazole	Apotex	100		93.93	•	0.9393
	02231061	Novo-Ketoconazole	Novopharm	100		93.93	•	0.9393
		•	•		-			

Page 30 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
8:14.28 POLYENES NYSTATIN  Oral Susp.			100 000	U/mL <b>PPB</b>	
02433443	Jamp-Nystatin	Jamp	100 ml	5.18	0.0518
02433443	Janip-Nystatiri	Jamp	500 ml	25.90	<b>→</b> 0.0518
00792667	pms-Nystatin	Phmscience	48 ml	2.49	0.0518
02194201	ratio-Nystatin	Ratiopharm	100 ml 24 ml	5.18 1.24	<ul><li>→ 0.0518</li><li>→ 0.0518</li></ul>
			48 ml	2.49	<b>→</b> 0.0518
			100 ml	5.18	→ 0.0518
_	ULOSIS AGENTS HYDROCHLORIDE			100 mg	
00247960	Etibi	Valeant	100	11.00	0.1100
Tab.	I	1	ı	400 mg	l
00247979	Etibi	Valeant	100	30.00	0.3000
Syr.				50 mg/5 mL	
	pdp-Isoniazid	Pendopharm	500 ml	50 mg/5 mL 115.77	0.2315
Syr.	pdp-Isoniazid	Pendopharm	500 ml		0.2315
Syr. 00577812	pdp-Isoniazid pdp-Isoniazid	Pendopharm Pendopharm	500 ml	115.77	0.2315 0.7265
Syr. 00577812	I	1		115.77 100 mg	l
Syr. 00577812  Tab. 00577790	I	1		115.77 100 mg 72.65	l
Syr.	pdp-Isoniazid pdp-Isoniazid	Pendopharm	100	115.77 100 mg 72.65 300 mg 68.49	0.7265
Syr.	pdp-Isoniazid  pdp-Isoniazid	Pendopharm Pendopharm	100	115.77 100 mg 72.65 300 mg 68.49	0.7265 0.6849
Syr.	pdp-Isoniazid pdp-Isoniazid	Pendopharm	100	115.77 100 mg 72.65 300 mg 68.49	0.7265
Syr.	pdp-Isoniazid  pdp-Isoniazid	Pendopharm Pendopharm	100	115.77  100 mg 72.65  300 mg 68.49  500 mg 116.18	0.7265 0.6849
Syr.	pdp-Isoniazid  pdp-Isoniazid	Pendopharm Pendopharm	100	115.77 100 mg 72.65 300 mg 68.49	0.7265 0.6849

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
RIFA	MPIN 🖺					
Caps	i.			1	50 mg <b>PPB</b>	
'	02091887	Rifadin	SanofiAven	100	60.38	→ 0.6038
	00393444	Rofact 150	Valeant	100	60.38	<b>→</b> 0.6038
Caps	i.			3	00 mg <b>PPB</b>	
	02092808	Rifadin	SanofiAven	100	95.03	→ 0.9503
	00343617	Rofact 300	Valeant	100	95.03	• 0.9503
8:16 MIS		OUS ANTIMYCOBACTE	RIALS			
	SONE 🖪					
Tab.		l_	1		00 mg <b>PPB</b>	1
	02041510 02481227	Dapsone Mar-Dapsone	Jacobus Marcan	100 100	140.61 119.52	1.4061 1.1952
	02489058	Riva-Dapsone	Riva	100	119.52	→ 1.1952 → 1.1952
8:18	.04 MANTAN	EC				
		IYDROCHLORIDE				
AIVIA		IIDROCHLORIDE W				
Caps		1 DROCHLORIDE III	1	ı	100 mg	
		PDP-Amantadine	Pendopharm	100	100 mg 51.79	0.5179
Caps		1	Pendopharm	100	51.79	0.5179
		1	Pendopharm	100		0.5179
Caps		1	Pendopharm Pendopharm	100 500 ml	51.79	0.5179
Caps	01990403	PDP-Amantadine	1	1	51.79 50 mg/5 mL	
Syr.	01990403	PDP-Amantadine  PDP-Amantadine	1	1	51.79 50 mg/5 mL	
Syr. 8:18 ANT	.01990403 02022826 .08 IRETROV	PDP-Amantadine	Pendopharm	500 ml	51.79 50 mg/5 mL 40.50	
Syr. 8:18 ANT	.01990403 02022826 .08 IRETROV	PDP-Amantadine  PDP-Amantadine	Pendopharm	1	51.79 50 mg/5 mL 40.50	
Syr. 8:18 ANT	.01990403 02022826 .08 IRETROV	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS  LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine-	Pendopharm	500 ml	51.79 50 mg/5 mL 40.50	
Syr. 8:18 ANT	01990403 02022826 .08 IIRETROV	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS  LFATE) / LAMIVUDINE / ZIDG	Pendopharm  DVUDINE  300 mg	500 ml	51.79 50 mg/5 mL 40.50	0.0810
Syr. 8:18 ANT	01990403 02022826 .08 IRETROV CAVIR (SUI	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS  LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine- Zidovudine	Pendopharm  DVUDINE  300 mg  Apotex	500 ml g - 150 mg - 3 60	51.79 50 mg/5 mL 40.50 00 mg <b>PPB</b> 818.55	0.0810
Syr. 8:18 ANT ABAN Tab.	.01990403 02022826 .08 IRETROV CAVIR (SUI 02416255 02244757	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine- Zidovudine Trizivir	Pendopharm  DVUDINE  300 mg  Apotex	500 ml g - 150 mg - 3 60	51.79 50 mg/5 mL 40.50  00 mg PPB 818.55 998.88	0.0810
Syr.  8:18 ANT ABA Tab.	.01990403 02022826 .08 IRETROV CAVIR (SUI 02416255 02244757	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine- Zidovudine Trizivir	Pendopharm  DVUDINE  300 mg  Apotex	500 ml g - 150 mg - 3 60	51.79 50 mg/5 mL 40.50 00 mg <b>PPB</b> 818.55	0.0810
Syr.  8:18 ANT ABA Tab.	.01990403 02022826 .08 IRETROV CAVIR (SUI 02416255 02244757	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine- Zidovudine Trizivir	Pendopharm  DVUDINE  300 mg  Apotex	500 ml g - 150 mg - 3 60	51.79 50 mg/5 mL 40.50  00 mg PPB 818.55 998.88	0.0810
Syr.  8:18 ANT ABA Tab.		PDP-Amantadine  IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO Apo-Abacavir-Lamivudine-Zidovudine Trizivir	Pendopharm  OVUDINE  300 mg  Apotex  ViiV	500 ml g - 150 mg - 3 60 60	51.79 50 mg/5 mL 40.50  00 mg PPB 818.55 998.88	0.0810 • 13.6425 16.6480
Syr.  8:18 ANT ABA Tab.  ABA Oral:		PDP-Amantadine  IRAL AGENTS LFATE) / LAMIVUDINE / ZIDO Apo-Abacavir-Lamivudine-Zidovudine Trizivir	Pendopharm  OVUDINE 19  300 mg Apotex ViiV	500 ml g - 150 mg - 3 60 60	51.79 50 mg/5 mL 40.50  00 mg PPB 818.55 998.88  20 mg/mL 103.26	0.0810 • 13.6425 16.6480
Syr.  8:18 ANT ABAN Tab.  ABAN Oral:	.01990403 02022826 .08 IRETROV CAVIR (SUI 02416255 02244757 CAVIR SUL Sol. 02240358	PDP-Amantadine  PDP-Amantadine  IRAL AGENTS  LFATE) / LAMIVUDINE / ZIDO  Apo-Abacavir-Lamivudine- Zidovudine Trizivir  FATE   Ziagen	Pendopharm  OVUDINE  300 mg  Apotex  ViiV	500 ml g - 150 mg - 3 60 60 240 ml	51.79 50 mg/5 mL 40.50  00 mg PPB 818.55 998.88  20 mg/mL 103.26	0.0810  13.6425 16.6480  0.4303

Page 32 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				,		
	CAVIR/LAM	IIVUDINE 🖫				
Tab.		I	I	600 mg - 30	00 mg <b>PPB</b>	ı
	02399539	Apo-Abacavir-Lamivudine	Apotex	30	179.62	<b>→</b> 5.9873
	02454513	Auro-Abacavir/Lamivudine	Aurobindo	30	179.62	<b>→</b> 5.9873
				60	359.24	<b>→</b> 5.9873
	02269341	Kivexa	ViiV	30 30	661.99	22.0663
	02450682 02458381	Mylan-Abacavir/Lamivudine pms-Abacavir-Lamivudine	Mylan Phmscience	30	179.62 179.62	<ul><li>5.9873</li><li>5.9873</li></ul>
	02416662	Teva-Abacavir/Lamivudine	Teva Can	30	179.62	<b>→</b> 5.9873
		l	1			
ATA	ZANAVIR SI	ULFATE 🖫				
Caps				1	50 mg <b>PPB</b>	
	02456877	Mylan-Atazanavir	Mylan	60	340.62	<b>→</b> 5.6770
	02248610	Reyataz	B.M.S.	60	648.00	10.8000
	02443791	Teva-Atazanavir	Teva Can	60	340.62	<b>→</b> 5.6770
Cana				20	00 ma <b>PPB</b>	
Caps 			1		i j	
	02456885	Mylan-Atazanavir	Mylan	60	342.62	<b>→</b> 5.7103
	02248611	Reyataz	B.M.S.	60	651.87	10.8645
	02443813	Teva-Atazanavir	Teva Can	60	342.62	<b>→</b> 5.7103
Caps				30	00 mg <b>PPB</b>	
	02456893	Mylan-Atazanavir	Mylan	30	336.49	<b>→</b> 11.2163
	02294176	Reyataz	B.M.S.	30	648.01	21.6003
	02443821	Teva-Atazanavir	Teva Can	60	672.98	<b>→</b> 11.2163
віст	EGRAVIR S	ODIUM/EMTRICITABINE/TE	NOFOVIR ALAFENAM	IIDE HEMIFUI	MARATE 🖺	
Tab.		ı	1	50 mg -200	0 mg -25 mg	1
	02478579	Biktarvy	Gilead	30	1176.68	39.2227
DΔR	UNAVIR 🖪					
Tab.	OIVAVIIC III				75 mg	
	02338432	Prezista	Janss. Inc	480	854.88	1.7810
			I.			
Tab.			1		150 mg	ı
1	02369753	Prezista	Janss. Inc	240	854.88	3.5620
	02309133					
	02309733					
Tab.	02309733				800 mg	
Tab.	02393050	Prezista	Janss. Inc	30	800 mg 586.15	19.5383

DELAVIRDINE MESYLATE ®           Tab.         100 mg           02238348         Rescriptor         ViiV         360         258.40	
Tab. 100 mg	
022000 10 11000 ptc/	0.7178
	0.7 170
DIDANOSIN B	
Ent. Caps. 125 mg	1
02244596         Videx EC         B.M.S.         30         102.69	3.4230
Ent. Caps. 200 mg	
	5.4767
Ent. Caps. 250 mg	1
02244598         Videx EC         B.M.S.         30         205.37	6.8457
Ent. Caps. 400 mg	
	0.9750
DOLUTEGRAVIR SODIUM/LAMIVUDINE	
Tab. 50 mg-300 mg	i
+ 02491753   Dovato   ViiV   30   913.20   3	0.4400
DOLUTEGRAVIR SODIUM Tab. 50 mg	
	8.5000
DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE	
Tab. 50 mg - 600 mg - 300 mg	1
02430932         Triumeq         ViiV         30         1216.99         4	0.5663
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE	
Tab. 50 mg -25 mg	4.8700
02413114 Juliuca VIIV 30 1040.10 3	4.0700
PORAVIDINE III	
Tab. 100 mg	
02481545         Pifeltro         Merck         30         499.50         1	6.6500

Page 34 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	AMIVUDINE/TENOFOVIR DIS	OPROXIL (FUMARATI			
Tab.	I	I	100 mg -300 I	mg -300 mg l	ı
02482592	Delstrigo	Merck	30	863.70	28.7900
EFAVIRENZ					
Caps.	I	1	ı	50 mg	ı
02239886	Sustiva	B.M.S.	30	35.41	1.1803
Caps.	ı	1	ı	200 mg	ı
02239888	Sustiva	B.M.S.	90	424.92	4.7213
		•			
Tab.	ı	1	6	00 mg <b>PPB</b>	1
02418428	Auro-Efavirenz	Aurobindo	30	114.09	→ 3.8030
00450000	1 <b>5</b> ( i		500	1901.50	3.8030
02458233 02381524	Jamp-Efavirenz Mylan-Efavirenz	Jamp Mylan	30 30	114.09 114.09	<ul><li>→ 3.8030</li><li>→ 3.8030</li></ul>
02246045	Sustiva	B.M.S.	30	424.92	14.1640
02389762	Teva-Efavirenz	Teva Can	30	114.09	→ 3.8030
EFAVIRENZ/ EN Tab.	ITRICITABINE/ TENOFOVIR		<b>ATE                                    </b>	00 mg <b>PPB</b>	l I
02468247	Apo-Efavirenz- Emtricitabine-Tenofovir	Apotex	30	339.90	<b>→</b> 11.3300
02300699	Atripla	Gilead	30	1165.41	38.8470
02461412	Mylan-Efavirenz/ Emtricitabine/Tenofovir	Mylan	30	339.90	<b>11.3300</b>
02393549	Disoproxil Fumarate Teva-Efavirenz/ Emtricitabine/Tenofovir	Teva Can	30	339.90	<b>1</b> 1.3300
ELVITEGRAVIR	/COBICISTAT/EMTRICITABI		<b>ENAMIDE HE</b> g -150 mg -20		B
02449498	Genvoya	Gilead	30	1314.01	43.8003
<b>ELVITEGRAVIR</b> Tab.	/COBICISTAT/EMTRICITABI		PROXIL (FUM -150 mg -200		
02397137	Stribild	Gilead	30	1320.00	44.0000
Tab. I	E/ RILPIVIRINE / TENOFOVIF	1	200 mg - 25	mg - 300 mg 	
02374129	Complera	Gilead	30	1176.68	39.2227

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
						<u> </u>
EMT Tab.	RICITABINE	E/ TENOFOVIR DISOPROXIL	FUMARATE 🖫	200mg- 3	300mg PPB	
	02452006 02487012	Apo-Emtricitabine-Tenofovir Jamp Emtricitabine/ Tenofovir Disoproxil Fumarate	Apotex Jamp	30 30	219.11 219.11	→ 7.3035 → 7.3035
	02443902	Mylan-Emtricitabine/ Tenofovir Disoproxil	Mylan	30	219.11	<b>→</b> 7.3035
+	02461110	pms-Emtricitabine-Tenofovir	Phmscience	30	219.11	<b>→</b> 7.3035
	02399059	Teva-Emtricitabine/ Tenofovir	Teva Can	30	219.11	<b>→</b> 7.3035
	02274906	Truvada	Gilead	30	783.06	26.1020
EMT Tab.	02461463	Odefsey	RIDE/TENOFOVIR ALA		HEMIFUMARA 5 mg - 25 mg 1176.68	<b>39.2227</b> 39.2227 □
	AMPRENA\ Susp.	/IR CALCIUM 🖫			50 mg/mL	
	02261553	Telzir	ViiV	225 ml	129.27	0.5745
Tab.					700 mg	
	02261545	Telzir	ViiV	60	471.52	7.8587
<b>LAM</b> Oral	IVUDINE [	1			10 mg/mL	
	02192691	зтс	ViiV	240 ml	72.93	0.3039
Tab.			1	1	00 mg <b>PPB</b>	1
	02393239	Apo-Lamivudine HBV	Apotex	60 100	211.90 353.16	<ul><li>→ 3.5316</li><li>→ 3.5316</li></ul>
	02239193	Heptovir	GSK	60	273.50	4.5583
Tab.		I	ı	1:	50 mg <b>PPB</b>	1
	02192683 02369052	3TC Apo-Lamivudine	ViiV Apotex	60 60 100	279.05 217.61 362.69	
Tab.				. 3	00 mg <b>PPB</b>	
	02247825 02369060	3TC Apo-Lamivudine	ViiV Apotex	30 30 100	279.05 217.61 725.38	9.3017 → 7.2538 → 7.2538

Page 36 2019-12

		T				
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
_AMI	VUDINE/ ZI	IDOVUDIN 🖪				
Tab.		i		150 mg -3	00mg PPB	
	02375540	Apo-Lamivudine-Zidovudine	Apotex	100	261.03	<b>→</b> 2.6103
	02414414	Auro-Lamivudine/	Aurobindo	60	156.62	<b>→</b> 2.6103
		Zidovudine		500	1305.15	<b>→</b> 2.6103
	02239213	Combivir	ViiV	60	156.62	<b>→</b> 2.6103
	02387247	Teva Lamivudine/ Zidovudine	Teva Can	60	156.62	<b>→</b> 2.6103
		_				
L <b>OPII</b> Oral S		ONAVIR 🖪		80 mg	g - 20 mg/mL	
	02243644	Kaletra	AbbVie	160 ml	345.28	2.1580
	5017				0.0.20	2.1000
Tab.				10	0 mg -25 mg	
	02312301	Kaletra	AbbVie	60	157.34	2.6223
			•		-	
				20	0 mg -50 mg	
lab.			1	100	04440	5.3683
	02285533	Kaletra	AbbVie	120	644.19	3.3003
	02285533	Kaletra	AbbVie	120	644.19	3.3003
			AbbVie	120	644.19	3.3003
NELF		Kaletra	AbbVie	120	250 mg	3.3063
<b>NELF</b> Tab.			AbbVie	300		1.8200
<b>NELF</b> Tab.	INAVIR ME	ESYLATE 1	ı	I	250 mg	
<b>NELF</b> Tab.	INAVIR ME	ESYLATE 1	ı	I	250 mg 546.00	
<b>NELF</b> Tab.	INAVIR ME 02238617	SYLATE III Viracept	ViiV	300	250 mg 546.00 625 mg	1.8200
<b>NELF</b> Tab.	INAVIR ME	ESYLATE 1	ı	I	250 mg 546.00	
<b>NELF</b> Tab. Tab.	1NAVIR ME 02238617 02248761	Viracept  Viracept	ViiV	300	250 mg 546.00 625 mg	1.8200
NELF Tab. Tab.	02238617 02248761 02248761	Viracept  Viracept	ViiV	300	250 mg 546.00 625 mg	1.8200
NELF Tab. Tab. NEVII	02238617 02248761 02248761	Viracept  Viracept	ViiV	300	250 mg 546.00 625 mg 546.00	1.8200 4.5500
NELF Tab. Tab. NEVII	02238617 02248761 RAPINE	Viracept  Viracept	ViiV	300	250 mg 546.00 625 mg 546.00	1.8200
NELF Tab. Tab. NEVII	02238617 02248761 02248761 RAPINE & ab.	Viracept  Viracept  Apo-Nevirapine XR	ViiV ViiV	300 120 40 30 30 30	250 mg 546.00 625 mg 546.00 00 mg <b>PPB</b> 55.56 74.08	1.8200 4.5500
NELF Tab. Tab. NEVII	02238617 02248761 02248761 RAPINE & ab.	Viracept  Viracept  Apo-Nevirapine XR	ViiV ViiV	300 120 40 30 30 30	250 mg 546.00 625 mg 546.00 00 mg <b>PPB</b> 55.56	1.8200 4.5500
NELF Tab. Tab. NEVII	02238617 02248761 02248761 Gab. 02427931 02367289	Viracept  Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine	ViiV ViiV	300 120 40 30 30 30 20	250 mg 546.00 625 mg 546.00 00 mg <b>PPB</b> 55.56 74.08 00 mg <b>PPB</b> 74.08	1.8200 4.5500 • 1.8520 2.4693
NELF Tab. Tab. NEVII	02238617 02248761 02248761 Fab. 02427931 02367289 02318601 02405776	Viracept  Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp	300 120 40 30 30 30 20 60 60 60	250 mg 546.00 625 mg 546.00 00 mg <b>PPB</b> 55.56 74.08 00 mg <b>PPB</b> 74.08 74.08	1.8200 4.5500 • 1.8520 2.4693 • 1.2346 • 1.2346
NELF Tab. Tab. NEVII L.A. T	02238617 02238617 02248761 <b>RAPINE B</b> ab. 02427931 02367289 02318601 02405776 02387727	Viracept  Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine Mylan-Nevirapine	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp Mylan	300 120 40 30 30 30 20 60 60 60 60	250 mg 546.00  625 mg 546.00  00 mg PPB 55.56 74.08  74.08 74.08 74.08 74.08	1.8200 4.5500 4.5500 1.8520 2.4693 1.2346 1.2346
NELF Tab.  Tab.  NEVII L.A. T	02238617 02248761 02248761 Fab. 02427931 02367289 02318601 02405776	Viracept  Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp	300 120 40 30 30 30 20 60 60 60	250 mg 546.00 625 mg 546.00 00 mg <b>PPB</b> 55.56 74.08 00 mg <b>PPB</b> 74.08 74.08	1.8200 4.5500 • 1.8520 2.4693 • 1.2346 • 1.2346
NELF Tab. Tab.	02238617 02248761  RAPINE 6 iab. 023427931 02367289  02318601 02405776 02387727 02238748	Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine Mylan-Nevirapine Viramune	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp Mylan	300 120 40 30 30 30 20 60 60 60 60	250 mg 546.00  625 mg 546.00  00 mg PPB 55.56 74.08  74.08 74.08 74.08 74.08	1.8200 4.5500 4.5500 1.8520 2.4693 1.2346 1.2346
NELF Tab.  Tab.  NEVII  Tab.	02238617 02238617 02248761 <b>RAPINE B</b> ab. 02427931 02367289 02318601 02405776 02387727	Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine Mylan-Nevirapine Viramune	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp Mylan	300 120 40 30 30 30 20 60 60 60 60	250 mg 546.00 625 mg 546.00 00 mg PPB 55.56 74.08 74.08 74.08 74.08 74.08 294.90	1.8200 4.5500 4.5500 1.8520 2.4693 1.2346 1.2346
NELF Tab.  Tab.  NEVII L.A. T  Tab.	02238617 02248761  RAPINE 6 iab. 023427931 02367289  02318601 02405776 02387727 02238748	Viracept  Viracept  Apo-Nevirapine XR Viramune XR  Auro-Nevirapine Jamp-Nevirapine Mylan-Nevirapine Viramune	ViiV  ViiV  Apotex Bo. Ing.  Aurobindo Jamp Mylan	300 120 40 30 30 30 20 60 60 60 60	250 mg 546.00  625 mg 546.00  00 mg PPB 55.56 74.08  74.08 74.08 74.08 74.08	1.8200 4.5500 4.5500 1.8520 2.4693 1.2346 1.2346

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
<b>-</b> .					
Tab.	1	1		600 mg	
02465337	Isentress HD	Merck	60	690.00	11.5000
RILPIVIRINE B	l			0.5	
Tab.	I	1		25 mg	
02370603	Edurant	Janss. Inc	30	413.91	13.7970
RITONAVIR 🖪				00/1	
Oral Sol.	l., .	1,,		80 mg/mL	
02229145	Norvir	AbbVie	240 ml	279.51	1.1646
Tab.				100 mg	
02357593	Norvir	AbbVie	30	43.68	1.4560
3233.333	1	7.1227.13		10.00	1.1000
	-o./ B				
SAQUINAVIR M Tab.	ESYLAIE IN			500 mg	
02279320		1			
	Invirase	Roche	120	514.08	4.2840
02270020	Invirase	Roche	120	514.08	4.2840
		Roche	120	514.08	4.2840
STAVUDINE Caps.		Roche	120	514.08	4.2840
STAVUDINE B		Roche B.M.S.	120		4.2840
STAVUDINE Caps.	 		· · ·	15 mg	
STAVUDINE Caps.	 		· · ·	15 mg	
STAVUDINE (2) Caps. 02216086	 		· · ·	15 mg 250.40	
STAVUDINE (B) Caps.  02216086  Caps.	Zerit	B.M.S.	60	15 mg 250.40	4.1733
STAVUDINE Caps.  02216086  Caps.  02216094  Caps.	Zerit	B.M.S.	60	15 mg 250.40 20 mg 260.35	4.1733 4.3392
STAVUDINE (2) Caps. 02216086  Caps. 02216094	Zerit	B.M.S.	60	15 mg 250.40 20 mg 260.35	4.1733
STAVUDINE Caps.  02216086  Caps.  02216094  Caps.  02216108	Zerit Zerit	B.M.S.	60	15 mg 250.40 20 mg 260.35 30 mg 271.61	4.1733 4.3392
STAVUDINE Caps.  02216086  Caps.  02216094  Caps.	Zerit Zerit	B.M.S.	60	15 mg 250.40 20 mg 260.35	4.1733 4.3392

Page 38 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	OPROXIL FUMARATE		20	00 mg DDD	
Tab. I	İ	I	30	00 mg <b>PPB</b> I	l I
02451980	Apo-Tenofovir	Apotex	30	146.65	<b>→</b> 4.8883
02460173	Auro-Tenofovir	Aurobindo	30	146.65	<b>→</b> 4.8883
02479087	Jamp-Tenofovir	Jamp	30	146.65	<b>→</b> 4.8883
02452634	Mylan-Tenofovir Disoproxil	Mylan	30	146.65	4.8883
02472511	NAT-Tenofovir	Natco	30	146.65	4.8883
02452040	nma Tanafariir	Dhmasianas	500	2444.20	<ul><li>◆ 4.8884</li><li>◆ 4.8883</li></ul>
02453940	pms-Tenofovir Teva-Tenofovir	Phmscience Teva Can	30	146.65	7 1.0000
02403889 02247128	Viread	Gilead	30 30	146.65 518.67	4.8883 17.2890
02247 120	VIIeau	Glieau	30	310.07	17.2090
· · · · · · · · · · · · · · · ·					
ZIDOVUDIN Caps.			10	00 mg <b>PPB</b>	
01946323	Apo-Zidovudine	Apotex	100	139.77	<b>→</b> 1.3977
01902660	Retrovir	ViiV	100	175.55	1.7555
0.002000		1	.00	1.0.00	000
Inj. Sol.				10 mg/mL	
01902644	Retrovir	ViiV	20 ml	16.70	
	1100000	1			
Syr.				10 mg/mL	
01902652	Retrovir	ViiV	240 ml	44.94	0.1873
8:18.20 INTERFERONS	9				
INTERFERON A	_				
S.C. Inj. Pd.			1	0 millions UI	
02223406	Intron A	Merck	1 ml	123.35	
		I .			
INTERFERON A	LFA-2B (HUMAN ALBUMIN I	FREE) Li		6 M UI/mL	
1	Intern A france the second	   Na	0.1		
02238674	Intron A (sans albumine)	Merck	3 ml	214.47	
Ini Sal			40	illiono I II/mi	
Inj. Sol. I		1	iu m	illions UI/mL I	
02238675	Intron A (sans albumine)	Merck	2.5 ml	297.87	
8:18.32					
_	S AND NUCLEOTIDES				
ACYCLOVIR 🖪					
Oral Susp.	ı	1	2	200 mg/5 mL	
00886157	Zovirax	GSK	475 ml	117.56	0.2475
	I	1			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20	00 mg <b>PPB</b>	
	00007004		1	1	l	
	02207621	Apo-Acyclovir	Apotex	100	63.97	0.6397
	02242784 02285959	Mylan-Acyclovir Novo-Acyclovir	Mylan Novopharm	100 100	63.97 63.97	<ul><li>→ 0.6397</li><li>→ 0.6397</li></ul>
	02263939	ratio-Acyclovir	Ratiopharm	100	63.97	→ 0.6397 → 0.6397
	02070027	Talio-Acyclovii	Natiophami	500	319.85	→ 0.6397 → 0.6397
Tab.				4(	00 mg <b>PPB</b>	
	02207648	Ano Agyalayir	Anotov	100	127.00	1.2700
	02242463	Apo-Acyclovir Mylan-Acyclovir	Apotex Mylan	100	127.00	→ 1.2700 → 1.2700
	02242403	Novo-Acyclovir	Novopharm	100	127.00	→ 1.2700 → 1.2700
	02078635	ratio-Acyclovir	Ratiopharm	100	127.00	→ 1.2700 → 1.2700
Tab.				8(	00 mg <b>PPB</b>	
		l	l	1	l	
	02207656	Apo-Acyclovir	Apotex	100	126.73	1.2673
	02242464 02285975	Mylan-Acyclovir	Mylan	100 100	126.73 126.73	
	02265975	Novo-Acyclovir ratio-Acyclovir	Novopharm Ratiopharm	100	126.73	<ul><li>1.2673</li><li>1.2673</li></ul>
	CLOVIR SO	DIUM 🖪				
	CLOVIR SO Perf. Sol.	DIUM 🖪	ı	ı	25 mg/mL	1 1
		DIUM <b>C</b> Acyclovir	Pfizer	20 ml	25 mg/mL 58.41	
I.V. F	Perf. Sol.	I	Pfizer	20 ml 50 mg/mL (1	58.41	
I.V. F	Perf. Sol. 02236916 Perf. Sol.	Acyclovir		50 mg/mL (1	58.41 0 mL) <b>PPB</b>	▶ 85.7800
I.V. F	Perf. Sol. 02236916	I	Pfizer Fresenius Sterimax		58.41	<b>♦</b> 85.7800 <b>♦</b> 85.7800
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926	Acyclovir Acyclovir Sodique	Fresenius	50 mg/mL (1	58.41 0 mL) <b>PPB</b> 857.80 857.80	1
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926 02456524 Perf. Sol.	Acyclovir  Acyclovir Sodique  Acyclovir sodique injectable	Fresenius Sterimax	50 mg/mL (1 10 10 50 mg/mL (2	58.41  0 mL) <b>PPB</b> 857.80  857.80	<b>♦</b> 85.7800
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926 02456524	Acyclovir Acyclovir Sodique	Fresenius	50 mg/mL (1 10 10	58.41 0 mL) <b>PPB</b> 857.80 857.80	1
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926 02456524 Perf. Sol. 99106493 99106293	Acyclovir Sodique Acyclovir Sodique injectable Acyclovir Sodique	Fresenius Sterimax	50 mg/mL (1 10 10 50 mg/mL (2	58.41  0 mL) <b>PPB</b> 857.80  857.80  0 mL) <b>PPB</b> 1715.70	<b>♦</b> 85.7800 <b>♦</b> 171.5700
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926 02456524 Perf. Sol. 99106493	Acyclovir Sodique Acyclovir Sodique injectable Acyclovir Sodique	Fresenius Sterimax	50 mg/mL (1 10 10 50 mg/mL (2 10 10	58.41  0 mL) <b>PPB</b> 857.80  857.80  0 mL) <b>PPB</b> 1715.70	<b>♦</b> 85.7800 <b>♦</b> 171.5700
I.V. F	Perf. Sol.  02236916  Perf. Sol.  02236926  02456524  Perf. Sol.  99106493  99106293	Acyclovir Sodique Acyclovir Sodique injectable  Acyclovir Sodique Acyclovir Sodique Acyclovir sodique injectable	Fresenius Sterimax Fresenius Sterimax	50 mg/mL (1 10 10 50 mg/mL (2 10 10	58.41  0 mL) <b>PPB</b> 857.80 857.80  0 mL) <b>PPB</b> 1715.70 1715.70	→       85.7800         →       171.5700         →       171.5700
I.V. F	Perf. Sol. 02236916 Perf. Sol. 02236926 02456524 Perf. Sol. 99106493 99106293	Acyclovir Sodique Acyclovir Sodique injectable Acyclovir Sodique	Fresenius Sterimax	50 mg/mL (1 10 10 50 mg/mL (2 10 10	58.41  0 mL) <b>PPB</b> 857.80  857.80  0 mL) <b>PPB</b> 1715.70 1715.70	<b>♦</b> 85.7800 <b>♦</b> 171.5700
I.V. F	Perf. Sol.  02236916  Perf. Sol.  02236926  02456524  Perf. Sol.  99106493  99106293  ECAVIR 1	Acyclovir Sodique Acyclovir Sodique injectable  Acyclovir Sodique Acyclovir Sodique Acyclovir sodique injectable	Fresenius Sterimax  Fresenius Sterimax  Apotex	50 mg/mL (1 10 10 50 mg/mL (2 10 10	58.41  0 mL) <b>PPB</b> 857.80 857.80  0 mL) <b>PPB</b> 1715.70 1715.70  0.5 mg <b>PPB</b> 165.00	→       85.7800         →       171.5700         →       171.5700
I.V. F	Perf. Sol.  02236916  Perf. Sol.  02236926  02456524  Perf. Sol.  99106493  99106293  ECAVIR 1	Acyclovir Sodique Acyclovir Sodique injectable  Acyclovir Sodique Acyclovir Sodique Acyclovir sodique injectable	Fresenius Sterimax  Fresenius Sterimax  Apotex	50 mg/mL (1 10 10 50 mg/mL (2 10 10	58.41  0 mL) <b>PPB</b> 857.80  0 mL) <b>PPB</b> 1715.70 1715.70  0.5 mg <b>PPB</b> 165.00 165.00	→       85.7800         →       171.5700         →       171.5700         →       5.5000         →       5.5000
I.V. F	Perf. Sol.  02236916  Perf. Sol.  02236926  02456524  Perf. Sol.  99106493  99106293  ECAVIR   02396955  02448777	Acyclovir  Acyclovir Sodique Acyclovir sodique injectable  Acyclovir Sodique Acyclovir sodique injectable  Apo-Entecavir Auro-Entecavir	Fresenius Sterimax  Fresenius Sterimax  Apotex Aurobindo	50 mg/mL (1 10 10 50 mg/mL (2 10 10 30 30 100	58.41  0 mL) <b>PPB</b> 857.80  857.80  0 mL) <b>PPB</b> 1715.70 1715.70  0.5 mg <b>PPB</b> 165.00 165.00 550.00	→       85.7800         →       171.5700         →       171.5700         →       5.5000         →       5.5000         →       5.5000

**Page 40** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FAMCICLOVIR Tab.	ß		1:	25 mg <b>PPB</b>	
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.	I	ı	2	50 mg <b>PPB</b>	ı
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	<b>→</b> 0.7541
02278642	Sandoz Famciclovir	Sandoz	30	22.62	<b>→</b> 0.7541
			100	75.41	<b>→</b> 0.7541
Tab.			50	00 mg <b>PPB</b>	
02305704	ACT Famciclovir	ActavisPhm	21	28.22	<b>→</b> 1.3436
02303704	ACT Famiciciovii	ActavisFillii	100	134.36	<b>→</b> 1.3436
02292068	Apo-Famciclovir	Apotex	30	40.31	<b>→</b> 1.3436
02177102	Famvir	Novartis	21	139.38	6.6371
02278111	pms-Famciclovir	Phmscience	21	28.22	<b>→</b> 1.3436
	,		100	134.36	<b>→</b> 1.3436
02278650	Sandoz Famciclovir	Sandoz	21	28.22	<b>→</b> 1.3436
			100	134.36	<b>→</b> 1.3436
·					
	_				
GANCICLOVIR S I.V. Perf. Pd.	SODIUM 🖺			500 mg	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				I		
VAL/	ACYCLOVIF	R (HYDROCHLORIDE)		5	00 mg <b>PPB</b>	
Tab.		I	I	I S	Utilig <b>FFB</b>	I
	02295822	Apo-Valacyclovir	Apotex	30	18.59	• 0.6198
	02405040	Aura Valagualauir	Aurahinda	100 30	61.98	0.6198
	02405040	Auro-Valacyclovir	Aurobindo	100	18.59 61.98	<ul><li>→ 0.6198</li><li>→ 0.6198</li></ul>
	02444860	Bio-Valacyclovir	Biomed	100	61.98	<ul><li>→ 0.6198</li><li>→ 0.6198</li></ul>
	02331748	Co Valacyclovir	Cobalt	100	61.98	<b>→</b> 0.6198
	02441454	Jamp-Valacyclovir	Jamp	100	61.98	<b>→</b> 0.6198
	02441586	Mar-Valacyclovir	Marcan	100	61.98	<b>→</b> 0.6198
	02351579	Mylan-Valacyclovir	Mylan	100	61.98	<b>→</b> 0.6198
	02298457	pms-Valacyclovir	Phmscience	100	61.98	<ul><li>→ 0.6198</li></ul>
	02315173	Pro-Valacyclovir	Pro Doc	100	61.98	<b>→</b> 0.6198
	02316447	Riva-Valacyclovir	Riva	100	61.98	<ul><li>→ 0.6198</li></ul>
	02347091	Sandoz Valacyclovir	Sandoz	90	55.78	• 0.6198
	02357534	Teva-Valacyclovir	Teva Can	42	26.03	<ul><li>→ 0.6198</li></ul>
	0200.00.			100	61.98	→ 0.6198
	02454645	Valacyclovir	Sanis	100	61.98	<b>→</b> 0.6198
	02442000	Valacyclovir	Sivem	100	61.98	<b>→</b> 0.6198
	02219492	Valtrex	GSK	30	93.56	3.1187
Caps		IESULFATE 🖪	I	I	250 mg	1
	02078759	Humatin	Erfa	100	236.74	2.3674
	IMALARIA	ALS PROGUANIL (HYDROCHLO Malarone pediatrique	RIDE) 🖪	62.5     12	5 mg - 25 mg 17.77	1.4808
	02204933	ivialatorie pediatrique	GSK	12	17.77	1.4000
Tab.		ı	I	250 mg - 1	00 mg <b>PPB</b>	ı
	02466783	Atovaquone et chlorhydrate	Glenmark	12	27.98	<b>→</b> 2.3315
		de proguanil		100	233.15	<b>→</b> 2.3315
	02421429	Atovaquone Proguanil	Sanis	12	27.98	<b>→</b> 2.3315
	02238151	Malarone	GSK	12	51.81	4.3175
	02402165	Mylan-Atovaquone/	Mylan	100	233.15	<b>→</b> 2.3315
	02380927	Proguanil Teva Atovaquone Proguanil	Teva Can	12	27.98	<b>→</b> 2.3315
		_				
CHLO Tab.	OROQUINE	PHOSPHATE B	ı	ı	250 mg	ı
	00021261	Novo-Chloroquine	Novopharm	100	32.08	0.3208
		1	1		l	

Page 42 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HYDI	ROXYCHLO	ROQUIN SULFATE				
Tab.		İ	1	2	00 mg <b>PPB</b>	I
	02246691	Apo-Hydroxyquine	Apotex	100	15.76	→ 0.1576
				500	78.80	<b>→</b> 0.1576
+	02491427	Jamp Hydroxychloroquine	Jamp	100	15.76	0.1576
	02424991 02017709	Mint-Hydroxychloroquine Plaquenil	Mint SanofiAven	100	15.76 56.62	◆ 0.1576 0.5662
	02017703	Pro-Hydroxyquine-200	Pro Doc	100	15.76	◆ 0.1576
				500	78.80	<b>→</b> 0.1576
	LOQUINE H	IYDROCHLORIDE 🖪				
Tab.		1	1	ı	250 mg	I.
	02244366	Mefloquine	AA Pharma	8	29.56	3.6950
	IAQUINE PI	HOSPHATE 🖫				
Tab.		I	1	ı	26.3 mg	I
	02017776	Primaquine	SanofiAven	100	36.44	0.3644
OLUM	IINE SULFA	\TE				
Caps		AIE.		2	00 mg <b>PPB</b>	
Ι΄.	02254514	Apo-Quinine	Anotox	100	23.90	→ 0.2390
	02445190	Jamp-Quinine	Apotex Jamp	100	23.90	→ 0.2390 → 0.2390
	02440100	damp gamme	Julia	500	119.50	<ul><li>→ 0.2390</li></ul>
	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	100 500	23.90 119.50	<ul><li>→ 0.2390</li><li>→ 0.2390</li></ul>
						0.2000
Caps	. or Tab.			3	00 mg <b>PPB</b>	1
	02254522	Apo-Quinine (Caps.)	Apotex	100	37.50	→ 0.3750
	02445204	Jamp-Quinine (Caps.)	Jamp	100	37.50	→ 0.3750
				500	187.50	<b>→</b> 0.3750
	00021016	Novo-Quinine (Caps.)	Novopharm	100	37.50	→ 0.3750
	02311224	Pro Quinino 200 (Cono.)	Pro Doc	500 100	187.50 37.50	<ul><li>→ 0.3750</li><li>→ 0.3750</li></ul>
	00695459	Pro-Quinine-300 (Caps.) Quinine-Odan (Caps.)	Odan	100	37.50	<ul><li>→ 0.3750</li><li>→ 0.3750</li></ul>
	00030403	Quilline Odan (Oaps.)	Oddii	500	187.50	
		•	•	•	•	
8:30	.92					
MISC	CELLANE	OUS ANTIPROTOZOALS	3			
ATO	VAQUONE					
Oral S	Susp.	İ	1	ı	150 mg/mL	I
	02217422	Mepron	GSK	210 ml	504.15	2.4007
		ı	1		1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				'	
METRONIDAZO	LE B				
I.V. Perf. Sol.	I	I	I	5 mg/mL	ı
00649074	Metronidazole	Pfizer	100 ml	14.58	
Tab.				250 mg	
00545066	   Metronidazole	AA Pharma	500	30.35	0.0607
00343000	Wetionidazoie	AA FIIaiiiia	300	30.33	0.0007
8:36					
_	ΓI-INFECTIVES TROMETHAMIN █				
Oral Pd.				3 g <b>PPB</b>	
02473801	Jamp-Fosfomycin	Jamp	1	<b>→</b> 11.70	
02240335	Monurol sachet	Paladin	1	13.00	
	N MONOHYDRATE (MACRO	CRYSTALS)	4.	00 <b>DDD</b>	
Caps.	l., 5.,	l		00 mg <b>PPB</b>	
02063662 02455676	MacroBid pms-Nitrofurantoin	Warner Phmscience	100 100	59.74 59.74	<ul><li>→ 0.5974</li><li>→ 0.5974</li></ul>
NITROFURANTO	OIN B				
Tab.	, .			50 mg	
00319511	Nitrofurantoin	AA Pharma	100	16.70	0.1670
Tab. I	1	I	I	100 mg	ı
00312738	Nitrofurantoin	AA Pharma	100	22.27	0.2227
	OIN (MACROCRYSTALS)			50	
Caps.	To a Alliant matrix	-	100	50 mg	0.0050
02231015	Teva-Nitrofuratoin	Teva Can	100	32.52	0.3252
Caps.				100 mg	
02231016	Teva-Nitrofuratoin	Teva Can	100	61.10	0.6110
	1	1	1		
TRIMETHOPRIM	· 12				
Tab.				100 mg	
02243116	Trimethoprim	AA Pharma	100	26.17	0.2617
		•	•	. '	
Tab.	I	1	ı	200 mg	ı
02243117	Trimethoprim	AA Pharma	100	52.73	0.5273

Page 44 2019-12

## 10:00 ANTINEOPLASTIC AGENTS

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

# 10:00 ANTINEOPLASTIC AGENTS ANASTROZOLE ☐

Tab.	: 104			1 mg PPB			
	I	T	I	1g 1.1 <b>.5</b>	ı	1	
02394898	ACT Anastrozole	ActavisPhm	30	28.57	→	0.9522	
02351218	Anastrozole	Accord	30	28.57	→	0.9522	
02395649	Anastrozole	Pro Doc	30	28.57	→	0.9522	
02442736	Anastrozole	Sanis	30	28.57	→	0.9522	
02374420	Apo-Anastrozole	Apotex	30	28.57	→	0.9522	
			100	95.22	→	0.9522	
02224135	Arimidex	AZC	30	152.75		5.0917	
02404990	Auro-Anastrozole	Aurobindo	30	28.57	•	0.9522	
02392488	Bio-Anastrozole	Biomed	30	28.57	→	0.9522	
			100	95.22	→	0.9522	
02458799	CCP-Anastrozole	Cellchem	30	28.57	•	0.9522	
			100	95.22	→	0.9522	
02339080	Jamp-Anastrozole	Jamp	30	28.57	→	0.9522	
			100	95.22	•	0.9522	
02379562	Mar-Anastrozole	Marcan	30	28.57	→	0.9522	
			100	95.22	→	0.9522	
02379104	Med-Anastrozole	GMP	30	28.57	•	0.9522	
02393573	Mint-Anastrozole	Mint	30	28.57	→	0.9522	
02417855	Nat-Anastrozole	Natco	30	28.57	→	0.9522	
			100	95.22	→	0.9522	
02320738	pms-Anastrozole	Phmscience	30	28.57	→	0.9522	
02328690	Ran-Anastrozole	Ranbaxy	100	95.22	→	0.9522	
02392259	Riva-Anastrozole	Riva	30	28.57	→	0.9522	
02338467	Sandoz Anastrozole	Sandoz	30	28.57	→	0.9522	
02365650	Taro-Anastrozole	Taro	30	28.57	→	0.9522	
02427818	VAN-Anastrozole	Vanc Phm	100	95.22	→	0.9522	
02326035	Zinda-Anastrozole	Zinda	30	28.57	<b>→</b>	0.9522	

### BICALUTAMIDE 1

Tab.				50 mg <b>PPB</b>	ı	
02296063	Apo-Bicalutamide	Apotex	30	38.07	•	1.2690
02325985	Bicalutamide	Accord	30	38.07	•	1.2690
			100	126.90	•	1.2690
02382423	Bicalutamide	Sivem	30	38.07	•	1.2690
			100	126.90	•	1.2690
02184478	Casodex	AZC	30	200.70	ı	6.6900
02274337	Co Bicalutamide	Cobalt	30	38.07	•	1.2690
02357216	Jamp-Bicalutamide	Jamp	30	38.07	•	1.2690
02270226	Novo-Bicalutamide	Novopharm	30	38.07	•	1.2690
			100	126.90	•	1.2690
02275589	pms-Bicalutamide	Phmscience	30	38.07	•	1.2690
			100	126.90	•	1.2690
02311038	Pro-Bicalutamide-50	Pro Doc	30	38.07	•	1.2690
02277700	ratio-Bicalutamide	Ratiopharm	30	38.07	•	1.2690
02428709	VAN-Bicalutamide	Vanc Phm	100	126.90	•	1.2690

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE					
BUS	BUSERELIN ACETATE 13										
Impla	Implant 6.3 mg										
	02228955	Suprefact Depot	SanofiAven	1	733.47						
lasa la											
Impla					9.45 mg	I					
	02240749	Suprefact Depot 3 mois	SanofiAven	1	1083.76						
Nas	spray				1 mg/mL						
				10.1	1						
	02225158	Suprefact	SanofiAven	10 ml	69.35						
S.C.	Inj. Sol.				1 mg/mL						
	02225166	Suprefact	SanofiAven	5.5 ml	51.76						
	02220100	Cupreract	Carloll/ (VCI)	0.0 1111	01.70						
BUS Tab.	ULFAN 🖪				2 mg						
		1	1.		1						
	00004618	Myleran	Aspen	25	35.32	1.4128					
САР	ECITABINE	R									
Tab.		ı	1	1	50 mg <b>PPB</b>	1					
	02426757	ACH-Capecitabine	Accord	60	27.45	<b>→</b> 0.4575					
	02434504	Apo-Capecitabine	Apotex	60	27.45	<b>→</b> 0.4575					
	02421917	Sandoz Capecitabine	Sandoz	60	27.45	l :					
	02457490	Taro-Capecitabine	Taro	60	27.45	0.4575					
	02400022 02238453	Teva-Capecitabine Xeloda	Teva Can Roche	60 60	27.45 109.80	◆ 0.4575 1.8300					
	02230433	A E I O U A	Rocile	00	109.00	1.6300					
Tab.				5	00 mg <b>PPB</b>						
	02426765	ACH-Capecitabine	Accord	120	183.00	→ 1.5250					
	02434512	Apo-Capecitabine	Apotex	120	183.00	→ 1.5250 → 1.5250					
	02421925	Sandoz Capecitabine	Sandoz	120	183.00	<b>→</b> 1.5250					
	02457504	Taro-Capecitabine	Taro	120	183.00	→ 1.5250					
	02400030	Teva-Capecitabine	Teva Can	120	183.00	<b>→</b> 1.5250					
	02238454	Xeloda	Roche	120	732.00	6.1000					
	ORAMBUCI	L B									
Tab.		I	I	I	2 mg	I					
	00004626	Leukeran	Aspen	25	33.30	1.3320					
CYC	LOPHOSPH	IAMIDE 🖫									
Tab.		ı	1	1	25 mg	1					
	02241795	Procytox	Baxter	200	70.40	0.3520					

Page 48 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE					
Tab.				50 mg						
02241796	Procytox	Baxter	100	47.40	0.4740					
	,									
ESTRAMUSTINE	ESTRAMUSTINE DISODIUM PHOSPHATE									
Caps.		<del>-</del> I	İ	140 mg	ı .					
02063794	Emcyt	Pfizer	100	306.44	3.0644					
ETOPOSIDE B										
Caps.		I	1	50 mg	 					
00616192	Vepesid	B.M.S.	20	656.42	32.8210					
EXEMESTANE Tab.	P		:	25 mg <b>PPB</b>						
02390183	ACT Exemestane	ActavisPhm	30	38.84	<b>→</b> 1.2947					
02419726	Apo-Exemestane	Apotex	30	38.84	<b>→</b> 1.2947					
02242705	Aromasin	Pfizer	30	155.35	5.1783					
02407841	Med-Exemestane	GMP	30	38.84	<b>→</b> 1.2947					
02408473	Teva-Exemestane	Teva Can	30	38.84	<b>→</b> 1.2947					
FLUDARABINE F	PHOPHATE I			10 mg						
02246226	Fludara	SanofiAven	15 20	574.98 766.63	38.3320 38.3315					
GOSERELINE A	CETATE B									
Implant		I	ı	3.6 mg	I					
02049325	Zoladex	TerSera	1	390.50						
Implant				10 9 mg						
Implant	Zaladan I A	T0		10.8 mg						
02225905	Zoladex LA	TerSera	1	1113.00						
HYDROXYUREA Caps.	R		50	00 mg <b>PPB</b>						
02247937	Apo-Hydroxyurea	Apotex	100	102.03	<b>→</b> 1.0203					
00465283	Hydrea	B.M.S.	100	102.03	<b>→</b> 1.0203					
02242920	Mylan-Hydroxyurea	Mylan	100	102.03	<b>→</b> 1.0203					
INTERFERON AL	LFA-2B									
S.C. Inj. Pd.		I	1 	0 millions UI	1					
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)									
Inj. Sol.	I	1	ı	6 M UI/mL	1				
02238674	Intron A (sans albumine)	Merck	3 ml	214.47					
Inj. Sol.	ni. Sol. 10 millions UI/mL								
02238675	Intron A (sans albumine)	Merck	2.5 ml	297.87					
		•							
LETROZOLE [									
Tab.	I	1	. 2	2.5 mg <b>PPB</b>	ı				
02358514	Apo-Letrozole	Apotex	30	41.34	<b>→</b> 1.3780				
02404400		Aurobindo	30	41.34	<b>→</b> 1.3780				
02392496	Bio-Letrozole	Biomed	30	41.34	<b>→</b> 1.3780				
			100	137.80	<b>→</b> 1.3780				
02459884	CCP-Letrozole	Cellchem	30	41.34	<b>→</b> 1.3780				
02231384	Femara	Novartis	30	163.96	5.4653				
02373009	Jamp-Letrozole	Jamp	30	41.34	<b>→</b> 1.3780				
			100	137.80	<b>→</b> 1.3780				
02338459	Letrozole	Accord	30	41.34	→ 1.3780				
02348969	Letrozole	ActavisPhm	30	41.34	→ 1.3780				
02402025		Pro Doc	30	41.34	→ 1.3780				
02347997		Teva Can	30	41.34	→ 1.3780				
02373424	Mar-Letrozole	Marcan	30	41.34	<b>→</b> 1.3780				
02322315	Med-Letrozole	GMP	30	41.34	<b>→</b> 1.3780				
02421585	Nat-Letrozole	Natco	30	41.34	→ 1.3780				
			100	137.80	<b>→</b> 1.3780				
02309114	pms-Letrozole	Phmscience	30	41.34	<b>→</b> 1.3780				
02372282	Ran-Letrozole	Ranbaxy	100	137.80	<b>→</b> 1.3780				
02398656	Riva-Letrozole	Riva	30	41.34	<b>→</b> 1.3780				
02344815	Sandoz Letrozole	Sandoz	30	41.34	<b>→</b> 1.3780				
02343657	Teva-Letrozole	Teva Can	30	41.34	<b>→</b> 1.3780				
02428156	VAN-Letrozole	Vanc Phm	100	137.80	<b>→</b> 1.3780				
02378213	Zinda-Letrozole	Zinda	30	41.34	<b>→</b> 1.3780				
LEUPORIDE AC	ETATE B			3.75 mg					
		1	I	1					
00884502	Lupron Depot	AbbVie	1	336.23					
Kit				5 mg/mL					
00727695	Lupron	AbbVie	14	189.41					
	,								
Kit	I	I	I.	7.5 mg	1				
02248239 00836273	Eligard Lupron Depot	SanofiAven AbbVie	1 1	310.72 387.97					
00000273	Lapion Depot	, WD 4 IG	'	301.91					
Kit	1	1	1	11.25 mg	ı				
02239834	Lupron Depot	AbbVie	1	1008.68					
	1	1	l		I				

Page 50 2019-12

			_					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
≺it				22.5 mg				
02248240 02230248	Eligard Lupron Depot	SanofiAven AbbVie	1	891.00 1071.00				
Kit				30 mg				
02248999 02239833	Eligard Lupron Depot	SanofiAven AbbVie	1 1	1285.20 1428.00				
≺it				45 mg				
02268892	Eligard	SanofiAven	1	1450.00				
MEGESTROL ACETATE ☐  Tab. 40 mg  02195917   Megestrol   AA Pharma   100   100.73   1.0073								
<b>MELPHALAN [</b> Tab.	<b>9</b>	ı	I	2 mg				
00004715	Alkeran	Aspen	50	74.18	1.4836			
<b>MERCAPTOPUF</b> Tab.	RINE 🖪			50 mg <b>PPB</b>				
02415275	   Mercaptopurine	Sterimax	25	71.53	<b>→</b> 2.8610			
00004723	Purinethol	Novopharm	25	71.53	<b>→</b> 2.8610			
<b>METHOTREXAT</b> Inj. Sol.	TE (B)	1	25 r	ng/mL <b>PPB</b> I I				
02419173 02398427	Jamp-Methotrexate Méthotrexate	Jamp Sandoz	2 ml 2 ml 20 ml	8.92 8.92 89.20				
02417626	Methotrexate Injectable, USP	Mylan	2 ml	→ 8.92				
02182777 02182955	Methotrexate Sodium  Methotrexate Sodium sans	Pfizer Pfizer	2 ml 20 ml 2 ml	<ul><li>▶ 8.92</li><li>▶ 89.20</li><li>11.25</li></ul>				
	preservatif							
nj.Sol (syr)	1	ı	7.	5 mg/0.3 mL				
02422166	Methotrexate pour Injection BP	Phmscience	1	5.60				
Inj.Sol (syr)			7.5	mg/0.75 mL				
02320029	Metoject	Medexus	1	28.08				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Inj.Sol (syr) 10 mg/0.4 ml									
02422174	Methotrexate pour Injection BP	Phmscience	1	7.00					
Inj.Sol (syr)				10 mg/mL					
02320037	Metoject	Medexus	1	29.64					
Inj.Sol (syr) 15 mg/0.6 ml									
02422182	Methotrexate pour Injection BP	Phmscience	1	8.40					
Inj.Sol (syr)			1	5 mg/1.5 mL					
02320045	Metoject	Medexus	1	32.76					
Inj.Sol (syr)				20 mg/0.8 ml					
02422190	Methotrexate pour Injection	Phmscience	1	11.20					
	BP								
Inj.Sol (syr)	1	ı	ı	25 mg/mL					
02422204	Methotrexate pour Injection BP	Phmscience	1	12.20					
S.C. Inj.Sol (syr)			17.5	mg/0.35 mL					
02454769	Metoject Subcutaneous	Medexus	1	32.00					
S.C. Inj.Sol (syr)			2	0 mg/0.4 mL					
02454866	Metoject Subcutaneous	Medexus	1	35.00					
S.C. Inj.Sol (syr)			22.5	mg/0.45 mL					
02454777	Metoject Subcutaneous	Medexus	1	35.00					
S.C. Inj.Sol (syr)			2	5 mg/0.5 mL					
02454874	Metoject Subcutaneous	Medexus	1 1	39.00					
	-	1							
Tab.	1	I	1	2.5 mg <b>PPB</b> 					
02182963 02170698	Apo-Methotrexate pms-Methotrexate	Hospira Phmscience	100 100	63.25 63.25	<ul><li>→ 0.6325</li><li>→ 0.6325</li></ul>				
02244798	ratio-Methotrexate	Ratiopharm	100	63.25	<ul><li>→ 0.6325</li><li>→ 0.6325</li></ul>				
Tab.				10 mg					
02182750	Méthotrexate	Pfizer	100	214.55	2.1455				
	•	1							

Page 52 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
NILUMAMID								
02221861	Anandron	SanofiAven	90	165.31	1.8368			
PROCARBAZIN Caps.	E HYDROCHLORIDE			50 mg				
00012750	Matulane	Sigma-Tau	100		UE			
	!	1 -						
TAMOXIFEN CIT	TRATE B							
Tab.	I	I	I	10 mg <b>PPB</b>				
00812404 00851965	Apo-Tamox Novo-Tamoxifen	Apotex Novopharm	100 100	17.50 17.50	<ul><li>→ 0.1750</li><li>→ 0.1750</li></ul>			
00031903	NOVO-Tamoxilen	Поторнанн	100	17.50	• 0.1730			
Tab.			:	20 mg <b>PPB</b>				
00812390	Аро-Татох	Apotex	100	35.00	<b>→</b> 0.3500			
02048485	Nolvadex-D	AZC	250 30	87.50	• 0.3500 0.3683			
02046463	Novo-Tamoxifen	Novopharm	30	11.05 10.50	<ul><li>→ 0.3500</li></ul>			
			100	35.00	<b>→</b> 0.3500			
THIOGUANINE	R							
Tab.		1		40 mg				
00282081	Lanvis	Aspen	25	102.93	4.1172			
TRETINOIN 🖪								
Caps.				10 mg				
02145839	Vesanoid	Xediton	100	1638.63	16.3863			
02143033	Vesariolu	Acutori	100	1000.00	10.3003			
Kit	AS PAMOATE)			3.75 mg				
02240000	Trelstar	Actavis	1	304.43				
	1	1						
Kit	1	1	ı	11.25 mg	ı			
02243856	Trelstar LA	Actavis	1	932.12				
Kit 	I	I	I	22.5 mg	1			
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 □									
Tab. I	I	I	I	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				
<b>NEOSTIGMINE I</b> Tab.	BROMIDE 🖪			15 mg					
00869945	Prostigmin	Valeant	100	43.70	0.4370				
		-		· · · · · · · · · · · · · · · · · · ·					
	TYDROCHLORIDE B								
Tab.	I	1	I	5 mg					
02216345	Salagen	Pfizer	100	105.32	1.0532				
DVDID COTIONII	NE DROMPE B								
L.A. Tab.	NE BROMIDE 🖺			180 mg					
00869953	Mestinon Supraspan	Valeant	30	28.19	0.9397				
Tab.				60 mg					
00869961	Mestinon	Valeant	100	42.95	0.4295				
				1					
12:08.08	RINICS / ANTISPASMODI	ce							
ACLIDINIUM BR		00							
Inh. Pd. (App.)	I	1	I	400 mcg					
02409720	Tudorza Genuair	AZC	60	53.10					
01.V00EV===:									
GLYCOPYRROL Inj. Sol.	AIE		0.2 r	mg/mL <b>PPB</b>					
02382857	Glycopyrrolate injection	Oméga	1 ml	<b>→</b> 3.98					
02039508 02382849	Glycopyrrolate injection Glycopyrrolate Injection	Sandoz Oméga	2 ml 2 ml 20 ml	<ul><li>7.95</li><li>7.95</li><li>62.25</li></ul>					
	Multidose	-							

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
GLYCOPYRRONIUM BROMIDE 🖪									
Inh. Pd. (App.)	I	I	5 I	i0 mcg/caps.	ı I				
02394936	Seebri Breezhaler	Novartis	30	53.10					
HYOSCINE BUT	YLBROMIDE								
Inj. Sol.		I	I	20 mg/mL	ı ı				
02229868	Butylbromure d'hyoscine	Sandoz	1 ml	4.52					
,	BROMIDE) / SALBUTAMOL								
Sol. Inh.	l	1	g -1 mg/mL (2. 	1					
02231675 02272695	Combivent UDV Teva-Combo Sterinebs	Bo. Ing. Teva Can	20 20	30.15 14.68	1.5075 • 0.7340				
		I.	l						
IDD 4 TD CDUING	anower P								
IPRATROPIUM B Nas. spray	SKOMIDE III			0.03 %					
02239627	pms-Ipratropium	Phmscience	30 ml	22.70					
L		1							
Oral aerosol	ı	1	0	.02 mg/dose					
02247686	Atrovent HFA	Bo. Ing.	200 dose(s)	18.92					
Sol. Inh.		I	1	ıg/mL (2 mL) 					
02231135	pms-Ipratropium Polynebs	Phmscience	20	13.18	0.6590				
Sol. Inh.			0.25 n	ng/mL <b>PPB</b>					
02126222	Apo-Ipravent	Apotex	20 ml	<b>→</b> 6.31					
02120222	Novo-Ipramide	Novopharm	20 ml	<b>→</b> 6.31					
02231136	pms-Ipratropium	Phmscience	20 ml	<b>→</b> 6.31					
Sol. Inh.	I	I	0.25 mg/mL (	1					
02231244	pms-Ipratropium Polynebs	Phmscience	20	13.18	0.6590				
99001446 02216221	ratio-Ipratropium UDV Teva-Ipratropium Sterinebs	Ratiopharm Teva Can	20 20	13.18 13.18	<ul><li>→ 0.6590</li><li>→ 0.6590</li></ul>				
022.022.	Total pranoplani ctornicae	1.014.04		10.10	7 0.0000				
Sol. Inh.			0.25 mg/mL (	2 mL) <b>PPB</b>					
Sol. Inh. 02231245	  pms-lpratropium Polynebs	Phmscience	0.25 mg/mL (	2 mL) <b>PPB</b>	<b>→</b> 1.3180				

Page 58 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				SIZE	
SCOPOLAMINE	HYDROBROMIDE				
I-: 0-I				0.4/	
Inj. Sol.	l <u>.</u>	l	Ι.	0.4 mg/mL	
02242810	Scopolamine Hydrobromide Injection	Oméga	1	5.30	
Inj. Sol.				0.6 mg/mL	
02242811	Scopolamine Hydrobromide Injection	Oméga	1	5.75	
TIOTROPIUM MO Inh. Pd. (App.)	ONOHYDRATED BROMIDE	R		18 mcg	
02246793	   Spiriva Handihaler	Bo. Ing.	30	51.90	
	- p			0.1100	
Sol. Inh. (App.)	I	ı	ı	2.5 mcg	
02435381	Spiriva Respimat	Bo. Ing.	60 dose(s)	51.90	
UMECLIDINIUM	(BROMIDE)				
Inh. Pd.	l	l	l <b></b>	62.5 mcg	
02423596	Incruse Ellipta	GSK	30 dose(s)	50.00	
12:12.04					
ALPHA-ADRE	NERGIC AGONISTS				
MIDODRINE HYI Tab.	DROCHLORIDE 🖪		2	.5 mg <b>PPB</b>	
02473984	   Mar-Midodrine	  Marcan	100	23.05	<b>→</b> 0.2305
02278677	Midodrine	Apotex	100	23.05	<b>→</b> 0.2305
Tob				E ma DDD	
Tab.		l.,	100	5 mg PPB	÷ 0.0040
02473992 02278685	Mar-Midodrine Midodrine	Marcan Apotex	100 100	38.42 38.42	<ul><li>→ 0.3842</li><li>→ 0.3842</li></ul>
12:12.08					
	ERGIC AGONISTS FUMARATE DIHYDRATE 🖪				
Inh. Pd.	1	ı	1	6 mcg /dose	
02237225	Oxeze Turbuhaler	AZC	60 dose(s)	33.24	
Inh. Pd.				12 mcg/dose	
1	Overa Turbuk-ler	AZC	1	-	
02237224	Oxeze Turbuhaler	AZU	60 dose(s)	44.28	

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
ODMOTEDO)	YELIMA DATEN B				
nh. Pd.	(FUMARATE) 🖪	1	1	2 mcg/caps.	
02230898	Foradil & Aerolizer	Novartis	60	46.48	0.774
	_				
NDACATEROL nh. Pd. (App.)	(MALEATE) 🖪			75 mcg	
02376938	Onbrez Breezhaler	Novartis	30	46.50	
	- O.U 4-T   B				
RCIPRENALIN	E SULFATE				
yr.	I	I	I	10 mg/5 mL	
02236783	Orciprenaline	AA Pharma	250 ml	14.35	0.05
ALBUTAMOL ral aerosol			100 mcg	g/dose <b>PPB</b>	
02232570	Airomir	Valeant	200 dose(s)	<b>→</b> 5.00	
02245669	Apo-Salvent sans CFC	Apotex	200 dose(s)		
02326450	Novo-Salbutamol HFA	Novopharm	200 dose(s)	<b>⇒</b> 5.00	
	1	1 '			
02419858 02241497	Salbutamol HFA Ventolin HFA	Sanis GSK	200 dose(s) 200 dose(s)		
02419858 02241497	Ventolin HFA	Sanis	200 dose(s)	<b>→</b> 5.00	
02419858 02241497 ALBUTAMOL \$	Ventolin HFA	Sanis	200 dose(s)	5.00 6.00	
02419858 02241497 ALBUTAMOL \$	Ventolin HFA	Sanis	200 dose(s) 200 dose(s)	5.00 6.00	<b>→</b> 0.17-
02419858 02241497 ALBUTAMOL S	Ventolin HFA  SULFATE	Sanis GSK	200 dose(s) 200 dose(s) 0.5 mg/mL (2	5.00 6.00	
02419858 02241497 ALBUTAMOL Stol. Inh. 02208245 02239365	SULFATE  pms-Salbutamol Polynebs	Sanis GSK	0.5 mg/mL (2 20 20 20 20	5.00 6.00 2.5mL) <b>PPB</b>	
02419858 02241497 ALBUTAMOL Stol. Inh. 02208245 02239365	SULFATE  pms-Salbutamol Polynebs	Sanis GSK	0.5 mg/mL (2 20 20 20 20	5.00 6.00 2.5mL) <b>PPB</b> 3.49 3.49	• 0.17
02419858 02241497 ALBUTAMOL Sol. Inh. 02208245 02239365 ol. Inh.	Pms-Salbutamol Polynebs ratio-Salbutamol Polynebs reva-Salbutamol Polynebs Teva-Salbutamol Sterinebs	Sanis GSK Phmscience Ratiopharm	0.5 mg/mL (2 20 dose(s)	5.00 6.00 2.5mL) <b>PPB</b> 3.49 3.49	<ul><li>→ 0.17</li><li>→ 0.36</li></ul>
02419858 02241497 ALBUTAMOL Sol. Inh. 02208245 02239365 DI. Inh. 02208229	Pms-Salbutamol Polynebs pms-Salbutamol Polynebs	Sanis GSK  Phmscience Ratiopharm	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20	5.00 6.00 2.5mL) <b>PPB</b> 3.49 3.49 5 mL) <b>PPB</b> 7.23	<ul><li>→ 0.17-</li><li>→ 0.36</li><li>→ 0.36</li></ul>
02419858 02241497 ALBUTAMOL Sol. Inh. 02208245 02239365 DI. Inh. 02208229 01926934 02213419	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F.	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20	5.00 6.00 2.5mL) <b>PPB</b> 3.49 3.49 5 mL) <b>PPB</b> 7.23 7.23 11.50	<ul><li>→ 0.17</li><li>→ 0.36</li><li>→ 0.36</li></ul>
02419858 02241497  ALBUTAMOL Sol. Inh. 02208245 02239365  Ol. Inh. 02208229 01926934 02213419  Ol. Inh.	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can GSK	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 20 2 mg/mL (2	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50	<ul> <li>→ 0.17</li> <li>→ 0.36</li> <li>→ 0.36</li> <li>→ 0.57</li> </ul>
02419858 02241497 ALBUTAMOL Sol. Inh. 02208245 02239365 Ol. Inh. 02208229 01926934 02213419 Ol. Inh. 02208237	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs revia-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can GSK  Phmscience	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 20 2 mg/mL (2	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	<ul> <li>→ 0.17</li> <li>→ 0.36</li> <li>→ 0.57</li> <li>→ 0.67</li> </ul>
02419858 02241497 ALBUTAMOL Sol. Inh. 02208245 02239365 Ol. Inh. 02208229 01926934 02213419 Ol. Inh. 02208237	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can GSK	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 20 2 mg/mL (2	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 7.23 11.50 5 mL) PPB	<ul> <li>→ 0.17</li> <li>→ 0.36</li> <li>→ 0.57</li> <li>→ 0.67</li> <li>→ 0.67</li> </ul>
02419858 02241497  ALBUTAMOL Sol. Inh. 02208245 02239365  Ol. Inh. 02208229 01926934 02213419  Ol. Inh. 02208237 02208237 02208237	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.  pms-Salbutamol Polynebs ratio-Salbutamol Salmol Teva-Salbutamol Sterinebs	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can GSK  Phmscience Ratiopharm	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 2 mg/mL (2 20 20 2 mg/mL (2	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB	<ul> <li>→ 0.17</li> <li>→ 0.36</li> <li>→ 0.36</li> <li>→ 0.67</li> <li>→ 0.67</li> <li>→ 0.67</li> <li>→ 0.67</li> </ul>
02419858 02241497  ALBUTAMOL Sol. Inh. 02208245 02239365  ol. Inh. 02208229 01926934 02213419  ol. Inh. 02208237 02239366 02228297	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F. Ventolin Nebules P.F.  pms-Salbutamol Polynebs ratio-Salbutamol Polynebs ratio-Salbutamol Salmol	Sanis GSK  Phmscience Ratiopharm  Phmscience Teva Can GSK  Phmscience Ratiopharm Riva	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 2 mg/mL (2 20 20 2 mg/mL (2 20 20 20	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB 13.50 13.50 13.50 13.50	
02419858 02241497  ALBUTAMOL Sol. Inh. 02208245 02239365  ol. Inh. 02208229 01926934 02213419  ol. Inh. 02208237 02239366 02228297 02173360 02213427	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F.  pms-Salbutamol Polynebs Teva-Salbutamol Polynebs P.F.  pms-Salbutamol Polynebs ratio-Salbutamol Salmol Teva-Salbutamol Sterinebs P.F.	Phmscience Ratiopharm  Phmscience Teva Can GSK  Phmscience Ratiopharm Riva Teva Can	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 20 20 20 20 20 20 20	5.00 6.00 2.5mL) PPB 3.49 3.49 5.5mL) PPB 7.23 7.23 11.50 5.5mL) PPB 13.50 13.50 13.50 13.50	
02419858 02241497  ALBUTAMOL Sol. Inh. 02208245 02239365  ol. Inh. 02208229 01926934 02213419  ol. Inh. 02208237 02239366 02228297 02173360	pms-Salbutamol Polynebs ratio-Salbutamol Polynebs Teva-Salbutamol Sterinebs P.F.  pms-Salbutamol Polynebs Teva-Salbutamol Polynebs P.F.  pms-Salbutamol Polynebs ratio-Salbutamol Salmol Teva-Salbutamol Sterinebs P.F.	Phmscience Ratiopharm  Phmscience Teva Can GSK  Phmscience Ratiopharm Riva Teva Can	200 dose(s) 200 dose(s) 0.5 mg/mL (2 20 20 1 mg/mL (2 20 20 20 20 20 20 20 20 20 20	5.00 6.00 2.5mL) PPB 3.49 3.49 5 mL) PPB 7.23 7.23 11.50 5 mL) PPB 13.50 13.50 13.50 13.50 13.50	

Page 60 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.				2 mg		
02146843	Apo-Salvent	Apotex	100	12.74	0.1274	
02110010	7.400 04.707.1	, potox		.2	02	
Tab.				4 mg		
02146851	Apo-Salvent	Apotex	100	21.34	0.2134	
	,					
SALMETEROL >	INAFOATE R					
Inh. Pd.	MINAFOATE III			50 mcg/dose		
02231129	Serevent Diskus	GSK	60 dose(s)	52.64		
			. , ,			
Inh. Pd. (App.)			50 m	cg/coque (4)		
99000091	Serevent & Diskhaler	GSK	15	55.91		
				'		
TERBUTALIN S	WEATE B					
Inh. Pd.	ULFAIE W			0.5 mg/dose		
00786616	Bricanyl Turbuhaler	AZC	100 dose(s)	7.64		
12:12.12	BETA ADRENERGIC AGO	MICTO				
EPINEPHRINE	SE IA ADRENERGIC AGC	CICINIO				
Inj. Sol. (App.)	ı	1	0,15 mg	/dose PPB		
02382059	Allerject	SanofiAven	1	<b>→</b> 81.00		
00578657	EpiPen Jr.	Pfizer	1	<b>→</b> 81.00		
In: Onl (Ann.)			0.0	./-l DDD		
Inj. Sol. (App.)	l	l		g/dose <b>PPB</b>		
02382067 00509558	Allerject EpiPen	SanofiAven Pfizer	1	<ul><li>▶ 81.00</li><li>▶ 81.00</li></ul>		
	<b>-</b>   -  -  -  -  -  -  -  -  -  -  -  -  -	1. 1.25.		000		
12:16.04						
	NERGIC BLOCKING AGE	NTS				
	YDROCHLORIDE 🖪			40 <b>DDD</b>		
L.A. Tab.	I	I	1	10 mg <b>PPB</b> 		
02414759	Alfuzosin	Pro Doc	100	26.01	<ul><li>→ 0.2601</li><li>→ 0.2601</li></ul>	
02447576 02315866	Alfuzosin Apo-Alfuzosin	Sivem Apotex	100 100	26.01 26.01	<ul><li>→ 0.2601</li><li>→ 0.2601</li></ul>	
02313600	Auro-Alfuzosin	Aurobindo	100	1	→ 0.2601 → 0.2601	
02314282	l .	Teva Can	100		→ 0.2601	
02304678	Sandoz Alfuzosin	Sandoz	100		<b>→</b> 0.2601	
02245565	Xatral	SanofiAven	100	101.30	1.0130	
DIHYDROERGO	TAMINE MESYLATE					
Inj. Sol.	-	ı	I	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 D	1			4 mg	
02361663	Rapaflo	Actavis	30	13.15	0.4383
Caps.	I	T.	ı	8 mg	
02361671	Rapaflo	Actavis	30 90	13.15 39.45	0.4383 0.4383
		•			
TAMSULOSIN H	YDROCHLORIDE II				
LA Tab or LA Ca	ps	1	. 0	.4 mg <b>PPB</b>	
02362406	Apo-Tamsulosin CR	Apotex	100 500	15.00 75.00	<ul><li>→ 0.1500</li><li>→ 0.1500</li></ul>
02270102	Flomax CR	Bo. Ing.	30	18.00	0.6000
02281392	Novo-Tamsulosin	Novopharm	100	15.00	0.1500
02294265	ratio-Tamsulosin	Ratiopharm Sandoz	100	15.00	0.1500
02319217 02340208	Sandoz Tamsulosin Sandoz Tamsulosin CR	Sandoz	100 100	15.00 15.00	<ul><li>→ 0.1500</li><li>→ 0.1500</li></ul>
02340206	Sandoz Tamsulosin CR	Sandoz	500	75.00	<ul><li>→ 0.1500</li><li>→ 0.1500</li></ul>
02413612	Tamsulosin CR	Pro Doc	300	4.50	<b>→</b> 0.1500
02410012	Tumsulosiii Ort	110 000	500	75.00	<b>→</b> 0.1500
02427117	Tamsulosin CR	Sanis	100	15.00	→ 0.1500
02429667	Tamsulosin CR	Sivem	100	15.00	<b>→</b> 0.1500
			500	75.00	→ 0.1500
02368242	Teva-Tamsulosin CR	Teva Can	30	4.50	<b>→</b> 0.1500
			100	15.00	<b>→</b> 0.1500

Page 62 2019-12

	ACTING SKELETAL MU RINE HYDROCHLORIDE				
Tab.	1			10 mg <b>PPB</b>	
02177145	Apo-Cyclobenzaprine	Apotex	100 500	10.22 <b>→</b> 51.10 <b>→</b>	0.1022 0.1022
02348853	Auro-Cyclobenzaprine	Aurobindo	100 500	10.22 <b>→</b> 51.10 <b>→</b>	0.1022 0.1022 0.1022
02287064	Cyclobenzaprine	Sanis	100 500	10.22 <b>→</b> 51.10 <b>→</b>	0.1022 0.1022
02424584	Cyclobenzaprine	Sivem	100 500	10.22 <b>→</b> 51.10 <b>→</b>	0.1022 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	100 500	10.22 <b>→</b> 51.10 <b>→</b>	0.1022 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
DANTROLENE ( Caps.	NG SKELETAL MUSCL SODIUM) 🖪	1	I	25 mg	1
01997602	Dantrium	Par Phm	100	39.40	0.3940
12:20.12 GABA-DERIVA BACLOFEN III Inj. Sol. 02413620 02457059 02131048	Baclofen Injection Baclofene injectable Lioresal Intrathecal	Sterimax Teligent Novartis	0.05 mg/mL ( 5 10 5	(1 mL) <b>PPB</b> 30.14 60.03 50.23	6.0280 6.0028 10.0460
Inj. Sol.		·	0.5 mg/mL (2	0 mL) <b>PPB</b>	
I <sup>*</sup>	I	1	0.5 mg/mc (2		1
02413639	Baclofen Injection	Sterimax	1	<b>→</b> 90.32	
02457067	Baclofene injectable	Teligent	1	→ 90.32	
02131056	Lioresal Intrathecal	Novartis	1	150.54	
Inj. Sol.	ı		2 mg/mL (	(5 mL) <b>PPB</b>	1
02413647	Baclofen Injection	Sterimax	5	451.67 →	90.3340
02457075	Baclofene injectable	Teligent	10	903.34	90.3340
02131064	Lioresal Intrathecal	Novartis	5	752.79	150.5580
Inj. Sol.			2 mg	ı/mL (20 mL)	
l <sup>*</sup>	Boolofono inicatable	Taligant	1	1 1	
99110593	Baclofene injectable	Teligent	1	361.34	

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

po-Baclofen aclofen aclofen-10 presal ylan-Baclofen ms-Baclofen	Apotex Sanis Pro Doc Novartis Mylan	100 500 100 500 100 500	10 mg <b>PPB</b> 15.95 79.74 15.95 79.74 15.95	<ul> <li>0.1595</li> <li>0.1595</li> <li>0.1595</li> <li>0.1595</li> </ul>
aclofen aclofen-10 oresal ylan-Baclofen	Sanis Pro Doc Novartis	100 500 100 500 100	15.95 79.74 15.95 79.74 15.95	<ul><li>→ 0.1595</li><li>→ 0.1595</li><li>→ 0.1595</li></ul>
aclofen aclofen-10 oresal ylan-Baclofen	Sanis Pro Doc Novartis	500 100 500 100	79.74 15.95 79.74 15.95	<ul><li>→ 0.1595</li><li>→ 0.1595</li><li>→ 0.1595</li></ul>
aclofen-10 oresal ylan-Baclofen	Pro Doc	100 500 100	15.95 79.74 15.95	<ul><li>→ 0.1595</li><li>→ 0.1595</li></ul>
aclofen-10 oresal ylan-Baclofen	Pro Doc	500 100	79.74 15.95	<b>→</b> 0.1595
oresal ylan-Baclofen	Novartis	100	15.95	
oresal ylan-Baclofen	Novartis		1	
ylan-Baclofen		500		• 0.1595
ylan-Baclofen		400	79.74	→ 0.1595
	IIVIVIAII	100 100	51.02 15.95	0.5102 <b>→</b> 0.1595
ns-Raciofen	,	500	79.74	<ul><li>0.1595</li><li>0.1595</li></ul>
	Phmscience	100	15.95	<ul><li>→ 0.1595</li><li>→ 0.1595</li></ul>
iis-Dacioleli	Filliscience	500	79.74	<ul><li>→ 0.1595</li><li>→ 0.1595</li></ul>
tio-Baclofen	Ratiopharm	100	15.95	<ul><li>→ 0.1595</li><li>→ 0.1595</li></ul>
ilo-Bacioleli	Ratiophann			<ul><li>→ 0.1595</li><li>→ 0.1595</li></ul>
va-Baclofen	Riva		1	<ul><li>→ 0.1595</li></ul>
va Bacioicii	Tilva		1	<ul><li>→ 0.1595</li></ul>
andoz Baclofen	Sandoz		1	<ul><li>→ 0.1595</li></ul>
	Jan. 402	500	79.74	<b>→</b> 0.1595
			20 mg . DDR	
	1 1		ZUTING FFB	
oo-Baclofen	Apotex	100	31.04	→ 0.3104
aclofen	Sanis	100	31.04	→ 0.3104
aclofen-20	Pro Doc	100	31.04	→ 0.3104
oresal D.S.	Novartis	100	99.32	0.9932
ylan-Baclofen	Mylan	100	31.04	→ 0.310 <sup>4</sup>
ns-Baclofen			1	<b>→</b> 0.3104
			1	<b>→</b> 0.310 <sup>4</sup>
va-Baclofen	Riva		1	→ 0.310 <sup>2</sup>
			1	• 0.4498
andoz Baclofen	Sandoz	100	31.04	<b>→</b> 0.3104
ITRATE	1 1	l	100 mg	
andoz Orphenadrine	Sandoz	100	50.95	0.5095
			100 mg	
rfenace	Sterimax	100	1	0.3535
	aclofen aclofen-20 bresal D.S. vlan-Baclofen nis-Baclofen va-Baclofen andoz Baclofen UTRATE andoz Orphenadrine	andoz Baclofen  Sandoz  Apotex Sanis Pro Doc Dresal D.S. Novartis Mylan Phmscience Ratiopharm Riva Pandoz Baclofen Sandoz  CLE RELAXANTS, MISCELLANEOUS ITRATE  Indoz Orphenadrine  Sandoz	Sandoz   Sondoz   S	Riva   100   15.95   500   79.74   100   15.95   500   79.74   100   15.95   500   79.74   100   15.95   500   79.74   100   15.95   500   79.74   100   15.95   100   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   10.95   100   100   10.95   100   10.95   100   100   10.95   100   100   10.95   100

<sup>1</sup> 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.

Page 64 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chewing gum				4 mg PPB	
80069471 80000402		McNeil Co GSK CONS	105 108	26.49 28.47	<ul><li>→ 0.2523</li><li>→ 0.2636</li></ul>
Past. Or.				1 mg PPB	
80061161 80007461	1	Nic-Hit GSK CONS	20 108	3.70 21.77	<ul><li>0.1850</li><li>0.2016</li></ul>
Past. Or.	ı	ı	1	2 mg PPB	
80059877 80007464		Nic-Hit GSK CONS	20 108	4.00 28.47	<ul><li>→ 0.2000</li><li>→ 0.2636</li></ul>
Patch			, 7 m	ng/24 h <b>PPB</b>	
01943057 80044518		N.C.H.C. McNeil Co	7 7	18.75 18.75	<ul><li>2.6786</li><li>2.6786</li></ul>
Patch			14 m	ng/24 h <b>PPB</b>	
01943065 80044503		N.C.H.C. McNeil Co	7 7	18.75 18.75	<ul><li>2.6786</li><li>2.6786</li></ul>
Patch			21 m	ng/24 h <b>PPB</b>	
01943073 80044515		N.C.H.C. McNeil Co	7 7	18.75 18.75	<ul><li>2.6786</li><li>2.6786</li></ul>
	7 B				
Tab.	TARTRATE <sup>7</sup> 🖪	1		0.5 mg <b>PPB</b>	1 1
02419882 02291177 02426226	Champix	Apotex Pfizer Teva Can	56 56 56	51.73 96.15 51.73	→ 0.9237 1.7170 → 0.9237
Tab.			0.5 mg e	et1mg <b>PPB</b>	
02435675 02298309 02426781	Champix (Starter pack)	Apotex Pfizer Teva Can	53 53 25	→ 48.57 91.01 → 22.91	

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.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.	ı		1	1 mg <b>PPB</b>	
02419890	Apo-Varenicline	Apotex	30 56	27.71 51.72	
02291185 02426234	Champix Teva-Varenicline	Pfizer Teva Can	56 28	96.16 25.86	1.7171

Page 66 2019-12

## 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

20:04.04 IRON PREPARATIONS FERROUS SULFATE Ped. Oral Sol.  00762954						
00762954   Fer-in-Sol   Odan   50 ml   7.16   7.16   80008390   20232202   02222574   Pediafer   Sandoz   50 ml   7.16   7.16   9.27   7.16   9.27	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
Odan	IRON PREPAI FERROUS SULI		75 m	g/mL(Fe-15 m	ng/mL) <b>PPB</b>	
Odan	00762054	For in Sol	NA I	50 ml	0.27	
South   Sou		l .		1		
O2232207				1		
Syr. or Oral Sol.		'	1 '			
000178846	02222574	pms-Ferrous Sulfate	Phmscience	50 ml	<b>→</b> 7.16	
00758469	Syr. or Oral Sol.		150 mg/5	mL(Fe-30 mg	/5 mL) <b>PPB</b>	
00758469	00017004	For in Sol	l <sub>M</sub> .	250 ml	12.61	0.0504
Section   Sec				1		0.0504 → 0.0272
80008295   Jamp-Ferrous Sulfate   Jamp   250 ml   6.80   00	00700403	rerodan	Oddii			→ 0.0272
02242863   Pediafer Sirop   pms-Ferrous Sulfate   Phmscience   250 ml   6.80	80008295	Jamp-Ferrous Sulfate	Jamp	1		→ 0.0272
00792675   pms-Ferrous Sulfate   Phmscience   250 ml   6.80			1 '			→ 0.0272
Tab. 300 mg to 325 mg (Fe-60 mg to 65 mg) PPB  02246733	00792675		Phmscience	250 ml		→ 0.0272
02246733				500 ml	13.60	<b>→</b> 0.0272
1000   15.71   1000   1000   15.71   1000   1000   15.71   1000   1000   15.71   1000   1000   15.71   1000   1000   1000   15.71   1000   1000   1000   1000   1000   15.71   1000   100	Tab.	ı	300 mg to 325 mg (	Fe-60 mg to 6	65 mg) <b>PPB</b>	ı
80057416   00586323   M-Fer Sulfate   Phmscience   1000   15.71   → 0   0   0   1000   15.71   → 0   0   0   0   0   0   0   0   0	02246733	Euro-Ferrous Sulfate	Sandoz	1000	15.71	→ 0.0157
80057416   00586323   M-Fer Sulfate   Phmscience   1000   15.71   → 0   0   0   1000   15.71   → 0   0   0   0   0   0   0   0   0						
IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX)	80057416	M-Fer Sulfate		1000	15.71	→ 0.0157
IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX)	00586323	pms-Ferrous Sulfate	Phmscience	100	2.07	→ 0.0207
I.V. Inj. Sol. 12.5 mg (Ir)/mL (5 mL)  02243333				1000	15.71	→ 0.0157
IRON-DEXTRAN	•	GLUCONATE/ SUCROSE CO	OMPLEX) 🖫	12.5 mg (l	lr)/mL (5 mL)	
IRON-DEXTRAN	02243333	Ferrlecit	SanofiAven	10	2/1 33	24.1330
Inj. Sol. 50 mg (Fe)/mL  02205963 Dexiron Luitpold 2 ml 27.50  IRON-ISOMALTOSIDE 1000 L  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	02240000	T emedit	GanonAven	10	241.55	24.1000
Deciron   Luitpold   2 ml   27.50		ı		50	) ma (Fe)/ml	
IRON-ISOMALTOSIDE 1000	*	L .	1		1	
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	02205963	Dexiron	Luitpold	2 ml	27.50	
02477777 Monoferric Pfizer 1 ml 45.00 5 ml 225.00 10 ml 450.00	IRON-ISOMALT	OSIDE 1000 🖫				
5 ml   225.00   10 ml   450.00	I.V. Inj. Sol. I	1	1	100	) mg (Fe)/mL I	I
10 ml 450.00	02477777	Monoferric	Pfizer	1		
IRON-SUCROSE						
				10 ml	450.00	
I.V. Inj. Sol. 20 mg (Fe)/mL (5 mL)		<u> </u>				
	I.V. Inj. Sol.	I	1	20 mg (F	e)/mL (5 mL)	ı
02243716   Venofer   Luitpold   10   375.00   37	02243716	Venofer	Luitpold	10	375.00	37.5000
022437 10 Veriolei Luitpolu 10 373.00 37	02243710	VEHOLEI	Luitpoid	10	375.00	37.3000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
20:12.04 ANTICOAGULANTS DALTEPARINE SODIC III Inj. Sol. 2 500 UI/mL (4 mL)								
02377454	Fragmin	  Pfizer	10	159.29	15.9290			
Inj. Sol.	· · · · · · · · · · · ·	1		25 000 U/mL	.0.0200			
02231171	Fragmin	Pfizer	3.8 ml	151.32				
Inj.Sol (syr)	1	1	3500	0 UI/0,28 mL	ı			
02430789	Fragmin	Pfizer	1	7.06				
S.C. Inj. Sol.	ı	ı	. 1	0 000 UI/mL	ı			
02132664	Fragmin	Pfizer	1 ml	15.93				
S.C. Inj.Sol (syr)			2 50	00 UI/0.2 mL				
02132621	Fragmin	Pfizer	1	5.04				
S.C. Inj.Sol (syr)	ı	ı	5 00	00 UI/0.2 mL	ı			
02132648	Fragmin	Pfizer	1	10.09				
S.C. Inj.Sol (syr)	1	1	7 5	500 UI/0.3 ml	ı			
02352648	Fragmin	Pfizer	1	15.13				
S.C. Inj.Sol (syr)			10 00	00 UI/0.4 mL				
02352656	Fragmin	Pfizer	1	20.18				
S.C. Inj.Sol (syr)	ı	ı	12 50	00 UI/0.5 mL	ı			
02352664	Fragmin	Pfizer	1	25.22				
S.C. Inj.Sol (syr)	1	1	15 00	00 UI/0.6 mL	ı			
02352672	Fragmin	Pfizer	1	30.26				
S.C. Inj.Sol (syr)			18 000	0 UI/0.72 mL				
02352680	Fragmin	Pfizer	1	36.32				
ENOXAPARIN 🖟								
S.C. Inj. Sol.	_ I	I	I	100 mg/mL	ı			
02236564	Lovenox	SanofiAven	3 ml	62.51				

Page 70 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			30	) mg/ 0.3 mL	
02012472	Lovenox	SanofiAven	1	6.29	
S.C. Inj.Sol (syr)	1		4	0 mg/0.4 mL	
02236883	Lovenox	SanofiAven	1	8.33	
S.C. Inj.Sol (syr)			6	0 mg/0.6 mL	
02378426	Lovenox	SanofiAven	1	12.50	
S.C. Inj.Sol (syr)			. 8	0 mg/0.8 mL	
02378434	Lovenox	SanofiAven	1	16.66	
S.C. Inj.Sol (syr)			10	0 mg/1.0 mL	
02378442	Lovenox	SanofiAven	1	20.83	
S.C. Inj.Sol (syr)			12	0 mg/0.8 mL	
02242692	Lovenox HP	SanofiAven	1	24.99	
S.C. Inj.Sol (syr)			15	0 mg/1.0 mL	
02378469	Lovenox HP	SanofiAven	1	31.24	
FONDAPARINUX S.C. Inj.Sol (syr)	x 🖪		2.5 mg/0	0.5 mL <b>PPB</b>	
02245531 02406853	Arixtra Solution injectable de fondaparinux sodique	Aspen Dr Reddy's	1 1	<ul><li>9.86</li><li>9.86</li></ul>	
S.C. Inj.Sol (syr)		ı	7.5 mg/0	0.6 mL <b>PPB</b>	,
02258056 02406896	Arixtra Solution injectable de fondaparinux sodique	Aspen Dr Reddy's	1 1	→ 17.50 → 17.50	
HEPARIN (SODI	UM)		ı	100 U/mL	
00727520	Heparine Leo	Leo	10 ml	4.26	0.4260
Inj. Sol.			1	1 000 U/mL	
00453811	Heparine	Leo	10 ml	5.01	0.5010

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
Inj. Sol.				10 000 U/mL	
02382326	Heparine sodique injectable, USP	Pfizer	1 ml	5.01	5.0100
NADROPARINE	CALCIUM 🖪		0.0	VEO 11/0 21	
S.C. Inj.Sol (syr) 02236913	   Fraxiparine	Aspen	1 1	50 U/0.3 mL 2.72	
02230913	Traxiparine	Азреп	'	2.12	
S.C. Inj.Sol (syr)			3 8	00 U/0.4 mL	,
02450623	Fraxiparine	Aspen	1	3.63	
001:01/			5.7	200 11/0 0	
S.C. Inj.Sol (syr)	Fravinarina	Aanan	1	00 U/0.6 mL	
02450631	Fraxiparine	Aspen	1	5.44	
S.C. Inj.Sol (syr)			. 95	00 U/1.0 mL	
02450658	Fraxiparine	Aspen	1	9.06	
S.C. Inj.Sol (syr)	l <u>-</u> .	Ι.	1	.00 U/0.6 mL	
02450674	Fraxiparine Forte	Aspen	1	10.87	
S.C. Inj.Sol (syr)			15 2	00 U/0.8 mL	
02450666	Fraxiparine Forte	Aspen	1	14.50	
			•	'	
S.C. Inj.Sol (syr)	I	I	1	00 U/1.0 mL	I
02240114	Fraxiparine Forte	Aspen	1	18.12	
NICOUMALONE Tab.	P			1 mg	
00010383	Sintrom	  Paladin	100	27.33	0.2733
		I .			
Tab.	I	I	I	4 mg	I
00010391	Sintrom	Paladin	100	85.91	0.8591
TINZAPARIN SO S.C. Inj. Sol.	DDIUM 🖪		4	0 000 UI/mL	
02167840	Innohep	Leo	2 ml	33.43	
02107040	ппопер	1200	2 1111	33.43	
S.C. Inj. Sol.	1	1	. 2	0 000 UI/mL	
02229515	Innohep	Leo	2 ml	67.90	

Page 72 2019-12

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)	ı		8 00	00 UI/0.4 mL		
02429462	Innohep	Leo	10	137.71	13.7710	
S.C. Inj.Sol (syr)			10 00	0 UI/ 0.5 mL		
02231478	Innohep	Leo	10	167.70	16.7700	
S.C. Inj.Sol (syr)			12 00	00 UI/0.6 mL		
02429470	Innohep	Leo	10	206.57	20.6570	
S.C. Inj.Sol (syr)	ı	ı	14 00	0 UI/ 0.7 mL	1	
02358174	Innohep	Leo	10	241.00	24.1000	
S.C. Inj.Sol (syr)	ı	ı	16 00	00 UI/0,8 mL	1	
02429489	Innohep	Leo	10	275.43	27.5430	
S.C. Inj.Sol (syr)	ı	ı	18 00	00 UI/0.9 mL	1	
02358182	Innohep	Leo	10	309.85	30.9850	
WARFARIN (SO Tab.	DIUM) 🖪			1 mg <b>PPB</b>		
02242924	Apo-Warfarin	Apotex	100	7.80	<b>→</b> 0.0780	
01918311	Coumadin	B.M.S.	500 100 1000	39.00 7.80 78.00	<ul><li>→ 0.0780</li><li>→ 0.0780</li><li>→ 0.0780</li></ul>	
02265273	Novo-Warfarin	Novopharm	1000 100 250	7.80 19.50	• 0.0780 • 0.0780 • 0.0780	
02242680	Taro-Warfarin	Taro	100 250	7.80 19.50	<ul><li>→ 0.0780</li><li>→ 0.0780</li></ul>	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					2 mg <b>PPB</b>	
	02242925	Apo-Warfarin	Apotex	100	8.25	<b>→</b> 0.0825
	04040000	Common dia	DMC	500	41.25	0.0825
	01918338	Coumadin	B.M.S.	100 250	8.25 20.63	<ul><li>→ 0.0825</li><li>→ 0.0825</li></ul>
	02242681	Taro-Warfarin	Taro	100 250	8.25 20.63	<ul><li>→ 0.0825</li><li>→ 0.0825</li></ul>
Tab.		I		2	2.5 mg <b>PPB</b>	
	02242926	Ana Marfarin	Anatav	100	I	<b>→</b> 0.0660
	02242920	Apo-Warfarin	Apotex	500	6.60 33.00	→ 0.0660 → 0.0660
	01918346	Coumadin	B.M.S.	100	6.60	→ 0.0660
	00040000	Taua 14/aufauiu	T	250	16.50	0.0660
	02242682	Taro-Warfarin	Taro	100 250	6.60 16.50	<ul><li>→ 0.0660</li><li>→ 0.0660</li></ul>
Tab.					3 mg PPB	
	02245618	Apo-Warfarin	Apotex	100	10.23	<b>→</b> 0.1023
	02240205	Coumadin	B.M.S.	100	10.23	• 0.1023
	02242683	Taro-Warfarin	Taro	250 100	31.15 10.23	<ul><li>→ 0.1246</li><li>→ 0.1023</li></ul>
	022 12000	Tare transm	Taro	100	10.20	0.1020
Tab.		I	ı	ı	4 mg PPB	1
	02242927	Apo-Warfarin	Apotex	100	10.23	<b>→</b> 0.1023
	02007959	Coumadin	B.M.S.	500 100	51.15 10.23	0.1023
	02007939	Coumadin	D.IVI.S.	250	25.58	<ul><li>→ 0.1023  </li><li>→ 0.1023  </li></ul>
	02242684	Taro-Warfarin	Taro	100	10.23	<b>→</b> 0.1023
				250	25.58	• 0.1023
Tab.					5 mg <b>PPB</b>	
	02242928	Apo-Warfarin	Apotex	100	6.62	<b>→</b> 0.0662
1	0404005 1	Common dia	DMC	500	33.10	0.0662
	01918354	Coumadin	B.M.S.	100 250	6.62 16.55	<ul><li>→ 0.0662</li><li>→ 0.0662</li></ul>
	02265346	Novo-Warfarin	Novopharm	100	6.62	<ul><li>→ 0.0662</li></ul>
				250	16.55	<b>→</b> 0.0662
	02242685	Taro-Warfarin	Taro	100 250	6.62 16.55	<ul><li>→ 0.0662</li><li>→ 0.0662</li></ul>
Tab.			,		6 mg PPB	
	02240206	Coumadin	B.M.S.	100	17.53	<b>→</b> 0.1753
	02240206	Taro-Warfarin	Taro	100 100	17.53	<ul><li>0.1753</li><li>→ 0.1753</li></ul>
Tab.					7.5 mg	
	02242697	Taro-Warfarin	Taro	100	30.14	0.3014
		<u> </u>	1	L		

Page 74 2019-12

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

# 20:12.14 PLATELET-REDUCING AGENTS ANAGRELIDE HYDROCHLORIDE

Caps. 0.5 mg								
	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 <b>PPB</b>		
	02252767	Apo-Clopidogrel	Apotex	30	7.89	<b>→</b>	0.2631
				500	131.55	→	0.2631
	02416387	Auro-Clopidogrel	Aurobindo	30	7.89	→	0.2631
				500	131.55	→	0.2631
+	02444895	Bio-Clopidogrel	Biomed	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	<b>→</b>	0.2631
				500	131.55	→	0.2631
	02422255	Mar-Clopidogrel	Marcan	30	7.89	<b>→</b>	0.2631
				500	131.55	<b>→</b>	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
	00070010			500	131.55	•	0.2631
	02379813	Ran-Clopidogrel	Ranbaxy	100	26.31	•	0.2631
	00000500	D: - 0/:/	D.	500	131.55	7	0.2631
	02388529	Riva-Clopidogrel	Riva	30	7.89	•	0.2631
	00050040	On the Object to the		500	131.55	•	0.2631
	02359316	Sandoz Clopidogrel	Sandoz	100	26.31	7	0.2631
	00000464	T		500	131.55	7	0.2631
	02293161	Teva Clopidogrel	Teva Can	30	7.89	7	0.2631
				500	131.55	7	0.2631

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

# 20:28.16 HEMOSTATICS TRANEXAMIC ACID Tab.

Tab.				00 mg <b>PPB</b>		
	Acide Tranexamique Cyklokapron	Sterimax Pfizer	100 100	57.65 102.48	<b>→</b>	0.5765 1.0248

Page 76 2019-12

## 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
			l		
24:04.04 ANTIARRHYT	HMIC AGENTS				
AMIODARONE	HYDROCHLORIDE B			400	
Tab. I		1	I	100 mg	
02292173	pms-Amiodarone	Phmscience	100	67.76	0.6776
Tab.	1		20	00 mg <b>PPB</b>	
02364336	Amiodarone	Sanis	100	37.06	<b>→</b> 0.3706
02385465	Amiodarone	Sivem	100	37.06	<b>→</b> 0.3706
02246194	Apo-Amiodarone	Apotex	100	37.06	<b>→</b> 0.3706
02242472	pms-Amiodarone	Phmscience	100	37.06	<b>→</b> 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 → 0.3706
02243836 02239835	Sandoz Amiodarone Teva-Amiodarone	Sandoz Teva Can	100 100	37.06 37.06	<ul><li>→ 0.3706</li><li>→ 0.3706</li></ul>
DISOPYRAMIDI	≡ <b>P</b>				
Caps.	1	1	ı	100 mg	
02224801	Rythmodan	SanofiAven	84	18.93	0.2254
FLECAINIDE A	CETATE B				
Tab.	Í	I		50 mg <b>PPB</b>	
02459957	Auro-Flecainide	Aurobindo	100	27.78	<b>→</b> 0.2778
			1000	277.80	→ 0.2778
02275538	Flecainide	Apotex	100	27.78	<b>→</b> 0.2778
Tab.			11	00 mg <b>PPB</b>	
			1	1	
02459965	Auro-Flecainide	Aurobindo	100	55.58	<b>→</b> 0.5558
			1000	555.80	• 0.5558
02275546	Flecainide	Apotex	100	55.58	• 0.5558
MEXILETINE HY Caps.	DROCHLORIDE 🖪			100 mg	
02230359	Novo-Mexiletine	Novopharm	100	81.62	0.8162
	1	1		ı	
Caps.				200 mg	
Caps. 02230360	   Novo-Mexiletine	Novopharm	100	200 mg 109.30	1.0930

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				I	
PROPAFENONE Tab.	HYDROCHLORIDE B		_ 1	50 mg <b>PPB</b>	
02243324	Apo-Propafenone	Apotex	100	29.65	<b>→</b> 0.2965
02457172	Mylan-Propafenone	Mylan	100	29.65	<ul><li>0.2965</li></ul>
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.			3	00 mg <b>PPB</b>	
02243325	Apo-Propafenone	Apotex	100	52.27	→ 0.5227
02457164	Mylan-Propafenone	Mylan	100	52.27	<ul><li>→ 0.5227</li></ul>
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 CARDIOTONIO DIGOXIN  Oral Sol.	C AGENTS	1	I	0.05 mg/mL	I
02242320	Toloxin	Pendopharm	115 ml	42.45	0.3691
Tab.			1	0.0625 mg	ı
02335700	Toloxin	Pendopharm	250	51.61	0.2064
Tab.				0.125 mg	
02335719	Toloxin	Pendopharm	250	51.50	0.2060
MILRINONE LAG	CTATE (B	1	ı	1 mg/mL	ı
02244622	Milrinone Lactate Injection	Fresenius	10 ml 20 ml	46.80 93.60	
24:06.04 BILE ACID SE CHOLESTYRAN Oral Pd.	QUESTRANTS		4	g/sac. <b>PPB</b>	
1	Chalast warning Odo-	Odan	1	Ĭ	0 2002
02455009	Cholestyramine-Odan	Odan	30	11.08	0.3693
02470393	Jamp-Cholestyramine	Jamp	30	11.08	0.3693
* 02210320 * 00890960	Olestyr Olestyr sugar free	Phmscience Phmscience	30 30	11.08 11.08	<ul><li>→ 0.3693</li><li>→ 0.3693</li></ul>
00030300	Olodiyi dugal ilee	Timisolence		11.00	0.5095

**Page 80** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
COLESTIPOL HYDROCHLORIDE  Oral Pd. 5 g of colestipol/sac.								
Orai Pd.	ı	1	5 g or co	olestipol/sac.	ı			
00642975 02132699	Colestid Colestid Orange 7.5 g	Pfizer Pfizer	30 30	25.85 25.85	0.8617 0.8617			
	•		-					
Tab.	Tab. 1 g							
02132680	Colestid	Pfizer	120	29.49	0.2458			

# 24:06.05 CHOLESTEROL ABSORPTION INHIBITORS EZETIMIBE

Tab.				10 mg <b>PPB</b>	
02425610	ACH-Ezetimibe	Accord	30	5.43	0.1811
			100	18.11	0.1811
02414716	ACT Ezetimibe	ActavisPhm	30	5.43	0.1811
			100	18.11	0.1811
02427826	Apo-Ezetimibe	Apotex	30	5.43	0.1811
			100	18.11 ▶	0.1811
02469286	Auro-Ezetimibe	Aurobindo	30	5.43	0.1811
			100	18.11	0.1811
02425211	Bio-Ezetimibe	Biomed	30	5.43	0.1811
			100	18.11	0.1811
02422549	Ezetimibe	Pro Doc	30	5.43	0.1811
			100	18.11	0.1811
02478544	Ezetimibe	Riva	30	5.43	0.1811
00404000	Ftiib	0	100	18.11 <b>→</b> 18.11 <b>→</b>	0.1811
02431300	Ezetimibe	Sanis	100 30		0.1811
02429659	Ezetimibe	Sivem	100	5.43 <b>→</b> 18.11 <b>→</b>	0.1811 0.1811
02247521	Ezetrol	Merck	30	52.20	1.7400
02423235	Jamp-Ezetimibe	Jamp	30	5.43	0.1811
02420200	Camp Ezetimbe	Joanne	100	18.11	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

		1		1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
24:06.06 FIBRIC ACID BEZAFIBRATE	_				
L.A. Tab.	1	T.	4	00 mg <b>PPB</b>	i
02083523	Bezalip S.R.	Tribute	30	43.90	<b>→</b> 1.4633
02453312	Jamp-Bezafibrate SR	Jamp	30	43.90	<b>→</b> 1.4633
EENOEIRDATE	(NANOCRYSTALIZED OR MI	CDOCOATED OD MIC	PONIZED) [	2	
Caps. or Tab.	(NANOCK TOTALIZED OK MI		r 160 mg or 2		
1	Ana Fana Miara (200 mg)	1	l	1	0.2722
02239864	Apo-Feno-Micro (200 mg)	Apotex	30 100	8.17 27.22	<ul><li>→ 0.2722</li><li>→ 0.2722</li></ul>
02246860	Apo-Feno-Super (160 mg)	Apotex	30	8.17	→ 0.2722 → 0.2722
022 10000	The reme super (ree mg)	, tpotox	100	27.22	<ul><li>→ 0.2722</li></ul>
02240360	Feno-Micro-200	Pro Doc	30	8.17	→ 0.2722
			100	27.22	<b>→</b> 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 02243552	Lipidil Supra (160 mg) Novo-Fenofibrate Micronise	Fournier Novopharm	30 30	37.27 8.17	1.2423 → 0.2722
02243332	(200 mg)	Поторнанн	100	27.22	→ 0.2722 → 0.2722
02310236	Pro-Feno-Super-160	Pro Doc	100	27.22	• 0.2722
02250039	ratio-Fenofibrate MC (200	Ratiopharm	30	8.17	• 0.2722
	mg)		100	27.22	<b>→</b> 0.2722
02288052	Sandoz Fenofibrate S (160 mg)	Sandoz	90	24.50	→ 0.2722
			•		
Tab.	(NANOCRYSTALLIZED)			48 mg <b>PPB</b>	
Tab.	I	1	Ι ΄	40 mg PPB	I
02269074	Lipidil EZ	BGP Pharma	30	12.56	0.4187
02390698	Sandoz Fenofibrate E	Sandoz	30	10.68	→ 0.3560
GEMFIBROZIL	P				
Caps.	1	1		300 mg	1
01979574	Apo-Gemfibrozil	Apotex	100	12.88	0.1288
Tab.	1	1	ı	600 mg	ı
01979582	Apo-Gemfibrozil	Apotex	100	51.57	0.5157
MICROCOATED	FENOFIBRATE B				
Tab.			. 1	00 mg PPB	
02246859	Apo-Feno-Super	Apotex	100	54.06	<b>→</b> 0.5406
02241601	Lipidil Supra	Fournier	30	32.34	1.0780
02310228	Pro-Feno-Super-100	Pro Doc	100	54.06	<b>→</b> 0.5406
02288044	Sandoz Fenofibrate S	Sandoz	90	48.65	→ 0.5406
		1	•	1	

Page 82 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HMC		DUCTASE INHIBITORS ESYLATE)/ ATORVASTATIN	CALCIUM B			
Tab.	•		1	5 mg -	10 mg <b>PPB</b>	
*	02411253 02273233 02404222	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Upjohn Phmscience	100 90 100	58.02 67.96 58.02	<ul><li>→ 0.5802</li><li>0.7551</li><li>→ 0.5802</li></ul>
Tab.				5 mg - 2	20 mg <b>PPB</b>	
*	02411261 02273241 02404230	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Upjohn Phmscience	100 90 100	68.42 77.32 68.42	<ul><li>→ 0.6842 0.8591</li><li>→ 0.6842</li></ul>
Tab.				5 mg - 4	40 mg <b>PPB</b>	
*	02411288 02273268	Apo-Amlodipine-Atorvastatin Caduet	Apotex Upjohn	100 90	72.32 80.83	• 0.7232 0.8981
Tab.			ı	5 mg - 8	80 mg <b>PPB</b>	
*	02411296 02273276	Apo-Amlodipine-Atorvastatin Caduet	Apotex Upjohn	100 90	72.32 80.83	• 0.7232 0.8981
Tab.				10 mg -	10 mg <b>PPB</b>	
*	02411318 02273284 02404249	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Upjohn Phmscience	100 90 100	61.25 82.75 61.25	<ul><li>→ 0.6125</li><li>0.9194</li><li>→ 0.6125</li></ul>
Tab.				10 mg - 2	20 mg <b>PPB</b>	
*	02411326 02273292 02404257	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Upjohn Phmscience	100 90 100	76.36 92.11 76.36	<ul><li>→ 0.7636</li><li>1.0234</li><li>→ 0.7636</li></ul>
Tab.				10 mg - 4	40 mg <b>PPB</b>	
*	02411334 02273306	Apo-Amlodipine-Atorvastatin Caduet	Apotex Upjohn	100 90	80.00 95.62	<b>→</b> 0.8000 1.0624
Tab.				10 mg - 8	80 mg <b>PPB</b>	
*	02411342 02273314	Apo-Amlodipine-Atorvastatin Caduet	Apotex Upjohn	100 90	80.00 95.62	<b>→</b> 0.8000 1.0624

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

### ATORVASTATINE CALCIUM

	RVASTATIN	IE CALCIUM			40 000		
Tab.		I	1	1	10 mg <b>PPB</b>	ı	1
	02310899	Act Atorvastatin	ActavisPhm	90	15.69	•	0.1743
				500	87.15	•	0.1743
	02295261	Apo-Atorvastatin	Apotex	100	17.43		0.1743
				500	87.15	-	0.1743
	02476940	Atorvastatin	Altamed	500	87.15		0.1743
	02346486	Atorvastatin	Pro Doc	500	87.15		0.1743
	02475022	Atorvastatin	Riva	500	87.15		0.1743
	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
+	02481189	Bio-Atorvastatin	Biomed	500	87.15	•	0.1743
	02391058	Jamp-Atorvastatin	Jamp	90	15.69	•	0.1743
				500	87.15	•	0.1743
*	02230711	Lipitor	Upjohn	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
	00040440			500	87.15	,	0.1743
	02313448	pms-Atorvastatin	Phmscience	90 500	15.69 87.15	<b>*</b>	0.1743
	00000077	44	Phmscience	100	17.43		0.1743 0.1743
	02399377	pms-Atorvastatin	Primscience	500	87.15		0.1743
	02313707	Ran-Atorvastatin	Ranbaxy	90	15.69		0.1743
	02313707	Naii-Aloivasialiii	Тапраху	500	87.15		0.1743
	02350297	ratio-Atorvastatin	Ratiopharm	30	5.23	,	0.1743
	02000201	Tallo Alorvasialin	radiopriami	500	87.15		0.1743
	02417936	Reddy-Atorvastatin	Dr Reddy's	90	15.69	,	0.1743
	02117000	/ today / tto/ vactatii/	Di rioday o	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
						7	0

Page 84 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				:	20 mg <b>PPB</b>	
	02310902	Act Atorvastatin	ActavisPhm	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02295288	Apo-Atorvastatin	Apotex	100	21.79	<b>→</b> 0.2179
		,		500	108.95	→ 0.2179
	02476959	Atorvastatin	Altamed	500	108.95	<b>→</b> 0.2179
	02346494	Atorvastatin	Pro Doc	500	108.95	<b>→</b> 0.2179
	02475030	Atorvastatin	Riva	500	108.95	<b>→</b> 0.2179
	02411369	Atorvastatin-20	Sivem	100	21.79	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02407264	Auro-Atorvastatin	Aurobindo	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
+	02481197	Bio-Atorvastatin	Biomed	500	108.95	→ 0.2179
	02391066	Jamp-Atorvastatin	Jamp	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
*	02230713	Lipitor	Upjohn	90	194.62	2.1624
	02454025	Mar-Atorvastatin	Marcan	100	21.79	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02471175	M-Atorvastatin	Mantra Ph.	500	108.95	<b>→</b> 0.2179
	02392941	Mylan-Atorvastatin	Mylan	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02399385	pms-Atorvastatin	Phmscience	100	21.79	→ 0.2179
				500	108.95	<b>→</b> 0.2179
	02313715	Ran-Atorvastatin	Ranbaxy	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02350319	ratio-Atorvastatin	Ratiopharm	30	6.54	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02417944	Reddy-Atorvastatin	Dr Reddy's	90	19.61	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02422778	Riva-Atorvastatin	Riva	30	6.54	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179
	02324954	Sandoz Atorvastatin	Sandoz	30	6.54	<b>→</b> 0.2179
				500	108.95	<b>→</b> 0.2179

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					40 mg <b>PPB</b>	
	02310910	Act Atorvastatin	ActavisPhm	90	21.08	<b>→</b> 0.2342
				500	117.10	<b>→</b> 0.2342
	02295296	Apo-Atorvastatin	Apotex	100	23.42	<b>→</b> 0.2342
			· .	500	117.10	<b>→</b> 0.2342
	02476967	Atorvastatin	Altamed	500	117.10	<b>→</b> 0.2342
	02346508	Atorvastatin	Pro Doc	500	117.10	<b>→</b> 0.2342
	02475049	Atorvastatin	Riva	500	117.10	<b>→</b> 0.2342
	02411377	Atorvastatin-40	Sivem	100	23.42	<b>→</b> 0.2342
				500	117.10	<b>→</b> 0.2342
	02407272	Auro-Atorvastatin	Aurobindo	90	21.08	<b>→</b> 0.2342
				500	117.10	<b>→</b> 0.2342
+	02481200	Bio-Atorvastatin	Biomed	500	117.10	<b>→</b> 0.2342
	02391074	Jamp-Atorvastatin	Jamp	90	21.08	<b>→</b> 0.2342
			,	500	117.10	<b>→</b> 0.2342
*	02230714	Lipitor	Upjohn	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	<b>→</b> 0.2342
	02399393	pms-Atorvastatin	Phmscience	100	23.42	→ 0.2342
				500	117.10	<b>→</b> 0.2342
	02313723	Ran-Atorvastatin	Ranbaxy	90	21.08	<b>→</b> 0.2342
				500	117.10	<b>→</b> 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	<b>→</b> 0.2342
			-	500	117.10	<b>→</b> 0.2342
	02422786	Riva-Atorvastatin	Riva	30	7.03	<b>→</b> 0.2342
				500	117.10	<b>→</b> 0.2342
	02324962	Sandoz Atorvastatin	Sandoz	30	7.03	<b>→</b> 0.2342
				500	117.10	→ 0.2342

Page 86 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
b.					80 mg <b>PPB</b>		
	02310929	Act Atorvastatin	ActavisPhm	90	21.08	_	0.234
	02310929	Apo-Atorvastatin	Apotex	30	7.03	7	0.234
	02293316	Apo-Alorvasialin	Apolex	100	23.42	7	0.234
	02476975	Atorvastatin	Altamed	100	23.42	1	0.234
	02346516	Atorvastatin	Pro Doc	30	7.03	1	0.234
	02340310	Alorvasialin	110 000	100	23.42	3	0.234
	02475057	Atorvastatin	Riva	100	23.42	3	0.234
	02411385	Atorvastatin-80	Sivem	100	23.42	-	0.234
	02407280	Auro-Atorvastatin	Aurobindo	90	21.08	-	0.234
	02.0.200	/ tare / tier ractain	7 10.0000	500	117.10	•	0.234
٠	02481219	Bio-Atorvastatin	Biomed	100	23.42	•	0.234
	02391082	Jamp-Atorvastatin	Jamp	90	21.08	•	0.234
	0200.002			500	117.10	•	0.234
r	02243097	Lipitor	Upjohn	30	69.74	•	2.324
	02454041	Mar-Atorvastatin	Marcan	100	23.42	•	0.234
	02471191	M-Atorvastatin	Mantra Ph.	90	21.08	•	0.234
	02392976	Mylan-Atorvastatin	Mylan	90	21.08	•	0.234
	02399407	pms-Atorvastatin	Phmscience	100	23.42	•	0.234
	02313758	Ran-Atorvastatin	Ranbaxy	90	21.08	•	0.234
				500	117.10	•	0.234
	02350335	ratio-Atorvastatin	Ratiopharm	30	7.03	•	0.234
			· ·	100	23.42	•	0.234
	02417960	Reddy-Atorvastatin	Dr Reddy's	90	21.08	•	0.234
				500	117.10	•	0.234
	02422794	Riva-Atorvastatin	Riva	30	7.03	•	0.234
				90	21.08	•	0.234
	02324970	Sandoz Atorvastatin	Sandoz	30	7.03	•	0.234
				100	23.42	•	0.234

### FLUVASTATINE SODIUM

Caps.				20 mg <b>PPB</b>		
02400235 02299224	Sandoz Fluvastatin Teva Fluvastatin	Sandoz Teva Can	100 100	22.02 22.02	<b>+</b>	0.2202 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	R				
Tab.				20 mg <b>PPB</b>	
02220172	Apo-Lovastatin	Apotex	100	49.19	→ 0.4919
			500	245.94	• 0.4919
02248572	Co Lovastatin	Cobalt	30 500	14.76 245.94	<ul><li>◆ 0.4919</li><li>◆ 0.4919</li></ul>
02353229	Lovastatin	Sanis	100	49.19	→ 0.4919 → 0.4919
			500	245.94	→ 0.4919
02245822	ratio-Lovastatin	Ratiopharm	100	49.19	0.4919
02272288	Riva-Lovastatin	Riva	500 100	245.94 49.19	<ul><li>→ 0.4919</li><li>→ 0.4919</li></ul>
02272200	Tiva Lovasiaiiii	Tuva	100	40.10	0.4313
Tab.				40 mg <b>PPB</b>	ı
02220180	Apo-Lovastatin	Apotex	100	89.85	→ 0.8985
02248573	Co Lovastatin	Cobalt	30	26.96	→ 0.8985
			100	89.85	→ 0.8985
02353237	Lovastatin	Sanis	100	89.85	0.8985
02245823 02272296	ratio-Lovastatin Riva-Lovastatin	Ratiopharm Riva	100	89.85 89.85	<ul><li>→ 0.8985</li><li>→ 0.8985</li></ul>
PRAVASTATINI Tab.	E SODIUM 🖪		ı	10 mg <b>PPB</b>	ı
02248182	ACT Pravastatin	ActavisPhm	100	29.16	→ 0.2916
02243506	Apo-Pravastatin	Apotex	30	8.75	→ 0.2916
			100	29.16	<b>→</b> 0.2916
02458977	Auro-Pravastatin	Aurobindo	100	29.16	→ 0.2916
02446251	Bio-Pravastatin	Biomed	100	29.16	<b>→</b> 0.2916
02330954	Jamp-Pravastatin	Jamp	30 100	8.75 29.16	0.2916
02432048	Mar-Pravastatin	Marcan	100	29.16	<ul><li>→ 0.2916</li><li>→ 0.2916</li></ul>
02432040	Mint-Pravastatin	Mint	30	8.75	→ 0.2916 → 0.2916
02017101	William Fravadiani	IVIII IX	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	<b>→</b> 0.2916
02356546	Pravastatin	Sanis	30 100	8.75	0.2916
02389703	Pravastatin	Sivem	30	29.16 8.75	<ul><li>→ 0.2916</li><li>→ 0.2916</li></ul>
02303703	, ravastatiii	Olveill	100	29.16	0.2916
	D	Pro Doc	30	8.75	<b>→</b> 0.2916
02243824	Pravastatin-10	F10 D00			
02243824 02284421	Ran-Pravastatin	Ranbaxy	30	8.75	→ 0.2916
02284421	Ran-Pravastatin	Ranbaxy	100	8.75 29.16	<b>→</b> 0.2916
02284421 02468700	Ran-Pravastatin Sandoz Pravastatin	Ranbaxy	100 100	29.16 29.16	<ul><li>→ 0.2916</li><li>→ 0.2916</li></ul>
02284421	Ran-Pravastatin	Ranbaxy	100	29.16	<b>→</b> 0.2916

Page 88 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				:	20 mg <b>PPB</b>	
	02248183	ACT Pravastatin	ActavisPhm	100	34.40	<b>→</b> 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	<b>→</b> 0.3440
				500	172.00	<b>→</b> 0.3440
	02330962	Jamp-Pravastatin	Jamp	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02432056	Mar-Pravastatin	Marcan	100	34.40	<b>→</b> 0.3440
	02317478	Mint-Pravastatin	Mint	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02476282	M-Pravastatin	Mantra Ph.	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02247656	pms-Pravastatin	Phmscience	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	00893757	Pravachol	B.M.S.	90	30.96	<b>→</b> 0.3440
	02356554	Pravastatin	Sanis	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02389738	Pravastatin	Sivem	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02243825	Pravastatin-20	Pro Doc	30	10.32	<b>→</b> 0.3440
				100	34.40	→ 0.3440
	02284448	Ran-Pravastatin	Ranbaxy	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440
	02468719	Sandoz Pravastatin	Sandoz	100	34.40	<b>→</b> 0.3440
	02247009	Teva-Pravastatin	Novopharm	30	10.32	<b>→</b> 0.3440
				100	34.40	<b>→</b> 0.3440

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		ı	1	ı	40 mg <b>PPB</b>	
	02248184	ACT Pravastatin	ActavisPhm	100	41.43	• 0.4143
	02243508	Apo-Pravastatin	Apotex	30	12.43	• 0.4143
		,	'	100	41.43	<b>→</b> 0.4143
	02458993	Auro-Pravastatin	Aurobindo	100	41.43	• 0.4143
	02446286	Bio-Pravastatin	Biomed	100	41.43	<b>→</b> 0.4143
				500	207.15	<b>→</b> 0.4143
	02330970	Jamp-Pravastatin	Jamp	30	12.43	<b>→</b> 0.4143
				100	41.43	<b>→</b> 0.4143
	02432064	Mar-Pravastatin	Marcan	100	41.43	<b>→</b> 0.4143
	02317486	Mint-Pravastatin	Mint	30	12.43	<b>→</b> 0.4143
				100	41.43	<b>→</b> 0.4143
	02476290	M-Pravastatin	Mantra Ph.	30	12.43	<b>→</b> 0.4143
				100	41.43	• 0.4143
	02247657	pms-Pravastatin	Phmscience	30	12.43	<b>→</b> 0.4143
				100	41.43	<b>→</b> 0.4143
	02222051	Pravachol	B.M.S.	90	37.29	• 0.4143
	02356562	Pravastatin	Sanis	30	12.43	<b>→</b> 0.4143
				100	41.43	<b>→</b> 0.4143
	02389746	Pravastatin	Sivem	30	12.43	<b>→</b> 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
	02468727	Sandoz Pravastatin	Sandoz	100	41.43	• 0.4143
	02247010	Teva-Pravastatin	Novopharm	30	12.43	• 0.4143
				100	41.43	<b>→</b> 0.4143

**Page 90** 2019-12

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

#### ROSUVASTATIN CALCIUM

Tab.	CALCIUM III			5 mg <b>PPB</b>		
02337975	Apo-Rosuvastatin	Apotex	30	3.85	•	0.1284
		'	500	64.20	•	0.1284
02442574	Auro-Rosuvastatin	Aurobindo	30	3.85	•	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	<b>•</b>	0.1284
00000044	Day Day and the		500	64.20	7	0.1284
02382644	Ran-Rosuvastatin	Ranbaxy	100	12.84	7	0.1284
02380013	Dive De suventation	Dive	500 30	64.20	7	0.1284 0.1284
02380013	Riva-Rosuvastatin	Riva	100	3.85 12.84	3	0.1284
02381176	Rosuvastatin	Pro Doc	30	3.85	•	0.1284
02001110	, result delatin		100	12.84	•	0.1284
02405628	Rosuvastatin	Sanis	100	12.84	•	0.1284
			500	64.20	•	0.1284
02411628	Rosuvastatin	Sivem	30	3.85	•	0.1284
			500	64.20	<b>→</b>	0.1284
02338726	Sandoz Rosuvastatin	Sandoz	30	3.85	<b>→</b>	0.1284
			500	64.20	<b>→</b>	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.		ı		1	10 mg <b>PPB</b>	
	02337983	Apo-Rosuvastatin	Apotex	30	4.06	,
				500	67.70	<b>→</b> 0.1354
	02442582	Auro-Rosuvastatin	Aurobindo	30	4.06	→ 0.1354
				500	67.70	<b>→</b> 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	<b>→</b> 0.1354
				500	67.70	→ 0.1354
	02399172	Med-Rosuvastatin	GMP	30	4.06	<b>→</b> 0.1354
				100	13.54	→ 0.1354
	02397803	Mint-Rosuvastatin	Mint	100	13.54	→ 0.1354
	02378531	pms-Rosuvastatin	Phmscience	30	4.06	<b>→</b> 0.1354
				500	67.70	→ 0.1354
	02382652	Ran-Rosuvastatin	Ranbaxy	100	13.54	<b>→</b> 0.1354
				500	67.70	→ 0.1354
	02380056	Riva-Rosuvastatin	Riva	30	4.06	<b>→</b> 0.1354
				100	13.54	<b>→</b> 0.1354
	02381184	Rosuvastatin	Pro Doc	30	4.06	→ 0.1354
				500	67.70	<b>→</b> 0.1354
	02405636	Rosuvastatin	Sanis	500	67.70	<b>→</b> 0.1354
	02411636	Rosuvastatin	Sivem	30	4.06	
				500	67.70	→ 0.1354
	02338734	Sandoz Rosuvastatin	Sandoz	30	4.06	→ 0.1354
				500	67.70	
	02354616	Teva Rosuvastatin	Teva Can	30	4.06	
				500	67.70	

**Page 92** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				:	20 mg <b>PPB</b>	
	02337991	Apo-Rosuvastatin	Apotex	30	5.08	<b>→</b> 0.1692
				500	84.60	→ 0.1692
	02442590	Auro-Rosuvastatin	Aurobindo	30	5.08	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02444984	Bio-Rosuvastatin	Biomed	100	16.92	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02339781	Co Rosuvastatin	Cobalt	30	5.08	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02247163	Crestor	AZC	30	51.00	1.7000
	02391279	Jamp-Rosuvastatin	Jamp	100	16.92	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02413086	Mar-Rosuvastatin	Marcan	100	16.92	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02399180	Med-Rosuvastatin	GMP	30	5.08	<b>→</b> 0.1692
				100	16.92	<b>→</b> 0.1692
	02397811	Mint-Rosuvastatin	Mint	100	16.92	<b>→</b> 0.1692
	02378558	pms-Rosuvastatin	Phmscience	30	5.08	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02382660	Ran-Rosuvastatin	Ranbaxy	100	16.92	<b>→</b> 0.1692
				500	84.60	<b>→</b> 0.1692
	02380064	Riva-Rosuvastatin	Riva	30	5.08	<b>→</b> 0.1692
				100	16.92	<b>→</b> 0.1692
	02381192	Rosuvastatin	Pro Doc	30	5.08	<b>→</b> 0.1692
				100	16.92	<b>→</b> 0.1692
	02405644	Rosuvastatin	Sanis	500	84.60	→ 0.1692
	02411644	Rosuvastatin	Sivem	30	5.08	→ 0.1692
				500	84.60	→ 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
			1	500	84.60	→ 0.1692

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IIT PRICE
ab.				40 mg <b>PPB</b>		
			00	1		0.400
02338009	Apo-Rosuvastatin	Apotex	30	5.97	7	0.1990
00440004	4 5		500	99.50	7	0.1990
02442604	Auro-Rosuvastatin	Aurobindo	30 500	5.97 99.50	3	0.1990 0.1990
02444992	Bio-Rosuvastatin	Biomed	100	19.90	<b>∓</b>	0.199
02339803	Co Rosuvastatin	Cobalt	30	5.97	1	0.199
02339003	Co Nosuvasialiii	Cobait	500	99.50	3	0.199
02247164	Crestor	AZC	30	59.70	7	1.990
02391287	Jamp-Rosuvastatin	Jamp	100	19.90	•	0.199
02001201	Camp Rocavaciain	Junp	500	99.50	•	0.199
02413108	Mar-Rosuvastatin	Marcan	100	19.90	•	0.199
021.0100	mai riodaradiani	mai sai:	500	99.50	•	0.199
02399199	Med-Rosuvastatin	GMP	30	5.97	•	0.199
			100	19.90	•	0.199
02397838	Mint-Rosuvastatin	Mint	100	19.90	•	0.199
02378566	pms-Rosuvastatin	Phmscience	30	5.97	•	0.199
	ľ		500	99.50	•	0.199
02382679	Ran-Rosuvastatin	Ranbaxy	100	19.90	•	0.199
			500	99.50	•	0.199
02380102	Riva-Rosuvastatin	Riva	30	5.97	•	0.199
			100	19.90	→	0.199
02381206	Rosuvastatin	Pro Doc	30	5.97	•	0.199
			100	19.90	•	0.199
02405652	Rosuvastatin	Sanis	100	19.90	•	0.199
02411652	Rosuvastatin	Sivem	30	5.97	•	0.199
			500	99.50	•	0.199
02338750	Sandoz Rosuvastatin	Sandoz	30	5.97	•	0.199
			100	19.90	•	0.199
02354632	Teva Rosuvastatin	Teva Can	30	5.97	•	0.199
			500	99.50	•	0.199
IMVASTATIN	G.					
ab.	i			5 mg <b>PPB</b>		
02248103	ACT Simvastatin	ActavisPhm	100	10.23		0.102
02247011	Apo-Simvastatin	Apotex	100	10.23	-	0.102
02405148	Auro-Simvastatin	Aurobindo	100	10.23	•	0.102
02375591	Jamp-Simvastatin	Jamp	100	10.23	•	0.102
02375036	Mar-Simvastatin	Marcan	100	10.23	-	0.102
	Mint-Simvastatin	Mint	100	10.23	•	0.102
02372932			100	10.23	•	0.102
02372932 02246582	Mylan-Simvastatin	livivian			•	0.102
02246582	Mylan-Simvastatin Pharma-Simvastatin	Mylan Phmscience		3.07	7	
	Mylan-Simvastatin Pharma-Simvastatin	1 -	30 100	3.07 10.23	<b>→</b>	
02246582	1 -	1 -	30			0.102
02246582 02469979	Pharma-Simvastatin	Phmscience	30 100	10.23	•	0.102 0.102
02246582 02469979	Pharma-Simvastatin	Phmscience Phmscience	30 100 30	10.23 3.07	<b>*</b>	0.102 0.102 0.102
02246582 02469979 02269252	Pharma-Simvastatin pms-Simvastatin	Phmscience	30 100 30 100	10.23 3.07 10.23	<b>+ + +</b>	0.102 0.102 0.102 0.102
02246582 02469979 02269252 02329131	Pharma-Simvastatin  pms-Simvastatin  Ran-Simvastatin	Phmscience Phmscience Ranbaxy	30 100 30 100 100	10.23 3.07 10.23 10.23	<b>+ + +</b>	0.102 0.102 0.102 0.102 <b>V</b>
02246582 02469979 02269252 02329131 02284723	Pharma-Simvastatin  pms-Simvastatin  Ran-Simvastatin  Simvastatin	Phmscience Phmscience Ranbaxy Sanis	30 100 30 100 100	10.23 3.07 10.23 10.23 10.23	<b>+ + +</b>	0.102 0.102 0.102 0.102 0.102 <b>V</b> 0.102 0.102

Page 94 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg <b>PPB</b>	
1		l	1	I	ا آ ا	
	02248104	ACT Simvastatin	ActavisPhm	30	6.07	• 0.2023
				500	101.15	• 0.2023
	02247012	Apo-Simvastatin	Apotex	30	6.07	• 0.2023
			l	100	20.23	• 0.2023
	02405156	Auro-Simvastatin	Aurobindo	100	20.23	• 0.2023
		L		500	101.15	• 0.2023
+	02484455	Bio-Simvastatin	Biomed	500	101.15	• 0.2023
	02375605	Jamp-Simvastatin	Jamp	30	6.07	<b>→</b> 0.2023
				500	101.15	<b>→</b> 0.2023
	02375044	Mar-Simvastatin	Marcan	100	20.23	<b>→</b> 0.2023
				500	101.15	<b>→</b> 0.2023
	02372940	Mint-Simvastatin	Mint	100	20.23	<b>→</b> 0.2023
	02246583	Mylan-Simvastatin	Mylan	100	20.23	• 0.2023
	02250152	Novo-Simvastatin	Novopharm	30	6.07	<b>→</b> 0.2023
				500	101.15	<b>→</b> 0.2023
	02469987	Pharma-Simvastatin	Phmscience	100	20.23	<b>→</b> 0.2023
	02269260	pms-Simvastatin	Phmscience	30	6.07	<b>→</b> 0.2023
				100	20.23	→ 0.2023
	02329158	Ran-Simvastatin	Ranbaxy	100	20.23	<b>→</b> 0.2023
				500	101.15	<b>→</b> 0.2023
	02284731	Simvastatin	Sanis	100	20.23	w
	02386305	Simvastatin	Sivem	30	6.07	<b>→</b> 0.2023
				100	20.23	<b>→</b> 0.2023
	02247221	Simvastatin-10	Pro Doc	30	6.07	<b>→</b> 0.2023
				100	20.23	<b>→</b> 0.2023
	00884332	Zocor	Merck	28	54.41	1.9432

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.	Гаb. 20 mg <b>РРВ</b>						
	02248105	ACT Simvastatin	ActavisPhm	30	7.50	<b>→</b> 0.2501	
				500	125.05	,	
	02247013	Apo-Simvastatin	Apotex	30	7.50	<b>→</b> 0.2501	
				100	25.01	<b>→</b> 0.2501	
	02405164	Auro-Simvastatin	Aurobindo	100	25.01	<b>→</b> 0.2501	
				500	125.05	• 0.2501	
+	02484463	Bio-Simvastatin	Biomed	500	125.05	<b>→</b> 0.2501	
	02375613	Jamp-Simvastatin	Jamp	30	7.50	<b>→</b> 0.2501	
				500	125.05	<b>→</b> 0.2501	
	02375052	Mar-Simvastatin	Marcan	100	25.01	<b>→</b> 0.2501	
				500	125.05	<b>→</b> 0.2501	
	02372959	Mint-Simvastatin	Mint	100	25.01	• 0.2501	
	02246737	Mylan-Simvastatin	Mylan	100	25.01	<b>→</b> 0.2501	
	02250160	Novo-Simvastatin	Novopharm	30	7.50	<b>→</b> 0.2501	
				100	25.01	<b>→</b> 0.2501	
	02469995	Pharma-Simvastatin	Phmscience	100	25.01	<b>→</b> 0.2501	
				500	125.05	• 0.2501	
	02269279	pms-Simvastatin	Phmscience	30	7.50	<b>→</b> 0.2501	
				100	25.01	<b>→</b> 0.2501	
	02329166	Ran-Simvastatin	Ranbaxy	100	25.01	<b>→</b> 0.2501	
				500	125.05	<b>→</b> 0.2501	
	02284758	Simvastatin	Sanis	100	25.01	W	
		l	a.	500	125.05	W	
	02386313	Simvastatin	Sivem	30	7.50	0.2501	
	00047000	0:		100	25.01	0.2501	
	02247222	Simvastatin-20	Pro Doc	30	7.50	0.2501	
	00004040	7		100	25.01	• 0.2501	
	00884340	Zocor	Merck	28	67.71	2.4182	

Page 96 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
	CODE	DIVAND IVANIL	MANOI ACTORER	SIZE	SIZE	ONIT FRICE
Tab.					40 mg <b>PPB</b>	
l ab.		I	1		tonig FFB	I
	02248106	ACT Simvastatin	ActavisPhm	30	7.50	→ 0.2501
				500	125.05	<b>→</b> 0.2501
	02247014	Apo-Simvastatin	Apotex	30	7.50	<b>→</b> 0.2501
				100	25.01	<b>→</b> 0.2501
	02405172	Auro-Simvastatin	Aurobindo	100	25.01	→ 0.2501
				500	125.05	<b>→</b> 0.2501
+	02484471	Bio-Simvastatin	Biomed	100	25.01	→ 0.2501
	02375621	Jamp-Simvastatin	Jamp	30	7.50	→ 0.2501
				500	125.05	<b>→</b> 0.2501
	02375060	Mar-Simvastatin	Marcan	100	25.01	<b>→</b> 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
		<b>5</b> 6: 4 #		100	25.01	0.2501
	02329174	Ran-Simvastatin	Ranbaxy	100	25.01	0.2501
	00004700	Si	0	500	125.05	• 0.2501
	02284766 02386321	Simvastatin Simvastatin	Sanis Sivem	100 30	25.01 7.50	<b>W</b> 0.2501
	02300321	Siirivastatiiri	Siveili	100	25.01	<ul><li>→ 0.2501</li><li>→ 0.2501</li></ul>
	02247223	Simvastatin-40	Pro Doc	30	7.50	<ul><li>→ 0.2501</li><li>→ 0.2501</li></ul>
	02247223	Siirivastatiiri-40	FIO DOC	100	25.01	→ 0.2501 → 0.2501
	02250179	Teva-Simvastatin	Teva Can	30	7.50	<ul><li>→ 0.2501</li></ul>
	02200173	Teva Simvastatiir	Tova Gair	100	25.01	→ 0.2501 → 0.2501
	00884359	Zocor	Merck	28	67.71	2.4182
		•	·	•	•	
Tab.					80 mg <b>PPB</b>	
	02248107	ACT Simvastatin	ActavisPhm	100	25.01	<b>→</b> 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	<b>→</b> 0.2501
	02470012	Pharma-Simvastatin	Phmscience	30	7.50	<b>→</b> 0.2500
				100	25.01	→ 0.2501
	02269295	pms-Simvastatin	Phmscience	30	7.50	<b>→</b> 0.2500
				100	25.01	• 0.2501
	02329182	Ran-Simvastatin	Ranbaxy	100	25.00	• 0.2500
	02247224	Simvastatin	Pro Doc	30	7.50	• 0.2500
				100	25.01	→ 0.2501
	02284774	Simvastatin	Sanis	100	25.00	W 0 0 500
	02386348	Simvastatin	Sivem	30 100	7.50	0.2500
	02250187	Teva-Simvastatin	Teva Can	30	25.01 7.50	<ul><li>→ 0.2501</li><li>→ 0.2500</li></ul>
	02230107	i eva-Siiiivastatiii	16va Gail	100	25.01	<ul><li>→ 0.2500</li><li>→ 0.2501</li></ul>
				100	20.01	0.2301

6005					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
24:06.92 MISCELLA NIACIN	NEOUS ANTILIPEMIC	AGENTS			
L.A. Tab.				500 mg	
023092	254 Niaspan FCT	Sunovion	90	99.00	w
L.A. Tab.	1		1	1000 mg	
023092	Niaspan FCT	Sunovion	90	99.00	w
NIACIN					
Tab.		1.	1	00 mg <b>PPB</b>	
005574	112 Jamp-Niacin	Jamp	100 500	4.50 22.50	<ul><li>→ 0.0450</li><li>→ 0.0450</li></ul>
019391	Niacine	Odan	100	7.50	0.0750
CLONIDINE	ALPHA-AGONISTS HYDROCHLORIDE 🖫				
CENTRAL CLONIDINE Tab.	HYDROCHLORIDE 🖪	l	1	0.1 mg <b>PPB</b>	
CENTRAL CLONIDINE	HYDROCHLORIDE 192 Mint-Clonidine	Mint Teva Can	100	0.1 mg <b>PPB</b> 10.01 10.01	<ul><li>→ 0.1001</li><li>→ 0.1001</li></ul>
CENTRAL CLONIDINE Tab.	HYDROCHLORIDE 192 Mint-Clonidine		100 100	10.01	-
CENTRAL CLONIDINE Tab. 02462′ Tab. 02462′	HYDROCHLORIDE III  192 Mint-Clonidine 21 Teva-Clonidine  206 Mint-Clonidine	Teva Can  Mint	100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85	<ul><li>→ 0.1001</li><li>→ 0.1785</li></ul>
CENTRAL CLONIDINE Tab.  02462 02046	HYDROCHLORIDE III  192 Mint-Clonidine 21 Teva-Clonidine  206 Mint-Clonidine	Teva Can	100 100	10.01 10.01	0.1001
CENTRAL CLONIDINE Tab. 02462′ Tab. 02462′	HYDROCHLORIDE III  192 Mint-Clonidine 21 Teva-Clonidine  206 Mint-Clonidine 48 Teva-Clonidine	Teva Can  Mint	100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85	<ul><li>→ 0.1001</li><li>→ 0.1785</li></ul>
CENTRAL CLONIDINE Tab. 02462' 02046'  Tab. 024622 02046'	HYDROCHLORIDE III  192 Mint-Clonidine 193 Teva-Clonidine 194 Mint-Clonidine 195 Mint-Clonidine 196 Mint-Clonidine 197 Mint-Clonidine 198 Mint-Clonidine 199 Mint-Clonidine 199 Mint-Clonidine 199 Mint-Clonidine	Teva Can  Mint	100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85 17.85	<ul><li>→ 0.1001</li><li>→ 0.1785</li></ul>
CENTRAL CLONIDINE Tab. 02462: 02046*  Tab. 024622: 02046*  METHYLDO Tab.	HYDROCHLORIDE III  192 Mint-Clonidine 121 Teva-Clonidine 206 Mint-Clonidine 48 Teva-Clonidine	Mint Teva Can	100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85 17.85	<ul><li>◆ 0.1001</li><li>◆ 0.1785</li><li>◆ 0.1785</li></ul>
CENTRAL   CLONIDINE   Tab.   02462'   02046'   Tab.   02046'     METHYLDO   Tab.   003602	HYDROCHLORIDE III  192 Mint-Clonidine 21 Teva-Clonidine 206 Mint-Clonidine 48 Teva-Clonidine PA II  252 Methyldopa	Mint Teva Can	100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85 17.85	<ul><li>◆ 0.1001</li><li>◆ 0.1785</li><li>◆ 0.1785</li></ul>
CENTRAL   CLONIDINE   Tab.   02462′   02046′   Tab.   02462′   02046′	HYDROCHLORIDE III  192 Mint-Clonidine 21 Teva-Clonidine 206 Mint-Clonidine 48 Teva-Clonidine PA II  252 Methyldopa	Mint Teva Can  AA Pharma	100 100 100 100 100	10.01 10.01 0.2 mg <b>PPB</b> 17.85 17.85 125 mg 9.89 250 mg	<ul> <li>◆ 0.1001</li> <li>◆ 0.1785</li> <li>◆ 0.1785</li> <li>◆ 0.0989</li> </ul>

Page 98 2019-12

CODE		BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DIAZOXIDE		DDILATORS			400	
Caps.		ĺ	1	1	100 mg	l
00503	3347	Proglycem	Merck	100	161.41	1.6141
HYDRALAZ Tab.	ZINE	HYDROCHLORIDE 🖫			10 mg <b>PPB</b>	
00441	1640	Ana Hudralazina	Anatav	100	1	→ 0.0355
02457		Apo-Hydralazine Jamp-Hydralazine	Apotex Jamp	100	3.55 3.55	→ 0.0355 → 0.0355
02468		Mint-Hydralazine	Mint	100	3.55	• 0.0355
Tab.		1	ı	1	25 mg <b>PPB</b>	1
00441	1627	Apo-Hydralazine	Apotex	100	6.09	<b>→</b> 0.0609
02457		Jamp-Hydralazine	Jamp	100	6.09	• 0.0609
02468	3786	Mint-Hydralazine	Mint	100	6.09	→ 0.0609
MINOXIDIL	131					
Tab.					2.5 mg	
00514	1497	Loniten	Pfizer	100	33.30	0.3330
Tab.					10 mg	
00514	1500	Loniten	Pfizer	100	73.42	0.7342
GLYCERYL	_	D NITRITES NITRATE				
Patch I		1	1	0.2	2 mg/h <b>PPB</b> 	ı
02162		Minitran	Valeant	30	13.39	<b>→</b> 0.4463
02407		Mylan-Nitro Patch 0.2	Mylan	30	13.39	0.4463
01911 00584		Nitro-Dur Transderm-Nitro	Dr Reddy's Novartis	30	13.39 18.77	
02230		Trinipatch	Paladin	30	13.39	<b>→</b> 0.4463
Patch		ı		0.4	4 mg/h <b>PPB</b>	
02163	3527	Minitran	Valeant	30	14.11	<b>→</b> 0.4703
02407	7450	Mylan-Nitro Patch 0.4	Mylan	30	14.11	<b>→</b> 0.4703
01911		Nitro-Dur	Dr Reddy's	30	14.11	<b>→</b> 0.4703
00852 02230		Transderm-Nitro Trinipatch	Novartis Paladin	30	21.20 14.11	0.7067 <b>→</b> 0.4703
					1	, 0.1700

					COST OF DIC	
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				<u> </u>		l .
Patch	า			0.6	mg/h <b>PPB</b>	
	02163535	Minitran	Valeant	30	14.11	0.4703
	02407469	Mylan-Nitro Patch 0.6	Mylan	30	14.11	◆ 0.4703 ◆ 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	<b>→</b> 0.4703
Patch	ı			0.8	mg/h <b>PPB</b>	
	02407477	Mylan-Nitro Patch 0.8	Mylan	30	26.23	0.8743
	02011271	Nitro-Dur	Dr Reddy's	30	26.23	<b>→</b> 0.8743
			1	1	ļ	l
SLir	ng. Spray	1	1	C	.4 mg <b>PPB</b>	I
	02243588	Mylan-Nitro SL Spray	Mylan	200 dose(s)	<b>→</b> 8.42	
	02231441	Nitrolingual Pompe	SanofiAven	200 dose(s)	13.37	
	02238998	Rho-Nitro	Sandoz	200 dose(s)	<b>→</b> 8.42	
GLY	CERYL TRII	NITRATE (STABILIZED)				
	g. Tab.	·			0.3 mg	
*	00037613	Nitrostat	Upjohn	100	3.37	
		7.11.001.01			0.07	
S-Lin	g. Tab.				0.6 mg	
*	00037621	Nitrostat	Upjohn	100	3.52	
			1			
	<b>ORBIDE DI</b> g. Tab.	NITRATE			5 mg	
	_	lada	AA Pharma	100		0.0634
	00670944	Isdn	AA Pharma	100	6.21	0.0621
Tab.					10 mg	
	00111000	l	1	100		
	00441686	Isdn	AA Pharma	100 1000	3.65 36.50	0.0365 0.0365
				1000	30.30	0.0303
Tab.					30 mg	
1 ab.			1	I	l	I
	00441694	Isdn	AA Pharma	100	8.57	0.0857
ISOS	ORBIDE-5-	MONONITRATE B				
L.A.					60 mg <b>PPB</b>	
	02272830	Apo-ISMN	Apotex	100	35.23	→ 0.3523
	02126559	Imdur	AZC	30	20.55	0.6850
	0000			100	68.50	0.6850
	02301288	pms-ISMN	Phmscience	30	10.57	→ 0.3523
	0004400:	B (04.44) 00		100	35.23	0.3523
1	02311321	Pro-ISMN-60	Pro Doc	100	35.23	▶ 0.3523

Page 100 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	2.92	OUG VACODU ATING AG	ENTO			
	'RIDAMOLE	OUS VASODILATING AG : 🖫	ENIS			
Tab.			1	ı	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
		•				
24:2 ALP	-	NERGICS BLOCKING AG	SENTS			
DOX		SYLATE B				
Tab.		ĺ	I	Ì	1 mg <b>PPB</b>	
*	02240588	Apo-Doxazosin	Apotex	100	14.16	• 0.1416
+	02489937 02242728	Jamp-Doxazosin Novo-Doxazosin	Jamp	100 100	14.16 14.16	<ul><li>→ 0.1416</li><li>→ 0.1416</li></ul>
	02242720	NOVO-DOXAZOSIII	Novopharm	100	14.10	• 0.1410
Tab.		ı	ı	ı	2 mg <b>PPB</b>	
*	02240589	Apo-Doxazosin	Apotex	100	16.99	<b>→</b> 0.1699
+	02489945	Jamp-Doxazosin	Jamp	100	16.99	<b>→</b> 0.1699
	02242729	Novo-Doxazosin	Novopharm	100	16.99	• 0.1699
Tab.					4 mg PPB	
*	02240590	Apo-Doxazosin	Apotex	100	22.09	<b>→</b> 0.2209
+	02489953	Jamp-Doxazosin	Jamp	100	22.09	→ 0.2209
	02242730	Novo-Doxazosin	Novopharm	100	22.09	• 0.2209
		_				
PRA Tab.	ZOSIN HYD	ROCHLORIDE 🖪			1 mg	
	01934198	Novo-Prazin	Novopharm	100	13.71	0.1371
Tab.					2 mg	
	01934201	Novo-Prazin	Novopharm	100	18.62	0.1862
	01934201	INUVU-FIAZIII	ινονομπαππ	100	10.02	0.1002
Tab.				1	5 mg	
	01934228	Novo-Prazin	Novopharm	100	25.60	0.2560
				<u> </u>		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•			
TERA	AZOSIN HY	DROCHLORIDE 🖪			1 mg PPB	
	02234502	Ana Tarazasin	Anatov	100	10.25	→ 0.1835
	02234502	Apo-Terazosin pms-Terazosin	Apotex Phmscience	100	18.35 18.35	→ 0.1835 → 0.1835
	02218941	ratio-Terazosin	Ratiopharm	100	18.35	<b>→</b> 0.1835
	02350475	Terazosin	Sanis	100	18.35	<b>→</b> 0.1835
	02230805	Teva-Terazosin	Teva Can	100	18.35	• 0.1835
Tab.			1	I	2 mg <b>PPB</b>	I
	02234503	Apo-Terazosin	Apotex	100	23.33	• 0.2333
	02243519	pms-Terazosin	Phmscience	100	23.33	• 0.2333
	02218968	ratio-Terazosin	Ratiopharm	100	23.33	• 0.2333
	02350483	Terazosin	Sanis	100	23.33	0.2333
	02237477	Terazosin-2 Teva-Terazosin	Pro Doc Teva Can	100 100	23.33	0.2333
	02230806	Teva-Terazosiri	Teva Cari	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 → 0.3168
	02243320	ratio-Terazosin	Ratiopharm	100	31.68	<b>→</b> 0.3168
	02350491	Terazosin	Sanis	100	31.68	<b>→</b> 0.3168
	02337478	Terazosin-5	Pro Doc	100	31.68	<b>→</b> 0.3168
	02230807	Teva-Terazosin	Teva Can	100	31.68	• 0.3168
						-
Tab.		1	1	ı	10 mg <b>PPB</b>	ı
	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	<b>→</b> 0.4637
24:2 BÊT	=	ERGICS BLOCKING A	GENTS			
ACE Tab.	BUTOL HYD	DROCHLORIDE B		1	100 mg <b>PPB</b>	
	02164396	Acebutolol-100	Pro Doc	100	7.87	● 0.0787
	02104390	Acendiolol-100	LIO DOG	500	39.33	→ 0.0787 → 0.0787
	02147602	Apo-Acebutolol	Apotex	100	7.87	<b>→</b> 0.0787
				500	39.33	<b>→</b> 0.0787
	02204517	Novo-Acebutolol	Novopharm	100	7.87	
Tab.				,	200 mg <b>PPB</b>	
ab.		l	I	1	1	Ι.
	02164418	Acebutolol-200	Pro Doc	100	11.77	<b>→</b> 0.1177
		l	1	500	58.85	
	02147610	Apo-Acebutolol	Apotex	100	11.77	0.1177
				500	58.85	1
	02204525	Novo-Acebutolol	Novopharm	100	11.77	
	01926551	Sectral	SanofiAven	100	45.02	0.4502

Page 102 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.		I	1	40	00 mg <b>PPB</b>	ı	
	02147629	Acebutolol-400 Apo-Acebutolol Novo-Acebutolol	Pro Doc Apotex Novopharm	100 100 100		<ul><li>→ 0.2466</li><li>→ 0.2466</li><li>→ 0.2466</li></ul>	

### ATENOLOL 🖪

Tab.	1	1		25 mg <b>PPB</b>		
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.	ab. 50 mg <b>PPB</b>							
	02255545	ACT Atenolol	ActavisPhm	100	11.07	,		
				500	55.35	,		
	00773689	Apo-Atenol	Apotex	100	11.07	,		
				500	55.35	• 0.1107		
	02466465	Atenolol	Sanis	100	11.07	<b>→</b> 0.1107		
				500	55.35	<b>→</b> 0.1107		
	02238316	Atenolol	Sivem	30	3.32	<b>→</b> 0.1107		
				500	55.35	<b>→</b> 0.1107		
	00828807	Atenolol-50	Pro Doc	30 500	3.32 55.35	<b>→</b> 0.1107		
	00000470	Bis Atamalal	Diama d			<b>→</b> 0.1107		
	02392178	Bio-Atenolol	Biomed	30 100	3.32 11.07	<b>→</b> 0.1107		
	00007504	James Atamalal		30	_	<b>→</b> 0.1107		
	02367564	Jamp-Atenolol	Jamp	500	3.32 55.35	<ul><li>→ 0.1107</li><li>→ 0.1107</li></ul>		
	02371987	Mar-Atenolol	Marcan	300	3.32	→ 0.1107 → 0.1107		
	0237 1907	Wai-Alerioloi	IVIAICAII	500	55.35	→ 0.1107 → 0.1107		
	02368021	Mint-Atenol	Mint	30	3.32	→ 0.1107 → 0.1107		
	02300021	Willi-Aterior	IVIIII	500	55.35	→ 0.1107 → 0.1107		
	02237600	pms-Atenolol	Phmscience	30	3.32	<b>→</b> 0.1107		
	02207000		Timbolonoo	500	55.35	<b>→</b> 0.1107		
	02267985	Ran-Atenolol	Ranbaxy	30	3.32	<ul><li>→ 0.1107</li></ul>		
	0220.000	7 10.77 110.77 10.7	1 12 12 17	500	55.35	<ul><li>→ 0.1107</li></ul>		
	02171791	ratio-Atenolol	Ratiopharm	30	3.32	<b>→</b> 0.1107		
				500	55.35	<b>→</b> 0.1107		
	02242094	Riva-Atenolol	Riva	30	3.32	<b>→</b> 0.1107		
				500	55.35	<b>→</b> 0.1107		
	02368641	Septa-Atenolol	Septa	30	3.32	<b>→</b> 0.1107		
		_		500	55.35	<b>→</b> 0.1107		
	02039532	Tenormin	AZC	30	17.91	0.5970		
	01912062	Teva-Atenol	Teva Can	30	3.32	<b>→</b> 0.1107		
				500	55.35	<b>→</b> 0.1107		

Page 104 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
Tab.	Tab. 100 mg <b>PPB</b>								
02255553	ACT Atenolol	ActavisPhm	100 500	18.21 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
00773697	Apo-Atenol	Apotex	30 100	5.46 18.21	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02466473 02238318	Atenolol Atenolol	Sanis Sivem	100	18.21 5.46	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
00828793	Atenolol-100	Pro Doc	100	18.21 5.46	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02392186	Bio-Atenolol	Biomed	100	18.21 5.46	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02392100	Jamp-Atenolol	Jamp	100	18.21 5.46	→ 0.1821 → 0.1821 → 0.1821				
02307372	Mar-Atenolol	Marcan	500	91.05 5.46	→ 0.1821 → 0.1821 → 0.1821				
			500	91.05	<b>→</b> 0.1821				
02368048	Mint-Atenol	Mint	30 100	5.46 18.21	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02237601	pms-Atenolol	Phmscience	30 500	5.46 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02267993	Ran-Atenolol	Ranbaxy	30 500	5.46 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02171805	ratio-Atenolol	Ratiopharm	30 500	5.46 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02242093	Riva-Atenolol	Riva	30 500	5.46 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02368668	Septa-Atenolol	Septa	30 500	5.46 91.05	<ul><li>→ 0.1821</li><li>→ 0.1821</li></ul>				
02039540 01912054	Tenormin Teva-Atenol	AZC Teva Can	30 30 500	29.44 5.46 91.05	0.9813 • 0.1821 • 0.1821				

## BISOPROLOL FUMARATE

Tab	).				5 mg <b>PPB</b>		
	02256134	Apo-Bisoprolol	Apotex	100	7.15	<b>→</b>	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
			1		
Tab.	1	1	1	10 mg <b>PPB</b>	ı
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 Doc	100	10.44	→ 0.1044
02471272	1 '	Riva	100	10.44	→ 0.1044
02247440	Sandoz Bisoprolol	Sandoz	100	10.44	→ 0.1044
CARVEDILOL	ß				
Tab. I	I	1	3.1	25 mg <b>PPB</b>	I
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	<b>→</b> 0.2431
Tab.			6.	25 mg <b>PPB</b>	
	1	1.	1	1	l
02247934	1	Apotex	100	24.31	• 0.2431
02418509	Auro-Carvedilol	Aurobindo	100	24.31	0.2431
00004540	0		1000	243.10	0.2431
02324512	1	Pro Doc	100	24.31	0.2431
02364921		Sanis	100	24.31	<ul><li>→ 0.2431</li><li>→ 0.2431</li></ul>
02248753 02368900	l .	Sivem Jamp	100 100	24.31 24.31	<ul><li>→ 0.2431</li><li>→ 0.2431</li></ul>
02366900	1 '	Phmscience	100	24.31	0.2431
02268035	r	Ranbaxy	100	24.31	→ 0.2431 → 0.2431
02252317	l .	Ratiopharm	100	24.31	<ul><li>→ 0.2431</li></ul>
<u>I</u>					
Tab. I	I	I	12 I	2.5 mg <b>PPB</b>	I
02247935	Apo-Carvedilol	Apotex	100	24.31	→ 0.2431
02418517	Auro-Carvedilol	Aurobindo	100	24.31	→ 0.2431
			1000	243.10	→ 0.2431
02324520		Pro Doc	100	24.31	→ 0.2431
02364948	1	Sanis	100	24.31	→ 0.2431
02248754	l .	Sivem	100	24.31	→ 0.2431
02368919	'	Jamp	100	24.31	→ 0.2431
02245916	1'	Phmscience	100	24.31	→ 0.2431
02268043		Ranbaxy	100	24.31	<b>→</b> 0.2431
02252325	ratio-Carvedilol	Ratiopharm	100	24.31	→ 0.2431

Page 106 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.	1	1		25 mg <b>PPB</b>	
	1			1	
02247936	Apo-Carvedilol	Apotex	100	24.31	<b>→</b> 0.243
02418525	Auro-Carvedilol	Aurobindo	100	24.31	<b>→</b> 0.243
			1000	243.10	→ 0.243
02324539	Carvedilol	Pro Doc	100	24.31	→ 0.243
02364956	Carvedilol	Sanis	100	24.31	→ 0.243
02248755	Carvedilol	Sivem	100	24.31	<ul><li>→ 0.243</li></ul>
02368927	Jamp-Carvedilol	Jamp	100	24.31	<ul><li>→ 0.243</li><li>→ 0.243</li></ul>
02300927	l '		1		_
	pms-Carvedilol	Phmscience	100	24.31	• 0.243
02268051	Ran-Carvedilol	Ranbaxy	100	24.31	• 0.243
02252333	ratio-Carvedilol	Ratiopharm	100	24.31	• 0.243
.ABETALOL (H ab.	YDROCHLORIDE)		10	00 mg <b>PPB</b>	
	1	1	1	g <b>5</b>	
+ 02489406	Riva-Labetalol	Riva	100	26.00	→ 0.260
* 02106272	Trandate	Paladin	100	26.00	<b>→</b> 0.260
ab.	1	1	2	00 mg <b>PPB</b>	ı
+ 02489414	Riva-Labetalol	Riva	100	45.95	→ 0.459
* 02106280	Trandate	Paladin	100	45.95	→ 0.459
Co. or Co. L.A.	A Matanasia / 50		50 mg /100 m	Ĭ	<b>-</b> 0.000
00618632	Apo-Metoprolol 50 mg	Apotex	100	6.24 62.38	<ul><li>→ 0.062</li><li>→ 0.062</li></ul>
00749354	Apo-Metoprolol L 50 mg	Apotex	100	6.24	<b>→</b> 0.062
007 40004	Apo Microproiol E do Hig	ripotex	1000	62.38	<ul><li>→ 0.062</li></ul>
02356821	Jama Matanzalal I	lomp	1000	6.24	<ul><li>→ 0.062</li><li>→ 0.062</li></ul>
02330021	Jamp-Metoprolol-L	Jamp			
00007400			500	31.19	• 0.062
00397423	Lopresor 50 mg	Novartis	100	22.71	0.227
			500	106.82	0.213
00658855	Lopresor SR 100 mg	Novartis	100	26.52	0.265
	L		250	66.28	0.265
02350394	Metoprolol 50 mg	Sanis	100	6.24	<b>→</b> 0.062
			500	31.19	→ 0.062
02351404	Metoprolol SR	Pro Doc	100	12.48	→ 0.124
00648019	Metoprolol-50	Pro Doc	1000	62.38	→ 0.062
02442124	Metoprolol-L	Sivem	100	6.24	→ 0.062
UZ772 124	motopiolo: L	5.76111	1000	62.38	<ul><li>→ 0.062</li><li>→ 0.062</li></ul>
02220002	nma Matanralal I	Dhmasianas	1000		
02230803	pms-Metoprolol-L	Phmscience		6.24	→ 0.062 → 0.062
00045045	S: - M: (	D:	500		• 0.062
02315319	Riva-Metoprolol-L	Riva	100	6.24	<b>→</b> 0.062
			1000	62.38	<b>→</b> 0.062
02354187	Sandoz Metoprolol L 50	Sandoz	100	6.24	→ 0.062
			500	31.19	→ 0.062
02303396	Sandoz Metoprolol SR 100	Sandoz	100	12.48	→ 0.124
00648035	Teva-Metoprolol	Teva Can	100	6.24	→ 0.062
000-0000	, ora wicroproior	Tota Gail	500	31.19	<ul><li>→ 0.062</li><li>→ 0.062</li></ul>
00040640		I	1 500	1 31.19	→ U.U02
	Tour Motorrolal	Toyo Con	100	6.04	<b>→</b> 0.000
00842648	Teva-Metoprolol	Teva Can	100 500	6.24 31.19	<ul><li>→ 0.062</li><li>→ 0.062</li></ul>

00751170	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
00751170	Co. or Co. L.A.		10	00 mg / 200 m	g L.A. <b>PPB</b>	
00751170	00618640	Apo-Metoprolol 100 ma	Apotex	100	12.50	● 0.1250
1000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	1000		<b>→</b> 0.1250
02356848   Jamp-Metoprolol-L   Jamp   100   12.50   → 0.1250   0.1250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.01250   0.001250   0.01250	00751170	Apo-Metoprolol L 100 mg	Apotex			0.1250
Description	02356848	.lamn-Metoprolol-l	.lamn			
02350408	02000040	damp wetoprofor L	Junp			<ul><li>→ 0.1250</li><li>→ 0.1250</li></ul>
02350408   Metoprolol 100 mg   Sanis   100   12.50   0.1250   0.0643   0.	00534560	Lopresor SR 200 mg	Novartis			0.4812
Nove-Metoprolol-1   Nove-Metoprolol   Nove-Metoprolol-1   Nove-	00050400	Mata = == (a) (100 == ==	0			0.4811
00648027   Metaprolol-100   Pro Doc   1000   125.00	02350408	Metoprolol 100 mg	Sanis			-
02442132   Metoprolol-L   Sivem   100   12.50   0.1250	00648027	Metaprolol-100	Pro Doc	1		
0.0842656   Novo-Metoprol B 100 mg   Novopharm   1000   125.00		1 '	1			
00842656	02112102	Wildelph Glor E	Olvolli			1 -
O2230804   pms-Metoprolol-L   Phmscience   100   12.50   0.1250   0.1250	00842656	Novo-Metoprol B 100 ma	Novopharm	1		<b>→</b> 0.1250
02315327			'	500		→ 0.1250
02315327   Riva-Metoprolol-L   Riva   100   12.50   0.1250   0.	02230804	pms-Metoprolol-L	Phmscience	100	12.50	<b>→</b> 0.1250
1000		·		500	62.50	<b>→</b> 0.1250
02354195   Sandoz Metoprolol L 100   Sandoz   100   12.50   0.1250   0.1250   0.2303418   Sandoz Metoprolol SR 200   Sandoz   100   24.99   0.2499   0.2499   0.2499   0.2499   0.1250   0.12	02315327	Riva-Metoprolol-L	Riva	100	12.50	<b>→</b> 0.1250
O2303418   Sandoz Metoprolol SR 200   Sandoz   100   24.99   O.2499   O.2500   O.				1000	125.00	<b>→</b> 0.1250
D2303418	02354195	Sandoz Metoprolol L 100	Sandoz			<b>→</b> 0.1250
Tab.    Teva Can   100   12.50				1	l .	<b>→</b> 0.1250
Tab.  25 mg PPB  02246010	1	·		1	l .	-
Tab.       25 mg       PPB         02246010       Apo-Metoprolol       Apotex       100       6.43       → 0.0643         02356813       Jamp-Metoprolol-L       Jamp       100       6.43       → 0.0643         02296713       Metoprolol-25       Pro Doc       1000       64.30       → 0.0643         02442116       Metoprolol-L       Sivem       100       6.43       → 0.0643         02261898       Novo-Metoprol       Novopharm       100       6.43       → 0.0643         02248855       pms-Metoprolol-L 25 mg       Phmscience       100       6.43       → 0.0643         02315300       Riva-Metoprolol-L       Riva       100       6.43       → 0.0643         NADOLOL       Tab.       40 mg         NADOLOL       AA Pharma       100       45.12       0.4512	00648043	Teva-Metoprolol	Teva Can			
02246010         Apo-Metoprolol         Apotex         100         6.43         ♣ 0.0643           02356813         Jamp-Metoprolol-L         Jamp         100         6.43         ♣ 0.0643           02296713         Metoprolol-25         Pro Doc         1000         64.30         ♣ 0.0643           02442116         Metoprolol-L         Sivem         100         6.43         ♣ 0.0643           02261898         Novo-Metoprol         Novopharm         100         6.43         ♣ 0.0643           02248855         pms-Metoprolol-L 25 mg         Phmscience         100         6.43         ♣ 0.0643           02315300         Riva-Metoprolol-L         Riva         100         6.43         ♣ 0.0643           NADOLOL         Tab.         40 mg           00782505         Nadolol         AA Pharma         100         45.12         0.4512				500	62.50	▼ 0.1250
02246010         Apo-Metoprolol         Apotex         100         6.43         ♣ 0.0643           02356813         Jamp-Metoprolol-L         Jamp         100         6.43         ♣ 0.0643           02296713         Metoprolol-25         Pro Doc         1000         64.30         ♣ 0.0643           02442116         Metoprolol-L         Sivem         100         6.43         ♣ 0.0643           02261898         Novo-Metoprol         Novopharm         100         6.43         ♣ 0.0643           02248855         pms-Metoprolol-L 25 mg         Phmscience         100         6.43         ♣ 0.0643           02315300         Riva-Metoprolol-L         Riva         100         6.43         ♣ 0.0643           NADOLOL         Tab.         40 mg           00782505         Nadolol         AA Pharma         100         45.12         0.4512	Tab				25 mg <b>DDD</b>	
1000	1 ab.		1	ı .	zonig <b>PPB</b>	
02356813	02246010	Apo-Metoprolol	Apotex			▶ 0.0643
02296713						→ 0.0643
02296713         Metoprolol-25         Pro Doc         1000         64.30         ♣ 0.0643           02442116         Metoprolol-L         Sivem         100         6.43         ♣ 0.0643           02261898         Novo-Metoprol         Novopharm         100         6.43         ♣ 0.0643           02248855         pms-Metoprolol-L 25 mg         Phmscience         100         6.43         ♣ 0.0643           02315300         Riva-Metoprolol-L         Riva         100         6.43         ♣ 0.0643           500         32.15         ♣ 0.0643         ♣ 0.0643           500         32.15         ♣ 0.0643           500         32.15         ♣ 0.0643           500         32.15         ♣ 0.0643           NADOLOL         □	02356813	Jamp-Metoprolol-L	Jamp			
02442116       Metoprolol-L       Sivem       100       6.43       → 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         500       32.15       → 0.0643         Nadolol       Riva       100       6.43       → 0.0643         NADOLOL       Tab.       40 mg         00782505       Nadolol       AA Pharma       100       45.12       0.4512         Tab.       80 mg						
02261898			1			
02261898       Novo-Metoprol pms-Metoprolol-L 25 mg       Novopharm Phmscience       100 6.43	02442116	Metoproloi-L	Sivem			1 1
02248855       pms-Metoprolol-L 25 mg       Phmscience       100       6.43       → 0.0643         500       32.15       → 0.0643         100       6.43       → 0.0643         500       32.15       → 0.0643         NADOLOL       Tab.       40 mg         00782505       Nadolol       AA Pharma       100       45.12       0.4512         Tab.       80 mg	02264000	Nova Matanzal	Navanharm			
02315300			1 '	1	l	
02315300	02240033	pms-wetoprotot-L 25 mg	Filliscience			1
NADOLOL ☐ Tab.  AA Pharma  40 mg  00782505 Nadolol  AA Pharma  100  45.12  0.4512  7ab.  80 mg	02315300	Riva-Metoprolol-I	Riva		l .	
Tab.       40 mg         00782505       Nadolol       AA Pharma       100       45.12       0.4512         Tab.       80 mg	02010000	Tiva metoproloi E	Tava			
Tab.       40 mg         00782505       Nadolol       AA Pharma       100       45.12       0.4512         Tab.       80 mg		ı		l		
Tab.       40 mg         00782505       Nadolol       AA Pharma       100       45.12       0.4512         Tab.       80 mg	NADOLOL 🏗					
Tab. 80 mg		1	1		40 mg	ı
	00782505	Nadolol	AA Pharma	100	45.12	0.4512
	T-1-				00	
00782467   Nadolol   AA Pharma   100   37.10   0.3710	ı ab. I	I	1	I	୪୯ mg I	ı
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00782467	Nadolol	AA Pharma	100	37.10	0.3710

Page 108 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PINDOLOL 🖪 Tab.				5 mg <b>PPB</b>	
00755877	Apo-Pindol	Apotex	100	13.61	<b>→</b> 0.1361
00869007	Novo-Pindol	Novopharm	100	13.61	<ul><li>→ 0.1361</li></ul>
		'	500	68.03	<b>→</b> 0.1361
00828416	Pindolol-5	Pro Doc	100	13.61	<b>→</b> 0.1361
02231536	pms-Pindolol	Phmscience	100	13.61	<b>→</b> 0.1361
00417270	Visken	Tribute	100	45.71	0.4571
āb.				10 mg <b>PPB</b>	
00755885	Apo-Pindol	Apotex	100	23.23	<b>→</b> 0.2323
00700000	7.00 1 111001	/ ipotox	500	116.17	<ul><li>→ 0.2323</li><li>→ 0.2323</li></ul>
00869015	Novo-Pindol	Novopharm	100	23.23	<ul><li>→ 0.2323</li></ul>
2222310			500	116.17	<ul><li>→ 0.2323</li></ul>
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
āb.				15 mg <b>PPB</b>	
	1	1		1	
* 00755893	Apo-Pindol	Apotex	100	33.70	• 0.3370
00869023	Novo-Pindol	Novopharm	100	33.70	• 0.3370
02231539 00417289	pms-Pindolol Visken	Phmscience Tribute	100	33.70 113.23	<ul><li>0.3370</li><li>1.1323</li></ul>
	DROCHLOROTHIAZIDE	R			
⊺ab.	DITO OTTE OTTO THE PLANT	_	1	0 mg -25 mg	
00568627	Viskazide 10/25	Tribute	105	80.28	0.7646
	ı	1	1	1	
	HYDROCHLORIDE 1		20 /60	and A DDD	
A. Caps or Tab	). 	1	20 mg /60 m	ng L.A. <b>PPB</b>	
02042231	Inderal L.A. 60 mg	Pfizer	100	44.93	0.4493
00740675	Novo-Pranol 20 mg	Novopharm	100	2.77	• 0.0277
			500	13.84	• 0.0277
A. Caps or Tab	) <u>.</u>	40 mg / 8	80 mg / 120 m	ng L.A. <b>PPB</b>	
02042266	Inderal L.A. 120 mg	Pfizer	100	78.02	0.7802
		Pfizer	100	50.56	0.5056
	Inaerai L.A. 80 mg			1	
00496499	Inderal L.A. 80 mg Teva-Propranolol	Teva Can	100	3.06	<b>→</b> 0.0306
00496499		1	1	3.06 30.63	<ul><li>→ 0.0306</li><li>→ 0.0306</li></ul>
	Teva-Propranolol	Teva Can	100	30.63	
A. Caps or Tab	Teva-Propranolol	Teva Can	100 1000 80 mg / 160 m	30.63	• 0.0306
A. Caps or Tab 02042274	Teva-Propranolol  . Inderal L.A. 160 mg	Teva Can	100 1000 80 mg / 160 m	30.63 ng L.A. <b>PPB</b> 92.27	0.0306
A. Caps or Tab	Teva-Propranolol	Teva Can	100 1000 80 mg / 160 m	30.63	• 0.0306

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg	
	00496480	Teva-Propranolol	Teva Can	100 1000	1.92 19.20	0.0192 0.0192
		_				
SOTA Tab.	ALOL HYDF	ROCHLORIDE 🖪			80 mg <b>PPB</b>	
	02210428	Apo-Sotalol	Apotex	100	29.66	<b>→</b> 0.2966
	02368617	Jamp-Sotalol	Jamp	100	29.66	• 0.2966
	02238326	pms-Sotalol	Phmscience	500 100	148.30 29.66	<ul><li>→ 0.2966</li><li>→ 0.2966</li></ul>
	02230320	pms-30tal0f	Filliscience	500	148.30	→ 0.2966 → 0.2966
	02316528	Pro-Sotalol	Pro Doc	100	29.66	<ul><li>→ 0.2966</li></ul>
	02272164	Riva-Sotalol	Riva	100	29.66	<b>→</b> 0.2966
Tab.		I	1	10	60 mg <b>PPB</b>	
	02167794	Apo-Sotalol	Apotex	100	16.23	<b>→</b> 0.1623
	02368625	Jamp-Sotalol	Jamp	100	16.23	<b>→</b> 0.1623
				500	81.15	• 0.1623
	02238327 02316536	pms-Sotalol Pro-Sotalol	Phmscience Pro Doc	100 100	16.23 16.23	<ul><li>→ 0.1623</li><li>→ 0.1623</li></ul>
	02370330	Riva-Sotalol	Riva	100	16.23	→ 0.1623 → 0.1623
TIMC	LOL MALE	ATE 🖪			5 mg	
	00755842	Timol	AA Pharma	100	16.49	0.1649
	00700042	Timor	/VII nama	100	10.43	0.1043
Tab.					10 mg	
	00755850	Timol	AA Pharma	100	25.72	0.2572
Tab.					20 mg	
	00755869	Timol	AA Pharma	100	50.05	0.5005

**Page 110** 2019-12

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

# 24:28.08 DIHYDROPYRIDINES AMLODIPINE (BESYLATE)

. Tab. 2.5 mg **PPB** Pro Doc 0.0767 02326795 Amlodipine 100 7.67 Amlodipine 02385783 Sivem 100 7.67 0.0767 02419556 Amlodipine Besylate 7.67 ٠ 0.0767 Accord 100 02392127 Bio-Amlodipine Biomed 100 7.67 \* \* \* 0.0767 02297477 Co Amlodipine 0.0767 Cobalt 100 7.67 02357186 | Jamp-Amlodipine 30 2.30 0.0767 Jamp \* \* \* 100 7.67 0.0767 M-Amlodipine 7.67 02468018 Mantra Ph. 100 0.0767 02371707 Mar-Amlodipine Marcan 100 7.67 0.0767 500 38.35 0.0767 02469022 Pharma-Amlodipine Phmscience 100 7.67 **+** 0.0767 02295148 pms-Amlodipine Phmscience 100 7.67 0.0767 \* \* Ran-Amlodipine Ranbaxy 02398877 100 7.67 0.0767 Riva 7.67 02331489 Riva-Amlodipine 100 0.0767 • 02330474 Sandoz Amlodipine Sandoz 100 7.67 0.0767 \* \* 02357704 Septa-Amlodipine Septa 100 7.67 0.0767 38.35 500 0.0767

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg PPB	
	02429217	Amlodipine	Jamp	100	13.43	• 0.1343
	0000000	A set out of the co	D D	500	67.15	0.1343
	02326809	Amlodipine	Pro Doc	500	67.15	0.1343
	02331284	Amlodipine	Sanis	100 500	13.43 67.15	0.1343
	02385791	Amladinina	Sivem	100	13.43	<ul><li>→ 0.1343</li><li>→ 0.1343</li></ul>
	02363791	Amlodipine	Siveili	500	67.15	• 0.1343 • 0.1343
	02419564	Amlodipine Besylate	Accord	100	13.43	<b>→</b> 0.1343
	024 19304	Annoulpine besylate	Accord	250	33.58	• 0.1343 • 0.1343
	02273373	Apo-Amlodipine	Apotex	100	13.43	<b>→</b> 0.1343
	02213313	Apo-Amiodipine	Apotex	500	67.15	<ul><li>→ 0.1343</li><li>→ 0.1343</li></ul>
	02397072	Auro-Amlodipine	Aurobindo	100	13.43	<ul><li>→ 0.1343</li></ul>
	02037072	Auto Amiodipino	Adiobilido	250	33.58	<b>→</b> 0.1343
	02392135	Bio-Amlodipine	Biomed	100	13.43	<ul><li>→ 0.1343</li></ul>
	02002100	Bio 7 umodipino	Bioiniod	500	67.15	• 0.1343
	02297485	Co Amlodipine	Cobalt	100	13.43	• 0.1343
	02207 100	oo yumoaipino	Cobair	500	67.15	<ul><li>→ 0.1343</li></ul>
	02468026	M-Amlodipine	Mantra Ph.	500	67.15	• 0.1343
	02371715	Mar-Amlodipine	Marcan	100	13.43	• 0.1343
			1	500	67.15	• 0.1343
	02362651	Mint-Amlodipine	Mint	100	13.43	<b>→</b> 0.1343
				250	33.58	<b>→</b> 0.1343
	02272113	Mylan-Amlodipine	Mylan	100	13.43	<b>→</b> 0.1343
		,	'	500	67.15	<b>→</b> 0.1343
*	00878928	Norvasc	Upjohn	100	129.99	1.2999
			.,	250	324.97	1.2999
	02469030	Pharma-Amlodipine	Phmscience	100	13.43	<b>→</b> 0.1343
				250	33.58	<b>→</b> 0.1343
	02284065	pms-Amlodipine	Phmscience	100	13.43	<b>→</b> 0.1343
				500	67.15	<b>→</b> 0.1343
	02321858	Ran-Amlodipine	Ranbaxy	100	13.43	<b>→</b> 0.1343
				500	67.15	<b>→</b> 0.1343
	02259605	ratio-Amlodipine	Ratiopharm	100	13.43	<b>→</b> 0.1343
				500	67.15	<b>→</b> 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
	00050465	_ , , , , ,		500	67.15	• 0.1343
	02250497	Teva-Amlodipine	Teva Can	100	13.43	• 0.1343
	0040005-	.,,,,	., 5	500	67.15	• 0.1343
	02426986	VAN-Amlodipine	Vanc Phm	100	13.43	<b>→</b> 0.1343

Page 112 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg <b>PPB</b>	
	02297493	Act Amlodipine	ActavisPhm	100	19.93	<b>→</b> 0.1993
	02207 100	17 101 7 11 11 10 11 10 11	7 1010 11111	500	99.65	• 0.1993
	02429225	Amlodipine	Jamp	100	19.93	→ 0.1993
		, ,	'	500	99.65	<b>→</b> 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	<b>→</b> 0.1993
	02371723	Mar-Amlodipine	Marcan	100	19.93	<b>→</b> 0.1993
		·		500	99.65	→ 0.1993
	02362678	Mint-Amlodipine	Mint	100	19.93	<b>→</b> 0.1993
		•		250	49.83	→ 0.1993
	02272121	Mylan-Amlodipine	Mylan	100	19.93	→ 0.1993
		,	1	500	99.65	<b>→</b> 0.1993
*	00878936	Norvasc	Upjohn	100	192.96	1.9296
			' '	250	482.39	1.9296
	02469049	Pharma-Amlodipine	Phmscience	100	19.93	<b>→</b> 0.1993
				250	49.83	<b>→</b> 0.1993
	02284073	pms-Amlodipine	Phmscience	100	19.93	→ 0.1993
				500	99.65	→ 0.1993
	02321866	Ran-Amlodipine	Ranbaxy	100	19.93	<b>→</b> 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	<b>→</b> 0.1993
				500	99.65	<b>→</b> 0.1993
	02250500	Teva-Amlodipine	Teva Can	100	19.93	<b>→</b> 0.1993
				250	49.83	<b>→</b> 0.1993
	02426994	VAN-Amlodipine	Vanc Phm	100	19.93	→ 0.1993

### AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM

Tal	b.		i	5 mg -1	0 mg <b>PPB</b>	
,	* 02273233	Apo-Amlodipine-Atorvastatin Caduet pms-Amlodipine- Atorvastatin	Apotex Upjohn Phmscience	100 90 100	58.02 67.96 58.02	0.5802 0.7551 0.5802

Tab.		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
O2411261								
* 02273241   Caduet   Upjohn   Phmscience   100   68.42   ★ 0.8842	Tab.		I	I	5 mg - 2	20 mg <b>PPB</b>		
Description   Description		02411261	Apo-Amlodipine-Atorvastatin	Apotex	100	68.42	•	0.6842
Tab.	*			''				
Tab.		02404230		Phmscience	100	68.42	•	0.6842
Tab.	Tab				E	10 ma DDD		
Tab.   10 mg -10 mg   PPB	Tab.			1		_	I	
Tab. 5 mg - 80 mg PPB    02411296	*			'			•	
0.2411296		02273200	Caduel	Орјопп	90	00.03		0.0901
* 02273276   Caduet   Upjohn   90   80.83   0.8981	Tab.				5 mg - 8	30 mg <b>PPB</b>		
* 02273276   Caduet   Upjohn   90   80.83   0.8981		02411296	Apo-Amlodipine-Atorvastatin	Apotex	100	72.32	•	0.7232
	*			'				
* 02273284   O2404249   Pms-Amlodipine-Atorvastatin   O2411326   Apo-Amlodipine-Atorvastatin   O2411326   O2404257   O24057778   O2405778   O24057778   O24057778   O2405778   O240	Tab.				10 mg -	10 mg <b>PPB</b>		
* 02273284   O2404249   Pms-Amlodipine-Atorvastatin   O2411326   Apo-Amlodipine-Atorvastatin   O2411326   O2404257   O24057778   O2405778   O24057778   O24057778   O2405778   O240		02411318	Apo-Amlodipine-Atorvastatin	Apotex	100	61 25	•	0 6125
Description	*		1 '				7	
Tab.		02404249			100	61.25	•	0.6125
02411326			Atorvastatin					
02411326	<b>.</b> .				40			
* 02273292   Caduet   Dipjohn   90   92.11   1.0234	Tab.		ĺ	l	10 mg - 2 I	20 mg <b>PPB</b>	ı	
Tab.	١.			l '			•	
Atorvastatin       10 mg - 40 mg       PPB         02411334	*			'-			_	
02411334		02404257		Filliscience	100	70.30	7	0.7636
02411334				•				
* 02273306       Caduet       Upjohn       90       95.62       1.0624         Tab.       10 mg - 80 mg       PPB         02411342       Apo-Amlodipine-Atorvastatin Caduet       Apotex Upjohn       100       80.00       → 0.8000         * 02273314       Caduet       Upjohn       90       95.62       1.0624         FELODIPIN ®         L.A. Tab.       2.5 mg       PPB         02452367 02057778       Apo-Felodipine AZC       100       40.50       → 0.4050         02057778       Apo-Felodipine AZC       30       15.27       0.5090	Tab.				10 mg - 4	10 mg <b>PPB</b>		
Tab.       10 mg - 80 mg       PPB         02411342		02411334	Apo-Amlodipine-Atorvastatin	Apotex	100	80.00	<b>→</b>	0.8000
02411342       Apo-Amlodipine-Atorvastatin Caduet       Apotex Upjohn       100       80.00       ♣ 0.8000         FELODIPIN IIII LA. Tab.         02452367       Apo-Felodipine Plendil       Apotex AZC       100       40.50       ♣ 0.4050         L.A. Tab.       5 mg       PPB         02452367       Plendil       AZC       100       40.50       ♣ 0.4050         L.A. Tab.       5 mg       PPB         02452375       Apo-Felodipine Apotex AZC       100       33.98       ♣ 0.3398         00851779       Plendil       AZC       30       20.40       0.6800	*	02273306	Caduet	Upjohn	90	95.62		1.0624
02411342       Apo-Amlodipine-Atorvastatin Caduet       Apotex Upjohn       100       80.00       ♣ 0.8000         FELODIPIN IIII LA. Tab.         02452367       Apo-Felodipine Plendil       Apotex AZC       100       40.50       ♣ 0.4050         L.A. Tab.       5 mg       PPB         02452367       Plendil       AZC       100       40.50       ♣ 0.4050         L.A. Tab.       5 mg       PPB         02452375       Apo-Felodipine Apotex AZC       100       33.98       ♣ 0.3398         00851779       Plendil       AZC       30       20.40       0.6800			•		•			
* 02273314       Caduet       Upjohn       90       95.62       1.0624         FELODIPIN III LA. Tab.         L.A. Tab.       2.5 mg       PPB         02452367 02057778       Apo-Felodipine AZC       100 40.50 40.50 15.27 0.5090         L.A. Tab.       5 mg       PPB         02452375 Apo-Felodipine 0851779       Apotex AZC       100 33.98 10.3398 10.3398 10.6800         00851779       Plendil       AZC       30 20.40 0.6800	Tab.				10 mg - 8	30 mg <b>PPB</b>		
* 02273314       Caduet       Upjohn       90       95.62       1.0624         FELODIPIN ™ LA. Tab.       2.5 mg PPB         L.A. Tab.       2.5 mg PPB         02452367 02057778       Apo-Felodipine AZC       100 40.50 40.50 15.27 0.5090         L.A. Tab.       5 mg PPB         02452375 Apo-Felodipine 0851779       Apotex Plendil       100 33.98 10.3398 10.3398 10.6800         0851779       Plendil       AZC       30 20.40 0.6800		02411342	Apo-Amlodipine-Atorvastatin	Apotex	100	80.00	•	0.8000
L.A. Tab.       2.5 mg       PPB         02452367 02057778       Apo-Felodipine Plendil       Apotex AZC       100 40.50 30 15.27       → 0.4050 0.5090         L.A. Tab.       5 mg       PPB         02452375 Apo-Felodipine 0851779       Apotex Plendil       100 33.98 33.98 → 0.3398 0.6800       → 0.3398 0.6800	*	02273314			90	95.62		1.0624
L.A. Tab.       2.5 mg       PPB         02452367 02057778       Apo-Felodipine Plendil       Apotex AZC       100 40.50 30 15.27       → 0.4050 0.5090         L.A. Tab.       5 mg       PPB         02452375 Apo-Felodipine 0851779       Apotex Plendil       100 33.98 33.98 → 0.3398 0.6800       → 0.3398 0.6800					•			
L.A. Tab.       2.5 mg       PPB         02452367 02057778       Apo-Felodipine Plendil       Apotex AZC       100 40.50 30 15.27       → 0.4050 0.5090         L.A. Tab.       5 mg       PPB         02452375 Apo-Felodipine 0851779       Apotex Plendil       100 33.98 33.98 → 0.3398 0.6800       → 0.3398 0.6800		B						
02452367 02057778         Apo-Felodipine Plendil         Apotex AZC         100 30         40.50 15.27         → 0.4050 0.5090           L.A. Tab.         5 mg         PPB           02452375 00851779         Apo-Felodipine Plendil         Apotex AZC         100 30         33.98 20.40         → 0.3398 0.6800					2	5 mg PPR		
L.A. Tab.         5 mg         PPB           02452375 00851779         Apo-Felodipine Plendil         Apotex AZC         100 33.98 33.98 33.98 33.98 33.98 30.6880         → 0.3398 0.6880			l	l <b>.</b> .		_	<u>ا</u> ـ	0.4050
L.A. Tab. 5 mg PPB    02452375							7	0.4050
02452375         Apo-Felodipine         Apotex         100         33.98         → 0.3398           00851779         Plendil         AZC         30         20.40         0.6800				<u> </u>		10.21		2.5000
02452375         Apo-Felodipine         Apotex         100         33.98         → 0.3398           00851779         Plendil         AZC         30         20.40         0.6800	L.A.	Tab.				5 mg PPB		
00851779   Plendil   AZC   30   20.40   0.6800			Ano-Felodinine	Anotex	100		_	0.3308
			, , , , , , , , , , , , , , , , , , ,		1		-	
			Sandoz Felodipine	Sandoz			•	

Page 114 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				10 mg <b>PPB</b>	
02452383	Apo-Felodipine	Apotex	100	50.98	<b>→</b> 0.5098
00851787	Plendil	AZC	30	30.62	1.0207
02280272	Sandoz Felodipine	Sandoz	100	50.98	→ 0.5098
_					
NIFEDIPINE Caps.				5 mg	
1	APE PARA		400	1	0.0070
00725110	Nifedipine	AA Pharma	100	36.79	0.3679
L.A. Tab. (24 h)	1	1	ı	20 mg	
02237618	Adalat XL	Bayer	28	25.99	0.9282
			98	90.94	0.9280
L.A. Tab. (24 h)				30 mg <b>PPB</b>	
02155907	Adalat XL	Bayer	28	17.28	0.6171
02100007	Addid! XL	Bayer	98	60.48	→ 0.6171
02349167	Mylan-Nifedipine Extended Release	Mylan	100	61.71	<b>→</b> 0.6171
02421631	Nifedipine ER	Pro Doc	30	18.51	<b>→</b> 0.6170
	,		100	61.71	<b>→</b> 0.6171
02418630	pms-Nifedipine ER	Phmscience	30	18.51	<b>→</b> 0.6170
			100	61.71	<b>→</b> 0.6171
L.A. Tab. (24 h)				60 mg <b>PPB</b>	
02155990	Adalat XL	Bayer	28	26.25	0.9374
			98	91.87	<b>→</b> 0.9374
02321149	Mylan-Nifedipine Extended Release	Mylan	100	93.74	• 0.9374
02421658	Nifedipine ER	Pro Doc	30 100	28.12	
02416301	pms-Nifedipine ER	Phmscience	30	93.74 28.12	<ul><li>→ 0.9374</li><li>→ 0.9373</li></ul>
02410001	pino renegipine Ere	Timbolenee	100	93.74	<ul><li>→ 0.9374</li></ul>
NIMODIPINE Tab.				30 mg	
02325926	Nimotop	Bayer	100	988.00	9.8800
		17			
DILTIAZEM HYD	OUS CALCIUM-CHANNE	L BLOCKING AGEN			
L.A. Caps.	I	ſ	1. I	20 mg <b>PPB</b> 	
02370441	ACT Diltiazem T	ActavisPhm	100	21.33	
02325306		Pro Doc	100	21.33	
02465353 02271605	Mar-Diltiazem T Novo-Diltiazem HCl ER	Marcan Novopharm	100 100	21.33 21.33	
02245918		Sandoz	100	21.33	
02231150	Tiazac	Valeant	100	83.49	0.8349
	1	I .		1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			18	80 mg <b>PPB</b>	
02370492	ACT Diltiazem T	ActavisPhm	100	28.89	<b>→</b> 0.2889
	Diltiazem TZ	Pro Doc	100	28.89	<b>→</b> 0.2889
1	Mar-Diltiazem T	Marcan	100	28.89	<ul><li>→ 0.2889</li></ul>
1	Novo-Diltiazem HCl ER	Novopharm	100	28.89	→ 0.2889
1	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.			24	40 mg <b>PPB</b>	
1 1		1		l	l .
1	ACT Diltiazem T	ActavisPhm	100	38.32	• 0.3832
	Diltiazem TZ	Pro Doc	100	38.32	• 0.3832
	Mar-Diltiazem T	Marcan	100	38.32	→ 0.3832
	Novo-Diltiazem HCI ER	Novopharm	100	38.32	• 0.3832
1	Sandoz Diltiazem T	Sandoz	100	38.32	• 0.3832
02231152	Tiazac	Valeant	100	149.20	1.4920
L.A. Caps.			. 30	00 mg <b>PPB</b>	
02370514	ACT Diltiazem T	ActavisPhm	100	47.19	<b>→</b> 0.4719
	Diltiazem TZ	Pro Doc	100	47.19	→ 0.4719 → 0.4719
1	Mar-Diltiazem T	Marcan	100	47.19	→ 0.4719 → 0.4719
	Novo-Diltiazem HCl ER	Novopharm	100	47.19	→ 0.4719 → 0.4719
	Sandoz Diltiazem T	Sandoz	100	47.19	→ 0.4719 → 0.4719
02243921	Sandoz Diiliazeni i	Sandoz	500	235.95	→ 0.4719 → 0.4719
02231154	Tiazac	Valeant	100	183.75	1.8375
L.A. Caps.		ı	36	60 mg <b>PPB</b>	1
02370522	ACT Diltiazem T	ActavisPhm	100	57.78	→ 0.5778
02325349	Diltiazem TZ	Pro Doc	100	57.78	<b>→</b> 0.5778
02465418	Mar-Diltiazem T	Marcan	100	57.78	<b>→</b> 0.5778
02271656	Novo-Diltiazem HCl ER	Novopharm	100	57.78	<b>→</b> 0.5778
02245922	Sandoz Diltiazem T	Sandoz	100	57.78	<b>→</b> 0.5778
02231155	Tiazac	Valeant	100	224.97	2.2497
L.A. Caps. (24 h)			12	20 mg <b>PPB</b>	
	40T P## 07				
02370611	ACT Diltiazem CD	ActavisPhm	100	35.29	0.3529
			500	176.45	<b>→</b> 0.3529
02230997	Apo-Diltiaz CD	Apotex	100	35.29	<b>→</b> 0.3529
L			500	176.45	→ 0.3529
	Cardizem CD	Valeant	100	129.79	1.2979
	Diltiazem CD	Sanis	100	35.29	
	Diltiazem CD	Sivem	100	35.29	
	Diltiazem-CD	Pro Doc	100	35.29	
02242538	Novo-Diltiazem CD	Novopharm	100	35.29	• 0.3529
			500	176.45	
02355752	pms-Diltiazem CD	Phmscience	100	35.29	<b>→</b> 0.3529
			500	176.45	<b>→</b> 0.3529
02229781	ratio-Diltiazem CD	Ratiopharm	100	35.29	→ 0.3529
			500	176.45	<b>→</b> 0.3529
02243338	Sandoz Diltiazem CD	Sandoz	100	35.29	<b>→</b> 0.3529

Page 116 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	<u> </u>	1	l		
L.A. Caps. (24 h)			. 18	80 mg <b>PPB</b>	
02370638	ACT Diltiazem CD	ActavisPhm	100	46.84	• 0.4684
020.000	7.0.7 5.11.0.20.11.02	/ total io.	500	234.20	• 0.4684
02230998	Apo-Diltiaz CD	Apotex	100	46.84	<b>→</b> 0.4684
			500	234.20	<b>→</b> 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
00055700	D''' 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		500	234.20	0.4684
02355760	pms-Diltiazem CD	Phmscience	100 500	46.84	0.4684
02229782	ratio-Diltiazem CD	Patianharm	100	234.20 46.84	<ul><li>→ 0.4684</li><li>→ 0.4684</li></ul>
02229762	Talio-Diiliazetti CD	Ratiopharm	500	234.20	→ 0.4684 → 0.4684
02243339	Sandoz Diltiazem CD	Sandoz	100	46.84	<ul><li>→ 0.4684</li><li>→ 0.4684</li></ul>
02240009	Sandoz Diitiazeni CD	Garidoz	100	40.04	• 0.4004
L.A. Caps. (24 h)			24	40 mg <b>PPB</b>	
		1	1	l J	
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 Sanis	100	228.51	2.2851
02400456	Diltiazem CD	Sivem	100	62.13 62.13	0.6213
02446014	Diltiazem CD Diltiazem-CD	Pro Doc	100	62.13	0.6213
02231475 02242540	Novo-Diltiazem CD	Novopharm	100	62.13	<ul><li>→ 0.6213</li><li>→ 0.6213</li></ul>
02242340	NOVO-DIRIAZEITI CD	Novopilailii	500	310.65	• 0.6213 • 0.6213
02355779	pms-Diltiazem CD	Phmscience	100	62.13	• 0.6213 • 0.6213
02333779	pins-billazem CD	Filliscience	500	310.65	→ 0.6213 → 0.6213
02229783	ratio-Diltiazem CD	Ratiopharm	100	62.13	<ul><li>→ 0.6213</li></ul>
02220.00	74.10 2.11.420.11 02	T tatiop italii	500	310.65	<ul><li>→ 0.6213</li></ul>
02243340	Sandoz Diltiazem CD	Sandoz	100	62.13	→ 0.6213
L.A. Caps. (24 h)	I	1	30	00 mg <b>PPB</b>	İ
02370654	ACT Diltiazem CD	ActavisPhm	100	77.66	<b>→</b> 0.7766
02229526	Apo-Diltiaz CD	Apotex	100	77.66	<b>→</b> 0.7766
			500	388.30	<b>→</b> 0.7766
02097273	Cardizem CD	Valeant	100	285.65	2.8565
02400464	Diltiazem CD	Sanis	100	77.66	<b>→</b> 0.7766
02446022	Diltiazem CD	Sivem	100	77.66	<b>→</b> 0.7766
02231057	Diltiazem-CD	Pro Doc	100	77.66	<b>→</b> 0.7766
02355787	pms-Diltiazem CD	Phmscience	100	77.66	<b>→</b> 0.7766
02243341	Sandoz Diltiazem CD	Sandoz	100	77.66	<b>→</b> 0.7766
02242541	Teva-Diltiazem CD	Novopharm	100	77.66	<b>→</b> 0.7766
	,		!		
L.A. Tab.				120 mg	
02256738	Tiazac XC	Valeant	90	71.39	0.7932
	!	1	1	<u> </u>	
L.A. Tab.	ı	1	ı	180 mg	ı
02256746	Tiazac XC	Valeant	90	94.85	1.0539
	1	1			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
0022	DIVIND IVINE	WATER	OIZE	SIZE	ONTTRICE
I A T-L				040	
L.A. Tab.	1	1	I	240 mg	ı ı
02256754	Tiazac XC	Valeant	90	126.07	1.4008
L.A. Tab.	I	1	I	300 mg	
02256762	Tiazac XC	Valeant	90	125.82	1.3980
L.A. Tab.			1	360 mg	
02256770	Tiazac XC	Valeant	90	126.07	1.4008
		1			
Tab.			;	30 mg <b>PPB</b>	
00771376	Apo-Diltiaz	Apotex	100	18.66	0.1866
	. 7.0 =	1.4	500	93.30	<b>→</b> 0.1866
00862924	Novo-Diltazem	Novopharm	100	18.66	<b>→</b> 0.1866
Tab.	ı	1		60 mg <b>PPB</b>	
00771384	Apo-Diltiaz	Apotex	100	32.73	<b>→</b> 0.3273
00862932	Novo-Diltazem	Novopharm	100	32.73	<b>→</b> 0.3273
VEDADAMII HV	DROCHLORIDE 🖫				
L.A. Tab.	DROGHEORIDE III		1:	20 mg <b>PPB</b>	
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.	ı	1	1	80 mg <b>PPB</b>	
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	<b>→</b> 0.5204
L.A. Tab.	I	1	2 <sup>,</sup>	40 mg <b>PPB</b> I	
02246895	Apo-Verap SR	Apotex	100	50.75	• 0.5075
00740554	Joantin CD	BGP Pharma	500 100	253.75 153.25	
00742554 02450496	Isoptin SR Mylan-Verapamil SR	Mylan	100	50.75	0.5075
02400430	Wylan Verapaniii Ort	Wylan	500	253.75	<ul><li>→ 0.5075</li><li>→ 0.5075</li></ul>
02237791	pms-Verapamil SR	Phmscience	100	50.75	→ 0.5075
Tab.				80 mg <b>PPB</b>	
00782483	Apo-Verap	Apotex	100	27.35	<b>→</b> 0.2735
02237921	Mylan-Verapamil	Mylan	100	27.35	<b>→</b> 0.2735
	,	1,	1		, 3.2.00

Page 118 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
					SIZL	
Tab.		I	ı	1:	20 mg <b>PPB</b>	1
	00782491 02237922	Apo-Verap Mylan-Verapamil	Apotex Mylan	100 100	42.50 42.50	<ul><li>→ 0.4250</li><li>→ 0.4250</li></ul>
			1			
	2.04 SIOTENSIN	N-CONVERTING ENZYME	INHIBITORS (ACE	I)		
BEN.	AZEPRIL [				5 mg	
	02290332	Benazepril	AA Pharma	100	55.77	0.5577
		•	•			
Tab.		l_	L		10 mg	
	02290340	Benazepril	AA Pharma	100	65.95	0.6595
Tab.					20 mg	
	02273918	Benazepril	AA Pharma	100	75.67	0.7567
	TOPRIL 🖪					
Tab.	04000550		l	100	6.25 mg	0.4007
	01999559	Apo-Capto	Apotex	100	12.37	0.1237
Tab.					12.5 mg	
	01942964	Novo-Captoril	Novopharm	100	10.60	0.1060
<b>.</b> .					0.5	
Tab.	01942972	Teva Captoril	Novopharm	100	25 mg 15.00	0.1500
	01942972	Teva Captorii	поуорпанті	100	15.00	0.1500
Tab.					50 mg	
	01942980	Teva-Captoril	Novopharm	100	27.95	0.2795
Tab					100	
Tab.	01042000	Nova Contoril	Nevenberre	100	100 mg 51.98	0.5100
	01942999	Novo-Captoril	Novopharm	100	51.96	0.5198
CII A	ZAPRIL R					
Tab.	LAFKIL W		1	ı	1 mg PPB	1
*	02291134	Apo-Cilazapril	Apotex	100	15.57	<b>→</b> 0.1557
	02283778	Mylan-Cilazapril	Mylan	100	15.57	<b>→</b> 0.1557
Tab.				2	.5 mg <b>PPB</b>	
*	02291142	Apo-Cilazapril	Apotex	100	17.95	<b>→</b> 0.1795
	01911473 02283786	Inhibace Mylan-Cilazapril	Roche Mylan	100 100	73.23 17.95	0.7323 <b>→</b> 0.1795
	02200100	ινιγιατι-ΟιιαΖαριτι	iviyiaii	100	17.93	- 0.1793

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg <b>PPB</b>	
	02291150 01911481 02283794	Apo-Cilazapril Inhibace Mylan-Cilazapril	Apotex Roche Mylan	100 100 100	20.85 85.08 20.85	<ul><li>→ 0.2085</li><li>0.8508</li><li>→ 0.2085</li></ul>
CILA	ZAPRIL/ HY	/DROCHLOROTHIAZIDE				
Tab.		— I	1	5 mg -12	.5 mg <b>PPB</b>	ı
	02284987 02181479 02313731	Apo-Cilazapril - HCTZ Inhibace Plus Teva-Cilazapril/HCTZ	Apotex Roche Teva Can	100 28 100	41.70 23.82 41.70	<ul><li>→ 0.4170</li><li>0.8507</li><li>→ 0.4170</li></ul>

#### ENALAPRIL MALEATE

ENALAFRIL WA	LLAIL M					
Tab.			. 2	.5 mg <b>PPB</b>		
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

Page 120 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg <b>PPB</b>	
	02291886	ACT Enalapril	ActavisPhm	100	22.03	<b>→</b> 0.2203
	02019884	Apo-Enalapril	Apotex	100	22.03	<ul><li>→ 0.2203</li></ul>
				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	<b>→</b> 0.2203
	02233005	Novo-Enalapril	Novopharm	30	6.61	<b>→</b> 0.2203
				500	110.15	→ 0.2203
	02300087	pms-Enalapril	Phmscience	100	22.03	<b>→</b> 0.2203
				500	110.15	<b>→</b> 0.2203
	02311410	Pro-Enalapril-5	Pro Doc	100	22.03	<b>→</b> 0.2203
	02352249	Ran-Enalapril	Ranbaxy	100	22.03	→ 0.2203
	02300818	Riva-Enalapril	Riva	30	6.61	<b>→</b> 0.2203
				500	110.15	<b>→</b> 0.2203
	02299941	Sandoz Enalapril	Sandoz	100	22.03	<b>→</b> 0.2203
	00708879	Vasotec	Merck	28	12.52	0.4471
Tab.					10 mg <b>PPB</b>	
	02291894	ACT Enalapril	ActavisPhm	30	7.94	<b>→</b> 0.2647
	0220.00.	/	7 10101101 11111	500	132.35	<ul><li>→ 0.2647</li></ul>
	02019892	Apo-Enalapril	Apotex	100	26.47	→ 0.2647
	020.0002	יייקביים ביימיקביים	, ipotox	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	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02444771	Mar-Enalapril	Marcan	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02300052	Mylan-Enalapril	Mylan	100	26.47	<b>→</b> 0.2647
			_	500	132.35	<b>→</b> 0.2647
	02233006	Novo-Enalapril	Novopharm	30	7.94	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02300095	pms-Enalapril	Phmscience	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02311429	Pro-Enalapril-10	Pro Doc	100	26.47	<b>→</b> 0.2647
	02352257	Ran-Enalapril	Ranbaxy	100	26.47	<b>→</b> 0.2647
	02300826	Riva-Enalapril	Riva	30	7.94	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02299968	Sandoz Enalapril	Sandoz	100	26.47	<b>→</b> 0.2647
	00670901	Vasotec	Merck	28	15.04	0.5371

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.				:	20 mg <b>PPB</b>		
	02291908	ACT Enalapril	ActavisPhm	100	31.95	<b>→</b> 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	<b>→</b> 0.3195	
	02474816	Jamp-Enalapril	Jamp	100	31.95	<b>→</b> 0.3195	
				500	159.75	<b>→</b> 0.3195	
	02444798	Mar-Enalapril	Marcan	100	31.95	→ 0.3195	
				500	159.75	<b>→</b> 0.3195	
	02300060	Mylan-Enalapril	Mylan	100	31.95	<b>→</b> 0.3195	
				500	159.75	<b>→</b> 0.3195	
	02300109	pms-Enalapril	Phmscience	100	31.95	<b>→</b> 0.3195	
	02311437	Pro-Enalapril-20	Pro Doc	100	31.95	<b>→</b> 0.3195	
	02352265	Ran-Enalapril	Ranbaxy	100	31.95	<b>→</b> 0.3195	
	02300834	Riva-Enalapril	Riva	30	9.59	<b>→</b> 0.3195	
				500	159.75	<b>→</b> 0.3195	
	02299976	Sandoz Enalapril	Sandoz	100	31.95	<b>→</b> 0.3195	
	00670928	Vasotec	Merck	28	18.14	0.6479	

## ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE

Tab.			10 mg -2	25 mg <b>PPB</b>		
02352931	Enalapril maleate/HCTZ	AA Pharma	100	100.66	•	1.0066
00657298	Vaseretic	Merck	28	29.67		1.0596

Page 122 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LISINOPRIL III				5 mg <b>PPB</b>	
	I	1	I		
02217481	Apo-Lisinopril	Apotex	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02394472	Auro-Lisinopril	Aurobindo	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02271443	Co Lisinopril	Cobalt	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02361531	Jamp-Lisinopril	Jamp	100	13.47	<b>→</b> 0.1347
02386232	Lisinopril	Sivem	100	13.47	<b>→</b> 0.1347
02422506	Mar-Lisinopril	Marcan	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02285061	Novo-Lisinopril (Type P)	Novopharm	30	4.04	<b>→</b> 0.1347
			100	13.47	<b>→</b> 0.1347
02285118	Novo-Lisinopril (Type Z)	Novopharm	30	4.04	<b>→</b> 0.1347
			100	13.47	<b>→</b> 0.1347
02292203	pms-Lisinopril	Phmscience	30	4.04	<b>→</b> 0.1347
			100	13.47	<b>→</b> 0.1347
02310961	Pro-Lisinopril-5	Pro Doc	100	13.47	<b>→</b> 0.1347
02294230	Ran-Lisinopril	Ranbaxy	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02256797	ratio-Lisinopril P	Ratiopharm	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02299879	ratio-Lisinopril Z	Ratiopharm	100	13.47	<b>→</b> 0.1347
			500	67.35	<b>→</b> 0.1347
02289199	Sandoz Lisinopril	Sandoz	30	4.04	<b>→</b> 0.1347
			100	13.47	<b>→</b> 0.1347
02049333	Zestril	AZC	100	55.94	0.5594

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.	Tab. 10 mg <b>PPB</b>							
	02217503	Apo-Lisinopril	Apotex	100	16.19	<b>→</b> 0.1619		
		, , , , ,	'	500	80.93	<b>→</b> 0.1619		
	02394480	Auro-Lisinopril	Aurobindo	100	16.19	<b>→</b> 0.1619		
				500	80.93	<b>→</b> 0.1619		
	02271451	Co Lisinopril	Cobalt	100	16.19	<b>→</b> 0.1619		
	02361558	Jamp-Lisinopril	Jamp	100	16.19	<b>→</b> 0.1619		
			,	500	80.93	<b>→</b> 0.1619		
	02386240	Lisinopril	Sivem	100	16.19	<b>→</b> 0.1619		
	02422514	Mar-Lisinopril	Marcan	100	16.19	<b>→</b> 0.1619		
		-		500	80.93	<b>→</b> 0.1619		
	02285126	Novo-Lisinopril (Type Z)	Novopharm	30	4.86	<b>→</b> 0.1619		
				100	16.19	<b>→</b> 0.1619		
	02292211	pms-Lisinopril	Phmscience	100	16.19	<b>→</b> 0.1619		
				500	80.93	<b>→</b> 0.1619		
	00839396	Prinivil	Merck	28	19.61	0.7004		
	02310988	Pro-Lisinopril-10	Pro Doc	100	16.19	<b>→</b> 0.1619		
	02294249	Ran-Lisinopril	Ranbaxy	100	16.19	<b>→</b> 0.1619		
				500	80.93	<b>→</b> 0.1619		
	02256800	ratio-Lisinopril P	Ratiopharm	100	16.19	<b>→</b> 0.1619		
				500	80.93	<b>→</b> 0.1619		
	02299887	ratio-Lisinopril Z	Ratiopharm	100	16.19	<b>→</b> 0.1619		
				500	80.93	<b>→</b> 0.1619		
	02289202	Sandoz Lisinopril	Sandoz	30	4.86	<b>→</b> 0.1619		
				100	16.19	<b>→</b> 0.1619		
	02285088	Teva-Lisinopril (Type P)	Teva Can	30	4.86	<b>→</b> 0.1619		
				100	16.19	<b>→</b> 0.1619		
	02049376	Zestril	AZC	100	67.23	0.6723		

**Page 124** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.				20 mg <b>PPB</b>	
	. 1	1.	1	1	l
02217511	Apo-Lisinopril	Apotex	100	19.45	0.194
			500	97.24	→ 0.194
02394499	Auro-Lisinopril	Aurobindo	100	19.45	0.194
0007447			500	97.24	0.194
02271478		Cobalt	100	19.45	0.194
02361566	3 Jamp-Lisinopril	Jamp	100	19.45	0.194
00000050		0:	500	97.24	0.194
02386259	,	Sivem	100	19.45	0.194
02422522	2 Mar-Lisinopril	Marcan	100	19.45	0.194
00005404		l., .	500	97.24	0.194
02285134	Novo-Lisinopril (Type Z)	Novopharm	30	5.84	0.194
			500	97.24	0.194
02292238	B pms-Lisinopril	Phmscience	30	5.84	0.194
		l	500	97.24	→ 0.194
00839418		Merck	28	23.56	0.841
02310996		Pro Doc	100	19.45	0.194
02294257	Ran-Lisinopril	Ranbaxy	100	19.45	0.194
000=0046			500	97.24	0.194
02256819	ratio-Lisinopril P	Ratiopharm	100	19.45	0.194
			500	97.24	→ 0.194
02299895	ratio-Lisinopril Z	Ratiopharm	100	19.45	→ 0.194
		l	500	97.24	0.194
02289229	Sandoz Lisinopril	Sandoz	30	5.84	0.194
			100	19.45	0.194
02285096	Teva-Lisinopril (Type P)	Teva Can	30	5.84	0.194
0004000		1.70	500	97.24	0.194
02049384	Zestril	AZC	100	80.78	0.807
SINOPRIL H	DROCHLOROTHIAZIDE				
b.			10 mg -12	2.5 mg <b>PPB</b>	
02362945	Lisinopril/HCTZ (Type Z)	Sanis	30	6.25	→ 0.208
02302340	Lisinopiii/1012 (Type 2)	Gariis	100	20.83	→ 0.208 → 0.208
02302136	Novo-Lisinopril/HCTZ (Type	Novopharm	30	6.25	→ 0.208 → 0.208
02302130	P)	Novopriaiiii	100	20.83	→ 0.208 → 0.208
02302365	,	Sandoz	30	6.25	→ 0.208
02302300	Sandoz Lisinophi 1101	Garidoz	100	20.83	0.208
02301768	Teva-Lisinopril/HCTZ (Type	Novopharm	100	20.83	→ 0.208 → 0.208
	<i>z</i> )	·			
02103729	Zestoretic	AZC	100	86.54	0.865
b.		1	20 mg -12	2.5 mg <b>PPB</b>	1
02362953	Lisinopril/HCTZ (Type Z)	Sanis	100	25.03	→ 0.250
02302144	Novo-Lisinopril/HCTZ (Type	Novopharm	100	25.03	<b>→</b> 0.250
02302373	P)	Sandoz	30	7.54	→ 0.250
02302373	Sandoz Lisinopril HCT	Januuz	100	7.51 25.03	_ ·
02201776	Taya Lisinopril/UCTZ (Time	Toya Can	1	l .	→ 0.250 → 0.250
02301776	Teva-Lisinopril/HCTZ (Type	Teva Can	30 100	7.51 25.03	<ul><li>→ 0.250</li><li>→ 0.250</li></ul>
		1	1 100	1 /0.03	L D 250

AZC

7.51 **→** 25.03 **→** 

104.00

0.2503 1.0400

100

100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg -2	25 mg <b>PPB</b>	
02362961	Lisinopril/HCTZ (Type Z)	Sanis	30 100	7.51 25.03	<ul><li>→ 0.2503</li><li>→ 0.2503</li></ul>
02302152	Novo-Lisinopril/HCTZ (Type P)	Novopharm	100	25.03	<b>→</b> 0.2503
02301784	Novo-Lisinopril/HCTZ (Type Z)	Novopharm	30 100	7.51 25.03	<ul><li>→ 0.2503</li><li>→ 0.2503</li></ul>
02302381	Sandoz Lisinopril HCT	Sandoz	30 100	7.51 25.03	<ul><li>→ 0.2503</li><li>→ 0.2503</li></ul>
02045729	Zestoretic	AZC	100	104.00	1.0400

#### PERINDOPRIL ERBUMIN

Tab.	ab. 2 mg PPB						
	1	1	1		I	I	
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	
02482924	M-Perindopril	Mantra Ph.	100	16.32	•	0.1632	
02488949	Perindopril Erbumine	Pro Doc	30	4.90	•	0.1632	
			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	Sandoz	30	4.90	•	0.1632	
	Erbumine		100	16.32	•	0.1632	
02464985	Teva-Perindopril	Teva Can	100	16.32	•	0.1632	

Page 126 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					4 mg PPB	
	0000000	14 5			0.40	
	02289288	Apo-Perindopril	Apotex	30	6.13	0.2042
	00450005	A B. 4. 4 4		500	102.10	0.2042
	02459825	Auro-Perindopril	Aurobindo	30 500	6.13 102.10	0.2042
	0040000	Carrard	Servier	300	23.60	
	02123282 02477017	Coversyl Jamp-Perindopril	Jamp	100	20.42	0.7667 <b>→</b> 0.2042
	02477017	Mar-Perindopril	Marcan	100	20.42	<ul><li>→ 0.2042</li><li>→ 0.2042</li></ul>
	02474002	War i Cimaopin	Warouri	500	102.10	<ul><li>→ 0.2042</li></ul>
	02476770	Mint-Perindopril	Mint	100	20.42	<ul><li>→ 0.2042</li></ul>
	02482932	M-Perindopril	Mantra Ph.	100	20.42	<ul><li>→ 0.2042</li></ul>
	02488957	Perindopril Erbumine	Pro Doc	30	6.13	<ul><li>→ 0.2042</li></ul>
	02 100001		110 200	100	20.42	<ul><li>→ 0.2042</li></ul>
	02481642	Perindopril Erbumine	Sanis	100	20.42	<ul><li>0.2012</li><li>0.2042</li></ul>
	02.0.0.2			500	102.10	<ul><li>→ 0.2042</li></ul>
	02479885	Perindopril Erbumine	Sivem	30	6.13	• 0.2042
	02000			100	20.42	<ul><li>→ 0.2042</li></ul>
	02470683	pms-Perindopril	Phmscience	30	6.13	• 0.2042
		,		500	102.10	→ 0.2042
	02472023	Riva-Perindopril	Riva	30	6.13	• 0.2042
				100	20.42	→ 0.2042
	02470233	Sandoz Perindopril	Sandoz	30	6.13	• 0.2042
		Erbumine		100	20.42	→ 0.2042
	02464993	Teva-Perindopril	Teva Can	100	20.42	<b>→</b> 0.2042
Tab.		1	I	I	8 mg <b>PPB</b>	
	02289296	Apo-Perindopril	Apotex	30	8.49	<b>→</b> 0.2830
				500	141.55	<b>→</b> 0.2831
	02459833	Auro-Perindopril	Aurobindo	30	8.49	<b>→</b> 0.2830
				500	141.55	<b>→</b> 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
	02482940	M-Perindopril	Mantra Ph.	100	28.30	• 0.2830
	02488965	Perindopril Erbumine	Pro Doc	30	8.49	• 0.2830
				100	28.31	• 0.2831
	02481650	Perindopril Erbumine	Sanis	100	28.31	0.2831
	02479893	Perindopril Erbumine	Sivem	30	8.49	• 0.2830
	00470004	De de de de		100	28.31	0.2831
	02470691	pms-Perindopril	Phmscience	30	8.49	0.2830
	00470004	Divo Dorindor:	Dive	500	141.55	0.2831
	02472031	Riva-Perindopril	Riva	30 100	8.49 28.31	0.2830
	02470244	Sandaz Barindanii	Sanda7	l		0.2831
	02470241	Sandoz Perindopril Erbumine	Sandoz	30 100	8.49	0.2830
	02465000		Toyo Con	100	28.31	0.2831
	02465000	Teva-Perindopril	Teva Can	100	28.31	<b>→</b> 0.2831

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DED		RBUMIN/INDAPAMIDE				
Tab.	INDOPRIL	RBUMIN/INDAPAMIDE W		4 mg -1.	25 mg <b>PPB</b>	
	02246569	Coversyl Plus	Servier	30	29.29	0.9763
	02470438	Sandoz Perindopril	Sandoz	30	15.34	<b>→</b> 0.5113
		Erbumine/Indapamide		100	51.13	<b>→</b> 0.5113
	02464020	Teva-Perindopril/	Teva Can	100	51.13	<b>→</b> 0.5113
		Indapamide				
<b>-</b> .						
Tab.		I	I	8 mg - 2 I	2.5 mg <b>PPB</b> I	I
	02321653	Coversyl Plus HD	Servier	30	32.76	1.0920
	02470446	Sandoz Perindopril	Sandoz	30 100	17.15	0.5718
	02464039	Erbumine/Indapamide HD Teva-Perindopril/	Teva Can	100	57.18 57.18	<ul><li>→ 0.5718</li><li>→ 0.5718</li></ul>
	02404039	Indapamide	l eva Call	100	37.10	0.5716
					I.	
	IAPRIL HYD	OROCHLORIDE 🖪				
Tab.		I	I	1	5 mg <b>PPB</b> I	I
	01947664	Accupril	Pfizer	90	79.94	0.8882
	02248499	Apo-Quinapril	Apotex	100	22.78	0.2278
	02340550	pms-Quinapril	Phmscience	100	22.78	<b>→</b> 0.2278
Tab.		I	I	1	10 mg <b>PPB</b>	I.
	01947672	Accupril	Pfizer	90	79.94	0.8882
	02248500	Apo-Quinapril	Apotex	100	22.78	<b>→</b> 0.2278
	02340569	pms-Quinapril	Phmscience	100	22.78	<b>→</b> 0.2278
Tab.		1	1	;	20 mg <b>PPB</b>	1
	01947680	Accupril	Pfizer	90	79.94	0.8882
	02248501	Apo-Quinapril	Apotex	100	22.78	<b>→</b> 0.2278
	02340577	pms-Quinapril	Phmscience	100	22.78	<b>→</b> 0.2278
Tab.		ı	1		40 mg <b>PPB</b>	
	01947699	Accupril	Pfizer	90	79.94	0.8882
	02248502	Apo-Quinapril	Apotex	100	22.78	<b>→</b> 0.2278
L	02340585	pms-Quinapril	Phmscience	100	22.78	<b>→</b> 0.2278
			·			
QUIN Tab.	IAPRIL HY	DROCHLORIDE / HYDROCHL	OROTHIAZIDE	10 mg 10	5 mg BBB	
1 ab.			I	10 mg -12 	l	I
	02237367	Accuretic	Pfizer	28	24.86	0.8879
	02408767	Apo-Quinapril/HCTZ	Apotex	30 100	14.36 47.86	<ul><li>→ 0.4786</li><li>→ 0.4786</li></ul>
	02473291	Auro-Quinapril HCTZ	Aurobindo	28	13.40	→ 0.4786 → 0.4786
	220201			90	43.07	<ul><li>→ 0.4786</li></ul>
		l	1			

Page 128 2019-12

(	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg -12	2.5 mg <b>PPB</b>	
	02237368	Accuretic	Pfizer	28	24.86	0.8879
	02408775	Apo-Quinapril/HCTZ	Apotex	30	14.36	0.8879 <b>→</b> 0.4786
'	02400773	Apo-Quiriaprii/11012	Apolex	100	47.86	→ 0.4786 → 0.4786
	02473305	Auro-Quinapril HCTZ	Aurobindo	28	13.40	◆ 0.4786
	02170000	Train Gamapin Trotz	, tarobinae	90	43.07	<b>→</b> 0.4786
Tab.		I	ı	20 mg -	25 mg <b>PPB</b>	ı
(	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
RAMII	PRIL 🖪					
RAMII				1.:	25 ma <b>PPB</b>	
RAMII Caps.	_	ACT Pamind	A storija Dhara		25 mg <b>PPB</b>	0.0700
RAMII Caps.	02295482	ACT Ramipril	ActavisPhm	100	7.08	→ 0.0708 0.6000
RAMII Caps.	02295482 02221829	Altace	Valeant	100 30	7.08 20.97	0.6990
RAMII Caps.	02295482	,		100 30 30	7.08 20.97 2.12	0.6990 <b>→</b> 0.0707
RAMII Caps.	02295482 02221829 02251515	Altace Apo-Ramipril	Valeant Apotex	100 30 30 100	7.08 20.97 2.12 7.08	0.6990 → 0.0707 → 0.0708
RAMII Caps.	02295482 02221829	Altace	Valeant	100 30 30	7.08 20.97 2.12	0.6990 <b>→</b> 0.0707
RAMII Caps.	02295482 02221829 02251515	Altace Apo-Ramipril Auro-Ramipril	Valeant Apotex	100 30 30 100 30	7.08 20.97 2.12 7.08 2.12	0.6990 → 0.0707 → 0.0708 → 0.0707
RAMII Caps.	02295482 02221829 02251515 02387387	Altace Apo-Ramipril	Valeant Apotex Aurobindo	100 30 30 100 30 100	7.08 20.97 2.12 7.08 2.12 7.08	0.6990 → 0.0707 → 0.0708 → 0.0707 → 0.0708
RAMII Caps.	02295482 02221829 02251515 02387387	Altace Apo-Ramipril Auro-Ramipril	Valeant Apotex Aurobindo	100 30 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12	0.6990 0.0707 0.0708 0.0707 0.0708 0.0708
RAMII Caps.	02295482 02221829 02251515 02387387 02331101	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril	Valeant Apotex Aurobindo Jamp	100 30 30 100 30 100 30 100	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708
RAMII	02295482 02221829 02251515 02387387 02331101 02420457	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril	Valeant Apotex Aurobindo Jamp Marcan	100 30 30 100 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0708 0.0707
RAMII	02295482 02221829 02251515 02387387 02331101 02420457 02469057	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience	100 30 30 100 30 100 30 100 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708
RAMII	02295482 02221829 02251515 02387387 02331101 02420457 02469057	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience	100 30 30 100 30 100 30 100 30 30 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 2.12 7.08	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0707 0.0708
RAMII	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 7.08	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0707 0.0708
RAMIII	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience	100 30 30 100 30 100 30 100 30 30 30 30 100 30 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 2.12 7.08 2.12 7.08	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0707 0.0707 0.0707 0.0707 0.0708 0.0707
RAMIII	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience Pro Doc	100 30 30 100 30 100 30 100 30 30 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 2.12 7.08 2.12	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0707 0.0708 0.0707
RAMIII	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023 02299372 02308363	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril Ramipril	Valeant Apotex  Aurobindo  Jamp  Marcan Phmscience Phmscience Pro Doc  Riva  Sivem	100 30 30 100 30 100 30 100 30 30 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 2.12 2.12 2.12 7.08 2.11 7.08 2.12 7.08 7.07	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0707 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708
RAMIII	02295482 02221829 02251515 02387387 02331101 02420457 02469057 02295369 02310023 02299372	Altace Apo-Ramipril Auro-Ramipril Jamp-Ramipril Mar-Ramipril Pharma-Ramipril pms-Ramipril Pro-Ramipril	Valeant Apotex Aurobindo Jamp Marcan Phmscience Phmscience Pro Doc Riva	100 30 30 100 30 100 30 100 30 30 30 100 30 100 30	7.08 20.97 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08 2.12 7.08	0.6990 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708 0.0707 0.0708

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.	1		2	2.5 mg <b>PPB</b>	
02295490	ACT Ramipril	ActavisPhm	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02221837	Altace	Valeant	30 100	24.20 80.66	0.8067 0.8066
02251531	Apo-Ramipril	Apotex	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02387395	Auro-Ramipril	Aurobindo	30 500	2.45 40.85	→ 0.0817 → 0.0817 → 0.0817
02331128	Jamp-Ramipril	Jamp	30	2.45 40.85	→ 0.0817
02420465	Mar-Ramipril	Marcan	500 30	2.45	<ul><li>0.0817</li><li>0.0817</li></ul>
02421305	Mint-Ramipril	Mint	500 100	40.85 8.17	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02469065	Pharma-Ramipril	Phmscience	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02247917	pms-Ramipril	Phmscience	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02310066	Pro-Ramipril	Pro Doc	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02255316	Ramipril	Riva	30 500	2.45 40.85	<ul><li>0.0817</li><li>0.0817</li></ul>
02374846	Ramipril	Sanis	100 500	8.17 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02287927	Ramipril	Sivem	30 500	2.45 40.85	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02310511	Ran-Ramipril	Ranbaxy	100	8.17 40.85	<b>→</b> 0.0817
02247945	Teva-Ramipril	Teva Can	30	2.45	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>
02438879	VAN-Ramipril	Vanc Phm	500 100	40.85 8.17	<ul><li>→ 0.0817</li><li>→ 0.0817</li></ul>

**Page 130** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Caps.	aps. 5 mg <b>PPB</b>					
02295504	ACT Ramipril	ActavisPhm	30	2.45	<b>→</b> 0.0817	
			500	40.85	<b>→</b> 0.0817	
02221845	Altace	Valeant	30	24.20	0.8067	
00054574	Anna Dannianii	A4	100	80.66	0.8066	
02251574	Apo-Ramipril	Apotex	30 500	2.45 40.85	<ul><li>0.0817</li><li>0.0817</li></ul>	
02387409	Auro-Ramipril	Aurobindo	300	2.45	→ 0.0817 → 0.0817	
02307409	Auto-Ramiphi	Aurobilido	500	40.85	→ 0.0817 → 0.0817	
02331136	Jamp-Ramipril	Jamp	300	2.45	→ 0.0817 → 0.0817	
02331130	Jamp-Kamipiii	Jamp	500	40.85	→ 0.0817 → 0.0817	
02420473	Mar-Ramipril	Marcan	30	2.45	→ 0.0817 → 0.0817	
02420470	Wai Kampiii	Ividicali	500	40.85	→ 0.0817 → 0.0817	
02421313	Mint-Ramipril	Mint	100	8.17	<ul><li>→ 0.0817</li></ul>	
02469073	Pharma-Ramipril	Phmscience	30	2.45	<ul><li>→ 0.0817</li></ul>	
			500	40.85	<b>→</b> 0.0817	
02247918	pms-Ramipril	Phmscience	30	2.45	<b>→</b> 0.0817	
	,		500	40.85	<b>→</b> 0.0817	
02310074	Pro-Ramipril	Pro Doc	30	2.45	<b>→</b> 0.0817	
			500	40.85	<b>→</b> 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	<b>→</b> 0.0817	
02287935	Ramipril	Sivem	30	2.45	→ 0.0817	
			500	40.85	<b>→</b> 0.0817	
02310538	Ran-Ramipril	Ranbaxy	100	8.17	→ 0.0817	
			500	40.85	→ 0.0817	
02247946	Teva-Ramipril	Teva Can	30	2.45	<b>→</b> 0.0817	
			500	40.85	<b>→</b> 0.0817	
02438887	VAN-Ramipril	Vanc Phm	100	8.17	<b>→</b> 0.0817	

COD	ÞΕ	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.					10 mg <b>PPB</b>	
1	95512	ACT Ramipril	ActavisPhm	30	3.10	<b>→</b> 0.1034
022	90012	ACT Kalliplii	ActavisFilli	500	51.70	<ul><li>→ 0.1034</li><li>→ 0.1034</li></ul>
022	21853	Altace	Valeant	30	30.65	1.0217
				100	102.16	1.0216
022	51582	Apo-Ramipril	Apotex	30	3.10	<b>→</b> 0.1034
				500	51.70	<b>→</b> 0.1034
0238	87417	Auro-Ramipril	Aurobindo	30	3.10	• 0.1034
000	04444	1 D 1 1		500	51.70	0.1034
023	31144	Jamp-Ramipril	Jamp	30 500	3.10 51.70	<b>→</b> 0.1034
024	20481	Mar-Ramipril	Marcan	300	3.10	<ul><li>→ 0.1034</li><li>→ 0.1034</li></ul>
024	20401	wai-Nailiipiii	Iviaicaii	500	51.70	<b>→</b> 0.1034
024	21321	Mint-Ramipril	Mint	100	10.34	<ul><li>→ 0.1034</li></ul>
	69081	Pharma-Ramipril	Phmscience	30	3.10	→ 0.1034
		'		500	51.70	<b>→</b> 0.1034
0224	47919	pms-Ramipril	Phmscience	30	3.10	→ 0.1034
				500	51.70	<b>→</b> 0.1034
023	10104	Pro-Ramipril	Pro Doc	30	3.10	<b>→</b> 0.1034
				500	51.70	<b>→</b> 0.1034
022	55332	Ramipril	Riva	30	3.10	• 0.1034
000	74000	Damaianil	0	500	51.70	0.1034
023	74862	Ramipril	Sanis	100 500	10.34 51.70	<ul><li>→ 0.1034</li><li>→ 0.1034</li></ul>
022	87943	Ramipril	Sivem	300	3.10	<b>→</b> 0.1034
0220	01343	Rampin	Olveill	500	51.70	<b>→</b> 0.1034
023	10546	Ran-Ramipril	Ranbaxy	100	10.34	→ 0.1034
		- · · · · · · · · · · · · · · · · · · ·		500	51.70	<b>→</b> 0.1034
0224	47947	Teva-Ramipril	Teva Can	30	3.10	<b>→</b> 0.1034
				500	51.70	→ 0.1034
024	38895	VAN-Ramipril	Vanc Phm	100	10.34	<b>→</b> 0.1034
Caps.					15 mg <b>PPB</b>	
1 '		l	l.,	1	1	
0228	81112	Altace	Valeant	30	33.68	1.1227
033	25381	Apo-Ramipril	Apotex	100 30	112.27 17.57	1.1227 <b>→</b> 0.5855
023	25561	Αρυ-Ναιτιιριτι	Apolex	100	58.55	<ul><li>→ 0.5855</li><li>→ 0.5855</li></ul>
024	40334	Jamp-Ramipril	Jamp	100	58.55	<ul><li>→ 0.5855</li></ul>
1	20503	Mar-Ramipril	Marcan	30	17.57	<ul><li>→ 0.5855</li></ul>
				100	58.55	<b>→</b> 0.5855
024	21348	Mint-Ramipril	Mint	100	58.55	<b>→</b> 0.5855
024	25548	Ran-Ramipril	Ranbaxy	100	58.55	→ 0.5855
024	38909	VAN-Ramipril	Vanc Phm	100	58.55	<b>→</b> 0.5855
	L/ HYDI	ROCHLOROTHIAZIDE	1			
Tab.			1	2.5 mg - 12	2.5 mg <b>PPB</b>	ı
022	83131	Altace HCT	Valeant	28	8.37	0.2989
1	42138	pms-Ramipril-HCTZ	Phmscience	100	16.13	<b>→</b> 0.1613
	49439	Ran-Ramipril HCTZ	Ranbaxy	100	14.95	→ 0.1495

**Page 132** 2019-12

Tab. 5 mg - 25 mg PPB    02283174		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
02342146   pms-Ramipril-HCTZ   Phmscience   30   6.03   0.20	Tab.				5 mg -12	2.5 mg <b>PPB</b>	
Description		00000450	AH LICT	\/-14	00	10.70	0.0000
Tab.						1	
Tab.    S mg - 25 mg   PPB		02342140	prris-Ramiprii-no (2	Prinscience			
02283174   Altace HCT   pms-Ramipril-HCTZ   Phmscience   100   20.67   0.20		02449447	Ran-Ramipril HCTZ	Ranbaxy	1	1	<b>→</b> 0.2011
02283174   Altace HCT   pms-Ramipril-HCTZ   Phmscience   100   20.67   0.20					_		
02342162   pms-Ramipril-HCTZ   Phmscience   100   20.67   0.20   0.19	Tab.		I	1	5 mg - :	25 mg <b>PPB</b>	I
Tab.		02283174	Altace HCT	Valeant	28	10.72	0.3829
Tab.		02342162	pms-Ramipril-HCTZ	Phmscience	100	20.67	<b>→</b> 0.2067
02283166   Altace HCT   Pms-Ramipril-HCTZ   Phmscience   30   3.95   0.13		02449463	Ran-Ramipril HCTZ	Ranbaxy	100	19.15	<b>→</b> 0.1915
02283166   Altace HCT   pms-Ramipril-HCTZ   Phmscience   30   3.95   0.13	Tab.				10 ma -12	2.5 ma <b>PPB</b>	
02342154   pms-Ramipril-HCTZ		00000400	A#	J.,	ı	ı	0.4075
02415895   Ramipril-HCTZ   Pro Doc   30   3.95   0.13							
D2415895   Ramipril-HCTZ   Ranbaxy   100   13.17   → 0.13		02342134	priis-Ramipiii-nC12	Primscience	1		
Tab.		00445005	Baminail HCTZ	Dra Daa	1		
Tab.  10 mg -25 mg PPB  02283182					I	I .	
02283182       Altace HCT pms-Ramipril-HCTZ       Valeant Phmscience       28 13.65 3.95 → 0.13 3.95 → 0.13 100 13.17 → 0.13 100 13.17 → 0.13 100 13.17 → 0.13         SODIUM FOSINOPRIL III         Tab.       10 mg       PPB         02266008       Apo-Fosinopril O2459388 Fosinopril Posinopril O2303000 Fosinopril O231004 Jamp-Fosinopril Jamp 100 21.77 → 0.21 0231004 Jamp-Fosinopril Ranbaxy 100 21.77 → 0.21 02294524 Ran-Fosinopril Ranbaxy 100 21.77 → 0.21 02247802 Teva-Fosinopril Teva Can 30 6.53 → 0.21 100 21.77 → 0.21 100		02110100	Tran rampin 11012	Тапраху	100	10.17	0.1011
Description   Description	Tab.				10 mg -	25 mg <b>PPB</b>	
Description   Description		02283182	Altace HCT	Valeant	28	13.65	0.4875
SODIUM FOSINOPRIL							0.1317
SODIUM FOSINOPRIL		02012170	pino rampin rio i	T Time die Fied			0.1317
Tab.         10 mg         PPB           02266008         Apo-Fosinopril         Apotex         100         21.77         ♣ 0.21           02459388         Fosinopril         Sanis         100         21.77         ♣ 0.21           02303000         Fosinopril-10         Pro Doc         100         21.77         ♣ 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         ♣ 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣ 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         ♣ 0.21           Tab.         20 mg         PPB		02449471	Ran-Ramipril HCTZ	Ranbaxy	100	1	
Tab.         10 mg         PPB           02266008         Apo-Fosinopril         Apotex         100         21.77         ♣ 0.21           02459388         Fosinopril         Sanis         100         21.77         ♣ 0.21           02303000         Fosinopril-10         Pro Doc         100         21.77         ♣ 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         ♣ 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣ 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         ♣ 0.21           Tab.         20 mg         PPB						•	
02266008         Apo-Fosinopril         Apotex         100         21.77         ♣ 0.21           02459388         Fosinopril         Sanis         100         21.77         ♣ 0.21           02303000         Fosinopril-10         Pro Doc         100         21.77         ♣ 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         ♣ 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣ 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         ♣ 0.21           Tab.         20 mg         PPB           Tab.         20 mg         PPB           02266016         Apo-Fosinopril         Apotex         100         26.19         ♣ 0.26           02459396         Fosinopril-20         Pro Doc         100         26.19         ♣ 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         ♣ 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣ 0.26	SODI	IUM FOSING	OPRIL 🖪				
02459388         Fosinopril         Sanis         100         21.77         ♣ 0.21           02303000         Fosinopril-10         Pro Doc         100         21.77         ♣ 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         ♣ 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣ 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         ♣ 0.21           Tab.         20 mg         PPB           02266016         Apo-Fosinopril         Apotex         100         26.19         ♣ 0.26           02459396         Fosinopril         Sanis         100         26.19         ♣ 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         ♣ 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣ 0.26	Tab.					10 mg <b>PPB</b>	
02459388         Fosinopril         Sanis         100         21.77         ♣ 0.21           02303000         Fosinopril-10         Pro Doc         100         21.77         ♣ 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         ♣ 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣ 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         ♣ 0.21           Tab.         20 mg         PPB           02266016         Apo-Fosinopril         Apotex         100         26.19         ♣ 0.26           02459396         Fosinopril         Sanis         100         26.19         ♣ 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         ♣ 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣ 0.26		02266008	Apo-Fosinopril	Apotex	100	21 77	<b>→</b> 0.2177
02303000         Fosinopril-10         Pro Doc         100         21.77         → 0.21           02331004         Jamp-Fosinopril         Jamp         100         21.77         → 0.21           02294524         Ran-Fosinopril         Ranbaxy         100         21.77         → 0.21           02247802         Teva-Fosinopril         Teva Can         30         6.53         → 0.21           Tab.         20 mg         PPB           02266016         Apo-Fosinopril         Apotex         100         26.19         → 0.26           02459396         Fosinopril         Sanis         100         26.19         → 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         → 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         → 0.26			1 '	1 '	1	1	<ul><li>→ 0.2177</li></ul>
02331004 02294524 02294524 Ran-Fosinopril         Jamp Ranbaxy         100 100         21.77 21.77         0.21 21.77           Teva-Fosinopril         Teva Can         30 100         6.53 21.77         0.21           Tab.         20 mg         PPB           02266016 02459396         Apo-Fosinopril Fosinopril 02303019         Apotex Fosinopril Fosinopril Damp-Fosinopril Fosinopril Damp-Fosinopril Jamp         100 100         26.19 26.19         0.26 26.19         0.26 26.19         0.26 26.19         0.26			· '		1		0.2177
02294524         Ran-Fosinopril         Ranbaxy         100         21.77         ♣         0.21           Teva-Fosinopril         Teva Can         30         6.53         ♣         0.21           Tab.         20 mg         PPB           02266016         Apo-Fosinopril         Apotex         100         26.19         ♣         0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         ♣         0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣         0.26					1	1	0.2177
O2247802         Teva-Fosinopril         Teva Can         30 100         6.53 ≥ 0.21           Tab.         20 mg         PPB           O2266016 02459396 02459396 02303019 0230301						1	→ 0.2177 → 0.2177
Tab.         20 mg         PPB           02266016 02459396 02303019 02331012         Apo-Fosinopril Sanis 100 26.19 → 0.26 19 → 0			'		1		1 .
02266016         Apo-Fosinopril         Apotex         100         26.19         → 0.26           02459396         Fosinopril         Sanis         100         26.19         → 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         → 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         → 0.26		02247002	Teva-rosinopin	Teva Call			
02266016         Apo-Fosinopril         Apotex         100         26.19         → 0.26           02459396         Fosinopril         Sanis         100         26.19         → 0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         → 0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         → 0.26							
02459396         Fosinopril         Sanis         100         26.19         ♣         0.26           02303019         Fosinopril-20         Pro Doc         100         26.19         ♣         0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣         0.26	Tab.		ı	1	:	20 mg <b>PPB</b>	I
02303019         Fosinopril-20         Pro Doc         100         26.19         ♣         0.26           02331012         Jamp-Fosinopril         Jamp         100         26.19         ♣         0.26		02266016	Apo-Fosinopril	Apotex	100	26.19	<b>→</b> 0.2619
02331012   <i>Jamp-Fosinopril</i>   Jamp   100   26.19   ▶ 0.26		02459396	Fosinopril	Sanis	100	26.19	<b>→</b> 0.2619
02331012   <i>Jamp-Fosinopril</i>   Jamp   100   26.19   ▶ 0.26		02303019	Fosinopril-20	Pro Doc	100	26.19	→ 0.2619
		02331012		Jamp	100	26.19	• 0.2619
		02294532			100	26.19	→ 0.2619
		02247803		Teva Can	30	7.86	→ 0.2619
100 26.19 • 0.26					100	26.19	<b>→</b> 0.2619

BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
R				
ш		0	.5 mg <b>PPB</b>	1
Auro-Trandolapril	Aurobindo	100	6.98	<b>→</b> 0.0698
Mavik	BGP Pharma	100	27.33	0.2733
pms-Trandolapril	Phmscience	100	6.98	→ 0.0698
Sandoz Trandolapril	Sandoz	100	6.98	→ 0.0698
Teva-Trandolapril	Teva Can	100	6.98	<b>→</b> 0.0698
	1		1 mg PPB	ı
Auro-Trandolapril	Aurobindo	100	17.62	<b>→</b> 0.1762
Mavik	BGP Pharma			0.6700
pms-Trandolapril	Phmscience	100	17.62	<b>→</b> 0.1762
	Sandoz	100	17.62	<b>→</b> 0.1762
	Teva Can	100	17.62	<b>→</b> 0.1762
Trandolapril	Pro Doc	100	17.62	<b>→</b> 0.1762
	1		2 mg <b>PPB</b>	ı
Auro-Trandolapril	Aurobindo	100	20.25	→ 0.2025
Mavik	BGP Pharma	100	77.00	0.7700
pms-Trandolapril	Phmscience	100	20.25	→ 0.2025
Sandoz Trandolapril	Sandoz	100	20.25	→ 0.2025
Teva-Trandolapril	Teva Can	100	20.25	→ 0.2025
Trandolapril	Pro Doc	100	20.25	<b>→</b> 0.2025
	1		4 mg PPB	ı
Auro-Trandolapril	Aurobindo	100	24.98	<b>→</b> 0.2498
Mavik	BGP Pharma	100	95.00	0.9500
pms-Trandolapril	Phmscience	100	24.98	<b>→</b> 0.2498
Sandoz Trandolapril	Sandoz	100	24.98	<b>→</b> 0.2498
Teva-Trandolapril	Teva Can	100	24.98	<b>→</b> 0.2498
Trandolapril	Pro Doc	100	24.98	→ 0.2498
	Auro-Trandolapril Mavik Doms-Trandolapril Sandoz Trandolapril Teva-Trandolapril Sandoz Trandolapril Mavik Doms-Trandolapril Teva-Trandolapril Teva-Trandolapril Trandolapril Sandoz Trandolapril Teva-Trandolapril Sandoz Trandolapril Trandolapril Teva-Trandolapril Teva-Trandolapril Trandolapril Teva-Trandolapril Teva-Trandolapril Teva-Trandolapril Mavik Doms-Trandolapril Teva-Trandolapril Sandoz Trandolapril Sandoz Trandolapril Sandoz Trandolapril Teva-Trandolapril Teva-Trandolapril	Auro-Trandolapril Aurobindo BGP Pharma Phmscience Sandoz Trandolapril Sandoz Teva-Trandolapril Phmscience Sandoz Trandolapril Aurobindo BGP Pharma Phmscience Sandoz Teva Can  Auro-Trandolapril Sandoz Trandolapril Phmscience Sandoz Trandolapril Teva Can Pro Doc  Auro-Trandolapril Aurobindo BGP Pharma Phmscience Sandoz Trandolapril Phmscience Sandoz Trandolapril Phmscience Sandoz Trandolapril Phmscience Sandoz Trandolapril Teva Can Trandolapril Teva Can Pro Doc  Auro-Trandolapril Phmscience Sandoz Trandolapril Teva-Trandolapril Teva-T	Auro-Trandolapril	BRAND NAME

**Page 134** 2019-12

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

# 24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS CANDESARTAN CILEXETIL ☐

Tab.	OLLACTIC M			8 mg PPB		
00400700			100		_	0.0050
02463768	Accel-Candesartan	Accel	100	22.58	7	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
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

Tab.				16 mg <b>PPB</b>		
02463776	Accel-Candesartan	Accel	100	22.58	<b>→</b>	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
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
Tab.	1		ı	32 mg <b>PPB</b>	ı	
02463784	Accel-Candesartan	Accel	100	22.58	<b>→</b>	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
02417340	Sandoz Candesartan	Sandoz	100	22.58	•	0.2258
02366339	Teva Candesartan	Teva Can	30	6.84	→	0.2281

#### CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE

Tab.		1	16 mg -12	.5 mg <b>PPB</b>		
0246386	Accel-Candesartan/HCTZ	Accel	100	21.56	•	0.2156
023886	50 ACT Candesartan/HCT	ActavisPhm	30	6.47	•	0.2156
			100	21.56	•	0.2156
022440	21 Atacand Plus	AZC	30	35.10		1.1700
024210	38 Auro-Candesartan HCT	Aurobindo	100	21.56	•	0.2156
023922	75 Candesartan - HCTZ	Pro Doc	30	6.47	•	0.2156
			100	21.56	•	0.2156
023948	12 Candesartan HCT	Sivem	30	6.47	•	0.2156
			100	21.56	•	0.2156
0239480	04 Candesartan/ HCTZ	Sanis	100	21.56	•	0.2156
024732	10 Jamp-Candesartan HCT	Jamp	30	6.47	•	0.2156
			100	21.56	•	0.2156
0239129	95 pms-Candesartan-HCTZ	Phmscience	30	6.47	•	0.2156
			100	21.56	•	0.2156
023279	)2   Sandoz Candesartan Plus	Sandoz	30	6.47	•	0.2156
			100	21.56	•	0.2156
0239554	11 Teva Candesartan/ HCTZ	Teva Can	30	6.47	•	0.2156

Ta	ıb.	1	1	32 mg - 12	.5 mg <b>PPB</b>		
	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

Page 136 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		,		32 mg - :	25 mg <b>PPB</b>	
		1	1	١	1	
	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	30 100	7.33 24.43	<ul><li>→ 0.2443</li><li>→ 0.2443</li></ul>
	02420740	Sandoz Candesartan Plus	Sandoz	100	24.43	→ 0.2443 → 0.2443
			1		1	
EPRO	OSARTAN (	(MESYLATE D')/ HYDROCHL	OROTHIAZIDE 🖪	600 r	ng - 12.5 mg	
		I	1	1	١	1
	02253631	Teveten Plus	BGP Pharma	28	30.34	1.0836
	OSARTAN I	MESYLATE 🖫				
Tab.		1	1		400 mg	
	02240432	Teveten	BGP Pharma	28	19.81	0.7075
Tab.		ı	1		600 mg	ı
	02243942	Teveten	BGP Pharma	28	30.34	1.0836
IDDE	SARTAN	R				
Tab.	SARIAN	ш			75 mg <b>PPB</b>	
		I		I	 	1
	02386968	Apo-Irbesartan	Apotex	100	22.81	<b>→</b> 0.2281
	02406098	Auro-Irbesartan	Aurobindo	90	20.53	• 0.2281
		1.		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
	0040			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
	02328461	Sandoz Irbesartan	Sandoz	100	22.81	• 0.2281
	02316390	Teva-Irbesartan	Teva Can	100	22.81	• 0.2281
1	02427087	VAN-Irbesartan	Vanc Phm	100	22.81	● 0.2281

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.	Tab. 150 mg <b>PPB</b>					
	02328089	ACT Irbesartan	ActavisPhm	100	22.81	→ 0.2281
	02326009	Apo-Irbesartan	Apotex	100	22.81	→ 0.2281 → 0.2281
	02300370	Apo-libesarian	Apotex	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	<b>→</b> 0.2281
	02365200	Irbesartan	Pro Doc	100	22.81	<b>→</b> 0.2281
	02372371	Irbesartan	Sanis	100	22.81	<b>→</b> 0.2281
	02385295	Irbesartan	Sivem	100	22.81	<b>→</b> 0.2281
	02418207	Jamp-Irbesartan	Jamp	28	6.39	<b>→</b> 0.2281
				100	22.81	<b>→</b> 0.2281
	02422999	Mint-Irbesartan	Mint	100	22.81	<b>→</b> 0.2281
	02317079	pms-Irbesartan	Phmscience	100	22.81	• 0.2281
				500	114.05	<b>→</b> 0.2281
	02406829	Ran-Irbesartan	Ranbaxy	100	22.81	• 0.2281
				500	114.05	• 0.2281
	02328488	Sandoz Irbesartan	Sandoz	100	22.81	0.2281
	00045000	T	T 0	500	114.05	0.2281
	02315998	Teva-Irbesartan	Teva Can	100	22.81	0.2281
	02316404	Teva-Irbesartan	Teva Can	100	22.81	0.2281
	02427095	VAN-Irbesartan	Vanc Phm	100	22.81	→ 0.2281
Tab.				3	00 mg <b>PPB</b>	
	02328100	ACT Irbesartan	ActavisPhm	100	22.81	→ 0.2281
	02386984	Apo-Irbesartan	Apotex	100	22.81	→ 0.2281
	02000004	Apo ir besurtari	ripotex	500	114.05	<ul><li>→ 0.2281</li></ul>
	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	<b>→</b> 0.2281
	02372398	Irbesartan	Sanis	100	22.81	<b>→</b> 0.2281
	02385309	Irbesartan	Sivem	100	22.81	<b>→</b> 0.2281
	02418215	Jamp-Irbesartan	Jamp	28	6.39	<b>→</b> 0.2281
				100	22.81	<b>→</b> 0.2281
	02423006	Mint-Irbesartan	Mint	100	22.81	<b>→</b> 0.2281
	02317087	pms-Irbesartan	Phmscience	100	22.81	• 0.2281
			<u> </u> .	500	114.05	• 0.2281
	02406837	Ran-Irbesartan	Ranbaxy	100	22.81	0.2281
	00000460	0		500	114.05	0.2281
	02328496	Sandoz Irbesartan	Sandoz	100	22.81	0.2281
	00040007	Taura Inhana (c. )	T O-	500	114.05	0.2281
	02316005	Teva-Irbesartan	Teva Can	100	22.81	0.2281
	02316412	Teva-Irbesartan	Teva Can	100	22.81	0.2281
	02427109	VAN-Irbesartan	Vanc Phm	100	22.81	<b>→</b> 0.2281

Page 138 2019-12

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

### IRBESARTAN/ HYDROCHLOROTHIAZIDE

Tab.		i	1	150 mg- 12	.5 mg <b>PPB</b>		
	02357399	ACT Irbesartan/HCT	ActavisPhm	100	22.81	<b>→</b>	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
	02337428	Sandoz Irbesartan HCT	Sandoz	100	22.81	•	0.2281
				500	114.05	•	0.2281
*	02316013	Teva Irbesartan / HCTZ	Teva Can	100	22.81		w
	02330512	Teva-Irbesartan HCTZ	Teva Can	100	22.81	•	0.2281

Tab.		ı	1	300 mg- 12	.5 mg <b>PPB</b>		1
	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
	02337436	Sandoz Irbesartan HCT	Sandoz	100	22.81	•	0.2281
				500	114.05	•	0.2281
*	02316021	Teva Irbesartan / HCTZ	Teva Can	100	22.81		w
	02330520	Teva-Irbesartan HCTZ	Teva Can	100	22.81	•	0.2281

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNI	T PRICE
Tab.		ı	1	300 mg - 2	25 mg <b>PPB</b>	ı	
	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
	02337444	Sandoz Irbesartan HCT	Sandoz	100	21.84	→	0.2184
				500	109.20	→	0.2184
*	02316048	Teva Irbesartan / HCTZ	Teva Can	100	21.84		w
	02330539	Teva-Irbesartan HCTZ	Teva Can	100	21.84	•	0.2184

#### LOSARTAN POTASSIUM

Tab.				25 mg <b>PPB</b>		
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

Page 140 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					50 mg <b>PPB</b>	
	02353504	Apo-Losartan	Apotex	30	4.85	<b>→</b> 0.1616
		,	'	100	16.16	<b>→</b> 0.1616
	02403331	Auro-Losartan	Aurobindo	30	4.85	<b>→</b> 0.1616
				100	16.16	• 0.1616
	02445972	Bio-Losartan	Biomed	100	16.16	<b>→</b> 0.1616
	02354837	Co Losartan	Cobalt	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02182874	Cozaar	Merck	30	35.12	1.1707
	02398842	Jamp-Losartan	Jamp	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02394375	Losartan	Pro Doc	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02388871	Losartan	Sanis	100	16.16	<b>→</b> 0.1616
	02388804	Losartan	Sivem	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02422476	Mar-Losartan	Marcan	100	16.16	<b>→</b> 0.1616
	02405741	Mint-Losartan	Mint	100	16.16	<b>→</b> 0.1616
	02309769	pms-Losartan	Phmscience	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02404478	Ran-Losartan	Ranbaxy	100	16.16	<b>→</b> 0.1616
				500	116.05	<b>→</b> 0.2321
	02313340	Sandoz Losartan	Sandoz	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02424975	Septa-Losartan	Septa	100	16.16	<b>→</b> 0.1616
	02357968	Teva Losartan	Teva Can	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02426609	VAN-Losartan	Vanc Phm	100	16.16	<b>→</b> 0.1616

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10	00 mg <b>PPB</b>	
	02353512	Apo-Losartan	Apotex	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02403358	Auro-Losartan	Aurobindo	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02445980	Bio-Losartan	Biomed	100	16.16	<b>→</b> 0.1616
	02182882	Cozaar	Merck	30	35.12	1.1707
	02398850	Jamp-Losartan	Jamp	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02394383	Losartan	Pro Doc	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02388898	Losartan	Sanis	100	16.16	<b>→</b> 0.1616
	02388812	Losartan	Sivem	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02422484	Mar-Losartan	Marcan	100	16.16	<b>→</b> 0.1616
	02405768	Mint-Losartan	Mint	100	16.16	<b>→</b> 0.1616
	02309777	pms-Losartan	Phmscience	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02404486	Ran-Losartan	Ranbaxy	100	16.16	<b>→</b> 0.1616
				500	116.05	→ 0.2321
	02313359	Sandoz Losartan	Sandoz	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02424983	Septa-Losartan	Septa	100	16.16	<b>→</b> 0.1616
	02357976	Teva Losartan	Teva Can	30	4.85	<b>→</b> 0.1616
				100	16.16	<b>→</b> 0.1616
	02426617	VAN-Losartan	Vanc Phm	100	16.16	<b>→</b> 0.1616

## LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE

Tab.	1	_	50 mg -12	.5 mg <b>PPB</b>		
02388251	ACT Losartan/HCT	ActavisPhm	30	8.16	<b>→</b>	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

Page 142 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg - 12	.5 mg <b>PPB</b>	
	02388278	ACT Losartan/HCT	ActavisPhm	30	9.25	→ 0.3082
				100	30.82	<b>→</b> 0.3082
	02371243	Apo-Losartan/HCTZ	Apotex	30	9.25	<b>→</b> 0.3082
				100	30.82	<b>→</b> 0.3082
	02423650	Auro-Losartan HCT	Aurobindo	30	9.25	• 0.3082
	00007044	11	Manala	100	30.82	<b>→</b> 0.3082
	02297841	Hyzaar	Merck Pro Doc	30	35.02	1.1673
	02394405	Losartan - HCTZ	PIO DOC	30 100	9.25 30.82	0.3082
	02388979	Losartan/HCT	Sivem	30	9.25	<ul><li>→ 0.3082</li><li>→ 0.3082</li></ul>
	02300919	Losariar//101	Siveili	100	30.82	<ul><li>→ 0.3082</li><li>→ 0.3082</li></ul>
	02427656	Losartan/HCTZ	Sanis	30	9.25	<ul><li>→ 0.3082</li><li>→ 0.3082</li></ul>
	02427030	Losartarii ICTZ	Sariis	100	30.82	<b>→</b> 0.3082
	02389665	Mint-Losartan / HCTZ	Mint	30	9.25	→ 0.3082 → 0.3082
	02303003	Willit-Losarian / TTC TZ	IVIIII	100	30.82	<ul><li>→ 0.3082</li><li>→ 0.3082</li></ul>
	02392232	pms-Losartan-HCTZ	Phmscience	30	9.25	→ 0.3082 → 0.3082
	02002202	Pinis Eosarian TTOTE	Timbolenoe	100	30.82	<ul><li>→ 0.3082</li></ul>
	02362449	Sandoz Losartan HCT	Sandoz	30	9.25	<ul><li>→ 0.3082</li></ul>
	02002440	Ganada Losarian 1101	Garidoz	100	30.82	<ul><li>→ 0.3082</li></ul>
	02377144	Teva Losartan/HCTZ	Teva Can	30	9.25	<b>→</b> 0.3082
Tab.				100 mg -	25 mg <b>PPB</b>	
l ab.		1	1	100 mg -2	zonig <b>PPB</b>	1
	02388286	ACT Losartan/HCT	ActavisPhm	30	8.16	<b>→</b> 0.2719
				100	27.19	<b>→</b> 0.2719
	02371251	Apo-Losartan/HCTZ	Apotex	30	8.16	→ 0.2719
				100	27.19	<b>→</b> 0.2719
	02423669	Auro-Losartan HCT	Aurobindo	30	8.16	<b>→</b> 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
	00004440	1	D D	100	27.19	0.2719
	02394413	Losartan - HCTZ	Pro Doc	30	8.16	0.2719
	00000007	,	0.	100	27.19	0.2719
	02388987	Losartan/HCT	Sivem	30 100	8.16 27.19	0.2719
	02427664	Locarton/HCT7	Camia	1		0.2719
	02427664	Losartan/HCTZ	Sanis	30 100	8.16 27.19	0.2719
	02389673	Mint-Losartan / HCTZ DS	Mint	30		<ul><li>→ 0.2719</li><li>→ 0.2719</li></ul>
	02369673	Mini-Losarian / HC12 DS	IVIIII	100	8.16 27.19	→ 0.2719 → 0.2719
	02392240	pms-Losartan-HCTZ	Phmscience	30	8.16	→ 0.2719 → 0.2719
	02332240	pm3-203artan-11012	1 IIIISUCIICE	100	27.19	→ 0.2719 → 0.2719
	02313383	Sandoz Losartan HCT DS	Sandoz	30	8.16	→ 0.2719 → 0.2719
	02010000	Canada Losarian 1101 Do	Candoz	100	27.19	<ul><li>→ 0.2719</li><li>→ 0.2719</li></ul>
	02428547	Septa-Losartan HCTZ	Septa	30	8.16	<b>→</b> 0.2719
	32 1200 FI	200011011111111111111111111111111111111		100	27.19	<ul><li>→ 0.2719</li></ul>
	02377152	Teva Losartan/HCTZ	Teva Can	30	8.16	<b>→</b> 0.2719

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OLMESARTAN I	MEDOXOMIL 🖪		:	20 mg <b>PPB</b>	
02442191	Act Olmesartan	ActavisPhm	30	8.95	→ 0.2984
02453452	Apo-Olmesartan	Apotex	30	8.95	<ul><li>→ 0.2304</li><li>→ 0.2984</li></ul>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	100	29.84	→ 0.2984
02443864	Auro-Olmesartan	Aurobindo	30	8.95	→ 0.2984
			100	29.84	<b>→</b> 0.2984
02469812	GLN-Olmesartan	Glenmark	30	8.95	• 0.2984
02461641	Jamp-Olmesartan	Jamp	30	8.95	• 0.2984
00400744			100	29.84	0.2984
02488744	Olmesartan	Pro Doc	30	8.95	0.2984
02318660	Olmetec	Merck	100 30	29.84 30.49	0.2984 1.0163
02461307	pms-Olmesartan	Phmscience	30	8.95	→ 0.2984
02401001	pins officeartain	T TIMBOICTIOC	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	<b>→</b> 0.2984
Tab.	ı	1		40 mg <b>PPB</b>	ı
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
02469820	GLN-Olmesartan	Glenmark	30	8.95	• 0.2984
02461668	Jamp-Olmesartan	Jamp	30	8.95	0.2984
00400750	Olars a santa a	D D	100	29.84	0.2984
02488752	Olmesartan	Pro Doc	30 100	8.95 29.84	<ul><li>→ 0.2984</li><li>→ 0.2984</li></ul>
02318679	Olmetec	Merck	30	30.49	1.0163
02461315	pms-Olmesartan	Phmscience	30	8.95	<ul><li>→ 0.2984</li></ul>
			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	<b>→</b> 0.2984
OI MESARTAN	MEDOXOMIL/HYDROCHLO	ROTHIAZIDE R			
Tab.			20 mg -12	2.5 mg <b>PPB</b>	
02468948	ACH-Olmesartan HCTZ	Accord	30	9.06	0.3019
02400946	AGI I-OIIIIESAITAII FIGIZ	Accord	90	27.17	→ 0.3019 → 0.3019
02443112	Act Olmesartan HCT	ActavisPhm	30	9.06	<b>→</b> 0.3019
02453606	Apo-Olmesartan/HCTZ	Apotex	30	9.06	<ul><li>→ 0.3019</li><li>→ 0.3019</li></ul>
	, , , , , , , , , , , , , , , , , , , ,	4	100	30.19	• 0.3019
02319616	Olmetec Plus	Merck	30	30.49	1.0163
	1				

Page 144 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IIT PRICE
Tab.				40 mg - 12	2.5 mg <b>PPB</b>		
	02468956	ACH-Olmesartan HCTZ	Accord	30	1	_	0.2010
	02468956	ACH-Olmesartan HC12	Accord	90	9.06 27.17	7	0.3019 0.3019
	02443120	Act Olmesartan HCT	ActavisPhm	30	9.06	1	0.3019
	02443120	Apo-Olmesartan/HCTZ	Apotex	30	9.06	3	0.3019
	02400014	Apo Officsartary 1012	ripotex	100	30.19		0.3019
	02319624	Olmetec Plus	Merck	30	30.49	7	1.0163
Tab.		ı	1	40 mg -	25 mg <b>PPB</b>		
	02468964	ACH-Olmesartan HCTZ	Accord	30	9.06	•	0.3019
				90	27.17	•	0.3019
	02443139	Act Olmesartan HCT	ActavisPhm	30	9.06	•	0.3019
	02453622	Apo-Olmesartan/HCTZ	Apotex	30	9.06	•	0.3019
				100	30.19	•	0.3019
	02319632	Olmetec Plus	Merck	30	30.49		1.0163
Tab.							
	MISARTAN	_					
		1	1		40 mg <b>PPB</b>	Ι.	
l ab.	02393247	Act Telmisartan	ActavisPhm	30	6.48	<b>*</b>	0.2161
l ab.				30 100	6.48 21.61	<b>+</b>	0.2161
Tab.	02393247 02420082	Act Telmisartan Apo-Telmisartan	ActavisPhm Apotex	30 100 30	6.48 21.61 6.48	* * *	0.2161 0.2161
lab.	02420082	Apo-Telmisartan	Apotex	30 100 30 100	6.48 21.61 6.48 21.61	* * * * *	0.2161 0.2161 0.2161
Tab.				30 100 30 100 30	6.48 21.61 6.48 21.61 6.48	* * * * * *	0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568	Apo-Telmisartan Auro-Telmisartan	Apotex Aurobindo	30 100 30 100 30 100	6.48 21.61 6.48 21.61 6.48 21.61	* * * * * * *	0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769	Apo-Telmisartan Auro-Telmisartan Micardis	Apotex Aurobindo Bo. Ing.	30 100 30 100 30 100 28	6.48 21.61 6.48 21.61 6.48 21.61 31.63	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296
Tab.	02420082 02453568 02240769 02391236	Apo-Telmisartan Auro-Telmisartan	Apotex Aurobindo	30 100 30 100 30 100 28 100	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161
Tab.	02420082 02453568 02240769	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience	30 100 30 100 30 100 28	6.48 21.61 6.48 21.61 6.48 21.61 31.63	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience	30 100 30 100 30 100 28 100 30	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz	30 100 30 100 30 100 28 100 30 500	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz	30 100 30 100 30 100 28 100 30 500 30	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61	***** *****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord	30 100 30 100 30 100 28 100 30 500 30 100	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48	***** ******	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience	30 100 30 100 30 100 28 100 30 500 30	6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience	30 100 30 100 30 100 28 100 30 500 30 100 100 30	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61 6.48	*****	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897 02395223	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience Pro Doc	30 100 30 100 30 100 28 100 30 500 30 100 100 30	6.48 21.61 6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61 6.48	***** *******	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897 02395223	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience Pro Doc Sanis	30 100 30 100 30 100 28 100 30 500 30 100 100 30	6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61 21.61	* * * * * *	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897 02395223	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience Pro Doc Sanis	30 100 30 100 30 100 28 100 30 500 30 100 100 30 100 30	6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61 6.48 21.61 21.61 6.48	* * * * * *	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161
Tab.	02420082 02453568 02240769 02391236 02375958 02407485 02432897 02395223 02388944 02390345	Apo-Telmisartan Auro-Telmisartan Micardis pms-Telmisartan Sandoz Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan Telmisartan	Apotex Aurobindo Bo. Ing. Phmscience Sandoz Accord Phmscience Pro Doc Sanis Sivem	30 100 30 100 30 100 28 100 30 500 30 100 100 30 100 100	6.48 21.61 6.48 21.61 31.63 21.61 6.48 108.05 6.48 21.61 21.61 21.61 6.48 21.61	* * * * * *	0.2161 0.2161 0.2161 0.2161 0.2161 1.1296 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161 0.2161

2019-12 Page 145

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					80 mg <b>PPB</b>	
	02393255	Act Telmisartan	ActavisPhm	30 100	6.48 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02420090	Apo-Telmisartan	Apotex	30 100	6.48 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02453576	Auro-Telmisartan	Aurobindo	30 100	6.48 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02240770 02391244	Micardis pms-Telmisartan	Bo. Ing. Phmscience	28 100	31.63 21.61	1.1296 • 0.2161
	02375966	Sandoz Telmisartan	Sandoz	30 500	6.48 108.05	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02407493	Telmisartan	Accord	30 100	6.48 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02432900 02395231	Telmisartan Telmisartan	Phmscience Pro Doc	100 30	21.61 6.48	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02388952	Telmisartan	Sanis	100 100	21.61 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02390353	Telmisartan	Sivem	500 30	108.05	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02390333	Teva Telmisartan	Teva Can	100	21.61	• 0.2161
				100	6.48 21.61	<ul><li>→ 0.2161</li><li>→ 0.2161</li></ul>
	02434172	VAN-Telmisartan	Vanc Phm	100	21.61	• 0.2161

### TELMISARTAN/ HYDROCHLOROTHIAZIDE

Tab.		1		80 mg - 12	.5 mg <b>PPB</b>		
	02456389	Auro-Telmisartan HCTZ	Aurobindo	30	6.29	<b>→</b>	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/	Accord	30	6.29	•	0.2098
		Hydrochlorothiazide		100	20.98	•	0.2098
	02330288	Teva Telmisartan HCTZ	Teva Can	30	6.29	•	0.2098
				500	104.90	<b>→</b>	0.2098

Page 146 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			•	80 mg - :	25 mg <b>PPB</b>	
		I	1		 	I
	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	30 100	6.29 20.98	0.2098
	02433222	Telmisartan - HCTZ	Phmscience	100	20.98	<ul><li>→ 0.2098</li><li>→ 0.2098</li></ul>
	02395533	Telmisartan - HCTZ	Pro Doc	30	6.29	→ 0.2098 → 0.2098
	0200000	Temmourtan TioTE	110 000	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/	Accord	30	6.29	→ 0.2098
		Hydrochlorothiazide		100	20.98	→ 0.2098
	02379252	Teva Telmisartan HCTZ	Teva Can	30	6.29	→ 0.2098
				100	20.98	→ 0.2098
TELN Tab.	WISARTAN/	AMLODIPINE 🖫		4	10 mg - 5 mg	
	02371022	Twynsta	Bo. Ing.	28	19.09	0.6818
	0237 1022	Twynsia	Do. Ilig.	20	19.09	0.0010
Tab.		1	1	40	) mg - 10 mg	1
	02371030	Twynsta	Bo. Ing.	28	19.09	0.6818
		,	, ,			
Tab.		ı	1	ı.	80 mg -5 mg	ı
						l
	02371049	Twynsta	Bo. Ing.	28	19.09	0.6818
	02371049	Twynsta	Bo. Ing.	28	19.09	0.6818
Tab	02371049	Twynsta	Bo. Ing.	I.		0.6818
Tab.	02371049	Twynsta	Bo. Ing.	I.	19.09 ) mg - 10 mg	0.6818
Tab.	02371049	Twynsta  Twynsta	Bo. Ing.	I.		0.6818
Tab.			1	80	) mg - 10 mg 	1
Tab.			1	80	) mg - 10 mg 	1
		Twynsta	1	80	) mg - 10 mg 	1
	02371057	Twynsta	1	28	) mg - 10 mg 	1
VALS	02371057 SARTAN <b>[</b>	Twynsta	Bo. Ing.	28	0 mg - 10 mg 19.09	0.6818
VALS	02371057  SARTAN   02371510	Twynsta  Apo-Valsartan	Bo. Ing.	28	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63	0.6818
VALS	02371057 SARTAN <b>[</b>	Twynsta	Bo. Ing.	80 28 30 30	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63	0.6818 • 0.2211 • 0.2211
VALS	02371057  SARTAN   02371510 02414201	Twynsta  Apo-Valsartan Auro-Valsartan	Bo. Ing.  Apotex Aurobindo	30 30 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11	<ul> <li>0.6818</li> <li>→ 0.2211</li> <li>→ 0.2211</li> <li>→ 0.2211</li> </ul>
VALS	02371057  SARTAN   02371510 02414201 02270528	Twynsta  Apo-Valsartan Auro-Valsartan Diovan	Bo. Ing.  Apotex Aurobindo Novartis	30 30 100 28	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> </ul>
VALS	02371057  SARTAN   02371510 02414201 02270528 02363062	Twynsta  Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan	Bo. Ing.  Apotex Aurobindo  Novartis Ranbaxy	30 30 100 28 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27 22.11	0.6818  0.2211 0.2211 0.2211 1.1168 0.2211
VALS	02371057  SARTAN   02371510 02414201 02270528	Twynsta  Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan	Bo. Ing.  Apotex Aurobindo Novartis	30 30 100 28 100 30	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27 22.11 6.63	0.6818  0.2211 0.2211 0.2211 1.1168 0.2211 0.2211
VALS	02371057  SARTAN   02371510 02414201 02270528 02363062	Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan	Bo. Ing.  Apotex Aurobindo  Novartis Ranbaxy	30 30 100 28 100 30 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27 22.11 6.63 22.11	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> </ul>
VALS	02371057  SARTAN   02371510 02414201  02270528 02363062 02356740  02356643	Twynsta  Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan Teva Valsartan	Apotex Aurobindo Novartis Ranbaxy Sandoz	30 30 100 28 100 30 100 30	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27 22.11 6.63 22.11 6.63	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> <li>0.2211</li> </ul>
VALS	02371057  SARTAN (** 02371510 02414201 02270528 02363062 02356740	Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan	Apotex Aurobindo Novartis Ranbaxy Sandoz Teva Can	30 30 100 28 100 30 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 31.27 22.11 6.63 22.11	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> </ul>
VALS	02371057  SARTAN   02371510 02414201  02270528 02363062 02356740  02356643	Twynsta  Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan Teva Valsartan	Apotex Aurobindo Novartis Ranbaxy Sandoz Teva Can	30 30 100 28 100 30 100 30 30 30	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 6.63 22.11 6.63 22.11 6.63 22.11	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> </ul>
VALS	02371057  SARTAN   02371510 02414201 02270528 02363062 02356740 02356643 02367726	Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan Teva Valsartan Valsartan	Apotex Aurobindo Novartis Ranbaxy Sandoz Teva Can Pro Doc	30 30 100 28 100 30 100 30 30 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 6.63 22.11 6.63 6.63	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> </ul>
VALS	02371057  SARTAN   02371510 02414201 02270528 02363062 02356740 02356643 02367726 02366940	Twynsta  Apo-Valsartan Auro-Valsartan Diovan Ran-Valsartan Sandoz Valsartan Teva Valsartan Valsartan Valsartan	Apotex Aurobindo Novartis Ranbaxy Sandoz Teva Can Pro Doc Sanis	30 30 100 28 100 30 100 30 100 30 100	0 mg - 10 mg 19.09 40 mg <b>PPB</b> 6.63 6.63 22.11 6.63 22.11 6.63 22.11 6.63 22.11 22.11	<ul> <li>0.6818</li> <li>0.2211</li> <li>0.2211</li> <li>1.1168</li> <li>0.2211</li> </ul>

					Т	
co	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
T .	!				00 000	
Tab.	1		1	1	80 mg <b>PPB</b>	ı
02	2371529	Apo-Valsartan	Apotex	30	6.48	→ 0.2159
		•	'	500	107.95	→ 0.2159
02	2414228	Auro-Valsartan	Aurobindo	100	21.59	→ 0.2159
				500	107.95	• 0.2159
02	2244781	Diovan	Novartis	28	31.47	1.1239
02	2363100	Ran-Valsartan	Ranbaxy	100	21.59	<b>→</b> 0.2159
				500	107.95	→ 0.2159
02	2356759	Sandoz Valsartan	Sandoz	30	6.48	→ 0.2159
				500	107.95	<b>→</b> 0.2159
02	2356651	Teva Valsartan	Teva Can	30	6.48	<b>→</b> 0.2159
				100	21.59	0.2159
02	2367734	Valsartan	Pro Doc	30	6.48	0.2159
	2000050	Malacata		100	21.59	0.2159
02	2366959	Valsartan	Sanis	100	21.59	0.2159
	2204524	Malaantan	Ci	500	107.95	0.2159
02	2384531	Valsartan	Sivem	30 100	6.48 21.59	0.2159
				100	21.59	• 0.2159
Tab.				1	60 mg <b>PPB</b>	
0.5	2371537	Apo-Valsartan	Apotex	30	6.48	<b>→</b> 0.2159
02	237 1337	Apo-vaisaitaii	Apolex	500	107.95	<ul><li>→ 0.2159</li><li>→ 0.2159</li></ul>
0.2	2414236	Auro-Valsartan	Aurobindo	100	21.59	<ul><li>→ 0.2159</li><li>→ 0.2159</li></ul>
02	24 14230	Auto-vaisartair	Adiobilido	500	107.95	<ul><li>→ 0.2159</li><li>→ 0.2159</li></ul>
02	2244782	Diovan	Novartis	28	31.47	1.1239
	2363119	Ran-Valsartan	Ranbaxy	100	21.59	→ 0.2159
			,	500	107.95	→ 0.2159
02	2356767	Sandoz Valsartan	Sandoz	30	6.48	→ 0.2159
				500	107.95	→ 0.2159
02	2356678	Teva Valsartan	Teva Can	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
02	2367742	Valsartan	Pro Doc	30	6.48	→ 0.2159
				100	21.59	→ 0.2159
02	2366967	Valsartan	Sanis	100	21.59	<b>→</b> 0.2159
				500	107.95	<b>→</b> 0.2159
02	2384558	Valsartan	Sivem	30	6.48	• 0.2159
				100	21.59	• 0.2159
Tab.				3	20 mg <b>PPB</b>	
	ı		1	I	ı	I
	2371545	Apo-Valsartan	Apotex	30	6.29	<b>→</b> 0.2098
02	2414244	Auro-Valsartan	Aurobindo	30	6.29	<b>→</b> 0.2098
			1	100	20.98	→ 0.2098
	2289504		Novartis	28	31.47	1.1239
02	2356775	Sandoz Valsartan	Sandoz	30	6.29	
	2256000	Taya Valaarts	Taylo Car	100	20.98	
	2356686	Teva Valsartan	Teva Can	30	6.29	
02	2367750	Valsartan	Pro Doc	30 100	6.29 20.98	<ul><li>→ 0.2098</li><li>→ 0.2098</li></ul>
0.5	2366975	Valsartan	Sanis	100	20.98	
	2384566	Valsartan Valsartan	Sivem	30	6.29	<ul><li>→ 0.2098</li><li>→ 0.2098</li></ul>
02	2007000	v argartari	Olveill	100	20.98	-
				1.50	20.00	0.2090

Page 148 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	SARTAN/HY	DROCHLOROTHIAZIDE				
Tab.		ı	I	80 mg - 12	.5 mg <b>PPB</b>	l i
	02382547	Apo-Valsartan/HCTZ	Apotex	30	6.64	<b>→</b> 0.2213
				100	22.13	<b>→</b> 0.2213
	02408112	Auro-Valsartan HCT	Aurobindo	30	6.64	<b>→</b> 0.2213
				100	22.13	<b>→</b> 0.2213
	02241900	Diovan-HCT	Novartis	28	32.16	1.1486
	02356694	Sandoz Valsartan HCT	Sandoz	30 500	6.64 110.65	<ul><li>0.2213</li><li>0.2213</li></ul>
	02356996	Teva Valsartan/HCTZ	Teva Can	30	6.64	→ 0.2213 → 0.2213
	02000000	Teva valsartarii 17012	Tova Gan	50	11.07	<ul><li>→ 0.2213</li></ul>
	02367009	Valsartan HCT	Sanis	100	22.13	<ul><li>→ 0.2213</li></ul>
	02384736	Valsartan HCT	Sivem	30	6.64	→ 0.2213
				100	22.13	<b>→</b> 0.2213
	02367769	Valsartan-HCTZ	Pro Doc	30	6.64	<b>→</b> 0.2213
				100	22.13	<b>→</b> 0.2213
Tab.				160 mg -12	.5 mg <b>PPB</b>	
	02382555	Apo-Valsartan/HCTZ	Anatov	30	6.70	<b>→</b> 0.2240
	02302333	Apo-vaisarian/HC12	Apotex	500	6.72 112.00	→ 0.2240 → 0.2240
	02408120	Auro-Valsartan HCT	Aurobindo	30	6.72	<ul><li>→ 0.2240</li><li>→ 0.2240</li></ul>
	02400120	Auto Valsartan TTO	/ tarobinao	100	22.40	<ul><li>→ 0.2240</li></ul>
	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	<b>→</b> 0.2240
				50	11.20	<b>→</b> 0.2240
	02367017	Valsartan HCT	Sanis	100	22.40	• 0.2240
	00004744	Notes to NOT	0.	500	112.00	• 0.2240
	02384744	Valsartan HCT	Sivem	30 100	6.72 22.40	<ul><li>→ 0.2240</li><li>→ 0.2240</li></ul>
	02367777	Valsartan-HCTZ	Pro Doc	30	6.72	→ 0.2240 → 0.2240
	02301111	Valsartan-FICTZ	110 000	100	22.40	<ul><li>→ 0.2240</li><li>→ 0.2240</li></ul>
						7 0.22.0
Tab.				160 mg (	25 mg <b>PPB</b>	
		I	I	I	_	1
1	02382563	Apo-Valsartan/HCTZ	Apotex	30	6.71	<b>→</b> 0.2238
				500	111.90	<b>→</b> 0.2238
	02408139	Auro-Valsartan HCT	Aurobindo	30	6.71	• 0.2238
	00010055			100	22.38	• 0.2238
1	02246955 02356716	Diovan-HCT Sandoz Valsartan HCT	Novartis Sandoz	28 30	31.99	1.1425 <b>→</b> 0.2238
1	02330710	Sanuuz vaisallali MU I	Saliuuz	500	6.71 111.90	<ul><li>0.2238</li><li>→ 0.2238</li></ul>
1	02357011	Teva Valsartan/HCTZ	Teva Can	30	6.71	<ul><li>→ 0.2238</li><li>→ 0.2238</li></ul>
1	3=00/01/			50	11.19	<ul><li>→ 0.2238</li></ul>
1	02367025	Valsartan HCT	Sanis	100	22.38	→ 0.2238
1				500	111.90	<b>→</b> 0.2238
1	02384752	Valsartan HCT	Sivem	30	6.71	→ 0.2238
1				100	22.38	<b>→</b> 0.2238
1	02367785	Valsartan-HCTZ	Pro Doc	30	6.71	<b>→</b> 0.2238
				100	22.38	<b>→</b> 0.2238
		•	•			

	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRIC
b.			320 mg - 12	2.5 mg <b>PPB</b>	
	L	1.	1	1	l
02382571	Apo-Valsartan/HCTZ	Apotex	30	6.71	→ 0.2
02408147	Auro-Valsartan HCT	Aurobindo	30	6.71	→ 0.2
			100	22.35	→ 0.2
02308908	Diovan-HCT	Novartis	28	31.49	1.1
02356724	Sandoz Valsartan HCT	Sandoz	30	6.71	→ 0.2
			100	22.35	→ 0.2
02357038	Teva Valsartan/HCTZ	Teva Can	30	6.71	→ 0.2
02367033	Valsartan HCT	Sanis	30	6.71	→ 0.2
0200.000				1	
02384760	Valsartan HCT	Sivem	30 mg	6.71	→ 0.2
02384760 b.	1		320 mg -	25 mg <b>PPB</b>	1
02384760 b. 02382598	Apo-Valsartan/HCTZ	Apotex	320 mg -	25 mg <b>PPB</b> 6.69	→ 0.2
02384760 b.	1		320 mg - 30 30	25 mg <b>PPB</b> 6.69 6.69	<ul><li>→ 0.2</li><li>→ 0.2</li></ul>
02384760 b. 02382598 02408155	Apo-Valsartan/HCTZ Auro-Valsartan HCT	Apotex Aurobindo	320 mg - 30 30 100	25 mg <b>PPB</b> 6.69 6.69 22.31	<ul><li>→ 0.2</li><li>→ 0.2</li><li>→ 0.2</li></ul>
02384760 b. 02382598 02408155 02308916	Apo-Valsartan/HCTZ Auro-Valsartan HCT Diovan-HCT	Apotex Aurobindo Novartis	320 mg - 30 30 100 28	25 mg <b>PPB</b> 6.69 6.69 22.31 31.49	<ul> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 1.1</li> </ul>
02384760 b. 02382598 02408155	Apo-Valsartan/HCTZ Auro-Valsartan HCT	Apotex Aurobindo	320 mg - 30 30 100 28 30	25 mg <b>PPB</b> 6.69 6.69 22.31 31.49 6.69	<ul> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>1.1</li> <li>→ 0.2</li> </ul>
02384760 b. 02382598 02408155 02308916 02356732	Apo-Valsartan/HCTZ Auro-Valsartan HCT Diovan-HCT Sandoz Valsartan HCT	Apotex Aurobindo Novartis Sandoz	320 mg - 30 30 100 28 30 100	25 mg <b>PPB</b> 6.69 6.69 22.31 31.49 6.69 22.31	<ul> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>1.1</li> <li>→ 0.2</li> <li>→ 0.2</li> </ul>
02384760 b. 02382598 02408155 02308916	Apo-Valsartan/HCTZ Auro-Valsartan HCT Diovan-HCT	Apotex Aurobindo Novartis	320 mg - 30 30 100 28 30	25 mg <b>PPB</b> 6.69 6.69 22.31 31.49 6.69	<ul> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>1.1</li> <li>→ 0.2</li> </ul>
02384760 b. 02382598 02408155	Apo-Valsartan/HCTZ Auro-Valsartan HCT	Apotex Aurobindo	320 mg - 30 30 100	25 mg <b>PPB</b> 6.69 6.69 22.31	<b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b> (0 <b>+</b>
02384760 b. 02382598 02408155 02308916 02356732 02357046	Apo-Valsartan/HCTZ Auro-Valsartan HCT Diovan-HCT Sandoz Valsartan HCT Teva Valsartan/HCTZ	Apotex Aurobindo Novartis Sandoz Teva Can	320 mg - 30 30 100 28 30 100 30	25 mg <b>PPB</b> 6.69 6.69 22.31 31.49 6.69 22.31 6.69	<ul> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>1.1</li> <li>→ 0.2</li> <li>→ 0.2</li> <li>→ 0.2</li> </ul>

## 24:32.20 ALDOSTERONE RECEPTOR ANTAGONISTS SPIRONOLACTONE

Tab.	ı	1		25 mg <b>PPB</b>		
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	

Page 150 2019-12

## 28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08	analgesics and antipyretics
28:08.04	nonsteroidal anti- inflammatory agents
28:08.08	opiate agonists
28:08.12	opiate partial agonists
28:08.92	miscellaneous analgesics and
	antipyretics
28:10	opiate antagonists
28:10.92	miscellaneous antidotes
28:12	anticonvulsants
28:12.04	barbiturates
28:12.08	benzodiazepines
28:12.12	hydantoins
28:12.20	succinimides
28:12.92	miscellaneous anticonvulsants
28:16	psychotropics
28:16.04	antidepressants
28:16.08	antipsychotic agents
28:20	cns stimulants
28:20.04	amphetamines
28:20.92	cns stimulants, miscellaneous
28:24	anxiolytics, sedatives and hypnotics
28:24.08	benzodiazepines
28:24.92	miscellaneous anxiolytics, sedatives,
28:28	hypnotics antimanic agents
28:32	antimigraine agents
28:32.28	selective serotonin agonists
28:32.92	antimigraine agents, miscellaneous
28:36	Antiparkinsonian Agents
28:36.04	Adamantanes
28:36.08	Anticholinergic Agents
28:36.12	Catechol-O-Methyltransferase
	Inhibitors
28:36.16	Dopamine Precursors
28:36.20	Dopamine Receptor Agonists
28:36.32	Monoamine Oxydase B Inhibitors
28:36.92	Antiparkinsonian Agents,
28:92	Miscellaneous miscellaneous Central Nervous System Agents

28:08.04	AL ANTI- INFLAMMATO	DV ACENTS				
ACETYLSALICY		RI AGENIS				
Ent. Tab.	I	1	3:	25 mg <b>PPB</b>		1
02010526	Jamp-AAS EC	Jamp	500	13.98	•	0.0280
02284529	pms-ASA EC	Phmscience	1000	27.96		W
Ent. Tab.	I	1	I	650 mg		ı
00794244	Enteric coated ASA	Jamp	500	27.50		0.0550
Supp.	ı	1	640 m	ng to 650 mg		1
00582867	pms-ASA	Phmscience	10	11.00		1.1000
Tab or EntTab or	ChewTab	1	80 mg or 8	81 mg <b>PPB</b>		
02461471	Apo-ASA LD	Apotex	1000	53.00	<b>→</b>	0.0530
02427176	ASA EC (80 mg)	Sanis	500	26.50	•	0.0530
02009013	Asaphen	Phmscience	100	5.30	•	0.0530
			500	26.50	•	0.0530
02238545	Asaphen E.C.	Phmscience	500	26.50	•	0.0530
			1000	53.00	•	0.0530
02280167	Asatab	Odan	100	5.60		0.0560
			500	28.00		0.0560
02250675	Euro-ASA	Euro-Pharm	500	26.50	•	0.0530
02430835	Euro-ASA EC	Sandoz	500	26.50	•	0.0530
			1000	53.00	•	0.0530
02269139	Jamp-A.A.S. (Chew. Tab.)	Jamp	500	26.50	•	0.0530
02283905	Jamp-A.A.S. (Ent. Tab.)	Jamp	1000	53.00	•	0.0530
02427206	Jamp-ASA 81 mg EC	Jamp	300	15.90	•	0.0530
			1000	53.00	→	0.0530
02296004	Lowprin (chew. tab.)	Sandoz	30	1.59	•	0.0530
			500	26.50	→	0.0530
02295563	Lowprin (tab.)	Euro-Pharm	30	1.59	•	0.0530
			500	26.50	→	0.0530
02420050	M ASA 80 ma chewable	Mantra Ph	500	26.50	-	0.0530

Mantra Ph.

Pro Doc

Pro Doc

Riva

Riva

Riva

Riva

MANUFACTURER

CODE

BRAND NAME

02429950 *M-ASA 80 mg chewable* 02311496 *Pro-AAS EC-80* 

02311518 | Pro-AAS-80 (chewable)

Rivasa 80 mg EC Rivasa 81 mg EC

02202352 Rivasa (Co. Croq.)

02202360 Rivasa FC (Co.)

02485222

02420279

COST OF PKG. SIZE

UNIT PRICE

0.0530

0.0530

0.0530

0.0530

0.0530

0.0530

0.0530

0.0530

0.0530

26.50 **3**.00 **2**6.50 **3**.30 **2**6.50 **3**.30 **3**.30

53.00

53.00

5.30

53.00

**→** 

SIZE

500

1000

500

100

500

1000

1000

100 1000

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

#### CELECOXIB B

Caps	ECOXIB LOI S.			10	00 mg <b>PPB</b>		1
	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	Upjohn	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	4	0.1279

Page 154 2019-12

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

DICL	OFENAC P	OTASSIUM OR SODIUM					
Tab	- Ent.Tab or	LA Tab	50 mg /50 m	g L.A. /100 m	g L.A. <b>PPB</b>	ı	
	00839183	Apo-Diclo 50 mg	Apotex	100	20.24	•	0.2024
		, 400 = 1010 00 mg	1.4	500	101.20	•	0.2024
	02243433	Apo-Diclo Rapide 50 mg	Apotex	100	20.24	•	0.2024
	02091194	Apo-Diclo SR 100 mg	Apotex	100	40.48	•	0.4048
	02352397	Diclofenac EC	Sanis	100	20.24	•	0.2024
	02351684	Diclofenac K	Sanis	100	20.24	•	0.2024
	00870978	Diclofenac-50	Pro Doc	100	20.24	•	0.2024
	02224127	Diclofenac-SR 100 mg	Pro Doc	100	40.48	•	0.4048
	00808547	Novo-Difenac 50 mg	Novopharm	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02048698	Novo-Difenac SR 100 mg	Novopharm	100	40.48	•	0.4048
	02302624	pms-Diclofenac 50 mg	Phmscience	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02239753	pms-Diclofenac-K 50 mg	Phmscience	100	20.24	•	0.2024
				500	101.20	•	0.2024
	02231505	pms-Diclofenac-SR 100 mg	Phmscience	100	40.48	•	0.4048
				250	101.20	•	0.4048
	02311461	Pro-Diclo Fast-50	Pro Doc	100	20.24	•	0.2024
	02261960	Sandoz Diclofenac 50 mg	Sandoz	100	20.24	•	0.2024
	02261774	Sandoz Diclofenac Rapide 50 mg	Sandoz	100	20.24	•	0.2024
	02261944	Sandoz Diclofenac SR 100	Sandoz	100	40.48	•	0.4048
	02239355	Teva-Diclofenac K	Teva Can	100	20.24	•	0.2024
	00514012	Voltaren 50 mg	Novartis	100	72.81		0.7281
	00881635	Voltaren Rapide 50 mg	Novartis	100	68.46		0.6846
	00590827	Voltaren S.R. 100 mg	Novartis	100	143.33		1.4333
		ODIC/MISOPROSTOL 🖪					
Tab.			1	50 mg - 20	0 mcg <b>PPB</b>		
	01917056	Arthrotec	Pfizer	250	149.75		0.5990
*	02413469	pms-Diclofenac-Misoprostol	Phmscience	250	78.73	•	0.3149
1		1,	I			1	

MANUFACTURER

CODE

Tab.

BRAND NAME

COST OF PKG. SIZE

75 mg - 200 mcg **PPB** 

203.81 107.15

0.8152 0.4286

250 250

SIZE

UNIT PRICE

Page 156 2019-12

Pfizer Phmscience

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			,		
DICLOFENAC S					
Ent.Tab.or L.A.Ta	ab '	ı	25 mg / 75 m	g L.A. <b>PPB</b>	i i
00839175	Apo-Diclo 25 mg	Apotex	100	7.73	<b>→</b> 0.0773
02162814	Apo-Diclo S.R. 75 mg	Apotex	100	23.19	<b>→</b> 0.2319
02224119	Diclofenac-SR 75 mg	Pro Doc	100	23.19	<b>→</b> 0.2319
00808539	Novo-Difenac 25 mg	Novopharm	100	7.73	• 0.0773
02158582	Novo-Difenac SR 75 mg	Novopharm	100	23.19	<ul><li>→ 0.2319</li><li>→ 0.0773</li></ul>
02302616 02231504	pms-Diclofenac 25 mg pms-Diclofenac- SR 75 mg	Phmscience Phmscience	100 100	7.73 23.19	<ul><li>→ 0.0773</li><li>→ 0.2319</li></ul>
02231304	phis-biclorenac- Six 75 mg	Timsolence	500	116.00	→ 0.2319 → 0.2320
02261952	Sandoz Diclofenac	Sandoz	100	7.73	→ 0.0773
02261901	Sandoz Diclofenac SR 75	Sandoz	100	23.19	<b>→</b> 0.2319
	mg				
00782459	Voltaren S.R. 75 mg	Novartis	100	100.56	1.0056
Cum				E0 ma . DDD	
Supp.	1	İ	; I	50 mg <b>PPB</b> I	1
02231506	pms-Diclofenac	Phmscience	30	13.02	<b>→</b> 0.4339
02261928	Sandoz Diclofenac	Sandoz	30	13.02	• 0.4339
00632724	Voltaren	Novartis	30	32.79	1.0930
Supp.	I	I	10 I	00 mg <b>PPB</b>	ı
02231508	pms-Diclofenac	Phmscience	30	17.52	→ 0.5840
02261936	Sandoz Diclofenac	Sandoz	30	17.52	<b>→</b> 0.5840
ETODOLAC 🖪				200	
Caps.	1	I	I	200 mg I	l
02232317	Etodolac	AA Pharma	100	76.00	0.7600
Caps.	ı	1	ı	300 mg	1
02232318	Etodolac	AA Pharma	100	76.00	0.7600
EL LIBBIDDOSEN	. 19				
FLURBIPROFEN Tab.	N B			50 mg	
1			100		0.0004
01912046	Flurbiprofen	AA Pharma	100	22.21	0.2221
<b>T</b> .			4		
Tab.	I	I	10 	00 mg <b>PPB</b> I	ı
01912038	Flurbiprofen	AA Pharma	100	30.39	→ 0.3039
02100517	Novo-Flurprofen	Novopharm	100	30.39	• 0.3039
IBUPROFEN					
Oral Susp.			1	100 mg/5 mL	
1		Dandanka	l	_	0.0544
02354799	Europrofen	Pendopharm	120 ml	6.49	0.0541

CO	DE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20	00 mg <b>PPB</b>	
004	441643	Apo-Ibuprofen	Apotex	1000	51.00	0.0510
1	368072	Ibuprofene tablets	Jamp	100	5.10	<b>→</b> 0.0510
022	272849	Jamp-Ibuprofene	Jamp	100	5.10	→ 0.0510
Tab.		ı	ı	40	00 mg <b>PPB</b>	ı
023	317338	Ibuprofene	Jamp	1000	37.20	<b>→</b> 0.0372
I	401290	Jamp - Ibuprofene	Jamp	300	11.16	
006	629340	Novo-Profen	Novopharm	1000	37.20	→ 0.0372
IBUPRO	FEN 🖪					
Tab.		I	1	ı	600 mg	I
006	629359	Novo-Profen	Novopharm	100	4.65	0.0465
				500	23.25	0.0465
INDOME	TUACIN					
Caps.	ITIACIN	. <b></b>	I	:	25 mg <b>PPB</b>	1
I	461811	Mint-Indomethacin	Mint	100	15.19	<b>→</b> 0.1519
003	337420	Teva-Indomethacin	Teva Can	100 1000	15.19 151.90	<ul><li>→ 0.1519</li><li>→ 0.1519</li></ul>
			1			
Caps. I				1	50 mg <b>PPB</b> 	I
I	461536	Mint-Indomethacin	Mint Tayo Can	100	15.11	0.1511
000	337439	Teva-Indomethacin	Teva Can	100 500	15.11 75.55	<ul><li>→ 0.1511</li><li>→ 0.1511</li></ul>
Supp.					50 mg	
''	231799	   Sandoz Indomethacine	Sandoz	30	24.60	0.8200
			12			
Supp.		I	1	ı	100 mg	ı
022	231800	Sandoz Indomethacine	Sandoz	30	26.73	0.8910
KETOPR Caps.	ROFEN				50 mg	1
007	790427	Ketoprofen 50 mg	AA Pharma	100	33.73	0.3373
Ent. Tab.					100 mg	
	842664	Ketoprofen-E 100 mg	AA Pharma	100	68.23	0.6823
	72004	1. C. Oproion E 100 mg	1, v ( ) nama	1 100	00.23	0.0023
L.A. Tab.					200 mg	
I	172577	Ketoprofen SR 200 mg	1	1		

Page 158 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•		,	
MELOXICAM Tab.			7	7.5 mg <b>PPB</b>	
1	l	1	1		l
02250012	ACT Meloxicam	ActavisPhm	30 100	6.01 20.03	<ul><li>→ 0.2003</li><li>→ 0.2003</li></ul>
02248973	Apo-Meloxicam	Apotex	100	20.03	→ 0.2003 → 0.2003
02240370	Apo Welexicalli	ripotex	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
02248267	nma Malayiaam	Phmscience	100 30	20.03	<ul><li>→ 0.2003</li><li>→ 0.2003</li></ul>
02240207	pms-Meloxicam	1 HIHSUEHUE	500	100.14	<ul><li>→ 0.2003</li><li>→ 0.2003</li></ul>
02247889	ratio-Meloxicam	Ratiopharm	100	20.03	→ 0.2003 → 0.2003
02247 003	Tallo Meloxicalii	Тапорнанн	500	100.14	<b>→</b> 0.2003
T-1-				45 DDD	
Tab.	1	I	I	15 mg <b>PPB</b> I	I
02250020	ACT Meloxicam	ActavisPhm	100	23.10	→ 0.2310
02248974	Apo-Meloxicam	Apotex	100	23.10	<b>→</b> 0.2310
02390892	Auro-Meloxicam	Aurobindo	30	6.93	• 0.2310
00050450	Marke Consum		100	23.10	0.2310
02353156	Meloxicam	Sanis	100	23.10	• 0.2310
02242786 02248268	Mobicox pms-Meloxicam	Bo. Ing. Phmscience	100 30	92.43 6.93	0.9243 → 0.2310
02240200	piris-ivieloxicarii	Filliscience	500	115.50	→ 0.2310 → 0.2310
02248031	ratio-Meloxicam	Ratiopharm	100	23.10	<b>→</b> 0.2310
			500	115.50	• 0.2310
02258323	Teva-Meloxicam	Teva Can	30	6.93	→ 0.2310
			100	23.10	<b>→</b> 0.2310
<b>NABUMETONE</b> Tab.	<b>F</b>		50	00 mg <b>PPB</b>	
02238639	Nahumatana	AA Pharma	100		w
02240867	Nabumetone Novo-Nabumetone	Novopharm	100	36.25 36.25	◆ 0.3625
		· ·			
NAPROXEN 🖪					
Ent. Tab. or Tab.	I	1	2	50 mg <b>PPB</b>	1
00522651	Apo-Naproxen 250 mg	Apotex	100	10.68	→ 0.1068
02350750	Naproxen	Sanis	100	10.68	<b>→</b> 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	<b>→</b> 0.1068

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	1	1			
Ent. Tab. or Tab	-	1	5	00 mg <b>PPB</b>	,
00592277	Apo-Naproxen	Apotex	100 500	21.10 105.50	<ul><li>→ 0.2110</li><li>→ 0.2110</li></ul>
02246701	Apo-Naproxen EC	Apotex	100	21.10	<ul><li>→ 0.2110</li><li>→ 0.2110</li></ul>
02162423	' '	Atnahs	100	98.82	0.9882
02350777	Naproxen	Sanis	100	21.10	<b>→</b> 0.2110
			500	105.50	<b>→</b> 0.2110
02350807	, ,	Sanis	100	21.10	<b>→</b> 0.2110
00618721	'	Pro Doc	500	105.50	• 0.2110
00589861	Novo-Naprox	Novopharm	100	21.10	• 0.2110
00040044	Nova Napray FC	Navanharm	500	105.50	0.2110
02243314 02294710	,	Novopharm Phmscience	100 100	21.10 21.10	<ul><li>→ 0.2110</li><li>→ 0.2110</li></ul>
02310953	Pro-Naproxen EC-500	Pro Doc	100	21.10	• 0.2110 • 0.2110
02010300	1 TO TRAPIOXETI EO 000	1110 000	100	21.10	<b>4</b> 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
	1				
Tab. or Ent. Tab		1	3	75 mg <b>PPB</b>	1
00600806	Apo-Naproxen 375 mg	Apotex	100	14.58	<b>→</b> 0.1458
			500	72.90	<b>→</b> 0.1458
02246700	Apo-Naproxen EC 375 mg	Apotex	100	14.58	<b>→</b> 0.1458
02162415		Atnahs	100	54.79	0.5479
02350769	Naproxen	Sanis	100	14.58	• 0.1458
00050700	N		500	72.90	0.1458
02350793	'	Sanis	100	14.58	0.1458
00655686 02294702	, ,	Pro Doc Phmscience	100 100	14.58 14.58	<ul><li>→ 0.1458</li><li>→ 0.1458</li></ul>
02294702	Pro-Naproxen EC-375	Pro Doc	100	14.58	• 0.1458
00627097	Teva-Naproxen	Teva Can	100	14.58	<ul><li>→ 0.1458</li><li>→ 0.1458</li></ul>
00027007	Tota Naproxon	Tova Gan	500	72.90	<ul><li>→ 0.1458</li></ul>
02243313	Teva-Naproxen-EC	Teva Can	100	14.58	<b>→</b> 0.1458
		•			
PIROXICAM Caps.				10 mg	
00695718	Novo-Pirocam	Novopharm	100	22.13	0.2213
00000710	Novo i nodam	Теториани	100	22.10	0.2210
Caps.	1	ı	I	20 mg	ı
00695696	Novo-Pirocam	Novopharm	100	37.11	0.3711
_					
Supp.	İ	1	ı	20 mg	ı
02154463	pms-Piroxicam	Phmscience	30	49.38	1.6460
	1.	1	l		

Page 160 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•			
SULINDAC Tab.				150 mg	
00745588	Novo-Sundac	Novopharm	100	38.24	0.3824
Tab.	I	T	I	200 mg	
00745596	Novo-Sundac	Novopharm	100	39.20	0.3920
TENOVIOAN E	1				
TENOXICAM Tab.				20 mg	
02230661	Tenoxicam	AA Pharma	100	115.52	1.1552
TIAPROFENIC A	ACID B			200 mg	
02179679	Teva-Tiaprofenic	Teva Can	100	34.37	0.3437
		-			
Tab.	<u></u>	1	l	300 mg	
02179687	Teva-Tiaprofenic	Teva Can	100	32.57	0.3257
28:08.08					
OPIATE AGO!	NISTS DEINE SULFATE 199				
L.A. Tab.	1	1	ı	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.	1	1	I	150 mg	
02163780	Codeine Contin	Purdue	60	56.28	0.9380
L.A. Tab.				200 mg	
02163799	Codeine Contin	Purdue	60	74.46	1.2410
CODEINE PHOS	SPHATE ®			30 mg <b>PPB</b>	
1	Codeine	Dive	1	l I	<b>A</b> 0.0770
02009757	Codeine	Riva	100 500	7.73 38.66	<ul><li>→ 0.0773</li><li>→ 0.0773</li></ul>
00593451	ratio-Codeine	Teva Can	100 500	7.73 38.66	<ul><li>→ 0.0773</li><li>→ 0.0773</li></ul>
	1				. 0.0110

	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FENTANYL ®			12 ו	mcg/h <b>PPB</b>	
				l	l
1	o Fentanyl	Cobalt	5	11.14	<b>→</b> 2.2280
1	entanyl Patch	Pro Doc	5	11.14	<b>→</b> 2.2280
1 1	ms-Fentanyl MTX	Phmscience	5	11.14	<b>→</b> 2.2280
	Ran-Fentanyl Matrix Patch	Ranbaxy	5	11.14	<b>→</b> 2.2280
1	andoz Fentanyl Patch	Sandoz	5	11.14	<b>→</b> 2.2280
02311925 <i>T</i>	eva-Fentanyl	Teva Can	5	11.14	<b>→</b> 2.2280
Patch		1	25 ו	mcg/h <b>PPB</b>	ı
02386852 C	o Fentanyl	Cobalt	5	18.28	→ 3.6560
	entanyl Patch	Pro Doc	5	18.28	<b>→</b> 3.6560
	ms-Fentanyl MTX	Phmscience	5	18.28	→ 3.6560
1 1'	Ran-Fentanyl Matrix Patch	Ranbaxy	5	18.28	→ 3.6560
1	Ran-Fentanyl Transdermal	Ranbaxy	5	18.28	→ 3.6560
s	ystem	,			
02327120 S	andoz Fentanyl Patch	Sandoz	5	18.28	→ 3.6560
02282941 T	eva-Fentanyl	Teva Can	5	18.28	→ 3.6560
1				ļ.	
Patch				37 mcg/h	
02327139 S	andoz Fentanyl Patch	Sandoz	5	32.99	6.5980
Patch			50 ו	mcg/h <b>PPB</b>	
02386879 C	o Fentanyl	Cobalt	5	34.41	<b>♦</b> 6.8820
	entanyl Patch	Pro Doc	5	34.41	<b>→</b> 6.8820
	ms-Fentanyl MTX	Phmscience	5	34.41	<b>→</b> 6.8820
1	Ran-Fentanyl Matrix Patch	Ranbaxy	5	34.41	<b>→</b> 6.8820
	Ran-Fentanyl Transdermal	Ranbaxy	5	34.41	<b>→</b> 6.8820
	lystem	, tanzany			0.0020
	andoz Fentanyl Patch	Sandoz	5	34.41	<b>→</b> 6.8820
1 1	eva-Fentanyl *	Teva Can	5	34.41	<b>→</b> 6.8820
Patch			75 ו	mcg/h PPB	
		l <u>.</u>		l	L
1 1	o Fentanyl	Cobalt	5	48.40	9.6800
1	entanyl Patch	Pro Doc	5	48.40	9.6800
1	ms-Fentanyl MTX	Phmscience	5	48.40	9.6800
1	Ran-Fentanyl Matrix Patch	Ranbaxy	5	48.40	9.6800
1	Ran-Fentanyl Transdermal	Ranbaxy	5	48.40	<b>→</b> 9.6800
	System Sandoz Fentanyl Patch	Sandoz	5	40 40	<b>→</b> 9.6800
	endoz Fentanyi Patch eva-Fentanyl	Teva Can	5 5	48.40 48.40	<b>9.6800 9.6800 • 9.6800</b>
02202970 7	сча-Генцанун	I EVA CAII	υ	40.40	9.0000

Page 162 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch			100	mcg/h <b>PPB</b>	
Talcii	T.	1	100	ilicg/ii <b>FFB</b>	ı
02314665	Apo-Fentanyl Matrix	Apotex	5	60.25	<b>→</b> 12.0500
02386895	Co Fentanyl	Cobalt	5	60.25	<b>→</b> 12.0500
02395703		Pro Doc	5	60.25	<b>→</b> 12.0500
02341417	pms-Fentanyl MTX	Phmscience	5	60.25	<b>→</b> 12.0500
02330156	Ran-Fentanyl Matrix Patch	Ranbaxy	5	60.25	<b>→</b> 12.0500
02249448				l .	
02249446	Ran-Fentanyl Transdermal	Ranbaxy	5	60.25	<b>→</b> 12.0500
00007400	System	0	-	00.05	40.0500
02327163	Sandoz Fentanyl Patch	Sandoz Teva Can	5 5	60.25	12.0500
02282984	Teva-Fentanyl	Teva Can	5	60.25	<b>→</b> 12.0500
HYDROMORPH	ONE HYDROCHLORIDE ®				
Inj. Sol.	1	1	2 mg/mL (	1 mL) <b>PPB</b>	
02460602	Chlorhydrate	Sterimax	10	16.47	<b>→</b> 1.6470
0240002	d'hydromorphone	- Simon		10.47	1.0470
02145901	Hydromorphone	Sandoz	10	16.47	<b>→</b> 1.6470
02110001					
Inj. Sol.			10 n	ng/mL <b>PPB</b>	
liij. 30i.	L	I.		lg/IIIL FFB	I
02460610	Chlorhydrate	Sterimax	1 ml	<b>→</b> 3.65	
	d'hydromorphone HP 10		5 ml	→ 18.23	
	,		50 ml	<b>→</b> 182.25	
02145928	Hydromorphone HP 10	Sandoz	1 ml	<b>→</b> 3.65	
02140020	Tryaromorphone Til To	Candoz	5 ml	<b>→</b> 18.23	
			50 ml	→ 182.25	
				102.23	
Inj. Sol.				20 mg/mL	
1	Library and the second SID OO	0	50I		
02145936	Hydromorphone HP 20	Sandoz	50 ml	446.45	
Inj. Sol.	1	i.	50 n	ng/mL <b>PPB</b>	ı
02469413	Chlorhydrate	Sterimax	1 ml	<b>→</b> 21.13	
02100110	d'hydromorphone HP 50	Ctominax	50 ml	<b>→</b> 1006.06	
02146126	Hydromorphone HP 50	Sandoz	50 ml	<b>→</b> 1000.00	
99003163	Hydromorphone HP 50	Sandoz	1 ml	<b>→</b> 21.13	
99003103	Trydromorphone TIF 30	Sandoz	1 11111	21.13	
				0	
L.A. Caps. (12 h)	) 	I	ı	3 mg I	ı
02125323	Hydromorph Contin	Purdue	60	36.14	0.6023
L.A. Caps. (12 h)	)	1		4.5 mg	
02359502	Hydromorph Contin	Purdue	60	43.65	0.7275
0200002	riyaremerpir ceniin			.0.00	02.0
I A Core (40 b)				6	
L.A. Caps. (12 h)		1		6 mg 	l
02125331	Hydromorph Contin	Purdue	60	54.18	0.9030
L.A. Caps. (12 h)	)_			9 mg	
02359510	Hydromorph Contin	Purdue	60	74 55	1.1925
02359510	r iyaramarpii Carilin	Fuluue	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)	I	1	ı	18 mg	ı
	02243562	Hydromorph Contin	Purdue	60	135.54	2.2590
ΙΔ	Caps. (12 h)				24 mg	
	02125382	Hydromorph Contin	Purdue	60	156.83	2.6138
		7				
L.A.	Caps. (12 h)	1	1		30 mg	ı
	02125390	Hydromorph Contin	Purdue	60	187.85	3.1308
O				4.	/I BBB	
Syr.		l	I		mg/mL <b>PPB</b>	l
*	00786535 01916386	Dilaudid pms-Hydromorphone	Purdue Phmscience	450 ml 500 ml	29.34 32.60	<b>W</b> 0.0652
		<u>                                      </u>				, , , , , ,
Tab.		1	1		1 mg PPB	ı
	02364115	Apo-Hydromorphone	Apotex	100	9.50	→ 0.0950
	00705438	Dilaudid	Purdue	100	9.50	0.0950
	00885444 02319403	pms-Hydromorphone Teva Hydromorphone	Phmscience Teva Can	100 100	9.50 9.50	<ul><li>→ 0.0950</li><li>→ 0.0950</li></ul>
T-1					0 <b>DDD</b>	
Tab.		1	L	l	2 mg PPB	l
	02364123 00125083	Apo-Hydromorphone Dilaudid	Apotex Purdue	100	14.16 14.16	<ul><li>→ 0.1416</li><li>→ 0.1416</li></ul>
	00125065	pms-Hydromorphone	Phmscience	100	14.16	→ 0.1416 → 0.1416
	02319411	Teva Hydromorphone	Teva Can	100	14.16	<b>→</b> 0.1416
Tab.					4 mg PPB	
		A		100	1	0 0040
	02364131 00125121	Apo-Hydromorphone Dilaudid	Apotex Purdue	100	22.40 22.40	<ul><li>→ 0.2240</li><li>→ 0.2240</li></ul>
	00125121	pms-Hydromorphone	Phmscience	100	22.40	→ 0.2240 → 0.2240
	02319438	Teva Hydromorphone	Teva Can	100	22.40	<b>→</b> 0.2240
Tab.					8 mg <b>PPB</b>	
		Ano Hudromorphono	Apotox	100	1	<u> </u>
	02364158 00786543	Apo-Hydromorphone Dilaudid	Apotex Purdue	100	35.28 35.28	<ul><li>→ 0.3528</li><li>→ 0.3528</li></ul>
	00700040	pms-Hydromorphone	Phmscience	100	35.28	<ul><li>→ 0.3528</li></ul>
	02319446	Teva Hydromorphone	Teva Can	100	35.28	<b>→</b> 0.3528
MEP Tab.		DROCHLORIDE 🔞			50 mg	
	02138018	Demerol	SanofiAven	100	13.09	0.1309
		l .	1			

Page 164 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			!		
METHADONI Oral Sol.	E HYDROCHLORIDE 19			1 mg/mL	
022476	94 Metadol	Paladin	250 ml	25.18	0.1007
Oral Sol.			10 r	mg/mL <b>PPB</b>	
022413 022442	l .	Paladin Paladin	100 ml 100 ml	36.42 13.51	0.3642 • 0.1351
023945 023946		Mallinckro Mallinckro	1000 ml 1000 ml 1000 ml	135.10 150.00 150.00	0.1351 0.1500 0.1500
Tab.	,	,		1 mg	
022476	98 Metadol	Paladin	100	16.73	0.1673
Tab.				5 mg	
022476	99 Metadol	Paladin	100	55.75	0.5575
Tab.				10 mg	
022477	00 Metadol	Paladin	100	89.21	0.8921
Tab.		•	•	25 mg	
022477	01 Metadol	Paladin	100	25 mg 167.26	1.6726
MORPHINE I	HYDROCHLORIDE OR SULFA	TE <b>®</b>		5 mg <b>PPB</b>	
020142 005946	1	Purdue Paladin	60 100	6.27 10.45	<ul><li>→ 0.1045</li><li>→ 0.1045</li></ul>
Caps. or Tab.				10 mg <b>PPB</b>	
020142 005946	11 MS-IR	Purdue Paladin	60 100	9.69 16.15	<ul><li>→ 0.1615</li><li>→ 0.1615</li></ul>
Inj. Sol.	,	<u>'</u>	•	2 mg/mL	
022424	84 <i>Morphine (sulfate de)</i>	Sandoz	1 ml	2.25	
Inj. Sol.			10 r	ng/mL <b>PPB</b>	
003925	1 ' '	Sandoz Sterimax	1 ml	2.39 23.86	<b>→</b> 2.3860

	T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.				50 mg/mL	
00617288	Marahina H.B. 50	Sandoz	1	1 1	
00017200	Morphine H.P. 50	Sandoz	1 ml 10 ml	6.82 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
02010010		Сатурнати	50	13.31	0.2662
L.A. Caps.				60 mg	
02019957	M-Eslon	Ethypharm	20	9.38	0.4690
02010007	W 2007	Стурнат	50	23.45	0.4690
L.A. Caps.				100 mg	
02019965	M-Eslon	Ethypharm	20	14.45	0.7225
02010000	W 2007	Стурнат	50	36.11	0.7222
L.A. Caps.				200 mg	
02177757	M-Eslon	Ethypharm	50	66.47	1.3294
02177737	W-LSION	Ситурнани	] 30	00.47	1.0294
L.A. Caps. (24 h)				10 mg	,
02242163	Kadian	BGP Pharma	100	36.38	0.3638
L.A. Caps. (24 h)				20 mg	
02184435	1	BGP Pharma	100	61.32	0.6132
02184435	Kadian	BGP Pharma	100	01.32	0.6132
L.A. Caps. (24 h)	ı	1	1	50 mg	1
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
02104431	Naulali	DOF FIIAIIIIA		112.21	2.2404

Page 166 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				15 mg <b>PPB</b>	
02350815	Morphine SR	Sanis	50	11.59	<b>→</b> 0.2317
02015439	MS Contin	Purdue	60	39.42	0.6570
02302764 02244790	Novo-Morphine SR Sandoz Morphine SR	Novopharm Sandoz	50 100	11.59 23.17	<ul><li>→ 0.2317</li><li>→ 0.2317</li></ul>
02244730	Canadz Morphine Grt	Candoz	100	20.17	4 0.2017
L.A. Tab.	I	I	;	30 mg <b>PPB</b>	ı ı
00776181	M.O.SS.R.	Valeant	50	17.90	0.3580
02350890	Morphine SR	Sanis	100	35.00	• 0.3500
02014297 02302772	MS Contin Novo-Morphine SR	Purdue Novopharm	60 50	59.46 17.50	0.9910 • 0.3500
02302112	Novo-Morphine SK	Ινονοριιαιτι	100	35.00	→ 0.3500 → 0.3500
02244791	Sandoz Morphine SR	Sandoz	100	35.00	<b>→</b> 0.3500
L.A. Tab.		•		60 mg <b>PPB</b>	
1	1	l			
00776203	M.O.SS.R.	Valeant	50	31.56	0.6312
02350912 02014300	Morphine SR MS Contin	Sanis Purdue	100 60	61.67 104.94	
02014300	Novo-Morphine SR	Novopharm	50	30.84	→ 0.6167
			100	61.67	<b>→</b> 0.6167
02245286	pms-Morphine Sulfate SR	Phmscience	50	30.84	<b>→</b> 0.6167
02244792	Sandoz Morphine SR	Sandoz	100	61.67	<b>→</b> 0.6167
L.A. Tab.	ı	1	10	00 mg <b>PPB</b>	
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	<b>→</b> 0.9402
L.A. Tab.			. 20	00 mg <b>PPB</b>	
02014327	MS Contin	Purdue	60	297.54	4.9590
02302802	Novo-Morphine SR	Novopharm	50	87.40	<b>→</b> 1.7480
02478897	Sandoz Morphine SR	Sandoz	50	87.40	<b>→</b> 1.7480
Oral Sol.				20 mg/mL	
00621935	Statex	Paladin	25 ml	12.45	0.4980
00021300	Clarex	T diddiii	100 ml	38.57	0.3857
Supp.		1		10 mg	
00632201	States	Polodin	10		1.6370
00032201	Statex	Paladin	10	16.37	1.0370
Supp.		1	ı	20 mg	1
00596965	Statex	Paladin	10	19.37	1.9370
Supp.	'	1		30 mg	
1	l., ,	l		l	
00639389	Statex	Paladin	10	21.51	2.1510

CODE         BRAND NAME         MANUFACTURER         SIZE         COST OF PKG. SIZE           Syr.         1 mg/mL         PPB           00614491         Doloral 1         Atlas         225 ml         3.40           500 ml         7.56           00591467         Statex         Paladin         250 ml         5.00           500 ml         10.00           Syr.         5 mg/mL         PPB           00614505         Doloral 5         Atlas         225 ml         8.67           500 ml         19.26           00591475         Statex         Paladin         250 ml         9.63           500 ml         19.26	● 0.0151 ● 0.0151 0.0200 0.0200 0.0200 ● 0.0385 ● 0.0385 ● 0.0385 ● 0.0385
00614491         Doloral 1         Atlas         225 ml 500 ml 7.56 500 ml 7.56           00591467         Statex         Paladin         250 ml 5.00 500 ml 10.00           Syr.         5 mg/mL PPB           00614505         Doloral 5 Doloral 5 Statex         Atlas 225 ml 9.63         8.67 500 ml 19.26           00591475         Statex         Paladin         250 ml 9.63	<ul> <li>→ 0.0151 0.0200 0.0200</li> <li>→ 0.0385 → 0.0385</li> <li>→ 0.0385</li> </ul>
00614491         Doloral 1         Atlas         225 ml 500 ml 7.56 500 ml 7.56           00591467         Statex         Paladin         250 ml 5.00 500 ml 10.00           Syr.         5 mg/mL PPB           00614505         Doloral 5 Doloral 5 500 ml 19.26           00591475         Statex         Paladin 250 ml 9.63	<ul> <li>→ 0.0151 0.0200 0.0200</li> <li>→ 0.0385 → 0.0385</li> <li>→ 0.0385</li> </ul>
Syr.         500 ml         7.56           Syr.         5 mg/mL         PPB           00614505         Doloral 5         Atlas         225 ml         8.67           500 ml         19.26           00591475         Statex         Paladin         250 ml         9.63	<ul> <li>→ 0.0151 0.0200 0.0200</li> <li>→ 0.0385 → 0.0385</li> <li>→ 0.0385</li> </ul>
O0591467         Statex         Paladin         250 ml 500 ml         5.00 10.00           Syr.         5 mg/mL         PPB           00614505         Doloral 5 Doloral 5 Atlas         225 ml 9.67 500 ml         19.26 19.2	0.0200 0.0200 0.0385 0.0385 0.0385
Syr.         5 mg/mL         PPB           00614505         Doloral 5         Atlas         225 ml         8.67           500 ml         19.26           00591475         Statex         Paladin         250 ml         9.63	0.0200  0.0385 0.0385 0.0385
00614505         Doloral 5         Atlas         225 ml         8.67           500 ml         19.26           00591475         Statex         Paladin         250 ml         9.63	<ul><li>→ 0.0385</li><li>→ 0.0385</li></ul>
00614505         Doloral 5         Atlas         225 ml         8.67           500 ml         19.26           00591475         Statex         Paladin         250 ml         9.63	<ul><li>→ 0.0385</li><li>→ 0.0385</li></ul>
500 ml 19.26   00591475   Statex   Paladin 250 ml 9.63	<ul><li>→ 0.0385</li><li>→ 0.0385</li></ul>
00591475   Statex   Paladin   250 ml   9.63	→ 0.0385
500 mi 19.26	• 0.0385
50 / 1	
Syr. 50 mg/mL	I
00705799         Statex         Paladin         50 ml         47.32	0.9464
Tab. 20 mg	ı
* 02014238 <i>MS-IR</i> Purdue 60 18.92	0.3154
Tab. 25 mg <b>PPB</b>	ı
02009749 <i>M.O.S Sulfate-25</i> Valeant 100 22.50	→ 0.2250
00594636         Statex         Paladin         100         22.50	<b>→</b> 0.2250
Tab. 30 mg	1
* 02014254 <i>MS-IR</i> Purdue 60 24.35	0.4058
Tab. 50 mg <b>PPB</b>	1
02009706 <i>M.O.S Sulfate-50</i> Valeant 100 34.50	<b>→</b> 0.3450
00675962         Statex         Paladin         100         34.50	<b>→</b> 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
Tab. 5 mg <b>PPB</b>	ı
02325950 Oxycodone Pro Doc 100 12.87	<b>→</b> 0.1287
02319977         pms-Oxycodone         Phmscience         100         12.87	<b>→</b> 0.1287
00789739         Supeudol         Sandoz         100         12.87	<b>→</b> 0.1287

Page 168 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					10 mg <b>PPB</b>	
	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	<b>→</b> 0.1896
Tab.					20 mg <b>PPB</b>	
			1		1 1	
	02240132	Oxy IR	Purdue	60	39.96	0.6660
	02325977	Oxycodone	Pro Doc	50	14.82	• 0.2964
	02319993	pms-Oxycodone	Phmscience	50	14.82	0.2964
	02262983	Supeudol 20	Sandoz	50	14.82	• 0.2964
вито	TE PART	TIAL AGONISTS TARTRATE 💠			10 mg/ml	
Nas. s	spray	I	1	l	10 mg/mL	
	02242504	Butorphanol	AA Pharma	2.5 ml	56.53	
	02137984	Talwin	SanofiAven	100	37 74	0.3774
28:08		Talwin	SanofiAven	100	37.74	0.3774
28:08 MISC	3.92 CELLANE	OUS ANALGESICS AN		100		0.3774
28:08 MISC ACET Chew	3.92 CELLANE TAMINOPHI . Tab.	OUS ANALGESICS AN	ID ANTIPYRETICS		80 mg <b>PPB</b>	
28:08 MISC ACET Chew	3.92 CELLANE CAMINOPHI . Tab. 02017458	OUS ANALGESICS AN	ID ANTIPYRETICS	24	80 mg <b>PPB</b>	◆ 0.1000
28:08 MISC ACET Chew	3.92 CELLANE TAMINOPHI . Tab.	OUS ANALGESICS AN	ID ANTIPYRETICS		80 mg <b>PPB</b>	
28:08 MISC ACET Chew	3.92 ELLANE AMINOPH . Tab. 02017458 02245010	OUS ANALGESICS AN	ID ANTIPYRETICS	24 24	80 mg <b>PPB</b>	◆ 0.1000
28:08 MISC ACET Chew	3.92 ELLANE AMINOPH . Tab. 02017458 02245010	OUS ANALGESICS AN EN  Acetaminophene  Jamp-Acetaminophen	ID ANTIPYRETICS	24 24	80 mg <b>PPB</b> 2.40 2.40	→ 0.1000
28:08 MISC ACET Chew	3.92 CELLANE TAMINOPHI . Tab. 02017458 02245010 . Tab.	OUS ANALGESICS AN	ID ANTIPYRETICS  Riva Jamp	24 24 1	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b>	<ul><li>◆ 0.1000</li><li>◆ 0.1000</li></ul>
28:08 MISC ACET Chew	3.92 CELLANE TAMINOPHI . Tab. 02017458 02245010 . Tab. 02017431	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophen  Acetaminophene	Riva Jamp	24 24 1 20 20	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95	<ul><li>◆ 0.1000</li><li>◆ 0.1000</li><li>◆ 0.1475</li></ul>
28:08 MISC ACET Chew.	3.92 CELLANE CAMINOPHI . Tab. 02017458 02245010 . Tab. 02017431 02246087	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophen  Acetaminophene Jamp-Acetaminophene	Riva Jamp Riva Jamp	24 24 1 20 20 80 mg	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95 2.95	<ul> <li>◆ 0.1000</li> <li>◆ 0.1475</li> <li>◆ 0.1475</li> </ul>
28:08 MISC ACET Chew Chew	3.92 CELLANE CAMINOPHI . Tab. 02017458 02245010 . Tab. 02017431 02246087 01905848	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophene  Acetaminophene Jamp-Acetaminophen	Riva Jamp  Riva Jamp	24 24 1 20 20 80 m 100 ml	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95	<ul> <li>◆ 0.1000</li> <li>◆ 0.1475</li> <li>◆ 0.1475</li> <li>◆ 0.0310</li> </ul>
28:08 MISC ACET Chew Chew	3.92 CELLANE CAMINOPHI . Tab. 02017458 02245010 . Tab. 02017431 02246087	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophen  Acetaminophene Jamp-Acetaminophene	Riva Jamp Riva Jamp	24 24 1 20 20 80 mg	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95 2.95	<ul> <li>◆ 0.1000</li> <li>◆ 0.1475</li> <li>◆ 0.1475</li> </ul>
28:08 MISC ACET Chew.	3.92 CELLANE CAMINOPHI . Tab. 02017458 02245010 . Tab. 02017431 02246087 01905848	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophene  Acetaminophene Jamp-Acetaminophen	Riva Jamp  Riva Jamp	24 24 1 20 20 80 m 100 ml	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95	<ul> <li>◆ 0.1000</li> <li>◆ 0.1475</li> <li>◆ 0.1475</li> <li>◆ 0.0310</li> </ul>
28:08 MISC ACET Chew	3.92 CELLANE CAMINOPHI. Tab. 02017458 02245010 . Tab. 02017431 02246087 01905848 00792713	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophene Jamp-Acetaminophene Jamp-Acetaminophene Acetaminophene pms-Acetaminophene	Riva Jamp  Riva Jamp  Trianon Phmscience	24 24 1 20 20 80 m 100 ml 100 ml	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95 g/5 mL <b>PPB</b> 3.10 3.10	<ul> <li>→ 0.1000</li> <li>→ 0.1475</li> <li>→ 0.1475</li> <li>→ 0.0310</li> <li>→ 0.0310</li> </ul>
28:08 MISC ACET Chew.	3.92 CELLANE CAMINOPHI. Tab. 02017458 02245010 . Tab. 02017431 02246087 01905848 00792713	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophene Jamp-Acetaminophene Acetaminophene pms-Acetaminophene Acetaminophene	Riva Jamp  Riva Jamp  Trianon Phmscience	24 24 20 20 80 m 100 ml 100 ml	80 mg <b>PPB</b> 2.40 2.40 860 mg <b>PPB</b> 2.95 2.95 2.95 g/5 mL <b>PPB</b> 3.10 3.10 g/5 mL <b>PPB</b> 3.65	<ul> <li>→ 0.1000</li> <li>→ 0.1475</li> <li>→ 0.0310</li> <li>→ 0.0365</li> </ul>
28:08 MISC ACET Chew.	3.92 CELLANE CAMINOPHI. Tab. 02017458 02245010 . Tab. 02017431 02246087 01905848 00792713	OUS ANALGESICS ANEN  Acetaminophene Jamp-Acetaminophene Jamp-Acetaminophene Jamp-Acetaminophene Acetaminophene pms-Acetaminophene	Riva Jamp  Riva Jamp  Trianon Phmscience	24 24 1 20 20 80 m 100 ml 100 ml	80 mg <b>PPB</b> 2.40 2.40 60 mg <b>PPB</b> 2.95 2.95 g/5 mL <b>PPB</b> 3.10 3.10	<ul> <li>→ 0.1000</li> <li>→ 0.1475</li> <li>→ 0.1475</li> <li>→ 0.0310</li> <li>→ 0.0310</li> </ul>

		T				
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ped.	Oral Sol.	1		80 n	ng/mL <b>PPB</b>	,
	01905864	Acetaminophene	Trianon	15 ml	<b>→</b> 2.50	
				24 ml	<b>→</b> 2.87	
	01935275 02027801	Jamp-Acetaminophen Pediatrix	Jamp Teva Can	24 ml 24 ml	<ul><li>2.87</li><li>2.87</li></ul>	
	02027601	rediatrix	Teva Call	500 ml	59.79	<b>→</b> 0.1196
Supp					120 mg	
	02230434	Acet 120	  Pendopharm	12	5.75	0.4792
		111111111111111111111111111111111111111			31.7	
Supp					160 mg	
	02230435	Acet 160	  Pendopharm	12	7.51	0.6258
	02200.00	7.000.700			7.01	0.0200
Supp					325 mg	
	02230436	Acet 325	  Pendopharm	12	7.10	0.5913
	02200.00	7.001.020	· ondopnam			0.00.0
Supp					650 mg	
	02230437	Acet 650	  Pendopharm	12	9.13	0.7608
	02200 107	71001 000	Гонаорнанн	1.2	0.10	0.7000
Tab.				32	25 mg <b>PPB</b>	
	02022214	Acetaminophene	  Riva	1000	11.40	<b>→</b> 0.0114
	00382752	Acetaminophene 325	Pro Doc	1000	11.40	<b>→</b> 0.0114
	02362198	Acetaminophene Caplet 325	Riva	1000	11.40	• 0.0114
	01938088	Jamp-Acetaminophen	Jamp	1000	11.40	<b>→</b> 0.0114
	02451018	M-Acetaminophen 325	Mantra Ph.	1000	11.40	• 0.0114
	00389218	Novo-Gesic	Novopharm	1000	11.40	<b>→</b> 0.0114
Tab.		I	ı	50	00 mg <b>PPB</b>	1
	02022222	Acetaminophene	Riva	1000	14.90	<b>→</b> 0.0149
	00386626	Acetaminophene 500	Pro Doc	1000	14.90	<b>→</b> 0.0149
	02362201	Acetaminophene Blason Shield 500	Riva	1000	14.90	<b>→</b> 0.0149
	02362228	Acetaminophene Caplet 500	Riva	1000	14.90	<b>→</b> 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	<b>→</b> 0.0149
	02451123	M-Acetaminophen 500	Mantra Ph.	1000	14.90	<b>→</b> 0.0149
	00482323	Novo-Gesic Forte	Novopharm	1000	14.90	• 0.0149
		•			'	
ACE:	TAMINO DU	EN/ CODEINE DUOCDUATE	<b>M</b>			
Elix.	AWINOPH	EN/ CODEINE PHOSPHATE	•	160 ma	-8 mg/5 mL	
1	0004000=			I	l I	0.0700
	00816027	pms-Acetaminophene avec codeine	Phmscience	500 ml	38.45	0.0769
		codelile				

Page 170 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.		1	300 mg -	30 mg <b>PPB</b>	ı
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	→ 0.130
00789828	Triatec-30	Riva	100 500	13.00 65.00	<ul><li>→ 0.130</li><li>→ 0.130</li></ul>
「ab.			300 mg -	60 mg <b>PPB</b>	
01999656	Acet codeine 60	Phmscience	100	13.84	0.1384
00621463	ratio-LenoItec No 4	Ratiopharm	100	13.84	→ 0.138 <sup>4</sup>
02455935	Chlorhydrate de naloxone	Oméga	1 ml	<b>→</b> 13.75	
28:10					
02455935 02453258	Chlorhydrate de naloxone Injectable S.O.S Naloxone	Oméga Sandoz	1 ml	<ul><li>→ 13.75</li><li>→ 13.75</li></ul>	
02453256	Hydrochloride Injection	Sandoz	1 11111	13.75	
<b>NALTREXONE</b> I Γab.	HYDROCHLORIDE 🖪			50 mg <b>PPB</b>	
02444275	Apo-Naltrexone	Apotex	30	84.23	<b>→</b> 2.807
02451883	Comprimes de chlorhydrate de naltrexone	Jamp	28	78.61	<b>→</b> 2.807
02213826	Revia	Teva Can	50	140.38	<b>→</b> 2.807
					,
	OUS ANTIDOTES				
VISCELLANE	OUS ANTIDOTES NE/NALOXONE ®			0.5 mg <b>PPB</b>	ı
MISCELLANE BUPRENORPHI S-Ling. Tab. 02453908	NE/NALOXONE ®  ACT Buprenorphine/ Naloxone	ActavisPhm	2 mg - 0	20.03	
MISCELLANE BUPRENORPHI S-Ling. Tab. 02453908 02408090	NE/NALOXONE ®  ACT Buprenorphine/ Naloxone Mylan-Buprenorphine/ Naloxone	Mylan	2 mg - 0 30 100	20.03	<ul><li>→ 0.6678</li><li>→ 0.6678</li></ul>
MISCELLANE BUPRENORPHI 5-Ling. Tab. 02453908 02408090 02424851	NE/NALOXONE ®  ACT Buprenorphine/ Naloxone Mylan-Buprenorphine/ Naloxone pms-Buprenorphine/ Naloxone	Mylan Phmscience	2 mg - 0 30 100 30	20.03 66.75 20.03	<ul><li>→ 0.6675</li><li>→ 0.6675</li></ul>
MISCELLANE BUPRENORPHI S-Ling. Tab. 02453908 02408090	NE/NALOXONE ®  ACT Buprenorphine/ Naloxone Mylan-Buprenorphine/ Naloxone pms-Buprenorphine/	Mylan	2 mg - 0 30 100	20.03	• 0.667

ActavisPhm

Phmscience

Mylan

Indivior

8 mg - 2 mg **PPB** 

35.48 ▶

118.25

35.48

33.11

132.44

1.18251.1825

1.1825

4.7300 4.7300

30

100

30

28

S-Ling. Tab.

02453916 ACT Buprenorphine/ Naloxone 02408104 Mylan-Buprenorphine/ Naloxone 02424878 pms-Buprenorphine/ Naloxone 02295709 Suboxone

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	2.04 RBITURAT NOBARBITA					
Elix.				1	25 mg/5 mL	ı
	00645575	Phenobarb elixir	Pendopharm	100 ml	13.13	0.1313
Tab.					15 mg	
	00178799	Phenobarb	Pendopharm	500	64.43	0.1289
Tab.		1	1	ı	30 mg	ı
	00178802	Phenobarb	Pendopharm	500	76.68	0.1534
Tab.		I	I	I	60 mg	I
	00178810	Phenobarb	Pendopharm	500	104.03	0.2081
Tab.		ı	1	ı	100 mg	1
	00178829	Phenobarb	Pendopharm	500	142.40	0.2848
PRIM Tab.	IIDONE 🖪				125 mg	
	00399310	Primidone	AA Pharma	100	5.64	0.0564
Tab.					250 mg	
	00396761	Primidone	AA Pharma	100	8.87	0.0887
CLO	2.08 IZODIAZEI BAZAM ⊠	_				
Tab.	00044000	l. a	l	۱	10 mg	
	02244638	Apo-Clobazam	Apotex	30	6.59	0.2197
CLO	NAZEPAM	<b>23</b>		0.	25 mg <b>PPB</b>	
	02442027	Clonazepam	Sivem	100	6.90	<b>→</b> 0.0690
	02179660	pms-Clonazepam	Phmscience	100	6.90	• 0.0690

**Page 172** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0	.5 mg <b>PPB</b>	
,	02177889	Apo-Clonazepam	Apotex	100	4.18	0.0418
'	JZ 177009	Apo-сіопагерапі	Apolex	500	20.90	<b>→</b> 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
,	20244502	Bee Classes	Day Day	500	20.90	0.0418
1	02311593	Pro-Clonazepam	Pro Doc	500	20.90	0.0418
	02242077	Riva-Clonazepam	Riva	100 500	4.18 20.90	<ul><li>→ 0.0418</li><li>→ 0.0418</li></ul>
, ا	00382825	Rivotril	Roche	100	19.82	0.1982
	00002020	KIVOUII	TOCHE	100	19.02	0.1902
<b>-</b> .					4	
Tab. I	1		1	I	1 mg <b>PPB</b> I	I
	02442043	Clonazepam	Sivem	100	14.87	▶ 0.1487
				500	74.35	→ 0.1487
	02048728	pms-Clonazepam	Phmscience	100	14.87	<b>→</b> 0.1487
_		5 0		500	74.35	0.1487
	02311607	Pro-Clonazepam	Pro Doc	500	74.35	<b>→</b> 0.1487
Tab.					2 mg DDD	
ab.	i	1	I	I	2 mg <b>PPB</b> 	I
	02177897	Apo-Clonazepam	Apotex	100	7.21	→ 0.0721
				500	36.05	→ 0.0721
0	02442051	Clonazepam	Sivem	100	7.21	<b>→</b> 0.0721
				500	36.05	0.0721
(	02048736	pms-Clonazepam	Phmscience	100	7.21	0.0721
٫ ا	20044045	D		500	36.05	0.0721
1	02311615	Pro-Clonazepam	Pro Doc	500	36.05	0.0721
۱ ۲	02242078	Riva-Clonazepam	Riva	100 500	7.21	0.0721
, ا	00382841	Rivotril	Roche	100	36.05 34.17	<ul><li>→ 0.0721</li><li>0.3417</li></ul>
	02239025	Teva-Clonazepam	Novopharm	100	7.21	<b>→</b> 0.0721
	.12 ANTOINS YTOIN B					
Oral S	uen				30 mg/5 mL	
1			I		_	I
* (	00023442	Dilantin-30	Upjohn	250 ml	10.10	0.0404
Oral S	usp.			125 ma	/5 mL <b>PPB</b>	
	· ·	D" " 405	l	١		1
I	00023450	Dilantin-125	Upjohn	250 ml	11.93	0.0477
	02250896	Taro-Phenytoin	Taro	237 ml	7.37	→ 0.0311

CC						
	DDE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.		ı	I	ı	50 mg	l
* 00	023698	Dilantin Infatabs	Upjohn	100	7.35	0.07
	TOIN SO	DIUM B			20	
aps.		1	1	I	30 mg	
* 00	0022772	Dilantin	Upjohn	100	12.86	0.128
aps.				1	00 mg <b>PPB</b>	
-	2460912	Apo-Phenytoin Sodium	Apotex	100	6.65	→ 0.066
02	-100512	The Then years a section	Apotex	1000	66.50	<ul><li>→ 0.066</li></ul>
* 00	022780	Dilantin	Upjohn	100	7.45	0.074
			.,	1000	67.14	0.06
3:12.2	20					
	20 NIMIDE	S				
	UXIMIDE	R				
aps.		1	1	ı	250 mg	ı
00	022799	Zarontin	Erfa	100	32.03	0.320
/r.		Ī	I	: I	250 mg/5 mL	ı
00	023485	Zarontin	Erfa	500 ml	32.00	0.064
		R				
ETHS	UXIMIDE					
	UXIMIDE			1	300 mg	
aps.	UXIMIDE 0022802	Celontin	Erfa	100	300 mg 32.76	0.32
00 3:12.9	0022802	I		100	1 1	0.32
90 3:12.9 ISCE ARBA	0022802 02 02 02 04 02 02 02 02 02 02 02 02 02 02 02 02 02	Celontin  DUS ANTICONVULSANT		I	1 1	0.32
909 3:12.9 ISCE ARBA A. Tab	0022802 92 LLANE( MAZEPII	Celontin  OUS ANTICONVULSANTS	s	2	32.76	
00 3:12.9 ISCE ARBA A. Tab	0022802 0022802 02 02 02 02 02 02 02 02 02 02 02 02 0	Celontin  OUS ANTICONVULSANT: NE 18  Carbamazepine CR	S Pro Doc	100	32.76	• 0.09
00 3:12.9 ISCE ARBA A. Tab 02 02	0022802 0022802 0022802 0022802 0022802 0022802 0022802 0022802	Celontin  OUS ANTICONVULSANT:  NE  Carbamazepine CR  Mylan-Carbamazepine CR	Pro Doc Mylan	100 100	32.76 200 mg <b>PPB</b> 9.30 9.30	<ul><li>→ 0.09;</li><li>→ 0.09;</li></ul>
3:12.9 ISCE ARBA A. Tab 02 02	0022802 0022802 02 02 02 02 02 02 02 02 02 02 02 02 0	Celontin  OUS ANTICONVULSANT: NE 18  Carbamazepine CR	S Pro Doc	100 100 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 9.30	<ul><li>0.093</li><li>0.093</li><li>0.093</li></ul>
00 3:12.9 ISCE ARBA A. Tab 02 02 02	0022802 0022 LLANE MAZEPII 0. 0. 02413590 0241882 0231543	Celontin  Cus anticonvulsant  Carbamazepine CR  Mylan-Carbamazepine CR  pms-Carbamazepine CR	Pro Doc Mylan	100 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48	<ul> <li>0.093</li> <li>0.093</li> <li>0.093</li> <li>0.093</li> </ul>
3:12.9 ISCE ARBA A. Tab 02 02 02	0022802 0022802 0022802 0022802 0022802 0022802 0022802 0022802	Celontin  OUS ANTICONVULSANT:  NE  Carbamazepine CR  Mylan-Carbamazepine CR	Pro Doc Mylan Phmscience	100 100 100 100 500	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 9.30	<ul><li>0.093</li><li>0.093</li><li>0.093</li></ul>
3:12.9 3:12.9 ISCE ARBA A. Tab 02 02 02	0022802 002 LLANE(MAZEPII) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Celontin  OUS ANTICONVULSANT  NE  Carbamazepine CR  Mylan-Carbamazepine CR  pms-Carbamazepine CR  Sandoz Carbamazepine CR	Pro Doc Mylan Phmscience Sandoz	100 100 100 100 500 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48 9.30 33.08	<ul> <li>0.093</li> <li>0.093</li> <li>0.093</li> <li>0.093</li> <li>0.093</li> </ul>
3:12.9 ISCE ARBA A. Tab 02 02 02 00 A. Tab	0022802 002 LLANE(MAZEPII) 0. 12413590 1241882 1231543 1261839 1773611 0.	Celontin  OUS ANTICONVULSANT: NE 13  Carbamazepine CR Mylan-Carbamazepine CR pms-Carbamazepine CR Sandoz Carbamazepine CR Tegretol CR	Pro Doc Mylan Phmscience Sandoz Novartis	100 100 100 500 100 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48 9.30 33.08	<ul> <li>→ 0.09:</li> <li>→ 0.09:</li> <li>→ 0.09:</li> <li>→ 0.09:</li> <li>→ 0.33:</li> </ul>
3:12.9 3:12.9 ISCE ARBA A. Tab 02 02 02 02 04 A. Tab	0022802 0022802 LLANE(MAZEPII) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Celontin  OUS ANTICONVULSANT: NE 13  Carbamazepine CR Mylan-Carbamazepine CR pms-Carbamazepine CR Sandoz Carbamazepine CR Tegretol CR  Carbamazepine CR	Pro Doc Mylan Phmscience Sandoz Novartis	100 100 100 100 500 100 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48 9.30 33.08 200 mg <b>PPB</b> 18.59	<ul> <li>0.09:</li> <li>0.09:</li> <li>0.09:</li> <li>0.09:</li> <li>0.330</li> </ul>
8:12.9 IISCE ARBA A. Tab 02 02 02 02 00 A. Tab	0022802 002 LLANE(MAZEPII) 0. 12413590 1241882 1231543 1261839 1773611 0.	Celontin  OUS ANTICONVULSANT: NE 13  Carbamazepine CR Mylan-Carbamazepine CR pms-Carbamazepine CR Sandoz Carbamazepine CR Tegretol CR	Pro Doc Mylan Phmscience Sandoz Novartis	100 100 100 500 100 100 4 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48 9.30 33.08 200 mg <b>PPB</b> 18.59 18.59	<ul> <li>0.09;</li> <li>0.09;</li> <li>0.09;</li> <li>0.09;</li> <li>0.33(</li> </ul>
8:12.9 IISCE ARBA A. Tab 02 02 02 02 00 A. Tab	0022802 0022802 LLANE(MAZEPII) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Celontin  OUS ANTICONVULSANT: NE 13  Carbamazepine CR Mylan-Carbamazepine CR pms-Carbamazepine CR Sandoz Carbamazepine CR Tegretol CR  Carbamazepine CR	Pro Doc Mylan Phmscience Sandoz Novartis	100 100 100 100 500 100 100	32.76 200 mg <b>PPB</b> 9.30 9.30 9.30 46.48 9.30 33.08 200 mg <b>PPB</b> 18.59	<ul> <li>0.09:</li> <li>0.09:</li> <li>0.09:</li> <li>0.09:</li> <li>0.330</li> </ul>

Page 174 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		I	l		
Oral Susp.	1	1	100 mg	g/5 mL <b>PPB</b>	ı
02367394	'	Taro	450 ml	24.32	→ 0.0540
02194333	3   Tegretol	Novartis	450 ml	28.70	0.0638
Tab.			2	00 mg <b>PPB</b>	
1	1	1	1	1	[
02407515	Taro-Carbamazepine	Taro	100	7.95 39.75	0.0795
00040405	Tannatal	Novartis	500 100	1	<b>→</b> 0.0795
00010405	Tegretol	Novartis	500	32.18 156.30	0.3218 0.3126
00782718	Teva-Carbamazepine	Teva Can	100	7.95	
00/02/10	i reva-Carbamazepine	Teva Call	500	39.75	→ 0.0795 → 0.0795
			300	33.73	0.0793
DIVALPROEX	SODIUM 🖪				
Ent. Tab.	1	İ	_ 1	25 mg <b>PPB</b>	ı
02239698	Apo-Divalproex	Apotex	100	7.24	→ 0.0724
00596418	P	BGP Pharma	100	24.14	0.2414
02458926	P	Mylan	100	7.24	→ 0.0724
02239701	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Novopharm	100	7.24	→ 0.0724
Ent. Tab.	1	1	2	50 mg <b>PPB</b>	ı
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	<b>→</b> 0.1301
					<u> </u>
Ent. Tab.	1	1	5	00 mg <b>PPB</b>	1
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
					J. 2004

CODE BRAND NAME MANUFACTURER SIZE C	COST OF PKG. UNIT PRIC	ICE
-------------------------------------	------------------------	-----

### GABAPENTIN 🖪

Caps.	ENTIN I		1	1	00 mg <b>PPB</b>		ı
022	244304	Apo-Gabapentin	Apotex	100	4.16	<b>→</b>	0.0416
				500	20.80	•	0.0416
023	321203	Auro-Gabapentin	Aurobindo	100	4.16	•	0.0416
				500	20.80	•	0.0416
024	150143	Bio-Gabapentin	Biomed	100	4.16	•	0.0416
022	256142	Co Gabapentin	Cobalt	100	4.16	•	0.0416
				500	20.80	•	0.0416
1	116840	Gabapentin	Accord	100	4.16	•	0.0416
023	353245	Gabapentin	Sanis	100	4.16	•	0.0416
				500	20.80	•	0.0416
022	246314	Gabapentin	Sivem	100	4.16	•	0.0416
				500	20.80	•	0.0416
023	361469	Jamp-Gabapentin	Jamp	100	4.16	•	0.0416
023	391473	Mar-Gabapentin	Marcan	100	4.16	•	0.0416
				500	20.80	•	0.0416
* 020	084260	Neurontin	Upjohn	100	41.51		0.4151
022	243446	pms-Gabapentin	Phmscience	100	4.16	•	0.0416
				500	20.80	•	0.0416
023	310449	Pro-Gabapentin	Pro Doc	100	4.16	•	0.0416
				500	20.80	•	0.0416
023	319055	Ran-Gabapentin	Ranbaxy	100	4.16	•	0.0416
				500	20.80	•	0.0416
022	251167	Riva-Gabapentin	Riva	100	4.16	•	0.0416
				500	20.80	•	0.0416
022	244513	Teva-Gabapentin	Teva Can	100	4.16	•	0.0416
				500	20.80	•	0.0416
024	131408	VAN-Gabapentin	Vanc Phm	100	4.16	•	0.0416

Page 176 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.		ı	3	00 mg <b>PPB</b>	
0224430	5 Apo-Gabapentin	Apotex	100	10.12	→ 0.1012
			500	50.60	<b>→</b> 0.1012
0232121	1 Auro-Gabapentin	Aurobindo	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0245015	1 Bio-Gabapentin	Biomed	100	10.12	<b>→</b> 0.1012
0225615	0 Co Gabapentin	Cobalt	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0241685	9 Gabapentin	Accord	100	10.12	<b>→</b> 0.1012
0235325	3 Gabapentin	Sanis	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0224631	5 Gabapentin	Sivem	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0236148	5 Jamp-Gabapentin	Jamp	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0239148	1 Mar-Gabapentin	Marcan	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
* 0208427	9 Neurontin	Upjohn	100	101.00	1.0100
0224344	7 pms-Gabapentin	Phmscience	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0231045	7 Pro-Gabapentin	Pro Doc	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0231906	3 Ran-Gabapentin	Ranbaxy	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0225117	5 Riva-Gabapentin	Riva	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0224451	4 Teva-Gabapentin	Teva Can	100	10.12	<b>→</b> 0.1012
			500	50.60	<b>→</b> 0.1012
0243141	6 VAN-Gabapentin	Vanc Phm	100	10.12	<b>→</b> 0.1012

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps	s.			4	00 mg <b>PPB</b>	
	02244306	Apo-Gabapentin	Apotex	100	12.06	<b>→</b> 0.1206
	022000	, po casaponan	, ipotox	500	60.30	<ul><li>→ 0.1206</li></ul>
	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	<b>→</b> 0.1206
	02353261	Gabapentin	Sanis	100	12.06	<b>→</b> 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	<b>→</b> 0.1206
*	02084287	Neurontin	Upjohn	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	<b>→</b> 0.1206
	02319071	Ran-Gabapentin	Ranbaxy	100	12.06	→ 0.1206
				500	60.30	<b>→</b> 0.1206
	02260905	ratio-Gabapentin	Ratiopharm	100	12.06	<b>→</b> 0.1206
				500	60.30	<b>→</b> 0.1206
	02251183	Riva-Gabapentin	Riva	100	12.06	<b>→</b> 0.1206
				500	60.30	<b>→</b> 0.1206
	02244515	Teva-Gabapentin	Teva Can	100	12.06	<b>→</b> 0.1206
				500	60.30	<b>→</b> 0.1206
	02431424	VAN-Gabapentin	Vanc Phm	100	12.06	<b>→</b> 0.1206
Tab.				6	00 mg <b>PPB</b>	
	02293358	Apo-Gabapentin	Apotex	100	18.09	<b>→</b> 0.1809
	02428334	Auro-Gabapentin	Aurobindo	100	18.09	→ 0.1809 → 0.1809
	02420334	Bio-Gabapentin	Biomed	100	18.09	<ul><li>→ 0.1809</li><li>→ 0.1809</li></ul>
	02430100	Gabapentin	Accord	100	18.09	<ul><li>→ 0.1809</li><li>→ 0.1809</li></ul>
	02332320	Gabapentin	Sanis	100	18.09	<b>→</b> 0.1809
	02431209	Gabapentin	Sivem	100	18.09	<ul><li>→ 0.1809</li><li>→ 0.1809</li></ul>
	02300200	Gabapentine tablets	Glenmark	100	18.09	<ul><li>→ 0.1809</li><li>→ 0.1809</li></ul>
	02410330	Jamp-Gabapentin	Jamp	100	18.09	<ul><li>→ 0.1809</li><li>→ 0.1809</li></ul>
*	02402203	Neurontin	Upjohn	100	181.65	1.8165
	02255898	pms-Gabapentin	Phmscience	100	18.09	<ul><li>→ 0.1809</li></ul>
	02233696	Pro-Gabapentin	Pro Doc	100	18.09	→ 0.1809 → 0.1809
	02310473	Riva-Gabapentin	Riva	100	18.09	→ 0.1809 → 0.1809
	02203130	тича-Сараренин	INVa	500	90.45	→ 0.1809 → 0.1809
	02248457	Teva-Gabapentin	Teva Can	100	18.09	<b>→</b> 0.1809
	02246457	VAN-Gabapentin	Vanc Phm	100	18.09	→ 0.1809 → 0.1809
	02402044	VAIV-Gabaperium	valio Filili	100	10.09	<b>-</b> 0.1009

Page 178 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				80	00 mg <b>PPB</b>	
	02293366	Apo-Gabapentin	Apotex	100	24.12	<b>→</b> 0.2412
1	02428342	Auro-Gabapentin	Aurobindo	100	24.12	• 0.2412
1	02450194	Bio-Gabapentin	Biomed	100	24.12	→ 0.2412
	02392534	Gabapentin	Accord	100	24.12	<b>→</b> 0.2412
	02431297	Gabapentin	Sanis	100	24.12	<b>→</b> 0.2412
	02388219	Gabapentin	Sivem	100	24.12	<b>→</b> 0.2412
	02411008	Gabapentine tablets	Glenmark	100	24.12	→ 0.2412
	02402297	Jamp-Gabapentin	Jamp	100	24.12	→ 0.2412
*	02239718	Neurontin	Upjohn	100	242.19	2.4219
	02255901	pms-Gabapentin	Phmscience	100	24.12	<b>→</b> 0.2412
	02310481	Pro-Gabapentin	Pro Doc	100	24.12	<b>→</b> 0.2412
	02259818	Riva-Gabapentin	Riva	100	24.12	<b>→</b> 0.2412
		,		500	120.60	<b>→</b> 0.2412
	02247346	Teva-Gabapentin	Teva Can	100	24.12	<b>→</b> 0.2412
	02432552	VAN-Gabapentin	Vanc Phm	100	24.12	<b>→</b> 0.2412
LAMO	OTRIGINE	R				
Chew	. Tab.			_	2 mg	
	02243803	Lamictal	GSK	30	4.61	0.1537
Chew	. Tab.	ı	1	ı	5 mg	ı
	02240115	Lamictal	GSK	28	4.32	0.1543
Tab.				. :	25 mg <b>PPB</b>	
	02245208	Apo-Lamotrigine	Apotex	100	6.98	→ 0.0698
1	02381354	Auro-Lamotrigine	Aurobindo	100	6.98	<ul><li>→ 0.0698</li></ul>
	0200.00.	/ tare _ameangme	7 (41 0211140	1000	69.80	→ 0.0698
	02142082	Lamictal	GSK	100	35.78	0.3578
	02343010	Lamotrigine	Sanis	100	6.98	→ 0.0698
1	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	<b>→</b> 0.0698
Tab.				1(	00 mg <b>PPB</b>	
	02245209	Apo-Lamotrigine	Apotex	100	27.87	<b>→</b> 0.2787
		Auro-Lamotrigine	Aurobindo	100	27.87	<ul><li>→ 0.2787</li></ul>
				1000	278.70	
	02142104	Lamictal	GSK	100	143.10	1.4310
	02343029	Lamotrigine	Sanis	100	27.87	→ 0.2787
1	02428210	Lamotrigine	Sivem	100	27.87	→ 0.2787
	02302985	Lamotrigine-100	Pro Doc	100	27.87	→ 0.2787
1	02265508	Mylan-Lamotrigine	Mylan	100	27.87	→ 0.2787
		-	1	500	139.35	→ 0.2787
	02248233	Novo-Lamotrigine	Novopharm	100	27.87	→ 0.2787
1	02246898	pms-Lamotrigine	Phmscience	100	27.87	→ 0.2787
1	02243353	ratio-Lamotrigine	Ratiopharm	100	27.87	→ 0.2787
		-	· · ·	I		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab				1!	50 mg <b>PPB</b>		
	02245210	Apo-Lamotrigine	Apotex	100	41.07	<b>→</b> 0.410	7
	02381370	Auro-Lamotrigine	Aurobindo	60	24.64	→ 0.410	)7
				100	41.07	→ 0.410	)7
	02142112	Lamictal	GSK	60	125.83	2.097	'2
	02343037	Lamotrigine	Sanis	100	41.07	→ 0.410	)7
	02428229	Lamotrigine	Sivem	100	41.07	→ 0.410	)7
	02302993	Lamotrigine-150	Pro Doc	100	41.07	→ 0.410	)7
1	02265516	Mylan-Lamotrigine	Mylan	100	41.07	→ 0.410	)7
	02248234	Novo-Lamotrigine	Novopharm	100	41.07	→ 0.410	)7
	02246899	pms-Lamotrigine	Phmscience	100	41.07	→ 0.410	7
	02246963	ratio-Lamotrigine	Ratiopharm	60	24.64	→ 0.410	)7

# LEVETIRACETAM B

LEV	LEVETIRACETAM LA							
Tab.					50 mg <b>PPB</b>			
	02274183	ACT Levetiracetam	ActavisPhm	100	32.10	<b>→</b>	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	
+	02311372	Pro-Levetiracetam-250	Pro Doc	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	

Page 180 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				. 5	00 mg <b>PPB</b>	
	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	<b>→</b> 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	<b>→</b> 0.3911
	02474476	Levetiracetam	Riva	120	46.93	<b>→</b> 0.3911
	02353350	Levetiracetam	Sanis	100	39.11	<b>→</b> 0.3911
	02442558	Levetiracetam	Sivem	100	39.11	<b>→</b> 0.3911
	02440210	NAT-Levetiracetam	Natco	120	46.93	• 0.3911
	02296128	pms-Levetiracetam	Phmscience	100	39.11	<b>→</b> 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	<b>→</b> 0.3911
Tab.				7	50 mg <b>PPB</b>	
		I	1	Ι ΄΄	l l	l
	02274205	ACT Levetiracetam	ActavisPhm	100	54.16	<b>→</b> 0.5416
	02285940	Apo-Levetiracetam	Apotex	100	54.16	<b>→</b> 0.5416
	02375265	Auro-Levetiracetam	Aurobindo	100	54.16	<b>→</b> 0.5416
				500	270.80	<b>→</b> 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 02474484	Levetiracetam Levetiracetam	Phmscience Riva	120 120	64.99	<ul><li>→ 0.5416</li><li>→ 0.5416</li></ul>
	02373369	Levetiracetam	Sanis	100	64.99 54.16	→ 0.5416 → 0.5416
	02353369	Levetiracetam	Sivem	100	54.16	→ 0.5416 → 0.5416
	02440229	NAT-Levetiracetam	Natco	120	64.99	<b>→</b> 0.5416
	02296136	pms-Levetiracetam	Phmscience	100	54.16	<b>→</b> 0.5416
	02230130	Pro-Levetiracetam-750	Pro Doc	100	54.16	<b>→</b> 0.5416
	02396122	Ran-Levetiracetam	Ranbaxy	100	54.16	<b>→</b> 0.5416
	02482290	Riva-Levetiracetam	Riva	100	54.16	<b>→</b> 0.5416
	02462001	Sandoz Levetiracetam	Sandoz	100	54.16	<b>→</b> 0.5416
				1	1 2 70	
Tab.					1000 mg	
*	02462028	Sandoz Levetiracetam	Sandoz	100	72.21	0.7221

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

### PREGABALIN 🖪

Cap	S.				25 mg <b>PPB</b>		
	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
				500	74.05	•	0.1481
*	02268418	Lyrica	Upjohn	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
	00470004	_ , ,,	5.	500	74.05	*	0.1481
	02476304	Pregabalin	Riva	100	14.81	*	0.1481
	00405500	Due we healing	0	500	74.05	7	0.1481
	02405539	Pregabalin	Sanis	60 100	8.89 14.81	7	0.1481
	00400000	Dua va ha lin	C:		14.81	7	0.1481
	02403692	Pregabalin	Sivem	100 500	74.81	7	0.1481 0.1481
	02392801	Ran-Pregabalin	Ranbaxy	100	14.81	7	0.1481
	02392001	Kall-Fleyaballil	Ralibaxy	500	74.05	7	0.1481
	02377039	Riva-Pregabalin	Riva	100	14.81	1	0.1481
	02377039	Niva-Fregaballii	INIVA	500	74.05	-	0.1481
	02390817	Sandoz Pregabalin	Sandoz	100	14.81	_	0.1481
	32030017	Canada i regulatiir	Sandoz	500	74.05	•	0.1481
	02361159	Teva Pregabalin	Teva Can	60	8.89	•	0.1481

Page 182 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Caps.	Saps. 50 mg PPB							
02402920	ACT Pregabalin	ActavisPhm	100	23.24	→ 0.2324			
			500	116.20	<b>→</b> 0.2324			
02394243	Apo-Pregabalin	Apotex	100	23.24	<b>→</b> 0.2324			
			500	116.20	→ 0.2324			
02433877	Auro-Pregabalin	Aurobindo	100	23.24	<b>→</b> 0.2324			
02435985	Jamp-Pregabalin	Jamp	100	23.24	→ 0.2324			
			500	116.20	<b>→</b> 0.2324			
* 02268426	Lyrica	Upjohn	60	72.87	1.2145			
02417537	Mar-Pregabalin	Marcan	100	23.24	<b>→</b> 0.2324			
			500	116.20	→ 0.2324			
02423812	Mint-Pregabalin	Mint	100	23.24	→ 0.2324			
02467305		Mantra Ph.	100	23.24	<b>→</b> 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	<b>→</b> 0.2324			
02476312	Pregabalin	Riva	100	23.24	→ 0.2324			
			500	116.20	→ 0.2324			
02405547	Pregabalin	Sanis	60	13.94	<b>→</b> 0.2324			
			500	116.20	→ 0.2324			
02403706	Pregabalin	Sivem	100	23.24	→ 0.2324			
			500	116.20	<b>→</b> 0.2324			
02392828	Ran-Pregabalin	Ranbaxy	100	23.24	→ 0.2324			
			500	116.20	<b>→</b> 0.2324			
02377047	Riva-Pregabalin	Riva	100	23.24	<b>→</b> 0.2324			
			500	116.20	<b>→</b> 0.2324			
02390825	Sandoz Pregabalin	Sandoz	100	23.24	<b>→</b> 0.2324			
	13		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	Caps. 75 mg <b>PPB</b>								
	02402939	ACT Pregabalin	ActavisPhm	100	30.07	<b>→</b> 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	<b>→</b> 0.3007			
	02435993	Jamp-Pregabalin	Jamp	100	30.07	→ 0.3007			
				500	150.35	<b>→</b> 0.3007			
*	02268434	Lyrica	Upjohn	60	94.29	1.5715			
	02417545	Mar-Pregabalin	Marcan	100	30.07	→ 0.3007			
				500	150.35	<b>→</b> 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	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02474379	Pregabalin	Altamed	100	30.07	<b>→</b> 0.3007			
	02396513	Pregabalin	Pro Doc	100	30.07	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02476320	Pregabalin	Riva	100	30.07	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02405555	Pregabalin	Sanis	100	30.07	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02403714	Pregabalin	Sivem	100	30.07	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02392836	Ran-Pregabalin	Ranbaxy	100	30.07	<b>→</b> 0.3007			
				500	150.35	<b>→</b> 0.3007			
	02377055	Riva-Pregabalin	Riva	100	30.07	<b>→</b> 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	<b>→</b> 0.3007			
				100	30.07	<b>→</b> 0.3007			

**Page 184** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps	i.		·	1	50 mg <b>PPB</b>	
'		407.0			1	
	02402955	ACT Pregabalin	ActavisPhm	100 500	41.45 207.25	<ul><li>→ 0.4145</li><li>→ 0.4145</li></ul>
	02394278	Ana Progobalin	Apotex	100	41.45	<b>→</b> 0.4145
	02394276	Apo-Pregabalin	Apolex	500	207.25	<b>→</b> 0.4145
	02433907	Auro-Pregabalin	Aurobindo	100	41.45	<ul><li>→ 0.4145</li></ul>
	02436000	Jamp-Pregabalin	Jamp	100	41.45	<ul><li>→ 0.4145</li></ul>
	02.0000	Jamp I regulation		500	207.25	• 0.4145
*	02268450	Lyrica	Upjohn	60	129.98	2.1663
	02417561	Mar-Pregabalin	Marcan	100	41.45	<b>→</b> 0.4145
			1	500	207.25	• 0.4145
	02424207	Mint-Pregabalin	Mint	100	41.45	→ 0.4145
	02467321	M-Pregabalin	Mantra Ph.	100	41.45	<b>→</b> 0.4145
				500	207.25	→ 0.4145
	02359634	pms-Pregabalin	Phmscience	100	41.45	<b>→</b> 0.4145
				500	207.25	<b>→</b> 0.4145
	02474387	Pregabalin	Altamed	100	41.45	<b>→</b> 0.4145
	02396521	Pregabalin	Pro Doc	100	41.45	→ 0.4145
				500	207.25	<b>→</b> 0.4145
	02476347	Pregabalin	Riva	100	41.45	<b>→</b> 0.4145
				500	207.25	• 0.4145
	02405563	Pregabalin	Sanis	100	41.45	0.4145
	02403722	Pregabalin	Sivem	100	41.45	0.4145
	00000044	See See et et		500	207.25	0.4145
	02392844	Ran-Pregabalin	Ranbaxy	100 500	41.45 207.25	0.4145
	02377063	Riva-Pregabalin	Riva	100	41.45	<ul><li>→ 0.4145</li><li>→ 0.4145</li></ul>
	02377003	Niva-Fregaballii	INIVA	500	207.25	<ul><li>→ 0.4145</li><li>→ 0.4145</li></ul>
	02390841	Sandoz Pregabalin	Sandoz	100	41.45	<b>→</b> 0.4145
	02000011	Canaoz i rogasami	Gariage	500	207.25	• 0.4145
	02361205	Teva Pregabalin	Teva Can	60	24.87	• 0.4145
		, and the second		100	41.45	<b>→</b> 0.4145
Caps	i.			3	00 mg <b>PPB</b>	
'	02402998	ACT Progobolin	ActavisPhm	100	41.45	0.4145
	02402998	ACT Pregabalin Apo-Pregabalin	Apotex	100	41.45	<b>→</b> 0.4145
	02394294	Jamp-Pregabalin	Jamp	100	41.45	→ 0.4145 → 0.4145
*	02268485	Lyrica	Upjohn	60	129.98	2.1663
	02417618	Mar-Pregabalin	Marcan	100	41.45	<b>→</b> 0.4145
	02359642	pms-Pregabalin	Phmscience	100	41.45	→ 0.4145 → 0.4145
	02396548	Pregabalin	Pro Doc	100	41.45	<b>→</b> 0.4145
	02476371	Pregabalin	Riva	100	41.45	<b>→</b> 0.4145
	02405598	Pregabalin	Sanis	60	24.87	<b>→</b> 0.4145
	00000			100	41.45	• 0.4145
	02403730	Pregabalin	Sivem	100	41.45	<b>→</b> 0.4145
	02392860	Ran-Pregabalin	Ranbaxy	100	41.45	<b>→</b> 0.4145
				500	207.25	<b>→</b> 0.4145
	02377071	Riva-Pregabalin	Riva	100	41.45	<b>→</b> 0.4145
	02390868	Sandoz Pregabalin	Sandoz	100	41.45	<b>→</b> 0.4145
	02361248	Teva Pregabalin	Teva Can	60	24.87	<b>→</b> 0.4145

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	IRAMATE nkle caps.		1	ı	15 mg	
	02239907	Торатах	Janss. Inc	60	65.11	1.0852
0					05	
Sprii	ıkle caps.		I	I	25 mg	
	02239908	Topamax	Janss. Inc	60	68.34	1.1390
Tab.					25 mg DDD	
Tab.		I	I	I	25 mg <b>PPB</b> 	l
	02287765	ACT Topiramate	ActavisPhm	100	24.33	• 0.2433
	02279614	Apo-Topiramate	Apotex	100	24.33	• 0.2433
	02345803	Auro-Topiramate	Aurobindo	60	14.60	• 0.2433
				100	24.33	• 0.2433
	02435608	Jamp-Topiramate	Jamp	100	24.33	• 0.2433
	02432099	Mar-Topiramate	Marcan	100	24.33	• 0.2433
	02315645	Mint-Topiramate	Mint	100	24.33	• 0.2433
	02263351	Mylan-Topiramate	Mylan	100	24.33	• 0.2433
	02248860	Novo-Topiramate	Novopharm	100	24.33	• 0.2433
	02262991	pms-Topiramate	Phmscience	100	24.33	• 0.2433
				500	121.65	• 0.2433
	02313650	Pro-Topiramate	Pro Doc	100	24.33	• 0.2433
	02396076	Ran-Topiramate	Ranbaxy	100	24.33	• 0.2433
	02431807	Sandoz Topiramate Tablets	Sandoz	100	24.33	<b>→</b> 0.2433
	02230893	Topamax	Janss. Inc	100	113.93	1.1393
	02395738	Topiramate	Accord	100	24.33	• 0.2433
	02356856	Topiramate	Sanis	100	24.33	• 0.2433
	02389460	Topiramate	Sivem	100	24.33	• 0.2433
Tab.					50 mg	
	02312085	pms-Topiramate	Phmscience	100	75.95	0.7595
	02312003	pms-rophamate	1 Timbolerice	100	75.55	0.7393
Tab.				1	00 mg <b>PPB</b>	
	02287773	ACT Topiramate	ActavisPhm	100	45.83	→ 0.4583
	02279630	Apo-Topiramate	Apotex	100	45.83	<b>→</b> 0.4583
	02345838	Auro-Topiramate	Aurobindo	60	27.50	<b>→</b> 0.4583
	02040000	Auto ropiramate	/ tarobinao	100	45.83	<b>→</b> 0.4583
	02435616	Jamp-Topiramate	Jamp	100	45.83	<ul><li>→ 0.4583</li></ul>
	02432102	Mar-Topiramate	Marcan	100	45.83	<ul><li>→ 0.4583</li><li>→ 0.4583</li></ul>
	02432102	Mint-Topiramate	Mint	100	45.83	<b>→</b> 0.4583
	02313033	Mylan-Topiramate	Mylan	100	45.83	<b>→</b> 0.4583
	02248861	Novo-Topiramate	Novopharm	60	27.50	
	02263009	pms-Topiramate	Phmscience	100	45.83	
	02313669	Pro-Topiramate	Pro Doc	100	45.83	<b>→</b> 0.4583
	02396084	Ran-Topiramate	Ranbaxy	100	45.83	<b>→</b> 0.4583
	02431815	Sandoz Topiramate Tablets	Sandoz	100	45.83	<b>→</b> 0.4583
	02431813	Topamax	Janss. Inc	60	129.54	2.1590
	02395746	Topiramate	Accord	100	45.83	<ul><li>→ 0.4583</li></ul>
	02356864	Topiramate	Sanis	100	45.83	<b>→</b> 0.4583
	02389487	Topiramate	Sivem	100	45.83	<ul><li>→ 0.4583</li></ul>
	32000101		1	1 .00	10.50	0.1000

Page 186 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		1	2	00 mg <b>PPB</b>	
iau.	1	1	1	OUTING PPB	
0228778	1 ACT Topiramate	ActavisPhm	100	67.48	<b>→</b> 0.6748
02279649	1 '	Apotex	100	67.48	<b>→</b> 0.6748
02345846	Auro-Topiramate	Aurobindo	60	40.49	<b>→</b> 0.6748
			100	67.48	<b>→</b> 0.6748
02435624	r	Jamp	100	67.48	• 0.6748
02432110	·   · · · · · · · · · · · · · · · · · ·	Marcan	100	67.48	<b>→</b> 0.6748
0231566	· · · · · · · · · · · · · · · · · · ·	Mint	100	67.48	<b>→</b> 0.6748
02263386	1 '	Mylan	100	67.48	
02248862		Novopharm	60	40.49	<ul><li>→ 0.6748</li><li>→ 0.6748</li></ul>
02263017 02313677	, ,	Phmscience Pro Doc	100	67.48	<ul><li>→ 0.6748</li><li>→ 0.6748</li></ul>
0231367		1	100	67.48 67.48	<ul><li>0.6748</li><li>♦ 0.6748</li></ul>
02390092	· · · · · · · · · · · · · · · · · · ·	Ranbaxy Sandoz	100	67.48	<b>→</b> 0.6748
02230896	·   · · · · · · · · · · · · · · · · · ·	Janss. Inc	60	205.08	3.4180
02395754		Accord	100	67.48	→ 0.6748
02356872	1 '	Sanis	100	67.48	<ul><li>→ 0.6748</li></ul>
Syr.			∠50 mg	g/5 mL <b>PPB</b>	
	1	1	1	í 1	1
00443832	- 1	BGP Pharma	240 ml	22.78	0.0949
00443832 02236803	- 1	BGP Pharma Phmscience	240 ml 450 ml	1	0.0949 <b>→</b> 0.0379
02236803 VALPROIC AC	pms-Valproic acid	Phmscience	450 ml	22.78 17.05	• 0.0379
02236807 VALPROIC AC Caps. 02238048	pms-Valproic acid	Phmscience	450 ml 2	22.78 17.05	<ul><li>→ 0.0379</li><li>→ 0.2905</li></ul>
02236803 VALPROIC AC	pms-Valproic acid	Phmscience	450 ml 2 100 100	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05	<ul> <li>0.0379</li> <li>0.2905</li> <li>0.2905</li> </ul>
02236807 VALPROIC AC Caps. 02238044 02230768	pms-Valproic acid	Phmscience	450 ml 2	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25	<ul><li>→ 0.0379</li><li>→ 0.2905</li></ul>
02236807 VALPROIC AC Caps. 02238048	pms-Valproic acid	Phmscience	450 ml 2 100 100	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05	<ul> <li>0.0379</li> <li>0.2905</li> <li>0.2905</li> </ul>
02236807 VALPROIC AC Caps. 02238044 02230768	pms-Valproic acid  Apo-Valproic pms-Valproic acid	Phmscience	450 ml 2 100 100	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25	<ul> <li>0.0379</li> <li>0.2905</li> <li>0.2905</li> <li>0.2905</li> </ul>
02236807  VALPROIC AC  Caps.  02238044  02230766	pms-Valproic acid  Apo-Valproic pms-Valproic acid  pms-Valproic acid  pms-Valproic Acid E.C.	Apotex Phmscience	450 ml 2 100 100 500	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25 500 mg 63.56 317.80	<ul> <li>0.0379</li> <li>0.2905</li> <li>0.2905</li> </ul>
02236807  VALPROIC AC  Caps. 02238044 02230764  Ent. Caps. 02229624  VIGABATRIN  Oral Pd.	pms-Valproic acid  Apo-Valproic pms-Valproic acid  pms-Valproic acid  pms-Valproic Acid E.C.	Apotex Phmscience  Phmscience	450 ml  2  100 100 500  100 500	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25 500 mg 63.56 317.80	<ul> <li>→ 0.0379</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.6356</li> <li>0.6356</li> </ul>
02236807  VALPROIC ACC Caps. 02238046 02230766  Ent. Caps. 02229626	pms-Valproic acid  Apo-Valproic pms-Valproic acid  pms-Valproic acid  pms-Valproic Acid E.C.	Apotex Phmscience	450 ml 2 100 100 500	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25 500 mg 63.56 317.80	<ul> <li>0.0379</li> <li>0.2905</li> <li>0.2905</li> <li>0.2905</li> <li>0.6356</li> </ul>
02236807  VALPROIC AC  Caps. 02238044 02230764  Ent. Caps. 02229624  VIGABATRIN  Oral Pd.	pms-Valproic acid  Apo-Valproic pms-Valproic acid  pms-Valproic acid  pms-Valproic Acid E.C.	Apotex Phmscience  Phmscience	450 ml  2  100 100 500  100 500	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25 500 mg 63.56 317.80	<ul> <li>→ 0.0379</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.6356</li> <li>0.6356</li> </ul>
02236803  VALPROIC AC  Caps. 02238048 02230768  Ent. Caps. 02229628  VIGABATRIN  Oral Pd. 02068036	pms-Valproic acid  Apo-Valproic pms-Valproic acid  pms-Valproic Acid E.C.  Salproic Acid E.C.	Apotex Phmscience  Phmscience	450 ml  2  100 100 500  100 500	22.78 17.05 50 mg <b>PPB</b> 29.05 29.05 145.25 500 mg 63.56 317.80 500 mg/sac. 44.35	<ul> <li>→ 0.0379</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.2905</li> <li>→ 0.6356</li> <li>0.6356</li> </ul>

28.1	6.04						
ANT	IDEPRES	_					
AMIT Tab.	TRIPTYLINE	HYDROCHLORIDE B			10 mg <b>PPB</b>		
	02451786	Amitriptyline	Sivem	100 1000	4.35 43.50	<ul><li>→ 0.04</li><li>→ 0.04</li></ul>	
	00370991	Amitriptyline-10	Pro Doc	1000	43.50	→ 0.0 <sup>2</sup>	
	02403137	Apo-Amitriptyline	Apotex	100 1000	4.35 43.50	<ul><li>→ 0.04</li><li>→ 0.04</li></ul>	
	00335053	Elavil	AA Pharma	1000	6.64	0.02	
	02435527	Jamp-Amitriptyline Tablets	Jamp	1000 100	66.40 4.35	0.06 <b>→</b> 0.04	
	02433321	Jamp-Aminiptyline Tablets	Jamp	1000	43.50	<b>→</b> 0.04	
	02429861	Mar-Amitriptyline	Marcan	100 1000	4.35 43.50	<ul><li>→ 0.04</li><li>→ 0.04</li></ul>	
	00654523	pms-Amitriptyline	Phmscience	1000	4.35	→ 0.04 → 0.04	
	00000040	Taxaa Amaitaintadina	Teva Can	1000	43.50		435
	02326043	Teva-Amitriptyline	Teva Can	100 1000			435 435
T-1					05 <b>DDD</b>		
Tab.	00151701			I	25 mg <b>PPB</b>		
	02451794	Amitriptyline	Sivem	100 1000	8.29 82.90	<ul><li>♦ 0.08</li><li>♦ 0.08</li></ul>	
	00371009	Amitriptyline-25	Pro Doc	1000	82.90	→ 0.08	829
	02403145	Apo-Amitriptyline	Apotex	100 1000		<ul><li>♦ 0.08</li><li>♦ 0.08</li></ul>	
	00335061	Elavil	AA Pharma	100	12.11	0.12	
	02435535	Jamp-Amitriptyline Tablets	Jamp	1000 100	121.10 8.29	0.12 → 0.08	
		damp ramanptymic rabicts	Junp	1000	82.90	→ 0.08	829
	02429888	Mar-Amitriptyline	Marcan	100 1000	8.29 82.90	<ul><li>♦ 0.08</li><li>♦ 0.08</li></ul>	
	00654515	pms-Amitriptyline	Phmscience	100	8.29	<b>→</b> 0.08	
	02326051	Teva-Amitriptyline	Teva Can	1000 100	82.90 8.29	<ul><li>♦ 0.08</li><li>♦ 0.08</li></ul>	829 829
	02320031	Teva-Amiliptyiine	Teva Call	1000	82.90		829
Tab.					50 mg <b>PPB</b>		
	02451808	A maitain to din a	Gi	1	1	<b>→</b> 0.15	T40
	02451606	Amitriptyline Amitriptyline-50	Sivem Pro Doc	100 100	15.40 15.40	<ul><li>→ 0.15</li><li>→ 0.15</li></ul>	
				1000	1	<b>→</b> 0.15	
	02403153	Apo-Amitriptyline	Apotex	100 1000		<ul><li>→ 0.15</li><li>→ 0.15</li></ul>	540 540
	00335088	Elavil	AA Pharma	100	23.47	0.23	347
	02435543	Jamp-Amitriptyline Tablets	Jamp	1000 100	234.70 15.40	0.23 <b>→</b> 0.15	347 540
			·	1000	154.00	<b>→</b> 0.1	540
	02429896	Mar-Amitriptyline	Marcan	100 1000	15.40 154.00	<ul><li>→ 0.15</li><li>→ 0.15</li></ul>	
	00654507	pms-Amitriptyline	Phmscience	100	15.40	→ 0.1	540
	02326078	Teva-Amitriptyline	Teva Can	1000 100	154.00 15.40		540 540
	02020010	i eva-Aminiptyiine	i eva Cali	1000	154.00	<ul><li>→ 0.15</li><li>→ 0.15</li></ul>	
		ļ	1	l			

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

Page 188 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		•		100 mg	
02468409	pms-Amitriptyline	Phmscience	100	27.72	0.2772
BUPROPION H	YDROCHLORIDE B				
L.A. Tab.	İ	1	1	00 mg <b>PPB</b>	1
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	<b>→</b> 0.1547
L.A. Tab.			1	50 mg <b>PPB</b>	
02325357	Punranian SP	Pro Doc	60	12.70	→ 0.2297
02323337	Bupropion SR Bupropion SR	Sanis	60	13.78 13.78	→ 0.2297 → 0.2297
02391370	pms-Bupropion SR	Phmscience	100	22.97	0.2297
02275082	Sandoz Bupropion SR	Sandoz	30	6.89	0.2297
02270002	Canada Bapropion Cit	Canacz	60	13.78	0.2297
02237825	Wellbutrin SR	Valeant	60	51.02	0.8503
L.A. Tab. (24 h)	1	1	1	50 mg <b>PPB</b>	1
* 02439654	Act Bupropion XL	ActavisPhm	90	13.17	→ 0.1463
	, ,		500	73.15	→ 0.1463
* 02382075	Mylan-Bupropion XL	Mylan	90	13.17	<b>→</b> 0.1463
			500	73.15	<b>→</b> 0.1463
* 02475804	Ran-Bupropion XL	Ranbaxy	90	13.17	<b>→</b> 0.1463
			500	73.15	<b>→</b> 0.1463
02275090	Wellbutrin XL	Valeant	90	47.45	0.5272
L.A. Tab. (24 h)			3	00 mg <b>PPB</b>	
1 ' '	1	1	1	ı	
02439662	Act Bupropion XL	ActavisPhm	90	26.34	0.2927
00000000	14 (2 . 5		500	146.35	0.2927
02382083	Mylan-Bupropion XL	Mylan	90	26.34	0.2927
* 02/75812	Bon Bunronian VI	Ponhova,	500 90	146.35	<ul><li>0.2927</li><li>0.2927</li></ul>
* 02475812	Ran-Bupropion XL	Ranbaxy	500	26.34 146.35	→ 0.2927 → 0.2927
02275104	Wellbutrin XL	Valeant	90	94.91	1.0546
02273104	Weildulli AL	valcalit	90	34.91	1.0340

### CITALOPRAM HYDROMIDE

Tab.		I DROMIDE LL			10 mg <b>PPB</b>		
	02355248	Accel-Citalopram	Accel	100	7.15	_	0.0715
	02333240	Bio-Citalopram	Biomed	100	7.15		0.0715
	02430517	Citalopram	1	100	7.15		0.0715
		· '	Jamp		_		
	02445719	Citalopram	Sanis	100	7.15	-	0.0715
	02387948	Citalopram	Sivem	100	7.15	•	0.0715
	02325047	Citalopram-10	Pro Doc	100	7.15	→	0.0715
	02370085	Jamp-Citalopram	Jamp	100	7.15	•	0.0715
	02371871	Mar-Citalopram	Marcan	100	7.15	•	0.0715
	02370077	Mint-Citalopram	Mint	100	7.15	•	0.0715
	02429691	Mint-Citalopram	Mint	100	7.15	•	0.0715
*	02409003	NAT-Citalopram	Natco	100	7.15	•	0.0715
				500	39.80	•	0.0796
	02312336	Novo-Citalopram	Novopharm	100	7.15	•	0.0715
	02270609	pms-Citalopram	Phmscience	100	7.15	•	0.0715
	02303256	Riva-Citalopram	Riva	100	7.15	•	0.0715
	02431629	Septa-Citalopram	Septa	100	7.15	•	0.0715
	02438739	VAN-Citalopram	Vanc Phm	100	7.15	•	0.0715

Page 190 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					20 mg <b>PPB</b>	
	02355256	Accel-Citalopram	Accel	100	12.00	<b>→</b> 0.1200
	02333230	ACT Citalopram	ActavisPhm	100	12.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	02240000	Acronalopram	/ totavisi iiiii	250	33.30	<ul><li>→ 0.1200</li><li>→ 0.1332</li></ul>
	02246056	Apo-Citalopram	Apotex	30	4.00	<ul><li>→ 0.1332</li></ul>
	022.0000	, po enaropram	, perex	500	66.60	→ 0.1332
	02275562	Auro-Citalopram	Aurobindo	30	4.00	→ 0.1332
	022.0002	riare enareprairi	1 101 0011100	500	66.60	→ 0.1332
	02448491	Bio-Citalopram	Biomed	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
	02459914	CCP-Citalopram	Cellchem	100	12.00	→ 0.1200
	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	12.00	<b>→</b> 0.1200
				500	66.60	→ 0.1332
	02387956	Citalopram	Sivem	30	4.00	→ 0.1332
				500	66.60	<b>→</b> 0.1332
	02257513	Citalopram-20	Pro Doc	30	4.00	<b>→</b> 0.1332
				500	66.60	<b>→</b> 0.1332
	02313405	Jamp-Citalopram	Jamp	30	4.00	<b>→</b> 0.1332
				500	66.60	→ 0.1332
	02371898	Mar-Citalopram	Marcan	100	12.00	<b>→</b> 0.1200
				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	<b>→</b> 0.1332
				500	66.60	<b>→</b> 0.1332
*	02409011	NAT-Citalopram	Natco	30	4.00	<b>→</b> 0.1332
				100	12.00	<b>→</b> 0.1200
	02293218	Novo-Citalopram	Novopharm	30	4.00	<b>→</b> 0.1332
				100	12.00	<b>→</b> 0.1200
	02248010	pms-Citalopram	Phmscience	30	4.00	• 0.1332
				500	66.60	<b>→</b> 0.1332
	02285622	Ran-Citalo	Ranbaxy	100	12.00	<b>→</b> 0.1200
				500	66.60	• 0.1332
	02252112	ratio-Citalopram	Ratiopharm	30	4.00	• 0.1332
	0000000:	D' - 0'(-1	D:	500	66.60	0.1332
	02303264	Riva-Citalopram	Riva	30	4.00	0.1332
	00040470	0		500	66.60	0.1332
	02248170	Sandoz Citalopram	Sandoz	30	4.00	0.1332
	00055070	0		500	66.60	0.1332
	02355272	Septa-Citalopram	Septa	100	12.00	0.1200
	00400747	\/AN/ O#=/======	Van a Dhan	500	66.60	0.1332
	02438747	VAN-Citalopram	Vanc Phm	100	12.00	<b>→</b> 0.1200

Tab.				30 mg		
02296152	CTP 30	Sunovion	100	62.80	0.6280	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					40 mg <b>PPB</b>	
	02355264	Accel-Citalopram	Accel	100	12.00	→ 0.1200
	02248051	ACT Citalopram	ActavisPhm	100	12.00	<b>→</b> 0.1200
	02246057	Apo-Citalopram	Apotex	30	4.00	→ 0.1332
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	100	12.00	→ 0.1200
	02275570	Auro-Citalopram	Aurobindo	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
	02448513	Bio-Citalopram	Biomed	30	4.00	→ 0.1332
		,		100	12.00	→ 0.1200
	02459922	CCP-Citalopram	Cellchem	100	12.00	→ 0.1200
	02239608	Celexa	Lundbeck	30	39.95	1.3317
	02430568	Citalopram	Jamp	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02353679	Citalopram	Sanis	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
	02387964	Citalopram	Sivem	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02257521	Citalopram-40	Pro Doc	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
	02313413	Jamp-Citalopram	Jamp	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02371901	Mar-Citalopram	Marcan	100	12.00	<b>→</b> 0.1200
	02304694	Mint-Citalopram	Mint	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
	02429713	Mint-Citalopram	Mint	30	4.00	→ 0.1332
				100	12.00	→ 0.1200
*	02409038	NAT-Citalopram	Natco	30	4.00	<b>→</b> 0.1332
				100	12.00	<b>→</b> 0.1200
	02293226	Novo-Citalopram	Novopharm	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02248011	pms-Citalopram	Phmscience	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02285630	Ran-Citalo	Ranbaxy	100	12.00	→ 0.1200
	02252120	ratio-Citalopram	Ratiopharm	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02303272	Riva-Citalopram	Riva	30	4.00	<b>→</b> 0.1332
				100	12.00	→ 0.1200
	02248171	Sandoz Citalopram	Sandoz	30	4.00	0.1332
				100	12.00	<b>→</b> 0.1200
	02355280	Septa-Citalopram	Septa	30	4.00	<b>→</b> 0.1332
				100	12.00	• 0.1200
	02438755	VAN-Citalopram	Vanc Phm	100	12.00	<b>→</b> 0.1200
<b>CLO</b> Tab.	MIPRAMINE	E HYDROCHLORIDE			10 mg	
	00330566	Anafranil	AA Pharma	100	29.49	0.2949
		•	•		25	
Tab.		I	ſ	ı	25 mg	1 1
	00324019	Anafranil	AA Pharma	100	40.20	0.4020
		1	1		l	

Page 192 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
0040259	1 Anafranil	AA Pharma	100	74.01	0.7401
<b>DESIPRAMINI</b> Tab.	HYDROCHLORIDE 1			10 mg	
0221624	8 Desipramine	AA Pharma	100	38.80	0.3880
	-	1			
Tab.	ĺ	I	I	25 mg	ı
0221625	6 Desipramine	AA Pharma	100	38.80	0.3880
Tab.				100 mg	
0221628	Desipramine	AA Pharma	100	90.93	0.9093
DOXEPIN HYD	ROCHLORIDE B				
Caps.	1	1	ı	10 mg	ı
0204999	r	AA Pharma	100	23.60	0.2360
0002432	5 Sinequan	AA Pharma	100	34.23	0.3423
Caps.		T	ı	25 mg	ı
0205000	- 1	AA Pharma	100	28.95	0.2895
0002433	3 Sinequan	AA Pharma	100	42.01	0.4201
Caps.		1	ı	50 mg	ı
0205001		AA Pharma	100	53.72	0.5372
0002434	1 Sinequan	AA Pharma	100	77.93	0.7793

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

## FLUOXETINE HYDROCHLORIDE

Caps.			•	10 mg <b>PPB</b>		
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

Page 194 2019-12

Caps.         O2216361         Apo-Fluoxetine         Apotex           02385635         Auro-Fluoxetine         Aurobin           02448432         Bio-Fluoxetine         Biomed Cobalt           02242178         Co Fluoxetine         Cobalt	100 500 do 100	20 mg <b>PPB</b> 33.11 165.55	0.3311
02385635 Auro-Fluoxetine Aurobit 02448432 Bio-Fluoxetine Biomeo 02242178 Co Fluoxetine Cobalt	500		<b>→</b> 0.3311
02448432 Bio-Fluoxetine Biomed 02242178 Co Fluoxetine Cobalt		165.55	1 7 0.0011
02448432 Bio-Fluoxetine Biomed 02242178 Co Fluoxetine Cobalt	do 100		→ 0.3311
02242178 Co Fluoxetine Cobalt	1	33.11	→ 0.3311
02242178 Co Fluoxetine Cobalt	500	165.55	→ 0.3311
	100	33.11	• 0.3311
00000076 Flyevetine	100	33.11	• 0.3311
	500	165.55	0.3311
02286076 Fluoxetine Sanis	100 500	33.11 165.55	0.3311
02374455 Fluoxetine Sivem	100	33.11	<ul><li>→ 0.3311</li><li>→ 0.3311</li></ul>
02374433 Fluoxeline Sivein	500	165.55	→ 0.3311 → 0.3311
02383241 Fluoxetine BP Accord	100	33.11	0.3311
02386402 Jamp-Fluoxetine Jamp	100	33.11	0.3311
02392917 <i>Mar-Fluoxetine</i> Marcar	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 Phmsc	ence 100	33.11	→ 0.3311
	500	165.55	→ 0.3311
02315009   Pro-Fluoxetine   Pro Do		33.11	<b>→</b> 0.3311
	500	165.55	→ 0.3311
00636622 Prozac Lilly	100	169.65	1.6965
02405709 Ran-Fluoxetine Ranba	•	33.11	0.3311
02241374 ratio-Fluoxetine Ratioph	arm 100 500	33.11 165.55	0.3311
02305488 Riva-Fluoxetine Riva	100	33.11	<ul><li>→ 0.3311</li><li>→ 0.3311</li></ul>
02303400 Niva-i idoxellile INIVa	500	165.55	0.3311
02479494 Sandoz Fluoxetine Sandoz		33.11	0.3311
SETTO TO TO GATAGO TITAGO GATAGO	500	165.55	0.3311
02216590 Teva-Fluoxetine Teva C	an 100	33.11	→ 0.3311
	500	165.55	→ 0.3311
02432420 VAN-Fluoxetine Vanc P	nm 100	33.11	<b>→</b> 0.3311
os.		40 mg	
' I	100	1	0.6622
02464640 pms-Fluoxetine Phmsc	ence 100	66.22	0.6622
os.		60 mg	
02464659 pms-Fluoxetine Phmsc	ence 100	99.33	0.9933
al Sol.	20	mg/5 mL <b>PPB</b>	
		Ĭ	I
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
I UVOXAMINE	MALEATE 🖫				
Гаb.	, ,			50 mg <b>PPB</b>	1
02255529	ACT Fluvoxamine	ActavisPhm	100	21.05	→ 0.2105
02231329	· ·	Apotex	100	21.05	<b>→</b> 0.2105
02236753		Pro Doc	100	21.05	• 0.210
01919342 02303345		BGP Pharma Riva	30 100	25.90 21.05	0.8633 <b>→</b> 0.2105
02000040	Tiva Tiavox	Tava	250	52.63	<ul><li>→ 0.2108</li></ul>
Гаb.				100 mg <b>PPB</b>	
02255537	ACT Fluvoxamine	ActavisPhm	100	37.83	→ 0.3783
02231330	1	Apotex	100	37.83	→ 0.378:
02236754	· ·	Pro Doc	100	37.83	• 0.378
01919369		BGP Pharma	30	46.58	1.552
02303361	Riva-Fluvox	Riva	100 250	37.83 94.58	<ul><li>→ 0.3783</li><li>→ 0.3783</li></ul>
			250	94.36	→ 0.3783
MIPRAMINE H	YDROCHLORIDE 🖫				
ab.	1	I	ı	10 mg	ı
00360201	Imipramine	AA Pharma	100	13.97	0.139
āb.				25 mg	
00312797	Imipramine	AA Pharma	100	25.20	0.2520
00012707	mprammo	7 V T Halling	100	20.20	0.202
Гаb.				50 mg	
00326852	Imipramine	AA Pharma	100	49.18	0.491
- ,		•			
āb.	1	1	l	75 mg 	l
00644579	Imipramine	AA Pharma	100	64.34	0.643
TRYPTOPHA	NE R				
Caps. or Tab.				500 mg <b>PPB</b>	
* 02248540	Apo-Tryptophan (Caps.)	Apotex	100	35.63	<b>→</b> 0.356
02248538	1 ' ' ' ' ' '	Apotex	100	35.63	<ul><li>→ 0.356</li></ul>
02240334	1 ' '' ' '	Ratiopharm	100	35.63	<ul><li>→ 0.356</li></ul>
02240333	Teva-Tryptophan	Teva Can	100	35.63	
00718149	Tryptan (Caps)	Valeant	100	67.86	0.678
02029456	Tryptan (Co.)	Valeant	100	67.86	0.678
ab.			i	1 g <b>PPB</b>	
au.	1	Apotex	100	71.26	<b>→</b> 0.712
	Ano-Tryptophan (Tah )				
02248539 02237250		Ratiopharm		71.26	→ 0.712
02248539			100 250	71.26 178.15	<ul><li>→ 0.712</li><li>→ 0.712</li></ul>

Page 196 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					250 mg	
	02239326	Tryptan (Co.)	Valeant	100	33.93	0.3393
				_		
Tab.		I	I	7: I	50 mg <b>PPB</b>	1
	02458721	Apo-Tryptophan	Apotex	100	98.89	<b>→</b> 0.9889
	02239327	Tryptan (Co.)	Valeant	100	101.79	1.0179
	DOT!! IN !!	(DDGGUU GDUDE 🖽				
MAP Tab.	ROTILIN HY	DROCHLORIDE 🖫			25 mg	
		l	L	l	ı	
	02158612	Novo-Maprotiline	Novopharm	100	54.93	0.5493
Tab.		I	I	I	50 mg	1
	02158620	Novo-Maprotiline	Novopharm	100	104.01	1.0401
			•			
Tab.					75 mg	
	02158639	Novo-Maprotiline	Novopharm	100	142.04	1.4204
			1		•	
		_				
					45	
iab.	Oral Disint.	oriab. I	I	ı	15 mg <b>PPB</b>	I
	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	<b>→</b> 0.0974

CODE					
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	-1		I.		
Tab. Oral Disint.	or Tab.	1		30 mg <b>PPB</b>	
02286629	Apo-Mirtazapine	Apotex	100	19.50	<b>→</b> 0.1950
02411709	Auro-Mirtazapine	Aurobindo	30	5.85	<b>→</b> 0.1950
	-		100	19.50	<b>→</b> 0.1950
02299828	Auro-Mirtazapine OD	Aurobindo	30	5.85	<b>→</b> 0.1950
02368579	· · ·	Jamp	100	19.50	<b>→</b> 0.1950
02370689	'	Sanis	100	19.50	<b>→</b> 0.1950
02256118	1 7	Mylan	100	19.50	0.1950
02259354	Novo-Mirtazapine	Novopharm	30	5.85	• 0.1950 • 0.4050
02270000	Nova Mintagonina OD	Nevenberm	100 30	19.50	<ul><li>→ 0.1950</li><li>→ 0.1950</li></ul>
02279908 02248762	· · · · · · · · · · · · · · · · · · ·	Novopharm Phmscience	30	5.85 5.85	<ul><li>→ 0.1950</li><li>→ 0.1950</li></ul>
02246702	priis-iviii tazapiile	Filliscience	100	19.50	<b>→</b> 0.1950
02312786	Pro-Mirtazapine	Pro Doc	30	5.85	<ul><li>→ 0.1950</li><li>→ 0.1950</li></ul>
02012700	i io iiiitazapiiio	110 500	100		<ul><li>→ 0.1950</li></ul>
02243910	Remeron	Merck	30	38.86	1.2953
02248543		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.		I		45 mg <b>PPB</b>	
02286637	F F	Apotex	30	8.78	→ 0.2925
02411717	Auro-Mirtazapine	Aurobindo	30	8.78	• 0.2925
			100	29.25	• 0.2925
02299836	,	Aurobindo	30	8.78	• 0.2925
02256126	'	Mylan	100	29.25	• 0.2925
02279916	Novo-Mirtazapine OD	Novopharm	30		• 0.2925
02248544	Remeron RD	Merck	30	36.66	1.2220
MOCLOBÉMID	R				
Tab.	I	1	1	100 mg	
02232148	Moclobemide	AA Pharma	100	34.00	0.3400
		-1			
Tab.				150 mg	
Tab. 00899356	Manerix	Valeant	60	150 mg 13.25	0.2208
	Manerix	Valeant	60		0.2208
00899356	Manerix	Valeant	60		0.2208
	Manerix  Manerix	Valeant	60	13.25	0.2208
00899356 Tab.	1		1	13.25	
00899356  Tab. 02166747  NORTRIPTYLIN	1		1	13.25	
00899356  Tab. 02166747  NORTRIPTYLIN	Manerix E HYDROCHLORIDE		1	300 mg 26.01	
00899356  Tab.  02166747  NORTRIPTYLIN Caps.	Manerix  E HYDROCHLORIDE	Valeant	60	300 mg 26.01	0.4335
00899356  Tab. 02166747  NORTRIPTYLIN Caps. 00015229	Manerix  E HYDROCHLORIDE	Valeant	60	300 mg 26.01	0.4335
00899356  Tab. 02166747  NORTRIPTYLIN Caps.	Manerix  E HYDROCHLORIDE   Aventyl	Valeant	60	300 mg 26.01 10 mg 25.17	0.4335

Page 198 2019-12

CODE BRAND NAMI	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
-----------------	--------------	------	----------------------	------------

#### PAROXÉTINE HYDROCHLORIDE ☐

Tab.	YDROCHLORIDE III			10 mg <b>PPB</b>		
02262746	ACT Paroxetine	ActavisPhm	100	30.46	<b>→</b>	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 <b>PPB</b>	
	02262754	ACT Paroxetine	ActavisPhm	100	32.50	,
				500	162.50	,
	02240908	Apo-Paroxetine	Apotex	100	32.50	• 0.3250
			l	500	162.50	• 0.3250
	02383284	Auro-Paroxetine	Aurobindo	100	32.50	<b>→</b> 0.3250
	00444047	L		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
		l		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
	00010011			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
	00047044			500	162.50	0.3250
	02247811	ratio-Paroxetine	Ratiopharm	100	32.50	0.3250
	00040500	Diva Barranatina	Di	500	162.50	0.3250
	02248560	Riva-Paroxetine	Riva	100 500	32.50 162.50	0.3250
	00404705	Sanda Barayatina Tablata	Canda			0.3250
	02431785	Sandoz Paroxetine Tablets	Sandoz	100	32.50	0.3250
	02248557	Teva-Paroxetine	Teva Can	30	9.75 162.50	0.3250
				500	102.50	<b>→</b> 0.3250

**Page 200** 2019-12

CC	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.				;	30 mg <b>PPB</b>			
02	2262762	ACT Paroxetine	ActavisPhm	100	34.53	→ 0.3453		
02	2240909	Apo-Paroxetine	Apotex	100	34.53	→ 0.3453		
02	2383292	Auro-Paroxetine	Aurobindo	100	34.53	→ 0.3453		
02	2444925	Bio-Paroxetine	Biomed	100	34.53	• 0.3453		
02	2368889	Jamp-Paroxetine	Jamp	30	10.36	→ 0.3453		
				100	34.53	→ 0.3453		
02	2411962	Mar-Paroxetine	Marcan	30	10.36	→ 0.3453		
				100	34.53	→ 0.3453		
02	2421399	Mint-Paroxetine	Mint	100	34.53	→ 0.3453		
02	2467429	M-Paroxetine	Mantra Ph.	100	34.53	→ 0.3453		
02	2477858	Paroxetine	Altamed	100	34.53	→ 0.3453		
02	2282860	Paroxetine	Sanis	100	34.53	→ 0.3453		
02	2388243	Paroxetine	Sivem	100	34.53	→ 0.3453		
02	2248915	Paroxetine-30	Pro Doc	100	34.53	→ 0.3453		
01	1940473	Paxil	GSK	30	53.59	1.7863		
02	2247752	pms-Paroxetine	Phmscience	30	10.36	→ 0.3453		
				100	34.53	→ 0.3453		
02	2247812	ratio-Paroxetine	Ratiopharm	30	10.36	→ 0.3453		
02	2248561	Riva-Paroxetine	Riva	30	10.36	→ 0.3453		
				250	86.33	→ 0.3453		
02	2431793	Sandoz Paroxetine Tablets	Sandoz	100	34.53	→ 0.3453		
02	2248558	Teva-Paroxetine	Teva Can	30	10.36	→ 0.3453		
				100	34.53	<b>→</b> 0.3453		
Tab.					40			
Tab.	1		T.	I	40 mg			
02	2293749	pms-Paroxetine	Phmscience	100	165.30	1.6530		
PHENE	PHENELZINE SULFATE							
Tab.				i	15 mg			
00	0476552	Nardil	Erfa	60	22.22	0.3703		

SERTRALINE Caps.	HYDROCHLORIDE 🖪			25 mg <b>PPB</b>	
0228739	90 ACT Sertraline	ActavisPhm	100	15.16	<b>→</b> 0.1516
0223828		Apotex	100		<b>→</b> 0.1516
0239090	'	Aurobindo	100		<b>→</b> 0.1516
0244504		Biomed	100	1	<b>→</b> 0.1516
0235714		Jamp	100		<b>→</b> 0.1516
023994		Marcan	100		<b>→</b> 0.1516
0240237		Mint	100	15.16	<b>→</b> 0.1516
0224048		Novopharm	100		<b>→</b> 0.1516
0224483		Phmscience	100		<b>→</b> 0.1516
0237455	l'	Ranbaxy	100		<b>→</b> 0.1516
0224849		Riva	100		<b>→</b> 0.1516
0221010	Tura contramio	Tuva	250		<b>→</b> 0.1516
0224515	59 Sandoz Sertraline	Sandoz	100		<b>→</b> 0.1516
0246962		Jamp	100		<b>→</b> 0.1516
0235352		Sanis	100		<b>→</b> 0.1516
0238607		Sivem	100		<b>→</b> 0.1516
0224130		Pro Doc	100	1	<b>→</b> 0.1516
0242776	l .	Vanc Phm	100	1	<b>→</b> 0.1516
* 0213270		Upjohn	100	83.18	0.8318
02.02.0	=  =====	99,5		00.10	0.00.0
Caps.				50 mg <b>PPB</b>	
0228740	04 ACT Sertraline	ActavisPhm	100	20.22	<b>→</b> 0.3032
0220740	ACT Settraiirie	ActavisPrim	250	30.32 75.80	,
0000000	An a Controlina	A 4			0.3032
0223828	81 Apo-Sertraline	Apotex	100		0.3032
023909	1.1 A Cantualina	A	250 100		0.3032
023909	14 Auro-Sertraline	Aurobindo	250		0.3032
0244505	EO Bio Controlino	Biomed	1	1	0.3032
1			100		0.3032
0235715	51 Jamp-Sertraline	Jamp	100 250		0.3032
000004	33 Man Oantrollina	M			0.3032
0239942	23 Mar-Sertraline	Marcan	100 250		0.3032
0240239	94 Mint-Sertraline	NA:A	1		0.3032
		Mint	100		0.3032
0224048	84 Novo-Sertraline	Novopharm	100 250		<ul><li>→ 0.3032</li><li>→ 0.3032</li></ul>
0224483	30 mms Controlins	Phmscience	100		,
0224483	39 pms-Sertraline	Primscience	250		<ul><li>→ 0.3032</li><li>→ 0.3032</li></ul>
0237456	60 Ran-Sertraline	Danhavar	ı	1	
		Ranbaxy	100	1	0.3032
0224849	97 Riva-Sertraline	Riva	100 250		0.3032
0004546	60 Sandoz Sertraline	Condo	1	1	0.3032
0224516		Sandoz	100		0.3032
0246963		Jamp	100		0.3032
0235353	39 Sertraline	Sanis	100		0.3032
0000000	On the line	C:	250		0.3032
0238608		Sivem	100		0.3032
0224130	1	Pro Doc	250		0.3032
0242778		Vanc Phm	100	30.32	<b>→</b> 0.3032
* 0196281	17 Zoloft	Upjohn	100	166.34	1.6634
			250	415.86	1.6634

MANUFACTURER

CODE

BRAND NAME

COST OF PKG. SIZE

SIZE

UNIT PRICE

Page 202 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
aps. 100 mg <b>PPB</b>							
02287412	ACT Sertraline	ActavisPhm	100	33.03	→ 0.3303		
			250	82.58	<b>→</b> 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		
02445069	Bio-Sertraline	Biomed	250 100	82.58 33.03	<ul><li>0.3303</li><li>0.3303</li></ul>		
02357178	Jamp-Sertraline	Jamp	100	33.03	<ul><li>→ 0.3303</li><li>→ 0.3303</li></ul>		
02007170	damp dertrame	Junp	250	82.58	<ul><li>→ 0.3303</li></ul>		
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		
00045464	Sandoz Sertraline	Candas	250	82.58	0.3303		
02245161 02469642	Sandoz Sertraline Sertraline	Sandoz	100	33.03 33.03	<ul><li>→ 0.3303</li><li>→ 0.3303</li></ul>		
02469642	Sertraline	Jamp Sanis	100	33.03	<ul><li>→ 0.330;</li><li>→ 0.330;</li></ul>		
0200047	Sertialine	Janis	250	82.58	<ul><li>→ 0.330;</li><li>→ 0.330;</li></ul>		
02386097	Sertraline	Sivem	100	33.03	<ul><li>→ 0.330;</li></ul>		
02241304	Sertraline-100	Pro Doc	100	33.03	<ul><li>→ 0.330</li></ul>		
			250	82.58	→ 0.330:		
02240481	Teva-Sertraline	Teva Can	100	33.03	• 0.3303		
02427796	VAN-Sertraline	Vanc Phm	100	33.03	• 0.3303		
* 01962779	Zoloft	Upjohn	100	174.66	1.7466		
RANYLCYPRO ab.	MINE SULFATE	ı	ı	10 mg			
01919598	Parnate	GSK	100	36.05	0.3605		
ab.	YDROCHLORIDE 🖪	I.	1	50 mg <b>PPB</b>			
02147637	Apo-Trazodone	Apotex	100	5.54	<b>→</b> 0.0554		
02442809	Mar-Trazodone	Marcan	250 100	13.84 5.54	<ul><li>→ 0.0554</li><li>→ 0.0554</li></ul>		
02442609	Mar-Trazodone	Marcan	500	27.68	<ul><li>→ 0.0554</li><li>→ 0.0554</li></ul>		
01937227	pms-Trazodone	Phmscience	100	5.54	<b>→</b> 0.055		
01001221	pino riazodono	Timodono	500	27.68	<ul><li>→ 0.055</li></ul>		
02144263	Teva-Trazodone	Teva Can	100	5.54			
			500	27.68			
02348772	Trazodone	Sanis	100	5.54	→ 0.0554		
			500	27.68	<b>→</b> 0.0554		
02164353	Trazodone-50	Pro Doc	100	5.54	<b>→</b> 0.0554		
			250	13.84	<b>→</b> 0.0554		
ab.				75 mg			
02237339	pms-Trazodone	Phmscience	100	33.66	0.336		
02201000	F 1142040110	1 111100101100		00.00	0.0000		

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.				10	00 mg <b>PPB</b>		
	02147645	Apo-Trazodone	Apotex	100	9.89	→ 0.0989	
		l		500	49.45	• 0.0989	
	02442817	Mar-Trazodone	Marcan	100 500	9.89 49.45	<ul><li>→ 0.0989</li><li>→ 0.0989</li></ul>	
	01937235	pms-Trazodone	Phmscience	100	9.89	<b>→</b> 0.0989	
	01001200	pino rrazoache	T TIMOGIONIOO	500	49.45	<ul><li>→ 0.0000</li><li>→ 0.0989</li></ul>	
	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.				. 19	50 mg <b>PPB</b>		
	02442825	Mar-Trazodone	Marcan	100	14.53	<b>→</b> 0.1453	
	02144298	Teva-Trazodone	Teva Can	100	14.53	<b>→</b> 0.1453	
	02348799	Trazodone	Sanis	100	14.53	<b>→</b> 0.1453	
	02164388	Trazodone-150 D	Pro Doc	100	14.53	<b>→</b> 0.1453	
			•				
	<b>IIPRAMINE</b>	B					
Caps	S.	İ	I	I	75 mg	l I	
	02070987	Trimipramine	AA Pharma	100	74.60	0.7460	
Tab.		1	1	ı	12.5 mg	,	
	00740799	Trimip	AA Pharma	100	21.56	0.2156	

Page 204 2019-12

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

#### VENLAFAXINE CHLORHYDRATE ☐

	Caps.	CHLORHYDRAIE LEI		37	.5 mg <b>PPB</b>	
	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	Upjohn	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
	02489678	Venlafaxine XR	Riva	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 <b>PPB</b>	
02304325	ACT Venlafaxine XR	ActavisPhm	100	18.25	<b>→</b> 0.1825
02304323	ACT Verilalaxille AR	ActavisFilli	500	91.25	• 0.1825 • 0.1825
02331691	Apo-Venlafaxine XR	Apotex	100	18.25	→ 0.1825 → 0.1825
02331091	Apo-verilalaxille XI	Apolex	500	91.25	• 0.1825 • 0.1825
02452847	Auro-Venlafaxine XR	Aurobindo	100	18.25	<b>→</b> 0.1825
02402047	Auto Vernarazine XIV	/ tarobinao	500	91.25	<ul><li>→ 0.1825</li><li>→ 0.1825</li></ul>
* 02237280	Effexor XR	Upjohn	90	151.01	1.6779
02471299	M-Venlafaxine XR	Mantra Ph.	500	91.25	<b>→</b> 0.1825
02278553	pms-Venlafaxine XR	Phmscience	100	18.25	<ul><li>→ 0.1825</li></ul>
022.000			500	91.25	→ 0.1825
02380080	Ran-Venlafaxine XR	Ranbaxy	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02273977	ratio-Venlafaxine XR	Ratiopharm	100	18.25	<b>→</b> 0.1825
		'	500	91.25	<b>→</b> 0.1825
02307782	Riva-Venlafaxine XR	Riva	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02310325	Sandoz Venlafaxine XR	Sandoz	100	18.25	<b>→</b> 0.1825
			250	45.63	<b>→</b> 0.1825
02275031	Teva-Venlafaxine XR	Teva Can	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02339250	Venlafaxine XR	Pro Doc	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02489686	Venlafaxine XR	Riva	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02354721	Venlafaxine XR	Sanis	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825
02385937	Venlafaxine XR	Sivem	100	18.25	<b>→</b> 0.1825
			500	91.25	<b>→</b> 0.1825

Page 206 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
L.A. Caps.	A. Caps. 150 mg <b>PPB</b>						
0230433	ACT Venlafaxine XR	ActavisPhm	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
0233170	Apo-Venlafaxine XR	Apotex	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
0245285	Auro-Venlafaxine XR	Aurobindo	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
* 0223728	2 Effexor XR	Upjohn	90	159.72	1.7747		
0247130	2 M-Venlafaxine XR	Mantra Ph.	500	96.35	<b>→</b> 0.1927		
0231029	Mylan-Venlafaxine XR	Mylan	100	19.27	<b>→</b> 0.1927		
0227856	1 pms-Venlafaxine XR	Phmscience	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
0238009	Ran-Venlafaxine XR	Ranbaxy	100	19.27	<b>→</b> 0.1927		
			500	96.35	→ 0.1927		
0227398	ratio-Venlafaxine XR	Ratiopharm	100	19.27	<b>→</b> 0.1927		
			500	96.35	→ 0.1927		
0230779	Riva-Venlafaxine XR	Riva	100	19.27	→ 0.1927		
			500	96.35	<b>→</b> 0.1927		
0231033	Sandoz Venlafaxine XR	Sandoz	100	19.27	<b>→</b> 0.1927		
			250	48.18	<b>→</b> 0.1927		
0227505	3 Teva-Venlafaxine XR	Teva Can	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
02339269	Venlafaxine XR	Pro Doc	100	19.27	<b>→</b> 0.1927		
			500	96.35	→ 0.1927		
0248969	1 Venlafaxine XR	Riva	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
0235474	3 Venlafaxine XR	Sanis	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		
0238594	Venlafaxine XR	Sivem	100	19.27	<b>→</b> 0.1927		
			500	96.35	<b>→</b> 0.1927		

### 28:16.08 ANTIPSYCHOTIC AGENTS ARIPIPRAZOLE █

Tab		ı	1		2 mg <b>PPB</b>		1
	02322374	Abilify	Otsuka Can	30	87.42		2.9140
	02471086	Apo-Aripiprazole	Apotex	30	24.28	•	0.8092
				100	80.92	•	0.8092
	02488000	Aripiprazole	Pro Doc	30	24.28	•	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	21.20	•	0.8092
				100		•	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
	02322362			30	27.14	<b>→</b> 0.9046
	0247 1094	Apo-Aripiprazole	Apotex	100	90.46	→ 0.9046 → 0.9046
	00400040	A rin in ro = o lo	Pro Doc	30		l -
	02488019	Aripiprazole			27.14	0.9046
	02460033	Auro-Aripiprazole	Aurobindo	30 100	27.14 90.46	0.9046
	02466643	nma Arininga-ala	Phmscience	30	27.14	0.9046
		pms-Aripiprazole				0.9046
	02479354	Riva-Aripiprazole	Riva	30	27.14 27.14	0.9046
	02473666	Sandoz Aripiprazole	Sandoz	30		0.9046
	00404450	T A		100	90.46	0.9046
	02464152	Teva-Aripiprazole	Teva Can	30 100	27.14 90.46	0.9046
				100	90.46	<b>→</b> 0.9046
Tab.		ı	1	ı	10 mg <b>PPB</b>	1
	02322390	Abilify	Otsuka Can	30	113.40	3.7800
	02471108	Apo-Aripiprazole	Apotex	30	32.26	1.0754
				100	107.54	→ 1.0754
	02488027	Aripiprazole	Pro Doc	30	32.26	→ 1.0754
	02460041	Auro-Aripiprazole	Aurobindo	30	32.26	→ 1.0754
	02.000	7 10.0 7 11.10.10.10.20.10	7 (41 0211140	100	107.54	1.0754
	02466651	pms-Aripiprazole	Phmscience	30	32.26	→ 1.0754
	02479362	Riva-Aripiprazole	Riva	30	32.26	<b>→</b> 1.0754
	02473674	Sandoz Aripiprazole	Sandoz	30	32.26	<b>→</b> 1.0754
	02473074	Sandoz Anpipiazoie	Garidoz	100	107.54	<b>→</b> 1.0754
	02464160	Teva-Aripiprazole	Teva Can	30	32.26	→ 1.0754
	02404100	Teva-Aripiprazole	Teva Call	100	107.54	<b>→</b> 1.0754
Tab			I		15 ma DDD	
Tab.		I	I	I	15 mg <b>PPB</b> I	I
	02322404	Abilify	Otsuka Can	30	113.40	3.7800
	02471116	Apo-Aripiprazole	Apotex	30	38.08	<b>→</b> 1.2692
				100	126.92	<b>→</b> 1.2692
	02488035	Aripiprazole	Pro Doc	30	38.08	<b>→</b> 1.2692
	02460068	Auro-Aripiprazole	Aurobindo	30	38.08	<b>→</b> 1.2692
				100	126.92	<b>→</b> 1.2692
	02466678	pms-Aripiprazole	Phmscience	30	38.08	<b>→</b> 1.2692
	02479370	Riva-Aripiprazole	Riva	30	38.08	<b>→</b> 1.2692
	02473682	Sandoz Aripiprazole	Sandoz	30	38.08	<b>→</b> 1.2692
	02464179	Teva-Aripiprazole	Teva Can	30	38.08	<b>→</b> 1.2692
				100	126.92	<b>→</b> 1.2692
					•	
Tab.					20 mg <b>PPB</b>	
	02322412	Abilify	Otsuka Can	30	113.40	3.7800
	02322412	Apo-Aripiprazole	Apotex	30	30.05	<b>→</b> 1.0017
	02711124	Apo Alipipiazole	ripotex	100	100.17	
	02488043	Aripiprazole	Pro Doc	30	30.05	
	02460076	Anpiprazole Auro-Aripiprazole	Aurobindo	30	30.05	→ 1.0017 → 1.0017
	02400070	Auto-Attpipiazole	Autobilido	100	100.17	
	02466606	nms Arininrazolo	Phmscience	30		
	02466686	pms-Aripiprazole		l	30.05	l -
	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

Page 208 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					30 mg <b>PPB</b>	
	02322455 02471132	Abilify Apo-Aripiprazole	Otsuka Can Apotex	30 30 100	113.40 30.05 100.17	3.7800 1.0017
	02488051 02460084	Aripiprazole Auro-Aripiprazole	Pro Doc Aurobindo	30 30	30.05 30.05	<ul><li>1.0017</li><li>1.0017</li><li>1.0017</li></ul>
	02466694 02479397 02473704	pms-Aripiprazole Riva-Aripiprazole Sandoz Aripiprazole	Phmscience Riva Sandoz	100 30 30 30	100.17 30.05 30.05 30.05	<ul><li>1.0017</li><li>1.0017</li><li>1.0017</li><li>1.0017</li></ul>
	02464195	Teva-Aripiprazole	Teva Can	30 100	30.05 100.17	→ 1.0017 → 1.0017
<b>.</b>		ZINE LIVERGOLII ODIDE. 🖪				
Tab.	URPRUMAZ	ZINE HYDROCHLORIDE 🖪			25 mg	
	00232823	Novo-Chlorpromazine	Novopharm	100 500	13.65 68.25	0.1365 0.1365
Tab.			1		50 mg	
	00232807	Novo-Chlorpromazine	Novopharm	100 500	15.65 78.25	0.1565 0.1565
Tab.					100 mg	
	00232831	Novo-Chlorpromazine	Novopharm	100 500	32.00 160.00	0.3200 0.3200
<b>CLO</b> . Tab.	ZAPIN 🖫				25 mg <b>PPB</b>	
	02248034	AA-Clozapine	AA Pharma	100	65.94	→ 0.6594
	00894737 02247243	Clozaril Gen-Clozapine	HLS Mylan	100 100	94.20 65.94	0.9420 → 0.6594
Tab.					50 mg <b>PPB</b>	
	02458748 02305003	AA-Clozapine Gen-Clozapine	AA Pharma Mylan	100 100	131.88 131.88	<ul><li>1.3188</li><li>1.3188</li></ul>
Tab.				10	00 mg <b>PPB</b>	
	02248035	AA-Clozapine	AA Pharma	100	264.46	<b>→</b> 2.6446
	00894745 02247244	Clozaril Gen-Clozapine	HLS Mylan	100 100	377.80 264.46	3.7780 <b>2</b> .6446
Tab.				. 20	00 mg <b>PPB</b>	
l	02458756	AA-Clozapine	AA Pharma	100	528.92	<b>→</b> 5.2892
	02305011	Gen-Clozapine	Mylan	100	528.92	<b>→</b> 5.2892

FLUPENTIXOL DECANOATE	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M.   Inj. Sol.   20 mg/mL   7.18			•			
I.M. Inj. Sol.  02156040   Fluanxol Depot 10%   Lundbeck   1 ml   35.93    FLUPENTIXOL DIHYDROCHLORIDE		DECANOATE B			20 mg/mL	
Description	02156032	Fluanxol Depot 2%	Lundbeck	1 ml	7.18	
Description	IM Ini Sol				100 mg/ml	
Tab.         0.5 mg           02156008         Fluanxol         Lundbeck         100         24.83         0.2483           Tab.         3 mg         0.5362         0.5362           FLUPHENAZINE DECANOATE III.         100 mg/mL         100 mg/mL           I.M. Inj. Sol.         1 ml         29.78           FLUPHENAZINE HYDROCHLORIDE III.         1 mg           Tab.         2 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           Tab.         5 mg/mL         PPB           HALOPERIDOL         III.         5 mg/mL         PPB           I.M. Inj. Sol.         5 mg/mL         PPB           00808652         2 mg/masserial         2 mg/masserial         1 ml         3.96           02406411         Haloperidol Injection Omega         1 ml         3.96           02406411         Haloperidol Injection Omega         1 ml	1	Fluanxol Depot 10%	Lundbeck	1 ml	1 1	
Tab.         0.5 mg           02156008         Fluanxol         Lundbeck         100         24.83         0.2483           Tab.         3 mg         0.5362         0.5362           FLUPHENAZINE DECANOATE III.         100 mg/mL         100 mg/mL           I.M. Inj. Sol.         1 ml         29.78           FLUPHENAZINE HYDROCHLORIDE III.         1 mg           Tab.         2 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           Tab.         5 mg/mL         PPB           HALOPERIDOL         III.         Sandoz         1 ml         3.96           00808652         Haloperidol         Sandoz         1 ml         3.96           02406411         Haloperidol Injection         Oméga         1 ml         3.96           02406411         Haloperidol Injection, USP         Fresenius         1 ml         3.96						
Tab. 3 mg  02156016   Fluanxol   Lundbeck   100   24.83   0.2483    Tab. 3 mg  02156016   Fluanxol   Lundbeck   100   53.62   0.5362    FLUPHENAZINE DECANOATE		DIHYDROCHLORIDE 🖫			0.5 ma	
Description   Fluanxol   Lundbeck   100   53.62   0.5362	1	Fluanxol	Lundbeck	100	1 1	0.2483
Description   Fluanxol   Lundbeck   100   53.62   0.5362	T-1-	•	•			
FLUPHENAZINE DECANOATE	1	Fluanxol	Lundbeck	100	1	0.5362
I.M. Inj. Sol.       100 mg/mL         * 00755575       Modecate Concentre       B.M.S.       1 ml       29.78         FLUPHENAZINE HYDROCHLORIDE III         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       Fluphenazine       Phmscience       100       17.20       0.1720         HALOPERIDOL         I.M. Inj. Sol.       5 mg/mL       PPB         0808652       Haloperidol       Sandoz       1 ml       3.96         02366010       Haloperidol Injection       Oméga       1 ml       3.96         02406411       Haloperidol Injection, USP       Fresenius       1 ml       3.96         Tab.       0.5 mg	02.000.0	, idae.			00.02	0.0002
* 00755575         Modecate Concentre         B.M.S.         1 ml         29.78           FLUPHENAZINE HYDROCHLORIDE Tab.         1 mg           Tab.         1 mg         0.1739         0.1739           Tab.         2 mg         0.1739         0.1739           Tab.         2 mg         0.2252         0.2252           Tab.         5 mg PPB         0.2252         0.2252           Tab.         5 mg PPB         0.1720         0.1720           00726354         Fluphenazine Phascience Phmscience 100         17.20         0.1720           HALOPERIDOL I.M. Inj. Sol.         5 mg/mL PPB           0808652 02366010         Haloperidol Injection Phascience Phascience 1 ml         3.96           02406411         Haloperidol Injection, USP Fresenius 1 ml         3.96           Tab.         0.5 mg		E DECANOATE				
FLUPHENAZINE HYDROCHLORIDE           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 II.           I.M. Inj. Sol.         5 mg/mL         PPB           00808652         Haloperidol Haloperidol Injection Oméga         1 ml         → 3.96           02406411         Haloperidol Injection, USP         Fresenius         1 ml         → 3.96           Tab.         0.5 mg	1	I	I		l I	
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 III           I.M. Inj. Sol.         5 mg/mL PPB           00808652         Haloperidol Haloperidol Injection Oméga         1 ml         → 3.96           02366010         Haloperidol Injection, USP         Fresenius         1 ml         → 3.96           02406411         Haloperidol Injection, USP         Fresenius         1 ml         → 3.96	* 00755575	Modecate Concentre	B.M.S.	1 ml	29.78	
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 IIII           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						
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 III         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         Tab.       0.5 mg		E HYDROCHLORIDE		_	1 mg	
Tab.         5 mg         PPB           00405361         Fluphenazine         AA Pharma         100         17.20         ♣ 0.1720           00726354         pms-Fluphenazine         AA Pharma         100         17.20         ♣ 0.1720           HALOPERIDOL IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	00405345	Fluphenazine	AA Pharma	100	17.39	0.1739
Tab.         5 mg         PPB           00405361         Fluphenazine         AA Pharma         100         17.20         ♣ 0.1720           00726354         pms-Fluphenazine         AA Pharma         100         17.20         ♣ 0.1720           HALOPERIDOL IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Tah				2 ma	
00405361 00726354         Fluphenazine pms-Fluphenazine         AA Pharma Phmscience         100 17.20 17	1	Fluphenazine	AA Pharma	100	1 1	0.2252
00405361 00726354         Fluphenazine pms-Fluphenazine         AA Pharma phmscience         100 17.20 17					1	
HALOPERIDOL         Image: Image	1	<u>                                     </u>	1	l	1 1	
I.M. Inj. Sol.       5 mg/mL PPB         00808652 02366010 02366010 02406411 Haloperidol Injection 02406411 Haloperidol Injection, USP Fresenius       1 ml  3.96  3.96  3.96  3.96         Tab.       0.5 mg		, ·			1	
I.M. Inj. Sol.       5 mg/mL PPB         00808652 02366010 02366010 02406411 Haloperidol Injection 02406411 Haloperidol Injection, USP Fresenius       1 ml  3.96  3.96  3.96  3.96         Tab.       0.5 mg		,				
00808652				5 n	ng/ml DDR	
02366010       Haloperidol Injection       Oméga       1 ml       → 3.96         02406411       Haloperidol Injection, USP       Fresenius       1 ml       → 3.96         Tab.       0.5 mg	1	Holonoridal	Sanda7		l I	
Tab. 0.5 mg	02366010	Haloperidol Injection	Oméga	1 ml	<b>→</b> 3.96	
	02406411	Haloperidol Injection, USP	Fresenius	1 ml	→ 3.96	
	Tab.				0.5 mg	
	00363685	Teva-Haloperidol	Teva Can	100	I I	0.1224

**Page 210** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					1 mg	
1	00363677	   Teva-Haloperidol	Teva Can	100	18.39	0.1839
		Trota Traisportaci	1014 04.1		10.00	0.1000
Tab.		ı	1	ı	2 mg	1
(	00363669	Teva-Haloperidol	Teva Can	100	27.48	0.2748
Tab.					5 mg	
	00363650	Teva-Haloperidol	Teva Can	100	14.87	0.1487
			1		<u>'</u>	
Tab. I		I	1	I	10 mg	1
	00713449	Teva-Haloperidol	Teva Can	100	63.78	0.6378
Tab.					20 mg	
	00768820	Teva-Haloperidol	Teva Can	100	117.28	1.1728
		,	1			
		(DECANOATE)				
I.M. In			I	I	50 mg/mL	
	02239639	Haloperidol-LA Omega	Oméga	5 ml	28.03	
I.M. In	j. Sol.			100 n	ng/mL <b>PPB</b>	
	02130300	Haloperidol LA	Sandoz	5 ml	<b>→</b> 55.40	
	02239640	Haloperidol-LA Omega	Oméga	1 ml 5 ml	<ul><li>→ 11.08</li><li>→ 55.40</li></ul>	
				0 1111	7 00.40	
LOYA	DINE SUC	CINATE 🖪				
Tab.	FINE SUC	CINATE LL		1	2.5 mg	
(	02242868	Xylac	Pendopharm	100	18.66	0.1866
Tab					E ma	
Tab.	0000007	N 12		100	5 mg	0.4740
	02230837	Xylac	Pendopharm	100	17.49	0.1749
Tab.					10 mg	
	02230838	Xylac	Pendopharm	100	28.70	0.2870
Tab					25 mg	
Tab.	0000000	Video	Dondonho	100	25 mg 44.49	0.4440
	02230839	Ayıac	Pendopharm	100	44.49	0.4449
Tab.					50 mg	
1	02230840	Xylac	Pendopharm	100	59.30	0.5930
		1	· · ·	1	1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
CODE	DIVAND NAME	WANDI ACTONEN	SIZE	SIZE	ONIT FRICE
	_				
METHOTRIMEP	RAZINE LE			0E m #/mal	
Inj. Sol. I	1	1	I	25 mg/mL	l
01927698	Nozinan	SanofiAven	1 ml	3.25	
Tab.				2 mg	
00000400	Mathamasina	AA Pharma	400	0.05	0.0005
02238403	Methoprazine	AA Pharma	100	6.85	0.0685
01 ANZABINE	<b>•</b>				
OLANZAPINE   Tab.	<u></u>			2.5 mg <b>PPB</b>	
Tab.	1			2.3 mg <b>FFB</b>	I
02281791	Apo-Olanzapine	Apotex	100	17.72	<b>→</b> 0.1772
02417243	Jamp-Olanzapine FC	Jamp	100	17.72	<b>→</b> 0.1772
02421232	Mar-Olanzapine	Marcan	100	17.72	<b>→</b> 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	<b>→</b> 0.1772
02403064	Ran-Olanzapine	Ranbaxy	100	17.72	<b>→</b> 0.1772
02337126	Riva-Olanzapine	Riva	100	17.72	<b>→</b> 0.1772
			500	88.60	▶ 0.1772
02310341	Sandoz Olanzapine	Sandoz	100	17.72	<b>→</b> 0.1772
02276712	Teva-Olanzapine	Teva Can	100	17.72	<b>→</b> 0.1772
02428008	VAN-Olanzapine	Vanc Phm	100	17.72	▶ 0.1772
02229250	Zyprexa	Lilly	28	49.03	1.7511
Tab.				7.5 mg <b>PPB</b>	
02281813	Apo-Olanzapine	Apotex	100	53.16	● 0.5316
02417278	Jamp-Olanzapine FC	Jamp	100	53.16	<ul><li>→ 0.5316</li></ul>
02421259	Mar-Olanzapine	Marcan	100	53.16	<ul><li>→ 0.5316</li></ul>
02311984	Olanzapine	Pro Doc	100	53.16	<ul><li>→ 0.5316</li></ul>
02372835	Olanzapine	Sanis	100	53.16	<ul><li>→ 0.5316</li></ul>
02385880	Olanzapine	Sivem	100	53.16	<ul><li>→ 0.5316</li></ul>
02303167	pms-Olanzapine	Phmscience	100	53.16	<ul><li>→ 0.5316</li><li>→ 0.5316</li></ul>
02303107	Ran-Olanzapine	Ranbaxy	100	53.16	<b>→</b> 0.5316
02337142	Riva-Olanzapine	Riva	100	53.16	<b>→</b> 0.5316
02007 142	Tiva Olalizapille	INVA	500	265.80	→ 0.5316 → 0.5316
02310376	Sandoz Olanzapine	Sandoz	100	53.16	<b>→</b> 0.5316
02276739	Teva-Olanzapine	Teva Can	100	53.16	<b>→</b> 0.5316
02428024	VAN-Olanzapine	Vanc Phm	100	53.16	<b>→</b> 0.5316
02229277	Zyprexa	Lilly	28	147.09	5.2532
02223211	Lypicka	Liny .		147.03	0.2002

Page 212 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab. Oral Disint.	ab. Oral Disint. or Tab. 5 mg PPB						
02327562	ACT Olanzapine ODT	Teva Can	30	10.63	<b>→</b> 0.3544		
02281805	Apo-Olanzapine	Apotex	100	35.44	<b>→</b> 0.3544		
02360616	Apo-Olanzapine ODT	Apotex	30	10.63	<b>→</b> 0.3544		
02448726	Auro-Olanzapine ODT	Aurobindo	30	10.63	<b>→</b> 0.3544		
02417251	Jamp-Olanzapine FC	Jamp	100	35.44	<b>→</b> 0.3544		
02406624	Jamp-Olanzapine ODT	Jamp	30	10.63	<b>→</b> 0.3544		
02421240	Mar-Olanzapine	Marcan	100	35.44	<b>→</b> 0.3544		
02389088	Mar-Olanzapine ODT	Marcan	30	10.63	<b>→</b> 0.3544		
02436965	Mint-Olanzapine ODT	Mint	30	10.63	<b>→</b> 0.3544		
02311976	Olanzapine	Pro Doc	100	35.44	<b>→</b> 0.3544		
02372827	Olanzapine	Sanis	100	35.44	<b>→</b> 0.3544		
02385872	Olanzapine	Sivem	100	35.44	<b>→</b> 0.3544		
02338645	Olanzapine ODT	Pro Doc	30	10.63	<b>→</b> 0.3544		
02352974	Olanzapine ODT	Sanis	30	10.63	<b>→</b> 0.3544		
02343665	Olanzapine ODT	Sivem	30	10.63	<b>→</b> 0.3544		
02303159	pms-Olanzapine	Phmscience	100	35.44	<b>→</b> 0.3544		
02303191	pms-Olanzapine ODT	Phmscience	30	10.63	→ 0.3544		
02403072	Ran-Olanzapine	Ranbaxy	100	35.44	<b>→</b> 0.3544		
02414090	Ran-Olanzapine ODT	Ranbaxy	28	9.92	<b>→</b> 0.3544		
02337134	Riva-Olanzapine	Riva	100	35.44	<b>→</b> 0.3544		
			500	177.20	<b>→</b> 0.3544		
02339811	Riva-Olanzapine ODT	Riva	30	10.63	<b>→</b> 0.3544		
02310368	Sandoz Olanzapine	Sandoz	100	35.44	<b>→</b> 0.3544		
02327775	Sandoz Olanzapine ODT	Sandoz	30	10.63	<b>→</b> 0.3544		
02276720	Teva-Olanzapine	Teva Can	100	35.44	<b>→</b> 0.3544		
02428016	VAN-Olanzapine	Vanc Phm	100	35.44	<b>→</b> 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.	ab. Oral Disint. or Tab.							
02327570	ACT Olanzapine ODT	Teva Can	30	21.26	<b>→</b> 0.7088			
02281821	Apo-Olanzapine	Apotex	100	70.88	<b>→</b> 0.7088			
		1.4	500	354.40	<b>→</b> 0.7088			
02360624	Apo-Olanzapine ODT	Apotex	30	21.26	<b>→</b> 0.7088			
02448734	Auro-Olanzapine ODT	Aurobindo	30	21.26	<b>→</b> 0.7088			
02417286	Jamp-Olanzapine FC	Jamp	100	70.88	<b>→</b> 0.7088			
02406632	Jamp-Olanzapine ODT	Jamp	30	21.26	<b>→</b> 0.7088			
02421267	Mar-Olanzapine	Marcan	100	70.88	→ 0.7088			
02389096	Mar-Olanzapine ODT	Marcan	30	21.26	<b>→</b> 0.7088			
02436973	Mint-Olanzapine ODT	Mint	30	21.26	→ 0.7088			
02311992	Olanzapine	Pro Doc	100	70.88	<b>→</b> 0.7088			
02372843	Olanzapine	Sanis	100	70.88	<b>→</b> 0.7088			
02385899	Olanzapine	Sivem	100	70.88	<b>→</b> 0.7088			
02338653	Olanzapine ODT	Pro Doc	30	21.26	<b>→</b> 0.7088			
02352982	Olanzapine ODT	Sanis	30	21.26	<b>→</b> 0.7088			
02343673	Olanzapine ODT	Sivem	30	21.26	<b>→</b> 0.7088			
02303175	pms-Olanzapine	Phmscience	100	70.88	<b>→</b> 0.7088			
02303205	pms-Olanzapine ODT	Phmscience	30	21.26	<b>→</b> 0.7088			
02403099	Ran-Olanzapine	Ranbaxy	100	70.88	<b>→</b> 0.7088			
02414104	Ran-Olanzapine ODT	Ranbaxy	28	19.85	<b>→</b> 0.7088			
02337150	Riva-Olanzapine	Riva	100	70.88	<b>→</b> 0.7088			
			500	354.40	<b>→</b> 0.7088			
02339838	Riva-Olanzapine ODT	Riva	30	21.26	<b>→</b> 0.7088			
02310384	Sandoz Olanzapine	Sandoz	100	70.88	<b>→</b> 0.7088			
02327783	Sandoz Olanzapine ODT	Sandoz	30	21.26	<b>→</b> 0.7088			
02276747	Teva-Olanzapine	Teva Can	100	70.88	<b>→</b> 0.7088			
			500	354.40	<b>→</b> 0.7088			
02428032	VAN-Olanzapine	Vanc Phm	100	70.88	<b>→</b> 0.7088			
02229285	Zyprexa	Lilly	28	196.12	7.0043			
02243087	Zyprexa Zydis	Lilly	28	200.00	7.1429			

Page 214 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint.	or Tab.			15 mg <b>PPB</b>	
02327589	ACT Olanzapine ODT	Teva Can	30	31.89	<b>→</b> 1.0631
02281848	Apo-Olanzapine	Apotex	100	106.31	<b>→</b> 1.0631
02360632	Apo-Olanzapine ODT	Apotex	30	31.89	<b>→</b> 1.0631
02448742	Auro-Olanzapine ODT	Aurobindo	30	31.89	<b>→</b> 1.0631
02417294	Jamp-Olanzapine FC	Jamp	100	106.31	<b>→</b> 1.0631
02406640	Jamp-Olanzapine ODT	Jamp	30	31.89	<b>→</b> 1.0631
02421275	Mar-Olanzapine	Marcan	100	106.31	<b>→</b> 1.0631
02389118	Mar-Olanzapine ODT	Marcan	30	31.89	<b>→</b> 1.0631
02436981	Mint-Olanzapine ODT	Mint	30	31.89	<b>→</b> 1.0631
02312018	Olanzapine	Pro Doc	100	106.31	<b>→</b> 1.0631
02372851	Olanzapine	Sanis	100	106.31	1.0631
02385902	Olanzapine	Sivem	100	106.31	<b>→</b> 1.0631
02338661	Olanzapine ODT	Pro Doc	30	31.89	<b>→</b> 1.0631
02352990	Olanzapine ODT	Sanis	30	31.89	<b>→</b> 1.0631
02343681	Olanzapine ODT	Sivem	30	31.89	<b>→</b> 1.0631
02303183	pms-Olanzapine	Phmscience	100	106.31	<b>→</b> 1.0631
02303213	pms-Olanzapine ODT	Phmscience	30	31.89	<b>→</b> 1.0631
02403102	Ran-Olanzapine	Ranbaxy	100	106.31	<b>→</b> 1.0631
02414112	Ran-Olanzapine ODT	Ranbaxy	28	29.77	<b>→</b> 1.0631
02337169	Riva-Olanzapine	Riva	100	106.31	<b>→</b> 1.0631
02337 103	Triva-Olarizapine	INVA	500	531.55	→ 1.0631 → 1.0631
02339846	Riva-Olanzapine ODT	Riva	30	31.89	→ 1.0631 → 1.0631
02339646	Sandoz Olanzapine	Sandoz	100	106.31	<b>→</b> 1.0631
02327791	Sandoz Olanzapine ODT	Sandoz	30	31.89	<b>→</b> 1.0631
02327791	Teva-Olanzapine	Teva Can	100	106.31	→ 1.0631 → 1.0631
02428040	VAN-Olanzapine	Vanc Phm	100	106.31	→ 1.0631 → 1.0631
02428040	Zyprexa	Lilly	28	294.17	10.5061
02243088	Zyprexa Zydis	Lilly	28	299.91	10.7111
022.0000				200.01	
Tab. Oral Disint.	or Tab. I	1	: I	20 mg <b>PPB</b>	I
02327597	ACT Olanzapine ODT	Teva Can	30	42.41	<b>→</b> 1.4137
02333015	Apo-Olanzapine	Apotex	100	141.37	<b>→</b> 1.4137
02360640	Apo-Olanzapine ODT	Apotex	30	42.41	<b>→</b> 1.4137
02448750	Auro-Olanzapine ODT	Aurobindo	30	42.41	<b>→</b> 1.4137
02417308	Jamp-Olanzapine FC	Jamp	100	141.37	<b>→</b> 1.4137
02406659	Jamp-Olanzapine ODT	Jamp	30	42.41	<b>→</b> 1.4137
02389126	Mar-Olanzapine ODT	Marcan	30	42.41	<b>→</b> 1.4137
02437007	Mint-Olanzapine ODT	Mint	30	42.41	<b>→</b> 1.4137
02421704	Olanzapine .	Pro Doc	100	141.37	<b>→</b> 1.4137
02425114	Olanzapine ODT	Pro Doc	30	42.41	<b>→</b> 1.4137
02343703	Olanzapine ODT	Sivem	30	42.41	<b>→</b> 1.4137
02367483	pms-Olanzapine	Phmscience	100	141.37	<b>→</b> 1.4137
02423944	pms-Olanzapine ODT	Phmscience	30	42.41	<b>→</b> 1.4137
02414120	Ran-Olanzapine ODT	Ranbaxy	28	39.58	<b>→</b> 1.4137
02392399	Riva-Olanzapine ODT	Riva	30	42.41	<b>→</b> 1.4137
02327805	Sandoz Olanzapine ODT	Sandoz	30	42.41	<b>→</b> 1.4137
02359707	Teva-Olanzapine	Teva Can	100	141.37	<b>→</b> 1.4137
02238851	Zyprexa	Lilly	28	392.23	14.0082
02243089	Zyprexa Zydis	Lilly	28	395.84	14.1371
022-0009	Lypiona Lyais	<del>-</del> ,		000.04	17.10/1

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PERICYAZINE	R				
Caps.	l	I	l	5 mg	
01926780	Neuleptil	Erfa	100	18.84	0.1884
Caps.				10 mg	
01926772	Neuleptil	Erfa	100	29.85	0.2985
Caps.	At the set			20 mg	0.4740
01926764	Neuleptil	Erfa	100	47.12	0.4712
Oral Sol.				10 mg/mL	
01926756	Neuleptil	Erfa	100 ml	32.84	0.3284
PERPHENAZINI	E B				
Tab.	1	1	l	2 mg	
00335134	Perphenazine	AA Pharma	100	6.39	0.0639
Tab.				4 mg	
00335126	Perphenazine	AA Pharma	100	7.73	0.0773
				'	
Tab.	1	1	I	8 mg	
00335118	Perphenazine	AA Pharma	100	8.49	0.0849
Tab.				16 mg	
00335096	   Perphenazine	AA Pharma	100	12.74	0.1274
	1				
PIMOZIDE 🖫					
Tab.	İ	1	I	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
PROCHLORPER Supp.	RAZINE 🖪			10 mg	
00789720	Sandoz Prochlorperazine	Sandoz	10	18.20	1.8200
537 557 20		1-2		10.20	1.0200

**Page 216** 2019-12

CODE         BRAND NAME         MANUFACTURER         SIZE         COST OF PKG. SIZE         UN           PROCHLORPERAZINE MALEATE         Image: Size of the process of the pro	0.1659 0.2025
Tab.       5 mg         00886440       Prochlorazine       AA Pharma       100       16.59         Tab.       10 mg         00886432       Prochlorazine       AA Pharma       100       20.25         QUETIAPINE (FUMARATE)         L.A. Tab.       50 mg       PPB         02457229       Apo-Quetiapine XR       Apotex       60       15.01       →         02417782       Quetiapine XR       Pro Doc       100       25.01       →	
Tab.       5 mg         00886440       Prochlorazine       AA Pharma       100       16.59         Tab.       10 mg         00886432       Prochlorazine       AA Pharma       100       20.25         QUETIAPINE (FUMARATE)         L.A. Tab.       50 mg       PPB         02457229       Apo-Quetiapine XR       Apotex       60       15.01       →         02417782       Quetiapine XR       Pro Doc       100       25.01       →	
Tab.       10 mg         00886432       Prochlorazine       AA Pharma       100       20.25         QUETIAPINE (FUMARATE)	
00886432         Prochlorazine         AA Pharma         100         20.25           QUETIAPINE (FUMARATE)  ☐           L.A. Tab.         50 mg         PPB           02457229         Apo-Quetiapine XR         Apotex         60         15.01         →           02417782         Quetiapine XR         Pro Doc         100         25.01         →	0.2025
00886432         Prochlorazine         AA Pharma         100         20.25           QUETIAPINE (FUMARATE) ☐           L.A. Tab.         50 mg         PPB           02457229         Apo-Quetiapine XR         Apotex         60         15.01         →           02417782         Quetiapine XR         Pro Doc         100         25.01         →	0.2025
QUETIAPINE (FUMARATE)         ☐           L.A. Tab.         50 mg         PPB           02457229         Apo-Quetiapine XR         Apotex         60         15.01         →           02417782         Quetiapine XR         Pro Doc         100         25.01         →	0.2025
L.A. Tab.       50 mg       PPB         02457229       Apo-Quetiapine XR       Apotex       60       15.01       →         02417782       Quetiapine XR       Pro Doc       100       25.01       →	
L.A. Tab.       50 mg       PPB         02457229       Apo-Quetiapine XR       Apotex       60       15.01       →         02417782       Quetiapine XR       Pro Doc       100       25.01       →	
02457229	
02417782   Quetiapine XR   Pro Doc   100   25.01   ▶	
	0.2501
' 0241/359   Quetiapine XR     Sivem   60   15 01   <b>■</b>	0.2501
	0.2501
02407671   Sandoz Quetiapine XRT   Sandoz   100   25.01   <b>→</b>	0.2501 0.2501
100 25.01	0.2501
02300184   Seroquel XR   AZC   60   58.80	0.9800
02395444	0.2501
450	
L.A. Tab. 150 mg <b>PPB</b>	
02457237   <i>Apo-Quetiapine XR</i>   Apotex   60   29.56   <b>→</b>	0.4926
02417790   Quetiapine XR   Pro Doc   100   49.26   ▶	0.4926
02417367   Quetiapine XR   Sivem   60   29.56   •	0.4926
02407698   Sandoz Quetiapine XRT   Sandoz   100   49.26   <b>♦</b>	0.4926
02407698   Sandoz Quetiapine XRT   Sandoz   60   29.56   ▶ 100   49.26   ▶	0.4926 0.4926
02321513   Seroquel XR   AZC   60   115.80	1.9300
02395452	0.4926
000 mm <b>PPP</b>	
L.A. Tab. 200 mg <b>PPB</b>	
02457245   Apo-Quetiapine XR   Apotex   60   39.97   •	0.6661
02417804   Quetiapine XR	0.6661
02417375   <i>Quetiapine XR</i>   Sivem   60   39.97   <b>→</b> 100   66.61   <b>→</b>	0.6661 0.6661
02407701   Sandoz Quetiapine XRT   Sandoz   60   39.97   •	0.6661
100 66.61	0.6661
02300192   Seroguel XR   AZC   60   157.20	2.6200
02395460	0.6661
200 mg BBB	
L.A. Tab. 300 mg <b>PPB</b>	
02457253   <i>Apo-Quetiapine XR</i>   Apotex   60   58.66   • 024472649   Outline XR   Apotex   60   07.76   •	0.9776
02417812	0.9776
02417383   Quetiapine XR   Sivem   60   58.66   ▶ 100   97.76   ▶	0.9776
02407728   Sandoz Quetiapine XRT   Sandoz   60   58.66   •	0.9776 0.9776
100 97.76	0.9776
02300206   Seroquel XR   AZC   60   231.60	3.8600
02395479   <i>Teva-Quetiapine XR</i>   Teva Can   60   58.66   <b>▶</b>	0.9776

CODE		BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				40	00 mg <b>PPB</b>	
00457	004	Ana Overtionina VD		00	70.00	4 2070
02457		Apo-Quetiapine XR	Apotex	60	79.62	1.3270
02417		Quetiapine XR	Pro Doc	100	132.70	1.3270
02417	391	Quetiapine XR	Sivem	60	79.62	1.3270
00407	700	0		100	132.70	1.3270
02407	/36	Sandoz Quetiapine XRT	Sandoz	60	79.62	1.3270
00000		0	470	100	132.70	<b>→</b> 1.3270
02300		Seroquel XR	AZC	60	314.40	5.2400
02395	487	Teva-Quetiapine XR	Teva Can	60	79.62	<b>→</b> 1.3270
Tab.					OE max DDD	
Tab.	1		1	ı ,	25 mg <b>PPB</b> I	ı
02316	080	ACT Quetiapine	ActavisPhm	100	4.94	→ 0.0494
				500	24.70	→ 0.0494
02313	901	Apo-Quetiapine	Apotex	100	4.94	→ 0.0494
		, ,	'	500	24.70	→ 0.0494
02390	205	Auro-Quetiapine	Aurobindo	100	4.94	→ 0.0494
		•		500	24.70	→ 0.0494
02447	193	Bio-Quetiapine	Biomed	100	4.94	→ 0.0494
02330		Jamp-Quetiapine	Jamp	100	4.94	• 0.0494
		γγ.	'	500	24.70	<b>→</b> 0.0494
02399	822	Mar-Quetiapine	Marcan	100	4.94	→ 0.0494
		4		500	24.70	<b>→</b> 0.0494
02438	003	Mint-Quetiapine	Mint	100	4.94	→ 0.0494
02439		NAT-Quetiapine	Natco	100	4.94	→ 0.0494
02296		pms-Quetiapine	Phmscience	100	4.94	→ 0.0494
		,		500	24.70	<b>→</b> 0.0494
02317	346	Pro-Quetiapine	Pro Doc	100	4.94	→ 0.0494
		,		500	24.70	• 0.0494
02387	794	Quetiapine	Accord	60	2.96	→ 0.0494
02353		Quetiapine	Sanis	100	4.94	→ 0.0494
				500	24.70	→ 0.0494
02317	893	Quetiapine	Sivem	100	4.94	→ 0.0494
				500	24.70	<b>→</b> 0.0494
02397	099	Ran-Quetiapine	Ranbaxy	100	4.94	→ 0.0494
				500	24.70	<b>→</b> 0.0494
02316	692	Riva-Quetiapine	Riva	100	4.94	→ 0.0494
				500	24.70	• 0.0494
02313	995 .	Sandoz Quetiapine	Sandoz	100	4.94	• 0.0494
				500	24.70	• 0.0494
02236	951	Seroguel	AZC	100	51.35	0.5135
02284		Teva-Quetiapine	Teva Can	100	4.94	→ 0.0494
	- 1			500	24.70	• 0.0494
02434	024	VAN-Quetiapine	Vanc Phm	100	4.94	• 0.0494
			1	l		

Page 218 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
).				100 mg <b>PPB</b>	
02316099	ACT Quetiapine	ActavisPhm	100	13.18	<b>→</b> 0.131
			500	65.90	• 0.131
02313928	Apo-Quetiapine	Apotex	100	13.18	→ 0.13 <sup>4</sup>
		'	500	65.90	→ 0.13 <sup>4</sup>
02390213	Auro-Quetiapine	Aurobindo	100	13.18	→ 0.13 <sup>2</sup>
	,		500	65.90	→ 0.13 <sup>2</sup>
02447207	Bio-Quetiapine	Biomed	100	13.18	<b>→</b> 0.13
02330423	Jamp-Quetiapine	Jamp	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02399830	Mar-Quetiapine	Marcan	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02438011	Mint-Quetiapine	Mint	100	13.18	<b>→</b> 0.13
02439166	NAT-Quetiapine	Natco	100	13.18	<b>→</b> 0.13
02296578	pms-Quetiapine	Phmscience	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02317354	Pro-Quetiapine	Pro Doc	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02387808	Quetiapine	Accord	60	7.91	<b>→</b> 0.13
02353172	Quetiapine	Sanis	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02317907	Quetiapine	Sivem	100	13.18	• 0.13
			500	65.90	<b>→</b> 0.13
02397102	Ran-Quetiapine	Ranbaxy	100	13.18	<b>→</b> 0.13
			500	65.90	<b>→</b> 0.13
02316706	Riva-Quetiapine	Riva	100	13.18	• 0.13
			500	65.90	<b>→</b> 0.13
02314002	Sandoz Quetiapine	Sandoz	100	13.18	• 0.13
			500	65.90	<b>→</b> 0.13
02236952	Seroquel	AZC	100	137.00	1.370
02284243	Teva-Quetiapine	Teva Can	100 500	13.18 65.90	<b>→</b> 0.13
00404000	VAN Overtionine	Vana Dhm			<b>→</b> 0.13°
02434032	VAN-Quetiapine	Vanc Phm	100	13.18	<b>→</b> 0.13°

Tab.			15	50 mg <b>PPB</b>	
	NAT-Quetiapine Teva-Quetiapine	Natco Teva Can	100 100	96.56 96.56	0.9656 0.9656

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		1		2	00 mg <b>PPB</b>	
	02316110	ACT Quetiapine	ActavisPhm	100	26.47	→ 0.2647
				500	132.35	<b>→</b> 0.2647
	02313936	Apo-Quetiapine	Apotex	100	26.47	<b>→</b> 0.2647
		, , ,	'	500	132.35	<b>→</b> 0.2647
	02390248	Auro-Quetiapine	Aurobindo	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02447223	Bio-Quetiapine	Biomed	100	26.47	<b>→</b> 0.2647
	02330458	Jamp-Quetiapine	Jamp	100	26.47	<b>→</b> 0.2647
	02399849	Mar-Quetiapine	Marcan	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02438046	Mint-Quetiapine	Mint	100	26.47	<b>→</b> 0.2647
	02439182	NAT-Quetiapine	Natco	100	26.47	<b>→</b> 0.2647
	02296594	pms-Quetiapine	Phmscience	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02317362	Pro-Quetiapine	Pro Doc	100	26.47	<b>→</b> 0.2647
	02387824	Quetiapine	Accord	60	15.88	<b>→</b> 0.2647
	02353199	Quetiapine	Sanis	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02317923	Quetiapine	Sivem	100	26.47	<b>→</b> 0.2647
	02397110	Ran-Quetiapine	Ranbaxy	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02316722	Riva-Quetiapine	Riva	100	26.47	<b>→</b> 0.2647
				500	132.35	<b>→</b> 0.2647
	02314010	Sandoz Quetiapine	Sandoz	100	26.47	<b>→</b> 0.2647
	02236953	Seroquel	AZC	100	275.20	2.7520
	02284278	Teva-Quetiapine	Teva Can	30	7.94	<b>→</b> 0.2647
				100	26.47	<b>→</b> 0.2647
	02434040	VAN-Quetiapine	Vanc Phm	100	26.47	<b>→</b> 0.2647

**Page 220** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ab.				300 mg <b>PPB</b>	
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

Tab.	_	1	0.2	25 mg <b>PPB</b>	ı		
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.				(	).5 mg <b>PPB</b>	
	02282593	ACT Risperidone	ActavisPhm	100	17.35	0.1735
	02282127	Apo-Risperidone	Apotex	100	17.35	<b>→</b> 0.1735
			1.4	500	86.75	→ 0.1735
	02359537	Jamp-Risperidone	Jamp	100	17.35	<b>→</b> 0.1735
				500	86.75	<b>→</b> 0.1735
	02371774	Mar-Risperidone	Marcan	100	17.35	▶ 0.1735
	02359804	Mint-Risperidon	Mint	100	17.35	<b>→</b> 0.1735
	02264188	Novo-Risperidone	Novopharm	60	10.41	<b>→</b> 0.1735
				100	17.35	0.1735
	02252015	pms-Risperidone	Phmscience	100	17.35	0.1735
	00040740	Dua Diamanidana	D D	500	86.75	0.1735
	02312719	Pro-Risperidone	Pro Doc	100	17.35	0.1735
	02328313	Ran-Risperidone	Ranbaxy	100 500	17.35 86.75	<ul><li>◆ 0.1735</li><li>◆ 0.1735</li></ul>
	02356899	Risperidone	Sanis	100	17.35	<b>→</b> 0.1735
	02330033	Riva-Risperidone	Riva	100	17.35	→ 0.1735 → 0.1735
	02303663	Sandoz Risperidone	Sandoz	100	17.35	<b>→</b> 0.1735
<b>.</b> .					4	
Tab.		ĺ	T.	I	1 mg <b>PPB</b>	l
	02282607	ACT Risperidone	ActavisPhm	60	14.38	→ 0.2397
				500	119.85	→ 0.2397
	02282135	Apo-Risperidone	Apotex	100	23.97	<b>→</b> 0.2397
	00050545	. 5		500	119.85	0.2397
	02359545	Jamp-Risperidone	Jamp	60	14.38	0.2397
	00074700	Man Dianamidana	M	500 100	119.85	<ul><li>→ 0.2397</li><li>→ 0.2397</li></ul>
	02371782 02359812	Mar-Risperidone Mint-Risperidon	Marcan Mint	100	23.97 23.97	
	02339612	Novo-Risperidone	Novopharm	60	14.38	→ 0.2397 → 0.2397
	02204190	Novo-Mapendone	Novopriami	100	23.97	0.2397
	02252023	pms-Risperidone	Phmscience	60	14.38	0.2397
	02202020	pine rappingone	T Timodionido	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	<b>→</b> 0.2397
	02356902	Risperidone	Sanis	100	23.97	→ 0.2397
				500	119.85	<b>→</b> 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

Page 222 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					2 mg <b>PPB</b>	
	02282615	ACT Risperidone	ActavisPhm	60 500	28.77 239.75	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02282143	Apo-Risperidone	Apotex	100 500	47.95 239.75	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02359553	Jamp-Risperidone	Jamp	60 500	28.77 239.75	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02371790 02359820	Mar-Risperidone Mint-Risperidon	Marcan Mint	100 100	47.95 47.95	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02252031	pms-Risperidone	Phmscience	60 500	28.77 239.75	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02312735 02328348	Pro-Risperidone Ran-Risperidone	Pro Doc Ranbaxy	100 100	47.95 47.95	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02356910	Risperidone	Sanis	500 100	239.75 47.95	<ul><li>→ 0.4795</li><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02283603	Riva-Risperidone	Riva	500 100	239.75 47.95	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02279819	Sandoz Risperidone	Sandoz	500	239.75 28.77	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02264218	Teva-Risperidone	Novopharm	500 60	239.75 28.77	<ul><li>→ 0.4795</li><li>→ 0.4795</li></ul>
	02201210	Tota Moperiusiie	почорнани		20.77	4 0.1700
Tab.		I	I	I	3 mg PPB	
	02282623	ACT Risperidone	ActavisPhm	60 250	43.08 179.50	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02282151	Apo-Risperidone	Apotex	100 250	71.80 179.50	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02359561	Jamp-Risperidone	Jamp	60 100	43.08 71.80	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02371804 02359839	Mar-Risperidone Mint-Risperidon	Marcan Mint	100 100	71.80 71.80	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02252058	pms-Risperidone	Phmscience	60 500	43.08 359.00	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02312743 02328364	Pro-Risperidone Ran-Risperidone	Pro Doc Ranbaxy	100 100	71.80 71.80	<ul><li>→ 0.7180</li><li>→ 0.7180</li></ul>
	02356929	Risperidone	Sanis	100 100 250	71.80 71.80 179.50	→ 0.7180 → 0.7180 → 0.7180
	02283611	Riva-Risperidone	Riva	100 250	71.80 179.50	→ 0.7180 → 0.7180 → 0.7180
	02279827	Sandoz Risperidone	Sandoz	60 250	43.08 179.50	→ 0.7180 → 0.7180 → 0.7180
	02264226	Teva-Risperidone	Novopharm	60	43.08	• 0.7180 • 0.7180

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
<b>-</b> .			1		4	
Tab.		I	1	ı	4 mg <b>PPB</b>	
	02282631	ACT Risperidone	ActavisPhm	60	57.44	→ 0.9574
	02282178	Apo-Risperidone	Apotex	100	95.74	<b>→</b> 0.9574
	02359588	Jamp-Risperidone	Jamp	60	57.44	→ 0.9574
				100	95.74	<b>→</b> 0.9574
	02371812	Mar-Risperidone	Marcan	100	95.74	<b>→</b> 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	
	02356937	Risperidone	Sanis	100 60	95.74	<ul><li>◆ 0.9574</li><li>◆ 0.9574</li></ul>
	02283638	Riva-Risperidone	Riva	100	57.44 95.74	<ul><li>→ 0.9574</li><li>→ 0.9574</li></ul>
	02279835	Sandoz Risperidone	Sandoz	60	57.44	<ul><li>0.9574</li><li>0.9574</li></ul>
	02264234	Teva-Risperidone	Novopharm	100	95.74	<ul><li>→ 0.9574</li><li>→ 0.9574</li></ul>
	02204234	Teva-Nisperidone	Νονομιαιτι	100	93.74	0.9374
		_				
RISP Oral		TARTRATE 🖺		1 r	ng/mL <b>PPB</b>	
1		l. 5	1.		ا	
1	02454319	Jamp-Risperidone	Jamp	30 ml	13.99	• 0.4663
			Phmscience	30 ml	13.99	→ 0.4663
	02279266	pms-Risperidone	1	201	40.50	0.5500
	02279266 02236950	Risperdal	Janss. Inc	30 ml	16.56	0.5520
			1	30 ml	16.56	0.5520
	02236950		1	30 ml		0.5520
THIC Tab.	02236950	Risperdal	1	30 ml	16.56	0.5520
	02236950	Risperdal	1	30 ml		0.5520
	02236950 PROPERA	Risperdal  ZINE MESYLATE	Janss. Inc		10 mg	
Tab.	02236950  PROPERAZ  01927639	Risperdal  ZINE MESYLATE	Janss. Inc		10 mg	
Tab.	02236950  PROPERAZ  01927639	ZINE MESYLATE III  Majeptil	Janss. Inc		10 mg	
Tab.	02236950  PROPERA  01927639  LUOPERAZ	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE	Janss. Inc	100	10 mg 31.81	0.3181
Tab.	02236950  PROPERAZ  01927639	ZINE MESYLATE III  Majeptil	Janss. Inc		10 mg 31.81	
Tab.	02236950  PROPERA  01927639  LUOPERAZ	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE	Janss. Inc	100	10 mg 31.81	0.3181
TRIF Tab.	02236950  PROPERA  01927639  LUOPERAZ	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine	Janss. Inc	100	10 mg 31.81 1 mg 13.40	0.3181
TRIF Tab.	02236950 PROPERAZ 01927639 LUOPERAZ 00345539	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE	Erfa  AA Pharma	100	10 mg 31.81 1 mg 13.40 2 mg	0.3181
TRIF Tab.	02236950 PROPERAZ 01927639 LUOPERAZ 00345539	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine	Erfa  AA Pharma	100	10 mg 31.81 1 mg 13.40 2 mg	0.3181
TRIF Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma	100	10 mg 31.81 1 mg 13.40 2 mg 17.93	0.3181 0.1340 0.1793
TRIF Tab.	02236950 PROPERAZ 01927639 LUOPERAZ 00345539	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine	Erfa  AA Pharma	100	10 mg 31.81 1 mg 13.40 2 mg 17.93	0.3181
TRIF Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma	100	10 mg 31.81  1 mg 13.40  2 mg 17.93  5 mg 23.75	0.3181 0.1340 0.1793
TRIF Tab.  Tab.  Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma  AA Pharma	100	10 mg 31.81  1 mg 13.40  2 mg 17.93  5 mg 23.75	0.3181 0.1340 0.1793 0.2375
TRIF Tab.  Tab.  Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma	100	10 mg 31.81  1 mg 13.40  2 mg 17.93  5 mg 23.75	0.3181 0.1340 0.1793
TRIF Tab.  Tab.  Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma  AA Pharma	100	10 mg 31.81  1 mg 13.40  2 mg 17.93  5 mg 23.75	0.3181 0.1340 0.1793 0.2375
TRIF Tab.  Tab.  Tab.	02236950  PROPERAZ  01927639  LUOPERAZ  00345539  00312754	ZINE MESYLATE  Majeptil  ZINE HYDROCHLORIDE  Trifluoperazine  Trifluoperazine  Trifluoperazine	AA Pharma  AA Pharma  AA Pharma	100	10 mg 31.81  1 mg 13.40  2 mg 17.93  5 mg 23.75  10 mg 28.46	0.3181 0.1340 0.1793 0.2375

Page 224 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
<b>ZIPR</b> Caps	ASIDONE	<b>B</b>			20 mg <b>PPB</b>		
	02449544	Auro-Ziprasidone	Aurobindo	60 100	81.89 136.48	<ul><li>1.3648</li><li>1.3648</li></ul>	
*	02298597	Zeldox	Upjohn	60	81.89	→ 1.3648 → 1.3648	
Caps	Caps. 40 mg PPB						
	02449552	Auro-Ziprasidone	Aurobindo	60	93.80	1.5633	
*	02298600	Zeldox	Upjohn	100 60	156.34 93.80	<ul><li>1.5634</li><li>1.5633</li></ul>	
Caps	s.				60 mg <b>PPB</b>		
	02449560	Auro-Ziprasidone	Aurobindo	60	93.80	<b>→</b> 1.5633	
*	02298619	Zeldox	Upjohn	100 60	156.34 93.80	<ul><li>1.5634</li><li>1.5633</li></ul>	
Caps	S.				80 mg <b>PPB</b>		
	02449579	Auro-Ziprasidone	Aurobindo	60 100	93.80 156.34	→ 1.5633 → 1.5634	
*	02298627	Zeldox	Upjohn	60	93.80	<b>→</b> 1.5633	
	<b>LOPENTHIX</b> nj. Sol.	OL ACETATE 1	ı	ı	50 mg/mL	1 1	
	02230405	Clopixol-acuphase	Lundbeck	1 ml	14.91		
	<b>LOPENTHIX</b> nj. Sol.	COL DECANOATE	I	ı	200 mg/mL		
	02230406	Clopixol depot	Lundbeck	1 ml	14.91		
<b>ZUC</b> Tab.	LOPENTHIX	(OL DIHYDROCHLORIDE			10 mg		
	02230402	Clopixol	Lundbeck	100	38.35	0.3835	
Tab.		1	1	ı	25 mg	1 1	
	02230403	Clopixol	Lundbeck	100	95.88	0.9588	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	PHETAMIN	IES MINE SULFATE ♦				
L.A. (	Caps.	1	ı		10 mg <b>PPB</b>	
	02448319	ACT Dextroamphetamine SR	ActavisPhm	100	80.96	<b>→</b> 0.8096
	01924559	Dexedrine Dexedrine	Paladin	100	81.71	0.8171
L.A. (	Caps.				15 mg <b>PPB</b>	
	02448327	ACT Dextroamphetamine	ActavisPhm	100	98.98	<b>→</b> 0.9898
	01924567	SR Dexedrine	Paladin	100	100.05	1.0005
Tab.		ı	1	ı	5 mg <b>PPB</b>	
	01924516 02443236	Dexedrine Dextroamphetamine	Paladin AA Pharma	100 100	56.89 50.81	0.5689 <b>→</b> 0.5081
L.A. <sup>7</sup>	Гаb. 02266687 00632775 02320312	Apo-Methylphenidate SR Ritalin SR Sandoz Methylphenidate SR	Apotex Novartis Sandoz	100 100 100	20 mg <b>PPB</b> 28.20 53.06 28.20	<ul><li>→ 0.2820</li><li>0.5306</li><li>→ 0.2820</li></ul>
Tab.	02320312	Sandoz Metnyiprienidate SR	Sandoz	100	5 mg <b>PPB</b>	<b>4</b> 0.2620
*	02273950 02326221 02234749	Apo-Methylphenidate Methylphenidate pms-Methylphenidate	Apotex Pro Doc Phmscience	100 100 100	9.47 9.47 9.47	
Tab.	02204140	рты желургетайс	Timodende		10 mg <b>PPB</b>	0.0047
	02249324	Apo-Methylphenidate	Apotex	100	8.16	<b>→</b> 0.0816
*	02326248	Methylphenidate	Pro Doc	500 100	40.80 8.16	→ 0.0816 <b>W</b>
	00584991	pms-Methylphenidate	Phmscience	500 100 500	40.80 8.16 40.80	W → 0.0816 → 0.0816
Tab.			ı	:	20 mg <b>PPB</b>	,
*	02249332 02326256 00585009	Apo-Methylphenidate Methylphenidate pms-Methylphenidate	Apotex Pro Doc Phmscience	100 100 100	23.26 23.26 23.26	<ul> <li>D.2326</li> <li>W</li> <li>D.2326</li> </ul>
	00005614	Ritalin	Novartis	100	50.35	0.5035

Page 226 2019-12

Tab.	2.08 20DIAZEI AZOLAM 22349191 21908189 20865397	Alprazolam	Sanis	n			
Tab.	<b>AZOLAM</b> 02349191 01908189	Alprazolam	Sanis	0			
0	01908189	•	Sanis		25 mg <b>PPB</b>		
0	01908189	•		100	6.09	•	0.0609
1		A ! ! O O C		1000	60.90	•	0.0609
C	00865397	Alprazolam-0.25	Pro Doc	100	6.09	•	0.0609
		Apo-Alpraz	Apotex	100	6.09	•	0.0609
				1000	60.90	•	0.0609
0	02400111	Jamp-Alprazolam	Jamp	100	6.09	•	0.0609
		S		500	30.45	•	0.0609
1	02404877	Riva-Alprazolam	Riva	100	6.09	<b>*</b>	0.0609
1	01913484 00548359	Teva-Alprazolam Xanax	Teva Can	1000 100	60.90 18.97	•	0.0609
	J05 <del>4</del> 6559	Adilax	Upjohn	100	10.97		0.1897
Tab.				(	0.5 mg <b>PPB</b>		
	02349205	Alprazolam	Sanis	100	7.28	•	0.0728
"	JZ349Z03	Alprazolam	Sailis	1000	72.80	7	0.0728
	01908170	Alprazolam-0.5	Pro Doc	1000	72.80	3	0.0728
1	00865400	Apo-Alpraz	Apotex	100	7.28	-	0.0728
		7.607.62	, , , , , , , , , , , , , , , , , , , ,	1000	72.80	•	0.0728
	02400138	Jamp-Alprazolam	Jamp	100	7.28	•	0.0728
				500	36.40	•	0.0728
0	02404885	Riva-Alprazolam	Riva	100	7.28	•	0.0728
		,		1000	72.80	•	0.0728
0	01913492	Teva-Alprazolam	Teva Can	1000	72.80	•	0.0728
* 0	00548367	Xanax	Upjohn	100	22.67		0.2267
Tab.	ı		1	ı	1 mg PPB	ı	
	02248706	Alprazolam-1	Pro Doc	100	20.92	•	0.2092
1	02243611	Apo-Alpraz	Apotex	100	20.92	•	0.2092
0	02400146	Jamp-Alprazolam	Jamp	100	20.92	•	0.2092
0	02404893	Riva-Alprazolam	Riva	100	20.92	•	0.2092
* 0	00723770	Xanax	Upjohn	100	40.81		0.4081
Tab.	i		I	I	2 mg <b>PPB</b>	ı	
0	02243612	Apo-Alpraz TS	Apotex	100	37.18	•	0.3718
0	02400154	Jamp-Alprazolam	Jamp	100	37.18	•	0.3718
* 0	00813958	Xanax TS	Upjohn	100	72.55		0.7255
			•				
BROM Tab.	IAZEPAM	<b>X</b>			3 mg		
1			I		1		
	02220520	Bromazepam-3	Pro Doc	500	18.74		0.0375
Tab.					6 mg		
,	02220539	Bromazepam-6	Pro Doc	500	27.38		0.0548
	J	ы оппадерант-0	1 10 000	300	21.30		0.0046

CHLORDIAZEPOXIDE HYDROCHLORIDE	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.         5 mg           00522724         Chlordiazepoxide         AA Pharma         100         6.79         0.0679           Caps.         10 mg         0.0522988         Chlordiazepoxide         AA Pharma         100         10.70         0.1070           Caps.         25 mg         0.0522996         Chlordiazepoxide         AA Pharma         100         16.58         0.1658           Diazepam MER         Smg/mL           Rectal Gel         5 mg/mL           02238162         Diastat         Valeant         1 ml         71.09         71.09           2 ml         71.09         2 ml         71.09						
Caps.		OXIDE HYDROCHLORIDE	8		5 ma	
Caps. 25 mg  00522996   Chlordiazepoxide   AA Pharma   100   10.70   0.1070    Caps. 25 mg  00522996   Chlordiazepoxide   AA Pharma   100   16.58   0.1658    DIAZEPAM	1	Chlordiazepoxide	AA Pharma	100	ا آ	0.0679
Caps. 25 mg  00522996   Chlordiazepoxide   AA Pharma   100   10.70   0.1070    Caps. 25 mg  00522996   Chlordiazepoxide   AA Pharma   100   16.58   0.1658    DIAZEPAM		,				
Caps.         25 mg           00522996         Chlordiazepoxide         AA Pharma         100         16.58         0.1658           DIAZEPAM MR           Rectal Gel         5 mg/mL           02238162         Diastat         Valeant         1 ml         71.09           2 ml         71.09         2 ml         71.09           3 ml         71.09         3 ml         71.09           Tab.         2 mg PPB         0.0508         0.0508           02247490         pms-Diazepam         AA Pharma         100         5.08         0.0508           Tab.         5 mg PPB         5 mg PPB         0.0508         0.0508         0.0508           Tab.         5 mg PPB         0.0650         0.0650         0.0650         0.0650           0313580         Diazepam         AA Pharma         100         6.50         0.0650           02247491         pms-Diazepam         Phmscience         500         32.50         0.0650           00013285         Valium         Roche         100         8.67         0.0867           Tab.         10 mg PPB         100         8.67         0.0867           02247492         pms-Diazepam	1	I	I	l	ا آ	ı
DIAZEPAM	00522988	Chlordiazepoxide	AA Pharma	100	10.70	0.1070
DIAZEPAM ISB           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 1000 50.80 1000 50.80 0.0508         0.0508 0.0508           02247490         pms-Diazepam         Phmscience 100 5.08 0.0508         0.0508           Tab.         5 mg PPB           00362158         Diazepam AA Pharma 100 65.00 0.0650 0.0650 0.0650 0.0650 0.0650 0.0	Caps.				25 mg	
Rectal Gel	00522996	Chlordiazepoxide	AA Pharma	100	16.58	0.1658
Rectal Gel						
Diastat   Valeant   1 ml   71.09   2 ml   71.09   3 ml   71.09					5 /ml	
Tab.    2 mg   71.09   71.09     3 ml		1	l	Ι	l J	I
Tab.       2 mg PPB         00405329 Diazepam Diazepam       AA Pharma 100 5.08 → 0.0508         02247490 pms-Diazepam       AA Pharma 100 5.08 → 0.0508         Tab.       5 mg PPB         0362158 Diazepam       AA Pharma 100 6.50 → 0.0650         0313580 Diazepam-5 pro Doc 100 6.50 → 0.0650         02247491 pms-Diazepam Phmscience 500 32.50 pms-Diazepam Phmscience 500 32.50 → 0.0650         0013285 Valium       AA Pharma 100 8.67 → 0.0867         Tab.         00405337 Diazepam AA Pharma 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.         15 mg         00521698 Flurazepam       AA Pharma 100 11.66 0.1166	02238162	Diastat	Valeant			
00405329   Diazepam						
Description	Tab.				2 mg <b>PPB</b>	
Tab.   S mg   PPB	00405329	Diazepam	AA Pharma			
00362158   Diazepam	02247490	pms-Diazepam	Phmscience	l		
00362158   Diazepam						
Diazepam-5		I	I	l	5 mg <b>PPB</b> 	
00313580 02247491 00013285         Diazepam-5 pms-Diazepam Valium         Pro Doc Phmscience Roche         100 500 100         6.50 32.50 32.50 10.0650 0.1563         → 0.0650 0.0650 0.1563           Tab.         10 mg         PPB           00405337         Diazepam Diazepam         AA Pharma         100 1000 86.70 1000 86.70 1000 86.70 1000 86.70 1000 86.70 1000 86.70 1000 90.0867         → 0.0867 1000 1000 1000 1000 1000 1000 1000 10	00362158	Diazepam	AA Pharma			
Tab.         10 mg         PPB           00405337         Diazepam         AA Pharma         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	00313580	Diazepam-5	Pro Doc	l		-
Tab.       10 mg PPB         00405337       Diazepam       AA Pharma       100       8.67       0.0867         02247492       pms-Diazepam       Phmscience       500       43.35       0.0867         FLURAZEPAM HYDROCHLORIDE       The material stress of the color of the c				I		,
00405337       Diazepam       AA Pharma       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	00013285	Valium	Roche	100	15.63	0.1563
02247492       pms-Diazepam       Phmscience       1000	Tab.				10 mg <b>PPB</b>	
02247492         pms-Diazepam         Phmscience         500         43.35         ♣ 0.0867           FLURAZEPAM HYDROCHLORIDE IX           Caps.         15 mg           00521698         Flurazepam         AA Pharma         100         11.66         0.1166           Caps.         30 mg	00405337	Diazepam	AA Pharma			-
Caps.         15 mg           00521698         Flurazepam         AA Pharma         100         11.66         0.1166           Caps.         30 mg	02247492	pms-Diazepam	Phmscience	l	1	-
Caps.         15 mg           00521698         Flurazepam         AA Pharma         100         11.66         0.1166           Caps.         30 mg					-	
00521698         Flurazepam         AA Pharma         100         11.66         0.1166           Caps.         30 mg		HYDROCHLORIDE 🔀			4.5	
Caps. 30 mg	1		I	l		ĺ
	00521698	Flurazepam	AA Pharma	100	11.66	0.1166
00521701         Flurazepam         AA Pharma         100         13.64         0.1364	Caps.				30 mg	
	00521701	Flurazepam	AA Pharma	100	13.64	0.1364

Page 228 2019-12

	1	1	1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		'	!	!	
LORAZEPAM	P4				
Inj. Sol.	_	1	1	4 mg/mL	ı
02243278	Lorazepam Injection	Sandoz	1 ml	21.20	
Tab.				0.5 mg <b>PPB</b>	
00655740	Apo-Lorazepam	Apotex	100	3.59	● 0.0359
00033740	п про-согазерані	Apolex	500	17.95	<b>→</b> 0.0359
02041413	Ativan	Pfizer	500	17.95	→ 0.0359
02351072	Lorazepam	Sanis	100	3.59	→ 0.0359
00744404			1000	35.90	0.0359
00711101	Novo-Lorazem	Novopharm	100 1000	3.59 35.90	<ul><li>→ 0.0359</li><li>→ 0.0359</li></ul>
00728187	pms-Lorazepam	Phmscience	1000	3.59	<b>→</b> 0.0359
00720107	pms-Lorazepam	Timisolence	1000	35.90	<b>→</b> 0.0359
00655643	Pro-Lorazepam	Pro Doc	500	17.95	<b>→</b> 0.0359
					I
Tab.				1 mg PPB	
00655759	Apo-Lorazepam	Apotex	100	4.47	0.0447
00000708	Apo-Lorazepam	Apolex	1000	44.70	0.0447
02041421	Ativan	Pfizer	1000	44.70	0.0447
02351080		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 Doc	1000	44.70	→ 0.0447
00637742	? Teva-Lorazepam	Novopharm	100 1000	4.47 44.70	<ul><li>→ 0.0447</li><li>→ 0.0447</li></ul>
Tab.	T.	1	1	2 mg PPB	1
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
0070000		Dharasianas	1000	69.90	0.0699
00728209	pms-Lorazepam	Phmscience	100 1000	6.99 69.90	<ul><li>→ 0.0699</li><li>→ 0.0699</li></ul>
00655678	Pro-Lorazepam	Pro Doc	1000	6.99	→ 0.0699 → 0.0699
00637750	· · · · · · · · · · · · · · · · · · ·	Novopharm	100	6.99	<b>→</b> 0.0699
	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	, rovopiia	1000	69.90	<b>→</b> 0.0699
			1		
	NA.				
MIDAZOLAM Inj. Sol.	r <b>T</b>		1	mg/mL <b>PPB</b>	
02242904	Midazolam	Fresenius	2 ml	<b>→</b> 1.56	
			5 ml	→ 3.90	
			10 ml	<b>→</b> 5.80	
02240285	Midazolam	Sandoz	2 ml	<b>→</b> 1.56	
			5 ml	→ 3.90	
00403750	Midazolam Injection	Dfizor	10 ml	5.80	
02423758	wildazolarii Injection	Pfizer	5 ml	→ 3.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			5 n	ng/mL <b>PPB</b>	
02242905	Midazolam	Fresenius	1 ml 2 ml	<ul><li>4.10</li><li>8.20</li></ul>	
02240286	Midazolam	Sandoz	10 ml 1 ml 2 ml	<ul><li>25.30</li><li>4.10</li><li>8.20</li></ul>	
02423766	Midazolam Injection	Pfizer	10 ml 1 ml 3 ml	<ul><li>25.30</li><li>4.10</li><li>12.30</li></ul>	
			10 ml	<b>→</b> 25.30	
OXAZEPAM X	 			10 mg <b>PPB</b>	
00402680	Apo-Oxazepam	Apotex	100 1000	3.50 35.00	<ul><li>→ 0.0350</li><li>→ 0.0350</li></ul>
00497754 00568392	Oxazepam-10 Riva-Oxazepam	Pro Doc Riva	1000 100 500	35.00 3.50 17.50	<ul><li>0.0350</li><li>0.0350</li><li>0.0350</li></ul>
Tab.				15 mg <b>PPB</b>	
00402745	Apo-Oxazepam	Apotex	100 1000	5.50 55.00	<ul><li>→ 0.0550</li><li>→ 0.0550</li></ul>
00497762 00568406	Oxazepam-15 Riva-Oxazepam	Pro Doc Riva	1000 100 500	55.00 5.50 27.50	<ul><li>→ 0.0550</li><li>→ 0.0550</li><li>→ 0.0550</li></ul>
Tab.				30 mg <b>PPB</b>	
00402737	Apo-Oxazepam	Apotex	100 1000	7.50 75.00	<ul><li>→ 0.0750</li><li>→ 0.0750</li></ul>
00497770 00568414	Oxazepam-30 Riva-Oxazepam	Pro Doc Riva	1000 100 500	75.00 7.50 37.50	<ul><li>→ 0.0750</li><li>→ 0.0750</li><li>→ 0.0750</li></ul>
TEMAZEPAM	S <b>G</b>				
Caps.		1		15 mg	
00604453	Restoril	AA Pharma	100	19.85	0.1985
Caps.	I	I	(	30 mg	l I
00604461	Restoril	AA Pharma	100	23.87	0.2387

**Page 230** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
	MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS BUSPIRON HYDROCHLORIDE   BUSPIRON HYDROCHLORIDE							
00044070	4 5		400	05.47	<b>.</b> 0.0547			
02211076	Apo-Buspirone	Apotex	100	35.17	0.3517			
02447851 02223163	Buspirone Buspirone-10	Sanis Pro Doc	100 100	35.17	<ul><li>→ 0.3517</li><li>→ 0.3517</li></ul>			
0223163	1 .	Novopharm	100	35.17 35.17	→ 0.3517 → 0.3517			
02231492	pms-Buspirone	Phmscience	100	35.17	→ 0.3517 → 0.3517			
02237858	ratio-Buspirone	Ratiopharm	100	35.17	→ 0.3517 → 0.3517			
02237030	тапо-вазрігопе	Тапорпанн	100	33.17	<b>4</b> 0.3317			
CHLORAL HYDI Syr.	CHLORAL HYDRATE 🖪 Syr. 500 mg/5 mL							
00792659	pms-Chloral Hydrate	Phmscience	500 ml	21.67	0.0433			
Caps. 00646059 00738824	Hydroxyzine Novo-Hydroxyzin	AA Pharma Novopharm	100 100	10 mg <b>PPB</b> 11.16 3.32	0.1116 • 0.0332			
Caps.		•		25 mg <b>PPB</b>				
00646024	Hydroxyzine	AA Pharma	100	14.25	0.1425			
00738832	Novo-Hydroxyzin	Novopharm	100	5.38	<ul><li>→ 0.0538</li></ul>			
Caps.				50 mg <b>PPB</b>				
00646016	Hydroxyzine	AA Pharma	100	20.68	0.2068			
00738840	Teva-Hydroxyzin	Teva Can	100	7.50	<b>→</b> 0.0750			
		1		•				
Syr.	I	ı	10 mg	g/5 mL <b>PPB</b>	ı			
Syr. 00024694	Atarax	  Erfa	10 mg     473 ml	g/5 mL <b>PPB</b> 19.04	• 0.0403			
I -	Atarax pms-Hydroxyzine	Erfa Phmscience	1	Ĭ	<ul><li>→ 0.0403</li><li>→ 0.0403</li></ul>			
00024694 00741817	** *	1	473 ml	19.04				
00024694 00741817	pms-Hydroxyzine	1	473 ml	19.04 20.13				

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	IMANIC A				150 mg	
		l	1			
	02242837	Apo-Lithium Carbonate	Apotex	100	6.67	0.0667
	00461733	Carbolith	Valeant	100	11.41	0.1141
	02013231 02216132	Lithane pms-Lithium carbonate	Erfa Phmscience	100 100	10.58 6.67	0.1058 0.0667
	02210132	pms-Elimum carbonate	Filliscience	1000	66.70	0.0667
Cane					300 mg	
Caps	·.	I	I	1	Jooning I	
	02242838	Apo-Lithium Carbonate	Apotex	100	6.57	0.0657
				1000	65.70	0.0657
	00236683	Carbolith	Valeant	100	8.86	0.0886
	00400775	Litterine		1000	88.61	0.0886
	00406775 02216140	Lithane pms-Lithium carbonate	Erfa Phmscience	1000 100	105.40 6.57	0.1054 0.0657
	02210140	priis-Litiiurii carbonate	Filliscience	1000	65.70	0.0657
Caps	S.	I	1	l	600 mg	ı
	02011239	Carbolith	Valeant	100	17.00	0.1700
			Dhmooionoo	100	16.23	0.1623
	02216159	pms-Lithium carbonate	Phmscience	100		
<b>LITH</b> Syr.	02216159	ľ	rimsdelice		300 mg/5 mL	
		ľ	Phmscience			0.0687
Syr. 28:3 SEL	02074834 02.28 ECTIVE S	TE ()	1	500 ml	300 mg/5 mL	0.0687
Syr. 28:3 SEL ALM	02074834 0228 62.28 ECTIVE S OTRIPTAN	pms-Lithium Citrate  EROTONIN AGONISTS MALATE	Phmscience	500 ml	300 mg/5 mL 34.37	
Syr. 28:3 SEL ALM	02074834 02208 ECTIVE SOOTRIPTAN 02405792	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan	Phmscience Apotex	500 ml 6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26	<b>→</b> 7.0433
Syr. 28:3 SEL ALM	02074834 0228 62.28 ECTIVE S OTRIPTAN	pms-Lithium Citrate  EROTONIN AGONISTS MALATE	Phmscience	500 ml	300 mg/5 mL 34.37	
Syr. 28:3 SEL ALM	02074834 02208 ECTIVE SOOTRIPTAN 02405792	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan	Phmscience Apotex	500 ml 6.6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26	<b>→</b> 7.0433
28:3 SEL ALM Tab.	02074834 02208 ECTIVE SOOTRIPTAN 02405792	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan	Phmscience Apotex	500 ml 6.6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26 42.26	<b>→</b> 7.0433
28:3 SEL ALM Tab.	02074834 02074834 62.28 ECTIVE S OTRIPTAN 02405792 02398435	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan Mylan-Almotriptan	Phmscience  Apotex Mylan	500 ml 6 6.6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26 42.26	<b>→</b> 7.0433 <b>→</b> 7.0433
28:3 SEL ALM Tab.	02074834 02074834 22.28 ECTIVE S OTRIPTAN 02405792 02398435	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan Mylan-Almotriptan Almotriptan	Phmscience  Apotex Mylan  Pro Doc	500 ml 6.6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26 42.26 2.5 mg <b>PPB</b> 14.09	<ul><li>→ 7.0433</li><li>→ 7.0433</li><li>→ 2.3478</li></ul>
28:3 SEL ALM Tab.	02074834 02074834 62.28 ECTIVE SI OTRIPTAN 02405792 02398435 02424029 02466821	pms-Lithium Citrate  EROTONIN AGONISTS MALATE  Apo-Almotriptan Mylan-Almotriptan Almotriptan Almotriptan	Phmscience  Apotex Mylan  Pro Doc Sanis	500 ml 6.6 6 6 6	300 mg/5 mL 34.37 25 mg <b>PPB</b> 42.26 42.26 2.5 mg <b>PPB</b> 14.09 14.09	<ul> <li>→ 7.0433</li> <li>→ 7.0433</li> <li>→ 2.3478</li> <li>→ 2.3478</li> </ul>
28:3 SEL ALM Tab.	02074834  02074834  02.28  ECTIVE Si OTRIPTAN  02405792 02398435  02424029 02466821 02405806	pms-Lithium Citrate  EROTONIN AGONISTS MALATE Apo-Almotriptan Mylan-Almotriptan Almotriptan Almotriptan Almotriptan Apo-Almotriptan Apo-Almotriptan	Phmscience  Apotex Mylan  Pro Doc Sanis Apotex	500 ml 6 6 6 6	300 mg/5 mL  34.37  25 mg PPB  42.26 42.26  2.5 mg PPB  14.09 14.09 14.09	<ul> <li>→ 7.0433</li> <li>→ 7.0433</li> <li>→ 2.3478</li> <li>→ 2.3478</li> <li>→ 2.3478</li> <li>→ 2.3478</li> </ul>

**Page 232** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.		YDROBROMIDE)			20 mg <b>PPB</b>	
	02386054	Apo-Eletriptan	Apotex	6	15.70	<b>→</b> 2.6167
	02479451	Auro-Eletriptan	Aurobindo	6	15.70	<b>→</b> 2.6167
	02489961	Eletriptan	Pro Doc	6	15.70	<b>→</b> 2.6167
	02434342	pms-Eletriptan	Phmscience	6	15.70	<b>→</b> 2.6167
		,		30	78.52	<b>→</b> 2.6172
*	02256290	Relpax	Upjohn	6	79.18	13.1967
	02382091	Teva-Eletriptan	Teva Can	6	15.70	<b>→</b> 2.6167
		•	'		'	
Tab.					40 mg <b>PPB</b>	
	02386062	Apo-Eletriptan	Apotex	6	15.70	<b>→</b> 2.6167
	02479478	Auro-Eletriptan	Aurobindo	6	15.70	<b>→</b> 2.6167
	02489988	Eletriptan	Pro Doc	6	15.70	<b>→</b> 2.6167
	02434350	pms-Eletriptan	Phmscience	6	15.70	<b>→</b> 2.6167
				30	78.52	<b>→</b> 2.6172
*	02256304	Relpax	Upjohn	6	79.18	13.1967
	02382105	Teva-Eletriptan	Teva Can	6	15.70	<b>→</b> 2.6167
NAR	ATRIPTAN	HYDROCHLORIDE B				
Tab.		ı	1		1 mg <b>PPB</b>	ı
	02237820	Amerge	GSK	2	26.53	13.2650
	02365499	Apo-Naratriptan	Apotex	6	36.86	<b>→</b> 6.1433
	02314290	Teva-Naratriptan	Teva Can	8	49.15	<b>→</b> 6.1433
				•	•	
Tab.		ı	1	1	2.5 mg <b>PPB</b>	ı
	02237821	Amerge	GSK	6	83.86	<b>→</b> 13.9767
	02314304	Novo-Naratriptan	Novopharm	8	49.15	<b>♦</b> 6.1433
	02322323	Sandoz Naratriptan	Sandoz	9	55.29	<b>→</b> 6.1433

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

#### RIZATRIPTAN BENZOATE

Tab. Oral Disint.	or Tab.			5 mg <b>PPB</b>	
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	<b>→</b> 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
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

Page 234 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint.	or Tab.			10 mg <b>PPB</b>	
1	1	1	1	I	
02381702	ACT Rizatriptan	ActavisPhm	6	22.23	→ 3.7050
00074740	1077		12	44.46	<b>→</b> 3.7050
02374749	ACT Rizatriptan ODT	ActavisPhm	6	22.23	3.7050
00000470	A Bt		1 '-	44.46	3.7050
02393476	Apo-Rizatriptan	Apotex	6	22.23	3.7050
02393492 02441144	Apo-Rizatriptan RPD	Apotex Aurobindo	6	22.23 22.23	<ul><li>→ 3.7050</li><li>→ 3.7050</li></ul>
02441144	Auro-Rizatriptan	Aurobindo	12	22.23 44.46	,
00450770	CCB Bizatzintan	Callaham	6	1	,
02458772 02380463	CCP-Rizatriptan Jamp-Rizatriptan	Cellchem	6	22.23 22.23	<ul><li>→ 3.7050</li><li>→ 3.7050</li></ul>
02360463	Jamp-Rizatriptan	Jamp	30	111.15	→ 3.7050 → 3.7050
02429241	Jamp-Rizatriptan IR	lomp	6	22.23	→ 3.7050 → 3.7050
02429241	Jamp-Rizatiiptan IR	Jamp	12	44.46	→ 3.7050 → 3.7050
02465094	Jamp-Rizatriptan ODT	Jamp	6	22.23	→ 3.7050 → 3.7050
02379678	Mar-Rizatriptan	Marcan	6	22.23	→ 3.7050 → 3.7050
02379070	Wai-Nizatriptari	Iviaicaii	12	44.46	→ 3.7050 → 3.7050
02462796	Mar-Rizatriptan ODT	Marcan	6	22.23	<b>→</b> 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	<b>→</b> 3.7050
02436612	NAT-Rizatriptan ODT	Natco	6	22.23	<b>→</b> 3.7050
02393379	pms-Rizatriptan RDT	Phmscience	6	22.23	<b>→</b> 3.7050
02442914	Rizatriptan ODT	Sanis	6	22.23	<b>→</b> 3.7050
02446138	Rizatriptan ODT	Sivem	6	22.23	<b>→</b> 3.7050
02415801	Rizatriptan RDT	Pro Doc	6	22.23	→ 3.7050
02351889	Sandoz Rizatriptan ODT	Sandoz	6	22.23	<b>→</b> 3.7050
02396688	Teva-Rizatriptan ODT	Teva Can	6	22.23	<b>→</b> 3.7050
02428520	VAN-Rizatriptan	Vanc Phm	6	22.23	<b>→</b> 3.7050
02448505	VAN-Rizatriptan ODT	Vanc Phm	6	22.23	<b>→</b> 3.7050
SUMATRIPTAN Nas. spray	(HEMISULFATE)			20 mg	
02230420	Imitrex	GSK	2	27.31	13.6550
		193.1			
SUMATRIPTAN Kit	SUCCINATE B			6 mg/0.5 mL	
02212188	Imitrex Stat Dose	GSK	1	81.32	
S.C. Inj. Sol.	'	1	6 ma//	).5 mL <b>PPB</b>	J
J.O. IIIJ. 301.	1	1	l o mg/c	IIIL <b>FFD</b>	1
99000598	Imitrex Stat Dose	GSK	2	73.24	36.6200
02361698	Taro-Sumatriptan	Taro	2	66.35	<b>→</b> 33.1750
1	1				

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					50 mg <b>PPB</b>	
	02257890	ACT Sumatriptan	ActavisPhm	6	16.64	<b>→</b> 2.7732
	02268388	Apo-Sumatriptan	Apotex	6	16.64	<b>→</b> 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	<b>→</b> 2.7732
	02256436	pms-Sumatriptan	Phmscience	6	16.64	2.7732
	02200.00	pino camampian		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	<b>→</b> 2.7732
	02385570	Sumatriptan DF	Sivem	6	16.64	<b>→</b> 2.7732
Tab.		1	1	1	00 mg <b>PPB</b>	1
	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	<b>→</b> 3.0549
				50	152.75	<b>→</b> 3.0549
	02256444	pms-Sumatriptan	Phmscience	6	18.33	→ 3.0549
				30	91.65	<b>→</b> 3.0549
	02263033	Sandoz Sumatriptan	Sandoz	6	18.33	<b>→</b> 3.0549
	02324660	Sumatriptan	Pro Doc	6	18.33	<b>→</b> 3.0549
	02286548	Sumatriptan	Sanis	6	18.33	→ 3.0549
	02385589	Sumatriptan DF	Sivem	6	18.33	→ 3.0549
701	MITRIPTAN	19			,	
	spray	<b></b>	1	I	5 mg	I
	02248993	Zomig	AZC	6	83.10	13.8500

Page 236 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint.	or Tab.		2	2.5 mg <b>PPB</b>	
02381575	Ana Zalmitriatan Banid	Ameteu	6	10.52	<b>▶</b> 1.7532
02361575	Apo-Zolmitriptan Rapid CCP-Zolmitriptan	Apotex Cellchem	6	10.52	,
02456760	,		6	10.52	,
02421623	Jamp-Zolmitriptan Jamp-Zolmitriptan	Jamp	6	10.52	→ 1.7532 → 1.7532
02477106	l '	Jamp	6	10.52	→ 1.7532 → 1.7532
	Jamp-Zolmitriptan ODT	Jamp Marcan	_	10.52	→ 1.7532 → 1.7532
02399458	Mar-Zolmitriptan	Mint	6		,
02419521	Mint-Zolmitriptan	1	6	10.52	1.7532
02419513	Mint-Zolmitriptan ODT	Mint	6	10.52	1.7532
02421534	NAT-Zolmitriptan	Natco	6 100	10.52 296.28	1.7532
00004000	7.1		1		2.9628
02324229	pms-Zolmitriptan	Phmscience	6	10.52	1.7532
00004700	7		30	88.88	2.9628
02324768	pms-Zolmitriptan ODT	Phmscience	6	10.52	1.7532
02362988	Sandoz Zolmitriptan	Sandoz	3	8.89	<b>→</b> 2.9628
			6	10.52	<b>→</b> 1.7532
02362996	Sandoz Zolmitriptan ODT	Sandoz	2	5.93	<b>→</b> 2.9628
			6	10.52	<b>→</b> 1.7532
02428474	Septa-Zolmitriptan-ODT	Septa	6	10.52	<b>→</b> 1.7532
02313960	Teva Zolmitriptan	Teva Can	6	10.52	<b>→</b> 1.7532
02342545	Teva Zolmitriptan OD	Teva Can	6	10.52	<b>→</b> 1.7532
02438763	VAN-Zolmitriptan ODT	Vanc Phm	6	10.52	<b>→</b> 1.7532
02379929	Zolmitriptan	Pro Doc	6	10.52	<b>→</b> 1.7532
02442655	Zolmitriptan	Sanis	6	10.52	<b>→</b> 1.7532
02379988	Zolmitriptan ODT	Pro Doc	6	10.52	<b>→</b> 1.7532
02442671	Zolmitriptan ODT	Sanis	6	10.52	<b>→</b> 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	

	1		1	1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
28:36.08 ANTICHOLINE BENZTROPINE	ERGIC AGENTS MESYLATE 18				
Tab.				1 mg	
00706531	PDP-Benztropine	Pendopharm	1000	50.74	0.0507
<b>TRIHEXYPHENI</b> Tab.	DYL HYDROCHLORIDE	R		2 mg	
00545058	Trihexyphenidyl	AA Pharma	100	3.76	0.0376
Tab.				5 mg	
00545074	Trihex	AA Pharma	100	6.81	0.0681
Tab. 02321459 02243763	Apo-Entacapone Comtan	Apotex Novartis	100 100	00 mg <b>PPB</b> 40.10 151.92	<ul><li>0.4010</li><li>1.5192</li></ul>
28:36.12 CATECHOL-O ENTACAPONE	-METHYLTRANSFERA	ASE INHIBITORS			
	1	1 '	l		<b>→</b> 0.4010
02243763 02380005	Comtan   Sandoz Entacapone	Novartis Sandoz	100	151.92 40.10	1.5192 <b>→</b> 0.4010
02375559	Teva Entacapone	Teva Can	100	40.10	<b>→</b> 0.4010
28:36.16 DOPAMINE PI LEVODOPA/ CA L.A. Tab.			100 mg -:	25 mg <b>PPB</b>	
02272873	Apo-Levocarb CR	Apotex	100	37.07	<b>→</b> 0.3707
02421488 02028786	pms-Levocarb CR Sinemet CR	Phmscience Merck	100 100	37.07 68.65	• 0.3707 0.6865
L.A. Tab.			200 mg -	50 mg <b>PPB</b>	
02245211 02421496	Apo-Levocarb CR pms-Levocarb CR	Apotex Phmscience	100 100	67.56 67.56	<ul><li>→ 0.6756</li><li>→ 0.6756</li></ul>
00870935	Sinemet CR	Merck	500 100	337.80 125.11	• 0.6756 1.2511
Tab.			100 mg -	10 mg <b>PPB</b>	
02195933	Apo-Levocarb	Apotex	100	11.74	<b>→</b> 0.1174
02457954	Mint-Levocarb	Mint	100	11.74	→ 0.1174
02244494 00355658	Novo-Levocarbidopa Sinemet 100/10	Novopharm Merck	100 100	11.74 44.49	• 0.1174 0.4449

Page 238 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg -	25 mg <b>PPB</b>	
	00405044	l	I	ı	1	
	02195941	Apo-Levocarb	Apotex	100	17.53	0.1753
	02457962	Mint Lavagarh	Mint	500 100	87.65	<ul><li>→ 0.1753</li><li>→ 0.1753</li></ul>
	02457962	Mint-Levocarb	Mint	500	17.53 87.65	→ 0.1753 → 0.1753
	02244495	Novo-Levocarbidopa	Novopharm	100	17.53	◆ 0.1753 ◆ 0.1753
	022-1-1-00	Trovo Ecrocarbidopa	rvovopriami	500	87.65	0.1753
	02311178	Pro-Levocarb-100/25	Pro Doc	100	17.53	<b>→</b> 0.1753
				500	87.65	<b>→</b> 0.1753
	00513997	Sinemet 100/25	Merck	100	66.42	0.6642
BROI Caps.	MOCRIPTIN	Bromocriptine	AA Pharma	100	5 mg 146.44	1.4644
Tab.					2.5 mg	
1	02087324	Bromocriptine	AA Pharma	100	2.5 mg 97.82	0.9782
		Bromocriptine  DIHYDROCHLORIDE	AA Pharma		1	0.9782
PRAN Tab.	MIPEXOLE	DIHYDROCHLORIDE 🖪		0.	97.82 25 mg <b>PPB</b>	I
PRAN Tab.	<b>MIPEXOLE</b> 02297302	DIHYDROCHLORIDE B	ActavisPhm	0.	97.82 25 mg <b>PPB</b> 19.50	<b>→</b> 0.1950
PRAM Tab.	MIPEXOLE	DIHYDROCHLORIDE Act Pramipexole Apo-Pramipexole		0.	97.82 25 mg <b>PPB</b> 19.50 19.50	I
PRAM Tab.	<b>MIPEXOLE</b> 02297302 02292378	DIHYDROCHLORIDE B	ActavisPhm Apotex	0. 100 100	97.82 25 mg <b>PPB</b> 19.50	<ul><li>→ 0.1950</li><li>→ 0.1950</li></ul>
PRAM Tab.	<b>MIPEXOLE</b> 02297302 02292378	DIHYDROCHLORIDE Act Pramipexole Apo-Pramipexole	ActavisPhm Apotex	0. 100 100 100	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50	<ul><li>→ 0.1950</li><li>→ 0.1950</li><li>→ 0.1950</li></ul>
PRAM Tab.	02297302 02292378 02424061	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience	0. 100 100 100 500	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50 97.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc	0. 100 100 500 90 100	97.82  25 mg PPB  19.50 19.50 19.50 97.50 94.62 19.50 19.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem	0. 100 100 100 500 90 100 100	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02292378 02424061 02237145 02290111 02325802 02309122 02315262	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz	0. 100 100 100 500 90 100 100 100	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem	0. 100 100 100 500 90 100 100	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02292378 02424061 02237145 02290111 02325802 02309122 02315262	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz	0. 100 100 500 90 100 100 100 100 90	97.82  25 mg <b>PPB</b> 19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can	0. 100 100 100 500 90 100 100 100 90	97.82  25 mg PPB  19.50 19.50 97.50 94.62 19.50 19.50 19.50 19.50 17.55	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can	0. 100 100 500 90 100 100 100 90	97.82  25 mg PPB  19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309 02297310 02292386	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can  ActavisPhm Apotex	0. 100 100 500 90 100 100 100 100 100 100	97.82  25 mg PPB  19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18 40.18	0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950 0.1950
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can	0. 100 100 500 90 100 100 100 90	97.82  25 mg PPB  19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309 02297310 02292386	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Teva-Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can  ActavisPhm Apotex	0. 100 100 500 90 100 100 100 100 100 100 10	97.82  25 mg PPB  19.50 19.50 19.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18 40.18 40.18	0.1950 0.1950 0.1950 1.0513 0.1950 0.1950 0.1950 0.1950 0.1950 0.4018 0.4018
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309 02297310 02292386 02424088	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Pramipexole Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Auro-Pramipexole pms-Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can  ActavisPhm Apotex Aurobindo	0. 100 100 500 90 100 100 100 100 100 100 10	97.82  25 mg PPB  19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18 40.18 40.18 40.18 200.90	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02290111 02325802 02309122 02315262 02269309 02297310 02292386 02424088 02290138	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Pramipexole Teva-Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole	ActavisPhm Apotex Aurobindo  Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can  ActavisPhm Apotex Aurobindo Phmscience	0. 100 100 500 90 100 100 100 90 100 100 100	97.82  25 mg PPB  19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18 40.18 40.18 200.90 40.18	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> </ul>
PRAM Tab.	02297302 02292378 02424061 02237145 02237145 022369309 02325802 02309122 02315262 02269309 02297310 02292386 02424088 02290138 02290138	Act Pramipexole Apo-Pramipexole Auro-Pramipexole Auro-Pramipexole Mirapex pms-Pramipexole Pramipexole Pramipexole Sandoz Pramipexole Teva-Pramipexole Act Pramipexole Apo-Pramipexole Auro-Pramipexole pms-Pramipexole pms-Pramipexole Pramipexole	ActavisPhm Apotex Aurobindo Bo. Ing. Phmscience Pro Doc Sivem Sandoz Teva Can  ActavisPhm Apotex Aurobindo Phmscience Pro Doc	0. 100 100 500 90 100 100 100 90 100 100 100	97.82  25 mg PPB  19.50 19.50 19.50 97.50 94.62 19.50 19.50 19.50 17.55  0.5 mg PPB  40.18 40.18 40.18 200.90 40.18 40.18	<ul> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>1.0513</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.1950</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> <li>0.4018</li> </ul>

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					1 mg PPB	
1		1			1	
	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
	00000110			500	195.05	0.3901
	02290146	pms-Pramipexole	Phmscience	100	39.01	0.3901
	02325829	Pramipexole	Pro Doc	100	39.01	0.3901
	02309149	Pramipexole	Sivem	100	39.01	0.3901
	02315289 02269325	Sandoz Pramipexole	Sandoz Teva Can	100 90	39.01	0.3901
	02209325	Teva-Pramipexole	Teva Can	90	35.11	<b>→</b> 0.3901
Tab.				1	.5 mg <b>PPB</b>	
	02297337	Act Pramipexole	ActavisPhm	100	39.01	→ 0.3901
	02297337	Apo-Pramipexole	Apotex	100	39.01	→ 0.3901 → 0.3901
	02424118	Auro-Pramipexole  Auro-Pramipexole	Aurobindo	100	39.01	→ 0.3901 → 0.3901
	02424110	Auro-Framipexole	Autobilido	500	195.05	→ 0.3901 → 0.3901
	02290154	pms-Pramipexole	Phmscience	100	39.01	0.3901
	02325837	Pramipexole	Pro Doc	100	39.01	→ 0.3901 → 0.3901
	02323037	Pramipexole	Sivem	100	39.01	→ 0.3901 → 0.3901
	02303137	Sandoz Pramipexole	Sandoz	100	39.01	<b>→</b> 0.3901
	NIROLE HY	DROCHLORIDE		0.1	25 mg <b>DDR</b>	
<b>ROPI</b> Tab.	NIROLE HY	/DROCHLORIDE	1	0.: I	25 mg <b>PPB</b> I	I
	02316846	ACT Ropinirole	ActavisPhm	100	25 mg <b>PPB</b> 7.09	→ 0.0709
		I	ActavisPhm Apotex		l	<ul><li>→ 0.0709</li><li>→ 0.0709</li></ul>
	02316846	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole		100	7.09 7.09 7.09	<ul><li>→ 0.0709</li><li>→ 0.0709</li></ul>
	02316846 02337746 02352338 02326590	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole	Apotex Jamp Phmscience	100 100 100 100	7.09 7.09 7.09 7.09	<ul><li>→ 0.0709</li><li>→ 0.0709</li><li>→ 0.0709</li></ul>
	02316846 02337746 02352338 02326590 02314037	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100	7.09 7.09 7.09 7.09 7.09	<ul><li>0.0709</li><li>0.0709</li><li>0.0709</li><li>0.0709</li></ul>
	02316846 02337746 02352338 02326590	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole	Apotex Jamp Phmscience	100 100 100 100	7.09 7.09 7.09 7.09	<ul><li>→ 0.0709</li><li>→ 0.0709</li><li>→ 0.0709</li></ul>
	02316846 02337746 02352338 02326590 02314037	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100	7.09 7.09 7.09 7.09 7.09	<ul><li>0.0709</li><li>0.0709</li><li>0.0709</li><li>0.0709</li></ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis	100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09	<ul><li>→ 0.0709</li><li>→ 0.0709</li><li>→ 0.0709</li><li>→ 0.0709</li><li>→ 0.0709</li></ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm	100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex	100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp	100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 28.38 28.38 28.38 28.38	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience	100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg <b>PPB</b> 28.38 28.38 28.38 28.38	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg <b>PPB</b> 28.38 28.38 28.38 28.38 28.38	0.0709 0.0709 0.0709 0.0709 0.0709
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience	100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg <b>PPB</b> 28.38 28.38 28.38 28.38	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg <b>PPB</b> 28.38 28.38 28.38 28.38 28.38	0.0709 0.0709 0.0709 0.0709 0.0709
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ran-Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg <b>PPB</b> 28.38 28.38 28.38 28.38 28.38 28.38	0.0709 0.0709 0.0709 0.0709 0.0709
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02352346 023263059	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole pms-Ropinirole Ropinirole ACT Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm ActavisPhm	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 7.09	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.3122</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02314053 02353059 02316862 02316862 02337770	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ran-Ropinirole Ran-Ropinirole Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 1 mg PPB 28.38 28.38 28.38 28.38 28.38 28.38 28.38 38.38 28.38 28.38 28.38 28.38	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.3122</li> <li>→ 0.3122</li> <li>→ 0.3122</li> </ul>
Tab.	02316846 02337746 02352338 02326590 02314037 02353040 02316854 02337762 02352346 02326612 02352346 023263059	ACT Ropinirole Apo-Ropinirole Jamp-Ropinirole pms-Ropinirole Ran-Ropinirole Ropinirole ACT Ropinirole Jamp-Ropinirole Jamp-Ropinirole pms-Ropinirole pms-Ropinirole Ropinirole ACT Ropinirole	Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm Apotex Jamp Phmscience Ranbaxy Sanis  ActavisPhm ActavisPhm	100 100 100 100 100 100 100 100 100 100	7.09 7.09 7.09 7.09 7.09 7.09 7.09 7.09	<ul> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.0709</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.2838</li> <li>→ 0.3122</li> </ul>

Page 240 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					5 mg PPB	
	02316870	ACT Ropinirole	ActavisPhm	100	85.96	<b>→</b> 0.8596
	02337800	Apo-Ropinirole	Apotex	100	85.96	<ul><li>→ 0.8596</li></ul>
	02352362	Jamp-Ropinirole	Jamp	100	85.96	→ 0.8596
	02314088	Ran-Ropinirole	Ranbaxy	100	85.96	• 0.8596
	OAMINE	OXYDASE B INHIBITORS	3		5 mg <b>PPB</b>	
	00000044	Anna Calanilina	A	400		<b>-</b> 0.5004
	02230641 02068087	Apo-Selegiline Novo-Selegiline	Apotex Novopharm	100 60	50.21 30.13	<ul><li>→ 0.5021</li><li>→ 0.5021</li></ul>
ETHC Tab.		ONIAN AGENTS, MISCE NE HYDROCHLORIDE	  Erfa	100	50 mg	0.1953
<b>LEVO</b> Caps.		NSERAZIDE HYDROCHLOR	IDE 🖫	50	mg -12.5 mg	
	00522597	Prolopa 50/12.5	Roche	100	27.87	0.2787
Caps.				10	0 mg -25 mg	
	00386464	Prolopa 100/25	Roche	100	45.88	0.4588
L <b>ÉVO</b> Tab.	DOPA/ CA	RBIDOPA/ ENTACAPONE	<b>.</b>	50 mg - 12.5	mg - 200 mg	
	02305933	Stalevo	Novartis	100	160.05	1.6005
Tab.			. 7	5 mg - 18,75	mg - 200 mg	
	02337827	Stalevo	Novartis	100	160.05	1.6005
Tab.		ı	ı	100 mg - 25	mg - 200 mg	
	02305941	Stalevo	Novartis	100	160.05	1.6005
Tab.			12	5 mg - 31,25	mg - 200 mg	
	02337835	Stalevo	Novartis	100	160.05	1.6005
Tab.		1	1	50 mg - 37.5	mg - 200 mg	
	02305968	Stalevo	Novartis	100	160.05	1.6005
		1	1			

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

# 28:92 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS BETAHISTINE DIHYDROCHLORIDE

Tab.					16 mg <b>PPB</b>		
0	2374757	ACT Betahistine	ActavisPhm	100	11.06	•	0.1106
0	2449153	Auro-Betahistine	Aurobindo	100	11.06	•	0.1106
0	2466449	Betahistine	Sanis	100	11.06	•	0.1106
0	2280191	Novo-Betahistine	Novopharm	100	11.06	•	0.1106
0	2330210	pms-Betahistine	Phmscience	100	11.06	•	0.1106
0	2243878	Serc	BGP Pharma	100	45.99		0.4599

Tab.			2	4 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 <b>PPB</b>				
	P	Apotex Sterimax	100 112	180.03 201.63		1.8003 1.8003		
02199270 02402424	tetrabenazine Nitoman pms-Tetrabenazine	Valeant Phmscience	112 100	699.92 180.03	<b>+</b>	6.2493 1.8003		

Page 242 2019-12

### 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

Strip					
99002884	Accu-Chek Advantage	Roche SD	50	40.80	
99002004	Accu-Criek Advantage	Rocile 3D	100	71.25	
99100214	Accu-Chek Aviva	Roche SD	50	40.80	
99100214	Accu-Criek Aviva	TOOLIE OD	100	71.25	
99004364	Accu-Chek Compact	Roche SD	51	41.62	
99004304	Accu-Criek Compact	Rocile 3D	102	72.68	
99101387	Accu-Chek Guide	Roche SD	50	34.07	
99101307	Accu-Criek Guide	TOOLIE OD	100	68.13	
99100791	Accu-Chek Mobile	Roche SD	100	71.25	
99100834	Bionime Rightest GS100	Bionime	50	23.00	
99100034	Bioliline Rightest 93100	Diomine	100	45.00	
99101011	Bravo	DEXmedical	100	39.99	
99100388	Breeze 2	Ascensia	50	40.56	
99100366	Dieeze z	ASCEIISIA	100	69.89	
99101275	CareSens N	I-Sens	100	69.12	
99100096	Contour	Ascensia	50	40.81	
99100090	Comour	ASCEIISIA	100	69.89	
99100849	Contour NEXT	Ascensia	100	69.89	
99101469	D360 Blood Glucose Test	I	50	34.23	
99101409		Ignite	100	63.90	
99101227	Strips Dario	Auto.Cont.	100	66.00	
99101227		TaiDoc	50	34.00	
			1	l	
99004704	Freestyle	Ab Diabete	50	37.00	
00400470	Franchila Lita	A	100	69.00	
99100478	FreeStyle Lite	Ab Diabete	50	37.00	
0040000	Franchila Branisia	A I- I44	100	69.00	
99100928	FreeStyle Precision	Abbott	100	68.90	
99101090	GE200	Bionime	50	26.00	
00404405			100	51.00	
99101165	GlucoDr	Medihub	50	36.45	
99100332	iTest	Auto.Cont.	50	32.50	
00101101			100	63.00	
99101184	Medi+Sure	Medisure	50	34.00	
		l	100	68.00	
99100497	Nova-Max	NovaBiomed	50	34.95	
00101011		1	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	
	l	1	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	Ara Pharm	100	69.12	
	Strips				
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	1	1	1	PPB						
99100929	FreeStyle Precision (Cetone)	Abbott	10	15.06						
99100850	Nova Max Plus (Ketone)	NovaBiomed	10	<b>→</b> 14.99						
99004879	Precision Xtra (Cetone)	Ab Diabete	10	15.06						
36:88.12 KETONES QUALITATIVE A Strip	KETONES QUALITATIVE ACETONE TEST									
00035092	Ketostix	Ascensia	50	6.06						
SEMI-QUANTIT Strip 00035130	ATIVE GLUCOSE TEST   Diastix	Ascensia	50	5.44						
SEMI-QUANTIT	36:88.92 URINE AND FECES CONTENTS, MISCELLANEOUS SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST									
00035149	Keto-Diastix	Ascensia	100	13.03						
36:92 OTHER QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST Strip 12										
QUANTITATIVE	PROTHROMBIN-TIME BLO	OD TEST DONE BY PH	ARMACIST	12						
QUANTITATIVE	CoaguChek XS PT Test	OD TEST DONE BY PH	6 24 48	37.20 148.80 297.60	6.2000 6.2000 6.2000					

Page 246 2019-12

<sup>12</sup> A strip is reimbursable where it is used to measure the international normalized ratio (INR) in persons for whom a community-based pharmacist has taken charge of adjusting the dose of a vitamin K antagonist in order to attain therapeutic targets. In addition, one strip per day is reimbursable per person.

## 40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08	alkalinizing agents
40:12	replacement preparations
40:18	ion-removing agents
40:18.18	potassium-removing agents
40:20	caloric agents
40:28	diuretics
40:28.08	loop diuretics
40:28.16	potassium-sparing diuretics
40:28.20	thiazide diuretics
40:28.24	thiazide-like diuretics
40:28.92	diuretics, miscellaneous
40:40	uricosuric agents

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

### 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 <b>PPB</b>					
80030520 Jamp-Sodium 80022194 Sandoz Sodi		500 500	34.20 34.20		0.0684 0.0684		

#### 40:12 REPLACEMENT PREPARATIONS CALCIUM CARBONATE

Tab.			50	00 mg <b>PPB</b>		i	
80076097	Alta-Cal	Altamed	500	10.80	<b>→</b>	0.0216	
80066648	Bio-Calcium	Biomed	500	10.80	•	0.0216	
80067139	Caicium Tablet	Cellchem	60	1.30	•	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 <b>PPB</b>			
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.	ı	500	mg - 800 UI	1				
80058042	Calcia Plus	Medexus	60	7.20	0.1200			
Tab. 500 mg - 125 UI and 200 UI <b>PPB</b>								
80004143	Biocal-D	Biomed	500	14.45	<b>→</b> 0.0289			
80017196	Cal-500-D	Pro Doc	500	14.45	<b>→</b> 0.0289			
80004966	Calcite D 500	Riva	100	2.89	<b>→</b> 0.0289			
80004968	Calcium D 500	Trianon	100	2.89	<b>→</b> 0.0289			
			500	14.45	<b>→</b> 0.0289			
02237351	Euro-Cal-D	Sandoz	500	14.45	<b>→</b> 0.0289			
02246041	Jamp-Calcium+Vitamin D	Jamp	100	2.89	<b>→</b> 0.0289			
	125 U.I.		500	14.45	<b>→</b> 0.0289			
80007304	O-Calcium 500 mg with	Novopharm	100	2.89	<b>→</b> 0.0289			
	Vitamin D		500	14.45	<b>→</b> 0.0289			
80067149	Osteo Tablet	Cellchem	60	1.73	<b>→</b> 0.0289			
80001199	Pharma-Cal D 200 UI	Pendopharm	500	14.45	<b>→</b> 0.0289			
80004281	pms-Calcium 500 + D 125 UI	Phmscience	500	14.45	• 0.0289			

Page 250 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
. or Chew. Ta	ıb.orCaps.	500 m	g - 400 UI et 5	500 UI <b>PPB</b>	I
80066647	Bio-Calcium-D	Biomed	60	7.20	<b>→</b> 0.1200
			500	60.00	<b>→</b> 0.1200
80012594	Biocal-D Forte	Biomed	60	7.20	<b>→</b> 0.1200
80090977	Bio-Cal-D3	Biomed	500 500	60.00 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
80088060	Bio-Cal-D3 Forte	Biomed	60	7.20	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
0000000	Bio Gai Bo i one	Bioinica	500	60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
80000159	Calcia 400	Medexus	60	7.20	→ 0.120
80017099	Calcia Duo	Medexus	60	7.20	→ 0.120
			500	60.00	<b>→</b> 0.120
80004963	Calcite 500 + D 400	Riva	60	7.20	<b>→</b> 0.120
00004000			500	60.00	• 0.120
80004969	Calcium 500 + D 400	Trianon	100 500	12.00	<b>→</b> 0.120
80083997	Calcium 500 + Vitamine	Altamed	60	60.00 7.20	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
00003991	D400	Allamed	00	7.20	0.120
80066082	Calcium 500 Vitamine D400	Altamed	60	7.20	→ 0.120
			500	60.00	→ 0.120
80066089	Calcium 500 Vitamine D400	Altamed	60	7.20	→ 0.120
	UI		500	60.00	<b>→</b> 0.120
80053666	Calcium/Vit D	Sanis	60	7.20	<b>→</b> 0.120
			500	60.00	• 0.120
80002901	Carbocal D 400 (Co. croq)	Sandoz	60	7.20	0.120
02245511	Carbocal D 400 (Co.)	Sandoz	60 500	7.20 60.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80004545	Carbocal D 400 (Co.)	Sandoz	60	7.20	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
00001010	Carbodar 2	Gundoz	500	60.00	<ul><li>→ 0.120</li></ul>
80012435	Jamp-Calcium + Vitamin D 500 UI	Jamp	500	60.00	• 0.120
99100832	Jamp-Calcium+Vitamin D 400 U.I.	Jamp	60 500	7.20 60.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80002623	Jamp-Calcium+Vitamin D 400 UI Chewable	Jamp	60 300	7.20 36.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80025360	J-Cal-D 400	Jamp	60	7.20	→ 0.120
			500	60.00	→ 0.120
80000408	LiquiCal D 400	Mayaka	100	12.00	<b>→</b> 0.120
80021961	Liqui-Jamp	Jamp	100	12.00	• 0.120
00042220	MCal Dago	Mantra Ph.	120	14.40	→ 0.120 → 0.130
80013329	MCal D400	Manua Pn.	60 500	7.20 60.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80009412	MCal D400 chewable	Mantra Ph.	60	7.20	→ 0.120 → 0.120
80020974	Opus Cal D-400	Opus	60	7.20	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
		- 1	500	60.00	→ 0.120
80040634	Opus Cal D-400 Bleu Fonce	Opus	60	7.20	<b>→</b> 0.120
			500	60.00	→ 0.120
80001248	Pharma-Cal D 400 UI	Phmscience	60	7.20	<b>→</b> 0.120
			500	60.00	→ 0.120
80059293	Pharma-Cal D 400 UI Dark	Phmscience	60	7.20	• 0.120
90009560	Bro Col D 400	Dro Doo	500	60.00	→ 0.120
80008566	Pro-Cal-D 400	Pro Doc	60 500	7.20 60.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80021369	Px-Calcium 500 mg + D 400	Phoenix	60	7.20	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
3002 1003	UI	1 HOCHIA	500	60.00	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
80048609	Px-Calcium 500 mg + D 400	Phoenix	60	7.20	<ul><li>→ 0.120</li><li>→ 0.120</li></ul>
	UI	I	500	60.00	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	80019198	ratio-Calcium Vit D	Ratiopharm	60 500	7.20 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80065914	Riva-Cal D400	Riva	60 500	7.20 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li><li>→ 0.1200</li></ul>
Tab.	or Chew. Ta	ab.orCaps.	1	500 mg - 1 0	000 UI <b>PPB</b>	
	80025501	Calcite 500 + D 1000	Riva	30 500	3.60 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80066093	Calcium 500 Vitamine D1000	Altamed	30 500	3.60 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80018540	Cal-Os D 1000	Jamp	30 500	3.60 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80027625	Carbocal D 1000	Sandoz	30 500	3.60 60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80027787	Jamp-Calcium+Vitamine D 1000 UI (Co. Croq.)	Jamp	60	7.20	<b>→</b> 0.1200
	80025051	LiquiCal-D	Mayaka	100	12.00	<b>→</b> 0.1200
	80028899	Liqui-Jamp Fort	Jamp	120	14.40	<b>→</b> 0.1200
	80019536	MCal D1000	Mantra Ph.	60	7.20	• 0.1200
	00050704	MOSI BARRO Sharrahis	Mantas Dh	500	60.00	<b>→</b> 0.1200
	80050701 80039162	MCal D1000 chewable Opus Cal D-1000	Mantra Ph. Opus	60 30	7.20 3.60	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	00039102	Opus Car D-1000	Opus	500	60.00	→ 0.1200 → 0.1200
	80055435	Px-Calcium 500 mg + D	Phoenix	60	7.20	<b>→</b> 0.1200
	00000400	1000 UI	THOCHIX	500	60.00	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
	80072757	Riva-Cal D1000	Riva	30	3.60	→ 0.1200
				500	60.00	→ 0.1200
	CIUM CITRA v. Tab. 80000281 80003262	ATE/VITAMIN D  Ci-Cal D 400  Jamp Calci-Os	Sandoz Jamp	500 mg -4 60 60	7.20 7.20	<ul><li>→ 0.1200</li><li>→ 0.1200</li></ul>
		,				
Chev	v. Tab.	I	I	500 m	ng - 1 000 UI	l I
	80029083	Jamp-Calcium Citrate + Vitamine D 1000 UI	Jamp	60	7.20	0.1200
Tab.				250 mg - 20	00 U.I. <b>PPB</b>	
	80013612	Ci-Cal D 200	Sandoz	360	21.60	<b>→</b> 0.0600
	80015811	Jamp-Calcium Citrate &	Jamp	120	7.20	<b>→</b> 0.0600
		Vitamin D 200 IU		360	21.60	<b>→</b> 0.0600
Tab.				250	mg - 500 UI	
	80025304	Jamp Calcium Citrate +	lamn	60	3.60	0.0600
	00025304	Jamp-Calcium Citrate + Vitamine D 500 UI	Jamp	360	21.60	0.0600

Page 252 2019-12

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. <b>PPB</b>		
	01931563 80027403	Gastrolyte Jamp Rehydralyte	SanofiAven Jamp	10 10	7.01 7.01	 0.7010 0.7010	

#### MAGNESIUM GLUCOHEPTONATE

Oral Sol.	ı	500 mg/5 m	1			
80009357	Jamp-Magnesium	Jamp	500 ml 2000 ml	9.95 39.80		0.0199 0.0199
80004109	Magnesium-Odan	Odan	500 ml 2000 ml	9.95 39.80	<b>+</b>	0.0199 0.0199
80072191	M-Magnesium	Mantra Ph.	500 ml	9.95	•	0.0199
00026697	Rougier Magnesium	Rougier	500 ml 2000 ml	9.95 39.80	<b>+</b>	0.0199 0.0199
99100788	Rougier Magnesium sugar free	Teva Can	500 ml 2000 ml	9.95 39.80	<b>*</b>	0.0199 0.0199

#### MAGNESIUM GLUCONATE

Tab.	ı	500 mg (M	g - 28 mg to 3	0 mg) <b>PPB</b>	ı		
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 (e	n 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

	T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
140 147			0 1/	(c) 555	
LA Caps or LA Ta	ab '	1	8 mmoi (e	en K+) <b>PPB</b>	ı
80084446	Alta-K8	Altamed	500	21.60	<b>→</b> 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
80044745	Opus K-8	Opus	1000	43.20	→ 0.0432
02244068	Riva-K 8 SR	Riva	100	4.32	• 0.0432
			500	21.60	<b>→</b> 0.0432
Oral Sol.			6.65 mmol/5	5 mL (en K+)	
02238604	pms-Potassium Chloride	Phmscience	500 ml	5.10	0.0102
POTASSIUM CIT Eff. Tab.	TRATE		25 mmol (e	en K+) PPB	
00044400	E K 075		00	14.00	0.4700
80011428	Euro-K 975	Sandoz	30	14.28	0.4760
80033602	Jamp-K Effervescent	Jamp	30	14.28	<b>→</b> 0.4760
02085992	K-Lyte	WellSpring	30	14.28	<b>→</b> 0.4760
L.A. Tab.			40	I(1) DDD	
L.A. Tab.	I	T.	IO MINOI (E	en K+) <b>PPB</b>	l
80023817	Jamp-K-Citrate	Jamp	100	15.45	<b>→</b> 0.1545
02243768	K-Citra	Seaford	100	15.45	<b>→</b> 0.1545
Oral Sol.	ı	T.	10 mmol/5	5 mL (en K+)	ı
80011529	K-Citra 10 Solution	Seaford	450 ml	19.97	0.0444
SODIUM CHLOR	RIDE				
I.V. Inj. Sol.	ı	1	23	34 mg/mL <b>11</b>	ı
99100498			30 ml		
Sol. Inh.			70 ~	ng/mL (4 mL)	
	I	1	/ U II	19/111L (4 111L)	I
80029758	Nebusal 7 %	Sterimax	60	53.00	0.8833

Page 254 2019-12

<sup>11</sup> 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
	REMOVING AGENTS STYRENE SULPHONATE	Exchange	capacity: 1.6	mmol de k/g	
02017741	Resonium Calcium	SanofiAven	300 g	92.50	
POLYSTYRENE Oral Pd.	SODIUM SULFONATE	Exchange capa	acity: 1 mmol	de k/q <b>PPB</b>	
02026961	Kayexalate	SanofiAven	454 g	<b>→</b> 42.02	
02020301	Solystat	Pendopharm	454 g	<b>→</b> 42.02	
Oral Susp. 02473968	Odan-Sodium polystyrene sulfonate	Exchange capacit	y: 1 mmol de 500 ml	k/4mL <b>PPB</b> 52.19	→ 0.1044
00769541	Solystat	Pendopharm	500 ml	52.19	<b>→</b> 0.1044
LEVOCARNITIN I.V. Inj. Sol. 02144344	Carnitor	  Leadiant	   5 ml	1 g/5 mL	UE
Oral Sol.				100 mg/mL	
02144336	Carnitor	Leadiant	118 ml		UE
Tab.	ı	1	<u> </u>	330 mg	I
02144328	Carnitor	Leadiant	90		UE
40:28.08 LOOP DIURET ETHACRYNIC A				25 mg	
02258528	Edecrin	Valeant	100	30.96	0.3096
FUROSEMIDE Inj. Sol.	IB		10 r	ng/mL <b>PPB</b>	
00527033	Furosemide	Sandoz	4 ml	3.46	
02384094	Furosemide pour injection USP	Teligent	2 ml	1.30	
02382539	Furosemide SDZ	Sandoz	2 ml 4 ml	→ 1.30 → 3.46	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Oral Sol. 10 mg/mL						
Ī	1	0 54	400 1	l		
02224720	Lasix	SanofiAven	120 ml	36.99	0.3083	
Tab.	ı	1	:	20 mg <b>PPB</b>	ı	
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 <b>PPB</b>		
00362166	Apo-Furosemide	Apotex	1000	32.18	→ 0.0322	
02247372	·	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	<b>→</b> 0.0322	
Tab.				80 mg <b>PPB</b>		
00707570	Apo-Furosemide	Apotex	100	6.54	→ 0.0654	
02351447	Furosemide (Sanis)	Sanis	100	6.54	<b>→</b> 0.0654	
00667080	Furosemide-80	Pro Doc	100	6.54	<b>→</b> 0.0654	
00007000	Taroserriae oo	1 10 500	500	61.00	0.1220	
02466775	Mint-Furosemide	Mint	100	6.54	0.0654	
00765953	Teva-Furosemide	Novopharm	100	6.54	<b>→</b> 0.0654	
Tab				E00 mg		
Tab.		1		500 mg	I	
02224755	Lasix Special	SanofiAven	20	52.47	2.6235	
40:28.16 POTASSIUM-SPARING DIURETICS AMILORIDE HYDROCHLORIDE 個 Tab. 5 mg						
02249510	Midamor	AA Pharma	100	27.17	0.2717	
40:28.20 THIAZIDE DIU HYDROCHLORO Tab.			12	2.5 mg <b>PPB</b>		
02327856	Apo-Hydro	Apotex	500	16.12	→ 0.0322	
02327630	Mint-Hydrochlorothiazide	Mint	500	16.12	→ 0.0322 → 0.0322	
02423947	pms-Hydrochlorothiazide	Phmscience	500	16.12	→ 0.0322 → 0.0322	
0221 7000	pino riyaroomoroanazide	1 THITISOIGHOC		10.12	7 0.0022	

Page 256 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE		COST OF PKG. SIZE		JNIT PRICE
Tab.					25 mg	PPB	•	
	00000044	Ana Uhudua	A				_	0.0457
	00326844	Apo-Hydro	Apotex	100		1.57	7	0.0157
	02247170	Pio Hydrophlarothiazida	Piomod	1000		15.65	7	0.0157 0.0157
	02247170	Bio-Hydrochlorothiazide	Biomed	500 1000		7.83 15.65	7	0.0157
	02486962	Hydrochlorothiazide	Pro Doc	1000		15.65	*	0.0157
	02360594	Hydrochlorothiazide	Sanis	1000		1.57	7	0.0157
	02300394	Hydrocrilorotrilazide	Sallis	1000		15.65	7	0.0157
	02426196	Mint-Hydrochlorothiazide	Mint	1000		15.65	7	0.0157
	02420190	pms-Hydrochlorothiazide	Phmscience	500		7.83	7	0.0157
	02247300	priis-riyarocriiorotriiazide	Filliscience	1000		15.65	7	0.0157
	00021474	Teva-Hydrochlorothiazide	Teva Can	100		1.57	7	0.0157
	00021474	Teva-Hydrochlorothlazide	Teva Can	1000		15.65	<b>→</b>	0.0157
Tab.					50 mg	PPR		
		I	I				I	
	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
OLM Tab.	ESARTAN I	MEDOXOMIL/HYDROCHLOR	OTHIAZIDE 🖪	20 mg -12	.5 mg	РРВ		
	02468948	ACH-Olmesartan HCTZ	Accord	30		9.06	•	0.3019
	02.000.0	7.6.7.6664.14776.1	7.000.0	90		27.17	•	0.3019
	02443112	Act Olmesartan HCT	ActavisPhm	30		9.06	_	0.3019
	02453606	Apo-Olmesartan/HCTZ	Apotex	30		9.06	•	0.3019
	02400000	Apo Gimesartarii 1012	ripotex	100		30.19	•	0.3019
	02319616	Olmetec Plus	Merck	30		30.49	7	1.0163
	02010010	omnotoo i nao	Wordk			00.10		1.0100
Tab.		I	I	40 mg - 12	2.5 mg	PPB	ı	1
	02468956	ACH-Olmesartan HCTZ	Accord	30		9.06	•	0.3019
				90		27.17	•	0.3019
	02443120	Act Olmesartan HCT	ActavisPhm	30		9.06	•	0.3019
	02453614	Apo-Olmesartan/HCTZ	Apotex	30		9.06	•	0.3019
				100		30.19	•	0.3019
	02319624	Olmetec Plus	Merck	30		30.49		1.0163
Tab.				40 mg - 2	25 mg	PPB		
	02468964	ACH Olmosortes HCTZ	Accord	20		0.00	_	0.3019
	02408904	ACH-Olmesartan HCTZ	Accord	30		9.06	7	
	00440400	A-4-0/	A -ti- Di-	90		27.17	7	0.3019
	02443139	Act Olmesartan HCT	ActavisPhm	30		9.06	•	0.3019
	02453622	Apo-Olmesartan/HCTZ	Apotex	30		9.06	•	0.3019
	0004555	l	l., .	100		30.19	•	0.3019
	02319632	Olmetec Plus	Merck	30		30.49		1.0163
				<u> </u>				

CODE		BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
					SIZE		
40:28.24 THIAZIDE- CHLORTHA		E DIURETICS DNE 🖫					
Tab.			1	ı	50 mg	1	
003602	279	Chlorthalidone	AA Pharma	100	12.42	0.1242	
INDAPAMID	INDAPAMIDE <b>1</b> Tab. 1.25 mg <b>PPB</b>						
02245	246	Apo-Indapamide	Apotex	100	7.45	● 0.0745	
023739	- 1	Jamp-Indapamide	Jamp	30	2.24	<ul><li>→ 0.0745</li></ul>	
		, , , , , , , , , , , , , , , , , , , ,		100	7.45	→ 0.0745	
02179	709	Lozide	Servier	30	8.94	0.2979	
022400		Mylan-Indapamide	Mylan	100	7.45	<b>→</b> 0.0745	
022396	619	pms-Indapamide	Phmscience	30	2.24	• 0.0745	
				100	7.45	→ 0.0745	
Tab.				2	2.5 mg <b>PPB</b>		
022236	678	Apo-Indapamide	Apotex	100	11.82	<b>→</b> 0.1182	
023739		Jamp-Indapamide	Jamp	30	3.55	<ul><li>→ 0.1182</li></ul>	
				100	11.82	<b>→</b> 0.1182	
005649	966	Lozide	Servier	30	14.18	0.4727	
021534	483	Mylan-Indapamide	Mylan	100	11.82	<b>→</b> 0.1182	
022396	620	pms-Indapamide	Phmscience	30	3.55	<b>→</b> 0.1182	
021889	010	Tria-Indapamide	Trianon	100 30	11.82 3.55	<ul><li>→ 0.1182</li><li>→ 0.1182</li></ul>	
		_	manon	- 30	0.00	0.1102	
METOLAZO Tab.	NE	ır			2.5 mg		
008884	400	Zaroxolyn	SanofiAven	100	16.14	0.1614	
AMILORIDE Tab.	40:28.92 DIURETICS, MISCELLANEOUS AMILORIDE HYDROCHLOROTHIAZIDE						
00784	400	Amilzide	AA Pharma	100 1000	8.38 83.78	<ul><li>→ 0.0838</li><li>→ 0.0838</li></ul>	
019372	219	Novamilor	Novopharm	100 1000	8.38 83.78	<ul><li>→ 0.0838</li><li>→ 0.0838</li></ul>	
SPIRONOLA	ACTO	ONE/ HYDROCHLOROTHIAZ	IDE 🖫	25 ma -:	25 mg <b>PPB</b>		
1	400	Alderda St.	Dr.	_			
001804 006132		Aldactazide Teva-Spironolactone/HCTZ	Pfizer Teva Can	100 100	9.28 8.58	0.0928 <b>→</b> 0.0858	
·				· · · · · · · · · · · · · · · · · · ·	-		

Page 258 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			50 mg -	50 mg <b>PPB</b>	
00594377 00657182	Aldactazide 50 Novo-Spirozine-50	Pfizer Novopharm	100 100	24.19 22.36	0.2419 <b>→</b> 0.2236
		_			
TRIAMTERENE/	HYDROCHLOROTHIAZIDE	<b>B</b>	50 mg -	25 mg <b>PPB</b>	ı
00441775	Apo-Triazide	Apotex	100 1000	6.08 60.80	<ul><li>→ 0.0608</li><li>→ 0.0608</li></ul>
00532657	Novo-Triamzide	Novopharm	100 1000	6.08 60.80	<ul><li>0.0608</li><li>0.0608</li></ul>
40:40					
URICOSURIC SULFINPYRAZO	_				
Tab.	_			200 mg	
00441767	Sulfinpyrazone	AA Pharma	100	29.97	0.2997

### 48:00 RESPIRATORY TRACT AGENTS

48:10anti-inflammatory agents48:10.24leukotriene modifiers48:10.32mast-cell stabilizers48:24mucolytic agents

	E MODIFIERS					
NTELUKAST ew. Tab.	SODIUM B			4 mg PPB		
		1	1	1		
02410265	AHI-Montelukast	Accord	30	_	•	0.27
02377608	Apo-Montelukast	Apotex	30	8.27	•	0.27
02422867	Auro-Montelukast	Aurobindo	30		•	0.27
02442353	Jamp-Montelukast	Jamp	30	_	•	0.2
02399865	Mar-Montelukast	Marcan	30	0.2.	•	0.2
02408627	Mint-Montelukast	Mint	30	8.27	•	0.2
02379821	Montelukast	Pro Doc	30	8.27	•	0.2
02379317	Montelukast	Sanis	30	8.27	•	0.2
02382458	Montelukast	Sivem	30	8.27	•	0.2
			100	27.58	•	0.2
02354977	pms-Montelukast	Phmscience	30	8.27	•	0.2
			100	27.58	•	0.2
02402793	Ran-Montelukast	Ranbaxy	30	8.27	•	0.2
02330385	Sandoz Montelukast	Sandoz	100	27.58	•	0.2
02243602	Singulair	Merck	30	42.00		1.4
02355507	Teva Montelukast	Teva Can	30	1	•	0.2
w. Tab.				5 mg PPB		
02410273	AHI-Montelukast	Accord	30	9.25	•	0.30
02377616	Apo-Montelukast	Apotex	30	1	٠	0.3
02422875	Auro-Montelukast	Aurobindo	30		÷	0.3
02442361	Jamp-Montelukast	Jamp	30		٠	0.3
02399873	Mar-Montelukast	Marcan	30	1		0.3
02408635	Mint-Montelukast	Mint	30	1	•	0.3
02379848	Montelukast	Pro Doc	30	1	•	0.3
02379325	Montelukast	Sanis	30	1		0.3
02373026	Montelukast	Sivem	30	1	•	0.3
02302400	Wontelakasi	Olveili	100		-	0.3
02354985	pms-Montelukast	Phmscience	30	1 1	•	0.3
02334903	piris-ivioriteiukasi	Filliscience	100	I I	-	0.3
02402807	Ran-Montelukast	Ranbaxy	30		•	0.3
02330393	Sandoz Montelukast	Sandoz	100	1 1	-	0.3
02330393	Singulair	Merck	30	46.36	7	1.5
	Teva Montelukast	Teva Can	30		•	0.3
02355515						

MANUFACTURER

CODE

02247997 Singulair

BRAND NAME

COST OF PKG. SIZE

UNIT PRICE

SIZE

2019-12 Page 263

Merck

30

42.00

1.4000

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.	Tab. 10 mg <b>PPB</b>						
	02374609	Apo-Montelukast	Apotex	30	12.69	<b>→</b> 0.4231	
	00404074	A M ( ) (		100	42.31	0.4231	
	02401274	Auro-Montelukast	Aurobindo	30 90	12.69 38.08	<ul><li>→ 0.4231</li><li>→ 0.4231</li></ul>	
	02445735	Bio-Montelukast	Biomed	30	12.69	• 0.4231	
	02391422	Jamp-Montelukast	Jamp	30	12.69	<b>→</b> 0.4231	
	00000007	Maria Maria de la contra dela contra de la contra del la contra de la contra del la contra del la contra de la contra de la contra dela		100	42.31	0.4231	
	02399997 02408643	Mar-Montelukast Mint-Montelukast	Marcan   Mint	30 100	12.69 42.31	<ul><li>→ 0.4231</li><li>→ 0.4231</li></ul>	
	02406643	Montelukast	Pro Doc	30	12.69	→ 0.4231 → 0.4231	
	02373030	Wontelakasi	110 000	100	42.31	<ul><li>→ 0.4231</li><li>→ 0.4231</li></ul>	
	02379333	Montelukast	Sanis	30	12.69	→ 0.4231	
	02382474	Montelukast	Sivem	30	12.69	→ 0.4231	
				100	42.31	<b>→</b> 0.4231	
	02379236	Montélukast sodique	Accord	30	12.69	• 0.4231	
	00070047	and Mantalyload 50	Dharasianas	100	42.31	0.4231	
	02373947	pms-Montelukast FC	Phmscience	30 100	12.69 42.31	<ul><li>→ 0.4231</li><li>→ 0.4231</li></ul>	
	02389517	Ran-Montelukast	Ranbaxy	30	12.69	<ul><li>→ 0.4231</li><li>→ 0.4231</li></ul>	
	02000011	ran montoranaet	T tallbuxy	100	42.31	• 0.4231	
	02398826	Riva-Montelukast FC	Riva	30	12.69	<b>→</b> 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	<b>→</b> 0.4231	
	IDI IIIKA OT	Б					
ZAF Tab.	IRLUKAST				20 mg		
	02236606	Accolate	AZC	60	44.95	0.7492	
	10.32						
		TABILIZERS					
	spray	E (SODIUM)			2 %		
		L., , , , , , ,	L	١		l	
	01950541	Rhinaris CS Anti-allergique	Pendopharm	13 ml	6.88		
Sol.	Inh				1 % (2 mL)		
		1	I		l ` ´		
	02046113	pms-Sodium cromoglycate	Phmscience	50	24.23	0.4846	
48:2	24						
	COLYTIC /	AGENTS					
	TYLCYSTE						
Sol.		···-			200 mg/mL		
	02243098	Acetyleyeteine	Sandoz	10 ml	7.00		
1	02243090	Acetylcysteine	Gariuoz	30 ml	21.00		
$\overline{}$							

**Page 264** 2019-12

### 52:00 E. N. T. AGENTS

antiallergic agents
anti-infectives
antibiotics
antivirals
anti-inflammatory agents
corticosteroids
local anesthetics
mydriatics
antiglaucoma agents
alfa-adrenergic agonists
beta-adrenergic blocking agents
carbonic anhydrase inhibators
miotics
prostaglandin analogs
antiglaucoma agents, miscellaneous
miscellaneous EENT drugs

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
52:02 ANTIALLERGIO CROMOGLICATE Oph. Sol.				2 % <b>PPB</b>		
02009277	Cromolyn	Pendopharm	5 ml 10 ml	<b>→</b> 4.75		
02230621	Opticrom	Allergan	10 ml	9.50 9.98		
Oph. Sol.	ROMETHAMIDE LA	   Novartis	   10 ml	0.1 %		
52:04.04 ANTIBIOTICS CIPROFLOXACIN HYDROCHLORIDE 19 Oph. Oint. 0.3 %						
· 1	Ciloxan	Novartis	3.5 g	10.15		
01945270	Apo-Ciproflox Ciloxan Sandoz Ciprofloxacin	Apotex Novartis Sandoz	5 ml 5 ml 5 ml	0.3 % <b>PPB</b> 7.05  10.15  7.05		
ERYTHROMYCIN Oph. Oint.	I <b>G</b>	1		0.5 %		
02326663	Erythromych	Sterigen	3.5 g	9.55		
FRAMYCETIN SU Oph. Sol.	· ·	Sterigen	3.5 g 8 ml	9.55 0.5 % 8.00		
FRAMYCETIN SU Oph. Sol. 02224887 FUSIDIC (ACID) Oph. Sol.	JLFATE (1) Soframycine	1	8 ml	0.5 %		
FRAMYCETIN SUDph. Sol. 02224887  FUSIDIC (ACID) Dph. Sol.	JLFATE 18 Soframycine	1	1	0.5 %		
FRAMYCETIN SU Oph. Sol. 02224887 FUSIDIC (ACID) Oph. Sol.	Soframycine  B Fucithalmic	Erfa	8 ml	0.5 %		

	T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		I.	ļ.		
TODD 4 10/001	E				
TOBRAMYCIN Oph. Oint.	uri			0.3 %	
00614254	Tobrex	Novartis	3.5 g	8.65	
Oph. Sol.	ı	1	1	0.3 % <b>PPB</b>	1
02241755	Sandoz Tobramycin	Sandoz	5 ml	<b>→</b> 6.81	
00513962	Tobrex 0.3%	Novartis	5 ml	8.72	
52:04.20					
ANTIVIRALS					
TRIFLURIDINE	B			4.04	
Oph. Sol.	l	I	l	1 % 	1
00687456	Viroptic	Valeant	7.5 ml	22.79	
52:08.08					
CORTICOSTE	ROIDS				
	SONE DIPROPIONATE				
Aéro ou Vap Nas		I	ı	n/dose <b>PPB</b>	1
02238796 02172712	Apo-Beclomethasone AQ Mylan-Beclo AQ	Apotex Mylan	200 dose(s) 200 dose(s)	12.26 12.26	
02228300	Rivanase AQ	Riva	200 dose(s)		
BUDESONIDE	R				
Nas. Inh. Pd.			10	00 mcg/dose	
02035324	Rhinocort Turbuhaler	AZC	200 dose(s)	23.56	
		•	•		
Nas. spray	ı	I	64 mcg	/dose PPB	1
02241003	Mylan-Budesonide AQ	Mylan	120 dose(s)	I -	
02231923	Rhinocort Aqua	McNeil Co	120 dose(s)	10.59	
Nas. spray			10	00 mcg/dose	
02230648	Mylan-Budesonide AQ	  Mylan	165 dose(s)	12.74	1
02230040	IMylan-budesonide AQ	INIVIAII	100 0030(3)	12.74	
	_				
<b>DEXAMETHAS</b> Oph. Oint.	ONE B			0.1 %	
1	Maxidex	Novartis	250	8.74	
00042579	IVIAXIUEX	INOVALUS	3.5 g	8.74	
Oph. Susp. or Op	oh Sol			0.1 % <b>PPB</b>	
02023865	   Dexamethasone	Stulln	5 ml	8.06	
02023665	Maxidex	Novartis	5 ml	→ 8.06	
	1		-	L	

Page 268 2019-12

00247855   FML   Sandoz Fluorometholone   Sandoz   Sml   15.29   10 ml   30.58   5 ml   30.58   5 ml   8.09							
Oph. Susp.         0.247855         FML sandoz Fluorometholone         Allergan         5 ml 10 ml 10 ml 30.58 30.59 30.	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE	
Oph. Susp.         0.247855         FML sandoz Fluorometholone         Allergan         5 ml 10 ml 10 ml 30.58 30.59 30.					'		
10 ml	FLUOROMETHO Oph. Susp.	DLONE B			0.1 % <b>PPB</b>		
Sandoz   Sandoz	00247855	FML	Allergan	5 ml	15.29		
Preserve   Preserve	00432814	Sandoz Fluorometholone	Sandoz	1	1 -		
Oph. Susp.         0.1 %           00756784         Flarex         Novartis         5 ml         9.10           FLUTICASONE FUROATE III Nas. spray         27.5 mcg/dose           02298589         Avamys         GSK         120 dose(s)         20.73           FLUTICASONE PROPIONATE III Nas. spray         50 mcg/dose PPB           Nas. spray         50 mcg/dose PPB         21.97           02294745         Apo-Fluticasone         Apotex         120 dose(s)         23.71           02296071         ratio-Futicasone         Ratiopharm         120 dose(s)         21.97           02453738         Teva-Fluticasone         Teva Can         120 dose(s)         21.97           MOMETASONE FUROATE MONOHYDRATE III           Nas. spray         50 mcg/dose         PPB           02403587         Apo-Mometasone         Apotex         140 dose(s)         10.42           Nasonex         Merck         140 dose(s)         10.42           02403583         Apo-Mometasone         Sandoz         140 dose(s)         10.42           02403583         Prad-Mild         Allergan         10 ml         17.96           PREDNISOLONE ACETATE III         One         One         5 ml <td></td> <td></td> <td>I.</td> <td></td> <td>,</td> <td></td>			I.		,		
Page	FLUOROMETHO	DLONE ACETATE					
Prescription   Pres	Oph. Susp. I	I	I	I	0.1 %		
Nas. spray   CSK   120 dose(s)   20.73	00756784	Flarex	Novartis	5 ml	9.10		
Nas. spray   CSK   120 dose(s)   20.73							
Description		FUROATE 🖫		27	5 mcg/dose		
FLUTICASONE PROPIONATE	' '	Avamys	GSK	[	1 1		
Nas. spray   S0 mcg/dose   PPB	02200000	- Trumye	Joon	120 0000(0)	20.70		
Nas. spray   S0 mcg/dose   PPB	ELUTICASONE PRODIONATE IR						
02213672	Nas. spray			50 mcg	g/dose PPB		
02296071	02294745	Apo-Fluticasone	Apotex	. ,	1 -		
MOMETASONE FUROATE MONOHYDRATE   Nas. spray   50 mcg/dose   PPB			1				
MOMETASONE FUROATE MONOHYDRATE  Nas. spray  02403587		1					
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 ■           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  Spray	MOMETASONE FUROATE MONOHYDRATE						
02238465 02449811 02475863       Nasonex Sandoz       Merck Sandoz       140 dose(s) 140 dose(s)       10.42 140 dose(s)         PREDNISOLONE ACETATE III Oph. Susp.         00299405       Pred Mild       Allergan       10 ml       17.96         Oph. Susp.         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	-	I	I.	l Č	ĺ. I		
02449811   Sandoz Mometasone   Sandoz   140 dose(s)   10.42   10.42							
Teva Can   140 dose(s)   10.42		1					
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         5 ml         8.50           10 ml         10 ml         17.00    TRIAMCINOLONE ACETONIDE  Nas Spray  55 mcg/dose							
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         5 ml         8.50           10 ml         10 ml         17.00    TRIAMCINOLONE ACETONIDE  Nas Spray  55 mcg/dose							
O0299405         Pred Mild         Allergan         10 ml         17.96           Oph. Susp.         1 % PPB           00700401         ratio-Prednisolone         Teva Can         5 ml         8.50           10 ml         17.00         5 ml         8.50           10 ml         17.00         17.00           Sandoz         5 ml         8.50           10 ml         17.00    TRIAMCINOLONE ACETONIDE  Nas Spray		EACETATE 🖪			0.40.0/		
Oph. Susp.         1 % PPB           00700401         ratio-Prednisolone         Teva Can         5 ml         8.50           10 ml         17.00         5 ml         8.50           10 ml         10 ml         17.00           5 ml         8.50         10 ml         17.00    TRIAMCINOLONE ACETONIDE  Nas Spray  55 mcg/dose		Burtagu	l	10.1	1 1		
00700401	00299405	Prea Mila	Allergan	10 mi	17.96		
01916203	Oph. Susp.			ı	1 % PPB		
01916203	00700401	ratio-Prednisolone	Teva Can				
TRIAMCINOLONE ACETONIDE Nas Spray  55 mcg/dose	01016202	Sandoz Prednisolone	Sandoz	1	1		
Nas Spray 55 mcg/dose	01910203	Gandoz i redilisolorie	Garidoz				
Nas Spray 55 mcg/dose							
		IE ACETONIDE			55 m 1/1		
UZ41751U   Nasacort Allergie 24H   Pendopnarm   12U dose(s)   15.60		Manager Allegrain Odl	D	1	1 1		
	02417510	Nasacoπ Allergie 24H	Pendopnarm	120 dose(s)	15.60		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
TRIAMCINOLON Nas. spray	NE ACETONIDE	1	55 mcg	/dose <b>PPB</b>		
02437635 02213834	Apo-Triamcinolone AQ Nasacort AQ	Apotex SanofiAven	120 dose(s) 120 dose(s)			
52:16 LOCAL ANES LIDOCAINE HYI Oral Top. Jel.				2 %		
00811874	pms-Lidocaine Viscous	Phmscience	50 ml 100 ml	1.70 3.40	0.0340 0.0340	
52:24 MYDRIATICS	FATE IB					
ATROPINE SUL Oph. Sol.	FAIE LOI			1% <b>PPB</b>	,	
02023695 00035017	Atropine Isopto Atropine	Stulln Alcon	15 ml 5 ml	<ul><li>9.42</li><li>3.14</li></ul>		
		-	1			
CYCLOPENTOL Oph. Sol.	ATE HYDROCHLORIDE			1 %		
00252506	Cyclogyl	Alcon	15 ml	12.66		
PHENYLEPHRINE HYDROCHLORIDE Oph. Sol. 2.5 %						
00465763	Mydfrin 2.5%	Alcon	5 ml	5.08		
TROPICAMIDE 1						
Oph. Sol. 00000981	Mydriacyl	Alcon	15 ml	0.5 %		
		1, 222.	1 10 1111			
Oph. Sol.		١,,	45	1 %		
00001007	Mydriacyl	Alcon	15 ml	16.90		
52:40.04 ALFA-ADREN BRIMONIDINE T	ERGIC AGONISTS					
Oph. Sol.	1	1	1	.15 % <b>PPB</b>	1	
02248151	Alphagan P  Brimonidine P	Allergan  AA Pharma	5 ml 10 ml 5 ml	11.55 23.10 • 8.66		
			10 ml	<b>→</b> 17.33		

Page 270 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
	0.0% PPP							
Oph. Sol.	I	I	ı	0.2 % <b>PPB</b>				
02236876	Alphagan	Allergan	5 ml	16.50				
			10 ml	33.00				
02260077	Apo-Brimonidine	Apotex	5 ml	<b>→</b> 5.78				
20042004	5	<u>.</u> .	10 ml	11.55				
02246284	pms-Brimonidine	Phmscience	5 ml 10 ml	<ul><li>5.78</li><li>11.55</li></ul>				
02305429	Sandoz Brimonidine	Sandoz	5 ml	→ 5.78				
02303429	Sandoz Brimonidine	Gandoz	10 ml	→ 11.55				
	•							
BRIMONIDINE T	ARTRATE/ TIMOLOL MALE	ATE 🖪						
Oph. Sol.	1	1		0.2 % - 0.5 %				
02248347	Combigan	Allergan	10 ml	40.12				
BRINZOLAMIDE/BRIMONIDINE (TARTRATE)								
Oph. Susp.	BRIMONIDINE (TARTRATE	) ш		1 % - 0.2 %				
	1	1	I	1 1				
02435411	Simbrinza	Novartis	10 ml	44.39				
	ERGIC BLOCKING AGE!  OROCHLORIDE	VI 5		0.25 %				
l	B. ( (	N		14.50				
01908448	Betoptic S	Novartis	5 ml 10 ml	11.50 23.00				
L			101111	25.00				
BRIMONIDINE T	ARTRATE/ TIMOLOL MALE	ATE B						
Oph. Sol.				0.2 % - 0.5 %				
02248347	Combigan	Allergan	10 ml	40.12				
022 100 11	- Comoigan	/o.gu		10.12				
_								
Oph. Sol.	HYDROCHLORIDE/ TIMOLO	DLMALEATE LE	2 %	-0.5 % <b>PPB</b>				
02404389	ACT Dorzotimolol	ActavisPhm	10 ml	19.89				
	Apo-Dorzo-Timop	Apotex	10 ml	→ 19.89				
02240113	Cosopt	Purdue	10 ml	54.84				
02457539	Jamp Dorzolamide-Timolol	Jamp	10 ml	<b>→</b> 19.89				
02437686	Med-Dorzolamide-Timolol	GMP	10 ml	→ 19.89				
02443090	Mint-Dorzolamide/Timolol	Mint	10 ml	<b>→</b> 19.89				
02442426	pms-Dorzolamide-Timolol	Phmscience	10 ml	<b>→</b> 19.89				
02441659	Riva-Dorzolamide/Timolol	Riva	10 ml	19.89				
02344351	Sandoz Dorzolamide/ Timolol	Sandoz	10 ml	→ 19.89				
02451271	VAN-Dorzolamide-Timolol	Vanc Phm	10 ml	<b>→</b> 19.89				
		1	1	1				

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
		/TIMOLOL MALEATE		0.005.0/	0.5 % <b>PPB</b>	
Opn	. Sol.	I	I		I I	
	02436256	ACT Latanoprost/Timolol	ActavisPhm	2.5 ml	11.07	
	02414155 02453770	Apo-Latanoprost-Timop  Jamp-Latanoprost/Timolol	Apotex Jamp	2.5 ml 2.5 ml	<ul><li>→ 11.07</li><li>→ 11.07</li></ul>	
	02394685	Sandoz Latanoprost/Timolol	Sandoz	2.5 ml	11.07	
*	02246619	Xalacom	Upjohn	2.5 ml	30.99	
		0				
	<b>DLOL MALE</b> . Sol.	ATE LI			0.25 %	
	02166712	   Sandoz Timolol	Sandoz	10 ml	9.68	
	02100712	Sandoz Timoloi	Candoz	101111	9.00	
Onh	. Sol.				0.5 % <b>PPB</b>	
		A Times		۱ .	Í	
	00755834	Apo-Timop	Apotex	5 ml 10 ml	<ul><li>♦ 6.07</li><li>♦ 12.14</li></ul>	
	02447800	Jamp-Timolol	Jamp	5 ml	6.07	
	02083345	pms-Timolol	Phmscience	5 ml	→ 6.07	
		,		10 ml	<b>→</b> 12.14	
	02166720	Sandoz Timolol	Sandoz	5 ml	→ 6.07	
				10 ml	<b>→</b> 12.14	
	00451207	Timoptic	Purdue	10 ml	33.39	
	0.1.0.1					
Oph	. Sol. Gel	I	I	l C	).25 % <b>PPB</b>	
	02242275	Timolol Maleate-EX	Sandoz	5 ml	<b>→</b> 9.78	
	02171880	Timoptic-XE	Purdue	5 ml	18.00	
Oph	. Sol. Gel	I	I	1	0.5 % <b>PPB</b>	
	02242276	Timolol Maleate-EX	Sandoz	5 ml	<b>→</b> 10.76	
	02171899	Timoptic-XE	Purdue	5 ml	21.54	
TRAVOPROST/ TIMOLOL (MALEATE OF)						
	Sol.			0.004 % -	0.5 % <b>PPB</b>	
	02415305	Apo-Travoprost-Timop	Apotex	5 ml	<b>→</b> 44.21	
	02278251	DuoTrav PQ	Novartis	5 ml	58.95	
1	02413817	Sandoz Travoprost/Timolol	Sandoz	2.5 ml	<b>→</b> 24.90	
		PQ		5 ml	<b>→</b> 44.21	
	10.12					
	RBONIC AI	NHYDRASE INHIBATORS DE □ □	i			
Tab.		W			250 mg	
1		Acatazalamida 250 m =	A A Dharma	100	1 1	0.4000
	00545015	Acetazolamide 250 mg	AA Pharma	100	12.62	0.1262

Page 272 2019-12

BRINZOLAMIDE						
Oph. Susp.         1 %           02238873         Azopt         Novartis         5 ml         16.42           DORZOLAMIDE (HYDROCHLORIDE) III           Oph. Sol.         2 % PPB           02453347         Jamp-Dorzolamide         Sandoz         5 ml         6.56           02216205         Trusopt         Sandoz         5 ml         6.56           02216205         Trusopt         Purdue         5 ml         17.94           DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE III           Oph. Sol.         2 % -0.5 % PPB           02404389         ACT Dorzotimolol         ActavisPhm         10 ml         19.89           02299615         Apo-Dorzo-Timop         Apotex         10 ml         19.89           024947539         Jamp Dorzolamide-Timolol         Jamp         10 ml         19.89           02437686         Med-Dorzolamide-Timolol         Jamp         10 ml         19.89           02443990         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89           024457639         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89           024457639         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
Oph. Susp.         1 %           02238873         Azopt         Novartis         5 ml         16.42           DORZOLAMIDE (HYDROCHLORIDE) III           Oph. Sol.         2 % PPB           02453347         Jamp-Dorzolamide         Sandoz         5 ml         6.56           02216205         Trusopt         Sandoz         5 ml         6.56           02216205         Trusopt         Purdue         5 ml         17.94           DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE III           Oph. Sol.         2 % -0.5 % PPB           02404389         ACT Dorzotimolol         ActavisPhm         10 ml         19.89           02299615         Apo-Dorzo-Timop         Apotex         10 ml         19.89           024947539         Jamp Dorzolamide-Timolol         Jamp         10 ml         19.89           02437686         Med-Dorzolamide-Timolol         Jamp         10 ml         19.89           02443990         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89           024457639         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89           024457639         Jamp Dorzolamide-Timolol         Mint         10 ml         19.89						
DORZOLAMIDE (HYDROCHLORIDE)					1 %	
DORZOLAMIDE (HYDROCHLORIDE)	1	Azont	Novartis	5 ml	1 1	
Oph. Sol.         2 % PPB           02453347 02316307 02216205         Jamp-Dorzolamide Sandoz Trusopt         Jamp Sandoz Purdue         5 ml 5 ml         6.56 6.56 6.56           DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE         III         2 % -0.5 % PPB           OPh. Sol.         2 % -0.5 % PPB         2 % -0.5 % PPB           02404389 02299615 02240113 02457539 02240113 02457599 024437990 024437990 02443990 02443990 02443990 02442902 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 02443090 02441659 02443090 02441659 02443090 02441659 02443090 02441659 02443090 02441659 02443090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 02443090 024423090 024423090 02443090 024423090 02443090 0	022000.0	7.2001	1.1014.10	<u> </u>	10.12	
Oph. Sol.         2 % PPB           02453347 02316307 02216205         Jamp-Dorzolamide Sandoz Trusopt         Jamp Sandoz Purdue         5 ml 5 ml         6.56 6.56 6.56           DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE         III         2 % -0.5 % PPB           OPh. Sol.         2 % -0.5 % PPB         2 % -0.5 % PPB           02404389 02299615 02240113 02457539 02240113 02457599 024437990 024437990 02443990 02443990 02443990 02442902 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 02443090 02441659 02443090 02441659 02443090 02441659 02443090 02441659 02443090 02441659 02443090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 024423090 02443090 024423090 024423090 02443090 024423090 02443090 0	DODZOJ 414/DE	(INCORPORAL COURTY B				
02316307   Sandoz Dorzolamide   Sandoz   S ml   ■ 6.56   5 ml   17.94		(HYDROCHLORIDE) III			2 % <b>PPB</b>	
DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE	02453347	Jamp-Dorzolamide	Jamp	5 ml	<b>→</b> 6.56	
DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE						
Oph. Sol.         2 % -0.5 % PPB           02404389 0229615 Apo-Dorzo-Timop         ActavisPhm         10 ml         19.89 Apo-Dorzo-Timop           02240113 Cosopt 02437686 Med-Dorzolamide-Timolol 024437686 Med-Dorzolamide-Timolol 024437680 Med-Dorzolamide-Timolol 02443090 Mint-Dorzolamide-Timolol 02443090 Mint-Dorzolamide-Timolol 024441659 Riva-Dorzolamide/Timolol 024441659 Riva-Dorzolamide/Timolol 024441659 Riva-Dorzolamide/Timolol 0244351 Sandoz Dorzolamide/ Sandoz 10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         19.89 Phmscience 10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         10 ml         10 ml         10 ml         10 ml         10 ml         10 ml <td< td=""><td>02216205</td><td>Trusopt</td><td>Purdue</td><td>5 ml</td><td>17.94</td><td></td></td<>	02216205	Trusopt	Purdue	5 ml	17.94	
Oph. Sol.         2 % -0.5 % PPB           02404389 0229615 Apo-Dorzo-Timop         ActavisPhm         10 ml         19.89 Apo-Dorzo-Timop           02240113 Cosopt 02437686 Med-Dorzolamide-Timolol 024437686 Med-Dorzolamide-Timolol 024437680 Med-Dorzolamide-Timolol 02443090 Mint-Dorzolamide-Timolol 02443090 Mint-Dorzolamide-Timolol 024441659 Riva-Dorzolamide/Timolol 024441659 Riva-Dorzolamide/Timolol 024441659 Riva-Dorzolamide/Timolol 0244351 Sandoz Dorzolamide/ Sandoz 10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         19.89 Phmscience 10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         10 ml         19.89 Phmscience 10 ml         10 ml         10 ml         10 ml         10 ml         10 ml         10 ml         10 ml <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
02404389   ACT Dorzotimolol   ActavisPhm   10 ml   19.89   19.89   19.89   19.89   19.89   19.89   10.2490113   10.2490		HYDROCHLORIDE/ TIMOLO	L MALEATE	2.0/	0 F 0/ DDB	
02299615   Apo-Dorzo-Timop   Apotex   10 ml   \$ 19.89     02240113   Cosopt   Cosopt   Durdue   10 ml   \$ 54.84     02457539   Jamp Dorzolamide-Timolol   QMP   10 ml   \$ 19.89     02437686   Med-Dorzolamide-Timolol   QMP   10 ml   \$ 19.89     02444209   Dorzolamide-Timolol   Mint   10 ml   \$ 19.89     02442426   pms-Dorzolamide-Timolol   QMP   10 ml   \$ 19.89     02441659   Riva-Dorzolamide/Timolol   Riva   10 ml   \$ 19.89     02344351   Sandoz Dorzolamide/ Timolol   Sandoz   10 ml   \$ 19.89     02451271   VAN-Dorzolamide-Timolol   Vanc Phm   10 ml   \$ 19.89     02451271   VAN-Dorzolamide-Timolol   Vanc Phm   10 ml   \$ 19.89     02245882   Methazolamide   AA Pharma   100   49.13   0.4913     02245882   Methazolamide   AA Pharma   100   49.13   0.4913     52:40.20   MIOTICS   PILOCARPINE HYDROCHLORIDE   Oph. Sol.   2 %     00000868   Isopto Carpine   Novartis   15 ml   3.70     0ph. Sol.   4 %     00000884   Isopto Carpine   Novartis   15 ml   4.19     52:40.28   PROSTAGLANDIN ANALOGS   BIMATOPROST   Oph. Sol.   0.01 %     002324997   Lumigan RC   Allergan   5 ml   54.05	1	1	1		i I	
O2240113   Cosopt   Purdue   10 ml   54.84   Jamp Dorzolamide-Timolol   Jamp   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.8	1		1			
02457539   Jamp Dorzolamide-Timolol   Qamp   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   19.89   10 ml   19.89	1				1 1	
02437686   Med-Dorzolamide-Timolol   QMP   10 ml   19.89						
02442426   pms-Dorzolamide-Timolol   Riva-Dorzolamide/Timolol   Riva   10 ml   19.89   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89   19.89   19.89   10 ml   19.89   19.8	1		1 '			
02441659   02344351   Sandoz Dorzolamide/Timolol   Sandoz Dorzolamide/ Timolol   Vanc Phm   10 ml   19.89   19.89   10 ml   19.89   19.89   10 ml   19.89	1	Mint-Dorzolamide/Timolol		10 ml	1.	
02344351   Sandoz Dorzolamide/ Timolol   Vanc Phm   10 ml   19.89	02442426	pms-Dorzolamide-Timolol	Phmscience	10 ml	→ 19.89	
METHAZOLAMIDE	02441659	Riva-Dorzolamide/Timolol	Riva	10 ml	→ 19.89	
METHAZOLAMIDE	02344351		Sandoz	10 ml	→ 19.89	
METHAZOLAMIDE II           Tab.         50 mg           02245882         Methazolamide         AA Pharma         100         49.13         0.4913           52:40.20         MIOTICS         PILOCARPINE HYDROCHLORIDE II         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 II         Oph. Sol.         0.01 %           02324997         Lumigan RC         Allergan         5 ml         54.05	02451271		Vanc Phm	10 ml	<b>→</b> 19.89	
Tab.       50 mg         02245882       Methazolamide       AA Pharma       100       49.13       0.4913         52:40.20         MIOTICS       PILOCARPINE HYDROCHLORIDE III         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 III         Oph. Sol.       0.01 %         02324997       Lumigan RC       Allergan       5 ml       54.05			1			
Tab.       50 mg         02245882       Methazolamide       AA Pharma       100       49.13       0.4913         52:40.20         MIOTICS       PILOCARPINE HYDROCHLORIDE III         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 III         Oph. Sol.       0.01 %         02324997       Lumigan RC       Allergan       5 ml       54.05		B				
02245882   Methazolamide		DE LOI			50 ma	
52:40.20           MIOTICS           PILOCARPINE HYDROCHLORIDE         Image: Comparison of the comparison o	02245882	Methazolamide	AA Pharma	100	1 1	0.4013
MIOTICS PILOCARPINE HYDROCHLORIDE	02243662	Methazolamide	AA FIIAIIIIA	100	49.13	0.4913
MIOTICS PILOCARPINE HYDROCHLORIDE	52:40 20					
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 Oph. Sol.         0.01 %           Oph. Sol.         0.01 %         0.01 %           02324997         Lumigan RC         Allergan         5 ml         54.05						
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         □         0.01 %           Oph. Sol.         0.01 %           02324997         Lumigan RC         Allergan         5 ml         54.05		HYDROCHLORIDE 1				
Oph. Sol.       4 %         00000884       Isopto Carpine       Novartis       15 ml       4.19         52:40.28       PROSTAGLANDIN ANALOGS         BIMATOPROST ☐       0.01 %         Oph. Sol.       0.01 %         02324997       Lumigan RC       Allergan       5 ml       54.05	Oph. Sol.	I	I	1	2 %	
00000884   Isopto Carpine   Novartis   15 ml   4.19    52:40.28  PROSTAGLANDIN ANALOGS  BIMATOPROST	00000868	Isopto Carpine	Novartis	15 ml	3.70	
00000884   Isopto Carpine   Novartis   15 ml   4.19    52:40.28  PROSTAGLANDIN ANALOGS  BIMATOPROST						
52:40.28  PROSTAGLANDIN ANALOGS  BIMATOPROST ☐  Oph. Sol.  0.01 %  02324997   Lumigan RC   Allergan   5 ml   54.05	1	1	I	1	1 1	
PROSTAGLANDIN ANALOGS           BIMATOPROST	00000884	Isopto Carpine	Novartis	15 ml	4.19	
PROSTAGLANDIN ANALOGS           BIMATOPROST						
BIMATOPROST         III           Oph. Sol.         0.01 %           02324997         Lumigan RC         Allergan         5 ml         54.05						
Oph. Sol.         0.01 %           02324997         Lumigan RC         Allergan         5 ml         54.05						
02324997   <i>Lumigan RC</i>   Allergan   5 ml   54.05		<u>lā</u>			0.01 %	
	1	l, , no	l	١	1	
/.5 ml 81.08	02324997	Lumigan RC	Allergan			
				IM C.1	81.08	

Description   Description					
Oph. Sol.					
Oph. Sol.					
02453355   Jamp-Latanoprost   Jamp   2.5 ml   9.08   9.08   02375508   Latanoprost   Phmscience   2.5 ml   9.08   9.08   02426935   Med-Latanoprost   Riva   2.5 ml   9.08   9.08   02367335   Sandoz Latanoprost   Sandoz   2.5 ml   9.08   9.08   02367335   Sandoz Latanoprost   Teva Can   2.5 ml   9.08   9.08   02254786   Teva-Latanoprost   Teva Can   2.5 ml   9.08   9.08   02254786   Teva-Latanoprost   Teva Can   2.5 ml   9.08   02231493   Xalatan   Upjohn   2.5 ml   27.38   Depth   Depth   2.5 ml   27.38   Depth   2.5 ml   27.38   Depth   Dep					
Description					
02426935					
02341085   Riva-Latanoprost   Riva   2.5 ml   9.08   9.08   02367335   Sandoz Latanoprost   Teva Can   2.5 ml   9.08   9.08   02254786   Teva-Latanoprost   Teva Can   2.5 ml   9.08   9.08   2.5 ml   9.08   9.08   2.5 ml   9.08   2.5 ml   9.08   9.08   2.5 ml   9.00   2.5 ml   9.00					
Description					
Teva Can					
* 02231493       Xalatan       Upjohn       2.5 ml       27.38         LATANOPROST/ TIMOLOL MALEATE ■         Oph. Sol.       0.005 % - 0.5 % PPB         02436256       ACT Latanoprost/Timolol Apotex Q2.5 ml       11.07         02453770       Jamp-Latanoprost/Timolol Sandoz Latanoprost/Timolol Sandoz Q1.5 ml       11.07         02394685       Sandoz Latanoprost/Timolol Sandoz Q1.5 ml       11.07         * 02246619       Xalacom       2.5 ml       11.07         Upjohn       2.5 ml       11.07         2.5 ml       11.07       2.5 ml       10.003 %         Oph. Sol.       0.003 %       0.003 %         Oph. Sol.       0.004 % PPB         02415739       Apo-Travoprost Z Sandoz Travoprost Sandoz Sando					
LATANOPROST/ TIMOLOL MALEATE III         Oph. Sol.       0.005 % - 0.5 % PPB         02436256 ACT Latanoprost/Timolol 02414155 Apo-Latanoprost-Timop O2453770 Jamp-Latanoprost/Timolol D3amp D4.5 ml 11.07 D4					
Oph. Sol.         0.005 % - 0.5 %         PPB           02436256 (0.2414155)         ACT Latanoprost/Timolol Apotex (0.2453770)         2.5 ml (0.2453770)         11.07 (0.2453770)           02394685 (0.2394685)         Sandoz Latanoprost/Timolol Sandoz (0.25 ml) (0.25 ml)         Sandoz (0.25 ml) (0.25 ml)         11.07 (0.25 ml)           * 02246619         Xalacom         Very (0.25 ml) (0.25 ml)         30.99           * TRAVOPROST (0.2457997)         Izba         Novartis         5 ml (0.003 %)           Oph. Sol.         0.003 %         0.003 %           Oph. Sol.         0.004 %         PPB           02415739 (0.2413167)         Apo-Travoprost Z (0.2413167)         Apotex (0.2413167)         5 ml (0.25 ml) (0.25 ml)         19.70 (0.2412063)           Teva-Travoprost Z (0.2412063)         Teva-Travoprost Z (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml)         9.85 (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml)         19.70 (0.25 ml) (0.25 ml)					
Oph. Sol.         0.005 % - 0.5 %         PPB           02436256 (0.2414155)         ACT Latanoprost/Timolol Apotex (0.2453770)         2.5 ml (0.2453770)         11.07 (0.2453770)           02394685 (0.2394685)         Sandoz Latanoprost/Timolol Sandoz (0.25 ml) (0.25 ml)         Sandoz (0.25 ml) (0.25 ml)         11.07 (0.25 ml)           * 02246619         Xalacom         Very (0.25 ml) (0.25 ml)         30.99           * TRAVOPROST (0.2457997)         Izba         Novartis         5 ml (0.003 %)           Oph. Sol.         0.003 %         0.003 %           Oph. Sol.         0.004 %         PPB           02415739 (0.2413167)         Apo-Travoprost Z (0.2413167)         Apotex (0.2413167)         5 ml (0.25 ml) (0.25 ml)         19.70 (0.2412063)           Teva-Travoprost Z (0.2412063)         Teva-Travoprost Z (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml)         9.85 (0.25 ml) (0.25 ml) (0.25 ml) (0.25 ml)         19.70 (0.25 ml) (0.25 ml)					
02436256 02414155 02453770 02394685 ★ 02246619         ACT Latanoprost/Timolol Apotex Jamp         2.5 ml         11.07 2.5 ml         11.07 11.07 2.5 7 2.5 ml         11.07 11.07 2.5 ml         11.07 11.					
02414155 02453770 02394685 Xalacom         Apo-Latanoprost-Timop Jamp-Latanoprost/Timolol Sandoz Upjohn         Apotex 2.5 ml         11.07 2.5 ml         11.07 11.07 2.5 ml           TRAVOPROST Oph. Sol.         Image: Company of the property of the prop					
02453770   Jamp-Latanoprost/Timolol 02394685   Sandoz Latanoprost/Timolol x 02246619   Xalacom         Jamp   Sandoz   2.5 ml   11.07   11.07   2.5 ml   30.99   11.07   30.99   30.99   11.07   30.99   30.9					
02394685       Sandoz Latanoprost/Timolol Xalacom       Sandoz Upjohn       2.5 ml       11.07 30.99         TRAVOPROST III Oph. Sol.         Oph. Sol.       0.003 %         02457997       Izba       Novartis       5 ml       19.70         Oph. Sol.         02415739       Apo-Travoprost Z Sandoz Travoprost Sandoz Travoprost Sandoz Travoprost Travoprost Sandoz Travoprost Z Sandoz Travoprost Z Sandoz Travoprost Z Sandoz Travoprost Z Sandoz Travoprost Z Teva-Travoprost Z Sandoz Travoprost Z Teva Can       2.5 ml       9.85 Sandoz Teva-Travoprost Jeva-Travoprost Z Sandoz Travoprost Jeva-Travoprost Z Sandoz Teva-Travoprost Z Sandoz					
* 02246619         Xalacom         Upjohn         2.5 ml         30.99           TRAVOPROST					
TRAVOPROST □           Oph. Sol.         0.003 %           Oph. Sol.         5 ml         19.70           Oph. Sol.         0.004 % PPB           02415739   Apo-Travoprost Z   O2413167   Sandoz Travoprost Sandoz   Sandoz					
Oph. Sol.         0.003 %           Oph. Sol.         5 ml         19.70           Oph. Sol.         0.004 % PPB           02415739 O2413167 Sandoz Travoprost Z O2412063 Teva-Travoprost Z Teva-Travoprost Z Teva Can         Apotex Sandoz San					
Oph. Sol.         0.003 %           Oph. Sol.         5 ml         19.70           Oph. Sol.         0.004 % PPB           02415739 O2413167 Sandoz Travoprost Z O2412063 Teva-Travoprost Z Teva-Travoprost Z Teva Can         Apotex Sandoz San					
Oph. Sol.         0.003 %           Oph. Sol.         5 ml         19.70           Oph. Sol.         0.004 % PPB           02415739 02413167 02412063         Apo-Travoprost Z Sandoz Travoprost Sandoz Travoprost Z Teva-Travoprost Z Teva Can         5 ml					
Oph. Sol.         0.004 %         PPB           02415739 02413167 02412063         Apo-Travoprost Z Sandoz Travoprost Z Teva-Travoprost Z Teva-Travoprost Z Teva Can         Apotex Sandoz Sandoz Teva-Travoprost Sandoz Teva Can         5 ml					
Oph. Sol.         0.004 %         PPB           02415739 02413167         Apo-Travoprost Z Sandoz Travoprost         Apotex Sandoz Teva-Travoprost Z         5 ml Sandoz Teva Can         5 ml 5 ml         19.70 19.70 9.85 5 ml           5 ml         → 19.70 19.70           5 ml         → 19.70 19.70           5 ml         → 19.70 19.70					
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					
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					
02413167					
02412063					
5 ml → 19.70					
02318008   Travatan Z   Novartis   5 ml   55.40					
TDAVODDOST/TIMOLOL/MALEATE OF B					
TRAVOPROST/ TIMOLOL (MALEATE OF) COph. Sol. 0.004 % - 0.5 % PPB					
02415305   <i>Apo-Travoprost-Timop</i>   Apotex   5 ml					
02278251   <i>DuoTrav PQ</i>   Novartis   5 ml   58.95					
02413817   Sandoz Travoprost/Timolol   Sandoz   2.5 ml   24.90					
PQ 5 ml → 44.21					
52:40.92					
<del></del>					
ANTIGLAUCOMA AGENTS, MISCELLANEOUS					
ANTIGLAUCOMA AGENTS, MISCELLANEOUS DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE					
ANTIGLAUCOMA AGENTS, MISCELLANEOUS					

Page 274 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
52:92 MISCELLANE ANETHOLE TRITab.	OUS EENT DRUGS THIONE			25 mg		
1	Oista.	Dharasianas		25 mg	0.0000	
02240344	Sialor	Phmscience	60	54.00	0.9000	
APRACLONIDINE (HYDROCHLORIDE)						
02076306	lopidine	Novartis	5 ml	22.26		
BRINZOLAMIDE/TIMOLOL MALEATE  Oph. Susp. 1 % -0.5 %						
02331624	Azarga	Novartis	5 ml	21.33		

# 56:00 GASTRO-INTESTINAL DRUGS

56:08	antidiarrhea agents
56:14	cholelitholytic agents
56:16	digestants
56:22	antiemetics
56:22.08	antihistamines
56:22.92	miscellaneous antiemetics
56:28	antiulcer agents and acid
	suppressants
56:28.12	histamine H2-antagonists
56:28.28	prostaglandins
56:28.32	protectants
56:28.36	proton-pump inhibitors
56:32	prokinetic agents
56:36	anti-inflammatory agents
56:92	GI drugs, miscellaneous

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FC-0	0		-			
56:0		EA AGENTS				
		TE HYDROCHLORHYDE/ A1	ROPINE SULFATE	)		
Tab.				2.5 n	ng -0.025 mg	
	00036323	Lomotil	Pfizer	250	110.33	0.4413
					1	
	ERAMIDE H	IYDROCHLORIDE				
Tab.		I	1	I	2 mg <b>PPB</b>	
	02212005	Apo-Loperamide	Apotex	100	9.52	▶ 0.0952
	02256452	Jamp-Loperamide	Jamp	120	11.42	<b>→</b> 0.0952
	02225182	Loperamide-2	Pro Doc	500	47.58	<b>→</b> 0.0952
	02228351	pms-Loperamide	Phmscience	100	9.52	
				500	47.58	
	02238211	Riva-Loperamide	Riva	100	9.52	→ 0.0952
				500	47.58	▶ 0.0952
	02132591	Teva-Loperamide	Teva Can	500	47.58	<b>→</b> 0.0952
56:1	4					
CHO	LELITHO	LYTIC AGENTS				
URS	ODIOL 🖪					
Tab.				. 2	50 mg <b>PPB</b>	
	02472392	Jamp-Ursodiol	lamp	100	38.18	→ 0.3818
	02472392	Jamp-Orsodioi	Jamp	500	190.90	
	02273497	pms-Ursodiol C	Phmscience	100	38.18	0.3818
	02273497	priis-Ursodioi C	Primscience	500	190.90	0.3818
	00000004	l line a	A 4 - 1: -	1	l I	• 0.3818
	02238984	Urso	Aptalis	100	131.42	1.3142
	02426900	Ursodiol tablets	Glenmark	100 500	38.18 190.90	<ul><li>→ 0.3818</li><li>→ 0.3818</li></ul>
						,
Tab.				. 5	00 mg <b>PPB</b>	
Гаb.	02472406	Jamp-Ursodiol	Jamp	1	I I	
Гаb.	02472406 02273500	Jamp-Ursodiol	Jamp Phmscience	100	72.42	<ul><li>0.7242</li><li>0.7242</li></ul>
Гаb.	02273500	pms-Ursodiol C	Phmscience	100 100	72.42 72.42	• 0.7242
Γab.	02273500 02245894	pms-Ursodiol C Urso DS	Phmscience Aptalis	100 100 100	72.42 72.42 249.27	• 0.7242 2.4927
Tab.	02273500	pms-Ursodiol C	Phmscience	100 100	72.42 72.42	• 0.7242
Tab.	02273500 02245894 02426919	pms-Ursodiol C Urso DS	Phmscience Aptalis	100 100 100	72.42 72.42 249.27	• 0.7242 2.4927
56:1	02273500 02245894 02426919	pms-Ursodiol C Urso DS	Phmscience Aptalis	100 100 100	72.42 72.42 249.27	• 0.7242 2.4927
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS	pms-Ursodiol C Urso DS	Phmscience Aptalis	100 100 100	72.42 72.42 249.27	• 0.7242 2.4927
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS	pms-Ursodiol C Urso DS	Phmscience Aptalis	100 100 100	72.42 72.42 249.27 72.42	• 0.7242 2.4927
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS TASE v. Tab.	pms-Ursodiol C Urso DS Ursodiol tablets	Phmscience Aptalis	100 100 100	72.42 72.42 249.27	• 0.7242 2.4927
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS	pms-Ursodiol C Urso DS Ursodiol tablets	Phmscience Aptalis	100 100 100	72.42 72.42 249.27 72.42	• 0.7242 2.4927
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS TASE v. Tab.	pms-Ursodiol C Urso DS Ursodiol tablets	Phmscience Aptalis Glenmark	100 100 100 100	72.42 72.42 249.27 72.42	◆ 0.7242 2.4927 ◆ 0.7242
56:1 DIGE	02273500 02245894 02426919 6 ESTANTS TASE v. Tab.	pms-Ursodiol C Urso DS Ursodiol tablets	Phmscience Aptalis Glenmark	100 100 100 100	72.42 72.42 249.27 72.42	◆ 0.7242 2.4927 ◆ 0.7242
56:1 DIGE LACI Chew	02273500 02245894 02426919 6 ESTANTS TASE v. Tab. 02017512	pms-Ursodiol C Urso DS Ursodiol tablets  Lactomax	Phmscience Aptalis Glenmark	100 100 100 100 100	72.42 72.42 249.27 72.42 3 000 U 9.75	<ul><li>→ 0.7242 2.4927 → 0.7242</li><li>→ 0.0975</li></ul>
56:1 DIGE LACI Chew	02273500 02245894 02426919 6 ESTANTS TASE v. Tab.	pms-Ursodiol C Urso DS Ursodiol tablets	Phmscience Aptalis Glenmark	100 100 100 100	72.42 72.42 249.27 72.42 3 000 U 9.75	◆ 0.7242 2.4927 ◆ 0.7242
56:1 DIGE LACT Chew	02273500 02245894 02426919 6 ESTANTS TASE v. Tab. 02017512	pms-Ursodiol C Urso DS Ursodiol tablets  Lactomax  Jamp-Lactase Enzyme	Phmscience Aptalis Glenmark	100 100 100 100 100	72.42 72.42 249.27 72.42 3 000 U 9.75 3 000 U 9.75	<ul><li>→ 0.7242 2.4927 → 0.7242</li><li>→ 0.0975</li></ul>
56:1 DIGE LACI Chew	02273500 02245894 02426919 6 ESTANTS TASE v. Tab. 02017512	pms-Ursodiol C Urso DS Ursodiol tablets  Lactomax  Jamp-Lactase Enzyme	Phmscience Aptalis Glenmark	100 100 100 100 100	72.42 72.42 249.27 72.42 3 000 U 9.75	◆ 0.7242 2.4927 • 0.7242 0.0975

Tab. or Chew. Tab.    80084265	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
B0018706   Jamp-Lactase Enzyme   Jamp   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   Damp-Lactase Enzyme   B0   9.75   → 0.1219   Damp-Lactase Enzyme   B0   Damp-Lactase   B0   Damp-Lactase   B0   Damp-Lactase   B0   Damp-Lactase   B0   Damp-Lactase   B0   Damp-Lactas	Tab. or Chew. Ta	ab.		4	500 U <b>PPB</b>	
O2239140   Jamp-Lactase Enzyme Extra strength   O2224909   Extra strength   D2224909   Extra strength   D2224909   Extra strength   D2224909   Extra strength   D2224909   Extra strength   D2224909   D222490	80084265	Alta-Lactase Extra Fort	Altamed	80	9.75	<b>→</b> 0.1219
Description	1		1	1		-
PANCRELIPASE (LIPASE-AMYLASE-PROTEASE)	02239140		Jamp	00	9.75	0.1219
Caps.	02224909	Lactomax Extra Strong	Sterimax	80	9.75	<b>→</b> 0.1219
Ent. Caps.		E (LIPASE-AMYLASE-PROTI		000 U -30 000	U -30 000 U	
Ent. Caps.	00263818	Cotazym	Merck	100	18.66	0.1866
Ent. Caps.	Ent Cons		1	200 11 17 500	11 10 000 11	
Ent. Caps.  02203324	1	B	1	1	1	0.0700
Description	00789445	Pancrease MT 4	Vivus	100	37.96	0.3796
Ent. Caps. 6 000 U - 30 000 U - 19 000 U  02415194	Ent. Caps.		4 5	00 U - 20 000	U - 25 000 U	
D2415194   Creon 6 Minimicrospheres   BGP Pharma   100   17.03   0.1703	02203324	Ultrase	Aptalis	100	21.73	0.2173
Ent. Caps. 8 000 U -30 000	Ent. Caps.		6 0	00 U - 30 000	U - 19 000 U	
Ent. Caps.	02415194	Creon 6 Minimicrospheres	BGP Pharma	100	17.03	0.1703
Ent. Caps.	F., 0		0.	20011 20 000	20 000 11	
Ent. Caps.	1	5000			1	0 0000
Description         Description	00502790	Cotazym ECS 8	Merck	500	168.40	0.3368
Ent. Caps. 10 500 U -43 750 U -25 000 U 100 94.93 0.9493  Ent. Caps. 12 000 U -39 000 U -39 000 U 100 94.93 10.9493  Ent. Caps. 12 000 U -39 000 U -39 000 U 100 100 100 100 100 100 100 100 1	Ent. Caps.		11	0 000 U - 11 2	00 U - 730 U	
Ent. Caps.         12 000 U -39 000 U -39 000 U           00789437         Ultrase MT 12         Aptalis         100         42.51         0.4251           Ent. Caps.         16 800 U -70 000 U -40 000 U         00789429         151.88         1.5188           Ent. Caps.         20 000 U -55 000 U -55 000 U         0.8830           Ent. Caps.         20 000 U -65 000 U -65 000 U	02200104	Creon 10	BGP Pharma	100	27.23	0.2723
Ent. Caps.         12 000 U -39 000 U -39 000 U           00789437         Aptalis         100         42.51         0.4251           Ent. Caps.         16 800 U -70 000 U -40 000 U         0.4251         0.4251           Ent. Caps.         16 800 U -70 000 U -40 000 U         0.4251         0.4251           Ent. Caps.         20 000 U -55 000 U -55 000 U         0.8830           Ent. Caps.         20 000 U -65 000 U -65 000 U         0.8830	Ent. Caps.		10	500 U -43 750	U -25 000 U	
Ent. Caps.	1	Pancrease MT 10	Vivus	100	94.93	0.9493
Document         Document         Aptalis         100         42.51         0.4251           Ent. Caps.         16 800 U -70 000 U -40 000 U         100         151.88         1.5188           Ent. Caps.         20 000 U -55 000 U -55 000 U         0.8830         0.8830           Ent. Caps.         20 000 U -65 000 U -65 000 U         0.8830						
Ent. Caps.	1				1	
00789429         Pancrease MT 16         Vivus         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         000 U -65 000 U         000 U <td>02045834</td> <td>Ultrase MT 12</td> <td>Aptalis</td> <td>100</td> <td>42.51</td> <td>0.4251</td>	02045834	Ultrase MT 12	Aptalis	100	42.51	0.4251
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	Ent. Caps.		16	800 U -70 000	U -40 000 U	
Ent. Caps. 20 000 U -55 000 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	00789429	Pancrease MT 16	Vivus	100	151.88	1.5188
00821373         Cotazym ECS 20         Merck         100         88.30         0.8830           Ent. Caps.         20 000 U -65 000 U -65 000 U         -65 000 U			20	000 U -55 000	U -55 000 U	
Ent. Caps. 20 000 U -65 000 U	1	Cotazym ECS 20		1	1	0.8830
	00021070	00.02,111 200 20		1.00	00.00	0.0000
02045869         Ultrase MT 20         Aptalis         100         73.66         0.7366	Ent. Caps.	ı	20	000 U -65 000	U -65 000 U	ı
	02045869	Ultrase MT 20	Aptalis	100	73.66	0.7366

Page 280 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. (	Caps.		25	000 U - 25 50	0 U - 1600 U	
	01985205	Creon 25	BGP Pharma	100	85.07	0.8507
					'	
Ent. (	Gran.	I	5 000	U -5 100 U -32	20 U/100 mg	
	02445158	Creon Minimicrospheres MICRO	BGP Pharma	1	34.06	
Гаb.			10 4	40 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	J -112 500 U	
	02241933	Viokace (20 880 USP unites de lipase)	Aptalis	100	34.06	0.3406
	NHYDRINA	NIE.			E0 mag/mal	
	nj. Sol.	I	Condo-	1	50 mg/mL	
		Dimenhydrinate	Sandoz	1 ml 5 ml	50 mg/mL 1.08 4.30	
I.M. I	nj. Sol. 00392537	Dimenhydrinate	Sandoz		1.08	
PRO	nj. Sol. 00392537 CHLORPER	Dimenhydrinate	Sandoz		1.08 4.30	
PRO	nj. Sol. 00392537 CHLORPER	Dimenhydrinate	Sandoz		1.08	1.8200
PRO	nj. Sol. 00392537 CHLORPEF	Dimenhydrinate	<u> </u>	5 ml	1.08 4.30	1.8200
PRO	nj. Sol. 00392537 CHLORPER 00789720	Dimenhydrinate	<u> </u>	5 ml	1.08 4.30	1.8200
PROPROPROPROPROPROPROPROPROPROPROPROPROP	nj. Sol. 00392537 CHLORPER 00789720	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE	Sandoz	5 ml	1.08 4.30	
PROPROPROPROPROPROPROPROPROPROPROPROPROP	nj. Sol. 00392537 CHLORPER 00789720	Dimenhydrinate  RAZINE   Sandoz Prochlorperazine	<u> </u>	5 ml	1.08 4.30	
PROSupp	nj. Sol. 00392537 CHLORPER 00789720	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE	Sandoz	5 ml	1.08 4.30	
PRO Supp	nj. Sol. 00392537 CHLORPER 00789720	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE	Sandoz	5 ml	1.08 4.30 10 mg 18.20 5 mg 16.59	1.8200 0.1659 0.2025
PROSupp	nj. Sol. 00392537  CHLORPEF 00789720  CHLORPEF 00886440	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine	Sandoz AA Pharma	5 ml	1.08 4.30 10 mg 18.20 5 mg 16.59	0.1659
PROSupp PROTab.	nj. Sol. 00392537  CHLORPER 00789720  CHLORPER 00886440  00886432	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine  Prochlorazine	Sandoz AA Pharma	5 ml	1.08 4.30 10 mg 18.20 5 mg 16.59	0.1659
PROFab.	nj. Sol. 00392537  CHLORPER 00789720  CHLORPER 00886440  00886432  2.92  CELLANE YLAMINE S	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine	Sandoz  AA Pharma  AA Pharma	5 ml	1.08 4.30 10 mg 18.20 5 mg 16.59 10 mg 20.25	0.1659
PROSupp	nj. Sol. 00392537  CHLORPER 00789720  CHLORPER 00886440  00886432  2.92  CELLANE YLAMINE S	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine  Prochlorazine  OUS ANTIEMETICS  UCCINATE/ PYRIDOXINE HY	AA Pharma  AA Pharma	5 ml 100 100 100 mg -	1.08 4.30 10 mg 18.20 5 mg 16.59 10 mg 20.25	0.1659 0.2025
PROSupp	nj. Sol. 00392537  CHLORPER 00789720  CHLORPER 00886440  00886432  2.92  CELLANE YLAMINE S	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine  Prochlorazine  OUS ANTIEMETICS	Sandoz  AA Pharma  AA Pharma	5 ml  100  100  10 mg 100	1.08 4.30 10 mg 18.20 5 mg 16.59 10 mg 20.25	0.1659 0.2025 → 0.6402
PROSupp PROTab. Tab.	nj. Sol. 00392537  CHLORPER 00789720  CHLORPER 00886440  00886432  2.92  CELLANE YLAMINE S	Dimenhydrinate  RAZINE  Sandoz Prochlorperazine  RAZINE MALEATE  Prochlorazine  Prochlorazine  OUS ANTIEMETICS  UCCINATE/ PYRIDOXINE HY	AA Pharma  AA Pharma  TOROCHLORIDE	5 ml 100 100 100 mg -	1.08 4.30 10 mg 18.20 5 mg 16.59 10 mg 20.25	0.1659

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NABILONE ®					
Caps.	I	1	C	).5 mg <b>PPB</b>	ı
02393581	ACT Nabilone	ActavisPhm	50	38.78	→ 0.7756
			100	77.56	→ 0.7756
02256193	Cesamet	Valeant	50	155.13	3.1026
02380900 02384884	pms-Nabilone Teva Nabilone	Phmscience Teva Can	100 50	77.56 38.78	<ul><li>→ 0.7756</li><li>→ 0.7756</li></ul>
02304004	Teva Nabilone	Teva Call	30	30.70	0.7730
Caps.				1 mg PPB	
_	ACT Nahilawa	A -ti-Db	50	1	4 5540
02393603	ACT Nabilone	ActavisPhm	50 100	77.57 155.13	<ul><li>1.5513</li><li>1.5513</li></ul>
00548375	Cesamet	Valeant	50	310.25	6.2050
02380919	pms-Nabilone	Phmscience	100	155.13	<b>→</b> 1.5513
02384892	Teva Nabilone	Teva Can	50	77.57	<b>→</b> 1.5513
56:28.12					
	2-ANTAGONISTS				
Tab.				20 mg <b>PPB</b>	
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	<b>→</b> 0.2657
FAMOTIDINE					
Tab.	I	1	, I	40 mg <b>PPB</b>	I
01953834	Apo-Famotidine	Apotex	100	48.33	→ 0.4833
02351110	Famotidine	Sanis	100	48.33	→ 0.4833
02022141	Teva-Famotidine	Novopharm	100	48.33	<b>→</b> 0.4833
NIZATIDINE 🖪 Caps.				150 mg	
•		1	l	l	I
00778338	Axid	Pendopharm	100	83.92	0.8392
Caps.			3	00 mg <b>PPB</b>	
_	l	l <sub>2</sub>	l	l	
00778346 02177722	Axid pms-Nizatidine	Pendopharm Phmscience	100 100	152.06 38.02	1.5206 • 0.3802
02111122	pms-rvizadume	Timodence	100	30.02	<b>4</b> 0.3002
RANITIDINE UV	DROCHLORIDE 🖪				
Oral Sol.	,	1	15	50 mg/10 mL	ı
02242940	Teva-Ranitidine Solution	Novopharm	300 ml	27.96	0.0932

Page 282 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRIC
	1	1	, I	150 mg <b>PPB</b>	ı
02248570	ACT Ranitidine	ActavisPhm	60	7.18	<b>→</b> 0.1°
			500	59.85	<b>→</b> 0.1°
00733059	Apo-Ranitidine	Apotex	100	11.97	→ 0.1
	1	'	500	59.85	→ 0.1
02463717	Jamp-Ranitidine	Jamp	100	11.97	→ 0.1
	,		500	59.85	→ 0.1
02443708	Mar-Ranitidine	Marcan	500	59.85	<b>→</b> 0.1
02473534	M-Ranitidine	Mantra Ph.	500	59.85	→ 0.1
02242453	pms-Ranitidine	Phmscience	60	7.18	→ 0.1
	ľ		500	59.85	→ 0.1
02353016	Ranitidine	Sanis	100	11.97	→ 0.1
			500	59.85	→ 0.1
02385953	Ranitidine	Sivem	60	7.18	→ 0.1
			500	59.85	→ 0.1
00740748	Ranitidine-150	Pro Doc	60	7.18	→ 0.1
			500	59.85	→ 0.1
02336480	Ran-Ranitidine	Ranbaxy	100	11.97	→ 0.1
			500	59.85	→ 0.1
00828823	ratio-Ranitidine	Ratiopharm	60	7.18	<b>→</b> 0.1
00020020	ratio ramitanto	ratiophani	500	59.85	→ 0.1
02247814	Riva-Ranitidine	Riva	60	7.18	<b>→</b> 0.1
02247014	Tiva Tamaane	Tava	250	29.93	→ 0.1 → 0.1
02243229	Sandoz Ranitidine	Sandoz	100	11.97	→ 0.1 → 0.1
02240229	Sandoz Namidine	Garidoz	500	59.85	<b>→</b> 0.1
	1	1		300 mg <b>PPB</b>	ı
02248571	ACT Ranitidine	ActavisPhm	30	6.76	→ 0.2
			100	22.53	→ 0.2
00733067	Apo-Ranitidine	Apotex	100	22.53	→ 0.2
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 7	500	112.65	→ 0.2
02463725	Jamp-Ranitidine	Jamp	100	22.53	→ 0.2
02443716	· · · · · · · · · · · · · · · · · · ·	Marcan	100	22.53	<b>→</b> 0.2
02473542		Mantra Ph.	100	22.53	<b>→</b> 0.2:
02242454		Phmscience	30	6.76	→ 0.2
	<b>/</b>	1111121121121	250	56.33	→ 0.2
02353024	Ranitidine	Sanis	100	22.53	<b>→</b> 0.2
02385961		Sivem	30	6.76	<b>→</b> 0.2
02000001	T tarma an io	S.Vo	100	22.53	<b>→</b> 0.2
00740756	Ranitidine-300	Pro Doc	100	22.53	<b>→</b> 0.2
02336502	l .	Ranbaxy	100	22.53	→ 0.2.
02000002	Tan Taniuume	Talibaxy	500	112.65	→ 0.2
00828688	ratio-Ranitidine	Pationharm	300	6.76	→ 0.2 → 0.2
		Ratiopharm		6.76	
02247815	riva-raillidine	Riva	30 100		<b>→</b> 0.2
02243230	Candaz Banitidina	Candas	1	22.53	<b>→</b> 0.2
ニロンフムスンス()	Sandoz Ranitidine	Sandoz	100	22.53	0.2

# 56:28.28 PROSTAGLANDINS DICLOFENAC SODIC/MISOPROSTOL

Tab.	OI LIVAO O	obio/illicor Roof of	ı	50 mg - 200	mcg PPB	ı	1
	01917056 02413469	Arthrotec pms-Diclofenac-Misoprostol	Pfizer Phmscience	250 250	149.75 78.73		0.5990 0.3149

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
		1		!	
Tab.	1	I	75 mg - 20	0 mcg <b>PPB</b>	ı
02229837	Arthrotec 75	Pfizer	250	203.81	0.8152
* 02413477	pms-Diclofenac-Misoprostol	Phmscience	250	107.15	<b>→</b> 0.4286
MISOPROSTOL	R				
Tab.		I		100 mcg	I
02244022	Misoprostol	AA Pharma	100	26.36	0.2636
Tab.				200 mag	
	Ar.		400	200 mcg	
02244023	Misoprostol	AA Pharma	100	43.89	0.4389
56:28.32					
PROTECTAN	rs				
SUCRALFATE	B				
Oral Susp.	1	I		1 g/5 mL l	I
02103567	Sulcrate Plus	Aptalis	500 ml	49.42	0.0988
Tob				1 ~ DDD	
Tab. 	1	1	l	1g <b>PPB</b>	l
02045702	Novo-Sucralate	Novopharm	100 500	13.09 65.44	<ul><li>→ 0.1309</li><li>→ 0.1309</li></ul>
02100622	Sulcrate	Aptalis	100	54.41	0.5441
56:28.36					
PROTON-PUN DEXLANSOPRA	MP INHIBITORS				
L.A. Caps.				30 mg	
02354950	Dexilant	Takeda	90	32.65	0.3628
	!	!			
L.A. Caps.			1	60 mg	
02354969	Dexilant	Takeda	90	32.65	0.3628
	•			•	
ESOMEDDA ZOL	LE (MAGNESIUM TRIHYDRA	TED) 🖫			
L.A. Tab.	LE (MAGNESIUM TRINTURA	IED) WI		20 mg <b>PPB</b>	
02423855	ACT Esomeprazole	ActavisPhm	30	16.50	<b>1</b> 0.3628
			100	55.00	<b>1</b> 0.3628
02339099	Apo-Esomeprazole	Apotex	30 100	16.50 55.00	
02394839	Esomeprazole	Pro Doc	30	16.50	
02442493	Esomeprazole	Sivem	30	16.50	
02383039	Mylan-Esomeprazole	Mylan	100	55.00	<b>1</b> 0.3628
02244521	Nexium	AZC	30	56.07	
02423979	Ran-Esomeprazole	Ranbaxy	30	16.50	<b>1</b> 0.3628
00400000	Conder Foom	Canda	100	55.00	l
02460920	Sandoz Esomeprazole	Sandoz	30 100	16.50 55.00	<ul><li></li></ul>
L		l			- 0.0020

Page 284 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
LA Tab or LA Caps 40 mg PPB								
02423863	ACT Esomeprazole	ActavisPhm	30 100		<b>1</b> 0.3628 <b>1</b> 0.3628 <b>1</b> 0.3628			
02339102	Apo-Esomeprazole	Apotex	30 500	16.50 275.00				
02394847	Esomeprazole	Pro Doc	30 500	16.50 275.00	<b>1</b> 0.3628 <b>1</b> 0.3628 <b>1</b> 0.3628			
02431173 02442507	Esomeprazole	Sanis Sivem	100 30	55.00 16.50	<b>1</b> 0.3628 <b>1</b> 0.3628 <b>1</b> 0.3628			
02442507	Esomeprazole	Siverii	500		<b>1</b> 0.3628 <b>1</b> 0.3628			
02383047	Mylan-Esomeprazole	Mylan	100	55.00	<b>1</b> 0.3628			
02244522	Nexium	AZC	30	56.07	<b>1</b> 0.3628			
			100		<b>1</b> 0.3628			
02379171	pms-Esomeprazole DR	Phmscience	30		<b>1</b> 0.3628			
	(Caps. L.A.)		100		● 0.3628			
02423987	Ran-Esomeprazole	Ranbaxy	30		0.3628			
00400000			500		<b>1</b> 0.3628 <b>1</b> 0.3628 <b>1</b> 0.3628			
02460939	Sandoz Esomeprazole	Sandoz	30		<b>1</b> 0.3628 <b>1</b> 0.3628 <b>1</b> 0.3628			
			100	55.00	<b>1</b> 0.3628 €			

## LANSOPRAZOLE 1

LA Tab or LA Ca	ps	1		15 mg <b>PPB</b>		
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	1	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 Cap	ps '	1		30 mg <b>PPB</b>				
02293838	Apo-Lansoprazole	Apotex	100	36.27	<b>→</b> 0.3627			
	, ,	'	500	181.40	<b>→</b> 0.3628			
02433028	Lansoprazole	Phmscience	100	36.27	<b>→</b> 0.3627			
02366282	Lansoprazole	Pro Doc	100	36.27	<b>→</b> 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	<b>→</b> 0.3628			
02353849	Mylan-Lansoprazole	Mylan	100	36.28	<b>→</b> 0.3628			
02395266	pms-Lansoprazole	Phmscience	100	36.27	→ 0.3627			
02165511	Prevacid	BGP Pharma	30	60.00	<b>1</b> 0.3628			
			100	200.00	<b>1</b> 0.3628			
02249472	Prevacid FasTab	BGP Pharma	30	60.00				
02402629	Ran-Lansoprazole	Ranbaxy	100	36.27	→ 0.3627			
02422816	Riva-Lansoprazole	Riva	100	36.27	<b>→</b> 0.3627			
02385651	Sandoz Lansoprazole	Sandoz	100	36.27	→ 0.3627			
02280523	Teva-Lansoprazole	Teva Can	30	10.88	<b>→</b> 0.3627			
			500	181.40	<b>→</b> 0.3628			

Page 286 2019-12

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

## OMEPRAZOLE (BASE OR MAGNESIUM)

Caps. or Tab.	,			20 mg <b>PPB</b>		
02245058	Apo-Omeprazole (caps.)	Apotex	100	22.87	<b>→</b>	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
00440540			500	114.35	<b>→</b>	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	<b>*</b>	0.2287
00000440	0		500	114.35		0.2287
02296446	Sandoz Omeprazole (Caps.)	Sandoz	100	22.87	<b>*</b>	0.2287
00400404	1,444,6	., 5	500	114.35	<b>*</b>	0.2287
02432404	VAN-Omeprazole	Vanc Phm	100	22.87	•	0.2287

SIZE SIZE ON THIS
-------------------

## PANTOPRAZOLE (MAGNESIUM OR SODIUM)

Ent. Tab.	E (MAGNESION OR SODION	п) ш	4	0 mg <b>PPB</b>		
02300486	ACT Pantoprazole	ActavisPhm	100	20.16	<b>→</b> 0.2	016
	,		500	100.80	→ 0.2	016
02292920	Apo-Pantoprazole	Apotex	100	20.16	<b>→</b> 0.2	016
			500	100.80	<b>→</b> 0.2	016
02415208	Auro-Pantoprazole	Aurobindo	100	20.16	→ 0.2	016
			500	100.80		016
02445867	Bio-Pantoprazole	Biomed	500	100.80		016
02357054	Jamp-Pantoprazole	Jamp	30	6.05		016
			500	100.80		016
02416565	Mar-Pantoprazole	Marcan	100	20.16		016
00447440	Mist Baston and		500	100.80		016
02417448	Mint-Pantoprazole	Mint	100	20.16		016
00407070	M Dantanasala	Mantra Ph.	500	100.80		016
02467372	M-Pantoprazole	Manua Pn.	30 500	6.05 100.80		016 016
02229453	Pantoloc	Takeda	100			628
02469138	Pantoprazole	Altamed	100	20.16		016
02403130	T amoprazoie	Altamed	500	100.80		016
02437945	Pantoprazole	Phmscience	100	20.16		016
02.0.0.0	, amoprazoro		500	100.80		016
02318695	Pantoprazole	Pro Doc	100	20.16		016
	,		500	100.80	→ 0.2	016
02431327	Pantoprazole	Riva	30	6.05	→ 0.2	016
	-		500	100.80	<b>→</b> 0.2	016
02370808	Pantoprazole	Sanis	100	20.16		016
			500	100.80	→ 0.2	016
02428180	Pantoprazole-40	Sivem	100	20.16		016
			500	100.80		016
02307871	pms-Pantoprazole	Phmscience	100	20.16		016
22225212			500	100.80		016
02305046	Ran-Pantoprazole	Ranbaxy	100	20.16		016
00040400	Diva Bantannanala	Dive	500	100.80		016
02316463	Riva-Pantoprazole	Riva	100 500	20.16 100.80		016 016
02301083	Sandoz Pantoprazole	Sandoz	30	6.05		016
02301063	Sandoz Fantoprazoie	Sandoz	500	100.80		016
02267233	Tecta	Takeda	30	22.50		628
02285487	Teva-Pantoprazole	Teva Can	100	20.16		016
02200 107			500	100.80		016
02428164	VAN-Pantoprazole	Vanc Phm	100	20.16		016

Page 288 2019-12

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

### RABEPRAZOLE SODIUM

Ent. Tab.	1	1		10 mg <b>PPB</b>		1
02345579	Apo-Rabeprazole	Apotex	100	6.69	•	0.0669
02243796	Pariet	Janss. Inc	100	65.00	<b>T</b>	0.3628
02310805	pms-Rabeprazole EC	Phmscience	30	2.01	•	0.0669
			500	33.45	•	0.0669
02315181	Pro-Rabeprazole	Pro Doc	100	6.69	→	0.0669
02385449	Rabeprazole	Sivem	100	6.69	→	0.0669
02356511	Rabeprazole EC	Sanis	100	6.69	→	0.0669
02298074	Ran-Rabeprazole	Ranbaxy	100	6.69	•	0.0669
02330083	Riva-Rabeprazole EC	Riva	100	6.69	•	0.0669
			500	33.45	→	0.0669
02314177	Sandoz Rabeprazole	Sandoz	100	6.69	•	0.0669
02296632	Teva-Rabeprazole Sodium	Teva Can	100	6.69	•	0.0669

Ent. Tab.	1	1	. 2	20 mg <b>PPB</b>		
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

Tab.		1		10 mg <b>PPB</b>		
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	DDAND NAME	MANUEACTURER	SIZE	COST OF PKG.	UNIT PRICE
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNII PRICE
METOCLOPRA Inj. Sol.	MIDE HYDROCHLORIDE		5 mg/mL	(2 mL) <b>PPB</b>	
02185431	Chlorhydrate de	Sandoz	2 ml	<b>→</b> 6.79	
02243563	metoclopramide injection Metoclopramide Omega	Oméga	2 ml	<b>→</b> 6.79	
Oral Sol.				1 mag/mal	
02230433	Metonia	Pendopharm	500 ml	1 mg/mL 25.31	0.0506
02200400	Wetoria	Генфорнани	300 1111	20.01	0.0000
Tab.	ı	1	ı	5 mg	
02230431	Metonia	Pendopharm	100	5.73	0.0573
EC.26					
56:36 ANTI-INFLAM	IMATORY AGENTS				
<b>5-AMINOSALIC</b> Ent. Tab.	YLIC ACID			1 g	
02399466	Pentasa	Ferring	60	66.83	1.1138
	1	[·9			
Ent. Tab.	1	1	ı	400 mg	
01997580 02171929		Warner Teva Can	180 100	95.22 31.11	0.5290 0.3111
02171929	Teva-5-ASA	Teva Call	500	155.55	0.3111
Ent. Tab.				500 mg	
02099683	Pentasa	Ferring	100	55.69	0.5569
02099003		Aptalis	150	81.96	0.5464
			500	273.23	0.5465
Ent. Tab.				800 mg	
02267217	Asacol 800	Warner	180	185.04	1.0280
L.A. Tab.	I., .	l <sub>au</sub> .	,	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
	•				
Rect. Susp.	1	I	I	4 g <b>PPB</b>	
02153556 02112809	,	Ferring Aptalis	1 7	<b>→</b> 4.46 43.68	6.2400
		1 1		.5.55	0.2.30

Page 290 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Supp.				1g <b>PPB</b>			
02474018 02153564 02242146	Mezera Pentasa Salofalk	Avir Ferring Aptalis	30 30 30	43.20 48.00 48.00	1.4400 1.6000 1.6000		
Supp.				500 mg			
02112760	Salofalk	Aptalis	30	34.19	1.1397		
OLSALAZINE SO	ODIUM R						
Caps.		ı	ı	250 mg			
02063808	Dipentum	Search Phm	100	49.93	0.4993		
56:92 GI DRUGS, MISCELLANEOUS LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCINE  Kit (solid oral)  30 mg-2 x 500 mg-500 mg PPB							
02470780	Apo-Lansoprazole-	Apotex	7	67.91	<b>→</b> 9.7014		
02238525	Amoxicillin-Clarithromycin Hp-PAC	BGP Pharma	7	67.91	<b>→</b> 9.7014		

# 64:00 HEAVY METALS ANTAGONISTS

### 64:00 HEAVY METALS ANTAGONISTS DEFEROXAMINE MESYLATE ☐

Inj. Pd.				2 g	PPB	
	Mesylate de desfer- rioxamine pour injection	Pfizer	1	<b>→</b>	20.31	
	pms-Deferoxamine	Phmscience	1	<b>→</b>	20.31	

lnj	j. Pd.			. 5	00 mg <b>PPB</b>	
		Desferal Mesylate de desfer- rioxamine pour injection	Novartis Pfizer	1 1	→ 13.97 → 4.68	

#### PENICILLAMINE

Caps.			250 mg			
00016055	Cuprimine	Valeant	100	85.00	0.8500	

# 68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04	adrenals
68:08	androgens
68:12	contraceptives
68:16	estrogens and antiestrogens
68:16.04	estrogens
68:16.12	estrogen agonist-antagonists
68:18	gonadotropins
68:20	antidiabetic agents
68:20.02	alpha-glucosidase inhibitors
68:20.04	biguanides
68:20.08	insulins
68:20.16	meglitinides
68:20.20	sulfonylureas
68:22	antihypoglycemic agents
68:22.12	glycogenolytic agents
68:24	parathyroid
68:28	pituitary
68:32	progestins
68:36	thyroid and antithyroid agents
68:36.04	thyroid agents
68:36.08	antithyroid agents

	<u> </u>		1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
68:04 ADRENALS BECLOMETHAS Oral aerosol	SONE DIPROPIONATE			50 mcg/dose	
02242029	Qvar	Valeant	200 dose(s)	29.28	
Oral aerosol			. 10	00 mcg/dose	
02242030	Qvar	Valeant	200 dose(s)	58.56	
BUDESONIDE Inh. Pd.	G.		10	00 mcg/dose	
00852074	Pulmicort Turbuhaler	AZC	200 dose(s)	30.90	
Inh. Pd.			20	00 mcg/dose	
00851752	Pulmicort Turbuhaler	AZC	200 dose(s)	63.16	
Inh. Pd.	ı	1	40	00 mcg/dose	
00851760	Pulmicort Turbuhaler	AZC	200 dose(s)	93.00	
Sol. Inh.	ı		0.125 mg/mL (	2 mL) <b>PPB</b>	
02229099 02465949	Pulmicort nebuamp Teva-Budesonide	AZC Teva Can	20 20	8.57 6.86	0.4285 <b>→</b> 0.3430
02403949	Teva-BudeSoffide	Teva Call	20	0.00	0.3430
Sol. Inh.			0.25 m	g/mL (2 mL)	
01978918	Pulmicort nebuamp	AZC	20	17.14	0.8570
Sol. Inh.	ı	1	0.5 mg/mL	(2mL) <b>PPB</b>	
01978926 02465957	Pulmicort nebuamp Teva-Budesonide	AZC Teva Can	20 20	34.28 27.36	1.7140 <b>1.3678</b>
02403337	Teva-Budesomde	Teva Can	20	27.50	1.3070
CICLESONIDE Oral aerosol			10	00 mcg/dose	
02285606	Alvesco	AZC	120 dose(s)	44.15	
	1	1	1 (-7		
Oral aerosol	I	ı	20	00 mcg/dose	
02285614	Alvesco	AZC	120 dose(s)	72.81	
CORTISONE AC	ETATE 1			2F ma	
		  Valeant	100	25 mg	0.3066
00280437	Cortisorie Acetate-ICN	valeant	100	30.66	0.3066

DEXAMETHASONE		CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Elix.					,	,	
Tab.		AMETHASO	DNE B			0 5 mg/5 ml	
Tab.  02261081   Apo-Dexamethasone   Apotex   100   15.64   ♣ 0.1564   01964976   pms-Dexamethasone   Phmscience   100   15.64   ♣ 0.1564    Tab.  02279363   pms-Dexamethasone   Phmscience   100   42.36   0.4236    Tab.  02250055   Apo-Dexamethasone   Apotex   100   30.46   ♣ 0.3046   01964070   pms-Dexamethasone   Valeant   100   30.46   ♣ 0.3046   02311267   Pro-Dexamethasone   Phmscience   100   30.46   ♣ 0.3046   02311267   Pro-Dexamethasone   Phmscience   100   30.46   ♣ 0.3046   02311267   Pro-Dexamethasone   Phmscience   100   30.46   ♣ 0.3046    DEXAMETHASONE SODIUM PHOSPHATE   Imp. Sol.  00664227   Dexamethasone   Sandoz   5 ml   ♣ 8.03   01977547   Dexamethasone   Sterimax   5 ml   ♣ 8.03   02014266   Dexamethasone   Omega   5 ml   ♣ 8.03   02014266   Dexamethasone   Omega   1 ml   ♣ 4.23   020874582   Dexamethasone   Omega   1 ml   ♣ 4.23   02387743   Dexamethasone   Omega   1 ml   ♣ 4.23   02387743   Dexamethasone   Dexamethasone   Omega   1 ml   ♣ 4.23   02387743   Dexamethasone   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387648   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387648   Dexamethasone   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   Demaga   1 ml   ♣ 4.23   02387743   Dexamethasone   Demaga   Demaga   Demaga   Demaga   Demaga   Demaga   Demaga   Demaga   Dem	 			I		1	
O2261081		01946897	pms-Dexamethasone	Phmscience	100 ml	45.71	0.4571
Description	Tab.		ı	1	C	).5 mg <b>PPB</b>	ı
Tab. 2 mg  02279363 pms-Dexamethasone Phmscience 100 42.36 0.4236  Tab. 4 mg PPB  02250055 Apo-Dexamethasone Valeant 100 30.46 → 0.3046 0.304		02261081	Apo-Dexamethasone	Apotex	100	15.64	<b>→</b> 0.1564
Tab.		01964976	pms-Dexamethasone	Phmscience	100	15.64	<b>→</b> 0.1564
Tab.	Tab.					2 mg	
Tab.		02279363	nms-Dexamethasone	Phmscience	100	42.36	0.4236
December   December		02270000	pme Bexametriceone	Timodeneo	100	12.00	0.1200
Overlight   Ove	Tab.		ı	ı	ı	4 mg <b>PPB</b>	ı
01964070   pms-Dexamethasone   Phmscience   100   30.46		02250055	Apo-Dexamethasone	Apotex	100	30.46	→ 0.3046
DEXAMETHASONE SODIUM PHOSPHATE   Imp. Sol.		00489158	Dexasone	Valeant	100	30.46	<b>→</b> 0.3046
DEXAMETHASONE SODIUM PHOSPHATE			1.				1
Inj. Sol.       4 mg/mL       PPB         00664227 01977547 02204266       Dexamethasone Dexamethasone Dexamethasone Omega       Sterimax Steri		02311267	Pro-Dexamethasone-4	Pro Doc	100	30.46	<b>→</b> 0.3046
01977547   Dexamethasone   Dexamethasone   Dexamethasone Omega   Sterimax   Sml   ■ 8.03   8.03		ol.	I	_ I	1	l	
Inj. Sol.    10 mg/mL PPB							
00874582   Dexamethasone   Dexamethasone   Oméga   1 ml		02204266	Dexamethasone Omega	Oméga	5 ml	<b>♦</b> 8.03	
02204274   Dexamethasone Omega   Oméga   1 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.	Inj. S	ol.			10 r	ng/mL <b>PPB</b>	
02204274   Dexamethasone Omega   Oméga   1 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.83   10 ml   12.83   12.		00874582	Dexamethasone	Sandoz	1 ml	<b>→</b> 4.23	
02387743   Dexamethasone Omega   Oméga   1 ml   4.23   4.23   1 ml   4.23   4.23   1 ml   4.23   4.23   1 ml   4.23   4.23   1 ml   4.23			1		l		
00783900   Unidose pms-Dexamethasone					10 ml	<b>→</b> 12.83	
00783900   pms-Dexamethasone		02387743		Oméga	1 ml	<b>→</b> 4.23	
Tab.       0.1 mg         02086026       Florinef       Paladin       100       23.96       0.2396         FLUTICASONE FUROATE № Inh. Pd.       100 mcg         02446561       Amuity Ellipta       GSK       30 dose(s)       34.70         Inh. Pd.       200 mcg		00783900		Phmscience	10 ml	<b>→</b> 12.83	
Tab.       0.1 mg         02086026       Florinef       Paladin       100       23.96       0.2396         FLUTICASONE FUROATE № Inh. Pd.       100 mcg         02446561       Amuity Ellipta       GSK       30 dose(s)       34.70         Inh. Pd.       200 mcg							
02086026         Florinef         Paladin         100         23.96         0.2396           FLUTICASONE FUROATE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		DROCORTIS	SONE ACETATE			0.4	
FLUTICASONE FUROATE IB           Inh. Pd.         100 mcg           02446561         Amuity Ellipta         GSK         30 dose(s)         34.70           Inh. Pd.         200 mcg	ı ab.		ĺ	I	l	U.1 mg	l
Inh. Pd.         100 mcg           02446561         Amuity Ellipta         GSK         30 dose(s)         34.70           Inh. Pd.         200 mcg		02086026	Florinef	Paladin	100	23.96	0.2396
Inh. Pd.         100 mcg           02446561         Amuity Ellipta         GSK         30 dose(s)         34.70           Inh. Pd.         200 mcg			_				
02446561   Amuity Ellipta   GSK   30 dose(s)   34.70			FUROATE 🖺			100 mcg	
			Arnuity Ellipta	GSK	30 dose(s)	1	
			•	•			
02446588   <i>Amuity Ellipta</i>   GSK   30 dose(s)   69.40	Inh. F	Pd.	ı	1	ı	200 mcg	ı
		02446588	Arnuity Ellipta	GSK	30 dose(s)	69.40	

Page 300 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUTICASONE I Inh. Pd.	PROPIONATE 🖪		100	0 mcg/coque	
02237245	Flovent Diskus	GSK	60 dose(s)	22.61	
		1 -	,		
Inh. Pd.	I	I	250	0 mcg/coque	
02237246	Flovent Diskus	GSK	60 dose(s)	38.05	
Inh. Pd.			500	0 mcg/coque	
02237247	Flovent Diskus	GSK	60 dose(s)	64.20	
		1	1	1	
Oral aerosol	I	I	!	50 mcg/dose	
02244291	Flovent HFA	GSK	120 dose(s)	22.61	
Oral aerosol			12	25 mcg/dose	
02244292	Flovent HFA	GSK	120 dose(s)	38.05	
Oral aerosol	I	1	25	50 mcg/dose	
Oral aerosol 02244293	Flovent HFA	GSK	25 120 dose(s)	50 mcg/dose 76.11	
	Flovent HFA	GSK		1	
		GSK		1	
02244293		GSK		76.11	
02244293  HYDROCORTISE  Tab.	ONE 1	1	120 dose(s)	76.11	0.4406
02244293		GSK		76.11	0.1426
02244293  HYDROCORTISE  Tab.	ONE 1	1	120 dose(s)	76.11	0.1426
02244293  HYDROCORTISE  Tab.  00030910	ONE 1	1	120 dose(s)	76.11 10 mg 14.26	
02244293  HYDROCORTISE  Tab.  00030910  Tab.	ONE III	Pfizer	120 dose(s)	76.11 10 mg 14.26	
02244293  HYDROCORTISE  Tab.  00030910  Tab.  00030929	ONE III	Pfizer Pfizer	120 dose(s)	76.11 10 mg 14.26	
02244293  HYDROCORTISE  Tab.  00030910  Tab.  00030929	ONE III  Cortef  Cortef	Pfizer Pfizer	120 dose(s)	76.11 10 mg 14.26	
02244293  HYDROCORTISE  Tab.  00030910  Tab.  00030929  HYDROCORTISE  Inj. Pd.  00878626	ONE Cortef  Cortef  ONE SODIUM SUCCINATE  Hydrocortisone	Pfizer Pfizer Novopharm	120 dose(s)  100  100	10 mg 14.26 20 mg 25.76	
02244293  HYDROCORTIS  Tab.  00030910  Tab.  00030929  HYDROCORTIS	ONE Cortef  Cortef  ONE SODIUM SUCCINATE	Pfizer Pfizer	120 dose(s)  100  100	10 mg 14.26 20 mg 25.76	
02244293  HYDROCORTISE  Tab. 00030910  Tab. 00030929  HYDROCORTISE  Inj. Pd. 00878626 00030635	ONE Cortef  Cortef  ONE SODIUM SUCCINATE  Hydrocortisone	Pfizer Pfizer Novopharm	100 dose(s)	10 mg 14.26 20 mg 25.76	
02244293  HYDROCORTISE  Tab. 00030910  Tab. 00030929  HYDROCORTISE Inj. Pd. 00878626 00030635  Inj. Pd. 00872520	Cortef  Cortef  Cortef  ONE SODIUM SUCCINATE  Hydrocortisone Solu-Cortef  Hydrocortisone	Pfizer  Pfizer  Novopharm Pfizer	120 dose(s)  100  100  1 1  1 1  11	10 mg 14.26  20 mg 25.76  1 g PPB  8.60 14.02	
02244293  HYDROCORTISE  Tab. 00030910  Tab. 00030929  HYDROCORTISE  Inj. Pd. 00878626 00030635	Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef  Cortef	Pfizer  Pfizer  Novopharm Pfizer	100 100 100 100 100 100 100 100 100 100	10 mg 14.26  20 mg 25.76  1 g PPB  8.60 14.02	
02244293  HYDROCORTISE  Tab.  00030910  Tab.  00030929  HYDROCORTISE  Inj. Pd.  00878626 00030635  Inj. Pd.  00872520 00030600	Cortef  Cortef  Cortef  ONE SODIUM SUCCINATE  Hydrocortisone Solu-Cortef  Hydrocortisone	Pfizer  Pfizer  Novopharm Pfizer	100 dose(s)  100  100  1 1  1 1  1 1  1 1	10 mg 14.26  20 mg 25.76  1 g PPB  8.60 14.02	
02244293  HYDROCORTISE  Tab. 00030910  Tab. 00030929  HYDROCORTISE Inj. Pd. 00878626 00030635  Inj. Pd. 00872520	Cortef  Cortef  Cortef  ONE SODIUM SUCCINATE  Hydrocortisone Solu-Cortef  Hydrocortisone	Pfizer  Pfizer  Novopharm Pfizer	100 dose(s)  100  100  1 1  1 1  1 1  1 1	10 mg 14.26 20 mg 25.76  1 g PPB 3.60 14.02  00 mg PPB 2.00 3.25	0.1426 0.2576

	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				50	00 mg <b>PPB</b>	
	0878618 0030627	Hydrocortisone Solu-Cortef	Novopharm Pfizer	1 1	5.10 8.36	
METHY Tab.	LPREDN	ISOLONE 🖪			4 mg	
I	0030988	Medrol	Pfizer	100	32.93	0.3293
Tab.	0036129	Medrol	  Pfizer	100	16 mg 95.03	0.9503
	0000120		1 11201	100	00.00	0.0000
METHY	LPREDN	ISOLONE ACETATE				
Inj. Sus	•	l <u>.</u>		۱.	20 mg/mL	
0	1934325	Depo-Medrol	Pfizer	5 ml	10.76	
Inj. Sus	p.	ı	1	ı	40 mg/mL	
0-	1934333	Depo-Medrol	Pfizer	2 ml 5 ml	9.11 16.45	
00	0030759	Depo-Medrol (sans preservatif)	Pfizer	1 ml	4.75	
Inj. Sus	D.				80 mg/mL	
ı '	0030767	Depo-Medrol	Pfizer	1 ml	9.11	
00	0030707	2000			] 3.11	
00	0030707		1		3.11	
METHY	/LPREDN	ISOLONE ACETATE/ LIDOC	AINE HYDROCHLORII		l l	
METHY Inj. Sus	<b>/LPREDN</b> p.	ISOLONE ACETATE/ LIDOC	I	40 m	g -10 mg/mL	
METHY Inj. Sus	/LPREDN	,	Pfizer		l l	
METHY Inj. Sus 00	<b>/LPREDN</b> p. 0260428	ISOLONE ACETATE/ LIDOC  Depo-Medrol & Lidocaine	Pfizer	40 m	g -10 mg/mL	
METHY Inj. Sus 00	<b>/LPREDN</b> p. 0260428	ISOLONE ACETATE/ LIDOC	Pfizer	40 m	g -10 mg/mL	
METHY Inj. Sus 00  METHY Inj. Pd.	<b>/LPREDN</b> p. 0260428	ISOLONE ACETATE/ LIDOC  Depo-Medrol & Lidocaine	Pfizer	40 m	g -10 mg/mL 9.15	
METHY Inj. Sus 00  METHY Inj. Pd.	/LPREDN pp. 0260428 /LPREDN 2241229	ISOLONE ACETATE/ LIDOC Depo-Medrol & Lidocaine ISOLONE SODIUM SUCCINA Methylprednisolone	Pfizer  ATE   Novopharm	40 m; 2 ml	g -10 mg/mL 9.15 1 g <b>PPB</b>	
METHY Inj. Sus OC  METHY Inj. Pd. O2 Inj. Pd.	/LPREDN pp. 0260428 /LPREDN 2241229 2367971	ISOLONE ACETATE/ LIDOC  Depo-Medrol & Lidocaine  ISOLONE SODIUM SUCCINA  Methylprednisolone Solu-Medrol	Pfizer  ATE III  Novopharm Pfizer	40 m; 2 ml	g -10 mg/mL 9.15 1 g PPB → 31.00 43.88	
METHY Inj. Sus 00  METHY Inj. Pd. 02 02  Inj. Pd.	/LPREDN pp. 0260428 /LPREDN 2241229	ISOLONE ACETATE/ LIDOC Depo-Medrol & Lidocaine ISOLONE SODIUM SUCCINA Methylprednisolone	Pfizer  ATE   Novopharm	40 ms 2 ml	g -10 mg/mL 9.15 1 g PPB → 31.00 43.88	
METHY Inj. Sus 00  METHY Inj. Pd. 02 02  Inj. Pd. 02	/LPREDN pp. 0260428 /LPREDN 2241229 2367971	ISOLONE ACETATE/ LIDOC  Depo-Medrol & Lidocaine  ISOLONE SODIUM SUCCINA  Methylprednisolone Solu-Medrol  Methylprednisolone	Pfizer  ATE  Novopharm Pfizer  Novopharm	40 mg 2 ml	g -10 mg/mL 9.15 1 g PPB → 31.00 43.88 40 mg PPB → 3.60 4.82	
METHY Inj. Sus 00  METHY Inj. Pd. 02 02  Inj. Pd. 02 Inj. Pd.	/LPREDN pp. 0260428 /LPREDN 2241229 2367971	ISOLONE ACETATE/ LIDOC  Depo-Medrol & Lidocaine  ISOLONE SODIUM SUCCINA  Methylprednisolone Solu-Medrol  Methylprednisolone	Pfizer  ATE  Novopharm Pfizer  Novopharm	40 mg 2 ml	g -10 mg/mL 9.15 1 g PPB → 31.00 43.88 40 mg PPB → 3.60	

Page 302 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.			50	00 mg <b>PPB</b>	
02231895 02367963	Methylprednisolone Solu-Medrol	Novopharm Pfizer	1 1	→ 18.60 28.66	
MONETAGONE	UDOATE B				
MOMETASON F Inh. Pd.	UROATE LEI		. 20	00 mcg/dose	
02243595	Asmanex Twisthaler	Merck	60 dose(s)	32.00	
Inh. Pd.			40	00 mcg/dose	
02243596	Asmanex Twisthaler	Merck	30 dose(s) 60 dose(s)	32.00 64.00	
	1	1		1	
PREDNISOLONI Oral Sol.	E SODIUM PHOSPHATE		5 ma	1/5 mL <b>PPB</b>	
02230619	   Pediapred	SanofiAven	120 ml	12.70	0.1058
02245532	pms-Prednisolone	Phmscience	120 ml	10.80	<b>→</b> 0.0900
PREDNISONE Tab.		1	ı	1 mg	1 1
00271373	Winpred	AA Pharma	100	10.66	0.1066
Tab.				5 mg PPB	
00312770	Apo-Prednisone	Apotex	100	2.20	→ 0.0220
00156876	Prednisone-5	Pro Doc	1000 1000	21.95 21.95	<ul><li>→ 0.0220</li><li>→ 0.0220</li></ul>
00021695	Teva-Prednisone	Teva Can	1000	2.20	→ 0.0220 → 0.0220
			1000	21.95	<b>→</b> 0.0220
Tab.				50 mg <b>PPB</b>	
00550957	Apo-Prednisone	Apotex	100	17.35	<b>→</b> 0.1735
00232378	Teva-Prednisone	Teva Can	100	17.35	▶ 0.1735
TRIAMCINOI ON	IE ACETONIDE				
I.M. Inj. Susp.		1	40 n	ng/mL <b>PPB</b>	, ,
01999869	Kenalog-40	B.M.S.	1 ml	7.29	
01977563	Triamcinolone	Sterimax	5 ml 1 ml	<b>2</b> 5.52 <b>→</b> 4.77	
			5 ml	<b>→</b> 23.85	
Inj. Susp.				10 mg/mL	
01999761	Kenalog-10	B.M.S.	5 ml	15.71	
	1	=:			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
68:08 ANDROGENS DANAZOL []							
Caps.	ı	ı	ı	50 mg	1		
02018144	Cyclomen	SanofiAven	100	78.72	0.7872		
Caps.				100 mg			
02018152	Cyclomen	SanofiAven	100	116.79	1.1679		
0		-		1 000			
Caps. 02018160	Cyclomen	SanofiAven	100	200 mg 186.61	1.8661		
02010100	Cyclomen	SanonAven	100	100.01	1.0001		
TESTOSTERON	E �						
Nasal Gel	I	ı	I	4.5 %	ı		
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		
022.00.2	7.11.0.000.11.	7.0.0.0		1.00	0.0		
Top. Jel.	ı	1	1% (	(2.5 g) <b>PPB</b>	ı		
02245345 02463792	AndroGel Taro-Testosterone Gel	BGP Pharma Taro	30 30	65.13 50.18	2.1710 1.6727		
				1			
Top. Jel. 		1		(5.0 g) <b>PPB</b>			
02245346 02463806	AndroGel Taro-Testosterone Gel	BGP Pharma Taro	30 30	115.17 88.73	3.8390 <b>2</b> .9577		
02280248	Testim 1%	Paladin	30	103.52	3.4507		
TESTOSTERONI Oily Inj. Sol.	E CYPIONATE 💠			100 mg/mL			
00030783	Depo-Testosterone	Pfizer	10 ml	24.45			
	1	1		ı l			
TESTOSTERONI	E ENANTHATE 💠						
Oily Inj. Sol.	l <b>.</b>	l., .	۱ ـ .	200 mg/mL	I		
00029246	Delatestryl	Valeant	5 ml	24.42			

Page 304 2019-12

TESTOSTERONE UNDECANOATE ♦  Caps.	_		1	1		Т	Т
Caps.		CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
Caps.							
Caps.	TES	TOSTERON	FUNDECANOATE &				
Taro			L UNDECANOATE V		4	40 mg <b>PPB</b>	
02421186		02322498	nms-Testosterone	Physcience	100	47.00	0.4700
68:12  CONTRACEPTIVES ETHINYLESTRADIOL DESOGESTREL   Tab.		02022430	pina residaterone	Timsolchicc			
68:12 CONTRACEPTIVES ETHINYLESTRADIOL DESOGESTREL		02421186	Taro-Testosterone	Taro			1 -
CONTRACEPTIVES ETHINYLESTRADIOL DESOGESTREL					120	56.40	<b>→</b> 0.4700
CONTRACEPTIVES ETHINYLESTRADIOL DESOGESTREL							
Tab. 0.025 mg/0.1 mg-0.025 mg/0.125 mg-0.025 mg/0.15 mg  0.0272903							
Tab.							
02272903   Linessa 21		INTLESTRA		ma/0.1 ma-0.025 ma/0.	125 ma-0.025	ma/0.15 ma	
Tab.	1	00070000		1		1	
Tab.  0.030 mg -0.15 mg PPB  0.2317192			1	l .			
O2317192   Apri 21		0220.200		7.000		12.10	
O2317192   Apri 21	Tab				0.030 mg 0	15 mg <b>DDB</b>	
02317206   Apri 28				I	_	l	I
02396491   Freya 21   Mylan   1			*				
02396610   Freya 28   Mylan   1			*	1		-	
02042487   Marvelon 21   Merck   1   12.95   02042479   Marvelon 28   Merck   1   12.95   02410249   Mirvala 21   Apotex   1   7.77   7.77			ļ —	l -			
02042479   Marvelon 28			1 -	1 '			
### Tab.						l .	
ETHINYLESTRADIOL/ DROSPIRENONE		02410249	Mirvala 21	Apotex	1	<b>→</b> 7.77	
Tab. 0.02 mg -3 mg PPB  02415380 Mya Apotex 1		02410257	Mirvala 28	Apotex	1	<b>→</b> 7.77	
Tab. 0.02 mg -3 mg PPB  02415380 Mya Apotex 1							•
Tab.			_				
02415380   Mya   Apotex   1   10.06		INYLESTRA	DIOL/ DROSPIRENONE		0.00	0 000	
Demulen 30 (21)   Pfizer   1   11.94	Tab.		I	I	0.02 mg	-3 mg <b>PPB</b>	I
Tab.  0.03 mg - 3 mg PPB  02261723			Mya	Apotex		-	
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         ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE		02321157	Yaz	Bayer	1	11.84	
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         ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE							
02261731       Yasmin 28       Bayer       1       11.84         02410788       Zamine 21       Apotex       1          9.01         ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE ID         Tab.       0.03 mg -2 mg         00469327       Demulen 30 (21)       Pfizer       1       11.91       W         00471526       Demulen 30 (28)       Pfizer       1       12.74       W         ETHINYLESTRADIOL/ ETONOGESTREL ID         Vaginal ring       2.6 mg -11.4 mg         02253186       Nuvaring       Merck       1       14.72	Tab.		1	1	0.03 mg -	3 mg <b>PPB</b>	
02261731       Yasmin 28       Bayer       1       11.84         02410788       Zamine 21       Apotex       1          9.01         ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE ID         Tab.       0.03 mg -2 mg         00469327       Demulen 30 (21)       Pfizer       1       11.91       W         00471526       Demulen 30 (28)       Pfizer       1       12.74       W     ETHINYLESTRADIOL/ ETONOGESTREL ID  Vaginal ring  02253186  Nuvaring  Merck  1 14.72		02261723	Yasmin 21	Baver	1	11.84	
02410796         Zamine 28         Apotex         1              ■ 9.01           ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE Tab.						l .	
ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE Tab.  0.03 mg -2 mg  0.0469327		02410788	Zamine 21	Apotex	1	<b>→</b> 9.01	
Tab.       0.03 mg -2 mg         00469327 Demulen 30 (21) Demulen 30 (28)       Pfizer Pfizer 1 1 11.91 W         ETHINYLESTRADIOL/ ETONOGESTREL ☑         Vaginal ring       2.6 mg -11.4 mg         02253186 Nuvaring       Merck 1 14.72		02410796	Zamine 28	Apotex	1	<b>→</b> 9.01	
Tab.       0.03 mg -2 mg         00469327 Demulen 30 (21) Demulen 30 (28)       Pfizer Pfizer 1 1 11.91 W         ETHINYLESTRADIOL/ ETONOGESTREL ☑         Vaginal ring       2.6 mg -11.4 mg         02253186 Nuvaring       Merck 1 14.72							
Tab.       0.03 mg -2 mg         00469327 Demulen 30 (21) Demulen 30 (28)       Pfizer Pfizer 1 1 11.91 W         ETHINYLESTRADIOL/ ETONOGESTREL ☑         Vaginal ring       2.6 mg -11.4 mg         02253186 Nuvaring       Merck 1 14.72							
00469327		INYLESTRA	DIOL/ ETHYNODIOL DIACE	TATE 🖺			
00471526         Demulen 30 (28)         Pfizer         1         12.74         W           ETHINYLESTRADIOL/ ETONOGESTREL ID           Vaginal ring         2.6 mg -11.4 mg           02253186         Nuvaring         Merck         1         14.72	Tab.		1	I	0.0 I	03 mg -2 mg	I
ETHINYLESTRADIOL/ ETONOGESTREL  Vaginal ring		00469327		Pfizer			
Vaginal ring         2.6 mg -11.4 mg           02253186         Nuvaring         1         14.72		00471526	Demulen 30 (28)	Pfizer	1	12.74	W
Vaginal ring         2.6 mg -11.4 mg           02253186         Nuvaring         1         14.72							
Vaginal ring         2.6 mg -11.4 mg           02253186         Nuvaring         1         14.72							
02253186 <i>Nuvaring</i> Merck 1 14.72			DIOL/ ETONOGESTREL		26	ma -11 / ma	
	v agii	ū		I	∠.७	-	I
] 3   44.16		02253186	Nuvaring	Merck			
77.10					3	44.16	

CODE BRAND NAME MANUFACTURER SIZE COS	ST OF PKG. SIZE	UNIT PRICE						
ETHINYLESTRADIOL/ LEVONORGESTREL - ETHINYLESTRADIOL Tab.  0.03 mg - 0.15 mg (84 co.)/0.01 mg (7 co.)								
02346176 Seasonique Paladin 1	52.66							
ETHINYLESTRADIOL/ NORELGESTROMIN Patch (3) 0.60 mg - 6 mg								
02248297	14.95							
02240251 LVIA Janss. IIIC 1	14.95							
ETHINYLESTRADIOL/ NORETHINDRONE 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	Ĭ l	1						
02187108   Synphasic 21   Pfizer   1	10.35 10.35							
Tab. 0.035 m								
02189054 Brevicon 1/35 (21) Pfizer 1	10.92							
02189062   Brevicon 1/35 (28)   Pfizer   1   02197502   Select 1/35 (21)   Pfizer   1	10.92 7.37							
02199297   Select 1/35 (28)   Pfizer 1	7.37							
	g -1 mg	Ī						
00315966   Minestrin 1/20 (21)   Warner   1   00343838   Minestrin 1/20 (28)   Warner   1	12.73 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							
ETHINYLOESTRADIOL NORGESTIMATE  Tab.  0.025 mg/0.180 mg - 0.215 mg -0.250 mg								
02258560	12.15							
02258587   <i>Tri-Cyclen LO</i> (28)   Janss. Inc   1	12.15							
Tab. 0.035 mg -0.180 mg -0.035 mg -0.215 mg -0.035 mg -1.005 mg -0.035 mg -0	0.25 mg	1						
1 July 1								
02028700   Tri-Cyclen (21)   Janss. Inc   1   02029421   Tri-Cyclen (28)   Janss. Inc   1	12.69 12.69							

Page 306 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
					SIZE	
Tab.		ı	ı	0.035	mg -0.25 mg	
	01968440 01992872	Cyclen (21) Cyclen (28)	Janss. Inc Janss. Inc	1 1	12.69 12.69	
ETH	YNYLOESTI	RADIOL/ LEVONORGESTRE	L B			
Tab.		I	I	0.020 mg -0.	10 mg <b>PPB</b>	1
	02236974	Alesse 21	Pfizer	1	12.70	
	02236975	Alesse 28	Pfizer	1	12.70	
	02387875	Alysena 21	Apotex	1 3	→ 7.62 22.86	<b>→</b> 7.6200
	02387883	Alysena 28	Apotex	1	<b>→</b> 7.62	7.0200
		,	'	3	22.86	<b>→</b> 7.6200
	02298538	Aviane 21	Teva Can	1	<b>→</b> 7.62	
	02298546	Aviane 28	Teva Can	1	<b>→</b> 7.62	
Tab.		0.03 mg	-0.05 mg -0.04 mg -0.0	75 mg -0.03 m	ng -0.125 mg	
	00707600	Triquilar 21	Bayer	1	14.52	
	00707503	Triquilar 28	Bayer	1	14.52	
Tab.		1	I	0.03 mg -0.1	15 mg <b>PPB</b>	ı
	02042320	Min-Ovral 21	Pfizer	1	12.13	
	02042339	Min-Ovral 28	Pfizer	1	12.13	
	02387085	Ovima 21 Ovima 28	Apotex	1	<ul><li>→ 7.28</li><li>→ 7.28</li></ul>	
	02387093 02295946	Portia 21	Apotex Teva Can	1 1	→ 7.28	
	02295954	Portia 28	Teva Can	1	→ 7.28	
Tab.	(91)	ı	ı	0.03 mg -0.	15 mg <b>PPB</b>	
	02398869	Indayo	Mylan	1	<b>→</b> 45.96	
	02296659	Seasonale	Paladin	1	54.06	
	ONORGEST	REL B				
Intra-	Uter. Sys.	I	I	I	19.5 mg	
	02459523	Kyleena	Bayer	1	326.06	
Intra-	Uter. Sys.	1	I	I	52 mg	ı
	02243005	Mirena	Bayer	1	326.06	
LEVO	ONORGEST	REL		0.	75 mg <b>PPB</b>	
	00004005	N. 101.	l	l	-	1 10055
	02364905	Next Choice	ActavisPhm Teva Can	2	8.77	<b>→</b> 4.3850
	02371189	Option 2	TEVA CAII		8.77	<b>→</b> 4.3850

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1	l.5 mg <b>PPB</b>	
	02433532 02425009 02293854	Backup Plan Onestep Contingency One Plan B	Apotex Mylan Paladin	1 1 1	8.60 8.60 8.60	
		I				
NOR Tab.	ETHINDROI (28)	NE B		0.:	35 mg <b>PPB</b>	
	02441306	Jencycla	Lupin	1	→ 10.99	
	00037605 02410303	Micronor Movisse	Janss. Inc Mylan	1 1	12.69 10.99	
ULIF Tab.	PRISTAL AC	ETATE 🖪			5 mg	
	02408163	Fibristal	Actavis	30	343.80	11.4600
Tab.		I	I	l	30 mg	1
1		l =	Allergan	1	25.94	
	02436329	Ella	Allergan		20.01	
68:1 EST	6.04 ROGENS	ESTROGENS (BIOLOGICS)	_	<u> </u>		
68:1 EST	6.04 ROGENS IJUGATED E	ESTROGENS (BIOLOGICS)	<b>B</b>		0.625 mg/g	
68:1 EST	6.04 ROGENS		_	14 g 30 g		
68:1 EST	6.04 ROGENS IJUGATED E	ESTROGENS (BIOLOGICS)	<b>B</b>	14 g	0.625 mg/g 8.79	
68:1 EST CON Vag.	6.04 ROGENS IJUGATED E Cr. 02043440	ESTROGENS (BIOLOGICS)  Premarin	<b>B</b>	14 g 30 g	0.625 mg/g 8.79	
68:1 EST CON Vag.	16.04 ROGENS IJUGATED E Cr. 02043440 RADIOL-17E	ESTROGENS (BIOLOGICS)  Premarin  B. Ill  Estrace	Pfizer  Acerus	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b>	0.1344
68:1 EST CON Vag.	I 6.04  ROGENS IJUGATED E Cr.  02043440  RADIOL-17E	ESTROGENS (BIOLOGICS)  Premarin	Pfizer	14 g 30 g	0.625 mg/g 8.79 18.84	0.1344 ◆ 0.1074
68:1 EST CON Vag.	16.04 ROGENS IJUGATED E Cr. 02043440 RADIOL-17E 02225190 02449048	ESTROGENS (BIOLOGICS)  Premarin  B. Ill  Estrace	Pfizer  Acerus	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b>	
68:1 EST CON Vag.	16.04 ROGENS IJUGATED E Cr. 02043440 RADIOL-17E 02225190 02449048	ESTROGENS (BIOLOGICS)  Premarin  B  Estrace Lupin-Estradiol  Estrace	Pfizer  Acerus Lupin  Acerus	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b> 13.44 10.74 1 mg <b>PPB</b> 25.97	0.1074
68:1 EST CON Vag.	0.04 ROGENS IJUGATED E Cr. 02043440 RADIOL-17E 02225190 02449048	ESTROGENS (BIOLOGICS)  Premarin  B  Estrace Lupin-Estradiol	Pfizer  Acerus Lupin	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b> 13.44 10.74	• 0.1074
68:1 EST CON Vag.	02043440 RADIOL-17E 02225190 02449048	ESTROGENS (BIOLOGICS)  Premarin  B  Estrace Lupin-Estradiol  Estrace	Pfizer  Acerus Lupin  Acerus	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b> 13.44 10.74 1 mg <b>PPB</b> 25.97	0.1074
68:11 EST CON Vag.	02043440 RADIOL-17E 02225190 02449048	ESTROGENS (BIOLOGICS)  Premarin  B  Estrace Lupin-Estradiol  Estrace Lupin-Estradiol	Pfizer  Acerus Lupin  Acerus Lupin	14 g 30 g	0.625 mg/g 8.79 18.84  0.5 mg PPB 13.44 10.74  1 mg PPB 25.97 20.78  2 mg PPB 45.86	0.1074
68:11 EST CON Vag.	RADIOL-17E  02225190 02449048  02148587 02148595	ESTROGENS (BIOLOGICS)  Premarin  B	Pfizer  Acerus Lupin  Acerus Lupin	14 g 30 g	0.625 mg/g 8.79 18.84 0.5 mg <b>PPB</b> 13.44 10.74 1 mg <b>PPB</b> 25.97 20.78	0.1074 0.2597 0.2078
68:11 EST CON Vag.	RADIOL-17E  02225190 02449048  02148587 02148595	ESTROGENS (BIOLOGICS)  Premarin  B  Estrace Lupin-Estradiol  Estrace Lupin-Estradiol	Pfizer  Acerus Lupin  Acerus Lupin	14 g 30 g	0.625 mg/g 8.79 18.84  0.5 mg PPB 13.44 10.74  1 mg PPB 25.97 20.78  2 mg PPB 45.86	0.1074 0.2597 0.2078

Page 308 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Vaginal ring				2 mg	
1	l	l	١.,	l	
02168898	Estring	Paladin	1	62.77	
P					
Vag. Cr.			ı	1 mg/g	
00727369	Estragyn vaginal cream	Search Phm	45 g	15.55	
	GONIST-ANTAGONISTS YDROCHLORIDE 個			60 mg <b>PPB</b>	
02358840	ACT Raloxifene	  ActavisPhm	30	-	<b>→</b> 0.4583
02330040	ACT RAIDXIIETIE	ACIAVISFIIII	100	13.75 45.83	<ul><li>→ 0.4583</li><li>→ 0.4583</li></ul>
02279215	Apo-Raloxifene	Apotex	100	45.83	<ul><li>→ 0.4583</li></ul>
02239028	Evista	Lilly	28	46.15	1.6482
02358921	pms-Raloxifene	Phmscience	30	13.75	<b>→</b> 0.4583
			100	45.83	• 0.4583
02415852	Raloxifene	Pro Doc	30	13.75	0.4583
02312298	Teva-Raloxifene	Novopharm	100 100	45.83 45.83	<ul><li>→ 0.4583</li><li>→ 0.4583</li></ul>
68:18 GONADOTRO DEGARELIX AC S.C. Inj. Sol.	ETATE []	I	l .	80 mg	
02337029	Firmagon	Ferring	1	255.00	
S.C. Inj. Sol.			ı	120 mg	
02337037	Firmagon	Ferring	2	690.00	
NAFARELIN AC Nas. spray	ETATE B	1	ı	2 mg/mL	
02188783	Synarel	Pfizer	8 ml	283.56	
68:20.02 ALPHA-GLUC ACARBOSE Tab.	OSIDASE INHIBITORS			50 mg	
02190885	Glucobay	Bayer	120	29.76	0.2480
Tab.	-	1 -		100 mg	
02190893	Glucobay	Bayer	120	41.15	0.3429
02 130033	Ciacobay	Dayer	120	41.13	0.3429

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

#### 68:20.04 BIGUANIDES

## METFORMIN HYDROCHLORIDE

<b>метгокили нт</b> Tab.	DROCHLORIDE III		50	00 mg <b>PPB</b>			
02257726	ACT Metformin	ActavisPhm	100	2.47	_	0.0247	
02201120	AOT Wickermin	/ totavisi iiiii	500	12.35		0.0247	
02167786	Apo-Metformin	Apotex	100	2.47		0.0247	
02.000	, the menerium	, ipotox	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	
00045740		l	500	12.35	•	0.0247	
02045710	Novo-Metformin	Novopharm	100 500	2.47 12.35	*	0.0247	
02223562	14-46	Phmscience	100	2.47	,	0.0247	
02223562	pms-Metformin	Primscience	500	12.35		0.0247 0.0247	
02314908	Pro-Metformin	Pro Doc	500	12.35		0.0247	
02314906	Ran-Metformin	Ranbaxy	100	2.47		0.0247	
02209031	Ran-ivietionniin	Railbaxy	500	12.35		0.0247	
02242974	ratio-Metformin	Ratiopharm	100	2.47	1	0.0247	
02242314	Tatio-ivietioitiiii	Natiophann	500	12.35	-	0.0247	
02239081	Riva-Metformin	Riva	100	2.47	•	0.0247	
02203001	Tava Wellomiii	ITAVA	500	12.35	,	0.0247	
02246820	Sandoz Metformin FC	Sandoz	100	2.47	,	0.0247	
1_2.0020			500	12.35		0.0247	
02379767	Septa-Metformin	Septa	100	2.47	•	0.0247	
	,	'	500	12.35	•	0.0247	
	I .	1			1		

Page 310 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Tab.			. 8	50 mg <b>PPB</b>				
02257734	ACT Metformin	ActavisPhm	100	3.39	→ 0.0339			
			500	16.95	→ 0.0339			
02229785	Apo-Metformin	Apotex	100	3.39	• 0.0339			
02438283	Auro-Metformin	Aurobindo	500 100	16.95 3.39	<ul><li>→ 0.0339</li><li>→ 0.0339</li></ul>			
02430203	Auro-ivietioritiiri	Aurobindo	500	16.95	→ 0.0339 → 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			
00070000	1414		500	16.95	0.0339			
02378639 02378868	Mar-Metformin Metformin	Marcan Marcan	100 100	3.39 3.39	<ul><li>→ 0.0339</li><li>→ 0.0339</li></ul>			
02370000	Wellomin	IVIaiCaii	500	16.95	→ 0.0339 → 0.0339			
02353385	Metformin	Sanis	100	3.39	0.0339			
0200000			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			
02242589	pms-Metformin	Phmscience	500 100	16.95 3.39	<ul><li>→ 0.0339</li><li>→ 0.0339</li></ul>			
02242309	pms-wettormin	Filliscience	500	16.95	→ 0.0339 → 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	100 500	3.39 16.95	0.0339			
02379775	Septa-Metformin	Septa	100	3.39	<ul><li>→ 0.0339</li><li>→ 0.0339</li></ul>			
02379773	Зерга-менопппп	Осріа	500	16.95	<b>→</b> 0.0339			
68:20.08 INSULINS ASPART INSULI S.C. Inj. Sol.	NSULINS ASPART INSULIN							
02245397	NovoRapid	N.Nordisk	10 ml	25.37				
S.C. Inj. Sol.	1	1	100	U/mL (3 mL)	1			
02377209	NovoRapid FlexTouch	N.Nordisk	5	50.79				
02244353	NovoRapid Penfill	N.Nordisk	5	50.79				
INSULIN CRISTA S.C. Inj. Sol.	AL ZINC (BIOSYNTHETIC OF	HUMAN SEQUENCE)		100 U/mL				
00586714	Humulin R	Lilly	10 ml	17.12				
02024233	Novolin ge Toronto	N.Nordisk	10 ml	18.39				
	ı	1		l	I			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
S.C. Inj. Sol.			100	U/mL (3 mL)			
01959220 02415089 02024284	Humulin R Humulin R KwikPen Novolin ge Toronto Penfill	Lilly Lilly N.Nordisk	5 5 5	35.50 35.50 36.75			
INSULIN GLULISINE							
S.C. Inj. Sol. 02279460	Apidra	SanofiAven	10 ml	100 U/mL 24.50			
	) ipidi d	Canolii (Voli					
S.C. Inj. Sol. 02279479 02294346	Apidra Apidra Solostar	SanofiAven SanofiAven	5 5	U/mL (3 mL) 48.45 49.00			
S.C. Inj. Susp.	ANE (BIOSYNTHETIC OF HU	MAN SEQUENCE)		100 U/mL			
00587737 02024225	Humulin N Novolin ge NPH	Lilly N.Nordisk	10 ml 10 ml	17.12 18.39			
S.C. Inj. Susp.			100	U/mL (3 mL)	,		
01959239 02403447 02024268	Humulin N Humulin N KwikPen Novolin ge NPH Penfill	Lilly Lilly N.Nordisk	5 5 5	35.50 34.89 36.75			
S.C. Inj. Susp.	CRISTALLINE AND ISOPHA	NE BIOSYNTHETIC OF		QUENCE U -70 U/mL			
00795879 02024217	Humulin 30/70 Novolin ge 30/70	Lilly N.Nordisk	10 ml 10 ml	17.12 18.39			
S.C. Inj. Susp.			30 U -70	U/mL (3 mL)			
01959212 02025248	Humulin 30/70 Novolin ge 30/70 Penfill	Lilly N.Nordisk	5 5	35.50 36.75			
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.	N			100 U/mL			
02229704	Humalog	Lilly	10 ml	26.17			

Page 312 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C.	Inj. Sol.			100	U/mL (3 mL)	
	02229705 02403412	Humalog Humalog KwikPen	Lilly Lilly	5 5	51.44 51.44	
S.C.	Inj. Sol.			200	U/mL (3 mL)	
	02439611	Humalog KwikPen	Lilly	5	102.88	
MEC	20.16 GLITINIDES AGLINIDE			0	1.5 mg <b>PPB</b>	
	02321475	ACT Repaglinide	ActavisPhm	100	8.08	→ 0.0808
	02355663	Apo-Repaglinide	Apotex	100	8.08	<b>→</b> 0.0808
	02424258	Auro-Repaglinide	Aurobindo	100	8.08	<b>→</b> 0.0808
	02424230	Auro-Nepagiiriide	Adiobilido	1000	80.80	→ 0.0808 → 0.0808
	02239924	GlucoNorm	N.Nordisk	90	24.86	0.0000
"	02239924	Giaconomi	IN.INOI UISK	100	27.62	0.2762
	02354926	pms-Repaglinide	Phmscience	100	8.08	• 0.0808 • 0.0808
		,				
	02415968 02357453	Repaglinide	Pro Doc Sandoz	100 100	8.08 8.08	<ul><li>0.0808</li><li>0.0808</li></ul>
	02337433	Sandoz Repaglinide	Sandoz	100	6.06	▼ 0.0606
Tab.					1 mg PPB	
		l	l <u>-</u> .		l	L
	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	<b>→</b> 0.0840
				1000	84.00	→ 0.0840
*	02239925	GlucoNorm	N.Nordisk	90	25.87	0.2874
				100	28.74	0.2874
	02354934	pms-Repaglinide	Phmscience	100	8.40	→ 0.0840
	02415976	Repaglinide	Pro Doc	100	8.40	<b>→</b> 0.0840
	02357461	Sandoz Repaglinide	Sandoz	100	8.40	→ 0.0840
Tab.		1	ı	1	2 mg <b>PPB</b>	ı
	02321491	ACT Repaglinide	ActavisPhm	100	8.73	<b>→</b> 0.0873
	02355698	Apo-Repaglinide	Apotex	100	8.73	<ul><li>→ 0.0873</li></ul>
	02424274	Auro-Repaglinide	Aurobindo	100	8.73	<ul><li>→ 0.0073</li><li>→ 0.0873</li></ul>
	JE 127214	, .a. 5 repagiiindo	, alobiido	1000	87.30	<b>→</b> 0.0873
*	02239926	GlucoNorm	N.Nordisk	90	26.85	0.2983
	02233320	GIGGOINGITI	14.1401UISK	100	29.83	0.2983
	02354942	pms-Repaglinide	Phmscience	100	8.73	<ul><li>0.2963</li><li>→ 0.0873</li></ul>
	02354942		Pro Doc	100	8.73	<ul><li>→ 0.0873</li><li>→ 0.0873</li></ul>
		Repaglinide				
	02357488	Sandoz Repaglinide	Sandoz	100	8.73	<b>→</b> 0.0873

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
68:20.20 SULFONYLUF GLICLAZIDE II L.A. Tab.				30 mg <b>PPB</b>		
L.A. Tab.	I	T	1	l l	ı	
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.	1	1	I	60 mg <b>PPB</b>	ı	
02407124	Apo-Gliclazide MR	Apotex	100	6.32	<b>→</b>	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
02.0.001		04.1402	100	6.32	•	0.0632
Tab.				80 mg <b>PPB</b>		
	1			1		
02245247	Apo-Gliclazide	Apotex	100 500	9.31 46.55	*	0.0931 0.0931
00765996	Diamicron	Servier	60	22.35	7	0.3725
02287072	Gliclazide	Sanis	100	9.31		0.0931
02248453	Gliclazide-80	Pro Doc	60	5.59		0.0931
02240400	Cilciaziae oo	110 200	100	9.31	-	0.0931
02238103	Novo-Gliclazide	Novopharm	100	9.31	-	0.0931
02236103	Novo-Giiciazide	Νονομιαιτι	500	46.55	<b>→</b>	0.0931
GLYBURIDE I						
GLYBURIDE Tab.				2.5 mg <b>PPB</b>		
	Apo-Glyburide	Apotex	100	3.21	÷	0.0321
Tab. 01913654	Apo-Glyburide	'	500	3.21 16.03	÷	0.0321
Tab. 01913654 02224550	Apo-Glyburide Diabeta	SanofiAven	500 30	3.21 16.03 3.51	<b>*</b>	0.0321 0.1170
Tab. 01913654	Apo-Glyburide	'	500 30 100	3.21 16.03 3.51 3.21	* *	0.0321 0.1170 0.0321
Tab. 01913654 02224550 01959352	Apo-Glyburide Diabeta Glyburide	SanofiAven Pro Doc	500 30 100 500	3.21 16.03 3.51 3.21 16.03	* * * *	0.0321 0.1170 0.0321 0.0321
Tab. 01913654 02224550	Apo-Glyburide Diabeta	SanofiAven	500 30 100 500 100	3.21 16.03 3.51 3.21 16.03 3.21	** ***	0.0321 0.1170 0.0321 0.0321 0.0321
Tab. 01913654 02224550 01959352 02350459	Apo-Glyburide Diabeta Glyburide Glyburide	SanofiAven Pro Doc Sanis	500 30 100 500 100 500	3.21 16.03 3.51 3.21 16.03	** ***	0.0321 0.1170 0.0321 0.0321 0.0321 0.0321
Tab. 01913654 02224550 01959352	Apo-Glyburide Diabeta Glyburide	SanofiAven Pro Doc	500 30 100 500 100	3.21 16.03 3.51 3.21 16.03 3.21	1 .	0.0321 0.1170 0.0321 0.0321 0.0321
Tab. 01913654 02224550 01959352 02350459	Apo-Glyburide Diabeta Glyburide Glyburide	SanofiAven Pro Doc Sanis	500 30 100 500 100 500	3.21 16.03 3.51 3.21 16.03 3.21 16.03	1 .	0.0321 0.1170 0.0321 0.0321 0.0321 0.0321

Page 314 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg <b>PPB</b>	
01913662	Apo-Glyburide	Apotex	100	5.73	<b>→</b> 0.0573
00004500	Dishata	0	500	28.65	• 0.0573
02224569 02485664	Diabeta Glyburide	SanofiAven Pro Doc	30 500	6.25 28.65	0.2083 → 0.0573
02350467	Glyburide	Sanis	100	5.73	<ul><li>→ 0.0573</li></ul>
			500	28.65	→ 0.0573
02236734	pms-Glyburide	Phmscience	30	1.72	• 0.0573
04000035	ratio Chibinida	Dationharm	500	28.65	0.0573
01900935	ratio-Glyburide	Ratiopharm	30 300	1.72 17.19	<ul><li>→ 0.0573</li><li>→ 0.0573</li></ul>
01913689	Teva-Glyburide	Teva Can	500	28.65	<ul><li>→ 0.0573</li></ul>
TOLBUTAMIDE Tab. 00312762	Tolbutamide	AA Pharma	100 1000	500 mg 10.89 108.90	0.1089 0.1089
68:22.12 GLYCOGENO GLUCAGON III	LYTIC AGENTS			1 mg <b>PPB</b>	
1		I		l I	1
02333619 02333627	GlucaGen GlucaGen HypoKit	Paladin Paladin	1 1	→ 77.10 → 77.10	
02243297	Glucagon	Lilly	1	85.67	
68:24 PARATHYROI CALCITONIN SA	D Almon (Synthetic) 🖪	1	I	100 UI	Ī
02007134	Caltine	Ferring	1 ml	7.82	
Inj. Sol.			ı	200 U/mL	
01926691	Calcimar Solution	SanofiAven	2 ml	46.04	
68:28 PITUITARY DESMOPRESSII Inj. Sol. 00873993	I	Ferring	1 ml	4 mcg/mL 10.06	
Inj. Sol.				15 mcg/mL	
1	l	l	l , .	l J	1
02024179	Octostim	Ferring	1 ml	34.56	

			T	COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Nas. Sol.				0.1 mg/mL	
I	0041/0		0.51	1	
00402516	DDAVP	Ferring	2.5 ml	47.20	
Nas. spray			10 mcç	g/dose <b>PPB</b>	ı
00836362	DDAVP	Ferring	25 dose(s)	47.20	
02242465	Doomonroosin	AA Pharma	50 dose(s)	94.40 <b>35.40</b>	
02242400	Desmopressin	AA Phaima	25 dose(s) 50 dose(s)	→ 70.80	
Nas. spray	1	ı	_ 1	50 mcg/dose	ı
02237860	Octostim	Ferring	25 dose(s)	386.00	
	•		•	•	
Tab. or Tab. Ora	al Disint.	1	0.1 mg or 0.	06 mg <b>PPB</b>	I
00824305	DDAVP	Ferring	30	39.65	1.3217
02284995		Ferring	30	29.73	0.9910
02284030	'	AA Pharma	100	33.03	• 0.3303
02304368	pms-Desmopressin	Phmscience	100	33.03	<b>→</b> 0.3303
T-1 T-1 O	-I Di-i-t		0.0 0	40 <b>DDD</b>	
Tab. or Tab. Ora		1	0.2 mg ou 0.	12 mg <b>PPB</b> 	I
* 00824143	DDAVP	Ferring	30	79.30	2.6432
00005000	DDAY/DA4.#	<sub>-</sub> .	100	264.32	<b>→</b> 2.6432
02285002 02284049		Ferring AA Pharma	30 100	59.47	1.9823 • 0.6607
02304376	· · · · · · · · · · · · · · · · · · ·	Phmscience	100	66.07 66.07	→ 0.6607 → 0.6607
68:32 PROGESTINS			1	_	
Tab.	1	1	1	2 mg	l
02374900	Visanne	Bayer	28	55.00	1.9643
	_	_			
MEDROXYPRO I.M. Inj. Susp.	GESTERONE ACETATE			150 mg/mL	
00585092	Depo-Provera	Pfizer	1 ml	26.98	
Tab		•		E mar. DDD	
Tab. 				2.5 mg <b>PPB</b> 	1 -
02244726	Apo-Medroxy	Apotex	100	4.16	0.0416
0005055	14	D D	500	20.79	0.0416
02253550 02221284	1	Pro Doc	500 100	20.79 4.16	<ul><li>→ 0.0416</li><li>→ 0.0416</li></ul>
02221284	NOVO-INIEGIONE	Novopharm	100	4.10	0.0416

**Page 316** 2019-12

Apo-Medroxy Medroxy-5 Novo-Medrone Provera	MANUFACTURER  Apotex Pro Doc	SIZE	5 mg PPB	UNIT PRICE
Medroxy-5 Novo-Medrone	Pro Doc		1	
Medroxy-5 Novo-Medrone	Pro Doc		1	ı
Medroxy-5 Novo-Medrone	Pro Doc		0 00	
Medroxy-5 Novo-Medrone	Pro Doc		0 / 3	→ 0.0823
Novo-Medrone		100	8.23	<ul><li>→ 0.0823</li></ul>
Provera	Novopharm	100	8.23	→ 0.0823
	Pfizer	100	26.25	0.2625
1	I	1	10 mg <b>PPB</b>	I
1 '	Apotex	100	16.70	<b>→</b> 0.1670
Novo-Medrone	Novopharm	100	16.70	<b>→</b> 0.1670
1	I	1	100 mg	I
Apo-Medroxy	Apotex	100	120.57	1.2057
NF R				
			50 mg/mL	
ACT Progesterone Injection	ActavisPhm	   10 ml	58.61	
1 1011111111111111111111111111111111111	1			
FNTS				
_				
(*************************			0.025 mg	
Synthroid	RCP Pharma	00	6.07	0.0774
Synunoid	DGF FIIdillid	1000	71.09	0.0711
	'		!	
			0.05 mg	
Eltrovin	Aanan	500	12.70	0.0274
				0.0274
Symmon.		1000	42.53	0.0425
	•		•	
i	1	1	0.075 mg	i
Synthroid	BGP Pharma	90	7.52	0.0836
Symmon.		1000	76.75	0.0768
			0.088 mg	
Synthroid	   BGP Pharma	90	1	0.0836
Synthroid	BGP Pharma	90 1000	0.088 mg 7.52 76.75	0.0836 0.0768
Synthroid	BGP Pharma		7.52	
Synthroid	BGP Pharma		7.52	
	1	1000	7.52 76.75 0.1 mg	0.0768
Synthroid  Eltroxin Synthroid	Aspen BGP Pharma		7.52 76.75	
	Novo-Medrone	Apo-Medroxy  Apotex  Apotex  ACT Progesterone Injection   ActavisPhm  ACTS   INE (SODIUM)   INE   BGP Pharma  Aspen   BGP Pharma	Novo-Medrone  Novo-Medrone  Novo-Medroxy  Apotex  100  Apo-Medroxy  Apotex  100  ACT Progesterone Injection ActavisPhm  10 ml  SENTS INE (SODIUM)  Synthroid  BGP Pharma  90 1000  Synthroid  Aspen BGP Pharma  90 1000	Apo-Medroxy   Apotex   100   16.70   100   16.70   100   16.70   100   100   16.70   100

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
		5.0.15.0.11		0.22	SIZE	
Tab.					0.112 mg	
	02171228	Synthroid	BGP Pharma	90 1000	7.96 81.04	0.0884 0.0810
Tab.					0.125 mg	
	02172119	Synthroid	BGP Pharma	90 1000	8.09 82.41	0.0899 0.0824
Tab.					0.137 mg	
	02233852	Synthroid	BGP Pharma	90 1000	14.14 157.07	0.1571 0.1571
Tab.					0.15 mg	
	02213214 02172127	Eltroxin Synthroid	Aspen BGP Pharma	500 90 1000	18.66 5.99 60.82	0.0373 0.0666 0.0608
Tab.					0.175 mg	
	02172135	Synthroid	BGP Pharma	90 1000	8.64 88.06	0.0960 0.0881
Tab.		ı			0.2 mg	ı
	02213222 02172143	Eltroxin Synthroid	Aspen BGP Pharma	500 90 1000	19.74 6.41 64.81	0.0395 0.0712 0.0648
Tab.					0.3 mg	
	02213230 02172151	Eltroxin Synthroid	Aspen BGP Pharma	500 90	29.61 8.82	0.0592 0.0980
LIOT	HYRONINE	(SODIUM)				
Tab. I		i ,	I	I	5 mcg	ĺ
	01919458	Cytomel	Pfizer	100	122.74	1.2274
Tab.			1	1	25 mcg	i
	01919466	Cytomel	Pfizer	100	133.41	1.3341
	6.08					
	TTHYROID	AGENTS B			5 mg <b>PPB</b>	
	02490625 02480107 00015741	Jamp Methimazole Mar-Methimazole Tapazole	Jamp Marcan Paladin	100 100 100	22.97 22.97 22.97 24.73	<ul><li>→ 0.2297</li><li>→ 0.2297</li><li>0.2473</li></ul>
		· p	1	1		0.20

Page 318 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
PROPYLTHIOURACIL  Tab. 50 mg						
00010200	Propyl-Thyracil	Paladin	100	21.40	0.2140	
Tab.	Tab. 100 mg					
00010219	Propyl-Thyracil	Paladin	100	33.50	0.3350	

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04	anti-infectieux
84:04.04	antibiotics
84:04.08	antifungals
84:04.12	scabicides and pediculicides
84:04.92	local anti-infectives, miscellaneous
84:06	anti-inflammatory agents
84:28	keratolytic agents
84:32	keratoplastic agents
84:92	skin and mucous membrane agents, miscellaneous

NIT PRICE
0.099
0.592
0.592
0.534
0.600
0.355 0.355

	MANUFACTURER	SIZE	SIZE	UNIT PRICE
ULFATE/ BACTIRACIN (A	ZINC)	10 000 U -5	00 U/g <b>PPB</b>	
Bioderm	Odan	15 g 30 g	5.04 10.08	<ul><li>→ 0.336</li><li>→ 0.336</li></ul>
Jampolycin	Jamp	15 g	5.04	• 0.336
👨				
TE Lõi			2 %	
Fucidin	Leo	30 g	17.78	0.592
<b>S</b>				
AMINE B			1 %	
Loprox	  Valeant	60 ml	1 1	
	1		10110	
	1	ı	1 %	
Loprox	Valeant	60 g	18.10	0.301
	L	1	10 mg/g	
Clotrimaderm	Taro	30 g 50 g	6.30 9.00	0.210 0.210 0.180 0.088
	I	1 000 9	20	0.000
	1	I	1 %	
Clotrimaderm	Taro	50 g	8.75	
			2 %	
Clotrimaderm	Taro	25 g	8.75	
E 🖟				
Katada wa	Toro	20.5	1 1	0.246
Keloderiii	Taro	30 g	9.50	0.316
		100.0	00 II/~ BBB	
Nyaderm	Taro	1		<b>→</b> 0.063
nyaderm ratio-Nystatin	Ratiopharm	15 g	0.95	→ 0.063
	1	30 g	1.89	→ 0.063
	Bioderm  Jampolycin  TE G  Fucidin  AMINE G  Loprox  Clotrimaderm  Clotrimaderm  Clotrimaderm  E G  Ketoderm	Jampolycin Jamp  TE  Fucidin Leo  SAMINE  Loprox Valeant  Loprox Valeant  Clotrimaderm Taro  Clotrimaderm Taro  Clotrimaderm Taro  Ketoderm Taro	10 000 U - 5   30 g   30 g   30 g   30 g   50 g   50	10 000 U -500 U/g   PPB

Page 324 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				100 000 U/g	
02194228	ratio-Nystatin	Ratiopharm	30 g	2.71	0.0903
TERBINAFIN HY Top. Cr.	DROCHLORIDE 1			1 %	
02031094	Lamisil	Novartis	30 g	14.83	0.4943
Top. vap.				1 %	
02238703	Lamisil	Novartis	30 ml	14.65	
TERCONAZOL	R			0.4.0/	
Vag. Cr. (App.)	   Taro-Terconazole	Taro	45 g	0.4 %	
02247051	Taro-Tercoriazole	Taro	45 g	12.21	
84:04.12					
SCABICIDES A	AND PEDICULICIDES				
Sol.	I	ı	ı	50% P/P	ı
02373785	Nyda	Pediapharm	50 ml	22.42	
ISOPROPYL MY	RISTATE			EO 0/	
Top. Sol.	Dogulta.	   MedFutures	120 ml	50 %	
02279592	Resultz	Medrutures	240 ml	22.42	
PERMETHRIN					
Cr. Rinse	I	I	ĺ	1 % 	I
* 02231480	Kwellada-P Creme rinse	Medtech	50 ml 200 ml	8.75 34.97	
			<u> </u>	<u> </u>	
Lot.	I	I	ı	5 %	ı
02231348	Kwellada-P Lotion	Medtech	100 ml	25.06	
Top. Cr.				5 %	
02219905	Nix	GSK CONS	30 g	14.04	0.4680

		T		COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
PYRETHRINS/ F Shamp.	PIPERONYL BUTOXYDE	1	0.33 % -3 %	à4% PPB	ı
02229642	, ,	Del	59 ml	<b>→</b> 4.45	
* 02125447	R & C Shampoo with conditioner	Medtech	50 ml 200 ml	5.55 22.19	<b>→</b> 0.1110
84:04.92					
LOCAL ANTI-	NFECTIVES, MISCELLA	NEOUS			
<b>SULFADIAZINE</b> Top. Cr.	(SILVER)			1 %	
00323098	Flamazine	S. & N.	20 g	4.86	0.2430
			50 g 500 g	10.96 66.01	0.2192 0.1320
			300 g	00.01	0.1320
84:06					
ANTI-INFLAM AMCINONIDE	MATORY AGENTS				
Lot.				0.1 %	
02247097	ratio-Amcinonide	Teva Can	20 ml	4.54	
			60 ml	13.63	
Top. Cr.				0.1 % <b>PPB</b>	
02192284	Cyclocort	GSK	60 g	15.00	0.2500
02247098	ratio-Amcinonide	Ratiopharm	15 g 30 g	2.86 5.73	<ul><li>→ 0.1907</li><li>→ 0.1910</li></ul>
			60 g	11.45	<b>→</b> 0.1910
02246714	Taro-Amcinonide	Taro	15 g	2.86	• 0.1907
			30 g 60 g	5.73 11.45	<ul><li>→ 0.1910</li><li>→ 0.1908</li></ul>
		-			
Top. Oint.	I	1	I	0.1 % I	I
02247096	ratio-Amcinonide	Teva Can	15 g 30 g	4.73 9.45	0.3153 0.3150
			60 g	15.00	0.2500
BECLOMETHAS Top. Cr.	ONE DIPROPIONATE			0.025 %	
1 '	Propaderm	Valeant	45 g	19.13	0.4251
02009002	Fropademi	Valeant	120 g	51.01	0.4251
	_				
BETAMETHASC Lot.	NE DIPROPIONATE		(	).05 % <b>PPB</b>	
00417246	Diprosone	Merck	75 ml	<b>→</b> 14.85	
00809187	ratio-Topisone	Ratiopharm	30 ml	<b>→</b> 5.94	
			75 ml	<b>→</b> 14.85	

Page 326 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.			, c	0.05 % <b>PPB</b>	
00323071 00804991	Diprosone ratio-Topisone	Merck Ratiopharm	50 g 15 g 50 g	10.23 3.07 10.23	<ul> <li>0.2046</li> <li>0.2046</li> <li>0.2046</li> </ul>
01925350	Taro-Sone	Taro	50 g	10.23	<b>→</b> 0.2046
Top. Oint.			C	0.05 % <b>PPB</b>	
00344923	Diprosone	Merck	50 g	10.76	<b>→</b> 0.2152
00805009	ratio-Topisone	Ratiopharm	15 g 50 g 450 g	3.23 10.76 96.84	<ul><li>0.2152</li><li>0.2152</li><li>0.2152</li></ul>
		1			,
BETAMETHASO Lot.	NE DIPROPIONATE/ GLYC	OLBASE 🖫	. 0	0.05 % <b>PPB</b>	
00862975	Diprolene	Merck	60 ml	<b>→</b> 16.18	
01927914	Teva-Topilene	Teva Can	30 ml 60 ml	♦   8.09     ♦   16.18	
Top. Cr.			C	0.05 % <b>PPB</b>	
00688622	Diprolene	Merck	50 g	25.93	<b>→</b> 0.5186
00849650	Teva-Topilene	Teva Can	15 g 50 g	7.78 25.93	<ul><li>0.5186</li><li>0.5186</li></ul>
Top. Oint.			C	0.05 % <b>PPB</b>	
00629367	Diprolene	Merck	50 g	25.93	<b>→</b> 0.5186
00849669	Teva-Topilene	Teva Can	15 g 50 g	7.78 25.93	<ul><li>→ 0.5186</li><li>→ 0.5186</li></ul>
BETAMETHASO Lot.	NE DIPROPIONATE/ SALIC	YLIC ACID	0.05 %	% -2 % <b>PPB</b>	ı
00578428	Diprosalic Lotion	Merck	60 ml	<b>→</b> 21.14	
02245688	ratio-Topisalic	Teva Can	30 ml 60 ml	→ 10.57 → 21.14	
Top. Oint.				0.05 % -3 %	
00578436	Diprosalic Pommade	Merck	50 g	34.96	0.6992
	NE DISODIUM PHOSPHATE	: R			
Rect. Sol.		I	1	mg/ 100 mL 	I
02060884	Betnesol	Paladin	100 ml	8.79	

Lot.										
Lot.	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE				
Lot.										
Lot. 00750050   ratio-Ectosone   Teva Can   60 ml   15.00      Scalp Lot.   0.11	BETAMETHASONE VALERATE Lot. 0.05 %									
Scalp Lot.	00653209	ratio-Ectosone	Teva Can	60 ml	11.40					
Scalp Lot.			-		-					
Scalp Lot.	Lot.	1	I	I	1	ı				
00716634   Betaderm   Taro   75 ml	00750050	ratio-Ectosone	Teva Can	60 ml	15.00					
One   Part	Scalp Lot.				0.1 % <b>PPB</b>					
One   Part	00716634	Potodorm	Toro	75 ml	6 20					
01940112		l .			1.					
O1940112   Rivasone   Riva   30 ml	00000217	Tallo Estocomo	radopham	1	1.					
Top. Cr.	01940112	Rivasone	Riva	1	1.					
Top. Cr.				75 ml	1.3					
00716618   Betaderm   Celestoderm V/2   Valeant   454 g   27.06	00027944	Valisone	Valeant	75 ml	6.40					
00716618   Betaderm   Celestoderm V/2   Valeant   454 g   27.06										
Top. Cr.	Top. Cr.	1	I	1	0.05 % <b>PPB</b>	ı				
Top. Cr.	00716618	Betaderm	Taro	454 g	27.06	→ 0.0596				
00716626   Betaderm   Celestoderm V	02357860	Celestoderm V/2	Valeant	450 g	26.80	<b>→</b> 0.0596				
00716626   Betaderm   Celestoderm V										
Top. Oint.	Top. Cr.	1	I	I	0.1 % <b>PPB</b>	ı				
Top. Oint.  0.05 % PPB  00716642 Betaderm	00716626	Betaderm	Taro	454 g	40.36	→ 0.0889				
00716642   Betaderm   Celestoderm V/2   Valeant   454 g   27.06	02357844	Celestoderm V	Valeant	450 g	40.00	<b>→</b> 0.0889				
00716642   Betaderm   Celestoderm V/2   Valeant   454 g   27.06	T 0' 1				0.05.0/					
Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Mylan   Demovate Capillaire   Mylan   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Taro   Demovate Capillaire   Demovate Capillaire   Taro   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Taro   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Demovate Capillaire   Taro   Demovate Capillaire	Top. Oint.	1	1		0.05 % <b>PPB</b> 	I				
Top. Oint.  00716650 Betaderm	00716642	Betaderm	Taro	454 g	27.06	→ 0.0596				
00716650 Betaderm V Valeant 454 g 40.36 → 0.0889 02357852 Celestoderm V Valeant 450 g 40.00 → 0.0889  BUDESONIDE	02357879	Celestoderm V/2	Valeant	450 g	26.80	<b>→</b> 0.0596				
00716650 Betaderm V Valeant 454 g 40.36 → 0.0889 02357852 Celestoderm V Valeant 450 g 40.00 → 0.0889  BUDESONIDE	T 0:4				0.4.0/ DDD					
BUDESONIDE	1	1	1	I	Í 1	ı				
BUDESONIDE		l .		1		ı				
Rect. Sol.  02052431	02357852	Celestoderm V	Valeant	450 g	40.00	• 0.0889				
Rect. Sol.  02052431										
CLOBETASOL PROPIONATE         AZC         115 ml         8.24           CLOBETASOL PROPIONATE           Scalp Lot.         0.05 %         PPB           02213281 02213281 02216213 02216213 02216213 02232195 0223219		P			0.00					
CLOBETASOL PROPIONATE IP           Scalp Lot.         0.05 % PPB           02213281 02216213 Mylan-Clobetasol         Taro 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	Rect. 501.	1	1	I	u.u∠ mg/m∟   l	I				
Scalp Lot.         0.05 % PPB           02213281 02216213         Dermovate Capillaire Dermovate Capillair	02052431	Entocort	AZC	115 ml	8.24					
Scalp Lot.         0.05 % PPB           02213281 02216213         Dermovate Capillaire Dermovate Capillair										
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		PROPIONATE 🖪								
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	Scalp Lot.	1	1	1	0.05 % <b>PPB</b>	ı				
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	02213281	Dermovate Capillaire	Taro	60 ml	34.11					
02232195       pms-Clobetasol       Phmscience       60 ml					1					
01910299   <i>Teva-Clobetasol</i>   Teva Can   20 ml   <b>♦</b> 3.98	02232195	1 -		60 ml	<b>→</b> 11.94					
	02245522		Taro	60 ml	<b>→</b> 11.94					
60 ml   <b>→</b> 11.94	01910299	Teva-Clobetasol	Teva Can		1.5					
				60 ml	<b>→</b> 11.94					

Page 328 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
Top. Cr.			0	.05 % <b>PPB</b>	
02213265	Dermovate	Taro	15 g	10.23	0.6820
02024187	Mylan-Clobetasol	Mylan	50 g 50 g	32.56 11.40	0.6512 → 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	<ul><li>0.2279</li></ul>
			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	<b>→</b> 0.2279
			450 g	102.56	<b>→</b> 0.2279
Top. Oint.			0	.05 % <b>PPB</b>	
1	B				0.0000
02213273	Dermovate	Taro	15 g 50 g	10.23 32.56	0.6820 0.6512
02026767	Mylan-Clobetasol	Mylan	50 g	11.40	0.0312
02126192	Novo-Clobetasol	Novopharm	50 g	11.40	<ul><li>→ 0.2279</li></ul>
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
Top. Cr.	BUTYRATE			0.05 %	
02214415	Spectro Eczemacare medicated cream	GSK CONS	30 g	11.45	0.3817
<b>DESONIDE</b> Top. Cr.				0.05 %	
Тор. Ст. 	I	I	I	0.03 /0	l l
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
02223020	T Dr Describe	Генаорнанн	00 9	10.00	0.2010
	F6				
Emol. Top. Cr.	ONE LA			0.05 %	
02221918	Topicort Doux	Valeant	20 g	9.08	0.4540
02221010	Topicon Boax	Valoant	60 g	22.97	0.3828
Emol. Top. Cr.	I	1	ı	0.25 %	, ,
02221896	Topicort	Valeant	20 g	13.08	0.6540
			60 g	34.59	0.5765
L	1	1		l.	<u> </u>

BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
			0.05 %					
Topicort	Valeant	60 g	26.82	0.4470				
			0.25 %					
Topicort	Valeant	60 g	34.59	0.5765				
FLUOCINOLONE ACETONIDE Top. Oint. 0.025 %								
Synalar Regulier	Valeant	60 g	25.85	0.4308				
ı	1		0.01 %					
Synalar Solution	Valeant	60 ml	24.55					
	1	ı	0.01 %	ı				
Derma-Smoothe/FS	Hill	118 ml	29.15					
Lidemol Cream Emollient	Valeant	30 g 100 g	5.94 19.80	<ul><li>→ 0.1980</li><li>→ 0.1980</li></ul>				
Tiamol	Taro	25 g 100 g	4.95 19.80	<ul><li>→ 0.1980</li><li>→ 0.1980</li></ul>				
1	1							
Lidex Cream	Valeant	60 g 400 a	14.27 95.12	<ul><li>→ 0.2378</li><li>→ 0.2378</li></ul>				
Lyderm	Taro	15 g 60 g 400 g	3.57 14.27 95.12	<ul> <li>0.2378</li> <li>0.2378</li> <li>0.2378</li> <li>0.2378</li> </ul>				
	1	C	).05 % <b>PPB</b>	ı				
Lidex Gel Lyderm	Valeant Taro	60 g 15 g 60 g	18.46 4.61 18.45	0.3077 → 0.3073 → 0.3075				
		00 g		,				
	1		).05 % <b>PPB</b>	, , , , ,				
	Topicort  Topicort  E ACETONIDE  Synalar Regulier  Synalar Solution  Derma-Smoothe/FS  Lidemol Cream Emollient Tiamol  Lidex Cream Lyderm  Lidex Gel	Topicort Valeant  Topicort Valeant  EACETONIDE  Synalar Regulier Valeant  Synalar Solution Valeant  Derma-Smoothe/FS Hill  Lidemol Cream Emollient Taro  Lidex Cream Valeant  Lyderm Valeant  Lidex Gel Valeant	Topicort	NANUFACTURER   SIZE   SIZE				

**Page 330** 2019-12

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

### HYDROCORTISONE

Lot.				1 %	PPB	
80057191	Jamp-Hydrocortisone Lotion	Jamp	60 ml	<b>→</b>	7.15	
	1 %		150 ml	→	17.87	
80066168	M-HC 1% lotion	Mantra Ph.	60 ml	•	7.15	

#### HYDROCORTISONE B

Rect. Sol.			100 mg			
02112736	Cortenema	Aptalis	60 ml	6.45		

### **HYDROCORTISONE**

Top. Cr.	ı	1		1% <b>PPB</b>		
80078409	Alta-HC 1 %	Altamed	15 g 30 g	1.48 4.50	<b>→</b>	0.0987 0.1500
80073687 80066699 80061697	Cell Hydrocortisone Cortivera - H Cortivera Plus	Cellchem Vanc Phm Vanc Phm	15 g 454 g 15 g	1.48 39.00 1.48	<b>+ + +</b>	0.0987 0.0859 0.0987
00192597 02412926	Emo-Cort Euro-Hydrocortisone	GSK Sandoz	45 g 15 g 30 g 45 g 454 g	7.42 3.00 4.50 4.45 39.00		0.1649 0.2000 0.1500 0.0989 0.0859
80057189	Jamp-Hydrocortisone Cream 1 %	Jamp	30 g 45 g 454 g	4.50 4.45 39.00	<b>+ + +</b>	0.1500 0.0988 0.0859
80066164	M-HC 1%	Mantra Ph.	45 g 454 g	4.45 39.00	<b>+</b>	0.0988 0.0859
80066167 00804533	M-HC 1% Protection Prevex HC	Mantra Ph. GSK	30 g 30 g	4.50 7.84	•	0.1500 0.2613

Top. Oint.				1 % <b>PPB</b>		
	693 Cortoderm 193 Jamp-Hydrocortisone 1	Taro % Jamp	454 g 454 g	17.70 17.70	-	0.0390 0.0390

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
HYDROCORTISC	ONE ACETATE 🖫							
Rect. Oint. (App.)	Rect. Oint. (App.) 0.5 % to 0.75 % PPB							
02128446	Anodan-HC	Odan	15 g 30 g	5.78 11.55	<ul><li>→ 0.3850</li><li>→ 0.3850</li></ul>			
02209764	Egozinc-HC	Phmscience	15 g 30 g	5.78 11.55	<b>→</b> 0.3850			
02387239	JampZinc - HC	Jamp	15 g	5.78	<b>→</b> 0.3850			
02179547	Riva-sol HC	Riva	30 g 15 g	11.55 5.78 11.55	<ul><li>→ 0.3850</li><li>→ 0.3850</li></ul>			
02247691	Sandoz Anuzinc HC	Sandoz	30 g 15 g 30 g	5.78 11.55	<ul><li>◆ 0.3850</li><li>◆ 0.3850</li><li>◆ 0.3850</li></ul>			
				11.00	0.0000			
Rectal foam (app	.)	ı	ı	10 %				
00579335	Cortifoam	Paladin	15 g	78.78				
Supp.				10 mg <b>PPB</b>				
02236399	Anodan-HC	Odan	12 24	7.00 14.00	<ul><li>→ 0.5833</li><li>→ 0.5833</li></ul>			
02240112	Riva-sol HC	Riva	12	7.00	<b>→</b> 0.5833			
02242798	Sandoz Anuzinc HC	Sandoz	12	7.00	• 0.5833			
HYDROCORTISC	ONE ACETATE							
Top. Cr.		1	ı	1% <b>PPB</b>				
00716839	Hyderm	Taro	15 g 500 g	3.20 18.20	0.2133 • 0.0364			
80057178	Jamp-HC Creme 1%	Jamp	15 g 500 g	2.09 18.20	<ul><li>→ 0.1392</li><li>→ 0.0364</li></ul>			
80066165	M-HC Acetate 1%	Mantra Ph.	15 g 500 g	2.09 18.20	<ul><li>→ 0.1392</li><li>→ 0.0364</li></ul>			
		1						

**Page 332** 2019-12

Paladin

Jamp

1 % -10 % **PPB** 

150 ml 150 ml 12.75 12.75

HYDROCORTISONE ACETATE/ UREA Lot.

00681997 Dermaflex HC 80061502 Jamp-Hydrocortisone Acetate 1 % Urea 10 % Lotion

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Top. Cr.			1 %	-10 % <b>PPB</b>	
00681989	Dermaflex HC	Paladin	120 g	14.77	<b>→</b> 0.1231
80061501	Jamp-Hydrocortisone Acetate 1 % Urea 10 %	Jamp	225 g 120 g 225 g	27.70 14.77 27.70	<ul><li>→ 0.1231</li><li>→ 0.1231</li><li>→ 0.1231</li></ul>
80073645	Cream M-HC 1% Urea 10% cream	Mantra Ph.	120 g	14.77	<b>→</b> 0.1231
		,	•		
MOMETASON F Lot.	UROATE B			0.1 % <b>PPB</b>	
1	<b>-</b>	l., .	l	1	
00871095 02266385	Elocom Taro-Mometasone Lotion	Merck Taro	75 ml 30 ml	32.09 <b>→</b> 9.37	
			75 ml	<b>→</b> 23.43	
Top. Cr.				0.1 % <b>PPB</b>	
00851744	Elocom	  Merck	15 g	9.45	0.6300
			50 g	29.80	0.5960
02367157	Taro-Mometasone	Taro	15 g 50 g	7.89 26.31	<ul><li>→ 0.5260</li><li>→ 0.5262</li></ul>
		1	00 9	20.01	4 0.0202
Top. Oint.	I	ı	ı	0.1 % <b>PPB</b>	ı
00851736	Elocom	Merck	50 g	28.77	0.5754
02248130	ratio-Mometasone	Ratiopharm	15 g 50 g	3.38 11.26	<ul><li>→ 0.2252</li><li>→ 0.2252</li></ul>
02264749	Taro-Mometasone	Taro	15 g	3.38	<ul><li>→ 0.2252</li><li>→ 0.2252</li></ul>
			50 g	11.26	<b>→</b> 0.2252
TRIAMCINOLON Oral Top. Oint.	NE ACETONIDE			0.1 %	
01964054	Oracort	Taro	7.5 g	6.83	
Top. Cr.				0.1 % <b>PPB</b>	
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
32101001			1 22.8	1 0.00	3.1000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
84:28 KERATOLYTI UREA	C AGENTS				
Top. Cr.			20 % and	22 % <b>PPB</b>	
80023775	JamUrea 20	Jamp	225 g	10.78	<b>→</b> 0.0479
80079151	M-Urea 20	Mantra Ph.	100 g	4.79	• 0.0479
00070005			225 g	10.78	• 0.0479
80079885 00396125	Urea Cream Urisec	Cellchem Odan	50 g 120 g	2.40 5.75	<ul><li>→ 0.0479</li><li>→ 0.0479</li></ul>
00390123	Unsec	Ouan	225 g	11.69	0.0479
			454 g	21.75	<b>→</b> 0.0479
84:32 KERATOPLAS TAR (MINERAL) Top. Jel.			ı	10 %	
00344508	Targel	Odan	100 g	13.90	0.1390
Top. Jel.	/ SALICYLIC ACID			10 % -3 %	
00510335	Targel S.A.	Odan	100 g	15.35	0.1535
00510335 84:92 SKIN AND MU ACITRETINE	COUS MEMBRANE AG	1	ous	15.35	0.1535
00510335  84:92 SKIN AND MU ACITRETINE LE	ICOUS MEMBRANE AG	ENTS, MISCELLANE	ous	15.35	
00510335  84:92  SKIN AND MU ACITRETINE III Caps. 02468840	COUS MEMBRANE AG	ENTS, MISCELLANE	ous	15.35 10 mg <b>PPB</b> 38.90	<b>▶</b> 1.2965
00510335  84:92  SKIN AND MU ACITRETINE II Caps.  02468840 02070847	COUS MEMBRANE AG  Mint-Acitretin Soriatane	ENTS, MISCELLANE  Mint Tribute	OUS 30 30 30	15.35 10 mg <b>PPB</b> 38.90 38.90	<ul><li>1.2965</li><li>1.2965</li></ul>
00510335  84:92  SKIN AND MU ACITRETINE III Caps. 02468840	COUS MEMBRANE AG	ENTS, MISCELLANE	ous	15.35 10 mg <b>PPB</b> 38.90	<b>▶</b> 1.2965
00510335  84:92  SKIN AND MU ACITRETINE II Caps.  02468840 02070847	COUS MEMBRANE AG  Mint-Acitretin Soriatane	ENTS, MISCELLANE  Mint Tribute	30 30 30 30	15.35 10 mg <b>PPB</b> 38.90 38.90	<ul><li>1.2965</li><li>1.2965</li></ul>
00510335  84:92  SKIN AND MU ACITRETINE LE Caps.  02468840 02070847 02466074	COUS MEMBRANE AG  Mint-Acitretin Soriatane	ENTS, MISCELLANE  Mint Tribute	30 30 30 30	15.35 10 mg <b>PPB</b> 38.90 38.90 38.90	<ul><li>1.2965</li><li>1.2965</li></ul>
00510335  84:92  SKIN AND MU ACITRETINE LE Caps. 02468840 02070847 02466074  Caps.	Mint-Acitretin Soriatane Taro-Acitretin	ENTS, MISCELLANE  Mint Tribute Taro	30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB	<ul><li>1.2965</li><li>1.2965</li><li>1.2965</li></ul>
00510335  84:92  SKIN AND MU ACITRETINE LE Caps. 02468840 02070847 02466074  Caps. 02468859	Mint-Acitretin Soriatane Taro-Acitretin	ENTS, MISCELLANE  Mint Tribute Taro	30 30 30 30 30	15.35  10 mg <b>PPB</b> 38.90 38.90 38.90 25 mg <b>PPB</b> 68.31	<ul><li>1.2965</li><li>1.2965</li><li>1.2965</li><li>2.2770</li></ul>
00510335  84:92  SKIN AND MU ACITRETINE III Caps. 02468840 02070847 02466074  Caps. 02468859 02070863 02466082  CALCIPOTRIOL	Mint-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin	ENTS, MISCELLANE  Mint Tribute Taro  Mint Tribute	30 30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB  68.31 68.31 68.31	<ul> <li>1.2965</li> <li>1.2965</li> <li>1.2965</li> <li>2.2770</li> <li>2.2770</li> </ul>
00510335  84:92  SKIN AND MU ACITRETINE   Caps. 02468840 02070847 02466074  Caps. 02468859 02070863 02466082  CALCIPOTRIOL Top. Oint.	Mint-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin	Mint Tribute Taro  Mint Tribute Taro	30 30 30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB  68.31 68.31 68.31 50 mcg/g	<ul> <li>1.2965</li> <li>1.2965</li> <li>1.2965</li> <li>2.2770</li> <li>2.2770</li> <li>2.2770</li> </ul>
00510335  84:92  SKIN AND MU ACITRETINE III Caps. 02468840 02070847 02466074  Caps. 02468859 02070863 02466082  CALCIPOTRIOL	Mint-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin	ENTS, MISCELLANE  Mint Tribute Taro  Mint Tribute	30 30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB  68.31 68.31 68.31	<ul> <li>1.2965</li> <li>1.2965</li> <li>1.2965</li> <li>2.2770</li> <li>2.2770</li> </ul>
00510335  84:92  SKIN AND MU ACITRETINE   Caps. 02468840 02070847 02466074  Caps. 02468859 02070863 02466082  CALCIPOTRIOL Top. Oint.	Mint-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin	Mint Tribute Taro  Mint Tribute Taro	OUS  30 30 30 30 30 30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB  68.31 68.31 68.31 50 mcg/g 73.37	<ul> <li>1.2965</li> <li>1.2965</li> <li>1.2965</li> <li>2.2770</li> <li>2.2770</li> <li>2.2770</li> <li>0.7337</li> </ul>
00510335  84:92  SKIN AND MU ACITRETINE III Caps. 02468840 02070847 02466074  Caps. 02468859 02070863 02466082  CALCIPOTRIOL Top. Oint. 01976133	Mint-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin Soriatane Taro-Acitretin	Mint Tribute Taro  Mint Tribute Taro	OUS  30 30 30 30 30 30 30 30 30	15.35  10 mg PPB  38.90 38.90 38.90 25 mg PPB  68.31 68.31 68.31 50 mcg/g 73.37 88.04	<ul> <li>1.2965</li> <li>1.2965</li> <li>1.2965</li> <li>2.2770</li> <li>2.2770</li> <li>2.2770</li> <li>0.7337</li> </ul>

Page 334 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•		
FLUOROURACII Top. Cr.				5 %	
00330582	Efudex	Valeant	40 g	32.00	0.8000
HYDROCOLLOII Top. Jel.	DAL GEL				
00921084	DuoDERM Gel	Convatec	30 g	6.64	0.2213
HYDROGEL Top. Jel.					
99100795	Cutimed Gel	BSN Med	15 g 25 g	2.95 3.93	0.1967 0.1572
99100365	Nu-Gel	KCI	15 g 25 g	2.58 4.31	0.1720 0.1724
99100152	Purilon Gel	Coloplast	8 g 15 g	2.25 3.15	0.2813 0.2100
99100192	Tegaderm 3M - Hydrogel wound filler	3M Canada	15 g	2.74	0.1827
99100300	Woun'dres	Coloplast	28 g 84 g	3.70 8.98	0.1321 0.1069
ISOTRETINOIN Caps.				10 mg <b>PPB</b>	
00582344 02257955	Accutane 10 Clarus	Roche Mylan	30 30	27.94 27.94	<ul><li>→ 0.9313</li><li>→ 0.9313</li></ul>
Caps.				40 mg <b>PPB</b>	
00582352	Accutane 40	Roche	30	57.01	<b>→</b> 1.9003
02257963	Clarus	Mylan	30	57.01	<b>→</b> 1.9003
PODOFILOX B				0.5.0/	
Top. Sol. 01945149	Condyline (3,5 ml)	SanofiAven	1	0.5 %	
01040140	Condymic (0,0 mi)	Canoni (Ven	'	07.00	
PROPYLENE GL Top. Jel.	YCOL/ CARBOXYMETHYLO	CELLULOSE		20 % -3 %	
00907936	Intrasite	S. & N.	8 g	2.73	0.3413
			15 g 25 g	3.70 5.74	0.2467 0.2296

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

ZINC OXIDE Band. 7,5 cm X 6 m S. & N. 01907603 Viscopaste PB7 8.80

Page 336 2019-12

## 86:00 **SMOOTH MUSCLE RELAXANTS**

genitourinary smooth muscle relaxants 86:12

86:16 respiratory smooth muscle relaxants

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

# 86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS OXYBUTYNINE CHLORIDE

Tab.				2.5 mg	
02240549	pms-Oxybutynin	Phmscience	100	13.72	0.1372

Tab.	i	1		5 mg <b>PPB</b>		1	
02163543	Apo-Oxybutynin	Apotex	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02230394	Novo-Oxybutynin	Novopharm	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02350238	Oxybutynin	Sanis	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02220636	Oxybutynine-5	Pro Doc	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02240550	pms-Oxybutynin	Phmscience	100	9.86	•	0.0986	
			500	49.30	•	0.0986	
02299364	Riva-Oxybutynin	Riva	100	9.86	•	0.0986	
			500	49.30	•	0.0986	

### PROPIVERINE (CHLORHYDRATE)

Tab.				5 mg		
02460289	Mictoryl Pediatric <sup>21</sup>	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
		SUCCINATE II			E ma DDD	
Tab.		Ana Salifanasin	Anatov	20	5 mg <b>PPB</b>	<b>→</b> 0.3041
	02423375	Apo-Solifenacin	Apotex	30 100	9.12 30.41	→ 0.3041 → 0.3041
	02446375	Auro-Solifenacin	Aurobindo	30 100	9.12 30.41	0.3041
	02424339	Jamp-Solifenacin	Jamp	30	9.12	<ul><li>0.3041</li><li>0.3041</li></ul>
	02428911	Med-Solifenacin	GMP	100 30 90	30.41 9.12 27.37	<ul><li>→ 0.3041</li><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02443171	Mint-Solifenacin	Mint	90	27.37	<ul><li>0.3041</li><li>0.3041</li></ul>
	02417723	pms-Solifenacin	Phmscience	30 100	9.12 30.41	0.3041
	02437988	Ran-Solifenacin	Ranbaxy	100	30.41 30.41 152.05	<ul><li>→ 0.3041</li><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02399032	Sandoz Solifenacin	Sandoz	30 100	9.12 30.41	<ul><li>0.3041</li><li>0.3041</li></ul>
	02458144	Solifenacin	Pro Doc	30 100	9.12 30.41	<ul><li>→ 0.3041</li><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02458241	Solifenacin	Sanis	30 100	9.12 30.41	• 0.3041
	02448335	Succinate de Solifenacine	MDA	30 90	9.12 27.37	<ul><li>→ 0.3041</li><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02397900	Teva-Solifenacin	Teva Can	30 100	9.12 30.41	<ul><li>→ 0.3041</li><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02277263	Vesicare	Astellas	30 90	45.00 135.00	1.5000 1.5000
			1	I.		
Tab.		1	1	1	10 mg <b>PPB</b> 	l _
	02423383	Apo-Solifenacin	Apotex	30 100	9.12 30.41	<ul><li>0.3041</li><li>0.3041</li></ul>
	02446383	Auro-Solifenacin	Aurobindo	30	9.12	<b>→</b> 0.3041
	02424347	Jamp-Solifenacin	Jamp	100 30	30.41 9.12	<ul><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02428938	Med-Solifenacin	GMP	100 30	30.41 9.12	<ul><li>0.3041</li><li>0.3041</li></ul>
				90	27.37	<b>→</b> 0.3041
	02443198	Mint-Solifenacin	Mint	90	27.37	• 0.3041
	02417731	pms-Solifenacin	Phmscience	30 100	9.12 30.41	<ul><li>0.3041</li><li>0.3041</li></ul>
	02437996	Ran-Solifenacin	Ranbaxy	100 500	30.41 152.05	• 0.3041 • 0.3041
	02399040	Sandoz Solifenacin	Sandoz	30 100	9.12 30.41	• 0.3041
	02458152	Solifenacin	Pro Doc	30	9.12	
	02458268	Solifenacin	Sanis	100 30	30.41 9.12	<ul><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02448343	Succinate de Solifenacine	MDA	100 30	30.41 9.12	<ul><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02397919	Teva-Solifenacin	Teva Can	90 30	27.37 9.12	<ul><li>→ 0.3041</li><li>→ 0.3041</li></ul>
	02277271	Vesicare	Astellas	100 30	30.41 45.00	<ul><li>0.3041</li><li>1.5000</li></ul>
				90	135.00	1.5000

Page 340 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TOLT L.A. C		-TARTRATE 🖺			2 mg <b>PPB</b>	
l	•	D. ( ) A	1			4 0000
*	02244612	Detrol LA	Upjohn	30 90	56.76 170.28	1.8920 1.8920
	02404184	Mylan-Tolterodine ER	Mylan	30	14.73	→ 0.4910
		•	'	100	49.11	<b>→</b> 0.4911
	02413140	Sandoz Tolterodine LA	Sandoz	30	14.73	• 0.4910
	02412195	Teva-Tolterodine LA	Teva Can	100	49.11	0.4911
	024 12 193	Teva-Tollerodille LA	Teva Call	100	14.73 49.11	<ul><li>→ 0.4910</li><li>→ 0.4911</li></ul>
L.A. C I	aps.	1	1	1	4 mg <b>PPB</b>	I
*	02244613	Detrol LA	Upjohn	30	56.76	1.8920
	02404402	Mulan Taltaradina CD	Mylon	90	170.28	1.8920
	02404192	Mylan-Tolterodine ER	Mylan	30 100	14.73 49.11	<ul><li>→ 0.4910</li><li>→ 0.4911</li></ul>
	02413159	Sandoz Tolterodine LA	Sandoz	30	14.73	<b>→</b> 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	<b>→</b> 0.2455
	02239064	Detrol	Upjohn	60	56.76	0.9460
l	02423308	Mint-Tolterodine	Mint	100	24.55	<b>→</b> 0.2455
	02299593	Teva-Tolterodine	Teva Can	60	14.73	• 0.2455
Tab.					2 mg <b>PPB</b>	
	00060600	Ana Taltaradina	Ametov	100	I I	0.2455
	02369699	Apo-Tolterodine	Apotex	100 500	24.55 122.75	<ul><li>→ 0.2455</li><li>→ 0.2455</li></ul>
*	02239065	Detrol	Upjohn	60	56.76	0.9460
	02423316	Mint-Tolterodine	Mint	100	24.55	<b>→</b> 0.2455
	02299607	Teva-Tolterodine	Teva Can	60	14.73	<b>→</b> 0.2455
86:16	3					
	PIRATOR'	Y SMOOTH MUSCLE RI ・ 限	ELAXANTS			
	ol free Sol.		ı		30 mg/15 mL	ı
	01966219	Theolair	Valeant	500 ml	9.81	0.0196
Elix.				8	30 mg/15 mL	
I	00627410	Theophylline	Atlas	500 ml	1.76	0.0035
	-302.110		. 11100	1 222 1111	10	0.0000
Elix. s	ugar less				30 mg/15 mL	
	00466409	Pulmophylline	Riva	500 ml	4.30	0.0086
		r 7 -	-1			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A.	Tab.				100 mg	
*	00692689	Theo LA	AA Pharma	100	16.24	0.1624
L.A.	Tab.			1	200 mg	i
	00692697	Theo LA	AA Pharma	100	18.05	0.1805
L.A.	Tab.			1	400 mg	,
	02360101 02014165	Theo ER Uniphyl	AA Pharma Purdue	100 50	33.62 16.81	0.3362 0.3362
L.A.	Tab.		1	ı	600 mg	
	02360128 02014181	Theo ER Uniphyl	AA Pharma Purdue	100 50	40.72 20.36	0.4072 0.4072

Page 342 2019-12

## 88:00 VITAMINS

88:08 vitamin b complex

88:16 vitamin d 88:24 vitamin k 88:28 multivitamins

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         1.45           Inj. Sol.         2 mg/mL         PPB         1.2 mg/mL         PPB           02413795         Cyanocobalamine Injectable, USP         Mylam         10 ml         2.78         2.78           042420147         Jamp-Cyanocobalamin         Jamp         10 ml         2.78         2.78           00521515         Vitamine B 12         Sandoz         10 ml         3.06         3.06           00626112         Vitamine B 12         Sandoz         10 ml         2.78         2.78           FOLIC ACID         5 mg/mL           Inj. Sol.         5 mg/mL         10 ml         16.40           Tab.         1 mg         PPB           80003695         Euro-Folic         Sandoz         10 ml         1.49         0.0149           80053274         Jamp-Folic Acid         Jamp         500         7.45         0.0149           FOLIC ACID         B           Tab.         5 mg         PPB	88:08 VITAMIN B COI CYANOCOBALAI	MPLEX MIN	MANUFACTURER	SIZE		UNIT PRICE	
VITAMIN B COMPLEX CYANOCOBALAMIN   Inj. Sol.	VITAMIN B CON	MIN					
VITAMIN E COMPLEX CYANOCOBALAMIN           1nj. Sol.         0.1 mg/mL           02241500         Vitamine B 12         Sandoz         1 ml         1.45           Inj. Sol.         1 mg/mL         PPB         PPB           01987003         Cyanocobalamine (Injectable) (Injectab	VITAMIN B CON	MIN					
Description   Content	CYANOCOBALAN	MIN					
Inj. Sol.    1 mg/mL   1.45							
Description   Description		Vitamine B 12					
Inj. Sol.	Inj. Sol.	Vitamine B 12			0.1 mg/mL		
Inj. Sol.	02241500		Sandoz	   1 ml	1.45		
O1987003							
02413795   Cyanocobalamine Injectable, USP   Jamp-Cyanocobalamin   Jamp   10 ml   2.78   2.78   Jamp-Cyanocobalamin   Jamp   10 ml   2.78   3.06	Inj. Sol.			1 :	mg/mL <b>PPB</b>		
02413795   Cyanocobalamine Injectable, USP   Jamp-Cyanocobalamin   Jamp   10 ml   2.78   2.78   Jamp-Cyanocobalamin   Jamp   10 ml   2.78   3.06	1	Cvanocobalamine	Sterimax		1 1		
02420147   Jamp-Cyanocobalamin   Sandoz   10 ml   3.06	1	=			1:		
00521515			I	401	0.70		
Tab.	1				1		
Inj. Sol.       5 mg/mL         02139480       Acide folique injectable, USP       Fresenius       10 ml       16.40         Tab.       1 mg       PPB         8000695       Euro-Folic       Sandoz       100       1.49       0.0149         80061488       M-Folique 1 mg       Mantra Ph.       500       7.45       0.0149         FOLIC ACID ® Tab.         Tab.       5 mg       PPB         Tab.       5 mg       PPB         NIACIN         Tab.       500 mg       PPB         NIACIN         Tab.       500 mg       PPB         00557412 Jamp-Niacin       Jamp       100       4.50       0.0450         01939130 Niacine       Odan       100       7.50       0.0450         PYRIDOXINE HYDROCHLORIDE         Tab.       25 mg       PPB         80002890 Jamp Vitamin B6 Nago Vitamin B6 Nago S6458 M-B6 25 mg       Jamp Mantra Ph.       1000       18.30       0.0183         Non 183       0.0183	1				1.		
Inj. Sol. 5 mg/mL  02139480	L		1 0				
Inj. Sol.       5 mg/mL         02139480       Acide folique injectable, USP       Fresenius       10 ml       16.40         Tab.       1 mg       PPB         8000695       Euro-Folic       Sandoz       100       1.49       0.0149         80061488       M-Folique 1 mg       Mantra Ph.       500       7.45       0.0149         FOLIC ACID ® Tab.         Tab.       5 mg       PPB         Tab.       5 mg       PPB         NIACIN         Tab.       500 mg       PPB         NIACIN         Tab.       500 mg       PPB         00557412 Jamp-Niacin       Jamp       100       4.50       0.0450         01939130 Niacine       Odan       100       7.50       0.0450         PYRIDOXINE HYDROCHLORIDE         Tab.       25 mg       PPB         80002890 Jamp Vitamin B6 Nago Vitamin B6 Nago S6458 M-B6 25 mg       Jamp Mantra Ph.       1000       18.30       0.0183         Non 183       0.0183							
Tab.  Tab.  Sandoz San					E == = /== l		
Tab.  80000695   Euro-Folic   Sandoz   100   1.49   \$\ldots   0.0149   80053274   Jamp-Folic Acid   Jamp   500   7.45   \$\ldots   0.0149   80061488   M-Folique 1 mg   Mantra Ph.   500   7.45   \$\ldots   0.0149   \$\ldots   0.0145   0.0145   \$\ldots   0.0145	1				1 1		
Tab.			Fresenius	10 ml	16.40		
8000695   Euro-Folic   Jamp   500   7.45   0.0149     80053274   80061488   M-Folique 1 mg							
8000695   Euro-Folic   Jamp   500   7.45   0.0149     80053274   80061488   M-Folique 1 mg	Tab				1 mg DDR		
80053274   80061488   Jamp-Folic Acid   M-Folique 1 mg   Mantra Ph.   500   7.45   → 0.0149	T I				1 1		
## FOLIC ACID							
FOLIC ACID	1		1 '				
Tab.     5 mg     PPB       02285673     Euro-Folic     Sandoz     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 Mantra Ph.     1000     18.30     → 0.0183       80056458     M-B6 25 mg     Mantra Ph.     500     9.15     → 0.0183						,	
Tab.     5 mg     PPB       02285673     Euro-Folic     Sandoz     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 Mantra Ph.     1000     18.30     → 0.0183       80056458     M-B6 25 mg     Mantra Ph.     500     9.15     → 0.0183							
02285673       Euro-Folic       Sandoz       1000       19.80       → 0.0198         NIACIN         Tab.       500 mg       PPB         00557412       Jamp-Niacin       Jamp       100       4.50       → 0.0450         01939130       Niacine       Odan       100       7.50       → 0.0450         PYRIDOXINE HYDROCHLORIDE         Tab.       25 mg       PPB         80002890       Jamp Vitamin B6       Jamp Mantra Ph.       1000       18.30       → 0.0183         80056458       M-B6 25 mg       Mantra Ph.       500       9.15       → 0.0183	FOLIC ACID						
NIACIN         500 mg         PPB           00557412         Jamp-Niacin         Jamp         100         4.50         ◆ 0.0450           01939130         Niacine         Odan         100         7.50         0.0450         ◆ 0.0450           PYRIDOXINE HYDROCHLORIDE         25 mg         PPB           80002890         Jamp Vitamin B6         Jamp Mantra Ph.         1000         18.30         ◆ 0.0183           80056458         M-B6 25 mg         Mantra Ph.         500         9.15         ◆ 0.0183	Tab.		1	I	5 mg <b>PPB</b>		
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	1						
Tab.     500 mg     PPB       00557412     Jamp-Niacin     Jamp     100     4.50     ◆ 0.0450       500     22.50     → 0.0450       7.50     0.0750       PYRIDOXINE HYDROCHLORIDE       Tab.     25 mg     PPB       80002890     Jamp Vitamin B6     Jamp Mantra Ph.     1000     18.30     → 0.0183       80056458     M-B6 25 mg     Mantra Ph.     500     9.15     → 0.0183	02366061	Jamp Folic Acid	Jamp	1000	19.80	• 0.01	
Tab.     500 mg     PPB       00557412     Jamp-Niacin     Jamp     100     4.50     ◆ 0.0450       500     22.50     → 0.0450       7.50     0.0750       PYRIDOXINE HYDROCHLORIDE       Tab.     25 mg     PPB       80002890     Jamp Vitamin B6     Jamp Mantra Ph.     1000     18.30     → 0.0183       80056458     M-B6 25 mg     Mantra Ph.     500     9.15     → 0.0183							
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 Mantra Ph.     1000     18.30     ◆ 0.0183       80056458     M-B6 25 mg     Mantra Ph.     500     9.15     ◆ 0.0183	NIACIN						
00557412     Jamp-Niacin     Jamp     100	MAOIN						
01939130   Niacine   Odan   100   22.50   0.0450   0.0750	Tab.			5	600 mg <b>PPB</b>		
01939130   Niacine   Odan   100   22.50   0.0450   0.0750	00557412	Jamp-Niacin	Jamp		1 1		
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	00007412	Jamp Maoni	Jamp				
Tab.     25 mg     PPB       80002890 80056458     Jamp Vitamin B6 Jamp Mantra Ph.     1000 18.30 9.15 1 0.0183     → 0.0183       Mantra Ph.     500 9.15 1 0.0183	01939130	Niacine	Odan	100	7.50	0.07	
Tab.     25 mg     PPB       80002890 80056458     Jamp Vitamin B6 Jamp Mantra Ph.     1000 18.30 18.30 18.30 18.30 19.15 19.15 19.00.0183     → 0.0183 0.0183							
Tab.     25 mg     PPB       80002890 80056458     Jamp Vitamin B6 Jamp Mantra Ph.     1000 18.30 9.15 1 0.0183     → 0.0183       Mantra Ph.     500 9.15 1 0.0183	DVDIDOVINE 197	DOCULODICE					
80002890   Jamp Vitamin B6   Jamp   1000   18.30   → 0.0183   80056458   M-B6 25 mg   Mantra Ph.   500   9.15   → 0.0183	PYRIDOXINE HYL	DROCHLORIDE					
80002890   Jamp Vitamin B6   Jamp   1000   18.30   → 0.0183   80056458   M-B6 25 mg   Mantra Ph.   500   9.15   → 0.0183	Tab.	Tab. 25 ma <b>PPB</b>					
80056458   M-B6 25 mg   Mantra Ph. 500   9.15   → 0.0183	1	James Vitamin DC	lama			<b>-</b> 0.01	
					1		
1000   18.30   • 0.0183			'				
· · · · · · · · · · · · · · · · · · ·			•		- '		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
THIAMINE HYDI	ROCHLORIDE					
Inj. Sol.			100 n	ng/mL <b>PPB</b>		
02193221	Thiamiject	Oméga	10 ml	<b>→</b> 11.88		
02243525	Thiamine	Sterimax	10 ml	<b>→</b> 11.88		
Tab.			50 mg <b>PPB</b>			
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	<b>→</b> 0.0700	
80049777	Opus Vitamine B1	Opus	500	35.00	→ 0.0700	
Tab.			10	00 mg <b>PPB</b>		
80009588	Jamp-Vitamin B1	Jamp	500	64.68	<b>→</b> 0.1294	
80054205	M-B1 100 mg	Mantra Ph.	500	64.68	<b>→</b> 0.1294	
80049780	Opus Vitamine B1	Opus	500	64.68	<b>→</b> 0.1294	
VITAMIN D ALFACALCIDOI Caps.	_ 6	I	ı	0.25 mcg	ı	
00474517	One-Alpha	Leo	100	42.45	0.4245	
Caps.				1 mcg		
00474525	One-Alpha	Leo	100	127.07	1.2707	
00111020	ono rupna		100	127.07	1.2707	
I.V. Inj. Sol.	1	1	ı	2 mcg/mL	ı	
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 I	l					
Caps.	ps. 0.25 mcg <b>PPB</b>			ı		
02431637	Calcitriol-Odan	Odan	30	20.88	→ 0.6960	
00404000	Desether	Darks	100	46.82	• 0.4682	
00481823 02485710	Rocaltrol Taro-Calcitriol	Roche Taro	100 90	69.60 42.14	0.6960 <b>→</b> 0.4682	
22 1001 10		1.3.0	- 50	12.17	J 0.100E	

Page 346 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.	0.50 mcg <b>PPB</b>				
02431645	Calcitriol-Odan	Odan	30 100	33.21 74.46	<ul><li>1.1069</li><li>0.7446</li></ul>
00481815 02485729	Rocaltrol Taro-Calcitriol	Roche Taro	100 90	110.69 67.01	1.1069 <b>→</b> 0.7446
CHOLECALCIFE	EROL 🖪				
Caps.	i	1		2 000 UI	
02442256	Luxa-D	Orimed	100	6.93	0.0693
Caps. or Tab.	Caps. or Tab. 10 000 UI PPB				
00821772	D-Tabs	Riva	60	12.60	<b>→</b> 0.2100
			250	52.50	<b>→</b> 0.2100
02253178	Euro D 10 000	Sandoz	60	12.60	• 0.2100
02379007	Jamp-Vitamine D	Jamp	60 500	12.60 105.00	0.2100
02449099	Jamp-Vitamine D	Jamp	100	21.00	<ul><li>→ 0.2100</li><li>→ 0.2100</li></ul>
02371499	Pharma-D	Phmscience	100	21.00	→ 0.2100 → 0.2100
02417995	Vitamine D 10 000	Pro Doc	60	12.60	<b>→</b> 0.2100
ERGOCALCIFE	ROL 🖪				
Caps.	_		50	000 U <b>PPB</b>	
02237450	D-Forte	Sandoz	100	19.86	● 0.1986
02301911	Osto-D2	Paladin	100	19.86	<b>→</b> 0.1986
		1			
Oral Sol.	1	1	8 288	UI/mL <b>PPB</b>	I
80003615	Erdol	Odan	60 ml	<b>→</b> 12.80	
80020776	Jamp-D2-Dol	Jamp	60 ml	<b>→</b> 12.80	
VITAMIN D					
Caps.	1	1		300 UI <b>PPB</b>	1
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Caps, or Tab. 400 UI PPB						
Caps. or Tab.	I	I	1	+00 01 <b>FFB</b>	I	
80001125	Calciferol (tablet)	Pendopharm	500	15.00	→ 0.0300	
02242651	Euro D 400	Sandoz	100	3.00	→ 0.0300	
			500	15.00	→ 0.0300	
80006629	Jamp-Vitamine D (Caps.)	Jamp	500	15.00	→ 0.0300	
02240624	Jamp-Vitamine D (Co.)	Jamp	500	15.00	→ 0.0300	
80055196	M-D400 Gel	Mantra Ph.	500	15.00	→ 0.0300	
80039163	Opus D-400	Opus	500	15.00	→ 0.0300	
80001145	Pharma-D 400 IU	Pendopharm	500	15.00	→ 0.0300	
80005560	Riva-D	Riva	100	3.00	→ 0.0300	
			500	15.00	→ 0.0300	
80063895	Vit D 400 gel	Altamed	500	15.00	→ 0.0300	
80008590	Vitamin D 400 UI	Biomed	500	15.00	→ 0.0300	
		,				
Caps. or Tab.	1	I	1 (	000 UI <b>PPB</b>	ı	
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	<b>→</b> 0.0700	
80027592	Opus D-1000	Opus	500	35.00	<b>→</b> 0.0700	
80008496	Pharma-D 1000 IU (Caps.)	Phmscience	100	7.00	<b>→</b> 0.0700	
00000100	Thama B 1000 10 (Gapo.)	T TIMOGIONIOO	500	35.00	<ul><li>→ 0.0700</li></ul>	
80002169	Pharma-D 1000 IU (Co.)	Phmscience	100	7.00	<b>→</b> 0.0700	
80051562	Riva-D 1000	Riva	500	35.00	<b>→</b> 0.0700	
80063899	Vit D 1000 gel	Altamed	500	35.00	→ 0.0700 → 0.0700	
80068574	Vitamin D3 Softgel	Cellchem	100	7.00	→ 0.0700 → 0.0700	
80043412	Vitamine D 1000 UI (Caps.)	Biomed	500	35.00	→ 0.0700 → 0.0700	
333.37.12	Thamme 2 Tool of (Capely	2.0		00.00	3.0.00	
Oral Sol.			400 U	l/dose PPB		
80001869	Baby Ddrops	D Drops	90 dose(s)	▶ 9.90		
00762881	D-VI-SOL	M.J.	50 dose(s)	<b>→</b> 5.50		
80019649	Jamp-D3-Dol	Jamp	90 dose(s)	9.90		
80003038	Jamp-Vitamine D	Jamp	50 dose(s)	<b>→</b> 5.50		
80004595	PediaVIT D	Sandoz	50	<b>→</b> 5.50		
80077066	Pediavit Vitamine D3	Sandoz	60 dose(s)	<b>→</b> 6.60		
00017000	Todavit vitariino Bo	Ganadz	00 0000(0)	0.00		
88:24						
VITAMIN K PHYTONADION	E R					
IM Ini Cal				0 m a/ml		
I.M. Inj. Sol. I	[	I	I	2 mg/mL I	1	
00781878	Vitamine K 1	Sandoz	0.5 ml	5.19		
I.M. Inj. Sol.				10 mg/mL		
1	l	L .		1		
00804312	Vitamine K 1	Sandoz	1 ml	5.88		

Page 348 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
88:28 MULTIVITAMII VITAMINS A, D A Oral Sol.		750 L	J -400 U -30 r	ng/mL <b>PPB</b>	
80056252	Pediavit Multi	Sandoz	50 ml	<b>→</b> 9.36	
00762903	Tri-Vi-Sol	M.J.	50 ml	<b>→</b> 9.36	
Oral Sol. 1 500 U -400 U -30 mg/mL <b>PPB</b>					
80008471 02229790	Jamp-Vitamins A-D-C Pediavit	Jamp Euro-Pharm	50 ml 50 ml	<ul><li>9.36</li><li>9.36</li></ul>	

### 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				
Ü	92:00 UNCLASSIFIED THERAPEUTIC AGENTS ALBUMINE DILUENT									
S	ol.				0.03 %					
	02283735	Diluent albumin	ALK-Abello	4.5 ml 9 ml	1.82 2.04					
Α	LLERGENIC E	XTRACTS, AQUEOUS, GLYC	ERINATED							
	ij. Sol.			enance Treatn	nent (10 mL)					
	99003813	Monovalent	ALK-Abello	1	82.17					
	99101105	Monovalent	Allergo	1	245.00					
	99003791	Polyvalent	ALK-Abello	1	82.17					
	99101113	Polyvalent	Allergo	1	245.00					
Į٢	ij. Sol.		Comple	ete Treatment	Set (10 mL)					
	99003856	Monovalent	ALK-Abello	3	110.98					
				4	110.98					
	99101106	Monovalent	Allergo	4	245.00					
	99003805	Polyvalent	ALK-Abello	3	110.98					
	00404444	But attent		4	110.98					
L	99101114	Polyvalent	Allergo	4	245.00					

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

#### ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol.	, , , , , , , , , , , , , , , , , , ,		enance Treatn	nent (10 mL)	
02247757	Monovalent non-Pollen	Oméga	1	265.00	
99003996	Monovalent standardise	ALK-Abello	1	107.78	
99101107	Monovalent standardise	Allergo	1	245.00	
99100062	Monovalent-Acariens	Oméga	1	265.00	
99003880	Monovalent-Acariens	ALK-Abello	1	107.78	
99101109	standardise Monovalent-Acariens	Allarga	1	245.00	
99101109		Allergo	'	245.00	
99100063	standardise Monovalent-Chat	Oméssa	4	265.00	
		Oméga	1 1		
99003899	Monovalent-Chat	ALK-Abello	1	107.78	
00404444	standardise			0.45.00	
99101111	Monovalent-Chat standardise	Allergo	1	245.00	
02247754	Monovalent-Pollen	Oméga	1	265.00	
99100067	Polyvalent - Pollen	Oméga	1	265.00	
99100068	Polyvalent - Pollens -	Oméga	1	265.00	
00.0000	Acariens			200.00	
99100066	Polyvalent non-Pollen	Oméga	1	265.00	
99004100	Polyvalent standardise	ALK-Abello	1	107.78	
99101118	Polyvalent standardise	Allergo	1	245.00	
99100064	Polyvalent-Acariens	Oméga	1	265.00	
99003910	Polyvalent-Acariens	ALK-Abello	1	107.78	
	standardise				
99101120	Polyvalent-Acariens	Allergo	1	245.00	
	standardise				
99100065	Polyvalent-Chat	Oméga	1	265.00	
99003929	Polyvalent-Chat standardise	ALK-Abello	1	107.78	
99101122	Polyvalent-Chats	Allergo	1	245.00	
	standardise				
99003902	Polyvalent-Pollens-	ALK-Abello	1	107.78	
	Acariens standardise				
99101115	Polyvalent-Pollens-	Allergo	1	245.00	
	Acariens standardise				

Page 354 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.		Comple	ete Treatment	Set (10 ml )	
IIIJ. 001.	I	Compi	 	l l	
99100074	Monovalent non-Pollen	Oméga	4	265.00	
99004003	Monovalent standardise	ALK-Abello	3	153.65	
			4	153.65	
99101108	Monovalent standardise	Allergo	4	245.00	
99100061	Monovalent-Acariens	Oméga	3	265.00	
99003937	Monovalent-Acariens standardise	ALK-Abello	4	153.65	
99101110	Monovalent-Acariens standardise	Allergo	4	245.00	
99100073	Monovalent-Chat	Oméga	3	265.00	
99003945	Monovalent-Chat standardise	ALK-Abello	3	153.65	
99101112	Monovalent-Chat standardise	Allergo	4	245.00	
99100075	Monovalent-Pollen	Oméga	4	265.00	
99100079	Polyvalent - Pollen	Oméga	4	265.00	
99100080	Polyvalent - Pollens - Acariens	Oméga	4	265.00	
99100078	Polyvalent non-Pollen	Oméga	4	265.00	
99101117	Polyvalent Pollens Acariens standardisé	Allergo	4	245.00	
99004097	Polyvalent standardise	ALK-Abello	3	153.65	
	,		4	153.65	
99101119	Polyvalent standardise	Allergo	4	245.00	
99100076	Polyvalent-Acariens	Oméga	3	265.00	
99003961	Polyvalent-Acariens standardise	ALK-Abello	3	153.65	
99101121	Polyvalent-Acariens standardise	Allergo	4	245.00	
99100077	Polyvalent-Chat	Oméga	4	265.00	
99003988	Polyvalent-Chat standardise	ALK-Abello	3	153.65	
			4	153.65	
99101123	Polyvalent-Chats standardise	Allergo	4	245.00	
99003953	Polyvalent-Pollens-	ALK-Abello	3	153.65	
	Acariens standardise		4	153.65	
ALLERGENIC E.	XTRACTS,AQUEOUS, GLYC		NDARDIZED enance Treatn		RDIZED
99003821	Polyvalent-Pollens non	ALK-Abello	1	100.30	
99101124	standAcariens stand. Polyvalent-Pollens non standAcariens stand.	Allergo	1	245.00	
L	l	l .			

	otaria. Hoariorio otaria.				
Inj. Sol.		Comple	ete Treatment	Set (10 mL)	
99003864	Polyvalent-Pollens non standAcariens stand.	ALK-Abello	3 4	140.86 140.86	
99101125	Polyvalent-Pollens non standAcariens stand.	Allergo	4	245.00	

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

### ALLERGENS (ALUM-PRECIPITATED EXTRACTS OF)

Inj. Sol.	OM TREOM TIATED EXTRA	Main	tenance Treat	ment (5 mL)	
	Presaisonnier - Arbres, Graminees et Herbes a	Allergo	1	265.00	
99101147 <i>F</i>	ooux Presaisonnier - Graminees et Herbes a poux	Allergo	1	265.00	
	Presaisonnier - Herbes a boux	Allergo	1	265.00	
	Presaisonnier- Arbres	Allergo	1	265.00	
	Presaisonnier- Arbres et Graminees	ALK-Abello	1	93.90	
	Presaisonnier- Arbres et Graminees	ALK-Abello	3	113.12	37.7067
	Presaisonnier- Arbres et Graminees	Allergo	1	265.00	
	Presaisonnier- Arbres et Graminees	Allergo	3	265.00	88.3333
	Presaisonnier- Arbres, Graminees, Herbe a poux	ALK-Abello	1	93.90	
99100070 F	Presaisonnier- Arbres, Graminees, Herbe a poux	Oméga	3	278.00	92.6667
99003708 F	Presaisonnier- Graminees et Herbe a poux	ALK-Abello	1	93.90	
99100071 F	Presaisonnier- Graminees et Herbe a poux	Oméga	3	278.00	92.6667
99003686 F	Presaisonnier- Herbe a boux	ALK-Abello	1	93.90	
99100072 <i>F</i>	Presaisonnier- Herbe a boux	Oméga	3	278.00	92.6667
	Presaisonnier-Arbres	ALK-Abello	1	93.90	
	Presaisonnier-Graminees	ALK-Abello	1	93.90	
	Presaisonnier-Graminees	Allergo	1	265.00	
00889784	Suspal- Monovalent- Acariens	Oméga	1 1	278.00	
00889792	Suspal- Polyvalent-Acariens	Oméga	1 1	278.00	
	Suspal-Monovalent	Oméga	1	278.00	
00861375	Suspal-Polyvalent	Oméga	1	278.00	

Inj. Sol.			Mainte	enance Treatn	nent (10 mL)	
	00908614	Suspal- Monovalent- Acariens	Oméga	1	278.00	
		Suspal- Polyvalent-Acariens	•	1	278.00	
		Suspal-Monovalent Suspal-Polyvalent	Oméga Oméga	1 1	278.00 278.00	

Page 356 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Se	ol.		Comp	olete Treatmer	nt Set (5 mL)	
	99101144	Presaisonnier - Arbres, Graminees et Herbes a poux	Allergo	3	265.00	
	99101148	Presaisonnier - Graminees et Herbes a poux	Allergo	3	265.00	
	99101150	Presaisonnier - Herbes a	Allergo	3	265.00	
	99101142	Presaisonnier- Arbres	Allergo	3	265.00	
	99003759	Presaisonnier- Arbres et Graminees	ALK-Abello	3	114.18	
	99101153	Presaisonnier- Arbres et Graminees	Allergo	3	265.00	
	99003775	Presaisonnier- Arbres, Graminees, Herbe a poux	ALK-Abello	3	114.18	
	99003767	Presaisonnier- Graminees et Herbe a poux	ALK-Abello	3	114.18	
	99003740	Presaisonnier- Herbe a	ALK-Abello	3	114.18	
	99003724	Presaisonnier-Arbres	ALK-Abello	3	114.18	
	99003732	Presaisonnier-Graminees	ALK-Abello	3	114.18	
	99101146	Presaisonnier-Graminees	Allergo	3	265.00	
	00889822	Suspal- Monovalent- Acariens	Oméga	3	278.00	
	99000458	Suspal- Polyvalent-Acariens	Oméga	3	278.00	
	00861286	Suspal-Monovalent	Oméga	3	278.00	
	00861405	Suspal-Polyvalent	Oméga	3	278.00	
Inj. Se	ol.		Comp	olete Treatmer	nt Set (8 mL)	
_		B	ا			
	00896942 99100625	Presaisonnier- Arbres Presaisonnier- Arbres et Graminees	Oméga Oméga	1 1	278.00 278.00	278.0000
	99100083	Presaisonnier- Arbres, Graminees, Herbe a poux	Oméga	1	278.00	
	99100082	Presaisonnier- Graminees et Herbe a poux	Oméga	1	278.00	278.0000
	00896934	Presaisonnier- Gramines	Oméga	1	278.00	
	00896950	Presaisonnier- Herbes-a- poux	Oméga	1	278.00	
		i,	ļ		l I	
Inj. S	ol.	ı	Comple	ete Treatment	Set (10 mL)	
	00889849	Suspal- Monovalent- Acariens	Oméga	3	278.00	
	00889857	Suspal- Polyvalent-Acariens	Oméga	3	278.00	
	00861308	Suspal-Monovalent	Oméga	3	278.00	
	00861316	Suspal-Polyvalent	Oméga	3	278.00	
ALLE		QUEOUS EXTRACTS OF)	Main	tenance Trea	ment (5 ml )	
		l	1	l	l ` ´ I	
	00861170	Monovalent	Oméga	1	265.00	
	99000415	Monovalent-Acariens	Oméga Oméga	1 1	265.00	
	00861189	Polyvalent	Oméga	ı	265.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Inj. Sol.		Mainte	enance Treatr	nent (10 mL)		
00861227	Monovalent	Oméga	1	265.00		
99000431	Monovalent-Acariens	Oméga	1 1	265.00		
00861251	Polyvalent	Oméga	1	265.00		
Inj. Sol.	nj. Sol. Complete Treatment Set (5 mL)					
00861073	Monovalent	Oméga	3	265.00		
00889733	Monovalent-Acariens	Oméga	3	265.00		
00861081	Polyvalent	Oméga	3	265.00		
00889741	Polyvalent-Acariens	Oméga	3	265.00		
Inj. Sol.		Comple	ete Treatment	: Set (10 mL)		
00861138	Monovalent	Oméga	3	265.00		
00889768	Monovalent-Acariens	Oméga	3	265.00		
00861162	Polyvalent	Oméga	3	265.00		
00889776	Polyvalent-Acariens	Oméga	3	265.00		
HYMENOPTERA Inj. Pd. 99100021	VENOM  Venin d'abeille (apis mellifera)	Oméga	1	1.3 mg 634.40		
Inj. Pd.	,			120 mcg		
1	I		I	I		
00541435	Venin d'abeille (apis mellifera)	Oméga	6	414.80	69.1333	
Inj. Pd. 	VENOM PROTEIN	l	l .	1.1 mg	1	
99100226 01948997	Frelon a tete blanche Frelon a tete blanche (Dolichovespula Maculata)	ALK-Abello Allergy	1 1	350.00 220.00		
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.	ı	ı	1	1.3 mg	·	
99100017 99100018	Guepe (Polistes Spp.) Guepe de l'est (vespula maculifrons)	Oméga Oméga	1 1	634.40 634.40		

Page 358 2019-12

COI	DE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
			ı					
Inj. Pd.		1	I	ı	3.3 mg			
991	100230	Vespides combines	ALK-Abello	1	625.00			
Inj. Pd.	nj. Pd. 3.9 mg							
1				l	l			
991	100026	Vespides combines	Oméga	1	1122.40			
Inj. Pd.					120 mcg			
990	004038	Frelon a tete blanche	ALK-Abello	6	160.05	26.6750		
1	949004	Frelon a tete blanche	Allergy	6	140.00	23.3333		
	100270	Frelon a tete jaune	Oméga	6	414.80	69.1333		
	004011	Frelon Jaune	ALK-Abello	6	160.05	26.6750		
	948946	Frelon jaune (Dolichoves pula Arenaria)	Allergy	6	140.00	23.3333		
990	004046	Guepe	ALK-Abello	6	171.79	28.6317		
019	948989	Guepe (Polistes Spp.)	Allergy	6	148.00	24.6667		
991	100278	Guepe (Polistes Spp.)	Oméga	6	414.80	69.1333		
991	100279	Guepe a taches blanches dolichovespula maculata	Oméga	6	414.80	69.1333		
991	100280	Guepe de l'est (vespula maculifrons)	Oméga	6	414.80	69.1333		
990	004054	Guepe jaune	ALK-Abello	6	162.19	27.0317		
019	948962	Guepe jaune (Vespula Spp.)	Allergy	6	140.00	23.3333		
990	004062	Venin d'abeille	ALK-Abello	6	119.51	19.9183		
019	948911	Venin d'abeille (apis mellifera)	Allergy	6	105.00	17.5000		
			ı					
Inj. Pd. I		1	I	l	360 mcg			
990	004070	Vespides combines	ALK-Abello	6	308.37	51.3950		
019	948881	Vespides combines	Allergy	6	260.00	43.3333		
991	100281	Vespides combines	Oméga	6	741.76	123.6267		
Inj. Pd.					550 mcg			
001	100000	Fralan a tota hi	Oméssa	_	047.00			
	100266	Frelon a tete blanche	Oméga	1	317.20			
1	100267	Frelon a tete jaune	Oméga	1	317.20			
	100268	Guepe (Polistes Spp.)	Oméga	1	317.20			
991	100269	Guepe de l'est (vespula	Oméga	1	317.20			
		maculifrons)			0.47.00			
991	100282	Venin d'abeille (apis mellifera)	Oméga	1	317.20			
Ini D-I					1 650			
Inj. Pd. I			I	1	1 650 mcg	ı		
991	100284	Vespides combines	Oméga	1	561.20			
92:00.02	92:00.02							
		ELLANEOUS HTHAMMOL						
Band.	וטבי וטר	THAWWOL		7	7,5 cm X 6 m			
	10100	1.50						
019	948466	Ichthopaste	S. & N.	1	7.02			

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

# 

Caps.				.5 mg <b>PPB</b>		
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
02484870	Jamp-Dutasteride	Jamp	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

Page 360 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NASTERIDE	R				
ıb.	1	1	1	5 mg <b>PPB</b>	
02354462	ACT Finasteride	ActavisPhm	30	12.41	<b>→</b> 0.4138
02365383	Apo-Finasteride	Apotex	30	12.41	• 0.4138
02405814	Auro-Finasteride	Aurobindo	30 100	12.41 41.38	0.4138
02355043	Finasteride	Accord	30	12.41	<ul><li>→ 0.4138</li><li>→ 0.4138</li></ul>
020000.0	- madidina o	7.000.0	100	41.38	<ul><li>→ 0.4138</li></ul>
02350270	Finasteride	Pro Doc	30	12.41	<b>→</b> 0.4138
02445077	Finasteride	Sanis	30	12.41	• 0.4138
00447544	Finanta vida	0:	100	41.38	0.4138
02447541	Finasteride	Sivem	30 100	12.41 41.38	<ul><li>→ 0.4138</li><li>→ 0.4138</li></ul>
02357224	Jamp-Finasteride	Jamp	30	12.41	<b>→</b> 0.4138
			100	41.38	• 0.4138
02389878	Mint-Finasteride	Mint	30	12.41	• 0.4138
00040500	Nove Finanta (d)	T 0	100	41.38	0.4138
02348500	Novo-Finasteride	Teva Can	30 100	12.41 41.38	<ul><li>→ 0.4138</li><li>→ 0.4138</li></ul>
02310112	pms-Finasteride	Phmscience	30	12.41	<b>→</b> 0.4138
020.02	prile i madicina		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	30 100	12.41 41.38	<ul><li>→ 0.4138</li><li>→ 0.4138</li></ul>
02455013	Riva-Finasteride	Riva	30	12.41	<b>→</b> 0.4138
02.000.0	Tura i masteria		100	41.38	→ 0.4138
02322579	Sandoz Finasteride	Sandoz	30	12.41	<b>→</b> 0.4138
			500	206.90	• 0.4138
02428741	VAN-Finasteride	Vanc Phm	100	41.38	<b>→</b> 0.4138
12					
TIDOTES					
INIC ACID	ш			5 mg	
00470400		Pfizer	04	1	5 0000
02170493	Leucovorin	Plizer	24 100	139.75 557.93	5.8229 5.5793
			•		
16					
TIGOUT AC					
OPURINOL	Life .		1	00 mg <b>PPB</b>	
			1	1 -	
00555681	Allopurinol-100	Pro Doc	100	7.80	0.0780
02402769	Apo-Allopurinol	Apotex	1000	78.00 7.80	<ul><li>→ 0.0780</li><li>→ 0.0780</li></ul>
02402100	, ipo , iliopulliloi	, ipotox	1000	78.00	<b>→</b> 0.0780
02421593	Jamp-Allopurinol	Jamp	100	7.80	<b>→</b> 0.0780
			1000	78.00	<b>→</b> 0.0780
02396327	Mar-Allopurinol	Marcan	100	7.80	0.0780
00402818	Zyloprim	AA Pharma	1000 100	78.00 7.80	<ul><li>→ 0.0780</li><li>→ 0.0780</li></ul>
JU-102010	ZyiOpiiiii	, va i namia	1000	78.00	→ 0.0780 → 0.0780
		1		1 . 5.50	0.07.00

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•			
Tab.				. 2	00 mg <b>PPB</b>	
	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	<b>→</b> 0.1300
	02421607	Jamp-Allopurinol	Jamp	100	13.00	<b>→</b> 0.1300
				500	65.00	<b>→</b> 0.1300
	02396335	Mar-Allopurinol	Marcan	100	13.00	<b>→</b> 0.1300
				500	65.00	<b>→</b> 0.1300
	00479799	Zyloprim	AA Pharma	100	13.00	<b>→</b> 0.1300
				500	65.00	<b>→</b> 0.1300
Tab.		1	1	3	00 mg <b>PPB</b>	
	00555703	Allopurinol-300	Pro Doc	100	21.25	<b>→</b> 0.2125
		.,		500	106.25	<b>→</b> 0.2125
	02402785	Apo-Allopurinol	Apotex	100	21.25	<b>→</b> 0.2125
				500	106.25	<b>→</b> 0.2125
	02421615	Jamp-Allopurinol	Jamp	100	21.25	<b>→</b> 0.2125
				500	106.25	<b>→</b> 0.2125
	02396343	Mar-Allopurinol	Marcan	100	21.25	<b>→</b> 0.2125
				500	106.25	<b>→</b> 0.2125
	00402796	Zyloprim	AA Pharma	100	21.25	<b>→</b> 0.2125
				500	106.25	<b>→</b> 0.2125
001	CHICINE I	3				
Tab.		1		(	).6 mg <b>PPB</b>	
		l	l.,		ı	
	00572349	Colchicine	Odan	100 500	25.65 128.25	0.2565
	02373823	Jama Calabiaina	lomp	100	25.65	<ul><li>→ 0.2565</li><li>→ 0.2565</li></ul>
	02313023	Jamp-Colchicine	Jamp	500	128.25	<ul><li>→ 0.2565</li><li>→ 0.2565</li></ul>
	02402181	pms-Colchicine	Phmscience	300	7.70	→ 0.2565 → 0.2565
	02402101	pms-colonione	FIIIISCIETICE	100	25.65	→ 0.2565 → 0.2565
	00287873	Sandoz Colchicine	Sandoz	100	25.65	<ul><li>→ 0.2565</li></ul>
1	33201010		Canada	1 100	20.00	3.2300

# 92:24 BONE RESORPTION INHIBITORS ALENDRONATE MONOSODIUM

Tab.					5 mg <b>PPB</b>		
1	02381478	Alendronate monosodique	Accord	28	21.33	•	0.7617
-	02248727	Apo-Alendronate	Apotex	30	22.85	•	0.7617
				100	76.18	•	0.7618
١	02384698	Ran-Alendronate	Ranbaxy	28	21.33	•	0.7617
	02248251	Teva-Alendronate	Teva Can	30	22.85	•	0.7617
				100	76.18	•	0.7618
١	02428717	VAN-Alendronate	Vanc Phm	28	21.33	•	0.7617

**Page 362** 2019-12

			MANUFACTURER	SIZE	SIZE	UNIT PRICE	Ξ
Tab.					10 mg <b>PPB</b>		
١.	02381486	Alandranata managadisus	Accord	20	10.06	0.42	00
1		Alendronate monosodique		28	12.06	• 0.43	
'	02248728	Apo-Alendronate	Apotex	30	12.92	→ 0.43	
				100	43.08	→ 0.43	
1	02388545	Auro-Alendronate	Aurobindo	100	43.08	→ 0.43	
1 '	02394863	Mint-Alendronate	Mint	28	12.06	▶ 0.43	
'	02384701	Ran-Alendronate	Ranbaxy	28	12.06	▶ 0.43	80
'	02288087	Sandoz Alendronate	Sandoz	30	12.92	▶ 0.43	80
				90	38.77	▶ 0.43	80
(	02247373	Teva-Alendronate	Teva Can	30	12.92	▶ 0.43	80
				100	43.08	→ 0.43	80
	02428725	VAN-Alendronate	Vanc Phm	28	12.06	<b>→</b> 0.43	80
Tab.					40 mg		
				I		I	
	02258102	ACT Alendronate	ActavisPhm	30	65.84	2.19	47
Tab.			ı		70 mg <b>PPB</b>	ı	
1 .	02258110	ACT Alendronate	ActavisPhm	4	8.41	<b>→</b> 2.10	114
'	02200110	AGT Alcharonate	/ totavisi iiiii	100	210.14	→ 2.10	
١,	02352966	Alendronate	Sanis	4	8.41	<b>→</b> 2.10	
'	02332900	Aleridionale	Sallis	50	105.07	→ 2.10 → 2.10	
١.	02299712	Alendronate	Sivem	4	8.41		
'	02299712	Aleriaroriale	Siverii	50		2.10	
l .	00004404	A4			105.07	2.10	
1	02381494	Alendronate monosodique	Accord	4	8.41	2.10	
1	02303078	Alendronate-70	Pro Doc	4	8.41	<b>→</b> 2.10	
'	02248730	Apo-Alendronate	Apotex	4	8.41	<b>→</b> 2.10	
				100	210.14	<b>→</b> 2.10	
1	02388553	Auro-Alendronate	Aurobindo	4	8.41	<b>→</b> 2.10	
1	02245329	Fosamax	Merck	4	38.62	9.65	
1	02385031	Jamp-Alendronate	Jamp	4	8.41	→ 2.10	
'	02394871	Mint-Alendronate	Mint	4	8.41	→ 2.10	14
(	02261715	Novo-Alendronate	Novopharm	4	8.41	<b>→</b> 2.10	14
				50	105.07	<b>→</b> 2.10	14
(	02284006	pms-Alendronate FC	Phmscience	4	8.41	<b>→</b> 2.10	14
				30	63.04	<b>→</b> 2.10	14
(	02384728	Ran-Alendronate	Ranbaxy	4	8.41	<b>→</b> 2.10	14
(	02270889	Riva-Alendronate	Riva	4	8.41	<b>→</b> 2.10	14
				50	105.07	<b>→</b> 2.10	14
1 .	02288109	Sandoz Alendronate	Sandoz	4	8.41	<b>→</b> 2.10	114
				30	63.04	→ 2.10	
(	02428733	VAN-Alendronate	Vanc Phm	4	8.41	<b>→</b> 2.10	
		/CHOLECALCIFEROL		140 mcg (5 6		2.10	
	02454475	Apo-Alendronate/Vitamin D3	Apotex	4	4.87	→ 1.21	74
1	02434473	Fosavance	Merck	4	18.17	4.54	
1	02314940	Fosavance Sandoz Alendronate/	Sandoz	4	4.87	4.54 <b>→</b> 1.21	
1 '	02429100	Cholecalciferol	Januuz	4	4.07	1.21	74
	02403641	Teva-Alendronate/	Teva Can	4	4.87	<b>→</b> 1.21	7/
L '	02403041	Cholecalciferol	TOVA CAIT		4.07	1.21	, <del>,</del>

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ISODIC CLODI	RONATE 🖫				
Caps.	I	I	I	400 mg	
02245828	Clasteon	Sunovion	120	145.00	1.2083
TIDRONATE D	ISODIUM 🖪				
āb.		1		200 mg	
02248686	ACT Etidronate	ActavisPhm	100	35.68	0.3568
	ISODIUM/ CALCIUM CARBO		// · · · · · -		
ab.	I	400 mg - Ca+500 m	l .	1	l
02263866 02176017	Co Etidrocal Didrocal	Cobalt Warner	90 90	19.99 40.50	<ul><li>0.2221</li><li>0.4500</li></ul>
02.1.0011	2.0.000	114		10.00	0.1000
	_				
PAMIDRONATE .V. Perf. Sol.	DISODIUM L			30 mg <b>PPB</b>	
02244550	   Pamidronate Disodique pour	Dfizor	1	→ 30.32	
	injection				
02246597	Pamidronate Disodium Injection	Fresenius	1	→ 30.32	
02249669	Pamidronate Disodium	Oméga	1	<b>→</b> 30.32	
	Omega				
.V. Perf. Sol.				60 mg <b>PPB</b>	
	Bamidaa aata Biaa diawa aasaa	D#		l.	
02244551	Pamidronate Disodique pour injection	Pilzer	1	→ 90.36	
02246598	Pamidronate Disodium Injection	Fresenius	1	<b>→</b> 90.36	
02249677	Pamidronate Disodium	Oméga	1	<b>→</b> 90.36	
	Omega				
.V. Perf. Sol.				90 mg <b>PPB</b>	
	Bamidaa aata Biaa diawa aasaa	D#		l.	
02244552	Pamidronate Disodique pour injection	Pilzer	1	→ 90.95	
02246599	Pamidronate Disodium Injection	Fresenius	1	<b>→</b> 90.95	
02249685	Pamidronate Disodium	Oméga	1	<b>→</b> 90.95	
	Omega				
RISEDRONATE	SODIUM B				
Γab.	I	1	I	5 mg <b>PPB</b>	
02242518	Actonel	Warner	28	51.00	1.8214
02298376	Teva-Risedronate	Teva Can	30	31.58	→ 1.0527

Page 364 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					30 mg	
		l., <u> </u>	l., .		l	
	02298384	Novo-Risedronate	Novopharm	30	177.00	5.9000
Tab.				;	35 mg <b>PPB</b>	
	02246896	Actonel	Warner	4	39.05	9.7625
	02353687	Apo-Risedronate	Apotex	4	7.91	→ 1.9787
		, , , , , , , , , , , , , , , , , , , ,	'	100	197.87	<b>→</b> 1.9787
	02406306	Auro-Risedronate	Aurobindo	4	7.91	<b>→</b> 1.9787
				28	55.40	<b>→</b> 1.9787
	02368552	Jamp-Risedronate	Jamp	4	7.91	<b>→</b> 1.9787
	02298392	Novo-Risedronate	Novopharm	4	7.91	<b>→</b> 1.9787
				30	59.36	<b>→</b> 1.9787
	02302209	pms-Risedronate	Phmscience	4	7.91	<b>→</b> 1.9787
				30	59.36	<b>→</b> 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 30	7.91	1.9787
	02341077	Riva-Risedronate	Riva	4	59.36	<ul><li>1.9787</li><li>1.9787</li></ul>
	02341077	Riva-Risedioriale	Riva	30	7.91 59.36	→ 1.9787 → 1.9787
	02327295	Sandoz Risedronate	Sandoz	4	7.91	→ 1.9787 → 1.9787
	02321293	Sandoz Risedionale	Sandoz	30	59.36	→ 1.9787 → 1.9787
RISE Tab.		SODIUM/ CALCIUM CARBO		a+500 mg (4 ta	ab 24 tab.)	
	02279657	Actonel Plus Calcium	Warner	28	36.22	1.2936
SOD	28 RIOSTATIO DIUM FLUOR W. Tab.			2.2	mg (F-1 mg)	
	00575569	Fluor-A-Day	Phmscience	120	6.09	0.0508
		,	ı	1	1	
Oral	Sol.	ı		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					
	DIFYING ANTIRHEUMA	TIC AGENTS			
LEFLUNOMIDE	_				
Tab.				10 mg <b>PPB</b>	
02256495	Apo-Leflunomide	Apotex	30	79.30	<b>→</b> 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	<b>→</b> 2.6433
02261251	Novo-Leflunomide	Novopharm	30	79.30	<b>→</b> 2.6433
			100	264.33	<b>→</b> 2.6433
02288265	pms-Leflunomide	Phmscience	30	79.30	<b>→</b> 2.6433
02283964	Sandoz Leflunomide	Sandoz	30	79.30	<b>→</b> 2.6433
Tab.				20 mg <b>PPB</b>	
02256509	Apo-Leflunomide	Apotex	30	79.30	<b>→</b> 2.6433
02241889	Arava	SanofiAven	30	304.24	10.1413
02415836	Leflunomide	Pro Doc	30	79.30	<b>→</b> 2.6433
02351676	Leflunomide	Sanis	30	79.30	<b>→</b> 2.6433
02261278	Novo-Leflunomide	Novopharm	30	79.30	<b>→</b> 2.6433
			100	264.33	<b>→</b> 2.6433
02288273	pms-Leflunomide	Phmscience	30	79.30	<b>→</b> 2.6433
02283972	Sandoz Leflunomide	Sandoz	30	79.30	<b>→</b> 2.6433
92:44					
	PRESSIVE AGENTS				
AZATHIOPRINE					
Tab.				50 mg <b>PPB</b>	
02242907	Apo-Azathioprine	Apotex	100	24.05	→ 0.2405
02242907	Azathioprine-50	Pro Doc	100	24.05	<ul><li>→ 0.2405</li><li>→ 0.2405</li></ul>
00004596	Imuran	Aspen	100	94.53	0.9453
02236819	Teva-Azathioprine	Teva Can	100	24.05	0.2405
	,		500	120.23	→ 0.2405
			l		
CYCLOSPORIN	E 🖫				
Caps.				10 mg	
02237671	Neoral	Novartis	60	37.43	0.6238
02237071	IVEOIAI	INOVALUS	00	37.43	0.0230
Caps.	1	1	1	25 mg	1
02150689	Neoral	Novartis	30	43.50	1.4500
02247073	Sandoz Cyclosporine	Sandoz	30	29.85	0.9950
			l	ı	I
Cono				E0 mc	
Caps.	I	1	I	50 mg	I
02150662	Neoral	Novartis	30	84.81	2.8270
02247074	Sandoz Cyclosporine	Sandoz	30	58.20	1.9400
-		•			

Page 366 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg	
021506 022428	1	Novartis Sandoz	30 30	169.68 116.44	5.6560 3.8813
Oral Sol.				100 mg/mL	
022443 021506		Apotex Novartis	50 ml 50 ml	188.54 251.38	3.7708 5.0276
MYCORUEN					
Caps.	DLATE MOFETIL	1	2	50 mg <b>PPB</b>	
023525 021927 023863 023837 024573 023648	48 Cellcept 99 Jamp-Mycophenolate 80 Mofetilmycophenolate 69 Mycophenolate Mofetil	Apotex Roche Jamp Accord Sanis Teva Can	100 100 100 100 100 100	37.12 206.20 37.12 37.12 37.12 37.12	<ul> <li>0.3712</li> <li>2.0620</li> <li>0.3712</li> <li>0.3712</li> <li>0.3712</li> <li>0.3712</li> </ul>
023206	Mofetil	Sandoz	100	37.12	
024336	80 VAN-Mycophenolate	Vanc Phm	100	37.12	• 0.3712
Oral Susp.	ı	ı	I	200 mg/mL	l I
022421	45 Cellcept	Roche	175 ml	288.68	
Tab.			. 5	00 mg <b>PPB</b>	
023525	67 Apo-Mycophenolate	Apotex	50 100	37.12 74.23	<ul><li>→ 0.7423</li><li>→ 0.7423</li></ul>
022374 023799 023803 023785	96 Co Mycophenolate 82 Jamp-Mycophenolate	Roche Cobalt Jamp Accord	50 50 50 50	206.20 37.12 37.12 37.12	4.1240 → 0.7423 → 0.7423 → 0.7423
023783 024573 023486 023897	77 Mycophenolate Mofetil 75 Novo-Mycophenolate	Sanis Teva Can Ranbaxy	50 50 50	37.12 37.12 37.12 37.12	<ul> <li>→ 0.7423</li> <li>→ 0.7423</li> <li>→ 0.7423</li> <li>→ 0.7423</li> </ul>
023138	55 Sandoz Mycophenolate	Sandoz	100 50	74.23 37.12	<ul> <li>→ 0.7423</li> <li>→ 0.7423</li> </ul>
024326	Mofetil 25 VAN-Mycophenolate	Vanc Phm	50	37.12	<b>→</b> 0.7423
MYCOPHÉNO	DLATE SODIUM 🖫				
Ent. Tab.	00	l	I	80 mg <b>PPB</b>	
023727 022645		Apotex Novartis	120 120	179.80 239.72	1.4983 1.9977
Ent. Tab.			3	60 mg <b>PPB</b>	
023727 022645	1	Apotex Novartis	120 120	359.58 479.44	<b>→</b> 2.9965 3.9953

	I	T			
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SIROLIMUS 1					
Oral Sol.	I	I	I	1 mg/mL	
02243237	Rapamune	Pfizer	60 ml	451.16	7.5193
Tab.				1 mg	
02247111	Rapamune	  Pfizer	100	751.96	7.5196
02247111	Каратине	Flizei	100	731.90	7.5190
	_				
TACROLIMUS Caps.	R		ſ	).5 mg <b>PPB</b>	
02243144	Prograf	Astellas	100	197.00	1.9700
02416816	Sandoz Tacrolimus	Sandoz	100	147.75	<b>→</b> 1.4775
		•			
Caps.	I	I	Ì	1 mg <b>PPB</b>	I
02175991 02416824	Prograf Sandoz Tacrolimus	Astellas Sandoz	100 100	249.95 189.00	2.4995 <b>1.8900</b>
02410024	Sandoz raciolimus	Sandoz	100	109.00	1.0900
Caps.				5 mg PPB	
02175983	Prograf	Astellas	100	1249.85	12.4985
02416832	Sandoz Tacrolimus	Sandoz	100	946.50	<b>→</b> 9.4650
L.A. Caps.	1			0.5 mg	
02296462	Advagraf	Astellas	50	98.50	1.9700
L.A. Caps.				1 mg	
02296470	   Advagraf	Astellas	50	124.97	2.4994
02290470	Auvagrai	Astellas	30	124.97	2.4994
L.A. Caps.				3 mg	
02331667	Advagraf	Astellas	50	374.91	7.4982
L.A. Caps.	ı	1	ı	5 mg	
02296489	Advagraf	Astellas	50	624.92	12.4984
92:92	ELLANEOUS THERAPEU	ITIC ACENTS			
BÉTAINE ANHY		TIC AGENTS			
Oral Pd.	I	I	I	1 g/1.7 mL	<b>.</b>
02238526	Cystadane	RRDC	180 g	839.93	

Page 368 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BUPROPION HY	DROCHLORIDE 1			150 mg	
02238441	74	  Valeant	100	84.86	0.8486
02230441	Zyban <sup>4</sup>	Valeant	100	04.00	0.0400
	_				
I.M. Inj. Pd.	EACETATE LE			100 mg/mL	
00704423	Androcur Depot	Bayer	3 ml	78.85	
Tab.	I	1	I.	50 mg <b>PPB</b> 	
00704431	Androcur	Bayer	60	84.00	<b>→</b> 1.4000
02245898	Cyproterone	AA Pharma	100	140.00	1.4000
02390760	Med-Cyproterone	GMP	60 100	84.00 140.00	<ul><li>1.4000</li><li>1.4000</li></ul>
02395797	Riva-Cyproterone	Riva	60	84.00	<b>→</b> 1.4000
	1				
Tab.				100 mg	1
00501190	Placebo	Odan	100	7.20	0.0720
			1000	72.00	0.0720
S.C. Inj.Sol (syr)	AS ACETATE)		6	0 mg/0.3 mL	
02283395	Somatuline Autogel	Ipsen	1 1	1102.00	
		1.	1	1	
S.C. Inj.Sol (syr)	1	1	9	0 mg/0.3 mL	ı
02283409	Somatuline Autogel	Ipsen	1	1470.00	
S.C. Inj.Sol (syr)			10	0 mg/0.5 mL	
1		1.	1	1 -	
02283417	Somatuline Autogel	Ipsen	1	1840.00	
	_				
I.M. Inj. Susp.	ACETATE) Li			10 mg	
02239323	Sandostatin LAR	Novartis	1	1211.00	
	•		•	•	
I.M. Inj. Susp.	1	1	ı	20 mg	l
02239324	Sandostatin LAR	Novartis	1	1615.40	

The duration of reimbursements for anti-smoking treatments with this drug is limited to 12 consecutive weeks per 12-month period.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M. Inj. Susp.				30 mg	
02239325	Sandostatin LAR	Novartis	1	2022.00	
		'		1	
Inj. Sol.	I	1	50 m	cg/mL <b>PPB</b>	
02248639	Octreotide Acetate Omega	Oméga	1 ml	<b>→</b> 1.75	
00839191	Sandostatin	Novartis	1 ml	5.05	
Inj. Sol.			100 m	cg/mL <b>PPB</b>	
02248640	Octreotide Acetate Omega	Oméga	1 ml	→ 3.30	
00839205	Sandostatin	Novartis	1 ml	9.54	
Inj. Sol.	I	I	200 m	cg/mL <b>PPB</b>	I
02248642	Octreotide Acetate Omega	Oméga	5 ml	<b>→</b> 31.71	
02049392	Sandostatin	Novartis	5 ml	91.75	
Inj.Sol. or Inj.Sol	(syr)		500 mc	g/mL PPB	
02413213	Ocphyl	Pendopharm	5	77.45	<b>→</b> 15.4900
02248641	Octreotide Acetate Omega	Oméga	1 ml	<b>→</b> 15.49	
QUINAGOLIDE I	HYDROCHLORIDE B				
Tab.	ı	1	ı	75 mcg	
02223767	Norprolac	Ferring	30	32.70	1.0900
Tab.	ı	1	ı	150 mcg	
02223775	Norprolac	Ferring	30	48.90	1.6300
SODIUM PENTO	SAN POLYSULFATE				
Caps.				100 mg	
02029448	Elmiron	Janss. Inc	100	131.40	1.3140

**Page 370** 2019-12

## **EXCEPTIONAL MEDICATIONS**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
EXCEPTIONAL MEDICATIONS									
ABATACEPT 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 Tab. 250 mg									
02371065	Zytiga	Janss. Inc	120	3400.00	28.3333				
Tab.	1		1	500 mg					
02457113	Zytiga	Janss. Inc	60	3400.00	56.6667				
	_								
I.M. Inj. Pd.	MTOXINA 🖪	ı	ı	300 U	·				
02460203	Dysport Therapeutic	Ipsen	1	385.56					
I.M. Inj. Pd.	ı	1	1	500 U	ı				
02456117	Dysport Therapeutic	Ipsen	1	642.60					

|--|

### ABSORPTIVE DRESSING - GELLING FIBRE

Dressing 100 cm <sup>2</sup>			o 200 cm² (ac	tive surface)	
99003481	3M Tegaderm High Integrity Alginate Dressing	3M Canada	10	38.97	3.8970
99100285	(10x10-100 cm²) 3M Tegaderm High Integrity Alginate Dressing (10x20-200 cm²)	3M Canada	1	7.53	
00920223	Algosteril (10 cm x 10 cm - 100 cm <sup>2</sup> )	Erfa	16	68.00	4.2500
00921092	Algosteril (10 cm x 20 cm - 200 cm <sup>2</sup> )	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 cm <sup>2</sup> )	KCI	10	37.60	3.7600
99101304	CalciCare calcium alginate (10,2 cm x 12 cm - 122 cm²)	Hollister	10	44.15	4.4150
99101377	Exufiber (10 cm x 10 cm - 100 cm <sup>2</sup> )	Mölnlycke	10	35.20	3.5200
00898643	Kaltostat (10 cm x 20 cm - 200 cm <sup>2</sup> )	Convatec	10	85.60	8.5600
99101217	Kendall calcium alginate dressing (10.2cm x 14cm-143 cm²)	Covidien	10	13.48	1.3475
99101224	Kendall Pans. sup. alg. calcium (10.2 cmx10.2 cm - 104 cm²)	Covidien	10	13.48	1.3475
99101216	Kendall pans.a l'alginate calcium (10,2cmx10,2cm-104 cm²)	Covidien	10	13.48	1.3475
99100656	Maxorb Extra (10,2 cm x 10,2 cm - 104 cm²)	Medline	100	134.75	1.3475
99003007	Melgisorb Plus (10 cm x 10 cm - 100 cm²)	Mölnlycke	10 50	36.46 182.33	3.6460 3.6466
99003023	Melgisorb Plus (10 cm x 20 cm - 200 cm²)	Mölnlycke	10 50	68.49 342.47	6.8490 6.8494
99100004	Nu-Derm Alginate (10 cm x 10 cm - 100 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

Page 374 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	o 500 cm² (ac	tive 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)	KCI	5	46.70	9.3400
99101305	CalciCare calcium alginate (10,2 cm x 20,3 cm - 207 cm²)	Hollister	5	42.30	8.4600
99101378	Exufiber (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	87.75	8.7750
99101218	Kendall calcium alginate dressing (10.2xm x 20.3cm-207 cm²)	Covidien	5	13.20	2.6400
99101219	Kendall calcium alginate dressing (15.2cm x 25.4cm-386 cm²)	Covidien	10	26.40	2.6400
99100657	Maxorb Extra (10,2 cm x 20,3 cm - 207 cm²)	Medline	50	235.00	4.7000
99100468	Versiva XC Non-Adhesive (15 cm x 15 cm - 225 cm²)	Convatec	5	52.49	10.4980
99100472	Versiva XC Non-Adhesive (20 cm x 20 cm - 400 cm²)	Convatec	5	96.72	19.3440

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less tha	n 100 cm² (ac	tive surface)	
00920266	Algosteril (5 cm x 5 cm - 25 cm²)	Erfa	10	17.04	1.7040
99101133	Aquacel Extra hydrofiber (5 cm x 5 cm - 25 cm²)	Convatec	10	17.67	1.7670
99100937	Aquacel Foam (5 cm x 5 cm - 25 cm <sup>2</sup> )	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 cm <sup>2</sup> )	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 cm <sup>2</sup> )	Mölnlycke	10	16.85	1.6850
00898627	Kaltotstat (5 cm x 5 cm - 25 cm²)	Convatec	10	19.02	1.9020
00898635	Kaltotstat (7.5 cm x 12 cm - 90 cm²)	Convatec	10	55.57	5.5570
99101221	Kendall calcium alginate dressing (5.1 cm x 5.1 cm- 26cm²)	Covidien	10	8.40	0.8400
99100658	Maxorb Extra (5,1 cm x 5,1 cm - 26 cm²)	Medline	100	160.50	1.6050
99003066	Melgisorb Plus (5 cm x 5 cm - 25 cm <sup>2</sup> )	Mölnlycke	5 50	8.92 89.23	1.7840 1.7846
99100006	Nu-Derm Alginate (5 cm x 5 cm - 25 cm²)	KCI	50	94.33	1.8866
99100466	Versiva XC Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)	Convatec	10	33.95	3.3950
Dressing		More that	n 500 cm² (ac	tive surface)	
99100888	Aquacel Burn hydrofiber	Convatec	5	220.00	44.0000
99101220	(23 cm x 30 cm - 690 cm²) Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)	Covidien	5	220.00	44.0000
	1	l	L		

Page 376 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Strip				30	cm to 90 cm	
Ι.		1				
	99003260	Algisite M 30 cm	S. & N.	5	24.81	4.9620
	00921157	Algosteril (30 cm)	Erfa	10	49.97	4.9970
	99100955	Aquacel Hydrofiber (1 cm x	Convatec	5	33.93	6.7860
		45 cm)				
	99001705	Aquacel hydrofiber (2 cm x 45 cm)	Convatec	5	41.60	8.3200
	99100155	Biatain Alginate (44 cm ou 1" X 17 1/2")	Coloplast	6	41.22	6.8700
	99101344	Biosorb (2 cm x 45 cm)	KCI	5	33.10	6.6200
	99101307	CalciCare calcium alginate	Hollister	5	34.39	6.8780
	99100100	Calcium Alginate Dressing	Covidien	1	4.17	
	99100101	Calcium Alginate Dressing	Covidien	1	5.97	
	99100102	Calcium Alginate Dressing	Covidien	1	10.50	
	99101379	Exufiber (2 cm x 45 cm)	Mölnlycke	5	33.91	6.7820
	00898899	Kaltostat 40 cm	Convatec	5	35.49	7.0980
	99100659	Maxorb Extra Post-op Rope	Medline	20	80.35	4.0175
	00.0000	(30,5 cm)				
	99003015	Melgisorb Plus 45 cm	Mölnlycke	5	21.51	4.3020
	23000010		,	50	215.18	4.3036
	99100003	Nu-Derm Alginate 30 cm	KCI	25	133.11	5.3244

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

# ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION Dressing 100 cm² to 200 cm² (active surface)

Dressing	100 cm² to 200 cm² (active surface)				
99100193	3M Tegaderm Foam Dressing (nonadhesive)	3M Canada	1	4.41	
	(10cm x 10cm-100cm²)				
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 cm <sup>2</sup> )	Coloplast	10	39.50	3.9500
99100601	Biatain (10 cm x 20 cm - 200 cm <sup>2</sup> )	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 cm <sup>2</sup> )	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 cm <sup>2</sup> )	Hollister	10	35.32	3.5320
99100889	Tegaderm 3M-Foam Dressing (non adhesive) 10 x 20-200 cm <sup>2</sup>	3M Canada	5	39.50	7.9000
•	•	•		'	'

Page 378 2019-12

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	
essing 201 cm² to 500 cm² (active surface)						
99100196	3M Tegaderm Foam	3M Canada	30	492.37	16.4123	
99100190	Dressing (nonadhesive) (20cm x 20cm-400cm²)	Sivi Carlada	30	492.57	10.4123	
99100536	Allevyn Gentle (15 cm x 15 cm - 225 cm²)	S. & N.	10	95.60	9.5600	
99100535	Allevyn Gentle (20 cm x 20 cm - 400 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 cm <sup>2</sup> )	Mölnlycke	5	47.00	9.4000	
99003538	Mepilex (20 cm x 20 cm - 400 cm <sup>2</sup> )	Mölnlycke	5	92.60	18.5200	
99101384	Mepilex XT (15 cm x 15 cm - 225 cm²)	Mölnlycke	5 10	40.95 81.90	8.1900 8.1900	
99101385	Mepilex XT (20 cm x 20 cm - 400 cm <sup>2</sup> )	Mölnlycke	5 10	72.80 145.60	14.5600 14.5600	
99100667	/	Medline	100	443.45	4.4345	
99100709	Restore Advanced Foam Dressing (15 cm x 15 cm -	Hollister	10	74.48	7.4480	
99101350	225 cm²) Tielle non adhesif (15 cm x	ксі	10	85.18	8.5180	
99101351	15 cm - 225 cm <sup>2</sup> ) Tielle non adhesif (17,5 cm x 17,5 cm - 306 cm <sup>2</sup> )	ксі	5	54.70	10.9400	
99101276	Tielle non-adhesive (21 cm x 22 cm - 462 cm <sup>2</sup> )	ксі	5	80.00	16.0000	

Page 380 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Dressing	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 tha	n 500 cm² (ac	tive surface)			
99100195	3M Tegaderm Foam	3M Canada	1	25.78			
99100604	Dressing (nonadhesive) (10cm x 60cm-600cm²) Mepilex (20 cm x 50 cm - 1 000 cm²)	Mölnlycke	2	86.00	43.0000		
99101386	Mepilex XT (20 cm x 50 cm - 1000 cm²)	Mölnlycke	2	86.00	43.0000		
Dressing			Sacrum	or triangular			
99101388	Biatain Silicone Sacrum	Coloplast	5	52.50	10.5000		
99101389	(15 cm x 19 cm - 222 cm²) Biatain Silicone Sacrum (25 cm x 25 cm - 405 cm²)	Coloplast	5	67.50	13.5000		
Thin dr.	Thin dr. 100 cm² to 200 cm² (active surface)						
99100749	Cutimed Siltec L (10 cm x	BSN Med	10	34.20	3.4200		
99100133	10 cm - 100 cm²) Mepilex Lite (10 cm x 10 cm	Mölnlycke	1	3.54			
99100704	- 100 cm²) Restore Advanced Lite Foam Dressing (10 cm x 12,5 cm-125cm²)	Hollister	10	31.79	3.1790		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Thin dr.	Thin dr. 201 cm² to 500 cm² (active surface)					
99100750		BSN Med	10	57.31	5.7310	
99100134	, ,	Mölnlycke	1	6.37		
99100707	- 225 cm²) Restore Advanced Foam Dressing (15 cm x 15 cm -	Hollister	10	67.03	6.7030	
99100705	225 cm²) Restore Advanced Lite Foam Dressing (15 cm x 20 cm-300 cm²)	Hollister	10	89.37	8.9370	
Thin dr.		Less tha	n 100 cm² (ac	tive surface)		
99100748	Cutimed Siltec L (5 cm x 6 cm - 30 cm <sup>2</sup> )	BSN Med	10	12.99	1.2990	
99100132		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 tha	n 500 cm² (ac	tive surface)		
99100605	Mepilex Lite (20 cm x 50 cm - 1 000 cm²)	Mölnlycke	4	154.76	38.6900	
ABSORPTIVE D	PRESSING - SODIUM CHLORI		o 200 cm² (ac	tive surface)		
00899496	Mesalt (10 cm x 10 cm - 100 cm²)	Mölnlycke	30	27.29	0.9097	
Dressing		201 cm² t	o 500 cm² (ac	tive surface)		
99004712	Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)	Covidien	96	202.04	2.1046	
Dressing		Less tha	n 100 cm² (ac	tive surface)		
00899429	,	Mölnlycke	30	21.25	0.7083	
00899518	25 cm²) Mesalt (7.5 cm X 7.5 cm - 56 cm²)	Mölnlycke	30	22.99	0.7663	
Strip				1 m		
00920525	Mesalt (1 m)	Mölnlycke	10	44.70	4.4700	

Page 382 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
ACAMPROSATE L.A. Tab.	ACAMPROSATE II						
	Campral	Mylan	84	333 mg 67.20	0.8000		
02230203	Сатрга	Wytan	04	07.20	0.0000		
ADALIMUMAB [	R						
S.C. Inj. Sol.	<b></b>	1	50 mg/	/mL (0.8 mL)	ı		
	Humira (pen) Humira (syringe)	AbbVie AbbVie	2 2	1428.48 1428.48	714.2400 714.2400		
0220000	Transia (Syrings)	7.00 7.0		1 120.10	711.2100		
ADEFOVIR DIPIV	OXIL R						
Tab.		1	I	10 mg <b>PPB</b>	İ		
	Apo-Adefovir Hepsera	Apotex Gilead	30 30	547.55 696.73	<b>→</b> 18.2517 23.2243		
02247023	Перзега	Glieau		090.73	20.2240		
AFATINIB DIMAL	FATE R						
Tab.	LAIL W	1	I	20 mg	ı		
02415666	Giotrif	Bo. Ing.	28	1736.00	62.0000		
Tab.				30 mg			
1	Giotrif	Bo. Ing.	28	1736.00	62.0000		
		Ū		<u> </u>			
Tab.		I	I	40 mg	ı		
02415682	Giotrif	Bo. Ing.	28	1736.00	62.0000		
AFLIBERCEPT Inj. Sol.	R		40 mg/ml	L (0,278 mL)			
1	Eylea	Bayer	1	1418.00			
				'			
ALECTINIB HYDROCHLORIDE							
Caps.		1	I	150 mg	ı		
02458136	Alecensaro	Roche	240	10119.99	42.1666		
ALEMTUZUMAB I.V. Perf. Sol.	LTI		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						
I.V. Perf. Pd.	1	I	I	50 mg 			
02284863	Myozyme	Genzyme	1	840.31			
ALIROCUMAB	R			75 / 1			
S.C. Inj. Sol.	Duraturant (at da)	0		75 mg/mL	050 0400		
02453819 02453754		SanofiAven SanofiAven	2 2	512.42 512.42	256.2100 256.2100		
		•					
S.C. Inj. Sol.	1	I	ı	150 mg/mL			
02453835	, , ,	SanofiAven SanofiAven	2 2	512.42	256.2100		
02453762	Praluent (syringe)	SanonAven		512.42	256.2100		
_							
ALISKIREN Tab.				150 mg			
02302063	Rasilez	Noden	28	32.31	1.1539		
		1					
Tab.		1		300 mg			
02302071	Rasilez	Noden	28	32.31	1.1539		
ALISKIRENE/H	YDROCHLOROTHIAZIDE						
Tab.	1	I	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		
02332730	Rasilez HCT	Noderi	20	31.00	1.1100		
Tab.			300	mg- 12.5 mg			
02332744	Rasilez HCT	Noden	28	31.08	1.1100		
		1					
Tab.	1	ı	300	) mg - 25 mg			
02332752	Rasilez HCT	Noden	28	31.08	1.1100		
ALITRETINOIN	E R						
Caps.	1	I	I	30 mg			
02337649	Toctino	Janss. Inc	30	560.75	18.6917		

Page 384 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
				SIZE	
AL OCUIDTIN D	-NZOATE P				
ALOGLIPTIN BI	ENZUATE LOS		ı	6.25 mg	
02417189	Nesina	Takeda	28	58.80	2.1000
Tab.				12.5 mg	
02417197	Nesina	  Takeda	28	58.80	2.1000
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.2022		1 33.53	
Tab.	I	I	l	25 mg	
02417200	Nesina	Takeda	28	58.80	2.1000
ALOGLIPTIN BI Tab.	ENZOATE/ METFORMIN HYD	ROCHLORIDE 🖪	12.5	mg - 500 mg	
02417219	Kazano	  Takeda	56	64.12	1.1450
	1	1		1	
Tab.	1	I	l	mg - 850 mg 	
02417227	Kazano	Takeda	56	64.12	1.1450
Tab.			12.5 n	ng - 1000 mg	
02417235	Kazano	Takeda	56	64.12	1.1450
AMBRISENTAN	B				
Tab.	I	I	l	5 mg <b>PPB</b>	
02475375 02307065	Apo-Ambrisentan Volibris	Apotex GSK	30 30	3189.86 3600.00	<b>→</b> 106.3287 120.0000
	1	1		1	
Tab.	I	I	1	10 mg <b>PPB</b>	
02475383 02307073	Apo-Ambrisentan Volibris	Apotex GSK	30 30	3189.86 3600.00	→ 106.3287  120.0000
AMPHETAMINE	(MIXED SALTS)				
L.A. Caps.	1	I	I.	5 mg <b>PPB</b>	
1	ACT Amphetamine XR Adderall XR	ActavisPhm Shire	100	53.72	<b>→</b> 0.5372
02248808 02440369	pms-Amphetamines XR	Phmscience	100 100	205.78 53.72	2.0578 <b>→</b> 0.5372
02457288	Sandoz Amphetamine XR	Sandoz	100	53.72	<b>→</b> 0.5372
L.A. Caps.				10 mg <b>PPB</b>	
02439247	ACT Amphetamine XR	ActavisPhm	100	l	<b>→</b> 0.6105
02248809	Adderall XR	Shire	100	233.86	2.3386
02440377 02457296	pms-Amphetamines XR Sandoz Amphetamine XR	Phmscience Sandoz	100 100	61.05 61.05	<ul><li>→ 0.6105</li><li>→ 0.6105</li></ul>
	, , , , , , , , , , , , , , , , , , , ,			1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				15 mg <b>PPB</b>	
02439255	ACT Amphetamine XR	ActavisPhm	100	68.38	<b>→</b> 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	<b>→</b> 0.6838
				•	
L.A. Caps.				20 mg <b>PPB</b>	
02439263	ACT Amphetamine XR	ActavisPhm	100	75.72	<b>→</b> 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	<b>→</b> 0.7572
L.A. Caps.	ı	1	. :	25 mg <b>PPB</b>	
02439271	ACT Amphetamine XR	ActavisPhm	100	83.05	<b>→</b> 0.8305
02248812	Adderall XR	Shire	100	318.09	3.1809
02440407	pms-Amphetamines XR	Phmscience	100	83.05	<b>→</b> 0.8305
02457334	Sandoz Amphetamine XR	Sandoz	100	83.05	→ 0.8305
L.A. Caps.	ı	1	;	30 mg <b>PPB</b>	ı i
02439298	ACT Amphetamine XR	ActavisPhm	100	90.38	<b>→</b> 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
Paste	L DRESSING - IODINE				
99100098	lodosorb	S. & N.	5 g	8.49	
33100030	1000000	J. W. 14.	10 g	16.99	
			17 g	28.86	
	!				
Top. Oint.			i	i	
99100099	lodosorb	S. & N.	10 g	13.72	
55100033	1.000.0	J	20 g	27.44	
			40 g	54.88	
	L	l .	- 3		

Page 386 2019-12

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

## ANTIMICROBIAL DRESSING - SILVER

Dressing	ı	100 cm² t	o 200 cm² (ac	tive surface)	
99100348	3M - Tegaderm Ag Mesh (10 cm x 12.7 cm - 127cm²)	3M Canada	1	5.24	
99100349	3M Tegaderm Ag Mesh (10 cm x 20 cm - 200 cm²)	3M Canada	1	7.94	
99100852	3M Tegaderm- Alginate Ag silver dressing 10,2 x 12,7-129 cm <sup>2</sup>	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 cm <sup>2</sup> )	Mölnlycke	10	64.70	6.4700
99100545	Melgisorb Ag (10 cm x 10 cm - 100 cm²)	Mölnlycke	10	59.74	5.9740
99100366	Mepilex Ag (10 cm x 10 cm - 100 cm <sup>2</sup> )	Mölnlycke	5	34.33	6.8660
99100367	Mepilex Ag (10 cm x 20 cm - 179 cm <sup>2</sup> )	Mölnlycke	5	64.67	12.9340
99100663	Optifoam Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)	Medline	100	453.00	4.5300
99100562	Restore Foam Dressing Silver sulphate 10 cm x 10 cm -100 cm <sup>2</sup>	Hollister	10	83.27	8.3270
99100288	Silvercel (10 cm x 20 cm - 200 cm <sup>2</sup> )	KCI	5	80.44	16.0880
99100289	Silvercel (11 cm x 11 cm - 121 cm <sup>2</sup> )	KCI	10	96.00	9.6000
99101346	Silvercel non adherent (10 cm x 20 cm- 200 cm²)	KCI	5	64.99	12.9980
99101347	Silvercel non adherent (11 cm x 11 cm- 121 cm²)	KCI	10	78.64	7.8640

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	o 500 cm² (ad	tive surface)	
99100350	3M Tegaderm Ag Mesh (20 cm x 20 cm - 400 cm²)	3M Canada	1	15.52	
99100560	Allevyn Ag Gentle (15 cm x 15 cm - 225 cm²)	S. & N.	10	157.50	15.7500
99100561	Allevyn Ag Gentle (20 cm x 20 cm - 400 cm²)	S. & N.	10	280.40	28.0400
99100457	Allevyn Ag Non-Adhesif (20 cm x 20 cm - 400 cm²)	S. & N.	10	283.96	28.3960
99100455	Allevyn Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)	S. & N.	10	159.50	15.9500
99100326	Aquacel AG (14.5 cm x 14.5 cm - 210 cm²)	Convatec	5	93.02	18.6040
99100954	Aquacel Ag Extra (15 cm x 15 cm - 225 cm²)	Convatec	5	73.13	14.6260
99101000	Aquacel Ag Foam (15 cm x 15 cm - 225 cm²)	Convatec	5	74.70	14.9400
99101001	Aquacel Ag Foam (15 cm x 20 cm - 300 cm²)	Convatec	5	99.60	19.9200
99101005	Aquacel Ag Foam (20 cm x 20 cm - 400 cm²)	Convatec	5	132.80	26.5600
99101229	Aquacel Ag+Extra (15 cm x 15 cm - 225 cm²)	Convatec	5	74.70	14.9400
99100595	Biatain Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)	Coloplast	5	74.81	14.9620
99100329	Biatain Ag Non-Adhesive (20 cm x 20 cm - 400 cm²)	Coloplast	5	124.80	24.9600
99101381	Exufiber Ag+ (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	148.10	14.8100
99100543	Melgisorb Ag (15 cm x 15 cm - 225 cm²)	Mölnlycke	10	102.29	10.2290
99100368	Mepilex Ag (15 cm x 15 cm - 225 cm²)	Mölnlycke	5	77.06	15.4120
99100369	Mepilex Ag (20 cm x 20 cm - 400 cm <sup>2</sup> )	Mölnlycke	5	124.83	24.9660
99100825	Restore Foam Dressing Silver 15cm x 20cm-300cm <sup>2</sup>	Hollister	10	194.40	19.4400

Page 388 2019-12

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Dressing		I ess tha	n 100 cm² (ac	tive surface)	
ı	I	I	·	l Í l	I
99100347	3M Tegaderm Ag Mesh	3M Canada	1	2.55	
99100851	(5 cm x 5 cm - 25 cm²) 3M Tegaderm- Alginate Ag	3M Canada	10	27.50	2.7500
33100031	silver dressing 5.1 x	Jivi Cariada	10	27.50	2.7300
	5,1-26cm <sup>2</sup>				
99100557	Allevyn Ag Gentle (5 cm x	S. & N.	10	43.02	4.3020
00400450	5 cm - 25 cm²)			40.00	4 0000
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	Convatec	10	102.78	10.2780
33100000	9.5 cm - 90 cm <sup>2</sup> )	Convacco	10	102.70	10.2700
99100974	,	Convatec	10	28.34	2.8340
	5 cm - 25 cm²)				
99101006	Aquacel Ag Foam (5 cm x	Convatec	10	28.38	2.8380
99101231	5 cm - 25 cm²) Aquacel Ag+Extra (5 cm x	Convatec	10	28.38	2.8380
99101231	5 cm - 25 cm²)	Convaled	10	20.30	2.0300
99100594	Biatain Ag Non-Adhesive	Coloplast	5	11.64	2.3280
	(5 cm x 7 cm - 35 cm²)				
99101308	CalciCare calcium alginate	Hollister	10	27.50	2.7500
	silver dressing				
99101454	(5cmx5cm-25 cm²) Exufiber Ag+ (5 cm x 5 cm -	Mölnlycke	10	28.00	2.8000
99101434	25 cm²)	IVIOITIYCKE	10	20.00	2.6000
99100544	Melgisorb Ag (5 cm x 5 cm -	Mölnlycke	10	27.75	2.7750
	25 cm²)				
99100287	Silvercel (5 cm x 5 cm -	KCI	10	31.70	3.1700
00404040	25 cm²)	1401	40	00.00	0.0000
99101348	Silvercel non adherent (5 cm x 5 cm- 25 cm²)	KCI	10	28.36	2.8360
	(3 CH x 3 CH - 23 CH )				
Dressing	ı	More tha	n 500 cm² (ac	tive surface)	ı
99100235	Acticoat (20 cm x 40 cm -	S. & N.	1	66.28	
	600 cm2)				
99100236	Acticoat (40 cm x 40 cm -	S. & N.	1	130.27	
00400500	1 600 cm²)	0.01		704.00	400.0700
99100593	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm <sup>2</sup> )	S. & N.	6	781.62	130.2700
99100328	Aquacel AG (19.5 cm x	Convatec	5	224.00	44.8000
	29.5 cm - 575 cm <sup>2</sup> )				
99100973	Aquacel Ag Extra (20 cm x	Convatec	5	233.70	46.7400
	30 cm - 600 cm²)		_		,
99101230	Aquacel Ag+Extra (20 cm x	Convatec	5	233.70	46.7400
99101453	30 cm - 600 cm²) Exufiber Aq+ (20 cm x	Mölnlycke	5	233.00	46.6000
33101433	30 cm - 600 cm <sup>2</sup> )	Willingone		255.00	40.0000
99100596	Mepilex Ag (20 cm x 50 cm -	Mölnlycke	2	106.20	53.1000
	1 000 cm²)				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum	or triangular	
9910045	Sacrum (17 cm x 17 cm -	S. & N.	10	151.40	15.1400
99100452	123 cm²) 2 Allevyn Ag Adhesive Sacrum (23 cm x 23 cm - 237 cm²)	S. & N.	10	244.30	24.4300
99101094	*	Convatec	5	60.95	12.1900
99100247		Coloplast	5	100.00	20.0000
99100800	Mepilex Border Sacrum Ag	Mölnlycke	1	22.87	
9910080	(23 cm x 23 cm - 239 cm²)  Mepilex Border Sacrum Ag (18 cm x 18 cm - 121 cm²)	Mölnlycke	1	13.09	
APALUTAMID Tab.				60 mg	
02478374	1 Erleada	Janss. Inc	120	3401.40	28.3450
					_
APIXABAN Tab.	l			2.5 mg	
02377233	B Eliquis	B.M.S.	60	96.00	1.6000
Tab.	ı	1	ı	5 mg	1
02397714	1 Eliquis	B.M.S.	60 180	96.00 288.00	1.6000 1.6000
	_				
S.C. Inj. Sol. (p	en)		10 m	ng/mL (3 mL)	
02459132	2 Movapo	Paladin	5	214.76	42.9520
APREMILAST Tab.		10 mg (4 co.) - 20 r	mg (4 co.) - 30	) mg (19 co.)	
02434318	Otezla (Starter parck)	Celgene	27	510.41	
<b>-</b> .				00	
Tab.	1 040-10	Calgana	F0	30 mg	40.0044
02434334	1 Otezla	Celgene	56	1058.63	18.9041
488888	п				
APREPITANT Caps.				80 mg	
0229879	1 Emend	Merck	2	60.36	30.1800
		<u> </u>			

Page 390 2019-12

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 80	mg (2 caps.)	
02298813	Emend Tri-Pack	Merck	3	90.54	
4 DUDUDD 4 7 0 1 5	P				
ARIPIPRAZOLE I.M. Inj. Pd.	ırı			300 mg	
02420864	Abilify Maintena	Otsuka Can	1	456.18	
02.120001	, iom, maniona	Totalia Gaii	·	100.10	
I.M. Inj. Pd.				400 mg	
02420872	Abilify Maintena	Otsuka Can	1	456.18	
02 120072	7 tomy Wanteria	Otodika Gari	•	100.10	
	HYDROCHLORIDE 1			10 DDD	
Caps.	I	1	I	10 mg <b>PPB</b> I I	
02318024	Apo-Atomoxetine	Apotex	30	15.32	<b>→</b> 0.5106
02396904	Atomoxetine	Pro Doc	30	15.32	<b>→</b> 0.5106
02467747	Atomoxetine	Sanis	30	15.32	<b>→</b> 0.5106
02445883	Atomoxetine	Sivem	30	15.32	<b>→</b> 0.5106
02471485	Auro-Atomoxetine	Aurobindo	30	15.32	<b>→</b> 0.5106
			100	51.06	<b>→</b> 0.5106
02314541	Novo-Atomoxetine	Teva Can	30	15.32	<b>→</b> 0.5106
02381028	pms-Atomoxetine	Phmscience	30	15.32	<b>→</b> 0.5106
02405962	Riva-Atomoxetine	Riva	30	15.32	<b>→</b> 0.5106
			100	51.06	<b>→</b> 0.5106
02386410	Sandoz Atomoxetine	Sandoz	30	15.32	<b>→</b> 0.5106
02262800	Strattera	Lilly	28	72.80	2.6000
Caps.	ĺ	1	I	18 mg <b>PPB</b>	
02318032	Apo-Atomoxetine	Apotex	30	17.24	<b>→</b> 0.5748
02396912	Atomoxetine	Pro Doc	30	17.24	<b>→</b> 0.5748
02467755	Atomoxetine	Sanis	30	17.24	<b>→</b> 0.5748
02445905	Atomoxetine	Sivem	30	17.24	<b>→</b> 0.5748
02471493	Auro-Atomoxetine	Aurobindo	30	17.24	<b>→</b> 0.5748
			100	57.48	<b>→</b> 0.5748
02314568	Novo-Atomoxetine	Teva Can	30	17.24	<b>→</b> 0.5748
02381036	pms-Atomoxetine	Phmscience	30	17.24	<b>→</b> 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
	1	· ·	-		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.	•			25 mg <b>PPB</b>	
02318040	Apo-Atomoxetine	Apotex	30	19.26	0.6420
			100	64.20	→ 0.6420
02396920	Atomoxetine	Pro Doc	30	19.26	<b>→</b> 0.6420
02467763	Atomoxetine	Sanis	30	19.26	→ 0.6420
02445913	Atomoxetine	Sivem	30	19.26	<b>→</b> 0.6420
02471507	Auro-Atomoxetine	Aurobindo	30	19.26	→ 0.6420
00044570	A4 A4	T 0	100	64.20	0.6420
02314576	Novo-Atomoxetine	Teva Can	30	19.26	0.6420
02381044	pms-Atomoxetine	Phmscience	30 100	19.26 64.20	0.6420
02405989	Riva-Atomoxetine	Riva	30	19.26	<ul><li>→ 0.6420</li><li>→ 0.6420</li></ul>
02403909	Triva-Atomoxetine	Tuva	100	64.20	<ul><li>→ 0.6420</li><li>→ 0.6420</li></ul>
02386437	Sandoz Atomoxetine	Sandoz	30	19.26	<ul><li>→ 0.6420</li></ul>
02262827	Strattera	Lilly	28	92.12	3.2900
Caps.				40 mg <b>PPB</b>	
1 '	Ana Atamayatina	Anatov	1	1	0.7000
02318059	Apo-Atomoxetine	Apotex	30 100	22.11 73.69	<b>→</b> 0.7369
02396939	Atomoxetine	Pro Doc	30	22.11	<ul><li>→ 0.7369</li><li>→ 0.7369</li></ul>
02390939	Atomoxetine	Sanis	30	22.11	→ 0.7369 → 0.7369
02445948	Atomoxetine	Sivem	30	22.11	<ul><li>→ 0.7369</li><li>→ 0.7369</li></ul>
02471515	Auro-Atomoxetine	Aurobindo	30	22.11	<ul><li>→ 0.7369</li></ul>
32111010		7.44.02.1140	100	73.69	<ul><li>→ 0.7369</li></ul>
02314584	Novo-Atomoxetine	Teva Can	30	22.11	→ 0.7369
02381052	pms-Atomoxetine	Phmscience	30	22.11	→ 0.7369
			100	73.69	<b>→</b> 0.7369
02405997	Riva-Atomoxetine	Riva	30	22.11	<b>→</b> 0.7369
			100	73.69	→ 0.7369
02386445	Sandoz Atomoxetine	Sandoz	30	22.11	<b>→</b> 0.7369
02262835	Strattera	Lilly	28	105.00	3.7500
Caps.	1			60 mg <b>PPB</b>	1
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
0001155	A/ A/	T 0	100	80.92	0.8092
02314592	Novo-Atomoxetine	Teva Can	30	24.28	0.8092
02381060	pms-Atomoxetine	Phmscience	30 100	24.28 80.92	<ul><li>→ 0.8092</li><li>→ 0.8092</li></ul>
02406004	Riva-Atomoxetine	Riva	30	24.28	→ 0.8092
			100	80.92	• 0.8092
02386453 02262843	Sandoz Atomoxetine Strattera	Sandoz Lilly	30 28	24.28 116.48	◆ 0.8092 4.1600
02202043	- Strattera	Liny		110.40	4.1000
AXITINIB 🖫					
Tab.	ı		1	1 mg	1
02389630	Inlyta	Pfizer	60	1116.00	18.6000

Page 392 2019-12

	T				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab				E	
Tab. I	1	I	I	5 mg	
02389649	Inlyta	Pfizer	60	5580.00	93.0000
AZELAIC ACID Top. Jel.				15 %	
* 02270811	Finacea	Leo	50 g	30.00	0.6000
		•	,	,	
AZTREONAM [	1			75 ma	
1	۱	١		75 mg	40,000
02329840	Cayston	Gilead	84	3561.51	42.3989
BENRALIZUMAI S.C. Inj.Sol (syr)	3 🖪		30 m	ıg/mL (1 mL)	
1	Facenza	AZC	1	3876.92	
02473232	Fasenra	AZC	l I	3070.92	
BISACODYL Ent. Tab.				5 mg <b>PPB</b>	
00545023	Apo-Bisacodyl	Apotex	1000	40.50	→ 0.0405
02273411	Bisacodyl-Odan	Odan	100	4.05	• 0.0405
02246039	Jamp-Bisacodyl	Jamp	1000 100	40.50 4.05	<ul><li>→ 0.0405</li><li>→ 0.0405</li></ul>
		ı			
Supp.	I	ı	ı	5 mg <b>PPB</b>	
02458845	Bisacodyl	Cellchem	10	4.27	<b>→</b> 0.4267
02410893	Bisacodyl Suppository 5 mg	Jamp	3	1.28	<b>→</b> 0.4267
Supp.				10 mg <b>PPB</b>	
02458853	Bisacodyl	Cellchem	10	4.68	<b>→</b> 0.4680
02361450	Bisacodyl Suppository	Jamp	100	46.80	<b>→</b> 0.4680
00582883	pms-Bisacodyl	Phmscience	100	46.80	<b>→</b> 0.4680
BORDERED ABS	SORPTIVE DRESSING - GEL		o 200 cm² (ac	tive surface)	
99101213	Aquacel Foam (10 cm x	Convatec	5	40.50	8.1000
99101214	25 cm - 120 cm²) Aquacel Foam (10 cm x	Convatec	5	50.62	10.1240
99100944	30 cm - 150 cm²) Aquacel Foam (17.5 cm x	Convatec	10	112.08	11.2080
99100469	17.5 cm - 182 cm²) Versiva XC Adhesive (14cm	Convatec	10	70.51	7.0510
99100470	x 14cm - 100 cm²) Versiva XC Adhesive	Convatec	5	69.15	13.8300
33100470	(19 cm x 19 cm - 196 cm²)	2311400		00.10	10.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Dressing		201 cm² t	o 500 cm² (ac	tive 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	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 cm <sup>2</sup> )	Convatec	5	38.25	7.6500			
99100977		Convatec	10	61.20	6.1200			
99101185	Aquacel Foam (8 cm x 8 cm - 30 cm <sup>2</sup> )	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			

Page 394 2019-12

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

## BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION Dressing 100 cm<sup>2</sup> to 200 cm<sup>2</sup> (active surface)

Dressing	100 cm² to 200 cm² (active surface)				
99100199	3M Tegaderm Foam Adhesive Dressing (14.3cm	3M Canada	1	6.87	
99100854	x 14.3cm-100 cm²) 3M Tegaderm- Foam adhesive dressing 19cm x 22.2 cm-188cm²	3M Canada	5	55.00	11.0000
99001667	Allevyn Adhesive (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	58.65	5.8650
99004585	Allevyn Adhesive (12.5 cm x 22.5 cm - 200 cm²)	S. & N.	10	110.18	11.0180
99100476	Allevyn Gentle Border (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	59.00	5.9000
99100139	Biatain Adhesive (18 cm x 18 cm - 196 cm²)	Coloplast	5	52.92	10.5840
99100654	Biatain Silicone (15 cm x 15 cm - 104 cm²)	Coloplast	5	32.75	6.5500
99100742	Biatain Silicone (17,5 cm x 17,5 cm - 156 cm²)	Coloplast	5	48.95	9.7900
99005026	Combiderm ACD (15 cm x 25 cm - 200 cm²)	Convatec	1	12.00	
99100752	Cutimed Siltec B (15 cm x 15 cm - 100 cm²)	BSN Med	10	58.00	5.8000
99100753	Cutimed Siltec B (17,5 cm x 17,5 cm - 144 cm²)	BSN Med	5	43.61	8.7220
99004321	Mepilex Border (15 cm x 15 cm - 121 cm²)	Mölnlycke	1	7.96	
99004348	Mepilex Border (15 cm x 20 cm - 168 cm²)	Mölnlycke	1	11.77	
99110093	Mepilex Border Flex (15 cm x 15 cm - 120 cm²)	Mölnlycke	10	74.10	7.4100
99109793	Mepilex Border Flex (15 cm x 20 cm - 175 cm²)	Mölnlycke	10	108.10	10.8100
99100661	Optifoam (15,2 cm x 15,2 cm - 131 cm²)	Medline	100	440.30	4.4030
99100796	Restore Advanced Foam Dressing Adhesive 15 x 15 - 100 cm <sup>2</sup>	Hollister	10	62.00	6.2000
99100797	Restore Advanced Foam Dressing Adhesive 15 x 20 -125 cm <sup>2</sup>	Hollister	10	77.50	7.7500
99004623	Tielle (15 cm x 15 cm - 121 cm²)	KCI	10	88.48	8.8480
99001799	Tielle (15 cm x 20 cm - 176 cm²)	KCI	5	63.31	12.6620
99001675	Tielle (18 cm x 18 cm - 196 cm²)	KCI	5	56.13	11.2260
99100012	Tielle Plus (15 cm x 15 cm - 121 cm²)	KCI	10	88.48	8.8480
99004895	Tielle Plus (15 cm x 20 cm - 176 cm²)	KCI	5	64.35	12.8700
99101337	Triact.pans.mousse bordure silicone (15 cm x 20 cm -141 cm²)	Hollister	10	87.20	8.7200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² t	o 500 cm² (ac	tive surface)	
99001659	Allevyn Adhesive (17,5 cm x	S. & N.	1	11.72	
99001896	17,5 cm - 225 cm2) Allevyn Adhesive (22.5 cm x 22.5 cm - 400 cm²)	S. & N.	1	22.41	
99100477	Allevyn Gentle Border (17.5 cm x 17.5 cm -	S. & N.	10	118.00	11.8000
99004526	225 cm²)   Combiderm ACD (20 cm x   20 cm - 225 cm²)	Convatec	5	51.54	10.3080
99100754	Cutimed Siltec B (22,5 cm x 22,5 cm - 272 cm²)	BSN Med	5	66.86	13.3720

Page 396 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ssing		Less tha	n 100 cm² (ac	tive surface)	
99100198	3M Tegaderm Foam Adhesive Dressing (10 cm x	3M Canada	1	4.41	
99100197	11 cm - 46 cm²) 3M Tegaderm Foam Adhesive Dressing (8.8 cm x 8.8 cm-25 cm²)	3M Canada	1	2.68	
99100853	3M Tegaderm- Foam adhesive dressing 14,3 x 15.6 - 86 cm <sup>2</sup>	3M Canada	5	25.00	5.000
99001713	Allevyn Adhesive (7.5 cm x 7.5 cm - 25 cm²)	S. & N.	10	24.14	2.414
99100474	Allevyn Gentle Border (10 cm x 10 cm - 56 cm²)	S. & N.	10	49.00	4.900
99100612	Biatain Adhesif (10 cm x 10 cm - 28,3 cm²)	Coloplast	10	27.10	2.710
99100613	Biatain Adhesif (7,5 cm x 7,5 cm - 12,6 cm²)	Coloplast	10	12.10	1.210
99100137	Biatain Adhesive (12.5 cm x 12.5 cm - 64 cm²)	Coloplast	10	44.80	4.480
99100820	Biatain Silicone (10 cm x 10 cm - 36 cm²)	Coloplast	10	32.00	3.200
99101375	Biatain Silicone (10 cm x 20 cm - 85,3 cm²)	Coloplast	5	35.00	7.000
99100653	Biatain Silicone (12,5 cm x 12,5 cm - 64 cm²)	Coloplast	10	52.00	5.200
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	4.583
99101205	Cutimed Siltec B (10 cm x 22,5 cm - 99 cm²)	BSN Med	10	87.12	8.712
99100751	Cutimed Siltec B (12,5 cm x 12,5 cm - 64 cm²)	BSN Med	10	52.00	5.200
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	8.834
99100355	Mepilex Border (12.5 cm x 12.5 cm - 72 cm²)	Mölnlycke	5	29.45	5.890
99100606	Mepilex Border (7,5 cm x 7,5 cm - 25 cm²)	Mölnlycke	5	11.90	2.380
99109593	Mepilex Border Flex (10 cm x 10 cm - 41 cm²)	Mölnlycke	10	36.00	3.600
99109693	Mepilex Border Flex (12,5 cm x 12,5 cm - 71 cm²)	Mölnlycke	10	62.40	6.240
99109893	Mepilex Border Flex (7,5 cm	Mölnlycke	10	17.50	1.750
99100660	x 7,5 cm - 20 cm²)   Optifoam (10,2 cm x   10,2 cm - 40 cm²)	Medline	100	243.10	2.43
99001683	Tielle (11 cm x 11 cm - 49 cm²)	KCI	10	54.78	5.478
99100538 99004887	Tielle (7 cm x 9 cm - 15 cm²) Tielle Plus (11 cm x 11 cm -	KCI KCI	10 10	16.78 55.07	1.678 5.507
99101309	49 cm²) Triact pans. mousse bord. silicone (15 cm x 15 cm - 93 cm²)	Hollister	10	61.80	6.180

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99101310	Triact pans. mousse bordure silicone (10 cm x10cm - 36 cm²)	Hollister	10	31.50	3.1500
D			0		
Dressing	ı	1	Sacrum	or triangular	ı
99004259	Allevyn Sacrum (17 cm x 17 cm - 123 cm²)	S. & N.	1	9.39	
99002957	Allevyn Sacrum (23 cm x 23 cm - 237 cm²)	S. & N.	1	17.05	
99101315	Biatain adhesif (Sacrum 23 cm x 23 cm - 123 cm²)	Coloplast	5	46.35	9.2700
99005018	Combiderm ACD (Triangular 15 cm x 18 cm - 96 cm²)	Convatec	1	8.62	
99100105	Combiderm ACD (Triangular 20 cm x 22.5 cm - 216 cm <sup>2</sup> )	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 cm <sup>2</sup> )	KCI	10	63.33	6.3330
99101316	Triact pans. mousse	Hollister	10	137.50	13.7500
	silicone(Sacrum20cmx20cm -154cm²)				
Thin dr.		100 cm² t	o 200 cm² (ac	tive 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
	1				

Page 398 2019-12

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Thin dr.	1	Less tha	n 100 cm² (ac	tive 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	S. & N.	10	25.69	2.5690
99100884	(5.5 cm x 12 cm - 27 cm <sup>2</sup> ) Allevyn Gentle Border Lite (7,5 cm x 7.5 cm - 23 cm <sup>2</sup> )	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	Convatec	10	92.14	9.2140
99101329	x 20 cm - 97,5 cm²) Foam Lite Convatec (5,5 cm	Convatec	10	22.50	2.2500
99101326	,	Convatec	10	23.67	2.3670
99100296	8 cm - 25 cm²) Mepilex Border Lite (10 cm	Mölnlycke	5	14.94	2.9880
99100293	x 10 cm - 42 cm²) Mepilex Border Lite (4 cm x	Mölnlycke	10	13.89	1.3890
99100294	5 cm - 6 cm²) Mepilex Border Lite (5 cm x	Mölnlycke	5	10.68	2.1360
99100295	12.5 cm - 21 cm²) Mepilex Border Lite (7.5 cm x 7.5 cm - 20 cm²)	Mölnlycke	5	8.90	1.7800
			•	'	
PODDEDED AD	SORPTIVE DRESSING - POL	VESTED AND DAVON	LEIDDE		
Dressing			o 200 cm² (ac	tive 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
Description		1 - 0	- 400 4		
Dressing I	I	1	n 100 cm² (ac l	l ' I	
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 AN	TIMICROBIAL DRESSING - S	ILVER			
Dressing			o 200 cm² (ac	tive surface)	
99100453	Allevyn Ag Adhesive (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	118.19	11.8190
99100564	Allevyn Ag Gentle Border (12.5 cm x 12.5 cm - 100 cm²)	S. & N.	10	118.19	11.8190
99101002	Aquacel Ag Foam (17.5 cm x 17.5 cm - 182 cm²)	Convatec	10	220.52	22.0520
99100597	Biatain Ag Adhesive (18 cm x 18 cm - 169 cm²)	Coloplast	5	92.95	18.5900
99101274	Biatain silicone Ag (15 cm x 15 cm - 110 cm²)	Coloplast	5	65.16	13.0320
99101277	Biatain silicone Ag (17,5 cm x 17,5 cm - 168 cm²)	Coloplast	5	99.89	19.9780
99100799	Mepilex Border Ag (10 cm x 25 cm - 99 cm²)	Mölnlycke	1	15.67	
99100712	Mepilex Border Ag (15 cm x 15 cm - 121 cm²)	Mölnlycke	1	13.87	
99100713	Mepilex Border Ag (15 cm x 20 cm - 168 cm²)	Mölnlycke	1	19.86	
Dressing		201 cm² t	o 500 cm² (ac	tive surface)	
99100454	Allevyn Ag Adhesive (17.5 cm x 17.5 cm - 225 cm²)	S. & N.	10	276.70	27.6700
99100565	Allevyn Ag Gentle Border (17.5 cm x 17.5 cm - 225 cm²)	S. & N.	10	276.70	27.6700
99101007	Aquacel Ag Foam (21 cm x 21 cm - 289 cm²)	Convatec	5	177.74	35.5480
99101008	Aquacel Ag Foam (25 cm x 30 cm - 456 cm²)	Convatec	5	280.44	56.0880

Page 400 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less tha	n 100 cm² (ac	tive surface)	
99100449	Allevyn Ag Adhesive	S. & N.	10	53.00	5.3000
99100563	(7.5 cm x 7.5 cm - 25 cm <sup>2</sup> ) Allevyn Ag Gentle Border (7.5 cm x 7.5 cm - 25 cm <sup>2</sup> )	S. & N.	10	53.00	5.3000
99101003	Aquacel Ag Foam (10 cm x 10 cm - 49 cm <sup>2</sup> )	Convatec	10	81.88	8.1880
99101091	Aquacel Ag Foam (12.5 cm x 12.5 cm - 72 cm <sup>2</sup> )	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 cm <sup>2</sup> )	Coloplast	5	13.20	2.6400
99100926	Biatain Silicone Ag (10 cm x 10 cm - 30 cm <sup>2</sup> )	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 cm <sup>2</sup> )	Mölnlycke	1	6.94	
99100798	Mepilex Border Ag (10 cm x	Mölnlycke	1	13.88	
99100711	20 cm - 96 cm <sup>2</sup> ) Mepilex Border Ag (7,5 cm x	Mölnlycke	1	4.67	
99100662	7,5 cm - 25 cm²)  Optifoam Ag Adhesive  (10 cm x 10 cm - 40 cm²)	Medline	100	433.00	4.3300
				l I	
BORDERED MO Dressing	ISTURE-RETENTIVE DRESS		DAL OR POL to 200 cm² (ac		
00800961	3M Tegaderm Hydrocolloid Dressing (17 cm x 20 cm -	3M Canada	1	6.50	
00907707	187 cm²) DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)	Convatec	1	4.39	
Dressing		201 cm² t	o 500 cm² (ac	tive surface)	
1	DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)	Convatec	1	11.35	
Danasiaa		1 41	- 400 /	4	
Dressing	2M Tamadarm Hydropolloid	Less tria     3M Canada	n 100 cm² (ac	2.99	
00801038	3M Tegaderm Hydrocolloid Dressing (10 cm x 12 cm -	Join Carlada	'	2.99	
00801003	50 cm²) 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	

					COST OF PKG.	
	CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Dras	-i				Caarum	
Dres	siriy	I	I	I	Sacrum I	I
	99100855	Tegaderm 3M-Pansement hydrocolloide 16,1cm x 17,1cm-172cm²	3M Canada	6	54.81	9.1350
Thin	dr.	I	100 cm² t	o 200 cm² (ad l	tive surface)	ı
	99100292	3M Tegaderm Hydrocolloid Thin Dressing (17cm x 20cm-187cm²)	3M Canada	1	5.61	
Thin	dr.		Less tha	n 100 cm² (ac	tive surface)	
		2014 To see do wee I be deep a life in	1	·	'	
	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-63cm <sup>2</sup>	3M Canada	10	19.56	1.9560
				•		
BOS Tab.	ENTAN 🖪			62	2.5 mg <b>PPB</b>	
	02399202	Apo-Bosentan	Apotex	56	898.50	<b>→</b> 16.0446
	02466538	Bio-Bosentan	Biomed	56	898.50	<b>→</b> 16.0446
	02467984	NAT-Bosentan	Natco	60	962.68	<b>→</b> 16.0446
	02383012	pms-Bosentan	Phmscience	60	962.68	<b>→</b> 16.0446
	02386275	Sandoz Bosentan	Sandoz	60	962.68	<b>→</b> 16.0446
	02244981	Tracleer	Janss. Inc	56	3594.00	64.1786
Tab.				1:	25 mg <b>PPB</b>	
	02206200	ACT Pagantan	ActovicDhm	60	062.60	<b>1</b> 6.0446
	02386208 02399210	ACT Bosentan Apo-Bosentan	ActavisPhm Apotex	60 56	962.68 898.50	→ 16.0446 → 16.0446
	02399210	Bio-Bosentan	Biomed	56	898.50	<b>→</b> 16.0446
	02467992	NAT-Bosentan	Natco	56	898.50	<b>→</b> 16.0446
	02.0.002		1.10.00	60	962.68	<b>→</b> 16.0447
	02383020	pms-Bosentan	Phmscience	60	962.68	<b>→</b> 16.0446
	02386283	Sandoz Bosentan	Sandoz	60	962.68	<b>→</b> 16.0446
	02244982	Tracleer	Janss. Inc	56	3594.00	64.1786
	/ARACÉTAI	M B			10	
Tab.		1	1	I	10 mg	1
	02452936	Brivlera	U.C.B.	60	259.20	4.3200
Tab.					25 mg	
L	02452944	Brivlera	U.C.B.	60	259.20	4.3200
T						
Tab.		1	I	I	50 mg	I
	02452952	Brivlera	U.C.B.	60	259.20	4.3200

Page 402 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					75 mg	
	02452960	   Brivlera	U.C.B.	60	259.20	4.3200
			1			
Tab.		I	I	l	100 mg I I	1
	02452979	Brivlera	U.C.B.	60	259.20	4.3200
	<b>DALUMAB</b> Inj. Sol.			140 mg/	mL (1,5 mL)	
	02473623	Siliq (syringe)	Valeant	2	1290.00	645.0000
	RENORPHII	NE HYDROCHLORIDE 🔞		80	) mg/implant	
	02474921	Probuphine	Knight	1 1	1495.00	
		'				
CAB	ERGOLINE	B				
Tab.		I	I	0	1.5 mg <b>PPB</b>	
	02455897 02242471	Apo-Cabergoline Dostinex	Apotex Paladin	8 8	99.15 105.72	<b>→</b> 12.3938 13.2150
	<u> </u>					10.2.00
CAB	OZANTINIB	R				
Tab.		 I	1	ı	20 mg	
+	02480824	Cabometyx	Ipsen	30	8799.90	293.3300
Tab.					40 mg	
+	02480832	Cabometyx	Ipsen	30	8799.90	293.3300
			14			
Tab.		I	1	ı	60 mg	
+	02480840	Cabometyx	Ipsen	30	8799.90	293.3300
	<b>CIPOTRIOL</b> Foam	BETAMETHASONE DIPRO	PIONATE I	50 mcc	ı/g -0.5 mg/g	
	02457393	Enstilar	Leo	60 g	84.22	
	-2.07000		1	1 228	V1.22	
Top.	Jel.	I	ı	50 mcg	ı/g -0.5 mg/g	
	02319012	Dovobet Gel	Leo	80 g	112.29	1.4036
Тор.	Oint.			50 mca	ı/g -0.5 mg/g	
		Dovobet	Leo	120 g	168.44	1.4037
		1	1			

	Т		1	1	
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CALCIUM CARE	BONATE			500 mg/6 g	
80057859	Pluscal	Medelys	180 g	13.50	
	1		1 111 9		
CALCIUM CITRA	ATE		500/	45 ml   <b>DDD</b>	
Oral Sol.		1.	1	15 mL <b>PPB</b>	
80068122 80054756	Jamp-Calcium Citrate liq MCal Citrate liquide	Jamp Mantra Ph.	450 ml 450 ml	32.50 32.50	<ul><li>→ 0.0722</li><li>→ 0.0722</li></ul>
00001100	mour ourde nquido	Walla Til.	100 1111	02.00	- 0.0722
Oral Sol.	ATE/VITAMIN D		500 mg - 4	100 UI/15 mL	
80007347	Jamp Calcium Citrate Liq.	Jamp	450 ml	34.50	0.0767
80007347	D400	Jamp	430 1111	34.50	0.0767
		1			
Oral Sol.	ı	500	mg - 1000 UI/	15 mL <b>PPB</b>	
80068124	Jamp-Calcium Citrate liq	Jamp	450 ml	34.50	<b>→</b> 0.0767
80049201	MCal Citrate liquide D1000	Mantra Ph.	450 ml	34.50	<b>→</b> 0.0767
CALCIUM GLUC	CONATE/CALCIUM LACTATE	<b>:</b>	100 mg	9/5 mL <b>PPB</b>	
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
	ONATE/CALCIUM LACTATE	/VITAMIN D			
Oral Sol.	I	T.	500 mg - 4	100 UI/25 mL	ı ı
99100830	SoluCAL D (all flavours)	Jamp	350 ml 1500 ml	16.33 69.99	0.0467 0.0467
			1300 1111	09.99	0.0467
Oral Sol.			500 mg - 10	000 U.I./25ml	
99101332	   Solucal D+1000 (all	Jamp	350 ml	16.33	0.0467
99101332	flavours)	Jamp	700 ml	32.69	0.0467
	•	•			
CANACHELOZI	NE B				
CANAGLIFLOZI Tab.	NE W			100 mg	
02425483	Invokana	Janss. Inc	30	78.53	2.6177
32 123 400		Ca55. 1110	1 00	, 5.55	2.0777
Tab.				300 mg	
02425491	Invokana	Janss. Inc	30	78.53	2.6177
		1	1	7 0.00	2.0177

Page 404 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				1	
CARBOXYMETH Oph. Sol.	YLCELLULOSE SODIUM		0.8	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
Oph. Sol.	IYLCELLULOSE SODIUM/ PI	JRITE		0.5 %	
02231008	Refresh tears	Allergan	15 ml	6.25	
04000511110111	ACETATE B				
CASPOFUNGIN I.V. Inj. Pd.	ACETATE LOS	I	:	50 mg <b>PPB</b>	ı
02244265 02460947	Cancidas Caspofongine pour injection	Merck MDA	1 1	222.00 166.50	
17/1:51		I		70	
I.V. Inj. Pd. 02244266	Cancidas	Merck	1	70 mg <b>PPB</b>	
02460955	Caspofongine pour injection	MDA	1	<b>→</b> 166.50	
CEFTOBIPROLE	. 19				
I.V. Perf. Pd.	: ши	ı	ı	500 mg	ı
02446685	Zevtera	Avir	1 10	58.40 584.00	58.4000
CEFTOLOZANE/	TAZOBACTAM 🖪			1 g - 0.5 g	
02446901	Zerbaxa	Merck	10	1366.30	136.6300
CERITINIB 🖪 Caps.				150 mg	
02436779	Zykadia	Novartis	150	7800.00	52.0000
S.C. Inj. Sol. (per	BPEGOL III		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

					COST OF PKG.				
CC	ODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE			
05700	CETRORELIX 🖫								
S.C. Inj.		1			0.25 mg				
1		Catuatista	0						
02	2247766	Cetrotide	Serono	1	90.00				
CHORIC	OGONAD	OTROPIN ALFA							
S.C. Inj.	. Sol. (pen	)	1	250	mcg/0.5 mL				
02	2371588	Ovidrel	Serono	1	72.00				
S.C. Inj.	.Sol (syr)		1	1	250 mcg				
02	2262088	Ovidrel	Serono	1	72.00				
			!						
CINACA Tab.	ALCET H	YDROCHLORIDE 🖫			30 mg <b>PPB</b>				
1		l	I		1 -				
	2452693	Apo-Cinacalcet Auro-Cinacalcet	Apotex Aurobindo	30	82.25	<b>→</b> 2.7418			
02	2478900			30	82.25	<b>→</b> 2.7418			
02	2480298	Mar-Cinacalcet	Marcan	30	82.25	<b>→</b> 2.7418			
	2481987	M-Cinacalcet	Mantra Ph.	30	82.25	<b>→</b> 2.7418			
	2434539	Mylan-Cinacalcet	Mylan	30	82.25	<b>→</b> 2.7418			
1	2257130	Sensipar	Amgen	30	323.52	10.7840			
* 02	2441624	Teva-Cinacalcet	Teva Can	30	82.25	<b>→</b> 2.7418			
<b>.</b> .					00 888				
Tab. I			I	1	60 mg <b>PPB</b> 				
* 02	2452707	Apo-Cinacalcet	Apotex	30	149.99	<b>→</b> 4.9995			
* 02	2478919	Auro-Cinacalcet	Aurobindo	30	149.99	<b>→</b> 4.9995			
* 02	2480301	Mar-Cinacalcet	Marcan	30	149.99	<b>→</b> 4.9995			
* 02	2481995	M-Cinacalcet	Mantra Ph.	30	149.99	<b>→</b> 4.9995			
* 02	2434547	Mylan-Cinacalcet	Mylan	30	149.99	<b>→</b> 4.9995			
02	2257149	Sensipar	Amgen	30	589.81	19.6603			
* 02	2441632	Teva-Cinacalcet	Teva Can	30	149.99	<b>→</b> 4.9995			
Tab.	1		I	· I	90 mg <b>PPB</b>				
* 02	2452715	Apo-Cinacalcet	Apotex	30	218.26	<b>→</b> 7.2752			
* 02	2478943	Auro-Cinacalcet	Aurobindo	30	218.26	<b>→</b> 7.2752			
* 02	2480328	Mar-Cinacalcet	Marcan	30	218.26	<b>→</b> 7.2752			
	2482002	M-Cinacalcet	Mantra Ph.	30	218.26	<b>→</b> 7.2752			
1	2434555	Mylan-Cinacalcet	Mylan	30	218.26	→ 7.2752			
1	2257157	Sensipar	Amgen	30	858.43	28.6143			
	2441640	Teva-Cinacalcet	Teva Can	30	218.26	<b>→</b> 7.2752			
		🖻							
CLINDA Vag. Cr.		PHOSPHATE B			20 mg/g				
1		Datasia	D-1	40					
02	2060604	Dalacin	Paladin	40 g	26.26				

Page 406 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
		•				
COBIMETINIB Tab.	P			20 mg		
	Cotellic	Roche			400 4444	
02452340	Cotellic	Rocne	63	7567.00	120.1111	
CODEINE PHOS Syr.	SPHATE ®			25 mg/5 mL		
00050024	Codeine	Atlas	500 ml	19.43	0.0389	
			2000 ml	62.71	0.0314	
COLESEVELAN	(CHLORHYDRATE DE)					
Tab.	1	I	Ì	625 mg		
02373955	Lodalis	Valeant	180	198.00	1.1000	
COLLAGENASE	: <b>R</b>					
Top. Oint.	1	I	1	250 U/g		
02063670	Santyl	S. & N.	30 g	87.50	2.9167	
CRIZOTINIB						
Caps.	1	I	I	200 mg		
02384256	Xalkori	Pfizer	60	7800.00	130.0000	
0				050		
Caps. 	I	I	l	250 mg		
02384264	Xalkori	Pfizer	60	7800.00	130.0000	
CYANOCOBALA	AMIN					
CIANOCOBALAININ						
I A Tah			120	0 mca <b>PPR</b>		
	I	Altamod		0 mcg <b>PPB</b>	0.1050	
L.A. Tab. 80075338 80025207	Alta-B12 Beduzil	Altamed Orimed	120 500 500	0 mcg <b>PPB</b> 52.50 52.50	<ul><li>0.1050</li><li>0.1050</li></ul>	
80075338	Alta-B12	1	500	52.50		
80075338 80025207 80061573 80021427	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A.	Orimed Sandoz Jamp	500 500 500 500	52.50 52.50 52.50 52.50	<ul><li>0.1050</li><li>0.1050</li><li>0.1050</li></ul>	
80075338 80025207 80061573 80021427 80042834	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A.	Orimed Sandoz Jamp Mantra Ph.	500 500 500 500 500	52.50 52.50 52.50 52.50 52.50	<ul><li>→ 0.1050</li><li>→ 0.1050</li><li>→ 0.1050</li><li>→ 0.1050</li></ul>	
80075338 80025207 80061573 80021427	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A.	Orimed Sandoz Jamp	500 500 500 500	52.50 52.50 52.50 52.50 52.50	<ul><li>0.1050</li><li>0.1050</li><li>0.1050</li></ul>	
80025207 80061573 80021427 80042834	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A.	Orimed Sandoz Jamp Mantra Ph.	500 500 500 500 500	52.50 52.50 52.50 52.50 52.50	<ul><li>0.1050</li><li>0.1050</li><li>0.1050</li><li>0.1050</li><li>0.1050</li></ul>	
80075338 80025207 80061573 80021427 80042834 80062941	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A. Opus Vitamine B12 L.A.	Orimed Sandoz Jamp Mantra Ph. Opus	500 500 500 500 500 500	52.50 52.50 52.50 52.50 52.50 52.50 52.50	<ul> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> </ul>	
80075338 80025207 80061573 80021427 80042834 80062941	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A.	Orimed Sandoz Jamp Mantra Ph.	500 500 500 500 500	52.50 52.50 52.50 52.50 52.50 52.50 52.50	<ul><li>0.1050</li><li>0.1050</li><li>0.1050</li><li>0.1050</li><li>0.1050</li></ul>	
80075338 80025207 80061573 80021427 80042834 80062941 L.A. Tab.	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A. Opus Vitamine B12 L.A.	Orimed Sandoz Jamp Mantra Ph. Opus	500 500 500 500 500 500 500	52.50 52.50 52.50 52.50 52.50 52.50 52.50	<ul> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> </ul>	
80075338 80025207 80061573 80021427 80042834 80062941	Alta-B12 Beduzil Euro-B12 LA Jamp-Vitamin B12 L.A. M-B12 1200 mcg L.A. Opus Vitamine B12 L.A.	Orimed Sandoz Jamp Mantra Ph. Opus	500 500 500 500 500 500 500	52.50 52.50 52.50 52.50 52.50 52.50 52.50 1500 mcg 52.50	<ul> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> <li>0.1050</li> </ul>	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CYSTEAMINE B	ITARTRATE M				
L.A. Caps.		1	ı	25 mg	
02464705	Procysbi	Horizon Ph	60	621.00	10.3500
L.A. Caps.	I	I	I	75 mg	l
02464713	Procysbi	Horizon Ph	250	7762.50	31.0500
DABIGATRAN E	TEXILATE B				
Caps.	I	1	1	10 mg <b>PPB</b>	ı
02468905	Apo-Dabigatran	Apotex	60	75.24	<b>→</b> 1.2540
02312441	Pradaxa	Bo. Ing.	60	96.00	1.6000
Caps.			1:	50 mg <b>PPB</b>	
02468913	Apo-Dabigatran	Apotex	60	75.24	<b>→</b> 1.2540
02358808	Pradaxa	Bo. Ing.	60	96.00	1.6000
DABRAFÉNIB M	IESYLATE B				
Caps.	1	1	ı	50 mg	1
02409607	Tafinlar	Novartis	120	5066.67	42.2223
Caps.	I	I	l	75 mg	 
02409615	Tafinlar	Novartis	120	7600.00	63.3333
DACLATASVIR	DICHLORHYDRATE 🖪				
Tab.	I	T.	ı	30 mg	ı
02444747	Daklinza	B.M.S.	28	12000.00	428.5714
Tab. I	I	ſ	I	60 mg	ı
02444755	Daklinza	B.M.S.	28	12000.00	428.5714
DAPAGLIFLOZII	NE B				
Tab. I	I	1	Ĭ	5 mg	
02435462	Forxiga	AZC	30	73.50	2.4500
Tab. I	I	I		10 mg	
02435470	Forxiga	AZC	30	73.50	2.4500

Page 408 2019-12

DAPAGLIFLOZINE/METFORMINE (HYDROCHLORIDE)   16   18   18   18   18   18   18   18								
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           DARBEPOETINE ALFA 18           Syringe         10 mcg/0.4 mL         02392313         Aranesp         Amgen         4         107.20         26.8000           Syringe         20 mcg/0.5 mL           02392321         Aranesp         Amgen         4         214.40         53.6000           Syringe         30 mcg/0.3 mL           02392348         Aranesp         Amgen         4         428.80         107.2000           Syringe         50 mcg/0.5 mL           02391740         Aranesp         Amgen         4         428.80         107.2000           Syringe         60 mcg/0.5 mL           02391759         Aranesp         Amgen         4         643.20         160.8000           Syringe         80 mcg/0.4 mL         60 mcg/0.5 mL         02391767         Aranesp         Amgen         4         857.60         214.4000           Syringe         100 mcg/0.5 mL <td>CODE</td> <td>BRAND NAME</td> <td>MANUFACTURER</td> <td>SIZE</td> <td></td> <td>UNIT PRICE</td>	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE		
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           DARBEPOETINE ALFA 18           Syringe         10 mcg/0.4 mL         02392313         Aranesp         Amgen         4         107.20         26.8000           Syringe         20 mcg/0.5 mL           02392321         Aranesp         Amgen         4         214.40         53.6000           Syringe         30 mcg/0.3 mL           02392348         Aranesp         Amgen         4         428.80         107.2000           Syringe         50 mcg/0.5 mL           02391740         Aranesp         Amgen         4         428.80         107.2000           Syringe         60 mcg/0.5 mL           02391759         Aranesp         Amgen         4         643.20         160.8000           Syringe         80 mcg/0.4 mL         60 mcg/0.5 mL         02391767         Aranesp         Amgen         4         857.60         214.4000           Syringe         100 mcg/0.5 mL <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
O2449935   Xigduo		NE/METFORMINE (HYDROC	HLORIDE) 🖪	5	ma -850 ma			
DARBEPOETINE ALFA   Syringe	1	Xigduo	AZC		1 1	1.2250		
DARBEPOETINE ALFA   Syringe					1			
DARBEPOETINE ALFA IB           Syringe         10 mcg/0.4 mL           02392313         Aranesp         Amgen         4         107.20         26.8000           Syringe         20 mcg/0.5 mL         53.6000           Syringe         30 mcg/0.3 mL         30 mcg/0.3 mL           02392348         Aranesp         Amgen         4         321.60         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         50 mcg/0.5 mL         107.2000           Syringe         60 mcg/0.3 mL         4643.20         160.8000           Syringe         80 mcg/0.4 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         62391767         Aranesp         Amgen         4         857.60         214.4000           Syringe         100 mcg/0.5 mL         202391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.5 mL         1393.60         348.4000           Syringe         130 mcg/0.5 mL         150 mcg/0.3 mL	1	l.,, .	1		1 1			
Syringe         10 mcg/0.4 mL           02392313         Aranesp         Amgen         4         107.20         26.8000           Syringe         20 mcg/0.5 mL         214.40         53.6000           Syringe         30 mcg/0.3 mL         321.60         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         134.0000           Syringe         60 mcg/0.5 mL         134.0000           Syringe         60 mcg/0.3 mL         60.8000           Syringe         80 mcg/0.4 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         857.60         214.4000           Syringe         100 mcg/0.5 mL         268.0000           Syringe         130 mcg/0.65 mL         268.0000           Syringe         130 mcg/0.65 mL         348.4000           Syringe         130 mcg/0.65 mL         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL	02449943	Xigduo	AZC	60	73.50	1.2250		
Syringe         10 mcg/0.4 mL           02392313         Aranesp         Amgen         4         107.20         26.8000           Syringe         20 mcg/0.5 mL         214.40         53.6000           Syringe         30 mcg/0.3 mL         321.60         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         134.0000           Syringe         60 mcg/0.5 mL         134.0000           Syringe         60 mcg/0.3 mL         60.8000           Syringe         80 mcg/0.4 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         857.60         214.4000           Syringe         100 mcg/0.5 mL         268.0000           Syringe         130 mcg/0.65 mL         268.0000           Syringe         130 mcg/0.65 mL         348.4000           Syringe         130 mcg/0.65 mL         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL	DADDEDOETIN	- AL FA (B)						
Syringe         20 mcg/0.5 mL           02392321         Aranesp         Amgen         4         214.40         53.6000           Syringe         30 mcg/0.3 mL         80.4000           Syringe         40 mcg/0.4 mL         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         102391759         136.00         134.0000           Syringe         60 mcg/0.3 mL         60.8000         134.0000           Syringe         80 mcg/0.4 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         857.60         214.4000           Syringe         100 mcg/0.5 mL         202391767         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL         202391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL		EALFA LOI		10	mcg/0.4 mL			
O2392321         Aranesp         Amgen         4         214.40         53.6000           Syringe         30 mcg/0.3 mL         80.4000           Syringe         40 mcg/0.4 mL         80.4000           Syringe         40 mcg/0.4 mL         107.2000           Syringe         50 mcg/0.5 mL           02391759         Aranesp         Amgen         4         536.00         134.0000           Syringe         60 mcg/0.3 mL         60 mcg/0.3 mL         60.8000         160.8000           Syringe         80 mcg/0.4 mL         20.391767         Aranesp         Amgen         4         857.60         214.4000           Syringe         100 mcg/0.5 mL         20.391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL         20.391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL	02392313	Aranesp	Amgen	4	107.20	26.8000		
O2392321         Aranesp         Amgen         4         214.40         53.6000           Syringe         30 mcg/0.3 mL         80.4000           Syringe         40 mcg/0.4 mL         80.4000           Syringe         40 mcg/0.4 mL         107.2000           Syringe         50 mcg/0.5 mL           02391759         Aranesp         Amgen         4         536.00         134.0000           Syringe         60 mcg/0.3 mL         60 mcg/0.3 mL         60.8000         160.8000           Syringe         80 mcg/0.4 mL         20.391767         Aranesp         Amgen         4         857.60         214.4000           Syringe         100 mcg/0.5 mL         20.391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL         20.391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL	Syringe			20	mca/0 5 ml			
Syringe         30 mcg/0.3 mL           02392348         Aranesp         Amgen         4         321.60         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         02391759         Aranesp         Amgen         4         536.00         134.0000           Syringe         60 mcg/0.3 mL         60 mcg/0.3 mL         60.8000         160.8000           Syringe         80 mcg/0.4 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         214.4000           Syringe         100 mcg/0.5 mL         214.4000           Syringe         100 mcg/0.5 mL         268.0000           Syringe         130 mcg/0.65 mL         348.4000           Syringe         150 mcg/0.3 mL         348.4000		Aranesp	Amgen		1	53 6000		
O2392348         Aranesp         Amgen         4         321.60         80.4000           Syringe         40 mcg/0.4 mL         428.80         107.2000           Syringe         50 mcg/0.5 mL         50 mcg/0.5 mL           02391759         Aranesp         Amgen         4 536.00         134.0000           Syringe         60 mcg/0.3 mL         60 mcg/0.3 mL         160.8000           Syringe         80 mcg/0.4 mL         202391767         Aranesp         Amgen         4 857.60         214.4000           Syringe         100 mcg/0.5 mL         100 mcg/0.5 mL         268.0000           Syringe         130 mcg/0.65 mL         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL	02002021		/ u.i.ge.i.		210			
Syringe         40 mcg/0.4 mL           02391740         Aranesp         Amgen         4         428.80         107.2000           Syringe         50 mcg/0.5 mL         50 mcg/0.5 mL         02391759         Aranesp         Amgen         4         536.00         134.0000           Syringe         60 mcg/0.3 mL         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         150 mcg/0.3 mL         150 mcg/0.3 mL	Syringe	I	I	30	mcg/0.3 mL			
Syringe         50 mcg/0.5 mL           02391759         Aranesp         Amgen         4         428.80         107.2000           Syringe         50 mcg/0.5 mL         536.00         134.0000           Syringe         60 mcg/0.3 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         857.60         214.4000           Syringe         100 mcg/0.5 mL         20391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL         20391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL	02392348	Aranesp	Amgen	4	321.60	80.4000		
Syringe         50 mcg/0.5 mL           02391759         Aranesp         Amgen         4         428.80         107.2000           Syringe         50 mcg/0.5 mL         536.00         134.0000           Syringe         60 mcg/0.3 mL         643.20         160.8000           Syringe         80 mcg/0.4 mL         857.60         214.4000           Syringe         100 mcg/0.5 mL         20391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL         20391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL	Syringe			40	mcg/0.4 mL			
O2391759         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         150 mcg/0.3 mL         150 mcg/0.3 mL		Aranesp	Amgen			107.2000		
O2391759         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         150 mcg/0.3 mL         150 mcg/0.3 mL								
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		l.	1.		1	404.0000		
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         150 mcg/0.3 mL         150 mcg/0.3 mL	02391759	Aranesp	Amgen	4	536.00	134.0000		
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         150 mcg/0.3 mL         150 mcg/0.3 mL	Syringe			60	mcg/0.3 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	02392356	Aranesp	Amgen	4	643.20	160.8000		
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	Curinga			90	mag/0 4 ml			
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         150 mcg/0.3 mL         150 mcg/0.3 mL         150 mcg/0.3 mL	1	Aranesn	Amgen		1 1	214 4000		
02391775         Aranesp         Amgen         4         1072.00         268.0000           Syringe         130 mcg/0.65 mL           02391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL	02001101	7.11417000	/ ungen	· ·	007.00	211.1000		
Syringe         130 mcg/0.65 mL           02391783         Aranesp           Amgen         4           1393.60         348.4000           Syringe         150 mcg/0.3 mL	Syringe	I	ı	100	mcg/0.5 mL			
02391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL	02391775	Aranesp	Amgen	4	1072.00	268.0000		
02391783         Aranesp         Amgen         4         1393.60         348.4000           Syringe         150 mcg/0.3 mL	Svringe	Syringe 130 mcg/0 65 ml						
Syringe 150 mcg/0.3 mL		Aranesp	Amgen			348.4000		
			-	<u> </u>	1			
02391791   Aranesp   Amgen   4   1608.00   402.0000	1	I	I		1 - 1			
	02391791	Aranesp	Amgen	4	1608.00	402.0000		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
Syringe			200	mcg/0.4 mL				
02391805	Aranesp	Amgen	1	536.00				
Syringe	Syringe 300 mcg/0.6 mL							
02391821	Aranesp	Amgen	1	828.00				
Syringe			500	mcg/1.0 mL				
02392364	Aranesp	Amgen	1	1380.00				
DARUNAVIR E	<b>i</b>		ı	600 mg				
02324024	Prezista	Janss. Inc	60	877.62	14.6270			
DASATINIB Tab.				20 mg				
02293129	Sprycel	B.M.S.	60	2195.08	36.5847			
Tab.	1	ı	ı	50 mg	1			
02293137	Sprycel	B.M.S.	60	4390.13	73.1688			
Tab.	I	I	I	70 mg				
02293145	Sprycel	B.M.S.	60	4841.45	80.6908			
Tab.	l	l	l	100 mg				
02320193	Sprycel	B.M.S.	30	4390.13	146.3377			
DENOSUMAB Inj. Sol.	<b>R</b>	ı	12	0 mg/1.7 mL	ı			
02368153	Xgeva	Amgen	1	538.45				
S.C. Inj.Sol (syr)	1	1	I	60 mg/mL	1			
02343541	Prolia	Amgen	1	330.00				
	DEXAMETHASONE II							
Implant intravitre	al    Ozurdex	Allergan	1	0.7 mg 1295.00				
	ļ		l					

Page 410 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				,		
DICL Oph.	OFENAC S Sol.	ODIUM B			0.1 % <b>PPB</b>	
*	02441020	Apo-Diclofenac Ophtalmic	Apotex	5 ml 10 ml	→ 6.20 → 12.40	
*	02475065 02454807	Diclofenac Sandoz Diclofenac Ophtha	Stulln Sandoz	15 ml 5 ml 10 ml		
	01940414	Voltaren Ophta	Novartis	5 ml 10 ml	12.40 12.60 25.21	
		_				
	<b>ETHYL FUM</b> Caps.	ARATE LA			120 mg	
	02404508	Tecfidera	Biogen	14 56	178.36 713.42	12.7400 12.7396
L.A.	Caps.				240 mg	
	02420201	Tecfidera	Biogen	56	1426.85	25.4795
	IENHYDRAI s. or Tab.	MINE HYDROCHLORIDE		:	25 mg <b>PPB</b>	
	02257548	Jamp-Diphenhydramine	Jamp	250 500	13.35 26.70	<ul><li>→ 0.0534</li><li>→ 0.0534</li></ul>
	02239029 00757683	Nadryl 25 pdp-Diphenhydramine	Riva Pendopharm	100 100	5.34 5.34	<ul> <li>0.0534</li> <li>0.0534</li> </ul>
Elix.				12.5 mg	g/5 mL <b>PPB</b>	
	02298503	Jamp-Diphenhydramine	Jamp	120 ml	2.81	• 0.0234
	00792705	pms-Diphenhydramine	Phmscience	500 ml 100 ml 500 ml	11.70 2.34 11.70	<ul><li>0.0234</li><li>0.0234</li><li>0.0234</li></ul>
Tab.		ı	1		50 mg <b>PPB</b>	
	02257556	Jamp-Diphenhydramine	Jamp	100	7.04	<b>→</b> 0.0704
	00757691	pdp-Diphenhydramine	Pendopharm	500 100 500	35.20 7.04 35.20	<ul><li>0.0704</li><li>0.0704</li><li>0.0704</li></ul>
		1	1		1	
<b>DIPY</b> Caps		ACETYLSALICYLIC ACID		200 mg L.A :	25 mg <b>PPB</b>	
	02242119 02471051	Aggrenox Taro-Dipyridamole/ASA	Bo. Ing. Taro	60 60	49.38 39.94	0.8230 • 0.6656

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UN	IT PRICE
						•	
DOC Caps	USATE CAI	LCIUM		2	40 mg <b>PPB</b>		
	00830275	Docusate Calcium	Trianon	100	8.16	<b>→</b>	0.0816
	00000055	Jama Daguagta Calaium	lama	300 250	24.48	*	0.0816
	02283255 00842044	Jamp-Docusate Calcium Novo-Docusate Calcium	Jamp Novopharm	100	20.40 8.16	1	0.0816 0.0816
	00042044	Novo-Docusate Calcium	Ινονομιαιτι	500	40.80	-	0.0816
	00664553	pms-Docusate-Calcium	Phmscience	300	24.48	•	0.0816
	USATE SO	DIUM		1	00 mg <b>PPB</b>		
Caps	<b>.</b>	I	1		 	I	
	02465329	Alta-Docusate Sodium	Altamed	1000	25.00	•	0.0250
	00830267	Docusate de Sodium	Trianon	100 1000	3.28 25.00	7	0.0328 0.0250
	00716731	Docusate Sodique	Taro	1000	3.28	*	0.0250
	007 10731	Docusate Socique	Taio	1000	25.00	-	0.0320
	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
١.	02245946	Jamp-Docusate Sodium	Jamp Mantra Dh	1000	25.00	<b>*</b>	0.0250 0.0250
+	02437317	M-Docusate Sodium	Mantra Ph.	1000	25.00	•	
	00703494	pms-Docusate Sodium	Phmscience	100 1000	3.28 25.00	3	0.0328 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	<b>s</b> .			2	00 mg <b>PPB</b>		
'		James Bassesta Castissus	1	1	1	_	0.0000
	02335077 02029529	Jamp-Docusate Sodium Soflax	Jamp Phmscience	100 500	8.39 41.95	7	0.0839 0.0839
	02023323	John	Timodence	300	41.90	7	0.0039
					250 mg		
Caps	<b>5.</b>	1		I.			
Caps	02335085	Jamp-Docusate Sodium	Jamp	100	9.50		0.0950
		Jamp-Docusate Sodium	Jamp				0.0950
Caps		Jamp-Docusate Sodium	Jamp		9.50 1/5 mL <b>PPB</b>		0.0950
		Jamp-Docusate Sodium  Docusate de Sodium	Jamp	20 mg 225 ml	/5 mL <b>PPB</b> 4.95	<b>→</b>	0.0220
	02335085	Docusate de Sodium	Atlas	20 mg 225 ml 500 ml	/5 mL <b>PPB</b> 4.95 5.95	<b>+</b>	0.0220 0.0119
	02335085 02238283 02024624	Docusate de Sodium  Docusate de Sodium	Atlas Trianon	20 mg 225 ml 500 ml 250 ml	/5 mL <b>PPB</b> 4.95 5.95 5.50	* *	0.0220 0.0119 0.0220
	02335085 02238283 02024624 02283239	Docusate de Sodium  Docusate de Sodium  Jamp-Docusate Sodium	Atlas Trianon Jamp	20 mg 225 ml 500 ml 250 ml 250 ml	/5 mL <b>PPB</b> 4.95 5.95 5.50 5.50	* * * * *	0.0220 0.0119 0.0220 0.0220
	02335085 02238283 02024624 02283239 00703508	Docusate de Sodium  Docusate de Sodium	Atlas Trianon Jamp Phmscience	20 mg 225 ml 500 ml 250 ml 250 ml 500 ml	4.95 5.95 5.50 5.50 5.95	* * * * * *	0.0220 0.0119 0.0220 0.0220 0.0119
	02335085 02238283 02024624 02283239	Docusate de Sodium  Docusate de Sodium  Jamp-Docusate Sodium  pms-Docusate Sodium	Atlas Trianon Jamp	20 mg 225 ml 500 ml 250 ml 250 ml	/5 mL <b>PPB</b> 4.95 5.95 5.50 5.50	* * * * * * * * * * * * * * * * * * * *	0.0220 0.0119 0.0220 0.0220
	02335085 02238283 02024624 02283239 00703508	Docusate de Sodium  Docusate de Sodium  Jamp-Docusate Sodium  pms-Docusate Sodium	Atlas Trianon Jamp Phmscience	20 mg 225 ml 500 ml 250 ml 250 ml 500 ml	4.95 5.95 5.50 5.50 5.95	* * * * * * * * * * * * * * * * * * * *	0.0220 0.0119 0.0220 0.0220 0.0119
Syr.	02335085 02238283 02024624 02283239 00703508	Docusate de Sodium  Docusate de Sodium  Jamp-Docusate Sodium  pms-Docusate Sodium	Atlas Trianon Jamp Phmscience	20 mg 225 ml 500 ml 250 ml 250 ml 500 ml	4.95 5.95 5.50 5.50 5.95 5.95	* * * * * * * * * * * * * * * * * * * *	0.0220 0.0119 0.0220 0.0220 0.0119

Page 412 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr. or Oral Sol.				10 mg/mL	
	Jamp-Docusate Sodium pms-Docusate Sodium Soflax	Jamp Phmscience Phmscience	500 ml 500 ml 25 ml	86.60 86.60 4.33	0.1732 → 0.1732 → 0.1732

## DONEPEZIL HYDROCHLORIDE

Tab. or Tab. Oral	Disint.	1		5 mg <b>PPB</b>		
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
02408600	Mint-Donepezil	Mint	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
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	l Disint.			10 mg <b>PPB</b>	
02397609	ACT Donepezil	ActavisPhm	100	45.86	<b>→</b> 0.4586
02397625	ACT Donepezil ODT	ActavisPhm	28	12.84	• 0.4586
02362279	Apo-Donepezil	Apotex	100	45.86	<ul><li>→ 0.4586</li></ul>
02002273	Apo Bonepezii	ripotex	500	229.30	<ul><li>→ 0.4586</li></ul>
02232044	Aricept	Pfizer	28	132.23	4.7225
02232044	Ancept	I lizei	30	141.67	4.7223
02269465	Aricept RDT	Pfizer	28	133.50	4.7679
02400588	Auro-Donepezil	Aurobindo	30	13.76	<ul><li>→ 0.4586</li></ul>
02100000	Turo Borropozn	, tarobinao	100	45.86	<ul><li>→ 0.4586</li></ul>
02412861	Bio-Donepezil	Biomed	30	13.76	<ul><li>→ 0.4586</li></ul>
02412001	Bio-Donepezii	Diomed	100	45.86	→ 0.4586 → 0.4586
02402653	Dononozii	Accord	100	45.86	<ul><li>→ 0.4586</li><li>→ 0.4586</li></ul>
	Donepezil	1	1	1	1
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	<b>→</b> 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	<ul><li>→ 0.4586</li></ul>
02408619	Mint-Donepezil	Mint	100	45.86	<ul><li>→ 0.4586</li></ul>
02439565		Natco	100	1	<ul><li>→ 0.4586</li><li>→ 0.4586</li></ul>
	NAT-Donepezil	1		45.86	
02322358	pms-Donepezil	Phmscience	100	45.86	0.4586
02381516	Ran-Donepezil	Ranbaxy	100	45.86	0.4586
			500	229.30	<b>→</b> 0.4586
02412934	Riva-Donepezil	Riva	100	45.86	<b>→</b> 0.4586
02328682	Sandoz Donepezil	Sandoz	100	45.86	<b>→</b> 0.4586
02428490	Septa-Donepezil	Septa	30	13.76	▶ 0.4586
			100	45.86	<b>→</b> 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	Δ R				
Sol. Inh.			1 mg	/mL (2.5 mL)	
02046733	Pulmozyme	Roche	30	1130.66	37.6887
DULAGLUTIDE S.C. Inj. Sol.	-		0.7	5 mg/0.5 mL	
02448599	Trulicity	Lilly	4	168.28	42.0700
02440039	Transity	Liiiy	1 4	100.20	+2.0700
S.C. Inj. Sol.			1.	5 mg/0.5 mL	_
02448602	Trulicity	Lilly	4	168.28	42.0700
02440002	r. anony	y		100.20	42.0700

Page 414 2019-12

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

## DULOXETINE 1

	Caps.	<u>.</u>		3	0 mg PPB	
	•	l	1	1 1		
	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
+	02490889	Duloxetine	Sanis	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
		ľ		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

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A.	Caps.				60 mg <b>PPB</b>	
	02440431	Apo-Duloxetine	Apotex	30	29.31	→ 0.9769
	02440401	Apo Baloxetine	Apotox	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
+	02490897	Duloxetine	Sanis	100	97.69	0.9769
	02453649	Duloxetine	Sivem	30	29.31	0.9769
	00407000	Dulamatina DD	T 0	100	97.69	0.9769
	02437090	Duloxetine DR	Teva Can	30 100	29.31 97.69	<ul><li>→ 0.9769</li><li>→ 0.9769</li></ul>
	02451921	Jamp-Duloxetine	Jamp	30	29.31	<ul><li>◆ 0.9769</li><li>◆ 0.9769</li></ul>
	02431321	Jamp-Daloxetine	Jamp	100	97.69	→ 0.9769
	02446103	Mar-Duloxetine	Marcan	100	97.69	<b>→</b> 0.9769
	02110100	War Burokourio	Maroan	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	<b>→</b> 0.9769
	02451085	Riva-Duloxetine	Riva	30	29.31	→ 0.9769
				100	97.69	→ 0.9769
	02439956	Sandoz Duloxetine	Sandoz	30 100	29.31 97.69	<ul><li>◆ 0.9769</li><li>◆ 0.9769</li></ul>
	ILUMAB 🖪 Inj.Sol (syr)	l		150 m	ng/mL (2 mL)	
	02470365	Dupixent	SanofiAven	2	1876.71	938.3550
EDO	XABAN 🖺				15 mg	
	00450040			00	1	
	02458640	Lixiana	Servier	30	85.20	2.8400
					22	
Tab.		I	1	1	30 mg	I
	02458659	Lixiana	Servier	30	85.20	2.8400
Tab.		1	1	1	60 mg	
	02458667	Lixiana	Servier	30	85.20	2.8400
	ASVIR/GRA	ZOPREVIR 🖪		-	400	
Tab.		I	I	50	mg -100 mg	I
	02451131	Zepatier	Merck	28	18674.32	666.9400

Page 416 2019-12

					0007.05.040			
	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
ELTI Tab.	ELTROMBOPAG Tab. 25 mg							
	00004005	Davidada	Na			50 5000		
	02361825	Revolade	Novartis	14 28	735.00 1470.00	52.5000 52.5000		
Tab.					50 mg			
	02361833	Revolade	Novartis	14	1470.00	105.0000		
			11010.00	28	2940.00	105.0000		
EMP Tab.	AGLIFLOZI	N / METFORMIN HYDROC	HLORIDE B	5	mg - 500 mg			
	02456575	Synjardy	Bo. Ing.	60	81.00	1.3500		
	02100010	Syrigardy	Do. mg.		01.00	1.0000		
Tab.		ı	1	5	mg - 850 mg	ı		
	02456583	Synjardy	Bo. Ing.	60	81.00	1.3500		
Tab.				5 mg -1000 mg				
	02456591	Synjardy	Bo. Ing.	60	81.00	1.3500		
					-			
Tab.		I	T	12.5	mg - 500 mg I I	ĺ		
	02456605	Synjardy	Bo. Ing.	60	81.00	1.3500		
Tab.		12.5 mg - 850 mg						
	02456613	Synjardy	Bo. Ing.	60	81.00	1.3500		
			•					
Tab.		l	I		ng - 1000 mg 			
	02456621	Synjardy	Bo. Ing.	60	81.00	1.3500		
		5						
EMP Tab.	AGLIFLOZI	NE LÕI			10 mg			
	02443937	Jardiance	Bo. Ing.	30	78.53	2.6177		
				90	235.59	2.6177		
Tab.	Tab. 25 mg							
	02443945	Jardiance	Bo. Ing.	30	78.53	2.6177		
				90	235.59	2.6177		
	ENFUVIRTIDE ☐ S.C. Inj. Pd. 108 mg							
	02247725	Fuzeon	Roche	60	2385.60	39.7600		
	320		7.000			30.7 000		

			l	COST OF PKG.		
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE	
ENZALUTAMIDE (						
Caps.	I	1	I	40 mg	ı	
02407329	Xtandi	Astellas	120	3401.40	28.3450	
<b>EPLERENONE</b>	R					
Tab.		1	1	25 mg <b>PPB</b>		
* 02323052 02471442	Inspra Mint-Eplerenone	Upjohn Mint	30 90	76.69 185.36	2.5563 <b>→</b> 2.0595	
02471442	iwiiit-Epierenone	IVIII IL	90	100.00	2.0393	
Tab.				50 mg <b>PPB</b>		
* 02323060	Inspra	Upjohn	30	76.69	2.5563	
02471450	Mint-Eplerenone	Mint	90	185.36	<b>→</b> 2.0595	
EPOETIN ALFA	R					
Syringe I	I	1	1 0	00 UI/0.5 mL	ſ	
02231583	Eprex	Janss. Inc	6	85.50	14.2500	
Syringe	I_	1	I	00 UI/0.5 mL		
02231584	Eprex	Janss. Inc	6	171.00	28.5000	
Syringe			3.0	00 UI/0.3 mL		
02231585	Eprex	Janss. Inc	6	256.50	42.7500	
02201000	Lprox	danss. me		200.00	42.7000	
Syringe			4 000 UI/0.4 mL			
02231586	Eprex	Janss. Inc	6	342.00	57.0000	
		•		1		
Syringe	I	1	5 0	00 UI/0.5 mL	l	
02243400	Eprex	Janss. Inc	6	427.50	71.2500	
Syringe I	I	1	I	00 UI/0.6 mL		
02243401	Eprex	Janss. Inc	6	513.00	85.5000	
Syringe 8 000 UI/0.8 mL						
Syringe 02243403	Enrey	lanes Inc	6	684.00	114 0000	
02243403	Eprex	Janss. Inc	6	004.00	114.0000	
Syringe 10 000 UI/1.0 mL						
02231587	Eprex	Janss. Inc	6	803.70	133.9500	
					,,,,,,,	

Page 418 2019-12

		ACTURER SIZE	COST OF PKG. SIZE	UNIT PRICE			
Syringe 20 000 UI/0.5 mL							
02243239 <i>Eprex</i>	Janss. In	c 1	278.52				
Syringe	30 00	0 UI/0.75 mL					
02288680 <i>Eprex</i>	Janss. In	I	357.19				
Syringe	1	1	40 000 UI/mL (1 mL)				
02240722 Eprex	Janss. In	c   1	417.77				
EPOPROSTENOL SODIUM	R						
Inj. Pd.			0.5 mg <b>PPB</b>				
02397447 Caripul	Janss. In		<b>→</b> 17.18				
02230845 Flolan	GSK	1	18.13				
Inj. Pd.	1		1.5 mg <b>PPB</b>				
02397455   Caripul 02230848   Flolan	Janss. In	c 1	<b>→</b> 34.45 36.26				
Tab.  02461870   Apo-Erlotin 02483920   NAT-Erlotin 02454386   pms-Erlotin 02269015   Tarceva	ib Apotex nib Natco phmscier Roche	30 30	00 mg <b>PPB</b> 396.00 396.00 396.00 1600.00	<ul><li>→ 13.2000</li><li>→ 13.2000</li><li>→ 13.2000</li><li>→ 53.3333</li></ul>			
02377705   Teva-Erloti	nib Teva Car	n 30	396.00	<b>→</b> 13.2000			
Tab.	o. I			150 mg <b>PPB</b>			
02461889 Apo-Erlotin 02483939 NAT-Erlotin 02454394 pms-Erlotin 02269023 Tarceva 02377713 Teva-Erloti	nib Natco nib Phmscier Roche	30	594.00 594.00 594.00 2400.00 594.00	<ul><li>→ 19.8000</li><li>→ 19.8000</li><li>→ 19.8000</li><li>⊗ 0.0000</li><li>→ 19.8000</li></ul>			
ESLICARBAZEPINE ACETATE ☐ 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			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
Tab.				800 mg			
02426897	Aptiom	Sunovion	30	286.80	9.5600		
ESTRADIOL-17E	ESTRADIOL-17B						
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	<b>→</b> 2.4100		
Patch	Patch 0.0375 mg/24 h						
02243999	Estradot	Novartis	8	20.04	2.5050		
5			(0.4.1(4))				
Patch		I	mg/24 h (4) a 				
02231509 02244000	Climara -50 Estradot	Bayer Novartis	4 8	21.01 21.44	5.2525 2.6800		
02243724	Oesclim 50	Search Phm	8	19.85	2.4813		
02246967	Sandoz Estradiol Derm 50	Sandoz	8	16.80	<b>→</b> 2.1000		
Patch	Patch 0.075 mg/24 h (4) et (8) <b>PPB</b>						
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	<b>→</b> 2.2375		
Patch	Patch 0.1 mg/24 h (4) et (8) <b>PPB</b>						
02244002	Estradot	Novartis	8	23.88	2.9850		
02246969	Sandoz Estradiol Derm 100	Sandoz	8	18.70	<b>→</b> 2.3375		
Top. Jel. 0.06 %							
02238704	Estrogel	Merck	80 g	24.35			
		1					
ESTRADIOI -176	B/ NORETHINDRONE ACETA	TE R					
Patch	, NONETHINDRONE AGETA		0.05 mg -0	).14 mg/24 h			
02241835	Estalis 140/50	Novartis	8	23.95	2.9938		
		1					
Patch	ı	I	0.05 mg -0	).25 mg/24 h			
02241837	Estalis 250/50	Novartis	8	23.95	2.9938		
ÉTANERCEPT 🖪							
S.C. Inj. Pd.		1		25 mg 			
02242903	Enbrel	Amgen	4	728.55	182.1375		

Page 420 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1	l	I	
	NERCEPT - Inj. Sol.	PSORIATIC ARTHRITIS AND	PLAQUE PSORIASIS		<b>G</b> g/mL (1 mL)	
	02274728 99100373	Enbrel (syringe) Enbrel SureClick	Amgen Amgen	4 4	1437.13 1437.13	359.2825 359.2825
	<b>NERCEPT -</b> Inj. Sol.	RHEUMATOID ARTHRITIS A	AND ANKYLOSING SP		BRENZYS) 🖺 ig/mL (1 mL)	
	02455331	Brenzys (pen)	Merck	4	964.00	241.0000
	02455323	Brenzys (syringe)	Merck	4	964.00	241.0000
ETA	NERCEPT -	RHEUMATOID ARTHRITIS	AND ANKYLOSING	SPONDYLITIS	S AND JUVENI	LE IDIOPATHIC
ART	<b>HRITIS (ERI</b> Inj. Sol.				/mL (0,5 mL)	
	02462877	Erelzi (syringe)	Sandoz	4	482.00	120.5000
			l		l l	
S.C.	Inj. Sol.	<u></u>	l		g/mL (1 mL)	
	02462869 02462850	Erelzi (syringe) Erelzi SensoReady Pen	Sandoz Sandoz	4 4	964.00 964.00	241.0000 241.0000
	AVIRINE 1	I			100	
Tab.	02306778	I	1		100 mg	
		Intelence	Janss Inc	120	671 40	5 5950
	02000110	Intelence	Janss. Inc	120	671.40	5.5950
Tab.	02000110	Intelence	Janss. Inc	120	671.40 200 mg	5.5950
Tab.	02375931	Intelence	Janss. Inc	60	l I	5.5950
	02375931	Intelence	1		200 mg	
		Intelence	1		200 mg	
EVEI	02375931	Intelence	1		200 mg 654.00	
EVEI Tab.	02375931 ROLIMUS	Intelence	Janss. Inc	60	200 mg 654.00 2.5 mg 5580.00	10.9000
EVEI	02375931  ROLIMUS   02369257	Intelence  Afinitor	Janss. Inc	60	200 mg 654.00 2.5 mg 5580.00	10.9000
EVEI Tab.	02375931 ROLIMUS	Intelence	Janss. Inc	60	200 mg 654.00 2.5 mg 5580.00	10.9000
EVEI Tab.	02375931  ROLIMUS   02369257	Intelence  Afinitor	Janss. Inc	60	200 mg 654.00 2.5 mg 5580.00 5 mg 5580.00	10.9000
EVEI Tab.	02375931  ROLIMUS   02369257	Intelence  Afinitor	Janss. Inc	60	200 mg 654.00 2.5 mg 5580.00 5 mg 5580.00	10.9000
EVEI Tab.	02375931  ROLIMUS  02369257  02339501  02339528	Intelence  Afinitor  Afinitor  Afinitor	Janss. Inc  Novartis	30 30	200 mg 654.00 2.5 mg 5580.00 5 mg 5580.00	10.9000 186.0000 186.0000
EVE Tab. Tab.	02375931  ROLIMUS   02369257  02339501	Intelence  Afinitor  Afinitor	Janss. Inc  Novartis	30 30 30	200 mg 654.00 2.5 mg 5580.00 5 mg 5580.00	10.9000 186.0000 186.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C.Inj.Sol. (mini-	-doser)	•	120 ma	/mL (3.5 mL)	
02459779	Repatha	Amgen	1	545.80	
02403173	repaina	7 tiligen	'	040.00	
	<b>.</b>				
<b>FEBUXOSTAT</b> Tab.				80 mg <b>PPB</b>	
02490870	Jamp-Febuxostat	Jamp	30	35.78	<b>→</b> 1.1925
02473607	Mar-Febuxostat	Marcan	100	119.25	<b>→</b> 1.1925
02357380	Uloric	Takeda	30	47.70	1.5900
FESOTERODINE L.A. Tab.	FUMARATE 🖪			4 mg	
02380021	Toviaz	  Pfizer	30	45.00	1.5000
02300021	TOVIAZ	I lizei	30	43.00	1.5000
L.A. Tab.				8 mg	
02380048	Toviaz	Pfizer	30	45.00	1.5000
EID A VOMIOIN	<b>D</b>				
FIDAXOMICIN Tab.				200 mg	
02387174	Dificid	Merck	20	1584.00	79.2000
L		I.			
EU ODAOTINA E	1				
FILGRASTIM Inj. Sol.			300 mcg	/mL (1.0 mL)	
01968017	Neupogen	Amgen	10	1731.89	173.1890
	, ,				
Inj. Sol.			300 mcg	J/mL (1.6mL)	
99001454	Neupogen	Amgen	10	2771.02	277.1020
		1			
FILGRASTIM GF	PASTOFII \ R				
Inj.Sol (syr)			600 mcg	/mL (0,5 mL)	
02441489	Grastofil	Apotex	1	144.31	
			10	1443.10	144.3100
1:01/			000		
Inj.Sol (syr)	1	1.	l	/mL (0,8 mL) 	
02454548	Grastofil	Apotex	1 10	230.90 2309.02	230.9020
		l		2000.02	230.0020
FINGOLIMOD H' Caps.	YDROCHLORIDE 🖪		C	).5 mg <b>PPB</b>	
02365480	Gilenya	Novartis	28	2384.62	85.1650
02469782	pms-Fingolimod	Phmscience	28	1947.74	<b>♦</b> 69.5621
	·				

Page 422 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUCONAZOLE Oral Susp.	R			50 mg/5 mL	
02024152	Diflucan	  Pfizer	35 ml	33.65	0.9614
		I .			
FOLLITROPIN A	LFA 🖪				
Inj. Pd.	 	1_	l .	75 UI	ĺ
02248154	Gonal-f	Serono	1	70.88	
Inj. Pd.				450 UI	
02248156	Gonal-f	Serono	1	425.25	
Inj. Pd.	0-7-15			1050 UI	
02248157	Gonal-f	Serono	1	992.25	
S.C. Inj. Sol. (per	))			300 UI	
02270404	Gonal-f	Serono	1	283.50	
					_
S.C. Inj. Sol. (per		1_	l .	450 UI	1
02270390	Gonal-f	Serono	1	425.25	
S.C. Inj. Sol. (per	n)			900 UI	
02270382	Gonal-f	Serono	1	850.50	
				'	
FOLLITROPIN B	ETA 🖫				
Cartridge I	I	I	ĺ	300 UI	ĺ
02243948	Puregon	Merck	1	291.00	
Cartridge				600 UI	
99100718	Pureaon	Merck	1	582.00	
		1,			
Cartridge	ı	1	İ	900 UI	ĺ
99100637	Puregon	Merck	1	873.00	
Inj. Sol.				50 UI/0.5 mL	
02242439	Puregon	Merck	5	242.50	48.5000
	<u>-</u>	1		<u> </u>	
Inj. Sol.	I	1	1) I	00 UI/0.5 mL	I
02242441	Puregon	Merck	5	485.00	97.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	_				
FOLLITROPIN DEI Cartridge	TA L			12 mcg	
02474093 R	Rekovelle	Ferring	1	178.00	
				'	
Cartridge		I	l I	36 mcg	
02474085 F	Rekovelle	Ferring	1	536.00	
Cartridge				72 mcg	
	Rekovelle	Ferring	1	1073.00	
02.11.01.1		[. sg		1010.00	
S.C. Inj. Sol. (pen)			12 r	mcg/0,36 mL	
02487462 F	Rekovelle	Ferring	1	178.00	
S.C. Inj. Sol. (pen)		I	36 r	ncg/1,08 mL I I	
02487470 F	Rekovelle	Ferring	1	536.00	
S.C. Inj. Sol. (pen)			72 r	mcg/2,16 mL	
l "Í	Rekovelle	   Ferring	1	1073.00	
				l	
FORMOTEROL FU	IMARATE DIHYDRATE/ BL	IDESONIDE R			
Inh. Pd.	MARKE DITTORATE, DO	, DECOMBE III	6 mcg -10	00 mcg/dose	
02245385 S	ymbicort 100 Turbuhaler	AZC	120 dose(s)	62.50	
Inh. Pd.			6 mag 21	00 mcg/dose	
I I	cymbicort 200 Turbuhaler	AZC	120 dose(s)	81.25	
02243300   3	ymbicon 200 Turbunaiei	AZC	120 0056(5)	01.23	
			_		
FORMOTEROL FU Oral aerosol	MARATE DIHYDRATE/MC	METASONE FUROAT		cg - 100 mcg	
02361752 Z	enhale	Merck	120 dose(s)	78.00	
			-	1	
Oral aerosol		I	5 mo	cg - 200 mcg	
02361760 Z	enhale	Merck	120 dose(s)	96.00	

**Page 424** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	U	NIT PRICE
		•				
GALANTAMINE L.A. Caps.	HYDROBROMIDE 🖪			8 mg <b>PPB</b>		
L.A. Caps.	1	1	I	oning FFB	ı	
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
I A C				40 DDD		
L.A. Caps.	1	1	I.	16 mg <b>PPB</b>		
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
I A O				04 DDD		
L.A. Caps.	1	1	I.	24 mg <b>PPB</b>	ı	
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 🖪						
S.C. Inj.Sol (syr)	ı	1	25	0 mcg/0.5 mL		
02245641	Orgalutran	Merck	1	94.71		
		·	•			
GEFITINIB 🖪						
Tab.			. 2	250 mg <b>PPB</b>		
02468050	Apo-Gefitinib	Apotex	30	1869.15		62.3050
02248676	Iressa	AZC	30	2199.00	-	73.3000
+ 02491796	Nat-Gefitinib	Natco	30	1869.15	•	62.3050
02487748	Sandoz Gefitinib	Sandoz	30	1869.15	•	62.3050
02407740	Sandoz Sonanio	Janaoz	1 30	1009.13		02.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GENTAMICIN S	ULFATE B			40 mg/mL	
02242652	Gentamicine Injection	Sandoz	2 ml	15.56	
02242032	Geritainicine injection	Sandoz	21111	13.30	
CL ADOINE INC	III IN				
<b>GLARGINE INS</b> S.C. Inj. Sol.	ULIN			100 U/mL	
02245689	Lantus	SanofiAven	10 ml	58.07	
			400		
S.C. Inj. Sol.		1		U/mL (3 mL)	
02444844 02444852	Basaglar Basaglar KwikPen	Lilly Lilly	5 5	69.64 69.64	
02461528	Basaglar KwikPen (80 U)	Lilly	5	69.64	
S.C. Inj. Sol. (pe	n)		300 U	/mL (1.5 mL)	
02441829	Toujeo SoloStar	SanofiAven	3	66.42	
02441023	Toujeo Solostai	CanonAven	5	110.70	
	CETATE - (GLATECT)				
S.C. Inj.Sol (syr)	I	1	20 m	ng/mL (1 mL) I I	
02460661	Glatect	Phmscience	20 m 30	ng/mL (1 mL) 972.00	32.400
	Glatect	Phmscience		ľ i i	32.400
02460661	Glatect	Phmscience	30	972.00	32.4000
02460661  GLECAPREVIR/ Kit (solid oral)	PIBRENTASVIR <b>(2)</b>	1	30	972.00	
02460661	_	Phmscience AbbVie	30	972.00	32.4000 714.2857
02460661  GLECAPREVIRA  Kit (solid oral)  02467550	PIBRENTASVIR   Maviret	1	30	972.00	
02460661  GLECAPREVIRA (it (solid oral) 02467550  GLIMEPIRIDE	PIBRENTASVIR   Maviret	1	30	972.00	
02460661  GLECAPREVIRA  Kit (solid oral)  02467550  GLIMEPIRIDE	PIBRENTASVIR   Maviret	AbbVie	30	972.00 0 mg -40 mg 20000.00	
02460661  GLECAPREVIRA  Kit (solid oral)  02467550  GLIMEPIRIDE	PIBRENTASVIR (1)  Maviret	1	30 10 28	972.00 0 mg -40 mg 20000.00	714.285
02460661  GLECAPREVIR/ Kit (solid oral)  02467550  GLIMEPIRIDE  Tab.  * 02295377  02269589	PIBRENTASVIR (1)  Maviret  Apo-Glimepiride	AbbVie Apotex	30 10 28	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57	714.285
02460661  GLECAPREVIRA  Kit (solid oral)  02467550  GLIMEPIRIDE  Tab.  * 02295377  02269589  Tab.	PIBRENTASVIR Maviret  Maviret  Apo-Glimepiride Sandoz Glimepiride	AbbVie Apotex Sandoz	30 10 28 100 30	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57	714.285 W <b>•</b> 0.385
02460661  GLECAPREVIRA  (it (solid oral)	Maviret  Apo-Glimepiride Sandoz Glimepiride  Apo-Glimepiride	AbbVie  Apotex Sandoz  Apotex	30 10 28	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57  2 mg PPB 38.57	714.285 W → 0.385
02460661  GLECAPREVIRA  Kit (solid oral)  02467550  GLIMEPIRIDE  Tab.  * 02295377  02269589  Tab.	PIBRENTASVIR Maviret  Maviret  Apo-Glimepiride Sandoz Glimepiride	AbbVie Apotex Sandoz	30 10 28 100 30	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57	714.285° W → 0.385°
02460661  GLECAPREVIRA  Kit (solid oral) 02467550  GLIMEPIRIDE  Tab.  * 02295377 02269589  Tab.  * 02295385 02269597	Maviret  Apo-Glimepiride Sandoz Glimepiride  Apo-Glimepiride	AbbVie  Apotex Sandoz  Apotex	30 10 28 100 30	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57  2 mg PPB 38.57	714.285° W → 0.385°
02460661  GLECAPREVIRA  Kit (solid oral)	Maviret  Apo-Glimepiride Sandoz Glimepiride  Apo-Glimepiride	AbbVie  Apotex Sandoz  Apotex	30 10 28 100 30	972.00  0 mg -40 mg 20000.00  1 mg PPB 38.57 11.57  2 mg PPB 38.57 11.57	714.285

**Page 426** 2019-12

Sensor   99101399   FreeStyle Libre   Ab Diabete   1   89.00									
Sensor   99101399   FreeStyle Libre	CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE			
Sensor   99101399   FreeStyle Libre									
Section   Sec	GLUCOSE MEASUREMENT EQUIPMENT								
Supp.   99100357   12   12	1		l., 5, , ,	Ι,					
Supp.   99100357   12	99101399	FreeStyle Libre	Ab Diabete	1	89.00				
Supp.   99100357   12									
GOLIMUMAB	GLYCERIN <sup>5</sup> Supp.								
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 III         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) III         Inj. Pd.       10 000 U PPB         02247459 Chorionic Gonadotropin O2182904 Pregnyl       Fresenius Presenius Pregnyl       1 72.00         GONADOTROPINS III         Inj. Pd.       75 UI         02283093 Menopur       Ferring       5 275.00       55.0000	99100357			12					
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 III         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) III         Inj. Pd.       10 000 U PPB         02247459 Chorionic Gonadotropin O2182904 Pregnyl       Fresenius Presenius Pregnyl       1 72.00         GONADOTROPINS III         Inj. Pd.       75 UI         02283093 Menopur       Ferring       5 275.00       55.0000		•		•					
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 III         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) III         Inj. Pd.       10 000 U PPB         02247459 Chorionic Gonadotropin O2182904 Pregnyl       Fresenius Presenius Pregnyl       1 72.00         GONADOTROPINS III         Inj. Pd.       75 UI         02283093 Menopur       Ferring       5 275.00       55.0000	GOLIMUMAR II	2							
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   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)   Inj. Pd. 10 000 U PPB  02247459   Chorionic Gonadotropin   Fresenius   1   72.00   02182904   Pregnyl   Fresenius   1   72.00   Merck   1   75 UI  GONADOTROPINS   Inj. Pd. 75 UI  02283093   Menopur   Ferring   5   275.00   55.0000	I.V. Perf. Sol.	-	ı	12.5 m	ng/mL (4 mL)				
02324784   Simponi	02417472	Simponi I.V.	Janss. Inc	1	826.86				
02324784   Simponi									
S.C. Inj.Sol (syr) 50 mg/0.5 mL  02324776   Simponi   Janss. Inc   1   1447.00    GONADORELIN   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)   Inj. Pd. 10 000 U   PPB    02247459   Chorionic Gonadotropin   Fresenius   1   72.00    02182904   Pregnyl   Merck   1   72.00    GONADOTROPINS   Inj. Pd. 75.00    GONADOTROPINS   Inj. Pd. 75.00   75.000    GONADOTROPINS   Inj. Pd. 75.	S.C. Inj.Sol (App.	.) I	I	5 I	0 mg/0.5 mL				
O2324776   Simponi	02324784	Simponi	Janss. Inc	1	1447.00				
O2324776   Simponi				_					
GONADORELIN		I	I	1	ا آ				
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)         Inj. Pd.       10 000 U PPB         02247459       Chorionic Gonadotropin Olates       Fresenius Olates       1       72.00         Merck       1       72.00         GONADOTROPINS III         Inj. Pd.       75 UI         02283093       Menopur       Ferring       5       275.00       55.0000	02324776	Simponi	Janss. Inc	1	1447.00				
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)         Inj. Pd.       10 000 U PPB         02247459       Chorionic Gonadotropin Olates       Fresenius Olates       1       72.00         Merck       1       72.00         GONADOTROPINS III         Inj. Pd.       75 UI         02283093       Menopur       Ferring       5       275.00       55.0000									
02046210   Lutrepulse   Ferring   1   115.00		R							
Kit       3.2 mg - 3.2 mg - 3.2 mg         02046202       Systeme Lutrepulse       Ferring       1       924.00         GONADOTROPIN (CHORIONIC) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1	1	I	l	l I				
02046202   Systeme Lutrepulse   Ferring   1   924.00	02046210	Lutrepulse	Ferring	1	115.00				
02046202   Systeme Lutrepulse   Ferring   1   924.00	Kit			3 2 ma - 3 2	ma - 3.2 ma				
GONADOTROPIN (CHORIONIC) ☐  Inj. Pd.	1	Systeme Lutrenulse	Ferring	1	1 1				
Inj. Pd.       10 000 U PPB         02247459 02182904 Pregnyl       Fresenius Merck       1	02040202	Systeme Lutrepuise	I elling	1	924.00				
Inj. Pd.       10 000 U PPB         02247459 02182904 Pregnyl       Fresenius Merck       1		_							
02247459		N (CHORIONIC)		10	000 II <b>PPR</b>				
02182904     Pregnyl     Merck     1     → 72.00       GONADOTROPINS IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1	Chariania Ganadatrania	Frecopius	1					
Inj. Pd. 75 UI 02283093 <i>Menopur</i> Ferring 5 275.00 55.0000				l	1				
Inj. Pd. 75 UI 02283093 <i>Menopur</i> Ferring 5 275.00 55.0000			1	1	1				
Inj. Pd. 75 UI 02283093 <i>Menopur</i> Ferring 5 275.00 55.0000	CONVIDENCE	NG R							
	Inj. Pd.				75 UI				
02247790         Repronex         Ferring         5         275.00         55.0000									
	02247790	Repronex	Ferring	5	275.00	55.0000			

Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

	I				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GRANISETRON Tab.	HYDROCHLORIDE 1			1 mg <b>PPB</b>	
02308894	Granisetron	Apotex	10	90.00	<b>→</b> 9.0000
02452359	Nat-Granisetron	Natco	10	90.00	<b>→</b> 9.0000
GRASS POLLEN S-Ling. Tab.	ALLERGEN EXTRACT		1	100 IR	
02381885	Oralair	Stallergen	3	3.78	1.2600
S-Ling. Tab.	l	1	l .	300 IR	
02381893	Oralair	Stallergen	30 90	114.00 342.00	3.8000 3.8000
S-Ling. Tab.	ı	1	ı	2800 UAB	
02418304	Grastek	ALK-Abello	30	114.00	3.8000
	YDROCHLORIDE B				
L.A. Tab. I	I	I	l	1 mg	
02409100	Intuniv XR	Shire	100	300.00	3.0000
L.A. Tab.				2 mg	
	Intuniv XR	Shire	100	365.00	3.6500
02403113	many XII	Office	100	000.00	0.0000
L.A. Tab.				3 mg	
02409127	Intuniv XR	Shire	100	430.00	4.3000
				•	
L.A. Tab.	I	I	1	4 mg	
02409135	Intuniv XR	Shire	100	495.00	4.9500
HYDROXYPROP Oph. Sol.	PYLMETHYLCELLULOSE			0.5 %	
00000809	Isopto Tears	Alcon	15 ml	4.16	
	1	1		1	
Oph. Sol.	I	ı	I	1 %	ı
00000817	Isopto Tears	Alcon	15 ml	4.70	

**Page 428** 2019-12

	T							
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70								
Oph. Sol.	I	1	(	0.3 % -0.1 %	,			
00390291	Tears Naturale	Alcon	15 ml	5.28				
00740445	Table Materials II	Alson	30 ml	8.91				
00743445	Tears Naturale II	Alcon	15 ml 30 ml	5.10 9.26				
IBRUTINIB 🖪 Caps.				140 mg				
	l	1	۱	l	00.0500			
02434407	Imbruvica	Janss. Inc	90	8158.50	90.6500			
ICATIBANT ACE	TATE B		40					
S.C. Inj.Sol (syr)	[	1		ig/mL (3 mL)				
02425696	Firazyr	Shire HGT	1	2700.00				
IDELALISIB 🖪								
Tab.	1	1	1	100 mg				
02438798	Zydelig	Gilead	60	5121.00	85.3500			
	-	!		-				
Tab.				150 mg				
02438801	Zydelig	Gilead	60	5121.00	85.3500			
	_							
IMATINIB MESY Tab.	LATE IN		11	00 mg <b>PPB</b>				
	l	L.		l I				
02355337	Apo-Imatinib	Apotex	30	156.24	<b>→</b> 5.2079			
02253275 02397285	Gleevec NAT-Imatinib	Novartis Natco	120 30	3182.21 156.24	26.5184 <b>→</b> 5.2079			
02431114	pms-Imatinib	Phmscience	120	624.95	<b>→</b> 5.2079			
02399806	Teva-Imatinib	Teva Can	120	624.95	<b>→</b> 5.2079			
Tab.	ı	1	4(	00 mg <b>PPB</b>				
02355345	Apo-Imatinib	Apotex	30	624.94	<b>→</b> 20.8314			
02253283	Gleevec	Novartis	30	3182.21	106.0737			
02397293	NAT-Imatinib	Natco	30	624.94	<b>→</b> 20.8314			
	pms-Imatinib	Phmscience	30	624.94				
02399814	Teva-Imatinib	Teva Can	30	624.94	<b>→</b> 20.8314			
IMATINIB MESY	LATE - GASTRO INTESTINA	L STROMAL TUMOUR	R <b>B</b>					
Tab.	ı	1	ı	100 mg				
99100983	Gleevec	Novartis	120	3182.21	26.5184			
L	1	1						

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				400 mg	
99100982	Gleevec	Novartis	30	3182.21	106.0737
99100302	Oleevec	Novarus	30	3102.21	100.0737
IMIQUIMOD Top. Cr.				5% <b>PPB</b>	
02239505	Aldara P	Valeant	7.5 g	287.52	
02482983	Taro-Imiquimod Pump	Taro	7.5 g	<b>→</b> 287.44	
Top. Cr.			5	5 % (250 mg)	
02407825	Apo-Imiquimod	Apotex	24	264.72	11.0300
	, ,				
INCOBOTULINU	IMTOXINA LII			50 UI	
02371081	Xeomin	Merz	1	165.00	
	1				
I.M. Inj. Pd.				100 UI	
02324032	Xeomin	Merz	1	330.00	
		l	!	<u> </u>	
		_			
INDACATEROL Inh. Pd. (App.)	(MALEATE)/ GLYCOPYRRO	NIUM BROMIDE	110 mca - 5	60 mcg/caps.	
02418282	Ultibro Breezhaler	Novartis	30	78.45	
02410202	Ollibro Breezrialer	Novarus	30	76.43	
INFLIXIMAB I.V. Perf. Pd.				100 mg	
1	l	l	1 .	100 mg	
02244016	Remicade	Janss. Inc	1	940.00	
INFLIXIMAB -	CROHN'S DISEASE (ADU	LTS), RHUMATOID	ARTHRITIS,	ANKYLOSING	SPONDYLITIS,
I.V. Perf. Pd.	THRITIS AND PLAQUE PSOR	RIASIS LEI	1	00 mg <b>PPB</b>	
02419475	Inflectra	   Hospira	1	525.00	
99108493	Remicade	Janss. Inc	1	940.00	
02470373	Renflexis	Merck	1	<b>→</b> 493.00	
INFLIXIMAB - C	ROHN'S DISEASE (CHILDRE	N) B			
I.V. Perf. Pd.	,	· I	1	00 mg <b>PPB</b>	İ
99108693	Remicade	Janss. Inc	1	940.00	
99108694	Renflexis	Merck	1	<b>→</b> 493.00	

**Page 430** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE			
0002	BIO WE TO WILL	W WO THE TOTAL TO	OIZE	SIZE	OMITIMOE			
		-						
INFLIXIMAB -UL I.V. Perf. Pd.	INFLIXIMAB -ULCERATIVE COLITIS (ADULTS) III I.V. Perf. Pd. 100 mg PPB							
99108893 99109093	Inflectra Renflexis	Hospira Merck	1 1	525.00 <b>♦</b> 493.00				
INSULIN ASPAR S.C. Inj. Susp.	RT/ INSULIN ASPART PROTA	AMINE	30 % -	70 % (3 mL)				
02265435	NovoMix30	N.Nordisk	5	52.20				
INSULIN DEGLU S.C. Inj. Sol.	JDEC		100	U/mL (3 mL)				
02467879	Tresiba FlexTouch	N.Nordisk	5	98.69	19.7379			
		1						
S.C. Inj. Sol.	I	I	200	U/mL (3 mL)				
02467887	Tresiba FlexTouch	N.Nordisk	3	118.42	39.4734			
INSULIN DETEN	IIR		100	11/ml (2 ml )				
S.C. Inj. Sol.	l	N.Nordisk	1	U/mL (3 mL)				
02412829 02271842	Levemir FlexTouch Levemir Penfill	N.Nordisk	5 5	98.69 98.69				
	O/ INSULIN LISPRO PROTAI	MINE						
S.C. Inj. Susp.	1	1	1	- 75 % (3mL) 				
02240294 02403420	Humalog Mix 25 Humalog Mix 25 KwikPen	Lilly Lilly	5 5	51.44 51.44				
	1	T.	1	<u>.                                    </u>				
INTERFACE DR	ESSING - POLYAMIDE OR S	ILICONE						
Dressing	ı	100 cm <sup>2</sup>	to 200 cm² (ad	tive surface)				
99100353	3M Tegaderm Non- Adherent Contact Layer	3M Canada	1	5.23				
99100239	7.5 cm x 20 cm-150cm² Mepitel (10 cm x 18 cm - 180 cm²)	Mölnlycke	1	7.40				
Dressing		201 cm <sup>2</sup> f	to 500 cm² (ad	ctive surface)				
99100354	3M Tegaderm Non- Adherent Contact Layer 20 cm x 25 cm-500 cm <sup>2</sup>	3M Canada	1	15.84				

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
Dressing		Less tha	n 100 cm² (ac	tive surface)	
99100352	3M Tegaderm Non- Adherent Contact Layer 7.5 cm x 10 cm-75 cm <sup>2</sup>	3M Canada	1	3.39	
99100237	Mepitel (5 cm X 7.5 cm -	Mölnlycke	1	3.48	
99100238	38 cm²) Mepitel (7.5 cm x 10 cm - 75 cm²)	Mölnlycke	1	4.52	
Dressing		More tha	n 500 cm² (ac	tive surface)	
99100240	Mepitel (20 cm x 30 cm - 600 cm²)	Mölnlycke	1	21.36	
	<u>_</u>				
INTERFERON B I.M. Inj. Sol.	ETA-1A LT		30	mcg (6 MUI)	
99100763 02269201	Avonex Pen Avonex PS	Biogen Biogen	4 4	1409.85 1409.85	352.4625 352.4625
S.C. Inj. Sol.			22 mcg/0.5	mL (1,5 mL)	
02318253	Rebif	Serono	4	1434.74	358.6850
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 n	ncg (12 MUI)	
02237320	Rebif	Serono	3	436.66	145.5533
INTERFERON B	ETA-1B 🖪		C	0.3 mg <b>PPB</b>	
02169649	Betaseron	Bayer	15	1490.39	<b>→</b> 99.3593
02337819	Extavia	Novartis	45 15	4471.17 1490.39	<ul><li>99.3593</li><li>99.3593</li></ul>
Tab.	YDROCHLORIDE 🖫			5 mg	
02459973	Lancora	Servier	56	47.63	0.8505
Tab.				7.5 mg	
02459981	Lancora	Servier	56	87.18	1.5568

Page 432 2019-12

				COST OF PKG.	
CODE	BRAND NAME	MANUFACTURER	SIZE	SIZE	UNIT PRICE
IXEKIZUMAB					
S.C. Inj. Sol.	I	1	80 r	ng/mL (1 mL)	
02455102	Taltz (pen)	Lilly	1	1519.00	
02455110	Taltz (syringe)	Lilly	1	1519.00	
	ROMETHAMINE 🖪		0.4	IF 0/ (0 4 l )	
Oph. Sol.	1	1	0.4	5 % (0.4 mL)	
02369362	Acuvail	Allergan	30	7.25	0.2417
			60	14.50	0.2417
Oph. Sol.				0.5 % <b>PPB</b>	
01968300	Acular	Allergan	5 ml	16.80	
			10 ml	33.60	
02245821	Ketorolac	AA Pharma	5 ml	12.98	
			10 ml	<b>→</b> 25.96	
LACOSAMIDE	R				
Tab.	<b></b>			50 mg <b>PPB</b>	
02475332	Auro-Lacosamide	Aurobindo	60	37.88	<b>→</b> 0.6313
02488388	Jamp-Lacosamide	Jamp	100	63.13	→ 0.6313
02478196	Pharma-Lacosamide	Phmscience	60	37.88	• 0.6313
02474670	Sandoz Lacosamide	Sandoz	60	37.88	<b>→</b> 0.6313
02472902	Teva-Lacosamide	Teva Can	60	37.88	<b>→</b> 0.6313
02357615	Vimpat	U.C.B.	60	139.20	2.3200
Tab.				100 mg <b>PPB</b>	
I		1	I	1 1	
02475340	Auro-Lacosamide	Aurobindo	60	52.50	• 0.8750
02488396	Jamp-Lacosamide	Jamp	100	87.50	• 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.			1	150 mg <b>PPB</b>	
02475359	Auro-Lacosamide	Aurobindo	60	70.58	<b>→</b> 1.1763
02475359	Jamp-Lacosamide	Jamp	100	117.63	<b>→</b> 1.1763
02478226	Pharma-Lacosamide	Phmscience	60	70.58	<b>→</b> 1.1763
02476220	Sandoz Lacosamide	Sandoz	60	70.58	<b>→</b> 1.1763
02472929	Teva-Lacosamide	Teva Can	60	70.58	<b>→</b> 1.1763
02357631	Vimpat	U.C.B.	60	259.20	4.3200
	P. C.				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			. 2	00 mg <b>PPB</b>	
02475367	Auro-Lacosamide	Aurobindo	60	87.00	→ 1.4500
02488426	Jamp-Lacosamide	Jamp	100	145.00	1.4500
02478234	Pharma-Lacosamide	Phmscience	60	87.00	→ 1.4500
02474700	Sandoz Lacosamide	Sandoz	60	87.00	<b>→</b> 1.4500
02472937	Teva-Lacosamide	Teva Can	60	87.00	→ 1.4500
02357658	Vimpat	U.C.B.	60	319.20	5.3200
Syr. or Oral Sol.			667 r	ng/mL <b>PPB</b>	
02242814	Apo-Lactulose	Apotex	500 ml	7.25	<b>→</b> 0.0145
2222524			1000 ml	14.50	0.0145
02295881	Jamp-Lactulose	Jamp	500 ml 1000 ml	7.25 14.50	0.0145
02412268	Lactulose	Sanis	500 ml	7.25	<ul><li>→ 0.0145</li><li>→ 0.0145</li></ul>
02247383	Pharma-Lactulose	Phmscience	500 ml	7.25	→ 0.0145 → 0.0145
02217000	Thanna Ladialogo	Timodono	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 1000 ml	7.25 14.50	<ul><li>→ 0.0145</li><li>→ 0.0145</li></ul>
Chew. Tab.	ARBONATE HYDRATE 🖺	1	1	250 mg	l
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
			1		
Chew. Tab.	I	I	I	1000 mg	l
02287188	Fosrenol	Shire	90	384.56	4.2729
LAPATINIB 🖪 Tab.				250 mg	
1	Tulcomb	Nevertie	70	1	23.5000
02326442	Tykerb	Novartis	70	1645.00	23.5000
LEDIPASVIR/SO	NEOSBLIVID IB				
Tab.	,	1	90	mg -400 mg	ı
02432226	Harvoni	Gilead	28	22333.33	797.6189
	1		1		

Page 434 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LENALIDOMIDE	P				
Caps.	l	l	۱	2.5 mg	
02459418	Revlimid	Celgene	21	6919.50	329.5000
Caps.				5 mg	
02304899	Revlimid	Celgene	28	9520.00	340.0000
Caps.		1		10 mg	ĺ
02304902	Revlimid	Celgene	28	10108.00	361.0000
Caps.				15 mg	
02317699	Revlimid	Celgene	21	8022.00	382.0000
	l	1		1	
Caps.	1	I	ĺ	20 mg	ĺ
02440601	Revlimid	Celgene	21	8463.00	403.0000
Caps.				25 mg	
02317710	Revlimid	Celgene	21	8904.00	424.0000
02011110	1.101	Co.go.io		00000	12 110000
LENVATINIB B					
Kit (solid oral)	1	1	4 mg : 4	mg (5 caps.)	1
+ 02484056	Lenvima	Eisai	6	977.15	162.8575
Kit (solid oral)	l	<u></u>		ng (10 caps.)	
+ 02468220	Lenvima	Eisai	6	1954.29	325.7150
Kit (solid oral)			10 ma : 10	mg (5 caps.)	
02450321	Lenvima	  Eisai	6	2149.20	358.2000
		I.			
Kit (solid oral)	I	I	12 mg : 4 m	ng (15 caps.)	1
+ 02484129	Lenvima	Eisai	6	2931.44	488.5725
Kit (solid oral)		14 mg : 4 mg (5 c	caps.) and 10	mg (5 caps.)	
02450313	Lenvima	Eisai	6	3312.60	552.1000
	•			<u> </u>	
Kit (solid oral)		I	20 mg : 10 m	i i i i	1
02450305	Lenvima	Eisai	6	4969.20	828.2000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE		
CODE	BRAND NAME	MANOFACTORER	SIZE	SIZE	UNIT PRICE		
Kit (solid oral) 24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)							
02450291	Lenvima	Eisai	6	6625.20	1104.2000		
LEVOFLOXACIN	n B		100 ma	/mL (2.4 mL)			
02442302	Quinsair	   Horizon	56	3611.37	64.4887		
02.1.2002	- Cannoan	1.101.2011		0011.01	0.1.001		
I INAGI IPTIN/M	ETFORMIN HYDROCHLORIE	of R					
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		
		1		- 1			
Tab.	I	I	2.5 m	g - 1 000 mg			
02403277	Jentadueto	Bo. Ing.	60	71.02	1.1837		
LINAGLIPTINE Tab.				5 mg			
02370921	   Trajenta	Bo. Ing.	30	67.50	2.2500		
02070021	Trajonia	Do. mg.	90	202.50	2.2500		
LINEZOLID II.V. Perf. Sol.			2 === /== 1 /20	O mal \ DDD			
02481278	Linezolid Injection	  Jamp	2 mg/mL (30 10	887.40	<b>♦</b> 88.7400		
02243685	Zyvoxam	Pfizer	1	99.91	- 00.7400		
Tab.		l		00 mg <b>PPB</b>	± 07.0500		
02426552 02422689	Apo-Linezolid Sandoz Linezolid	Apotex Sandoz	30 20	1111.50 741.00	<ul><li>→ 37.0500</li><li>→ 37.0500</li></ul>		
02243684	Zyvoxam	Pfizer	20	1468.78	73.4390		
LIRAGLUTIDE S.C. Inj. Sol.	R		6 m	ıg/mL (3 mL)			
02351064	Victoza	N.Nordisk	2	136.98			
			3	205.47			
LISDEXAMFETA Caps.	AMINE (DIMESYLATE)			10 mg			
02439603	   Vyvanse	Shire	100	201.00	2.0100		
32.100000	-,	1		201.00	2.0100		

Page 436 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				20 mg	
02347156	Vyvanse	Shire	100	224.00	2.2400
Caps.		1	ı	30 mg	1
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
LOMITAPIDE (MI Caps.	ESYLATE) 🖪  Juxtapid	   Aegerion	28	5 mg	1040.0000
02420341	Juxtapia	Aegenon	20	29120.00	1040.0000
Caps.		1	ı	10 mg	ı
02420376	Juxtapid	Aegerion	28	29120.00	1040.0000
Caps.		1	ı	20 mg	ı
02420384	Juxtapid	Aegerion	28	29120.00	1040.0000
LURASIDONE H	YDROCHLORIDE 🖪				
Tab.	l	la .		20 mg	
02422050	Latuda	Sunovion	30	107.10	3.5700
Tab.		1	I	40 mg	ı
02387751	Latuda	Sunovion	30	107.10	3.5700
Tab.		ı	ı	60 mg	1
02413361	Latuda	Sunovion	30	107.10	3.5700
Tab.				80 mg	
02387778	Latuda	Sunovion	30	107.10	3.5700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				100	
Tab. 02387786	Lotudo	Sunovion	30	120 mg 107.10	3.5700
02307700	Latuua	Surioviori	30	107.10	3.3700
MACITENTAN [				10 mg	
02415690	Opsumit	Janss. Inc	30	3495.00	116.5000
	•			L	
MAGNESIUM HY	'DROXIDE				
Oral Susp.	1	I		100 mg/5 mL I I	
00468401	Lait de Magnesie	Atlas	500 ml	2.49	0.0050
MAGNESIUM HY	DROXIDE/ ALUMINUM HYD	ROXIDE <sup>5</sup>	200	200/5 1	
Oral Susp.				200 mg/5 mL 	
99002574			500 ml		
Oral Susp.			300 mg -6	00 mg/5 mL	
99002442			350 ml		
			400	404	
Tab. 99002868			50	mg -184 mg	
99002868			50		
Tab.			200	mg -200 mg	
99100716			36		
Tab. I		<u> </u>		mg -600 mg	
99002450			40		
MARAVIROC Tab.				150 mg	
02299844	Celsentri	ViiV	60	990.00	16.5000
Tab. I	1	] 	l	300 mg	
02299852	Celsentri	ViiV	60	990.00	16.5000

Page 438 2019-12

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
MEMANTINE HY Tab.	DROCHLORIDE B			10 mg <b>PPB</b>	
02324067	ACT Memantine	ActavisPhm	30 100	13.26 44.20	<ul><li>→ 0.4420</li><li>→ 0.4420</li></ul>
02366487	Apo-Memantine	Apotex	30 100	13.26 44.20	→ 0.4420
02260638	Ebixa	Lundbeck	30	70.10	• 0.4420 2.3367
02409895	Med-Memantine	GMP	100	44.20	0.4420
02443082	Memantine	Sanis	100	44.20	0.4420
02446049	Memantine	Sivem	30 100	13.26 44.20	<ul><li>→ 0.4420</li><li>→ 0.4420</li></ul>
02321130	pms-Memantine	Phmscience	30 100	13.26 44.20	<ul><li>→ 0.4420</li><li>→ 0.4420</li></ul>
02421364	Ran-Memantine	Ranbaxy	30 100	13.26 44.20	<ul><li>→ 0.4420</li><li>→ 0.4420</li></ul>
02320908	ratio-Memantine	Ratiopharm	100	44.20	<ul><li>→ 0.4420</li><li>→ 0.4420</li></ul>
02348950	Riva-Memantine	Riva	30	13.26	<ul><li>→ 0.4420</li></ul>
020.0000		1	100	44.20	<ul><li>→ 0.4420</li></ul>
02375532	Sandoz Memantine FCT	Sandoz	100	44.20	<b>→</b> 0.4420
MEPOLIZUMAB S.C. Inj. Pd.				100 mg	
S.C. Inj. Pd. 	Nucala	GSK	1	1	
	Nucala	GSK	1	100 mg 1938.46	
S.C. Inj. Pd. 02449781			1	1	
S.C. Inj. Pd. 02449781  METHYLPHENII	Nucala  DATE HYDROCHLORIDE		1	1938.46	
S.C. Inj. Pd. 02449781			1 100	1	0.6745
S.C. Inj. Pd.  02449781  METHYLPHENII L.A. Caps.  02277166	DATE HYDROCHLORIDE	<b>•</b>	1	1938.46 10 mg 67.45	0.6745
S.C. Inj. Pd. 02449781  METHYLPHENII L.A. Caps.	DATE HYDROCHLORIDE	<b>•</b>	1	1938.46	0.6745
S.C. Inj. Pd.  02449781  METHYLPHENII L.A. Caps.  02277166	DATE HYDROCHLORIDE	<b>•</b>	1	1938.46 10 mg 67.45	0.6745 0.9657
S.C. Inj. Pd.  02449781  METHYLPHENII L.A. Caps.  02277166  L.A. Caps.  02277131	DATE HYDROCHLORIDE   Biphentin	Purdue	100	1938.46  10 mg 67.45  15 mg 96.57	
S.C. Inj. Pd. 02449781  METHYLPHENII L.A. Caps. 02277166  L.A. Caps. 02277131  L.A. Caps.	DATE HYDROCHLORIDE  Biphentin  Biphentin	Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg	0.9657
S.C. Inj. Pd.  02449781  METHYLPHENII L.A. Caps.  02277166  L.A. Caps.  02277131	DATE HYDROCHLORIDE   Biphentin	Purdue	100	1938.46  10 mg 67.45  15 mg 96.57	
S.C. Inj. Pd. 02449781  METHYLPHENII L.A. Caps. 02277166  L.A. Caps. 02277131  L.A. Caps.	DATE HYDROCHLORIDE  Biphentin  Biphentin	Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg	0.9657
METHYLPHENII L.A. Caps. 02277131  L.A. Caps. 02277131  L.A. Caps.	Biphentin  Biphentin	Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68  30 mg	0.9657
METHYLPHENII L.A. Caps. 02277131  L.A. Caps. 02277158  L.A. Caps.	DATE HYDROCHLORIDE  Biphentin  Biphentin	Purdue Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68	0.9657
METHYLPHENII L.A. Caps. 02277131  L.A. Caps. 02277158  L.A. Caps.	Biphentin  Biphentin	Purdue Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68  30 mg	0.9657
S.C. Inj. Pd.  02449781  METHYLPHENII L.A. Caps.  02277166  L.A. Caps.  02277131  L.A. Caps.  02277158  L.A. Caps.  02277174	Biphentin  Biphentin  Biphentin	Purdue Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68  30 mg 171.18	0.9657
S.C. Inj. Pd. 02449781  METHYLPHENII L.A. Caps. 02277166  L.A. Caps. 02277131  L.A. Caps. 02277158  L.A. Caps. 02277174  L.A. Caps.	Biphentin  Biphentin  Biphentin	Purdue Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68  30 mg 171.18  40 mg 218.15	0.9657 1.2468 1.7118
METHYLPHENII L.A. Caps. 02277131  L.A. Caps. 02277158  L.A. Caps. 02277174  L.A. Caps.	Biphentin  Biphentin  Biphentin	Purdue Purdue Purdue	100	1938.46  10 mg 67.45  15 mg 96.57  20 mg 124.68  30 mg 171.18  40 mg	0.9657 1.2468 1.7118

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	1	1			
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)	1	1	ı	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-	Teva Can	100	50.99	0.5099
	C				
02413728	pms-Methylphenidate ER	Phmscience	100	50.99	0.5099
I A Tob (12 b)				07	
L.A. Tab. (12 h)	1	1	I	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-	Teva Can	100	58.84	0.5884
	C				
02413736	pms-Methylphenidate ER	Phmscience	100	58.84	0.5884
L.A. Tab. (12 h)	1	1	I	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-	Teva Can	100	68.63	0.6863
00440744	C	Dharasianas	400	60.60	0.0000
02413744	pms-Methylphenidate ER	Phmscience	100	68.63	0.6863
I A Tab (12 b)				E 4 mag	
L.A. Tab. (12 h)	I	I	I	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-	Teva Can	100	82.40	0.8240
02413752	C pms-Methylphenidate ER	Phmscience	100	82.40	0.8240
02413732	pms-wearyiphenidate ER	1 IIII30IEII0E	100	02.40	0.0240
METRONIDAZO Vag. Jel.	LE B			0.75 %	
02125226	Nidagel	Valeant	70 g	18.62	
02123220	INICASEI	valcant	/ / U g	10.02	
MICAFUNGIN S	ODIUM 🖪				
I.V. Perf. Pd.	I	1	I	50 mg	
02294222	Mycamine	Astellas	1	98.00	

Page 440 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.				100 mg	
02311054	Mycamine	Astellas	1	196.00	
	1				
MICRONIZED F Caps.	PROGESTERONE B		1	00 mg <b>PPB</b>	
02476576	pms-Progesterone	Phmscience	30	20.65	<b>→</b> 0.6884
	ľ		100	68.84	<b>→</b> 0.6884
02166704	1	Merck	30	20.65	• 0.6884
02439913	Teva-Progesterone	Teva Can	30 100	20.65 68.84	<ul><li>→ 0.6884</li><li>→ 0.6884</li></ul>
			100	00.04	<b>V.0004</b>
	_				
MIGALASTAT Caps.	P			123 mg	
02468042	Galafold	Amicus	14	23800.00	1700.0000
02400042	Galalolu	Afflicus	14	23800.00	1700.0000
MINERAL OIL Liq.				100 %	
Ι .	1	1	l	1	
00704172	Huile Minerale	Atlas	250 ml 500 ml	2.15 3.11	0.0086 0.0062
			300 1111	3.11	0.0002
Liq. (Rect.)					
* 00107875	Fleet Huileux	CB Fleet	130 ml	4.24	
	<b>I</b>				
MIRABEGRON L.A. Tab.	lii			25 mg	
02402874	Myrbetriq	Astellas	30	43.80	1.4600
02402074	Wyrbeurg	Asicilas	90	131.40	1.4600
			'		
L.A. Tab.	1	1	ı	50 mg	
02402882	Myrbetriq	Astellas	30	43.80	1.4600
			90	131.40	1.4600
MODAFINIL E	l				
Tab.	1	1	1	00 mg <b>PPB</b>	
02285398	Apo-Modafinil	Apotex	100	31.71	<b>→</b> 0.3171
02430487	Auro-Modafinil	Aurobindo	30	10.28	• 0.3425
			100	31.71	• 0.3171
02442078		Biomed	100	31.71	• 0.3171
02432560 02420260		Marcan Teva Can	100 30	31.71 10.28	<ul><li>→ 0.3171</li><li>→ 0.3425</li></ul>
02420200	i eva-ivioualii iii	16va Call	1 30	10.20	<del>-</del> 0.3425

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
MOISTURE-RET	ENTIVE DRESSING - HYDRO	OCOLLOIDAL OR POL	YURETHANE		
Dressing		100 cm² t	o 200 cm² (ac	tive surface)	i
00801011	3M Tegaderm Hydrocolloid Dressing (10 cm x 10 cm - 100 cm <sup>2</sup> )	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 20	21.70 86.82	4.3400 4.3410
99004984	DuoDERM Signal (14 cm x 14 cm - 188 cm²)	Convatec	1	8.15	
Drossing		201 cm² t	o 500 cm² (ac	tivo surfaco)	
Dressing I	I	201 GIIF (	o 500 cm² (ac l		ı
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	Covidien	30	229.90	7.6633
99004755	20,3 cm - 309 cm²) Alginate Hydrocolloid Dressing (20,3 cm x	Covidien	30	273.20	9.1067
99100610	20,3 cm - 412 cm²) Comfeel Plus Ulcer (15 cm x 15 cm - 225 cm²)	Coloplast	5	31.50	6.3000
99100611	Comfeel Plus Ulcer (20 cm x 20 cm - 400 cm²)	Coloplast	5	56.00	11.2000
99000059	Cutinova hydro (15 cm x 20 cm - 300 cm²)	S. & N.	3	35.55	11.8500
00899674	DuoDERM CGF (15 cm x 15 cm - 225 cm²)	Convatec	1	9.50	
00801046	DuoDERM CGF (15 cm x 20 cm - 300 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 tha	n 100 cm² (ac	tive surface)	
	l		·	1	I
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 tha	n 500 cm² (ac	tive surface)	
00800988	DuoDERM CGF (20 cm x 30 cm - 600 cm2)	Convatec	1	17.92	
	· · · · · · · · · · · · · · · · · · ·	1		·	

Page 442 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum	or triangular	
99100148	Comfeel Plus Triangle	Coloplast	5	46.75	9.3500
00907758	(18 cm x 20 cm - 180 cm²) DuoDERM CGF Border (Triangular 15 cm x 18 cm -	Convatec	1	5.43	
00907782	99 cm²) DuoDERM CGF Border (Triangular 20 cm x 23 cm - 270 cm²)	Convatec	1	11.17	
99100108	DuoDERM Signal (Sacrum	Convatec	1	14.13	
99100107	20 cm x 23 cm - 258 cm²) 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	
Thin dr.		100 cm² t	o 200 cm² (ac	tive surface)	
99100290	3M Tegaderm Hydrocolloid Thin Dressing (10cm x 10cm-100 cm²)	3M Canada	1	3.10	
99100143	Comfeel Plus Clear (10 cm	Coloplast	10	28.10	2.8100
99101135	x 10 cm - 100 cm²) Comfeel Plus Clear (5 cm x	Coloplast	10	36.20	3.6200
99100147	25 cm - 125 cm²)   Comfeel Plus Clear (9 cm x   14 cm - 126 cm²)	Coloplast	10	36.60	3.6600
99000261	DuoDERM CGF Extra Thin	Convatec	1 10	3.00	3.0000
00920029	(10 cm x 10 cm - 100 cm <sup>2</sup> )  DuoDERM CGF Extra Thin (10 cm x 15 cm - 118 cm <sup>2</sup> )	Convatec	1	30.00 3.82	3.0000
00920088	DuoDERM CGF Extra Thin	Convatec	1	3.24	
99100655	(5 cm x 20 cm - 100 cm²) Exuderm OdorShield (10 cm x 10 cm - 100 cm²)	Medline	10	21.28	2.1280
Thin dr.		201 cm² t	o 500 cm² (ac	tive surface)	
99100144	Comfeel Plus Clear (15 cm	Coloplast	5	27.30	5.4600
99101136	x 15 cm - 225 cm²) Comfeel Plus Clear (9 cm x	Coloplast	5	27.25	5.4500
00908134	25 cm - 225 cm²) DuoDERM CGF Extra Thin (15 cm x 15 cm - 225 cm²)	Convatec	1	5.77	
			400 27		
Thin dr.	Comfort Diversity	1	n 100 cm² (ac	l í l	0.0000
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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Thin dr.			•	Sacrum		
00920037	DuoDERM CGF Extra-Thin (Sacrum 15 cm x 18 cm -	Convatec	1	8.43		
99100652	216 cm²) Exuderm OdorShield Sacral (15,2 cm x 16,3 cm - 271 cm²)	Medline	5	36.79	7.3580	
MOXIFLOXACIN	I HYDROCHLORIDE		400	) mg/250 mL		
1	Avelox I.V.	Bayer	1	35.02	35.0200	
022.10114		,,	'	00.02	00.0200	
MULTIVITAMINS Caps. or Tab.	5 5					
99002493			1			
Chew. Tab.	1	ı	I	I I		
99002507			1			
NAPROXEN/ESO Tab.	OMEPRAZOLE 🖪	1	375 mg - :	20 mg <b>PPB</b>	1	
02458608	Mylan-Naproxen/ Esomeprazole MR	Mylan	60	46.92	<b>→</b> 0.7820	
02361701	Vimovo	AZC	60	55.20	0.9200	
Tab.	1	1	500 mg - :	20 mg <b>PPB</b>		
02443449	Mylan-Naproxen/	Mylan	60	46.92	<b>→</b> 0.7820	
02361728	Esomeprazole MR Vimovo	AZC	60	55.20	0.9200	
NATALIZUMAB I.V. Inj. Sol.	<b>B</b>	ı	1	300mg/15ml	1	
02286386	Tysabri	Biogen	1	2451.32		
NETUPITANT/PALONOSETRON CHLORHYDRATE 個 Caps. 300 mg - 0,5 mg						
02468735	Akynzeo	Purdue	1	135.00		
	1	!	!			

Page 444 2019-12

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
NILOTINIB 🖪 Caps.				150 mg	
02368250	  Tasigna	Novartis	112	3054.72	27.2743
		1		1	
Caps.	l	1	l	200 mg	
02315874	Tasigna	Novartis	112	3947.17	35.2426
NINTEDANIB ES	SU ATE R				
Caps.	J.	1	ı	100 mg	1
02443066	Ofev	Bo. Ing.	60	1630.80	27.1800
Caps.				150 mg	
02443074	Ofev	Bo. Ing.	30 60	1630.80 3261.60	54.3600 54.3600
NITRAZEPAM	<b>X</b> 3			F	
Tab.   00511528	Mogadon	AA Pharma	100	5 mg 15.34	0.1534
00011020	Mogadon	AATHamia	100	10.04	0.1334
Tab.	I	1	1	10 mg	1
00511536	Mogadon	AA Pharma	100	22.96	0.2296
NUTRITIONAL F	FORMULA - FAT EMULSION	(INFANTS AND CHILD		9 mL suppl.	
99100401	Microlipid	Nestlé-Nut	48	141.12	2.9400
		1			
	ORMULA - CASEIN HYDRO	LYSATE (INFANTS AN			
Liq.	I	I	1	7 mL suppl. 	1
99100206	Alimentum	Abbott	1	1.41	
Ped. Oral Pd.			. 4	54 g suppl.	
99100532 99100533	Nutramigen A+ Pregestimil A+	M.J. M.J.	1 1	16.53 17.72	
Pod Orol Dd				61 a gunni	
Ped. Oral Pd.	Nutramigen A± LCC	l <sub>M</sub> .		61 g suppl.	1
99101338	Nutramigen A+ LGG	M.J.	561 g	20.42	

NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL   1.   1.							
Suppl.		CODE	BRAND NAME	MANUFACTURER	SIZE		UNIT PRICE
					L	l I	
* 99100217   Medium chain triglycerides   Nestlé H.S   946 ml   32.23    ***  ***  ***  ***  ***  ***  ***		RITIONAL F	ORMULA - FRACTIONATED	COCONUT OIL			
NUTRITIONAL FORMULA - HIGH PROTEIN SEMI-ELEMENTAL   I.q.	₋iq.		İ	i.	I	suppl.	
1	*	99100217	Medium chain triglycerides	Nestlé H.S	946 ml	32.23	
1							
99002922		RITIONAL F	ORMULA - HIGH PROTEIN S	SEMI-ELEMENTAL			
99100826   Peptamen AF   Nestlé-Nut   1   38.08   11.32	₋iq.		1	I	I	1L suppl.	
1.5 L suppl.   1.5		99002922				I I	
Liq. 1.5 L suppl. 99100094   Peptamen avec Prebio 1   Nestlé-Nut					l .		
Section   Peptamen avec Prebio 1   Nestlé-Nut   1   39.90		99101178	Vital Peptide 1.5 Cal	Abbott	1	11.32	
220 mL à 250 mL suppl.   3	∟iq.					1.5 L suppl.	
220 mL à 250 mL suppl.   3	-	00100004	Pentamen avec Prehio 1	Nostló Nut	1	30.00	
99101181		99100094	replainen avec riebio i	Nestie-Nut	ı	39.90	
Nestlé-Nut	_iq.				220 mL à 250	mL suppl.	
Nestlé-Nut		99101181	PediaSure Pentide 1 Cal	Abbott	1	2 49	
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   99100789   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   Dral Pd.   48.7 g/sachet   suppl.    Oval Pd.   79.5 g/ sac.   suppl.    Oval Pd.   80 g/sac.   suppl.    Oval Pd.   80 g/sac.   suppl.    Oval Pd.   80 g/sac.   suppl.    Oval Pd.   80 g/sac.   suppl.    Oval Pd.   80 g/sac.   suppl.    Oval Pd.   80.4 g/sac.   suppl.							
99004631   Peptamen avec Prebio 1   Nestlé-Nut   1   6.65   99100789   Peptamen Junior   Nestlé-Nut   1   6.65   99100789   99101782   Vital Peptide 1 Cal   Abbott   1   2.49   99101183   Vital Peptide 1.5 Cal   Abbott   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   1   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Nestlé-Nut   2.49   Peptamen Junior 1.5   Peptamen Junio		99003031		Nestlé-Nut	1		
99000296		99100309	Peptamen AF	Nestlé-Nut	1	9.77	
99100789   99101182   Vital Peptide 1 Cal   Abbott   1   2.49		99004631	Peptamen avec Prebio 1	Nestlé-Nut	1	6.65	
99101182		99000296	Peptamen Junior	Nestlé-Nut	1	6.65	
NUTRITIONAL FORMULA - MONOMERIC   2.49		99100789	Peptamen Junior 1.5	Nestlé-Nut	1	9.98	
NUTRITIONAL FORMULA - MONOMERIC           Oral Pd.         48.7 g/sachet suppl.           99000229         Vivonex Pediatrique         Nestlé-Nut         6         39.42         6.570           Oral Pd.         79.5 g/ sac. suppl.         00921017         Vivonex Plus         Nestlé-Nut         6         39.39         6.565           Oral Pd.         80 g/sac. suppl.         00861464         70lerex         Nestlé-Nut         6         23.40         3.900           Oral Pd.         80.4 g/sac. suppl.         00895229         Vivonex T.E.N.         Nestlé-Nut         10         65.60         6.560           NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)         237 mL         suppl.		99101182	Vital Peptide 1 Cal	Abbott	1	2.49	
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         70lerex         Nestlé-Nut         6         23.40         3.9000           Oral Pd.         80.4 g/sac. suppl.         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)         237 mL         suppl.		99101183	Vital Peptide 1.5 Cal	Abbott	1	2.49	
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         70lerex         Nestlé-Nut         6         23.40         3.9000           Oral Pd.         80.4 g/sac. suppl.         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)         237 mL suppl.         237 mL suppl.         237 mL suppl.							
99000229			ORMULA - MONOMERIC		48 7 g/sa	ichet suppl	
Oral Pd.         79.5 g/ sac. suppl.           00921017         Vivonex Plus         Nestlé-Nut         6         39.39         6.5650           Oral Pd.         80 g/sac. suppl.         00861464         70lerex         Nestlé-Nut         6         23.40         3.9000           Oral Pd.         80.4 g/sac. suppl.         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)         237 mL suppl.         237 mL suppl.	. u.		   Vivonex Pediatrique	Nestlé-Nut	l	1	6.570
O0921017         Vivonex Plus         Nestlé-Nut         6         39.39         6.5650           Oral Pd.         80 g/sac. suppl.         00861464         7 olerex         Nestlé-Nut         6         23.40         3.9000           Oral Pd.         80.4 g/sac. suppl.         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)         237 mL         suppl.			,				
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.	Oral	Pd.	I	I	79.5 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)         237 mL         suppl.		00921017	Vivonex Plus	Nestlé-Nut	6	39.39	6.5650
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)         237 mL suppl.	)ral	Pd			n 08	/sac suppl	
Oral Pd.         80.4 g/sac. suppl.           00895229         Vivonex T.E.N.         Nestlé-Nut         10         65.60         6.560           NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)         237 mL suppl.         suppl.	J. G.		Tolorov	Nostić Nut	l	l '' I	2 000
00895229 Vivonex T.E.N. Nestlé-Nut 10 65.60 6.5600  NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)  Liq. 237 mL suppl.		00001404	Tolerex	Nestie-Nut	0	23.40	3.9000
NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN) Liq. 237 mL suppl.	Oral	Pd.			80.4 g	/sac. suppl.	
iq. 237 mL suppl.		00895229	Vivonex T.E.N.	Nestlé-Nut	10	65.60	6.5600
iq. 237 mL suppl.						'	
		RITIONAL F	ORMULA - MONOMERIC WI	TH IRON (INFANTS O			
99100463   Neocate Splash   Nutricia   27   178.76   6.620	_iq.		I	ı	237	7 mL suppl.	
		99100463	Neocate Splash	Nutricia	27	178.76	6.6207
				1	I	1	

Page 446 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ped.	Oral Pd.			. 4	00 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	Nutricia	4	184.00	46.0000
		prebiotics				
	99100715	PurAmino A+	M.J.	1	51.66	
	99101278	PurAmino A+ Junior	M.J.	1	47.22	
		ORMULA - POLYMERIC LOV	N RESIDUE - SPECIFI		00	
Oral	Pa.	I	I.	4 I	00 g suppl.	1
	99100792	Modulen IBD	Nestlé-Nut	1	27.10	
NUT	RITIONAL F	ORMULA - POLYMERIC LOV	W-RESIDUE			
Liq.					1 L suppl.	
	00400005		N = -414 N = 4	4	40.05	
	99100395 99100244	Isosource 2.0 Novasource Renal	Nestlé-Nut Nestlé-Nut	1	10.35 8.38	
	99100244	TwoCal HN	Abbott	1 1	9.84	
	33100402	TWOCATTIIV	Abbott	'	9.04	
Liq.			1		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	
Liq.		I	I	233 IIIL a 230	лпс заррі. 	
	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	
	00895350	Nutren Junior Osmolite 1.0 cal	Nestlé-Nut Abbott	1	1.54 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	
NUT	RITIONAL F	ORMULA - POLYMERIC WIT	H RESIDUE			
Liq.					1 L suppl.	
1	0000000	0	N = -414 N	,		
1	99003635 99003597	Compleat	Nestlé-Nut Abbott	1	7.45	
	99003597	Jevity 1.2 cal Jevity 1.5 Cal	Abbott	1	8.06 10.07	
1	99100393	Nepro	Abbott	1 1	8.01	
	20.00700	1	1	· '	0.01	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				1	<u> </u>	
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 99100042	Jevity 1.5 Cal Resource pour diabetiques	Abbott Nestlé-Nut	1 1	15.10 9.79	
Liq.		I	I	235 mL à 25	0 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 Abbott	1	1.75	
	99000482 99003392	Jevity 1 cal	Abbott	1 1	1.65 1.89	
	99003392	Jevity 1.2 cal Jevity 1.5 Cal	Abbott	1 1	2.38	
	99100702	Nepro	Abbott		1.90	
	99003414	Nutren Junior Fibres avec	Nestlé-Nut	1	1.54	
		Prebio				
	99001381	Pediasure avec fibres	Abbott	1	1.56	
	99005050 99100216	Pediasure Plus avec fibres Resource Essentiels	Abbott Nestlé-Nut	1 1	2.35	
	00100210	Jeunesse 1.5	Trootio Trut			
	99002019	Resource pour diabetiques	Nestlé-Nut	1	1.63	
	99002647	Suplena	Abbott	1	2.00	
Oral	Pd.			85 a	/sac. suppl.	
	99003236	Scandishake Aromatisee	Aptalis	4	11.81	2.9525
	99003230	Scandisnake Aromadisee	Aptalis	4	11.01	2.9525
		ORMULA - POLYMERIZED (	GLUCOSE			
Oral	Pd.	I	I	- 4 I	l54 g suppl.	
	99101093	SolCarb	Medica	6	59.94	9.9900
NUT	RITIONAL F	ORMULA - POST-DISCHAR	GE PRETERM FORMU	ILA (INFANTS	3)	
	Oral Pd.				363 g suppl.	
	99100122	Enfamil Enfacare A+	M.J.	1	14.45	
	99100122	Similac Neosure	Abbott	1 1	14.45	
		1	1	1	1	
NUT	RITIONAL F	ORMULA - PROTEIN				
Oral				. 2	227 g suppl.	
	99003783	Beneprotein	Nestlé-Nut	6	91.86	15.3100
	99000100	Derieprotein	INCORC-INUL		31.00	13.3100

Page 448 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
				•				
<b>NUTF</b> Liq.	RITIONAL F	ORMULA - SEMI-ELEMENIA	L HYPERPROTEINAT	ED	1 L suppl.			
-14.	99101234	Peptamen Intense Hyperproteine	Nestlé H.S	1	32.95			
Liq.	Liq. 250 mL suppl.							
	99101235	Peptamen Intense Hyperproteine	Nestlé H.S	1	8.24			
<b>NUTF</b> Oral F		ORMULA - SKIM MILK/ COC	CONUT OIL	4	10 g suppl.			
	00881201	Portagen	M.J.	1	20.22			
		-	1					
OBES	STICHOLIC	ACID 🖫						
Гаb.		I	I	I	5 mg			
	02463121	Ocaliva	Intercept	30	2958.90	98.6301		
Гаb.					10 mg			
	02463148	Ocaliva	Intercept	30	2958.90	98.6301		
			'					
CRI	ELIZUMAB	R						
		ш						
	erf. Sol.	ı	1	30 mg	/mL (10 mL)			
	erf. Sol. 02467224	Ocrevus	Roche	30 mg	/mL (10 mL) 8150.00			
.V. P	02467224		1	1	1 ' ' 1			
.V. P	02467224 UR-CONTR	Ocrevus OL DRESSING - ACTIVATED	CHARCOAL	1	8150.00			
0 <b>DO</b> I	02467224 UR-CONTR	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x	CHARCOAL	1	8150.00	1.9024		
0 <b>DO</b> I	02467224  UR-CONTR	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)	CHARCOAL 100 cm² t	1 o 200 cm² (ac	8150.00	1.9024 4.2580		
ODOI Oress	02467224 UR-CONTR sing 99001802 99001810	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)  Actisorb Silver (10.5 cm x	CHARCOAL 100 cm² t	o 200 cm² (ac	8150.00 tive surface) 95.12 212.90			
ODOI Dress	02467224 UR-CONTR sing 99001802 99001810	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)  Actisorb Silver (10.5 cm x 19 cm - 200 cm²)	CHARCOAL 100 cm² t	1 o 200 cm² (ac 50 50	8150.00 tive surface) 95.12 212.90			
ODOI Oress	02467224  UR-CONTR sing 99001802 99001810  sing 99100103	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)  Actisorb Silver (10.5 cm x 19 cm - 200 cm²)  Actisorb Silver (6.5 cm x	CHARCOAL 100 cm² t KCI KCI Less tha	0 200 cm² (ac 50 50 50	8150.00 tive surface) 95.12 212.90 tive surface)			
ODOI Dress	02467224  UR-CONTR sing 99001802 99001810  sing 99100103	OL DRESSING - ACTIVATED  Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)  Actisorb Silver (10.5 cm x 19 cm - 200 cm²)  Actisorb Silver (6.5 cm x	CHARCOAL 100 cm² t KCI KCI Less tha	0 200 cm² (ac 50 50 50	8150.00 tive surface) 95.12 212.90 tive surface)			

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
Tab.				100 mg		
02475200	Lynparza	AZC	60 120	3953.55 7907.10	65.8925 65.8925	
Tab.				150 mg		
02475219	Lynparza	AZC	60 120	3953.55 7907.10	65.8925 65.8925	
	HYDROCHLORIDE/TIOTROP	IUM BROMIDE MONO				
Sol. Inh. (App.)	Inspiolto Respimat	Bo. Ing.	2,5 m     60 dose(s)	cg - 2,5 mcg 60.90		
	The second second		( )			
OMALIZUMAB S.C. Inj. Pd.	R			150 mg		
02260565	Xolair	Novartis	1	618.00		
ONABOTULINU I.M. Inj. Pd.	MTOXINA 🖪			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		
ONDANSETROMO	ONDANSETRON (I) Oral Sol. 4 mg/5 mL PPB					
+ 02490617 02291967 02229639	Jamp-Ondansetron Ondansetron Zofran	Jamp AA Pharma Novartis	50 ml 50 ml 50 ml	73.07 73.07 96.61	<ul><li>1.4614</li><li>1.4614</li><li>1.9322</li></ul>	

**Page 450** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint.	or Tab.			4 mg <b>PPB</b>	
02288184	Apo-Ondansetron	Apotex	10	32.72	<b>→</b> 3.2720
	, 40	1.4	30	98.16	-
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	<b>→</b> 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	<b>→</b> 3.2720
02417839	NAT-Ondansetron	Natco	10	32.72	→ 3.2720
			30	98.16	<b>→</b> 3.2720
02264056	Novo-Ondansetron	Novopharm	10	32.72	→ 3.2720
02421402	Ondansetron	Sanis	100	327.20	<b>→</b> 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	<b>→</b> 3.2720
	ľ		100	327.20	→ 3.2720
02312247	Ran-Ondansetron	Ranbaxy	10	32.72	→ 3.2720
			100	327.20	<b>→</b> 3.2720
02278529	ratio-Ondansetron	Ratiopharm	10	32.72	→ 3.2720
			100	327.20	→ 3.2720
02274310	Sandoz Ondansetron	Sandoz	10	32.72	→ 3.2720
			100	327.20	→ 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
02444674	VPI-Ondansetron ODT	VPI	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
Гаb. Oral Disint.	or Tab.			8 mg <b>PPB</b>	
02288192	Apo-Ondansetron	Apotex	10	49.93	<b>→</b> 4.9930
			30	149.79	<b>→</b> 4.9930
02445859	Bio-Ondansetron	Biomed	10	49.93	<b>→</b> 4.9930
			30	149.79	<b>4</b> .9930
02458802	CCP-Ondansetron	Cellchem	30	149.79	<b>4</b> .9930
00006357	Co Ondonastron	Cahalt	100	499.30	4.9930
02296357 02313693	Co Ondansetron Jamp-Ondansetron	Cobalt	10	49.93 49.93	<ul><li>◆ 4.9930</li><li>◆ 4.9930</li></ul>
02313093	Jamp-Ondansellon	Jamp	100	499.30	<b>→</b> 4.9930
02371758	Mar-Ondansetron	Marcan	100	49.93	<b>→</b> 4.9930
02071700	War Gridanserion	Waroan	30	149.79	<b>→</b> 4.9930
02305267	Mint-Ondansetron	Mint	10	49.93	<b>→</b> 4.9930
			30	149.79	<b>→</b> 4.9930
02297876	Mylan-Ondansetron	Mylan	10	49.93	<b>→</b> 4.9930
			100	499.30	<b>→</b> 4.9930
02417847	NAT-Ondansetron	Natco	10	49.93	<b>→</b> 4.9930
			30	149.79	<b>→</b> 4.9930
02325160	Ondansetron	Pro Doc	10	49.93	<b>→</b> 4.9930
02421410	Ondansetron	Sanis	100	499.30	<b>→</b> 4.9930
02481731	Ondansetron ODT	Sandoz	10	49.93	<b>→</b> 4.9930
02389991	Ondissolve ODF	Takeda	10	49.93	<b>→</b> 4.9930
02258196	pms-Ondansetron	Phmscience	10	49.93	<b>→</b> 4.9930
			100	499.30	<b>→</b> 4.9930
02312255	Ran-Ondansetron	Ranbaxy	10	49.93	<b>4</b> .9930
		5	100	499.30	4.9930
02278537	ratio-Ondansetron	Ratiopharm	10 100	49.93	<b>→</b> 4.9930
02274329	Sandoz Ondansetron	Sandoz	100	499.30 49.93	<ul><li>◆ 4.9930</li><li>◆ 4.9930</li></ul>
02274329	Sandoz Ondansetron	Sandoz	100	499.30	<b>→</b> 4.9930
02376105	Septa-Ondansetron	Septa	100	49.93	<b>→</b> 4.9930
02370103	Septa-Oridansetron	Оеріа	100	499.30	<b>→</b> 4.9930
02264064	Teva-Ondansetron	Teva Can	10	49.93	<b>→</b> 4.9930
02201001	Tota Gridariosi Gri	Tova oan	100	499.30	<b>→</b> 4.9930
02448467	VAN-Ondansetron	Vanc Phm	10	49.93	<b>→</b> 4.9930
02444682	VPI-Ondansetron ODT	VPI	10	49.93	<b>→</b> 4.9930
02213575	Zofran	Novartis	10	193.22	19.3220
02239373	Zofran ODT	Novartis	10	188.77	18.8770
OSELTAMIVIR F	PHOSPHATE B				
caps.	1	1	1	30 mg <b>PPB</b>	
02472635	NAT-Oseltamivir	Natco	10	15.54	<b>→</b> 1.5540
02304848	Tamiflu	Roche	10	19.50	1.9500
	,	'			
Caps.	ı	1	1	45 mg <b>PPB</b>	
02472643	NAT-Oseltamivir	Natco	10	23.91	<b>→</b> 2.3910
02304856	Tamiflu	Roche	10	30.00	3.0000
caps.				75 mg <b>PPB</b>	
•	NAT Ossitari	N-4	1 40		
02457989	NAT-Oseltamivir	Natco	10	30.56	<b>→</b> 3.0563
02241472	Tamiflu	Roche	10	39.00	3.9000

Page 452 2019-12

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
02001042	Tanına	rtoone	00 1111	13.50	0.0000
OSIMERTINIB	B				
Tab.	1	1	ı	40 mg	ı
02456214	Tagrisso	AZC	30	8840.29	294.6764
Tab.				80 mg	
02456222	Tagrisso	AZC	30	8840.29	294.6764
	1.03.000				
OXCARBAZEPII	NE B				
Oral Susp.	· <del>-</del>	1	1	60 mg/mL	
02244673	Trileptal	Novartis	250 ml	77.45	0.3098
Tab.			1	50 mg <b>PPB</b>	
02284294	Apo-Oxcarbazepine	Apotex	100	62.09	<b>→</b> 0.6209
02440717	Jamp-Oxcarbazepine	Jamp	100	62.09	<b>→</b> 0.6209
Tab.			3	00 mg <b>PPB</b>	
02284308	Apo-Oxcarbazepine	Apotex	100	72.42	<b>→</b> 0.7242
02440725	Jamp-Oxcarbazepine	Jamp	100	72.42	→ 0.7242
02242068	Trileptal	Novartis	50	42.60	0.8520
Tab.			6	00 mg <b>PPB</b>	
02284316	Apo-Oxcarbazepine	Apotex	100	144.84	<b>→</b> 1.4484
02440733	Jamp-Oxcarbazepine	Jamp	100	144.84	<b>→</b> 1.4484
02242069	Trileptal	Novartis	50	85.20	1.7040
	_				
OXYBUTYNIN Patch	R			36 mg	
02254735	Oxytrol	Actavis	8	51.82	6.4775
		-		1	
OXYBUTYNINE L.A. Tab.	CHLORIDE 🖪			5 mg	
02243960	Ditropan XL	Janss. Inc	100	183.30	1.8330
1_2.0000		1	1 .00		
L.A. Tab.	1	1	ı	10 mg	
02243961	Ditropan XL	Janss. Inc	100	183.30	1.8330
		·			·

OXYCODONE ®           L.A. Tab.         5 mg PPB           02394170   23961746   Apo-Cxycodone CR   Apotex   100   34.02   34	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG.	UNIT PRICE
L.A. Tab.  02394170   ACT Oxycodone CR   ActavisPhm   100   34.02						
L.A. Tab.  02394170   ACT Oxycodone CR   ActavisPhm   100   34.02	000000000					
Description   LA Tab.					5 mg PPB	
LA. Tab.    10 mg   PPB	02394170	ACT Oxycodone CR	ActavisPhm	100	34.02	→ 0.3402
02394189   ACT Oxycodone CR   ActavisPhm   100   47.41   \$\blue{\pmathcal{+}}\$ 0.474   02366754   Apo-Oxycodone CR   Apotex   100   47.41   \$\blue{\pmathcal{+}}\$ 0.474   02372525   OxyNEO   Purdue   60   52.68   0.878   0.878	02366746	Apo-Oxycodone CR	Apotex	100	34.02	<b>→</b> 0.3402
02394189   ACT Oxycodone CR   ActavisPhm   100   47.41   \$\blue{\pmathcal{+}}\$ 0.474   02366754   Apo-Oxycodone CR   Apotex   100   47.41   \$\blue{\pmathcal{+}}\$ 0.474   02372525   OxyNEO   Purdue   60   52.68   0.878   0.878					40	
02366754   Apo-Oxycodone CR   Apotex   100   47.41		I	1	I		L
02372525   0xyNEO   pms-Oxycodone CR   Purdue   60   52.68   0.8788   0.2309882   pms-Oxycodone CR   Phmscience   100   47.41   ■ 0.474   ■ 0.4		,				
Description	1		'	1	l .	0.8780
Description	1	1 ,	Phmscience			<b>→</b> 0.4741
Description					45	
L.A. Tab.  C.A. Tab.		1	1	I	1	I
L.A. Tab.    20 mg   PPB		1	1 '			0.5724
02394197       ACT Oxycodone CR       ActavisPhm       100       71.12       ♣ 0.711         02366762       Apo-Oxycodone CR       Apotex       100       71.12       ♣ 0.711         02372797       OxyNEO       Purdue       60       79.02       1.317         02309890       pms-Oxycodone CR       Phmscience       100       71.12       ♣ 0.711         L.A. Tab.       30 mg       PPB         02394774       Apo-Oxycodone CR       Apotex       100       93.96       ♣ 0.939         02372541       OxyNEO       Purdue       60       104.40       1.740         L.A. Tab.       40 mg       PPB         02394200       ACT Oxycodone CR       ActavisPhm       100       123.26       ♣ 1.232         02306530       Apo-Oxycodone CR       Apotex       100       123.26       ♣ 1.232         02372568       OxyNEO       Purdue       60       136.95       2.282         02309904       pms-Oxycodone CR       Apotex       100       170.10       ♣ 1.232         L.A. Tab.       60 mg       PPB         02394782       Apo-Oxycodone CR       Apotex       100       170.10       ♣ 1.701         02372576 <td< td=""><td>02372533</td><td>OXYNEO</td><td>Purdue</td><td>60</td><td>63.60</td><td>1.0000</td></td<>	02372533	OXYNEO	Purdue	60	63.60	1.0000
02366762 02372797 02309890         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60 79.02         71.12 1.3171         0.7111           L.A. Tab.         30 mg         PPB           02394774 02372541         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         93.96 104.40         0.9391 1.7400           L.A. Tab.         40 mg         PPB           02394200 02306530         Actroxycodone CR Apo-Oxycodone CR 02309504         ActavisPhm Apo-Oxycodone CR Purdue         100 123.26         1.2320 1.2320           0.309904         pms-Oxycodone CR Phmscience         100 123.26         1.2320 1.2320           L.A. Tab.         60 mg         PPB           02394782 02394782         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         170.10 189.00         1.7010 3.1500           L.A. Tab.         80 mg         PPB           02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         170.10 189.00         1.7010 3.1500           L.A. Tab.         80 mg         PPB           02394219 02366789 02366789 02366789 02366789 02366789 02372584         ACT Oxycodone CR Apotex 02366789 02372584         ActavisPhm 0227.66 02372584         100 027.66 0252.96 0252.96         2.2766 0252.96 0252.96         2.2766 0252.96 0252.96	L.A. Tab.				20 mg <b>PPB</b>	
02366762 02372797 02309890         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60 79.02         71.12 1.3171         0.7111           L.A. Tab.         30 mg         PPB           02394774 02372541         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         93.96 104.40         0.9391 1.7400           L.A. Tab.         40 mg         PPB           02394200 02306530 02372568         ACT Oxycodone CR OxyNEO         ActavisPhm Purdue         100 123.26         1.2320 1.2320           0.2399904         Pms-Oxycodone CR Pms-Oxycodone CR         Apotex Phmscience         100 123.26         1.2320 1.2320           L.A. Tab.         60 mg         PPB           02394782 02394782         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 170.10         170.10         1.7010 1.7010           L.A. Tab.         80 mg         PPB           02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         170.10 189.00         1.7010 3.1500           L.A. Tab.         80 mg         PPB           02394219 02366789 02366789 02366789 02372584         ACT Oxycodone CR Apotex 02372584         ActavisPhm 029766 02366789 02372584         100 027.66 0252.96         2.2766 0252.96         2.2766 0252.96         4.2160	02394197	ACT Oxycodone CR	ActavisPhm	100	71 12	→ 0.7112
Description         Description		,	I			<b>→</b> 0.7112
L.A. Tab.    02394774	1	1				1.3170
02394774 02372541         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         93.96 104.40         10.939 1.740           L.A. Tab.         40 mg         PPB           02394200 02306530 02306530 02372568 02309904         ACT Oxycodone CR Apo-Oxycodone CR Purdue         Apotex 100 123.26         1.2326 1.2326         1.2326 1.2326           L.A. Tab.         60 mg         PPB           02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 170.10         170.10 170.10         1.7016 1.7016           L.A. Tab.         80 mg         PPB           02394782 02372576         Apo-Oxycodone CR OxyNEO         ActavisPhm Purdue         100 100 100 100 100 100 100 100 100 100	02309890	pms-Oxycodone CR	Phmscience	100	71.12	• 0.7112
02394774 02372541         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 93.96 104.40         0.9396 1.7400           L.A. Tab.         40 mg PPB           02394200 02306530 02372568 02309904         ACT Oxycodone CR Apotex A	L.A. Tab.				30 mg <b>PPB</b>	
Description         Description         Purdue         60         104.40         1.7400           L.A. Tab.         40 mg         PPB           D2394200	02394774	Ano-Oxycodone CR	Anotex	100	1	0 9396
02394200	1	1	1 -	1		1.7400
02394200						
02306530	L.A. Tab.	I	1	I	40 mg <b>PPB</b>	I
02372568 02309904 02309904 02309904 02309904 02309904 02309904 02309904 02309904 02309904 02309904 023090909090909 023090909 023090909 023090909 023090909 023090909 02309090909 023090909 023090909 0230909090 02309090000 02309090000 023090000000000	1				l .	<b>→</b> 1.2326
02309904         pms-Oxycodone CR         Phmscience         100         123.26         ★         1.2326           L.A. Tab.         60 mg         PPB           02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 170.10 17	1	1	1 '			, , , , , , , , , , , , , , , , , , , ,
02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         170.10 189.00         1.7010 3.1500           L.A. Tab.         80 mg         PPB           02394219 02366789 02372584         ACT Oxycodone CR Apo-Oxycodone CR OxyNEO         ActavisPhm Apotex Purdue         100 227.66 50 227.66         2.2766 227.66         2.2766 4.2160		1 -			1	<b>→</b> 1.2326
02394782 02372576         Apo-Oxycodone CR OxyNEO         Apotex Purdue         100 60         170.10 189.00         ★ 1.7010 3.1500           L.A. Tab.         80 mg         PPB           02394219 02366789 02372584         ACT Oxycodone CR Apo-Oxycodone CR OxyNEO         ActavisPhm Apotex Purdue         100 227.66 50 2252.96         ★ 2.2766 4.2160			'		1	
02372576         OxyNEO         Purdue         60         189.00         3.1500           L.A. Tab.         80 mg         PPB           02394219         ACT Oxycodone CR Apo-Oxycodone CR O2372584         ActavisPhm Apo-Oxycodone CR OxyNEO         100 Purdue         227.66 100 227.66         2.2760 227.66         2.2760 4.2160	L.A. Tab.	I	ı	ı	60 mg <b>PPB</b>	I
L.A. Tab.    02394219	1		1 '	1		→ 1.7010
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       4.2166	02372576	OxyNEO	Purdue	60	189.00	3.1500
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       4.2166	L.A. Tab.				80 mg <b>PPB</b>	
02366789         Apo-Oxycodone CR         Apotex         100         227.66         ♣         2.276           02372584         OxyNEO         Purdue         60         252.96         4.216		ACT Oxycodone CR	ActavisPhm	100	1	2 2766
02372584   OxyNEO   Purdue   60   252.96   4.2160	1				1	1 1
02309912   pms-Oxycodone CR   Phmscience   100   227.66   → 2.2766	02372584	OxyNEO	Purdue	60	252.96	4.2160
	02309912	pms-Oxycodone CR	Phmscience	100	227.66	<b>→</b> 2.2766
OXYHYDROXYDE SUCRO FERRIC (1)		DE SUCRO FERRIC			500 mg (Ea)	
Chew. Tab. 500 mg (Fe)		l., , ,	 		1	
02471574         Velphoro         Vifor         90         378.32         4.2036	02471574	Velphoro	Vitor	90	378.32	4.2036

Page 454 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
PALBOCICLIB	P					
Caps.		1	I	75 mg	ı	
02453150	Ibrance	Pfizer	21	5332.16	253.9124	
Caps.				100 mg		
02453169	Ibrance	Pfizer	21	5332.16	253.9124	
Caps.				125 mg		
02453177	Ibrance	Pfizer	21	5332.16	253.9124	
PALIPERIDONE	PALMITATE 🖫					
I.M. Inj. Susp. 1 n		1	5 I	0 mg/0.5 mL	1	
02354217	Invega Sustenna	Janss. Inc	1	304.10		
I.M. Inj. Susp. 1 n	nonth		75	mg/0.75 mL		
02354225	Invega Sustenna	Janss. Inc	1	456.18		
I.M. Inj. Susp. 1 n	nonth		10	0 mg/1.0 mL		
	Invega Sustenna	Janss. Inc	1	456.18		
I.M. Inj. Susp. 1 n	nonth I	1	15 I	0 mg/1.5 mL	ı	
02354241	Invega Sustenna	Janss. Inc	1	608.22		
I.M. Inj. Susp. 3 n	nonths		175 r	ng/0.875 mL		
02455943	Invega Trinza	Janss. Inc	1	912.30		
I.M. Inj. Susp. 3 n	nonths		263 r	ng/1.315 mL		
02455986		Janss. Inc	1	1368.54		
I.M. Inj. Susp. 3 n	nonths	1	350	mg/1.75 mL	ı	
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/MINE Oph. Oint.	RAL OIL		57 <i>'</i>	3 % - 42.5 %		
00210889	Lacrilube	Allergan	37.\ 3.5 g	6.98		
		Ŭ	7 g	9.85		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PAZOPANIB HY Tab.	DROCHLORIDE 1			200 mg	
02352303	Votrient	Novartis	120	4129.20	34.4100
PEGINTERFERO S.C. Inj. Sol.	ON ALFA-2A 🖪		180	mcg/0.5 mL	
02248077	Pegasys	Roche	1	395.84	
	•			,	
PENTOXIFYLLIN	NE B			400 ma	
02230090	Pentoxifylline SR	AA Pharma	100	400 mg 58.46	0.5846
	,		500	292.30	0.5846
	_				
PERAMPANEL Tab.				2 mg	
02404516	Fycompa	Eisai	7	66.15	9.4500
Tab.				4 mg	
02404524	Fycompa	Eisai	28	264.60	9.4500
		1		1	
Tab. 02404532	   <i>Fycompa</i>	  Eisai	28	6 mg 264.60	9.4500
02404532	Гусопіра	Elsai	20	204.00	9.4300
Tab.	I	I	I	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
		1			
	ATE GLYCEROL 🖪				
Liq. 02453304	Pavicti	   Horizon	25 ml	1.1 g/mL 1200.00	48.0000
02453304	Navicu	TIONZON	20 1111	1200.00	40.0000

Page 456 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PIMECROLIMUS	s R				
Top. Cr.	, ш			1 %	
02247238	Elidel	Valeant	30 g 60 g	62.94 125.89	2.0980 2.0982
	HYDROCHLORIDE 1				
Tab.	ı	1		15 mg <b>PPB</b>	1
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.				20 <b>DDD</b>	
Tab. I	I	1	Ι ,	30 mg <b>PPB</b>	Ì
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 mm DDD	
1 ab.		I	1	I	45 mg <b>PPB</b>	
	02242574	Actos	Takeda	90	402.90	4.4767
	02302977	Apo-Pioglitazone	Apotex	100	105.00	<b>→</b> 1.0500
	02384922	Auro-Pioglitazone	Aurobindo	100	105.00	<b>→</b> 1.0500
	02302896	Co Pioglitazone	Cobalt	100	105.00	<b>→</b> 1.0500
	02365537	Jamp-Pioglitazone	Jamp	90	94.50	<b>→</b> 1.0500
	02326493	Mint-Pioglitazone	Mint	100	105.00	<b>→</b> 1.0500
	02274930	Novo-Pioglitazone	Novopharm	100	105.00	<b>→</b> 1.0500
				500	525.00	<b>→</b> 1.0500
	02339595	Pioglitazone	Accord	90	94.50	<b>→</b> 1.0500
	02303140	pms-Pioglitazone	Phmscience	100	105.00	<b>→</b> 1.0500
	02312077	Pro-Pioglitazone	Pro Doc	90	94.50	<b>→</b> 1.0500
				100	105.00	<b>→</b> 1.0500
	02375877	Ran-Pioglitazone	Ranbaxy	100	105.00	<b>→</b> 1.0500
	02301458	ratio-Pioglitazone	Ratiopharm	100	105.00	<b>→</b> 1.0500
				500	525.00	<b>→</b> 1.0500
	02297922	Sandoz Pioglitazone	Sandoz	90	94.50	<b>→</b> 1.0500
	02434156	VAN-Pioglitazone	Vanc Phm	90	94.50	<b>→</b> 1.0500
Caps		   Esbriet	Roche	00	267 mg	
	02393751	Espriet	Roche	63 270	820.89 3518.10	13.0300 13.0300
Tab.	02393751	Esbriet	Rocile		3518.10	
Tab.				270	3518.10 267 mg	13.0300
Tab.	02393751	Esbriet	Roche	270	3518.10 267 mg 273.63	13.0300
Tab.				270	3518.10 267 mg	13.0300
Tab.				270	3518.10 267 mg 273.63	13.0300
	02464489	Esbriet		270	267 mg 267 mg 273.63 3518.10	13.0300 13.0300 13.0300
			Roche	270 21 270	3518.10 267 mg 273.63 3518.10	13.0300
Tab.	02464489 02464500 YETHYLENI	Esbriet Esbriet	Roche	270 21 270	267 mg 267 mg 273.63 3518.10	13.0300 13.0300 13.0300
Tab.	02464489 02464500 YETHYLENI	Esbriet Esbriet	Roche	270 21 270 90	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g <b>PPB</b> 5.93	13.0300 13.0300 13.0300
Tab.	02464489 02464500 YETHYLEN Pd. 02460297	Esbriet  Esbriet  EGLYCOL  Comfilax	Roche  Roche  Cellchem	270 21 270 90 238 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70	13.0300 13.0300 13.0300
Tab. POL' Oral	02464489 02464500 YETHYLEN Pd. 02460297 02374137	Esbriet  Esbriet  EGLYCOL  Comfilax  Emolax	Roche  Roche  Cellchem  Jamp	21 270 90 238 g 510 g 510 g	3518.10  267 mg 273.63 3518.10  801 mg 3518.10  1 g/g <b>PPB</b> 5.93 12.70 12.70	13.0300 13.0300 13.0300 39.0900
Tab.	02464489 02464500 YETHYLEN Pd. 02460297	Esbriet  Esbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17	Roche  Roche  Cellchem	270 21 270 90 238 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70	13.0300 13.0300 13.0300
Tab. POL' Oral	02464489 02464500 YETHYLEN Pd. 02460297 02374137 99113714	Esbriet  Esbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)	Roche  Roche  Cellchem  Jamp Jamp	21 270 90 238 g 510 g 510 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70 12.70	13.0300 13.0300 13.0300 39.0900
Tab. POL' Oral	02464489 02464500 YETHYLEN Pd. 02460297 02374137 99113714 02453193	Esbriet  ESbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)  Lax-A-Day Pharma	Roche  Roche  Cellchem  Jamp Jamp Phmscience	21 270 90 238 g 510 g 510 g 510 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70 12.70 12.70 12.70	13.0300 13.0300 13.0300 39.0900
Tab. POL' Oral	02464489 02464500 YETHYLENI Pd. 02460297 02374137 99113714 02453193 02450070	Esbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)  Lax-A-Day Pharma  M-Peg 3350	Roche  Roche  Cellchem  Jamp Jamp	270 21 270 90 238 g 510 g 510 g 510 g 510 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70 12.70	13.0300 13.0300 13.0300 39.0900
Tab. POL' Oral	02464489 02464500 YETHYLEN Pd. 02460297 02374137 99113714 02453193	Esbriet  ESbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)  Lax-A-Day Pharma	Roche  Roche  Cellchem  Jamp Jamp Phmscience Mantra Ph.	21 270 90 238 g 510 g 510 g 510 g 510 g 510 g 510 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70 12.70 12.70 12.70 12.70 6.35	13.0300 13.0300 13.0300 39.0900
Tab. POL' Oral	02464489 02464500 YETHYLENI Pd. 02460297 02374137 99113714 02453193 02450070 02358034	Esbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)  Lax-A-Day Pharma  M-Peg 3350  Peg 3350	Roche  Cellchem  Jamp Jamp Phmscience Mantra Ph. Medisca	21 270 90 238 g 510 g 510 g 510 g 510 g 510 g 510 g 510 g 510 g	3518.10  267 mg 273.63 3518.10  801 mg 3518.10  1 g/g PPB  5.93 12.70 12.70 12.70 12.70 12.70 6.35 14.74	13.0300 13.0300 13.0300 39.0900
Tab. POL' Oral	02464489 02464500 YETHYLENI Pd. 02460297 02374137 99113714 02453193 02450070	Esbriet  EGLYCOL  Comfilax  Emolax  Emolax (30 packs of 17 grams)  Lax-A-Day Pharma  M-Peg 3350	Roche  Roche  Cellchem  Jamp Jamp Phmscience Mantra Ph.	21 270 90 238 g 510 g 510 g 510 g 510 g 510 g 510 g 510 g	3518.10  267 mg  273.63 3518.10  801 mg  3518.10  1 g/g PPB  5.93 12.70 12.70 12.70 12.70 12.70 6.35	13.0300 13.0300 13.0300 39.0900

Page 458 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
		1		1			
	E GLYCOL/ SODIUM SULFA	TE/ SODIUM BICARE	SONATE/ SOI	DIUM CHLORID	E/ POTASSIUM		
<b>CHLORIDE</b> Oral Pd. 0.851 g - 0.082 g - 0.024 g - 0.021 g - 0.011 g / g <b>PPB</b>							
02378329	Jamplyte (280g)	Jamp	1	<b>→</b> 16.45			
99100717	PegLyte (280 g)	Pendopharm	1	<b>→</b> 16.45			
POLYVINYL ALC Oph. Sol.	СОНОГ		1 4	4 % (0.4 mL)			
02138670	Refresh	Allergan	30	9.95	0.3317		
02100010	rtonoon	, morgan		0.00	0.0011		
DOMAL IDOMIDI	- 10						
POMALIDOMIDE Caps.	<b>: LDI</b>			1 mg			
02419580	Pomalyst	Celgene	21	10500.00	500.0000		
Caps.	I	I	ı	2 mg	1		
02419599	Pomalyst	Celgene	21	10500.00	500.0000		
0				2			
Caps.	Bernet		04	3 mg	500,0000		
02419602	Pomalyst	Celgene	21	10500.00	500.0000		
Caps.				4 mg			
02419610	Pomalyst	Celgene	21	10500.00	500.0000		
	I	1		l l			
POSACONAZOL	F R						
L.A. Tab.	<u></u>	1	ı	100 mg	1		
02424622	Posanol	Merck	60	2803.38	46.7230		
0.10				40			
Oral Susp.	l	l	l .	40 mg/mL	1		
02293404	Posanol	Merck	1	981.18			
PRASUGREL Tab.				10 mg			
02349124	   Effient	Lilly	30	57.49	1.9163		
02049124	Lineit	y		37.49	1.0100		
	. <b>.</b> D						
PROGESTERON Vag. gel (App.)	ie w			8 %			
02241013	Crinone	Serono	18	144.00			
	<u> </u>	1	I				

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Vag. Tab. (eff.)				100 mg	
1 -				ا آ	
02334992	Endometrin	Ferring	21	84.00	4.0000
PROPRANOLOL Oral Sol.	HYDROCHLORIDE II	1	ı	3.75 mg/mL	
02457857	Hemangiol	Pierre Fab	120 ml	273.70	2.2808
			1	1	
PSYLLIUM MUC	ILLOID 5				
Oral Pd.			336	g to 1040 g	
99002876			1		
<b>QUANTITATIVE</b> Strip	PROTHROMBIN-TIME BLOC	DD TEST			
99100333	CoaguChek XS PT Test	Roche Diag	6	37.20	
			24	148.80	
99113393	CoaguChek XS PT Test	Roche Diag	48 6	297.60 37.20	
00110000	PST	Treesile Blag	24	148.80	
		•	•		
DANUDIZUMAD	Б				
RANIBIZUMAB Inj. Sol.	LIN .		10 ma	/mL (0,23ml)	
02296810	Lucentis	Novartis	1	1575.00	
02290010	Lucentis	Novartis	ı	1373.00	
Inj.Sol (syr)			10 mg/m	nL (0,165 ml)	
02425629	Lucentis	Novartis	1	1575.00	
	_				
RASAGILINE MI Tab.	ESYLATE B		C	.5 mg <b>PPB</b>	
02404680	Apo-Rasagiline	Apotex	100	360.50	<b>→</b> 3.6050
02284642	Azilect	Teva Innov	30	210.00	7.0000
02418436	Teva-Rasagiline	Teva Can	30	108.15	<b>→</b> 3.6050
Tab.				1 mg PPB	
1	l	I		l I	
02404699 02284650	Apo-Rasagiline Azilect	Apotex Teva Innov	100 30	360.50 210.00	<b>→</b> 3.6050 7.0000
02284650	Teva-Rasagiline	Teva Innov	30	108.15	→ 3.6050
		1	l	l l	

**Page 460** 2019-12

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
		1		I I	
RÉGORAFENIB	(MONOHYDRATE DE)				
Tab.	(ee	1	İ	40 mg	ı
02403390	Stivarga	Bayer	84	6100.08	72.6200
RIBAVIRINE					
Tab. I	1	I	I	200 mg	
02439212	Ibavyr	Pendopharm	100	725.00	7.2500
Tab.				400 mg	
02425890	lbavyr	  Pendopharm	100	1450.00	14.5000
02423090	Ibavyi	Генцорнанн	100	1430.00	14.3000
Tab.				600 mg	
02425904	Ibavyr	  Pendopharm	100	2175.00	21.7500
	-	1			
RIBOCICLIB SU	ICCINATE IR				
Tab.		1	ı	200 mg	
02473569	Kisqali	Novartis	21	1777.65	84.6500
			42 63	3555.30 5332.95	84.6500 84.6500
RIFAXIMINE B					
Tab.	1	1	1	550 mg	
02410702	Zaxine	Salix	60	460.65	7.6775
RILUZOLE 🖪					
Tab.	İ	I	: I	50 mg <b>PPB</b>	
02352583	Apo-Riluzole	Apotex	60	206.17	<b>→</b> 3.4361
02390299 02242763	Mylan-Riluzole Rilutek	Mylan SanofiAven	60 60	206.17 585.84	<b>→</b> 3.4361 9.7640
		•			
RIOCIGUAT B					
Tab.	1	1	ı	0.5 mg	
02412764	Adempas	Bayer	42	1795.50	42.7500
Tab. I	1	I	I	1 mg	
02412772	Adempas	Bayer	42	1795.50	42.7500
Tab.				1.5 mg	
02412799	Adomnos	Payer	42	1	40 7F00
02412799	Adempas	Bayer	42	1795.50	42.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg	
0241280	02 Adempas	Bayer	42	1795.50	42.7500
Tab.		•		2.5 mg	
024128	10 Adempas	Bayer	42	1795.50	42.7500
024120	Adempas	Dayer	72	1790.00	42.7300
RISPERIDON I.M. Inj. Pd.	E R			12.5 mg	
0229846	65   Risperdal Consta	Janss. Inc	1 1	75.41	
0220010	Thoporau Conota	Carlos, IIIo	<u>'</u>	70.11	
I.M. Inj. Pd.	I	I	ı	25 mg	
0225570	77 Risperdal Consta	Janss. Inc	1	156.09	
I.M. Inj. Pd.				37.5 mg	
0225572	23 Risperdal Consta	Janss. Inc	1	234.16	
I.M. Inj. Pd.		1	l .	50 mg	
022557	58 Risperdal Consta	Janss. Inc	1	312.20	
	_				
RITUXIMAB I.V. Perf. Sol.	F			10 mg/mL	
0224192	27 Rituxan	Roche	10 ml	453.10	
			50 ml	2265.50	
RIVAROXABA	AN B			2.5 mg	
+ 0248080	08 Xarelto	Bayer	100	142.00	1.4200
Tab.	1	ı	ı	10 mg	
0231698	36 Xarelto	Bayer	50	142.00	2.8400
Tab.				15 mg	
0237860	04 Xarelto	Bayer	90	255.60	2.8400
Tab.		1_	۱	20 mg	0.0455
023786	12 Xarelto	Bayer	90	255.60	2.8400

Page 462 2019-12

	_				
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•		
RIVASTIGMINE	R				
Caps.	1	1	_ 1	.5 mg <b>PPB</b>	ı
02336715	Apo-Rivastigmine	Apotex	100	65.14	<b>→</b> 0.6514
02427567	Auro-Rivastigmine	Aurobindo	60	39.08	<b>→</b> 0.6513
			100	65.14	<b>→</b> 0.6514
02242115	Exelon	Novartis	56	136.50	2.4375
02485362	Jamp Rivastigmine	Jamp	56 100	36.47 65.14	0.6513
02401614	Med-Rivastigmine	GMP	56	36.47	<ul><li>→ 0.6514</li><li>→ 0.6513</li></ul>
02401014	Wed-Rivastigitime	OWI	100	65.14	<b>→</b> 0.6514
02406985	Mint-Rivastigmine	Mint	56	36.47	<b>→</b> 0.6513
02305984	Novo-Rivastigmine	Novopharm	56	36.47	<b>→</b> 0.6513
			100	65.14	<b>→</b> 0.6514
02416999	Rivastigmine	Pro Doc	100	65.14	• 0.6514
02324563	Sandoz Rivastigmine	Sandoz	56	36.47	0.6513
			100	65.14	<b>→</b> 0.6514
Caps.	1	1		3 mg <b>PPB</b>	
02336723	Apo-Rivastigmine	Apotex	100	65.14	→ 0.6514
02427575	Auro-Rivastigmine	Aurobindo	60	39.08	<b>→</b> 0.6513
			100	65.14	<b>→</b> 0.6514
02242116	Exelon	Novartis	56	136.50	2.4375
02485370	Jamp Rivastigmine	Jamp	56	36.47	• 0.6513
00404000	Mad Divertions	CMD	100	65.14	0.6514
02401622	Med-Rivastigmine	GMP	56 100	36.47 65.14	<ul><li>→ 0.6513</li><li>→ 0.6514</li></ul>
02406993	Mint-Rivastigmine	Mint	56	36.47	<b>→</b> 0.6513
02305992	Novo-Rivastigmine	Novopharm	56	36.47	• 0.6513
		'	100	65.14	<b>→</b> 0.6514
02417006	Rivastigmine	Pro Doc	100	65.14	<b>→</b> 0.6514
02324571	Sandoz Rivastigmine	Sandoz	56	36.47	<b>→</b> 0.6513
			100	65.14	<b>→</b> 0.6514
Caps.			. 4	.5 mg <b>PPB</b>	
02336731	Apo-Rivastigmine	Apotex	100	65.14	<b>→</b> 0.6514
02427583	Auro-Rivastigmine	Aurobindo	60	39.08	<ul><li>→ 0.6513</li></ul>
			100	65.14	<b>→</b> 0.6514
02242117	Exelon	Novartis	56	136.50	2.4375
02485389	Jamp Rivastigmine	Jamp	56	36.47	0.6513
02404020	Mad Divertismine	CMD	100	65.14	<ul><li>◆ 0.6514</li><li>◆ 0.6513</li></ul>
02401630	Med-Rivastigmine	GMP	56 100	36.47 65.14	<ul><li>◆ 0.6513</li><li>◆ 0.6514</li></ul>
02407000	Mint-Rivastigmine	Mint	56	36.47	<b>→</b> 0.6513
02306018	Novo-Rivastigmine	Novopharm	56	36.47	<ul><li>→ 0.6513</li></ul>
	<del> </del>	'	100	65.14	<b>→</b> 0.6514
02417014	Rivastigmine	Pro Doc	100	65.14	<b>→</b> 0.6514
02324598	Sandoz Rivastigmine	Sandoz	56	36.47	<b>→</b> 0.6513
1	1	1	100	65.14	<b>→</b> 0.6514

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps					6 mg PPB	
	•	I	1		lg	I
	02336758	Apo-Rivastigmine	Apotex	100	65.14	<b>→</b> 0.6514
	02427591	Auro-Rivastigmine	Aurobindo	60	39.08	<b>→</b> 0.6513
				100	65.14	→ 0.6514
	02242118	Exelon	Novartis	56	136.50	2.4375
	02485397	Jamp Rivastigmine	Jamp	56	36.47	<b>→</b> 0.6513
				100	65.14	→ 0.6514
	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.	ı	ı	ı	2 mg/mL	1
	02245240	Exelon	Novartis	120 ml	153.02	1.2752
Patch	1			4.6 m	g/24H <b>PPB</b>	
		1			Ĭ	
	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	1			9.5 m	g/24H <b>PPB</b>	
			l		Ĭ	
	02302853	Exelon Patch 10	Novartis	30	131.63	4.3877
	02423421	Mylan-Rivastigmine Patch	Mylan	30	119.32	→ 3.9773
	00400007	10		00	440.00	
	02426307	Sandoz Rivastigmine Patch 10	Sandoz	30	119.32	→ 3.9773
ROS	IGLITAZON	E MALEATE 🖺				
Tab.					2 mg PPB	
	02241112	Avandia	GSK	60	76.76	1.2793
	02241112	Avandia   Rosiglitazone	AA Pharma	100	103.16	1.2793 1.0316
	02403300	Nosigillazone	A Fliaillia	100	103.16	1.0310
Tab.					4 mg PPB	
		[			1	
	02241113	Avandia	GSK	100	200.73	2.0073
	02403374	Rosiglitazone	AA Pharma	100	161.88	<b>→</b> 1.6188
Tab.			1		8 mg PPB	
	02241114	Avandia	GSK	60	172.24	2.8707
	02403382	Rosiglitazone	AA Pharma	100	231.50	<b>→</b> 2.3150
	527000Z	, tooigituzono	, v ti nama	100	201.00	2.5150

Page 464 2019-12

			1		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ROTIGOTINE Datch				2 mg/24 h	
02403900	Neupro	U.C.B.	30	106.20	3.5400
				1	
Patch	l.,	lu o p	00	4 mg/24 h	0.5000
02403927	Neupro	U.C.B.	30	195.00	6.5000
Patch			1	6 mg/24 h	·
02403935	Neupro	U.C.B.	30	218.10	7.2700
Patch				8 mg/24 h	
02403943	Neupro	U.C.B.	30	218.10	7.2700
	,		l		
RUFINAMIDE [	r				
Tab. I	I	1	I	100 mg	
02369613	Banzel	Eisai	30	21.54	0.7180
Tab.				200 mg	
02369621	Banzel	Eisai	30	43.09	1.4363
Tob				400	
Tab. 02369648	Banzel	Eisai	120	400 mg 375.58	3.1298
0200010			.20	0.0.00	0.1200
RUXOLITINIB PI	HOSPHATE R				
Tab.	I	1	I	5 mg	
02388006	Jakavi	Novartis	56	4602.74	82.1918
Tab.				10 mg	
02434814	Jakavi	Novartis	56	4602.74	82.1918
				4-	
Tab. 02388014	lokovi	Novertie	56	15 mg 4602.74	82.1918
02366014	Jakavi	Novartis	30	4002.74	02.1910
Tab.	ı	1	ı	20 mg	
02388022	Jakavi	Novartis	56	4602.74	82.1918
SACUBITRIL/VA	LSARTAN 🖪		24.3 r	ng - 25.7 mg	
02446928	Entresto	Novartis	30	108.60	3.6200
	1		1	1	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			48.6 r	ng - 51.4 mg	
02446936	Entresto	Novartis	60	217.20	3.6200
T-1-			07.0	- 400 0	
Tab.	I	I		g - 102.8 mg	
02446944	Entresto	Novartis	60	217.20	3.6200
Inh. Pd.	SULFAIE LOI		200	) mcg/coque	
02243115	Ventolin Diskus	GSK	60 dose(s)	9.40	
	(INAFOATE/ FLUTICASONE	PROPIONATE 🖪	50 40		
Inh. Pd.	Arturia 400 Diatura	COK	Ī	) 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.	1	1	1	) mcg/coque	
02240837	Advair 500 Diskus	GSK	60 dose(s)	128.74	
Oral aerosol			25 mcg -12	25 mcg/dose	
02245126	Advair 125	GSK	120 dose(s)	90.69	
Oral aerosol	1	l	Ī	50 mcg/dose	
02245127	Advair 250	GSK	120 dose(s)	128.74	
	_				
SAPROPTERIN Tab.	DIHYDROCHLORIDE 1			100 mg	
02350580	Kuvan	Biomarin	120	3960.00	33.0000
SARILUMAB B	I				
S.C. Inj. Sol. (per		ı	150	mg/1.14 mL	
02472961	Kevzara	SanofiAven	2	1400.00	700.0000
S.C. Inj. Sol. (per	1)		200	mg/1.14 mL	
02472988	ľ	SanofiAven	200	1400.00	700.0000
	1	1		1.00.00	. 30.0000
S.C. Inj.Sol (syr)	1	1	150	mg/1.14 mL	
02460521	Kevzara	SanofiAven	2	1400.00	700.0000

Page 466 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C.	Inj.Sol (syr)		1	200	mg/1.14 mL	
	02460548	   Kevzara	  SanofiAven	200	1400.00	700.0000
	02400040	Nevzara	Garlon/ Well		1400.00	700.0000
CAV	AGLIPTIN	R				
Tab.	AGLIFTIN				2.5 mg	
	02375842	Onglyza	AZC	30	69.00	2.3000
Tab.		l	1	l	5 mg	
	02333554	Onglyza	AZC	30 100	69.00 230.00	2.3000 2.3000
		Į.	1			
SAX	AGLIPTIN/N	IETFORMIN HYDROCHLORI	DE 🖫			
Tab.		I	<del>-</del>	2.5	mg - 500 mg	ı
	02389169	Komboglyze	AZC	60	76.20	1.2700
Tab				2.5	mag 050 mag	
Tab.	02389177	Komboglyze	AZC	60	mg - 850 mg   76.20	1 2700
	02369177	Kombogiyze	AZC	00	70.20	1.2700
Tab.				2.5 m	g - 1 000 mg	
	02389185	Komboglyze	AZC	60	76.20	1.2700
SEC	UKINUMAB	R				
S.C.	Inj. Sol.	I	I	150 m I	ng/mL (1 mL)	1
	99101215	Cosentyx (stylo)	Novartis	1 2	772.50 1545.00	772.5000
	02438070	Cosentyx (syringe)	Novartis	1 2	772.50	
					1545.00	772.5000
SELI Tab.	EXIPAG 🖪				200 mcg	
	02451158	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.		I	I.	I	400 mcg	1
	02451166	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.					600 mag	
Tab.	02451174	   Uptravi	Janss. Inc	60	600 mcg 3850.00	64.1667
	02431174	Opuavi	Jans. IIIC	00	3030.00	04.1007
Tab.					800 mcg	
	02451182	Uptravi	Janss. Inc	60	3850.00	64.1667
			-			

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					1000 mcg	
	02451190	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.					1200 mcg	
	00454004	l., , ,	1		ا آ	04.400=
	02451204	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.					1400 mcg	
	02451212	Uptravi	Janss. Inc	60	3850.00	64.1667
Tab.		I	1	I	1600 mcg	
	02451220	Uptravi	Janss. Inc	60	3850.00	64.1667
	AGLUTIDE Inj. Susp.	R		1 24 mg	/ml (1 5 ml )	
3.0.			1	1	/mL (1.5 mL) 	
	02471477	Ozempic	N.Nordisk	1	195.06	
S.C.	Inj. Susp.			1.34 m	ıg/mL (3 mL)	
	02471469	Ozempic	N.Nordisk	1	195.06	
	02111100	O2011Ipi0	11.11ordion		100.00	
SEN Liq.	NOSIDES A	& B		8.5 mg	/5 mL <b>PPB</b>	
	00004004	4	1.	I		± 0.0040
	80024394 00367729	Jamp-Sennaquil Senokot	Jamp Purdue	250 ml 250 ml	7.96 7.96	<ul><li>0.0318</li><li>0.0318</li></ul>
	00301123	Seriokot	1 uruue	230 1111	7.50	0.0310
Tab.				. 8	.6 mg <b>PPB</b>	
	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	<b>→</b> 0.0464
1	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	
1	00896411	pms-Sennosides	Phmscience	100	4.64	0.0464
	9007060 <i>F</i>	Piva Senna	Pivo	1000	46.39	0.0464
1	80079605	Riva-Senna	Riva	100 1000	4.64 46.39	<ul><li>→ 0.0464</li><li>→ 0.0464</li></ul>
1	80061813	Sennice	Vanc Phm			0.0464
	80061813	SennAce Sennalax	Vanc Phm Cellchem	500 60	23.20 2.78	<ul><li>→ 0.0464</li><li>→ 0.0464</li></ul>
	80054167	Sennosides	Altamed	1000	46.40	<ul><li>→ 0.0464</li><li>→ 0.0464</li></ul>
	30007107	00.111001000	, atamoa	1000	40.40	- 0.0-04

Page 468 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				<u> </u>		
Tab.		1	1		12 mg <b>PPB</b>	,
	80009183	Jamp-Sennosides Coated	Jamp	500	27.75	<b>→</b> 0.0555
	80055641	M-Sennosides 12 mg	Mantra Ph.	500	27.75	• 0.0555
	00896403	pms-Sennosides	Phmscience	100 1000	5.55 55.50	<ul><li>→ 0.0555</li><li>→ 0.0555</li></ul>
	80069733	Sennalax Forte	Cellchem	60	3.33	• 0.0555
SEVI Oral		ARBONATE 🖺	1	1	2.4 g	
	02485567	Renvela	SanofiAven	90	341.12	3.7902
Oral	Pd.				800 mg	
	02485559	Renvela	SanofiAven	90	113.71	1.2634
Tab.				8	00 mg <b>PPB</b>	
	02461501	Accel-Sevelamer	Accel	180	227.42	<b>→</b> 1.2634
	02354586	Renvela	SanofiAven	180	227.42	<b>→</b> 1.2634
Tab.	02244310	Renagel	SanofiAven	180	800 mg 277.36	1.5409
	02244310	Renagel	SanofiAven	180	277.36	1.5409
SILD	ENAFIL CIT	RATE B				
Tab.		I	1		20 mg <b>PPB</b>	
	02418118	Apo-Sildenafil R	Apotex	100	577.65	<b>→</b> 5.7765
	02469669	Jamp-Sildenafil R	Jamp	30	173.30	<b>→</b> 5.7765
	02412179	pms-Sildenafil R	Phmscience	90	519.89 577.65	<ul><li>⇒ 5.7765</li><li>⇒ 5.7765</li></ul>
	02319500	ratio-Sildenafil R	Potionhorm	1	000	7 0.1100
*		ratio-Silucitatii IX	Ratiopharm	100	577.65	<b>→</b> 5.7765
L_	02279401	Revatio	Upjohn	100 90	577.65 962.75	<b>→</b> 5.7765 10.6972
		Revatio	1 .			-
	02279401	Revatio	1 .			-
SITA		Revatio	1 .		962.75	-
SITA	GLIPTIN [	Revatio	Upjohn	90	962.75	10.6972
SITA Tab.	GLIPTIN [	Revatio Januvia	Upjohn	90	962.75 25 mg 78.53	10.6972
SITA Tab.	<b>GLIPTIN</b> []	Revatio Januvia	Upjohn  Merck	90	962.75  25 mg  78.53	2.6177
SITA Tab.	<b>GLIPTIN</b> []	Revatio Januvia	Upjohn  Merck	90	962.75  25 mg 78.53  50 mg 78.53	2.6177

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
	SITAGLIPTIN/METFORMIN HYDROCHLORIDE 🖪 L.A. Tab. 50 mg -500 mg								
02416786	Janumet XR	Merck	60	82.20	1.3700				
L.A. Tab. I	1	1	1	ng -1000 mg 	I				
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				
				500					
Tab.		l., .	1	mg -500 mg	4.0700				
02333856	Janumet	Merck	60	82.20	1.3700				
Tab.			50	mg -850 mg					
02333864	Janumet	Merck	60	82.20	1.3700				
Tob			FO	na 1000 ma					
Tab. 02333872	   Janumet	Merck	60	ng -1000 mg   82.20	1.3700				
02333072	Janumet	WEICK		02.20	1.5700				
SODIUM PHOSE	PHATE MONOBASIC/ SODIU	M PHOSPHATE DIRAS	SIC.						
Ped. Rect. Sol.	I I I I I I I I I I I I I I I I I I I	I	160 mg -60 n	ng/mL <b>PPB</b>	1				
* 00108065	Fleet Pediatrique	CB Fleet	65 ml	2.86					
99101425	Lax-A Nema Pediatric	Pendopharm	67 ml	<b>→</b> 2.66					
Rect. Sol.			160 mg -60 n	ng/mL <b>PPB</b>					
* 00009911	Fleet	CB Fleet	130 ml	3.07					
02096900	Lax-A NEMA	Pendopharm	130 ml	<b>→</b> 2.66					
SOFOSBUVIR Tab.	B			400 mg					
02418355	Sovaldi	Gilead	28	18333.33	654.7618				
SOFOSBUVIR/V	ELPATASVIR 🖫								
Tab.	1	I	400	mg -100 mg	ı				
02456370	Epclusa	Gilead	28	20000.00	714.2857				
SOFOSBUVIR/V	ELPATASVIR/VOXILAPREV	IR 🖪	400 mg -100	ma -100 ma					
02467542	Vosevi	Gilead	28	20000.00	714.2857				
02407042		1		2000.00	7 14.2007				

Page 470 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SOMATOTROPH Cartr. or Inj. Pd. o				5 mg <b>PPB</b>	
00745626	Humatrope	Lilly	1	<b>→</b> 139.50	
02399091 02325063	Nutropin AQ NuSpin 5 Omnitrope	Roche Sandoz	1 1	<ul><li>→ 139.50</li><li>→ 139.50</li></ul>	
	,		5	697.50	<b>→</b> 139.5000
02237971	Saizen	Serono	ı	→ 139.50	
Cartridge				6 mg <b>PPB</b>	
02243077	Humatrope	Lilly	1	<b>→</b> 261.00	
02350122	Saizen	Serono	1	<b>→</b> 261.00	
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	I	1	I	10 mg <b>PPB</b>	
02376393 02325071	Nutropin AQ NuSpin 10 Omnitrope	Roche Sandoz	1 1	<ul><li>→ 279.00</li><li>→ 279.00</li></ul>	
02020071		Gundoz	5	1395.00	<b>→</b> 279.0000
Cartridge or Sty				12 mg <b>PPB</b>	
02401711	Genotropin GoQuick	Pfizer	5	1674.00	<b>→</b> 334.8000
02243078	Humatrope	Lilly	1	→ 334.80	4 001.0000
02350130	Saizen	Serono	1	<b>→</b> 334.80	
Cartridge or Sty				20 mg <b>PPB</b>	
02399083	Nutropin AQ NuSpin 20	Roche	1	<b>→</b> 778.88	
02350149	Saizen	Serono	1	<b>→</b> 778.88	
Inj. Pd.				3.33 mg	
02215136	Saizen	Serono	1	135.45	
		•			
Inj. Pd.	l	L	l .	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				0.8 mg	
02401770		  Pfizer	7	156.24	22.3200
02401770	Genotropin MiniQuick	Plizer	1	150.24	22.3200
S.C. Inj.Sol (syr)		ı	ı	1 mg	
02401789	Genotropin MiniQuick	Pfizer	7	195.30	27.9000
S.C. Ini Sal (ave)				1.2	
S.C. Inj.Sol (syr)		DC	_	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
	-	1			
S.C. Inj.Sol (syr)		1	1	1.6 mg	1
02401819	Genotropin MiniQuick	Pfizer	7	312.48	44.6400
S.C. Ini Sol (our)				1 0 mg	
S.C. Inj.Sol (syr)			l _	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
		1			
Sty	1	1	1	5.3 mg	ı
02401703	Genotropin GoQuick	Pfizer	5	739.35	147.8700
		•			
SOMATOTROR	HIN - DELAYED GROWTH AN	ND THENED'S SYNDE	оме 🖫		
Sty		,		5 mg	
02334852	Norditropin Nordiflex	N.Nordisk	1	139.50	
	1	!			
Sty	I	T.	1	10 mg	ı
02334860	Norditropin Nordiflex	N.Nordisk	1	279.00	
		•	•		
Sty	I	I	I	15 mg	ı
02334879	Norditropin Nordiflex	N.Nordisk	1	418.50	
			<del></del>		
SOMATOTROP	HIN - DELAYED GROWTH RE	ELATED TO RENAL FA	AILURE 🖪		
Cartridge	1			6 mg	
99101243	Saizen	Serono	1	261.00	

Page 472 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cartridge				10 mg	
1	Nutropin AQ NuSpin 10	Roche	1	279.00	
		-			
Cartridge I		1	I	12 mg	I
9910124	5 Saizen	Serono	1	334.80	
Cartridge or St	<i>,</i>			20 mg <b>PPB</b>	
9910124	' '	Roche	1	<b>→</b> 778.88	
9910124	Saizen	Serono	1	<b>→</b> 778.88	
Inj. Pd.				3.33 mg	
9910124	7 Saizen	Serono	1	135.45	
Inj. Pd.				8.8 mg	
9910124	3 Saizen	Serono	1 1	348.03	
0010121	Guizon	COTOTIO		0 10.00	
Inj. Pd. or Sty	I	1	I	5 mg <b>PPB</b>	I
9910123 9910124	' '	Roche Serono	1 1	<ul><li>→ 139.50</li><li>→ 139.50</li></ul>	
0010121	- Gaizon	0010110		7 100.00	
000455410	CONTACT B				
SORAFENIB T Tab.	OSYLAIE IN			200 mg	
0228422	7 Nexavar	Bayer	120	5521.06	46.0088
STIRIPENTOL	R				
Caps.	_			250 mg	,
0239895	B Diacomit	Biocodex	60	353.90	5.8983
Caps.	1	1	I	500 mg	ı
0239896	6 Diacomit	Biocodex	60	706.70	11.7783
Oral Pd.			25	50 mg/sachet	
02398974	1 Diacomit	Biocodex	60	353.90	5.8983
	·	•	-		
Oral Pd.	ı	1	50	00 mg/sachet	ı
0239898	2 Diacomit	Biocodex	60	706.70	11.7783

	1		_		
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SUNITINIB (MAI	_ATE) 🖫				
Caps.	I	1	I	12.5 mg	I
02280795	Sutent	Pfizer	28	1768.27	63.1525
Caps.				25 mg	
02280809	Sutent	Pfizer	28	3536.52	126.3043
Caps.	I	1	1	50 mg	1
02280817	Sutent	Pfizer	28	7073.05	252.6089
TACROLIMUS	P			0.75	
L.A. Tab.	<u> </u>	I	1	0.75 mg	1
02485877	Envarsus PA	Paladin	100	200.00	2.0000
L.A. Tab.				1 mg	
02485885	Envarsus PA	Paladin	100	250.00	2.5000
		1			
L.A. Tab.			1	4 mg	1
02485893	Envarsus PA	Paladin	100	1000.00	10.0000
<b>-</b> 0: .				0.00.0/	
Top. Oint.	1	1	I	0.03 %	1
02244149	Protopic	Leo	30 g 60 g	64.50 129.00	2.1500 2.1500
			1 00 9	120.00	2000
Top. Oint.	1	1	1	0.1 %	1
02244148	Protopic	Leo	30 g	69.00	2.3000
			60 g	138.00	2.3000
TADALAFIL Tab.				20 mg <b>PPB</b>	
02338327	Adcirca	Lilly	56	680.81	12.1573
02421933	Apo-Tadalafil PAH	Apotex	60	607.37	→ 10.1228
TEMOZOLOMID	E B			E ma DDD	
Caps.	l	1		5 mg <b>PPB</b>	. 1
02441160	ACT Temozolomide	ActavisPhm	5 20	19.50 78.00	<ul><li>3.9000</li><li>3.9000</li></ul>
02443473	Taro-Temozolomide	Taro	5	19.50	→ 3.9000
02241093	Temodal	Merck	20 5		<ul><li>3.9000</li><li>3.9000</li></ul>
	1		1		

Page 474 2019-12

					1
CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				20 mg <b>PPB</b>	
02395274	ACT Temozolomide	ActavisPhm	5	78.00	<b>→</b> 15.6000
			20	312.00	<b>→</b> 15.6000
02443481	Taro-Temozolomide	Taro	5 20	78.00 312.00	<ul><li>→ 15.6000</li><li>→ 15.6000</li></ul>
02241094	Temodal	Merck	5	78.00	<b>→</b> 15.6000
Caps.			1	00 mg <b>PPB</b>	
02395282	ACT Temozolomide	ActavisPhm	5	390.00	<b>→</b> 78.0000
02443511	Taro-Temozolomide	Taro	20 5	1560.00 390.02	<b>→</b> 78.0000   78.0030
02443311	Taro-Terriozolornide	Taio	20	1560.06	78.0030
02241095	Temodal	Merck	5	390.00	→ 78.0000
Caps.			1	40 mg <b>PPB</b>	
02395290	ACT Temozolomide	ActavisPhm	5	546.03	<b>→</b> 109.2050
			20	2184.10	→ 109.2050
02443538 02312794	Taro-Temozolomide Temodal	Taro Merck	5 5	546.03 546.03	109.2050
02312794	Terriodai	Werck	5	340.03	109.2060
Caps.	1	1	2	50 mg <b>PPB</b>	ı
02395312	ACT Temozolomide	ActavisPhm	5	975.00	<b>195.0000</b>
02443554	Taro-Temozolomide	Taro	20	3900.04 975.01	<b>→</b> 195.0020 195.0020
02241096	Temodal	Merck	5	975.00	<b>→</b> 195.0000
TERIFLUNOMID	E B			14 mg	
02416328	Aubagio	Genzyme	28	1426.82	50.9579
	-				
TERIPARATIDE S.C. Inj. Sol.	B	250	) mcg/mL (2.4	ml or 3 ml)	
02254689	Forteo	Lilly	1	809.73	
	1, 2,,,,,	,	1 -		
THALIDOMIDE	R				
Caps.	I	1	I	50 mg	ı
02355191	Thalomid	Celgene	28	825.13	29.4689
Caps.				100 mg	
02355205	Thalomid	Celgene	28	1650.26	58.9379
	1			133.20	
Caps.	ı	ı		200 mg	ı
02355221	Thalomid	Celgene	28	3300.64	117.8800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			•		
TICAGRELOR Tab.	P			90 mg	
02368544	Brilinta	AZC	60	88.80	1.4800
IGECYCLINE V. Perf. Pd.				50 mg <b>PPB</b>	
02409356	Tigecycline	Apotex	10	714.23	<b>→</b> 71.4225
02285401	Tygacil	Pfizer	10	802.50	80.2500
IPRANAVIR	a				
aps.		1	1	250 mg	
02273322	Aptivus	Bo. Ing.	120	990.00	8.2500
IZANIDINE HYI ab.	DROCHLORIDE 🖫			4 mg	
02259893	Tizanidine	AA Pharma	100	36.86	0.3686
02239093	Tizariiuiiie	AA FIIaiiiia	100	30.00	0.3000
FOBRAMYCIN S	SULFATE B			28 mg	
02365154	Tobi Podhaler	BGP Pharma	224	2880.36	
	1	1			
ol. Inh.	I	1	300 mg	g/5 mL <b>PPB</b>	
02443368	Solution de Tobramycine pour Inhalation	Sandoz	56	1533.36	<b>&gt;</b> 27.3814
02389622	Teva-Tobramycin	Teva Can BGP Pharma	56 56	1533.36	<b>→</b> 27.3814
02239630	TODI	DGF FIIAIIIIA	30	2880.36	51.4350
OCILIZUMAB	R				
V. Perf. Sol.			20 m	ng/mL (4 mL)	
02350092	Actemra	Roche	1	179.20	
V Dorf Col			20 ma	/ml (10 ml)	
V. Perf. Sol. 02350106	Actemra	Posho		g/mL (10 mL) 448.00	
02330100	Actenna	Roche	1	440.00	
V. Perf. Sol.	ı	1	20 mg	g/mL (20 mL)	
02350114	Actemra	Roche	1	896.00	
S.C. Inj. Sol. (per	n)		16	2 mg/0.9 mL	
02483327	   Actemra	Roche	4	1420.00	355.0000
02400021	/ lotoriii d	1100110	-	1420.00	000.0000

Page 476 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE				
S.C. Inj.Sol (syr)	S.C. Inj.Sol (syr) 162 mg/0.9 mL								
02424770	Actemra	Roche	4	1420.00	355.0000				
TOCOPHERYL A	ACETATE (DL-ALPHA) <sup>5</sup>			100 UI					
99002396			100						
0				200 111					
Caps. 99002418			100	200 UI					
33002410			100						
Caps.	1	1	İ	400 UI	ı				
99002426			100						
Chew. Tab.				200 UI					
99100202			90						
Oral Sol.	l	ı	I	50 UI/mL	ı				
99002469			25 ml						
TOFACITINIB CI	TRATE 🖫			11 mg					
02470608	Xeljanz XR	Pfizer	30	1385.79	46.1930				
				l					
Tab.	l	I	l	5 mg	ı				
02423898	Xeljanz	Pfizer	60	1385.79	23.0965				
TRAMETINIB Tab.				0.5 mg					
02409623	Mekinist	Novartis	30	2175.00	72.5000				
02.00020		11070110		20.00	. 2.0000				
Tab.	1	ı	Ī	2 mg	İ				
02409658	Mekinist	Novartis	30	8700.00	290.0000				
	/ VERAPAMIL HYDROCHLO	RIDE 🖪	2	040					
Tab. 02240946	Tarka	BGP Pharma	100	mg -240 mg	1.7230				
02240940	Iaina	DGF FIIdIIIId	100	172.30	1.7230				

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.

1.9121
1.9121
1
0.3560
0.2920
0.3560 0.2920
0.2320
0.3453 0.2060
0.2920
0.2920
0.2964
0.2964
_

Page 478 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Jel.				0.05 %	
01926489	Vitamin A Acid Gel	Valeant	25 g	7.41	0.2964
01320403	Vitaliiiii A Acid Gei	valeant	23 g	7.41	0.2304
		_			
TRIFLURIDINE/Tab.	TIPIRACIL HYDROCHLORI	DE B	15 r	ng - 6.14 mg	
02472104	Longurf	  Taiho	20	1525.00	76.2500
02472104	Lonsun	Tanio	20	1323.00	70.2300
Tab.			20 r	ng - 8.19 mg	
02472112	Lonsurf	Taiho	20	1525.00	76.2500
		1			
TD00DUIN 0111	oning P				
TROSPIUM CHL Tab.	ORIDE LEI			20 mg <b>PPB</b>	
02488353	Mar-Trospium	Marcan	60	36.65	<b>→</b> 0.6108
02275066	Trosec	Sunovion	60	36.65	<b>→</b> 0.6108
UROFOLLITROI	PIN IR				
Inj. Pd.	_	1	1	75 UI	
02268140	Bravelle	Ferring	5	265.00	53.0000
USTEKINUMAB	R				
S.C. Inj.Sol (syr)	_	1	4	5 mg/0.5 mL	
02320673	Stelara	Janss. Inc	1	4311.72	
S.C. Inj.Sol (syr)	I	1	ı	90 mg/1 mL	
02320681	Stelara	Janss. Inc	1	4311.72	
VALGANCICLO	VIR HYDROCHLORIDE				
Oral Susp.	I	1	ı	50 mg/mL	
02306085	Valcyte	Roche	100 ml	253.98	2.5398
Tab. I	I	1	4	50 mg <b>PPB</b> 	
02393824 02435179	Apo-Valganciclovir Auro-Valganciclovir	Apotex Aurobindo	60 60	348.19 348.19	
024351/9		Autobiliuo	60 100	580.31	<b>→</b> 5.8032 <b>→</b> 5.8031
02413825	Teva-Valganciclovir	Teva Can	60	348.19	<b>→</b> 5.8032
02245777	Valcyte	Roche	60	1371.49	22.8582
VEDOLIZUMAB	R			200	
I.V. Perf. Pd.	lev s	l		300 mg	
02436841	Entyvio	Takeda	1	3290.00	

cc	ODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VEMUR Tab.	RAFENIB	P			240 mg	
1	2380242	Zelboraf	Roche	56	1911.59	34.1355
			1		1 1011100	
VENETO	OCLAX	B				
Tab.			I	l	10 mg	
+ 02	2458039	Venclexta	AbbVie	2	13.60	6.8000
Tab.					50 ma	
1	2458047	Venclexta	   AbbVie	1	50 mg 33.99	33.9900
02	2100011	VONOIONIA	7.00 7.0	'	00.00	00.0000
Tab.	,		1	1	100 mg	
+ 02	2458055	Venclexta	AbbVie	1 120	67.99	67.9875
				120	8158.50	67.9875
VEDTE	DODEIN	ED.				
I.V. Inj. i	PORFIN Pd.	ш			15 mg	
02	2242367	Visudyne	Novartis	1	1703.10	
		RIFENATATE/FLUTICASONE	FUROATE 🖫			
Inh. Pd.		 	l		00 mcg/dose	
02	2408872	Breo Ellipta	GSK	30 dose(s)	82.20	
Inh. Pd.				25 mcg -20	00 mcg/dose	
02	2444186	Breo Ellipta	GSK	30 dose(s)	116.90	
VILANT	EROL TR	RIFENATATE/UMECLIDINIUN	BROMURE B			
Inh. Pd.	(App.)		I	25 mcg - 62	,5 mcg/dose	
02	2418401	Anoro Ellipta	GSK	30 dose(s)	63.00	
VILANT Inh. Pd.		RIFENATATE/UMECLIDINIUN	I BROMURE/FLUTICA 25 mgg -	SONE FUOR 62.5 mcg - 10	ATE TO TO TO TO TO TO TO TO TO TO TO TO TO	
1	2474522	Trelegy Ellipta	GSK	30 dose(s)	132.20	
			ı	/	1	
VISMO	DEGIB [					
Caps.		<del>-</del>	I	1	150 mg	
02	2409267	Erivedge	Roche	28	8238.26	294.2236

Page 480 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
			1			
	ICONAZOL Perf. Pd.	E 🖟		. 2	00 mg <b>PPB</b>	
	02256487	Vfend	Pfizer	1	145.55	
*	02477696	Voriconazole pour injection	Jamp	1	<b>→</b> 80.01	
T-L					50 PPP	
Tab.		1	I	I	50 mg <b>PPB</b>	I
	02409674	Apo-Voriconazole	Apotex	30	95.87	<b>→</b> 3.1957
	02399245	Sandoz Voriconazole	Sandoz	30	95.87	<b>→</b> 3.1957
	02396866	Teva-Voriconazole	Teva Can	30	95.87	<b>→</b> 3.1957
	02256460	Vfend	Pfizer	30	370.53	12.3510
Tab.				2	00 mg <b>PPB</b>	
ab.		I	1	1	.oo nig FFB	I
	02409682	Apo-Voriconazole	Apotex	30	383.33	<b>→</b> 12.7777
	02399253	Sandoz Voriconazole	Sandoz	30	383.33	<b>→</b> 12.7777
	02396874	Teva-Voriconazole	Teva Can	30	383.33	<b>→</b> 12.7777
1		Vfend	Pfizer	30	1481.49	49.3830
	02256479	Trong	1 11201			
	02256479 <b>AMIVIR 1</b> Pd. (App.)	1	1	51	mg/coque (4)	
	AMIVIR 🖪	Relenza	GSK	5	1	
Inh. F	AMIVIR 🖪 Pd. (App.)	Relenza	GSK	5	mg/coque (4) 36.54 g/5 mL <b>PPB</b>	
Inh. F	AMIVIR (B) Pd. (App.) 02240863	Relenza	1	5	mg/coque (4) 36.54	
Inh. F	AMIVIR 19 Pd. (App.) 02240863 EDRONIC APPERSON.	Relenza  CID III  Acide zoledronique pour	GSK	5 4 mg	mg/coque (4) 36.54 g/5 mL <b>PPB</b>	
Inh. F	AMIVIR 13 Pd. (App.) 02240863 EDRONIC APerf. Sol. 02422425	Relenza  CID  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection	GSK  Dr Reddy's	5 4 mg	mg/coque (4)  36.54  g/5 mL PPB  134.61	
Inh. F	AMIVIR (B) Pd. (App.) 02240863  EDRONIC APerf. Sol. 02422425 02434458	Relenza  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour	GSK  Dr Reddy's  Fresenius	5 4 mg	mg/coque (4)  36.54  g/5 mL PPB  134.61	
Inh. F	AMIVIR (2) Pd. (App.) 02240863  EDRONIC A Perf. Sol. 02422425 02434458 02472805	Relenza  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour	GSK  Dr Reddy's  Fresenius  Marcan	5 4 mg 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61	
Inh. F	AMIVIR (B) Pd. (App.) 02240863  EDRONIC A Perf. Sol. 02422425 02434458 02472805 02444739	Relenza  CID  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour	GSK  Dr Reddy's  Fresenius  Marcan  MDA	5 ml 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61  134.61	
Inh. F	AMIVIR (A) Pd. (App.) 02240863  EDRONIC A Perf. Sol. 02422425 02434458 02472805 02444739 02421550	Relenza  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection	GSK  Dr Reddy's  Fresenius  Marcan  MDA  Pfizer	5 ml 5 ml 5 ml 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61  134.61  134.61	
Inh. F	AMIVIR (2) 2d. (App.) 02240863  EDRONIC A Perf. Sol. 02422425 02434458 02472805 02444739 02421550 02415186	Relenza  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection	GSK  Dr Reddy's  Fresenius  Marcan  MDA  Pfizer  Taro	5 ml 5 ml 5 ml 5 ml 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61  134.61  134.61	
Inh. F	AMIVIR 18 Pd. (App.) 02240863  EDRONIC A Perf. Sol. 02422425 02434458 02472805 02444739 02421550 02415186 02407639	Relenza  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection	GSK  Dr Reddy's Fresenius Marcan MDA Pfizer Taro Teva Can	5 ml 5 ml 5 ml 5 ml 5 ml 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61  134.61  134.61  134.61	
Inh. F	EDRONIC A Perf. Sol. 02442425 02434458 02472805 02444739 02421550 02415186 02407639 02401606	Relenza  CID  Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique pour injection Acide zoledronique-Z	GSK  Dr Reddy's Fresenius Marcan MDA Pfizer Taro Teva Can Sandoz	5 ml 5 ml 5 ml 5 ml 5 ml 5 ml 5 ml 5 ml	mg/coque (4)  36.54  g/5 mL PPB  134.61  134.61  134.61  134.61  134.61  134.61	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE	
I.V. Perf. Sol. 5 mg/ 100 mL <b>PPB</b>						
02422433	Acide zoledronique injectable	Dr Reddy's	1	<b>→</b> 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		

 Page
 482
 2019-12

## **SUPPLIES**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE					
	SUPPLIES <sup>6</sup> AEROSOL HOLDING CHAMBER									
99002116	JING GHAMBEN		1							
99002110			ı ı							
AEROSOL HOLD	DING CHAMBER AND MASK									
99002124			1							
DIEDOCADI E NI	EEDLE FOR AUTO IN IECTO	D								
ı	EEDLE FOR AUTO-INJECTO	r 	,							
99002108			1							
DISPOSABLE N	EEDLE FOR SYRINGE OF MI	ETHOTREXATE								
99101194			1							
				۰						
	EEDLE WITH SAFETY DEVIC	E FOR INSULIN AUTO	O-INJECTOR	9 I I						
99100517			1							
DISPOSABLE SY	ringe (without needle)	)								
99002337			1	1.0 cc						
				2.0 cc						
99002531			1	2.0 00						
				3 cc						
99002175			1							
,		ı	ı	5 cc						
99002183			1							
		1	I	10 cc						
99002191			1							

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. This type of supply is reimbursable for persons carrying a blood-borne infection. 6

<sup>9</sup> 

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				20 cc	
99100668			1		
				30 cc	
99100669			1	30 66	
DISPOSABLE SY	RINGE WITH NEEDLE FOR	INSULIN		0.25 cc	
99002132			1	0.23 00	
				0.2	
99002140			1	0.3 cc	
			-		
99002159			1	0.5 cc	
33002133			'		
00000407				1.0 cc	
99002167			1		
DISPOSABLE SY	RINGE WITH NEEDLE(S)				
99002345			1	1.0 cc	
99002345			ı		
			l .	2.0 cc	
99002558			1		
1 1		I	ı	3 cc	
99002205			1		
		ı	ı	5 cc	
99002213			1		
				10 cc	
99002221			1		

Page 486 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DISPOSABLE S	YRINGE WITH RETRACTABL	E NEEDLE <sup>13</sup>		0	
1	I	I	I	3 cc	ı
99101335			1		
MASK FOR AFR	OSOL HOLDING CHAMBER				
WASK FUR AEK	OSOL HOLDING CHAMBER				
99003643			1		
SODIUM CHLOR Flush. sol.	RIDE			0.9 % <b>PPB</b>	
99100499	BD Saline SP NaCl 0.9 %	B-D	3 ml	0.90	
99100499	BD Saline SF Naci 0.9 /6	D-D	5 ml	0.95	
			10 ml	1.00	
99100894	Chlorure de Sodium	MedXL	3 ml	→ 0.85	
			5 ml	→ 0.90	
			10 ml	<b>→</b> 0.95	

Syringes and retractable needles are reimbursable only where billed for the administration of naloxone hydrochloride.

## PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE			
DDODUOTO F	OD EXTEMPODANEOUS	DDED A DATIONO 6						
PRODUCISF	OR EXTEMPORANEOUS	PREPARATIONS *						
AMPHOTERICIN Inj. Pd.	IB 🖪			50 mg				
99100416			20 ml					
COLLOIDAL SU	LFUR							
00901725			50 g					
CYCLOSPORIN	E B							
Inj. Sol. 99100387			1					
ERYTHROMYCI								
Pd. (external use	e) 							
99100163			2 g					
HYDROCORTIS	ONE							
TIDROCOKIIS	ONE							
00900761			5 g					
00000701			o g					
HYDROCORTIS	ONE ACETATE							
00906689			10 g					
LIQUOR CARBONIS DETERGENS								
00903256			500 ml					
METHADONE HYDROCHLORIDE 189								
00907561	   Methadone		1	1 g à 100 g				
00907301	INICUIAUUIIE		ı					

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
				'	
MITOMYCINE III Inj. Pd.					
99004518			1		
PRECIPITATED S	SULFUR				
00901733			500 g		
SALICYLIC ACID		I	ı		
00901164			50 g		
ODUM BENZO	ATE ACTIVE INCOMEDIENT				
SODIUM BENZO/ Pd.	ATE - ACTIVE INGREDIENT	I	ı		
99101236			100 g		
SUBLIMED SULF	11D				
1	UK	[	[	l I	
00896217			125 g		
ΓAR (MINERAL)					
00897361			25 g		
00037301			23 g		
ΓAR (WOOD)					
00908169			100 ml		
				1	
<b>VANCOMYCIN H</b> Y Pd.	YDROCHLORIDE 1				

Page 492 2019-12

## **VEHICLES, SOLVENTS OR ADJUVANTS**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE					
VEUIOLEO 00	NI VENTO OD AD HIVANT	0.6								
VEHICLES, SC	DLVENTS OR ADJUVANT	5 °								
ANHYDROUS SO	ANHYDROUS SODIUM CITRATE									
99002779			100 g							
ARTIFICIEL Oph. Sol.										
00921270			15 ml							
BASES/ EMULS	ions <sup>22</sup>									
99101014			1							
CARBOXYMETH	IYLCELLULOSE SODIUM									
00897175			100 g							
CASSETTE OR E	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							
			1000 1111							

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. The quantity and actual acquisition price must be indicated in grams or millilitres according to the product used. 6

<sup>22</sup> 

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
				,	
DEXTROSE (MIN Inj. Sol.	II-BAGS)			5 %	
00921289			25 ml		
			50 ml 100 ml		
			250 ml		
DISPOSABLE N	EEDLE FOR SYRINGUES				
99005077			100		
DISTILLED WAT	ER				
00906719			4550 ml		
ELASTOMERIC I	NFUSOR (CONTINUOUS)	ı	ı	1 1	
99002280			1		
EL ACTOMEDIO I	NELICOR (INTERMITENT)				
	NFUSOR (INTERMITENT)	l	I	1 1	
99002272			1		
EMPTY BAG FO	R IV SOLUTIONS				
99002299			1		
ETHANOL Liq.				95 %	
99002388			750 ml		
GELATIN (EMPT Caps.	Y CAPSULE)				
99001519			1		
GLYCERIN <sup>5</sup>					
00903159			100 ml		
5 Where no	nrice is indicated pharmacist	e may nurchase the pro	duct of their	shoice. The prod	uet thue

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.

Page 496 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
		,		·			
SLYCINE/ SODIUM CHLORIDE 94 mg -73.3 mg							
00000057	Flatar (dilument manus)	COK					
02230857	Flolan (diluant pour)	GSK	50 ml	10.36			
YDRATED LAN	IOLIN						
00902659			450 g				
ACTOSE							
00900834			500 g				
IDOCAINE HYD ij. Sol.	ROCHLORIDE		1 % (2	? mL à 5 mL)			
99101013			1				
99003376			1 ml				
IAGNESIUM HY	'DROXIDE/ ALUMINIUM HYD	PROXIDE/ SIMETHICO	NE				
99100243			1 ml				
IETHYLCELLUI	LOSE						
00902365			100 g				
d.				1 500 cps			
99001527			500 g	300 cps			
				l I			
IINERAL 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 WATE	R (DISTILLED, DEMINERAL	IZED OR OTHERS)	_					
99101431			1 ml					
SIMPLE SYRUP			1					
00905038			500 ml					
Pd.	ATE - ADJUVANT							
99001535			100 g					
Pd.	BONATE							
99100058			100 g					
SODIUM CHLOR Inj. Sol.	IDE			0.9 %				
99002310			500 ml 1000 ml					
SODIUM CHLOR Inj. Sol.	IDE (SMALL VOLUMES)			0.9 %				
99002329			5 ml					
			10 ml					
			50 ml					
SODIUM CHLORIDE INHALATION THERAPY								
		1		0.9 %				
99101482			3 ml					

**Page 498** 2019-12

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
		•	•	'	
SODIUM CHLOR	RURE MINI-SAC			0.9 %	
00921300			25 ml		
			50 ml 100 ml		
			250 ml		
OFT WHITE PA	RAFFIN				
00902691			450 g		
OFT YELLOW	PARAFFIN	ı	ı	1 1	
00902683			454 g		
ORBITOL					
99000555			100 g		
TERILE SYRIN	GE CAP	I	1	l I	
99100673			25		
TERILE WATEI	R FOR INJECTION				
99100407			250 ml		
			500 ml 1000 ml		
			2000 ml		
TERILE WATEI	R FOR INJECTION (SMALL \	/OLUMES)			
99002264			5 ml		
00002201			10 ml 20 ml		
			50 ml		
TERILE WATFI	R FOR IRRIGATION				
			41		
99101432			1 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
STERILE WATER	R INHALATION THERAPY				
00920282			3 ml 5 ml		
			0 1111		
SWEET ALMOND	OOIL				
00907448			100 ml		
SWEETENERS (\	/ARIOUS FLAVOURS)	1			
99002353			500 ml		
WEINOE FOR A	DMINIOTO ATION DEVICE				
I	DMINISTRATION DEVICE	I	1	l I	
99002302			1		
TRAGACANTH					
Pd.		I	,,,,		
			100 g		
99002361 99002361	DRAL SUSPENSIONS				
99002361  /EHICLES FOR (Oral Susp.	ORAL SUSPENSIONS		250	) ml à 473 ml	
99002361 99002361	ORAL SUSPENSIONS			) ml à 473 ml	
99002361  /EHICLES FOR (Oral Susp. 99101222	ORAL SUSPENSIONS ECTION (INHALATION THE	RAPY)	250	) ml à 473 ml	
99002361  /EHICLES FOR (Oral Susp. 99101222		RAPY)	250 1	) ml à 473 ml	
99002361  /EHICLES FOR Oral Susp. 99101222		RAPY)	250 1 2 ml 10 ml 30 ml	) ml à 473 ml	
99002361  /EHICLES FOR Oral Susp. 99101222		RAPY)	250 1 2 ml 10 ml	) ml à 473 ml	
99002361  VEHICLES FOR O Dral Susp. 99101222  WATER FOR INJ		RAPY)	250 1 2 ml 10 ml 30 ml 50 ml	) ml à 473 ml	
99002361  VEHICLES FOR O Dral Susp. 99101222  WATER FOR INJ 00905178  00905186			250 1 2 ml 10 ml 30 ml 50 ml	) ml à 473 ml	

**Page 500** 2019-12

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE		
	WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %							
1	WATER FOR INJ	JECTION/ BENZTL ALCOHOL	L 1.5 %					
	00402257			30 ml 50 ml				
,	WATER FOR INJECTION/ PARABENS							
	00905445			30 ml				
2	XANTHAN GUM							
	99002760			100 g				