



LIST OF MEDICATIONS

Legal deposit — Bibliothèque et Archives nationales du Québec, 2026

ISSN 1913-2794

ISBN 978-2-555-04371-8 (PDF)

Québec, 28 July 2026

Schedule 1

List of Medications

30 July 2026

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Sections and Therapeutic Classes*

4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drugs
20:00	Blood Formation, Coagulation, Thrombosis Agts
24:00	Cardiac Drugs
28:00	Central Nervous System Agents
36:00	Diagnostic Agents
40:00	Electrolytic, Caloric and Water Balance
48:00	Respiratory Tract Agents
52:00	Eye, Ear, Nose, and Throat (eent) preparations
56:00	Gastro-Intestinal Drugs
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
90:00	Immunomodulatory Agents
91:00	Antidote Therapeutics
92:00	Miscellaneous Therapeutic Agents
94:00	Devices

Exceptional Medications

Supplies

Products for Extemporaneous Preparations

Vehicles, Solvents or Adjuvants

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1. ESTABLISHING THE PRICE OF A DRUG

The prices indicated on the *List of Medications (List)* 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 (chapter A-29.01).

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.

The payable price is also the pharmacist's cost price for a drug that does not appear on the *List* which is exceptionally covered by the basic prescription drug insurance plan in application of the exception patient measure set out in item 6.

For drugs that have been withdrawn from the market by the manufacturer, the symbol "W" appears in the "unit price" column.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

1.2. Price Payable

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*.

1.2.1. 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.

Under this method, where no price is indicated on the *List* for a drug or a product, or where a drug that does not appear on the *List* is exceptionally covered by the basic prescription drug insurance plan in application of the exception patient measure set out in item 6, the payable price is the pharmacist's cost price.

1.2.2. Lowest price

The lowest price applies when two or more manufacturers have drugs appearing on the *List* 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.

1.2.2.1. Lowest price method

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

However, for solid oral drugs with the same generic name, dosage form and strength, the lowest price method consists of establishing the payable price for drugs based on the unit price of the brand name whose selling price guaranteed by the manufacturer is the lowest, regardless of its package size.

1.2.2.2. 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.

1.2.2.3. Exceptions to the lowest payable price

The lowest price method does not apply where the prescriber indicates not to replace a brand name drug that he has prescribed with a generic name drug in the following cases and conditions:

- (1) for reimbursement of Prevacid™ FasTab, when prescribed to a person under the age of 18 for whom the use of an orally disintegrating tablet is essential to obtain the expected clinical results;
- (2) for reimbursement of DDAVPTM Melt, when prescribed to a person for whom the use of an orally disintegrating tablet is essential to obtain the expected clinical results;
- (3) for reimbursement of Cellcept™, Clozaril™, Depakene™, Dilantin™, Epival™, Imuran™, Myfortic™, OxyNeo™, Prograf™, Tegretol™ or Tegretol CR™ when prescribed to a person who has already received a reimbursement in the 12 months preceding 2 July 2025 following the presentation of a prescription on which the prescriber indicated not to replace this drug;
 - (3.1) for reimbursement of Advagraf™, when prescribed to a person who has already received a reimbursement in the 12 months preceding 4 February 2026;
 - (3.2) for reimbursement of Somatuline™ Autogel™;
- (4) for reimbursement of another drug on the *List*, when the following conditions are met:
 - (a) the least expensive drug with the same generic name causes a documented allergy or intolerance to a non-medicinal ingredient present in its composition but absent from that of the brand name drug;
 - (b) in the case of intolerance, it is serious and has resulted in hospitalization or prolongation of hospitalization, emergency medical intervention or persistent or significant disability or incapacity;
 - (c) a generic drug with a composition identical to that of the brand name drug is not available in Canada;
 - (d) a generic drug that does not contain the non-medicinal ingredient causing the allergy or severe intolerance is not available in Canada.

Any person seeking the exception set out in subparagraph 4 of the first paragraph must, through the prescriber, complete the form provided for this purpose by the Régie de l'assurance maladie du Québec (Régie) and sent it back. When the request is accepted, the drug covered is excluded from the lowest price method only for the period authorized by the Régie.

The lowest price method also 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.

Likewise, the lowest price method does not apply to biologic drugs referred to in section 2.1..

Likewise, the lowest price method does not apply to drugs that are insured under the basic plan under sections 4.2.2. and 4.2.3..

1.2.3. 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 8 are fulfilled, the maximum amount indicated on the *List* for the payment of Nexium™ and Prevacid™ FasTab 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.

1.2.4. 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.

The *List* of drug wholesalers accredited by the Minister and their mark-ups for the period of validity of the *List* are set out in Appendix II.

1.2.4.1. 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 \$49. 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 \$754 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 \$49 are listed in Appendix III. This mark-up is limited to the same amount for the drugs mentioned in appendices IV.1 and IV.2.

1.2.4.2. 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 \$49. 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.

1.2.5. Conditions of supply

Products on the *List* are payable by the Régie to the pharmacist only if the pharmacist has purchased them through an accredited manufacturer or an accredited 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.

1.2.6. 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 (chapter A-28, r. 1), these institutions may bill the basic prescription drug insurance plan for drugs appearing on the *List*, 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*.

2. BIOLOGIC DRUGS

2.1. Definitions

A biologic drug is a drug produced from living cells, such as animal cells, bacteria or yeast. A biosimilar is a very similar copy of a biologic drug. Where a biosimilar is marketed, the original biological drug to which it is compared is called the reference biologic drug.

2.2. General rules

When a biosimilar drug is added to the List on two consecutive updates, coverage of its reference biologic drug under the basic prescription drug insurance plan ends, effective as of the next update. As of this latest update, only the biosimilar drug to this reference biological drug is covered by the basic prescription drug insurance plan, except in the cases set out in item 2.3.

An original biologic drug not entered on the *List* and whose payment is allowed in application of the exception patient measure set out in item 6 of the *List* is covered by the basic prescription drug insurance plan until a biosimilar of this drug is marketed in Canada.

The reference biologic drug is then no longer covered by the basic prescription drug insurance plan, except in the cases set out in item 2.3.

2.3. Maintaining coverage under the basic prescription drug insurance plan

Notwithstanding the first or second paragraph of item 2.2., the cost of a reference biologic drug continues to be covered by the basic prescription drug insurance plan for an eligible person undergoing treatment with this reference biologic drug and who has received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before the end of coverage of the prescription drug under item 2.2. in the following cases:

- (1) (subparagraph repealed);
- (2) for a pregnant woman, including the (12) months following delivery;
- (3) for a person under the age of 18 for the remaining duration of their authorization, for a maximum of (12) months following the date of their 18th birthday or, in the absence of authorization, until the date of their 19th birthday;
- (4) for a person having experienced a therapeutic failure before the beginning of the treatment with the reference biologic drug and with at least two other biologic drugs:
 - (a) of generic names different from that of the reference biologic drug and between them;
 - (b) used to treat the same medical condition.

Notwithstanding the first paragraph of item 2.2., the cost of Humalog™ continues to be covered by the basic prescription drug insurance plan if the eligible person undergoing treatment with this drug by insulin pump and if the person has begun a treatment and received a reimbursement before 3 March 2021.

Notwithstanding the first paragraph of item 2.2., the cost of Lucentis™ continues to be covered by the basic prescription drug insurance plan if the eligible person undergoing treatment with this drug is monocular and if the person has begun a treatment and received a reimbursement before 13 December 2023.

Notwithstanding the first paragraph of item 2.2., the cost of NovoRapid™ S.C. Inj. Sol. 100 U/mL (10 mL) continues to be covered by the basic prescription drug insurance plan if the eligible person undergoing treatment with this drug by insulin pump and if the person has begun a treatment and received a reimbursement before 4 July 2024.

Notwithstanding the first paragraph of item 2.2., the cost of Eylea™ continues to be covered by the basic prescription drug insurance plan if the eligible person undergoing treatment with this drug is monocular and if the person has begun a treatment and received a reimbursement before 6 November 2025.

2.4. Transition toward another biologic drug

Where a reference biologic drug is covered by the basic prescription drug insurance plan only in the cases set out in item 2.3., the eligible person who has obtained a reimbursement for this drug may not obtain a reimbursement for another original biologic drug unless the prescriber confirms that there was a therapeutic failure with the reference biologic drug.

Notwithstanding the first paragraph, the eligible person who has obtained a reimbursement for Eylea™ may obtain a reimbursement for Eylea™ HD.

3. EXTEMPORANEOUS PREPARATIONS

3.1. Definition

An extemporaneous preparation is any drug prepared by a pharmacist from a prescription, as opposed to an official 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*, 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* and consisting of at least one active ingredient.
- 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* 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%
or
 - cysteamine.
- a solution or oral suspension of folic acid, cyclophosphamide (from intravenous injection powder), dexamethasone, gabapentin, hydroxyurea, methadone, metronidazole, phytonadione, prednisone, pyridoxine (from injection solution 100 mg/ml) or vancomycin.
- an oral suspension of sulfamethoxazole and trimethoprim.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.
- a preparation for oral use of clomiphene citrate.

When an extemporaneous preparation listed in Appendix III.1 entitled *List of Standardized Extemporaneous Preparations* is suitable for the eligible person, it must be prepared in accordance with the standardized master formula published on the CHU Sainte-Justine website. For the purposes of this paragraph, such an extemporaneous preparation is not suitable for the specific needs of an eligible person, particularly in the case of an allergy or intolerance.

In addition to the products listed in the Regular Section and the Exceptional Medications section of the List, products for extemporaneous preparations are grouped in the specific section of the List that applies to them. Vehicles, solvents, or adjuvants whose price is payable by the Régie are those listed in the specific section that applies to them.

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*

The exceptional medications are grouped together in appendices IV, IV.1 and IV.2 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, hereinafter "INESSS".
- (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, under the basic plan, and only according to the conditions set out in sections 4.2.1. and 4.2.2. hereof, to guarantee the cost of drugs.

Regarding the exceptional medications listed in Appendix IV.2, the exceptional medications measure is intended, under the basic plan and only according to the conditions set out in section 4.2.3. hereof, to guarantee the cost of drugs without a particular therapeutic indication.

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, a prior request for authorization, duly completed in accordance with the form provided for this purpose by the latter in accordance with 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.

For their prior request for authorization to be processed, the eligible person must send, either personally or through their prescriber, all the documents required by the Régie, including, in particular, reports and test results.

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 following exceptional medications indicated in Appendix IV.1 are insured under the basic plan for the eligible person undergoing treatment with this drug where the payment indications set out in this appendix are fulfilled and where the following conditions are met:

- (1) for the reimbursement of Copaxone™ S.C. Inj. Sol (syr) 20 mg/mL (1 mL), in addition to being referred to in subparagraph (2) or (3) of the first paragraph of item 2.3., the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 5 July 2018.

Biologic drugs indicated in Appendix IV.1 are insured under the basic plan where the eligible person undergoing treatment with this drug is referred to in one of the cases set out in the first paragraph of item 2.3., where the payment indications set out in this appendix are fulfilled and when the person has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before the end of coverage of the prescription drug under items 2.2. and 2.3. The date by which the person must have begun a treatment and received a reimbursement is set out in Appendix IV.1.

Notwithstanding the second paragraph, the following biologic drugs indicated in Appendix IV.1 are also insured under the basic plan where the eligible person undergoing treatment with this drug is referred to in one of the cases set out in the first paragraph of item 2.3., where the payment indications set out in this appendix are fulfilled and where the following conditions are met:

- (1) for the reimbursement of Enbrel™ S.C. Inj. Sol. (syr) 50 mg/mL and Enbrel™ SureClick™ S.C. Inj. Sol. 50 mg/mL:
 - (a) in the case of rheumatoid arthritis and ankylosing spondylitis, the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 18 August 2017.
 - (b) in the case of juvenile idiopathic arthritis, the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 1 February 2018.
 - (c) in cases of moderate or severe psoriatic arthritis of the rheumatoid type or of a type other than rheumatoid or a severe form of chronic plaque psoriasis, the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 19 August 2020.

- (2) for the reimbursement of Neupogen™ Inj. Sol. 300 mcg/mL (1.0 mL) and Neupogen Inj. Sol. 300 mcg/mL (1.6 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 30 September 2020 without there having been an interruption in the pharmacological treatment;
- (3) for the reimbursement of Remicade™, the eligible person must have begun a treatment for one of the therapeutic indications set out in Appendix IV.1 and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 19 August 2020;
- (4) for the reimbursement of Lucentis™ Inj. Sol 10 mg/mL (0.23 mL) and Lucentis™ Inj. Sol. (syringe) 10 mg/mL (0.165 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 13 December 2023;
- (5) for the reimbursement of Stelara™ (S.C. Inj. Sol. [syringe] 45 mg/0.5 mL and 90 mg/1 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 23 May 2024;
- (6) for the reimbursement of Prolia™ (S.C. Inj. Sol [syringe] 60 mg/mL) and of Xgeva™ (S.C. Inj. Sol 120 mg/1,7 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 7 November 2024.
- (7) for the reimbursement of Actemra™ (S.C. Inj. Sol. [syringe] 162 mg/0.9 mL, S.C. Inj. Sol. [pen] 162 mg/0.9 mL and Sol. Perf. I.V. 20 mg/mL [4 mL, 10 mL and 20 mL]), 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 22 May 2025.
- (8) for the reimbursement of Xolair™ (S.C. Inj. Sol. [syringe] 150 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 an employee benefit plan before 25 September 2025.
- (9) for the reimbursement of Eylea™ (Inj. Sol. 40 mg/mL [0.278 mL] and Inj. Sol. [syringe] 40 mg/mL [0.177 mL]), 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 6 November 2025.

4.2.3. Medications listed in Appendix IV.2

The exceptional medications indicated in Appendix IV.2 are insured under the basic plan for the eligible person undergoing treatment with this drug where the following conditions are fulfilled:

- (1) (subparagraph repealed).
- (2) for the reimbursement of Blood Glucose Test Strips (reactive quantitative) D360 Blood Glucose Test Strips (99101469), Dario (99101227), GlucoDr (99101165), iTest (99100332), Nova-Max (99100497), On Call Vivid (99101314), On-Call Plus (99100479) and TRUEtest (99100714), where the eligible person has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan for one of these products in the 12 months preceding 3 February 2021.

Biologic drugs indicated in Appendix IV.2 are insured under the basic plan where the eligible person undergoing treatment with this drug is referred to in one of the cases set out in the first paragraph of item 2.3. and has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan for one of these products in the 12 months preceding the end of coverage of the prescription drug under items 2.2. and 2.3. The date by which the person must have begun a treatment and received a reimbursement is set out in Appendix IV.2.

Notwithstanding the second paragraph, the following biologic drugs indicated in Appendix IV.2 are also insured under the basic plan where the eligible person undergoing treatment with this drug is referred to in one of the cases set out in the first paragraph of item 2.3. and where the following conditions are fulfilled:

- (1) for the reimbursement of Lovenox™ S.C. Inj. Sol. 100 mg/mL, Lovenox™ S.C. Inj. Sol. (syringe) 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL and 100 mg/1.0 mL and Lovenox™ HP S.C. Inj. Sol. (syringe) 120 mg/0.8 mL and 150 mg/1.0 mL, where the eligible person has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan for one of these products in the 12 months preceding 15 December 2021.
- (2) for the reimbursement of NovoRapid™ FlexTouch™ S.C. Inj. Sol. 100 U/mL (3 mL) and NovoRapid™ Penfill™ S.C. Inj. Sol. 100 U/mL (3 mL), where the eligible person has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan for one of these products in the 12 months preceding 2 February 2022.
- (3) for the reimbursement of NovoRapid™ S.C. Inj. Sol. 100 U/mL (10 mL), where the eligible person has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan for this product in the 12 months preceding 4 July 2024.

5. SUPPLIES

The *List* 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*. Where no price is indicated, the payable price for supplies is the pharmacist's cost price.

6. MEDICATIONS COVERED UNDER THE EXCEPTION PATIENT MEASURE

6.1. Presentation of the exception patient measure

In accordance with the sixth paragraph of section 60 of the Act respecting prescription drug insurance, the exception patient measure determines the cases, conditions and circumstances in which, exceptionally, an eligible person may be reimbursed for the cost of a medication that is not normally covered under the basic prescription drug insurance plan. The person must request a medication not appearing on the *List* or an exceptional medication prescribed for a therapeutic indication not set out in this *List*.

The cost of the medication and the cost of the pharmaceutical services provided by a pharmacist are covered under the basic prescription drug insurance plan for a person eligible for the exception patient measure under the conditions set out in the authorization.

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

An eligible person must meet the conditions and criteria listed in items 6.2.1. and 6.2.2. in order to obtain authorization from the Régie for the cost of a medication to be covered by the basic prescription drug insurance plan under the exceptional patient measure. In addition, the medication for which authorization is sought must comply with the conditions set out in item 6.2.3. and must not be excluded under item 6.2.4..

6.2.1. Request for authorization

The eligible person must send a prior request for authorization duly completed, either personally or through their prescriber:

- (1) to the Régie de l'assurance maladie du Québec, in the case of persons whose basic plan coverage is provided by the Régie, on the 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, when it is required by the applicable group insurance contract or benefit plan in accordance with the terms and conditions of the contract or plan, as the case may be.

For their request for authorization to be processed, the eligible person must send, either personally or through their prescriber, all the documents required by the Régie, including, in particular, reports, test results, scientific data and case reports relating to the person's medical condition.

In accordance with item 6.2.2., the prescriber must describe, in particular, the expected and measurable beneficial effects intended by the use of the medication for which authorization is sought. "Beneficial effects" include a cure for the disease, a significant improvement in the medical condition, a decrease in the progression of the disease, stabilization or improvement in functional impairment, a reduction in medical consultations or hospitalizations, a marked improvement in the autonomy of the person treated or a decrease in the deterioration of their health condition. The prescriber must, at the request of the Régie, provide the documents on which these facts and data are based.

The authorization issued by the Régie, the insurer or via the administrator of an employee benefit plan shall indicate, where applicable, the conditions for coverage of the person covered under the exception patient measure, in particular the duration of the authorization, the maximum reimbursable quantity, the dosage as well as the frequency of use of the medication.

The authorization issued by the Régie concerns the generic name of a medication. If the brand name drug is entered on the *List*, its reimbursement is subject to the rules set out in item 1.2.2. as of 25 September 2025, if the brand name drug does not appear on this *List*, only the generic version of this medication, if marketed in Canada, may be reimbursed under the exception patient measure.

Notwithstanding the fifth paragraph, the eligible person may be reimbursed for the cost of a brand name drug not entered on the List when the least expensive drug with the same generic name causes a documented allergy or intolerance to a non-medicinal ingredient present in its composition but absent from that of the brand name drug. In the case of intolerance, it must be serious and have resulted in hospitalization or prolongation of hospitalization, emergency medical intervention or persistent or significant disability or incapacity. The exception set out in this paragraph does not apply where a generic drug with a composition identical to that of the brand name drug is available in Canada or where a generic drug that does not contain the non-medicinal ingredient causing the allergy or severe intolerance is available in Canada.

Any person seeking this exception must, through the prescriber, complete the form provided for this purpose by the Régie and sent it back. When the request is accepted, the drug covered is excluded from the lowest price method only for the period authorized by the Régie.

The eligible person may also be reimbursed for the cost of a brand name drug if the generic version is not available from the Régie's notice due to a stock shortage, in particular if an alternative medication has been authorized under section 60.1 of the Act respecting prescription drug insurance.

6.2.1.1. Renewal of authorization

The authorization issued by the Régie to an eligible person may be renewed if the expected and measurable beneficial effects described in the initial request, in accordance with item 6.2.2.2., have been achieved. The prescriber must describe, in the renewal of authorization, the beneficial effects observed in the treated person.

However, the authorization may not be renewed if the medication is now excluded from this measure under items 6.2.4.1. or 6.2.4.2..

6.2.2. Compliance with criteria

The eligible person requesting authorization for the medication to be covered by the exception patient measure must demonstrate that they meet the four criteria set out in items 6.2.2.1. to 6.2.2.4..

6.2.2.1. Severity of the medical condition

The person must suffer from a serious medical condition recorded in the person's medical file.

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

- (1) immediate, in that it already severely restricts the afflicted person's activities or quality of life or would, according to the current state of scientific knowledge, lead to significant functional injury or the person's death;
or
- (2) foreseeable in the short term, in that its evolution or complications have a high risk of affecting the eligible person's morbidity or mortality risk. This foreseeability must be demonstrated by means of a valid event risk scale where one is available. To be valid, the risk scale must be recognized by INESSS or, in the absence of such recognition, by a learned society.

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.

The prescriber must demonstrate the severity of the eligible person's condition by describing in the request for authorization the functional limitations that the medical condition to be treated causes or would cause.

6.2.2.2. Specific medical necessity

The use of the medication requested by the eligible person must constitute a specific medical necessity of an exceptional nature for that person.

The prescriber must demonstrate in the request for authorization how the use of the requested medication, in the prescribed dosage and frequency, represents a specific medical necessity, of an exceptional nature, for the eligible person concerned by this request.

The prescriber must demonstrate this, including a description of the expected and measurable beneficial effects, taking into account the best available scientific evidence and data in relation to the eligible person's medical condition. The prescriber must, at the request of the Régie, provide the documents on which these facts and data are based.

As part of this demonstration, the higher the prevalence of the disease in a Canadian context, the greater the need for the prescriber to provide scientific data of good methodological quality to support the request for authorization. In the case of a person suffering from a rare disease, that is, a disease that affects no more than 1 in 2,000 persons, where the health need is high and for which good quality scientific data are not available, the scientific data provided by the prescriber in support of the request must be of the highest possible quality and demonstrate the expected and measurable beneficial effects on the condition of the person for whom the request is made. The same scientific data must be provided when the prescriber demonstrates that a person suffering from a high-prevalence disease is in a rare clinical situation due to comorbidities, allergies, severe symptoms or other factors.

6.2.2.3. Chronicity of the medical condition, treatment of an acute severe infection or administration of palliative care

The person must, as the case may be:

- (1) suffer from a chronic medical condition or a complication or manifestation arising from the chronic medical condition;
- (2) suffer from an acute severe infection;
- (3) notwithstanding the degree of severity criteria set out in item 6.2.2.1., require the administration of a medication required for final phase ambulatory palliative care in the case of a terminal illness.

6.2.2.4. Last-resort medication

The person must demonstrate through their prescriber that the medication requested is a last-resort medication in the sense that no other medication on this *List* or on the *List* drawn up under section 395 of the Act respecting the governance of the health and social services system (chapter G-1.021) or section 116 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or that no other medical treatment whose cost is covered under the Health Insurance Act (chapter A-29), can be considered because the medication or treatment is, as the case may be:

- (1) contraindicated;
- (2) significantly non tolerated;
- (3) rendered ineffective due to the clinical condition of the person. To demonstrate the ineffectiveness of a medication or treatment, the person must have tried it before send the request for authorization. The trial must be done at an effective dose and spread over a reasonable period of time depending on the medical condition of the person and the scientific literature regarding the medication.

The medication requested is not considered to be a last-resort medication solely on the basis that, for a particular therapeutic indication, this medication might be more effective than a medication included in the lists referred to in the first paragraph.

6.2.3. Characteristics of the medication covered

The medication subject to the request for authorization must be, as the case may be:

- (1) a medication marketed in Canada and, subject to the third paragraph of this item, have been assigned a DIN by Health Canada;
or
- (2) a natural health product marketed in Canada and have an NPN assigned by Health Canada, on condition that a product of the same generic name already had been assigned a DIN by the same authority;
or
- (3) a non-sterile magistral preparation consisting of active ingredients marketed in Canada, on condition that there are no medications marketed in Canada of the same form and strength, containing the same active ingredients;
or
- (4) 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 for active ingredients, on condition that there are no preparations marketed in Canada of the same form and strength, containing the same products;
or
- (5) a sterile ophthalmic preparation made by a pharmacist from sterile pharmaceutical products marketed in Canada, at least one of which is not specified on the *List* for ophthalmic use or for active ingredients, on condition that there are no ophthalmic preparations marketed in Canada of the same form and strength, containing the same products;
or
- (6) a drug that has not been assigned a DIN and whose import is authorized by Health Canada as part of a Tier 3 drug shortage. A drug authorized under this paragraph is no longer covered by the basic prescription drug insurance plan when three months have elapsed since the first of these eventualities:
 - (a) the date from which the imported drug can no longer be imported;
 - (b) the date from which the drug that has been assigned a DIN affected by the shortage is again available in Canada.

For the purposes of subparagraphs 3 to 5 of the first paragraph, “marketed in Canada” means that the active ingredient is approved in a dosage form by Health Canada. It also means that the active ingredient has already been approved in a dosage form by Health Canada and has been withdrawn from the Canadian market as a result of a commercial decision and not because of a lack of efficacy or a safety issue.

An exceptional medication referred to in Appendix IV may be subject to a request for authorization under the exception patient measure 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*.

6.2.4. Exclusions from coverage under the exception patient measure

6.2.4.1. Medications excluded

A request for payment authorization must be denied if it concerns one of the following medications:

- (1) reference biologic drugs that are no longer covered under item 2.2., except in the cases set out in item 2.3.;
- (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 for weight loss;
- (6) medications prescribed for cachexia and to stimulate appetite;
- (7) oxygen;
- (8) sensors and transmitters of a continuous glucose measurement system prescribed for monitoring diabetes;
- (9) the Symdeko™, except for a request for payment authorization of an eligible person who has begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 29 September 2021 and continues to fulfil the other criteria and conditions set out in item 6.2.;
- (10) the medication whose effectiveness in treating the disease from which the person suffers has not been established by means of studies, but only on the basis of a panel of genes identifying mutations that suggest a theoretical effectiveness of the medication;
- (11) docusate calcium or docusate sodium.

6.2.4.2. Medications subject to a notice of suspension or end of insurance coverage or that have not been re-entered on the List

A request for payment authorization must be denied if it concerns a medication for which, within the meaning of section 60.0.4 of the Act respecting prescription drug insurance, the Minister has issued a notice of suspension or end of insurance coverage or which the Minister has not re-entered on the *List*.

Notwithstanding the first paragraph, the insurance coverage of a medication is maintained with respect to persons undergoing treatment with this drug, where the eligible person continues to fulfil the other criteria and conditions set out in item 6.2. and, if the drug is a reference biologic drug, where the eligible person is referred to in one of the cases set out in the first paragraph of item 2.3. in the following cases:

- (1) for the reimbursement of Lantus™ S.C. Inj. Sol. 100U/mL (3 mL) and Lantus™ Solostar™ S.C. Inj. Sol. (3 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 18 August 2017;
- (2) for the reimbursement of Copaxone™ S.C. Inj. Sol. (syringe) 20 mg/mL (1 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 5 July 2018. This drug will no longer be covered under the basic prescription drug insurance plan as of 13 April 2022 except for those persons referred to in subparagraph (2) or (3) of item 2.3.;
- (3) for the reimbursement of Neupogen™ Inj. Sol. 300 mcg/mL (1.0 mL) and Neupogen™ Inj. Sol. 300 mcg/mL (1.6 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 30 September 2020 without there having been an interruption in the pharmacological treatment;
- (4) for the reimbursement of Enbrel™ S.C. Inj. Sol. (syringe) 50 mg/mL and Enbrel™ SureClick™ S.C. Inj. Sol. 50 mg/mL, the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 19 August 2020;
- (5) for the reimbursement of Rituxan™ I.V. Perf. Sol. 10 mg/mL, the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 30 September 2020;

- (6) for the reimbursement of Humira™ (syringe and pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 3 March 2021;
- (7) for the reimbursement of Lucentis™ Inj. Sol 10 mg/mL (0.23 mL) and Lucentis™ Inj. Sol. (syringe) 10 mg/mL (0.165 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 13 December 2023;
- (8) for the reimbursement of Stelara™ (S.C. Inj. Sol. [syringe] 45 mg/0.5 mL and 90 mg/1 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 23 May 2024;
- (9) for the reimbursement of Prolia™ (S.C. Inj. Sol [syringe] 60 mg/mL) and of Xgeva™ (S.C. Inj. Sol 120 mg/1.7 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie, an insurer or an administrator of an employee benefit plan before 7 November 2024.
- (10) for the reimbursement of Actemra™ (S.C. Inj. Sol. [syringe] 162 mg/0.9 mL, S.C. Inj. Sol. [pen] 162 mg/0.9 mL and Sol. Perf. I.V. 20 mg/mL [4 mL, 10 mL and 20 mL]), 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 22 May 2025.
- (11) for the reimbursement of Xolair™ (S.C. Inj. Sol. [syringe] 150 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 an employee benefit plan before 25 September 2025.
- (12) for the reimbursement of Eylea™ (Inj. Sol. 40 mg/mL [0.278 mL] and Inj. Sol. [syringe] 40 mg/mL [0.177 mL]), 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 6 November 2025.

6.2.4.3. Specific rules concerning the evaluation of a medication by INESSS

As of the 121st day following the date of the notice of compliance issued by Health Canada concerning the therapeutic indication of a medication, a request for payment authorization must be denied if it concerns a medication prescribed for this indication for which a manufacturer has not received, within 120 days following the date of this notice, a positive admissibility decision from INESSS as part of the process of evaluating medications for registration.

However, a request for authorization must be denied if it concerns a generic or biosimilar version of a medication whose request must be denied under the first paragraph even if it was submitted within 120 days following the date of this notice of compliance.

The first and second paragraphs do not apply when:

- (1) the request for payment authorization is for a medication for which the manufacturer has received a positive admissibility decision from INESSS for this indication;
- (2) the request for payment authorization is for a medication for which Health Canada has issued a notice of compliance before 11 December 2025 for the indication for which authorization is sought;
- (3) the request for payment authorization is for a generic or biosimilar drug, Health Canada has issued a notice of compliance before 11 December 2025 with respect to the brand name drug or the reference biologic drug for the indication for which authorization is sought;
- (4) INESSS has published a notice made to the Minister concerning the indication for which authorization is sought for that medication or the brand name or reference biologic drug for that medication.

As of the 121st day following the date of the notice of compliance issued by Health Canada as of 11 December 2025, an application for payment authorization must be denied if INESSS has informed the Régie that the manufacturer for which it has issued a positive admissibility decision has withdrawn its application for registration for the indication for which the drug was prescribed.

In addition, a request for payment authorization must be denied if it concerns a medication or a generic or biosimilar version of this medication prescribed for a therapeutic indication for which INESSS has not recognized the therapeutic value in its notice made to the Minister published as of 2 July 2025. However, a request may be authorized if the prescriber demonstrates that the eligible person or their illness has characteristics significantly different from those of the population taken into consideration in the negative recommendation from INESSS regarding the therapeutic value of the medication. In such a case, the prescriber must, in the request for authorization, describe and document using studies that the expected and measurable beneficial effects are clinically superior to those observed in the population taken into consideration by INESSS.

An application for renewal may be authorized if the initial authorization was granted in compliance with this item and if the conditions for renewal of an authorization set out in item 6.2.1.1. are met.

6.3. Request for authorization of a drug treatment initiated in a health institution

The request for authorization from an eligible person to continue treatment with a medication supplied and initiated by an institution under sections 396 to 398 of the Act respecting the governance of the health and social services system or under the third or fourth paragraph of section 116 of the Act respecting health services and social services for the Inuit and Naskapi must describe the expected and measurable beneficial effects sought through the use of the medication which is the subject of the request for authorization. The individual written decision of the pharmacology committee authorizing treatment with the medication supplied by a health institution must be sent to the Régie with the request for authorization.

The eligible person is presumed to meet the criteria set out in items 6.2.2.1. to 6.2.2.4. and the request may be authorized despite item 6.2.4.3. However, it must be refused if it concerns a medication excluded under items 6.2.4.1. or 6.2.4.2..

Such a request may be renewed, according to item 6.2.1.1..

This item does not apply to a medication authorized under Health Canada's Special Access Programme (SAP).

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, 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., 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 and measurable of this medication for this person are medically recognized on the basis of scientific data.

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

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

8. PROTON PUMP INHIBITORS (PPI)

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

- (1) for a maximum duration of 90 days of treatment, consecutive or not, per 12 month period beginning the date of the delivery of the PPI, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, with or without gastroesophageal reflux, *Helicobacter pylori* positive or a gastric or duodenal ulcer being predominant symptoms;
- (2) for a maximum duration of 12 months of treatment, where code PP12 is indicated on the prescription, in the case of: secondary dyspepsia associated with the taking of non-steroidal anti-inflammatory drugs, cytoprotective prophylaxis, pregnancy, the wearing of a nasogastric tube or gastrojejunal tube, or a short bowel;
- (3) for a maximum duration of 12 months of treatment, where code PP205 is indicated on the prescription, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, functional dyspepsia responding to PPIs, eosinophilic gastroenteritis, a hypersensitive oesophagus or extradigestive symptoms responding to PPIs and recurring if usage is stopped, if the symptoms of gastroesophageal reflux reappear after the initial treatment provided for in paragraph 1 and are present at least three days per week;
- (4) for a maximum duration of 24 months of treatment, where code PP999 is indicated on the prescription, in the case of: Barrett's esophagus, Zollinger-Ellison syndrome, an esophageal peptic stricture, eosinophilic esophagitis, Crohn's disease of the upper digestive tract, the taking of pancreatic enzymes not having the desired effectiveness due to their inactivation by gastric acidity, Cameron ulcers, neoplastic 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)

9.1. General rules

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 prescriber 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.

9.2. Rules concerning users of certain continuous glucose measurement systems

The general rules referred to in item 9.1. do not apply to a person using the Dexcom G6 sensor (99113874), Dexcom G6 transmitter (99113875) or Dexcom G7 sensor (99114362). For such a person, the maximum number of strips covered by the basic plan is 100 strips per period of 18 months effective from the first delivery.

Where the maximum number of strips is reached before the end of the 18 month period, a maximum number of 100 additional strips is also covered by the basic plan.

10. TREATMENT OF CORONAVIRUS DISEASE (COVID-19)

Nirmatrelvir/ritonavir and remdesivir are covered by the basic prescription drug insurance plan for the treatment of mild to moderate coronavirus disease (COVID-19) for the eligible person at risk of progression to a severe form of the disease or at risk of hospitalization or death. Is considered at risk, the person who, either:

- (1) has severe immunosuppression;
- (2) is aged 60 years and over;
- (3) has one comorbidity, for example, chronic renal failure, chronic hepatic failure, chronic cardiopulmonary disease, diabetes or obesity.

Upon initiation of treatment, the eligible person must have tested positive for COVID-19 and have had symptoms of COVID-19 for a maximum of 5 days with nirmatrelvir/ritonavir and 7 days for remdesivir.

The maximum duration of treatment is 5 days for nirmatrelvir/ritonavir and 3 days for remdesivir for a total of 4 vials. An extended treatment of up to 20 days is possible for the eligible person with severe immunosuppression treated with nirmatrelvir/ritonavir.

Nirmatrelvir/ritonavir is once again covered by the basic prescription drug insurance plan for the eligible person when at least 3 months have elapsed between the end of the last treatment and the start of a new treatment.

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.	5,66%, 5,65%, 5,71%, 5,7%
Cellchem	Cellchem Pharmaceuticals Inc.	6,5%
* Covidien	Covidien	6%
* Hikma	Hikma Canada Limited	3%
I-Sens	I-Sens, Inc.	5%
Medelys	Medelys Laboratoires international inc.	5%
* Medisure	Medi + Sure	6,25%
Medline	Medline Canada Corporation	2%
* Nipro Diag	Nipro Diagnostics Inc.	6%
* Pharmaris	Pharmaris Canada Inc.	6,5%
* Purdue	Purdue Pharma	5%

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

APPENDIX II

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

FAMILIPRIX INC.

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

Mark-up 6.5%

Supply source code A

MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC.

Head office: **MCMAHON DISTRIBUTEUR
PHARMACEUTIQUE INC.**
225 rue Jean Coutu
Varennes, Québec, Canada J3X 0E1

Mark-up 6.5%

Supply source code F

AMERISOURCE BERGEN CANADA

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

Mark-up 6.5%

Supply source code H

SHOPPERS DRUG MART LIMITED

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

Mark-up 6.5%

Supply source code J

INNOMAR STRATEGIES INC.

Head office: **INNOMAR STRATEGIES INC.**
3470 Superior Court
Oakville (Ontario), Canada L6L 0C4

Mark-up 6.5%

Supply source code N

DEX Medical Distribution Inc.

Head office: **DEX Medical Distribution Inc.**
70 Esna Park Drive, Unit 11
Markham (Ontario) L3R 6E7

Mark-up 6.5%

Supply source code Q

Andrew and David Wholesale Ltd.

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

LE GROUPE JEAN COUTU (PJC) INC.

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

Mark-up 6.5%

Supply source code D

MCKESSON SERVICES PHARMACEUTIQUES

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

Mark-up 6.5%

Supply source code G

KOHL & FRISCH LIMITED

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

Mark-up 6.5%

Supply source code I

DISTRIBUTIONS PHARMAPLUS INC.

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

Mark-up 6.5%

Supply source code M

GMD DISTRIBUTION INC.

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

Mark-up 6.5%

Supply source code O

McKesson Distribution Spécialisée Inc.

Head office: **McKesson Distribution Spécialisée Inc.**
8449 Lawson road, unit 102
Milton (Ontario) L9T 9L1

Mark-up 6.5%

Supply source code R

LPG Inventory Solutions

Head office: **LPG Inventory Solutions**

3615 Laird rd. # 18
Mississauga (Ontario) L5L 5Z8
Mark-up 6.5%
Supply source code S

Sentrex Distribution Inc.

Head office: **Sentrex Distribution Inc.**
120 Valleywood Drive
Markham, Ontario, Canada L3R 6A7
Mark-up 6.5%
Supply source code U

Distribution 2LG Inc.

Head office: **Distribution 2LG Inc.**
102-1525 boul. Ford Châteauguay
Châteauguay, Québec, Canada J6J 4Z2
Mark-up 6.5%
Supply source code W

40 Milburn Road
Hamilton, Ontario, Canada L8E 3L9
Mark-up 6.5%
Supply source code T

Nu-Quest Distribution Inc.

Head office: **Nu-Quest Distribution Inc.**
101-96, Clyde Ave
Mount Pearl, Terre-Neuve, Canada A1N
4S2
Mark-up 6.5%
Supply source code V

SRX Health Wholesale & Distribution

Head office: **SRX Health Wholesale & Distribution**
755 Queensway East - Unit 18
Mississauga, Ontario, Canada L4Y 4C5
Mark-up 6.5%
Supply source code X

APPENDIX III
**PRODUCTS FOR WHICH THE WHOLESALE'S MARK-UP IS
LIMITED TO A MAXIMUM AMOUNT**

Manufacturer	Brand name	Packaging
Otsuka Can	Abilify Asimtufii I.M. Inj. Susp. (syr) 720 mg/2.4 mL	1
Otsuka Can	Abilify Asimtufii I.M. Inj. Susp. (syr) 960 mg/3.2 mL	1
Jamp	Abiraterone Tab. 500 mg	60
Pfizer	Abrilada (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Pfizer	Abrilada (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
S. & N.	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm ²) Dressing More than 500 cm ² (active surface)	6
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
AuroPharma	Acyclovir Sodium Injection I.V. Perf. Sol. 50 mg/mL (10 mL)	10
AuroPharma	Acyclovir Sodium Injection I.V. Perf. Sol. 50 mg/mL (20 mL)	10
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
Novartis	Afinitor Tab. 2.5 mg	30
Novartis	Afinitor Tab. 5 mg	30
Novartis	Afinitor Tab. 10 mg	30
Apotex	Aflivu Inj. sol. 40 mg/mL	1
Apotex	Aflivu Inj. Sol (syr) 40 mg/mL	1
Janss. Inc	Akeega Tab. 50 mg - 500 mg	60
Janss. Inc	Akeega Tab. 100 mg - 500 mg	60
Roche	Alecensaro Caps. 150 mg	240
Takeda	Alunbrig Kit (solid oral) 90 mg (7 tab.) - 180 mg (21 tab.)	1
Takeda	Alunbrig Tab. 30 mg	28
Takeda	Alunbrig Tab. 90 mg	28
Takeda	Alunbrig Tab. 180 mg	28
Vertex	Alyftrek Kit (solid oral) 4 mg - 20 mg - 50 mg	84
Vertex	Alyftrek Kit (solid oral) 10 mg - 50 mg - 125 mg	56
Amgen	Amgevita (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Amgen	Amgevita (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2

Manufacturer	Brand name	Packaging
Alnylam	Amvuttra S.C. Inj.Sol (syr) 50 mg/mL (0,5 mL)	1
CSLBehring	Andembry S.C. Inj. Sol. (pen) 200 mg/1.2 mL	1
CSLBehring	Andembry S.C. Inj.Sol (syr) 200 mg/1.2 mL	1
Apotex	Apo-Abiraterone Tab. 500 mg	60
Apotex	Apo-Ambrisentan Tab. 5 mg	30
Apotex	Apo-Ambrisentan Tab. 10 mg	30
Apotex	Apo-Apremilast Tab. 30 mg	56
Apotex	Apo-Cladribine Tab. 10 mg	1
Apotex	Apo-Cladribine Tab. 10 mg	4
Apotex	Apo-Dasatinib Tab. 100 mg	30
Apotex	Apo-Eltrombopag Tab. 25 mg	28
Apotex	Apo-Eltrombopag Tab. 50 mg	28
Apotex	Apo-Enzalutamide Caps. 40 mg	120
Apotex	Apo-Gefitinib Tab. 250 mg	30
Apotex	Apo-Lenalidomide Caps. 2.5 mg	21
Apotex	Apo-Lenalidomide Caps. 5 mg	28
Apotex	Apo-Lenalidomide Caps. 10 mg	28
Apotex	Apo-Lenalidomide Caps. 15 mg	21
Apotex	Apo-Lenalidomide Caps. 20 mg	21
Apotex	Apo-Lenalidomide Caps. 25 mg	21
Apotex	Apo-Nilotinib Caps. 150 mg	112
Apotex	Apo-Nilotinib Caps. 200 mg	112
Apotex	Apo-Pomalidomide Caps. 1 mg	21
Apotex	Apo-Pomalidomide Caps. 2 mg	21
Apotex	Apo-Pomalidomide Caps. 3 mg	21
Apotex	Apo-Pomalidomide Caps. 4 mg	21
ViiV	Apretude Kit 200 mg /mL (3 mL)	1
ViiV	Apretude Tab. 30 mg	30
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
AuroPharma	Auro-Apremilast Tab. 30 mg	56
AuroPharma	Auro-Cladribine Tab. 10 mg	1
AuroPharma	Auro-Cladribine Tab. 10 mg	4
AuroPharma	Auro-Enzalutamide Caps. 40 mg	120
AuroPharma	Auro-Nintedanib Caps. 100 mg	60
AuroPharma	Auro-Nintedanib Caps. 150 mg	60

Manufacturer	Brand name	Packaging
AuroPharma	Auro-Sunitinib Caps. 25 mg	28
AuroPharma	Auro-Sunitinib Caps. 50 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
Medison	Ayvakyt Tab. 25 mg	30
Medison	Ayvakyt Tab. 50 mg	30
Medison	Ayvakyt Tab. 100 mg	30
Medison	Ayvakyt Tab. 200 mg	30
Janss. Inc	Balversa Tab. 3 mg	56
Janss. Inc	Balversa Tab. 3 mg	84
Janss. Inc	Balversa Tab. 4 mg	28
Janss. Inc	Balversa Tab. 4 mg	56
Janss. Inc	Balversa Tab. 5 mg	28
GSK	Benlysta S.C. Inj. Sol. (pen) 200 mg/ml (1 ml)	4
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
U.C.B.	Bimzelx S.C. Inj. Sol. (pen) 160 mg/mL (1 mL)	2
U.C.B.	Bimzelx S.C. Inj. Sol. (pen) 160 mg /mL (2 mL)	1
U.C.B.	Bimzelx S.C. Inj.Sol (syr) 160 mg/mL (1 mL)	2
U.C.B.	Bimzelx S.C. Inj.Sol (syr) 160 mg /mL (2 mL)	1
Pfizer	Braftovi Caps. 75 mg	120
Pfizer	Braftovi Caps. 75 mg	180
Organon	Brenzys (pen) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Organon	Brenzys (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
BeOne med	Brukinsa Caps. 80 mg	120
BeOne med	Brukinsa Tab. 160 mg	60
Medison	Bylvay Caps. 200 mcg	30
Medison	Bylvay Caps. 400 mcg	30
Medison	Bylvay Caps. 600 mcg	30
Medison	Bylvay Caps. 1200 mcg	30
Biogen	Byooviz Inj. Sol. 10 mg/mL (0,23ml)	1
ViiV	Cabenuva Kit 200 mg/mL - 300 mg/mL	2 ml
ViiV	Cabenuva Kit 200 mg/mL - 300 mg/mL	3 ml
Ipsen	Cabometyx Tab. 20 mg	30
Ipsen	Cabometyx Tab. 40 mg	30
Ipsen	Cabometyx Tab. 60 mg	30
AZC	Calquence Tab. 100 mg	60
B.M.S.	Camzyos Caps. 2.5 mg	30
B.M.S.	Camzyos Caps. 5 mg	30

Manufacturer	Brand name	Packaging
B.M.S.	Camzyos Caps. 10 mg	30
B.M.S.	Camzyos Caps. 15 mg	30
Merck	Capvaxive (box of 10 doses) I.M. Inj. Sol. (syr.) 84 µg of pneumococcal polysaccharide conjugated to 65 µg CRM197/ 0,5 mL	10 dose(s)
Gilead	Cayston Inh. Sol. 75 mg	84
Hikma	Cefuroxime for injection USP Inj. Pd. 7.5 g	10
ViiV	Celsentri Tab. 150 mg	60
ViiV	Celsentri Tab. 300 mg	60
Pfizer	Cibinqo Tab. 50 mg	30
Pfizer	Cibinqo Tab. 100 mg	30
Pfizer	Cibinqo Tab. 200 mg	30
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
Pfizer	Comirnaty I.M. pre-filled inj. syr. 30 mcg/0.3 mL	10 dose(s)
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 (stylo) S.C. Inj. Sol. 150 mg/mL (2 mL)	1
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
Novartis	Cosentyx (syringe) S.C. Inj. Sol. 150 mg/mL (2 mL)	1
Roche	Cotellic Tab. 20 mg	63
Avir	Cresemba Caps. 100 mg	14
Kyowa	Crysvita S.C. Inj. Sol. 10 mg/mL (1 mL)	1
Kyowa	Crysvita S.C. Inj. Sol. 20 mg/mL (1 mL)	1
Kyowa	Crysvita S.C. Inj. Sol. 30 mg/mL (1 mL)	1
RRDC	Cystadane Oral Pd. 1 g/1.7 mL	180 g
RRDC	Cystadrops Oph. Sol. 0.37 %	5 ml
Merck	Delstrigo Tab. 100 mg -300 mg -300 mg	30
Merck	Difcid Tab. 200 mg	20
Ultragenyx	Dojolvi Liq. 100 %	500 ml
ViiV	Dovato Tab. 50 mg-300 mg	30
SanofiAven	Dupixent S.C. Inj. Sol. (pen) 150 mg/mL (2 mL)	2
SanofiAven	Dupixent S.C. Inj. Sol. (pen) 175 mg/mL (1,14 mL)	2
SanofiAven	Dupixent S.C. Inj.Sol (syr) 150 mg/mL (2 mL)	2
SanofiAven	Dupixent S.C. Inj.Sol (syr) 175 mg/mL (1,14 mL)	2
Lilly	Ebglyss S.C. Inj. Sol. (pen) 125 mg/mL (2 mL)	1
Lilly	Ebglyss S.C. Inj. Sol. (pen) 125 mg/mL (2 mL)	2
Lilly	Ebglyss S.C. Inj.Sol (syr) 125 mg/mL (2 mL)	1
Tolmar	Eligard Kit 22.5 mg	1

Manufacturer	Brand name	Packaging
Tolmar	Eligard Kit 30 mg	1
Tolmar	Eligard Kit 45 mg	1
SOBI	Empaveli S.C. Inf. Sol. 54 mg/mL (20 mL)	1
Roche	Enspryng (syringe) S.C. Inj. Sol. 120 mg/mL	1
Takeda	Entyvio I.V. Perf. Pd. 300 mg	1
Takeda	Entyvio (stylo) S.C. Inj. Sol. 108 mg/0.68 mL	1
Takeda	Entyvio (stylo) S.C. Inj. Sol. 108 mg/0.68 mL	2
Takeda	Entyvio (syringe) S.C. Inj. Sol. 108 mg/0.68 mL	1
Takeda	Entyvio (syringe) S.C. Inj. Sol. 108 mg/0.68 mL	2
Paladin	Envarsus PA L.A. Tab. 4 mg	100
Sandoz	Enzeevu Inj. Sol (syr) 40 mg/mL	1
Gilead	Epclusa Tab. 400 mg -100 mg	28
Jazz	Epidiolex Oral Sol. 100 mg /mL (100 mL)	1
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
Janss. Inc	Erleada Tab. 240 mg	30
Roche	Esbriet Tab. 801 mg	90
EUGIA Ph	Eugia-Pazopanib Tab. 200 mg	120
Ultragenyx	Evkeeza I.V. Perf. Sol. 150 mg/mL (2,3 mL)	2,3 ml
Roche	Evrysdi Oral Pd. 60 mg (0,75 mg/mL)	1
Roche	Evrysdi Tab. 5 mg	28
Novartis	Extavia Inj. Pd. 0.3 mg	15
Celltrion	Eydenzelt Inj. sol. 40 mg/mL	1
Celltrion	Eydenzelt Inj. Sol (syr) 40 mg/mL	1
Bayer	Eylea HD Inj. sol. 114,3 mg/mL (0.263 mL)	1
Bayer	Eylea HD Inj. Sol (syr) 114,3 mg /mL (0,184 mL)	1
AZC	Fasenra S.C. Inj.Sol (syr) 30 mg/mL (1 mL)	1
AZC	Fasenra Pen S.C. Inj. Sol. (pen) 30 mg/mL (1 mL)	1
AZC	Faslodex I.M. Inj. Sol. (syr.) 50 mg/mL (5 mL)	2
Takeda	Firazyr S.C. Inj.Sol (syr) 10 mg/mL (3 mL)	1
Kye Pharma	Firdapse Tab. 10 mg	240
Takeda	Fruzaqla Caps. 1 mg	21
Takeda	Fruzaqla Caps. 5 mg	21
Roche	Fuzeon S.C. Inj. Pd. 108 mg	60
Amicus	Galafold Caps. 123 mg	14
Fresenius	Ganciclovir pour injection I.V. Perf. Pd. 500 mg	25
Sterimax	Ganciclovir pour injection I.V. Perf. Pd. 500 mg	25

Manufacturer	Brand name	Packaging
Forma Ph	Ganciclovir pour injection I.V. Perf. Pd. 500 mg	25
Merck	Gardasil 9 (box of 10 doses) I.M. Inj. Susp. 30mcg, 40mcg,60mcg,40mcg,20mcg/0,5 mL	10 dose(s)
Pfizer	Genotropin GoQuick Sty 12 mg	5
Gilead	Genvoya Tab. 150 mg -150 mg -200 mg -10 mg	30
Novartis	Gilenya Caps. 0.5 mg	28
Bo. Ing.	Giotrif Tab. 20 mg	28
Bo. Ing.	Giotrif Tab. 30 mg	28
Bo. Ing.	Giotrif Tab. 40 mg	28
Alnylam	Givlaari S.C. Inj. Sol. 189 mg/mL	1
Phmscience	Glatect S.C. Inj.Sol (syr) 20 mg/mL (1 mL)	30
Mylan	Glatiramer acetate for injection S.C. Inj.Sol (syr) 20 mg/mL (1 mL)	30
Novartis	Gleevec Tab. 100 mg	120
Novartis	Gleevec Tab. 400 mg	30
Glenmark	GLN-Apremilast Tab. 30 mg	60
Serono	Gonal-f S.C. Inj. Sol. (pen) 900 UI	1
Organon	Hadlima PushTouch (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Organon	Hadlima PushTouch (pen) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Organon	Hadlima (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Organon	Hadlima (syringe) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Gilead	Harvoni Tab. 90 mg -400 mg	28
Biocon	Hulio (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Biocon	Hulio (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hyrimoz (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hyrimoz (pen) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Sandoz	Hyrimoz (pen) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
Sandoz	Hyrimoz (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hyrimoz (syringe) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Sandoz	Hyrimoz (syringe) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
Pfizer	Ibrance Tab. 75 mg	21
Pfizer	Ibrance Tab. 100 mg	21
Pfizer	Ibrance Tab. 125 mg	21
Fresenius	Idacio (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Fresenius	Idacio (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sun Pharma	Ilumya S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)	1
Sun Pharma	Ilumya S.C. Inj.Sol (syr) 100 mg/mL (1 mL)	1
Janss. Inc	Imbruvica Caps. 140 mg	90
Jamp	Injectable Icatibant S.C. Inj.Sol (syr) 10 mg/mL (3 mL)	1

Manufacturer	Brand name	Packaging
Pfizer	Inlyta Tab. 1 mg	60
Pfizer	Inlyta Tab. 5 mg	60
Celgene	Inrebic Caps. 100 mg	120
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
Roche	Itovebi Tab. 3 mg	28
Roche	Itovebi Tab. 9 mg	28
Novartis	Jakavi Tab. 5 mg	56
Novartis	Jakavi Tab. 10 mg	56
Novartis	Jakavi Tab. 15 mg	56
Novartis	Jakavi Tab. 20 mg	56
Jamp	Jamp Abiraterone Tab. 250 mg	120
Jamp	Jamp Abiraterone Tab. 500 mg	60
Jamp	Jamp Ambrisentan Tab. 5 mg	30
Jamp	Jamp Ambrisentan Tab. 10 mg	30
Jamp	Jamp Apremilast Tab. 30 mg	56
Jamp	JAMP Enzalutamide Caps. 40 mg	120
Jamp	Jamp Gefitinib Tab. 250 mg	30
Jamp	Jamp Lenalidomide Caps. 2.5 mg	21
Jamp	Jamp Lenalidomide Caps. 5 mg	28
Jamp	Jamp Lenalidomide Caps. 10 mg	28
Jamp	Jamp Lenalidomide Caps. 15 mg	21
Jamp	Jamp Lenalidomide Caps. 20 mg	21
Jamp	Jamp Lenalidomide Caps. 25 mg	21
Jamp	JAMP Nintedanib Caps. 100 mg	60
Jamp	JAMP Nintedanib Caps. 150 mg	60
Jamp	Jamp Pirfenidone Tab. 801 mg	90
Jamp	JAMP Pomalidomide Caps. 1 mg	21
Jamp	JAMP Pomalidomide Caps. 2 mg	21
Jamp	JAMP Pomalidomide Caps. 3 mg	21
Jamp	JAMP Pomalidomide Caps. 4 mg	21
Jamp	JAMP Posaconazole Oral Susp. 40 mg/mL	105 ml
Jamp	Jamp Tretinoin Caps. 10 mg	100
Jamp	Jamp Voriconazole Tab. 200 mg	30
Jamp	Jamteki I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Jamp	Jamteki S.C. Inj. Sol. 45 mg/0.5 mL	1
Jamp	Jamteki S.C. Inj.Sol (syr) 45 mg/0.5 mL	1

Manufacturer	Brand name	Packaging
Jamp	Jamteki S.C. Inj.Sol (syr) 90 mg/1 mL	1
ViiV	Juluca Tab. 50 mg -25 mg	30
Medison	Juxtapid Caps. 5 mg	28
Medison	Juxtapid Caps. 10 mg	28
Medison	Juxtapid Caps. 20 mg	28
Vertex	Kalydeco Kit (solid oral) 150 mg	56
Alexion	Kanuma I.V. Perf. Sol. 2 mg/mL (10 mL)	10 ml
Novartis	Kesimpta (pen) S.C. Inj. Sol. 20 mg/0.4 mL	1
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) 200 mg/1.14 mL	2
Novartis	Kisqali Tab. 200 mg	21
Novartis	Kisqali Tab. 200 mg	42
Novartis	Kisqali Tab. 200 mg	63
Alexion	Koselugo Caps. 10 mg	60
Alexion	Koselugo Caps. 25 mg	60
Biomarin	Kuvan Tab. 100 mg	120
Apotex	Lapelga S.C. Inj. Sol. (pen) 10 mg/mL (0,6 mL)	1
Janss. Inc	Lazcluze Tab. 80 mg	60
Janss. Inc	Lazcluze Tab. 240 mg	30
Genzyme	Lemtrada I.V. Perf. Sol. 10 mg/mL (1.2 mL)	1
Eisai	Lenvima Kit (solid oral) daily dose of 4 mg: 4 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 8 mg: 4 mg (10 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 10 mg: 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 12 mg : 4 mg (15 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 14 mg: 4 mg (5 caps.) and 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 20 mg: 10 mg (10 caps.)	6
Eisai	Lenvima Kit (solid oral) daily dose of 24 mg: 4 mg (5 caps.) and 10 mg (10 caps.)	6
Novartis	Leqvio S.C. Inj.Sol (syr) 189 mg/mL (1,5 mL)	1
Jamp	Linezolid Injection I.V. Perf. Sol. 2 mg/mL (300 mL)	10
Takeda	Livtencity Tab. 200 mg	56
Taiho	Lonsurf Tab. 15 mg - 6.14 mg	20
Taiho	Lonsurf Tab. 20 mg - 8.19 mg	20
Pfizer	Lorbrena Tab. 25 mg	30
Pfizer	Lorbrena Tab. 100 mg	30

Manufacturer	Brand name	Packaging
Lupin	Lupin-Letermovir Tab. 240 mg	28
Lupin	Lupin-Letermovir Tab. 480 mg	28
AbbVie	Lupron Depot Kit 11.25 mg	1
AbbVie	Lupron Depot Kit 22.5 mg	1
AbbVie	Lupron Depot Kit 30 mg	1
AZC	Lynparza Tab. 100 mg	60
AZC	Lynparza Tab. 100 mg	120
AZC	Lynparza Tab. 150 mg	60
AZC	Lynparza Tab. 150 mg	120
Médunik	Lysodren Tab. 500 mg	100
Marcan	Mar-Abiraterone Tab. 250 mg	120
Marcan	Mar-Abiraterone Tab. 500 mg	60
Marcan	Mar-Afatinib Tab. 20 mg	30
Marcan	Mar-Afatinib Tab. 30 mg	30
Marcan	Mar-Afatinib Tab. 40 mg	30
Marcan	Mar-Trientine Caps. 250 mg	100
Serono	Mavenclad Tab. 10 mg	1
Serono	Mavenclad Tab. 10 mg	4
AbbVie	Maviret Kit (solid oral) 100 mg -40 mg	28
Novartis	Mayzent Tab. 2 mg	28
Novartis	Mekinist Tab. 0.5 mg	30
Novartis	Mekinist Tab. 2 mg	30
Pfizer	Mektovi Tab. 15 mg	180
GSK	Menveo (box of 10 doses) I.M. Inj. Sol. 10 µg of serogroup A and 5 µg of serogroups C, W-135 and Y/0.5 mL	10 dose(s)
Mint	Mint-Apremilast Tab. 30 mg	56
Mantra Ph.	M-Pirfenidone Tab. 801 mg	90
Genzyme	Myozyme I.V. Perf. Pd. 50 mg	1
Advanz	Mytolac S.C. Inj.Sol (syr) 60 mg/0.3 mL	1
Advanz	Mytolac S.C. Inj.Sol (syr) 90 mg/0.3 mL	1
Advanz	Mytolac S.C. Inj.Sol (syr) 120 mg/0.5 mL	1
Natco	Nat-Abiraterone Tab. 250 mg	120
Natco	NAT-Bosentan Tab. 62.5 mg	56
Natco	NAT-Bosentan Tab. 62.5 mg	60
Natco	NAT-Bosentan Tab. 125 mg	56
Natco	NAT-Bosentan Tab. 125 mg	60
Natco	NAT-Everolimus Tab. 2.5 mg	30
Natco	NAT-Everolimus Tab. 5 mg	30
Natco	NAT-Everolimus Tab. 10 mg	30
Natco	Nat-Gefitinib Tab. 250 mg	30

Manufacturer	Brand name	Packaging
Natco	NAT-Lenalidomide Caps. 2.5 mg	21
Natco	NAT-Lenalidomide Caps. 5 mg	28
Natco	NAT-Lenalidomide Caps. 10 mg	28
Natco	NAT-Lenalidomide Caps. 15 mg	21
Natco	NAT-Lenalidomide Caps. 20 mg	21
Natco	NAT-Lenalidomide Caps. 25 mg	21
Natco	Nat-Pomalidomide Caps. 1 mg	21
Natco	Nat-Pomalidomide Caps. 2 mg	21
Natco	Nat-Pomalidomide Caps. 3 mg	21
Natco	Nat-Pomalidomide Caps. 4 mg	21
Natco	NAT-Sunitinib Caps. 25 mg	28
Natco	NAT-Sunitinib Caps. 50 mg	28
Bayer	Nexavar Tab. 200 mg	112
Lab X.O	Nimotop Tab. 30 mg	100
Pfizer	Nivestym Inj. sol. 300 mcg/mL (1.0 mL)	10
Pfizer	Nivestym Inj. sol. 300 mcg/mL (1.6mL)	10
Bayer	Nubeqa Tab. 300 mg	120
GSK	Nucala S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)	1
GSK	Nucala S.C. Inj.Sol (syr) 100 mg/mL (0,4 mL)	1
GSK	Nucala S.C. Inj.Sol (syr) 100 mg/mL (1 mL)	1
Pfizer	Nyvepria S.C. Inj.Sol (syr) 10 mg/mL (0,6 mL)	1
Advanz	Ocaliva Tab. 5 mg	30
Advanz	Ocaliva Tab. 10 mg	30
Roche	Ocrevus I.V. Perf. Sol. 30 mg/mL (10 mL)	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 10 mg	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 20 mg	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 30 mg	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
GSK	Ojjaara Tab. 100 mg	30
GSK	Ojjaara Tab. 150 mg	30
GSK	Ojjaara Tab. 200 mg	30
Lilly	Olumiant Tab. 2 mg	30
Celltrion	Omlyclo S.C. Inj. Sol. (pen) 150 mg/mL (2 mL)	1
Celltrion	Omlyclo S.C. Inj.Sol (syr) 150 mg/mL (2 mL)	1
Lilly	OmvoH I.V. Perf. Sol. 20 mg/mL (15 mL)	1

Manufacturer	Brand name	Packaging
Lilly	Omvoh (stylo) kit(sub.inj.sol) 100 mg/mL (1 mL and 2 mL)	1
Lilly	Omvoh (stylo) S.C. Inj. Sol. 100 mg/mL (1 mL)	2
Lilly	Omvoh (syringe) kit(sub.inj.sol) 100 mg/mL (1 mL and 2 mL)	1
Lilly	Omvoh (syringe) S.C. Inj. Sol. 100 mg/mL (1 mL)	2
Alnylam	Onpattro I.V. Perf. Sol. 2 mg/mL (5 mL)	1
Celgene	Onureg Tab. 200 mg	7
Celgene	Onureg Tab. 300 mg	7
Janss. Inc	Opsumit Tab. 10 mg	30
B.M.S.	Orencia S.C. Inj.Sol (syr) 125 mg/mL (1 mL)	4
Biocryst	Orladeyo Caps. 150 mg	28
Amgen	Otezla Tab. 30 mg	56
Fresenius	Otulfli I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Fresenius	Otulfli S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Fresenius	Otulfli S.C. Inj.Sol (syr) 90 mg/1 mL	1
Alnylam	Oxlumo S.C. Inj. Sol. 94.5 mg/0.5 mL	1
AbbVie	Ozurdex Implant intravitreal 0.7 mg	1
Pfizer	Paxlovid Tab. 150 mg - 100 mg	30
Incyte	Pemazyre Tab. 4.5 mg	14
Incyte	Pemazyre Tab. 9 mg	14
Incyte	Pemazyre Tab. 13.5 mg	14
Medunika	Pheburane Gran. 483 mg/g	1
Roche	Plasky Inj. Sol. 170 mg/mL (2 mL)	1
Phmscience	pms-Abiraterone Tab. 250 mg	120
Phmscience	pms-Abiraterone Tab. 500 mg	60
Phmscience	pms-Apremilast Tab. 30 mg	56
Phmscience	pms-Bosentan Tab. 62.5 mg	60
Phmscience	pms-Bosentan Tab. 125 mg	60
Phmscience	pms-Everolimus Tab. 2.5 mg	30
Phmscience	pms-Everolimus Tab. 5 mg	30
Phmscience	pms-Everolimus Tab. 10 mg	30
Phmscience	pms-Palbociclib Tab. 75 mg	21
Phmscience	pms-Palbociclib Tab. 100 mg	21
Phmscience	pms-Palbociclib Tab. 125 mg	21
Phmscience	pms-Pazopanib Tab. 200 mg	60
Phmscience	pms-Pazopanib Tab. 200 mg	120
Phmscience	pms-Pirfenidone Tab. 801 mg	90
Celgene	Pomalyst Caps. 1 mg	21
Celgene	Pomalyst Caps. 2 mg	21
Celgene	Pomalyst Caps. 3 mg	21

Manufacturer	Brand name	Packaging
Celgene	Pomalyst Caps. 4 mg	21
Merck	Posanol Oral Susp. 40 mg/mL	105 ml
Pfizer	Prevnar 20 (box of 10 doses) I.M. Inj. Susp. 2,2 mcg/ 0,5 mL	10 dose(s)
Merck	Prevymis Tab. 240 mg	28
Merck	Prevymis Tab. 480 mg	28
Amgen	Procysbi L.A. Caps. 75 mg	250
Astellas	Prograf Caps. 5 mg	100
Pharmaris	PRZ-Abiraterone Tab. 250 mg	120
Roche	Pulmozyme Inh. Sol. 1 mg/mL (2.5 mL)	30
Organon	Puregon Cartridge 900 UI	1
Accelera	Pyzchiva I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Accelera	Pyzchiva S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Accelera	Pyzchiva S.C. Inj.Sol (syr) 90 mg/1 mL	1
Medison	Qinlock Tab. 50 mg	90
Amgen	Quinsair Inh. Sol. 100 mg/mL (2.4 mL)	56
Mitsubishi	Radicava Oral Susp. 105 mg/5 mL	50 ml
Mitsubishi	Radicava Oral Susp. 105 mg/5 mL	70 ml
Teva Innov	Ranopto Inj. Sol. 10 mg/mL (0,23ml)	1
Horizon	Ravicti Liq. 1.1 g/mL	25 ml
Serono	Rebif S.C. Inj. Sol. 22 mcg/0.5 mL (1,5 mL)	4
Serono	Rebif S.C. Inj. Sol. 44 mcg/0.5 mL (1,5 mL)	4
B.M.S.	Reblozyl S.C. Inj. Pd. 25 mg	1
B.M.S.	Reblozyl S.C. Inj. Pd. 75 mg	1
Dr Reddy's	Reddy-Abiraterone Tab. 250 mg	120
Dr Reddy's	Reddy-Abiraterone Tab. 500 mg	60
Dr Reddy's	Reddy-Dasatinib Tab. 50 mg	60
Dr Reddy's	Reddy-Dasatinib Tab. 70 mg	60
Dr Reddy's	Reddy-Dasatinib Tab. 100 mg	30
Dr Reddy's	Reddy-Enzalutamide Caps. 40 mg	112
Dr Reddy's	Reddy-Everolimus Tab. 2.5 mg	30
Dr Reddy's	Reddy-Everolimus Tab. 5 mg	30
Dr Reddy's	Reddy-Everolimus Tab. 10 mg	30
Dr Reddy's	Reddy-Lenalidomide Caps. 2.5 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 5 mg	28
Dr Reddy's	Reddy-Lenalidomide Caps. 10 mg	28
Dr Reddy's	Reddy-Lenalidomide Caps. 15 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 20 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 25 mg	21
Dr Reddy's	Reddy-Nilotinib Caps. 150 mg	112

Manufacturer	Brand name	Packaging
Dr Reddy's	Reddy-Nilotinib Caps. 150 mg	120
Dr Reddy's	Reddy-Pomalidomide Caps. 1 mg	21
Dr Reddy's	Reddy-Pomalidomide Caps. 2 mg	21
Dr Reddy's	Reddy-Pomalidomide Caps. 3 mg	21
Dr Reddy's	Reddy-Pomalidomide Caps. 4 mg	21
Ferring	Rekovel S.C. Inj. Sol. (pen) 72 mcg/2,16 mL	1
Janss. Inc	Remicade I.V. Perf. Pd. 100 mg	1
U.T.C.	Remodulin Inj. Sol. 1 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 2.5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 10 mg/mL	20 ml
Celltrion	Remsima SC S.C. Inj. Sol. (pen) 120 mg/mL (1 mL)	2
Celltrion	Remsima SC S.C. Inj.Sol (syr) 120 mg/mL (1 mL)	2
Lilly	Retevmo Caps. 40 mg	60
Lilly	Retevmo Caps. 80 mg	60
BGP Pharma	Revatio Tab. 20 mg	90
Celgene	Revlimid Caps. 2.5 mg	21
Celgene	Revlimid Caps. 5 mg	28
Celgene	Revlimid Caps. 10 mg	28
Celgene	Revlimid Caps. 15 mg	21
Celgene	Revlimid Caps. 20 mg	21
Celgene	Revlimid Caps. 25 mg	21
Novartis	Revolade Tab. 50 mg	14
Novartis	Revolade Tab. 50 mg	28
SanofiAven	Rezurock Tab. 200 mg	30
AbbVie	Rinvoq L.A. Tab. 15 mg	30
AbbVie	Rinvoq L.A. Tab. 30 mg	30
AbbVie	Rinvoq L.A. Tab. 45 mg	28
Roche	Rozlytrek Caps. 100 mg	30
Roche	Rozlytrek Caps. 200 mg	90
Medunik	Ruzurgi Tab. 10 mg	100
Lupin	Rymti (stylo) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Lupin	Rymti (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
U.C.B.	Rystiggo S.C. Inj. Sol. 140 mg/mL (2 mL)	1
Serono	Saizen Cartridge 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 30 mg	1
Sandoz	Sandoz Abiraterone Tab. 250 mg	120
Sandoz	Sandoz Abiraterone Tab. 500 mg	60

Manufacturer	Brand name	Packaging
Sandoz	Sandoz AFAtinib Tab. 20 mg	30
Sandoz	Sandoz AFAtinib Tab. 30 mg	30
Sandoz	Sandoz AFAtinib Tab. 40 mg	30
Sandoz	Sandoz Apremilast Tab. 30 mg	56
Sandoz	Sandoz Everolimus Tab. 2.5 mg	30
Sandoz	Sandoz Everolimus Tab. 5 mg	30
Sandoz	Sandoz Everolimus Tab. 10 mg	30
Sandoz	Sandoz Gefitinib Tab. 250 mg	30
Sandoz	Sandoz Lenalidomide Caps. 2.5 mg	21
Sandoz	Sandoz Lenalidomide Caps. 5 mg	28
Sandoz	Sandoz Lenalidomide Caps. 10 mg	28
Sandoz	Sandoz Lenalidomide Caps. 15 mg	21
Sandoz	Sandoz Lenalidomide Caps. 20 mg	21
Sandoz	Sandoz Lenalidomide Caps. 25 mg	21
Sandoz	Sandoz Pirfenidone Tab. 801 mg	90
Sandoz	Sandoz Pomalidomide Caps. 1 mg	21
Sandoz	Sandoz Pomalidomide Caps. 2 mg	21
Sandoz	Sandoz Pomalidomide Caps. 3 mg	21
Sandoz	Sandoz Pomalidomide Caps. 4 mg	21
Sandoz	Sandoz Riociguat Tab. 0.5 mg	42
Sandoz	Sandoz Riociguat Tab. 1 mg	42
Sandoz	Sandoz Riociguat Tab. 1.5 mg	42
Sandoz	Sandoz Riociguat Tab. 2 mg	42
Sandoz	Sandoz Riociguat Tab. 2.5 mg	42
Sandoz	Sandoz Sunitinib Caps. 25 mg	28
Sandoz	Sandoz Sunitinib Caps. 50 mg	28
Sandoz	Sandoz Voriconazole Tab. 200 mg	30
AZC	Saphnelo I.V. Perf. Sol. 150 mg/mL (2 mL)	1
Novartis	Scemblix Tab. 20 mg	60
Novartis	Scemblix Tab. 40 mg	60
GSK	Shingrix (box of 10 doses) I.M. Inj. Susp. adj. 50 mcg/0.5 mL	10 dose(s)
Bausch H.	Siliq (syringe) S.C. Inj. Sol. 140 mg/mL (1,5 mL)	2
Jamp	Simlandi (pen) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Jamp	Simlandi (syringe) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Jamp	Simlandi (syringe) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
Janss. Inc	Simponi S.C. Inj. Sol. (pen) 50 mg/0.5 mL	1
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	1
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	1
AbbVie	Skyrizi I.V. Perf. Sol. 60 mg/mL (10 mL)	1

Manufacturer	Brand name	Packaging
AbbVie	Skyrizi S.C.Inj.Sol. (mini-doser) 150 mg/mL (1,2 mL)	1
AbbVie	Skyrizi S.C.Inj.Sol. (mini-doser) 150 mg/mL (2,4 mL)	1
AbbVie	Skyrizi S.C. Inj.Sol (syr) 90 mg/mL (0.83 mL)	2
AbbVie	Skyrizi (pen) S.C. Inj. Sol. 150 mg/mL (1 mL)	1
AbbVie	Skyrizi (syringe) S.C. Inj. Sol. 150 mg/mL (1 mL)	1
Alexion	Soliris I.V. Perf. Sol. 10 mg/mL (30 mL)	1
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
B.M.S.	Sotyktu Tab. 6 mg	28
B.M.S.	Sotyktu Tab. 6 mg	90
Gilead	Sovaldi Tab. 400 mg	28
ModernaBio	Spikevax I.M. pre-filled inj. syr. 50 mcg/0.5 mL	10 dose(s)
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
Celltrion	Steqeyma I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Celltrion	Steqeyma S.C. Inj. Sol. 45 mg/0.5 mL	1
Celltrion	Steqeyma S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Celltrion	Steqeyma 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
Cheplaphar	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
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
Taro	Taro-Bosentan Tab. 62.5 mg	60
Taro	Taro-Bosentan Tab. 125 mg	60
Taro	Taro-Dasatinib Tab. 50 mg	60
Taro	Taro-Dasatinib Tab. 70 mg	60
Taro	Taro-Dasatinib Tab. 100 mg	30
Taro	Taro-Lenalidomide Caps. 2.5 mg	21
Taro	Taro-Lenalidomide Caps. 5 mg	28

Manufacturer	Brand name	Packaging
Taro	Taro-Lenalidomide Caps. 10 mg	28
Taro	Taro-Lenalidomide Caps. 15 mg	21
Taro	Taro-Lenalidomide Caps. 20 mg	21
Taro	Taro-Lenalidomide Caps. 25 mg	21
Taro	Taro-Palbociclib Tab. 75 mg	21
Taro	Taro-Palbociclib Tab. 100 mg	21
Taro	Taro-Palbociclib Tab. 125 mg	21
Taro	Taro-Sunitinib Caps. 25 mg	28
Taro	Taro-Sunitinib Caps. 25 mg	30
Taro	Taro-Sunitinib Caps. 50 mg	28
Taro	Taro-Sunitinib Caps. 50 mg	30
Taro	Taro-Tofacitinib XR L.A. Tab. 11 mg	30
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
Serono	Tepmetko Tab. 225 mg	60
Teva Can	Teva-Dasatinib Tab. 100 mg	30
Teva Can	Teva-Everolimus Tab. 2.5 mg	30
Teva Can	Teva-Everolimus Tab. 5 mg	30
Teva Can	Teva-Everolimus Tab. 10 mg	30
Teva Can	Teva-Sunitinib Caps. 25 mg	28
Teva Can	Teva-Sunitinib Caps. 50 mg	28
Teva Can	Teva-Tobramycin Inh. Sol. 300 mg/5 mL	56
AZC	Tezspire (seringue) S.C. Inj. Sol. 110 mg/mL (1,91 mL)	1
AZC	Tezspire (stylo) S.C. Inj. Sol. 110 mg/mL (1,91 mL)	1
Celgene	Thalomid Caps. 50 mg	28
Celgene	Thalomid Caps. 100 mg	28
Servier	Tibsovo Tab. 250 mg	60
BGP Pharma	Tobi Inh. Sol. 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
Knight	Trelstar Kit 22.5 mg	1
Knight	Trelstar LA Kit 11.25 mg	1
Janss. Inc	Tremfya S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)	1
Janss. Inc	Tremfya S.C. Inj. Sol. (pen) 100 mg/mL (2 mL)	1
Janss. Inc	Tremfya S.C. Inj. Sol. (syr) 100 mg/mL (1 mL)	1
Janss. Inc	Tremfya I.V. I.V. Perf. Sol. 10 mg/mL (20 mL)	1

Manufacturer	Brand name	Packaging
Janss. Inc	Tremfya One-Press S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)	1
Vertex	Trikafta Kit (solid oral) 50 mg - 25 mg - 37,5 mg and 75 mg	84
Vertex	Trikafta Kit (solid oral) 80 mg - 40 mg - 60 mg and 59,5 mg	56
Vertex	Trikafta Kit (solid oral) 100 mg - 50 mg - 75 mg and 75 mg	56
Vertex	Trikafta Kit (solid oral) 100 mg - 50 mg - 75 mg and 150 mg	84
ViiV	Triumeq Tab. 50 mg - 600 mg - 300 mg	30
AZC	Truqap Tab. 160 mg	64
AZC	Truqap Tab. 200 mg	64
Gilead	Truvada Tab. 200mg- 300mg	30
Teva Innov	Truxima I.V. Perf. Sol. 10 mg/mL	50 ml
Celystra	Tryngolza S.C. Inj. Sol. (pen) 100 mg/mL (0,8 mL)	1
Pfizer	Tygacil I.V. Perf. Pd. 50 mg	10
Novartis	Tykerb Tab. 250 mg	70
Biogen	Tysabri I.V. Inj. Sol. 300mg/15ml	1
Alexion	Ultomiris I.V. Perf. Sol. 10 mg/mL (30 mL)	1
Alexion	Ultomiris I.V. Perf. Sol. 100 mg/mL (3 mL)	1
Alexion	Ultomiris I.V. Perf. Sol. 100 mg/mL (11 mL)	1
Amgen	Uplizna I.V. Perf. Sol. 10 mg/mL (10 mL)	3
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	Vabysmo Inj. Sol. 120 mg/mL (0,24 mL)	1
Roche	Vabysmo Inj. Sol (syr) 120 mg/mL (0.175 mL)	1
Cheplaphar	Valcyte Tab. 450 mg	60
Daiichi	Vanflyta Tab. 17,7 mg	28
Daiichi	Vanflyta Tab. 26,5 mg	56
Pfizer	Velsipity Tab. 2 mg	30
AbbVie	Venclexta Kit (solid oral) 10 mg (14 Tab.), 50 mg (7 Tab.) and 100 mg (21 Tab.)	1
Lilly	Verzenio Tab. 50 mg	28
Lilly	Verzenio Tab. 100 mg	28

Manufacturer	Brand name	Packaging
Lilly	Verzenio Tab. 150 mg	28
Cheplaphar	Vesanoid Caps. 10 mg	100
Oméga	Vespides combines Inj. Pd. 3.9 mg	1
Oméga	Vespides combines Inj. Pd. 1 650 mcg	1
Pfizer	Vfend Tab. 200 mg	30
Cheplaphar	Visudyne I.V. Inj. Pd. 15 mg	1
Bayer	Vitrakvi Caps. 25 mg	56
Bayer	Vitrakvi Caps. 100 mg	56
Bayer	Vitrakvi Oral Sol. 20 mg/mL (50 mL)	2
ViiV	Vocabria Tab. 30 mg	30
GSK	Volibris Tab. 5 mg	30
GSK	Volibris Tab. 10 mg	30
Servier	Voranigo Tab. 10 mg	30
Servier	Voranigo Tab. 40 mg	30
Gilead	Vosevi Tab. 400 mg -100 mg -100 mg	28
Novartis	Votrient Tab. 200 mg	120
AbbVie	Vyalev S.C. Inf. Sol. 240 mg/mL - 12 mg/mL (10 mL)	7
Lundbeck	Vyepti I.V. Perf. Sol. 100 mg/mL (1 mL)	1
Lundbeck	Vyepti I.V. Perf. Sol. 100 mg/mL (3 mL)	1
Pfizer	Vyndamax Caps. 61 mg	30
Pfizer	Vyndaquel Caps. 20 mg	120
Argenx	Vyvgart I.V. Perf. Sol. 20 mg/mL (20 mL)	1
AZC	Wainua S.C. Inj. Sol. (pen) 56 mg /mL (0,8 mL)	1
Waymade	Waymade-Maraviroc Tab. 150 mg	60
Waymade	Waymade-Maraviroc Tab. 300 mg	60
Waymade	Waymade-Trientine Caps. 250 mg	100
Merck	Welireg Tab. 40 mg	90
Amgen	Wezlana I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Amgen	Wezlana S.C. Inj. Sol. 45 mg/0.5 mL	1
Amgen	Wezlana S.C. Inj. Sol. (pen) 45 mg/0.5 mL	1
Amgen	Wezlana S.C. Inj. Sol. (pen) 90 mg/1 mL	1
Amgen	Wezlana S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Amgen	Wezlana S.C. Inj.Sol (syr) 90 mg/1 mL	1
Merck	Winrevair S.C. Inj. Pd. 45 mg	1
Merck	Winrevair S.C. Inj. Pd. 60 mg	1
Merck	Winrevair (1 or 2 bottles) Kit 45 mg	1
Merck	Winrevair (1 or 2 bottles) Kit 45 mg	2
Merck	Winrevair (1 or 2 bottles) Kit 60 mg	1
Merck	Winrevair (1 or 2 bottles) Kit 60 mg	2
Pfizer	Xalkori Caps. 200 mg	60

Manufacturer	Brand name	Packaging
Pfizer	Xalkori Caps. 250 mg	60
Pfizer	Xeljanz Tab. 5 mg	60
Pfizer	Xeljanz Tab. 10 mg	60
Pfizer	Xeljanz XR L.A. Tab. 11 mg	30
Astellas	Xospata Tab. 40 mg	90
Forus	Xpovio Tab. 20 mg	20
Astellas	Xtandi Caps. 40 mg	120
Paladin	Xydalba I.V. Perf. Pd. 500 mg	1
Biocon	Yesafili Inj. sol. 40 mg/mL	1
Biocon	Yesafili Inj. Sol (syr) 40 mg/mL	1
Biocon	Yesintek I.V. Perf. Sol. 5 mg/mL (26 mL)	1
Biocon	Yesintek S.C. Inj. Sol. 45 mg/0.5 mL	1
Biocon	Yesintek S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Biocon	Yesintek S.C. Inj.Sol (syr) 90 mg/1 mL	1
Celltrion	Yuflyma (pen) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
Celltrion	Yuflyma (pen) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	3
Celltrion	Yuflyma (syringe) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
GSK	Zejula Caps. 100 mg	56
GSK	Zejula Caps. 100 mg	84
GSK	Zejula Tab. 100 mg	56
Roche	Zelboraf Tab. 240 mg	56
Celgene	Zeposia Caps. 0,92 mg	28
Merck	Zerbaxa I.V. Inj. Pd. 1 g - 0.5 g	10
U.C.B.	Zilbrysq S.C. Inj.Sol (syr) 40 mg /mL (0,416 mL)	7
U.C.B.	Zilbrysq S.C. Inj.Sol (syr) 40 mg /mL (0,574 mL)	7
U.C.B.	Zilbrysq S.C. Inj.Sol (syr) 40 mg /mL (0,810 mL)	7
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

APPENDIX III.1

LIST OF STANDARDIZED EXTEMPORANEOUS PREPARATIONS

- Azathioprine 50 mg/ml
- Bosentan 6.25 mg/ml *
- Carvedilol 1.67 mg/ml
- Clonazepam 0.1 mg/ml
- Clonidine hydrochloride 20 mcg/ml
- Clopidogrel 5 mg/ml
- Clozapine 20 mg/ml
- Celecoxib 10 mg/ml
- Dexamethasone sodium phosphate 1 mg/ml
- Dexamethasone 1 mg/ml
- Domperidone 1 mg/ml
- Ethambutol hydrochloride 100 mg/ml
- Famotidine 8 mg/ml
- Gabapentin 100 mg/ml
- Hydrochlorothiazide 5 mg/ml and spironolactone 5 mg/ml
- Hydrocortisone 2 mg/ml
- Hydroxyurea 100 mg/ml
- Labetalol hydrochloride 40 mg/ml
- Lamotrigine 1 mg/ml
- Lansoprazole 3 mg/ml
- Lisinopril 1 mg/ml
- Levodopa 5 mg/ml and carbidopa 1.25 mg/ml
- Mercaptopurine 5 mg/ml
- Metolazone 1 mg/ml
- Metoprolol tartrate 10 mg/ml
- Metronidazole 50 mg/ml
- Nadolol 10 mg/ml
- Prednisone 5 mg/ml
- Propranolol hydrochloride 5 mg/ml
- Pyridoxine hydrochloride 25 mg/ml
- Sildenafil 2.5 mg/ml*
- Spironolactone 5 mg/ml
- Sulfamethoxazole 40 mg/ml and trimethoprim 8 mg/ml
- Topiramate 6 mg/ml
- Ursodiol 50 mg/ml
- Valacyclovir 50 mg/ml

* An authorization for exceptional medication is required.

APPENDIX IV

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 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.

Requests for continuation of treatment are authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

Request for continuation of treatment is authorized if the prescriber provides 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 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.

Requests for continuation of treatment are authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

ABEMACICLIB:

- ◆ in association with hormone therapy for adjuvant treatment of early-stage breast cancer, positive for hormone receptors and without HER-2 receptor overexpression, in persons:
 - whose cancer has been completely resected and who have completed radiotherapy and chemotherapy treatments if prescribed;
and
 - who meet the following criteria:
 - 1 to 3 ipsilateral axillary nodes affected combined with grade 3 disease or a primary tumour of at least 5 cm;
or
 - 4 or more ipsilateral axillary nodes affected;and
 - whose ECOG performance status is 0 or 1.

Abemaciclib must be initiated during the 16 months following definitive surgery and no later than 12 weeks after initiating hormone therapy unless there is a medical reason preventing the initiation of abemaciclib within this timeframe. The maximum duration of the authorization is 24 months.

- ◆ in association with fulvestrant, for the treatment of unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER2 receptor overexpression, in persons with an ECOG performance status of 0 or 1:
 - whose cancer is newly diagnosed;
or
 - whose cancer has progressed during or after treatment with endocrine therapy.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect, demonstrated by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that abemaciclib is not authorized following failure of a CDK 4/6 inhibitor if it was administered for treatment of breast cancer.

- ◆ in association with a non-steroidal aromatase inhibitor, as an initial endocrine therapy for unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER2 receptor overexpression, in persons whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect, defined by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that the combination of abemaciclib and a non-steroidal aromatase inhibitor 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 or recurrence of the disease occurring during or within 12 months after taking of an aromatase inhibitor.

It must also be noted that abemaciclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

ABIRATERONE ACETATE:

- ◆ in association with prednisone for treatment of metastatic castration-resistant prostate cancer in persons:
 - who have never received docetaxel-based chemotherapy for treatment of metastatic castration-resistant prostate cancer;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that abiraterone is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered for treatment of prostate cancer.

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

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that abiraterone is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered for treatment of prostate cancer.

- ◆ in association with olaparib and prednisone for treatment of metastatic castration-resistant prostate cancer, according to the recognized indication for olaparib.

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

ABIRATERONE ACETATE - METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER:

- ◆ in association with prednisone and an androgen deprivation therapy (ADT), for treatment of metastatic castration-sensitive prostate cancer, in persons:
 - who have not received an ADT for more than six months for treatment of metastatic prostate cancer; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect through the absence of disease progression.

Subsequent authorizations are granted for a duration of 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect through the absence of the disease progression is maintained. Otherwise, treatment must be stopped.

ABOBOTULINUMTOXINA:

- ◆ for treatment of cervical dystonia and other severe spasticity conditions.

A severe condition of spasticity is defined as a neuromuscular disorder that can lead to significant disability and substantially impair the person's quality of life.

ABROCITINIB:

- ◆ for treatment of patients age 12 and over 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) or where the face, palms, soles or genital area are severely affected; and
 - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI); and
 - where 10% or more of the body surface area is affected, except in cases where the face, palms, soles or genital area are severely affected; and
 - 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; and
 - where the disease is insufficiently controlled despite the use of at least one systemic agent, used for at least four months, unless there is a serious intolerance or a contraindication.

In patients who started a systemic agent before age 12, the criteria for initiation must be documented prior to starting treatment and prior use of phototherapy is not required.

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

Requests for continuation of treatment are authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline values;
or
- significant improvement of lesions on the face, palms, soles or genital area compared to the pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline value.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for abrocitinib are given for a maximum daily dose of 200 mg.

ACALABRUTINIB:

- ◆ as monotherapy, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for the continuation of first-line treatment of symptomatic chronic lymphocytic leukemia, in persons whose disease has not progressed during the six cycles combining acalabrutinib and obinutuzumab.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for treatment of refractory or recurrent chronic lymphocytic leukemia, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

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

It must be noted that acalabrutinib is not authorized following the failure of a Bruton's tyrosine kinase inhibitor if it was administered for the treatment of chronic lymphocytic leukemia.

- ◆ as monotherapy during two cycles, then in association with venetoclax, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons whose ECOG performance status is ≤ 2 .

The first authorization is given for a maximum duration of six cycles of 28 days and subsequent authorization is given for a duration of eight cycles, for a total of 14 cycles.

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

- ◆ as monotherapy, for maintenance treatment of mantle-cell lymphoma, in persons who have received acalabrutinib in association with bendamustine and rituximab.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

ADALIMUMAB:

- ◆ 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 an intolerance or a contraindication.

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

Request for continuation of treatment is authorized if the prescriber provides 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for adalimumab are given for doses of 20 mg every two weeks for children weighing more than 10 kg but less than 30 kg, and 40 mg every two weeks for children weighing 30 kg or more.

- ◆ 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 contraindication, one of the two agents 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a rectal bleeding subscore (Mayo score) of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effect of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

The authorization includes an induction treatment at a dose of 160 mg initially and 80 mg at the 2nd week, followed by a maintenance treatment at a dose of 40 mg every 2 weeks with the possibility of increasing the dose to 40 mg per week as of week 12.

- ◆ 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 four weeks each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the prescriber 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.

- Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for adalimumab are given for a maximum dose of 40 mg every two weeks with the possibility of increasing the dose to 40 mg per week as of week 12.

- ◆ 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for adalimumab are given for a maximum dose of 40 mg every 2 weeks.

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and 10% or more of affected body surface, or large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

ADALIMUMAB (HIDRADENITIS SUPPURATIVA):

- ◆ for treatment of persons suffering from moderate to severe hidradenitis suppurativa:
 - with at least three abscesses or nodules;
and
 - who have lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III;
and
 - who have had an inadequate response to at least three months of oral antibiotic therapy.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

ADALIMUMAB (ULCERATIVE COLITIS-CHILDREN):

- ◆ for treatment of children suffering from moderate to severe ulcerative colitis:
 - 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 six months.

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Authorization is granted until the person reaches 18 years old.

ADALIMUMAB (UVEITIS):

- ◆ for treatment of persons suffering from non-infectious uveitis who have tried a corticosteroid and an immunosuppressor for an appropriate duration, unless there is a serious intolerance or a contraindication.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

ADALIMUMAB (CROHN'S DISEASE-CHILDREN):

- ◆ for treatment of children suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effect of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Authorization is granted until the person reaches 18 years old.

ADEFOVIR DIPIVOXIL:

- ◆ for treatment of chronic hepatitis B in persons:
 - having a resistance to lamivudine as defined by one of the following:
 - a 1-log increase in HBV-DNA under treatment with lamivudine, confirmed by a second test one month later;
 - a laboratory trial showing resistance to lamivudine;
 - a 1-log increase in HBV-DNA under treatment with lamivudine, with viremia greater than 20 000 IU/mL.
 - 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.

AFLIBERCEPT 2 mg:

- ◆ for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following three criteria:
 - 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 prescriber, 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 recommended administration regimen is one dose of 2 mg per month per eye during the first three months and, subsequently, every two months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization will be given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

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

- ◆ for treatment of a visual deficiency caused by diabetic macular edema. The thickness of the central retina of the eye to be treated must be ≥ 250 μm .

The recommended administration regimen is one dose per eye every two months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization will be given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

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

- ◆ for treatment of a visual deficiency due to macular edema secondary to central retinal vein occlusion. The eye to be treated must meet the following two criteria:

- optimal visual acuity after correction between 6/12 and 6/96;
- thickness of the central retina $\geq 250 \mu\text{m}$.

Authorization is given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that aflibercept will not be authorized in combination with another targeted biological drug used in the treatment of macular edema secondary to an occlusion of the central retinal vein 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 $\geq 250 \mu\text{m}$;
- absence of afferent pupillary defect.

Authorization is given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that aflibercept will not be authorized in combination with another targeted biological drug used in the treatment of macular edema secondary to branch retinal vein occlusion to treat the same eye.

AFLIBERCEPT 8 mg:

- ◆ for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following three criteria:

- 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 prescriber, 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 recommended administration regimen is one dose of 8 mg per month during the first three months and, subsequently, every three to four months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization is given for one dose per eye every two months.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

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

- ◆ for treatment of a visual deficiency caused by diabetic macular edema. The thickness of the central retina of the eye to be treated must be $\geq 250 \mu\text{m}$.

The recommended administration regimen is one dose of 8 mg per month during the first three months and, subsequently, every three to four months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization is given for one dose per eye every two months.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

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

ALECTINIB HYDROCHLORIDE:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a rearrangement of the *ALK* gene;
and
 - who have never experienced failure of an *ALK* gene rearrangement inhibitor;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that alectinib is not authorized following the failure of the *ALK* gene rearrangement inhibitor for treatment of lung cancer. In this case, failure is defined as recurrence or progression of the disease during treatment.

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

The maximum duration of each authorization is four months.

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

- ◆ as monotherapy, for adjuvant treatment of non-small cell lung cancer, having a pathological stage IB (tumour ≥ 4 cm) to IIIA according to the 7th edition of the American Joint Committee on Cancer (AJCC), in persons:
 - whose tumour shows a rearrangement in the *ALK* gene; and
 - whose cancer has been completely resected in the last 12 weeks and who have not completed adjuvant chemotherapy treatment ; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

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

The maximum total duration of treatment is 24 months.

ALEMTUZUMAB:

- ◆ for treatment, as monotherapy, of persons suffering from relapsing multiple sclerosis 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 been 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 less than 7.

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 prescriber 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 6,5.

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 permitted duration of treatment 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 prescriber 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 with 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 primary prevention of cardiovascular events, adequate cholesterolemia control is defined by a $\geq 50\%$ reduction of LDL-C levels compared to the baseline value, that is, before the beginning of any hypolipemiant treatment, and by the attainment of an LDL C concentration < 2.5 mmol/l.

For secondary prevention of cardiovascular events, adequate cholesterolemia control is defined by the attainment of an LDL-C concentration $< 1,8$ mmol/l.

Genotyping is defined by the presence of one of the mutations causing HeFH in the patient.

Phenotyping is defined by a baseline LDL-C concentration > 4.5 mmol/l in adults aged 18 to 39, > 5.0 mmol/l in adults aged 40 or over, or on the imputed LDL-C if the baseline is unknown, and at least one of the following:

- A diagnosis of definite HeFH is positive in the presence of at least one of the following major criteria:
 - the presence of a mutation in the *LDLR*, *ApoB* or *PCSK9* genes causing the familial hypercholesterolemia in a first-degree relative;
 - the presence of tendinous xanthomas;
 - baseline LDL-C concentration ≥ 8.5 mmol/l.
- A diagnosis of probable HeFH is positive in the presence of at least one of the following minor criteria:
 - the presence of a family history of baseline LDL-C concentration ≥ 4.0 mmol/l in a first-degree relative aged under 18, ≥ 4.5 mmol/l in a first-degree relative aged 18 to 39 or ≥ 5.0 mmol/l in a first-degree relative aged 40 or over;
 - the presence of atherosclerotic coronary artery disease in the patient or a first-degree relative aged under 55 for a man and under 65 for a woman.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, that is:

- a $\geq 40\%$ reduction in the LDL-C concentration compared to the baseline value. Baseline value is defined as the LDL-C level during treatment with a statin and ezetimibe, if applicable.
or
- an LDL-C concentration < 2.5 mmol/l in primary prevention or < 2 mmol/l in secondary prevention.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

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

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

ALOGLIPTIN BENZOATE:

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

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA_{1c}) 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 (HbA_{1c}) adapted to the patient.

AMBRISENTAN:

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

AMIFAMPRIDINE:

- ◆ for symptomatic treatment of Lambert-Eaton myasthenic syndrome, in persons with a confirmed diagnosis and whose manifestations are associated with functional impairment.

Upon initiation of treatment, the patient:

- must have a LEMS diagnosis confirmed by:
 - the results of an electromyography
or
 - the detection of anti-voltage-gated calcium channel antibodies;and
- muscle weakness interfering with quality of life, documented before the treatment was initiated.

The initial request is authorized for a maximum period of four months, unless confirmation is provided that the patient is already treated with amifampridine, in which case the initial request is authorized for a maximum period of 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial effect by the improvement or stabilization of muscle strength and document the functional benefits provided by the treatment.

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

AMIFAMPRIDINE PHOSPHATE:

- ◆ for symptomatic treatment of Lambert-Eaton myasthenic syndrome, in persons with a confirmed diagnosis and whose manifestations are associated with functional impairment.

Upon initiation of treatment, the person:

- must have a LEMS diagnosis confirmed by:
 - the results of an electromyography
 - or
 - the detection of anti-voltage-gated calcium channel antibodies;
- and
- muscle weakness interfering with quality of life, documented before the treatment was initiated.

The initial request is authorized for a maximum period of four months, unless confirmation is provided that the patient is already treated with amifampridine, in which case the initial request is authorized for a maximum period of 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial effect by the improvement or stabilization of muscle strength and document the functional benefits provided by the treatment.

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

AMLODIPINE BESYLATE, Oral Sol.:

- ◆ for persons who are unable to take tablets.

AMPHETAMINE MIXED SALTS:

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

ANIFROLUMAB:

- ◆ for treatment of disseminated erythematosus lupus, in persons:
 - whose SLEDAI-2K score is ≥ 6 ;
 - and
 - whose disease cannot be controlled despite the administration of an optimal treatment combining an antimalarial agent, an immunosuppressant and a corticosteroid at a dose higher than or equal to 7.5 mg per day of prednisone or its equivalent, unless there is a serious intolerance or a contraindication.

The maximum duration of the initial authorization is 12 months.

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

ANTIMICROBIAL DRESSING – SILVER:

- ◆ for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with a local infection.

A wound with a local infection includes the following clinical signs: purulent discharge, friable granulation tissue that bleeds easily, delayed wound healing, accentuated odour, the onset of or increase in pain, and localized inflammation. Local infection of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

Each authorization is granted for a maximum duration of 12 weeks, whether for a first wound, for each new wound or for a recurring wound on the same site.

When requesting continuation of treatment for a wound that is not healed after 12 weeks, the prescriber must specify the reason for which the treatment must be pursued and provide information making it possible to establish the beneficial effects of the treatment. Subsequent authorizations are granted for a maximum duration of 12 weeks.

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 the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of metastatic castration-sensitive prostate cancer, in persons:
 - who have not received an ADT for more than six months for treatment of metastatic prostate cancer;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect through the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect through the absence of the disease progression is maintained. Otherwise, treatment must be stopped.

It must be noted that apalutamide is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered for treatment of prostate cancer.

APREMILAST:

- ◆ for treatment of persons suffering from a moderate to 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 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for apremilast are given for a maximum of 30 mg twice per day.

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

★ APREPITANT:

- ◆ As first-line antiemetic therapy for nausea and vomiting during a highly emetic chemotherapy treatment. Authorizations are given for a maximum of three doses of aprepitant per chemotherapy treatment, administered over three consecutive days.

The first dose must be administered the first day of a chemotherapy treatment, in association with dexamethasone and a 5-HT₃ receptor antagonist.

ASCIMINIB:

- ◆ as monotherapy for treatment of chronic myeloid leukemia in the chronic phase, in adults whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

Authorization is given for a maximum daily dose of 80 mg.

It must be noted that asciminib is not authorized following its failure in the treatment of chronic myeloid leukemia in the chronic phase.

ATOGEPAANT:

- ◆ for prophylactic treatment of migraine in persons with at least four days of migraine per month, and a diagnosis established according to the criteria of the International Headache Society:
 - in the case of an intolerance or a contraindication to at least two appropriate prophylactic drugs of different classes, including an antidepressant, an antihypertensive or an anticonvulsant, or if these are ineffective.

In the initial request, the prescriber must provide the number of days of migraine per month.

The maximum duration of the initial authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by a decrease of at least 50% in the number of days of migraine per month compared to the initial value, i.e. the value preceding the first administration of an agent acting on the calcitonin gene related peptide (CGRP) or its receptor.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Concomitant use of two CGRP-targeting medications (i.e., gepant or CGRP antibodies) for the prophylactic treatment of migraines is not permitted.

ATOMOXETINE HYDROCHLORIDE:

- ◆ 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, unless there is a serious intolerance or a contraindication.

Continuation of treatment as of 18 years of age is authorized if treatment was initiated before this age and was reimbursed in accordance with the recognized indication for payment. A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects of the treatment are maintained. Otherwise, treatment must be stopped.

AVAPRITINIB:

- ◆ for treatment of advanced systemic mastocytosis, which includes aggressive systemic mastocytosis, systemic mastocytosis with an associated hematological neoplasm, and mast cell leukemia, in adults:
 - with platelet counts of at least $50 \times 10^9/l$;
and
 - with assessable c-findings;
and
 - whose ECOG performance status is ≤ 3 .

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect.

Authorizations for avapritinib are given for a maximum daily dose of 200 mg.

AXITINIB:

- ◆ for treatment of locally advanced or metastatic renal adenocarcinoma characterized by the presence of clear cells following the failure of at least one tyrosine kinase inhibitor targeting VEGF receptor, 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 six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that axitinib is not authorized following its failure if it was administered for first-line treatment of locally advanced or metastatic renal adenocarcinoma.

- ◆ as monotherapy, for the continuation of treatment of locally advanced unresectable or metastatic renal adenocarcinoma, in persons having received a treatment associating pembrolizumab and axitinib in a hospital during 24 months or for whom pembrolizumab had to be stopped.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

AZACITIDINE:

- ◆ for maintenance therapy of de novo acute myeloid leukemia or secondary to myelodysplastic syndrome or chronic myelomonocytic leukaemia, in adults who achieved complete remission or complete remission with incomplete blood count recovery following intensive induction therapy with or without consolidation treatment, who are not eligible for hematopoietic stem cell transplantation, and:
 - with intermediate- or poor-risk cytogenetics;
 - and
 - whose ECOG performance status is ≤ 3 .

The maximum duration of each authorization is four months.

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

Authorizations are given for a maximum daily dose of 300 mg for 14 days per 28-day cycle.

It must be noted that oral azacitidine is not authorized following the failure of a hypomethylating agent.

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.

BARICITINIB:

- ◆ 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for baricitinib are given for a maximum dose of 2 mg once per day.

BELIMUMAB:

- ◆ for treatment of disseminated erythematosus lupus, in persons:
 - whose SELENA-SLEDAI score is ≥ 8 ;
and
 - whose disease cannot be controlled despite the administration of an optimal treatment combining an antimalarial agent, an immunosuppressant and a corticosteroid at a dose equal or higher than 7.5 mg per day of prednisone or its equivalent, unless there is a serious intolerance or a contraindication.

The maximum duration of the initial authorization is 12 months.

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

BELUMOSUDIL MESYLATE:

- ◆ for treatment of chronic graft versus host disease (cGVHD), following an allogeneic hematopoietic stem cell transplant, in persons:
 - aged 12 years and older;
and
 - with failure or serious intolerance to at least two previous lines of systemic therapy for cGVHD.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of an objective response (complete or partial response) according to the National Institute of Health (NIH) consensus criteria.

BELZUTIFAN:

- ◆ as monotherapy, for treatment of von Hippel-Lindau disease-associated non-metastatic renal adenocarcinoma, central nervous system hemangioblastomas, and non-metastatic pancreatic neuroendocrine tumours, in persons:
 - whose diagnosis was confirmed by the presence of a germinal pathogenic variant in the *VHL* gene;
and
 - whose tumors do not respond to any surgical indication, are unresectable or cannot be resected without significant risk of complications;
and
 - whose tumours are not considered to be resistant to an HIF 2-alpha inhibitor;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is 12 months.

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

It must be noted that belzutifan is not authorized for persons with no tumours covered by the indication or for those whose tumours have all been completely resected.

Authorizations for belzutifan are given for a maximum daily dose of 120 mg.

BENRALIZUMAB:

- ◆ for treatment of severe eosinophilic asthma in adults presenting for the reference year defined as the last year or the 12 months preceding the treatment with a biological agent indicated for the treatment of severe asthma:
 - an eosinophil blood count of at least 300 cells/microlitre ($0.30 \times 10^9/l$);
and
 - symptoms are not controlled despite optimal treatment. Optimal treatment is understood as the daily use of a high-dose inhaled corticosteroid, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist or an inhaled long-acting antimuscarinic;
and
 - at least two exacerbations in the reference 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.

For the initial request, the prescriber must provide the number of exacerbations, as previously defined, along with the results of one of the following questionnaires in the reference year:

- Asthma Control Questionnaire (ACQ);
or
- Asthma Control Test (ACT);
or
- St George's Respiratory Questionnaire (SGRQ);
or
- Asthma Quality of Life Questionnaire (AQLQ).

The maximum duration of the initial authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides information demonstrating the beneficial effects of the treatment compared to the baseline values, namely:

- a decrease of 0.5 point or more on the ACQ;
or
- an increase of 3 points or more on the ACT;
or
- a decrease of 4 points or more on the SGRQ;
or
- an increase of 0.5 point or more on the AQLQ;
or
- a reduction of at least 50% in annual exacerbations.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects of the treatment with benralizumab are maintained compared to the baseline values. Otherwise, treatment must be stopped.

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

- ◆ for treatment of severe eosinophilic asthma requiring the use of an oral corticosteroid on an ongoing basis for at least three months, in adults.

The maximum duration of the initial authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber confirms 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

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

BEROTRALSTAT:

- ◆ for prevention of attacks of hereditary angioedema (HAE) in persons aged 12 or over:

- suffering from type I or II of the disease;
and
- with HAE attacks that significantly interfere with daily activities.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment (e.g., decrease in the number of attacks).

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

Authorizations for berotralstat are given for a maximum daily dose of 150 mg.

Berotralstat is not authorized in combination with any other HAE attack prevention agent.

BIMEKIZUMAB (PLAQUE PSORIASIS):

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 of six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for bimekizumab are given for a maximum dose of 320 mg on weeks 0, 4, 8, 12 and 16, then every 8 weeks thereafter.

BIMEKIZUMAB (PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS):

- ◆ for treatment of moderate or severe psoriatic arthritis of the 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for bimekizumab are given for a maximum dose of 160 mg every four weeks.

- ◆ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:
 - Upon initiation of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - and
 - the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;
 - or
 - sulfasalazine at a dose of 2 000 mg per day.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for bimekizumab are given for a maximum dose of 160 mg every 4 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 four weeks each did not adequately control the disease, unless there is a contraindication.
 - Upon the initial request, the prescriber 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.

- Request for continuation of treatment if authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for bimekizumab are given for a maximum of 160 mg every 4 weeks.

BINIMETINIB:

- ◆ in association with encorafenib, 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 prescriber 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 binimetinib, in association with encorafenib, 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.

BISACODYL:

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

BOSENTAN:

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

BRIGATINIB:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic non-small cell lung cancer, in persons:
 - whose tumour shows a rearrangement in the *ALK* gene;
and
 - who have never experienced failure of an *ALK* gene rearrangement inhibitor;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that brigatinib is not authorized following the failure of the *ALK* gene rearrangement inhibitor for treatment of lung cancer. In this case, failure is defined as recurrence or progression of the disease during treatment.

BRIVARACETAM:

- ◆ for adjunctive treatment of persons suffering from refractory focal epilepsy, that is, following the failure of two appropriate and tolerated anti-seizure 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 moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

BUPRENORPHINE:

- ◆ for treatment of an opioid-use disorder in adults whose clinical condition is stabilized by a sublingual buprenorphine-based treatment.

BUROSUMAB:

- ◆ for treatment of persons suffering from chromosome X-linked hypophosphatemia.

For the initial request, the person must:

- have received a diagnosis confirmed by
 - a *PHEX* gene mutation
 - or
 - a *PHEX* gene mutation in an immediate family member and a plasma fibroblast growth factor 23 (FGF23) level higher than normal;
- and
- have a Thatcher Rickets Severity Score (RSS) of 2 or more;
- and
- be at least 12 months and under 18 years of age;
- and
- have unfused growth plates.

When requesting continuation of treatment, the prescriber must:

- provide evidence of a beneficial clinical effect by the improvement of at least one point on the Radiographic Global Impression of Change (RGI-C) scale compared to the radiographs preceding the start of treatment;
- and
- confirm that the growth plates are unfused. Radiological evidence will have to be provided on request.

Authorizations are given for a maximum dose of 90 mg of burosumab every two weeks. In the event of the continuation of treatment in persons age 18 and over not having completed their growth, as documented by unfused growth plates, the maximum dose recommended will be 90 mg of burosumab every four weeks.

The maximum duration of each authorization is 12 months.

CABERGOLINE:

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

Cabergoline remains covered by the basic prescription drug insurance plan for those insured persons who have received an authorization and have received a reimbursement within 365 days prior to December 11, 2025.

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 tyrosine kinase inhibitor targeting the VEGF receptor or one immunotherapy treatment targeting PD-1 or PD-L;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that cabozantinib is not authorized following its failure if it was administered for first-line treatment of locally advanced or metastatic renal adenocarcinoma.

- ◆ as monotherapy, for treatment of unresectable hepatocellular carcinoma, in persons having been treated with a tyrosine kinase inhibitor:
 - whose disease has progressed despite one or two systemic therapies for treatment of hepatocellular carcinoma;
and
 - whose liver function is preserved, corresponding to Child-Pugh class A;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

- ◆ as monotherapy, for treatment of locally advanced or metastatic differentiated thyroid cancer, refractory to radioactive iodine, in persons:
 - whose cancer progressed following a 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 prescriber must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

CABOZANTINIB, 20 mg ET 40 mg:

- ◆ as monotherapy, for the continuation of treatment of locally advanced unresectable or metastatic renal adenocarcinoma, in persons having received a treatment associating nivolumab and cabozantinib in a hospital during 24 months or for whom nivolumab had to be stopped.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

The maximum authorized daily dose is 40 mg.

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. and Oral Powder:

- ◆ for persons unable to take tablets.

CALCIUM CITRATE / VITAMIN D, Oral Sol. and Oral Powder:

- ◆ 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.

CANNABIDIOL:

- ◆ for adjunctive treatment of epileptic seizures associated with Dravet syndrome, following the failure of two appropriate and tolerated anti-seizure drugs (used either as monotherapy or in combination).
- ◆ for adjunctive treatment of epileptic seizures associated with Lennox-Gastaut syndrome, following the failure of two appropriate and tolerated anti-seizure drugs (used either as monotherapy or in combination).

- ◆ for adjunctive treatment of epileptic seizures associated with tuberous sclerosis complex, following the failure of two appropriate and tolerated anti-seizure drugs (used either as monotherapy or in combination).

CAPIVASERTIB:

- ◆ in association with fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer with one or more pathogenic variants in the *PIK3CA*, *AKT1* or *PTEN* genes, positive for hormone receptors and without HER2 receptor overexpression or with low HER2 receptor overexpression, in persons:
 - with disease progression during at least one line of hormone therapy in the case of metastatic cancer, or with recurrence during adjuvant treatment or within 12 months of the end of such treatment; and
 - whose ECOG performance status is 0 or 1.

The absence of HER2 receptor overexpression is defined by an immunohistochemistry [IHC] score of 0 or a negative *in situ* hybridization (ISH) result. Low HER2 receptor overexpression is defined by a IHC score of 1+ or a IHC score of 2+ with a negative ISH result.

The maximum duration of each authorization is four months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

It must be noted that capivasertib is not authorized following the failure of a PI3K inhibitor, if it was administered for the treatment of breast cancer.

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.

CARIPRAZINE:

- ◆ for treatment of schizophrenia.

★ 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 SULFATE / TAZOBACTAM SODIUM:

- ◆ for the treatment of serious or complicated infections where the antibiogram demonstrates that at least one responsible pathogen that is:
 - resistant to standard antibiotics normally recommended, unless these antibiotics are contraindicated or not tolerated;
and
 - sensitive to ceftolozane / tazobactam.

CENOBAAMATE:

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

CERITINIB:

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

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the prescriber 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 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. One of these two agents 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 a maximum dose of 200 mg every two weeks.

- ◆ 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 a maximum dose of 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 a maximum dose of 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 four weeks each did not adequately control the disease, unless there is a contraindication.

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
- and
- 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

CHORIOGONADOTROPIN ALFA:

- ◆ for women, as part of an assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.

CHORIONIC GONADOTROPIN:

- ◆ for women, as part of an assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.
- ◆ 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.

CINACALCET HYDROCHLORIDE:

- ◆ for treatment of dialyzed persons having severe secondary hyperparathyroiditis with an intact parathormone level greater than 88 pmol/L measured twice within a three-month period, despite an optimal phosphate binder and vitamin D based treatment, unless there is significant intolerance to these agents or they are contraindicated, and having:
 - a corrected calcemia ≥ 2.54 mmol/L;
or
 - a phosphoremia ≥ 1.78 mmol/L;
or
 - a phosphocalcic product ≥ 4.5 mmol²/L²;
or
 - symptomatic osteoarticular manifestations.

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

CLADRIBINE:

- ◆ as monotherapy, for treatment of persons suffering from remitting multiple sclerosis, whose EDSS score is less than 7 and:
 - who have had at least one relapse in the last year, one of which occurred while 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.

Authorization of the request is for a maximum period of two years.

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 prescriber 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;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the prescriber 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 prescriber 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 *ROS1* gene;
and
- whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that crizotinib is not authorized following the failure of a *ROS1* tyrosine kinase inhibitor if it was administered for the treatment of lung cancer.

CROVALIMAB:

◆ for treatment of persons suffering from paroxysmal nocturnal hemoglobinuria with hemolysis, corroborated by a high serum concentration of lactate dehydrogenase, and whose health condition is characterized by at least one of the following factors:

- a thromboembolic event treated with an anticoagulant;
- the administration of at least four red blood cell transfusions in the last 12 months;
- anemia defined by a hemoglobin serum concentration measured at least twice, < 100 g/L and accompanied by symptoms of anemia, or ≤ 70 g/L;
- lung failure defined by the presence of disabling dyspnea, thoracic pain limiting activities of daily living or pulmonary arterial hypertension;
- kidney failure defined by creatinine clearance ≤ 60 mL/min;
- muscular spasms causing pain, such that its intensity warrants hospitalization or an analgesic treatment with opioids.

Persons undergoing treatment with eculizumab or ravulizumab who received a reimbursement under its recognized indication for payment are eligible for reimbursement of crovalimab provided the prescriber provides evidence of adequate control of disease symptoms. An adequate control is defined by a significant reduction in the serum concentration of lactate dehydrogenase compared to the serum concentration before the beginning of the treatment with eculizumab or ravulizumab.

The first authorization is for a maximum period of six months, at the following maximum doses according to body weight:

- for persons with a body weight ≥ 40 kg and < 100 kg: 1000 mg on day 1, 340 mg on days 2, 8, 15 and 22, and 680 mg on day 29, then every 4 weeks;
- for persons weighing ≥ 100 kg: 1500 mg on day 1, 340 mg on days 2, 8, 15 and 22, and 1020 mg on day 29, then every 4 weeks.

When requesting continuation of treatment, the prescriber must provide proof of a beneficial clinical effect demonstrated by a decrease in the hemolysis corroborated by a significant reduction in the serum concentration of lactate dehydrogenase compared to the serum concentration before the beginning of the treatment with a complement inhibitor.

Subsequent authorizations are for a maximum duration of 12 months at the maximum doses described above.

It must be noted that crovalimab is not authorized in combination with another C5 complement inhibitor. The use of crovalimab concomitantly with pegcetacoplan is only permitted during the first four weeks of treatment with pegcetacoplan.

It must be noted that treatment or retreatment with crovalimab is authorized for persons who have received an authorization for payment for a complement inhibitor according to the recognized indication, but who had to discontinue treatment because of difficulty in administration, lack of clinical benefit, pregnancy or any other circumstance.

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

- ◆ for persons suffering from a vitamin B₁₂ deficiency.

CYCLOSPORINE, Oph. Emuls. (single dose) 0,1% (0,3 mL):

- ◆ for treatment of severe vernal keratoconjunctivitis.

CYCLOSPORINE, Oph. Emuls. (single dose) 0,05% and Oph. Emuls. (single dose) 0,05% (0,4 mL):

- ◆ for treatment of moderate to severe keratoconjunctivitis sicca in persons with an inadequate response to at least one ocular lubricant in the form of an ophthalmic solution, gel or ointment applied four or more times a day, for an appropriate duration of treatment.

CYSTEAMINE, Oph. Sol.:

- ◆ for the reduction of corneal cystine crystal deposits in persons of at least two years of age who are suffering from cystinosis.

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 prescriber must provide proof of a beneficial clinical effect defined by an intra-leukocyte cystine level ≤ 2 nanomoles of hemicystine per milligram of protein at at least one dosage per year. Three dosages of hemicystine must be made, every three to four months, during the year.

★ DABIGATRAN ETEXILATE:

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

DABRAFENIB MESYLATE:

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

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the prescriber 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; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

The maximum duration of the treatment is 12 months.

★ DALBAVANCIN HYDROCHLORIDE:

- ◆ for treatment of acute bacterial skin and soft tissue infections, proven or presumed to be caused by methicillin-resistant *Staphylococcus aureus* (MRSA) in adults, when intravenous antibiotic therapy is required.
- ◆ for treatment of acute bacterial skin and soft tissue infections, proven or presumed to be caused by gram-positive microorganisms other than methicillin-resistant *Staphylococcus aureus* (MRSA) in adults:
 - at high risk of non-adherence to another antibiotic therapy due to a documented psychosocial problem; and
 - when intravenous antibiotic therapy is required.

DAPAGLIFLOZIN:

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

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA_{1c}) adapted to the patient.

- ◆ for treatment of persons suffering from New York Heart Association (NYHA) class II or III heart failure:
 - with left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$); and
 - who have been receiving for at least four weeks an angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor antagonist (ARA), in combination with a beta blocker, unless there is a contraindication or an intolerance.
- ◆ for treatment of adults with chronic kidney disease and who have been receiving for at least four weeks an angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor antagonist (ARA), unless there is a contraindication or an intolerance.

DAPAGLIFLOZIN (HEART FAILURE, EJECTION FRACTION > 40%):

- ◆ for treatment of persons suffering from New York Heart Association (NYHA) class II to IV heart failure:
 - with a left ventricular ejection fraction > 40 %; and
 - whose level of brain natriuretic peptide (BNP) or N-Terminal Pro-brain natriuretic peptide (NT-proBNP) has confirmed the diagnosis of heart failure.

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 (HbA_{1c}) adapted to the patient.

DARBEPOETIN ALFA:

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

The maximum duration of the initial authorization is 12 months.

Request for continuation of treatment is authorized if the prescriber provides 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 level under 120 g/l should be targeted.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

However, for persons suffering from cancer other than those previously specified, darbepoetin 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 prescriber provides 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.

DAROLUTAMIDE:

- ◆ 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 the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ for the continuation of treatment of metastatic castration-sensitive prostate cancer, in persons having received a treatment associating darolutamide, an androgen deprivation therapy, and docetaxel in a hospital during 6 treatment cycles of 21 days or for whom docetaxel had to be stopped due to a serious intolerance.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect through by the absence of disease progression.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect through the absence of the disease progression is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of metastatic castration-sensitive prostate cancer, in persons:
 - who have not received an androgen deprivation therapy (ADT) for more than six months for treatment of metastatic prostate cancer;
 - and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect through the absence of disease progression.

Subsequent authorizations are granted for a maximum duration of 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical, defined by the absence of the disease progression is maintained. Otherwise, treatment must be stopped.

It must be noted that darolutamide is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if these agents were administered to treat prostate cancer.

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/ μ L;
 - 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.
- ◆ for treatment of chronic myeloid leukemia in the chronic phase in adults for whom at least one tyrosine kinase inhibitor has failed or produced a sub-optimal response or who has serious intolerance to it.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that a hematologic response is maintained. Otherwise, treatment must be stopped.

- ◆ 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.

Requesting for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that a hematologic response is maintained. Otherwise, treatment must be stopped.

- ◆ 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 prescriber must provide evidence of a beneficial clinical effect by proof of a hematologic response.

DEUCRAVACITINIB:

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for deucravacitinib are given for a maximum of 6 mg per day.

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

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 $\geq 300 \mu\text{m}$.

The recommended administration is a maximum of one implant per six months, per eye. As a minority of patients may benefit from more frequent administration, authorization is given for a maximum of three implants per year, per eye.

Treatment may be continued for persons in whom a clinical beneficial effect is established, 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.

DEXCOM G6 SENSOR:

- ◆ for self-monitoring of glycemia in diabetic persons aged 2 years or more.

Upon the initiation of treatment, the person:

- under age 18 must be suffering from type 1 diabetes;
- age 18 and over must be treated with intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections of at least two different insulins per day) and must meet one or more of the following criteria:
 - non-attainment of the value of glycated hemoglobin (HbA_{1c}) adapted to the patient, despite optimal management of the disease;
 - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;
 - inability to recognize or signal hypoglycemia symptoms.

The initial request is authorized for a period of six months to assess the ability of patients to use Dexcom G6™ and wear the sensor.

The request for continuation of treatment is authorized if the person shows optimal use of Dexcom G6™, i.e., at least 70% of the time.

An annual clinical reassessment by the prescriber is recommended to ensure that the person is using the sensor at least 70% of the time.

DEXCOM G6 TRANSMITTER:

- ◆ for self-monitoring of glycemia in diabetic persons aged 2 years or more.

Upon the initiation of treatment, the person:

- under age 18 must be suffering from type 1 diabetes;
- age 18 and over must be treated with intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections of at least two different insulins per day) and must meet one or more of the following criteria:
 - non-attainment of the value of glycated hemoglobin (HbA_{1c}) adapted to the patient, despite optimal management of the disease;
 - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;
 - inability to recognize or signal hypoglycemia symptoms.

The initial request is authorized for a period of six months to assess the ability of patients to use Dexcom G6™ and wear the sensor.

The request for continuation of treatment is authorized if the person shows optimal use of Dexcom G6™, i.e., at least 70% of the time.

An annual clinical reassessment by the prescriber is recommended to ensure that the person is using the sensor at least 70% of the time.

DEXCOM G7 SENSOR:

- ◆ for self-monitoring of glycemia in diabetic persons aged 2 years or more.

Upon the initiation of treatment, the person:

- under age 18 must be suffering from type 1 diabetes;
- age 18 and over must be treated with intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections of at least two different insulins per day) and must meet one or more of the following criteria:
 - non-attainment of the value of glycated hemoglobin (HbA_{1c}) adapted to the patient, despite optimal management of the disease;
 - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;
 - inability to recognize or signal hypoglycemia symptoms.

The initial request is authorized for a period of six months to assess the ability of patients to use Dexcom G7™ and wear the sensor.

The request for continuation of treatment is authorized if the person shows optimal use of Dexcom G7™, i.e., at least 70% of the time.

An annual clinical reassessment by the prescriber is recommended to ensure that the person is using the sensor at least 70% of the time.

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 relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence 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.

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 prescriber 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 prescriber 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 a local infection.

A wound with a local infection includes the following clinical signs: purulent discharge, friable granulation tissue that bleeds easily, delayed wound healing, accentuated odour, the onset of or increase in pain, and localized inflammation. Local infection of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

Each authorization is granted for a maximum duration of 12 weeks, whether for a first wound, for each new wound or for a recurring wound on the same site.

When requesting continuation of treatment for a wound that is not healed after 12 weeks, the prescriber must specify the reason for which the treatment must be pursued and provide information making it possible to establish the beneficial effects of the treatment. Subsequent authorizations are granted for a maximum duration of 12 weeks.

DRESSING, ANTIMICROBIAL – SILVER:

- ◆ for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with a local infection.

A wound with a local infection includes the following clinical signs: purulent discharge, friable granulation tissue that bleeds easily, delayed wound healing, accentuated odour, the onset of or increase in pain, and localized inflammation. Local infection of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

Each authorization is granted for a maximum duration of 12 weeks, whether for a first wound, for each new wound or for a recurring wound on the same site.

When requesting continuation of treatment for a wound that is not healed after 12 weeks, the prescriber must specify the reason for which the treatment must be pursued and provide information making it possible to establish the beneficial effects of the treatment. Subsequent authorizations are granted for a maximum duration of 12 weeks.

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 ANTIMICROBIAL – SILVER:

- ◆ for treatment of persons suffering from severe burns or severe chronic wounds (affecting the subcutaneous tissue) with a local infection;

A wound with a local infection includes the following clinical signs: purulent discharge, friable granulation tissue that bleeds easily, delayed wound healing, accentuated odour, the onset of or increase in pain, and localized inflammation. Local infection of a chronic wound, if it persists, may lead to infection of the chronic wound with systemic signs or symptoms.

Each authorization is granted for a maximum duration of 12 weeks, whether for a first wound, for each new wound or for a recurring wound on the same site.

When requesting continuation of treatment for a wound that is not healed after 12 weeks, the prescriber must specify the reason for which the treatment must be pursued and provide information making it possible to establish the beneficial effects of the treatment. Subsequent authorizations are granted for a maximum duration of 12 weeks.

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.

Authorization for the initial request is for a maximum duration of 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial effect defined by a reduction in the glycated hemoglobin (HbA_{1c}) 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 (HbA_{1c}) adapted to the patient.

DUPILUMAB:

- ◆ for treatment of patients aged 12 years and over 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) or where the face, palms, soles or genital area are severely affected;
and
 - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI);
and
 - where 10% or more of the body surface area is affected, except in cases where the face, palms, soles or genital area are severely affected;
and
 - 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.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline value;
or
- significant improvement of lesions on the face, palms, soles or genital area compared to the pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline value.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of severe asthma in patients aged 6 years or over presenting for the reference year defined as the last year or the 12 months preceding the treatment with a biological agent indicated for the treatment of severe asthma:
 - an eosinophil blood level of at least 150 cells/microlitre ($0.15 \times 10^9/l$);
and
 - symptoms that are not controlled despite optimal treatment. Optimal treatment is understood as the daily use of a high-dose inhaled corticosteroid, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist or an inhaled long-acting antimuscarinic;
and
 - at least two exacerbations requiring the use of a systemic corticosteroid or an increase in the dose of the latter in patients receiving it on an ongoing basis.

Upon the initial request, the prescriber must provide the number of exacerbations, as previously defined, along with the results of one of the following questionnaires for the reference year:

- Asthma Control Questionnaire (ACQ);
- Asthma Control Test (ACT);
- Childhood-Asthma Control Test (C-ACT);
- St George's Respiratory Questionnaire (SGRQ);
- Asthma Quality of Life Questionnaire (AQLQ).

The maximum duration of the initial authorization is of 12 months.

Request for continuation of treatment is authorized if the prescriber provides information demonstrating the beneficial effects of the treatment compared to the baseline values, namely:

- a decrease of 0.5 point or more on the ACQ;
or
- an increase of 3 points or more on the ACT;
or
- an increase of 2 points or more on the C-ACT questionnaire;
or
- a decrease of 4 points or more on the SGRQ;
or
- an increase of 0.5 point or more on the AQLQ;
or
- a reduction of at least 50% in annual exacerbations.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of patients aged 12 years or older suffering from severe asthma requiring the use of an oral corticosteroid on an ongoing basis for at least three months.

The maximum duration of the initial authorization is 12 months.

Request for continuation of treatment is authorized if the prescriber confirms a decrease in the corticosteroid maintenance dose equivalent to 10 mg or more of prednisone or of at least 50% compared to the one given before the start of the treatment with dupilumab.

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

ECULIZUMAB:

- ◆ for treatment of persons suffering from symptomatic paroxysmal nocturnal hemoglobinuria with hemolysis, corroborated by a high serum concentration of lactate dehydrogenase, and whose health condition is characterized by at least one of the following factors:
 - a thromboembolic event treated with an anticoagulant;
 - the administration of at least four red blood cell transfusions in the last 12 months;
 - anemia defined by a hemoglobin serum concentration measured at least twice, < 100 g/L and accompanied by symptoms of anemia, or ≤ 70 g/L;
 - lung failure defined by the presence of disabling dyspnea, thoracic pain limiting activities of daily living or pulmonary arterial hypertension;
 - kidney failure defined by creatinine clearance ≤ 60 mL/min;
 - muscular spasms causing pain, such that its intensity warrants hospitalization or an analgesic treatment with opioids.

The first authorization is for a maximum period of six months, at the following maximum doses:

- 600 mg every seven days during the first four weeks, followed by
- 900 mg for the fifth dose one week later, and
- 900 mg every two weeks thereafter.

When requesting continuation of treatment, the prescriber must provide proof of a beneficial clinical effect demonstrated by a decrease in the hemolysis corroborated by a significant reduction in the serum concentration of lactate dehydrogenase compared to the serum concentration before the beginning of the treatment.

Subsequent authorizations are for a maximum duration of 12 months at a maximum dose of 900 mg every two weeks.

It must be noted that eculizumab is not authorized in combination with another C5 complement inhibitor or with iptacopan. The use of eculizumab concomitantly with pegcetacoplan is only permitted during the first four weeks of treatment with pegcetacoplan.

It must be noted that treatment or retreatment with eculizumab is authorized for persons who have received an authorization for payment for a complement inhibitor according to the recognized indication, but who had to discontinue treatment because of difficulty in administration, lack of clinical benefit, pregnancy or any other circumstance.

EDARAVONE, Oral Susp.:

- ◆ for treatment of amyotrophic lateral sclerosis (ALS), in persons displaying each of the following:
 - a definite or probable diagnosis of ALS according to the revised El Escorial diagnostic criteria;
 - symptoms of the disease for less than 2 years;
 - a score of at least 2 points on each item of the ALSFRS-R except for dyspnea, orthopnea and respiratory insufficiency, for which a score of 4 points is required;
 - a forced vital capacity exceeding 80% of the predicted value;
 - no tracheotomy;
 - a creatinine clearance exceeding 50 mL/min;
 - an independent living status.

The maximum duration of each authorization is six months.

Upon subsequent requests, the prescriber must provide proof of the absence of tracheotomy in the patient.

Persons who obtained reimbursement for I.V. edaravone under its recognized indication for payment are eligible for reimbursement of oral edaravone provided that the prescriber provides evidence of the absence of tracheotomy before the beginning of the treatment with oral edaravone.

EFGARTIGIMOD ALFA:

- ◆ for treatment of class II to IV generalized myasthenia gravis according to the Myasthenia Gravis Foundation of America (MGFA) classification, in persons with:
 - a positive serologic test for anti-acetylcholine receptor antibodies;
and
 - a Myasthenia Gravis Activities of Daily Living (MG-ADL) scale score of ≥ 5 , with over 50% attributed to non-ocular symptoms;
and
 - inadequate control of the disease despite treatment with an acetylcholinesterase inhibitor, a corticosteroid and a non-steroidal immunosuppressant, unless there is a documented contraindication or serious intolerance.

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

Requests for continued treatment are authorized if the prescriber provides evidence of a significant beneficial clinical effect (e.g., a decrease of at least two points in the mg-ADL score compared to the baseline value; removal of gastrostomy, if appropriate; or a reduction in corticosteroid dose equivalent to 5 mg or more of prednisone, or by at least 50% from the initial dose without deterioration of the person's clinical condition).

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

Authorizations for efgartigimod alfa are given for a maximum dose of 10 mg/kg (up to 1,200 mg) once a week, for a maximum of six cycles of four weeks per year. It must be noted that efgartigimod alfa will not be authorized concomitantly with a complement inhibitor or another neonatal Fc receptor inhibitor administered for the management of myasthenia gravis. Concomitant use of efgartigimod alfa with plasma therapy or immunoglobulins is only authorized in the context of an acute clinical outbreak.

It must also be noted that efgartigimod alfa is not authorized following the failure of another neonatal Fc receptor inhibitor if it was administered for the treatment of myasthenia gravis.

ELEXACAFITOR/TEZACAFITOR/IVACAFITOR AND IVACAFITOR (COMBINED PACKAGE):

- ◆ for treatment of cystic fibrosis, in persons:
 - aged 2 years and older;
and
 - with at least one $\Delta F508$ mutation or a deleterious mutation known to be responsive to TrikaftaTM in the Canadian product monograph on at least one allele of the cystic fibrosis transmembrane conductance regulator (CFTR) gene;
and
 - who have not received a lung transplant.

Authorizations are given for a maximum period of 12 months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment.

It must be noted that elexacaftor/tezacaftor/ivacaftor combination therapy is not authorized in combination with any other CFTR protein corrector or potentiator drug.

ELTROMBOPAG:

- ◆ for treatment of immune thrombocytopenia, in persons:
 - having received a corticosteroid- or intravenous immunoglobulin-based treatment of appropriate duration unless there is a contraindication;
and
 - with a platelet count:
 - $\leq 30 \times 10^9/l$;
 - or
 - between $30 \times 10^9/l$ and $50 \times 10^9/l$, with bleeding or a documented increased risk of bleeding.

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

Requests for continuation of treatment are authorized if the prescriber provides evidence of a clinically significant increase of platelet count.

A clinical reassessment by the prescriber is required periodically to ensure that the clinically significant increase of platelet count is maintained. Otherwise, treatment must be stopped.

EMPAGLIFLOZIN:

- ◆ 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 (HbA_{1c}) 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 (HbA_{1c}) is $\geq 7\%$.

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

EMPAGLIFLOZIN / METFORMIN HYDROCHLORIDE:

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

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

ENCORAFENIB:

- ◆ in association with binimetinib, 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 prescriber 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 encorafenib, in association with binimetinib, 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.

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 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/ μ L.

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

ENTRECTINIB:

- ◆ as monotherapy, for treatment of locally advanced or metastatic non-small cell lung cancer in persons:
 - whose tumour shows a rearrangement of the *ROS1* gene;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that entrectinib is not authorized following the failure of a *ROS1* tyrosine kinase inhibitor if it was administered for the treatment of lung cancer.

ENZALUTAMIDE:

- ◆ 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;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that enzalutamide is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered for treatment of prostate cancer.

- ◆ 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 the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that enzalutamide is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered for treatment of prostate cancer.

- ◆ for treatment of non-metastatic castration-resistant prostate cancer, in persons:
 - exposed to a high risk of developing distant metastases despite an androgenic privation treatment. High risk is defined by a prostate-specific antigen doubling time ≤ 10 months; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of metastatic castration-sensitive prostate cancer, in persons:
 - who have not received an ADT for more than six months for treatment of metastatic prostate cancer; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect through the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect through the absence of the disease progression is maintained. Otherwise, treatment must be stopped.

It must be noted that enzalutamide is not authorized following the failure of an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they were administered to treat prostate cancer.

★ EPLERENONE:

- ◆ for persons showing signs of heart failure and left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$) 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 $\leq 35\%$), as a complement to standard therapy.

EPLONTENSEN:

- ◆ for treatment of polyneuropathy in adults suffering from hereditary transthyretin-mediated amyloidosis (hATTR).

Upon initiation of treatment, the person:

- must have received genetic confirmation of hATTR;
and
- must have a Neuropathy Impairment Score (NIS) of 5 to 130 points;
and
- must have an ambulatory condition corresponding to stage 1 or 2 on the Functional Ambulation Performance (FAP) scale or a stage 1, 2, 3a or 3b on the polyneuropathy disability (PND) scale;
and
- must not have cardiomyopathy that corresponds to class III or IV of the New York Heart Association (NYHA) Functional Classification.

Authorizations are given for a maximum dose of 45 mg of eplontersen once a month.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must confirm that the patient has not reached stage 3 on the FAP scale or stage 4 on the PND scale. Renewal will not be authorized in presence of a stage 3 FAP or stage 4 PND disease.

It must be noted that eplontersen is not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

EPOETIN ALFA:

- ◆ for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 ml/min).
- ◆ for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B₁₂ deficiency:
 - in persons having a non-myeloid tumour treated with an antineoplastic agent 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 12 months.

Request for continuation of treatment is authorized if the prescriber provides 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 level of less than 120 g/l should be targeted.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

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 prescriber provides 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.

EPOPROSTENOL SODIUM:

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

EPTINEZUMAB:

- ◆ for prophylactic treatment of migraines in persons with at least four days of migraines per month and a diagnosis established according to the criteria of the International Headache Society:
 - in the case of an intolerance or a contraindication to at least two appropriate prophylactic drugs of different classes, including an antidepressant, an antihypertensive or an anticonvulsant, or if these are ineffective.

In the initial request, the prescriber must provide the number of days of migraine per month.

The maximum duration of the initial authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by a decrease of at least 50% in the number of days of migraine per month compared to the initial value, i.e. the value preceding the first administration of an agent acting on the calcitonin gene related peptide (CGRP) or its receptor.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Concomitant use of two CGRP-targeting medications (i.e., gepant or CGRP antibodies) for the prophylactic treatment of migraines is not permitted.

ERDAFITINIB:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic urothelial carcinoma, in persons:
 - whose tumour shows a susceptible *FGFR3* gene pathogenic variant;
and
 - whose disease has progressed during or after at least 1 line of treatment; if neoadjuvant or adjuvant treatment was administered, progression of the disease must have occurred within 12 months of discontinuation;
and
 - whose cancer progressed during or after administration of an antibody targeting PD-1 or PD-L1;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

ESLICARBAZEPINE ACETATE:

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

ESTRADIOL-17B, Patch:

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

ESTRADIOL-17B / NORETHINDRONE ACETATE:

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

ETANERCEPT:

- ◆ for treatment of moderate or severe rheumatoid arthritis.

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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for etanercept are given for a maximum 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 four weeks each did not adequately control the disease, unless there is a contraindication.

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
and
- 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

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

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

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;and
- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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

Request for continuation of treatment is authorized if the prescriber provides 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

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

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

- prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;
 - or
 - sulfasalazine at a dose of 2 000 mg per day.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where 10% or more of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber must provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

ETRASIMOD L-ARGININ:

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:
 - in the presence of a total Mayo score of 6 to 12 points;
and
 - in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Requests for continuation of treatment are authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

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/ μ L;
and
 - for whom the use of etravirine is necessary to establish an effective therapeutic regimen.

EVEROLIMUS:

- ◆ for treatment of locally advanced or metastatic renal adenocarcinoma characterized by the presence of clear cells following the failure of at least one tyrosine kinase inhibitor targeting VEGF receptor, unless there is a contraindication or a serious intolerance, in persons whose ECOG performance status is ≤ 2 .

The duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ in association with exemestane, for treatment of unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER2 receptor overexpression, in persons:
 - whose cancer has progressed despite administration of a non-steroid aromatase inhibitor (anastrozole or letrozole) in an adjuvant or metastatic context;
 - and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ 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 maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ 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 maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

EVINACUMAB:

- ◆ for adjunctive treatment of persons suffering from homozygous familial hypercholesterolemia (HoFH):
 - whose diagnosis is confirmed by genotyping or by phenotyping;
and
 - whose concentrations in the low-density lipoprotein cholesterol (LDL-C) are high despite an optimized treatment. Optimized treatment is understood as:
 - in persons aged 5 to 11, a therapy with at least two hypolipemians of different classes at optimal doses, unless not tolerated, contraindicated or ineffective;
or
 - in persons aged 12 and over, a therapy with at least three hypolipemians of different classes at optimal doses, unless not tolerated, contraindicated or ineffective.

Phenotype is defined by the following three factors:

- concentrations in the LDL-C > 10 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 pre-evinacumab treatment values. Subsequent requests are authorized for a maximum duration of 12 months.

Authorizations are given for a maximum dose of 15 mg/kg every four weeks.

EVOLOCUMAB:

- ◆ for adjunctive treatment of persons suffering from homozygous familial hypercholesterolemia (HoFH):
 - whose diagnosis is confirmed by genotyping or by phenotyping;
and
 - whose concentrations in the low-density lipoprotein cholesterol (LDL-C) are high despite an optimized treatment. Optimized treatment is understood as a therapy with two hypolipemians of different classes, unless not tolerated, contraindicated or ineffective.

Phenotype is defined by the following three factors:

- concentrations in the LDL-C > 10 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.

Requests for continuation of treatment are authorized if the prescriber provides information making it possible to establish the beneficial clinical effect of the treatment, that is, a decrease of at least 20% in the LDL-C concentration compared to the value before the beginning of treatment with evolocumab.

A clinical reassessment by the prescriber is required periodically to ensure that the decrease of at least 20% in the LDL-C concentration is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of adults with 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.

For primary prevention of cardiovascular events, adequate cholesterolemia control is defined by a $\geq 50\%$ reduction of LDL-C levels compared to the baseline value, that is, before the beginning of any hypolipemiant treatment, and by the attainment of an LDL-C concentration < 2.5 mmol/l.

For secondary prevention of cardiovascular events, adequate cholesterolemia control is defined by the attainment of an LDL-C concentration < 1,8 mmol/l.

Genotyping is defined by the presence of one of the mutations causing HeFH in the patient.

Phenotyping is defined by a baseline LDL-C concentration > 4.5 mmol/l in adults aged 18 to 39, > 5.0 mmol/l in adults aged 40 or over, or on the imputed LDL-C if the baseline is unknown, and at least one of the following:

- A diagnosis of definite HeFH is positive in the presence of at least one of the following major criteria:
 - the presence of a mutation in the *LDLR*, *ApoB* or *PCSK9* genes causing the familial hypercholesterolemia in a first-degree relative;
 - the presence of tendinous xanthomas;
 - baseline LDL-C concentration ≥ 8.5 mmol/l.
- A diagnosis of probable HeFH is positive in the presence of at least one of the following minor criteria:
 - the presence of a family history of baseline LDL-C concentration ≥ 4.0 mmol/l in a first-degree relative aged under 18, ≥ 4.5 mmol/l in a first-degree relative aged 18 to 39 or ≥ 5.0 mmol/l in a first-degree relative aged 40 or over;
 - the presence of atherosclerotic coronary artery disease in the patient or a first-degree relative aged under 55 for a man and under 65 for a woman.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, that is:

- a $\geq 40\%$ reduction in the LDL-C concentration compared to the baseline value. Baseline value is defined as the LDL-C level during treatment with a statin and ezetimibe, if applicable.
or
- an LDL-C concentration < 2.5 mmol/l in primary prevention or < 2 mmol/l in secondary prevention.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

- ◆ for the prevention of cardiovascular events, in patients:
 - having experienced acute coronary syndrome in the last 24 months;
and
 - having a low density lipoprotein cholesterol (LDL-C) level ≥ 1.8 mmol/l;
and
 - whose cholesterolemia control is inadequate:
 - despite three months of concomitant use of a statin at the optimal dose and ezetimibe;
or
 - despite three months of use of a statin at the optimal dose or ezetimibe due to a contraindication or a serious intolerance to one of these drugs;
or
 - because neither a statin nor ezetimibe may be used due to a contraindication or a serious intolerance.

The trial of two statins is required before a conclusion of statin intolerance may be established.

The maximum duration of the initial authorization is four months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect, defined by:

- a reduction of at least 40% in the LDL-C concentration compared to the value before the start of treatment with evolocumab;
or
- the attainment of the target LDL-C levels.

Subsequent requests are authorized for a maximum duration of 12 months.

FARICIMAB:

- ◆ for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following three criteria:
 - 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 prescriber, 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 recommended administration regimen is one dose of 6 mg per month during the first four months and, subsequently, every two, three to four months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

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

- ◆ for treatment of a visual deficiency caused by diabetic macular edema. The thickness of the central retina of the eye to be treated must be ≥ 250 μm .

The recommended administration regimen is one dose of 6 mg per month during the first six months and, subsequently, every two months, or one dose of 6 mg per month during the first four months and, subsequently, every two, three to four months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that faricimab will not be authorized concomitantly with aflibercept or ranibizumab 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 also meet the following two criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - thickness of the central retina ≥ 250 μm .

Authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that faricimab will not be authorized concomitantly with another targeted biological drug used in the treatment of macular edema secondary to an occlusion of the central retinal vein 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.

Authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that faricimab will not be authorized concomitantly with another targeted biological drug used in the treatment of macular edema secondary to branch retinal vein occlusion to treat the same eye.

FEBUXOSTAT:

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

FEDRATINIB:

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

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber 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.

It must be noted that fedratinib is not authorized following the failure of janus kinase inhibitor used for treatment of splenomegaly associated with myelofibrosis.

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 *Clostridioides difficile* (*C. difficile*) infection in persons with:
 - at least one of the following risk factors for recurrence:
 - age ≥ 65
 - severe immunosuppressionor
 - a first recurrence of infection, i.e. the reappearance of symptoms requiring treatment within 12 weeks of the clinical cure of the initial infection;or
 - an allergy to vancomycin;

Authorizations are given for a maximum of 20 tablets of 200 mg per episode of infection.

FINERENONE:

- ◆ in addition to standard treatment of adults with chronic kidney disease and type 2 diabetes who persistently present with an estimated glomerular filtration rate of at least 25 mL/min/1.73 m² as well as an albuminuria level of at least 3 mg/mmol (or 30 mg/g).

A standard treatment means the administration of an angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor antagonist (ARA), and a sodium-glucose cotransporter 2 (SGLT2) inhibitor except in cases of a medical contraindication or a serious intolerance to any of these pharmacological agents.

It must be noted that finerenone will not be authorized concomitantly with a steroidal mineralocorticoid receptor antagonist (e.g., spironolactone and eplerenone).

Authorizations for finerenone are given for a maximum daily dose of 20 mg.

FINGOLIMOD HYDROCHLORIDE:

- ◆ for monotherapy treatment of persons suffering from rapidly evolving relapsing 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 relapsing multiple sclerosis 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 prescriber 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 assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.

FOLLITROPIN BETA:

- ◆ for women, as part of an assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.
- ◆ for spermatogenesis induction in men suffering from hypogonadotropic hypogonadism who wish to procreate, in association with a chorionic gonadotropin.

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

FOLLITROPIN DELTA:

- ◆ for women, as part of an assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.

FORMOTEROL FUMARATE DIHYDRATE / BUDESONIDE:

- ◆ for treatment of asthma and other reversible obstructive diseases of the respiratory tract.

The associations of formoterol fumarate dihydrate / budesonide and salmeterol xinafoate / fluticasone propionate remain covered for person 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 of two inhaled long-acting bronchodilators. 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 of two inhaled long-acting bronchodilators;
or
 - whose disease is associated with an asthmatic component, demonstrated by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the post-bronchodilator FEV₁ of at least 12% and 200 ml.

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 / BUDESONIDE / GLYCOPYRRONIUM BROMIDE:

- ◆ 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 of two inhaled long-acting bronchodilators. 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 of two inhaled long-acting bronchodilators;
or
 - in whom the use of two long-acting bronchodilators for at least six months has not allowed for adequate control of the symptoms of the disease.
or
 - whose disease is associated with an asthmatic component, demonstrated by a history of asthma or atopy during childhood, by a high blood eosinophilia or by an improvement in the post-bronchodilator FEV₁ of at least 12% and 200 ml and whose symptoms are not well-controlled with one long-acting β_2 agonist and one inhaled corticosteroid, both used regularly;
or
 - who have already been receiving one long-acting β_2 agonist, one long-acting antimuscarinic and one inhaled corticosteroid.

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.

FOSLEVODOPA/FOSCARBIDOPA:

- ◆ for treatment of patients suffering from advanced Parkinson disease who:
 - receive an optimized treatment with combinations of antiparkinsonians including at least five doses per day of oral levodopa;
and
 - have motor fluctuations causing significant functional impairment and a major reduction in quality of life, in particular:
 - “off” periods during at least two hours of their waking hours;
or
 - “on” periods without troublesome dyskinesia lasting at least one hour a day;and
 - do not have any cognitive impairment likely to affect their ability to use the administration device, unless they receive assistance to overcome it.

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

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial effect by the improvement in motor fluctuations (in particular, an increase in “on” periods without dyskinesias, a decrease in “off” periods or in morning akinesia) and document the functional benefits provided by the treatment.

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

FREESTYLE LIBRE 2 SENSOR:

- ◆ for self-monitoring of blood glucose in diabetic persons age 4 years or over.

Upon the initiation of treatment, the person:

- under age 18 years must be suffering from type 1 diabetes;
- age 18 years and over must be treated with intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections of at least two different insulins per day) and must meet one or more of the following criteria:
 - non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient, despite optimal management of the disease;
 - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;
 - inability to recognize or signal hypoglycemia symptoms.

The initial request is authorized for a period of six months to assess the ability of patients to use FreeStyle Libre 2™ and wear the sensor.

The request for continuation of treatment is authorized if the person shows optimal use of FreeStyle Libre 3 Plus™ or FreeStyle Libre 2™, i.e., at least 70% of the time.

An annual clinical reassessment by the prescriber is recommended to ensure that the person is using the sensor at least 70% of the time.

FREESTYLE LIBRE 3 PLUS SENSOR:

- ◆ for self-monitoring of glycemia in diabetic persons aged 2 or more.

Upon the initiation of treatment, the person:

- under age 18 years must be suffering from type 1 diabetes;
- age 18 years and over must be treated with intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections of at least two different insulins per day) and must meet one or more of the following criteria:
 - non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient, despite optimal management of the disease;
 - frequent episodes of hypoglycemia in the last year, despite compliance to a glycemia management plan;
 - inability to recognize or signal hypoglycemia symptoms.

The initial request is authorized for a period of six months to assess the ability of patients to use FreeStyle Libre 3 Plus™ and wear the sensor.

The request for continuation of treatment is authorized if the person shows optimal use of FreeStyle Libre 3 Plus™ or FreeStyle Libre 2™ sensor, i.e., at least 70% of the time.

An annual clinical reassessment by the prescriber is recommended to ensure that the person is using the sensor at least 70% of the time.

FREMANEZUMAB:

- ◆ for prophylactic treatment of migraines in persons with at least four days of migraines per month and a diagnosis established according to the criteria of the International Headache Society:
 - in the case of an intolerance or a contraindication to at least two appropriate prophylactic drugs of different classes, including an antidepressant, an antihypertensive or an anticonvulsant, or if these are ineffective.

In the initial request, the prescriber must provide the number of days of migraine per month.

The maximum duration of the initial authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by a decrease of at least 50% in the number of days of migraine per month compared to the initial value, i.e. the value preceding the first administration of an agent acting on the calcitonin gene related peptide (CGRP) or its receptor.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Concomitant use of two CGRP-targeting medications (i.e., gepant or CGRP antibodies) for the prophylactic treatment of migraines is not permitted.

FRUQUINTINIB:

- ◆ 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;
and
 - a treatment including trifluridine/tipiracil association.

The maximum duration of each authorization is four months.

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

FULVESTRANT:

- ◆ for treatment of advanced or metastatic breast cancer, according to the recognized indication for palbociclib.
- ◆ for treatment of persons suffering from unresectable locally advanced or metastatic breast cancer, according to the recognized indication for ribociclib.
- ◆ for treatment of persons suffering from locally advanced or metastatic breast cancer, according to the recognized indication for capivasertib.
- ◆ for treatment of persons suffering from advanced or metastatic breast cancer, according to the recognized indication for abemaciclib.
- ◆ in association with inavolisib and palbociclib, for treatment of unresectable locally advanced or metastatic breast cancer, according to the recognized indication for inavolisib.

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 prescriber 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.

GALCANEZUMAB:

- ◆ for prophylactic treatment of migraines in persons with at least four days of migraines per month and a diagnosis established according to the criteria of the International Headache Society:
 - in the case of an intolerance or a contraindication to at least two appropriate prophylactic drugs of different classes, including an antidepressant, an antihypertensive or an anticonvulsant, or if these are ineffective.

In the initial request, the prescriber must provide the number of migraine days per month.

The maximum duration of the initial authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by a decrease of at least 50% in the number of days of migraine per month compared to the initial value, i.e. the value preceding the first administration of an agent acting on the calcitonin gene related peptide (CGRP) or its receptor.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Concomitant use of two CGRP-targeting medications (i.e., gepant or CGRP antibodies) for the prophylactic treatment of migraines is not permitted.

GARADACIMAB:

- ◆ for prevention of attacks of hereditary angioedema (HAE) in persons aged 12 years and older:
 - suffering from type I or II of the disease;
 - and
 - with HAE attacks that significantly interfere with daily activities.

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

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment (e.g. decrease in the number of attacks).

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

Authorizations for garadacimab are given for an initial dose of 400 mg, followed by a monthly dose of 200 mg. Garadacimab is not authorized in combination with any other HAE attack prevention agent.

★ GENTAMICIN sulfate:

- ◆ for treatment of bacterial endocarditis.

GILTERITINIB:

- ◆ as monotherapy, for treatment of relapsed or refractory acute myeloid leukemia with a FMS-like tyrosine kinase 3 (FLT3) gene mutation, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

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

Authorizations are given for a maximum dose of 120 mg per day.

GIVOSIRAN:

- ◆ for the prophylactic treatment of acute hepatic porphyria (AHP) in persons:
 - with a diagnosis of acute intermittent porphyria (AIP), delta-aminolevulinic acid dehydratase deficiency porphyria (ADP), hereditary coproporphyria (HCP) or variegate porphyria (VP), and either a confirmed pathogenic mutation or biochemical and clinical parameters consistent with the diagnosis; and
 - with porphobilinogen (PBG) and delta-aminolevulinic acid (delta-ALA) at least four times the upper limits of normal (ULN) or with a delta-ALA urinary level at least four times the ULN in those diagnosed with ADP; and
 - who have had at least four porphyria attacks in the last 12 months requiring hospitalization, an urgent health care visit or intravenous hemin administration despite avoidance of precipitating factors.

When requesting continuation of treatment, the prescriber must provide evidence of a reduction in the number or severity of attacks, such as a reduction in hospitalizations, use of intravenous hemin, or clinical manifestations.

The maximum duration of each authorization is 12 months.

Authorizations are granted for a maximum dose of 2.5 mg/kg once a month.

GLATIRAMER ACETATE:

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

At the beginning of treatment, the prescriber 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 prescriber must provide evidence of a beneficial effect defined by the absence of a new clinical episode.

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

GLATIRAMER ACETATE (GLATECT):

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

At the beginning of treatment, the prescriber 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 prescriber must provide evidence of a beneficial effect defined by the absence of a new clinical episode.

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence 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 and who do not have decompensated cirrhosis.

Authorization is granted for a maximum period of eight weeks.

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

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

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

Authorization is granted for a maximum period of 16 weeks.

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

Authorization is granted for a maximum period of 12 weeks.

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

Authorization is granted for a maximum period of 16 weeks.

GLIMEPIRIDE:

- ◆ where another sulfonylurea is not tolerated or is ineffective.

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

GLYCERIN, Supp.:

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

GLYCEROL PHENYLBUTYRATE:

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

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

GLYCOPYRROLATE:

- ◆ for the reduction of severe chronic sialorrhea in children and adolescents with neurological disorders associated with problematic sialorrhea.

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

- ◆ 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 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 serious intolerance or a contraindication to this dose.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for golimumab are given for a maximum dose of 50 mg per month.

- ◆ for treatment of 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 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.

Request for continuation of treatment is authorized, if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for golimumab are given for maximum dose of 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for golimumab are given for maximum dose of 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 four weeks each did not adequately control the disease, unless there is a contraindication.

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
- or
- 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for golimumab are given for a maximum dose of 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

GONADOTROPINS:

- ◆ for women, as part of an assisted procreation activity.
- ◆ for women, as part of fertility preservation services before any gonadotoxic treatments involving a serious risk of genetic mutations in gametes or permanent infertility, or before the complete removal of the ovaries.
- ◆ 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.

★ GRANISETRON HYDROCHLORIDE:

- ◆ during the first day of a moderately or highly emetic chemotherapy treatment;
- ◆ during a moderately or highly emetic radiotherapy treatment.
- ◆ in children during emetic chemotherapy or radiotherapy.

◆ during:

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

GRASS POLLEN ALLERGENIC EXTRACT:

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

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

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

GUANFACINE HYDROCHLORIDE:

- ◆ 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, unless there is a serious intolerance or a contraindication.

Continuation of treatment as of 18 years of age is authorized if treatment was initiated before this age and was reimbursed in accordance with the recognized indication for payment. A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects of the treatment are maintained. Otherwise, treatment must be stopped.

GUANFACINE HYDROCHLORIDE (Angita, Pro Doc, Sandoz et Takeda):

- ◆ 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.

GUSELKUMAB (CROHN'S DISEASE AND ULCERATE COLITIS):

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect of treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Authorizations for subcutaneous guselkumab are given for a maximum dose of 400 mg on weeks 0 and 4, and 8 then a maximum dose of 200 mg every four weeks.

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

GUSELKUMAB (PLAQUE PSORIASIS):

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for guselkumab are given for a maximum dose of 100 mg on weeks 0 and 4, then every eight weeks.

HALOBETASOL PROPIONATE / TAZAROTENE:

- ◆ for the treatment of plaque psoriasis in persons who have insufficient disease control despite the use of a vitamin D analogue or a medium- or high-potency topical corticosteroid.

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:

- ◆ as monotherapy, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for treatment of refractory or recurrent chronic lymphocytic leukemia, in persons whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

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

It must be noted that ibrutinib is not authorized following the failure of a Bruton's tyrosine kinase inhibitor if it was administered for the treatment of chronic lymphocytic leukemia.

- ◆ as monotherapy, for treatment of recurrent or refractory mantle-cell lymphoma, in persons:
 - who have received at least one rituximab-based treatment;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that ibrutinib is not authorized following failure of a Bruton tyrosine kinase inhibitor, if it was administered for the treatment of mantle cell lymphoma. In this context, treatment failure is defined as disease recurrence or progression during therapy.

- ◆ as monotherapy, for treatment of relapsed or refractory Waldenström's Macroglobulinemia, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression according to the International Workshop for Waldenström's Macroglobulinemia (IWWM) criteria.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

- ◆ as monotherapy during three cycles, then in association with venetoclax, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons whose ECOG performance status is ≤ 2 .

The first authorization is given for a maximum duration of six cycles of 28 days. Subsequent authorization is given for a duration of nine cycles, for a total of 15 cycles.

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

- ◆ in association with venetoclax for a maximum period of 24 months, then as monotherapy, for treatment of recurrent or refractory mantle cell lymphoma, in persons:
 - who have received at least one rituximab-based treatment;
 - and
 - whose ECOG performance status is 0 or 2.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure the absence of disease progression. Otherwise, treatment must be stopped.

It must be noted that the association of venetoclax and ibrutinib is not authorized following failure of a Bruton tyrosine kinase inhibitor, if it was administered for the treatment of mantle cell lymphoma. In this context, treatment failure is defined as disease recurrence or progression during therapy.

ICATIBANT ACETATE:

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

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

ICOSAPENT ETHYL:

- ◆ for secondary prevention of cardiovascular events, concomitantly with a statin, in patients:
 - with a serum triglyceride level equal to or greater than 2.26 mmol/l;
and
 - for whom use of a statin at the optimal dose, in association or not with ezetimibe, during at least 3 months, allowed for adequate control of the low-density lipoprotein cholesterol (LDL-C) levels.

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 prescriber 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 prescriber 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 the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that hematologic response is maintained. Otherwise, treatment must be stopped.

IMATINIB MESYLATE – gastrointestinal stromal tumour:

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

The maximum duration of the authorization is 36 months.

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

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

IMIQUIMOD:

- ◆ for treatment of external genital and perianal condylomas, as well as condyloma acuminata.

The maximum duration of the authorization is 36 weeks. This period covers two 16 weeks treatments and the possibility of a break between treatments.

At the end of the first 16 weeks treatments, if the person shows a reduction in the extent of the lesions but they have not completely disappeared, treatment may be continued for a second 16 weeks treatments.

INAVOLISIB:

- ◆ in association with palbociclib and fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer with a pathogenic variant in the *PIK3CA* gene, positive for hormone receptors and without HER2 receptor overexpression or with low HER2 receptor overexpression, in persons:

- with disease recurrence during adjuvant hormone therapy or within 12 months of the end of such treatment;
and
- whose ECOG performance status is 0 or 1.

The absence of HER2 receptor overexpression is defined as an immunohistochemistry [IHC] score of 0 or a negative *in situ* hybridization (ISH) result. Low HER2 receptor overexpression is defined by a IHC score of 1+ or a IHC score of 2+ with a negative ISH result.

The maximum duration of each authorization is four months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

It must be noted that inavolisib, in association with palbociclib and fulvestrant, is not authorized following the failure of a PI3K inhibitor, if it was administered for the treatment of breast cancer.

INCLISIRAN:

- ◆ for treatment of adults with heterozygous familial hypercholesterolemia (HeFH), defined 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 primary prevention of cardiovascular events, adequate cholesterolemia control is defined by a $\geq 50\%$ reduction of LDL-C levels compared to the baseline value, that is, before the beginning of any hypolipemiant treatment, and by the attainment of an LDL-C concentration < 2.5 mmol/l.

For secondary prevention of cardiovascular events, adequate cholesterolemia control is defined by the attainment of an LDL-C concentration < 1.8 mmol/l.

Genotyping is defined by the presence of one of the mutations causing HeFH in the patient.

Phenotyping is defined by a baseline LDL-C concentration > 4.5 mmol/l in adults age 18 to 39, > 5.0 mmol/l in adults age 40 or over, or on the imputed LDL-C if the baseline is unknown, and at least one of the following:

- A diagnosis of definite HeFH is positive in the presence of at least one of the following major criteria:
 - the presence of a mutation in the LDLR, ApoB or PCSK9 genes causing the familial hypercholesterolemia in a first-degree relative;
 - the presence of tendinous xanthomas;
 - baseline LDL-C concentration ≥ 8.5 mmol/l.
- A diagnosis of probable HeFH is positive in the presence of at least one of the following minor criteria:
 - the presence of a family history of baseline LDL-C concentration ≥ 4.0 mmol/l in a first-degree relative aged under 18, ≥ 4.5 mmol/l in a first-degree relative aged 18 to 39 or ≥ 5.0 mmol/l in a first-degree relative aged 40 or over;
 - the presence of arteriosclerotic artery disease in the patient or a first-degree relative aged under 55 for a man and under age 65 for a woman.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, that is:

- a $\geq 40\%$ reduction in the LDL-C concentration compared to the baseline value. Baseline value is defined as the LDL-C level during treatment with a statin and ezetimibe, if applicable.
or
- an LDL-C concentration < 2.5 mmol/l in primary prevention or < 2 mmol/l in secondary prevention.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

INCOBOTULINUMTOXINA:

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

A severe condition of spasticity is defined as a neuromuscular disorder that can lead to significant disability and substantially impair the person's quality of life.

INDACATEROL ACETATE / GLYCOPYRRONIUM BROMIDE / MOMETASONE FUROATE:

- ◆ for treatment of asthma and other reversible obstructive airway diseases, in persons:
 - whose control of the disease is insufficient despite the use of an association of a long-acting β_2 agonist and an inhaled corticosteroid taken at an average or high dose;
and
 - having experienced at least one exacerbation in the previous year;
or
 - who have already been receiving a long-acting β_2 agonist, a long-acting antimuscarinic as well as an inhaled corticosteroid for more than one year.

INDACATEROL ACETATE / MOMETASONE FUROATE:

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

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.

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.

INEBILIZUMAB:

- ◆ for treatment of neuromyelitis optica spectrum disorder (NMOSD) in adults carrying anti-aquaporin-4 (AQP4) IgG antibodies.

Upon initiation of treatment, the person must have experienced at least one episode (which is defined as an attack or relapse) in the last 12 months or two episodes in the last 24 months.

Persons who have not experienced any episodes in the last 12 months while receiving another prescription drug for treatment of NMOSD, but which had to be stopped due to serious intolerance or other reasons, are also eligible for reimbursement.

Authorization is given for a maximum dose of 300 mg on weeks 0 and 2, and then every six months.

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by the absence of episodes or a reduction in the number of episodes, explicitly and objectively quantified compared to the pretreatment values.

No renewal will be authorized beyond two episodes occurring over a period of two years.

It must be noted that inebilizumab is not authorized in combination with another targeted biologic drug used for treatment of NMOSD.

INFLIXIMAB (REMICADE):

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

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

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements must be present:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;and
- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum 20 mg per dose) per week for at least three months, unless there is an intolerance or a contraindication.

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

Request for continuation of treatment is authorized if the prescriber provides 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 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

INFLIXIMAB, I.V. Perf. Pd.:

- ◆ for treatment of moderate to severe Crohn's disease.

The first three doses of infliximab are authorized at a maximum of 5 mg/kg.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

- ◆ 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for infliximab are given for three doses at a maximum 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 four weeks each did not adequately control the disease, unless there is a contraindication:

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
- and
- 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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-TNF α 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-TNF α must have been used in respect of the indications for which it is recognized in this appendix for that disease.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 rheumatoid:

- where a treatment with an anti-TNF α 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-TNF α must have been used in respect of the indications for which it is recognized in this appendix for that disease.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 moderate to severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

◆ for treatment of persons suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

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

◆ for treatment of moderate or severe rheumatoid arthritis.

Authorizations for infliximab in injectable solution form for subcutaneous administration are given for patients who have previously received at least two doses of infliximab for intravenous perfusion as induction treatment, according to the indication authorizing the reimbursement of infliximab in intravenous form for rheumatoid arthritis.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations are given for a maximum dose of 120 mg every two weeks.

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

Authorizations are given for patients who have previously received three doses of infliximab in powder form for intravenous infusion as induction treatment, according to the indication authorizing the reimbursement of infliximab in intravenous form for ulcerative colitis.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

Authorizations are given for patients who have previously received at least three doses of infliximab in powder form for intravenous infusion as induction treatment, according to the indication authorizing the reimbursement of infliximab in intravenous form for Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

INSULIN ASPART / INSULIN ASPART 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.

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 demyelination.

At the beginning of treatment, the prescriber 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 prescriber 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 prescriber provides proof of a beneficial effect defined by the absence of a new clinical episode.

- ◆ for treatment of persons suffering from remitting multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of remitting multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence 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 prescriber provides evidence 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 prescriber 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 prescriber 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 demyelination are eligible 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 relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber 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 prescriber provides evidence 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 prescriber 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 prescriber 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 demyelination.

At the beginning of treatment, the prescriber 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 prescriber 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 prescriber provides proof of a beneficial clinical effect defined by the absence of a new clinical episode.

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence 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 prescriber provides evidence 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 prescriber 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 prescriber must provide evidence of a beneficial effect (absence of deterioration).

★ ISAVUCONAZOLE:

- ◆ for treatment of invasive aspergillosis.
- ◆ for treatment of invasive mucormycosis.

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 $\leq 35\%$;
and
 - who are in sinus rhythm and have a heart rate at rest of 77 beats per minute or more;
and
 - who have been hospitalized, have had a consultation at an emergency department or at a heart failure clinic, due to an aggravation of their heart failure in the last 12 months;
and
 - who have been receiving for at least four weeks a treatment with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARA), in combination with a beta blocker and a mineralocorticoid receptor antagonist, unless there is a contraindication or an intolerance.

IVACAFTOR:

- ◆ for treatment of cystic fibrosis in persons:
 - with the G551D mutation in the CFTR protein coding gene;
and
 - whose pulmonary function is altered to the point of seriously impairing their activities of daily living and whose best value for forced expiratory volume in 1 second (FEV₁) is deteriorating compared to the value from the two previous years.

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of the beneficial clinical effects defined by:

- an improvement or a stabilization of the FEV₁;
and
- positive impacts on performing activities of daily living or a decrease in exacerbations (superinfections).

Authorizations are given for a dose of ivacaftor of 150 mg, twice a day.

IVOSIDENIB:

- ◆ as monotherapy, for the continuation of treatment of acute myeloid leukemia expressing the R132 mutation of the *IDH1* gene, in persons who received treatment associating ivosidenib and azacitidine in a hospital and for whom azacitidine had to be stopped due to a serious intolerance.

The duration of each authorization is six months.

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

IXEKIZUMAB:

- ◆ for persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for ixekizumab are given for a dose of 160 mg on week 0, followed by 80 mg every four 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 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

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 persons suffering from unresectable locally advanced or metastatic breast cancer, hormone receptor-positive with HER2 receptor 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.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression.

- ◆ for treatment of unresectable locally advanced or metastatic breast cancer where the tumour over-expresses the HER2 receptor, in association with capecitabine, in persons whose breast cancer has progressed after administering 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.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined 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 prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

LAROTRECTINIB:

- ◆ as monotherapy, for treatment of infantile fibrosarcoma or soft-tissue sarcoma that is metastatic or where surgical resection is likely to result in severe morbidity, in persons:
 - whose tumour harbors an *NTRK* gene fusion;
 - and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

LAZERTINIB:

- ◆ as monotherapy, for the continuation of first-line treatment of locally advanced, not amenable to curative therapy, or metastatic non-small cell lung cancer, in persons having received a treatment associating amivantamab and lazertinib in the hospital setting, and for whom amivantamab had to be stopped due to serious intolerance or a contraindication.

The maximum duration of the initial authorization is six months.

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

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

LEBRIKIZUMAB:

- ◆ for treatment of patients age 12 and over 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) or where the face, palms, soles or genital area are severely affected;
 - and
 - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI);
 - and
 - where 10% or more of the body surface area is affected, except in cases where the face, palms, soles or genital area are severely affected;
 - and
 - 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.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DQLI or cDLQI questionnaire compared to the baseline values;
or
- a significant improvement of lesions on the face, palms, soles or genital area compared to the pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline value.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for lebrikizumab are given for a dose of 500 mg on weeks 0 and 2, followed by a dose of 250 mg every 2 weeks until week 16, and then a dose of 250 mg once every 4 weeks.

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/ml before treatment. Authorization is granted for a maximum period of 12 weeks for other persons.

- ◆ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 without cirrhosis who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor.

Authorization is granted for a maximum period of 12 weeks.

- ◆ in association with ribavirin, for treatment of chronic hepatitis C genotype 1 in persons:
 - with compensated cirrhosis and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
or
 - with decompensated cirrhosis;
or
 - who are waiting for an organ transplant or who have received a transplant.

Authorization is granted for a maximum period of 12 weeks.

- ◆ as monotherapy, for treatment of chronic hepatitis C genotype 1 in persons:
 - with compensated cirrhosis and a contraindication or a serious intolerance to ribavirin and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
 - or
 - with decompensated cirrhosis and a contraindication or a serious intolerance to ribavirin;
 - or
 - who are waiting for an organ transplant or who have received a transplant and who have a contraindication or a serious intolerance to ribavirin.

Authorization is granted for a maximum period of 24 weeks.

LENVATINIB, 10 mg, 14 mg, 20 mg, 24 mg:

- ◆ as monotherapy, for treatment of locally advanced or metastatic differentiated thyroid cancer, refractory to radioactive iodine, in persons:
 - whose cancer progressed in the last 12 months before the start of treatment with lenvatinib;
 - and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

LENVATINIB, 4 mg, 8 mg, 12 mg:

- ◆ as monotherapy, for 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 six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

LENVATINIB, 8 mg, 10 mg, 14 mg, 20 mg:

- ◆ as monotherapy, for the continuation of treatment of locally advanced unresectable or metastatic renal adenocarcinoma, in persons having received a treatment associating pembrolizumab and lenvatinib in a hospital during 24 months or for whom pembrolizumab had to be stopped.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for the continuation of second-line or subsequent treatment of endometrial cancer at the advanced stage without high microsatellite instability or mismatch repair deficiency, in persons having received a treatment associating pembrolizumab and lenvatinib during 24 months or for whom pembrolizumab had to be stopped.

The maximum duration of each authorization is four months.

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

LETERMOVIR:

- ◆ for prophylactic treatment of a cytomegalovirus (CMV) infection in persons CMV-seropositive and who have undergone allogeneic hematopoietic stem cell transplant.

The treatment must have begun in the 28 days following the transplant and have ceased 100 days afterward at the latest.

LEVOFLOXACINE, Sol. Inh.:

- ◆ for treatment of persons suffering from cystic fibrosis who are chronically infected with *Pseudomonas aeruginosa*:
 - whose condition deteriorates despite treatment with a formulation of tobramycin for inhalation;
or
 - who are intolerant to a solution of tobramycin for inhalation;
or
 - who are allergic to tobramycin.

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 (HbA_{1c}) 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 linezolid 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.

Authorization of the initial request is for a maximum duration of 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial effect defined by a reduction in the glycated hemoglobin (HbA_{1c}) 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 HbA_{1c} value adapted to the patient.

LISDEXAMFETAMINE DIMESYLATE:

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

LOMITAPIDE MESYLATE:

- ◆ for adjunctive treatment of persons suffering from homozygous familial hypercholesterolemia (HoFH):
 - whose diagnosis is confirmed by genotyping or by phenotyping;
and
 - whose concentrations in the low-density lipoprotein cholesterol (LDL-C) are high despite an optimized treatment. Optimized treatment is understood as a therapy with two hypolipemians of different classes, unless not tolerated, contraindicated or ineffective;
and
 - in association with a LDL-C apheresis treatment, unless access to an apheresis centre is especially difficult.

Phenotype is defined by the following three factors:

- concentrations in the LDL-C of more than 10 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 pre-lomitapide treatment values. Subsequent requests are authorized for a maximum duration of 12 months.

Authorizations for lomitapide are given for a maximum daily dose of 60 mg.

LORLATINIB:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic non-small cell lung cancer, in persons:
 - whose tumour shows a rearrangement in the *ALK* gene;
and
 - who have never experienced failure of an *ALK* gene rearrangement inhibitor;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that lorlatinib is not authorized following the failure of the *ALK* gene rearrangement inhibitor for treatment of lung cancer. In this case, failure is defined as recurrence or progression of the disease during treatment.

LUMASIRAN SODIUM:

- ◆ for treatment of primary hyperoxaluria type 1 (PH1).

Upon initiation of treatment, the person must:

- have received a PH1 diagnosis confirmed by a genetic test
and
- have, despite optimization of standard treatments:
 - a urinary oxalate excretion level of at least 0.7 mmol/1.73 m²/24 hours;
or
 - a urinary oxalate/creatinine ratio greater than the upper limit of normal (ULN) based on age in at least two urinations;
or
 - a plasma oxalate level of at least 20 µmol/l.
- and
- not have undergone a liver transplant.

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

When requesting continuation of treatment, the prescriber must provide evidence of beneficial effects by one of the following means:

- a urinary oxalate excretion rate $\leq 1.5 \times \text{ULN}$ (24-hour urinary oxalate excretion rate measurement corrected for body surface area or urinary oxalate/creatinine ratio);
- a reduction in the plasma oxalate rate compared to the base value.

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

For the initial authorization request and requests for continuation of treatment, the prescriber must document the urine or plasma oxalate levels, the estimated glomerular filtration rate and the presence of symptoms (kidney stones, signs of systemic oxalosis).

Treatment must be stopped if the patient has undergone a liver transplant or exhibits a loss of response, defined as a persistent increase in urine or plasma oxalate levels following a satisfactory response.

LUSPATERCEPT:

- ◆ for treatment of adults with anemia associated with a beta(β)-thalassemia.

Upon the initiation of treatment, the person must:

- have a confirmed diagnosis of beta-thalassemia (including a diagnosis of hemoglobin E/ β -thalassemia or β -thalassemia combined with alpha(α)-thalassemia);
and
- require regular transfusions of red blood cells defined by ≥ 6 transfused packed red blood cells and with no transfusion-free period > 35 days during the 24 weeks prior to the beginning of the treatment;
and
- not have hemoglobin S/ β -thalassemia or α -thalassemia.

Authorizations are given for a maximum dose of 1.25 mg/kg of luspatercept every three weeks.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must provide information establishing the beneficial effects of the treatment, namely, a reduction ≥ 4 transfused packed red blood cells during a 24-week period compared to the base values before the beginning of treatment with luspatercept.

- ◆ for treatment of adults with anemia associated with a myelodysplastic syndrome.

Upon the initiation of treatment, the person must:

- have a confirmed diagnosis of very low- to intermediate-risk myelodysplastic syndrome with ring sideroblasts according to the Revised International Prognostic Scoring System (IPSS-R);
and
- require regular transfusions of red blood cells defined by ≥ 2 transfused packed red blood cells and with no transfusion-free period > 56 days during the 16 weeks prior to the beginning of the treatment;
and
- have a ECOG performance status of ≤ 2 ;
and
- not meet the diagnostic criteria for MDS with isolated 5q deletion;
and
- have a contraindication, intolerance or ineffectiveness to treatment with erythropoiesis stimulating agents unless such treatment is not indicated.

Authorizations are given for a maximum dose of 1.75 mg/kg of luspatercept every three weeks.

The maximum duration of each authorization is six months.

Upon the first request for continuation of treatment, the prescriber must provide information establishing the beneficial effects of the treatment, namely, a 50% reduction of transfused packed red blood cells during a 16-week period compared to the base values before the beginning of treatment with luspatercept.

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

MACITENTAN:

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

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/ μ L;
 - and
 - for whom the use of maraviroc is necessary for constituting an effective therapeutic regimen.

★ MARIBAVIR:

- ◆ for treatment of transplant recipients with refractory cytomegalovirus infection or disease with or without resistance to at least one previously administered antiviral therapy.

MAVACAMTEN:

- ◆ for treatment of adults suffering from New York Heart Association (NYHA) Class II-III symptomatic obstructive hypertrophic cardiomyopathy (oHCM):
 - with a left ventricular outflow tract (LVOT) peak gradient of ≥ 50 mm Hg at rest, after Valsalva maneuver, or during a stress test;
and
 - who receive an optimal treatment including a beta blocker or calcium channel blocker, unless there is a contraindication or an intolerance;
and
 - who have not received a septal reduction therapy in the last 12 months (myectomy or alcohol ablation).

The first authorization is for a maximum period of six months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect demonstrated by:

- an improvement in oHCM symptoms or NYHA functional class compared to the assessment prior to the start of treatment;
and
- a decrease in the LVOT peak gradient after Valsalva maneuver, or during a stress test, compared to the baseline value.

Subsequent authorizations are for a maximum duration of 12 months.

Authorizations are granted for one capsule per day, and a maximum daily dose of 15 mg.

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 prescriber 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 requiring the use of an oral corticosteroid on an ongoing basis for at least three months, in adults.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber confirms 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects, defined above, are maintained. Otherwise, treatment must be stopped.

Authorizations are given for a maximum dose of 100 mg every month.

- ◆ for treatment of severe eosinophilic asthma in persons aged 6 and over presenting or having presented:
 - an eosinophil blood level of at least 150 cells/microlitre ($0.15 \times 10^9/l$) at the time of initiation of the treatment with a biological agent indicated for the treatment of asthma or of at least 300 cells/microlitre ($0.3 \times 10^9/l$) in the 12 months preceding the treatment with a biological agent indicated for the treatment of asthma; and
 - symptoms that are not controlled despite optimal treatment. Optimal treatment is understood as the daily use of a high-dose inhaled corticosteroid, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist or an inhaled long-acting antimuscarinic; and
 - at least two exacerbations 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 in the last year or in the 12 months preceding treatment with a biological agent indicated for the treatment of severe asthma.

For the initial request, the prescriber 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
- Childhood-Asthma Control Test (C-ACT);
or
- St George's Respiratory Questionnaire (SGRQ);
or
- Asthma Quality of Life Questionnaire (AQLQ).

The maximum duration of the initial authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides information demonstrating the beneficial effects of the treatment compared to the baseline values, namely:

- a decrease of 0.5 point or more on the ACQ;
or
- an increase of 3 points or more on the ACT;
or
- an increase of 2 points or more on the C-ACT;
or
- a decrease of 4 points or more on the SGRQ;
or
- an increase of 0.5 point or more on the AQLQ;
or
- a reduction of at least 50% in annual exacerbations.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects of the treatment with mepolizumab are maintained compared to the baseline values. Otherwise, treatment must be stopped.

Authorizations are given for a maximum dose of 100 mg every month.

◆ for treatment of severe chronic rhinosinusitis with nasal polyps in adults:

- with bilateral nasal polyps confirmed by endoscopy or CT scan;
and
- who have required at least one endoscopic sinus surgery (ESC) in the previous five years, unless surgery was contraindicated;
and
- whose condition is not adequately controlled by nasal corticosteroids at maximum tolerated doses for at least 12 weeks.

Upon the initial request, the prescriber must provide the result of the SNOT-22 questionnaire (Sino-Nasal Outcome Test-22) and the nasal polyp score (NPS) determined by endoscopy, both established at the beginning of or prior to the initiation of another biological medicinal product indicated for the treatment of severe chronic rhinosinusitis with nasal polyps.

The initial request is authorized for a maximum duration of six months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment, specifically a decrease in the SNOT-22 or NPS scores compared to the baseline values.

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

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.

★ MICA FUNGIN 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.

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 prescriber 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.

MINERAL 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.

MIRIKIZUMAB (ULCERATIVE COLITIS):

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:
 - in the presence of a Mayo score of 6 to 12 points;
and
 - in the presence of an endoscopic subscore (Mayo score) of at least two points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

MIRIKIZUMAB (CROHN'S DISEASE):

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect of treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Authorizations for the subcutaneous form of mirikizumab are given for a maximum dose of 300 mg every four weeks.

MODAFINIL:

- ◆ for symptomatic treatment of diurnal hypersomnolence accompanying narcolepsy or idiopathic or post-traumatic hypersomnia.
- ◆ 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.

MOMELOTINIB HYDROCHLORIDE:

- ◆ for treatment of splenomegaly associated with primary myelofibrosis, post polycythemia vera myelofibrosis or post essential thrombocythemia myelofibrosis, in persons with:
 - a palpable spleen at 5 cm or more below the left costal margin, accompanied by basic imaging;
and
 - an intermediate or high-risk disease according to the IPSS (International Prognostic Scoring System);
and
 - moderate to severe anemia defined by a hemoglobin level of ≤ 100 g/l;
and
 - an ECOG performance status ≤ 2 .

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber 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.

It must be noted that momelotinib is not authorized following the failure of janus kinase inhibitor used for treatment of splenomegaly associated with myelofibrosis, unless failure is caused by the presence of anemia.

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 relapsing multiple sclerosis whose EDSS scale score is less than 7 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 prescriber 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 6,5.

An incapacitating episode means an episode during which a neurological examination confirms optical neuritis, posterior fossa syndrome (cerebral trunk and cerebellum) 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.
- ◆ for treatment of chronic myeloid leukemia in the chronic phase in adults for whom at least one tyrosine kinase inhibitor has failed or produced a sub-optimal response or who have serious intolerance to it.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that a hematologic response is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of chronic myeloid leukemia (CML) 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 the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a hematologic response.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that a hematologic response is maintained. Otherwise, treatment must be stopped.

NINTEDANIB ESILATE:

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

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

Upon subsequent requests, the prescriber 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.

- ◆ for treatment of chronic fibrosing interstitial lung diseases with a progressive phenotype, other than idiopathic pulmonary fibrosis, in adults with:
 - pulmonary fibrosis confirmed by high-resolution CT scan or by a biopsy;
and
 - a forced vital capacity (FVC) of 45% or more of the predicted value;
and
 - a carbon monoxide diffusing capacity of 30% to 79% of the predicted value corrected for hemoglobin;
and
 - a ratio of forced expiratory volume in one second (FEV₁) to the FVC (FEV₁/FVC) of 0.70 or more.

Upon the initial request, the prescriber must provide evidence of the progression of the disease defined by at least one of the following events occurring in the last 24 months:

- a decline in FVC, expressed as a percentage of the predicted value, of at least 10% in relative value;
- a decline in FVC, expressed as a percentage of the predicted value, of 5% to less than 10% in relative value and a worsening of the pulmonary symptoms;
- a decline in FVC, expressed as a percentage of the predicted value, of 5% to less than 10% in relative value and an increase in the extent of the fibrosis confirmed by CT scan;
- a worsening of the pulmonary symptoms and an increase in the extent of the pulmonary fibrosis confirmed by CT scan.

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

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by the absence of deterioration of 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 be stopped.

NIRAPARIB / ABIRATERONE ACETATE:

- ◆ in association with prednisone, for treatment of metastatic castration-resistant prostate cancer, in persons:
 - with a germinal or somatic *BRCA* gene pathogenic variant;
and
 - for whom chemotherapy is not clinically indicated;
and
 - who have not received enzalutamide or abiraterone in association with prednisone, for treatment of metastatic castration-resistant prostate cancer for more than four months pending the results of a *BRCA* genetic test (germinal or somatic);
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that the association of niraparib/abiraterone is not authorized following the failure of an androgen synthesis inhibitor, a second-generation androgen receptor inhibitor or a poly adenosine diphosphate-ribose polymerase inhibitor, if they were administered for treatment of prostate cancer.

The association of niraparib/abiraterone remains covered by the basic prescription drug insurance plan for those insured persons who have received an authorization and a reimbursement in the six months preceding 4 February 2026 under the conditions that prevailed.

NIRAPARIB TOSYLATE:

- ◆ as monotherapy, for maintenance treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, in persons:
 - who have received at least two platinum-salt chemotherapy protocols;
and
 - whose disease has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;
and
 - who obtained an objective tumour response with their last platinum-salt chemotherapy;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that a maintenance treatment with niraparib is not authorized following failure of PARP inhibitor if it was administered for the treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

- ◆ as monotherapy, for maintenance treatment of an advanced form (FIGO III or IV) of high-grade epithelial ovarian cancer, fallopian tube cancer or primary peritoneal cancer, in persons:
 - who obtained an objective tumour response with first-line platinum-based chemotherapy; and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

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

The authorization will not be renewed for persons exhibiting a complete response (absence of clinical and radiological signs of the disease, accompanied by a normal CA-125 level) following 36 months of treatment with niraparib.

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 cow's 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 cow's milk proteins must be provided in order for utilization to continue.

- ◆ for infants and children suffering from galactosemia 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 cow's milk proteins must be provided in order for utilization to continue.

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 – KETOGENIC:

- ◆ for treatment of children under the age of 18 suffering from refractory epilepsy despite the trial over an adequate period of at least two appropriate and well tolerated anticonvulsive drugs, used either as monotherapy or combined.

Upon the initial request, the prescriber must provide the number of seizures per week. This initial request is authorized for a maximum period of four months.

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

- a decrease of more than 50% in the frequency of seizures since the beginning of treatment;
or
- a decrease in the severity of seizures.

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

NUTRITIONAL FORMULA – KETOGENIC (ALLERGY TO MILK OR SOY PROTEINS):

◆ for enteral or oral feeding of children under age 18:

- suffering from refractory epilepsy, despite the trial over an adequate period of at least two appropriate and well tolerated anticonvulsive drugs, used as monotherapy or combined.
and
- with an allergy or intolerance to milk or soy proteins.

Upon the initial request, the prescriber must provide the number of seizures per week. This initial request is authorized for a maximum period of four months.

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

- a decrease of more than 50% in the frequency of seizures since the beginning of treatment;
or
- a decrease in the severity of seizures.

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

NUTRITIONAL FORMULA – KETOGENIC (SEMI-ELEMENTAL):

◆ for enteral or oral feeding of children under age 18:

- suffering from refractory epilepsy, despite the trial over an adequate period of at least two appropriate and well tolerated anticonvulsive drugs, used as monotherapy or combined.
and
- with impaired gastrointestinal function or intolerance to intact proteins.

Upon the initial request, the prescriber must provide the number of seizures per week before initiation of a ketogenic formula. This initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of a ketogenic nutritional formula included on the List of medications, specifically:

- a decrease of more than 50% in the frequency of seizures since the beginning of treatment;
or
- a decrease in the severity of seizures.

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

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 cow's milk or soy proteins, or multiple dietary proteins and in whom the utilization of a casein hydrolysate or plant-based 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 an allergen skin test or of re-exposure to a casein hydrolysate or plant-based hydrolysate formula or cow's milk proteins must be provided in order for the authorization to continue.

- ◆ for infants or children who are suffering from persistent diarrhea or other severe gastrointestinal problems and in whom the utilization of a casein hydrolysate or plant-based 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 or plant-based hydrolysate formula or cow's milk proteins 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 or plant-based hydrolysate formula or cow's milk proteins must be provided in order for the authorization to continue.

★ NUTRITIONAL FORMULA – PLANT-BASED PROTEIN HYDROLYSATE (INFANTS AND CHILDREN):

- ◆ for infants and children who are allergic to complete cow's 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 cow's milk proteins must be provided for utilization to continue.

- ◆ for infants and children suffering from persistent diarrhea or other severe gastrointestinal problems. The results of re-exposure to cow's milk proteins must be provided for utilization 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 – POLYMERIC WITH RESIDUE (INTOLERANCE OR ALLERGY):

- ◆ For persons with a major intolerance or allergy to milk or soy proteins present in the polymeric nutritional formulas with residue appearing on the *List of Medications* and who meet at least one of the following criteria:
 - 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 – RENAL FAILURE (CHILD):

- ◆ for enteral or oral feeding of children suffering from renal failure.

NUTRITIONAL FORMULA – SEMI-ELEMENTAL:

- ◆ for enteral feeding.
- ◆ for oral feeding in 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 – SEMI elemental, VERY HIGH PROTEIN:

- ◆ for enteral feeding of persons requiring semi-elemental nutritional formulas as their source of nutrition in the presence of malabsorption, 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 prescriber must provide information making it possible to establish the beneficial effects of the treatment, specifically, a reduction in the alkaline 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 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 prescriber must provide evidence that the EDSS score remains under 7.

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

ODEVIXIBAT:

- ◆ for treatment of pruritus in patients with severe progressive familial intrahepatic cholestasis (PFIC) type 1 or 2 whose diagnosis is confirmed by genotyping or phenotyping and who:
 - have significant cholestatic pruritus despite conventional therapy. This is defined by an average weekly pruritus score ≥ 2 points on the PRUCISION Observer-reported outcome (PRUCISION ObsRO) scale, based on the compilation of 2 scores per day over a period of at least 2 weeks;
and
 - do not have a specific pathogenic variant predicting the absence of residual BSEP (bile salt export pump) protein activity;
and
 - do not have decompensated cirrhosis;
and
 - did not receive hepatobiliary derivation or liver transplantation.

The initial request is authorized at a daily dose of 40 mcg/kg for a maximum of six months. Authorization for a daily dose of 120 mcg/kg (not to exceed 7.2 mg) may be obtained if relief of pruritus is insufficient after a minimum of three months of treatment at a daily dose of 40 mcg/kg.

When requesting the continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by a reduction in the mean weekly pruritus score ≥ 1 point on the PRUCISION ObsRO scale compared to the value prior to the initiation of treatment and document the improvement in quality of life, including sleep assessed over a period of at least 2 weeks using, for example, the PRUCISION ObsRO scale.

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

Treatment must be stopped if the patient receives hepatobiliary derivation or liver transplantation.

- ◆ for treatment of cholestatic pruritus in persons suffering from Alagille syndrome who:
 - have cholestasis defined by a serum bile acids level above the upper limit of normal for the patient's age and
 - have significant cholestatic pruritus despite conventional therapy. This is defined by an average weekly pruritus score ≥ 2 points on the PRUCISION Observer-reported outcome (PRUCISION ObsRO) scale, based on the compilation of 2 scores per day over a period of at least two weeks; and
 - do not have decompensated cirrhosis; and
 - did not receive hepatobiliary derivation over the last six months; and
 - did not undergo a liver transplantation.

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

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by a reduction in the mean weekly pruritus score ≥ 1 point on the PRUCISION ObsRO scale compared to the value prior to the initiation of treatment, and document the improvement in quality of life, including sleep, assessed over a period of at least two weeks.

Requests for continuation of treatment are authorized for a maximum period of 12 months. At the end of each of these periods, treatment with odevixibat must be discontinued. A new request may be authorized for a maximum period of 12 months if the prescriber provides data demonstrating a relapse, defined as a mean weekly pruritus score ≥ 2 points on the PRUCISION Observer-reported outcome (PRUCISION ObsRO) scale, assessed over a period of at least two weeks.

Treatment must be stopped if the patient receives hepatobiliary derivation or liver transplantation. Treatment can be reinitiated if pruritus persists for more than six months after hepatobiliary derivation.

Authorizations are granted for a maximum daily dose of 120 mcg/kg (cannot surpass 7.2 mg).

OFATUMUMAB:

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence 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, in persons with a germinal or somatic BRCA1 or BRCA2 gene pathogenic variant:
 - who have received at least two platinum-salt chemotherapy protocols;
and
 - whose disease is not considered to be resistant to PARP inhibitors and has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;
and
 - who obtained an objective tumour response with their last platinum-salt chemotherapy;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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.

- ◆ as monotherapy for maintenance treatment of an advanced form (FIGO III or IV) of high-grade epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, with a BRCA1 or BRCA2 mutation, in persons:
 - whose disease is not considered to be resistant to PARP inhibitors;
and
 - who obtained an objective tumour response with first-line platinum-based chemotherapy;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

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

The authorization will not be renewed for persons who exhibited a complete response (absence of clinical and radiological signs of the disease, accompanied by a normal CA-125 level) following 24 months of treatment with olaparib.

- ◆ for treatment of metastatic castration-resistant prostate cancer, in persons:
 - with a germinal or somatic *BRCA* gene pathogenic variant;
and
 - whose disease has progressed during or following a treatment with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized for the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that olaparib is not authorized following the failure of a poly adenosine diphosphate-ribose polymerase inhibitor, if it was administered for treatment of prostate cancer.

- ◆ as monotherapy or in association with hormone therapy for adjuvant treatment of early-stage breast cancer, positive for hormone receptors and without HER2 receptor overexpression or with low HER2 receptor overexpression, in persons carrying a germinal *BRCA* gene mutation:
 - whose cancer has been completely resected and is not considered to be resistant to PARP inhibitors; and
 - who have completed radiotherapy treatment, if prescribed, and at least 6 cycles of neoadjuvant or adjuvant anthracycline- or taxane-based chemotherapy for at least 3 weeks; and
 - with a high risk of recurrence. High risk is defined by the absence of a complete pathological response and a CPS-EG score ≥ 3 following neoadjuvant chemotherapy or by pathological involvement of ≥ 4 lymph nodes prior to the initiation of adjuvant chemotherapy; and
 - whose ECOG performance status is 0 or 1.

The absence of HER2 receptor overexpression is defined by a immunohistochemistry (IHC) score of 0 or a negative in situ hybridization (ISH) result. Low HER2 receptor overexpression is defined by a IHC score of 1+ or a IHC score of 2+ with a negative ISH result.

Olaparib must be initiated within 12 weeks of the end of the last treatment among surgery, radiotherapy or chemotherapy.

The maximum duration of the authorization is 12 months.

- ◆ as monotherapy for adjuvant treatment of early-stage breast cancer, negative for hormone receptors and without HER2 receptor overexpression or with low HER2 receptor overexpression, in persons carrying a germinal *BRCA* gene mutation:
 - whose cancer has been completely resected and is not considered to be resistant to PARP inhibitors; and
 - who have completed radiotherapy treatment, if prescribed, and at least 6 cycles of neoadjuvant or adjuvant anthracycline- or taxane-based chemotherapy for at least 3 weeks; and
 - with a high risk of recurrence. High risk is defined by the absence of a complete pathological response following neoadjuvant chemotherapy or by a pathological stage $\geq pN1$ or $\geq pT2$ prior to the initiation of adjuvant chemotherapy; and
 - whose ECOG performance status is 0 or 1.

The absence of HER2 receptor overexpression is defined by a immunohistochemistry (IHC) score of 0 or a negative in situ hybridization (ISH) result. Low HER2 receptor overexpression is defined by a IHC score of 1+ or a IHC score of 2+ with a negative ISH result.

Olaparib must be initiated within 12 weeks of the end of the last treatment among surgery, radiotherapy or chemotherapy.

The maximum duration of the authorization is 12 months.

- ◆ in association with abiraterone and prednisone, for treatment of metastatic castration-resistant prostate cancer, in persons:
 - with a germinal or somatic *BRCA* gene pathogenic variant; and
 - for whom chemotherapy is not clinically indicated; and
 - who have not received enzalutamide or abiraterone in association with prednisone for treatment of metastatic castration-resistant prostate cancer for more than four months pending the results of a *BRCA* genetic test (germinal or somatic); and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that the association of olaparib/abiraterone is not authorized following the failure of an androgen synthesis inhibitor, a second-generation androgen receptor inhibitor or a poly adenosine diphosphate-ribose polymerase inhibitor, if they were administered for treatment of prostate cancer.

The association of olaparib/abiraterone remains covered by the basic prescription drug insurance plan for those insured persons who have received an authorization and a reimbursement in the six months preceding 4 February 2026 under the conditions that prevailed.

OLEZARSEN:

- ◆ for treatment of familial chylomicronemia syndrome to reduce triglyceride (TG) levels in adults who:
 - carry a pathogenic variant in the gene encoding lipoprotein lipase (*LPL*), apolipoprotein C-II (*APOC2*), apolipoprotein A-V (*APOA5*), glycosylphosphatidylinositol- anchored high-density lipoprotein-binding protein 1 (*GPIHBP1*) or lipase maturation factor 1 (*LMF1*); and
 - are adherent to a strict, very low-fat diet and abstain from all alcohol consumption; and
 - have a fasting TG level ≥ 10 mmol/l, confirmed on repeated measurements.

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

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by the decrease in fasting TG levels $\geq 25\%$ compared to pre-treatment levels, as well as a reduction of symptoms associated with the disease (e.g.: abdominal pain, episodes of acute pancreatitis).

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

Authorizations are granted for a maximum dose of 80 mg, administered once monthly. Olezarsen must be administered as an adjunct to a strict dietary regimen.

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 three months has not allowed an adequate control of the symptoms of the disease.

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 prescriber must provide evidence 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 prescriber 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.

- ◆ for treatment of severe asthma in patients aged 6 years or over presenting for the reference year defined as the last year or the 12 months preceding the treatment with a biological agent indicated for the treatment of severe asthma:
 - a positive skin test or an in vitro reactivity test to a perennial aeroallergen, and an IgE level of at least 30 IU/mL before treatment initiation with omalizumab;
and
 - symptoms that are not controlled despite optimal treatment. Optimal treatment is understood as the daily use of a high-dose inhaled corticosteroid, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist or an inhaled long-acting antimuscarinic;
and
 - at least two exacerbations requiring the use of a systemic corticosteroid or an increase in the dose of the latter in patients receiving it on an ongoing basis.

Upon the initial request, the prescriber must provide the number of exacerbations, as previously defined, along with the results of one of the following questionnaires for the reference year:

- Asthma Control Questionnaire (ACQ);
- Asthma Control Test (ACT);
- Childhood-Asthma Control Test (C-ACT);
- St George's Respiratory Questionnaire (SGRQ);
- Asthma Quality of Life Questionnaire (AQLQ).

The maximum duration of the initial authorization is of 12 months.

Request for continuation of treatment is authorized if the prescriber provides information demonstrating the beneficial effects of the treatment compared to the baseline values, namely:

- a decrease of 0.5 point or more on the ACQ;
or
- an increase of 3 points or more on the ACT;
or
- an increase of 2 points or more on the C-ACT;
or
- a decrease of 4 points or more on the SGRQ;
or
- an increase of 0.5 point or more on the AQLQ;
or
- a reduction of at least 50% in annual exacerbations.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations are given for a maximum dose of 375 mg every two weeks.

- ◆ for the treatment of severe asthma requiring the continuous use of an oral corticosteroid for at least 3 months, in persons aged 12 years or older who have had a positive skin test or an in vitro reactivity test to a perennial aeroallergen, and who have an IgE level of at least 30 IU/mL before treatment initiation with omalizumab.

The maximum duration of the initial authorization is 12 months.

Request for continuation of treatment is authorized if the prescriber confirms a decrease in the corticosteroid maintenance dose equivalent to 10 mg or more of prednisone or of at least 50% compared to the one given before the start of the treatment with omalizumab.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations are given for a maximum initial dose of 375 mg every two weeks.

- ◆ for treatment of severe chronic rhinosinusitis with nasal polyps in adults:
 - with bilateral nasal polyps confirmed by endoscopy or CT scan; and
 - who have required at least one endoscopic sinus surgery (ESC) in the previous five years, unless surgery was contraindicated; and
 - whose condition is not adequately controlled by nasal corticosteroids at maximum tolerated doses for at least 12 weeks.

Upon the initial request, the prescriber must provide the result of the SNOT-22 questionnaire (Sino-Nasal Outcome Test-22) and the nasal polyp score (NPS) determined by endoscopy, both established at the beginning of or prior to the initiation of another biological medicinal product indicated for the treatment of severe chronic rhinosinusitis with nasal polyps.

The initial request is authorized for a maximum duration of six months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment, specifically a decrease in the SNOT-22 or NPS scores compared to the baseline values.

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

OMALIZUMAB (Xolair – S.C. Inj. Pd.):

- ◆ 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 prescriber must provide evidence 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 prescriber 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.

A severe condition of spasticity is defined as a neuromuscular disorder that can lead to significant disability and substantially impair the person's quality of life.

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

OSIMERTINIB:

- ◆ for treatment of unresectable locally advanced or metastatic non-small-cell lung cancer with an EGFR T790M mutation, in persons:
 - whose disease has progressed during or following a treatment with an EGFR tyrosine kinase inhibitor;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

- ◆ as monotherapy, for first-line treatment of persons suffering from a locally advanced, not amenable to curative therapies or metastatic non-small cell lung cancer with a pathogenic variant of the *EGFR* tyrosine kinase, and whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that osimertinib is not authorized following failure of a tyrosine kinase inhibitor targeting *EGFR*, if it was administered for the treatment of non-small cell lung cancer. In this case, failure is defined as recurrence or progression of the disease during treatment.

- ◆ for adjuvant treatment of non-small cell lung cancer expressing an exon 19 deletion or an exon 21 substitution (L858R) of *EGFR*, having a pathological stage IB to IIIA according to the 7th edition of the American Joint Committee on Cancer (AJCC), in persons:
 - whose cancer has been completely resected;
and
 - with resection within the previous 26 weeks for those who received adjuvant chemotherapy or within the previous 10 weeks for those who did not;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

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

The maximum total duration of treatment is 36 months.

- ◆ as monotherapy for treatment of non-small cell lung cancer expressing an exon 19 deletion or an exon 21 substitution (L858R) of *EGFR*, at a locally advanced stage that is unresectable and amenable to curative therapies, in persons:
 - whose disease has not progressed during or after a platinum-based chemoradiotherapy;
and
 - whose previous chemoradiotherapy has been completed within the previous six weeks, unless a relevant justification;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

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

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that osimertinib is not authorized following its failure, if it was administered for the adjuvant treatment of lung cancer. In this context, failure is defined as disease recurrence during treatment.

- ◆ as monotherapy, for the continuation of first-line treatment of locally advanced, not amenable to curative therapies, or metastatic non-small cell lung cancer with a pathogenic variant of the *EGFR* tyrosine kinase, in persons having received a treatment associating osimertinib and chemotherapy in a hospital, and for whom chemotherapy had to be stopped.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

OXCARBAZEPINE:

- ◆ for treatment of epilepsy.
- ◆ for persons for whom carbamazepine is not tolerated or is contraindicated, or for whom treatment with carbamazepine has failed.

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.

OZANIMOD HYDROCHLORIDE:

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:
 - in the presence of a Mayo score of 6 to 12 points;
and
 - in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

PALBOCICLIB:

- ◆ in association with a non-steroidal aromatase inhibitor, for first-line treatment of unresectable locally advanced or metastatic breast cancer, receptor-positive without HER2 receptor overexpression, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that the combination of palbociclib and a non-steroidal aromatase inhibitor 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 or recurrence of the disease occurring during or within 12 months after taking of an aromatase inhibitor.

It must also be noted that palbociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

- ◆ in association with fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER2 receptor overexpression, in persons with an ECOG performance status of 0 or 1:
 - whose disease has progressed during an adjuvant endocrine treatment or in the 12 months following its discontinuation;
or
 - whose metastatic disease has progressed during an endocrine treatment.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that palbociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

- ◆ in association with inavolisib and fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer, according to the recognized indication for inavolisib.

It must be noted that palbociclib, in association with inavolisib and fulvestrant, is not authorized following the failure of a CDK 4/6 inhibitor, if it was administered for the treatment of breast cancer.

PARAFFIN / MINERAL OIL:

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

PATISIRAN:

- ◆ for treatment of polyneuropathy in adults suffering from hereditary transthyretin-mediated amyloidosis (hATTR).

Upon initiation of treatment, the person:

- must have received genetic confirmation of hATTR;
and
- must have a Neuropathy Impairment Score (NIS) of 5 to 130 points;
and
- must have an ambulatory condition corresponding to stage 1 or 2 on the Functional Ambulation Performance (FAP) scale or to stage 1, 2, 3a or 3b on the polyneuropathy disability (PND) scale;
and
- must not have cardiomyopathy that corresponds to class III or IV of the New York Heart Association (NYHA) Functional Classification.

Authorizations are given for a maximum dose of 0.3 mg/kg of patisiran once every 3 weeks, up to a maximum dose of 30 mg.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must confirm that the patient has not reached stage 3 on the FAP scale or stage 4 on the PND scale. Renewal will not be authorized in presence of a stage 3 FAP or stage 4 PND disease.

It must be noted that patisiran is not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

PAZOPANIB HYDROCHLORIDE:

- ◆ for treatment of locally advanced or metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

PEGCETACOPLAN:

- ◆ for treatment of paroxysmal nocturnal hemoglobinuria in persons:
 - who have been treated with a C5 complement inhibitor for at least 3 months and do not achieve an adequate response, as demonstrated by anemia defined as a hemoglobin serum concentration of less than 105 g/L;
or
 - who are intolerant to C5 complement inhibitors.

The first authorization is for a maximum period of six months. The use of pegcetacoplan concomitantly with one of the C5 complement inhibitors is only permitted during the first four weeks of treatment with pegcetacoplan.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by an increase in the hemoglobin serum concentration compared with the serum concentration before the beginning of treatment. Subsequent authorizations are for a maximum duration of 12 months.

Authorizations are granted for a maximum dose of 1,080 mg, administered twice a week. If the lactate dehydrogenase concentration is greater than two times the upper limit of normal during treatment, a dose of 1,080 mg every three days may be administered.

It must be noted that retreatment with pegcetacoplan is authorized for persons who had to discontinue it due to pregnancy or any other circumstance.

PEGINTERFERON ALFA-2A:

- ◆ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is contraindicated:

- in the presence of hereditary hemolytic anemia (thalassemia and others);
or
- in the presence of severe renal failure (creatinine clearance less than or equal to 35 mL/min).

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

- ◆ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is not tolerated:

- in persons who have developed severe anemia while taking ribavirin, despite a decrease in the dosage to 600 mg per day (Hb < 80 g/L or < 100 g/L if co-morbidity of the atherosclerotic heart disease type);
or
- in persons who have developed a severe intolerance to ribavirin: appearance of an allergy, of an incapacitating skin rash or of incapacitating dyspnea with effort.

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

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

PEMIGATINIB:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic cholangiocarcinoma, previously treated with systemic therapy, and with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, 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 defined by the absence of disease progression, confirmed by imaging.

The authorization is given for a maximum daily dose of 13.5 mg for 14 days per 21-day cycle.

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 focal epilepsy, that is, following the failure of two appropriate and tolerated anti-seizure drugs (used either as monotherapy or in combination).
- ◆ as adjunctive treatment of persons suffering from refractory primary generalized tonic-clonic epilepsy seizures, that is, following a failure with two appropriate and tolerated anti-seizure drugs (used as monotherapy or combined).

PIMECROLIMUS:

- ◆ for treatment of atopic 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 (HbA_{1c}) adapted to the patient.

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

PIRFENIDONE:

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

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

Upon subsequent requests, the prescriber 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 more of multiple myeloma in persons:
 - whose disease is refractory to the last line of treatment received;
and
 - whose disease has progressed during or following a treatment with a proteasome inhibitor and lenalidomide, unless there is a serious intolerance or a contraindication;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

Requests for continuation of treatment are authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment by the absence of disease progression.

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.
- ◆ 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.

★ POSACONAZOLE (Mint):

- ◆ 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.):

- ◆ for women, as part of an assisted procreation activity.

PROPRANOLOL HYDROCHLORIDE, Oral Sol.:

- ◆ 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 GLUCOSE BLOOD TEST (ORACLE):

- ◆ for glycemia measurement in diabetic persons with a visual impairment, that is, who are permanently incapable of reading, writing, or moving about in a unfamiliar environment or carrying out their everyday activities or their social roles.

However, the Oracle reactive quantitative blood glucose test strips remain covered for insured persons having used them in the three months preceding 3 February 2021.

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.

QUIZARTINIB:

- ◆ as monotherapy, for maintenance treatment of newly diagnosed acute myeloid leukemia with an internal tandem duplication of the FMS-like tyrosine kinase 3 gene (*FLT3*-ITD), in persons who have received treatment combining intensive chemotherapy with quizartinib in a hospital.

The maximum duration of each authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of clinical benefit, defined by the absence of disease recurrence.

The maximum duration of the maintenance treatment is 36 cycles of 28 days.

RANIBIZUMAB:

- ◆ for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following three criteria:
 - 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 prescriber, 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 authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept, faricimab 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 thickness of the central retina of the eye to be treated must be ≥ 250 μm .

The authorization is given for a maximum of one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept or faricimab for treatment of 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 $\geq 250 \mu\text{m}$;
- absence of afferent pupillary defect.

The authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that ranibizumab will not be authorized in combination with another targeted biological drug used in the treatment of macular edema secondary to central retinal vein occlusion 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 authorization is given for a maximum of one dose per month, per eye.

The maximum total duration of treatment will be 12 months. During this period, treatment may be continued for persons in whom a clinical benefit, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

It must be noted that ranibizumab will not be authorized concomitantly with verteporfin for treatment of 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 $\geq 250 \mu\text{m}$;
- absence of afferent pupillary defect.

The authorization is given for a maximum of one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that ranibizumab will not be authorized in combination with another targeted biological drug used in the treatment of macular edema secondary to branch retinal vein occlusion to treat the same eye.

RASAGILINE MESYLATE:

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

RAVULIZUMAB:

- ◆ for treatment of persons suffering from paroxysmal nocturnal hemoglobinuria with hemolysis, corroborated by a high serum concentration of lactate dehydrogenase, and whose health condition is characterized by at least one of the following factors:
 - a thromboembolic event treated with an anticoagulant;
 - the administration of at least four red blood cell transfusions in the last 12 months;
 - anemia defined by a hemoglobin serum concentration measured at least twice, < 100 g/L and accompanied by symptoms of anemia, or ≤ 70 g/L;
 - lung failure defined by the presence of disabling dyspnea, chest pain limiting activities of daily living or pulmonary arterial hypertension;
 - kidney failure defined by creatinine clearance ≤ 60 mL/min;
 - muscular spasms causing pain of such intensity that hospitalization or an analgesic treatment with opioids is required.

Persons undergoing treatment with eculizumab or crovalimab that have received a reimbursement under its recognized indication for payment are eligible for reimbursement of ravulizumab provided the prescriber provides evidence of adequate control of disease symptoms with eculizumab or crovalimab. An adequate control is defined by a significant reduction in the serum concentration of lactate dehydrogenase compared to the serum concentration before the beginning of the treatment with the complement inhibitor.

The first authorization is for a maximum period of six months, at the following maximum doses based on body weight:

- for persons with a body weight of ≥ 40 kg and < 60 kg: 2,400 mg on day 1, then 3,000 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 60 kg and < 100 kg: 2,700 mg on day 1, then 3,300 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 100 kg: 3,000 mg on day 1, then 3,600 mg on day 15 and every eight weeks.

When requesting continuation of treatment, the prescriber must provide proof of a beneficial clinical effect demonstrated by a decrease in the hemolysis corroborated by a significant reduction in the serum concentration of lactate dehydrogenase compared to the serum concentration before the beginning of the treatment with the complement inhibitor.

Subsequent authorizations are for a maximum duration of 12 months at the maximum doses described above.

It must be noted that ravulizumab is not authorized in combination with another C5 complement inhibitor or with iptacopan. The use of ravulizumab concomitantly with pegcetacoplan is only permitted during the first four weeks of treatment with pegcetacoplan.

It must be noted that treatment or retreatment with ravulizumab is authorized for persons who have received an authorization for payment for a complement inhibitor according to the recognized indication, but who had to discontinue treatment because of difficulty in administration, lack of clinical benefit, pregnancy or any other circumstance.

- ◆ for treatment of persons suffering from atypical hemolytic uremic syndrome (aHUS) in the presence of:
 - a diagnosis of the disease confirmed by demonstration of ADAMTS-13 activity $\geq 10\%$ (sampling prior to plasma therapy, where applicable);
and
 - thrombotic microangiopathy corroborated by a platelet count $< 150 \times 10^9/L$ and the presence of at least one sign of hemolysis (LDH ≥ 1.5 times the upper limit of normal [ULN], haptoglobin concentration < 0.05 g/L or presence of schizocytes in the blood smear), unless confirmed by biopsy;
and
 - a serum creatinine value $\geq$ ULN;
and
 - organ damage caused by the disease.

If a positive test for shigatoxin-producing *Escherichia coli* infection is performed prior to starting ravulizumab, or if other causes of thrombotic microangiopathy (TMA) are present, ravulizumab should be terminated.

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

Persons who started another C5 complement inhibitor for the treatment of aHUS prior to the listing of ravulizumab are eligible for reimbursement of ravulizumab provided the prescriber provides evidence of a beneficial clinical effect as described below. Authorizations are for a maximum duration of 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by improvement or normalization of at least one of the following elements, compared with values prior to the beginning of treatment with a C5 complement inhibitor: platelet count, hemoglobin, LDH or serum creatinine. In addition, improvement or stabilization of the initial organ damage must be demonstrated, as well as the absence of any need for long-term renal replacement.

Authorizations for the continuation of treatment are for a maximum duration of 12 months.

All authorizations are granted at the following maximum doses based on body weight:

- for persons with a body weight of ≥ 5 kg and < 10 kg: 600 mg on day 1, then 300 mg on day 15 and every four weeks;
- for persons with a body weight of ≥ 10 kg and < 20 kg: 600 mg on day 1, then 600 mg on day 15 and every four weeks;
- for persons with a body weight of ≥ 20 kg and < 30 kg: 900 mg on day 1, then 2,100 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 30 kg and < 40 kg: 1,200 mg on day 1, then 2,700 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 40 kg and < 60 kg: 2,400 mg on day 1, then 3,000 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 60 kg and < 100 kg: 2,700 mg on day 1, then 3,300 mg on day 15 and every eight weeks;
- for persons with a body weight of ≥ 100 kg: 3,000 mg on day 1, then 3,600 mg on day 15 and every eight weeks.

It must be noted that ravulizumab is not authorized following the failure of another complement C5 inhibitor if it was administered for the treatment of aHUS.

If treatment has been terminated, it may be resumed in situations involving a high risk of TMA (for example, renal transplantation or malignant hypertension) or if there is a recurrence of signs of hemolysis accompanied by thrombocytopenia or organ damage secondary to the disease. When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect as described above. Authorizations are for a maximum duration of 12 months.

- ◆ for treatment of neuromyelitis optica spectrum disorder (NMOSD) in adults carrying anti-aquaporin-4 (AQP4) IgG antibodies.

Upon initiation of treatment, the person must have experienced at least one episode (which is defined as an attack or relapse) in the last 12 months.

Persons who have not experienced any episodes in the last 12 months while receiving another prescription drug for treatment of NMOSD, but which had to be stopped due to serious intolerance or other reasons, are also eligible for reimbursement.

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by the absence of episodes or a reduction in the number of episodes, explicitly and objectively quantified compared to the pretreatment values.

No renewal will be authorized beyond two episodes occurring over a period of two years.

All authorizations are granted at the following maximum doses based on body weight:

- For persons with a body weight of ≥ 40 kg and < 60 kg: 2,400 mg on day 1, then 3,000 mg on day 15 and every eight weeks;
- For persons with a body weight of ≥ 60 kg and < 100 kg: 2,700 mg on day 1, then 3,300 mg on day 15 and every eight weeks;
- For persons with a body weight of ≥ 100 kg: 3,000 mg on day 1, then 3,600 mg on day 15 and every eight weeks.

It must be noted that ravulizumab is not authorized in combination with another targeted biologic drug used for treatment of NMOSD.

REGORAFENIB MONOHYDRATE:

- ◆ as monotherapy, for treatment of an inoperable, recurrent 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;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ 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 six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

RELUGOLIX/ ESTRADIOL/ NORETHINDRONE ACETATE:

- ◆ for treatment of menorrhagia associated with uterine fibroids.

RIBOCICLIB SUCCINATE:

- ◆ in association with a non-steroidal aromatase inhibitor, as an initial endocrine therapy for unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER-2 receptor overexpression, in persons whose ECOG performance status is 0 or 1.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that the combination of ribociclib and a non-steroidal aromatase inhibitor 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 or recurrence of the disease occurring during or within 12 months after taking of an aromatase inhibitor.

It must also be noted that ribociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

- ◆ in association with fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer, hormone receptor-positive without HER2 receptor overexpression, in persons whose ECOG performance status is 0 or 1, and:
 - whose cancer has been newly diagnosed; or
 - whose cancer has progressed during or after treatment with endocrine therapy.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

It must be noted that ribociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

★ 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 amyotrophic 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 prescriber 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 prescriber 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.

RIPRETINIB:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic gastrointestinal stromal tumour, in persons:
 - whose disease has progressed despite the administration of a treatment with imatinib, sunitinib and regorafenib, unless there is a serious intolerance or a contraindication; and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

Authorizations for ripretinib are given for a maximum dose of 150 mg per day.

- ◆ RISANKIZUMAB (ULCERATIVE COLITIS) :for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

RISANKIZUMAB (PLAQUE PSORIASIS):

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for risankizumab are given for a maximum dose of 150 mg on weeks 0 and 4, then every 12 weeks thereafter.

RISANKIZUMAB (CROHN'S DISEASE):

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Authorizations for the subcutaneous form of risankizumab are given for a maximum dose of 360 mg every eight weeks.

★ **RISDIPLAM:**

- ◆ for treatment of 5q spinal muscular atrophy confirmed by a genetic test showing a biallelic mutation or deletion of the *SMN1* gene.

Upon initiation of treatment, the person must:

- show two, three or four copies of the *SMN2* gene;
and
- do not depend on permanent ventilation. Permanent ventilation is defined by the use of respiratory assistance (invasive or non-invasive) for 16 hours or more per day, during more than 21 consecutive days, except where it is related to a reversible acute episode.

Authorizations are given for a maximum dose of 5 mg per day. The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment, specifically an improvement of neuromotor functions, the absence of significant deterioration of the motor functions or a decrease of signs and symptoms associated to spinal amyotrophy compared to the disease natural history. The prescriber must specify that the patient is not receiving permanent ventilation. Renewal will not be authorized in case of permanent ventilation.

It must be noted that concomitant use of risdiplam with nursinersen is not authorized. Furthermore, risdiplam is not authorized in persons who have received treatment with onasemnogene abeparvovec, as of one month after I.V. infusion.

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 initiation of treatment:

- 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-TNF α) 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-TNF α .

The initial authorization is given for a maximum period of six months.

Request for continuation of treatment is authorized if the prescriber provides 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.

The administration of a subsequent treatment is possible if the disease is still not in remission or if, following attainment of a remission, the disease is reactivated.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

A maximum of two treatments per 12-month period is authorized. A treatment comprises two perfusions of rituximab of 1 000 mg each.

- ◆ for treatment of adults with severe form of granulomatosis with polyangiitis or microscopic polyangiitis, which could lead to organ failure or be life-threatening.

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.

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 prescriber 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.

ROMOSOZUMAB:

- ◆ for treatment of osteoporosis in menopausal women exposed to:
 - a high risk of fracture defined by a history of fragility fracture at the hip or vertebral column;
or
 - a very high risk of fracture defined by the presence of a new fragility fracture at the hip or vertebral column in the last 24 months, or by a history of more than one fragility fracture at the vertebral column.

The maximum duration of the authorization is 12 months. Retreatment with romosozumab is not authorized.

It must be noted that romosozumab is not authorized if the person has received teriparatide, unless there is an intolerance to the latter.

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 (HbA_{1c}) 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.
- ◆ for treatment of moderate to severe signs and symptoms associated with idiopathic restless legs syndrome, when another dopamine agonist is ineffective or when the oral route cannot be used.

ROZANOLIXIZUMAB:

- ◆ for treatment of class II to IV generalized myasthenia gravis according to the Myasthenia Gravis Foundation of America (MGFA) classification, in persons with:
 - a positive serologic test for anti-acetylcholine receptor or anti-muscle-specific kinase antibodies; and
 - a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of ≥ 3 (excluding ocular symptoms); and
 - inadequate control of the disease despite treatment with an acetylcholinesterase inhibitor, a corticosteroid and a non-steroidal immunosuppressant, unless there is a documented contraindication or serious intolerance.

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

Requests for continuation of treatment are authorized if the prescriber provides evidence of a significant beneficial clinical effect (e.g., a reduction of at least 2 points in the mg-ADL score compared to the baseline value; removal of the gastrostomy, where applicable; or a reduction in the corticosteroid dose equivalent to 5 mg or more of prednisone, or by at least 50% from the initial dose without deterioration of the person's clinical condition).

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

Authorizations are granted at the following maximum doses based on body weight once a week, for a maximum of six cycles of six weeks per year:

- for persons with a body weight ≥ 35 kg and < 50 kg: 280 mg;
- for persons with a body weight ≥ 50 kg and < 70 kg: 420 mg;
- for persons with a body weight ≥ 70 kg and < 100 kg: 560 mg;
- for persons with a body weight ≥ 100 kg: 840 mg.

It must be noted that rozanolixizumab will not be authorized concomitantly with a complement inhibitor or another neonatal Fc receptor inhibitor administered for the management of myasthenia gravis. Concomitant use of rozanolixizumab with plasma therapy or immunoglobulins is only authorized in the context of an acute clinical outbreak.

It must also be noted that rozanolixizumab will not be authorized after failure of another neonatal Fc receptor inhibitor administered for the treatment of myasthenia gravis.

RUFINAMIDE:

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

RUXOLITINIB PHOSPHATE:

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

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber 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.

It must be noted that ruxolitinib is not authorized following the failure of janus kinase inhibitor used for treatment of splenomegaly associated with myelofibrosis.

- ◆ to control the hematocrit in persons suffering from polycythemia vera:
 - whose disease is resistant to hydroxyurea;
and
 - whose ECOG performance status is ≤ 2 .

Resistance to hydroxyurea is defined, following a treatment lasting at least three months at a minimum dose of 2 g daily or lasting at least three months at the highest effective dose that does not result in grade 3 or more hematologic, dermatologic or digestive toxicity, by:

- resorting to more than one phlebotomy over a three-month period to maintain hematocrit below 45%;
or
- a white blood cell count exceeding $10 \times 10^9/l$ and a platelet count exceeding $400 \times 10^9/l$;
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 prescriber 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 prescriber 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.

RUXOLITINIB PHOSPHATE, Tab. 5 and 10 mg:

- ◆ for treatment of acute graft versus host disease, following an allogeneic hematopoietic stem cell transplant, in persons:
 - aged 12 years and older;
and
 - with a grade II to IV disease, according to the *Mount Sinai Acute GVHD International Consortium* [MAGIC] criteria (Harris 2016);
and
 - with a corticosteroid refractory or corticosteroid dependent disease, according to the European Society for Blood and Marrow Transplantation (EBMT) – National Institutes of Health (NIH) – Center for International Blood and Marrow Transplant Research (CIBMTR) Task force position statement criteria (Schoemans 2018).
- ◆ for treatment of chronic graft versus host disease, following an allogeneic hematopoietic stem cell transplant, in persons:
 - aged 12 years and older;
and
 - with a disease at the moderate or severe stage, according to the *National Institute of Health* (NIH) consensus criteria;
and
 - with a corticosteroid refractory or corticosteroid dependent disease, according to the NIH consensus criteria.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of an objective response (complete or partial response) according to the NIH consensus criteria.

SACUBITRIL / VALSARTAN:

- ◆ for treatment of persons suffering from New York Heart Association (NYHA) class II or III heart failure:
 - with left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$);
and
 - in association with a beta blocker unless there is a contraindication or an intolerance.

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. 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 two inhaled, long-acting bronchodilators; 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 post-bronchodilator FEV₁ of at least 12% and 200 ml.

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 and whose serum phenylalanine concentration is greater than 360 µmol/l despite a low phenylalanine diet.

The initial authorization is given for a period of two months.

When requesting continuation of treatment, the prescriber must provide evidence of a response to treatment. A response to sapropterin is defined by an average decrease of serum phenylalanine concentration of at least 30%.

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 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for sarilumab are given for a maximum dose of 200 mg every 2 weeks.

SATRALIZUMAB:

- ◆ for treatment of neuromyelitis optica spectrum disorder (NMOSD) in persons aged 12 or older carrying anti-aquaporin-4 (AQP4) IgG antibodies.

Upon initiation of treatment, the person must have experienced at least one episode (which is defined as an attack or relapse) in the last 12 months.

Persons who have not experienced any episodes in the last 12 months while receiving another prescription drug for treatment of NMOSD, but which had to be stopped due to serious intolerance or other reasons, are also eligible for reimbursement.

Authorization is given for a maximum dose of 120 mg on weeks 0, 2 and 4, and then every four weeks.

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect demonstrated by the absence of episodes or a reduction in the number of episodes, explicitly and objectively quantified compared to the pretreatment values.

No renewal will be authorized beyond two episodes occurring over a period of two years.

It must be noted that satralizumab is not authorized in combination with another targeted biologic drug used for treatment of NMOSD.

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.

SEBELIPASE ALFA:

- ◆ for treatment of persons suffering from the infantile form of lysosomal acid lipase deficiency (LAL-D), also known as Wolman disease.

Upon initiation of treatment, the person must:

- have shown clinical manifestations of LAL-D before the age of six months, including failure to thrive since birth;
and
- have received confirmation of LAL-D by enzymatic assay;
or
- have received genetic confirmation of a suppression or mutation of the gene associated with LAL-D.

The maximum duration of each authorization is 12 months.

Authorizations are given for a maximum dose of 5 mg/kg of sebelipase alfa once a week.

SECUKINUMAB:

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for secukinumab are given for a maximum dose of 300 mg on weeks 0, 1, 2, 3 and 4, then every month. However, for persons with a body weight of 90 kg or more, the dose may be increased to 300 mg every two weeks from the 16th week of treatment.

- ◆ for 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for secukinumab are given for a maximum dose 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:
 - upon initiation of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - and
 - the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;
 - or
 - sulfasalazine at a dose of 2 000 mg per day.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for secukinumab are given for a maximum dose of 300 mg on weeks 0, 1, 2, 3 and 4, then every 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 four weeks each did not adequately control the disease, unless there is a contraindication.

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
and
- 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for secukinumab are given for a maximum dose of 150 mg on weeks 0, 1, 2, 3 and 4, then for a maximum of 300 mg every month.

- ◆ for treatment of persons suffering from moderate to severe hidradenitis suppurativa:
 - with at least three abscesses or nodules;
and
 - who have lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III;
and
 - who have had an inadequate response to at least three months of oral antibiotic therapy.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

SELEXIPAG:

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

SELINEXOR:

- ◆ in association with dexamethasone, for continuation of treatment of recurrent or refractory multiple myeloma, in persons who have started a treatment associating selinexor, bortezomib and dexamethasone in a hospital, and for whom bortezomib had to be stopped because of a serious intolerance or a new contraindication.

The maximum duration of each authorisation is for four months.

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

Authorizations for selinexor are given for a maximum weekly dose of 100 mg.

SELPERCATINIB:

- ◆ as monotherapy, for treatment of unresectable advanced or metastatic medullary thyroid cancer, in persons:
 - whose tumour shows *RET* gene mutations;
 - and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that selpercatinib is not authorized following the failure of an inhibitor targeting only the RET receptor if it was administered to treat medullary thyroid cancer.

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic non-small-cell lung cancer in persons:
 - whose tumour shows a *RET* gene fusion;
 - and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

It must be noted that selpercatinib is not authorized following the failure of an inhibitor targeting the RET receptor if it was administered to treat lung cancer.

SELUMETINIB:

- ◆ as monotherapy for treatment of symptomatic, inoperable plexiform neurofibromas (PN) related to neurofibromatosis type 1 (NF1), in persons:
 - aged 2 to 18 when treatment is initiated and
 - whose symptoms are associated with significant functional impairment or a significant reduction in quality of life (e.g., chronic pain, compression of a vital organ or the spine, significant impairment of motor, respiratory, visual or neurological functions) and
 - whose NF1 diagnosis is confirmed by:
 - genetic sequencing or
 - one of the following diagnostic criteria:
 - at least 6 café-au-lait spots over 5 mm in diameter in a prepubescent child and over 15 mm in diameter after puberty;
 - freckling in the axillary or inguinal folds;
 - optic pathway glioma;
 - at least two Lisch nodules;
 - one of the following osseous lesions: sphenoid dysplasia, anterolateral bowing of the tibia, or pseudarthrosis of a long bone;
 - a first-degree relative with NF1;
- and
- for whom complete resection of the target PN is not considered feasible without the risk of substantial morbidity (e.g., due to encasement of, or proximity to, vital structures, invasiveness or high vascularity of the PN).

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the physician must provide

- information making it possible to establish a significant improvement in the patient's functional impairment or quality of life (including, but not limited to, a reduction in pain or an improvement in the functions impaired by PN)
- or
- proof of reduction or stabilisation of tumour size, confirmed by imaging.

It must be noted that selumetinib is not authorized following the failure of MEK inhibitor, if it was administered to treat NF1.

SEMAGLUTIDE, S.C. Inj. Sol.:

- ◆ 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 maximum weekly dose of 1 mg.

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

SEMAGLUTIDE, Tab.:

- ◆ 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 daily maximum dose of 14 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 WHO functional class III pulmonary arterial hypertension that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

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

SIPONIMOD (fumaric acid):

- ◆ for treatment of persons suffering from secondary progressive multiple sclerosis.

At the beginning of treatment, the person must:

- have an active disease characterized by at least one of the following:
 - a clinical episode in the last two years;
 - a new T2 lesion in the past year;
 - an increase in the volume of a T2 lesion in the last year;
 - a gadolinium-enhanced lesion on magnetic resonance imaging (MRI) in the past year.
- and
- have an EDSS score under 7.

Authorizations are given for a maximum dose of 2 mg per day.

The duration of each authorization is 12 months.

When requesting continuation of treatment, the prescriber must confirm that the EDSS score remain under 7.

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 (HbA_{1c}) adapted to the patient.

SODIUM PHENYLBUTYRATE:

- ◆ in association with dietary protein restriction, for the treatment of patients suffering from a carbamoyl phosphate synthetase deficiency, an ornithine transcarbamylase deficiency or an argininosuccinate synthetase deficiency, whose plasma ammonium level is inadequate despite a sodium benzoate treatment at the 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 prescriber must provide evidence of a beneficial clinical effect.

SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

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

SOFOSBUVIR:

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

Authorization is granted for a maximum period of 12 weeks.

- ◆ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 3:
 - who have a contraindication or a serious intolerance to pegylated interferon alfa;
or
 - who have already experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

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:
 - untermated 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:

- untermiated 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:

- untermiated growth, a glomerular filtration rate $\leq 1.25 \text{ mL/s./1.73 m}^2$ (75 mL/min./1.73m²), and a Z score (HSDS) $\leq$ a standard deviation of -2 (Z score = height compared to the average of normal values for their age and sex) or a Δ Z score (HSDS) $<$ a standard deviation of 0 where their height is below the 10th percentile (based on observation periods of at least six months for children over the age of one and at least three months for children under the age of one);
- excluded are children and adolescents in whom, during treatment, no response (no increase in Δ of Z score (HSDS) in the first 12 months of treatment) is observed;
- excluded are children and adolescents in whom, during treatment, an ossification of the conjugative cartilages is observed or who have reached their final expected height;
- excluded are children and adolescents whose growth rate, evaluated on two consecutive visits (at a 3-month interval), falls below 2 cm per year during treatment.

SORAFENIB TOSYLATE:

- ◆ for treatment of advanced-stage hepatocellular carcinoma in persons:

- whose disease has progressed following a surgery or locoregional therapy, unless they do not qualify; and
- whose liver function is preserved, corresponding to Child-Pugh A; and
- whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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

SOTATERCEPT:

- ◆ for treatment of pulmonary arterial hypertension.

Upon initiation of treatment, the person:

- must receive an optimized treatment including at least 2 other drugs for the treatment of pulmonary arterial hypertension such as an endothelin receptor antagonist, a phosphodiesterase type 5 inhibitor, a prostacyclin, a prostacyclin analogue or a prostacyclin receptor agonist, unless contraindicated or intolerant;
and
- must not suffer from WHO functional class IV pulmonary arterial hypertension.

STIRIPENTOL:

- ◆ for treatment of persons suffering from Dravet syndrome, in association with clobazam and valproate, unless there is a serious intolerance to one of these drugs.

SUNITINIB MALATE:

- ◆ for treatment of an inoperable, recurrent or metastatic gastrointestinal stromal tumour, in persons whose ECOG performance status is ≤ 2 and:
 - who have not responded to an imatinib treatment (primary resistance);
or
 - whose cancer has evolved after initially responding to imatinib (secondary resistance);
or
 - who have a serious intolerance to imatinib.

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of locally advanced or metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ 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 prescriber must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging. Subsequent authorizations will be for maximum durations of six months.

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

TACROLIMUS, Top. Oint.:

- ◆ for treatment of atopic dermatitis in children, following failure of a treatment with a topical corticosteroid.
- ◆ for treatment of atopic 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 WHO functional class III pulmonary arterial hypertension that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

Authorizations will be given for 40 mg once per day.

TAFAMIDIS:

- ◆ for treatment of adults suffering from transthyretin amyloidosis cardiomyopathy (ATTR-CM).

Upon initiation of treatment, the person must:

- have confirmation of the absence of light chain amyloidosis;
and
- have a medical history of heart failure including a previous hospitalization or clinical manifestations that required treatment with a diuretic;
and
- not be suffering from class IV heart failure according to the criteria of the New York Heart Association (NYHA).

Authorizations are given for a maximum dose of 61 mg of tafamidis once per day.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must confirm that the patient's cardiomyopathy does not correspond to NYHA class IV. Renewal will not be authorized in the presence of NYHA class IV cardiomyopathy.

It must be noted that tafamidis and tafamidis meglumine are not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

TAFAMIDIS MEGLUMINE:

- ◆ for treatment of adults suffering from transthyretin amyloidosis cardiomyopathy (ATTR-CM).

Upon initiation of treatment, the person must:

- have confirmation of the absence of light chain amyloidosis;
and
- have a medical history of heart failure including a previous hospitalization or clinical manifestations that required treatment with a diuretic;
and
- not be suffering from class IV heart failure according to the criteria of the New York Heart Association (NYHA).

Authorizations are given for a maximum dose of 80 mg of tafamidis meglumine once per day.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must confirm that the patient's cardiomyopathy does not correspond to NYHA class IV. Renewal will not be authorized in the presence of NYHA class IV cardiomyopathy.

It must be noted that tafamidis and tafamidis meglumine are not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

TAZAROTENE:

- ◆ for treatment of acne or other skin diseases necessitating a keratolytic treatment.

TEPOTINIB HYDROCHLORIDE:

- ◆ as monotherapy, for treatment of unresectable locally advanced or metastatic non-small cell lung cancer, in persons:
 - whose tumour shows METex14 skipping alterations;
and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that tepotinib is not authorized following the failure of MET tyrosine kinase inhibitor, if it was administered to treat lung cancer.

TERIFLUNOMIDE:

- ◆ for treatment of persons suffering from relapsing multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

Persons who have not experienced any relapses in the last year while receiving another prescription drug for treatment of relapsing multiple sclerosis, but which had to be stopped due to a clinical reason, are also eligible for reimbursement.

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 prescriber must provide evidence of a beneficial effect defined by the absence of deterioration. The EDSS score must remain under 7.

TERIPARATIDE:

- ◆ for treatment of osteoporosis in menopausal women who show an inadequate response to antiresorptive therapy, defined by:
 - a new fragility fracture having occurred in the last 24 months following the continuous taking of the antiresorptive therapy for at least 12 months;
or
 - a T score measured at the hip, femoral neck or lumbar spine ≤ 2.5 and a significant decrease in bone mineral density, less than the T score observed during pretreatment, despite the continuous taking of the antiresorptive therapy for at least 24 months in women with a history of fragility fracture.

The maximum duration of the authorization is 18 months. Retreatment with teriparatide is not authorized.

It must be noted that teriparatide is not authorized if the person has received romosozumab, unless there is an intolerance to the latter.

TERIPARATIDE (biosimilar):

- ◆ for treatment of osteoporosis in menopausal women who show an inadequate response to antiresorptive therapy, defined by:
 - a new fragility fracture having occurred in the last 24 months following the continuous taking of the antiresorptive therapy for at least 12 months;
or
 - a T score measured at the hip, femoral neck or lumbar spine ≤ 2.5 and a significant decrease in bone mineral density, less than the T score observed during pretreatment, despite the continuous taking of the antiresorptive therapy for at least 24 months in women with a history of fragility fracture.

The maximum duration of the authorization is 18 months. Retreatment with teriparatide is not authorized.

It must be noted that teriparatide is not authorized if the person has received romosozumab, unless there is an intolerance to the latter.

TEZEPELUMAB:

- ◆ for treatment of severe asthma in patients aged 12 years or over presenting for the reference year defined as the last year or the 12 months preceding the treatment with a biological agent indicated for the treatment of severe asthma:
 - whose symptoms are not controlled despite optimal treatment. Optimal treatment is understood as the daily use of a high-dose inhaled corticosteroid, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist or an inhaled long-acting antimuscarinic;
and
 - who have shown at least two exacerbations in the reference 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.

For the initial request, the prescriber must provide the number of exacerbations, as previously defined, along with the results of one of the following questionnaires for the reference year:

- Asthma Control Questionnaire (ACQ);
or
- Asthma Control Test (ACT);
or
- St George's Respiratory Questionnaire (SGRQ);
or
- Asthma Quality of Life Questionnaire (AQLQ).

The maximum duration of the initial authorization is 12 months.

Requests for continuation of treatment are authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment compared to the baseline values, namely:

- a decrease of 0.5 point or more on the ACQ;
or
- an increase of 3 points or more on the ACT;
or
- a decrease of 4 points or more on the SGRQ;
or
- an increase of 0.5 point or more on the AQLQ;
or
- a reduction of at least 50% in annual exacerbations.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effects of the treatment with tezepelumab are maintained compared to the baseline values. Otherwise, treatment must be stopped.

Authorizations are given for a maximum dose of 210 mg every four weeks.

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 prescriber 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.

TILDRAKIZUMAB:

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis :
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or in the presence of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tildrakizumab are given for a maximum dose of 100 mg at weeks 0 and 4, then every 12 weeks thereafter.

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 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.

Requests for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab are given for a maximum dose of 8 mg/kg every four weeks.

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

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

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;and
- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication; and
- the disease must still be active despite treatment with a biological response modulating agent titrated optimally during at least five months, unless there is intolerance or a contraindication.

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

Requests for continuation of treatment are authorized if the prescriber provides 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;
 - 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab are given for a maximum doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and a maximum dose of 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 ($\geq 38^{\circ}\text{C}$);
 - typical skin eruption;
 - adenomegaly, hepatomegaly or splenomegaly;
 - serositis or serous effusion.

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

Request for continuation of treatment is authorized the prescriber provides 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab are given for a maximum doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and a maximum dose of 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.

Request for continuation of treatment is authorized if the prescriber provides 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;
 - 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab are given for a maximum dose of 10 mg/kg every four weeks for children weighing less than 30 kg, and a maximum dose of 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab S.C. Inj. Sol. are given for a maximum dose of 162 mg every week.

- ◆ For adjuvant treatment to corticotherapy, administered in decreasing doses, for persons suffering from giant-cell arteritis.

Authorization is granted for a maximum duration of 52 weeks per episode.

Authorization may be granted following any new episode of the disease, according to the treatment terms and conditions previously mentioned for a first episode, this for a maximum duration of 52 weeks.

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

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

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
 and
- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m² or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication;
 and
- the disease must still be active despite treatment with a biological response modulating agent titrated optimally during at least five months, unless there is intolerance or a contraindication.

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

Request for continuation of treatment is authorized if the prescriber provides 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;
 - 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab administered subcutaneously are given for a maximum dose of 162 mg every two weeks for children weighing less than 30 kg, and a maximum dose of 162 mg every week 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 ($\geq 38^{\circ}\text{C}$);
 - typical skin eruption;
 - adenomegaly, hepatomegaly or splenomegaly;
 - serositis or serous effusion.

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

Request for continuation of treatment is authorized if the prescriber provides 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab administered subcutaneously are given for a maximum dose of 162 mg every two weeks for children weighing less than 30 kg, and a maximum dose of 162 mg every week 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:
 - 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.

Request for continuation of treatment is authorized if the prescriber provides 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;
 - 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 prescriber's overall assessment based on the 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for tocilizumab administered subcutaneously are given for a maximum dose of 162 mg every three weeks for children weighing less than 30 kg, and a maximum dose of 162 mg every two weeks for children weighing 30 kg or more.

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 a 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

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 prescriber 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 prescriber 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 prescriber 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.

TREPROSTINIL SODIUM:

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

TRETINOIN, Top. Cr. and Top. Gel:

- ◆ for treatment of acne or other skin diseases necessitating a keratolytic treatment.

TRIENTINE HYDROCHLORIDE:

- ◆ for treatment of persons suffering from Wilson's disease, where penicillamine is contraindicated or not tolerated.

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 prescriber must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

- ◆ as monotherapy, for treatment of metastatic gastric or gastroesophageal junction adenocarcinoma, in persons:
 - whose disease has progressed following at least two systemic treatments for advanced cancer, unless there is a contraindication or serious intolerance, including a fluoropyrimidine-, platinum-, taxane- or irinotecan-based chemotherapy. Persons having a positive HER2 status must also have received a therapy targeting the HER2 receptors, unless there is a contraindication or 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 prescriber must provide evidence of a beneficial clinical effect by the absence of disease progression.

TRIEPTANOIN:

- ◆ for treatment of long-chain fatty acid oxidation disorders (LC-FAOD).

Upon initiation of treatment, the person must:

- have received a confirmed diagnosis of LC-FAOD;
and
- follow a diet low in long-chain fatty acids and high in carbohydrates;
and
- have:
 - severe symptoms such as rhabdomyolysis, cardiomyopathy, hepatic damage, episodes of hypoglycaemia or severe intolerance to exercise limiting function, despite treatment with medium-chain triglyceride (MCT) oil supplements;
or
 - severe acute life-threatening decompensation, in the context of a neonatal or infantile form of the disease.

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

Upon subsequent requests, the prescriber must provide information establishing the beneficial effects of the treatment (for example, a reduction in hospitalisations, a reduction in creatine kinase levels or an improvement in left ventricular ejection fraction compared with baseline values).

Subsequent requests are authorized for a maximum duration of 12 months.

The daily dose of triheptanoin must not exceed 35% of the total prescribed daily calorie intake.

It must be noted that triheptanoin must not be used in combination with a MCT oil.

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.

UPADACITINIB (15 mg):

- ◆ 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:
 - 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. 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 period of five months.

Request for continuation of treatment is authorized if the prescriber provides 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:
 - 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for upadacitinib are given for a maximum dose of 15 mg once per day.

- ◆ for treatment of moderate or severe psoriatic arthritis of the 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 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for upadacitinib are given for a maximum dose of 15 mg once per day.

- ◆ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:
 - upon initiation of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - and
 - the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
 - methotrexate at a dose of 20 mg or more per week;
 - or
 - sulfasalazine at a dose of 2 000 mg per day.

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

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for upadacitinib are given for a maximum dose of 15 mg one per day.

- ◆ for treatment of patients age 12 years and over 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) or where the face, palms, soles or genital area are severely affected;
and
 - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI);
and
 - where 10% or more of the body surface area is affected, except in cases where the face, palms, soles or genital area are severely affected;
and
 - 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;
and
 - where the disease is insufficiently controlled despite the use of at least one systemic agent, unless there is an intolerance or a contraindication.

In persons who started a systemic agent before age 12, the criteria for initiation must be documented prior to starting treatment and prior use of phototherapy is not required.

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

Request for continuation of treatment is authorized if the prescriber provides 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 baseline level;
or
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline levels;
or
- significant improvement of lesions on the face, palms, soles or genital area compared to the pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline level.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for upadacitinib are given for a maximum daily dose of 30 mg.

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:
 - in the presence of a Mayo score of 6 to 12 points;
and
 - in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

- ◆ 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 use of a biologic agent on the list of medication for treatment of this condition did not adequately control the disease, unless there is a contraindication.

Upon the initial request, the prescriber must provide the following information:

- the BASDAI score;
and
- 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.

Request for continuation of treatment is authorized the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.
Authorizations for upadacitinib are given for a maximum of 15 mg per day.

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect of treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

UPADACITINIB (30 mg):

- ◆ for treatment of patients age 12 years and over 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) or where the face, palms, soles or genital area are severely affected;
and
 - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI);
and

- where 10% or more of the body surface area is affected, except in cases where the face, palms, soles or genital area are severely affected;
and
- 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;
and
- where the disease is insufficiently controlled despite the use of at least one systemic agent, unless there is an intolerance or a contraindication.

In persons who started a systemic agent before age 12, the criteria for initiation must be documented prior to starting treatment and prior use of phototherapy is not required.

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

Request for continuation of treatment is authorized if the prescriber provides 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 baseline level;
or
- an improvement of at least 50% in the EASI score and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline levels;
or
- significant improvement of lesions on the face, palms, soles or genital area compared to the pre-treatment assessment and a decrease of at least five points on the DLQI or cDLQI questionnaire compared to the baseline level.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for upadacitinib are given for a maximum daily dose of 30 mg.

◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

UPADACITINIB (45 mg):

◆ for treatment of adults suffering from moderate to severe ulcerative colitis :

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

USTEKINUMAB (PLAQUE PSORIASIS CHILDREN):

◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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, in adults:
 - 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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for ustekinumab are given for a maximum dose of 45 mg in weeks 0 and 4, then every 12 weeks with the possibility to increase the frequency of administration to every eight weeks after six months of treatment. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

USTEKINUMAB (PLAQUE PSORIASIS AND PSORIATIC ARTHRITIS):

- ◆ for treatment of persons suffering from a moderate to severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 12 on the Psoriasis Area and Severity Index (PASI) and where at least 10% of the body surface area is affected, or of large plaques on the face, palms or soles or in the genital area;
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 six months.

Request for continuation of treatment is authorized if the prescriber provides 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 baseline value;
or
- an improvement of at least 50% in the PASI score and at least 50% in the body surface area affected, compared to the baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for ustekinumab are given for a maximum dose of 45 mg on weeks 0 and 4, then every 12 weeks with the possibility to increase frequency of administration to every eight weeks after six months of treatment.

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-TNF α s 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-TNF α treatments excluding infliximab, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type;
or
- where treatment with an anti-TNF α 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-TNF α must have been used according to its recognized indications in the list for this disease, 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.

Request for continuation of treatment is authorized if the prescriber provides 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.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

Authorizations for ustekinumab are given for a maximum dose of 45 mg on 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.

USTEKINUMAB (ULCERATIVE COLITIS AND CROHN'S DISEASE):

◆ for treatment of adults suffering from moderate to severe ulcerative colitis:

- in the presence of a Mayo score of 6 to 12 points;
and
- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of the beneficial effects of the treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

VANZACAFITOR/TEZACAFITOR/DEUTIVACAFITOR:

- ◆ for treatment of cystic fibrosis, in persons:
 - aged 6 years and older;
and
 - with at least one $\Delta F508$ mutation or a deleterious mutation known to be responsive to Alyftrek™ in the Canadian product monograph on at least one allele of the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene;
and
 - who have not received a lung transplant.

Authorizations are given for a maximum period of 12 months.

When requesting continuation of treatment, the prescriber must provide information making it possible to establish the beneficial effects of the treatment.

It must be noted that vanzacaftor/tezacaftor/deutivacaftor combination therapy is not authorized in combination with any other CFTR protein corrector or potentiator drug.

VEDOLIZUMAB, I.V. Perf. Pd.:

- ◆ for treatment of adults suffering from moderate to severe ulcerative colitis:
 - in the presence of a Mayo score of 6 to 12 points;
and
 - in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease of this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

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

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Vedolizumab is authorized for three doses of 300 mg administered on weeks 0, 2 and 6, then for a maximum of 300 mg every eight weeks.

VEDOLIZUMAB, S.C. Inj. Sol.:

- ◆ for treatment of adults suffering from moderate to severe Crohn's disease.

Authorizations for vedolizumab solution for subcutaneous administration are given for patients who have previously received at least two doses of vedolizumab in powder form for intravenous infusion as induction treatment, according to the indication authorizing the reimbursement of vedolizumab in intravenous form for Crohn's disease.

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

Request for continuation of treatment is authorized if the prescriber provides evidence of a beneficial clinical effect of treatment.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Vedolizumab is authorized for a maximum dose of 108 mg every two weeks.

- ◆ for treatment of adults suffering from moderate or severe ulcerative colitis:

Authorizations for vedolizumab in injectable solution form for subcutaneous administration are given for patients who have previously received at least two doses of vedolizumab in powder form for intravenous infusion as induction treatment, according to the indication authorizing the reimbursement of vedolizumab in intravenous form for ulcerative colitis.

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

Request for continuation of treatment is authorized if the prescriber provides information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score (without endoscopy) of at least 2 points, or a decrease in the total Mayo score of at least 3 points and at least 30%;
and
- a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect is maintained. Otherwise, treatment must be stopped.

Requests for subcutaneous vedolizumab will be authorized for a maximum dose of 108 mg every two weeks.

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 prescriber 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;
or
 - who have a BRAF V600K mutation.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the prescriber 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 prescriber 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.

The maximum duration of the authorization is 20 treatment cycles.

A clinical reassessment by the prescriber is required periodically to ensure that there is no disease progression. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for the continuation of first-line treatment of chronic lymphocytic leukemia in persons whose disease has not progressed during a treatment of 6 cycles combining venetoclax and obinutuzumab.

Authorization is given for a maximum duration of 6 cycles.

- ◆ in association with ibrutinib, for first-line treatment of symptomatic chronic lymphocytic leukemia, according to the recognized indication for ibrutinib, for a maximum of 12 cycles.
- ◆ in association with acalabrutinib, for first-line treatment of symptomatic chronic lymphocytic leukemia, according to the recognized indication for acalabrutinib, for a maximum of 12 cycles.
- ◆ in association with ibrutinib, for treatment of recurrent or refractory mantle cell lymphoma according to the recognized indication for ibrutinib, for a maximum of 24 months.

VERICIGUAT:

- ◆ for treatment of persons suffering from New York Heart Association (NYHA) class II to IV heart failure:
 - with left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$);
and
 - who have been receiving for at least four weeks an angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor antagonist (ARA), in combination with a beta blocker, a mineralocorticoid receptor antagonist (MRA) and a sodium-glucose cotransporter 2 (SGLT2) inhibitor, unless there is a contraindication or an intolerance;
and
 - whose condition has been stabilized after a recent event indicating aggravation of heart failure.
- ◆ for treatment of persons suffering from *New York Heart Association* (NYHA) class II to IV heart failure:
 - with ejection fraction of 41% to 44%;
and
 - whose level of *brain natriuretic peptide* (BNP) or *N-Terminal Pro-brain natriuretic peptide* (NT-proBNP) has confirmed the diagnosis of heart failure;
and
 - whose condition has been stabilized after a recent event indicating aggravation of heart failure.

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 of two inhaled long-acting bronchodilators. 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;
or
 - whose disease is associated with an asthmatic component, demonstrated by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the post-bronchodilator FEV₁ of at least 12% and 200 ml.

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

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 three months has not allowed for adequate control of the symptoms of the disease.

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 of two inhaled long-acting bronchodilators. 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 in the last year at least one exacerbation of the symptoms of the disease that required hospitalization, despite regular use of two inhaled long-acting bronchodilators;
or
 - whose disease is associated with an asthmatic component, demonstrated by a history of asthma or atopy during childhood, by a high blood eosinophilia or by an improvement in the post-bronchodilator FEV₁ of at least 12% and 200 ml and whose symptoms are not well-controlled with one long-acting β_2 agonist and one inhaled corticosteroid, both used regularly;
or
 - who have already been receiving one long-acting β_2 agonist, one long-acting antimuscarinic and one inhaled corticosteroid.

VISMODEGIB:

- ◆ for treatment of locally advanced or metastatic basal cell carcinoma in persons who are not eligible for surgery or radiotherapy and whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

VORASIDENIB:

- ◆ as monotherapy, for the treatment of grade 2 astrocytoma or oligodendroglioma, as per the World Health Organization tumor classification system, expressing susceptible IDH1 or IDH2 gene mutation, in persons 12 years of age or older, presenting with measurable disease following surgical intervention, and:
 - who have never received systemic chemotherapy or radiotherapy for their tumour;
and
 - without characteristics of a high risk of progression nor any indication for chemotherapy or radiotherapy, either alone or in association;
and
 - whose most recent surgical resection was performed within five years before initiating treatment;
and
 - whose performance status is $\geq 80\%$ on the Lansky scale for children under 16 years of age, or $\geq 80\%$ on the Karnofsky scale for persons 16 years of age or older.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the prescriber must provide evidence of a beneficial clinical effect defined by the absence of disease progression confirmed by imaging. In addition, treatment must be stopped if systemic chemotherapy or radiotherapy is initiated to treat the tumor.

It must be noted that vorasidenib is not authorised after the failure of a IDH1 or IDH2 enzyme inhibitor if it was administered to treat an astrocytoma or oligodendroglioma. In this case, treatment failure is defined as disease progression during treatment or if the tumor evolves to a grade 3 or 4.

★ 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.

VUTRISIRAN:

- ◆ for treatment of polyneuropathy in adults suffering from hereditary transthyretin-mediated amyloidosis (hATTR).

Upon initiation of treatment, the person:

- must have received genetic confirmation of hATTR;
and
- must have a Neuropathy Impairment Score (NIS) of 5 to 130 points;
and
- must have an ambulatory condition corresponding to stage 1 or 2 on the Functional Ambulation Performance (FAP) scale or a stage 1, 2, 3a or 3b on the polyneuropathy disability (PND) scale;
and
- must not have cardiomyopathy that corresponds to class III or IV of the New York Heart Association (NYHA) Functional Classification.

Authorizations are given for a maximum dose of 25 mg of vutrisiran once every three months.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must confirm that the patient has not reached stage 3 on the FAP scale or stage 4 on the PND scale. Renewal will not be authorized in presence of a stage 3 FAP or stage 4 PND disease.

It must be noted that vutrisiran is not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

ZANUBRUTINIB:

- ◆ As monotherapy, for treatment of relapsed or refractory Waldenström's Macroglobulinemia, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression according to the International Workshop for Waldenström's Macroglobulinemia (IWWM) criteria.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is six months.

Requests for continuation of treatment are authorized if the prescriber provides evidence of a beneficial clinical effect by the absence of disease progression.

The maximum duration of subsequent authorizations is 12 months.

A clinical reassessment by the prescriber is required periodically to ensure that the beneficial clinical effect, as defined above, is maintained. Otherwise, treatment must be stopped.

- ◆ as monotherapy, for treatment of refractory or recurrent chronic lymphocytic leukemia, in persons whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is six months.

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

It must be noted that zanubrutinib is not authorized following the failure of a Bruton's tyrosine kinase inhibitor if it was administered for the treatment of chronic lymphocytic leukemia.

ZILUCOPLAN:

- ◆ for treatment of class II to IV generalized myasthenia gravis according to the Myasthenia Gravis Foundation of America (MGFA) classification, in persons with:
 - a positive serologic test for anti-acetylcholine receptor antibodies;
and
 - a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of ≥ 6 ;
and
 - unless there is a documented contraindication or serious intolerance, inadequate control of the disease despite treatment with an acetylcholinesterase inhibitor, and for at least one year:
 - treatment with at least two drugs among corticosteroids and non-steroidal immunosuppressants;
or
 - treatment with at least one of these drugs with chronic use (every three months or less) of plasma therapy or immunoglobulins.

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

Requests for continuation of treatment are authorized if the prescriber provides evidence of a significant beneficial clinical effect (e.g., a decrease of at least two points in the mg-ADL score compared to the baseline value; removal of gastrostomy, where applicable; or a reduction in corticosteroid dose equivalent to 5 mg or more of prednisone, or by at least 50% from the initial dose without deterioration of the person's clinical condition).

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

All authorizations are given for the following maximum daily doses based on body weight:

- For persons with a body weight of < 56 kg: 16.6 mg once a day;
- For persons with a body weight of ≥ 56 kg and < 77 kg: 23.0 mg once a day;
- For persons with a body weight of ≥ 77 kg: 32.4 mg once a day.

It must be noted that zilucoplan will not be authorized concomitantly with another complement inhibitor or a neonatal Fc receptor inhibitor administered for the management of myasthenia gravis. Concomitant use of zilucoplan with plasma therapy or immunoglobulins is only authorized in the context of an acute clinical outbreak.

It must also be noted that zilucoplan is not authorized following the failure of another complement C5 inhibitor if it was administered for the treatment of myasthenia gravis.

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 osteoporosis in persons who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

APPENDIX IV.1

LIST OF EXCEPTIONAL MEDICATIONS WITH RECOGNIZED INDICATIONS FOR PAYMENT THAT REMAIN COVERED FOR PERSONS UNDERGOING TREATMENT

ADALIMUMAB (HUMIRA):

S.C. Inj. Sol.

50 mg/mL (0,8 mL)

02258595	Humira (syringe)	AbbVie	2	1 428.48	714.2400
99100385	Humira (pen)	AbbVie	2	1 428.48	714.2400

The person must have begun a treatment and received a reimbursement before 3 March 2021.

- ◆ for treatment of moderate or severe rheumatoid arthritis, on condition that the prescriber provide information demonstrating 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:
 - 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 40 mg every two weeks. However, after 12 weeks of treatment with adalimumab in monotherapy, authorization may be given for 40 mg per week.

- ◆ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the prescriber provide information demonstrating 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:
 - 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 40 mg every two weeks.

- ◆ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the prescriber provide information demonstrating 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:
 - 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 40 mg every two weeks.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis, on condition that the prescriber provide information demonstrating 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 40 mg every two weeks.

- ◆ for treatment of persons suffering from moderate or severe intestinal Crohn's disease, on condition that the prescriber provide evidence of a beneficial clinical effect.

The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks. However, if the medical condition justifies increasing the dose to 40 mg per week as of the 12th week of treatment, authorization will be given for a maximum period of three months. After this, the prescriber will have to provide evidence of the beneficial clinical effects obtained with this dosage, for the renewal of subsequent authorizations, lasting a maximum of 12 months.

- ◆ for treatment of persons suffering from a severe form of chronic plaque psoriasis, on condition that the prescriber provide information demonstrating 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 5 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 5 points on the DQLI questionnaire compared to the base value.

The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks.

- ◆ for treatment of persons suffering from moderate to severe ulcerative colitis, on condition that the prescriber provide information demonstrating 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.

The maximum duration of each authorization for continuation of treatment is 12 months.

APPENDIX IV.1

AFLIBERCEPT (EYLEA) :

Inj. Sol		40 mg/mL (0.278 mL)			
02415992	Eylea	Bayer	1	1418,00	
Inj. Sol. (syr)		40 mg/mL (0.177 mL)			
02505355	Eylea	Bayer	1	1418,00	

The person must have begun a treatment and received a reimbursement before 6 November 2025.

- ◆ for treatment of age-related macular degeneration in the presence of choroidal neovascularization.

The recommended administration regimen is one dose per eye every two months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization is given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

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

- ◆ for treatment of a visual deficiency caused by diabetic macular edema.

The recommended administration regimen is one dose per eye every two months. Given that a minority of patients may benefit from a more frequent administration regimen, the authorization will be given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that aflibercept will not be authorized concomitantly with faricimab or 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.

Authorization is given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that aflibercept will not be authorized concomitantly with another targeted biological drug used in the treatment of macular edema secondary to an occlusion of the central retinal vein to treat the same eye.

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

Authorization is given for one dose per month per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that aflibercept will not be authorized concomitantly with another targeted biological drug used in the treatment of macular edema secondary to branch retinal vein occlusion to treat the same eye.

DENOSUMAB (PROLIA) :

S.C. Inj.Sol (syr)

60 mg/mL

02343541	Prolia	Amgen	1	330.00	

The person must have begun a treatment and received a reimbursement before 7 November 2024.

- ♦ 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 (XGEVA) :

S.C. Inj. Sol.

120 mg/1,7 mL

02368153	Xgeva	Amgen	1	538.45	

The person must have begun a treatment and received a reimbursement before 7 November 2024.

- ♦ 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.

APPENDIX IV.1

ETANERCEPT (ENBREL):

S.C. Inj. Sol

50 mg/mL(1 mL)

02274728	Enbrel (syr)	Amgen	4	1 437.13	359.2825
99100373	Enbrel SureClick	Amgen	4	1 437.13	359.2825

The person must have begun a treatment and received a reimbursement before 18 August 2017:

- ◆ for treatment of moderate or severe rheumatoid arthritis, on condition that the prescriber provide information demonstrating 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:
 - 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, on condition that the prescriber provide information demonstrating 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.

The person must have begun a treatment and received a reimbursement before 1 February 2018:

- ◆ for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type, on condition that the prescriber provide information demonstrating 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:
 - 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 prescriber '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 joints with limited movement.

The maximum duration of each authorization for continuation of treatment is 12 months at 0.8 mg/kg (maximum dose of 50 mg) per week.

The person must have begun a treatment and received a reimbursement before 19 August 2020:

- ♦ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the prescriber provide information demonstrating 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
 - 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 moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the prescriber provide information demonstrating 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:
 - 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 a severe form of chronic plaque psoriasis, on condition that the prescriber provide information demonstrating 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 5 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 5 points on the DQLI questionnaire compared to the base value.

The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg, twice per week.

FILGRASTIM (NEUPOGEN):

Inj. Sol.				300 mcg/mL (1,0 mL)	
01968017	Neupogen	Amgen	10	1 731.89	173.1890
Inj. Sol.				300 mcg/mL (1,6 mL)	
99001454	Neupogen	Amgen	10	2 771.02	277.1020

The person must have begun a treatment and received a reimbursement before 30 September 2020.

- ♦ 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.

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- ♦ in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below $0.5 \times 10^9/L$) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.
- ♦ in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below $1.5 \times 10^9/L$) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.
- ♦ during chemotherapy undergone by children suffering from solid tumours.
- ♦ for treatment of persons suffering from severe medullary aplasia (neutrophil count below $0.5 \times 10^9/L$) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum.
- ♦ for treatment of persons suffering from chronic congenital, hereditary, idiopathic or cyclic neutropenia whose neutrophil count is below $0.5 \times 10^9/L$.
- ♦ for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below $0.5 \times 10^9/L$).
- ♦ to stimulate bone marrow in the recipient toward an autograft.
- ♦ as an adjunctive treatment for acute myeloid leukemia.

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	

The person must have begun a treatment and received a reimbursement before 18 August 2017.

- ♦ 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 (COPAXONE):

S.C. Inj. Sol (syr)				20 mg/mL (1 mL)	
02245619	Copaxone	Teva Innov	30	1 296.00	43.2000

The person must have begun a treatment and received a reimbursement before 5 July 2018.

- ♦ for treatment of persons who have had a documented first acute clinical episode of demyelination, on condition that the prescriber provide evidence of a beneficial clinical effect demonstrated by the absence of a new acute clinical episode.

The maximum duration of each authorization for continuation of treatment is one year.

- ♦ for treatment of persons suffering from relapsing multiple sclerosis, on condition that the prescriber provide evidence 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 continuation of treatment is one year.

INFLIXIMAB (REMICADE):

I.V. Perf. Pd

100 mg

02244016	Remicade	Janss. Inc	1	940.00	

The person must have begun a treatment and received a reimbursement before 19 August 2020.

- ◆ for treatment of persons suffering from moderate or severe intestinal Crohn's disease, on condition that the prescriber provide evidence of a beneficial clinical effect. The maximum duration of each authorization is 12 months.
- ◆ for treatment of moderate or severe rheumatoid arthritis, on condition that the prescriber provide information demonstrating 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:
 - 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 3 mg/kg, with the possibility of increasing the dose to 5 mg/kg after 3 doses or on the 14th week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis, on condition that the prescriber provide information demonstrating 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 a maximum of 5 mg/kg every 6 to 8 weeks.

- ◆ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the prescriber provide information demonstrating 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:
 - 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 a maximum of 5 mg/kg every 6 to 8 weeks.

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- ♦ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the prescriber provide information demonstrating 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:

- 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 a maximum of 5 mg/kg every 6 to 8 weeks.

- ♦ for treatment of persons suffering from a severe form of chronic plaque psoriasis, on condition that the prescriber provide information demonstrating 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 5 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 5 points on the DQLI questionnaire compared to the base value.

The maximum duration of each authorization for continuation of treatment is 12 months at a maximum of 5 mg/kg every 8 weeks.

OMALIZUMAB (XOLAIR):

S.C. Inj. Sol (syr)

150 mg/mL (1 ml)

02459795	Xolair	Novartis	1	628.84	

The person must have begun a treatment and received a reimbursement before 25 September 2025.

- ♦ for treatment of persons suffering from moderate to severe idiopathic chronic urticaria, on condition that the prescriber provides evidence 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.

The maximum duration of each authorization for continuation of treatment is 24 weeks at a maximum dose of 300 mg every four weeks.

RANIBIZUMAB (LUCENTIS):

Inj. Sol. 10 mg/mL (0,23 ml)

02296810	Lucentis	Novartis	1	1575.00	

Inj.Sol (syr) 10 mg/mL (0,165 ml)

02425629	Lucentis	Novartis	1	1575.00	

The person must have begun a treatment and received a reimbursement before 13 December 2023.

- ♦ for treatment of age-related macular degeneration in the presence of choroidal neovascularization.

The authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept, faricimab or verteporfin for treatment of the same eye.

- ♦ for treatment of visual deficiency caused by diabetic macular edema.

The authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that ranibizumab will not be authorized concomitantly with aflibercept or faricimab for treatment of the same eye.

- ♦ for treatment of visual deficiency due to macular edema secondary to central retinal vein occlusion.

The authorization is given for one dose per month, per eye.

Treatment may be continued for persons in whom a clinical benefit is established, 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.

It must be noted that ranibizumab will not be authorized in combination with another targeted biological drug used in the treatment of macular edema secondary to central retinal vein occlusion to treat the same eye.

- ♦ for treatment of visual deficiency due to choroidal neovascularization secondary to pathologic myopia.

The authorization is given for one dose per month, per eye.

The maximum total duration of treatment will be 12 months. During this period, treatment may be continued for persons in whom a clinical benefit, consisting in a stabilization or improvement of the disease, is established from a retinal angiography or optical coherence tomography.

It must be noted that ranibizumab will not be authorized concomitantly with verteporfin for treatment of the same eye.

APPENDIX IV.1

RITUXIMAB (RITUXAN):

I.V. Perf. Sol.

10 mg/mL

02241927	Rituxan	Roche	10 mL 50 mL		

The person must have begun a treatment and received a reimbursement before 30 September 2020.

- ♦ for treatment of moderate or severe rheumatoid arthritis, in association with methotrexate, or with leflunomide in the case of an intolerance or a contraindication to methotrexate, on condition that the prescriber provide information demonstrating a response to the treatment, observed in the first six months following 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:
 - 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 the subsequent treatment is possible if the disease is still not in remission or if, following the attainment of a remission, the disease is reactivated.

The duration of each authorization for continuation of treatment is a minimum period of 12 months, for a maximum of two treatments.

A treatment comprises 2 perfusions of rituximab of 1 000 mg each.

TOCILIZUMAB (ACTEMRA) :

S.C. Inj. Sol. (syr)

162 mg/0,9 mL

02424770	Actemra	Roche	4	1420.00	355.0000

S.C. Inj. Sol (syr)

162 mg/0,9 mL

02483327	Actemra	Roche	4	1420.00	355.0000

I.V. Perf. Sol.

20 mg/mL (4 mL)

02350092	Actemra	Roche	1	179.20	

I.V. Perf. Sol.

20 mg/mL (10 mL)

02350106	Actemra	Roche	1	448.00	

I.V. Perf. Sol.

20 mg/mL (20 mL)

02350114	Actemra	Roche	1	896.00	

TOCILIZUMAB (ACTEMRA), I.V. Inf. Sol.:

The person must have begun a treatment and received a reimbursement before 22 May 2025.

- ◆ for treatment of moderate or severe rheumatoid arthritis, on condition that the prescriber provides information demonstrating 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 a maximum dose of 8 mg/kg every four weeks.

- ◆ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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 maximum duration of each authorization for continuation of treatment is 12 months at a dose of 12 mg/kg every two weeks for children weighing less than 30 kg, and a dose of 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 articular manifestations, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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.

The maximum duration of each authorization for continuation of treatment is 12 months at a dose of 12 mg/kg every two weeks for children weighing less than 30 kg, and a dose of 8 mg/kg every two weeks for children weighing 30 kg or more.

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- ◆ for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular type, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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 maximum duration of each authorization for continuation of treatment is 12 months at a dose of 10 mg/kg every four weeks for children weighing less than 30 kg, and a dose of 8 mg/kg every four weeks for children weighing 30 kg or more.

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

The person must have begun a treatment and received a reimbursement before 22 May 2025.

- ◆ for treatment of moderate or severe rheumatoid arthritis, on condition that the prescriber provides information demonstrating 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 a maximum dose of 162 mg every week.

- ◆ for adjuvant treatment to corticotherapy, administered in decreasing doses, for persons suffering from giantcell arteritis.

The authorisation is granted for the episode of the disease currently in progress on 21 May 2025 for a maximum duration of 52 weeks, which may not exceed 21 May 2026.

- ♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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 maximum duration of each authorization for continuation of treatment is 12 months at a dose of 162 mg every two weeks for children weighing less than 30 kg, and a dose of 162 mg every week for children weighing 30 kg or more.

- ♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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.

The maximum duration of each authorization for continuation of treatment is 12 months at a dose of 162 mg every two weeks for children weighing less than 30 kg, and a dose of 162 mg every week 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, on condition that the prescriber provides information demonstrating 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 prescriber's overall assessment based on the 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 maximum duration of each authorization for continuation of treatment is 12 months at a dose of 162 mg every three weeks for children weighing less than 30 kg, and a dose of 162 mg every two weeks for children weighing 30 kg or more.

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USTEKINUMAB (STELARA) :

S.C. Inj.Sol (syr)

45 mg/0,5 mL

02320673	Stelara	Janss. Inc		4311.72	

S.C. Inj.Sol (syr)

90 mg/1 mL

02320681	Stelara	Janss. Inc	1	4311.72	

- ♦ for treatment of moderate or severe psoriatic arthritis, on condition that the prescriber provides 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 a dose of 45 mg every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

- ♦ for treatment of severe form of chronic plaque psoriasis, on condition that the prescriber provides 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 baseline 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 baseline values;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the baseline value.

The maximum duration of each authorization for continuation of treatment is 12 months at a dose of 45 mg every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

APPENDIX IV.2

EXCEPTIONAL MEDICATIONS WHOSE INSURANCE COVERAGE IS MAINTAINED FOR PERSONS UNDERGOING A TREATMENT ACCORDING TO THE CONDITIONS SET OUT IN SECTION 4.2.3. OF THE *LIST OF MEDICATIONS*

ASPART INSULIN (NovoRapid)

S.C. Inj. Sol. 100 U/mL (3 mL)

02377209	NovoRapid Flex Touch	N.Nordisk	5	50.79	
02244353	NovoRapid Penfill	N.Nordisk	5	50.79	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 2 February 2022.

S.C. Inj. Sol. 100 U/mL (10 mL)

02245397	NovoRapid	N.Nordisk	1	25.37	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 4 July 2024.

ENOXAPARIN (Lovenox)

S.C. Inj. Sol. 100 mg/mL

02236564	Lovenox	SanofiAven	3 ml	62.51	

S.C. Inj. Sol. (syr) 30 mg/0.3 mL

02012472	Lovenox	SanofiAven	10	62.90	6.2900

S.C. Inj. Sol. (syr) 40 mg/0.4 mL

02236883	Lovenox	SanofiAven	10	83.30	8.3300

S.C. Inj. Sol. (syr) 60 mg/0.6 mL

02378426	Lovenox	SanofiAven	10	124.97	12.4970

S.C. Inj. Sol. (syr) 80 mg/0.8 mL

02378434	Lovenox	SanofiAven	10	166.60	16.6600

S.C. Inj. Sol. (syr) 100 mg/1.0 mL

02378442	Lovenox	SanofiAven	10	208.28	20.8280

S.C. Inj. Sol. (syr) 120 mg/0.8 mL

02242692	Lovenox HP	SanofiAven	10	249.90	24.9900

S.C. Inj. Sol. (syr) 150 mg/1.0 mL

02378469	Lovenox HP	SanofiAven	10	312.40	31.2400

The person must have begun a treatment and received a reimbursement in the 12 months preceding 15 December 2021.

APPENDIX IV.2

LISPRO INSULIN (Humalog and Humalog KwikPen)

S.C. Inj. Sol.

100 U/mL

02229704	Humalog	Lilly	10 ml	26.17	

S.C. Inj. Sol.

100 U/mL (3 mL)

02229705	Humalog	Lilly	5	51.44	
02403412	Humalog KwikPen	Lilly	5	51.44	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 3 March 2021.

QUANTITATIVE GLUCOSE BLOOD TEST

Strip

99101227	Dario	Auto. Cont.	100	66.00	W
99101469	D360 Blood Glucose Test Strips	Ignite	50	34.23	
			100	63.90	
99101165	GlucoDr	Medihub	50	36.45	W
99100332	iTest	Auto. Cont.	50	32.50	W
			100	63.00	W
99100497	Nova-Max	NovaBiomed	50	34.95	W
			100	69.90	W
99100479	On-Call Plus	Acon	25	17.50	W
			50	33.50	W
			100	63.00	W
99101314	On Call Vivid	Lab. Paris	50	27.00	W
			100	54.00	W
99100714	TRUEtest	Nipro Diag	50	27.00	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 3 February 2021.

APPENDIX V

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

28:28 antimanic agents

lithium (carbonate)

36:26 diabetes mellitus

quantitative glucose blood test

36:88 urine and feces contents, miscellaneous

semi-quantitative acetone and glucose test

36:88.40 sugar

semi-quantitative glucose test

56:36 anti-inflammatory agents

5-aminosalicylic (acid)

5-aminosalicylic (acid)

Ent. Tab

L.A. Tab.

68:18 gonadotropins and antigonadotropins

leuporide (acetate)

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

80:02
allergenic extracts

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

84:92
skin and mucous membrane agents, miscellaneous

hydrogel

86:16
respiratory smooth muscle relaxants

theophylline

90:28
immunosuppressive therapy

cyclosporine

L.A. Tab.

92:00
miscellaneous therapeutic agents

albumine diluent

exceptional medications

absorptive dressing – sodium chloride
absorptive dressing – gelling fibre
absorptive dressing – hydrophilic foam alone or in association
antimicrobial dressing – iodine
antimicrobial dressing - silver
bordered absorptive dressing – gelling fibre
bordered absorptive dressing – hydrophilic foam alone or in association
bordered antimicrobial dressing – silver
bordered moisture-retentive dressing – hydrocolloidal or polyurethane
dexcom G6 sensor
dexcom G7 sensor
dexcom G6 transmitter
freeStyle Libre 2 sensor
freeStyle Libre 3 Plus sensor
interface dressing – polyamide or silicone
moisture-retentive dressing – hydrocolloidal or polyurethane
odour-control dressing – activated charcoal

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

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

4:04

FIRST GENERATION ANTIHISTAMINES

DIPHENHYDRAMINE HYDROCHLORIDE

Inj. Sol.

				50 mg/mL	PPB	
00596612	<i>Diphenhydramine (chlorhydrate de)</i>	Sandoz	1 ml	■	4.04	
02219336	<i>Diphenist</i>	Oméga	1 ml	■	4.04	

8:00

ANTI-INFECTIVE AGENTS

8:08	anthelmintics
8:12	antibacterials
8:12.02	aminoglycosides
8:12.06	cephalosporins
8:12.07	miscellaneous beta-lactams
8:12.12	macrolides
8:12.16	penicillins
8:12.18	quinolones
8:12.20	sulfonamides
8:12.24	tetracyclines
8:12.28	antibacterials, miscellaneous
8:14	antifungals
8:14.04	allylamines
8:14.08	azoles
8:14.28	polyenes
8:16	antimycobacterials
8:16.04	antituberculosis agents
8:16.92	antimycobacterials, miscellaneous
8:18	antivirals
8:18.04	adamantanes
8:18.08	antiretrovirals
8:18.28	neuraminidase inhibitors
8:18.32	nucleosides and nucleotides
8:18.92	antivirals, miscellaneous
8:30	antiprotozoals
8:30.04	amebicides
8:30.08	antimalarials
8:30.92	antiprotozoals, miscellaneous
8:36	urinary anti-infectives

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

8:08

ANTHELMINTICS

MEBENDAZOLE

Tab.

				100 mg	
00556734	Vermox	Janss. Inc	6	19.27	3.2117

PRAZIQUANTEL

Tab.

				600 mg	
02230897	Biltricide	Bayer	4	23.12	5.7800
			6	34.68	5.7800

PYRANTEL PAMOATE

Oral Susp.

				50 mg/mL	
02412470	Jamp-Pyranтел Pamoate Suspension	Jamp	30 ml	23.84	0.7945

Tab.

				125 mg	PPB	
02380617	Jamp-Pyranтел Pamoate	Jamp	10	7.18	➡	0.7175
02535467	Riva-Pyranтел Pamoate	Riva	10	7.18	➡	0.7175

8:12.02

AMINOGLYCOSIDES

AMIKACINE SULFATE

Inj. Sol.

				250 mg/mL (2 mL)	PPB	
02529459	Amikacin Sulfate for Injection	Jamp	1	➡	62.40	
			10		624.01	➡ 62.4008
02481073	Amikacin Sulfate Injection	Marcan	1	➡	62.40	
02242971	Amikacine (Sulfate d')	Sandoz	1	➡	62.40	
02486717	Sulfate d'Amikacine Injection	Oméga	1	➡	62.40	
02506599	VPI-Amikacin	VPI	10		624.01	➡ 62.4008

TOBRAMYCIN SULFATE

Inj. Sol.

				40 mg/mL	PPB	
02230640	Tobramycin	Fresenius	2 ml	➡	2.41	
			30 ml	➡	36.15	
02533103	Tobramycin for injection	Jamp	2 ml	➡	2.41	
99005069	Tobramycine (sans conservatif)	Sandoz	2 ml	➡	2.41	
* 02241210	Tobramycine (sulfate de)	Sandoz	2 ml	➡	2.41	
02502372	Tobramycine Injectable	Sterimax	2 ml	➡	2.41	

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

8:12.06

CEPHALOSPORINS

CEFADROXIL MONOHYDRATE

Caps.

500 mg **PPB**

02240774	<i>Apo-Cefadroxil</i>	Apotex	100	58.95	➡	0.5895
02544792	<i>JAMP Cefadroxil</i>	Jamp	100	58.95	➡	0.5895
02235134	<i>Teva-Cefadroxil</i>	Teva Can	100	58.95	➡	0.5895

CEFAZOLIN (SODIUM)

Inj. Pd.

1 g **PPB**

02108127	<i>Cefazoline</i>	Teva Can	10	26.96	➡	2.6961
02237138	<i>Cefazoline for injection</i>	Fresenius	10	26.96	➡	2.6961
02437112	<i>Cefazoline for injection</i>	Hikma	25	67.40	➡	2.6961
02308959	<i>Cefazoline for injection</i>	Sandoz	10	26.96	➡	2.6961
02465469	<i>Cefazoline sodium for injection</i>	Sterimax	10	26.96	➡	2.6961

Inj. Pd.

2 g

02524791	<i>Cefazoline for injection</i>	Sterimax	10	57.12		5.7120

Inj. Pd.

10 g **PPB**

02237140	<i>Cefazoline for injection</i>	Fresenius	10	301.50	➡	30.1500
02437120	<i>Cefazoline for injection</i>	Hikma	10	301.50	➡	30.1500
02308967	<i>Cefazoline for injection</i>	Sandoz	1	30.15	➡	30.1500
02465477	<i>Cefazoline sodium for injection</i>	Sterimax	10	301.50	➡	30.1500

Inj. Pd.

500 mg **PPB**

02308932	<i>Cefazoline for injection</i>	Sandoz	10	25.00	➡	2.5000
02437104	<i>Cefazoline pour injection</i>	Hikma	25	62.50	➡	2.5000

CEFEPIME HYDROCHLORIDE

Inj. Pd.

2 g

02467518	<i>Apo-Cefepime</i>	Apotex	1 ml	30.20		

CEFIXIME

Oral Susp.

100 mg/5 mL **PPB**

02468689	<i>Auro-Cefixime</i>	AuroPharma	50 ml	18.32	➡	0.3664
00868965	<i>Suprax</i>	Odan	50 ml	18.32	➡	0.3664

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

Tab.

400 mg **PPB**

02432773	<i>Auro-Cefixime</i>	AuroPharma	7	19.02	➡ 2.7172
			10	27.17	➡ 2.7172
00868981	<i>Suprax</i>	Odan	7	19.02	➡ 2.7172
			10	27.17	➡ 2.7172

CEFOTAXIME (SODIUM)

Inj. Pd.

1 g

02434091	<i>Cefotaxime sodique pour injection BP</i>	Sterimax	10	83.30	8.3300

Inj. Pd.

2 g

02434105	<i>Cefotaxime sodique pour injection BP</i>	Sterimax	10	166.86	16.6860

CEFPROZIL

Oral Susp.

125 mg/5 mL **PPB**

02347261	<i>Auro-Cefprozil</i>	AuroPharma	75 ml	7.28	➡ 0.0970
			100 ml	9.70	➡ 0.0970
02329204	<i>Taro-Cefprozil</i>	Sun Pharma	75 ml	7.28	➡ 0.0970
			100 ml	9.70	➡ 0.0970

Oral Susp.

250 mg/5 mL **PPB**

02347288	<i>Auro-Cefprozil</i>	AuroPharma	75 ml	14.54	➡ 0.1938
			100 ml	19.38	➡ 0.1938
02293579	<i>Taro-Cefprozil</i>	Sun Pharma	75 ml	14.54	➡ 0.1938
			100 ml	19.38	➡ 0.1938

Tab.

250 mg

02293528	<i>Taro-Cefprozil</i>	Sun Pharma	100	43.32	0.4332

Tab.

500 mg **PPB**

02347253	<i>Auro-Cefprozil</i>	AuroPharma	100	84.94	➡ 0.8494
02293536	<i>Taro-Cefprozil</i>	Sun Pharma	100	84.94	➡ 0.8494

CEFTAZIDIME PENTAHYDRATE

Inj. Pd.

1 g **PPB**

02437848	<i>Ceftazidime for injection BP</i>	Sterimax	10	188.50	➡ 18.8500
00886971	<i>Ceftazidime pour injection</i>	Fresenius	1	➡ 18.85	

Inj. Pd.

2 g **PPB**

02437856	<i>Ceftazidime for injection BP</i>	Sterimax	10	371.00	➡ 37.1000
00886955	<i>Ceftazidime pour injection</i>	Fresenius	1	➡ 37.10	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 6 g PPB					
02437864	<i>Ceftazidime for injection BP</i>	Sterimax	1	➡ 111.29	
00886963	<i>Ceftazidime pour injection</i>	Fresenius	1	➡ 111.29	

CEFTRIAXONE SODIUM

Inj. Pd. 1 g PPB					
02325616	<i>Ceftriaxone</i>	Sterimax	10	124.90 ➡	12.4900
02292270	<i>Ceftriaxone for injection</i>	Sandoz	10	124.90 ➡	12.4900

Inj. Pd. 2 g PPB					
02325624	<i>Ceftriaxone</i>	Sterimax	10	344.85 ➡	34.4850
02292289	<i>Ceftriaxone for injection</i>	Sandoz	10	344.85 ➡	34.4850

Inj. Pd. 10 g PPB					
02325632	<i>Ceftriaxone</i>	Sterimax	1	➡ 153.00	
02292297	<i>Ceftriaxone sodium for injection</i>	Sandoz	1	➡ 153.00	

Inj. Pd. 250 mg PPB					
+ 02292262	<i>Ceftriaxone sodique pour injection BP</i>	Sandoz	10	56.43 ➡	5.6430
* 02325594	<i>Ceftriaxone sodique pour injection BP</i>	Sterimax	10	56.43 ➡	5.6430

CEFUROXIME (SODIUM)

Inj. Pd. 1.5 g PPB					
02241639	<i>Cefuroxime for injection</i>	Fresenius	1	➡ 28.04	
02422301	<i>Cefuroxime for injection USP</i>	Hikma	25	701.00 ➡	28.0400

Inj. Pd. 7.5 g					
02422328	<i>Cefuroxime for injection USP</i>	Hikma	10	1051.40	105.1400

Inj. Pd. 750 mg PPB					
02241638	<i>Cefuroxime for injection</i>	Fresenius	1	➡ 14.01	
02422298	<i>Cefuroxime for injection USP</i>	Hikma	25	350.25 ➡	14.0100

CEFUROXIME AXETIL

Oral Susp. 125 mg/5 mL					
02212307	<i>Ceftin</i>	Sandoz	70 ml 100 ml	11.57 16.52	0.1653 0.1652

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

Tab.

250 mg **PPB**

02244393	<i>Apo-Cefuroxime</i>	Apotex	60	25.16	➡	0.4194
			100	41.94	➡	0.4194
02344823	<i>Auro-Cefuroxime</i>	AuroPharma	60	25.16	➡	0.4194
02547198	<i>JAMP Cefuroxime</i>	Jamp	60	25.16	➡	0.4194

Tab.

500 mg **PPB**

02244394	<i>Apo-Cefuroxime</i>	Apotex	60	49.85	➡	0.8308
			100	83.08	➡	0.8308
02344831	<i>Auro-Cefuroxime</i>	AuroPharma	60	49.85	➡	0.8308
02547201	<i>JAMP Cefuroxime</i>	Jamp	60	49.85	➡	0.8308

CEPHALEXIN MONOHYDRATE

Caps. or Tab.

250 mg **PPB**

00768723	<i>Apo-Cephalex</i>	Apotex	100	8.66	➡	0.0866
			1000	86.60	➡	0.0866
02470578	<i>Auro-Cephalexin</i>	AuroPharma	100	8.66	➡	0.0866
			500	43.30	➡	0.0866
02521253	<i>Cephalexin</i>	Sanis	100	8.66	➡	0.0866
02494698	<i>Jamp Cephalexin</i>	Jamp	100	8.66	➡	0.0866
02471140	<i>Lupin-Cephalexin</i>	Lupin	100	8.66	➡	0.0866
00583413	<i>Teva-Cephalexin</i>	Teva Can	100	8.66	➡	0.0866

Caps. or Tab.

500 mg **PPB**

00768715	<i>Apo-Cephalex</i>	Apotex	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
02470586	<i>Auro-Cephalexin</i>	AuroPharma	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
02521261	<i>Cephalexin</i>	Sanis	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
02495651	<i>Cephalexin</i>	Sivem	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
02494701	<i>Jamp Cephalexin</i>	Jamp	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
02471159	<i>Lupin-Cephalexin</i>	Lupin	100	17.31	➡	0.1731
			500	86.55	➡	0.1731
00583421	<i>Teva-Cephalexin</i>	Teva Can	100	17.31	➡	0.1731
			500	86.55	➡	0.1731

Oral Susp.

125 mg/5 mL **PPB**

02497743	<i>Auro-Cephalexin</i>	AuroPharma	100 ml	14.62	➡	0.1462
			150 ml	21.93	➡	0.1462
02528436	<i>Jamp Cephalexin Suspension</i>	Jamp	150 ml	21.93	➡	0.1462
02469170	<i>Lupin-Cephalexin</i>	Lupin	100 ml	14.62	➡	0.1462
			150 ml	21.93	➡	0.1462
00342106	<i>Teva-Lexin 125</i>	Teva Can	100 ml	14.62	➡	0.1462
			150 ml	21.93	➡	0.1462

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			250 mg/5 mL PPB		
02497751	<i>Auro-Cephalexin</i>	AuroPharma	100 ml	25.73	➡ 0.2573
			150 ml	38.60	➡ 0.2573
02528444	<i>Jamp Cephalexin Suspension</i>	Jamp	100 ml	25.73	➡ 0.2573
			150 ml	38.60	➡ 0.2573
02469189	<i>Lupin-Cephalexin</i>	Lupin	100 ml	25.73	➡ 0.2573
			150 ml	38.60	➡ 0.2573
02562596	<i>Pro-Cephalexin</i>	Pro Doc	100 ml	25.73	➡ 0.2573
			150 ml	38.60	➡ 0.2573
00342092	<i>Teva-Lexin 250</i>	Teva Can	100 ml	25.73	➡ 0.2573
			150 ml	38.60	➡ 0.2573

8:12.07
MISCELLANEOUS BETA-LACTAMS
CEFOXITIN SODIUM

Inj. Pd.			1 g		
02128187	<i>Cefoxitine</i>	Teva Can	1	10.60	

Inj. Pd.			2 g		
02128195	<i>Cefoxitine</i>	Teva Can	1	21.25	

ERTAPENEM SODIUM

Inj. Pd.			1 g PPB		
02492148	<i>Ertapenem for injection</i>	AuroPharma	10	464.39	➡ 46.4390
02511150	<i>Ertapenem for injection</i>	Dr Reddy's	10	464.39	➡ 46.4390
02496127	<i>Ertapenem for injection</i>	Fresenius	10	464.39	➡ 46.4390
02490773	<i>Ertapenem for injection</i>	Juno	10	464.39	➡ 46.4390
02247437	<i>Invanz</i>	Merck	10	464.39	➡ 46.4390

IMIPENEM/ CILASTATIN

I.V. Inj. Pd.			500 mg -500 mg		
02351706	<i>Taro-Imipenem-Cilastatin</i>	Sun Pharma	30	658.20	21.9400

MEROPENEM

Inj. Pd.			1 g PPB		
02378795	<i>Meropenem</i>	Sandoz	10	184.45	➡ 18.4450
02462893	<i>Meropenem pour Injection</i>	AuroPharma	10	184.45	➡ 18.4450
02493349	<i>Meropenem pour Injection</i>	Sterimax	10	184.45	➡ 18.4450
02536374	<i>Méropénem pour injection</i>	Jamp	1	➡ 18.45	
02415224	<i>Meropenem pour injection, USP</i>	Fresenius	1	➡ 18.45	
02421526	<i>Taro-Meropenem</i>	Sun Pharma	10	184.45	➡ 18.4450

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

Inj. Pd.

500 mg **PPB**

02378787	<i>Meropenem</i>	Sandoz	10	92.22	➡ 9.2223
02462885	<i>Meropenem pour Injection</i>	AuroPharma	10	92.22	➡ 9.2223
02493330	<i>Méropénem pour injection</i>	Sterimax	10	92.22	➡ 9.2223
02415216	<i>Meropenem pour injection, USP</i>	Fresenius	1	9.22	➡ 9.2223
02421518	<i>Taro-Meropenem</i>	Sun Pharma	10	92.22	➡ 9.2223

8:12.12

MACROLIDES

AZITHROMYCIN

I.V. Perf. Pd.

500 mg **PPB**

02465604	<i>Azithromycine for injection</i>	AuroPharma	10	145.60	➡ 14.5600
02523825	<i>Azithromycine for injection</i>	Jamp	10	145.60	➡ 14.5600
02483890	<i>Azithromycine for injection</i>	Sterimax	10	145.60	➡ 14.5600

Oral Susp.

100 mg/5 mL **PPB**

02482363	<i>Auro-Azithromycin</i>	AuroPharma	15 ml	5.59	➡ 0.3726
02332388	<i>Sandoz Azithromycin</i>	Sandoz	15 ml	8.82	➡ 0.5880

Oral Susp.

200 mg/5 mL **PPB**

02482371	<i>Auro-Azithromycin</i>	AuroPharma	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
			37.5 ml	19.80	➡ 0.5280
02332396	<i>Sandoz Azithromycin</i>	Sandoz	15 ml	12.49	0.8327
			22.5 ml	18.74	0.8329
			37.5 ml	31.24	0.8330

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

Tab.

250 mg **PPB**

02480700	<i>AG-Azithromycin</i>	Angita	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02415542	<i>Apo-Azithromycin Z</i>	Apotex	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02330881	<i>Azithromycin</i>	Sanis	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02442434	<i>Azithromycin</i>	Sivem	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02545969	<i>DAC Azithromycin</i>	Dac Pharma	6	5.65	➡ 0.9410
02452308	<i>Jamp-Azithromycin</i>	Jamp	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02452324	<i>Mar-Azithromycin</i>	Marcan	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02502038	<i>M-Azithromycin</i>	Mantra Ph.	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02479680	<i>NRA-Azithromycin</i>	Nora	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02261634	<i>pms-Azithromycin</i>	Phmscience	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02310600	<i>Pro-Azithromycine</i>	Pro Doc	6	5.65	➡ 0.9410
02275309	<i>Riva-Azithromycin</i>	Riva	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410
02265826	<i>Sandoz Azithromycin</i>	Sandoz	6	5.65	➡ 0.9410
			100	94.10	➡ 0.9410

Tab.

600 mg

02261642	<i>pms-Azithromycin</i>	Phmscience	30	319.96	10.6652

CLARITHROMYCINE

Co. or Co. L.A.

250 mg / 500 mg L.A. **PPB**

02403196	<i>ACT Clarithromycin XL</i>	Teva Can	60	49.46	➡ 0.8243
02274744	<i>Apo-Clarithromycin</i>	Apotex	100	41.22	➡ 0.4122
02413345	<i>Apo-Clarithromycin XL</i>	Apotex	100	82.43	➡ 0.8243
01984853	<i>Biaxin Bid</i>	BGP Pharma	100	161.27	1.6127
02324482	<i>Clarithromycin</i>	Pro Doc	100	41.22	➡ 0.4122
02466120	<i>Clarithromycin</i>	Sanis	100	41.22	➡ 0.4122
02442469	<i>Clarithromycin</i>	Sivem	100	41.22	➡ 0.4122
02471388	<i>M-Clarithromycin</i>	Mantra Ph.	100	41.22	➡ 0.4122
02266539	<i>Sandoz Clarithromycin</i>	Sandoz	100	41.22	➡ 0.4122
02361426	<i>Taro-Clarithromycin</i>	Sun Pharma	100	41.22	➡ 0.4122
			500	206.08	➡ 0.4122

Oral Susp.

125 mg/5 mL **PPB**

02146908	<i>Biaxin</i>	BGP Pharma	55 ml	15.77	0.2867
			105 ml	30.09	0.2866
02390442	<i>Taro-Clarithromycin</i>	Taro	55 ml	13.13	➡ 0.2388
			105 ml	25.07	➡ 0.2388

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp. 250 mg/5 mL PPB					
02244641	<i>Biaxin</i>	BGP Pharma	105 ml	57.89	0.5513
02390450	<i>Taro-Clarithromycin</i>	Taro	105 ml	49.19 ➡	0.4685

Tab. 500 mg PPB					
02274752	<i>Apo-Clarithromycin</i>	Apotex	100	83.18 ➡	0.8318
02126710	<i>Biaxin Bid</i>	BGP Pharma	100	326.62	3.2662
02324490	<i>Clarithromycin</i>	Pro Doc	100	83.18 ➡	0.8318
02466139	<i>Clarithromycin</i>	Sanis	100	83.18 ➡	0.8318
02442485	<i>Clarithromycin</i>	Sivem	100	83.18 ➡	0.8318
02471396	<i>M-Clarithromycin</i>	Mantra Ph.	100	83.18 ➡	0.8318
02266547	<i>Sandoz Clarithromycin</i>	Sandoz	100	83.18 ➡	0.8318
02361434	<i>Taro-Clarithromycin</i>	Sun Pharma	100	83.18 ➡	0.8318
			500	415.90 ➡	0.8318

8:12.16

PENICILLINS

AMOXICILLIN

Caps. 250 mg PPB					
02525348	<i>Amoxicillin Capsules</i>	Sanis	100	6.72 ➡	0.0672
00628115	<i>Apo-Amoxi</i>	Apotex	100	6.72 ➡	0.0672
			1000	67.20 ➡	0.0672
02388073	<i>Auro-Amoxicillin</i>	AuroPharma	100	6.72 ➡	0.0672
			500	33.60 ➡	0.0672
02433060	<i>Jamp-Amoxicillin</i>	Jamp	100	6.72 ➡	0.0672
			1000	67.20 ➡	0.0672
00406724	<i>Novamoxin</i>	Teva Can	100	6.72 ➡	0.0672
02532042	<i>PRZ-Amoxicillin</i>	Pharmaris	100	6.72 ➡	0.0672

Caps. 500 mg PPB					
02477726	<i>AG-Amoxicillin</i>	Angita	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
02401509	<i>Amoxicillin</i>	Sivem	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
02525356	<i>Amoxicillin Capsules</i>	Sanis	500	65.40 ➡	0.1308
00628123	<i>Apo-Amoxi</i>	Apotex	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
02388081	<i>Auro-Amoxicillin</i>	AuroPharma	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
02433079	<i>Jamp-Amoxicillin</i>	Jamp	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
00406716	<i>Novamoxin</i>	Teva Can	100	13.08 ➡	0.1308
			500	65.40 ➡	0.1308
+ 02561417	<i>NRA-Amoxicillin</i>	Nora	500	65.40 ➡	0.1308
00644315	<i>Pro-Amox-500</i>	Pro Doc	500	65.40 ➡	0.1308
02532050	<i>PRZ-Amoxicillin</i>	Pharmaris	500	65.40 ➡	0.1308

Chew. Tab. 250 mg					
02036355	<i>Teva-Amoxicillin</i>	Teva Can	100	61.38	0.6138

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

Oral Susp.

125 mg/5 mL **PPB**

00628131	<i>Apo-Amoxi</i>	Apotex	100 ml	2.47	➡ 0.0247
			150 ml	3.71	➡ 0.0247
* 02458586	<i>Auro-Amoxicillin</i>	AuroPharma	100 ml	2.47	➡ 0.0247
			150 ml	3.71	➡ 0.0247
02535793	<i>Jamp-Amoxicillin</i>	Jamp	100 ml	2.47	➡ 0.0247
			150 ml	3.71	➡ 0.0247

Oral Susp.

250 mg/5 mL **PPB**

02537451	<i>AG-Amoxicillin</i>	Angita	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02352753	<i>Amoxicillin</i>	Sanis	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02352788	<i>Amoxicillin</i>	Sanis	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02401541	<i>Amoxicillin</i>	Sivem	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
00628158	<i>Apo-Amoxi</i>	Apotex	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02458594	<i>Auro-Amoxicillin</i>	AuroPharma	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02535815	<i>Jamp-Amoxicillin</i>	Jamp	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
01934163	<i>Novamoxin</i>	Teva Can	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
00452130	<i>Novamoxin 250</i>	Teva Can	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
00644331	<i>Pro-Amox-250</i>	Pro Doc	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540
02495864	<i>Sandoz Amoxicillin</i>	Sandoz	100 ml	5.40	➡ 0.0540
			150 ml	8.10	➡ 0.0540

AMOXICILLIN/ POTASSIUM CLAVULANATE

Oral Susp.

125 mg -31.25 mg/5 mL

01916882	<i>Clavulin-125 F</i>	GSK	100 ml	9.50	0.0950

Oral Susp.

200 mg -28.5 mg/5 mL **PPB**

02238831	<i>Clavulin-200</i>	GSK	70 ml	9.39	0.1341
02539411	<i>JAMP Amoxi Clav Suspension</i>	Jamp	70 ml	7.05	➡ 0.1007

Oral Susp.

250 mg -62.5 mg/5 mL **PPB**

01916874	<i>Clavulin-250 F</i>	GSK	100 ml	18.72	0.1872
02539438	<i>JAMP Amoxi Clav Suspension</i>	Jamp	100 ml	12.16	➡ 0.1216
02542226	<i>M-Amoxi Clav</i>	Mantra Ph.	100 ml	12.16	➡ 0.1216

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

Oral Susp.

400 mg - 57 mg/5mL **PPB**

02238830	<i>Clavulin-400</i>	GSK	70 ml	17.95	0.2564
02539446	<i>JAMP Amoxi Clav Suspension</i>	Jamp	70 ml	11.14 ➡	0.1591
02530694	<i>M-Amoxi Clav</i>	Mantra Ph.	70 ml	11.14 ➡	0.1591

Tab.

250 mg -125 mg **PPB**

02243350	<i>Apo-Amoxi Clav</i>	Apotex	100	24.67 ➡	0.2467
02471671	<i>Auro-Amoxiclav</i>	AuroPharma	100	24.67 ➡	0.2467
02508249	<i>Jamp Amoxi Clav</i>	Jamp	100	24.67 ➡	0.2467

Tab.

500 mg -125 mg **PPB**

02510634	<i>AG-Amoxi Clav</i>	Angita	100	37.78 ➡	0.3778
02536021	<i>Amoxicillin/Clav</i>	Sanis	100	37.78 ➡	0.3778
02243351	<i>Apo-Amoxi Clav</i>	Apotex	100	37.78 ➡	0.3778
02471698	<i>Auro-Amoxiclav</i>	AuroPharma	100	37.78 ➡	0.3778
02508257	<i>Jamp Amoxi Clav</i>	Jamp	100	37.78 ➡	0.3778
02536498	<i>Pro-Amoxi Clav</i>	Pro Doc	100	37.78 ➡	0.3778
02482576	<i>Sandoz Amoxi-Clav</i>	Sandoz	100	37.78 ➡	0.3778

Tab.

875 mg -125 mg **PPB**

02510642	<i>AG-Amoxi Clav</i>	Angita	100	55.50 ➡	0.5550
02536048	<i>Amoxicillin/Clav</i>	Sanis	100	55.50 ➡	0.5550
02245623	<i>Apo-Amoxi Clav</i>	Apotex	100	55.50 ➡	0.5550
02471701	<i>Auro-Amoxiclav</i>	AuroPharma	100	55.50 ➡	0.5550
02508265	<i>Jamp Amoxi Clav</i>	Jamp	100	55.50 ➡	0.5550
02536501	<i>Pro-Amoxi Clav</i>	Pro Doc	100	55.50 ➡	0.5550
02482584	<i>Sandoz Amoxi-Clav</i>	Sandoz	100	55.50 ➡	0.5550

AMPICILLIN

Caps.

250 mg

00020877	<i>Teva-Ampicillin</i>	Teva Can	100	30.71	0.3071

Caps.

500 mg

00020885	<i>Teva-Ampicillin</i>	Teva Can	100	59.55	0.5955

AMPICILLIN (SODIUM)

Inj. Pd.

1 g **PPB**

02227002	<i>Ampicilline pour injection</i>	Fresenius	1	➡ 3.60	
01933345	<i>Ampicilline Sodique</i>	Novopharm	1	➡ 3.60	
02462338	<i>Ampicilline sodique for injection</i>	AuroPharma	10	➡ 36.00	3.6000

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

Inj. Pd.

2 g **PPB**

02226995	<i>Ampicillin for Injection</i>	Fresenius	1	➡ 7.20	
01933353	<i>Ampicilline Sodique</i>	Teva Can	1	➡ 7.20	
02462346	<i>Ampicilline sodique for injection</i>	AuroPharma	10	72.00 ➡	7.2000

Inj. Pd.

250 mg **PPB**

02227029	<i>Ampicilline pour injection</i>	Fresenius	1	➡ 2.05	
00872644	<i>Ampicilline Sodique</i>	Novopharm	1	➡ 2.05	
02462303	<i>Ampicilline sodique for injection</i>	AuroPharma	10	20.50 ➡	2.0500

Inj. Pd.

500 mg **PPB**

02227010	<i>Ampicilline pour injection</i>	Fresenius	1	➡ 2.15	
00872652	<i>Ampicilline Sodique</i>	Novopharm	1	➡ 2.15	
02462311	<i>Ampicilline sodique for injection</i>	AuroPharma	10	21.50 ➡	2.1500

CLOXACILLIN (SODIUM)

Caps.

250 mg **PPB**

02510731	<i>JAMP Cloxacillin</i>	Jamp	100	21.41 ➡	0.2141
00337765	<i>Teva-Cloxacillin</i>	Teva Can	100	21.41 ➡	0.2141

Caps.

500 mg **PPB**

02510758	<i>JAMP Cloxacillin</i>	Jamp	100	40.45 ➡	0.4045
00337773	<i>Teva-Cloxacillin</i>	Teva Can	100	40.45 ➡	0.4045

Inj. Pd.

2 g

02367424	<i>Cloxacillin</i>	Sterimax	10	334.74	33.4740

Inj. Pd.

10 g

02400081	<i>Cloxacilline pour injection</i>	Sterimax	1	42.03	

Inj. Pd.

500 mg

02367408	<i>Cloxacillin</i>	Sterimax	10	68.77	6.8770

Oral Susp.

125 mg/5 mL

00337757	<i>Teva-Cloxacillin Solution</i>	Teva Can	100 ml	6.06	0.0606

PENICILLIN G (BENZATHINE)

I.M. Inj. Susp.

1 200 000 UI / 2 mL

02291924	<i>Bicillin L-A</i>	Pfizer	10	406.96	40.6960

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

**PENICILLIN G (SODIUM) **

Inj. Pd.

1 000 000 U

01930672	<i>Penicilline G</i>	Novopharm	1	2.40	W

Inj. Pd.

10 000 000 U

01930680	<i>Penicilline G</i>	Novopharm	1	8.90	W

**PHENOXYMETHYLPENICILLIN (BASE OR POTASSIUM SALT) **

Tab.

250 mg to 300 mg

00642215	<i>Pen-VK</i>	AA Pharma	100 1000	18.73 187.30	0.1873 0.1873

**PIPERACILLIN SODIUM/ TABACTAM SODIUM **

I.V. Perf. Pd.

 2 g -0.25 g **PPB**

02362619	<i>Piperacilline et Tazobactam</i>	Sterimax	10	41.70	➡	4.1700
02402068	<i>Piperacilline et Tazobactam for injection</i>	AuroPharma	10	41.70	➡	4.1700
02528673	<i>Piperacilline et Tazobactam for injection</i>	EUGIA Ph	10	41.70	➡	4.1700
02299623	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 4.17		

I.V. Perf. Pd.

 3 g -0.375 g **PPB**

02362627	<i>Piperacilline et Tazobactam</i>	Sterimax	10	62.59	➡	6.2590
02402076	<i>Piperacilline et Tazobactam for injection</i>	AuroPharma	10	62.59	➡	6.2590
02528703	<i>Piperacilline et Tazobactam for injection</i>	EUGIA Ph	10	62.59	➡	6.2590
02299631	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 6.26		

I.V. Perf. Pd.

 4 g -0.5 g **PPB**

02362635	<i>Piperacilline et Tazobactam</i>	Sterimax	10	83.46	➡	8.3458
02402084	<i>Piperacilline et Tazobactam for injection</i>	AuroPharma	10	83.46	➡	8.3458
02528711	<i>Piperacilline et Tazobactam for injection</i>	EUGIA Ph	10	83.46	➡	8.3458
02299658	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 8.35		

I.V. Perf. Pd.

 12 g - 1,5 g **PPB**

02377748	<i>Piperacilline et Tazobactam for injection</i>	Sterimax	1	➡ 36.33		
02330547	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 36.33		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.			36 g - 4,5 g PPB		
02521539	<i>Piperacilline et Tazobactam for injection</i>	Sandoz	1	➡ 108.99	
02439131	<i>Piperacilline et Tazobactam for injection</i>	Sterimax	1	➡ 108.99	

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QUINOLONES

CIPROFLOXACIN HYDROCHLORIDE

I.V. Perf. Sol.

			2 mg/mL		
02304759	<i>Ciprofloxacin for intravenous infusion</i>	Sandoz	100 ml 200 ml	17.92 35.84	

L.A. Tab.

			500 mg		
02416433	<i>pms-Ciprofloxacin XL</i>	Phmscience	100	173.77	1.7377

Oral Susp.

			500 mg/5 mL		
02237514	<i>Cipro</i>	Bayer	100 ml	53.23	0.5323

Tab.

			250 mg PPB		
02247339	<i>ACT Ciprofloxacin</i>	Teva Can	100	44.54 ➡	0.4454
02381907	<i>Auro-Ciprofloxacin</i>	AuroPharma	100	44.54 ➡	0.4454
			500	222.70 ➡	0.4454
02353318	<i>Ciprofloxacin</i>	Sanis	100	44.54 ➡	0.4454
02386119	<i>Ciprofloxacin</i>	Sivem	100	44.54 ➡	0.4454
02380358	<i>Jamp-Ciprofloxacin</i>	Jamp	100	44.54 ➡	0.4454
02379686	<i>Mar-Ciprofloxacin</i>	Marcan	100	44.54 ➡	0.4454
02248437	<i>pms-Ciprofloxacin</i>	Phmscience	100	44.54 ➡	0.4454
02317796	<i>Pro-Ciprofloxacin</i>	Pro Doc	100	44.54 ➡	0.4454
02248756	<i>Sandoz Ciprofloxacin</i>	Sandoz	100	44.54 ➡	0.4454
02303728	<i>Taro-Ciproflox</i>	Sun Pharma	100	44.54 ➡	0.4454

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

Tab.

500 mg **PPB**

02247340	<i>ACT Ciprofloxacin</i>	Teva Can	100	50.25	➡	0.5025
02476592	<i>AG-Ciprofloxacin</i>	Angita	100	50.25	➡	0.5025
02381923	<i>Auro-Ciprofloxacin</i>	AuroPharma	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02444887	<i>Bio-Ciprofloxacin</i>	Biomed	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02353326	<i>Ciprofloxacin</i>	Sanis	100	50.25	➡	0.5025
02386127	<i>Ciprofloxacin</i>	Sivem	100	50.25	➡	0.5025
02547147	<i>DAC Ciprofloxacin</i>	Dac Pharma	100	50.25	➡	0.5025
02380366	<i>Jamp-Ciprofloxacin</i>	Jamp	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02379694	<i>Mar-Ciprofloxacin</i>	Marcan	100	50.25	➡	0.5025
02423561	<i>Mint-Ciproflox</i>	Mint	100	50.25	➡	0.5025
02492008	<i>NRA-Ciprofloxacin</i>	Nora	100	50.25	➡	0.5025
02248438	<i>pms-Ciprofloxacin</i>	Phmscience	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02317818	<i>Pro-Ciprofloxacin</i>	Pro Doc	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02251248	<i>Riva-Ciprofloxacin</i>	Riva	100	50.25	➡	0.5025
			500	251.25	➡	0.5025
02248757	<i>Sandoz Ciprofloxacin</i>	Sandoz	100	50.25	➡	0.5025
02303736	<i>Taro-Ciproflox</i>	Sun Pharma	100	50.25	➡	0.5025

Tab.

750 mg **PPB**

02247341	<i>ACT Ciprofloxacin</i>	Teva Can	50	46.01	➡	0.9201
02380374	<i>Jamp-Ciprofloxacin</i>	Jamp	50	46.01	➡	0.9201
02379708	<i>Mar-Ciprofloxacin</i>	Marcan	50	46.01	➡	0.9201
02248439	<i>pms-Ciprofloxacin</i>	Phmscience	100	92.01	➡	0.9201
02248758	<i>Sandoz Ciprofloxacin</i>	Sandoz	50	46.01	➡	0.9201
02303744	<i>Taro-Ciproflox</i>	Sun Pharma	100	92.01	➡	0.9201

LEVOFLOXACIN

Tab.

250 mg **PPB**

02284707	<i>Apo-Levofloxacin</i>	Apotex	50	60.19	➡	1.2038
			100	120.38	➡	1.2038
02508443	<i>JAMP Levofloxacin</i>	Jamp	50	60.19	➡	1.2038
02505797	<i>Mint-Levofloxacin</i>	Mint	100	120.38	➡	1.2038
02492725	<i>Riva-Levofloxacin</i>	Riva	100	120.38	➡	1.2038
02298635	<i>Sandoz Levofloxacin</i>	Sandoz	50	60.19	➡	1.2038

Tab.

500 mg **PPB**

02284715	<i>Apo-Levofloxacin</i>	Apotex	50	68.59	➡	1.3718
			100	137.18	➡	1.3718
02508451	<i>JAMP Levofloxacin</i>	Jamp	100	137.18	➡	1.3718
02505819	<i>Mint-Levofloxacin</i>	Mint	100	137.18	➡	1.3718
* 02415879	<i>Pro-Levofloxacin</i>	Pro Doc	100	137.18	➡	1.3718
02492733	<i>Riva-Levofloxacin</i>	Riva	100	137.18	➡	1.3718
02298643	<i>Sandoz Levofloxacin</i>	Sandoz	100	137.18	➡	1.3718

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

Tab.

750 mg **PPB**

02325942	<i>Apo-Levofloxacin</i>	Apotex	30	79.81	➡ 2.6604
			100	266.04	➡ 2.6604
02508478	<i>JAMP Levofloxacin</i>	Jamp	50	133.02	➡ 2.6604
02505800	<i>Mint-Levofloxacin</i>	Mint	100	266.04	➡ 2.6604
02492741	<i>Riva-Levofloxacin</i>	Riva	100	266.04	➡ 2.6604
02298651	<i>Sandoz Levofloxacin</i>	Sandoz	50	133.02	➡ 2.6604

MOXIFLOXACIN HYDROCHLORIDE

Tab.

400 mg **PPB**

02478137	<i>AG-Moxifloxacin</i>	Angita	30	45.69	➡ 1.5230
02404923	<i>Apo-Moxifloxacin</i>	Apotex	30	45.69	W
02432242	<i>Auro-Moxifloxacin</i>	AuroPharma	30	45.69	➡ 1.5230
			100	152.30	➡ 1.5230
02443929	<i>Jamp-Moxifloxacin</i>	Jamp	30	45.69	➡ 1.5230
02447061	<i>Jamp-Moxifloxacin Tablets</i>	Jamp	100	152.30	➡ 1.5230
02447053	<i>Mar-Moxifloxacin</i>	Marcan	100	152.30	➡ 1.5230
02472791	<i>M-Moxifloxacin</i>	Mantra Ph.	30	45.69	➡ 1.5230
			100	152.30	➡ 1.5230
02462974	<i>Moxifloxacin</i>	Pro Doc	30	45.69	➡ 1.5230
02520710	<i>Moxifloxacin</i>	Sanis	30	45.69	➡ 1.5230
02383381	<i>Sandoz Moxifloxacin</i>	Sandoz	30	45.69	➡ 1.5230
02375702	<i>Teva-Moxifloxacin</i>	Teva Can	30	45.69	➡ 1.5230

NORFLOXACIN

Tab.

400 mg

02229524	<i>Norflex</i>	AA Pharma	100	185.86	1.8586

8:12.20

SULFONAMIDES

SULFASALAZINE

Ent. Tab.

500 mg

00598488	<i>pms-Sulfasalazine-E.C.</i>	Phmscience	100	38.63	0.3863

Tab.

500 mg **PPB**

02544652	<i>JAMP Sulfasalazine</i>	Jamp	500	90.35	➡ 0.1807
00598461	<i>pms-Sulfasalazine</i>	Phmscience	500	90.35	➡ 0.1807

TRIMETHOPRIM/ SULFAMETHOXAZOLE

Oral Susp.

40 mg -200 mg/5 mL

00726540	<i>Teva-Sulfamethoxazole</i>	Teva Can	100 ml	9.68	W
			400 ml	38.72	W

Tab.

20 mg -100 mg

00445266	<i>Sulfatrim-PED</i>	AA Pharma	100	9.64	0.0964

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

Tab.		80 mg -400 mg			
00445274	<i>Sulfatrim</i>	AA Pharma	100	21.84	0.2184

Tab.		160 mg -800 mg			
00445282	<i>Sulfatrim-DS</i>	AA Pharma	500	61.05	0.1221

8:12.24

TETRACYCLINES

DOXYCYCLINE HYCLATE

Caps. or Tab.

		100 mg PPB			
02556928	<i>AG-Doxycycline</i>	Angita	100	45.60	➡ 0.4560
00740713	<i>Apo-Doxy</i>	Apotex	100	45.60	➡ 0.4560
			250	114.00	➡ 0.4560
00874256	<i>Apo-Doxy-Tab</i>	Apotex	100	45.60	➡ 0.4560
+ 02561115	<i>Bio-Doxycycline</i>	Biomed	100	45.60	➡ 0.4560
00860751	<i>Doxycin (co.)</i>	Riva	100	45.60	➡ 0.4560
			300	136.80	➡ 0.4560
02351234	<i>Doxycycline (Caps.)</i>	Sanis	100	45.60	➡ 0.4560
			200	91.20	➡ 0.4560
02351242	<i>Doxycycline (Co.)</i>	Sanis	100	45.60	➡ 0.4560
00887064	<i>Doxytab</i>	Pro Doc	100	45.60	➡ 0.4560
02528940	<i>Jamp Doxycycline Capsules</i>	Jamp	100	45.60	➡ 0.4560
02554372	<i>JAMP Doxycycline Tablets</i>	Jamp	100	45.60	➡ 0.4560
02543478	<i>M-Doxycycline</i>	Mantra Ph.	100	45.60	➡ 0.4560
02558505	<i>NRA-Doxycycline</i>	Nora	100	45.60	➡ 0.4560
02536250	<i>PRZ-Doxycycline</i>	Pharmaris	100	45.60	➡ 0.4560
00725250	<i>Teva-Doxycycline</i>	Teva Can	100	45.60	➡ 0.4560
			200	91.20	➡ 0.4560
02158574	<i>Teva-Doxycycline (Co.)</i>	Teva Can	100	45.60	➡ 0.4560

MINOCYCLINE HYDROCHLORIDE

Caps.

		50 mg			
02084090	<i>Minocycline</i>	AA Pharma	100	56.16	0.5616

Caps.		100 mg			
02084104	<i>Minocycline</i>	AA Pharma	100	108.36	1.0836

TETRACYCLINE HYDROCHLORIDE

Caps.

		250 mg			
00580929	<i>Tetracycline</i>	AA Pharma	100	6.70	0.0670
			1000	67.00	0.0670

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

8:12.28

ANTIBACTERIALS, MISCELLANEOUS

CLINDAMYCIN HYDROCHLORIDE

Caps.

150 mg **PPB**

02485109	<i>AG-Clindamycin</i>	Angita	100	22.17	➡	0.2217
02436906	<i>Auro-Clindamycin</i>	AuroPharma	100	22.17	➡	0.2217
02400529	<i>Clindamycin</i>	Sanis	100	22.17	➡	0.2217
02483734	<i>Jamp-Clindamycin</i>	Jamp	100	22.17	➡	0.2217
02479923	<i>M-Clindamycin</i>	Mantra Ph.	100	22.17	➡	0.2217
02462656	<i>Med-Clindamycin</i>	GMP	100	22.17	➡	0.2217
02493748	<i>NRA-Clindamycin</i>	Nora	100	22.17	➡	0.2217
02468476	<i>Riva-Clindamycin</i>	Riva	100	22.17	➡	0.2217
02241709	<i>Teva-Clindamycin</i>	Teva Can	100	22.17	➡	0.2217

Caps.

300 mg **PPB**

02485117	<i>AG-Clindamycin</i>	Angita	100	44.34	➡	0.4434
02436914	<i>Auro-Clindamycin</i>	AuroPharma	100	44.34	➡	0.4434
02400537	<i>Clindamycin</i>	Sanis	100	44.34	➡	0.4434
02483742	<i>Jamp-Clindamycin</i>	Jamp	100	44.34	➡	0.4434
02479931	<i>M-Clindamycin</i>	Mantra Ph.	100	44.34	➡	0.4434
02462664	<i>Med-Clindamycin</i>	GMP	100	44.34	➡	0.4434
02493756	<i>NRA-Clindamycin</i>	Nora	100	44.34	➡	0.4434
02468484	<i>Riva-Clindamycin</i>	Riva	100	44.34	➡	0.4434
02241710	<i>Teva-Clindamycin</i>	Teva Can	100	44.34	➡	0.4434

CLINDAMYCIN PALMITATE HYDROCHLORIDE

Oral Susp.

75 mg/5 mL

00225851	<i>Dalacin C</i>	Pfizer	100 ml	31.52		0.3152

CLINDAMYCIN PHOSPHATE

Inj. Sol.

150 mg/mL **PPB**

02230540	<i>Clindamycine Injection</i>	Sandoz	2 ml	➡	6.50	
			4 ml	➡	13.00	
			6 ml	➡	18.50	
00260436	<i>Dalacin C</i>	Pfizer	2 ml		6.88	
			4 ml		13.76	
			6 ml		18.75	

COLISTIMETHATE (SODIUM)

Inj. Pd.

150 mg **PPB**

02244849	<i>Colistimethate</i>	Sterimax	1	➡	13.56	
02546639	<i>Colistimethate pour injection</i>	Marcan	1	➡	13.56	
02403544	<i>Colistimethate pour injection, USP</i>	Fresenius	1	➡	13.56	
00476420	<i>Coly-Mycin M Parenteral</i>	Search Phm	1		30.42	

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

VANCOMYCIN HYDROCHLORIDE

Caps.

 125 mg **PPB**

02407744	<i>Jamp-Vancomycin</i>	Jamp	20	103.60	➡	5.1800
02406497	<i>pms-Vancomycin</i>	Phmscience	20	103.60	➡	5.1800
00800430	<i>Vancocin</i>	Search Phm	20	103.60	➡	5.1800

Caps.

 250 mg **PPB**

02407752	<i>Jamp-Vancomycin</i>	Jamp	20	207.20	➡	10.3600
02406500	<i>pms-Vancomycin</i>	Phmscience	20	207.20	➡	10.3600
00788716	<i>Vancocin</i>	Search Phm	20	207.20	➡	10.3600

I.V. Perf. Pd.

 1 g **PPB**

02139383	<i>Chlorhydrate de vancomycine pour injection</i>	Fresenius	10	187.81	➡	18.7810
02543982	<i>Chlorhydrate de vancomycine pour injection</i>	Hikma	10	187.81	➡	18.7810
02502607	<i>Chlorhydrate de vancomycine pour injection</i>	Jamp	10	187.81	➡	18.7810
02406543	<i>Chlorhydrate de vancomycine pour injection</i>	Marcan	10	187.81	➡	18.7810
02394634	<i>Chlorhydrate de Vancomycine pour injection USP</i>	Sandoz	10	187.81	➡	18.7810
02342863	<i>Vancomycin for injection USP</i>	Sterimax	10	187.81	➡	18.7810

I.V. Perf. Pd.

 5 g **PPB**

02139243	<i>Chlorhydrate de vancomycine pour injection</i>	Fresenius	1	➡	102.45	
02406551	<i>Chlorhydrate de vancomycine pour injection</i>	Marcan	1	➡	102.45	
02405822	<i>Chlorhydrate de vancomycine pour injection</i>	Sterimax	1	➡	102.45	
02420317	<i>Jamp-Vancomycin</i>	Jamp	1	➡	102.45	
02394642	<i>Vancomycine</i>	Sandoz	1	➡	102.45	

I.V. Perf. Pd.

 10 g **PPB**

02241807	<i>Chlorhydrate de vancomycine pour injection</i>	Fresenius	1	➡	589.90	
02420325	<i>Jamp-Vancomycin</i>	Jamp	1	➡	589.90	
02405830	<i>Vancomycin for injection USP</i>	Sterimax	1	➡	589.90	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.			500 mg PPB		
02139375	<i>Chlorhydrate de vancomycine pour injection</i>	Fresenius	10	98.67 ➡	9.8669
02543974	<i>Chlorhydrate de vancomycine pour injection</i>	Hikma	10	98.67 ➡	9.8669
02502593	<i>Chlorhydrate de vancomycine pour injection</i>	Jamp	10	98.67 ➡	9.8669
02406535	<i>Chlorhydrate de vancomycine pour injection</i>	Marcan	10	98.67 ➡	9.8669
02394626	<i>Chlorhydrate de Vancomycine pour injection USP</i>	Sandoz	10	98.67 ➡	9.8669
02342855	<i>Vancomycin for injection USP</i>	Sterimax	10	98.67 ➡	9.8669

8:14.04

ALLYLAMINES

TERBINAFIN HYDROCHLORIDE

Tab.

			250 mg PPB		
02254727	<i>ACT Terbinafine</i>	Teva Can	30	23.14	W
			100	77.14	W
02239893	<i>Apo-Terbinafine</i>	Apotex	30	23.14 ➡	0.7714
			100	77.14 ➡	0.7714
02320134	<i>Auro-Terbinafine</i>	AuroPharma	28	21.60 ➡	0.7714
			100	77.14 ➡	0.7714
02294273	<i>pms-Terbinafine</i>	Phmscience	30	23.14 ➡	0.7714
			100	77.14 ➡	0.7714
02353121	<i>Terbinafine</i>	Sanis	30	23.14 ➡	0.7714
			100	77.14 ➡	0.7714
02385279	<i>Terbinafine</i>	Sivem	30	23.14 ➡	0.7714
			100	77.14 ➡	0.7714
02242735	<i>Terbinafine-250</i>	Pro Doc	30	23.14 ➡	0.7714
			100	77.14 ➡	0.7714

8:14.08

AZOLES

FLUCONAZOLE

Caps.

			150 mg PPB		
02241895	<i>Apo-Fluconazole-150</i>	Apotex	1	➡ 3.64	
02462168	<i>Bio-Fluconazole</i>	Biomed	1	➡ 3.64	
02521229	<i>Fluconazole-150</i>	Sanis	1	➡ 3.64	
02547864	<i>JAMP Fluconazole 150</i>	Jamp	1	➡ 3.64	
02432471	<i>Jamp-Fluconazole</i>	Jamp	1	➡ 3.64	
02428792	<i>Mar-Fluconazole-150</i>	Marcan	1	➡ 3.64	
02553406	<i>M-Fluconazole-150</i>	Mantra Ph.	1	➡ 3.64	
02433702	<i>NRA-Fluconazole</i>	Nora	1	➡ 3.64	
02255510	<i>Riva-Fluconazole</i>	Riva	1	➡ 3.64	

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

FLUCONAZOLE

I.V. Perf. Sol.

2 mg/mL **PPB**

00891835	<i>Diffucan</i>	Pfizer	100 ml	37.56	
02388448	<i>Fluconazole</i>	Sandoz	100 ml	26.87	➡

Tab.

50 mg **PPB**

02281260	<i>ACT Fluconazole</i>	Teva Can	50	64.52		W
02237370	<i>Apo-Fluconazole</i>	Apotex	50	64.52	➡	1.2904
02517396	<i>Fluconazole</i>	Sanis	50	64.52	➡	1.2904
02534886	<i>Fluconazole</i>	Sivem	50	64.52	➡	1.2904
02245292	<i>Mylan-Fluconazole</i>	Mylan	50	64.52	➡	1.2904
02245643	<i>pms-Fluconazole</i>	Phmscience	50	64.52	➡	1.2904

Tab.

100 mg **PPB**

02281279	<i>ACT Fluconazole</i>	Teva Can	50	114.45		W
02237371	<i>Apo-Fluconazole</i>	Apotex	50	114.45	➡	2.2890
02517418	<i>Fluconazole</i>	Sanis	50	114.45	➡	2.2890
02534894	<i>Fluconazole</i>	Sivem	50	114.45	➡	2.2890
02245293	<i>Mylan-Fluconazole</i>	Mylan	50	114.45	➡	2.2890
02245644	<i>pms-Fluconazole</i>	Phmscience	50	114.45	➡	2.2890
02310686	<i>Pro-Fluconazole</i>	Pro Doc	50	114.45	➡	2.2890

ITRACONAZOLE

Caps.

100 mg **PPB**

02462559	<i>Mint-Itraconazole</i>	Mint	30	112.27	➡	3.7423
02047454	<i>Sporanox</i>	Janss. Inc	28	106.21		3.7932
			30	113.80		3.7932

Oral Sol.

10 mg/mL **PPB**

02484315	<i>Jamp Itraconazole</i>	Jamp	150	61.67	➡	0.4111
02495988	<i>Odan Itraconazole</i>	Odan	150 ml	61.67	➡	0.4111

KETOCONAZOLE

Tab.

200 mg **PPB**

02237235	<i>Apo-Ketoconazole</i>	Apotex	100	93.93	➡	0.9393
02231061	<i>Teva-Ketoconazole</i>	Teva Can	100	93.93	➡	0.9393

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

8:14.28

POLYENES

NYSTATIN

Oral Susp.

100 000 U/mL PPB

02433443	<i>Jamp-Nystatin</i>	Jamp	100 ml	5.18 ➡	0.0518
			500 ml	25.90 ➡	0.0518
00792667	<i>pms-Nystatin</i>	Phmscience	100 ml	5.18 ➡	0.0518
			500 ml	25.90 ➡	0.0518
02194201	<i>Teva-Nystatin</i>	Teva Can	100 ml	5.18 ➡	0.0518
			1000 ml	51.80 ➡	0.0518

8:16.04

ANTITUBERCULOSIS AGENTS

ETHAMBUTOL HYDROCHLORIDE

Tab.

100 mg

00247960	<i>Etibi</i>	Bausch H.	100	11.00	0.1100

Tab.

400 mg

00247979	<i>Etibi</i>	Bausch H.	100	30.00	0.3000

ISONIAZID

Syr.

50 mg/5 mL

00577812	<i>pdp-Isoniazid</i>	Pendopharm	500 ml	148.05	0.2961

Tab.

100 mg

00577790	<i>pdp-Isoniazid</i>	Pendopharm	100	106.21	1.0621

Tab.

300 mg

00577804	<i>pdp-Isoniazid</i>	Pendopharm	100	92.94	0.9294

PYRAZINAMIDE

Tab.

500 mg

00618810	<i>PDP-Pyrazinamide</i>	Pendopharm	100	160.72	1.6072

RIFABUTIN

Caps.

150 mg

02063786	<i>Mycobutin</i>	Pfizer	100	493.69	4.9369

RIFAMPIN

Caps.

150 mg

00393444	<i>Rofact 150</i>	Bausch H.	100	60.38	0.6038

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 300 mg					
00343617	<i>Rofact 300</i>	Bausch H.	100	95.03	0.9503

8:16.92
ANTIMYCOBACTERIALS, MISCELLANEOUS

DAPSONE

Tab. 100 mg					
02481227	<i>Mar-Dapsone</i>	Marcan	100	119.52	1.1952

8:18.04
ADAMANTANES
AMANTADINE HYDROCHLORIDE

Caps. 100 mg					
01990403	<i>PDP-Amantadine</i>	Pendopharm	100	53.78	0.5378

Syr. 50 mg/5 mL PPB					
02538601	<i>Odan-Amantadine Sirop</i>	Odan	500 ml	49.40	➡ 0.0988
02022826	<i>PDP-Amantadine</i>	Pendopharm	500 ml	49.40	➡ 0.0988

8:18.08
ANTIRETROVIRALS
ABACAVIR SULFATE

Oral Sol. 20 mg/mL					
02240358	<i>Ziagen</i>	ViiV	240 ml	103.26	0.4303

Tab. 300 mg PPB					
02396769	<i>Apo-Abacavir</i>	Apotex	60	208.97	➡ 3.4828
02480956	<i>Mint-Abacavir</i>	Mint	60	208.97	➡ 3.4828

ABACAVIR/LAMIVUDINE

Tab. 600 mg - 300 mg PPB					
02399539	<i>Apo-Abacavir-Lamivudine</i>	Apotex	30	179.62	➡ 5.9873
02454513	<i>Auro-Abacavir/Lamivudine</i>	AuroPharma	30	179.62	➡ 5.9873
			60	359.24	➡ 5.9873
02497654	<i>Jamp Abacavir/Lamivudine</i>	Jamp	30	179.62	➡ 5.9873
02269341	<i>Kivexa</i>	ViiV	30	661.99	22.0663
02450682	<i>Mylan-Abacavir/Lamivudine</i>	Mylan	30	179.62	➡ 5.9873
02458381	<i>pms-Abacavir-Lamivudine</i>	Phmscience	30	179.62	➡ 5.9873
02416662	<i>Teva-Abacavir/Lamivudine</i>	Teva Can	30	179.62	➡ 5.9873

ATAZANAVIR SULFATE

Caps. 150 mg PPB					
02513102	<i>Jamp Atazanavir</i>	Jamp	60	170.32	➡ 2.8386
02456877	<i>Mylan-Atazanavir</i>	Mylan	60	170.32	➡ 2.8386
02443791	<i>Teva-Atazanavir</i>	Teva Can	60	170.32	➡ 2.8386

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

Caps.

200 mg **PPB**

02513110	<i>Jamp Atazanavir</i>	Jamp	60	171.31	➡ 2.8552
02456885	<i>Mylan-Atazanavir</i>	Mylan	60	171.31	➡ 2.8552
02248611	<i>Reyataz</i>	B.M.S.	60	651.87	10.8645
02443813	<i>Teva-Atazanavir</i>	Teva Can	60	171.31	➡ 2.8552

Caps.

300 mg **PPB**

02513129	<i>Jamp Atazanavir</i>	Jamp	30	168.25	➡ 5.6083
02456893	<i>Mylan-Atazanavir</i>	Mylan	30	168.25	➡ 5.6083
02294176	<i>Reyataz</i>	B.M.S.	30	648.01	21.6003
02443821	<i>Teva-Atazanavir</i>	Teva Can	60	336.50	➡ 5.6083

BICTEGRAVIR SODIUM/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE

Tab.

50 mg -200 mg -25 mg

02478579	<i>Biktarvy</i>	Gilead	30	1176.68	39.2227

CABOTEGRAVIR SODIUM

Kit

200 mg /mL (3 mL)

02547473	<i>Apretude</i>	ViiV	1	1710.00	

Tab.

30 mg

02547465	<i>Apretude</i>	ViiV	30	795.47	26.5157
02497204	<i>Vocabria</i>	ViiV	30	795.47	26.5157

CABOTEGRAVIR/RILPIVIRINE (COMBINED PACKAGE)

Kit

200 mg/mL - 300 mg/mL

02497220	<i>Cabenuva</i>	ViiV	2 ml	1209.37	
02497247	<i>Cabenuva</i>	ViiV	3 ml	2418.75	

DARUNAVIR

Tab.

800 mg **PPB**

02487268	<i>Apo-Darunavir</i>	Apotex	30	174.89	➡ 5.8295
02486148	<i>Auro-Darunavir</i>	AuroPharma	30	174.89	➡ 5.8295
02521350	<i>Darunavir</i>	Jamp	30	174.89	➡ 5.8295
02522292	<i>M-Darunavir</i>	Mantra Ph.	30	174.89	➡ 5.8295

DOLUTEGRAVIR SODIUM

Tab.

50 mg **PPB**

02556782	<i>pms-Dolutegravir</i>	Phmscience	30	529.58	➡ 17.6525
02414945	<i>Tivicay</i>	ViiV	30	555.00	18.5000

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

DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE

Tab.

50 mg - 600 mg - 300 mg

02430932	<i>Triumeq</i>	ViiV	30	1216.99	40.5663

DOLUTEGRAVIR SODIUM/LAMIVUDINE

Tab.

50 mg-300 mg

02491753	<i>Dovato</i>	ViiV	30	913.20	30.4400

DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE

Tab.

50 mg -25 mg

02475774	<i>Juluca</i>	ViiV	30	1046.10	34.8700

DORAVIRINE

Tab.

100 mg

02481545	<i>Pifeltro</i>	Merck	30	499.50	16.6500

DORAVIRINE/LAMIVUDINE/TENOFOVIR DISOPROXIL (FUMARATE)

Tab.

100 mg -300 mg -300 mg

02482592	<i>Delstrigo</i>	Merck	30	863.70	28.7900

EFAVIRENZ

Tab.

 600 mg **PPB**

02418428	<i>Auro-Efavirenz</i>	AuroPharma	30	114.09	➡	3.8030
			500	1901.50	➡	3.8030
02458233	<i>Jamp-Efavirenz</i>	Jamp	30	114.09	➡	3.8030
02381524	<i>Mylan-Efavirenz</i>	Mylan	30	114.09	➡	3.8030
02389762	<i>Teva-Efavirenz</i>	Teva Can	30	114.09		W

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

EFAVIRENZ/ EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE

Tab.

 600 mg - 200 mg - 300 mg **PPB**

02468247	<i>Apo-Efavirenz- Emtricitabine-Tenofovir</i>	Apotex	30	339.90	➡ 11.3300
02478404	<i>Auro-Efavirenz- Emtricitabine-Tenofovir</i>	AuroPharma	30	339.90	➡ 11.3300
02519461	<i>Jamp Efavirenz/ Emtricitabine/Tenofovir Disoproxil Fumarate</i>	Jamp	30	339.90	➡ 11.3300
02461412	<i>Mylan-Efavirenz/ Emtricitabine/Tenofovir Disoproxil Fumarate</i>	Mylan	30	339.90	➡ 11.3300
02487284	<i>pms-Efavirenz- Emtricitabine-Tenofovir</i>	Phmscience	30	339.90	➡ 11.3300
02393549	<i>Teva-Efavirenz/ Emtricitabine/Tenofovir</i>	Teva Can	30	339.90	➡ 11.3300

ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE

Tab.

150 mg -150 mg -200 mg -10 mg

02449498	<i>Genvoya</i>	Gilead	30	1314.01	43.8003

ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR DISOPROXIL (FUMARATE)

Tab.

150 mg -150 mg -200 mg -300 mg

02397137	<i>Stribild</i>	Gilead	30	1320.00	44.0000

EMTRICITABINE/ RILPIVIRINE / TENOFOVIR DISOPROXIL (FUMARATE DE)

Tab.

200 mg - 25 mg - 300 mg

02374129	<i>Complera</i>	Gilead	30	1176.68	39.2227

EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE

Tab.

 200mg- 300mg **PPB**

02496356	<i>AG-Emtricitabine/Tenofovir Disoproxil</i>	Angita	30	211.75	➡ 7.0582
02452006	<i>Apo-Emtricitabine-Tenofovir</i>	Apotex	30	211.75	➡ 7.0582
02490684	<i>Auro-Emtricitabine- Tenofovir</i>	AuroPharma	30	211.75	➡ 7.0582
02487012	<i>Jamp Emtricitabine/ Tenofovir Disoproxil Fumarate</i>	Jamp	30	211.75	➡ 7.0582
02521547	<i>Mint-Emtricitabine/Tenofovir</i>	Mint	30	211.75	➡ 7.0582
02443902	<i>Mylan-Emtricitabine/ Tenofovir Disoproxil</i>	Mylan	30	211.75	➡ 7.0582
02461110	<i>pms-Emtricitabine-Tenofovir</i>	Phmscience	30	211.75	➡ 7.0582
02399059	<i>Teva-Emtricitabine/ Tenofovir</i>	Teva Can	30	211.75	➡ 7.0582
02274906	<i>Truvada</i>	Gilead	30	783.06	26.1020

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

EMTRICITABINE/RILPIVIRINE HYDROCHLORIDE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE

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

LAMIVUDINE

Oral Sol.		10 mg/mL			
02192691	3TC	ViiV	240 ml	72.93	0.3039

Tab.		100 mg PPB			
02393239	Apo-Lamivudine HBV	Apotex	100	261.54	➡ 2.6154
02512467	Jamp Lamivudine HBV	Jamp	100	261.54	➡ 2.6154

Tab.		150 mg PPB			
02192683	3TC	ViiV	60	279.05	4.6508
02369052	Apo-Lamivudine	Apotex	60	163.94	➡ 2.7323
02507110	Jamp Lamivudine	Jamp	60	163.94	➡ 2.7323

Tab.		300 mg PPB			
02247825	3TC	ViiV	30	279.05	9.3017
02369060	Apo-Lamivudine	Apotex	30	164.57	➡ 5.4857
02507129	Jamp Lamivudine	Jamp	30	164.57	➡ 5.4857

LAMIVUDINE/ ZIDOVUDIN

Tab.		150 mg -300mg PPB			
02375540	Apo-Lamivudine-Zidovudine	Apotex	100	261.03	➡ 2.6103
02414414	Auro-Lamivudine/ Zidovudine	AuroPharma	60	156.62	➡ 2.6103
			500	1305.15	➡ 2.6103
02502801	Jamp Lamivudine/ Zidovudine	Jamp	60	156.62	➡ 2.6103

LOPINAVIR/ RITONAVIR

Oral Sol.		80 mg - 20 mg/mL			
02243644	Kaletra	AbbVie	160 ml	345.28	2.1580

Tab.		100 mg -25 mg			
02312301	Kaletra	AbbVie	60	157.34	2.6223

Tab.		200 mg -50 mg			
02285533	Kaletra	AbbVie	120	644.19	5.3683

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

NEVIRAPINE

Tab.

200 mg **PPB**

02318601	<i>Auro-Nevirapine</i>	AuroPharma	60	74.08	➡ 1.2346
02405776	<i>Jamp-Nevirapine</i>	Jamp	60	74.08	➡ 1.2346
02387727	<i>Mylan-Nevirapine</i>	Mylan	60	74.08	➡ 1.2346

RALTEGRAVIR

Tab.

400 mg

02301881	<i>Isentress</i>	Merck	60	690.00	11.5000

Tab.

600 mg

02465337	<i>Isentress HD</i>	Merck	60	690.00	11.5000

RILPIVIRINE

Tab.

25 mg

02370603	<i>Edurant</i>	Janss. Inc	30	413.91	13.7970

RITONAVIR

Tab.

100 mg **PPB**

02523620	<i>Auro-Ritonavir</i>	AuroPharma	30	35.24	➡ 1.1745
02357593	<i>Norvir</i>	AbbVie	30	43.68	1.4560

TENOFOVIR DISOPROXIL FUMARATE

Tab.

300 mg **PPB**

02516276	<i>AG-Tenofovir</i>	Angita	30	146.65	➡ 4.8883
02451980	<i>Apo-Tenofovir</i>	Apotex	30	146.65	➡ 4.8883
02460173	<i>Auro-Tenofovir</i>	AuroPharma	30	146.65	➡ 4.8883
02479087	<i>Jamp-Tenofovir</i>	Jamp	30	146.65	➡ 4.8883
02512939	<i>Mint-Tenofovir</i>	Mint	30	146.65	➡ 4.8883
02452634	<i>Mylan-Tenofovir Disoproxil</i>	Mylan	30	146.65	➡ 4.8883
02472511	<i>NAT-Tenofovir</i>	Natco	30	146.65	➡ 4.8883
			500	2444.17	➡ 4.8883
02453940	<i>pms-Tenofovir</i>	Phmscience	30	146.65	➡ 4.8883
02515156	<i>Riva-Tenofovir</i>	Riva	30	146.65	➡ 4.8883
02512327	<i>Tenofovir</i>	Sanis	30	146.65	➡ 4.8883
02523922	<i>Tenofovir</i>	Sivem	30	146.65	➡ 4.8883
02403889	<i>Teva-Tenofovir</i>	Teva Can	30	146.65	W
02247128	<i>Viread</i>	Gilead	30	518.67	17.2890

ZIDOVUDIN

Caps.

100 mg

01946323	<i>Apo-Zidovudine</i>	Apotex	100	139.77	1.3977

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

Inj. Sol.

10 mg/mL

01902644	<i>Retrovir</i>	ViiV	20 ml	16.70	

Syr.

10 mg/mL

01902652	<i>Retrovir</i>	ViiV	240 ml	44.94	0.1873

8:18.28

NEURAMINIDASE INHIBITORS

OSELTAMIVIR PHOSPHATE

Caps.

30 mg **PPB**

02497409	<i>Jamp Osetamivir</i>	Jamp	10	5.24	➡	0.5243
02497441	<i>Mint-Osetamivir</i>	Mint	10	5.24	➡	0.5243
02472635	<i>NAT-Osetamivir</i>	Natco	10	5.24	➡	0.5243
02504006	<i>Osetamivir Phosphate Capsules</i>	Sandoz	10	5.24	➡	0.5243
02304848	<i>Tamiflu</i>	Roche	10	19.50		1.9500

Caps.

45 mg **PPB**

02472643	<i>NAT-Osetamivir</i>	Natco	10	16.14	➡	1.6135
02504014	<i>Osetamivir Phosphate Capsules</i>	Sandoz	10	16.14	➡	1.6135
02304856	<i>Tamiflu</i>	Roche	10	30.00		3.0000

Caps.

75 mg **PPB**

02497425	<i>Jamp Osetamivir</i>	Jamp	10	10.39	➡	1.0393
02497476	<i>Mint-Osetamivir</i>	Mint	10	10.39	➡	1.0393
02457989	<i>NAT-Osetamivir</i>	Natco	10	10.39	➡	1.0393
02504022	<i>Osetamivir Phosphate Capsules</i>	Sandoz	10	10.39	➡	1.0393
02241472	<i>Tamiflu</i>	Roche	10	39.00		3.9000

Oral Susp.

6 mg/mL **PPB**

02499894	<i>NAT-Osetamivir</i>	Natco	65 ml	18.27	➡	0.2811
02381842	<i>Tamiflu</i>	Roche	65 ml	19.50		0.3000

ZANAMIVIR

Inh. Pd. (App.)

5 mg/coque (4)

02240863	<i>Relenza</i>	GSK	5	36.54		

8:18.32

NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR

Tab.

200 mg **PPB**

02207621	<i>Apo-Acyclovir</i>	Apotex	100	35.11	➡	0.3511
02524708	<i>Mint-Acyclovir</i>	Mint	100	35.11	➡	0.3511
02242784	<i>Mylan-Acyclovir</i>	Mylan	100	35.11	➡	0.3511

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

Tab.

400 mg **PPB**

02207648	<i>Apo-Acyclovir</i>	Apotex	100	88.90	➡ 0.8890
02524716	<i>Mint-Acyclovir</i>	Mint	100	88.90	➡ 0.8890
02242463	<i>Mylan-Acyclovir</i>	Mylan	100	88.90	➡ 0.8890
02285967	<i>Teva-Acyclovir</i>	Teva Can	100	88.90	➡ 0.8890

Tab.

800 mg **PPB**

02207656	<i>Apo-Acyclovir</i>	Apotex	100	126.73	➡ 1.2673
02524724	<i>Mint-Acyclovir</i>	Mint	100	126.73	➡ 1.2673
02242464	<i>Mylan-Acyclovir</i>	Mylan	100	126.73	➡ 1.2673
02285975	<i>Teva-Acyclovir</i>	Teva Can	100	126.73	➡ 1.2673

ACYCLOVIR SODIUM

I.V. Perf. Sol.

50 mg/mL (10 mL) **PPB**

02236926	<i>Acyclovir Sodique</i>	Fresenius	10	857.80	➡ 85.7800
02456524	<i>Acyclovir sodique injectable</i>	Sterimax	10	857.80	➡ 85.7800
02494558	<i>Acyclovir Sodium Injection</i>	AuroPharma	10	857.80	➡ 85.7800

I.V. Perf. Sol.

50 mg/mL (20 mL) **PPB**

99106493	<i>Acyclovir Sodique</i>	Fresenius	10	1715.70	➡ 171.5700
99106293	<i>Acyclovir sodique injectable</i>	Sterimax	10	1715.70	➡ 171.5700
99113861	<i>Acyclovir Sodium Injection</i>	AuroPharma	10	1715.70	➡ 171.5700

ENTECAVIR

Tab.

0.5 mg **PPB**

02396955	<i>Apo-Entecavir</i>	Apotex	30	165.00	➡ 5.5000
02448777	<i>Auro-Entecavir</i>	AuroPharma	30	165.00	➡ 5.5000
			100	550.00	➡ 5.5000
02282224	<i>Baraclude</i>	B.M.S.	30	660.00	22.0000
02527154	<i>Entecavir</i>	Sanis	30	165.00	➡ 5.5000
02467232	<i>Jamp-Entecavir</i>	Jamp	30	165.00	➡ 5.5000
02485907	<i>Mint-Entecavir</i>	Mint	30	165.00	➡ 5.5000
02430576	<i>pms-Entecavir</i>	Phmscience	30	165.00	➡ 5.5000

FAMCICLOVIR

Tab.

125 mg **PPB**

02292025	<i>Apo-Famciclovir</i>	Apotex	30	79.82	➡ 2.6605
02229110	<i>Famvir</i>	Atnahs	10	27.15	2.7150

Tab.

250 mg **PPB**

02292041	<i>Apo-Famciclovir</i>	Apotex	30	108.27	➡ 3.6090
02229129	<i>Famvir</i>	Atnahs	30	112.10	3.7367

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

Tab.			500 mg PPB		
02292068	<i>Apo-Famciclovir</i>	Apotex	30	127.77	➡ 4.2591
02177102	<i>Famvir</i>	Atnahs	21	139.38	➡ 6.6371

GANCICLOVIR SODIUM

I.V. Perf. Pd.

			500 mg PPB		
02162695	<i>Cytovene</i>	Cheplaphar	5	210.19	➡ 42.0380
02537168	<i>Ganciclovir pour injection</i>	Forma Ph	25	1050.95	➡ 42.0380
02404761	<i>Ganciclovir pour injection</i>	Fresenius	25	1050.95	➡ 42.0380
02475391	<i>Ganciclovir pour injection</i>	Sterimax	25	1050.95	➡ 42.0380

REMDESIVIR ³³

I.V. Perf. Pd.

			100 mg		
02502143	<i>Veklury</i>	Gilead	1	660.53	

TENOFOVIR ALAFENAMIDE (HEMIFUMARATE)

Tab.

			25 mg		
02464241	<i>Vemlidy</i>	Gilead	30	518.67	17.2890

VALACYCLOVIR (HYDROCHLORIDE)

Tab.

			500 mg PPB		
02500582	<i>AG-Valacyclovir</i>	Angita	8	4.96	➡ 0.6198
			100	61.98	➡ 0.6198
02295822	<i>Apo-Valacyclovir</i>	Apotex	8	4.96	➡ 0.6198
			100	61.98	➡ 0.6198
02405040	<i>Auro-Valacyclovir</i>	AuroPharma	30	18.59	➡ 0.6198
			100	61.98	➡ 0.6198
02440598	<i>Jamp Valacyclovir</i>	Jamp	100	61.98	➡ 0.6198
02351579	<i>Mylan-Valacyclovir</i>	Mylan	100	61.98	➡ 0.6198
02558130	<i>NB-Valacyclovir</i>	NB Pharma	100	61.98	➡ 0.6198
02298457	<i>pms-Valacyclovir</i>	Phmscience	100	61.98	➡ 0.6198
			500	309.90	➡ 0.6198
02315173	<i>Pro-Valacyclovir</i>	Pro Doc	100	61.98	➡ 0.6198
			500	309.90	➡ 0.6198
02316447	<i>Riva-Valacyclovir</i>	Riva	100	61.98	➡ 0.6198
02347091	<i>Sandoz Valacyclovir</i>	Sandoz	90	55.78	➡ 0.6198
02357534	<i>Teva-Valacyclovir</i>	Teva Can	100	61.98	➡ 0.6198
02454645	<i>Valacyclovir</i>	Sanis	100	61.98	➡ 0.6198
02442000	<i>Valacyclovir</i>	Sivem	100	61.98	➡ 0.6198
02219492	<i>Valtrex</i>	GSK	30	93.56	3.1187

33 For the conditions of coverage by the basic plan of remdesivir, please refer to item 10 in the List of medications.

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

VALGANCICLOVIR HYDROCHLORIDE

Oral Susp.

50 mg/mL **PPB**

02535483	<i>Auro-Valganciclovir</i>	AuroPharma	100 ml	150.99	➡ 1.5099
02306085	<i>Valcyte</i>	Cheplaphar	100 ml	253.98	➡ 2.5398

Tab.

450 mg **PPB**

02435179	<i>Auro-Valganciclovir</i>	AuroPharma	60	348.19	➡ 5.8031
			100	580.31	➡ 5.8031
02495457	<i>Mint-Valganciclovir</i>	Mint	60	348.19	➡ 5.8031
02413825	<i>Teva-Valganciclovir</i>	Teva Can	60	348.19	➡ 5.8031
02245777	<i>Valcyte</i>	Cheplaphar	60	1371.49	➡ 22.8582

8:18.92

ANTIVIRALS, MISCELLANEOUS

NIRMATRELVIR/RITONAVIR ³²

Tab.

150 mg - 100 mg

02524031	<i>Paxlovid</i>	Pfizer	30	1288.88	42.9627
* 02527804	<i>Paxlovid</i>	Pfizer	20	580.00	W

8:30.04

AMEBICIDES

PAROMOMYCINE SULFATE

Caps.

250 mg

02078759	<i>Humatin</i>	Search Phm	100	236.74	2.3674

8:30.08

ANTIMALARIALS

ATOVAQUONE/ PROGUANIL (HYDROCHLORIDE)

Tab.

62.5 mg - 25 mg

02264935	<i>Malarone pediatrique</i>	GSK	12	17.77	1.4808

Tab.

250 mg - 100 mg **PPB**

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

32 For the conditions of coverage by the basic plan of nirmatrelvir/ritonavir, please refer to item10 in the List of medications.

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

HYDROXYCHLOROQUIN SULFATE

Tab.

200 mg **PPB**

02246691	<i>Apo-Hydroxyquine</i>	Apotex	100	15.76	➡ 0.1576
02519348	<i>Hydroxychloroquine</i>	Sanis	500	78.80	➡ 0.1576
02491427	<i>Jamp Hydroxychloroquine</i>	Jamp	100	15.76	➡ 0.1576
02424991	<i>Mint-Hydroxychloroquine</i>	Mint	100	15.76	➡ 0.1576
			500	78.80	➡ 0.1576
02511886	<i>NRA-Hydroxychloroquine</i>	Nora	100	15.76	➡ 0.1576
02017709	<i>Plaquenil</i>	SanofiAven	100	56.62	0.5662

MEFLOQUINE HYDROCHLORIDE

Tab.

250 mg

02244366	<i>Mefloquine</i>	AA Pharma	8	29.56	3.6950

PRIMAQUINE PHOSPHATE

Tab.

26.3 mg

02017776	<i>Primaquine</i>	SanofiAven	100	36.44	0.3644

QUININE SULFATE

Caps.

200 mg **PPB**

02445190	<i>Jamp-Quinine</i>	Jamp	100	23.90	➡ 0.2390
			500	119.50	➡ 0.2390
02311216	<i>Pro-Quinine-200</i>	Pro Doc	100	23.90	➡ 0.2390
00021008	<i>Teva-Quinine</i>	Teva Can	100	23.90	➡ 0.2390

Caps. or Tab.

300 mg **PPB**

02254522	<i>Apo-Quinine (Caps.)</i>	Apotex	100	37.50	➡ 0.3750
02445204	<i>Jamp-Quinine (Caps.)</i>	Jamp	100	37.50	➡ 0.3750
			500	187.50	➡ 0.3750
02311224	<i>Pro-Quinine-300 (Caps.)</i>	Pro Doc	100	37.50	➡ 0.3750
00695459	<i>Quinine-Odan (Caps.)</i>	Odan	100	37.50	➡ 0.3750
			500	187.50	➡ 0.3750
00021016	<i>Teva-Quinine</i>	Teva Can	100	37.50	➡ 0.3750

8:30.92

ANTIPROTOZOALS, MISCELLANEOUS

ATOVAQUONE

Oral Susp.

150 mg/mL **PPB**

02556618	<i>Auro-Atovaquone</i>	AuroPharma	210 ml	333.00	➡ 1.5857
02528495	<i>GLN-Atovaquone</i>	Glenmark	210 ml	333.00	➡ 1.5857
02217422	<i>Mepron</i>	GSK	210 ml	504.15	2.4007

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

METRONIDAZOLE

I.V. Perf. Sol.

5 mg/mL

00649074	Metronidazole	Pfizer	100 ml	14.58	W

Tab.

250 mg PPB

00545066	Apo-Metronidazole Tablets	Apotex	500	28.60	➡	0.0572
02535807	Mint-Metronidazole	Mint	500	28.60	➡	0.0572

8:36
URINARY ANTI-INFECTIVES
FOSFOMYCINE TROMETHAMIN

Oral Pd.

3 g PPB

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

NITROFURANTIN MONOHYDRATE (MACROCRYSTALS)

Caps.

100 mg PPB

02466392	Auro-Nitrofurantoin	AuroPharma	100	30.67	➡	0.3067
02544954	JAMP Nitrofurantoin BID	Jamp	100	30.67	➡	0.3067
02455676	pms-Nitrofurantoin	Phmscience	100	30.67	➡	0.3067

NITROFURANTOIN

Tab.

50 mg

00319511	Nitrofurantoin	AA Pharma	100	16.70		0.1670

Tab.

100 mg

00312738	Nitrofurantoin	AA Pharma	100	22.27		0.2227

NITROFURANTOIN (MACROCRYSTALS)

Caps.

50 mg PPB

02495503	JAMP Nitrofurantoin	Jamp	100	29.27	➡	0.2927
02231015	Teva-Nitrofurantoin	Teva Can	100	29.27	➡	0.2927

Caps.

100 mg PPB

02495511	JAMP Nitrofurantoin	Jamp	100	54.99	➡	0.5499
02231016	Teva-Nitrofurantoin	Teva Can	100	54.99	➡	0.5499

TRIMETHOPRIM

Tab.

100 mg

02243116	Trimethoprim	AA Pharma	100	26.17		0.2617

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

Tab.

				200 mg	
02243117	<i>Trimethoprim</i>	AA Pharma	100	52.73	0.5273

10:00
ANTINEOPLASTIC AGENTS

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

10:00

ANTINEOPLASTIC AGENTS

AFATINIB DIMALEATE

Tab.

20 mg **PPB**

02415666	<i>Giotrif</i>	Bo. Ing.	28	1736.00		62.0000
02517019	<i>Mar-Afatinib</i>	Marcan	30	1162.18	➡	38.7392
02512777	<i>Sandoz AFatinib</i>	Sandoz	30	1162.18	➡	38.7392

Tab.

30 mg **PPB**

02415674	<i>Giotrif</i>	Bo. Ing.	28	1736.00		62.0000
02517027	<i>Mar-Afatinib</i>	Marcan	30	1162.18	➡	38.7392
02512785	<i>Sandoz AFatinib</i>	Sandoz	30	1162.18	➡	38.7392

Tab.

40 mg **PPB**

02415682	<i>Giotrif</i>	Bo. Ing.	28	1736.00		62.0000
02517035	<i>Mar-Afatinib</i>	Marcan	30	1162.18	➡	38.7392
02512793	<i>Sandoz AFatinib</i>	Sandoz	30	1162.18	➡	38.7392

BICALUTAMIDE

Tab.

50 mg **PPB**

02296063	<i>Apo-Bicalutamide</i>	Apotex	30	38.07	➡	1.2690
02325985	<i>Bicalutamide</i>	Accord	30	38.07	➡	1.2690
			100	126.90	➡	1.2690
02519178	<i>Bicalutamide</i>	Sanis	30	38.07	➡	1.2690
02357216	<i>Jamp-Bicalutamide</i>	Jamp	30	38.07	➡	1.2690
			100	126.90	➡	1.2690
02275589	<i>pms-Bicalutamide</i>	Phmscience	30	38.07	➡	1.2690
			100	126.90	➡	1.2690
* 02311038	<i>Pro-Bicalutamide</i>	Pro Doc	30	38.07	➡	1.2690
02270226	<i>Teva-Bicalutamide</i>	Teva Can	30	38.07	➡	1.2690
			100	126.90	➡	1.2690

BUSULFAN

Tab.

2 mg

00004618	<i>Myleran</i>	Aspen	25	35.32		1.4128

CAPECITABINE

Tab.

150 mg **PPB**

02426757	<i>ACH-Capecitabine</i>	Accord	60	27.45	➡	0.4575
02434504	<i>Apo-Capecitabine</i>	Apotex	60	27.45	➡	0.4575
02519879	<i>Capecitabine</i>	Jamp	60	27.45	➡	0.4575
02514982	<i>Capecitabine</i>	Sanis	60	27.45	➡	0.4575
02421917	<i>Sandoz Capecitabine</i>	Sandoz	60	27.45	➡	0.4575
02457490	<i>Taro-Capecitabine</i>	Taro	60	27.45	➡	0.4575
02238453	<i>Xeloda</i>	Cheplaphar	60	109.80		W

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

Tab.

500 mg **PPB**

02426765	<i>ACH-Capecitabine</i>	Accord	120	183.00	➡ 1.5250
02434512	<i>Apo-Capecitabine</i>	Apotex	120	183.00	➡ 1.5250
02519887	<i>Capecitabine</i>	Jamp	120	183.00	➡ 1.5250
02514990	<i>Capecitabine</i>	Sanis	120	183.00	➡ 1.5250
02508028	<i>Mint-Capecitabine</i>	Mint	120	183.00	➡ 1.5250
02421925	<i>Sandoz Capecitabine</i>	Sandoz	120	183.00	➡ 1.5250
02457504	<i>Taro-Capecitabine</i>	Taro	120	183.00	➡ 1.5250
02238454	<i>Xeloda</i>	Cheplaphar	120	732.00	W

CHLORAMBUCIL

Tab.

2 mg

00004626	<i>Leukeran</i>	Aspen	25	33.30	1.3320

CYCLOPHOSPHAMIDE

Tab.

50 mg

02241796	<i>Procytox</i>	Baxter	100	47.73	0.4773

ERLOTINIB (HYDROCHLORIDE)

Tab.

100 mg **PPB**

02461870	<i>Apo-Erlotinib</i>	Apotex	30	396.00	➡ 13.2000
02483920	<i>NAT-Erlotinib</i>	Natco	30	396.00	➡ 13.2000
02454386	<i>pms-Erlotinib</i>	Phmscience	30	396.00	➡ 13.2000
02377705	<i>Teva-Erlotinib</i>	Teva Can	30	396.00	➡ 13.2000

Tab.

150 mg **PPB**

02461889	<i>Apo-Erlotinib</i>	Apotex	30	594.00	➡ 19.8000
02483939	<i>NAT-Erlotinib</i>	Natco	30	594.00	➡ 19.8000
02454394	<i>pms-Erlotinib</i>	Phmscience	30	594.00	➡ 19.8000
02377713	<i>Teva-Erlotinib</i>	Teva Can	30	594.00	➡ 19.8000

ETOPOSIDE

Caps.

50 mg

00616192	<i>Vepesid</i>	Cheplaphar	20	656.42	32.8210

FLUDARABINE PHOPHATE

Tab.

10 mg

02246226	<i>Fludara</i>	SanofiAven	15	574.97	38.3315
			20	766.63	38.3315

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

GEFITINIB

Tab.

250 mg **PPB**

02468050	<i>Apo-Gefitinib</i>	Apotex	30	1869.15	➡ 62.3050
02248676	<i>Iressa</i>	AZC	30	2199.00	➡ 73.3000
02500663	<i>Jamp Gefitinib</i>	Jamp	30	1869.15	➡ 62.3050
02491796	<i>Nat-Gefitinib</i>	Natco	30	1869.15	➡ 62.3050
02487748	<i>Sandoz Gefitinib</i>	Sandoz	30	1869.15	➡ 62.3050

HYDROXYUREA

Caps.

500 mg **PPB**

02247937	<i>Apo-Hydroxyurea</i>	Apotex	100	91.83	➡ 0.9183
00465283	<i>Hydrea</i>	Cheplaphar	100	91.83	➡ 0.9183
02242920	<i>Mylan-Hydroxyurea</i>	Mylan	100	91.83	➡ 0.9183
02530260	<i>Riva-Hydroxyurea</i>	Riva	100	91.83	➡ 0.9183

LENALIDOMIDE

Caps.

2.5 mg **PPB**

02507927	<i>Apo-Lenalidomide</i>	Apotex	21	1729.88	➡ 82.3750
02506130	<i>Jamp Lenalidomide</i>	Jamp	21	1729.88	➡ 82.3750
02493837	<i>NAT-Lenalidomide</i>	Natco	21	1729.88	➡ 82.3750
02484714	<i>Reddy-Lenalidomide</i>	Dr Reddy's	21	1729.88	➡ 82.3750
02459418	<i>Revlimid</i>	Celgene	21	6919.50	329.5000
02518562	<i>Sandoz Lenalidomide</i>	Sandoz	21	1729.88	➡ 82.3750
02507862	<i>Taro-Lenalidomide</i>	Taro	21	1729.88	➡ 82.3750

Caps.

5 mg **PPB**

02507935	<i>Apo-Lenalidomide</i>	Apotex	28	2380.00	➡ 85.0000
02506149	<i>Jamp Lenalidomide</i>	Jamp	28	2380.00	➡ 85.0000
02493845	<i>NAT-Lenalidomide</i>	Natco	28	2380.00	➡ 85.0000
02483017	<i>Reddy-Lenalidomide</i>	Dr Reddy's	28	2380.00	➡ 85.0000
02304899	<i>Revlimid</i>	Celgene	28	9520.00	340.0000
02518570	<i>Sandoz Lenalidomide</i>	Sandoz	28	2380.00	➡ 85.0000
02507870	<i>Taro-Lenalidomide</i>	Taro	28	2380.00	➡ 85.0000

Caps.

10 mg **PPB**

02507943	<i>Apo-Lenalidomide</i>	Apotex	28	2527.00	➡ 90.2500
02506157	<i>Jamp Lenalidomide</i>	Jamp	28	2527.00	➡ 90.2500
02493861	<i>NAT-Lenalidomide</i>	Natco	28	2527.00	➡ 90.2500
02483025	<i>Reddy-Lenalidomide</i>	Dr Reddy's	28	2527.00	➡ 90.2500
02304902	<i>Revlimid</i>	Celgene	28	10108.00	361.0000
02518589	<i>Sandoz Lenalidomide</i>	Sandoz	28	2527.00	➡ 90.2500
02507889	<i>Taro-Lenalidomide</i>	Taro	28	2527.00	➡ 90.2500

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

Caps.

15 mg **PPB**

02507951	<i>Apo-Lenalidomide</i>	Apotex	21	2005.50	➡ 95.5000
02506165	<i>Jamp Lenalidomide</i>	Jamp	21	2005.50	➡ 95.5000
02493888	<i>NAT-Lenalidomide</i>	Natco	21	2005.50	➡ 95.5000
02483033	<i>Reddy-Lenalidomide</i>	Dr Reddy's	21	2005.50	➡ 95.5000
02317699	<i>Revlimid</i>	Celgene	21	8022.00	382.0000
02518597	<i>Sandoz Lenalidomide</i>	Sandoz	21	2005.50	➡ 95.5000
02507897	<i>Taro-Lenalidomide</i>	Taro	21	2005.50	➡ 95.5000

Caps.

20 mg **PPB**

02507978	<i>Apo-Lenalidomide</i>	Apotex	21	2115.75	➡ 100.7500
02506173	<i>Jamp Lenalidomide</i>	Jamp	21	2115.75	➡ 100.7500
02493896	<i>NAT-Lenalidomide</i>	Natco	21	2115.75	➡ 100.7500
02483041	<i>Reddy-Lenalidomide</i>	Dr Reddy's	21	2115.75	➡ 100.7500
02440601	<i>Revlimid</i>	Celgene	21	8463.00	403.0000
02518600	<i>Sandoz Lenalidomide</i>	Sandoz	21	2115.75	➡ 100.7500
02507900	<i>Taro-Lenalidomide</i>	Taro	21	2115.75	➡ 100.7500

Caps.

25 mg **PPB**

02507986	<i>Apo-Lenalidomide</i>	Apotex	21	2226.00	➡ 106.0000
02506181	<i>Jamp Lenalidomide</i>	Jamp	21	2226.00	➡ 106.0000
02493918	<i>NAT-Lenalidomide</i>	Natco	21	2226.00	➡ 106.0000
02483068	<i>Reddy-Lenalidomide</i>	Dr Reddy's	21	2226.00	➡ 106.0000
02317710	<i>Revlimid</i>	Celgene	21	8904.00	424.0000
02518619	<i>Sandoz Lenalidomide</i>	Sandoz	21	2226.00	➡ 106.0000
02507919	<i>Taro-Lenalidomide</i>	Taro	21	2226.00	➡ 106.0000

MELPHALAN

Tab.

2 mg

00004715	<i>Alkeran</i>	Aspen	50	74.18	1.4836

MERCAPTOPURINE

Tab.

50 mg **PPB**

02415275	<i>Mercaptopurine</i>	Sterimax	25	70.93	➡ 2.8372
00004723	<i>Purinethol</i>	Teva Can	25	70.93	➡ 2.8372
			60	170.23	➡ 2.8372

METHOTREXATE

Inj. Sol (syr)

7.5 mg/0.3 mL

02422166	<i>Methotrexate pour Injection BP</i>	Phmscience	1	5.60	

Inj. Sol (syr)

10 mg/0.4 mL

02422174	<i>Methotrexate pour Injection BP</i>	Phmscience	1	7.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol (syr)			15 mg/0.6 ml		
02422182	<i>Methotrexate pour Injection BP</i>	Phmscience	1	8.40	
Inj. Sol (syr)			20 mg/0.8 ml		
02422190	<i>Methotrexate pour Injection BP</i>	Phmscience	1	11.20	
Inj. Sol (syr)			25 mg/mL		
02422204	<i>Methotrexate pour Injection BP</i>	Phmscience	1	12.20	
Inj. Sol.			25 mg/mL PPB		
02464365	<i>Methotrexate Injectable</i>	Accord	2 ml	➡ 6.24	
			20 ml	➡ 62.40	
02182777	<i>Methotrexate Sodium</i>	Pfizer	2 ml	➡ 6.24	
			20 ml	➡ 62.40	
02182955	<i>Methotrexate Sodium sans preservatif</i>	Pfizer	2 ml	11.25	
S.C. Inj.Sol (syr)			10 mg/0,2 mL PPB		
02491281	<i>Methotrexate Subcutaneous</i>	Accord	1	➡ 14.82	
02454831	<i>Metobject Subcutaneous</i>	Medexus	1	➡ 14.82	
02539608	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡ 14.82	
S.C. Inj.Sol (syr)			12,5 mg/0,25 mL PPB		
02491303	<i>Methotrexate Subcutaneous</i>	Accord	1	➡ 15.60	
02454750	<i>Metobject Subcutaneous</i>	Medexus	1	➡ 15.60	
02539616	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡ 15.60	
S.C. Inj.Sol (syr)			15 mg/0,3 mL PPB		
02491311	<i>Methotrexate Subcutaneous</i>	Accord	1	➡ 16.38	
02454858	<i>Metobject Subcutaneous</i>	Medexus	1	➡ 16.38	
02539624	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡ 16.38	
S.C. Inj.Sol (syr)			17.5 mg/0.35 mL PPB		
02491338	<i>Methotrexate Subcutaneous</i>	Accord	1	➡ 16.00	
02454769	<i>Metobject Subcutaneous</i>	Medexus	1	➡ 16.00	
02539632	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡ 16.00	
S.C. Inj.Sol (syr)			20 mg/0.4 mL PPB		
02491346	<i>Methotrexate Subcutaneous</i>	Accord	1	➡ 17.50	
02454866	<i>Metobject Subcutaneous</i>	Medexus	1	➡ 17.50	
02539640	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡ 17.50	

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

S.C. Inj.Sol (syr)

22.5 mg/0.45 mL **PPB**

02491354	<i>Methotrexate Subcutaneous</i>	Accord	1	➡	17.50
02454777	<i>Metosject Subcutaneous</i>	Medexus	1	➡	17.50
02539659	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡	17.50

S.C. Inj.Sol (syr)

25 mg/0.5 mL **PPB**

02491362	<i>Methotrexate Subcutaneous</i>	Accord	1	➡	19.50
02454874	<i>Metosject Subcutaneous</i>	Medexus	1	➡	19.50
02539667	<i>pms-Methotrexate Injection</i>	Phmscience	1	➡	19.50

Tab.

2.5 mg **PPB**

02509067	<i>ACH-Methotrexate</i>	Accord	100	25.13	➡	0.2513
02182963	<i>Apo-Methotrexate</i>	Apotex	24	6.03	➡	0.2513
			100	25.13	➡	0.2513
02524023	<i>Auro-Methotrexate</i>	AuroPharma	30	7.54	➡	0.2513
			100	25.13	➡	0.2513
02534916	<i>M-Methotrexate</i>	Mantra Ph.	100	25.13	➡	0.2513
02170698	<i>pms-Methotrexate</i>	Phmscience	30	7.54	➡	0.2513
			100	25.13	➡	0.2513

Tab.

10 mg **PPB**

02553740	<i>JAMP Methotrexate Tablets</i>	Jamp	100	139.94	➡	1.3994
02182750	<i>Méthotrexate</i>	Pfizer	100	270.67		2.7067
02561956	<i>pms-Methotrexate Tablets</i>	Phmscience	100	139.94	➡	1.3994

MITOTANE

Tab.

500 mg

00463221	<i>Lysodren</i>	Médunik	100	979.00		9.7900

NILUMAMID

Tab.

50 mg

02221861	<i>Anandron</i>	Cheplaphar	90	165.31		1.8368

PROCARBAZINE HYDROCHLORIDE

Caps.

50 mg

00012750	<i>Matulane</i>	Sigma-Tau	100			UE

TEMOZOLOMIDE

Caps.

5 mg **PPB**

02516799	<i>Jamp Temozolomide</i>	Jamp	5	9.75	➡	1.9500
02443473	<i>Taro-Temozolomide</i>	Taro	5	9.75	➡	1.9500
02241093	<i>Temodal</i>	Merck	5	19.50		3.9000
02441160	<i>Teva-Temozolomide</i>	Teva Can	5	9.75	➡	1.9500
			20	39.00	➡	1.9500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			20 mg PPB		
02516802	<i>Jamp Temozolomide</i>	Jamp	5	39.00 ➡	7.8000
02443481	<i>Taro-Temozolomide</i>	Taro	5	39.00 ➡	7.8000
02241094	<i>Temodal</i>	Merck	5	78.00	15.6000
02395274	<i>Teva-Temozolomide</i>	Teva Can	5	39.00 ➡	7.8000
			20	156.00 ➡	7.8000

Caps.			100 mg PPB		
02516810	<i>Jamp Temozolomide</i>	Jamp	5	195.01 ➡	39.0015
02443511	<i>Taro-Temozolomide</i>	Taro	5	195.01 ➡	39.0015
02241095	<i>Temodal</i>	Merck	5	390.00	78.0000
02395282	<i>Teva-Temozolomide</i>	Teva Can	5	195.01 ➡	39.0015
			20	780.03 ➡	39.0015

Caps.			140 mg PPB		
02516829	<i>Jamp Temozolomide</i>	Jamp	5	273.01 ➡	54.6025
02443538	<i>Taro-Temozolomide</i>	Taro	5	273.01 ➡	54.6025
02312794	<i>Temodal</i>	Merck	5	546.00	109.2000
02395290	<i>Teva-Temozolomide</i>	Teva Can	5	273.01 ➡	54.6025
			20	1092.05 ➡	54.6025

Caps.			250 mg PPB		
02516845	<i>Jamp Temozolomide</i>	Jamp	5	487.51 ➡	97.5010
02443554	<i>Taro-Temozolomide</i>	Taro	5	487.51 ➡	97.5010
02241096	<i>Temodal</i>	Merck	5	975.00	195.0000
02395312	<i>Teva-Temozolomide</i>	Teva Can	5	487.51 ➡	97.5010
			20	1950.02 ➡	97.5010

THIOGUANINE

Tab.			40 mg		
00282081	<i>Lanvis</i>	Aspen	25	102.93	4.1172

TRETINOIN

Caps.			10 mg PPB		
02520036	<i>Jamp Tretinoin</i>	Jamp	100	1392.84 ➡	13.9284
02145839	<i>Vesanoid</i>	Cheplaphar	100	1638.63	16.3863

TRIPTORELIN (AS PAMOATE)

Kit			3.75 mg		
02240000	<i>Trelstar</i>	Knight	1	304.43	

Kit			11.25 mg		
02243856	<i>Trelstar LA</i>	Knight	1	932.12	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit					
02412322	<i>Trelstar</i>	Knight	1	22.5 mg 1650.00	

12:00

AUTONOMIC DRUGS

- 12:02** **smoking cessation agents**
- 12:04** **parasympathomimetic (cholinergic) agents**
- 12:08** **anticholinergic agents**
 - 12:08.08 antimuscarinics/antispasmodics
- 12:12** **sympathomimetic (adrenergic) agents**
 - 12:12.04 alpha-adrenergic agonists
 - 12:12.08 beta-adrenergic agonists
 - 12:12.12 alpha- and beta-adrenergic agonists
- 12:16** **sympatholytic (adrenergic blocking) 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

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

12:02

SMOKING CESSATION AGENTS

NICOTINE ¹

Chewing gum

2 mg PPB

80069513	Nicorette Mint	McNeil Co	105	26.49	0.2523
80086508	Nicotine gum	Cellchem	108	12.30	0.1139
80000396	Thrive	Dr Reddy's	108	21.77	0.2016

Chewing gum

4 mg PPB

80069471	Nicorette Mint	McNeil Co	105	26.49	0.2523
80086508	Nicotine gum	Cellchem	108	12.30	0.1139
80000402	Thrive	Dr Reddy's	108	28.47	0.2636

Past. Or.

1 mg

80007461	Thrive	Dr Reddy's	108	21.77	0.2016

Past. Or.

2 mg

80007464	Thrive	Dr Reddy's	108	28.47	0.2636

Patch

7 mg/24 h PPB

80130502	AddictAid Nicotine Patch	Cellchem	7	9.81	1.4021
01943057	Habitrol	Dr Reddy's	7	18.75	2.6786
80044518	Nicoderm	McNeil Co	7	18.75	2.6786

Patch

14 mg/24 h PPB

01943065	Habitrol	Dr Reddy's	7	18.75	2.6786
80044503	Nicoderm	McNeil Co	7	18.75	2.6786

Patch

21 mg/24 h PPB

01943073	Habitrol	Dr Reddy's	7	18.75	2.6786
80044515	Nicoderm	McNeil Co	7	18.75	2.6786

VARENICLINE TARTRATE ⁷

Tab.

0.5 mg PPB

02419882	Apo-Varenicline	Apotex	56	25.86	0.4618
02554445	Auro-Varenicline	AuroPharma	56	25.86	0.4618
02546949	Mint-Varenicline	Mint	56	25.86	0.4618
02542951	NRA-Varenicline	Nora	56	25.86	0.4618
02559897	ZDS-Varenicline	Zyudus Ph	56	25.86	0.4618

1 The duration of reimbursements for stop-smoking treatments with various nicotine preparations is limited to 12 consecutive weeks per 12-month period. In addition, the total quantity of chewing gum or lozenges for which the cost is reimbursable during the 12 weeks is limited to 840 units, all forms combined.

7 The duration of reimbursements for varenicline stop-smoking treatments is initially limited to a total of 12 consecutive weeks per 12-month period. A 12-week extension will be authorized for persons having stopped smoking on the 12th week. The duration of reimbursements is then limited to a total of 24 consecutive weeks per 12 month period.

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

Tab.				0.5 mg et 1 mg	PPB
02435675	<i>Apo-Varenicline (kit)</i>	Apotex	53	➡	24.39
02546965	<i>Mint-Varenicline (kit)</i>	Mint	53	➡	24.39
02542986	<i>NRA-Varenicline (Starter Kit)</i>	Nora	53	➡	24.39

Tab.				1 mg	PPB
02419890	<i>Apo-Varenicline</i>	Apotex	56	➡	25.86
02554453	<i>Auro-Varenicline</i>	AuroPharma	56	➡	25.86
02546957	<i>Mint-Varenicline</i>	Mint	56	➡	25.86
02542978	<i>NRA-Varenicline</i>	Nora	56	➡	25.86
02559900	<i>ZDS-Varenicline</i>	Zydus Ph	56	➡	25.86

12:04
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS
BETHANECHOL CHLORIDE

Tab.				10 mg	
01947958	<i>Duvoid</i>	Knight	100	25.98	0.2598

Tab.				25 mg	
01947931	<i>Duvoid</i>	Knight	100	42.07	0.4207

Tab.				50 mg	
01947923	<i>Duvoid</i>	Knight	100	55.26	0.5526

PILOCARPINE HYDROCHLORIDE

Tab.				5 mg	PPB
02509571	<i>Jamp Pilocarpine</i>	Jamp	100	73.21	➡ 0.7321
02496119	<i>M-Pilocarpine</i>	Mantra Ph.	100	73.21	➡ 0.7321
02216345	<i>Salagen</i>	Amdipharm	100	73.21	➡ 0.7321

PYRIDOSTIGMINE BROMIDE

L.A. Tab.				180 mg	
00869953	<i>Mestinon Supraspan</i>	Bausch H.	30	28.19	0.9397

Tab.				60 mg	PPB
02508362	<i>Jamp Pyridostigmine Bromide</i>	Jamp	100	26.73	➡ 0.2673
00869961	<i>Mestinon</i>	Bausch H.	100	42.95	0.4295
02495643	<i>Riva-Pyridostigmine</i>	Riva	100	26.73	➡ 0.2673

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

12:08.08

ANTIMUSCARINICS/ANTISPASMODICS

ACLIDINIUM BROMIDE

Inh. Pd. (App.)

400 mcg

02409720	<i>Tudorza Genuair</i>	Covis	60	53.10	

GLYCOPYRROLATE

Inj. Sol.

0.2 mg/mL **PPB**

02382857	<i>Glycopyrrolate injection</i>	Oméga	1 ml	➡	2.78	
			2 ml	➡	5.57	
* 02039508	<i>Glycopyrrolate injection</i>	Sandoz	2 ml	➡	5.57	
02473879	<i>Glycopyrrolate injection</i>	Sterimax	1 ml	➡	2.78	
02473887	<i>Glycopyrrolate injection</i>	Sterimax	20 ml	➡	55.65	
02473895	<i>Glycopyrrolate injection</i>	Sterimax	2 ml	➡	5.57	
02382849	<i>Glycopyrrolate Injection</i>	Oméga	20 ml	➡	55.65	
	<i>Multidose</i>					
02513749	<i>Injection de Glycopyrrolate</i>	Jamp	2 ml	➡	5.57	
02532379	<i>Injection de Glycopyrrolate</i>	Jamp	20 ml	➡	55.65	

GLYCOPYRRONIUM BROMIDE

Inh. Pd. (App.)

50 mcg/caps.

02394936	<i>Seebri Breezhaler</i>	Covis	30	53.10	

HYOSCINE BUTYLBROMIDE

Inj. Sol.

20 mg/mL

02229868	<i>Butylbromure d'hyoscine</i>	Sandoz	1 ml		4.52	

IPRATROPIUM BROMIDE

Inh. Sol.

0.125 mg/mL (2 mL)

02231135	<i>pms-Ipratropium Polynebs</i>	Phmscience	20	13.18	0.6590

Inh. Sol.

0.25 mg/mL **PPB**

02126222	<i>Apo-Ipravent</i>	Apotex	20 ml	➡	6.31	
02231136	<i>pms-Ipratropium</i>	Phmscience	20 ml	➡	6.31	

Inh. Sol.

0.25 mg/mL (1 mL) **PPB**

02231244	<i>pms-Ipratropium Polynebs</i>	Phmscience	20	13.18	➡	0.6590
02216221	<i>Teva-Ipratropium Sterinebs</i>	Teva Can	20	13.18	➡	0.6590

Inh. Sol.

0.25 mg/mL (2 mL) **PPB**

02231245	<i>pms-Ipratropium Polynebs</i>	Phmscience	10	13.18	➡	1.3180
99002795	<i>Teva-Ipratropium Sterinebs</i>	Teva Can	10	13.18	➡	1.3180

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Nas. spray				0.03 %	
02239627	<i>pms-Ipratropium</i>	Phmscience	30 ml	22.70	

Oral aerosol				0.02 mg/dose PPB	
02247686	<i>Atrovent HFA</i>	Bo. Ing.	200 dose(s)	18.92	
02542587	<i>JAMP Ipratropium HFA</i>	Jamp	200 dose(s)	11.25	

SCOPOLAMINE HYDROBROMIDE

Inj. Sol.				0.4 mg/mL	
02242810	<i>Scopolamine Hydrobromide Injection</i>	Oméga	1	6.51	

Inj. Sol.				0.6 mg/mL	
02242811	<i>Scopolamine Hydrobromide Injection</i>	Oméga	1	7.04	

TIOTROPIUM MONOHYDRATED BROMIDE

Inh. Pd. (App.)				18 mcg PPB	
02550865	<i>Apo-Tiotropium (with applicator)</i>	Apotex	30	27.43	
02537850	<i>Lupin-Tiotropium (with LupinHaler)</i>	Lupin	30	27.43	
02246793	<i>Spiriva (with Handihaler)</i>	Bo. Ing.	30	27.43	

Inh. Pd. (Without App.)				18 mcg PPB	
99114580	<i>Apo-Tiotropium</i>	Apotex	30	27.43	
99114582	<i>Lupin-Tiotropium</i>	Lupin	30	27.43	
99114581	<i>Spiriva</i>	Bo. Ing.	30	27.43	

Inh. Sol. (App.)				2.5 mcg	
02435381	<i>Spiriva Respimat</i>	Bo. Ing.	60 dose(s)	51.90	

UMECLIDINIUM (BROMIDE)

Inh. Pd.				62.5 mcg	
02423596	<i>Incruse Ellipta</i>	GSK	30 dose(s)	50.00	

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

12:12.04

ALPHA-ADRENERGIC AGONISTS

MIDODRINE HYDROCHLORIDE

Tab.

2.5 mg **PPB**

02517701	JAMP Midodrine	Jamp	100	11.53	➡	0.1153
02473984	Mar-Midodrine	Marcan	100	11.53	➡	0.1153
02278677	Midodrine	Apotex	100	11.53	➡	0.1153
02533200	Midodrine	Sanis	100	11.53	➡	0.1153
02547112	M-Midodrine	Mantra Ph.	100	11.53	➡	0.1153

Tab.

5 mg **PPB**

02517728	JAMP Midodrine	Jamp	100	19.21	➡	0.1921
02473992	Mar-Midodrine	Marcan	100	19.21	➡	0.1921
02278685	Midodrine	Apotex	100	19.21	➡	0.1921
02533219	Midodrine	Sanis	100	19.21	➡	0.1921
02547120	M-Midodrine	Mantra Ph.	100	19.21	➡	0.1921

12:12.08

BETA-ADRENERGIC AGONISTS

FORMOTEROL FUMARATE DIHYDRATE

Inh. Pd.

6 mcg /dose

02237225	Oxeze Turbuhaler	AZC	60 dose(s)	33.24		

Inh. Pd.

12 mcg/dose

02237224	Oxeze Turbuhaler	AZC	60 dose(s)	44.28		

IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE)

Inh. Sol.

0.2 mg -1 mg/mL (2.5 mL) **PPB**

02483394	Bromure d'ipratropium et salbutamol	Juno	20	14.68	➡	0.7340
02272695	Teva-Combo Sterinebs	Teva Can	20	14.68	➡	0.7340

SALBUTAMOL

Oral aerosol

100 mcg/dose **PPB**

02232570	Airomir	Bausch H.	200 dose(s)	➡	5.00	
02245669	Apo-Salbutamol HFA	Apotex	200 dose(s)	➡	5.00	
02419858	Salbutamol HFA	Sanis	200 dose(s)	➡	5.00	
02326450	Teva-Salbutamol HFA	Teva Can	200 dose(s)	➡	5.00	
02241497	Ventolin HFA	GSK	200 dose(s)		6.00	

SALBUTAMOL SULFATE

Inh. Sol.

0.5 mg/mL (2.5mL)

02208245	pms-Salbutamol Polynebs	Phmscience	20	3.49		0.1745

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inh. Sol. 1 mg/mL (2.5 mL) PPB					
02208229	<i>pms-Salbutamol Polynebs</i>	Phmscience	20	7.23 ➡	0.3615
01926934	<i>Teva-Salbutamol Sterinebs P.F.</i>	Teva Can	20	7.23 ➡	0.3615
Inh. Sol. 2 mg/mL (2.5 mL) PPB					
02208237	<i>pms-Salbutamol Polynebs</i>	Phmscience	20	13.50 ➡	0.6750
02173360	<i>Teva-Salbutamol Sterinebs P.F.</i>	Teva Can	20	13.50 ➡	0.6750
Inh. Sol. 5 mg/mL					
02213486	<i>Ventolin</i>	GSK	10 ml	2.30	
SALMETEROL XINAFOATE 					
Inh. Pd. 50 mcg/dose					
02231129	<i>Serevent Diskus</i>	GSK	60 dose(s)	52.64	
TERBUTALIN SULFATE 					
Inh. Pd. 0.5 mg/dose					
00786616	<i>Bricanyl Turbuhaler</i>	AZC	120 dose(s)	9.17	
12:12.12					
ALPHA- AND BETA-ADRENERGIC AGONISTS					
EPINEPHRINE					
Inj. Sol. (App.) 0,15 mg/dose PPB					
02382059	<i>Allerject</i>	Kaleo	1	➡ 81.00	
00578657	<i>EpiPen Jr.</i>	Pfizer	1	➡ 81.00	
Inj. Sol. (App.) 0,3 mg/dose PPB					
02382067	<i>Allerject</i>	Kaleo	1	➡ 81.00	
00509558	<i>EpiPen</i>	Pfizer	1	➡ 81.00	
EPINEPHRINE HYDROCHLORIDE					
Inj. Sol. 1 mg/mL					
02435810	<i>Epinephrine</i>	Hikma	10	38.50	3.8500

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

12:16.04

ALPHA-ADRENERGIC BLOCKING AGENTS

ALFUZOSINE HYDROCHLORIDE

L.A. Tab.

10 mg **PPB**

02519844	<i>Alfuzosin</i>	Sanis	100	26.01	➡	0.2601
02447576	<i>Alfuzosin</i>	Sivem	100	26.01	➡	0.2601
02315866	<i>Apo-Alfuzosin</i>	Apotex	100	26.01	➡	0.2601
02443201	<i>Auro-Alfuzosin</i>	AuroPharma	100	26.01	➡	0.2601
02304678	<i>Sandoz Alfuzosin</i>	Sandoz	100	26.01	➡	0.2601
02245565	<i>Xatral</i>	SanofiAven	100	101.30		1.0130

DIHYDROERGOTAMINE MESYLATE

Inj. Sol.

1 mg/mL

00027243	<i>Dihydroergotamine</i>	Sterimax	1 ml	3.88		

Nas. spray

4 mg/mL

02228947	<i>Migranal</i>	Sterimax	3	28.22		9.4067

SILODOSINE

Caps.

4 mg **PPB**

02478501	<i>Auro-Silodosin</i>	AuroPharma	30	11.18	➡	0.3726
02539519	<i>Jamp Silodosin</i>	Jamp	30	11.18	➡	0.3726
02517779	<i>pms-Silodosin</i>	Phmscience	30	11.18	➡	0.3726
02475421	<i>Sandoz Silodosin</i>	Sandoz	30	11.18	➡	0.3726

Caps.

8 mg **PPB**

02478528	<i>Auro-Silodosin</i>	AuroPharma	90	33.53	➡	0.3726
02539527	<i>Jamp Silodosin</i>	Jamp	90	33.53	➡	0.3726
02517787	<i>pms-Silodosin</i>	Phmscience	90	33.53	➡	0.3726
02475448	<i>Sandoz Silodosin</i>	Sandoz	100	37.26	➡	0.3726

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

TAMSULOSIN HYDROCHLORIDE

L.A. Tab or L.A. Caps

0.4 mg PPB

02362406	<i>Apo-Tamsulosin CR</i>	Apotex	30	4.50	➡	0.1500
			100	15.00	➡	0.1500
02545179	<i>Auro-Tamsulosin CR</i>	AuroPharma	30	4.50	➡	0.1500
			100	15.00	➡	0.1500
02352419	<i>Jamp-Tamsulosin</i>	Jamp	100	15.00	➡	0.1500
02319217	<i>Sandoz Tamsulosin</i>	Sandoz	100	15.00	➡	0.1500
02340208	<i>Sandoz Tamsulosin CR</i>	Sandoz	100	15.00	➡	0.1500
			500	75.00	➡	0.1500
02413612	<i>Tamsulosin CR</i>	Pro Doc	30	4.50	➡	0.1500
			500	75.00	➡	0.1500
02427117	<i>Tamsulosin CR</i>	Sanis	100	15.00	➡	0.1500
02429667	<i>Tamsulosin CR</i>	Sivem	100	15.00	➡	0.1500
			500	75.00	➡	0.1500
02368242	<i>Teva-Tamsulosin CR</i>	Teva Can	30	4.50	➡	0.1500
			100	15.00	➡	0.1500

12:20.04

CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

CYCLOBENZAPRINE HYDROCHLORIDE

Tab.

10 mg PPB

02485419	<i>AG-Cyclobenzaprine</i>	Angita	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02177145	<i>Apo-Cyclobenzaprine</i>	Apotex	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02348853	<i>Auro-Cyclobenzaprine</i>	AuroPharma	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02287064	<i>Cyclobenzaprine</i>	Sanis	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02424584	<i>Cyclobenzaprine</i>	Sivem	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02495422	<i>Flexeril</i>	Orimed	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02357127	<i>Jamp-Cyclobenzaprine</i>	Jamp	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02212048	<i>pms-Cyclobenzaprine</i>	Phmscience	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02220644	<i>Pro-Cyclobenzaprine</i>	Pro Doc	500	51.10	➡	0.1022
02242079	<i>Riva-Cyclobenzaprine</i>	Riva	100	10.22	➡	0.1022
			500	51.10	➡	0.1022
02080052	<i>Teva-Cyclobenzaprine</i>	Teva Can	100	10.22	➡	0.1022
			500	51.10	➡	0.1022

12:20.08

DIRECT-ACTING SKELETAL MUSCLE RELAXANTS

DANTROLENE (SODIUM)

Caps.

25 mg

01997602	<i>Dantrium</i>	Par Phm	100	39.40		0.3940

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

12:20.12

GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS

BACLOFEN

Inj. Sol.

0.05 mg/mL (1 mL)

* 02413620	<i>Baclofen Injection</i>	Sterimax	5	30.01	6.0028

Inj. Sol.

0.5 mg/mL (20 mL)

PPB

02413639	<i>Baclofen Injection</i>	Sterimax	1	➡	78.86
02485508	<i>Baclofene Intrathecale</i>	Avir	1	➡	78.86

Inj. Sol.

2 mg/mL (5 mL)

PPB

02413647	<i>Baclofen Injection</i>	Sterimax	5	➡	78.8670
02553341	<i>Baclofene injectable</i>	Jamp	5	➡	78.8670

Inj. Sol.

2 mg/mL (20 mL)

* 02485516	<i>Baclofene Intrathecale</i>	Avir	1	315.47	

Tab.

10 mg **PPB**

02139332	<i>Apo-Baclofen</i>	Apotex	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02287021	<i>Baclofen</i>	Sanis	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02544660	<i>Baclofen</i>	Sivem	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02544482	<i>JAMP Baclofen</i>	Jamp	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02088398	<i>Mylan-Baclofen</i>	Mylan	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02063735	<i>pms-Baclofen</i>	Phmscience	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02152584	<i>Pro-Baclofen</i>	Pro Doc	100	15.95	➡	0.1595
02242150	<i>Riva-Baclofen</i>	Riva	100	15.95	➡	0.1595
			500	79.74	➡	0.1595

Tab.

20 mg **PPB**

02139391	<i>Apo-Baclofen</i>	Apotex	100	31.04	➡	0.3104
02287048	<i>Baclofen</i>	Sanis	100	31.04	➡	0.3104
02544679	<i>Baclofen</i>	Sivem	100	31.04	➡	0.3104
02544490	<i>JAMP Baclofen</i>	Jamp	100	31.04	➡	0.3104
02088401	<i>Mylan-Baclofen</i>	Mylan	100	31.04	➡	0.3104
02063743	<i>pms-Baclofen</i>	Phmscience	100	31.04	➡	0.3104
02152592	<i>Pro-Baclofen</i>	Pro Doc	100	31.04	➡	0.3104
02242151	<i>Riva-Baclofen</i>	Riva	100	31.04	➡	0.3104
			500	155.20	➡	0.3104

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

12:20.92

SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS

ORPHENADRINE CITRATE

L.A. Tab.

				100 mg	
02243559	<i>Sandoz Orphenadrine</i>	Sandoz	100	50.95	0.5095

20:00
BLOOD FORMATION,COAGULATION, THROMBOSIS
AGTS

20:04 antianemia drugs
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
20:16 hematopoietic agents
20:28 antihemorrhagic agents
20:28.16 hemostatics

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

20:04.04

IRON PREPARATIONS

FERRIC CARBOXYMALTOSE

I.V. Inj. Sol.

50 mg (Fe)/mL

02546078	<i>Ferinject</i>	CSLBehring	2 ml 10 ml	45.00 225.00	

FERRIC DERISOMALTOSIS

I.V. Inj. Sol.

100 mg (Fe)/mL

02477777	<i>Monoferic</i>	Pfizer	1 ml 5 ml 10 ml	45.00 225.00 450.00	

FERROUS SULFATE

Ped. Oral Sol.

75 mg/mL(Fe-15 mg/mL) **PPB**

00762954	<i>Fer-in-Sol</i>	M.J.	50 ml	9.27	
02237385	<i>Ferodan</i>	Odan	50 ml	7.16	➡
80008309	<i>Jamp-Ferrous Sulfate</i>	Jamp	50 ml	7.16	➡
* 02232202	<i>Pediafer</i>	Exzell	50 ml	7.16	➡

Syr. or Oral Sol.

150 mg/5 mL(Fe-30 mg/5 mL) **PPB**

00017884	<i>Fer-in-Sol</i>	M.J.	250 ml	12.61		0.0504
00758469	<i>Ferodan</i>	Odan	250 ml	6.80	➡	0.0272
			500 ml	13.60	➡	0.0272
80008295	<i>Jamp-Ferrous Sulfate</i>	Jamp	250 ml	6.80	➡	0.0272
* 02242863	<i>Pediafer Sirop</i>	Exzell	250 ml	6.80	➡	0.0272

Tab.

300 mg to 325 mg (Fe-60 mg to 65 mg) **PPB**

00031100	<i>Jamp-Ferrous Sulfate</i>	Jamp	1000	15.71	➡	0.0157
80057416	<i>M-Fer Sulfate</i>	Mantra Ph.	1000	15.71	➡	0.0157
00586323	<i>pms-Ferrous Sulfate</i>	Phmscience	500	7.86	➡	0.0157
			1000	15.71	➡	0.0157

IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX)

I.V. Inj. Sol.

12.5 mg (Ir)/mL (5 mL)

02243333	<i>Ferrlecit</i>	SanofiAven	10	241.33		24.1330

IRON-SUCROSE

I.V. Inj. Sol.

20 mg (Fe)/mL (5 mL) **PPB**

02502917	<i>pms-Iron Sucrose</i>	Phmscience	10	275.00	➡	27.5000
02243716	<i>Venofer</i>	Luitpold	10	275.00	➡	27.5000

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

20:12.04

ANTICOAGULANTS

**APIXABAN **

Tab.

2.5 mg **PPB**

02487713	<i>ACH-Apixaban</i>	Accord	60	24.50	➡	0.4084
02529912	<i>AG-Apixaban</i>	Angita	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02548879	<i>Apixaban</i>	Sanis	180	73.51	➡	0.4084
			500	204.20	➡	0.4084
02530708	<i>Apixaban</i>	Sivem	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02487381	<i>Apo-Apixaban</i>	Apotex	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02486806	<i>Auro-Apixaban</i>	AuroPharma	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02527979	<i>Bio-Apixaban</i>	Biomed	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02377233	<i>Eliquis</i>	B.M.S.	60	96.00		1.6000
02528924	<i>Jamp Apixaban</i>	Jamp	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02529009	<i>M-Apixaban</i>	Mantra Ph.	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02492369	<i>Mar-Apixaban</i>	Marcan	60	24.50	➡	0.4084
			180	73.51	➡	0.4084
02495430	<i>Mint-Apixaban</i>	Mint	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02492814	<i>NAT-Apixaban</i>	Natco	60	24.50	➡	0.4084
02553635	<i>NB-Apixaban</i>	NB Pharma	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02526050	<i>NRA-Apixaban</i>	Nora	60	24.50	➡	0.4084
02546884	<i>NRA-Apixaban</i>	Nora	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02530724	<i>Pro-Apixaban</i>	Pro Doc	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02525518	<i>Riva Apixaban</i>	Riva	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02489228	<i>Sandoz Apixaban SDZ</i>	Sandoz	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
+ 02487519	<i>Sandoz Apixaban Tablet</i>	Sandoz	60	24.50	➡	0.4084
			500	204.20	➡	0.4084
02510464	<i>Taro-Apixaban</i>	Sun Pharma	60	24.50	➡	0.4084
02484994	<i>Teva-Apixaban</i>	Teva Can	100	40.84	➡	0.4084
			500	204.20	➡	0.4084

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

Tab.

5 mg **PPB**

02487721	<i>ACH-Apixaban</i>	Accord	60	24.00	➡	0.4000
			180	72.00	➡	0.4000
02529920	<i>AG-Apixaban</i>	Angita	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02548887	<i>Apixaban</i>	Sanis	180	72.00	➡	0.4000
			500	200.00	➡	0.4000
02530716	<i>Apixaban</i>	Sivem	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02487403	<i>Apo-Apixaban</i>	Apotex	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02486814	<i>Auro-Apixaban</i>	AuroPharma	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02527987	<i>Bio-Apixaban</i>	Biomed	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02397714	<i>Eliquis</i>	B.M.S.	60	96.00		1.6000
			180	288.00		1.6000
02528932	<i>Jamp Apixaban</i>	Jamp	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02529017	<i>M-Apixaban</i>	Mantra Ph.	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02492377	<i>Mar-Apixaban</i>	Marcan	60	24.00	➡	0.4000
			180	72.00	➡	0.4000
02495449	<i>Mint-Apixaban</i>	Mint	180	72.00	➡	0.4000
			500	200.00	➡	0.4000
02492822	<i>NAT-Apixaban</i>	Natco	60	24.00	➡	0.4000
			1000	400.00	➡	0.4000
02553643	<i>NB-Apixaban</i>	NB Pharma	180	72.00	➡	0.4000
			500	200.00	➡	0.4000
02526069	<i>NRA-Apixaban</i>	Nora	60	24.00	➡	0.4000
			180	72.00	➡	0.4000
02546892	<i>NRA-Apixaban</i>	Nora	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02530732	<i>Pro-Apixaban</i>	Pro Doc	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02525526	<i>Riva Apixaban</i>	Riva	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02489236	<i>Sandoz Apixaban SDZ</i>	Sandoz	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
+ 02487527	<i>Sandoz Apixaban Tablet</i>	Sandoz	60	24.00	➡	0.4000
			500	200.00	➡	0.4000
02510472	<i>Taro-Apixaban</i>	Sun Pharma	60	24.00	➡	0.4000
			180	72.00	➡	0.4000
02485001	<i>Teva-Apixaban</i>	Teva Can	100	40.00	➡	0.4000
			500	200.00	➡	0.4000

DALTEPARINE SODIC

Inj. Sol (syr)

3500 UI/0,28 mL

02430789	<i>Fragmin</i>	Pfizer	1	7.06	

Inj. Sol.

25 000 U/mL

02231171	<i>Fragmin</i>	Pfizer	3.8 ml	151.32	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr) 2 500 UI/0.2 mL					
02132621	Fragmin	Pfizer	1	5.04	
S.C. Inj.Sol (syr) 5 000 UI/0.2 mL					
02132648	Fragmin	Pfizer	1	10.09	
S.C. Inj.Sol (syr) 7 500 UI/0.3 ml					
02352648	Fragmin	Pfizer	1	15.13	
S.C. Inj.Sol (syr) 10 000 UI/0.4 mL					
02352656	Fragmin	Pfizer	1	20.18	
S.C. Inj.Sol (syr) 12 500 UI/0.5 mL					
02352664	Fragmin	Pfizer	1	25.22	
S.C. Inj.Sol (syr) 15 000 UI/0.6 mL					
02352672	Fragmin	Pfizer	1	30.26	
S.C. Inj.Sol (syr) 16 500 UI/0,66 mL					
02494582	Fragmin	Pfizer	1	33.29	33.2900
			5	166.45	
S.C. Inj.Sol (syr) 18 000 UI/0.72 mL					
02352680	Fragmin	Pfizer	1	36.32	
EDOXABAN 					
Tab. 15 mg PPB					
02458640	Lixiana	Servier	30	85.20	W
02553414	Sandoz Edoxaban	Sandoz	100	146.97	➡ 1.4697
02554208	Teva-Edoxaban	Teva Can	30	44.09	➡ 1.4697
Tab. 30 mg PPB					
02557282	JAMP Edoxaban	Jamp	30	22.04	➡ 0.7348
02458659	Lixiana	Servier	30	85.20	W
02556960	Pro-Edoxaban	Pro Doc	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348
			30	22.04	➡ 0.7348
02553422	Sandoz Edoxaban	Sandoz	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348
			30	22.04	➡ 0.7348
02554216	Teva-Edoxaban	Teva Can	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348

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

Tab.

60 mg **PPB**

02557290	<i>JAMP Edoxaban</i>	Jamp	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348
02458667	<i>Lixiana</i>	Servier	30	85.20	W
02556979	<i>Pro-Edoxaban</i>	Pro Doc	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348
02553430	<i>Sandoz Edoxaban</i>	Sandoz	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348
02554224	<i>Teva-Edoxaban</i>	Teva Can	30	22.04	➡ 0.7348
			100	73.48	➡ 0.7348

ENOXAPARIN SODIUM

S.C. Inj. Sol.

100 mg/mL

02509121	<i>Redesca</i>	Valeo	3 ml	49.62	

S.C. Inj.Sol (syr)

30 mg/ 0.3 mL

02539977	<i>Axberi</i>	Baxter	10	49.12	4.9124
02532247	<i>Elonox</i>	Fresenius	10	49.12	4.9124
02507501	<i>Inclunox</i>	Sandoz	10	49.62	4.9620
02506459	<i>Noromby</i>	Juno	10	49.12	4.9124
02509075	<i>Redesca</i>	Valeo	10	49.62	4.9620

S.C. Inj.Sol (syr)

40 mg/0.4 mL

02539985	<i>Axberi</i>	Baxter	10	65.50	6.5498
02532255	<i>Elonox</i>	Fresenius	10	65.50	6.5498
02507528	<i>Inclunox</i>	Sandoz	10	66.16	6.6160
02506467	<i>Noromby</i>	Juno	10	65.50	6.5498
02509083	<i>Redesca</i>	Valeo	10	66.16	6.6160

S.C. Inj.Sol (syr)

60 mg/0.6 mL

02540002	<i>Axberi</i>	Baxter	10	98.25	9.8248
02532263	<i>Elonox</i>	Fresenius	10	98.25	9.8248
02507536	<i>Inclunox</i>	Sandoz	10	99.24	9.9240
02506475	<i>Noromby</i>	Juno	10	98.25	9.8248
02509091	<i>Redesca</i>	Valeo	10	99.24	9.9240

S.C. Inj.Sol (syr)

80 mg/0.8 mL

02540010	<i>Axberi</i>	Baxter	10	131.00	13.0997
02532271	<i>Elonox</i>	Fresenius	10	131.00	13.0997
02507544	<i>Inclunox</i>	Sandoz	10	132.32	13.2320
02506483	<i>Noromby</i>	Juno	10	131.00	13.0997
02509105	<i>Redesca</i>	Valeo	10	132.32	13.2320

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

S.C. Inj.Sol (syr)

100 mg/1.0 mL

02540045	<i>Axberi</i>	Baxter	10	163.75	16.3746
02532298	<i>Elonox</i>	Fresenius	10	163.75	16.3746
02507552	<i>Inclunox</i>	Sandoz	10	165.40	16.5400
02506491	<i>Noromby</i>	Juno	10	163.75	16.3746
02509113	<i>Redesca</i>	Valeo	10	165.40	16.5400

S.C. Inj.Sol (syr)

120 mg/0.8 mL

02540029	<i>Axberi HP</i>	Baxter	10	196.50	19.6495
02532301	<i>Elonox HP</i>	Fresenius	10	196.50	19.6495
02507560	<i>Inclunox HP</i>	Sandoz	2	39.70	19.8480
02506505	<i>Noromby HP</i>	Juno	10	196.50	19.6495
02509148	<i>Redesca HP</i>	Valeo	10	198.48	19.8480

S.C. Inj.Sol (syr)

150 mg/1.0 mL

02540037	<i>Axberi HP</i>	Baxter	10	245.62	24.5619
02532328	<i>Elonox HP</i>	Fresenius	10	245.62	24.5619
02507579	<i>Inclunox HP</i>	Sandoz	2	49.62	24.8100
02506513	<i>Noromby HP</i>	Juno	10	245.62	24.5619
02509156	<i>Redesca HP</i>	Valeo	10	248.10	24.8100

FONDAPARINUX

S.C. Inj.Sol (syr)

2.5 mg/0.5 mL

PPB

02245531	<i>Arixtra</i>	Aspen	1	➡	9.86
02406853	<i>Solution injectable de fondaparinux sodique</i>	Dr Reddy's	1	➡	9.86

S.C. Inj.Sol (syr)

7.5 mg/0.6 mL

PPB

02258056	<i>Arixtra</i>	Aspen	1	➡	17.50
02406896	<i>Solution injectable de fondaparinux sodique</i>	Dr Reddy's	1	➡	17.50

HEPARIN (SODIUM)

Inj. Sol.

100 U/mL

00727520	<i>Heparine Leo</i>	Leo	10 ml		4.26

Inj. Sol.

1 000 U/mL

00453811	<i>Heparine</i>	Leo	10 ml		5.01

Inj. Sol.

10 000 U/mL

02382326	<i>Heparine sodique injectable, USP</i>	Pfizer	1 ml		5.01

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

NADROPARINE CALCIUM

S.C. Inj.Sol (syr)

2 850 U/0.3 mL

02236913	Fraxiparine	Aspen	1	2.72	

S.C. Inj.Sol (syr)

3 800 U/0.4 mL

02450623	Fraxiparine	Aspen	1	3.63	

S.C. Inj.Sol (syr)

5 700 U/0.6 mL

02450631	Fraxiparine	Aspen	1	5.44	

S.C. Inj.Sol (syr)

9 500 U/1.0 mL

02450658	Fraxiparine	Aspen	1	9.06	

S.C. Inj.Sol (syr)

11 400 U/0.6 mL

02450674	Fraxiparine Forte	Aspen	1	10.87	

S.C. Inj.Sol (syr)

15 200 U/0.8 mL

02450666	Fraxiparine Forte	Aspen	1	14.50	

S.C. Inj.Sol (syr)

19 000 U/1.0 mL

02240114	Fraxiparine Forte	Aspen	1	18.12	

RIVAROXABAN

Tab.

10 mg **PPB**

02527995	AG-Rivaroxaban	Angita	100	71.75	➡	0.7175
02470497	Apo-Rivaroxaban	Apotex	50	35.88	➡	0.7175
02549336	Bio-Rivaroxaban	Biomed	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02516292	JAMP Rivaroxaban	Jamp	100	71.75	➡	0.7175
02551616	M-Rivaroxaban	Mantra Ph.	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02555115	NB-Rivaroxaban	NB Pharma	100	71.75	➡	0.7175
02512041	pms-Rivaroxaban	Phmscience	100	71.75	➡	0.7175
02540975	Pro-Rivaroxaban	Pro Doc	100	71.75	➡	0.7175
02472414	Reddy-Rivaroxaban	Dr Reddy's	50	35.88	➡	0.7175
02540843	Riva Rivaroxaban	Riva	100	71.75	➡	0.7175
02547902	Rivaroxaban	Sanis	100	71.75	➡	0.7175
02541475	Rivaroxaban	Sivem	100	71.75	➡	0.7175
02482223	Sandoz Rivaroxaban	Sandoz	100	71.75	➡	0.7175
02483807	Taro-Rivaroxaban	Taro	50	35.88	➡	0.7175
			500	358.75	➡	0.7175
02507196	Teva-Rivaroxaban	Teva Can	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02316986	Xarelto	Bayer	50	142.00		2.8400

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

Tab.

15 mg **PPB**

02528002	<i>AG-Rivaroxaban</i>	Angita	100	71.75	➡	0.7175
02470500	<i>Apo-Rivaroxaban</i>	Apotex	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02549344	<i>Bio-Rivaroxaban</i>	Biomed	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02516306	<i>JAMP Rivaroxaban</i>	Jamp	100	71.75	➡	0.7175
02551624	<i>M-Rivaroxaban</i>	Mantra Ph.	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02555123	<i>NB-Rivaroxaban</i>	NB Pharma	100	71.75	➡	0.7175
02512068	<i>pms-Rivaroxaban</i>	Phmscience	100	71.75	➡	0.7175
			3500	2511.25	➡	0.7175
02540983	<i>Pro-Rivaroxaban</i>	Pro Doc	100	71.75	➡	0.7175
02472430	<i>Reddy-Rivaroxaban</i>	Dr Reddy's	90	64.58	➡	0.7175
02540851	<i>Riva Rivaroxaban</i>	Riva	100	71.75	➡	0.7175
02547910	<i>Rivaroxaban</i>	Sanis	100	71.75	➡	0.7175
02541483	<i>Rivaroxaban</i>	Sivem	100	71.75	➡	0.7175
02482231	<i>Sandoz Rivaroxaban</i>	Sandoz	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02483815	<i>Taro-Rivaroxaban</i>	Taro	90	64.58	➡	0.7175
			500	358.75	➡	0.7175
02507218	<i>Teva-Rivaroxaban</i>	Teva Can	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02378604	<i>Xarelto</i>	Bayer	90	255.60		2.8400

Tab.

20 mg **PPB**

02528010	<i>AG-Rivaroxaban</i>	Angita	100	71.75	➡	0.7175
02470519	<i>Apo-Rivaroxaban</i>	Apotex	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02549352	<i>Bio-Rivaroxaban</i>	Biomed	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02516314	<i>JAMP Rivaroxaban</i>	Jamp	100	71.75	➡	0.7175
02551632	<i>M-Rivaroxaban</i>	Mantra Ph.	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02555131	<i>NB-Rivaroxaban</i>	NB Pharma	100	71.75	➡	0.7175
02512076	<i>pms-Rivaroxaban</i>	Phmscience	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02540991	<i>Pro-Rivaroxaban</i>	Pro Doc	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02472422	<i>Reddy-Rivaroxaban</i>	Dr Reddy's	90	64.58	➡	0.7175
			500	358.75	➡	0.7175
02540878	<i>Riva Rivaroxaban</i>	Riva	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02547929	<i>Rivaroxaban</i>	Sanis	500	358.75	➡	0.7175
02541491	<i>Rivaroxaban</i>	Sivem	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02482258	<i>Sandoz Rivaroxaban</i>	Sandoz	100	71.75	➡	0.7175
			500	358.75	➡	0.7175
02483823	<i>Taro-Rivaroxaban</i>	Taro	90	64.58	➡	0.7175
			500	358.75	➡	0.7175
02507226	<i>Teva-Rivaroxaban</i>	Teva Can	30	21.53	➡	0.7175
			100	71.75	➡	0.7175
02378612	<i>Xarelto</i>	Bayer	90	255.60		2.8400

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

TINZAPARIN SODIUM

S.C. Inj. Sol.

10 000 UI/mL

02167840	Innohep	Leo	2 ml	33.43	

S.C. Inj. Sol.

20 000 UI/mL (2 mL)

02229515	Innohep	Leo	10	679.00	67.9000

S.C. Inj. Sol (syr)

2 500 UI/0.25 mL

02229755	Innohep	Leo	10	42.15	4.2150

S.C. Inj. Sol (syr)

3 500 UI/0.35 mL

02358158	Innohep	Leo	10	59.00	5.9000

S.C. Inj. Sol (syr)

4 500 UI/0.45 mL

02358166	Innohep	Leo	10	75.80	7.5800

S.C. Inj. Sol (syr)

8 000 UI/0.4 mL

02429462	Innohep	Leo	10	137.71	13.7710

S.C. Inj. Sol (syr)

10 000 UI/ 0.5 mL

02231478	Innohep	Leo	10	167.70	16.7700

S.C. Inj. Sol (syr)

12 000 UI/0.6 mL

02429470	Innohep	Leo	10	206.57	20.6570

S.C. Inj. Sol (syr)

14 000 UI/ 0.7 mL

02358174	Innohep	Leo	10	241.00	24.1000

S.C. Inj. Sol (syr)

16 000 UI/0,8 mL

02429489	Innohep	Leo	10	275.43	27.5430

S.C. Inj. Sol (syr)

18 000 UI/0.9 mL

02358182	Innohep	Leo	10	309.85	30.9850

WARFARIN (SODIUM)

Tab.

1 mg PPB

02242924	Apo-Warfarin	Apotex	100	7.80	➡	0.0780
			500	39.00	➡	0.0780
02242680	Taro-Warfarin	Taro	100	7.80	➡	0.0780
			250	19.50	➡	0.0780

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

Tab.

2 mg **PPB**

02242925	<i>Apo-Warfarin</i>	Apotex	100	8.25 ➡	0.0825
			500	41.25 ➡	0.0825
02242681	<i>Taro-Warfarin</i>	Taro	100	8.25 ➡	0.0825
			250	20.63 ➡	0.0825

Tab.

2.5 mg **PPB**

02242926	<i>Apo-Warfarin</i>	Apotex	100	6.60 ➡	0.0660
			500	33.00 ➡	0.0660
02242682	<i>Taro-Warfarin</i>	Taro	100	6.60 ➡	0.0660
			250	16.50 ➡	0.0660

Tab.

3 mg **PPB**

02245618	<i>Apo-Warfarin</i>	Apotex	100	10.23 ➡	0.1023
02242683	<i>Taro-Warfarin</i>	Taro	100	10.23 ➡	0.1023

Tab.

4 mg **PPB**

02242927	<i>Apo-Warfarin</i>	Apotex	100	10.23 ➡	0.1023
			500	51.15 ➡	0.1023
02242684	<i>Taro-Warfarin</i>	Taro	100	10.23 ➡	0.1023
			250	25.58 ➡	0.1023

Tab.

5 mg **PPB**

02242928	<i>Apo-Warfarin</i>	Apotex	100	6.62 ➡	0.0662
			500	33.10 ➡	0.0662
02242685	<i>Taro-Warfarin</i>	Taro	100	6.62 ➡	0.0662
			250	16.55 ➡	0.0662

Tab.

6 mg

02242686	<i>Taro-Warfarin</i>	Taro	100	18.60	0.1860

Tab.

7.5 mg

02242697	<i>Taro-Warfarin</i>	Taro	100	30.14	0.3014

Tab.

10 mg **PPB**

02242929	<i>Apo-Warfarin</i>	Apotex	100	11.87 ➡	0.1187
02242687	<i>Taro-Warfarin</i>	Taro	100	11.87 ➡	0.1187

20:12.14

PLATELET-REDUCING AGENTS

ANAGRELIDE HYDROCHLORIDE

Caps.

0.5 mg

02274949	<i>pms-Anagrelide</i>	Phmscience	100	263.61	2.6361

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

20:12.18

PLATELET-AGGREGATION INHIBITORS

CLOPIDOGREL BISULFATE

Tab.

75 mg **PPB**

02431971	<i>AG-Clonidogrel</i>	Angita	30	7.89	➡	0.2631
			100	26.31	➡	0.2631
02252767	<i>Apo-Clonidogrel</i>	Apotex	30	7.89	➡	0.2631
			100	26.31	➡	0.2631
02416387	<i>Auro-Clonidogrel</i>	AuroPharma	30	7.89	➡	0.2631
			100	26.31	➡	0.2631
02444895	<i>Bio-Clonidogrel</i>	Biomed	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02394820	<i>Clonidogrel</i>	Pro Doc	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02400553	<i>Clonidogrel</i>	Sanis	500	131.55	➡	0.2631
02385813	<i>Clonidogrel</i>	Sivem	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02415550	<i>Jamp-Clonidogrel</i>	Jamp	30	7.89	➡	0.2631
			100	26.31	➡	0.2631
02422255	<i>Mar-Clonidogrel</i>	Marcan	100	26.31	➡	0.2631
			500	131.55	➡	0.2631
02502283	<i>M-Clonidogrel</i>	Mantra Ph.	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02408910	<i>Mint-Clonidogrel</i>	Mint	500	131.55	➡	0.2631
02482037	<i>NRA-Clonidogrel</i>	Nora	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02238682	<i>Plavix</i>	SanofiAven	28	74.23		2.6511
			90	238.60		2.6511
02348004	<i>Pms-Clonidogrel</i>	Phmscience	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02388529	<i>Riva-Clonidogrel</i>	Riva	30	7.89	➡	0.2631
			500	131.55	➡	0.2631
02379813	<i>Taro-Clonidogrel</i>	Sun Pharma	100	26.31	➡	0.2631
			500	131.55	➡	0.2631
02293161	<i>Teva Clonidogrel</i>	Teva Can	30	7.89	➡	0.2631
			100	26.31	➡	0.2631

20:16

HEMATOPOIETIC AGENTS

FILGRASTIM

Inj. sol.

300 mcg/mL (1.0 mL)

02485591	<i>Nivestym</i>	Pfizer	10	1056.80		105.6798

Inj. sol.

300 mcg/mL (1.6mL)

02485656	<i>Nivestym</i>	Pfizer	10	1690.87		169.0872

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

Inj. Sol (syr)

600 mcg/mL (0,5 mL)

02556537	<i>Filra</i>	Jamp	1	105.68	105.6798
			10	1056.80	
02441489	<i>Grastofil</i>	Apotex	1	105.68	105.6798
			10	1056.80	
02485575	<i>Nivestym</i>	Pfizer	1	105.68	105.6798
			10	1056.80	
02520990	<i>Nypozi</i>	Tanvex	1	105.68	105.6798
			10	1056.80	

Inj. Sol (syr)

600 mcg/mL (0,8 mL)

02556545	<i>Filra</i>	Jamp	1	169.09	169.0872
			10	1690.87	
02454548	<i>Grastofil</i>	Apotex	1	169.09	169.0872
			10	1690.87	
02485583	<i>Nivestym</i>	Pfizer	1	169.09	169.0872
			10	1690.87	
02521008	<i>Nypozi</i>	Tanvex	1	169.09	169.0872
			10	1690.87	

PEGFILGRASTIM

S.C. Inj. Sol. (pen)

10 mg/mL (0,6 mL)

02529343	<i>Lapelga</i>	Apotex	1	1375.00	

S.C. Inj. Sol (syr)

10 mg/mL (0,6 mL)

02484153	<i>Fulphila</i>	Biocon	1	492.00	
02474565	<i>Lapelga</i>	Apotex	1	492.00	
02546973	<i>Niopeg</i>	Nora	1	492.00	
02506238	<i>Nyvepria</i>	Pfizer	1	1375.00	
02553945	<i>Pexegra</i>	Jamp	1	492.00	
02497395	<i>Ziextenzo</i>	Sandoz	1	492.00	

20:28.16

HEMOSTATICS

TRANEXAMIC ACID

Tab.

500 mg **PPB**

02401231	<i>Acide Tranexamique</i>	Sterimax	100	29.67	➡	0.2967
02064405	<i>Cyklokapron</i>	Pfizer	100	102.48		1.0248
02496232	<i>Mar-Tranexamic Acid</i>	Marcan	100	29.67	➡	0.2967
02549395	<i>M-Tranexamic Acid</i>	Mantra Ph.	100	29.67	➡	0.2967
02519194	<i>Tranexamic Acide</i>	Jamp	100	29.67	➡	0.2967

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
24:08	vasodilating agents
24:08.08	nitrates and nitrites
24:08.16	direct vasodilators
24:16	alpha-adrenergic blocking agents
24:20	beta-adrenergic blocking agents
24:24	central alpha-agonists
24:28	calcium-channel blocking agents
24:28.08	dihydropyridines
24:28.92	calcium-channel blocking agents, miscellaneous
24:32	renin-angiotensin-aldosterone system inhibitors
24:32.04	angiotensin-converting enzyme inhibitors
24:32.08	angiotensin ii receptor antagonists
24:32.20	mineralocorticoid (aldosterone) receptor antagon.

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

24:04.04

ANTIARRHYTHMIC AGENTS

AMIODARONE HYDROCHLORIDE

Tab.

				100 mg	
02292173	<i>pms-Amiodarone</i>	Phmscience	100	67.76	0.6776

Tab.

				200 mg	PPB	
02364336	<i>Amiodarone</i>	Sanis	100	37.06	➡	0.3706
02385465	<i>Amiodarone</i>	Sivem	100	37.06	➡	0.3706
02246194	<i>Apo-Amiodarone</i>	Apotex	100	37.06	➡	0.3706
02531844	<i>JAMP Amiodarone</i>	Jamp	100	37.06	➡	0.3706
02242472	<i>pms-Amiodarone</i>	Phmscience	100	37.06	➡	0.3706
02309661	<i>Pro-Amiodarone-200</i>	Pro Doc	100	37.06	➡	0.3706
02247217	<i>Riva-Amiodarone</i>	Riva	100	37.06	➡	0.3706
02243836	<i>Sandoz Amiodarone</i>	Sandoz	100	37.06	➡	0.3706
02239835	<i>Teva-Amiodarone</i>	Teva Can	100	37.06	➡	0.3706

DISOPYRAMIDE

Caps.

				100 mg	
02224801	<i>Rythmodan</i>	Cheplaphar	84	18.93	0.2254

FLECAINIDE ACETATE

Tab.

				50 mg	PPB	
02516063	<i>AG-Flecainide</i>	Angita	100	13.89	➡	0.1389
02459957	<i>Auro-Flecainide</i>	AuroPharma	100	13.89	➡	0.1389
			1000	138.90	➡	0.1389
02275538	<i>Flecainide</i>	Apotex	100	13.89	➡	0.1389
02534800	<i>Flecainide</i>	Sanis	100	13.89	➡	0.1389
02493705	<i>Jamp Flecainide</i>	Jamp	100	13.89	➡	0.1389
			500	69.45	➡	0.1389
02476177	<i>Mar-Flecainide</i>	Marcan	100	13.89	➡	0.1389
02530066	<i>NRA-Flecainide</i>	Nora	100	13.89	➡	0.1389

Tab.

				100 mg	PPB	
02516071	<i>AG-Flecainide</i>	Angita	100	27.79	➡	0.2779
02459965	<i>Auro-Flecainide</i>	AuroPharma	100	27.79	➡	0.2779
			1000	277.90	➡	0.2779
02275546	<i>Flecainide</i>	Apotex	100	27.79	➡	0.2779
02534819	<i>Flecainide</i>	Sanis	100	27.79	➡	0.2779
02493713	<i>Jamp Flecainide</i>	Jamp	100	27.79	➡	0.2779
			500	138.95	➡	0.2779
02476185	<i>Mar-Flecainide</i>	Marcan	100	27.79	➡	0.2779
02530074	<i>NRA-Flecainide</i>	Nora	100	27.79	➡	0.2779

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

MEXILETINE HYDROCHLORIDE

Caps.

100 mg **PPB**

02536846	<i>Mint-Mexiletine</i>	Mint	100	73.46	➡ 0.7346
02230359	<i>Teva-Mexiletine</i>	Teva Can	100	73.46	➡ 0.7346

Caps.

200 mg **PPB**

02536854	<i>Mint-Mexiletine</i>	Mint	100	98.37	➡ 0.9837
02230360	<i>Teva-Mexiletine</i>	Teva Can	100	98.37	➡ 0.9837

PROPAFENONE HYDROCHLORIDE

Tab.

150 mg **PPB**

02243324	<i>Apo-Propafenone</i>	Apotex	100	63.06	➡ 0.6306
02457172	<i>Mylan-Propafenone</i>	Mylan	100	63.06	➡ 0.6306
00603708	<i>Rythmol</i>	BGP Pharma	100	94.10	➡ 0.9410

Tab.

300 mg **PPB**

02243325	<i>Apo-Propafenone</i>	Apotex	100	111.16	➡ 1.1116
02457164	<i>Mylan-Propafenone</i>	Mylan	100	111.16	➡ 1.1116
00603716	<i>Rythmol</i>	BGP Pharma	100	165.86	➡ 1.6586

24:04.08

CARDIOTONIC AGENTS

DIGOXIN

Oral Sol.

0.05 mg/mL

02242320	<i>pms-Digoxin</i>	Phmscience	115 ml	200.48	➡ 1.7433

Tab.

0.0625 mg **PPB**

02554399	<i>Auro-Digoxin</i>	AuroPharma	250	27.23	➡ 0.1089
			500	54.45	➡ 0.1089
02498502	<i>Jamp Digoxin</i>	Jamp	100	10.89	➡ 0.1089
02335700	<i>pms-Digoxin</i>	Phmscience	250	27.23	➡ 0.1089

Tab.

0.125 mg **PPB**

02554402	<i>Auro-Digoxin</i>	AuroPharma	250	25.75	➡ 0.1030
			500	51.50	➡ 0.1030
02498510	<i>Jamp Digoxin</i>	Jamp	100	10.30	➡ 0.1030
02335719	<i>pms-Digoxin</i>	Phmscience	250	25.75	➡ 0.1030

MILRINONE LACTATE

I.V. Inj. Sol.

1 mg/mL **PPB**

02521407	<i>Injectable milrinone lactate</i>	Marcan	10 ml	➡ 39.78	
02244622	<i>Milrinone Lactate Injection</i>	Fresenius	10 ml	➡ 39.78	
			20 ml	➡ 79.56	

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

24:06.04

BILE ACID SEQUESTRANTS

CHOLESTYRAMIN RESIN

Oral Pd.

4 g/sac. **PPB**

02455609	<i>Cholestyramine-Odan</i>	Odan	30	27.65	➡	0.9217
02478595	<i>Jamp-Cholestyramine</i>	Jamp	30	27.65	➡	0.9217
02210320	<i>Olestyr</i>	Phmscience	30	27.65	➡	0.9217

24:06.05

CHOLESTEROL ABSORPTION INHIBITORS

EZETIMIBE

Tab.

10 mg **PPB**

02425610	<i>ACH-Ezetimibe</i>	Accord	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02475898	<i>AG-Ezetimibe</i>	Angita	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02427826	<i>Apo-Ezetimibe</i>	Apotex	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02469286	<i>Auro-Ezetimibe</i>	AuroPharma	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02425211	<i>Bio-Ezetimibe</i>	Biomed	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02422549	<i>Ezetimibe</i>	Pro Doc	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02478544	<i>Ezetimibe</i>	Riva	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02431300	<i>Ezetimibe</i>	Sanis	100	18.11	➡	0.1811
			500	90.55	➡	0.1811
02429659	<i>Ezetimibe</i>	Sivem	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02247521	<i>Ezetrol</i>	Organon	30	52.20		1.7400
02460750	<i>GLN-Ezetimide</i>	Glenmark	100	18.11	➡	0.1811
02423235	<i>Jamp-Ezetimibe</i>	Jamp	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02422662	<i>Mar-Ezetimibe</i>	Marcan	100	18.11	➡	0.1811
			500	90.55	➡	0.1811
02467437	<i>M-Ezetimibe</i>	Mantra Ph.	30	5.43	➡	0.1811
			500	90.55	➡	0.1811
02423243	<i>Mint-Ezetimibe</i>	Mint	100	18.11	➡	0.1811
02536420	<i>NRA-Ezetimibe Tablets</i>	Nora	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02481669	<i>NRA-Ezetimide</i>	Nora	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02416409	<i>pms-Ezetimibe</i>	Phmscience	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02419548	<i>Ran-Ezetimibe</i>	Ranbaxy	100	18.11	➡	0.1811
			500	90.55	➡	0.1811
02416778	<i>Sandoz Ezetimibe</i>	Sandoz	30	5.43	➡	0.1811
			100	18.11	➡	0.1811
02354101	<i>Teva-Ezetimibe</i>	Teva Can	30	5.43	➡	0.1811
			100	18.11	➡	0.1811

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

24:06.06

FIBRIC ACID DERIVATIVES

BEZAFIBRATE

L.A. Tab.

400 mg **PPB**

02083523	Bezalip S.R.	Aralez	30	15.21	➡	0.5069
02453312	Jamp-Bezafibrate SR	Jamp	30	15.21	➡	0.5069

FENOFIBRATE (NANOCRYSTALLIZED OR MICROCOATED OR MICRONIZED)

Caps. or Tab.

145 mg or 160 mg or 200 mg **PPB**

02246860	AA-Feno Super	AA Pharma	100	27.22	➡	0.2722
02239864	Feno-Micro (200 mg)	AA Pharma	100	27.22	➡	0.2722
02269082	Lipidil EZ (145 mg)	BGP Pharma	30	32.16		1.0720
02241602	Lipidil Supra (160 mg)	BGP Pharma	30	37.27		1.2423
02390701	Sandoz Fenofibrate E (145 mg)	Sandoz	100	27.22	➡	0.2722
02454696	Taro-Fenofibrate E (145 mg)	Sun Pharma	100	27.22	➡	0.2722

FENOFIBRATE (NANOCRYSTALLIZED)

Tab.

48 mg **PPB**

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

GEMFIBROZIL

Tab.

600 mg

02142074	Teva-Gemfibrozil	Teva Can	100	51.57		0.5157

MICROCOATED FENOFIBRATE

Tab.

100 mg

02246859	AA-Feno Super	AA Pharma	100	54.06		0.5406

24:06.08

HMG-COA REDUCTASE INHIBITORS

AMLODIPINE BESYLATE/ ATORVASTATIN CALCIUM

Tab.

5 mg -10 mg **PPB**

02411253	Apo-Amlodipine-Atorvastatin	Apotex	100	58.02	➡	0.5802
02273233	Caduet	BGP Pharma	90	67.96		0.7551
02362759	Mylan-Amlodipine/Atorvastatin	Mylan	90	52.22	➡	0.5802

Tab.

5 mg - 20 mg **PPB**

02411261	Apo-Amlodipine-Atorvastatin	Apotex	100	68.42	➡	0.6842
02273241	Caduet	BGP Pharma	90	77.32		0.8591
02362767	Mylan-Amlodipine/Atorvastatin	Mylan	90	61.58	➡	0.6842

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. 5 mg - 40 mg PPB					
02411288	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	72.32	➡ 0.7232
02273268	<i>Caduet</i>	BGP Pharma	90	80.83	0.8981
02362775	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	65.09	➡ 0.7232
Tab. 5 mg - 80 mg PPB					
02411296	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	72.32	➡ 0.7232
02273276	<i>Caduet</i>	BGP Pharma	90	80.83	0.8981
02362783	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	65.09	➡ 0.7232
Tab. 10 mg - 10 mg PPB					
02411318	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	61.25	➡ 0.6125
02273284	<i>Caduet</i>	BGP Pharma	90	82.75	0.9194
02362791	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	55.13	➡ 0.6125
Tab. 10 mg - 20 mg PPB					
02411326	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	76.36	➡ 0.7636
02273292	<i>Caduet</i>	BGP Pharma	90	92.11	1.0234
02362805	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	68.72	➡ 0.7636
Tab. 10 mg - 40 mg PPB					
02411334	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	80.00	➡ 0.8000
02273306	<i>Caduet</i>	BGP Pharma	90	95.62	1.0624
02362813	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	72.00	➡ 0.8000
Tab. 10 mg - 80 mg PPB					
02411342	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	80.00	➡ 0.8000
02273314	<i>Caduet</i>	BGP Pharma	90	95.62	1.0624
02362821	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	72.00	➡ 0.8000

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

ATORVASTATINE CALCIUM

Tab.

 10 mg **PPB**

02457741	<i>ACH-Atorvastatin</i>	Accord	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02295261	<i>Apo-Atorvastatin</i>	Apotex	30	5.23	➡	0.1743
			100	17.43	➡	0.1743
02506076	<i>Atorvastatin</i>	Angita	30	5.23	➡	0.1743
			500	87.15	➡	0.1743
02496607	<i>Atorvastatin</i>	Nora	500	87.15	➡	0.1743
02346486	<i>Atorvastatin</i>	Pro Doc	500	87.15	➡	0.1743
02475022	<i>Atorvastatin</i>	Riva	30	5.23	➡	0.1743
			500	87.15	➡	0.1743
02348705	<i>Atorvastatin</i>	Sanis	500	87.15	➡	0.1743
02545462	<i>Atorvastatin</i>	Teva Can	30	5.23	➡	0.1743
			100	17.43	➡	0.1743
02411350	<i>Atorvastatin-10</i>	Sivem	100	17.43	➡	0.1743
			500	87.15	➡	0.1743
02407256	<i>Auro-Atorvastatin</i>	AuroPharma	90	15.69	➡	0.1743
			100	17.43	➡	0.1743
02481189	<i>Bio-Atorvastatin</i>	Biomed	500	87.15	➡	0.1743
02503387	<i>Jamp Atorvastatin</i>	Jamp	100	17.43	➡	0.1743
			500	87.15	➡	0.1743
02504197	<i>JAMP Atorvastatin Tablets</i>	Jamp	30	5.23	➡	0.1743
			100	17.43	➡	0.1743
02391058	<i>Jamp-Atorvastatin</i>	Jamp	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02230711	<i>Lipitor</i>	BGP Pharma	90	155.69		1.7299
02454017	<i>Mar-Atorvastatin</i>	Marcan	100	17.43	➡	0.1743
			500	87.15	➡	0.1743
02471167	<i>M-Atorvastatin</i>	Mantra Ph.	30	5.23	➡	0.1743
			500	87.15	➡	0.1743
02479508	<i>Mint-Atorvastatin</i>	Mint	500	87.15	➡	0.1743
02392933	<i>Mylan-Atorvastatin</i>	Mylan	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02476517	<i>NRA-Atorvastatin</i>	Nora	30	5.23	➡	0.1743
			500	87.15	➡	0.1743
02477149	<i>pms-Atorvastatin</i>	Phmscience	100	17.43	➡	0.1743
			500	87.15	➡	0.1743
02507234	<i>pmsc-Atorvastatin</i>	Phmscience	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02521555	<i>PRZ-Atorvastatin</i>	Pharmaris	500	87.15	➡	0.1743
02417936	<i>Reddy-Atorvastatin</i>	Dr Reddy's	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02422751	<i>Riva-Atorvastatin</i>	Riva	30	5.23	➡	0.1743
			500	87.15	➡	0.1743
02324946	<i>Sandoz Atorvastatin</i>	Sandoz	30	5.23	➡	0.1743
			100	17.43	➡	0.1743
02313707	<i>Taro-Atorvastatin</i>	Sun Pharma	90	15.69	➡	0.1743
			500	87.15	➡	0.1743
02310899	<i>Teva-Atorvastatin</i>	Teva Can	30	5.23	➡	0.1743
			500	87.15	➡	0.1743

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

Tab.

20 mg **PPB**

02457768	<i>ACH-Atorvastatin</i>	Accord	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02295288	<i>Apo-Atorvastatin</i>	Apotex	30	6.54	➡	0.2179
			100	21.79	➡	0.2179
02506084	<i>Atorvastatin</i>	Angita	30	6.54	➡	0.2179
			500	108.95	➡	0.2179
02496615	<i>Atorvastatin</i>	Nora	500	108.95	➡	0.2179
02346494	<i>Atorvastatin</i>	Pro Doc	500	108.95	➡	0.2179
02475030	<i>Atorvastatin</i>	Riva	30	6.54	➡	0.2179
			500	108.95	➡	0.2179
02348713	<i>Atorvastatin</i>	Sanis	500	108.95	➡	0.2179
02545470	<i>Atorvastatin</i>	Teva Can	30	6.54	➡	0.2179
			100	21.79	➡	0.2179
02411369	<i>Atorvastatin-20</i>	Sivem	100	21.79	➡	0.2179
			500	108.95	➡	0.2179
02407264	<i>Auro-Atorvastatin</i>	AuroPharma	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02481197	<i>Bio-Atorvastatin</i>	Biomed	500	108.95	➡	0.2179
02503395	<i>Jamp Atorvastatin</i>	Jamp	100	21.79	➡	0.2179
			500	108.95	➡	0.2179
02504200	<i>JAMP Atorvastatin Tablets</i>	Jamp	30	6.54	➡	0.2179
			100	21.79	➡	0.2179
02391066	<i>Jamp-Atorvastatin</i>	Jamp	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02230713	<i>Lipitor</i>	BGP Pharma	90	194.62		2.1624
02454025	<i>Mar-Atorvastatin</i>	Marcen	100	21.79	➡	0.2179
			500	108.95	➡	0.2179
02471175	<i>M-Atorvastatin</i>	Mantra Ph.	30	6.54	➡	0.2179
			500	108.95	➡	0.2179
02479516	<i>Mint-Atorvastatin</i>	Mint	500	108.95	➡	0.2179
02392941	<i>Mylan-Atorvastatin</i>	Mylan	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02476525	<i>NRA-Atorvastatin</i>	Nora	30	6.54	➡	0.2179
			500	108.95	➡	0.2179
02477157	<i>pms-Atorvastatin</i>	Phmscience	100	21.79	➡	0.2179
			500	108.95	➡	0.2179
02507242	<i>pmsc-Atorvastatin</i>	Phmscience	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02521563	<i>PRZ-Atorvastatin</i>	Pharmaris	500	108.95	➡	0.2179
02417944	<i>Reddy-Atorvastatin</i>	Dr Reddy's	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02422778	<i>Riva-Atorvastatin</i>	Riva	30	6.54	➡	0.2179
			500	108.95	➡	0.2179
02324954	<i>Sandoz Atorvastatin</i>	Sandoz	30	6.54	➡	0.2179
			100	21.79	➡	0.2179
02313715	<i>Taro-Atorvastatin</i>	Sun Pharma	90	19.61	➡	0.2179
			500	108.95	➡	0.2179
02310902	<i>Teva-Atorvastatin</i>	Teva Can	30	6.54	➡	0.2179
			500	108.95	➡	0.2179

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

Tab.

40 mg **PPB**

02457776	<i>ACH-Atorvastatin</i>	Accord	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02295296	<i>Apo-Atorvastatin</i>	Apotex	30	7.03	➡ 0.2342
			100	23.42	➡ 0.2342
02506092	<i>Atorvastatin</i>	Angita	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342
02496623	<i>Atorvastatin</i>	Nora	500	117.10	➡ 0.2342
02346508	<i>Atorvastatin</i>	Pro Doc	500	117.10	➡ 0.2342
02475049	<i>Atorvastatin</i>	Riva	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342
02348721	<i>Atorvastatin</i>	Sanis	500	117.10	➡ 0.2342
02545489	<i>Atorvastatin</i>	Teva Can	30	7.03	➡ 0.2342
			100	23.42	➡ 0.2342
02411377	<i>Atorvastatin-40</i>	Sivem	100	23.42	➡ 0.2342
			500	117.10	➡ 0.2342
02407272	<i>Auro-Atorvastatin</i>	AuroPharma	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02481200	<i>Bio-Atorvastatin</i>	Biomed	500	117.10	➡ 0.2342
02503409	<i>Jamp Atorvastatin</i>	Jamp	100	23.42	➡ 0.2342
			500	117.10	➡ 0.2342
02504219	<i>JAMP Atorvastatin Tablets</i>	Jamp	30	7.03	➡ 0.2342
			100	23.42	➡ 0.2342
02391074	<i>Jamp-Atorvastatin</i>	Jamp	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02230714	<i>Lipitor</i>	BGP Pharma	90	209.22	➡ 2.3247
02454033	<i>Mar-Atorvastatin</i>	Marcen	100	23.42	➡ 0.2342
			500	117.10	➡ 0.2342
02471183	<i>M-Atorvastatin</i>	Mantra Ph.	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342
02479524	<i>Mint-Atorvastatin</i>	Mint	500	117.10	➡ 0.2342
02392968	<i>Mylan-Atorvastatin</i>	Mylan	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02476533	<i>NRA-Atorvastatin</i>	Nora	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342
02477165	<i>pms-Atorvastatin</i>	Phmscience	100	23.42	➡ 0.2342
			500	117.10	➡ 0.2342
02507250	<i>pmsc-Atorvastatin</i>	Phmscience	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02521571	<i>PRZ-Atorvastatin</i>	Pharmaris	500	117.10	➡ 0.2342
02417952	<i>Reddy-Atorvastatin</i>	Dr Reddy's	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02422786	<i>Riva-Atorvastatin</i>	Riva	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342
02324962	<i>Sandoz Atorvastatin</i>	Sandoz	30	7.03	➡ 0.2342
			100	23.42	➡ 0.2342
02313723	<i>Taro-Atorvastatin</i>	Sun Pharma	90	21.08	➡ 0.2342
			500	117.10	➡ 0.2342
02310910	<i>Teva-Atorvastatin</i>	Teva Can	30	7.03	➡ 0.2342
			500	117.10	➡ 0.2342

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

Tab.

80 mg **PPB**

02457784	<i>ACH-Atorvastatin</i>	Accord	90	21.08	➡	0.2342
02295318	<i>Apo-Atorvastatin</i>	Apotex	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02506106	<i>Atorvastatin</i>	Angita	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02496631	<i>Atorvastatin</i>	Nora	100	23.42	➡	0.2342
02346516	<i>Atorvastatin</i>	Pro Doc	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02475057	<i>Atorvastatin</i>	Riva	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02348748	<i>Atorvastatin</i>	Sanis	100	23.42	➡	0.2342
02545497	<i>Atorvastatin</i>	Teva Can	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02411385	<i>Atorvastatin-80</i>	Sivem	100	23.42	➡	0.2342
02407280	<i>Auro-Atorvastatin</i>	AuroPharma	90	21.08	➡	0.2342
			500	117.10	➡	0.2342
02481219	<i>Bio-Atorvastatin</i>	Biomed	100	23.42	➡	0.2342
02503417	<i>Jamp Atorvastatin</i>	Jamp	100	23.42	➡	0.2342
			500	117.10	➡	0.2342
02504235	<i>JAMP Atorvastatin Tablets</i>	Jamp	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02391082	<i>Jamp-Atorvastatin</i>	Jamp	90	21.08	➡	0.2342
			500	117.10	➡	0.2342
02243097	<i>Lipitor</i>	BGP Pharma	30	69.74		2.3247
02454041	<i>Mar-Atorvastatin</i>	Marcan	100	23.42	➡	0.2342
02471191	<i>M-Atorvastatin</i>	Mantra Ph.	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02479532	<i>Mint-Atorvastatin</i>	Mint	500	117.10	➡	0.2342
02392976	<i>Mylan-Atorvastatin</i>	Mylan	90	21.08	➡	0.2342
02476541	<i>NRA-Atorvastatin</i>	Nora	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02507269	<i>pmsc-Atorvastatin</i>	Phmscience	90	21.08	➡	0.2342
02521598	<i>PRZ-Atorvastatin</i>	Pharmaris	100	23.42	➡	0.2342
02417960	<i>Reddy-Atorvastatin</i>	Dr Reddy's	90	21.08	➡	0.2342
			500	117.10	➡	0.2342
02422794	<i>Riva-Atorvastatin</i>	Riva	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02324970	<i>Sandoz Atorvastatin</i>	Sandoz	30	7.03	➡	0.2342
			100	23.42	➡	0.2342
02313758	<i>Taro-Atorvastatin</i>	Sun Pharma	90	21.08	➡	0.2342
			500	117.10	➡	0.2342
02310929	<i>Teva-Atorvastatin</i>	Teva Can	30	7.03	➡	0.2342
			90	21.08	➡	0.2342

FLUVASTATINE SODIUM

Caps.

20 mg

02299224	<i>Teva Fluvastatin</i>	Teva Can	100	22.02		0.2202

Caps.

40 mg

02299232	<i>Teva Fluvastatin</i>	Teva Can	100	30.92		0.3092

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

LOVASTATINE

Tab.

				20 mg	
02220172	<i>Lovastatin</i>	AA Pharma	100	119.31	1.1931

Tab.

				40 mg	
02220180	<i>Lovastatin</i>	AA Pharma	100	217.93	2.1793

PRAVASTATINE SODIUM

Tab.

				10 mg	PPB	
02440644	<i>ACH-Pravastatin</i>	Accord	100	29.16	➡	0.2916
02476142	<i>AG-Pravastatin</i>	Angita	100	29.16	➡	0.2916
02243506	<i>Apo-Pravastatin</i>	Apotex	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02458977	<i>Auro-Pravastatin</i>	AuroPharma	100	29.16	➡	0.2916
02446251	<i>Bio-Pravastatin</i>	Biomed	100	29.16	➡	0.2916
02330954	<i>Jamp-Pravastatin</i>	Jamp	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02432048	<i>Mar-Pravastatin</i>	Marcan	100	29.16	➡	0.2916
02317451	<i>Mint-Pravastatin</i>	Mint	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02476274	<i>M-Pravastatin</i>	Mantra Ph.	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02535653	<i>NRA-Pravastatin</i>	Nora	100	29.16	➡	0.2916
02247655	<i>pms-Pravastatin</i>	Phmscience	100	29.16	➡	0.2916
02356546	<i>Pravastatin</i>	Sanis	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02389703	<i>Pravastatin</i>	Sivem	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02243824	<i>Pro-Pravastatin</i>	Pro Doc	30	8.75	➡	0.2916
02468700	<i>Sandoz Pravastatin</i>	Sandoz	100	29.16	➡	0.2916
02284421	<i>Taro-Pravastatin</i>	Sun Pharma	30	8.75	➡	0.2916
			100	29.16	➡	0.2916
02247008	<i>Teva-Pravastatin</i>	Teva Can	100	29.16	➡	0.2916

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

Tab.

20 mg **PPB**

02440652	<i>ACH-Pravastatin</i>	Accord	100	34.40	➡	0.3440
02476150	<i>AG-Pravastatin</i>	Angita	100	34.40	➡	0.3440
02243507	<i>Apo-Pravastatin</i>	Apotex	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02458985	<i>Auro-Pravastatin</i>	AuroPharma	100	34.40	➡	0.3440
02446278	<i>Bio-Pravastatin</i>	Biomed	100	34.40	➡	0.3440
			500	172.00	➡	0.3440
02330962	<i>Jamp-Pravastatin</i>	Jamp	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02432056	<i>Mar-Pravastatin</i>	Marcan	100	34.40	➡	0.3440
02317478	<i>Mint-Pravastatin</i>	Mint	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02476282	<i>M-Pravastatin</i>	Mantra Ph.	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02535661	<i>NRA-Pravastatin</i>	Nora	100	34.40	➡	0.3440
02247656	<i>pms-Pravastatin</i>	Phmscience	100	34.40	➡	0.3440
02356554	<i>Pravastatin</i>	Sanis	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02389738	<i>Pravastatin</i>	Sivem	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02243825	<i>Pro-Pravastatin</i>	Pro Doc	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02468719	<i>Sandoz Pravastatin</i>	Sandoz	100	34.40	➡	0.3440
02284448	<i>Taro-Pravastatin</i>	Sun Pharma	30	10.32	➡	0.3440
			100	34.40	➡	0.3440
02247009	<i>Teva-Pravastatin</i>	Teva Can	100	34.40	➡	0.3440

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

Tab.

40 mg **PPB**

02440660	<i>ACH-Pravastatin</i>	Accord	100	41.43	➡	0.4143
02476169	<i>AG-Pravastatin</i>	Angita	100	41.43	➡	0.4143
02243508	<i>Apo-Pravastatin</i>	Apotex	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02458993	<i>Auro-Pravastatin</i>	AuroPharma	100	41.43	➡	0.4143
02446286	<i>Bio-Pravastatin</i>	Biomed	100	41.43	➡	0.4143
			500	207.15	➡	0.4143
02330970	<i>Jamp-Pravastatin</i>	Jamp	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02432064	<i>Mar-Pravastatin</i>	Marcan	100	41.43	➡	0.4143
02317486	<i>Mint-Pravastatin</i>	Mint	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02476290	<i>M-Pravastatin</i>	Mantra Ph.	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02535688	<i>NRA-Pravastatin</i>	Nora	100	41.43	➡	0.4143
02247657	<i>pms-Pravastatin</i>	Phmscience	100	41.43	➡	0.4143
02356562	<i>Pravastatin</i>	Sanis	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02389746	<i>Pravastatin</i>	Sivem	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02243826	<i>Pro-Pravastatin</i>	Pro Doc	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02468727	<i>Sandoz Pravastatin</i>	Sandoz	100	41.43	➡	0.4143
02284456	<i>Taro-Pravastatin</i>	Sun Pharma	30	12.43	➡	0.4143
			100	41.43	➡	0.4143
02247010	<i>Teva-Pravastatin</i>	Teva Can	100	41.43	➡	0.4143

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

ROSUVASTATIN CALCIUM

Tab.

5 mg **PPB**

02438917	<i>ACH-Rosuvastatin</i>	Accord	90	11.55	➡	0.1283
			500	64.15	➡	0.1283
02500132	<i>AG-Rosuvastatin Calcium</i>	Angita	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02337975	<i>Apo-Rosuvastatin</i>	Apotex	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02442574	<i>Auro-Rosuvastatin</i>	AuroPharma	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02444968	<i>Bio-Rosuvastatin</i>	Biomed	90	11.55	➡	0.1283
02265540	<i>Crestor</i>	AZC	30	38.70		1.2900
02498332	<i>Jamp Rosuvastatin Calcium</i>	Jamp	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02413051	<i>Mar-Rosuvastatin</i>	Marcan	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02397781	<i>Mint-Rosuvastatin</i>	Mint	100	12.83	➡	0.1283
			500	64.15	➡	0.1283
02496534	<i>M-Rosuvastatin</i>	Mantra Ph.	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02555492	<i>NB-Rosuvastatin</i>	NB Pharma	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02536595	<i>NRA-Rosuvastatin</i>	Nora	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02378523	<i>pms-Rosuvastatin</i>	Phmscience	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02381176	<i>Pro-Rosuvastatin</i>	Pro Doc	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02505576	<i>PRZ-Rosuvastatin</i>	Pharmaris	90	11.55	➡	0.1283
			500	64.15	➡	0.1283
02380013	<i>Riva-Rosuvastatin</i>	Riva	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02496054	<i>Rosuvastatin</i>	Nora	500	64.15	➡	0.1283
02405628	<i>Rosuvastatin</i>	Sanis	500	64.15	➡	0.1283
02411628	<i>Rosuvastatin</i>	Sivem	30	3.85	➡	0.1283
			500	64.15	➡	0.1283
02338726	<i>Sandoz Rosuvastatin</i>	Sandoz	30	3.85	➡	0.1283
			100	12.83	➡	0.1283
02382644	<i>Taro-Rosuvastatin</i>	Sun Pharma	100	12.83	➡	0.1283
			500	64.15	➡	0.1283
02354608	<i>Teva Rosuvastatin</i>	Teva Can	30	3.85	➡	0.1283
			100	12.83	➡	0.1283

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

Tab.

10 mg **PPB**

02438925	<i>ACH-Rosuvastatin</i>	Accord	90	12.18	➡	0.1353
			500	67.65	➡	0.1353
02500140	<i>AG-Rosuvastatin Calcium</i>	Angita	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02337983	<i>Apo-Rosuvastatin</i>	Apotex	30	4.06	➡	0.1353
			100	13.53	➡	0.1353
02442582	<i>Auro-Rosuvastatin</i>	AuroPharma	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02444976	<i>Bio-Rosuvastatin</i>	Biomed	90	12.18	➡	0.1353
			500	67.65	➡	0.1353
02247162	<i>Crestor</i>	AZC	30	40.80		1.3600
02498340	<i>Jamp Rosuvastatin Calcium</i>	Jamp	30	4.06	➡	0.1353
			100	13.53	➡	0.1353
02413078	<i>Mar-Rosuvastatin</i>	Marcan	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02397803	<i>Mint-Rosuvastatin</i>	Mint	100	13.53	➡	0.1353
			500	67.65	➡	0.1353
02496542	<i>M-Rosuvastatin</i>	Mantra Ph.	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02555506	<i>NB-Rosuvastatin</i>	NB Pharma	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02536609	<i>NRA-Rosuvastatin</i>	Nora	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02378531	<i>pms-Rosuvastatin</i>	Phmscience	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02381184	<i>Pro-Rosuvastatin</i>	Pro Doc	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02505584	<i>PRZ-Rosuvastatin</i>	Pharmaris	90	12.18	➡	0.1353
			500	67.65	➡	0.1353
02380056	<i>Riva-Rosuvastatin</i>	Riva	30	4.06	➡	0.1353
			100	13.53	➡	0.1353
02496089	<i>Rosuvastatin</i>	Nora	500	67.65	➡	0.1353
02405636	<i>Rosuvastatin</i>	Sanis	500	67.65	➡	0.1353
02411636	<i>Rosuvastatin</i>	Sivem	30	4.06	➡	0.1353
			500	67.65	➡	0.1353
02338734	<i>Sandoz Rosuvastatin</i>	Sandoz	30	4.06	➡	0.1353
			100	13.53	➡	0.1353
02382652	<i>Taro-Rosuvastatin</i>	Sun Pharma	100	13.53	➡	0.1353
			500	67.65	➡	0.1353
02354616	<i>Teva Rosuvastatin</i>	Teva Can	30	4.06	➡	0.1353
			100	13.53	➡	0.1353

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

Tab.

20 mg **PPB**

02438933	<i>ACH-Rosuvastatin</i>	Accord	90	15.23	➡	0.1692
			500	84.60	➡	0.1692
02500159	<i>AG-Rosuvastatin Calcium</i>	Angita	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02337991	<i>Apo-Rosuvastatin</i>	Apotex	30	5.08	➡	0.1692
			100	16.92	➡	0.1692
02442590	<i>Auro-Rosuvastatin</i>	AuroPharma	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02444984	<i>Bio-Rosuvastatin</i>	Biomed	90	15.23	➡	0.1692
			500	84.60	➡	0.1692
02247163	<i>Crestor</i>	AZC	30	51.00		1.7000
02498359	<i>Jamp Rosuvastatin Calcium</i>	Jamp	30	5.08	➡	0.1692
			100	16.92	➡	0.1692
02413086	<i>Mar-Rosuvastatin</i>	Marcan	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02397811	<i>Mint-Rosuvastatin</i>	Mint	100	16.92	➡	0.1692
			500	84.60	➡	0.1692
02496550	<i>M-Rosuvastatin</i>	Mantra Ph.	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02555514	<i>NB-Rosuvastatin</i>	NB Pharma	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02536625	<i>NRA-Rosuvastatin</i>	Nora	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02378558	<i>pms-Rosuvastatin</i>	Phmscience	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02381192	<i>Pro-Rosuvastatin</i>	Pro Doc	30	5.08	➡	0.1692
			100	16.92	➡	0.1692
02505592	<i>PRZ-Rosuvastatin</i>	Pharmaris	90	15.23	➡	0.1692
			500	84.60	➡	0.1692
02380064	<i>Riva-Rosuvastatin</i>	Riva	30	5.08	➡	0.1692
			100	16.92	➡	0.1692
02496070	<i>Rosuvastatin</i>	Nora	500	84.60	➡	0.1692
02405644	<i>Rosuvastatin</i>	Sanis	500	84.60	➡	0.1692
02411644	<i>Rosuvastatin</i>	Sivem	30	5.08	➡	0.1692
			500	84.60	➡	0.1692
02338742	<i>Sandoz Rosuvastatin</i>	Sandoz	30	5.08	➡	0.1692
			100	16.92	➡	0.1692
02382660	<i>Taro-Rosuvastatin</i>	Sun Pharma	100	16.92	➡	0.1692
			500	84.60	➡	0.1692
02354624	<i>Teva Rosuvastatin</i>	Teva Can	30	5.08	➡	0.1692
			100	16.92	➡	0.1692

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

Tab.

40 mg **PPB**

02438941	<i>ACH-Rosuvastatin</i>	Accord	90	17.91	➡	0.1990
			500	99.50	➡	0.1990
02500167	<i>AG-Rosuvastatin Calcium</i>	Angita	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02338009	<i>Apo-Rosuvastatin</i>	Apotex	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02442604	<i>Auro-Rosuvastatin</i>	AuroPharma	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02444992	<i>Bio-Rosuvastatin</i>	Biomed	90	17.91	➡	0.1990
02247164	<i>Crestor</i>	AZC	30	59.70		1.9900
02498367	<i>Jamp Rosuvastatin Calcium</i>	Jamp	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02413108	<i>Mar-Rosuvastatin</i>	Marcan	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02397838	<i>Mint-Rosuvastatin</i>	Mint	100	19.90	➡	0.1990
			500	99.50	➡	0.1990
02496569	<i>M-Rosuvastatin</i>	Mantra Ph.	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02555522	<i>NB-Rosuvastatin</i>	NB Pharma	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02536633	<i>NRA-Rosuvastatin</i>	Nora	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02378566	<i>pms-Rosuvastatin</i>	Phmscience	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02381206	<i>Pro-Rosuvastatin</i>	Pro Doc	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02505606	<i>PRZ-Rosuvastatin</i>	Pharmaris	90	17.91	➡	0.1990
02380102	<i>Riva-Rosuvastatin</i>	Riva	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02405652	<i>Rosuvastatin</i>	Sanis	500	99.50	➡	0.1990
02411652	<i>Rosuvastatin</i>	Sivem	30	5.97	➡	0.1990
			500	99.50	➡	0.1990
02338750	<i>Sandoz Rosuvastatin</i>	Sandoz	30	5.97	➡	0.1990
			100	19.90	➡	0.1990
02382679	<i>Taro-Rosuvastatin</i>	Sun Pharma	100	19.90	➡	0.1990
			500	99.50	➡	0.1990
02354632	<i>Teva Rosuvastatin</i>	Teva Can	30	5.97	➡	0.1990
			100	19.90	➡	0.1990

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

SIMVASTATIN

Tab.

5 mg **PPB**

02480050	<i>AG-Simvastatin</i>	Angita	100	10.23	➡	0.1023
02247011	<i>Apo-Simvastatin</i>	Apotex	100	10.23	➡	0.1023
02405148	<i>Auro-Simvastatin</i>	AuroPharma	100	10.23	➡	0.1023
02375591	<i>Jamp-Simvastatin</i>	Jamp	100	10.23	➡	0.1023
02375036	<i>Mar-Simvastatin</i>	Marcan	100	10.23	➡	0.1023
02372932	<i>Mint-Simvastatin</i>	Mint	100	10.23	➡	0.1023
02469979	<i>Pharma-Simvastatin</i>	Phmscience	30	3.07	➡	0.1023
			100	10.23	➡	0.1023
02549638	<i>pmsc-Simvastatin</i>	Phmscience	100	10.23	➡	0.1023
02284723	<i>Simvastatin</i>	Sanis	100	10.23	➡	0.1023
02386291	<i>Simvastatin</i>	Sivem	100	10.23	➡	0.1023
02329131	<i>Taro-Simvastatin</i>	Sun Pharma	100	10.23	➡	0.1023
02250144	<i>Teva-Simvastatin</i>	Teva Can	30	3.07	➡	0.1023
			100	10.23	➡	0.1023

Tab.

10 mg **PPB**

02480069	<i>AG-Simvastatin</i>	Angita	100	20.23	➡	0.2023
02247012	<i>Apo-Simvastatin</i>	Apotex	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
02405156	<i>Auro-Simvastatin</i>	AuroPharma	100	20.23	➡	0.2023
			500	101.15	➡	0.2023
02375605	<i>Jamp-Simvastatin</i>	Jamp	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
02375044	<i>Mar-Simvastatin</i>	Marcan	100	20.23	➡	0.2023
			500	101.15	➡	0.2023
02372940	<i>Mint-Simvastatin</i>	Mint	100	20.23	➡	0.2023
02469987	<i>Pharma-Simvastatin</i>	Phmscience	100	20.23	➡	0.2023
02549646	<i>pmsc-Simvastatin</i>	Phmscience	100	20.23	➡	0.2023
02247221	<i>Pro-Simvastatin</i>	Pro Doc	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
02284731	<i>Simvastatin</i>	Sanis	100	20.23	➡	0.2023
02386305	<i>Simvastatin</i>	Sivem	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
02329158	<i>Taro-Simvastatin</i>	Sun Pharma	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
02250152	<i>Teva-Simvastatin</i>	Teva Can	30	6.07	➡	0.2023
			100	20.23	➡	0.2023
00884332	<i>Zocor</i>	Organon	28	54.41		1.9432

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

Tab.

20 mg **PPB**

02480077	<i>AG-Simvastatin</i>	Angita	100	25.01	➡ 0.2501
02247013	<i>Apo-Simvastatin</i>	Apotex	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02405164	<i>Auro-Simvastatin</i>	AuroPharma	100	25.01	➡ 0.2501
			500	125.05	➡ 0.2501
02375613	<i>Jamp-Simvastatin</i>	Jamp	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02375052	<i>Mar-Simvastatin</i>	Marcan	100	25.01	➡ 0.2501
			500	125.05	➡ 0.2501
02372959	<i>Mint-Simvastatin</i>	Mint	100	25.01	➡ 0.2501
02469995	<i>Pharma-Simvastatin</i>	Phmscience	100	25.01	➡ 0.2501
			500	125.05	➡ 0.2501
02549654	<i>pmsc-Simvastatin</i>	Phmscience	100	25.01	➡ 0.2501
02247222	<i>Pro-Simvastatin</i>	Pro Doc	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02284758	<i>Simvastatin</i>	Sanis	100	25.01	➡ 0.2501
02386313	<i>Simvastatin</i>	Sivem	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02329166	<i>Taro-Simvastatin</i>	Sun Pharma	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02250160	<i>Teva-Simvastatin</i>	Teva Can	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
00884340	<i>Zocor</i>	Organon	28	67.71	2.4182

Tab.

40 mg **PPB**

02480085	<i>AG-Simvastatin</i>	Angita	100	25.01	➡ 0.2501
02247014	<i>Apo-Simvastatin</i>	Apotex	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02405172	<i>Auro-Simvastatin</i>	AuroPharma	100	25.01	➡ 0.2501
			500	125.05	➡ 0.2501
02375621	<i>Jamp-Simvastatin</i>	Jamp	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02375060	<i>Mar-Simvastatin</i>	Marcan	100	25.01	➡ 0.2501
02372967	<i>Mint-Simvastatin</i>	Mint	100	25.01	➡ 0.2501
02470004	<i>Pharma-Simvastatin</i>	Phmscience	100	25.01	➡ 0.2501
02549662	<i>pmsc-Simvastatin</i>	Phmscience	100	25.01	➡ 0.2501
02247223	<i>Pro-Simvastatin</i>	Pro Doc	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02284766	<i>Simvastatin</i>	Sanis	100	25.01	➡ 0.2501
02386321	<i>Simvastatin</i>	Sivem	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02329174	<i>Taro-Simvastatin</i>	Sun Pharma	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
02250179	<i>Teva-Simvastatin</i>	Teva Can	30	7.50	➡ 0.2501
			100	25.01	➡ 0.2501
00884359	<i>Zocor</i>	Organon	28	67.71	2.4182

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

Tab.

80 mg **PPB**

02480093	<i>AG-Simvastatin</i>	Angita	100	25.00	➡	0.2500
02247015	<i>Apo-Simvastatin</i>	Apotex	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02405180	<i>Auro-Simvastatin</i>	AuroPharma	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02375648	<i>Jamp-Simvastatin</i>	Jamp	100	25.00	➡	0.2500
02375079	<i>Mar-Simvastatin</i>	Marcan	100	25.00	➡	0.2500
02372975	<i>Mint-Simvastatin</i>	Mint	100	25.00	➡	0.2500
02470012	<i>Pharma-Simvastatin</i>	Phmscience	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02549670	<i>pmsc-Simvastatin</i>	Phmscience	100	25.00	➡	0.2500
02247224	<i>Simvastatin</i>	Pro Doc	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02284774	<i>Simvastatin</i>	Sanis	100	25.00	➡	0.2500
02386348	<i>Simvastatin</i>	Sivem	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02329182	<i>Taro-Simvastatin</i>	Sun Pharma	30	7.50	➡	0.2500
			100	25.00	➡	0.2500
02250187	<i>Teva-Simvastatin</i>	Teva Can	30	7.50	➡	0.2500
			100	25.00	➡	0.2500

24:08.08

NITRATES AND NITRITES

GLYCERYL TRINITRATE

Patch

0.2 mg/h **PPB**

02407442	<i>Mylan-Nitro Patch 0.2</i>	Mylan	30	13.39	➡	0.4463
01911910	<i>Nitro-Dur</i>	Dr Reddy's	30	13.39	➡	0.4463
02230732	<i>Trinipatch</i>	Paladin	30	13.39	➡	0.4463

Patch

0.4 mg/h **PPB**

02407450	<i>Mylan-Nitro Patch 0.4</i>	Mylan	30	14.11	➡	0.4703
01911902	<i>Nitro-Dur</i>	Dr Reddy's	30	14.11	➡	0.4703
02230733	<i>Trinipatch</i>	Paladin	30	14.11	➡	0.4703

Patch

0.6 mg/h **PPB**

02407469	<i>Mylan-Nitro Patch 0.6</i>	Mylan	30	14.11	➡	0.4703
01911929	<i>Nitro-Dur</i>	Dr Reddy's	30	14.11	➡	0.4703
02230734	<i>Trinipatch</i>	Paladin	30	14.11	➡	0.4703

Patch

0.8 mg/h **PPB**

02407477	<i>Mylan-Nitro Patch 0.8</i>	Mylan	30	26.23	➡	0.8743
02011271	<i>Nitro-Dur</i>	Dr Reddy's	30	26.23	➡	0.8743

S.-Ling. Spray

0.4 mg **PPB**

02231441	<i>Nitrolingual Pompe</i>	SanofiAven	200 dose(s)	13.37		
02238998	<i>Rho-Nitro</i>	Sandoz	200 dose(s)	8.42	➡	

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

GLYCERYL TRINITRATE (STABILIZED)

S-Ling. Tab.

				0.3 mg	
00037613	<i>Nitrostat</i>	BGP Pharma	100	16.78	

S-Ling. Tab.

				0.6 mg	
00037621	<i>Nitrostat</i>	BGP Pharma	100	16.78	

ISOSORBIDE DINITRATE

Tab.

				10 mg	
00441686	<i>Isdn</i>	AA Pharma	100	3.65	0.0365

Tab.

				30 mg	
00441694	<i>Isdn</i>	AA Pharma	100	8.57	0.0857

ISOSORBIDE-5-MONONITRATE

L.A. Tab.

				60 mg	PPB	
02272830	<i>Apo-ISMN</i>	Apotex	100	35.23	➡	0.3523
02301288	<i>pms-ISMN</i>	Phmscience	30	10.57	➡	0.3523
			100	35.23	➡	0.3523
02311321	<i>Pro-ISMN-60</i>	Pro Doc	100	35.23	➡	0.3523

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DIRECT VASODILATORS

HYDRALAZINE HYDROCHLORIDE

Tab.

				10 mg	PPB	
00441619	<i>Apo-Hydralazine</i>	Apotex	100	3.55	➡	0.0355
02539802	<i>Hydralazine</i>	Sanis	100	3.55	➡	0.0355
02457865	<i>Jamp-Hydralazine</i>	Jamp	100	3.55	➡	0.0355
02468778	<i>Mint-Hydralazine</i>	Mint	100	3.55	➡	0.0355

Tab.

				25 mg	PPB	
00441627	<i>Apo-Hydralazine</i>	Apotex	100	6.09	➡	0.0609
02539810	<i>Hydralazine</i>	Sanis	100	6.09	➡	0.0609
02457873	<i>Jamp-Hydralazine</i>	Jamp	100	6.09	➡	0.0609
02468786	<i>Mint-Hydralazine</i>	Mint	100	6.09	➡	0.0609

MINOXIDIL

Tab.

				2.5 mg		
00514497	<i>Loniten</i>	Pfizer	100	33.30		0.3330

Tab.

				10 mg		
00514500	<i>Loniten</i>	Pfizer	100	73.42		0.7342

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

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ALPHA-ADRENERGIC BLOCKING AGENTS

DOXAZOSIN MESYLATE

Tab.

1 mg **PPB**

02240588	<i>Apo-Doxazosin</i>	Apotex	100	14.16	➡	0.1416
02489937	<i>Jamp-Doxazosin</i>	Jamp	100	14.16	➡	0.1416
02242728	<i>Teva-Doxazosin</i>	Teva Can	100	14.16	➡	0.1416

Tab.

2 mg **PPB**

02240589	<i>Apo-Doxazosin</i>	Apotex	100	16.99	➡	0.1699
02489945	<i>Jamp-Doxazosin</i>	Jamp	100	16.99	➡	0.1699
02242729	<i>Teva-Doxazosin</i>	Teva Can	100	16.99	➡	0.1699

Tab.

4 mg **PPB**

02240590	<i>Apo-Doxazosin</i>	Apotex	100	22.09	➡	0.2209
02489953	<i>Jamp-Doxazosin</i>	Jamp	100	22.09	➡	0.2209
02242730	<i>Teva-Doxazosin</i>	Teva Can	100	22.09	➡	0.2209

PRAZOSIN HYDROCHLORIDE

Tab.

1 mg **PPB**

00882801	<i>Apo-Prazo</i>	Apotex	100	13.71	➡	0.1371
01934198	<i>Teva-Prazosin</i>	Teva Can	100	13.71	➡	0.1371

Tab.

2 mg **PPB**

00882828	<i>Apo-Prazo</i>	Apotex	100	18.62	➡	0.1862
01934201	<i>Teva-Prazosin</i>	Teva Can	100	18.62	➡	0.1862

Tab.

5 mg **PPB**

00882836	<i>Apo-Prazo</i>	Apotex	100	25.60	➡	0.2560
01934228	<i>Teva-Prazosin</i>	Teva Can	100	25.60	➡	0.2560

TERAZOSIN HYDROCHLORIDE

Tab.

1 mg **PPB**

02234502	<i>Apo-Terazosin</i>	Apotex	100	18.35	➡	0.1835
02243518	<i>pms-Terazosin</i>	Phmscience	100	18.35	➡	0.1835

Tab.

2 mg **PPB**

02234503	<i>Apo-Terazosin</i>	Apotex	100	23.33	➡	0.2333
02243519	<i>pms-Terazosin</i>	Phmscience	100	23.33	➡	0.2333

Tab.

5 mg **PPB**

02234504	<i>Apo-Terazosin</i>	Apotex	100	67.97	➡	0.6797
02243520	<i>pms-Terazosin</i>	Phmscience	100	67.97	➡	0.6797

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

Tab.

10 mg **PPB**

02234505	<i>Apo-Terazosin</i>	Apotex	100	46.37	➡	0.4637
02243521	<i>pms-Terazosin</i>	Phmscience	100	46.37	➡	0.4637

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BETA-ADRENERGIC BLOCKING AGENTS

ACEBUTOL HYDROCHLORIDE

Tab.

100 mg **PPB**

02147602	<i>Apo-Acebutolol</i>	Apotex	100	18.71	➡	0.1871
			500	93.55	➡	0.1871
02204517	<i>Teva-Acebutolol</i>	Teva Can	100	18.71	➡	0.1871

Tab.

200 mg **PPB**

02147610	<i>Apo-Acebutolol</i>	Apotex	100	28.08	➡	0.2808
			500	140.40	➡	0.2808
02204525	<i>Teva-Acebutolol</i>	Teva Can	100	28.08	➡	0.2808

Tab.

400 mg **PPB**

02147629	<i>Apo-Acebutolol</i>	Apotex	100	53.48	➡	0.5348
02204533	<i>Teva-Acebutolol</i>	Teva Can	100	53.48	➡	0.5348

ATENOLOL

Tab.

25 mg **PPB**

02369176	<i>AG-Atenolol</i>	Angita	100	4.41	➡	0.0441
02541564	<i>Atenolol</i>	Sivem	100	4.41	➡	0.0441
02367556	<i>Jamp-Atenolol</i>	Jamp	100	4.41	➡	0.0441
02371979	<i>Mar-Atenolol</i>	Marcan	100	4.41	➡	0.0441
			500	22.05	➡	0.0441
02368013	<i>Mint-Atenol</i>	Mint	100	4.41	➡	0.0441
02246581	<i>pms-Atenolol</i>	Phmscience	100	4.41	➡	0.0441
			500	22.05	➡	0.0441
02326701	<i>Pro-Atenolol</i>	Pro Doc	100	4.41	➡	0.0441
			500	22.05	➡	0.0441
02277379	<i>Riva-Atenolol</i>	Riva	100	4.41	➡	0.0441
			500	22.05	➡	0.0441
02373963	<i>Taro-Atenolol</i>	Sun Pharma	100	4.41	➡	0.0441
02266660	<i>Teva-Atenol</i>	Teva Can	100	4.41	➡	0.0441

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

Tab.

50 mg **PPB**

02369184	<i>AG-Atenolol</i>	Angita	100	9.38	➡ 0.0938
			500	46.90	➡ 0.0938
00773689	<i>Apo-Atenol</i>	Apotex	30	2.81	➡ 0.0938
			500	46.90	➡ 0.0938
02466465	<i>Atenolol</i>	Sanis	100	9.38	➡ 0.0938
			500	46.90	➡ 0.0938
02238316	<i>Atenolol</i>	Sivem	30	2.81	➡ 0.0938
			100	9.38	➡ 0.0938
02367564	<i>Jamp-Atenolol</i>	Jamp	30	2.81	➡ 0.0938
			100	9.38	➡ 0.0938
02371987	<i>Mar-Atenolol</i>	Marcan	30	2.81	➡ 0.0938
			100	9.38	➡ 0.0938
02368021	<i>Mint-Atenol</i>	Mint	30	2.81	➡ 0.0938
			500	46.90	➡ 0.0938
02237600	<i>pms-Atenolol</i>	Phmscience	100	9.38	➡ 0.0938
			500	46.90	➡ 0.0938
00828807	<i>Pro-Atenolol</i>	Pro Doc	30	2.81	➡ 0.0938
			500	46.90	➡ 0.0938
02242094	<i>Riva-Atenolol</i>	Riva	30	2.81	➡ 0.0938
			100	9.38	➡ 0.0938
02267985	<i>Taro-Atenolol</i>	Sun Pharma	30	2.81	➡ 0.0938
			100	9.38	➡ 0.0938
02039532	<i>Tenormin</i>	Search Phm	30	17.91	0.5970
02171791	<i>Teva-Atenolol</i>	Teva Can	100	9.38	➡ 0.0938
			500	46.90	➡ 0.0938

Tab.

100 mg **PPB**

02369192	<i>AG-Atenolol</i>	Angita	100	15.43	➡ 0.1543
00773697	<i>Apo-Atenol</i>	Apotex	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02466473	<i>Atenolol</i>	Sanis	100	15.43	➡ 0.1543
02238318	<i>Atenolol</i>	Sivem	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02367572	<i>Jamp-Atenolol</i>	Jamp	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02371995	<i>Mar-Atenolol</i>	Marcan	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02368048	<i>Mint-Atenol</i>	Mint	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02237601	<i>pms-Atenolol</i>	Phmscience	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
00828793	<i>Pro-Atenolol</i>	Pro Doc	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02242093	<i>Riva-Atenolol</i>	Riva	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02267993	<i>Taro-Atenolol</i>	Sun Pharma	30	4.63	➡ 0.1543
			100	15.43	➡ 0.1543
02039540	<i>Tenormin</i>	Search Phm	30	29.44	0.9813
02171805	<i>Teva-Atenolol</i>	Teva Can	100	15.43	➡ 0.1543

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

BISOPROLOL FUMARATE

Tab.

				1.25 mg	
02544245	<i>Sandoz Bisoprolol</i>	Sandoz	100	1.52	0.0152

Tab.

				2.5 mg	
02544253	<i>Sandoz Bisoprolol</i>	Sandoz	100	3.03	0.0303

Tab.

				5 mg	PPB	
02521156	<i>AG-Bisoprolol</i>	Angita	100	6.06	➡	0.0606
02256134	<i>Apo-Bisoprolol</i>	Apotex	100	6.06	➡	0.0606
02391589	<i>Bisoprolol</i>	Sanis	100	6.06	➡	0.0606
02495562	<i>Bisoprolol</i>	Sivem	100	6.06	➡	0.0606
02518805	<i>Jamp Bisoprolol</i>	Jamp	100	6.06	➡	0.0606
02465612	<i>Mint-Bisoprolol</i>	Mint	100	6.06	➡	0.0606
02302632	<i>pms-Bisoprolol</i>	Phmscience	100	6.06	➡	0.0606
02306999	<i>Pro-Bisoprolol-5</i>	Pro Doc	100	6.06	➡	0.0606
02541394	<i>PRZ-Bisoprolol</i>	Pharmaris	28	1.70	➡	0.0606
			100	6.06	➡	0.0606
02494035	<i>Sandoz Bisoprolol</i>	Sandoz	100	6.06	➡	0.0606
02267470	<i>Teva-Bisoprolol</i>	Teva Can	100	6.06	➡	0.0606

Tab.

				10 mg	PPB	
02521164	<i>AG-Bisoprolol</i>	Angita	100	8.85	➡	0.0885
02256177	<i>Apo-Bisoprolol</i>	Apotex	100	8.85	➡	0.0885
02391597	<i>Bisoprolol</i>	Sanis	100	8.85	➡	0.0885
02495570	<i>Bisoprolol</i>	Sivem	100	8.85	➡	0.0885
02518791	<i>Jamp Bisoprolol</i>	Jamp	100	8.85	➡	0.0885
02465620	<i>Mint-Bisoprolol</i>	Mint	100	8.85	➡	0.0885
02302640	<i>pms-Bisoprolol</i>	Phmscience	100	8.85	➡	0.0885
02307006	<i>Pro-Bisoprolol-10</i>	Pro Doc	100	8.85	➡	0.0885
02541408	<i>PRZ-Bisoprolol</i>	Pharmaris	28	2.48	➡	0.0885
			100	8.85	➡	0.0885
02494043	<i>Sandoz Bisoprolol</i>	Sandoz	100	8.85	➡	0.0885
02267489	<i>Teva-Bisoprolol</i>	Teva Can	100	8.85	➡	0.0885

CARVEDILOL

Tab.

				3.125 mg	PPB	
02247933	<i>Apo-Carvedilol</i>	Apotex	100	20.60	➡	0.2060
02418495	<i>Auro-Carvedilol</i>	AuroPharma	100	20.60	➡	0.2060
			1000	206.00	➡	0.2060
02324504	<i>Carvedilol</i>	Pro Doc	100	20.60	➡	0.2060
02364913	<i>Carvedilol</i>	Sanis	100	20.60	➡	0.2060
02248752	<i>Carvedilol</i>	Sivem	100	20.60	➡	0.2060
02368897	<i>Jamp-Carvedilol</i>	Jamp	100	20.60	➡	0.2060
02245914	<i>pms-Carvedilol</i>	Phmscience	100	20.60	➡	0.2060
02252309	<i>Teva-Carvedilol</i>	Teva Can	100	20.60	➡	0.2060

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

Tab.

6.25 mg **PPB**

02247934	<i>Apo-Carvedilol</i>	Apotex	100	20.60	➡	0.2060
02418509	<i>Auro-Carvedilol</i>	AuroPharma	100	20.60	➡	0.2060
			1000	206.00	➡	0.2060
02324512	<i>Carvedilol</i>	Pro Doc	100	20.60	➡	0.2060
02364921	<i>Carvedilol</i>	Sanis	100	20.60	➡	0.2060
02248753	<i>Carvedilol</i>	Sivem	100	20.60	➡	0.2060
02368900	<i>Jamp-Carvedilol</i>	Jamp	100	20.60	➡	0.2060
02245915	<i>pms-Carvedilol</i>	Phmscience	100	20.60	➡	0.2060
02252317	<i>Teva-Carvedilol</i>	Teva Can	100	20.60	➡	0.2060

Tab.

12.5 mg **PPB**

02247935	<i>Apo-Carvedilol</i>	Apotex	100	20.60	➡	0.2060
02418517	<i>Auro-Carvedilol</i>	AuroPharma	100	20.60	➡	0.2060
			1000	206.00	➡	0.2060
02324520	<i>Carvedilol</i>	Pro Doc	100	20.60	➡	0.2060
02364948	<i>Carvedilol</i>	Sanis	100	20.60	➡	0.2060
02248754	<i>Carvedilol</i>	Sivem	100	20.60	➡	0.2060
02368919	<i>Jamp-Carvedilol</i>	Jamp	100	20.60	➡	0.2060
02245916	<i>pms-Carvedilol</i>	Phmscience	100	20.60	➡	0.2060
02252325	<i>Teva-Carvedilol</i>	Teva Can	100	20.60	➡	0.2060

Tab.

25 mg **PPB**

02418525	<i>Auro-Carvedilol</i>	AuroPharma	100	20.60	➡	0.2060
			1000	206.00	➡	0.2060
02324539	<i>Carvedilol</i>	Pro Doc	100	20.60	➡	0.2060
02364956	<i>Carvedilol</i>	Sanis	100	20.60	➡	0.2060
02248755	<i>Carvedilol</i>	Sivem	100	20.60	➡	0.2060
02368927	<i>Jamp-Carvedilol</i>	Jamp	100	20.60	➡	0.2060
02245917	<i>pms-Carvedilol</i>	Phmscience	100	20.60	➡	0.2060
02252333	<i>Teva-Carvedilol</i>	Teva Can	100	20.60	➡	0.2060

LABETALOL (HYDROCHLORIDE)

Tab.

100 mg **PPB**

02243538	<i>Apo-Labetalol</i>	Apotex	100	19.83	➡	0.1983
02489406	<i>Riva-Labetalol</i>	Riva	100	19.83	➡	0.1983
02106272	<i>Trandate</i>	Knight	100	26.00		0.2600

Tab.

200 mg **PPB**

02243539	<i>Apo-Labetalol</i>	Apotex	100	35.04	➡	0.3504
02489414	<i>Riva-Labetalol</i>	Riva	100	35.04	➡	0.3504
02106280	<i>Trandate</i>	Knight	100	45.95		0.4595

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

METOPROLOL TARTRATE

Co. or Co. L.A.

50 mg /100 mg L.A. **PPB**

02481316	<i>AG-Metoprolol-L</i>	Angita	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
00618632	<i>Apo-Metoprolol 50 mg</i>	Apotex	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
00749354	<i>Apo-Metoprolol L 50 mg</i>	Apotex	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
02356821	<i>Jamp-Metoprolol-L</i>	Jamp	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
02350394	<i>Metoprolol 50 mg</i>	Sanis	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
02351404	<i>Metoprolol SR</i>	Pro Doc	100	12.48		W
02442124	<i>Metoprolol-L</i>	Sivem	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
02230803	<i>pms-Metoprolol-L</i>	Phmscience	500	31.19	➡	0.0624
			1000	62.38	➡	0.0624
00648019	<i>Pro-Metoprolol-L</i>	Pro Doc	1000	62.38	➡	0.0624
02315319	<i>Riva-Metoprolol-L</i>	Riva	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
00648035	<i>Teva-Metoprolol</i>	Teva Can	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
00842648	<i>Teva-Metoprolol</i>	Teva Can	100	6.24	➡	0.0624
			500	31.19	➡	0.0624

Tab.

25 mg **PPB**

02481308	<i>AG-Metoprolol-L</i>	Angita	100	6.43	➡	0.0643
			500	32.15	➡	0.0643
02246010	<i>Apo-Metoprolol</i>	Apotex	100	6.43	➡	0.0643
			1000	64.30	➡	0.0643
02356813	<i>Jamp-Metoprolol-L</i>	Jamp	100	6.43	➡	0.0643
			500	32.15	➡	0.0643
02442116	<i>Metoprolol-L</i>	Sivem	100	6.43	➡	0.0643
			500	32.15	➡	0.0643
02248855	<i>pms-Metoprolol-L 25 mg</i>	Phmscience	100	6.43	➡	0.0643
			500	32.15	➡	0.0643
02296713	<i>Pro-Metoprolol</i>	Pro Doc	1000	64.30	➡	0.0643
02315300	<i>Riva-Metoprolol-L</i>	Riva	100	6.43	➡	0.0643
			500	32.15	➡	0.0643
02261898	<i>Teva-Metoprolol</i>	Teva Can	100	6.43	➡	0.0643

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

Tab.

100 mg **PPB**

02481324	AG-Metoprolol-L	Angita	100	12.50	➡	0.1250
00618640	Apo-Metoprolol 100 mg	Apotex	100	12.50	➡	0.1250
			1000	124.95	➡	0.1250
00751170	Apo-Metoprolol L 100 mg	Apotex	100	12.50	➡	0.1250
			1000	124.95	➡	0.1250
02356848	Jamp-Metoprolol-L	Jamp	100	12.50	➡	0.1250
			500	62.48	➡	0.1250
02350408	Metoprolol 100 mg	Sanis	100	12.50	➡	0.1250
			500	62.48	➡	0.1250
02442132	Metoprolol-L	Sivem	100	12.50	➡	0.1250
			1000	124.95	➡	0.1250
02230804	pms-Metoprolol-L	Phmscience	100	12.50	➡	0.1250
			500	62.48	➡	0.1250
00648027	Pro-Metoprolol-L	Pro Doc	1000	124.95	➡	0.1250
02315327	Riva-Metoprolol-L	Riva	100	12.50	➡	0.1250
			1000	124.95	➡	0.1250
00648043	Teva-Metoprolol	Teva Can	100	12.50	➡	0.1250
			500	62.48	➡	0.1250
00842656	Teva-Metoprolol	Teva Can	100	12.50	➡	0.1250

NADOLOL

Tab.

40 mg **PPB**

02496380	Mint-Nadolol	Mint	100	23.75	➡	0.2375
00782505	Nadolol	Apotex	100	23.75	➡	0.2375

Tab.

80 mg **PPB**

02496399	Mint-Nadolol	Mint	100	34.10	➡	0.3410
00782467	Nadolol	Apotex	100	34.10	➡	0.3410

PINDOLOL

Tab.

5 mg **PPB**

00869007	Teva-Pindolol	Teva Can	100	40.68	➡	0.4068
00417270	Visken	Xediton	100	45.71		0.4571

Tab.

10 mg **PPB**

00869015	Teva-Pindolol	Teva Can	100	69.47	➡	0.6947
00443174	Visken	Xediton	100	78.06		0.7806

Tab.

15 mg

00869023	Teva-Pindolol	Teva Can	100	97.83		0.9783

PINDOLOL / HYDROCHLOROTHIAZIDE

Tab.

10 mg -25 mg

00568627	Viskazide 10/25	Xediton	105	80.28		0.7646

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

PROPRANOLOL HYDROCHLORIDE

Tab.

			10 mg		
00496480	<i>Teva-Propranolol</i>	Teva Can	100	7.68	0.0768
			1000	76.80	0.0768

Tab.

			20 mg PPB		
02550814	<i>PRZ-Propranolol</i>	Pharmaris	100	11.19	➡ 0.1119
00740675	<i>Teva-Propranolol</i>	Teva Can	100	11.19	➡ 0.1119
			500	55.95	➡ 0.1119

Tab.

			40 mg PPB		
02550822	<i>PRZ-Propranolol</i>	Pharmaris	100	12.39	➡ 0.1239
00496499	<i>Teva-Propranolol</i>	Teva Can	100	12.39	➡ 0.1239
			1000	123.90	➡ 0.1239

Tab.

			80 mg PPB		
02550830	<i>PRZ-Propranolol</i>	Pharmaris	100	20.57	➡ 0.2057
00496502	<i>Teva-Propranolol</i>	Teva Can	100	20.57	➡ 0.2057
			500	102.85	➡ 0.2057

SOTALOL HYDROCHLORIDE

Tab.

			80 mg PPB		
+ 02565404	<i>AMB-Sotalol</i>	Ambicare	100	21.98	➡ 0.2198
* 02210428	<i>Apo-Sotalol</i>	Apotex	100	21.98	➡ 0.2198
* 02368617	<i>Jamp-Sotalol</i>	Jamp	100	21.98	➡ 0.2198
			500	109.90	➡ 0.2198
* 02238326	<i>pms-Sotalol</i>	Phmscience	100	21.98	➡ 0.2198
			500	109.90	➡ 0.2198

Tab.

			160 mg PPB		
+ 02565412	<i>AMB-Sotalol</i>	Ambicare	100	16.23	➡ 0.1623
02167794	<i>Apo-Sotalol</i>	Apotex	100	16.23	➡ 0.1623
02368625	<i>Jamp-Sotalol</i>	Jamp	100	16.23	➡ 0.1623
			500	81.15	➡ 0.1623
02238327	<i>pms-Sotalol</i>	Phmscience	100	16.23	➡ 0.1623

TIMOLOL MALEATE

Tab.

			5 mg		
00755842	<i>Timol</i>	AA Pharma	100	16.49	0.1649

Tab.

			10 mg		
00755850	<i>Timol</i>	AA Pharma	100	25.72	0.2572

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

Tab.			20 mg		
00755869	<i>Timol</i>	AA Pharma	100	50.05	0.5005

24:24
CENTRAL ALPHA-AGONISTS
CLONIDINE HYDROCHLORIDE

Tab.			0.1 mg PPB		
02538490	<i>Clonidine</i>	Sivem	100	6.79 ➡	0.0679
02462192	<i>Mint-Clonidine</i>	Mint	100	6.79 ➡	0.0679
02515784	<i>Sandoz Clonidine</i>	Sandoz	100	6.79 ➡	0.0679
02046121	<i>Teva-Clonidine</i>	Teva Can	100	6.79 ➡	0.0679

Tab.			0.2 mg PPB		
02538504	<i>Clonidine</i>	Sivem	100	12.12 ➡	0.1212
02462206	<i>Mint-Clonidine</i>	Mint	100	12.12 ➡	0.1212
02515792	<i>Sandoz Clonidine</i>	Sandoz	100	12.12 ➡	0.1212
02046148	<i>Teva-Clonidine</i>	Teva Can	100	12.12 ➡	0.1212

METHYLDOPA

Tab.			125 mg		
00360252	<i>Methyldopa</i>	AA Pharma	100	9.89	0.0989

Tab.			250 mg		
00360260	<i>Methyldopa</i>	AA Pharma	100	14.33	0.1433

Tab.			500 mg		
00426830	<i>Methyldopa</i>	AA Pharma	100	25.37	0.2537

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

24:28.08

DIHYDROPYRIDINES

AMLODIPINE BESYLATE

Tab.

2.5 mg **PPB**

02369222	<i>AG-Amlodipine</i>	Angita	100	7.67	➡	0.0767
02490781	<i>Amlodipine</i>	Altamed	100	7.67	➡	0.0767
02552868	<i>Amlodipine</i>	Angita	100	7.67	➡	0.0767
02492199	<i>Amlodipine</i>	Jamp	100	7.67	➡	0.0767
02326795	<i>Amlodipine</i>	Pro Doc	100	7.67	➡	0.0767
			500	38.35	➡	0.0767
02478587	<i>Amlodipine</i>	Sanis	100	7.67	➡	0.0767
02385783	<i>Amlodipine</i>	Sivem	100	7.67	➡	0.0767
02419556	<i>Amlodipine Besylate</i>	Accord	100	7.67	➡	0.0767
02392127	<i>Bio-Amlodipine</i>	Biomed	100	7.67	➡	0.0767
02357186	<i>Jamp-Amlodipine</i>	Jamp	30	2.30	➡	0.0767
			100	7.67	➡	0.0767
02468018	<i>M-Amlodipine</i>	Mantra Ph.	100	7.67	➡	0.0767
02371707	<i>Mar-Amlodipine</i>	Marcan	100	7.67	➡	0.0767
			500	38.35	➡	0.0767
02556707	<i>NB-Amlodipine</i>	NB Pharma	100	7.67	➡	0.0767
02476452	<i>NRA-Amlodipine</i>	Nora	100	7.67	➡	0.0767
02469022	<i>Pharma-Amlodipine</i>	Phmscience	100	7.67	➡	0.0767
02295148	<i>pms-Amlodipine</i>	Phmscience	100	7.67	➡	0.0767
			500	38.35	➡	0.0767
02522500	<i>PRZ-Amlodipine</i>	Pharmaris	100	7.67	➡	0.0767
02331489	<i>Riva-Amlodipine</i>	Riva	100	7.67	➡	0.0767
			500	38.35	➡	0.0767
02330474	<i>Sandoz Amlodipine</i>	Sandoz	100	7.67	➡	0.0767
			500	38.35	➡	0.0767

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

Tab.

5 mg **PPB**

02297485	<i>ACT Amlodipine</i>	Teva Can	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02369230	<i>AG-Amlodipine</i>	Angita	500	67.15	➡	0.1343
02490803	<i>Amlodipine</i>	Altamed	250	33.58	➡	0.1343
			500	67.15	➡	0.1343
02552876	<i>Amlodipine</i>	Angita	500	67.15	➡	0.1343
02429217	<i>Amlodipine</i>	Jamp	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02326809	<i>Amlodipine</i>	Pro Doc	500	67.15	➡	0.1343
02331284	<i>Amlodipine</i>	Sanis	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02385791	<i>Amlodipine</i>	Sivem	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02419564	<i>Amlodipine Besylate</i>	Accord	100	13.43	➡	0.1343
			250	33.58	➡	0.1343
02273373	<i>Apo-Amlodipine</i>	Apotex	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02397072	<i>Auro-Amlodipine</i>	AuroPharma	100	13.43	➡	0.1343
			250	33.58	➡	0.1343
02392135	<i>Bio-Amlodipine</i>	Biomed	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02357194	<i>Jamp-Amlodipine</i>	Jamp	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02468026	<i>M-Amlodipine</i>	Mantra Ph.	500	67.15	➡	0.1343
02371715	<i>Mar-Amlodipine</i>	Marcan	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02362651	<i>Mint-Amlodipine</i>	Mint	100	13.43	➡	0.1343
			250	33.58	➡	0.1343
02272113	<i>Mylan-Amlodipine</i>	Mylan	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02556715	<i>NB-Amlodipine</i>	NB Pharma	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
00878928	<i>Norvasc</i>	BGP Pharma	100	129.99		1.2999
			250	324.97		1.2999
02476460	<i>NRA-Amlodipine</i>	Nora	250	33.58	➡	0.1343
			500	67.15	➡	0.1343
02284065	<i>pms-Amlodipine</i>	Phmscience	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02522519	<i>PRZ-Amlodipine</i>	Pharmaris	500	67.15	➡	0.1343
02331497	<i>Riva-Amlodipine</i>	Riva	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02284383	<i>Sandoz Amlodipine</i>	Sandoz	100	13.43	➡	0.1343
			500	67.15	➡	0.1343
02321858	<i>Taro-Amlodipine</i>	Sun Pharma	100	13.43	➡	0.1343
			500	67.15	➡	0.1343

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

Tab.

10 mg **PPB**

02297493	<i>ACT Amlodipine</i>	Teva Can	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02369249	<i>AG-Amlodipine</i>	Angita	500	99.65	➡	0.1993
02490811	<i>Amlodipine</i>	Altamed	250	49.83	➡	0.1993
			500	99.65	➡	0.1993
02552884	<i>Amlodipine</i>	Angita	500	99.65	➡	0.1993
02429225	<i>Amlodipine</i>	Jamp	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02326817	<i>Amlodipine</i>	Pro Doc	500	99.65	➡	0.1993
02331292	<i>Amlodipine</i>	Sanis	500	99.65	➡	0.1993
02385805	<i>Amlodipine</i>	Sivem	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02419572	<i>Amlodipine Besylate</i>	Accord	100	19.93	➡	0.1993
			250	49.83	➡	0.1993
02273381	<i>Apo-Amlodipine</i>	Apotex	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02397080	<i>Auro-Amlodipine</i>	AuroPharma	100	19.93	➡	0.1993
			250	49.83	➡	0.1993
02392143	<i>Bio-Amlodipine</i>	Biomed	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02357208	<i>Jamp-Amlodipine</i>	Jamp	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02468034	<i>M-Amlodipine</i>	Mantra Ph.	500	99.65	➡	0.1993
02371723	<i>Mar-Amlodipine</i>	Marcen	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02362678	<i>Mint-Amlodipine</i>	Mint	100	19.93	➡	0.1993
			250	49.83	➡	0.1993
02272121	<i>Mylan-Amlodipine</i>	Mylan	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02556723	<i>NB-Amlodipine</i>	NB Pharma	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
00878936	<i>Norvasc</i>	BGP Pharma	100	192.96		1.9296
			250	482.39		1.9296
02476479	<i>NRA-Amlodipine</i>	Nora	250	49.83	➡	0.1993
			500	99.65	➡	0.1993
02284073	<i>pms-Amlodipine</i>	Phmscience	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02522527	<i>PRZ-Amlodipine</i>	Pharmaris	500	99.65	➡	0.1993
02331500	<i>Riva-Amlodipine</i>	Riva	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02284391	<i>Sandoz Amlodipine</i>	Sandoz	100	19.93	➡	0.1993
			500	99.65	➡	0.1993
02321866	<i>Taro-Amlodipine</i>	Sun Pharma	100	19.93	➡	0.1993
			500	99.65	➡	0.1993

AMLODIPINE BESYLATE/ ATORVASTATIN CALCIUM

Tab.

5 mg -10 mg **PPB**

02411253	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	58.02	➡	0.5802
02273233	<i>Caduet</i>	BGP Pharma	90	67.96		0.7551
02362759	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	52.22	➡	0.5802

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

Tab.			5 mg - 20 mg PPB		
02411261	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	68.42 ➡	0.6842
02273241	<i>Caduet</i>	BGP Pharma	90	77.32	0.8591
02362767	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	61.58 ➡	0.6842

Tab.			5 mg - 40 mg PPB		
02411288	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	72.32 ➡	0.7232
02273268	<i>Caduet</i>	BGP Pharma	90	80.83	0.8981
02362775	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	65.09 ➡	0.7232

Tab.			5 mg - 80 mg PPB		
02411296	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	72.32 ➡	0.7232
02273276	<i>Caduet</i>	BGP Pharma	90	80.83	0.8981
02362783	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	65.09 ➡	0.7232

Tab.			10 mg -10 mg PPB		
02411318	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	61.25 ➡	0.6125
02273284	<i>Caduet</i>	BGP Pharma	90	82.75	0.9194
02362791	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	55.13 ➡	0.6125

Tab.			10 mg - 20 mg PPB		
02411326	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	76.36 ➡	0.7636
02273292	<i>Caduet</i>	BGP Pharma	90	92.11	1.0234
02362805	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	68.72 ➡	0.7636

Tab.			10 mg - 40 mg PPB		
02411334	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	80.00 ➡	0.8000
02273306	<i>Caduet</i>	BGP Pharma	90	95.62	1.0624
02362813	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	72.00 ➡	0.8000

Tab.			10 mg - 80 mg PPB		
02411342	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	80.00 ➡	0.8000
02273314	<i>Caduet</i>	BGP Pharma	90	95.62	1.0624
02362821	<i>Mylan-Amlodipine/Atorvastatin</i>	Mylan	90	72.00 ➡	0.8000

FELODIPIN

L.A. Tab.			2.5 mg PPB		
02452367	<i>Apo-Felodipine</i>	Apotex	100	38.15 ➡	0.3815
02057778	<i>Plendil</i>	GlenwoodPh	30	15.27	0.5090

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

L.A. Tab.

5 mg **PPB**

02452375	<i>Apo-Felodipine</i>	Apotex	100	33.98	➡ 0.3398
00851779	<i>Plendil</i>	GlenwoodPh	30	20.40	0.6800
02280264	<i>Sandoz Felodipine</i>	Sandoz	100	33.98	➡ 0.3398

L.A. Tab.

10 mg **PPB**

02452383	<i>Apo-Felodipine</i>	Apotex	100	50.98	➡ 0.5098
00851787	<i>Plendil</i>	GlenwoodPh	30	30.62	1.0207
02280272	<i>Sandoz Felodipine</i>	Sandoz	100	50.98	➡ 0.5098

NIFEDIPINE

Caps.

5 mg

00725110	<i>Nifedipine</i>	AA Pharma	100	36.79	0.3679

L.A. Tab. (24 h)

30 mg **PPB**

02155907	<i>Adalat XL</i>	Bayer	28	17.28	0.6171
			98	60.48	0.6171
02349167	<i>Mylan-Nifedipine Extended Release</i>	Mylan	100	61.71	0.6171
02421631	<i>Nifedipine ER</i>	Pro Doc	30	18.51	➡ 0.6170
			100	61.70	➡ 0.6170
02533332	<i>pmsc-Nifedipine ER</i>	Phmscience	100	61.70	➡ 0.6170
02534843	<i>Pro-Nifedipine ER</i>	Pro Doc	100	61.70	➡ 0.6170

L.A. Tab. (24 h)

60 mg **PPB**

02511460	<i>AG-Nifedipine ER</i>	Angita	100	93.73	➡ 0.9373
02511711	<i>Jamp Nifedipine ER</i>	Jamp	100	93.73	➡ 0.9373
02511649	<i>M-Nifedipine ER</i>	Mantra Ph.	100	93.73	➡ 0.9373
02321149	<i>Mylan-Nifedipine Extended Release</i>	Mylan	100	93.74	0.9374
02421658	<i>Nifedipine ER</i>	Pro Doc	30	28.12	➡ 0.9373
			100	93.73	➡ 0.9373
02416301	<i>pms-Nifedipine ER</i>	Phmscience	30	28.12	➡ 0.9373
			100	93.73	➡ 0.9373

NIMODIPINE

Tab.

30 mg

02325926	<i>Nimotop</i>	Lab X.O	100	988.00	9.8800

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

24:28.92

CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS

DILTIAZEM HYDROCHLORIDE

L.A. Caps.

120 mg **PPB**

02516101	<i>Diltiazem T</i>	Sanis	100	21.33	➡	0.2133
02495376	<i>Jamp Diltiazem T</i>	Jamp	100	21.33	➡	0.2133
02465353	<i>Mar-Diltiazem T</i>	Marcan	100	21.33	➡	0.2133
02546434	<i>M-Diltiazem T</i>	Mantra Ph.	100	21.33	➡	0.2133
02370441	<i>Teva-Diltiazem T</i>	Teva Can	100	21.33	➡	0.2133
02231150	<i>Tiazac</i>	Bausch H.	100	83.49		0.8349

L.A. Caps.

180 mg **PPB**

02516128	<i>Diltiazem T</i>	Sanis	100	28.89	➡	0.2889
02495384	<i>Jamp Diltiazem T</i>	Jamp	100	28.89	➡	0.2889
02465361	<i>Mar-Diltiazem T</i>	Marcan	100	28.89	➡	0.2889
02546442	<i>M-Diltiazem T</i>	Mantra Ph.	100	28.89	➡	0.2889
02370492	<i>Teva-Diltiazem T</i>	Teva Can	100	28.89	➡	0.2889
02231151	<i>Tiazac</i>	Bausch H.	100	112.48		1.1248

L.A. Caps.

240 mg **PPB**

02516136	<i>Diltiazem T</i>	Sanis	100	38.32	➡	0.3832
02495392	<i>Jamp Diltiazem T</i>	Jamp	100	38.32	➡	0.3832
02465388	<i>Mar-Diltiazem T</i>	Marcan	100	38.32	➡	0.3832
02546450	<i>M-Diltiazem T</i>	Mantra Ph.	100	38.32	➡	0.3832
02370506	<i>Teva-Diltiazem T</i>	Teva Can	100	38.32	➡	0.3832
02231152	<i>Tiazac</i>	Bausch H.	100	149.20		1.4920

L.A. Caps.

300 mg **PPB**

02516144	<i>Diltiazem T</i>	Sanis	100	47.19	➡	0.4719
02495406	<i>Jamp Diltiazem T</i>	Jamp	100	47.19	➡	0.4719
02465396	<i>Mar-Diltiazem T</i>	Marcan	100	47.19	➡	0.4719
02546469	<i>M-Diltiazem T</i>	Mantra Ph.	100	47.19	➡	0.4719
02370514	<i>Teva-Diltiazem T</i>	Teva Can	100	47.19	➡	0.4719
02231154	<i>Tiazac</i>	Bausch H.	100	183.75		1.8375

L.A. Caps.

360 mg **PPB**

02516152	<i>Diltiazem T</i>	Sanis	100	57.78	➡	0.5778
02495414	<i>Jamp Diltiazem T</i>	Jamp	100	57.78	➡	0.5778
02465418	<i>Mar-Diltiazem T</i>	Marcan	100	57.78	➡	0.5778
02546477	<i>M-Diltiazem T</i>	Mantra Ph.	100	57.78	➡	0.5778
02370522	<i>Teva-Diltiazem T</i>	Teva Can	100	57.78	➡	0.5778
02231155	<i>Tiazac</i>	Bausch H.	100	224.97		2.2497

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

L.A. Caps. (24 h)

120 mg **PPB**

02230997	<i>Apo-Diltiaz CD</i>	Apotex	100	35.29	➡ 0.3529
			500	176.45	➡ 0.3529
02400421	<i>Diltiazem CD</i>	Sanis	100	35.29	➡ 0.3529
02445999	<i>Diltiazem CD</i>	Sivem	100	35.29	➡ 0.3529
02528037	<i>Jamp Diltiazem CD</i>	Jamp	100	35.29	➡ 0.3529
02484064	<i>Mar-Diltiazem CD</i>	Marcan	100	35.29	➡ 0.3529
02546086	<i>M-Diltiazem CD</i>	Mantra Ph.	100	35.29	➡ 0.3529
02540924	<i>Pro-Diltiazem CD</i>	Pro Doc	100	35.29	➡ 0.3529
02242538	<i>Teva-Diltiazem CD</i>	Teva Can	100	35.29	➡ 0.3529

L.A. Caps. (24 h)

180 mg **PPB**

02230998	<i>Apo-Diltiaz CD</i>	Apotex	100	46.84	➡ 0.4684
			500	234.20	➡ 0.4684
02400448	<i>Diltiazem CD</i>	Sanis	100	46.84	➡ 0.4684
02446006	<i>Diltiazem CD</i>	Sivem	100	46.84	➡ 0.4684
02528045	<i>Jamp Diltiazem CD</i>	Jamp	100	46.84	➡ 0.4684
02484072	<i>Mar-Diltiazem CD</i>	Marcan	100	46.84	➡ 0.4684
02546094	<i>M-Diltiazem CD</i>	Mantra Ph.	100	46.84	➡ 0.4684
02540932	<i>Pro-Diltiazem CD</i>	Pro Doc	100	46.84	➡ 0.4684
02242539	<i>Teva-Diltiazem CD</i>	Teva Can	100	46.84	➡ 0.4684

L.A. Caps. (24 h)

240 mg **PPB**

02230999	<i>Apo-Diltiaz CD</i>	Apotex	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02400456	<i>Diltiazem CD</i>	Sanis	100	62.13	➡ 0.6213
02446014	<i>Diltiazem CD</i>	Sivem	100	62.13	➡ 0.6213
02528053	<i>Jamp Diltiazem CD</i>	Jamp	100	62.13	➡ 0.6213
02484080	<i>Mar-Diltiazem CD</i>	Marcan	100	62.13	➡ 0.6213
02546108	<i>M-Diltiazem CD</i>	Mantra Ph.	100	62.13	➡ 0.6213
02540940	<i>Pro-Diltiazem CD</i>	Pro Doc	100	62.13	➡ 0.6213
02242540	<i>Teva-Diltiazem CD</i>	Teva Can	100	62.13	➡ 0.6213

L.A. Caps. (24 h)

300 mg **PPB**

02229526	<i>Apo-Diltiaz CD</i>	Apotex	100	77.66	➡ 0.7766
02400464	<i>Diltiazem CD</i>	Sanis	100	77.66	➡ 0.7766
02446022	<i>Diltiazem CD</i>	Sivem	100	77.66	➡ 0.7766
02528061	<i>Jamp Diltiazem CD</i>	Jamp	100	77.66	➡ 0.7766
02484099	<i>Mar-Diltiazem CD</i>	Marcan	100	77.66	➡ 0.7766
02546116	<i>M-Diltiazem CD</i>	Mantra Ph.	100	77.66	➡ 0.7766
02540959	<i>Pro-Diltiazem CD</i>	Pro Doc	100	77.66	➡ 0.7766
02242541	<i>Teva-Diltiazem CD</i>	Teva Can	100	77.66	➡ 0.7766

L.A. Tab.

120 mg

02256738	<i>Tiazac XC</i>	Bausch H.	90	71.39	0.7932

L.A. Tab.

180 mg **PPB**

02429322	<i>Teva-Diltiazem XC</i>	Teva Can	100	91.95	➡ 0.9195
02256746	<i>Tiazac XC</i>	Bausch H.	90	94.85	1.0539

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab. 240 mg PPB					
02429330	<i>Teva-Diltiazem XC</i>	Teva Can	100	122.12 ➡	1.2212
02256754	<i>Tiazac XC</i>	Bausch H.	90	126.07	1.4008
L.A. Tab. 300 mg PPB					
02429349	<i>Teva-Diltiazem XC</i>	Teva Can	100	121.75 ➡	1.2175
02256762	<i>Tiazac XC</i>	Bausch H.	90	125.82	1.3980
L.A. Tab. 360 mg PPB					
02429357	<i>Teva-Diltiazem XC</i>	Teva Can	100	122.11 ➡	1.2211
02256770	<i>Tiazac XC</i>	Bausch H.	90	126.07	1.4008
Tab. 30 mg					
00771376	<i>Diltiaz</i>	AA Pharma	100	21.68	0.2168
Tab. 60 mg					
00771384	<i>Diltiaz</i>	AA Pharma	100	38.02	0.3802
FLUNARIZINE HYDROCHLORIDE 					
Caps. 5 mg					
02246082	<i>Flunarizine</i>	AA Pharma	60	43.22	0.7203
			100	72.03	0.7203
VERAPAMIL HYDROCHLORIDE 					
L.A. Tab. 120 mg PPB					
01907123	<i>Isoptin SR</i>	BGP Pharma	100	101.78	1.0178
02210347	<i>Mylan-Verapamil SR</i>	Mylan	100	50.78 ➡	0.5078
L.A. Tab. 180 mg PPB					
01934317	<i>Isoptin SR</i>	BGP Pharma	100	114.94	1.1494
02450488	<i>Mylan-Verapamil SR</i>	Mylan	100	52.04 ➡	0.5204
L.A. Tab. 240 mg PPB					
00742554	<i>Isoptin SR</i>	BGP Pharma	100	153.25	1.5325
02450496	<i>Mylan-Verapamil SR</i>	Mylan	100	50.75 ➡	0.5075
			500	253.75 ➡	0.5075
Tab. 80 mg					
00782483	<i>AA-Verap</i>	AA Pharma	100	27.35	0.2735
Tab. 120 mg					
00782491	<i>AA-Verap</i>	AA Pharma	100	42.50	0.4250

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

24:32.04

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

BENAZEPRIL

Tab.

				5 mg	
02290332	<i>Benazepril</i>	AA Pharma	100	55.77	0.5577

Tab.

				10 mg	
02290340	<i>Benazepril</i>	AA Pharma	100	65.95	0.6595

Tab.

				20 mg	
02273918	<i>Benazepril</i>	AA Pharma	100	75.67	0.7567

CAPTOPRIL

Oral Sol.

				1 mg/mL (100 mL)	
02543907	<i>Noyada</i>	Ethypharm	1	60.00	

Oral Sol.

				5 mg/mL (100 mL)	
02543915	<i>Noyada</i>	Ethypharm	1	65.00	

Tab.

				12.5 mg	
01942964	<i>Teva-Captopril</i>	Teva Can	100	10.60	0.1060

Tab.

				25 mg	
01942972	<i>Teva-Captopril</i>	Teva Can	100	15.00	0.1500

Tab.

				100 mg	
01942999	<i>Teva-Captopril</i>	Teva Can	100	51.98	0.5198

CILAZAPRIL

Tab.

				1 mg	
02283778	<i>Mylan-Cilazapril</i>	Mylan	100	34.26	0.3426

Tab.

				2.5 mg	PPB	
02291142	<i>Apo-Cilazapril</i>	Apotex	100	17.95	➡	0.1795
01911473	<i>Inhibace</i>	Cheplaphar	100	73.23		0.7323
02283786	<i>Mylan-Cilazapril</i>	Mylan	100	17.95	➡	0.1795

Tab.

				5 mg	PPB	
02291150	<i>Apo-Cilazapril</i>	Apotex	100	20.85	➡	0.2085
01911481	<i>Inhibace</i>	Cheplaphar	100	85.08		0.8508
02283794	<i>Mylan-Cilazapril</i>	Mylan	100	20.85	➡	0.2085

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

CILAZAPRIL/ HYDROCHLOROTHIAZIDE

Tab.

 5 mg -12.5 mg **PPB**

02284987	<i>Apo-Cilazapril - HCTZ</i>	Apotex	100	63.06	➡	0.6306
02181479	<i>Inhibace Plus</i>	Cheplaphar	28	23.82		0.8507

ENALAPRIL MALEATE

Tab.

 2.5 mg **PPB**

02291878	<i>ACT Enalapril</i>	Teva Can	100	18.63	➡	0.1863
02020025	<i>Apo-Enalapril</i>	Apotex	100	18.63	➡	0.1863
02400650	<i>Enalapril</i>	Sanis	100	18.63	➡	0.1863
02442957	<i>Enalapril</i>	Sivem	100	18.63	➡	0.1863
02474786	<i>Jamp-Enalapril</i>	Jamp	100	18.63	➡	0.1863
02459450	<i>Mar-Enalapril</i>	Marcan	100	18.63	➡	0.1863
02311402	<i>Pro-Enalapril-2.5</i>	Pro Doc	100	18.63	➡	0.1863
02299933	<i>Sandoz Enalapril</i>	Sandoz	100	18.63	➡	0.1863
02352230	<i>Taro-Enalapril</i>	Sun Pharma	100	18.63	➡	0.1863

Tab.

 5 mg **PPB**

02291886	<i>ACT Enalapril</i>	Teva Can	100	22.03	➡	0.2203
02019884	<i>Apo-Enalapril</i>	Apotex	100	22.03	➡	0.2203
02400669	<i>Enalapril</i>	Sanis	100	22.03	➡	0.2203
02442965	<i>Enalapril</i>	Sivem	100	22.03	➡	0.2203
02474794	<i>Jamp-Enalapril</i>	Jamp	100	22.03	➡	0.2203
			500	110.15	➡	0.2203
02459469	<i>Mar-Enalapril</i>	Marcan	100	22.03	➡	0.2203
			500	110.15	➡	0.2203
02311410	<i>Pro-Enalapril-5</i>	Pro Doc	100	22.03	➡	0.2203
02299941	<i>Sandoz Enalapril</i>	Sandoz	100	22.03	➡	0.2203
02352249	<i>Taro-Enalapril</i>	Sun Pharma	100	22.03	➡	0.2203
00708879	<i>Vasotec</i>	Organon	28	12.52		0.4471

Tab.

 10 mg **PPB**

02291894	<i>ACT Enalapril</i>	Teva Can	100	26.47	➡	0.2647
02019892	<i>Apo-Enalapril</i>	Apotex	100	26.47	➡	0.2647
02400677	<i>Enalapril</i>	Sanis	100	26.47	➡	0.2647
02442973	<i>Enalapril</i>	Sivem	100	26.47	➡	0.2647
02474808	<i>Jamp-Enalapril</i>	Jamp	100	26.47	➡	0.2647
			500	132.33	➡	0.2647
02444771	<i>Mar-Enalapril</i>	Marcan	100	26.47	➡	0.2647
			500	132.35	➡	0.2647
02311429	<i>Pro-Enalapril-10</i>	Pro Doc	100	26.47	➡	0.2647
02299968	<i>Sandoz Enalapril</i>	Sandoz	100	26.47	➡	0.2647
02352257	<i>Taro-Enalapril</i>	Sun Pharma	100	26.47	➡	0.2647
00670901	<i>Vasotec</i>	Organon	28	15.04		0.5371

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

Tab.

20 mg **PPB**

02291908	<i>ACT Enalapril</i>	Teva Can	100	31.95	➡	0.3195
02019906	<i>Apo-Enalapril</i>	Apotex	100	31.95	➡	0.3195
02400685	<i>Enalapril</i>	Sanis	100	31.95	➡	0.3195
02442981	<i>Enalapril</i>	Sivem	100	31.95	➡	0.3195
02474816	<i>Jamp-Enalapril</i>	Jamp	100	31.95	➡	0.3195
			500	159.75	➡	0.3195
02444798	<i>Mar-Enalapril</i>	Marcan	100	31.95	➡	0.3195
			500	159.75	➡	0.3195
02311437	<i>Pro-Enalapril-20</i>	Pro Doc	100	31.95	➡	0.3195
02299976	<i>Sandoz Enalapril</i>	Sandoz	100	31.95	➡	0.3195
02352265	<i>Taro-Enalapril</i>	Sun Pharma	100	31.95	➡	0.3195
00670928	<i>Vasotec</i>	Organon	28	18.14		0.6479

ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE

Tab.

10 mg -25 mg **PPB**

02352931	<i>Enalapril maleate/HCTZ</i>	AA Pharma	100	100.66	➡	1.0066
00657298	<i>Vaseretic</i>	Organon	28	29.67		1.0596

LISINOPRIL

Tab.

5 mg **PPB**

02217481	<i>Apo-Lisinopril</i>	Apotex	100	13.47	➡	0.1347
			500	67.33	➡	0.1347
02394472	<i>Auro-Lisinopril</i>	AuroPharma	100	13.47	➡	0.1347
			500	67.33	➡	0.1347
02361531	<i>Jamp-Lisinopril</i>	Jamp	100	13.47	➡	0.1347
02386232	<i>Lisinopril</i>	Sivem	100	13.47	➡	0.1347
02525186	<i>Lisinopril (TYPE Z)</i>	Sanis	100	13.47	➡	0.1347
02554488	<i>Lisinopril Tablets</i>	Sivem	100	13.47	➡	0.1347
02310961	<i>Pro-Lisinopril-5</i>	Pro Doc	100	13.47	➡	0.1347
02294230	<i>Ran-Lisinopril</i>	Ranbaxy	100	13.47	➡	0.1347
			500	67.33	➡	0.1347
02285118	<i>Teva-Lisinopril (Type Z)</i>	Teva Can	100	13.47	➡	0.1347
02049333	<i>Zestril</i>	Atnahs	100	55.94		0.5594

Tab.

10 mg **PPB**

02217503	<i>Apo-Lisinopril</i>	Apotex	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02394480	<i>Auro-Lisinopril</i>	AuroPharma	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02361558	<i>Jamp-Lisinopril</i>	Jamp	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02386240	<i>Lisinopril</i>	Sivem	100	16.19	➡	0.1619
02525194	<i>Lisinopril (TYPE Z)</i>	Sanis	100	16.19	➡	0.1619
02554496	<i>Lisinopril Tablets</i>	Sivem	100	16.19	➡	0.1619
02310988	<i>Pro-Lisinopril-10</i>	Pro Doc	100	16.19	➡	0.1619
02294249	<i>Ran-Lisinopril</i>	Ranbaxy	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02285126	<i>Teva-Lisinopril (Type Z)</i>	Teva Can	100	16.19	➡	0.1619
02049376	<i>Zestril</i>	Atnahs	100	67.23		0.6723

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

Tab.

20 mg **PPB**

02217511	<i>Apo-Lisinopril</i>	Apotex	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02394499	<i>Auro-Lisinopril</i>	AuroPharma	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02361566	<i>Jamp-Lisinopril</i>	Jamp	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02386259	<i>Lisinopril</i>	Sivem	100	19.45	➡	0.1945
02525208	<i>Lisinopril (TYPE Z)</i>	Sanis	100	19.45	➡	0.1945
02554518	<i>Lisinopril Tablets</i>	Sivem	100	19.45	➡	0.1945
02310996	<i>Pro-Lisinopril-20</i>	Pro Doc	100	19.45	➡	0.1945
02294257	<i>Ran-Lisinopril</i>	Ranbaxy	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02285134	<i>Teva-Lisinopril (Type Z)</i>	Teva Can	100	19.45	➡	0.1945
02049384	<i>Zestril</i>	Atnahs	100	80.78		0.8078

LISINOPRIL HYDROCHLOROTHIAZIDE

Tab.

10 mg -12.5 mg **PPB**

02362945	<i>Lisinopril/HCTZ (Type Z)</i>	Sanis	30	6.25	➡	0.2083
			100	20.83	➡	0.2083
02302365	<i>Sandoz Lisinopril HCT</i>	Sandoz	30	6.25	➡	0.2083
			100	20.83	➡	0.2083
02301768	<i>Teva-Lisinopril/HCTZ (Type Z)</i>	Teva Can	100	20.83	➡	0.2083
02103729	<i>Zestoretic</i>	Atnahs	100	86.54		0.8654

Tab.

20 mg -12.5 mg **PPB**

02362953	<i>Lisinopril/HCTZ (Type Z)</i>	Sanis	100	25.03	➡	0.2503
02302373	<i>Sandoz Lisinopril HCT</i>	Sandoz	30	7.51	➡	0.2503
			100	25.03	➡	0.2503
02301776	<i>Teva-Lisinopril/HCTZ (Type Z)</i>	Teva Can	30	7.51	➡	0.2503
			100	25.03	➡	0.2503
02045737	<i>Zestoretic</i>	Atnahs	100	104.00		1.0400

Tab.

20 mg -25 mg **PPB**

02362961	<i>Lisinopril/HCTZ (Type Z)</i>	Sanis	30	7.51	➡	0.2503
			100	25.03	➡	0.2503
02302381	<i>Sandoz Lisinopril HCT</i>	Sandoz	30	7.51	➡	0.2503
			100	25.03	➡	0.2503
02301784	<i>Teva-Lisinopril/HCTZ (Type Z)</i>	Teva Can	30	7.51	➡	0.2503
			100	25.03	➡	0.2503
02045729	<i>Zestoretic</i>	Atnahs	100	104.00		1.0400

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

PERINDOPRIL ERBUMIN

Tab.

2 mg **PPB**

02481677	<i>AG-Perindopril</i>	Angita	100	16.32	➡	0.1632
02529491	<i>AG-Perindopril Erbumine</i>	Angita	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02289261	<i>Apo-Perindopril</i>	Apotex	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02459817	<i>Auro-Perindopril</i>	AuroPharma	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02501309	<i>Bio-Perindopril</i>	Biomed	100	16.32	➡	0.1632
02123274	<i>Coversyl</i>	Servier	30	18.88		0.6293
02527200	<i>Jamp Perindopril Erbumine</i>	Jamp	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02477009	<i>Jamp-Perindopril</i>	Jamp	100	16.32	➡	0.1632
02474824	<i>Mar-Perindopril</i>	Marcan	100	16.32	➡	0.1632
			500	81.60	➡	0.1632
02476762	<i>Mint-Perindopril</i>	Mint	100	16.32	➡	0.1632
02482924	<i>M-Perindopril</i>	Mantra Ph.	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02555697	<i>NB-Perindopril</i>	NB Pharma	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02489015	<i>NRA-Perindopril</i>	Nora	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02488949	<i>Perindopril Erbumine</i>	Pro Doc	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02481634	<i>Perindopril Erbumine</i>	Sanis	100	16.32	➡	0.1632
			500	81.60	➡	0.1632
02479877	<i>Perindopril Erbumine</i>	Sivem	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02470675	<i>pms-Perindopril</i>	Phmscience	30	4.90	➡	0.1632
			500	81.60	➡	0.1632
02472015	<i>Riva-Perindopril</i>	Riva	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02470225	<i>Sandoz Perindopril Erbumine</i>	Sandoz	30	4.90	➡	0.1632
			100	16.32	➡	0.1632
02464985	<i>Teva-Perindopril</i>	Teva Can	100	16.32	➡	0.1632

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

Tab.

4 mg **PPB**

02481685	<i>AG-Perindopril</i>	Angita	100	20.42	➡	0.2042
02529505	<i>AG-Perindopril Erbumine</i>	Angita	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02289288	<i>Apo-Perindopril</i>	Apotex	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02459825	<i>Auro-Perindopril</i>	AuroPharma	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02501317	<i>Bio-Perindopril</i>	Biomed	100	20.42	➡	0.2042
02123282	<i>Coversyl</i>	Servier	30	23.60		0.7867
02527219	<i>Jamp Perindopril Erbumine</i>	Jamp	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02477017	<i>Jamp-Perindopril</i>	Jamp	100	20.42	➡	0.2042
02474832	<i>Mar-Perindopril</i>	Marcan	100	20.42	➡	0.2042
			500	102.10	➡	0.2042
02476770	<i>Mint-Perindopril</i>	Mint	100	20.42	➡	0.2042
02482932	<i>M-Perindopril</i>	Mantra Ph.	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02555700	<i>NB-Perindopril</i>	NB Pharma	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02489023	<i>NRA-Perindopril</i>	Nora	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02488957	<i>Perindopril Erbumine</i>	Pro Doc	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02481642	<i>Perindopril Erbumine</i>	Sanis	100	20.42	➡	0.2042
			500	102.10	➡	0.2042
02479885	<i>Perindopril Erbumine</i>	Sivem	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02470683	<i>pms-Perindopril</i>	Phmscience	30	6.13	➡	0.2042
			500	102.10	➡	0.2042
02472023	<i>Riva-Perindopril</i>	Riva	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02470233	<i>Sandoz Perindopril Erbumine</i>	Sandoz	30	6.13	➡	0.2042
			100	20.42	➡	0.2042
02464993	<i>Teva-Perindopril</i>	Teva Can	100	20.42	➡	0.2042

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

Tab.

8 mg **PPB**

02481693	<i>AG-Perindopril</i>	Angita	100	28.30	➡	0.2830
02529513	<i>AG-Perindopril Erbumine</i>	Angita	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02289296	<i>Apo-Perindopril</i>	Apotex	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02459833	<i>Auro-Perindopril</i>	AuroPharma	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02501325	<i>Bio-Perindopril</i>	Biomed	100	28.30	➡	0.2830
02246624	<i>Coversyl</i>	Servier	30	33.05		1.1017
02527227	<i>Jamp Perindopril Erbumine</i>	Jamp	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02477025	<i>Jamp-Perindopril</i>	Jamp	100	28.30	➡	0.2830
02474840	<i>Mar-Perindopril</i>	Marcan	100	28.31		0.2831
			500	141.55		0.2831
02476789	<i>Mint-Perindopril</i>	Mint	100	28.30	➡	0.2830
02482940	<i>M-Perindopril</i>	Mantra Ph.	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02555719	<i>NB-Perindopril</i>	NB Pharma	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02489031	<i>NRA-Perindopril</i>	Nora	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02488965	<i>Perindopril Erbumine</i>	Pro Doc	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02481650	<i>Perindopril Erbumine</i>	Sanis	100	28.30	➡	0.2830
			500	141.50	➡	0.2830
02479893	<i>Perindopril Erbumine</i>	Sivem	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02470691	<i>pms-Perindopril</i>	Phmscience	30	8.49	➡	0.2830
			500	141.50	➡	0.2830
02472031	<i>Riva-Perindopril</i>	Riva	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02470241	<i>Sandoz Perindopril Erbumine</i>	Sandoz	30	8.49	➡	0.2830
			100	28.30	➡	0.2830
02465000	<i>Teva-Perindopril</i>	Teva Can	100	28.30	➡	0.2830

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

PERINDOPRIL ERBUMIN/INDAPAMIDE

Tab.

 4 mg -1.25 mg **PPB**

02448009	AG-Perindopril/Indapamide	Angita	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02297574	Apo-Perindopril-Indapamide	Apotex	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02246569	Coversyl Plus	Servier	30	29.29		0.9763
02554127	Jamp Perindopril / Indapamide	Jamp	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02523035	Perindopril Erbumine/ Indapamide	Pro Doc	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02479834	Perindopril Erbumine/ Indapamide	Sivem	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02519720	Perindopril/Indapamide	Sanis	100	25.56	➡	0.2556
02538008	pms-Perindopril-Indapamide	Phmscience	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02470438	Sandoz Perindopril Erbumine/Indapamide	Sandoz	30	7.67	➡	0.2556
			100	25.56	➡	0.2556
02464020	Teva-Perindopril/ Indapamide	Teva Can	100	25.56	➡	0.2556

Tab.

 8 mg - 2.5 mg **PPB**

02448017	AG-Perindopril/Indapamide	Angita	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02453061	Apo-Perindopril-Indapamide	Apotex	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02321653	Coversyl Plus HD	Servier	30	32.76		1.0920
02554135	Jamp Perindopril / Indapamide	Jamp	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02523043	Perindopril Erbumine/ Indapamide HD	Pro Doc	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02479842	Perindopril Erbumine/ Indapamide HD	Sivem	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02519739	Perindopril/Indapamide	Sanis	100	28.59	➡	0.2859
02537982	pms-Perindopril-Indapamide	Phmscience	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02470446	Sandoz Perindopril Erbumine/Indapamide HD	Sandoz	30	8.58	➡	0.2859
			100	28.59	➡	0.2859
02464039	Teva-Perindopril/ Indapamide	Teva Can	100	28.59	➡	0.2859

QUINAPRIL HYDROCHLORIDE

Tab.

 5 mg **PPB**

02248499	Apo-Quinapril	Apotex	100	22.78	➡	0.2278
02340550	pms-Quinapril	Phmscience	100	22.78	➡	0.2278

Tab.

 10 mg **PPB**

02248500	Apo-Quinapril	Apotex	100	22.78	➡	0.2278
02517450	JAMP Quinapril	Jamp	100	22.78	➡	0.2278
02340569	pms-Quinapril	Phmscience	100	22.78	➡	0.2278

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

Tab.			20 mg PPB		
02517469	<i>JAMP Quinapril</i>	Jamp	100	46.42	➡ 0.4642
02340577	<i>pms-Quinapril</i>	Phmscience	100	46.42	➡ 0.4642

Tab.			40 mg PPB		
02517477	<i>JAMP Quinapril</i>	Jamp	100	46.42	➡ 0.4642
02340585	<i>pms-Quinapril</i>	Phmscience	100	46.42	➡ 0.4642

QUINAPRIL HYDROCHLORIDE / HYDROCHLOROTHIAZIDE

Tab.			10 mg -12.5 mg PPB		
02408767	<i>Apo-Quinapril/HCTZ</i>	Apotex	28	6.70	➡ 0.2393
			90	21.54	➡ 0.2393
02473291	<i>Auro-Quinapril HCTZ</i>	AuroPharma	28	6.70	➡ 0.2393
			90	21.54	➡ 0.2393
02547430	<i>JAMP Quinapril / HCTZ</i>	Jamp	30	7.18	➡ 0.2393
			100	23.93	➡ 0.2393

Tab.			20 mg -12.5 mg PPB		
02408775	<i>Apo-Quinapril/HCTZ</i>	Apotex	28	13.40	➡ 0.4786
			90	43.07	➡ 0.4786
02473305	<i>Auro-Quinapril HCTZ</i>	AuroPharma	28	13.40	➡ 0.4786
			90	43.07	➡ 0.4786

Tab.			20 mg -25 mg PPB		
02408783	<i>Apo-Quinapril/HCTZ</i>	Apotex	28	6.44	➡ 0.2301
			90	20.71	➡ 0.2301
02473321	<i>Auro-Quinapril HCTZ</i>	AuroPharma	28	6.44	➡ 0.2301
			90	20.71	➡ 0.2301
02547449	<i>JAMP Quinapril / HCTZ</i>	Jamp	30	6.90	➡ 0.2301
			100	23.01	➡ 0.2301

RAMIPRIL

Caps.			1.25 mg PPB		
02221829	<i>Altace</i>	Bausch H.	30	20.97	0.6990
02251515	<i>Apo-Ramipril</i>	Apotex	100	7.07	➡ 0.0707
02387387	<i>Auro-Ramipril</i>	AuroPharma	30	2.12	➡ 0.0707
			100	7.07	➡ 0.0707
02331101	<i>Jamp-Ramipril</i>	Jamp	30	2.12	➡ 0.0707
			100	7.07	➡ 0.0707
02420457	<i>Mar-Ramipril</i>	Marcan	30	2.12	➡ 0.0707
02469057	<i>Pharma-Ramipril</i>	Phmscience	30	2.12	➡ 0.0707
02550202	<i>pmsc-Ramipril</i>	Phmscience	30	2.12	➡ 0.0707
02310023	<i>Pro-Ramipril</i>	Pro Doc	30	2.12	➡ 0.0707
			100	7.07	➡ 0.0707
02308363	<i>Ramipril</i>	Sivem	100	7.07	➡ 0.0707
02310503	<i>Taro-Ramipril</i>	Sun Pharma	30	2.12	➡ 0.0707

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			2.5 mg PPB		
02477572	<i>AG-Ramipril</i>	Angita	100	8.17	➡ 0.0817
02221837	<i>Altace</i>	Bausch H.	30	24.20	➡ 0.8066
			100	80.66	➡ 0.8066
02251531	<i>Apo-Ramipril</i>	Apotex	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02387395	<i>Auro-Ramipril</i>	AuroPharma	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02331128	<i>Jamp-Ramipril</i>	Jamp	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02420465	<i>Mar-Ramipril</i>	Marcan	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02421305	<i>Mint-Ramipril</i>	Mint	100	8.17	➡ 0.0817
02486172	<i>NRA-Ramipril</i>	Nora	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02469065	<i>Pharma-Ramipril</i>	Phmscience	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02550210	<i>pmsc-Ramipril</i>	Phmscience	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02310066	<i>Pro-Ramipril</i>	Pro Doc	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02255316	<i>Ramipril</i>	Riva	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02374846	<i>Ramipril</i>	Sanis	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02287927	<i>Ramipril</i>	Sivem	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02310511	<i>Taro-Ramipril</i>	Sun Pharma	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02247945	<i>Teva-Ramipril</i>	Teva Can	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			5 mg PPB		
02477580	<i>AG-Ramipril</i>	Angita	100	8.17	➡ 0.0817
02221845	<i>Altace</i>	Bausch H.	30	24.20	➡ 0.8066
			100	80.66	➡ 0.8066
02251574	<i>Apo-Ramipril</i>	Apotex	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02387409	<i>Auro-Ramipril</i>	AuroPharma	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02331136	<i>Jamp-Ramipril</i>	Jamp	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02420473	<i>Mar-Ramipril</i>	Marcan	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02421313	<i>Mint-Ramipril</i>	Mint	100	8.17	➡ 0.0817
02486180	<i>NRA-Ramipril</i>	Nora	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02469073	<i>Pharma-Ramipril</i>	Phmscience	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02550229	<i>pmsc-Ramipril</i>	Phmscience	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02310074	<i>Pro-Ramipril</i>	Pro Doc	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02255324	<i>Ramipril</i>	Riva	30	2.45	➡ 0.0817
			100	8.17	➡ 0.0817
02374854	<i>Ramipril</i>	Sanis	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02287935	<i>Ramipril</i>	Sivem	30	2.45	➡ 0.0817
			500	40.83	➡ 0.0817
02310538	<i>Taro-Ramipril</i>	Sun Pharma	100	8.17	➡ 0.0817
			500	40.83	➡ 0.0817
02247946	<i>Teva-Ramipril</i>	Teva Can	100	8.17	➡ 0.0817

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

Caps.

10 mg **PPB**

02477599	<i>AG-Ramipril</i>	Angita	100	10.34	➡	0.1034
02221853	<i>Altace</i>	Bausch H.	30	30.65		1.0216
			100	102.16		1.0216
02251582	<i>Apo-Ramipril</i>	Apotex	30	3.10	➡	0.1034
			100	10.34	➡	0.1034
02387417	<i>Auro-Ramipril</i>	AuroPharma	30	3.10	➡	0.1034
			100	10.34	➡	0.1034
02331144	<i>Jamp-Ramipril</i>	Jamp	30	3.10	➡	0.1034
			100	10.34	➡	0.1034
02420481	<i>Mar-Ramipril</i>	Marcan	30	3.10	➡	0.1034
			100	10.34	➡	0.1034
02421321	<i>Mint-Ramipril</i>	Mint	100	10.34	➡	0.1034
02486199	<i>NRA-Ramipril</i>	Nora	100	10.34	➡	0.1034
			500	51.70	➡	0.1034
02469081	<i>Pharma-Ramipril</i>	Phmscience	30	3.10	➡	0.1034
			500	51.70	➡	0.1034
02550237	<i>pmsc-Ramipril</i>	Phmscience	30	3.10	➡	0.1034
			500	51.70	➡	0.1034
02310104	<i>Pro-Ramipril</i>	Pro Doc	30	3.10	➡	0.1034
			500	51.70	➡	0.1034
02255332	<i>Ramipril</i>	Riva	30	3.10	➡	0.1034
			100	10.34	➡	0.1034
02374862	<i>Ramipril</i>	Sanis	100	10.34	➡	0.1034
			500	51.70	➡	0.1034
02287943	<i>Ramipril</i>	Sivem	30	3.10	➡	0.1034
			500	51.70	➡	0.1034
02310546	<i>Taro-Ramipril</i>	Sun Pharma	100	10.34	➡	0.1034
			500	51.70	➡	0.1034
02247947	<i>Teva-Ramipril</i>	Teva Can	30	3.10	➡	0.1034
			100	10.34	➡	0.1034

Caps.

15 mg **PPB**

02281112	<i>Altace</i>	Bausch H.	30	33.68		1.1227
			100	112.27		1.1227
02325381	<i>Apo-Ramipril</i>	Apotex	30	17.57	➡	0.5855
			100	58.55	➡	0.5855
02440334	<i>Jamp-Ramipril</i>	Jamp	100	58.55	➡	0.5855
02420503	<i>Mar-Ramipril</i>	Marcan	30	17.57	➡	0.5855
			100	58.55	➡	0.5855
02421348	<i>Mint-Ramipril</i>	Mint	100	58.55	➡	0.5855

RAMIPRIL/ HYDROCHLOROTHIAZIDE

Tab.

2.5 mg - 12.5 mg **PPB**

02283131	<i>Altace HCT</i>	Bausch H.	28	8.37		0.2989
02449439	<i>Taro-Ramipril HCTZ</i>	Sun Pharma	100	14.95	➡	0.1495

Tab.

5 mg -12.5 mg **PPB**

02283158	<i>Altace HCT</i>	Bausch H.	28	10.72		0.3829
02449447	<i>Taro-Ramipril HCTZ</i>	Sun Pharma	100	20.11	➡	0.2011

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

Tab.		5 mg - 25 mg PPB			
02283174	<i>Altace HCT</i>	Bausch H.	28	10.72	0.3829
02449463	<i>Taro-Ramipril HCTZ</i>	Sun Pharma	100	19.15 ➡	0.1915

Tab.		10 mg -12.5 mg PPB			
02283166	<i>Altace HCT</i>	Bausch H.	28	13.65	0.4875
02342154	<i>pms-Ramipril-HCTZ</i>	Phmscience	30	3.95 ➡	0.1317
			100	13.17 ➡	0.1317
02449455	<i>Taro-Ramipril HCTZ</i>	Sun Pharma	100	13.17 ➡	0.1317

Tab.		10 mg -25 mg PPB			
02283182	<i>Altace HCT</i>	Bausch H.	28	13.65	0.4875
02342170	<i>pms-Ramipril-HCTZ</i>	Phmscience	30	3.95 ➡	0.1317
			100	13.17 ➡	0.1317
02449471	<i>Taro-Ramipril HCTZ</i>	Sun Pharma	100	13.17 ➡	0.1317

SODIUM FOSINOPRIL

Tab.		10 mg PPB			
02266008	<i>Apo-Fosinopril</i>	Apotex	100	21.77 ➡	0.2177
02459388	<i>Fosinopril</i>	Sanis	100	21.77 ➡	0.2177
02331004	<i>Jamp-Fosinopril</i>	Jamp	100	21.77 ➡	0.2177
02247802	<i>Teva-Fosinopril</i>	Teva Can	100	21.77 ➡	0.2177

Tab.		20 mg PPB			
02266016	<i>Apo-Fosinopril</i>	Apotex	100	26.19 ➡	0.2619
02459396	<i>Fosinopril</i>	Sanis	100	26.19 ➡	0.2619
02331012	<i>Jamp-Fosinopril</i>	Jamp	100	26.19 ➡	0.2619
02247803	<i>Teva-Fosinopril</i>	Teva Can	100	26.19 ➡	0.2619

TRANDOLAPRIL

Caps.		0.5 mg PPB			
02471868	<i>Auro-Trandolapril</i>	AuroPharma	100	6.98 ➡	0.0698
02231457	<i>Mavik</i>	BGP Pharma	100	27.33	0.2733
02357755	<i>pms-Trandolapril</i>	Phmscience	100	6.98 ➡	0.0698
02325721	<i>Sandoz Trandolapril</i>	Sandoz	100	6.98 ➡	0.0698
02415429	<i>Teva-Trandolapril</i>	Teva Can	100	6.98	W

Caps.		1 mg PPB			
02471876	<i>Auro-Trandolapril</i>	AuroPharma	100	17.62 ➡	0.1762
02231459	<i>Mavik</i>	BGP Pharma	100	67.00	0.6700
02357763	<i>pms-Trandolapril</i>	Phmscience	100	17.62 ➡	0.1762
02325748	<i>Sandoz Trandolapril</i>	Sandoz	100	17.62 ➡	0.1762
02415437	<i>Teva-Trandolapril</i>	Teva Can	100	17.62	W
02488698	<i>Trandolapril</i>	Pro Doc	100	17.62 ➡	0.1762
02525046	<i>Trandolapril</i>	Sanis	100	17.62 ➡	0.1762
02526565	<i>Trandolapril</i>	Sivem	100	17.62 ➡	0.1762

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

Caps.

2 mg **PPB**

02471884	<i>Auro-Trandolapril</i>	AuroPharma	100	20.25	➡ 0.2025
02231460	<i>Mavik</i>	BGP Pharma	100	77.00	➡ 0.7700
02357771	<i>pms-Trandolapril</i>	Phmscience	100	20.25	➡ 0.2025
02325756	<i>Sandoz Trandolapril</i>	Sandoz	100	20.25	➡ 0.2025
02415445	<i>Teva-Trandolapril</i>	Teva Can	100	20.25	➡ W
02488701	<i>Trandolapril</i>	Pro Doc	100	20.25	➡ 0.2025
02525054	<i>Trandolapril</i>	Sanis	100	20.25	➡ 0.2025
02526573	<i>Trandolapril</i>	Sivem	100	20.25	➡ 0.2025

Caps.

4 mg **PPB**

02471892	<i>Auro-Trandolapril</i>	AuroPharma	100	24.98	➡ 0.2498
02239267	<i>Mavik</i>	BGP Pharma	100	95.00	➡ 0.9500
02357798	<i>pms-Trandolapril</i>	Phmscience	100	24.98	➡ 0.2498
02325764	<i>Sandoz Trandolapril</i>	Sandoz	100	24.98	➡ 0.2498
02415453	<i>Teva-Trandolapril</i>	Teva Can	100	24.98	➡ W
02488728	<i>Trandolapril</i>	Pro Doc	100	24.98	➡ 0.2498
02525070	<i>Trandolapril</i>	Sanis	100	24.98	➡ 0.2498
02526581	<i>Trandolapril</i>	Sivem	100	24.98	➡ 0.2498

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ANGIOTENSIN II RECEPTOR ANTAGONISTS

CANDESARTAN CILEXETIL

Tab.

8 mg **PPB**

02484773	<i>AG-Candesartan</i>	Angita	100	22.58	➡ 0.2258
02500795	<i>AG-Candesartan</i>	Angita	100	22.58	➡ 0.2258
02365359	<i>Apo-Candesartan</i>	Apotex	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02541297	<i>Apo-Candesartan Tablets</i>	Apotex	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02239091	<i>Atacand</i>	Cheplaphar	30	35.52	➡ 1.1840
02445794	<i>Auro-Candesartan</i>	AuroPharma	90	20.32	➡ 0.2258
			500	112.90	➡ 0.2258
02377934	<i>Candesartan</i>	Pro Doc	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02388928	<i>Candesartan</i>	Sanis	100	22.58	➡ 0.2258
			500	112.90	➡ 0.2258
02388707	<i>Candesartan</i>	Sivem	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02379279	<i>Candesartan cilexetil</i>	Accord	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02386518	<i>Jamp-Candesartan</i>	Jamp	100	22.58	➡ 0.2258
02476916	<i>Mint-Candesartan</i>	Mint	100	22.58	➡ 0.2258
02527014	<i>NRA-Candesartan</i>	Nora	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02391198	<i>pms-Candesartan</i>	Phmscience	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02326965	<i>Sandoz Candesartan</i>	Sandoz	30	6.77	➡ 0.2258
			100	22.58	➡ 0.2258
02380692	<i>Taro-Candesartan</i>	Sun Pharma	100	22.58	➡ 0.2258
02366312	<i>Teva Candesartan</i>	Teva Can	100	22.58	➡ 0.2258

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

Tab.

16 mg **PPB**

02484781	AG-Candesartan	Angita	100	22.58	➡	0.2258
02500809	AG-Candesartan	Angita	100	22.58	➡	0.2258
02365367	Apo-Candesartan	Apotex	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02541300	Apo-Candesartan Tablets	Apotex	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02239092	Atacand	Cheplaphar	30	35.52		1.1840
02445808	Auro-Candesartan	AuroPharma	90	20.32	➡	0.2258
			500	112.90	➡	0.2258
02377942	Candesartan	Pro Doc	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02388936	Candesartan	Sanis	100	22.58	➡	0.2258
			500	112.90	➡	0.2258
02388715	Candesartan	Sivem	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02379287	Candesartan cilexetil	Accord	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02386526	Jamp-Candesartan	Jamp	100	22.58	➡	0.2258
02476924	Mint-Candesartan	Mint	100	22.58	➡	0.2258
02527022	NRA-Candesartan	Nora	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02391201	pms-Candesartan	Phmscience	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02326973	Sandoz Candesartan	Sandoz	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02380706	Taro-Candesartan	Sun Pharma	100	22.58	➡	0.2258
02366320	Teva Candesartan	Teva Can	30	6.77	➡	0.2258
			100	22.58	➡	0.2258

Tab.

32 mg **PPB**

02500817	AG-Candesartan	Angita	100	22.58	➡	0.2258
02399105	Apo-Candesartan	Apotex	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02541319	Apo-Candesartan Tablets	Apotex	30	6.77	➡	0.2258
02311658	Atacand	Cheplaphar	30	35.52		1.1840
02445816	Auro-Candesartan	AuroPharma	90	20.32	➡	0.2258
			500	112.90	➡	0.2258
02422069	Candesartan	Pro Doc	100	22.58	➡	0.2258
02435845	Candesartan	Sanis	100	22.58	➡	0.2258
02528266	Candesartan	Sivem	100	22.58	➡	0.2258
02379295	Candesartan cilexetil	Accord	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02386534	Jamp-Candesartan	Jamp	100	22.58	➡	0.2258
02476932	Mint-Candesartan	Mint	100	22.58	➡	0.2258
02527030	NRA-Candesartan	Nora	30	6.77	➡	0.2258
			100	22.58	➡	0.2258
02391228	pms-Candesartan	Phmscience	30	6.77	➡	0.2258
02417340	Sandoz Candesartan	Sandoz	100	22.58	➡	0.2258
02380714	Taro-Candesartan	Sun Pharma	30	6.77	➡	0.2258
02366339	Teva Candesartan	Teva Can	30	6.77	➡	0.2258

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

CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE

Tab.

16 mg -12.5 mg **PPB**

02244021	<i>Atacand Plus</i>	Cheplaphar	30	35.10		1.1700
02421038	<i>Auro-Candesartan HCT</i>	AuroPharma	100	21.56	➡	0.2156
02392275	<i>Candesartan - HCTZ</i>	Pro Doc	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02394812	<i>Candesartan HCT</i>	Sivem	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02394804	<i>Candesartan/ HCTZ</i>	Sanis	100	21.56	➡	0.2156
02473240	<i>Jamp-Candesartan HCT</i>	Jamp	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02531240	<i>NRA-Candesartan HCTZ</i>	Nora	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02391295	<i>pms-Candesartan-HCTZ</i>	Phmscience	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02327902	<i>Sandoz Candesartan Plus</i>	Sandoz	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02395541	<i>Teva Candesartan/ HCTZ</i>	Teva Can	30	6.47	➡	0.2156

Tab.

32 mg - 12.5 mg **PPB**

02332922	<i>Atacand Plus</i>	Cheplaphar	30	35.10		1.1700
02421046	<i>Auro-Candesartan HCT</i>	AuroPharma	100	21.56	➡	0.2156
02536064	<i>Candesartan/ HCTZ</i>	Sanis	100	21.56	➡	0.2156
02473259	<i>Jamp-Candesartan HCT</i>	Jamp	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02531259	<i>NRA-Candesartan HCTZ</i>	Nora	30	6.47	➡	0.2156
			100	21.56	➡	0.2156
02420732	<i>Sandoz Candesartan Plus</i>	Sandoz	100	21.56	➡	0.2156
02395568	<i>Teva Candesartan/ HCTZ</i>	Teva Can	30	6.47	➡	0.2156

Tab.

32 mg - 25 mg **PPB**

02332957	<i>Atacand Plus</i>	Cheplaphar	30	35.10		1.1700
02421054	<i>Auro-Candesartan HCT</i>	AuroPharma	100	24.43	➡	0.2443
02473267	<i>Jamp-Candesartan HCT</i>	Jamp	30	7.33	➡	0.2443
			100	24.43	➡	0.2443
02531267	<i>NRA-Candesartan HCTZ</i>	Nora	30	7.33	➡	0.2443
			100	24.43	➡	0.2443
02420740	<i>Sandoz Candesartan Plus</i>	Sandoz	100	24.43	➡	0.2443

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

IRBESARTAN

Tab.

 75 mg **PPB**

02548216	<i>AG-Irbesartan</i>	Angita	100	22.81	➡	0.2281
02365197	<i>Irbesartan</i>	Pro Doc	100	22.81	➡	0.2281
02372347	<i>Irbesartan</i>	Sanis	100	22.81	➡	0.2281
02385287	<i>Irbesartan</i>	Sivem	100	22.81	➡	0.2281
02545225	<i>JAMP Irbesartan</i>	Jamp	100	22.81	➡	0.2281
02422980	<i>Mint-Irbesartan</i>	Mint	100	22.81	➡	0.2281
02524813	<i>M-Irbesartan</i>	Mantra Ph.	100	22.81	➡	0.2281
+ 02560070	<i>NB-Irbesartan</i>	NB Pharma	100	22.81	➡	0.2281
02317060	<i>pms-Irbesartan</i>	Phmscience	100	22.81	➡	0.2281
02524732	<i>Riva-Irbesartan</i>	Riva	30	6.84	➡	0.2281
			100	22.81	➡	0.2281
02328461	<i>Sandoz Irbesartan</i>	Sandoz	100	22.81	➡	0.2281
02406810	<i>Taro-Irbesartan</i>	Sun Pharma	100	22.81	➡	0.2281

Tab.

 150 mg **PPB**

02548224	<i>AG-Irbesartan</i>	Angita	500	114.05	➡	0.2281
02237924	<i>Avapro</i>	SanofiAven	90	107.33		1.1926
02365200	<i>Irbesartan</i>	Pro Doc	100	22.81	➡	0.2281
02372371	<i>Irbesartan</i>	Sanis	100	22.81	➡	0.2281
02385295	<i>Irbesartan</i>	Sivem	100	22.81	➡	0.2281
02545233	<i>JAMP Irbesartan</i>	Jamp	100	22.81	➡	0.2281
			500	114.05	➡	0.2281
02422999	<i>Mint-Irbesartan</i>	Mint	100	22.81	➡	0.2281
02524821	<i>M-Irbesartan</i>	Mantra Ph.	100	22.81	➡	0.2281
+ 02560089	<i>NB-Irbesartan</i>	NB Pharma	100	22.81	➡	0.2281
			500	114.05	➡	0.2281
02317079	<i>pms-Irbesartan</i>	Phmscience	100	22.81	➡	0.2281
			500	114.05	➡	0.2281
02524740	<i>Riva-Irbesartan</i>	Riva	30	6.84	➡	0.2281
			100	22.81	➡	0.2281
02328488	<i>Sandoz Irbesartan</i>	Sandoz	100	22.81	➡	0.2281
			500	114.05	➡	0.2281
02406829	<i>Taro-Irbesartan</i>	Sun Pharma	100	22.81	➡	0.2281
			500	114.05	➡	0.2281

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

Tab.

300 mg **PPB**

02548232	<i>AG-Irbesartan</i>	Angita	500	114.05	➡ 0.2281
02237925	<i>Avapro</i>	SanofiAven	90	107.33	➡ 1.1926
02365219	<i>Irbesartan</i>	Pro Doc	100	22.81	➡ 0.2281
02372398	<i>Irbesartan</i>	Sanis	100	22.81	➡ 0.2281
02385309	<i>Irbesartan</i>	Sivem	100	22.81	➡ 0.2281
02545241	<i>JAMP Irbesartan</i>	Jamp	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281
02423006	<i>Mint-Irbesartan</i>	Mint	100	22.81	➡ 0.2281
02524848	<i>M-Irbesartan</i>	Mantra Ph.	100	22.81	➡ 0.2281
+ 02560097	<i>NB-Irbesartan</i>	NB Pharma	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281
02317087	<i>pms-Irbesartan</i>	Phmscience	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281
02524759	<i>Riva-Irbesartan</i>	Riva	30	6.84	➡ 0.2281
			100	22.81	➡ 0.2281
02328496	<i>Sandoz Irbesartan</i>	Sandoz	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281
02406837	<i>Taro-Irbesartan</i>	Sun Pharma	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281

IRBESARTAN/ HYDROCHLOROTHIAZIDE

Tab.

150 mg- 12.5 mg **PPB**

02241818	<i>Avalide</i>	SanofiAven	90	107.33	➡ 1.1926
02385317	<i>Irbesartan HCT</i>	Sivem	100	22.81	➡ 0.2281
02372886	<i>Irbesartan HCTZ</i>	Sanis	100	22.81	➡ 0.2281
02392992	<i>Mint-Irbesartan/ HCTZ</i>	Mint	100	22.81	➡ 0.2281
02328518	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	22.81	➡ 0.2281
* 02365162	<i>Pro-Irbesartan-HCTZ</i>	Pro Doc	100	22.81	➡ 0.2281
02337428	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281

Tab.

300 mg- 12.5 mg **PPB**

02241819	<i>Avalide</i>	SanofiAven	90	107.33	➡ 1.1926
02385325	<i>Irbesartan HCT</i>	Sivem	100	22.81	➡ 0.2281
02372894	<i>Irbesartan HCTZ</i>	Sanis	100	22.81	➡ 0.2281
02328526	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	22.81	➡ 0.2281
* 02365170	<i>Pro-Irbesartan-HCTZ</i>	Pro Doc	100	22.81	➡ 0.2281
02337436	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	22.81	➡ 0.2281
			500	114.05	➡ 0.2281

Tab.

300 mg - 25 mg **PPB**

02385333	<i>Irbesartan HCT</i>	Sivem	100	21.84	➡ 0.2184
02372908	<i>Irbesartan HCTZ</i>	Sanis	100	21.84	➡ 0.2184
02393026	<i>Mint-Irbesartan/ HCTZ</i>	Mint	100	21.84	➡ 0.2184
02328534	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	21.84	➡ 0.2184
* 02365189	<i>Pro-Irbesartan-HCTZ</i>	Pro Doc	100	21.84	➡ 0.2184
02337444	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	21.84	➡ 0.2184
			500	109.20	➡ 0.2184

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

LOSARTAN POTASSIUM

Tab.

25 mg **PPB**

02403323	<i>Auro-Losartan</i>	AuroPharma	100	16.16	➡	0.1616
02182815	<i>Cozaar</i>	Organon	100	117.07		1.1707
02398834	<i>Jamp-Losartan</i>	Jamp	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02388863	<i>Losartan</i>	Sanis	100	16.16	➡	0.1616
02388790	<i>Losartan</i>	Sivem	100	16.16	➡	0.1616
02405733	<i>Mint-Losartan</i>	Mint	100	16.16	➡	0.1616
02309750	<i>pms-Losartan</i>	Phmscience	100	16.16	➡	0.1616
02313332	<i>Sandoz Losartan</i>	Sandoz	100	16.16	➡	0.1616
02380838	<i>Teva Losartan</i>	Teva Can	30	4.85	➡	0.1616
			100	16.16	➡	0.1616

Tab.

50 mg **PPB**

02403331	<i>Auro-Losartan</i>	AuroPharma	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02182874	<i>Cozaar</i>	Organon	30	35.12		1.1707
02398842	<i>Jamp-Losartan</i>	Jamp	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02388871	<i>Losartan</i>	Sanis	100	16.16	➡	0.1616
02388804	<i>Losartan</i>	Sivem	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02405741	<i>Mint-Losartan</i>	Mint	100	16.16	➡	0.1616
02309769	<i>pms-Losartan</i>	Phmscience	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02313340	<i>Sandoz Losartan</i>	Sandoz	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02357968	<i>Teva Losartan</i>	Teva Can	30	4.85	➡	0.1616
			100	16.16	➡	0.1616

Tab.

100 mg **PPB**

02403358	<i>Auro-Losartan</i>	AuroPharma	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02182882	<i>Cozaar</i>	Organon	30	35.12		1.1707
02398850	<i>Jamp-Losartan</i>	Jamp	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02388898	<i>Losartan</i>	Sanis	100	16.16	➡	0.1616
02388812	<i>Losartan</i>	Sivem	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02405768	<i>Mint-Losartan</i>	Mint	100	16.16	➡	0.1616
02309777	<i>pms-Losartan</i>	Phmscience	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02313359	<i>Sandoz Losartan</i>	Sandoz	30	4.85	➡	0.1616
			100	16.16	➡	0.1616
02357976	<i>Teva Losartan</i>	Teva Can	30	4.85	➡	0.1616
			100	16.16	➡	0.1616

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

**LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE **

Tab.

50 mg -12.5 mg **PPB**

02371235	<i>Apo-Losartan/HCTZ</i>	Apotex	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02423642	<i>Auro-Losartan HCT</i>	AuroPharma	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02230047	<i>Hyzaar</i>	Organon	30	35.12		1.1707
02388960	<i>Losartan/HCT</i>	Sivem	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02427648	<i>Losartan/HCTZ</i>	Sanis	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02389657	<i>Mint-Losartan / HCTZ</i>	Mint	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02392224	<i>pms-Losartan-HCTZ</i>	Phmscience	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02313375	<i>Sandoz Losartan HCT</i>	Sandoz	30	8.16	➡	0.2719
			100	27.19	➡	0.2719

Tab.

100 mg - 12.5 mg **PPB**

02423650	<i>Auro-Losartan HCT</i>	AuroPharma	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02297841	<i>Hyzaar</i>	Organon	30	35.02		1.1673
02388979	<i>Losartan/HCT</i>	Sivem	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02427656	<i>Losartan/HCTZ</i>	Sanis	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02389665	<i>Mint-Losartan / HCTZ</i>	Mint	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02392232	<i>pms-Losartan-HCTZ</i>	Phmscience	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02362449	<i>Sandoz Losartan HCT</i>	Sandoz	30	9.25	➡	0.3082
			100	30.82	➡	0.3082

Tab.

100 mg -25 mg **PPB**

02371251	<i>Apo-Losartan/HCTZ</i>	Apotex	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02423669	<i>Auro-Losartan HCT</i>	AuroPharma	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02241007	<i>Hyzaar DS</i>	Organon	30	35.12		1.1707
02388987	<i>LOSARTAN HCT DS</i>	Sivem	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02427664	<i>Losartan/HCTZ</i>	Sanis	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02389673	<i>Mint-Losartan / HCTZ DS</i>	Mint	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02392240	<i>pms-Losartan-HCTZ</i>	Phmscience	30	8.16	➡	0.2719
			100	27.19	➡	0.2719
02313383	<i>Sandoz Losartan HCT DS</i>	Sandoz	30	8.16	➡	0.2719
			100	27.19	➡	0.2719

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

OLMESARTAN MEDOXOMIL

Tab.

20 mg **PPB**

02456311	<i>ACH-Olmesartan</i>	Accord	30	8.29	➡	0.2763
			90	24.87	➡	0.2763
02453452	<i>Apo-Olmesartan</i>	Apotex	90	24.87	➡	0.2763
02443864	<i>Auro-Olmesartan</i>	AuroPharma	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02469812	<i>GLN-Olmesartan</i>	Glenmark	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02461641	<i>Jamp-Olmesartan</i>	Jamp	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02499258	<i>NRA-Olmesartan</i>	Nora	90	24.87	➡	0.2763
02488744	<i>Olmesartan</i>	Pro Doc	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02481057	<i>Olmesartan</i>	Sanis	100	27.63	➡	0.2763
02318660	<i>Olmetec</i>	Organon	30	30.49		1.0163
02461307	<i>pms-Olmesartan</i>	Phmscience	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02443414	<i>Sandoz Olmesartan</i>	Sandoz	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02442191	<i>Teva-Olmesartan</i>	Teva Can	30	8.29	➡	0.2763
			100	27.63	➡	0.2763

Tab.

40 mg **PPB**

02456338	<i>ACH-Olmesartan</i>	Accord	30	8.29	➡	0.2763
			90	24.87	➡	0.2763
02453460	<i>Apo-Olmesartan</i>	Apotex	90	24.87	➡	0.2763
02443872	<i>Auro-Olmesartan</i>	AuroPharma	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02469820	<i>GLN-Olmesartan</i>	Glenmark	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02461668	<i>Jamp-Olmesartan</i>	Jamp	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02499266	<i>NRA-Olmesartan</i>	Nora	90	24.87	➡	0.2763
02488752	<i>Olmesartan</i>	Pro Doc	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02481065	<i>Olmesartan</i>	Sanis	100	27.63	➡	0.2763
02318679	<i>Olmetec</i>	Organon	30	30.49		1.0163
02461315	<i>pms-Olmesartan</i>	Phmscience	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02443422	<i>Sandoz Olmesartan</i>	Sandoz	30	8.29	➡	0.2763
			100	27.63	➡	0.2763
02442205	<i>Teva-Olmesartan</i>	Teva Can	30	8.29	➡	0.2763
			100	27.63	➡	0.2763

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

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE

Tab.

20 mg -12.5 mg **PPB**

02468948	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02453606	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476487	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475707	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508273	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509601	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319616	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526468	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

Tab.

40 mg - 12.5 mg **PPB**

02468956	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02443120	<i>Act Olmesartan HCT</i>	Teva Can	30	9.06		W
02453614	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476495	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475715	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508281	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509636	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319624	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526476	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

Tab.

40 mg - 25 mg **PPB**

02468964	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02443139	<i>Act Olmesartan HCT</i>	Teva Can	30	9.06		W
02453622	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476509	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475723	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508303	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509628	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319632	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526484	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

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

TELMISARTAN

Tab.

 40 mg **PPB**

02484536	<i>AG-Telmisartan</i>	Angita	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02453568	<i>Auro-Telmisartan</i>	AuroPharma	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02386755	<i>Jamp Telmisartan</i>	Jamp	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02240769	<i>Micardis</i>	Bo. Ing.	28	31.63		1.1296
02486369	<i>Mint-Telmisartan</i>	Mint	100	21.61	➡	0.2161
02503794	<i>NRA-Telmisartan</i>	Nora	100	21.61	➡	0.2161
02499622	<i>pms-Telmisartan</i>	Phmscience	100	21.61	➡	0.2161
02375958	<i>Sandoz Telmisartan</i>	Sandoz	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02407485	<i>Telmisartan</i>	Accord	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02395223	<i>Telmisartan</i>	Pro Doc	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02388944	<i>Telmisartan</i>	Sanis	100	21.61	➡	0.2161
			500	108.05	➡	0.2161
02390345	<i>Telmisartan</i>	Sivem	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02320177	<i>Teva Telmisartan</i>	Teva Can	30	6.48	➡	0.2161
			100	21.61	➡	0.2161

Tab.

 80 mg **PPB**

02484544	<i>AG-Telmisartan</i>	Angita	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02453576	<i>Auro-Telmisartan</i>	AuroPharma	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02386763	<i>Jamp Telmisartan</i>	Jamp	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02240770	<i>Micardis</i>	Bo. Ing.	28	31.63		1.1296
02486377	<i>Mint-Telmisartan</i>	Mint	100	21.61	➡	0.2161
02503808	<i>NRA-Telmisartan</i>	Nora	100	21.61	➡	0.2161
02499630	<i>pms-Telmisartan</i>	Phmscience	100	21.61	➡	0.2161
02375966	<i>Sandoz Telmisartan</i>	Sandoz	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02407493	<i>Telmisartan</i>	Accord	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02395231	<i>Telmisartan</i>	Pro Doc	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02388952	<i>Telmisartan</i>	Sanis	100	21.61	➡	0.2161
			500	108.05	➡	0.2161
02390353	<i>Telmisartan</i>	Sivem	30	6.48	➡	0.2161
			100	21.61	➡	0.2161
02320185	<i>Teva Telmisartan</i>	Teva Can	30	6.48	➡	0.2161
			100	21.61	➡	0.2161

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

TELMISARTAN/ HYDROCHLOROTHIAZIDE

Tab.

 80 mg - 12.5 mg **PPB**

02484560	<i>AG-Telmisartan-HCT</i>	Angita	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02456389	<i>Auro-Telmisartan HCTZ</i>	AuroPharma	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02389940	<i>Jamp Telmisartan-HCT</i>	Jamp	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02244344	<i>Micardis Plus</i>	Bo. Ing.	28	31.63		1.1296
02504146	<i>NRA-Telmisartan HCTZ</i>	Nora	100	20.98	➡	0.2098
02401665	<i>pms-Telmisartan-HCTZ</i>	Phmscience	100	20.98	➡	0.2098
02395525	<i>Pro-Telmisartan - HCTZ</i>	Pro Doc	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02393557	<i>Sandoz Telmisartan HCT</i>	Sandoz	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02433214	<i>Telmisartan - HCTZ</i>	Phmscience	100	20.98	➡	0.2098
02390302	<i>Telmisartan HCTZ</i>	Sivem	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02395355	<i>Telmisartan/ HCTZ</i>	Sanis	100	20.98	➡	0.2098
02419114	<i>Telmisartan/</i> <i>Hydrochlorothiazide</i>	Accord	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02330288	<i>Teva Telmisartan HCTZ</i>	Teva Can	30	6.29	➡	0.2098
			100	20.98	➡	0.2098

Tab.

 80 mg - 25 mg **PPB**

02484579	<i>AG-Telmisartan-HCT</i>	Angita	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02456397	<i>Auro-Telmisartan HCTZ</i>	AuroPharma	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02389959	<i>Jamp Telmisartan-HCT</i>	Jamp	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02318709	<i>Micardis Plus</i>	Bo. Ing.	28	31.63		1.1296
02504138	<i>NRA-Telmisartan HCTZ</i>	Nora	100	20.98	➡	0.2098
02401673	<i>pms-Telmisartan-HCTZ</i>	Phmscience	100	20.98	➡	0.2098
02395533	<i>Pro-Telmisartan - HCTZ</i>	Pro Doc	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02393565	<i>Sandoz Telmisartan HCT</i>	Sandoz	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02433222	<i>Telmisartan - HCTZ</i>	Phmscience	100	20.98	➡	0.2098
02390310	<i>Telmisartan HCTZ</i>	Sivem	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02395363	<i>Telmisartan/ HCTZ</i>	Sanis	100	20.98	➡	0.2098
02419122	<i>Telmisartan/</i> <i>Hydrochlorothiazide</i>	Accord	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02379252	<i>Teva Telmisartan HCTZ</i>	Teva Can	30	6.29	➡	0.2098
			100	20.98	➡	0.2098

TELMISARTAN/AMLODIPINE

Tab.

 40 mg - 5 mg **PPB**

02559854	<i>Riva-Telmisartan/</i> <i>Amlodipine</i>	Riva	30	13.41	➡	0.4470
02371022	<i>Twynsta</i>	Bo. Ing.	28	19.09		0.6818

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

Tab.		40 mg - 10 mg PPB			
02559862	<i>Riva-Telmisartan/ Amlodipine</i>	Riva	30	13.41 ➡	0.4470
02371030	<i>Twynsta</i>	Bo. Ing.	28	19.09	0.6818

Tab.		80 mg -5 mg PPB			
02473488	<i>AA-Telmisartan-Amlodipine</i>	AA Pharma	100	54.72	0.5472
02559870	<i>Riva-Telmisartan/ Amlodipine</i>	Riva	30	10.94 ➡	0.3648
02371049	<i>Twynsta</i>	Bo. Ing.	28	10.21 ➡	0.3648

Tab.		80 mg - 10 mg PPB			
02473496	<i>AA-Telmisartan-Amlodipine</i>	AA Pharma	100	54.72	0.5472
02559889	<i>Riva-Telmisartan/ Amlodipine</i>	Riva	30	10.94 ➡	0.3648
02371057	<i>Twynsta</i>	Bo. Ing.	28	10.21 ➡	0.3648

VALSARTAN

Tab.		40 mg PPB			
02414201	<i>Auro-Valsartan</i>	AuroPharma	30	6.63 ➡	0.2211
			100	22.11 ➡	0.2211
02270528	<i>Diovan</i>	Novartis	28	31.27	1.1168
02524511	<i>M-Valsartan</i>	Mantra Ph.	100	22.11 ➡	0.2211
02356740	<i>Sandoz Valsartan</i>	Sandoz	30	6.63 ➡	0.2211
			100	22.11 ➡	0.2211
02363062	<i>Taro-Valsartan</i>	Sun Pharma	100	22.11 ➡	0.2211
02356643	<i>Teva Valsartan</i>	Teva Can	30	6.63	W
02367726	<i>Valsartan</i>	Pro Doc	30	6.63 ➡	0.2211
			100	22.11 ➡	0.2211
02366940	<i>Valsartan</i>	Sanis	100	22.11 ➡	0.2211
02384523	<i>Valsartan</i>	Sivem	30	6.63 ➡	0.2211
			100	22.11 ➡	0.2211

Tab.		80 mg PPB			
02414228	<i>Auro-Valsartan</i>	AuroPharma	100	21.59 ➡	0.2159
			500	107.95 ➡	0.2159
02244781	<i>Diovan</i>	Novartis	28	31.47	1.1239
02524538	<i>M-Valsartan</i>	Mantra Ph.	100	21.59 ➡	0.2159
02356759	<i>Sandoz Valsartan</i>	Sandoz	30	6.48 ➡	0.2159
			100	21.59 ➡	0.2159
02363100	<i>Taro-Valsartan</i>	Sun Pharma	100	21.59 ➡	0.2159
			500	107.95 ➡	0.2159
02356651	<i>Teva Valsartan</i>	Teva Can	100	21.59 ➡	0.2159
02367734	<i>Valsartan</i>	Pro Doc	30	6.48 ➡	0.2159
			100	21.59 ➡	0.2159
02366959	<i>Valsartan</i>	Sanis	100	21.59 ➡	0.2159
			500	107.95 ➡	0.2159
02384531	<i>Valsartan</i>	Sivem	30	6.48 ➡	0.2159
			100	21.59 ➡	0.2159

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

Tab.

160 mg **PPB**

02414236	<i>Auro-Valsartan</i>	AuroPharma	100	21.59	➡	0.2159
			500	107.95	➡	0.2159
02244782	<i>Diovan</i>	Novartis	28	31.47		1.1239
02524546	<i>M-Valsartan</i>	Mantra Ph.	100	21.59	➡	0.2159
02356767	<i>Sandoz Valsartan</i>	Sandoz	30	6.48	➡	0.2159
			100	21.59	➡	0.2159
02363119	<i>Taro-Valsartan</i>	Sun Pharma	100	21.59	➡	0.2159
			500	107.95	➡	0.2159
02356678	<i>Teva Valsartan</i>	Teva Can	100	21.59	➡	0.2159
02367742	<i>Valsartan</i>	Pro Doc	30	6.48	➡	0.2159
			100	21.59	➡	0.2159
02366967	<i>Valsartan</i>	Sanis	100	21.59	➡	0.2159
			500	107.95	➡	0.2159
02384558	<i>Valsartan</i>	Sivem	30	6.48	➡	0.2159
			100	21.59	➡	0.2159

Tab.

320 mg **PPB**

02414244	<i>Auro-Valsartan</i>	AuroPharma	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02289504	<i>Diovan</i>	Novartis	28	31.47		1.1239
02356775	<i>Sandoz Valsartan</i>	Sandoz	30	6.29	➡	0.2098
			100	20.98	➡	0.2098
02356686	<i>Teva Valsartan</i>	Teva Can	30	6.29		W
02367750	<i>Valsartan</i>	Pro Doc	100	20.98	➡	0.2098
02366975	<i>Valsartan</i>	Sanis	100	20.98	➡	0.2098
02384566	<i>Valsartan</i>	Sivem	30	6.29	➡	0.2098
			100	20.98	➡	0.2098

VALSARTAN/HYDROCHLOROTHIAZIDE

Tab.

80 mg - 12.5 mg **PPB**

02408112	<i>Auro-Valsartan HCT</i>	AuroPharma	30	6.64	➡	0.2213
			100	22.13	➡	0.2213
02241900	<i>Diovan-HCT</i>	Novartis	28	32.16		1.1486
02356694	<i>Sandoz Valsartan HCT</i>	Sandoz	30	6.64	➡	0.2213
			100	22.13	➡	0.2213
02356996	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	6.64		W
			50	11.07		W
02367009	<i>Valsartan HCT</i>	Sanis	100	22.13	➡	0.2213
02384736	<i>Valsartan HCT</i>	Sivem	30	6.64	➡	0.2213
			100	22.13	➡	0.2213
02367769	<i>Valsartan-HCTZ</i>	Pro Doc	30	6.64	➡	0.2213
			100	22.13	➡	0.2213

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

Tab.

160 mg -12.5 mg **PPB**

02408120	<i>Auro-Valsartan HCT</i>	AuroPharma	30	6.72	➡	0.2240
			100	22.40	➡	0.2240
02241901	<i>Diovan-HCT</i>	Novartis	28	32.10		1.1464
02356708	<i>Sandoz Valsartan HCT</i>	Sandoz	30	6.72	➡	0.2240
			100	22.40	➡	0.2240
02357003	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	6.72		W
			50	11.20		W
02367017	<i>Valsartan HCT</i>	Sanis	100	22.40	➡	0.2240
			500	112.00	➡	0.2240
02384744	<i>Valsartan HCT</i>	Sivem	30	6.72	➡	0.2240
			100	22.40	➡	0.2240
02367777	<i>Valsartan-HCTZ</i>	Pro Doc	30	6.72	➡	0.2240
			100	22.40	➡	0.2240

Tab.

160 mg - 25 mg **PPB**

02408139	<i>Auro-Valsartan HCT</i>	AuroPharma	30	6.71	➡	0.2238
			100	22.38	➡	0.2238
02246955	<i>Diovan-HCT</i>	Novartis	28	31.99		1.1425
02356716	<i>Sandoz Valsartan HCT</i>	Sandoz	30	6.71	➡	0.2238
			100	22.38	➡	0.2238
02357011	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	6.71	➡	0.2238
			50	11.19	➡	0.2238
02367025	<i>Valsartan HCT</i>	Sanis	100	22.38	➡	0.2238
			500	111.90	➡	0.2238
02384752	<i>Valsartan HCT</i>	Sivem	30	6.71	➡	0.2238
			100	22.38	➡	0.2238
02367785	<i>Valsartan-HCTZ</i>	Pro Doc	30	6.71	➡	0.2238
			100	22.38	➡	0.2238

Tab.

320 mg - 12.5 mg **PPB**

02408147	<i>Auro-Valsartan HCT</i>	AuroPharma	30	6.71	➡	0.2235
			100	22.35	➡	0.2235
02308908	<i>Diovan-HCT</i>	Novartis	28	31.49		1.1246
02356724	<i>Sandoz Valsartan HCT</i>	Sandoz	30	6.71	➡	0.2235
			100	22.35	➡	0.2235
02357038	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	6.71		W
02367033	<i>Valsartan HCT</i>	Sanis	30	6.71	➡	0.2235
02384760	<i>Valsartan HCT</i>	Sivem	30	6.71	➡	0.2235

Tab.

320 mg - 25 mg **PPB**

02408155	<i>Auro-Valsartan HCT</i>	AuroPharma	30	6.69	➡	0.2231
			100	22.31	➡	0.2231
02308916	<i>Diovan-HCT</i>	Novartis	28	31.49		1.1246
02356732	<i>Sandoz Valsartan HCT</i>	Sandoz	30	6.69	➡	0.2231
			100	22.31	➡	0.2231
02357046	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	6.69		W
02367041	<i>Valsartan HCT</i>	Sanis	100	22.31	➡	0.2231

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

24:32.20

MINERALOCORTICOID (ALDOSTERONE) RECEPTOR ANTAGON.

**SPIRONOLACTONE **

Tab.

25 mg **PPB**

02518821	<i>Jamp Spironolactone</i>	Jamp	500	20.25	➡	0.0405
02488140	<i>Mint-Spironolactone</i>	Mint	500	20.25	➡	0.0405
00613215	<i>Teva-Spironolactone</i>	Teva Can	100	4.05	➡	0.0405
			500	20.25	➡	0.0405

Tab.

100 mg **PPB**

02518848	<i>Jamp Spironolactone</i>	Jamp	100	9.55	➡	0.0955
02488159	<i>Mint-Spironolactone</i>	Mint	100	9.55	➡	0.0955
00613223	<i>Teva-Spironolactone</i>	Teva Can	100	9.55	➡	0.0955

28:00

CENTRAL NERVOUS SYSTEM AGENTS

- 28:08 analgesics and antipyretics**
 - 28:08.04 nonsteroidal anti-inflammatory agents
 - 28:08.08 opioid agonists
 - 28:08.12 opioid partial agonists
 - 28:08.92 analgesics and antipyretics, miscellaneous
- 28:10 opioid antagonists**
- 28:12 anticonvulsants**
 - 28:12.04 barbiturates
 - 28:12.08 benzodiazepines
 - 28:12.12 hydantoins
 - 28:12.20 succinimides
 - 28:12.28 gaba-mediated anticonvulsants
 - 28:12.92 anticonvulsants, miscellaneous
- 28:16 psychotherapeutic agents**
 - 28:16.04 antidepressants
 - 28:16.08 antipsychotics
- 28:20 anorexigenics; respiratory, cns stimulants**
 - 28:20.04 amphetamines
 - 28:20.32 respiratory and cns stimulants
- 28:24 anxiolytics, sedatives, and hypnotics**
 - 28:24.08 benzodiazepines
 - 28:24.92 anxiolytics, sedatives, and hypnotics; misc.
- 28:28 antimanic agents**
- 28:32 antimigraine agents**
 - 28:32.28 selective serotonin agonists
 - 28:32.92 antimigraine agents, miscellaneous
- 28:36 antiparkinsonian agents**
 - 28:36.04 adamantanes
 - 28:36.08 anticholinergic agents
 - 28:36.12 catechol-o-methyltransferase (comt) inhibitors
 - 28:36.16 dopamine precursors
 - 28:36.20 dopamine receptor agonists
 - 28:36.32 monoamine oxidase b inhibitors
- 28:92 central nervous system agents, miscellaneous**

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

28:08.04
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ACETYLSALICYLIC ACID

Ent. Tab.				325 mg	
02010526	Jamp-AAS EC	Jamp	500	13.98	0.0280

Tab or EntTab or ChewTab		80 mg or 81 mg PPB			
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
02515687	Bio-ASA	Biomed	500	26.50	➡ 0.0530
02269139	Jamp-A.A.S. (Chew. Tab.)	Jamp	500	26.50	➡ 0.0530
			1000	53.00	➡ 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
02429950	M-ASA 80 mg chewable	Mantra Ph.	500	26.50	➡ 0.0530
02250675	NRA-ASA 80 mg chewable	Nora	500	26.50	➡ 0.0530
02311496	Pro-AAS EC-80	Pro Doc	1000	53.00	➡ 0.0530
02311518	Pro-AAS-80 (chewable)	Pro Doc	500	26.50	➡ 0.0530
02202352	Rivasa (Co. Croq.)	Riva	100	5.30	➡ 0.0530
			500	26.50	➡ 0.0530
02485222	Rivasa 80 mg EC	Riva	1000	53.00	➡ 0.0530
02420279	Rivasa 81 mg EC	Riva	1000	53.00	➡ 0.0530
02202360	Rivasa FC (Co.)	Riva	100	5.30	➡ 0.0530
			1000	53.00	➡ 0.0530

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

CELECOXIB

Caps.

100 mg **PPB**

02437570	<i>AG-Celecoxib</i>	Angita	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02418932	<i>Apo-Celecoxib</i>	Apotex	100	12.79	➡	0.1279
02445670	<i>Auro-Celecoxib</i>	AuroPharma	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02426382	<i>Bio-Celecoxib</i>	Biomed	100	12.79	➡	0.1279
02239941	<i>Celebrex</i>	BGP Pharma	100	67.58		0.6758
02424371	<i>Celecoxib</i>	Pro Doc	500	63.95	➡	0.1279
02436299	<i>Celecoxib</i>	Sanis	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02429675	<i>Celecoxib</i>	Sivem	100	12.79	➡	0.1279
02424533	<i>Jamp-Celecoxib</i>	Jamp	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02420058	<i>Mar-Celecoxib</i>	Marcan	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02495465	<i>M-Celecoxib</i>	Mantra Ph.	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02412497	<i>Mint-Celecoxib</i>	Mint	100	12.79	➡	0.1279
02479737	<i>NRA-Celecoxib</i>	Nora	100	12.79	➡	0.1279
02517116	<i>pmsc-Celecoxib</i>	Phmscience	100	12.79	➡	0.1279
			500	63.95	➡	0.1279
02425386	<i>Riva-Celecox</i>	Riva	100	12.79	➡	0.1279
			500	63.95	➡	0.1279

Caps.

200 mg **PPB**

02437589	<i>AG-Celecoxib</i>	Angita	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02418940	<i>Apo-Celecoxib</i>	Apotex	100	25.58	➡	0.2558
02445689	<i>Auro-Celecoxib</i>	AuroPharma	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02426390	<i>Bio-Celecoxib</i>	Biomed	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02239942	<i>Celebrex</i>	BGP Pharma	100	135.15		1.3515
02424398	<i>Celecoxib</i>	Pro Doc	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02436302	<i>Celecoxib</i>	Sanis	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02429683	<i>Celecoxib</i>	Sivem	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02424541	<i>Jamp-Celecoxib</i>	Jamp	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02420066	<i>Mar-Celecoxib</i>	Marcan	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02495473	<i>M-Celecoxib</i>	Mantra Ph.	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02412500	<i>Mint-Celecoxib</i>	Mint	100	25.58	➡	0.2558
02479745	<i>NRA-Celecoxib</i>	Nora	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02517124	<i>pmsc-Celecoxib</i>	Phmscience	100	25.58	➡	0.2558
			500	127.90	➡	0.2558
02425394	<i>Riva-Celecox</i>	Riva	100	25.58	➡	0.2558
			500	127.90	➡	0.2558

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

DICLOFENAC POTASSIUM OR SODIUM

Tab - Ent.Tab or LA Tab

50 mg /50 mg L.A. /100 mg L.A.

PPB

00839183	<i>Apo-Diclo 50 mg</i>	Apotex	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
02091194	<i>Apo-Diclo SR 100 mg</i>	Apotex	100	110.53		1.1053
00808547	<i>Novo-Difenac 50 mg</i>	Novopharm	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
02302624	<i>pms-Diclofenac 50 mg</i>	Phmscience	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
00870978	<i>Pro-Diclofenac</i>	Pro Doc	100	20.24	➡	0.2024
02261774	<i>Sandoz Diclofenac Rapide 50 mg</i>	Sandoz	100	20.24	➡	0.2024
02239355	<i>Teva-Diclofenac K</i>	Teva Can	100	20.24	➡	0.2024
00881635	<i>Voltaren Rapide 50 mg</i>	Novartis	100	68.46		0.6846
00590827	<i>Voltaren S.R. 100 mg</i>	Novartis	100	143.33		1.4333

DICLOFENAC SODIC/MISOPROSTOL

Tab.

50 mg - 200 mcg

PPB

01917056	<i>Arthrotec</i>	Pfizer	250	149.75		0.5990
02413469	<i>pms-Diclofenac-Misoprostol</i>	Phmscience	250	75.68	➡	0.3027

Tab.

75 mg - 200 mcg

PPB

02229837	<i>Arthrotec 75</i>	Pfizer	250	203.81		0.8152
02413477	<i>pms-Diclofenac-Misoprostol</i>	Phmscience	250	103.00	➡	0.4120

DICLOFENAC SODIUM

Ent. Tab.

25 mg

PPB

00839175	<i>Apo-Diclo 25 mg</i>	Apotex	100	15.63	➡	0.1563
02302616	<i>pms-Diclofenac 25 mg</i>	Phmscience	100	15.63	➡	0.1563

L.A. Tab.

75 mg

02162814	<i>Apo-Diclo S.R. 75 mg</i>	Apotex	100	23.19		0.2319

Supp.

50 mg

PPB

02261928	<i>Sandoz Diclofenac</i>	Sandoz	30	13.02	➡	0.4339
00632724	<i>Voltaren</i>	Novartis	30	32.79		1.0930

FLURBIPROFEN

Tab.

50 mg

01912046	<i>Flurbiprofen</i>	AA Pharma	100	22.21		0.2221

Tab.

100 mg

01912038	<i>Flurbiprofen</i>	AA Pharma	100	30.39		0.3039

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

IBUPROFEN

Oral Susp.

100 mg/5 mL

02354799	<i>Europrofen</i>	Pendopharm	120 ml	6.49	W

Tab.

200 mg **PPB**

00441643	<i>Apo-Ibuprofen</i>	Apotex	1000	30.90	➡	0.0309
02257912	<i>Ibuprofen</i>	Jamp	100	3.09	➡	0.0309
			500	15.45	➡	0.0309
02368072	<i>Ibuprofene tablets</i>	Jamp	100	3.09	➡	0.0309
02272849	<i>Jamp - Ibuprofene</i>	Jamp	100	3.09	➡	0.0309

INDOMETHACIN

Caps.

25 mg **PPB**

02461811	<i>Mint-Indomethacin</i>	Mint	100	15.19	➡	0.1519
00337420	<i>Teva-Indomethacin</i>	Teva Can	100	15.19	➡	0.1519
			1000	151.90	➡	0.1519

Caps.

50 mg **PPB**

02461536	<i>Mint-Indomethacin</i>	Mint	100	24.69	➡	0.2469
00337439	<i>Teva-Indomethacin</i>	Teva Can	100	24.69	➡	0.2469
			500	123.45	➡	0.2469

KETOPROFEN

Ent. Tab.

100 mg

00842664	<i>Ketoprofen-E 100 mg</i>	AA Pharma	100	68.23		0.6823

L.A. Tab.

200 mg

02172577	<i>Ketoprofen SR 200 mg</i>	AA Pharma	100	138.90		1.3890

MELOXICAM

Tab.

7.5 mg **PPB**

02248973	<i>Apo-Meloxicam</i>	Apotex	100	20.03	➡	0.2003
02390884	<i>Auro-Meloxicam</i>	AuroPharma	30	6.01	➡	0.2003
			100	20.03	➡	0.2003
02353148	<i>Meloxicam</i>	Sanis	100	20.03	➡	0.2003
02248267	<i>pms-Meloxicam</i>	Phmscience	100	20.03	➡	0.2003
02258315	<i>Teva-Meloxicam</i>	Teva Can	30	6.01	➡	0.2003
			100	20.03	➡	0.2003

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

Tab.

15 mg **PPB**

02248974	<i>Apo-Meloxicam</i>	Apotex	100	23.10	➡ 0.2310
02390892	<i>Auro-Meloxicam</i>	AuroPharma	30	6.93	➡ 0.2310
			100	23.10	➡ 0.2310
02353156	<i>Meloxicam</i>	Sanis	100	23.10	➡ 0.2310
02248268	<i>pms-Meloxicam</i>	Phmscience	100	23.10	➡ 0.2310
02258323	<i>Teva-Meloxicam</i>	Teva Can	30	6.93	➡ 0.2310
			100	23.10	➡ 0.2310

NAPROXEN

Ent. Tab. or Tab.

250 mg **PPB**

00522651	<i>Apo-Naproxen 250 mg</i>	Apotex	100	10.68	➡ 0.1068
02246699	<i>Apo-Naproxen EC</i>	Apotex	100	10.68	➡ 0.1068
00565350	<i>Teva-Naproxen</i>	Teva Can	100	10.68	➡ 0.1068
02243312	<i>Teva-Naproxen EC</i>	Teva Can	100	10.68	➡ 0.1068

Ent. Tab. or Tab.

500 mg **PPB**

00592277	<i>Apo-Naproxen</i>	Apotex	100	21.10	➡ 0.2110
			500	105.50	➡ 0.2110
02246701	<i>Apo-Naproxen EC</i>	Apotex	100	21.10	➡ 0.2110
02162423	<i>Naprosyn E</i>	Atnahs	100	98.82	➡ 0.9882
02310953	<i>Pro-Naproxen EC</i>	Pro Doc	100	21.10	➡ 0.2110
00589861	<i>Teva-Naproxen</i>	Teva Can	100	21.10	➡ 0.2110
			500	105.50	➡ 0.2110
02243314	<i>Teva-Naproxen EC</i>	Teva Can	100	21.10	➡ 0.2110

Oral Susp.

25 mg/mL

02162431	<i>Pediapharm Naproxen Suspension</i>	Medexus	474 ml	45.00	0.0949

Tab. or Ent. Tab.

375 mg **PPB**

00600806	<i>Apo-Naproxen 375 mg</i>	Apotex	100	14.58	➡ 0.1458
			500	72.90	➡ 0.1458
02246700	<i>Apo-Naproxen EC 375 mg</i>	Apotex	100	29.45	➡ 0.2945
00627097	<i>Teva-Naproxen</i>	Teva Can	100	14.58	➡ 0.1458
02243313	<i>Teva-Naproxen EC</i>	Teva Can	100	14.58	➡ 0.1458

PIROXICAM

Caps.

10 mg

+ 00642886	<i>Apo-Piroxicam</i>	Apotex	100	44.26	0.4426

Caps.

20 mg

00695696	<i>Teva-Piroxicam</i>	Teva Can	100	37.11	0.3711

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

SULINDAC

Tab.

				150 mg	
00745588	<i>Teva-Sulindac</i>	Teva Can	100	38.24	0.3824

Tab.

				200 mg	
00745596	<i>Teva-Sulindac</i>	Teva Can	100	39.20	0.3920

TIAPROFENIC ACID

Tab.

				200 mg	
02179679	<i>Teva-Tiaprofenic</i>	Teva Can	100	34.37	0.3437

Tab.

				300 mg	
02179687	<i>Teva-Tiaprofenic</i>	Teva Can	100	32.57	0.3257

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OPIOID AGONISTS
ACETAMINOPHEN/ CODEINE PHOSPHATE

Elix.

				160 mg -8 mg/5 mL	
00816027	<i>pms-Acetaminophene avec codeine</i>	Phmscience	500 ml	38.45	0.0769

Tab.

				300 mg - 30 mg	PPB	
00608882	<i>Teva-Emtec-30</i>	Teva Can	500	65.00	➡	0.1300
00789828	<i>Triatec-30</i>	Riva	100	13.00	➡	0.1300
			500	65.00	➡	0.1300

Tab.

				300 mg - 60 mg	
00621463	<i>Teva-Lenoltec No.4</i>	Teva Can	100	13.84	0.1384

BASE AND CODEINE SULFATE

L.A. Tab.

				50 mg	
02230302	<i>Codeine Contin</i>	Purdue	60	18.60	0.3100

L.A. Tab.

				100 mg	
02163748	<i>Codeine Contin</i>	Purdue	60	37.20	0.6200

L.A. Tab.

				150 mg	
02163780	<i>Codeine Contin</i>	Purdue	60	56.28	0.9380

L.A. Tab.

				200 mg	
02163799	<i>Codeine Contin</i>	Purdue	60	74.46	1.2410

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

CODEINE PHOSPHATE

Tab.

30 mg **PPB**

02009757	Codeine	Riva	100	7.73	➡	0.0773
			500	38.65	➡	0.0773
00593451	Teva-Codeine	Teva Can	100	7.73	➡	0.0773
			500	38.65	➡	0.0773

FENTANYL

Patch

12 mcg/h **PPB**

02327112	Sandoz Fentanyl Patch	Sandoz	5	16.60	➡	3.3200
02311925	Teva-Fentanyl	Teva Can	5	16.60	➡	3.3200

Patch

25 mcg/h **PPB**

02327120	Sandoz Fentanyl Patch	Sandoz	5	18.28	➡	3.6560
02282941	Teva-Fentanyl	Teva Can	5	18.28	➡	3.6560

Patch

37 mcg/h

02327139	Sandoz Fentanyl Patch	Sandoz	5	32.99		6.5980

Patch

50 mcg/h **PPB**

02327147	Sandoz Fentanyl Patch	Sandoz	5	34.41	➡	6.8820
02282968	Teva-Fentanyl	Teva Can	5	34.41	➡	6.8820

Patch

75 mcg/h **PPB**

02327155	Sandoz Fentanyl Patch	Sandoz	5	48.40	➡	9.6800
02282976	Teva-Fentanyl	Teva Can	5	48.40	➡	9.6800

Patch

100 mcg/h **PPB**

02327163	Sandoz Fentanyl Patch	Sandoz	5	60.25	➡	12.0500
02282984	Teva-Fentanyl	Teva Can	5	60.25	➡	12.0500

HYDROMORPHONE HYDROCHLORIDE

Inj. Sol.

2 mg/mL (1 mL) **PPB**

02460602	Chlorhydrate d'hydromorphone	Sterimax	10	16.47	➡	1.6470
02491699	Chlorhydrate d'hydromorphone injectable	Fresenius	25	41.18	➡	1.6470
02145901	Hydromorphone	Sandoz	10	16.47	➡	1.6470

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. 10 mg/mL PPB					
02460610	<i>Chlorhydrate d'hydromorphone HP 10</i>	Sterimax	1 ml	➡ 3.65	
			5 ml	➡ 18.23	
			50 ml	➡ 182.25	
02491680	<i>Chlorhydrate d'hydromorphone injectable</i>	Fresenius	1 ml	➡ 3.65	
			5 ml	➡ 18.23	
			50 ml	➡ 182.25	
02145928	<i>Hydromorphone HP 10</i>	Sandoz	1 ml	➡ 3.65	
			5 ml	➡ 18.23	
			50 ml	➡ 182.25	
Inj. Sol. 20 mg/mL					
* 02145936	<i>Hydromorphone HP 20</i>	Sandoz	50 ml	468.77	
Inj. Sol. 50 mg/mL PPB					
02469413	<i>Chlorhydrate d'hydromorphone HP 50</i>	Sterimax	1 ml	➡ 6.95	
			50 ml	➡ 347.63	
02146126	<i>Hydromorphone HP 50</i>	Sandoz	50 ml	➡ 347.63	
99003163	<i>Hydromorphone HP 50</i>	Sandoz	1 ml	21.13	
L.A. Caps. (12 h) 3 mg					
02125323	<i>Hydromorph Contin</i>	Purdue	60	36.14	0.6023
L.A. Caps. (12 h) 4.5 mg					
02359502	<i>Hydromorph Contin</i>	Purdue	60	43.65	0.7275
L.A. Caps. (12 h) 6 mg					
02125331	<i>Hydromorph Contin</i>	Purdue	60	54.18	0.9030
L.A. Caps. (12 h) 9 mg					
02359510	<i>Hydromorph Contin</i>	Purdue	60	71.55	1.1925
L.A. Caps. (12 h) 12 mg					
02125366	<i>Hydromorph Contin</i>	Purdue	60	93.92	1.5653
L.A. Caps. (12 h) 18 mg					
02243562	<i>Hydromorph Contin</i>	Purdue	60	135.54	2.2590
L.A. Caps. (12 h) 24 mg					
02125382	<i>Hydromorph Contin</i>	Purdue	60	156.83	2.6138
L.A. Caps. (12 h) 30 mg					
02125390	<i>Hydromorph Contin</i>	Purdue	60	187.85	3.1308

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

Syr.			1 mg/mL		
01916386	<i>pms-Hydromorphone</i>	Phmscience	500 ml	46.15	0.0923

Tab.			1 mg PPB		
02364115	<i>Apo-Hydromorphone</i>	Apotex	100	9.50 ➡	0.0950
00705438	<i>Dilaudid</i>	Purdue	100	9.50 ➡	0.0950
00885444	<i>pms-Hydromorphone</i>	Phmscience	100	9.50 ➡	0.0950

Tab.			2 mg PPB		
02364123	<i>Apo-Hydromorphone</i>	Apotex	100	14.16 ➡	0.1416
00125083	<i>Dilaudid</i>	Purdue	100	14.16 ➡	0.1416
00885436	<i>pms-Hydromorphone</i>	Phmscience	100	14.16 ➡	0.1416

Tab.			4 mg PPB		
02364131	<i>Apo-Hydromorphone</i>	Apotex	100	22.40 ➡	0.2240
00125121	<i>Dilaudid</i>	Purdue	100	22.40 ➡	0.2240
00885401	<i>pms-Hydromorphone</i>	Phmscience	100	22.40 ➡	0.2240

Tab.			8 mg PPB		
02364158	<i>Apo-Hydromorphone</i>	Apotex	100	35.28 ➡	0.3528
00786543	<i>Dilaudid</i>	Purdue	100	35.28 ➡	0.3528
00885428	<i>pms-Hydromorphone</i>	Phmscience	100	35.28 ➡	0.3528

METHADONE HYDROCHLORIDE

Oral Sol.			1 mg/mL		
02247694	<i>Metadol</i>	Paladin	250 ml	25.18	0.1007

Oral Sol.			10 mg/mL PPB		
02495783	<i>Jamp Methadone Oral Concentrate</i>	Jamp	1000 ml	52.50 ➡	0.0525
02241377	<i>Metadol</i>	Paladin	100 ml	36.42	0.3642
02244290	<i>Metadol-D</i>	Paladin	100 ml	5.25 ➡	0.0525
			1000 ml	52.50 ➡	0.0525
02394596	<i>Methadose</i>	Mallinckro	1000 ml	52.50 ➡	0.0525
02394618	<i>Methadose (sans sucre)</i>	Mallinckro	1000 ml	52.50 ➡	0.0525
02495872	<i>Odan-Methadone</i>	Odan	1000 ml	52.50 ➡	0.0525
02495880	<i>Odan-Methadone (sans sucre)</i>	Odan	1000 ml	52.50 ➡	0.0525
02552736	<i>pms-Methadone Oral</i>	Phmscience	1000 ml	52.50 ➡	0.0525
02552728	<i>pms-Methadone Oral (sugar-free)</i>	Phmscience	1000 ml	52.50 ➡	0.0525

Tab.			1 mg PPB		
02533642	<i>Apo-Methadone</i>	Apotex	100	10.26 ➡	0.1026
02247698	<i>Metadol</i>	Paladin	100	10.26 ➡	0.1026

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

Tab.

5 mg **PPB**

02533650	<i>Apo-Methadone</i>	Apotex	100	34.17	➡	0.3417
02247699	<i>Metadol</i>	Paladin	100	34.17	➡	0.3417

Tab.

10 mg **PPB**

02533669	<i>Apo-Methadone</i>	Apotex	100	54.66	➡	0.5466
02247700	<i>Metadol</i>	Paladin	100	54.66	➡	0.5466

Tab.

25 mg **PPB**

02533677	<i>Apo-Methadone</i>	Apotex	100	101.57	➡	1.0157
02247701	<i>Metadol</i>	Paladin	100	101.57	➡	1.0157

MORPHINE HYDROCHLORIDE OR SULFATE ④

Caps. or Tab.

5 mg **PPB**

02014203	<i>MS-IR</i>	Purdue	60	4.25	➡	0.0709
02549794	<i>pms-Morphine Sulfate</i>	Phmscience	100	7.09	➡	0.0709
00594652	<i>Statex</i>	Paladin	100	7.09	➡	0.0709

Caps. or Tab.

10 mg **PPB**

02014211	<i>MS-IR</i>	Purdue	60	6.58	➡	0.1096
02549808	<i>pms-Morphine Sulfate</i>	Phmscience	100	10.96	➡	0.1096
00594644	<i>Statex</i>	Paladin	100	10.96	➡	0.1096

Inj. Sol.

2 mg/mL **PPB**

02242484	<i>Morphine (sulfate de)</i>	Sandoz	1 ml	➡	2.25	
02500701	<i>Morphine sulfate for injection</i>	Jamp	10		22.50	➡ 2.2500
02482681	<i>Sulfate de morphine injectable</i>	Fresenius	1 ml	➡	2.25	

Inj. Sol.

10 mg/mL **PPB**

00392588	<i>Morphine (sulfate de)</i>	Sandoz	1 ml	➡	2.22	
02500728	<i>Morphine sulfate for injection</i>	Jamp	10		22.17	➡ 2.2172
02474980	<i>Morphine sulfate injection</i>	Sterimax	10		22.17	➡ 2.2172
02482746	<i>Sulfate de morphine injectable</i>	Fresenius	1 ml	➡	2.22	

Inj. Sol.

50 mg/mL

00617288	<i>Morphine H.P. 50</i>	Sandoz	1 ml		6.82	
			10 ml		68.20	
			50 ml		340.98	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				10 mg	
02019930	<i>M-Eslon</i>	Ethypharm	20	6.83	0.3413
			50	17.07	0.3413
L.A. Caps.				15 mg	
02177749	<i>M-Eslon</i>	Ethypharm	20	4.48	0.2239
			50	11.20	0.2239
L.A. Caps.				30 mg	
02019949	<i>M-Eslon</i>	Ethypharm	20	6.76	0.3382
			50	16.91	0.3382
L.A. Caps.				60 mg	
02019957	<i>M-Eslon</i>	Ethypharm	20	11.92	0.5959
			50	29.80	0.5959
L.A. Caps.				100 mg	
02019965	<i>M-Eslon</i>	Ethypharm	20	18.35	0.9176
			50	45.88	0.9176
L.A. Caps.				200 mg	
02177757	<i>M-Eslon</i>	Ethypharm	50	84.46	1.6891
L.A. Caps. (24 h)				10 mg	
02242163	<i>Kadian</i>	BGP Pharma	100	36.38	0.3638
L.A. Caps. (24 h)				20 mg	
02184435	<i>Kadian</i>	BGP Pharma	100	61.32	0.6132
L.A. Caps. (24 h)				50 mg	
02184443	<i>Kadian</i>	BGP Pharma	100	128.75	1.2875
L.A. Caps. (24 h)				100 mg	
02184451	<i>Kadian</i>	BGP Pharma	50	112.27	2.2454
L.A. Tab.				15 mg PPB	
02015439	<i>MS Contin</i>	Purdue	60	39.42	0.6570
02244790	<i>Sandoz Morphine SR</i>	Sandoz	100	23.17	0.2317
02302764	<i>Teva-Morphine SR</i>	Teva Can	50	11.59	0.2317

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

L.A. Tab.

30 mg **PPB**

02014297	<i>MS Contin</i>	Purdue	60	59.46	0.9910
02244791	<i>Sandoz Morphine SR</i>	Sandoz	100	35.00 ➡	0.3500
02302772	<i>Teva-Morphine SR</i>	Teva Can	50	17.50 ➡	0.3500
			100	35.00 ➡	0.3500

L.A. Tab.

60 mg **PPB**

02014300	<i>MS Contin</i>	Purdue	60	104.94	1.7490
02244792	<i>Sandoz Morphine SR</i>	Sandoz	100	121.80 ➡	1.2180
02302780	<i>Teva-Morphine SR</i>	Teva Can	50	60.90 ➡	1.2180
			100	121.80 ➡	1.2180

L.A. Tab.

100 mg **PPB**

02014319	<i>MS Contin</i>	Purdue	60	160.02	2.6670
02478889	<i>Sandoz Morphine SR</i>	Sandoz	50	47.01 ➡	0.9402
02302799	<i>Teva-Morphine SR</i>	Teva Can	50	47.01 ➡	0.9402

L.A. Tab.

200 mg **PPB**

02014327	<i>MS Contin</i>	Purdue	60	297.54	4.9590
02478897	<i>Sandoz Morphine SR</i>	Sandoz	50	87.40 ➡	1.7480
02302802	<i>Teva-Morphine SR</i>	Teva Can	50	87.40 ➡	1.7480

Syr.

1 mg/mL

00614491	<i>Doloral 1</i>	Atlas	225 ml	8.86	0.0394
			500 ml	16.32	0.0326

Syr.

5 mg/mL

00614505	<i>Doloral 5</i>	Atlas	225 ml	16.75	0.0744
			500 ml	31.25	0.0625

Tab.

20 mg

02014238	<i>MS-IR</i>	Purdue	60	18.92	0.3154

Tab.

30 mg

02014254	<i>MS-IR</i>	Purdue	60	24.35	0.4058

OXYCODONE HYDROCHLORIDE

Tab.

5 mg **PPB**

02319977	<i>pms-Oxycodone</i>	Phmscience	100	12.87 ➡	0.1287
00789739	<i>Supeudol</i>	Sandoz	100	12.87 ➡	0.1287

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

Tab.			10 mg PPB		
02240131	<i>Oxy IR</i>	Purdue	60	22.92	0.3820
02319985	<i>pms-Oxycodone</i>	Phmscience	100	18.96 ➡	0.1896
00443948	<i>Supeudol</i>	Sandoz	100	18.96 ➡	0.1896

Tab.			20 mg PPB		
02240132	<i>Oxy IR</i>	Purdue	60	39.96	0.6660
02319993	<i>pms-Oxycodone</i>	Phmscience	50	14.82 ➡	0.2964
02262983	<i>Supeudol 20</i>	Sandoz	50	14.82 ➡	0.2964

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OPIOID PARTIAL AGONISTS
BUPRENORPHINE/NALOXONE

Film			2 mg - 0.5 mg		
02502313	<i>Suboxone</i>	Indivior	30	80.10	2.6700

Film			4 mg - 1 mg		
02502321	<i>Suboxone</i>	Indivior	30	110.67	3.6889

Film			8 mg - 2 mg		
02502348	<i>Suboxone</i>	Indivior	30	141.90	4.7300

Film			12 mg - 3 mg		
02502356	<i>Suboxone</i>	Indivior	30	212.85	7.0950

S-Ling. Tab.			2 mg - 0.5 mg PPB		
02424851	<i>pms-Buprenorphine/ Naloxone</i>	Phmscience	30	20.03 ➡	0.6675
02295695	<i>Suboxone</i>	Indivior	28	74.76	2.6700
02453908	<i>Teva-Buprenorphine/ Naloxone</i>	Teva Can	30	20.03 ➡	0.6675

S-Ling. Tab.			8 mg - 2 mg PPB		
02424878	<i>pms-Buprenorphine/ Naloxone</i>	Phmscience	30	35.48 ➡	1.1825
02295709	<i>Suboxone</i>	Indivior	28	132.44	4.7300
02453916	<i>Teva-Buprenorphine/ Naloxone</i>	Teva Can	30	35.48 ➡	1.1825

BUTORPHANOL TARTRATE

Nas. spray			10 mg/mL		
02242504	<i>Butorphanol</i>	AA Pharma	2.5 ml	56.53	

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

PENTAZOCINE HYDROCHLORIDE

Tab.

				50 mg	
02137984	<i>Talwin</i>	SanofiAven	100	37.74	0.3774

28:08.92

ANALGESICS AND ANTIPYRETICS, MISCELLANEOUS

ACETAMINOPHEN

Liq.

				160 mg/5 mL	PPB	
01901389	<i>Jamp-Acetaminophen</i>	Jamp	100 ml	3.65	➡	0.0365
00792691	<i>PDP-Acetaminophen solution</i>	Pendopharm	500 ml	18.25	➡	0.0365

Ped. Oral Sol.

				80 mg/mL	PPB	
01935275	<i>Jamp-Acetaminophen</i>	Jamp	24 ml	2.87	➡	
02027801	<i>Pediatrix</i>	Teva Can	500 ml	59.79	➡	0.1196

Supp.

				120 mg		
02230434	<i>Acet 120</i>	Pendopharm	12	6.44		0.5367

Supp.

				160 mg		
02230435	<i>Acet 160</i>	Pendopharm	12	8.54		0.7117

Supp.

				325 mg		
02230436	<i>Acet 325</i>	Pendopharm	12	7.95		0.6625

Supp.

				650 mg		
02230437	<i>Acet 650</i>	Pendopharm	12	9.13		0.7608

Tab.

				325 mg	PPB	
02022214	<i>Acetaminophene</i>	Riva	1000	11.40	➡	0.0114
02252805	<i>Acetaminophene 325 mg</i>	Cellchem	100	1.14	➡	0.0114
			500	5.70	➡	0.0114
02362198	<i>Acetaminophene Caplet 325</i>	Riva	1000	11.40	➡	0.0114
01938088	<i>Jamp-Acetaminophen</i>	Jamp	1000	11.40	➡	0.0114
00389218	<i>Novo-Gesic</i>	Novopharm	1000	11.40	➡	0.0114

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

Tab.

500 mg **PPB**

02255251	<i>Acetaminophen 500 mg extra strength easy to swallow</i>	Cellchem	100	1.43	➡	0.0143
			200	2.86	➡	0.0143
02252813	<i>Acetaminophen 500 mg tablets Extra Strength</i>	Cellchem	100	1.43	➡	0.0143
			500	7.15	➡	0.0143
02022222	<i>Acetaminophene</i>	Riva	1000	14.30	➡	0.0143
02362201	<i>Acetaminophene Blason Shield 500</i>	Riva	1000	14.30	➡	0.0143
02362228	<i>Acetaminophene Caplet 500</i>	Riva	1000	14.30	➡	0.0143
01939122	<i>Jamp-Acetaminophen</i>	Jamp	1000	14.30	➡	0.0143
02355299	<i>Jamp-Acetaminophen</i>	Jamp	1000	14.30	➡	0.0143
00482323	<i>Novo-Gesic Forte</i>	Novopharm	1000	14.30	➡	0.0143

28:10

OPIOID ANTAGONISTS

BUPRENORPHINE/NALOXONE

Film

2 mg - 0.5 mg

02502313	<i>Suboxone</i>	Indivior	30	80.10		2.6700

Film

4 mg - 1 mg

02502321	<i>Suboxone</i>	Indivior	30	110.67		3.6889

Film

8 mg - 2 mg

02502348	<i>Suboxone</i>	Indivior	30	141.90		4.7300

Film

12 mg - 3 mg

02502356	<i>Suboxone</i>	Indivior	30	212.85		7.0950

S-Ling. Tab.

2 mg - 0.5 mg **PPB**

02424851	<i>pms-Buprenorphine/Naloxone</i>	Phmscience	30	20.03	➡	0.6675
02295695	<i>Suboxone</i>	Indivior	28	74.76		2.6700
02453908	<i>Teva-Buprenorphine/Naloxone</i>	Teva Can	30	20.03	➡	0.6675

S-Ling. Tab.

8 mg - 2 mg **PPB**

02424878	<i>pms-Buprenorphine/Naloxone</i>	Phmscience	30	35.48	➡	1.1825
02295709	<i>Suboxone</i>	Indivior	28	132.44		4.7300
02453916	<i>Teva-Buprenorphine/Naloxone</i>	Teva Can	30	35.48	➡	1.1825

NALOXONE HYDROCHLORIDE

Inj. Sol (syr)

0.4 mg/mL (1 mL)

99114402	<i>Naloxone Hydrochloride Injection USP</i>	Sterinova	10	147.50		14.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Nas. spray			4 mg/0.1 mL PPB		
99113725	<i>Narcan nasal spray</i>	Emergent	2	50.60 ➡	25.3000
99114399	<i>Vaporisateur Nasal Teva-Naloxone</i>	Teva Can	2	50.60 ➡	25.3000

NALOXONE HYDROCHLORIDE (FOR USER)

Inj. sol.			0.4 mg/mL PPB		
02455935	<i>Chlorhydrate de naloxone Injectable</i>	Oméga	1 ml	➡ 13.75	
02453258	<i>S.O.S Naloxone Hydrochloride Injection</i>	Sandoz	1 ml	➡ 13.75	

NALTREXONE HYDROCHLORIDE

Tab.			50 mg PPB		
02444275	<i>Apo-Naltrexone</i>	Apotex	30	84.23 ➡	2.8075
02451883	<i>Comprimés de chlorhydrate de naltrexone</i>	Jamp	28	78.61 ➡	2.8075
02213826	<i>Revvia</i>	Teva Can	50	140.38 ➡	2.8075

28:12.04

BARBITURATES

PHENOBARBITAL

Elix.			25 mg/5 mL		
00645575	<i>Phenobarb elixir</i>	Pendopharm	100 ml	15.25	0.1525

Tab.			15 mg PPB		
02557789	<i>JAMP Phenobarbital</i>	Jamp	500	41.45 ➡	0.0829
00178799	<i>Phenobarb</i>	Pendopharm	500	41.45 ➡	0.0829

Tab.			30 mg PPB		
02557797	<i>JAMP Phenobarbital</i>	Jamp	500	49.35 ➡	0.0987
00178802	<i>Phenobarb</i>	Pendopharm	500	49.35 ➡	0.0987

Tab.			60 mg PPB		
02557800	<i>JAMP Phenobarbital</i>	Jamp	500	66.90 ➡	0.1338
00178810	<i>Phenobarb</i>	Pendopharm	500	66.90 ➡	0.1338

Tab.			100 mg PPB		
02557819	<i>JAMP Phenobarbital</i>	Jamp	100	18.31 ➡	0.1831
00178829	<i>Phenobarb</i>	Pendopharm	500	91.55 ➡	0.1831

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

PHENOBARBITAL (SODIUM) 27

Inj. Sol.

			30 mg/mL (1 mL)		
02304082	<i>Phenobarbital sodium injection</i>	Sandoz	10	215.36	21.5360

Inj. Sol.

			120 mg/mL (1 mL)		
02304090	<i>Phenobarbital sodium injection</i>	Sandoz	10	240.90	24.0900

PRIMIDONE

Tab.

			125 mg		
00399310	<i>Primidone</i>	AA Pharma	100	5.64	0.0564

Tab.

			250 mg		
00396761	<i>Primidone</i>	AA Pharma	100	8.87	0.0887

28:12.08

BENZODIAZEPINES

CLOBAZAM

Tab.

			10 mg PPB		
02244638	<i>Apo-Clobazam</i>	Apotex	30	6.59	➡ 0.2197
02238334	<i>Teva-Clobazam</i>	Teva Can	30	6.59	➡ 0.2197

CLONAZEPAM

Tab.

			0.25 mg		
02179660	<i>pms-Clonazepam</i>	Phmscience	100	6.90	0.0690

Tab.

			0.5 mg PPB		
02177889	<i>Apo-Clonazepam</i>	Apotex	500	20.90	➡ 0.0418
02207818	<i>pms-Clonazepam-R</i>	Phmscience	100	4.18	➡ 0.0418
			500	20.90	➡ 0.0418
02311593	<i>Pro-Clonazepam</i>	Pro Doc	500	20.90	➡ 0.0418
00382825	<i>Rivotril</i>	Cheplaphar	100	19.82	0.1982

Tab.

			1 mg PPB		
02048728	<i>pms-Clonazepam</i>	Phmscience	100	14.87	➡ 0.1487
			500	74.35	➡ 0.1487
02311607	<i>Pro-Clonazepam</i>	Pro Doc	500	74.35	➡ 0.1487

27 Reimbursement of this product is authorized for continuous palliative sedation for persons at the end of life.

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

Tab.

2 mg **PPB**

02177897	<i>Apo-Clonazepam</i>	Apotex	100	7.21	➡ 0.0721
			500	36.05	➡ 0.0721
02048736	<i>pms-Clonazepam</i>	Phmscience	100	7.21	➡ 0.0721
			500	36.05	➡ 0.0721
02311615	<i>Pro-Clonazepam</i>	Pro Doc	500	36.05	➡ 0.0721
02242078	<i>Riva-Clonazepam</i>	Riva	100	7.21	➡ 0.0721
			500	36.05	➡ 0.0721
00382841	<i>Rivotril</i>	Cheplaphar	100	34.17	0.3417

28:12.12
HYDANTOINS
PHENYTOIN

Oral Susp.

125 mg/5 mL

02250896	<i>Taro-Phenytoin</i>	Taro	237 ml	10.52	0.0444

Tab.

50 mg

00023698	<i>Dilantin Infatabs</i>	BGP Pharma	100	10.61	0.1061

PHENYTOIN SODIUM

Caps.

30 mg

00022772	<i>Dilantin</i>	BGP Pharma	100	15.76	0.1576

Caps.

100 mg **PPB**

* 00022780	<i>Dilantin</i>	BGP Pharma	100	10.48	0.1048
			1000	104.80	0.1048
02460912	<i>Phenytoin</i>	AA Pharma	1000	66.50	➡ 0.0665

28:12.20
SUCCINIMIDES
ETHOSUXIMIDE

Caps.

250 mg **PPB**

02545772	<i>Mar-Ethosuximide</i>	Marcan	100	26.28	➡ 0.2628
02547171	<i>Odan-Ethosuximide</i>	Odan	100	26.28	➡ 0.2628
00022799	<i>Zarontin</i>	Search Phm	100	32.03	0.3203

Syr.

250 mg/5 mL

00023485	<i>Zarontin</i>	Search Phm	500 ml	32.00	0.0640

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

28:12.28

GABA-MEDIATED ANTICONVULSANTS

GABAPENTIN

Caps.

100 mg **PPB**

02477912	<i>AG-Gabapentin</i>	Angita	100	4.16	➡	0.0416
02244304	<i>Apo-Gabapentin</i>	Apotex	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02321203	<i>Auro-Gabapentin</i>	AuroPharma	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02416840	<i>Gabapentin</i>	Accord	100	4.16	➡	0.0416
02353245	<i>Gabapentin</i>	Sanis	500	20.79	➡	0.0416
02246314	<i>Gabapentin</i>	Sivem	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02535246	<i>JAMP Gabapentin Capsules</i>	Jamp	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02361469	<i>Jamp-Gabapentin</i>	Jamp	100	4.16	➡	0.0416
02391473	<i>Mar-Gabapentin</i>	Marcan	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02408880	<i>Mint-Gabapentin</i>	Mint	500	20.79	➡	0.0416
02084260	<i>Neurontin</i>	BGP Pharma	100	41.51		0.4151
02550016	<i>NRA-Gabapentin</i>	Nora	100	4.16	➡	0.0416
02243446	<i>pms-Gabapentin</i>	Phmscience	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02310449	<i>Pro-Gabapentin</i>	Pro Doc	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02251167	<i>Riva-Gabapentin</i>	Riva	100	4.16	➡	0.0416
			500	20.79	➡	0.0416
02244513	<i>Teva-Gabapentin</i>	Teva Can	100	4.16	➡	0.0416
			500	20.79	➡	0.0416

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			300 mg PPB		
02477920	<i>AG-Gabapentin</i>	Angita	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02244305	<i>Apo-Gabapentin</i>	Apotex	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02321211	<i>Auro-Gabapentin</i>	AuroPharma	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02416859	<i>Gabapentin</i>	Accord	100	10.12	➡ 0.1012
02353253	<i>Gabapentin</i>	Sanis	500	50.60	➡ 0.1012
02246315	<i>Gabapentin</i>	Sivem	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02535254	<i>JAMP Gabapentin Capsules</i>	Jamp	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02361485	<i>Jamp-Gabapentin</i>	Jamp	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02391481	<i>Mar-Gabapentin</i>	Marcan	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02408899	<i>Mint-Gabapentin</i>	Mint	500	50.60	➡ 0.1012
02084279	<i>Neurontin</i>	BGP Pharma	100	101.00	1.0100
02550024	<i>NRA-Gabapentin</i>	Nora	100	10.12	➡ 0.1012
02243447	<i>pms-Gabapentin</i>	Phmscience	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02310457	<i>Pro-Gabapentin</i>	Pro Doc	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02251175	<i>Riva-Gabapentin</i>	Riva	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012
02244514	<i>Teva-Gabapentin</i>	Teva Can	100	10.12	➡ 0.1012
			500	50.60	➡ 0.1012

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			400 mg PPB		
02477939	<i>AG-Gabapentin</i>	Angita	100	12.06	➡ 0.1206
02244306	<i>Apo-Gabapentin</i>	Apotex	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02321238	<i>Auro-Gabapentin</i>	AuroPharma	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02416867	<i>Gabapentin</i>	Accord	100	12.06	➡ 0.1206
02353261	<i>Gabapentin</i>	Sanis	500	60.28	➡ 0.1206
02246316	<i>Gabapentin</i>	Sivem	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02535262	<i>JAMP Gabapentin Capsules</i>	Jamp	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02361493	<i>Jamp-Gabapentin</i>	Jamp	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02391503	<i>Mar-Gabapentin</i>	Marcan	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02408902	<i>Mint-Gabapentin</i>	Mint	500	60.28	➡ 0.1206
02084287	<i>Neurontin</i>	BGP Pharma	100	120.35	1.2035
02550032	<i>NRA-Gabapentin</i>	Nora	100	12.06	➡ 0.1206
02243448	<i>pms-Gabapentin</i>	Phmscience	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02310465	<i>Pro-Gabapentin</i>	Pro Doc	100	12.06	➡ 0.1206
02251183	<i>Riva-Gabapentin</i>	Riva	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206
02244515	<i>Teva-Gabapentin</i>	Teva Can	100	12.06	➡ 0.1206
			500	60.28	➡ 0.1206

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

PREGABALIN

Caps.

25 mg **PPB**

02449838	<i>ACH-Pregabalin</i>	Accord	100	14.81	➡	0.1481
02480727	<i>AG-Pregabalin</i>	Angita	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02394235	<i>Apo-Pregabalin</i>	Apotex	100	14.81	➡	0.1481
02433869	<i>Auro-Pregabalin</i>	AuroPharma	100	14.81	➡	0.1481
02541122	<i>Bio-Pregabalin</i>	Biomed	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02435977	<i>Jamp-Pregabalin</i>	Jamp	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02268418	<i>Lyrice</i>	BGP Pharma	60	46.45		0.7742
02417529	<i>Mar-Pregabalin</i>	Marcan	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02423804	<i>Mint-Pregabalin</i>	Mint	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02467291	<i>M-Pregabalin</i>	Mantra Ph.	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02494841	<i>NAT-Pregabalin</i>	Natco	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02554836	<i>NB-Pregabalin</i>	NB Pharma	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02479117	<i>NRA-Pregabalin</i>	Nora	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02359596	<i>pms-Pregabalin</i>	Phmscience	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02474352	<i>Pregabalin</i>	Altamed	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02396483	<i>Pregabalin</i>	Pro Doc	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02405539	<i>Pregabalin</i>	Sanis	100	14.81	➡	0.1481
02403692	<i>Pregabalin</i>	Sivem	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02377039	<i>Riva-Pregabalin</i>	Riva	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02390817	<i>Sandoz Pregabalin</i>	Sandoz	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02392801	<i>Taro-Pregabalin</i>	Sun Pharma	100	14.81	➡	0.1481
			500	74.05	➡	0.1481
02361159	<i>Teva-Pregabalin</i>	Teva Can	100	14.81	➡	0.1481
			500	74.05	➡	0.1481

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			50 mg PPB		
02449846	<i>ACH-Pregabalin</i>	Accord	100	23.24	➡ 0.2324
02480735	<i>AG-Pregabalin</i>	Angita	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02394243	<i>Apo-Pregabalin</i>	Apotex	100	23.24	➡ 0.2324
02433877	<i>Auro-Pregabalin</i>	AuroPharma	100	23.24	➡ 0.2324
02541130	<i>Bio-Pregabalin</i>	Biomed	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02435985	<i>Jamp-Pregabalin</i>	Jamp	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02268426	<i>Lyrice</i>	BGP Pharma	60	72.87	1.2145
02417537	<i>Mar-Pregabalin</i>	Marcan	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02423812	<i>Mint-Pregabalin</i>	Mint	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02467305	<i>M-Pregabalin</i>	Mantra Ph.	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02494868	<i>NAT-Pregabalin</i>	Natco	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02554844	<i>NB-Pregabalin</i>	NB Pharma	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02479125	<i>NRA-Pregabalin</i>	Nora	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02359618	<i>pms-Pregabalin</i>	Phmscience	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02474360	<i>Pregabalin</i>	Altamed	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02396505	<i>Pregabalin</i>	Pro Doc	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02405547	<i>Pregabalin</i>	Sanis	500	116.20	➡ 0.2324
02403706	<i>Pregabalin</i>	Sivem	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02377047	<i>Riva-Pregabalin</i>	Riva	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02390825	<i>Sandoz Pregabalin</i>	Sandoz	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02392828	<i>Taro-Pregabalin</i>	Sun Pharma	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324
02361175	<i>Teva-Pregabalin</i>	Teva Can	100	23.24	➡ 0.2324
			500	116.20	➡ 0.2324

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			75 mg PPB		
02449854	<i>ACH-Pregabalin</i>	Accord	100	30.07	➡ 0.3007
02480743	<i>AG-Pregabalin</i>	Angita	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02394251	<i>Apo-Pregabalin</i>	Apotex	100	30.07	➡ 0.3007
02433885	<i>Auro-Pregabalin</i>	AuroPharma	100	30.07	➡ 0.3007
02541149	<i>Bio-Pregabalin</i>	Biomed	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02435993	<i>Jamp-Pregabalin</i>	Jamp	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02268434	<i>Lyrice</i>	BGP Pharma	60	94.29	1.5715
02417545	<i>Mar-Pregabalin</i>	Marcan	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02424185	<i>Mint-Pregabalin</i>	Mint	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02467313	<i>M-Pregabalin</i>	Mantra Ph.	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02494876	<i>NAT-Pregabalin</i>	Natco	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02554852	<i>NB-Pregabalin</i>	NB Pharma	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02479133	<i>NRA-Pregabalin</i>	Nora	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02359626	<i>pms-Pregabalin</i>	Phmscience	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02474379	<i>Pregabalin</i>	Altamed	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02396513	<i>Pregabalin</i>	Pro Doc	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02405555	<i>Pregabalin</i>	Sanis	500	150.35	➡ 0.3007
02403714	<i>Pregabalin</i>	Sivem	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02377055	<i>Riva-Pregabalin</i>	Riva	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02390833	<i>Sandoz Pregabalin</i>	Sandoz	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02392836	<i>Taro-Pregabalin</i>	Sun Pharma	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007
02361183	<i>Teva-Pregabalin</i>	Teva Can	100	30.07	➡ 0.3007
			500	150.35	➡ 0.3007

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			150 mg PPB		
02449870	<i>ACH-Pregabalin</i>	Accord	100	41.45	➡ 0.4145
02480751	<i>AG-Pregabalin</i>	Angita	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02394278	<i>Apo-Pregabalin</i>	Apotex	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02433907	<i>Auro-Pregabalin</i>	AuroPharma	100	41.45	➡ 0.4145
02541165	<i>Bio-Pregabalin</i>	Biomed	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02436000	<i>Jamp-Pregabalin</i>	Jamp	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02268450	<i>Lyrice</i>	BGP Pharma	60	129.98	2.1663
02417561	<i>Mar-Pregabalin</i>	Marcan	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02424207	<i>Mint-Pregabalin</i>	Mint	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02467321	<i>M-Pregabalin</i>	Mantra Ph.	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02494884	<i>NAT-Pregabalin</i>	Natco	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02554860	<i>NB-Pregabalin</i>	NB Pharma	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02479168	<i>NRA-Pregabalin</i>	Nora	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02359634	<i>pms-Pregabalin</i>	Phmscience	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02474387	<i>Pregabalin</i>	Altamed	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02396521	<i>Pregabalin</i>	Pro Doc	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02405563	<i>Pregabalin</i>	Sanis	100	41.45	➡ 0.4145
02403722	<i>Pregabalin</i>	Sivem	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02377063	<i>Riva-Pregabalin</i>	Riva	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02390841	<i>Sandoz Pregabalin</i>	Sandoz	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02392844	<i>Taro-Pregabalin</i>	Sun Pharma	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02361205	<i>Teva-Pregabalin</i>	Teva Can	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			300 mg PPB		
02449900	<i>ACH-Pregabalin</i>	Accord	100	41.45	➡ 0.4145
02480778	<i>AG-Pregabalin</i>	Angita	100	41.45	➡ 0.4145
02394294	<i>Apo-Pregabalin</i>	Apotex	100	41.45	➡ 0.4145
02541203	<i>Bio-Pregabalin</i>	Biomed	100	41.45	➡ 0.4145
02436019	<i>Jamp-Pregabalin</i>	Jamp	100	41.45	➡ 0.4145
02268485	<i>Lyrice</i>	BGP Pharma	60	129.98	2.1663
02417618	<i>Mar-Pregabalin</i>	Marcan	100	41.45	➡ 0.4145
02541963	<i>M-Pregabalin</i>	Mantra Ph.	100	41.45	➡ 0.4145
02494906	<i>NAT-Pregabalin</i>	Natco	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02554887	<i>NB-Pregabalin</i>	NB Pharma	100	41.45	➡ 0.4145
02479192	<i>NRA-Pregabalin</i>	Nora	100	41.45	➡ 0.4145
02359642	<i>pms-Pregabalin</i>	Phmscience	100	41.45	➡ 0.4145
02396548	<i>Pregabalin</i>	Pro Doc	100	41.45	➡ 0.4145
02405598	<i>Pregabalin</i>	Sanis	100	41.45	➡ 0.4145
02403730	<i>Pregabalin</i>	Sivem	100	41.45	➡ 0.4145
02377071	<i>Riva-Pregabalin</i>	Riva	100	41.45	➡ 0.4145
02390868	<i>Sandoz Pregabalin</i>	Sandoz	100	41.45	➡ 0.4145
02392860	<i>Taro-Pregabalin</i>	Sun Pharma	100	41.45	➡ 0.4145
			500	207.25	➡ 0.4145
02361248	<i>Teva-Pregabalin</i>	Teva Can	100	41.45	➡ 0.4145

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ANTICONVULSANTS, MISCELLANEOUS
CARBAMAZEPINE

L.A. Tab.			200 mg PPB		
02261839	<i>Sandoz Carbamazepine CR</i>	Sandoz	100	9.30	➡ 0.0930
00773611	<i>Tegretol CR</i>	Novartis	100	33.08	➡ 0.3308

L.A. Tab.			400 mg PPB		
02261847	<i>Sandoz Carbamazepine CR</i>	Sandoz	100	18.59	➡ 0.1859
00755583	<i>Tegretol CR</i>	Novartis	100	66.16	➡ 0.6616

Oral Susp.			100 mg/5 mL PPB		
02367394	<i>Taro-Carbamazepine</i>	Taro	450 ml	24.32	➡ 0.0540
02194333	<i>Tegretol</i>	Novartis	450 ml	28.70	➡ 0.0638

Tab.			200 mg PPB		
02541238	<i>Mint-Carbamazepine</i>	Mint	100	22.17	➡ 0.2217
			500	110.85	➡ 0.2217
00010405	<i>Tegretol</i>	Novartis	100	31.26	➡ 0.3126
			500	156.30	➡ 0.3126
00782718	<i>Teva-Carbamazepine</i>	Teva Can	100	22.17	➡ 0.2217
			500	110.85	➡ 0.2217

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

DIVALPROEX SODIUM

Ent. Tab.

125 mg **PPB**

02239698	<i>Apo-Divalproex</i>	Apotex	100	7.24	➡	0.0724
00596418	<i>Epival 125</i>	BGP Pharma	100	24.14		0.2414
02458926	<i>Mylan-Divalproex</i>	Mylan	100	7.24	➡	0.0724

Ent. Tab.

250 mg **PPB**

02239699	<i>Apo-Divalproex</i>	Apotex	100	13.01	➡	0.1301
00596426	<i>Epival 250</i>	BGP Pharma	100	43.37		0.4337
			500	216.87		0.4337
02458934	<i>Mylan-Divalproex</i>	Mylan	100	13.01	➡	0.1301
			500	65.05	➡	0.1301

Ent. Tab.

500 mg **PPB**

02239700	<i>Apo-Divalproex</i>	Apotex	100	26.04	➡	0.2604
00596434	<i>Epival 500</i>	BGP Pharma	100	86.80		0.8680
			500	434.01		0.8680
02459019	<i>Mylan-Divalproex</i>	Mylan	100	26.04	➡	0.2604
			500	130.20	➡	0.2604

GABAPENTIN

Tab.

600 mg **PPB**

02293358	<i>Apo-Gabapentin</i>	Apotex	100	18.09	➡	0.1809
02428334	<i>Auro-Gabapentin</i>	AuroPharma	100	18.09	➡	0.1809
02392526	<i>Gabapentin</i>	Accord	100	18.09	➡	0.1809
02432072	<i>Gabapentin</i>	Jamp	100	18.09	➡	0.1809
02431289	<i>Gabapentin</i>	Sanis	100	18.09	➡	0.1809
02388200	<i>Gabapentin</i>	Sivem	100	18.09	➡	0.1809
02410990	<i>Gabapentine tablets</i>	Glenmark	100	18.09	➡	0.1809
02402289	<i>Jamp-Gabapentin</i>	Jamp	100	18.09	➡	0.1809
02239717	<i>Neurontin</i>	BGP Pharma	100	181.65		1.8165
02310473	<i>Pro-Gabapentin</i>	Pro Doc	100	18.09	➡	0.1809
+ 02259796	<i>Riva-Gabapentin</i>	Riva	100	18.09	➡	0.1809
02248457	<i>Teva-Gabapentin</i>	Teva Can	100	18.09	➡	0.1809

Tab.

800 mg **PPB**

02293366	<i>Apo-Gabapentin</i>	Apotex	100	24.12	➡	0.2412
02428342	<i>Auro-Gabapentin</i>	AuroPharma	100	24.12	➡	0.2412
02392534	<i>Gabapentin</i>	Accord	100	24.12	➡	0.2412
02432080	<i>Gabapentin</i>	Jamp	100	24.12	➡	0.2412
02431297	<i>Gabapentin</i>	Sanis	100	24.12	➡	0.2412
02388219	<i>Gabapentin</i>	Sivem	100	24.12	➡	0.2412
02411008	<i>Gabapentine tablets</i>	Glenmark	100	24.12	➡	0.2412
02402297	<i>Jamp-Gabapentin</i>	Jamp	100	24.12	➡	0.2412
02239718	<i>Neurontin</i>	BGP Pharma	100	242.19		2.4219
02310481	<i>Pro-Gabapentin</i>	Pro Doc	100	24.12	➡	0.2412
+ 02259818	<i>Riva-Gabapentin</i>	Riva	100	24.12	➡	0.2412
02247346	<i>Teva-Gabapentin</i>	Teva Can	100	24.12	➡	0.2412

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

LAMOTRIGINE

Chew. Tab.

02243803	<i>Lamictal</i>	GSK	30	2 mg 4.61	0.1537

Chew. Tab.

02240115	<i>Lamictal</i>	GSK	30	5 mg 4.63	0.1543

Tab.

				25 mg PPB	
02543710	<i>AG-Lamotrigine</i>	Angita	100	6.98 ➡	0.0698
02245208	<i>Apo-Lamotrigine</i>	Apotex	100	6.98 ➡	0.0698
02381354	<i>Auro-Lamotrigine</i>	AuroPharma	100	6.98 ➡	0.0698
			1000	69.80 ➡	0.0698
02542730	<i>JAMP Lamotrigine</i>	Jamp	100	6.98 ➡	0.0698
02142082	<i>Lamictal</i>	GSK	100	35.78	0.3578
02343010	<i>Lamotrigine</i>	Sanis	100	6.98 ➡	0.0698
02428202	<i>Lamotrigine</i>	Sivem	100	6.98 ➡	0.0698
02302969	<i>Lamotrigine-25</i>	Pro Doc	100	6.98 ➡	0.0698
02265494	<i>Mylan-Lamotrigine</i>	Mylan	100	6.98 ➡	0.0698
02246897	<i>pms-Lamotrigine</i>	Phmscience	100	6.98 ➡	0.0698

Tab.

				100 mg PPB	
02543729	<i>AG-Lamotrigine</i>	Angita	100	27.87 ➡	0.2787
02245209	<i>Apo-Lamotrigine</i>	Apotex	100	27.87 ➡	0.2787
02381362	<i>Auro-Lamotrigine</i>	AuroPharma	100	27.87 ➡	0.2787
			1000	278.70 ➡	0.2787
02542749	<i>JAMP Lamotrigine</i>	Jamp	100	27.87 ➡	0.2787
02142104	<i>Lamictal</i>	GSK	100	143.10	1.4310
02343029	<i>Lamotrigine</i>	Sanis	100	27.87 ➡	0.2787
02428210	<i>Lamotrigine</i>	Sivem	100	27.87 ➡	0.2787
02302985	<i>Lamotrigine-100</i>	Pro Doc	100	27.87 ➡	0.2787
02265508	<i>Mylan-Lamotrigine</i>	Mylan	100	27.87 ➡	0.2787
			500	139.35 ➡	0.2787
02246898	<i>pms-Lamotrigine</i>	Phmscience	100	27.87 ➡	0.2787

Tab.

				150 mg PPB	
02543737	<i>AG-Lamotrigine</i>	Angita	100	41.07 ➡	0.4107
02245210	<i>Apo-Lamotrigine</i>	Apotex	100	41.07 ➡	0.4107
02381370	<i>Auro-Lamotrigine</i>	AuroPharma	60	24.64 ➡	0.4107
			100	41.07 ➡	0.4107
02542757	<i>JAMP Lamotrigine</i>	Jamp	100	41.07 ➡	0.4107
02142112	<i>Lamictal</i>	GSK	60	125.83	2.0972
02343037	<i>Lamotrigine</i>	Sanis	100	41.07 ➡	0.4107
02428229	<i>Lamotrigine</i>	Sivem	100	41.07 ➡	0.4107
02302993	<i>Lamotrigine-150</i>	Pro Doc	100	41.07 ➡	0.4107
02265516	<i>Mylan-Lamotrigine</i>	Mylan	100	41.07 ➡	0.4107
02246899	<i>pms-Lamotrigine</i>	Phmscience	100	41.07 ➡	0.4107

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

LEVETIRACETAM

Oral Sol.

100 mg/mL **PPB**

02558416	<i>Mint-Levetiracetam Solution</i>	Mint	300 ml	122.13	➡	0.4071
02490447	<i>pdp-levetiracetam</i>	Pendopharm	300 ml	244.26		0.8142
02515318	<i>Pharma-Levetiracetam</i>	Phmscience	300 ml	122.13	➡	0.4071

Tab.

250 mg **PPB**

02485192	<i>AG-Levetiracetam</i>	Angita	100	32.10	➡	0.3210
			120	38.52	➡	0.3210
02285924	<i>Apo-Levetiracetam</i>	Apotex	100	32.10	➡	0.3210
02375249	<i>Auro-Levetiracetam</i>	AuroPharma	100	32.10	➡	0.3210
			500	160.50	➡	0.3210
02504553	<i>Jamp Levetiracetam Tablets</i>	Jamp	100	32.10	➡	0.3210
02403005	<i>Jamp-Levetiracetam</i>	Jamp	120	38.52	➡	0.3210
02247027	<i>Keppra</i>	U.C.B.	120	96.00		0.8000
02399776	<i>Levetiracetam</i>	Accord	120	38.52	➡	0.3210
02353342	<i>Levetiracetam</i>	Sanis	100	32.10	➡	0.3210
02442531	<i>Levetiracetam</i>	Sivem	100	32.10	➡	0.3210
02442388	<i>Mint-Levetiracetam</i>	Mint	100	32.10	➡	0.3210
02524562	<i>M-Levetiracetam</i>	Mantra Ph.	120	38.52	➡	0.3210
02499193	<i>NRA-Levetiracetam</i>	Nora	120	38.52	➡	0.3210
02296101	<i>pms-Levetiracetam</i>	Phmscience	100	32.10	➡	0.3210
02311372	<i>Pro-Levetiracetam-250</i>	Pro Doc	100	32.10	➡	0.3210
02482274	<i>Riva-Levetiracetam</i>	Riva	100	32.10	➡	0.3210
02461986	<i>Sandoz Levetiracetam</i>	Sandoz	100	32.10	➡	0.3210
02274183	<i>Teva- Levetiracetam</i>	Teva Can	100	32.10	➡	0.3210

Tab.

500 mg **PPB**

02485206	<i>AG-Levetiracetam</i>	Angita	100	39.11	➡	0.3911
			120	46.93	➡	0.3911
02285932	<i>Apo-Levetiracetam</i>	Apotex	100	39.11	➡	0.3911
02375257	<i>Auro-Levetiracetam</i>	AuroPharma	100	39.11	➡	0.3911
			500	195.54	➡	0.3911
02504561	<i>Jamp Levetiracetam Tablets</i>	Jamp	100	39.11	➡	0.3911
02403021	<i>Jamp-Levetiracetam</i>	Jamp	120	46.93	➡	0.3911
02247028	<i>Keppra</i>	U.C.B.	120	117.00		0.9750
02399784	<i>Levetiracetam</i>	Accord	120	46.93	➡	0.3911
02353350	<i>Levetiracetam</i>	Sanis	100	39.11	➡	0.3911
02442558	<i>Levetiracetam</i>	Sivem	100	39.11	➡	0.3911
02442396	<i>Mint-Levetiracetam</i>	Mint	100	39.11	➡	0.3911
02524570	<i>M-Levetiracetam</i>	Mantra Ph.	120	46.93	➡	0.3911
02499207	<i>NRA-Levetiracetam</i>	Nora	120	46.93	➡	0.3911
02296128	<i>pms-Levetiracetam</i>	Phmscience	100	39.11	➡	0.3911
02311380	<i>Pro-Levetiracetam-500</i>	Pro Doc	100	39.11	➡	0.3911
02482282	<i>Riva-Levetiracetam</i>	Riva	100	39.11	➡	0.3911
02461994	<i>Sandoz Levetiracetam</i>	Sandoz	100	39.11	➡	0.3911
02274191	<i>Teva- Levetiracetam</i>	Teva Can	100	39.11	➡	0.3911

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

Tab.

750 mg **PPB**

02485214	<i>AG-Levetiracetam</i>	Angita	100	54.16	➡ 0.5416
			120	64.99	➡ 0.5416
02285940	<i>Apo-Levetiracetam</i>	Apotex	100	54.16	➡ 0.5416
02375265	<i>Auro-Levetiracetam</i>	AuroPharma	100	54.16	➡ 0.5416
			500	270.79	➡ 0.5416
02504588	<i>Jamp Levetiracetam Tablets</i>	Jamp	100	54.16	➡ 0.5416
02403048	<i>Jamp-Levetiracetam</i>	Jamp	120	64.99	➡ 0.5416
02247029	<i>Keppra</i>	U.C.B.	120	162.00	1.3500
02399792	<i>Levetiracetam</i>	Accord	120	64.99	➡ 0.5416
02353369	<i>Levetiracetam</i>	Sanis	100	54.16	➡ 0.5416
02442566	<i>Levetiracetam</i>	Sivem	100	54.16	➡ 0.5416
02442418	<i>Mint-Levetiracetam</i>	Mint	100	54.16	➡ 0.5416
02524589	<i>M-Levetiracetam</i>	Mantra Ph.	120	64.99	➡ 0.5416
02499215	<i>NRA-Levetiracetam</i>	Nora	120	64.99	➡ 0.5416
02296136	<i>pms-Levetiracetam</i>	Phmscience	100	54.16	➡ 0.5416
02311399	<i>Pro-Levetiracetam-750</i>	Pro Doc	100	54.16	➡ 0.5416
02482290	<i>Riva-Levetiracetam</i>	Riva	100	54.16	➡ 0.5416
02462001	<i>Sandoz Levetiracetam</i>	Sandoz	100	54.16	➡ 0.5416
02274205	<i>Teva- Levetiracetam</i>	Teva Can	100	54.16	➡ 0.5416

Tab.

1000 mg

02462028	<i>Sandoz Levetiracetam</i>	Sandoz	100	72.21	0.7221

TOPIRAMATE

Sprinkle caps.

15 mg

02239907	<i>Topamax</i>	Janss. Inc	60	65.11	1.0852

Sprinkle caps.

25 mg

02239908	<i>Topamax</i>	Janss. Inc	60	68.34	1.1390

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

Tab.

25 mg **PPB**

02475936	AG-Topiramate	Angita	100	24.33	➡ 0.2433
02536722	AG-Topiramate	Angita	100	24.33	➡ 0.2433
02279614	Apo-Topiramate	Apotex	100	24.33	➡ 0.2433
02345803	Auro-Topiramate	AuroPharma	60	14.60	➡ 0.2433
			100	24.33	➡ 0.2433
02287765	GLN-Topiramate	Glenmark	100	24.33	➡ 0.2433
02345250	JAMP Topiramate Tablets	Jamp	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
02538466	NRA-Topiramate	Nora	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
02248860	Teva-Topiramate	Teva Can	100	24.33	➡ 0.2433
* 02230893	Topamax	Janss. Inc	100	113.93	➡ W
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 **PPB**

02544377	JAMP Topiramate Tablets	Jamp	100	35.79	➡ 0.3579
02312085	pms-Topiramate	Phmscience	100	35.79	➡ 0.3579

Tab.

100 mg **PPB**

02475944	AG-Topiramate	Angita	100	45.83	➡ 0.4583
02536730	AG-Topiramate Tablets	Angita	100	45.83	➡ 0.4583
02279630	Apo-Topiramate	Apotex	100	45.83	➡ 0.4583
02345838	Auro-Topiramate	AuroPharma	60	27.50	➡ 0.4583
			100	45.83	➡ 0.4583
02287773	GLN-Topiramate	Glenmark	100	45.83	➡ 0.4583
02345269	JAMP Topiramate Tablets	Jamp	100	45.83	➡ 0.4583
02435616	Jamp-Topiramate	Jamp	100	45.83	➡ 0.4583
02432102	Mar-Topiramate	Marcan	100	45.83	➡ 0.4583
02315653	Mint-Topiramate	Mint	100	45.83	➡ 0.4583
02263378	Mylan-Topiramate	Mylan	100	45.83	➡ 0.4583
02538458	NRA-Topiramate	Nora	100	45.83	➡ 0.4583
02263009	pms-Topiramate	Phmscience	100	45.83	➡ 0.4583
02313669	Pro-Topiramate	Pro Doc	100	45.83	➡ 0.4583
02248861	Teva-Topiramate	Teva Can	60	27.50	➡ 0.4583
* 02230894	Topamax	Janss. Inc	60	129.54	➡ W
02395746	Topiramate	Accord	100	45.83	➡ 0.4583
02356864	Topiramate	Sanis	100	45.83	➡ 0.4583
02389487	Topiramate	Sivem	100	45.83	➡ 0.4583

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

Tab.

200 mg **PPB**

02279649	<i>Apo-Topiramate</i>	Apotex	100	67.48	➡	0.6748
02345846	<i>Auro-Topiramate</i>	AuroPharma	60	40.49	➡	0.6748
			100	67.48	➡	0.6748
02287781	<i>GLN-Topiramate</i>	Glenmark	100	67.48	➡	0.6748
02345277	<i>JAMP Topiramate Tablets</i>	Jamp	100	67.48	➡	0.6748
02435624	<i>Jamp-Topiramate</i>	Jamp	100	67.48	➡	0.6748
02432110	<i>Mar-Topiramate</i>	Marcan	100	67.48	➡	0.6748
02315661	<i>Mint-Topiramate</i>	Mint	100	67.48	➡	0.6748
02263386	<i>Mylan-Topiramate</i>	Mylan	100	67.48	➡	0.6748
02538474	<i>NRA-Topiramate</i>	Nora	100	67.48	➡	0.6748
02263017	<i>pms-Topiramate</i>	Phmscience	100	67.48	➡	0.6748
02313677	<i>Pro-Topiramate</i>	Pro Doc	100	67.48	➡	0.6748
02248862	<i>Teva-Topiramate</i>	Teva Can	60	40.49	➡	0.6748
* 02230896	<i>Topamax</i>	Janss. Inc	60	205.08		W
02395754	<i>Topiramate</i>	Accord	100	67.48	➡	0.6748
02356872	<i>Topiramate</i>	Sanis	100	67.48	➡	0.6748
02553880	<i>Topiramate</i>	Sivem	100	67.48	➡	0.6748

VALPROATE SODIUM

Syr.

250 mg/5 mL **PPB**

00443832	<i>Depakene</i>	BGP Pharma	240 ml	22.78		0.0949
02532441	<i>JAMP Valproic Acid Oral Solution</i>	Jamp	450 ml	17.05	➡	0.0379
02549190	<i>Odan-Valproic acid</i>	Odan	450 ml	17.05	➡	0.0379
02236807	<i>pms-Valproic acid</i>	Phmscience	450 ml	17.05	➡	0.0379

VALPROIC ACID

Caps.

250 mg **PPB**

02238048	<i>Apo-Valproic</i>	Apotex	100	29.05	➡	0.2905
02230768	<i>pms-Valproic acid</i>	Phmscience	100	29.05	➡	0.2905

Ent. Caps.

500 mg

02229628	<i>pms-Valproic Acid E.C.</i>	Phmscience	100	63.56		0.6356

VIGABATRIN

Oral Pd.

500 mg/sac.

02068036	<i>Sabril</i>	Lundb Inc	50	44.35		0.8870

Tab.

500 mg

02065819	<i>Sabril</i>	Lundb Inc	100	88.70		0.8870

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

28:16.04

ANTIDEPRESSANTS

AMITRIPTYLINE HYDROCHLORIDE

Tab.

10 mg **PPB**

02403137	<i>Apo-Amitriptyline</i>	Apotex	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
00335053	<i>Elavil</i>	AA Pharma	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
02457679	<i>Jamp-Amitriptyline</i>	Jamp	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
02435527	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
02429861	<i>Mar-Amitriptyline</i>	Marcan	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
00654523	<i>pms-Amitriptyline</i>	Phmscience	100	3.05	➡	0.0305
			1000	30.50	➡	0.0305
00370991	<i>Pro-Amitriptyline</i>	Pro Doc	1000	30.50	➡	0.0305

Tab.

25 mg **PPB**

02403145	<i>Apo-Amitriptyline</i>	Apotex	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
00335061	<i>Elavil</i>	AA Pharma	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
02457695	<i>Jamp-Amitriptyline</i>	Jamp	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
02435535	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
02429888	<i>Mar-Amitriptyline</i>	Marcan	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
00654515	<i>pms-Amitriptyline</i>	Phmscience	100	5.80	➡	0.0580
			1000	58.00	➡	0.0580
00371009	<i>Pro-Amitriptyline</i>	Pro Doc	1000	58.00	➡	0.0580

Tab.

50 mg **PPB**

02403153	<i>Apo-Amitriptyline</i>	Apotex	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
00335088	<i>Elavil</i>	AA Pharma	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
02457687	<i>Jamp-Amitriptyline</i>	Jamp	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
02435543	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
02429896	<i>Mar-Amitriptyline</i>	Marcan	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
00654507	<i>pms-Amitriptyline</i>	Phmscience	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078
00456349	<i>Pro-Amitriptyline</i>	Pro Doc	100	10.78	➡	0.1078
			1000	107.80	➡	0.1078

Tab.

100 mg

02468409	<i>pms-Amitriptyline</i>	Phmscience	100	27.72		0.2772

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

BUPROPION HYDROCHLORIDE

L. A. tab

02238441	<i>Zyban</i> ⁴	Bausch H.	100	150 mg 84.86	0.8486

L.A. Tab.

02275074	<i>Odan Bupropion SR</i>	Odan	60	100 mg 31.56	0.5260

L.A. Tab.

02275082	<i>Odan Bupropion SR</i>	Odan	60	150 mg 55.01	0.9169

L.A. Tab. (24 h)

02475804	<i>Taro-Bupropion XL</i>	Sun Pharma	90	150 mg PPB 13.17 ➡	0.1463
			500	73.15 ➡	0.1463
02439654	<i>Teva-Bupropion XL</i>	Teva Can	90	13.17 ➡	0.1463
			500	73.15 ➡	0.1463
02275090	<i>Wellbutrin XL</i>	Bausch H.	90	47.45	0.5272

L.A. Tab. (24 h)

02475812	<i>Taro-Bupropion XL</i>	Sun Pharma	90	300 mg PPB 26.34 ➡	0.2927
			500	146.35 ➡	0.2927
02439662	<i>Teva-Bupropion XL</i>	Teva Can	90	26.34 ➡	0.2927
			500	146.33 ➡	0.2927
02275104	<i>Wellbutrin XL</i>	Bausch H.	90	94.91	1.0546

CITALOPRAM HYDROMIDE

Tab.

02374617	<i>AG-Citalopram</i>	Angita	100	10 mg PPB 7.15 ➡	0.0715
02448475	<i>Bio-Citalopram</i>	Biomed	100	7.15 ➡	0.0715
02430517	<i>Citalopram</i>	Jamp	100	7.15 ➡	0.0715
02445719	<i>Citalopram</i>	Sanis	100	7.15 ➡	0.0715
02387948	<i>Citalopram</i>	Sivem	100	7.15 ➡	0.0715
02325047	<i>Citalopram-10</i>	Pro Doc	100	7.15 ➡	0.0715
02370085	<i>JAMP-Citalopram</i>	Jamp	100	7.15 ➡	0.0715
02371871	<i>Mar-Citalopram</i>	Marcan	100	7.15 ➡	0.0715
02532123	<i>M-Citalopram</i>	Mantra Ph.	100	7.15 ➡	0.0715
02429691	<i>Mint-Citalopram</i>	Mint	100	7.15 ➡	0.0715
02409003	<i>Natco-Citalopram</i>	Natco	100	7.15 ➡	0.0715
			500	35.75 ➡	0.0715
02555999	<i>NB-Citalopram</i>	NB Pharma	100	7.15 ➡	0.0715
02477637	<i>NRA-Citalopram</i>	Nora	100	7.15 ➡	0.0715
02270609	<i>pms-Citalopram</i>	Phmscience	100	7.15 ➡	0.0715
02303256	<i>Riva-Citalopram</i>	Riva	100	7.15 ➡	0.0715
02312336	<i>Teva-Citalopram</i>	Teva Can	100	7.15 ➡	0.0715

⁴ The duration of reimbursements for anti-smoking treatments with this drug is limited to 12 consecutive weeks per 12-month period.

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

Tab.

20 mg **PPB**

02339390	<i>AG-Citalopram</i>	Angita	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02513684	<i>AG-Citalopram Tablets</i>	Angita	500	60.00	➡	0.1200
02246056	<i>Apo-Citalopram</i>	Apotex	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02275562	<i>Auro-Citalopram</i>	AuroPharma	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02448491	<i>Bio-Citalopram</i>	Biomed	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02239607	<i>Celexa</i>	Lundbeck	30	39.95		1.3317
			100	133.17		1.3317
02430541	<i>Citalopram</i>	Jamp	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02353660	<i>Citalopram</i>	Sanis	100	12.00	➡	0.1200
			500	60.00	➡	0.1200
02387956	<i>Citalopram</i>	Sivem	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02257513	<i>Citalopram-20</i>	Pro Doc	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02313405	<i>JAMP-Citalopram</i>	Jamp	500	60.00	➡	0.1200
02371898	<i>Mar-Citalopram</i>	Marcan	100	12.00	➡	0.1200
			500	60.00	➡	0.1200
02467836	<i>M-Citalopram</i>	Mantra Ph.	500	60.00	➡	0.1200
02429705	<i>Mint-Citalopram</i>	Mint	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02443880	<i>Natco-Citalopram</i>	Natco	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02556006	<i>NB-Citalopram</i>	NB Pharma	500	60.00	➡	0.1200
02477645	<i>NRA-Citalopram</i>	Nora	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02248010	<i>pms-Citalopram</i>	Phmscience	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02303264	<i>Riva-Citalopram</i>	Riva	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02293218	<i>Teva-Citalopram</i>	Teva Can	30	3.60	➡	0.1200
			100	12.00	➡	0.1200

Tab.

30 mg **PPB**

02543060	<i>AG-Citalopram</i>	Angita	100	53.38	➡	0.5338
02296152	<i>CTP 30</i>	Sumitomo	100	53.38	➡	0.5338

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

Tab.

40 mg **PPB**

02339404	<i>AG-Citalopram</i>	Angita	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02513692	<i>AG-Citalopram Tablets</i>	Angita	100	12.00	➡	0.1200
02246057	<i>Apo-Citalopram</i>	Apotex	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02275570	<i>Auro-Citalopram</i>	AuroPharma	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02448513	<i>Bio-Citalopram</i>	Biomed	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02239608	<i>Celexa</i>	Lundbeck	30	39.95		1.3317
02430568	<i>Citalopram</i>	Jamp	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02353679	<i>Citalopram</i>	Sanis	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02387964	<i>Citalopram</i>	Sivem	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02257521	<i>Citalopram-40</i>	Pro Doc	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02313413	<i>JAMP-Citalopram</i>	Jamp	100	12.00	➡	0.1200
02371901	<i>Mar-Citalopram</i>	Marcan	100	12.00	➡	0.1200
02467844	<i>M-Citalopram</i>	Mantra Ph.	100	12.00	➡	0.1200
02429713	<i>Mint-Citalopram</i>	Mint	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02443899	<i>Natco-Citalopram</i>	Natco	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02477653	<i>NRA-Citalopram</i>	Nora	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
02248011	<i>pms-Citalopram</i>	Phmscience	100	12.00	➡	0.1200
			1100	132.00	➡	0.1200
02303272	<i>Riva-Citalopram</i>	Riva	30	3.60	➡	0.1200
			100	12.00	➡	0.1200
02293226	<i>Teva-Citalopram</i>	Teva Can	30	3.60	➡	0.1200
			100	12.00	➡	0.1200

CLOMIPRAMINE HYDROCHLORIDE

Caps. or Tab.

25 mg **PPB**

00324019	<i>Anafranil</i>	Apotex	100	34.17	➡	0.3417
02497506	<i>Taro-Clomipramine</i>	Taro	90	30.75	➡	0.3417

Caps. or Tab.

50 mg **PPB**

00402591	<i>Anafranil</i>	Apotex	100	62.91	➡	0.6291
02497514	<i>Taro-Clomipramine</i>	Taro	90	56.62	➡	0.6291

Tab.

10 mg

00330566	<i>Anafranil</i>	Apotex	100	29.49		0.2949

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

DESIPRAMINE HYDROCHLORIDE

Tab.

				10 mg	
02216248	<i>Desipramine</i>	AA Pharma	100	46.17	0.4617

Tab.

				25 mg	
02216256	<i>Desipramine</i>	AA Pharma	100	43.45	0.4345

Tab.

				100 mg	
02216280	<i>Desipramine</i>	AA Pharma	100	102.96	1.0296

DOXEPIN HYDROCHLORIDE

Caps.

				10 mg	PPB	
* 02049996	<i>Apo-Doxepin</i>	Apotex	100	10.19	➡	0.1019
+ 02559250	<i>Jamp Doxepin</i>	Jamp	100	10.19	➡	0.1019
* 02559080	<i>Mar-Doxepin</i>	Marcan	100	10.19	➡	0.1019
00024325	<i>Sinequan</i>	AA Pharma	100	40.75		0.4075

Caps.

				25 mg	PPB	
* 02050005	<i>Apo-Doxepin</i>	Apotex	100	12.50	➡	0.1250
+ 02559269	<i>Jamp Doxepin</i>	Jamp	100	12.50	➡	0.1250
* 02559099	<i>Mar-Doxepin</i>	Marcan	100	12.50	➡	0.1250
00024333	<i>Sinequan</i>	AA Pharma	100	50.00		0.5000

Caps.

				50 mg	PPB	
* 02050013	<i>Apo-Doxepin</i>	Apotex	100	23.19	➡	0.2319
+ 02559277	<i>Jamp Doxepin</i>	Jamp	100	23.19	➡	0.2319
* 02559102	<i>Mar-Doxepin</i>	Marcan	100	23.19	➡	0.2319
00024341	<i>Sinequan</i>	AA Pharma	100	92.74		0.9274

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

DULOXETINE

L.A. Caps.

30 mg **PPB**

02475308	<i>AG-Duloxetine</i>	Angita	100	48.13	➡	0.4813
02440423	<i>Apo-Duloxetine</i>	Apotex	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02436647	<i>Auro-Duloxetine</i>	AuroPharma	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02507722	<i>Bio-Duloxetine</i>	Biomed	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02481952	<i>Duloxetine</i>	Altamed	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02495082	<i>Duloxetine</i>	Riva	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02490889	<i>Duloxetine</i>	Sanis	100	48.13	➡	0.4813
02453630	<i>Duloxetine</i>	Sivem	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02496496	<i>Jamp Duloxetine</i>	Jamp	100	48.13	➡	0.4813
			500	240.65	➡	0.4813
02451913	<i>Jamp-Duloxetine</i>	Jamp	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02446081	<i>Mar-Duloxetine</i>	Marcan	100	48.13	➡	0.4813
02473208	<i>M-Duloxetine</i>	Mantra Ph.	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02438984	<i>Mint-Duloxetine</i>	Mint	100	48.13	➡	0.4813
02482126	<i>NRA-Duloxetine</i>	Nora	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02429446	<i>pms-Duloxetine</i>	Phmscience	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02452650	<i>Pro-Duloxetine</i>	Pro Doc	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02438259	<i>Ran-Duloxetine</i>	Ranbaxy	100	48.13	➡	0.4813
02439948	<i>Sandoz Duloxetine</i>	Sandoz	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02457199	<i>Taro-Duloxetine</i>	Taro	90	43.32	➡	0.4813
02456753	<i>Teva-Duloxetine</i>	Teva Can	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 PPB		
02475316	<i>AG-Duloxetine</i>	Angita	100	97.69 ➡	0.9769
02440431	<i>Apo-Duloxetine</i>	Apotex	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02436655	<i>Auro-Duloxetine</i>	AuroPharma	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02507765	<i>Bio-Duloxetine</i>	Biomed	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02481960	<i>Duloxetine</i>	Altamed	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02495090	<i>Duloxetine</i>	Riva	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02490897	<i>Duloxetine</i>	Sanis	100	97.69 ➡	0.9769
02453649	<i>Duloxetine</i>	Sivem	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02496518	<i>Jamp Duloxetine</i>	Jamp	100	97.69 ➡	0.9769
02451921	<i>Jamp-Duloxetine</i>	Jamp	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02446103	<i>Mar-Duloxetine</i>	Marcan	100	97.69 ➡	0.9769
			500	488.44 ➡	0.9769
02473216	<i>M-Duloxetine</i>	Mantra Ph.	30	29.31 ➡	0.9769
			500	488.44 ➡	0.9769
02438992	<i>Mint-Duloxetine</i>	Mint	100	97.69 ➡	0.9769
02482134	<i>NRA-Duloxetine</i>	Nora	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02429454	<i>pms-Duloxetine</i>	Phmscience	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02452669	<i>Pro-Duloxetine</i>	Pro Doc	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02438267	<i>Ran-Duloxetine</i>	Ranbaxy	100	97.69 ➡	0.9769
			500	488.44 ➡	0.9769
02439956	<i>Sandoz Duloxetine</i>	Sandoz	30	29.31 ➡	0.9769
			100	97.69 ➡	0.9769
02457202	<i>Taro-Duloxetine</i>	Taro	90	87.92 ➡	0.9769
02456761	<i>Teva-Duloxetine</i>	Teva Can	30	29.31 ➡	0.9769
			90	87.92 ➡	0.9769

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

**ESCITALOPRAM (OXALATE) **

Tab.

 10 mg **PPB**

02434652	<i>ACH-Escitalopram</i>	Accord	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02477742	<i>AG-Escitalopram</i>	Angita	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02510944	<i>AG-Escitalopram</i>	Angita	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02295016	<i>Apo-escitalopram</i>	Apotex	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02397358	<i>Auro-Escitalopram</i>	AuroPharma	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02481154	<i>Bio-Escitalopram</i>	Biomed	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02263238	<i>Ciprallex</i>	Lundbeck	30	67.44		2.2480
			100	224.81		2.2481
02429780	<i>Escitalopram</i>	Jamp	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02424401	<i>Escitalopram</i>	Pro Doc	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02430118	<i>Escitalopram</i>	Sanis	100	31.09	➡	0.3109
			1000	310.90	➡	0.3109
02429039	<i>Escitalopram</i>	Sivem	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02508893	<i>Jamp-Escitalopram</i>	Jamp	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02423480	<i>Mar-Escitalopram</i>	Marcen	100	31.09	➡	0.3109
			500	155.45	➡	0.3109
02471418	<i>M-Escitalopram</i>	Mantra Ph.	30	9.33	➡	0.3109
			500	155.45	➡	0.3109
02407418	<i>Mint-Escitalopram</i>	Mint	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02309467	<i>Mylan-Escitalopram</i>	Mylan	100	31.09	➡	0.3109
02554909	<i>NATCO-Escitalopram</i>	Natco	100	31.09	➡	0.3109
02476851	<i>NRA-Escitalopram</i>	Nora	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02469243	<i>pms-Escitalopram</i>	Phmscience	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02428830	<i>Riva-Escitalopram</i>	Riva	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02364077	<i>Sandoz Escitalopram</i>	Sandoz	30	9.33	➡	0.3109
			100	31.09	➡	0.3109
02385481	<i>Taro-Escitalopram</i>	Sun Pharma	100	31.09	➡	0.3109
			500	155.45	➡	0.3109
02318180	<i>Teva-Escitalopram</i>	Teva Can	30	9.33	➡	0.3109
			100	31.09	➡	0.3109

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

Tab.

20 mg **PPB**

02434660	<i>ACH-Escitalopram</i>	Accord	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02477769	<i>AG-Escitalopram</i>	Angita	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02510952	<i>AG-Escitalopram</i>	Angita	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02295024	<i>Apo-escitalopram</i>	Apotex	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02397374	<i>Auro-Escitalopram</i>	AuroPharma	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02481170	<i>Bio-Escitalopram</i>	Biomed	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02263254	<i>Ciprallex</i>	Lundbeck	30	72.01	2.4003
02429799	<i>Escitalopram</i>	Jamp	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02424428	<i>Escitalopram</i>	Pro Doc	30	9.93	➡ 0.3310
02430126	<i>Escitalopram</i>	Sanis	100	33.10	➡ 0.3310
			1000	331.00	➡ 0.3310
02429047	<i>Escitalopram</i>	Sivem	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02508907	<i>Jamp-Escitalopram</i>	Jamp	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02423502	<i>Mar-Escitalopram</i>	Marcan	100	33.10	➡ 0.3310
			500	165.50	➡ 0.3310
02471426	<i>M-Escitalopram</i>	Mantra Ph.	30	9.93	➡ 0.3310
			500	165.50	➡ 0.3310
02407434	<i>Mint-Escitalopram</i>	Mint	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02309475	<i>Mylan-Escitalopram</i>	Mylan	100	33.10	➡ 0.3310
02554933	<i>NATCO-Escitalopram</i>	Natco	100	33.10	➡ 0.3310
02476878	<i>NRA-Escitalopram</i>	Nora	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02469251	<i>pms-Escitalopram</i>	Phmscience	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02428857	<i>Riva-Escitalopram</i>	Riva	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02364085	<i>Sandoz Escitalopram</i>	Sandoz	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310
02385503	<i>Taro-Escitalopram</i>	Sun Pharma	100	33.10	➡ 0.3310
			500	165.50	➡ 0.3310
02318202	<i>Teva-Escitalopram</i>	Teva Can	30	9.93	➡ 0.3310
			100	33.10	➡ 0.3310

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

FLUOXETINE HYDROCHLORIDE

Caps.

10 mg **PPB**

02485052	AG-Fluoxetine	Angita	100	34.04	➡	0.3404
02216353	Apo-Fluoxetine	Apotex	100	34.04	➡	0.3404
02385627	Auro-Fluoxetine	AuroPharma	100	34.04	➡	0.3404
02448424	Bio-Fluoxetine	Biomed	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
02529432	M-Fluoxetine	Mantra Ph.	100	34.04	➡	0.3404
02380560	Mint-Fluoxetine	Mint	100	34.04	➡	0.3404
02503875	NRA-Fluoxetine	Nora	100	34.04	➡	0.3404
02177579	pms-Fluoxetine	Phmscience	100	34.04	➡	0.3404
02314991	Pro-Fluoxetine	Pro Doc	100	34.04	➡	0.3404
02305461	Riva-Fluoxetine	Riva	100	34.04	➡	0.3404
02216582	Teva-Fluoxetine	Teva Can	100	34.04	➡	0.3404

Caps.

20 mg **PPB**

02485060	AG-Fluoxetine	Angita	100	33.11	➡	0.3311
02216361	Apo-Fluoxetine	Apotex	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02385635	Auro-Fluoxetine	AuroPharma	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02448432	Bio-Fluoxetine	Biomed	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02286076	Fluoxetine	Sanis	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02374455	Fluoxetine	Sivem	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02383241	Fluoxetine BP	Accord	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02386402	Jamp-Fluoxetine	Jamp	100	33.11	➡	0.3311
02392917	Mar-Fluoxetine	Marcan	100	33.11	➡	0.3311
02529440	M-Fluoxetine	Mantra Ph.	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02380579	Mint-Fluoxetine	Mint	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02503883	NRA-Fluoxetine	Nora	100	33.11	➡	0.3311
02177587	pms-Fluoxetine	Phmscience	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02315009	Pro-Fluoxetine	Pro Doc	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02305488	Riva-Fluoxetine	Riva	100	33.11	➡	0.3311
			500	165.55	➡	0.3311
02216590	Teva-Fluoxetine	Teva Can	100	33.11	➡	0.3311
			500	165.55	➡	0.3311

Caps.

40 mg

02464640	pms-Fluoxetine	Phmscience	100	66.22		0.6622

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

Caps.

60 mg

02464659	<i>pms-Fluoxetine</i>	Phmscience	100	99.33	0.9933

Oral Sol.

20 mg/5 mL

PPB

02231328	<i>Fluoxetine</i>	Apotex	120 ml	25.90	➡	0.2158
02546752	<i>JAMP Fluoxetine Solution</i>	Jamp	120 ml	25.90	➡	0.2158
02459361	<i>Odan-Fluoxetine</i>	Odan	120 ml	25.90	➡	0.2158

FLUVOXAMINE MALEATE

Tab.

50 mg

PPB

02231329	<i>Apo-Fluvoxamine</i>	Apotex	100	54.10	➡	0.5410
01919342	<i>Luvox</i>	BGP Pharma	30	25.90	➡	0.8633
02255529	<i>Teva-Fluvoxamine</i>	Teva Can	100	54.10	➡	0.5410

Tab.

100 mg

PPB

02231330	<i>Apo-Fluvoxamine</i>	Apotex	100	97.28	➡	0.9728
01919369	<i>Luvox</i>	BGP Pharma	30	46.58	➡	1.5527
02255537	<i>Teva-Fluvoxamine</i>	Teva Can	100	97.28	➡	0.9728

IMIPRAMINE HYDROCHLORIDE

Tab.

10 mg

PPB

00360201	<i>Apo-Imipramine Tablets</i>	Apotex	100	12.57	➡	0.1257
02546337	<i>JAMP Imipramine</i>	Jamp	100	12.57	➡	0.1257

Tab.

25 mg

PPB

00312797	<i>Apo-Imipramine Tablets</i>	Apotex	100	23.16	➡	0.2316
02546345	<i>JAMP Imipramine</i>	Jamp	100	23.16	➡	0.2316

Tab.

50 mg

PPB

00326852	<i>Apo-Imipramine Tablets</i>	Apotex	100	45.19	➡	0.4519
02546353	<i>JAMP Imipramine</i>	Jamp	100	45.19	➡	0.4519

Tab.

75 mg

PPB

00644579	<i>Apo-Imipramine Tablets</i>	Apotex	100	72.43	➡	0.7243
02546361	<i>JAMP Imipramine</i>	Jamp	100	72.43	➡	0.7243

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

L-TRYPTOPHANE

Caps. or Tab.

500 mg **PPB**

02248540	<i>Apo-Tryptophan (Caps.)</i>	Apotex	100	35.63	➡ 0.3563
02248538	<i>Apo-Tryptophan (Tab.)</i>	Apotex	100	35.63	➡ 0.3563
02240333	<i>Teva-Tryptophan</i>	Teva Can	100	35.63	W
02240334	<i>Teva-Tryptophan</i>	Teva Can	100	35.63	W
00718149	<i>Tryptan (Caps)</i>	Bausch H.	100	67.86	0.6786
02029456	<i>Tryptan (Co.)</i>	Bausch H.	100	67.86	0.6786

Tab.

1 g **PPB**

02248539	<i>Apo-Tryptophan (Tab.)</i>	Apotex	100	91.31	➡ 0.9131
02237250	<i>Teva-Tryptophan</i>	Teva Can	100	91.31	W
			250	228.28	W
00654531	<i>Tryptan (Co.)</i>	Bausch H.	100	135.72	1.3572

Tab.

250 mg

02239326	<i>Tryptan (Co.)</i>	Bausch H.	100	33.93	0.3393

Tab.

750 mg **PPB**

02458721	<i>Apo-Tryptophan</i>	Apotex	100	98.89	➡ 0.9889
02239327	<i>Tryptan (Co.)</i>	Bausch H.	100	101.79	1.0179

MIRTAZAPINE

Tab. Oral Disint. or Tab.

15 mg **PPB**

02286610	<i>Apo-Mirtazapine</i>	Apotex	30	2.92	➡ 0.0974
02411695	<i>Auro-Mirtazapine</i>	AuroPharma	30	2.92	➡ 0.0974
			50	4.87	➡ 0.0974
02299801	<i>Auro-Mirtazapine OD</i>	AuroPharma	30	2.92	➡ 0.0974
02532689	<i>Mirtazapine</i>	Sanis	100	9.74	➡ 0.0974
02496666	<i>Mirtazapine</i>	Sivem	30	2.92	➡ 0.0974
			100	9.74	➡ 0.0974
02256096	<i>Mylan-Mirtazapine</i>	Mylan	100	9.74	➡ 0.0974
02534924	<i>NRA-Mirtazapine</i>	Nora	100	9.74	➡ 0.0974
02273942	<i>pms-Mirtazapine</i>	Phmscience	100	9.74	➡ 0.0974
02312778	<i>Pro-Mirtazapine</i>	Pro Doc	100	9.74	➡ 0.0974
02248542	<i>Remeron RD</i>	Organon	30	12.22	0.4073
02250594	<i>Sandoz Mirtazapine</i>	Sandoz	50	4.87	➡ 0.0974
02541572	<i>Teva-Mirtazapine</i>	Teva Can	30	2.92	➡ 0.0974
			100	9.74	➡ 0.0974

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

Tab. Oral Disint. or Tab.

30 mg **PPB**

02286629	<i>Apo-Mirtazapine</i>	Apotex	100	19.50	➡	0.1950
02411709	<i>Auro-Mirtazapine</i>	AuroPharma	30	5.85	➡	0.1950
			100	19.50	➡	0.1950
02299828	<i>Auro-Mirtazapine OD</i>	AuroPharma	30	5.85	➡	0.1950
02368579	<i>Jamp-Mirtazapine</i>	Jamp	100	19.50	➡	0.1950
02370689	<i>Mirtazapine</i>	Sanis	100	19.50	➡	0.1950
02496674	<i>Mirtazapine</i>	Sivem	30	5.85	➡	0.1950
			100	19.50	➡	0.1950
02256118	<i>Mylan-Mirtazapine</i>	Mylan	100	19.50	➡	0.1950
02534932	<i>NRA-Mirtazapine</i>	Nora	100	19.50	➡	0.1950
02248762	<i>pms-Mirtazapine</i>	Phmscience	30	5.85	➡	0.1950
			100	19.50	➡	0.1950
02312786	<i>Pro-Mirtazapine</i>	Pro Doc	100	19.50	➡	0.1950
02243910	<i>Remeron</i>	Organon	30	38.86		1.2953
02248543	<i>Remeron RD</i>	Organon	30	24.43		0.8143
02250608	<i>Sandoz Mirtazapine</i>	Sandoz	100	19.50	➡	0.1950
02259354	<i>Teva-Mirtazapine</i>	Teva Can	100	19.50	➡	0.1950

Tab. Oral Disint. or Tab.

45 mg **PPB**

02286637	<i>Apo-Mirtazapine</i>	Apotex	30	8.78	➡	0.2925
02411717	<i>Auro-Mirtazapine</i>	AuroPharma	30	8.78	➡	0.2925
			100	29.25	➡	0.2925
02299836	<i>Auro-Mirtazapine OD</i>	AuroPharma	30	8.78	➡	0.2925
02496682	<i>Mirtazapine</i>	Sivem	30	8.78	➡	0.2925
02256126	<i>Mylan-Mirtazapine</i>	Mylan	100	29.25	➡	0.2925
02534940	<i>NRA-Mirtazapine</i>	Nora	30	8.78	➡	0.2925
02248544	<i>Remeron RD</i>	Organon	30	36.66		1.2220
02541580	<i>Teva-Mirtazapine</i>	Teva Can	30	8.78	➡	0.2925
			100	29.25	➡	0.2925

MOCLOBÉMID

Tab.

100 mg

02232148	<i>Moclobemide</i>	AA Pharma	100	34.00		0.3400

NORTRIPTYLINE HYDROCHLORIDE

Caps.

10 mg

00015229	<i>Aventyl</i>	AA Pharma	100	29.95		0.2995

Caps.

25 mg

00015237	<i>Aventyl</i>	AA Pharma	100	60.54		0.6054

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

PAROXÉTINE HYDROCHLORIDE

Tab.

10 mg **PPB**

02475537	<i>AG-Paroxetine</i>	Angita	100	30.46	➡	0.3046
02510480	<i>AG-Paroxetine</i>	Angita	100	30.46	➡	0.3046
02240907	<i>Apo-Paroxetine</i>	Apotex	100	30.46	➡	0.3046
02383276	<i>Auro-Paroxetine</i>	AuroPharma	100	30.46	➡	0.3046
02444909	<i>Bio-Paroxetine</i>	Biomed	100	30.46	➡	0.3046
02507773	<i>JAMP Paroxetine</i>	Jamp	100	30.46	➡	0.3046
02368862	<i>Jamp-Paroxetine</i>	Jamp	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02411946	<i>Mar-Paroxetine</i>	Marcan	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02421372	<i>Mint-Paroxetine</i>	Mint	100	30.46	➡	0.3046
02467402	<i>M-Paroxetine</i>	Mantra Ph.	100	30.46	➡	0.3046
02479753	<i>NRA-Paroxetine</i>	Nora	100	30.46	➡	0.3046
02477823	<i>Paroxetine</i>	Altamed	100	30.46	➡	0.3046
02282844	<i>Paroxetine</i>	Sanis	100	30.46	➡	0.3046
02388227	<i>Paroxetine</i>	Sivem	100	30.46	➡	0.3046
02247750	<i>pms-Paroxetine</i>	Phmscience	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02248913	<i>Pro-Paroxetine</i>	Pro Doc	100	30.46	➡	0.3046
02248559	<i>Riva-Paroxetine</i>	Riva	100	30.46	➡	0.3046
			250	76.15	➡	0.3046
02248556	<i>Teva-Paroxetine</i>	Teva Can	100	30.46	➡	0.3046

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

Tab.

20 mg **PPB**

02475545	<i>AG-Paroxetine</i>	Angita	100	32.50	➡	0.3250
02510499	<i>AG-Paroxetine</i>	Angita	100	32.50	➡	0.3250
02240908	<i>Apo-Paroxetine</i>	Apotex	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02383284	<i>Auro-Paroxetine</i>	AuroPharma	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02444917	<i>Bio-Paroxetine</i>	Biomed	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02507781	<i>JAMP Paroxetine</i>	Jamp	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02368870	<i>Jamp-Paroxetine</i>	Jamp	30	9.75	➡	0.3250
			100	32.50	➡	0.3250
02411954	<i>Mar-Paroxetine</i>	Marcan	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02421380	<i>Mint-Paroxetine</i>	Mint	100	32.50	➡	0.3250
02467410	<i>M-Paroxetine</i>	Mantra Ph.	100	32.50	➡	0.3250
02479761	<i>NRA-Paroxetine</i>	Nora	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02477831	<i>Paroxetine</i>	Altamed	500	162.50	➡	0.3250
02282852	<i>Paroxetine</i>	Sanis	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02388235	<i>Paroxetine</i>	Sivem	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
01940481	<i>Paxil</i>	GSK	100	168.07		1.6807
02247751	<i>pms-Paroxetine</i>	Phmscience	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02248914	<i>Pro-Paroxetine</i>	Pro Doc	30	9.75	➡	0.3250
			500	162.50	➡	0.3250
02248560	<i>Riva-Paroxetine</i>	Riva	100	32.50	➡	0.3250
			500	162.50	➡	0.3250
02248557	<i>Teva-Paroxetine</i>	Teva Can	100	32.50	➡	0.3250
			500	162.50	➡	0.3250

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

Tab.

30 mg **PPB**

02475553	AG-Paroxetine	Angita	100	34.53	➡	0.3453
02510510	AG-Paroxetine	Angita	100	34.53	➡	0.3453
02240909	Apo-Paroxetine	Apotex	100	34.53	➡	0.3453
02383292	Auro-Paroxetine	AuroPharma	100	34.53	➡	0.3453
02444925	Bio-Paroxetine	Biomed	100	34.53	➡	0.3453
02507803	JAMP Paroxetine	Jamp	100	34.53	➡	0.3453
02368889	Jamp-Paroxetine	Jamp	30	10.36	➡	0.3453
			100	34.53	➡	0.3453
02411962	Mar-Paroxetine	Marcan	30	10.36	➡	0.3453
			100	34.53	➡	0.3453
02421399	Mint-Paroxetine	Mint	100	34.53	➡	0.3453
02467429	M-Paroxetine	Mantra Ph.	100	34.53	➡	0.3453
02479788	NRA-Paroxetine	Nora	100	34.53	➡	0.3453
02477858	Paroxetine	Altamed	100	34.53	➡	0.3453
02282860	Paroxetine	Sanis	100	34.53	➡	0.3453
02388243	Paroxetine	Sivem	100	34.53	➡	0.3453
01940473	Paxil	GSK	30	53.59		1.7863
02247752	pms-Paroxetine	Phmscience	30	10.36	➡	0.3453
			100	34.53	➡	0.3453
02248915	Pro-Paroxetine	Pro Doc	100	34.53	➡	0.3453
02248561	Riva-Paroxetine	Riva	100	34.53	➡	0.3453
			250	86.33	➡	0.3453
02248558	Teva-Paroxetine	Teva Can	100	34.53	➡	0.3453

PHENELZINE SULFATE

Tab.

15 mg

00476552	Nardil	Search Phm	60	22.22		0.3703

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

SERTRALINE HYDROCHLORIDE

Caps.

25 mg **PPB**

02477882	<i>AG-Sertraline</i>	Angita	100	15.16	➡	0.1516
02238280	<i>Apo-Sertraline</i>	Apotex	100	15.16	➡	0.1516
02390906	<i>Auro-Sertraline</i>	AuroPharma	100	15.16	➡	0.1516
			250	37.90	➡	0.1516
02445042	<i>Bio-Sertraline</i>	Biomed	100	15.16	➡	0.1516
02399415	<i>Mar-Sertraline</i>	Marcan	100	15.16	➡	0.1516
02402378	<i>Mint-Sertraline</i>	Mint	100	15.16	➡	0.1516
02530937	<i>M-Sertraline</i>	Mantra Ph.	100	15.16	➡	0.1516
			500	75.80	➡	0.1516
02556235	<i>NB-Sertraline</i>	NB Pharma	100	15.16	➡	0.1516
02488434	<i>NRA-Sertraline</i>	Nora	100	15.16	➡	0.1516
			500	75.80	➡	0.1516
02244838	<i>pms-Sertraline</i>	Phmscience	100	15.16	➡	0.1516
			1400	212.24	➡	0.1516
02248496	<i>Riva-Sertraline</i>	Riva	100	15.16	➡	0.1516
			250	37.90	➡	0.1516
02537249	<i>Sertraline</i>	Altamed	100	15.16	➡	0.1516
02469626	<i>Sertraline</i>	Jamp	100	15.16	➡	0.1516
02353520	<i>Sertraline</i>	Sanis	100	15.16	➡	0.1516
02386070	<i>Sertraline</i>	Sivem	100	15.16	➡	0.1516
02241302	<i>Sertraline-25</i>	Pro Doc	100	15.16	➡	0.1516
02240485	<i>Teva-Sertraline</i>	Teva Can	100	15.16	➡	0.1516
02132702	<i>Zoloft</i>	BGP Pharma	100	83.18		0.8318

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			50 mg PPB		
02477890	<i>AG-Sertraline</i>	Angita	100	30.32	➡ 0.3032
02238281	<i>Apo-Sertraline</i>	Apotex	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02390914	<i>Auro-Sertraline</i>	AuroPharma	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02445050	<i>Bio-Sertraline</i>	Biomed	100	30.32	➡ 0.3032
02399423	<i>Mar-Sertraline</i>	Marcan	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02402394	<i>Mint-Sertraline</i>	Mint	100	30.32	➡ 0.3032
02530945	<i>M-Sertraline</i>	Mantra Ph.	100	30.32	➡ 0.3032
			500	151.60	➡ 0.3032
02556243	<i>NB-Sertraline</i>	NB Pharma	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02488442	<i>NRA-Sertraline</i>	Nora	100	30.32	➡ 0.3032
			500	151.60	➡ 0.3032
02244839	<i>pms-Sertraline</i>	Phmscience	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02248497	<i>Riva-Sertraline</i>	Riva	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02537265	<i>Sertraline</i>	Altamed	100	30.32	➡ 0.3032
02469634	<i>Sertraline</i>	Jamp	100	30.32	➡ 0.3032
02353539	<i>Sertraline</i>	Sanis	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
02386089	<i>Sertraline</i>	Sivem	100	30.32	➡ 0.3032
02241303	<i>Sertraline-50</i>	Pro Doc	250	75.80	➡ 0.3032
02240484	<i>Teva-Sertraline</i>	Teva Can	100	30.32	➡ 0.3032
			250	75.80	➡ 0.3032
01962817	<i>Zoloft</i>	BGP Pharma	100	166.34	➡ 1.6634
			250	415.86	➡ 1.6634

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 100 mg PPB					
02477904	<i>AG-Sertraline</i>	Angita	100	33.03	➡ 0.3303
02238282	<i>Apo-Sertraline</i>	Apotex	100	33.03	➡ 0.3303
02390922	<i>Auro-Sertraline</i>	AuroPharma	100	33.03	➡ 0.3303
			250	82.58	➡ 0.3303
02445069	<i>Bio-Sertraline</i>	Biomed	100	33.03	➡ 0.3303
02399431	<i>Mar-Sertraline</i>	Marcan	100	33.03	➡ 0.3303
			250	82.58	➡ 0.3303
02402408	<i>Mint-Sertraline</i>	Mint	100	33.03	➡ 0.3303
02530953	<i>M-Sertraline</i>	Mantra Ph.	100	33.03	➡ 0.3303
			500	165.15	➡ 0.3303
02556251	<i>NB-Sertraline</i>	NB Pharma	100	33.03	➡ 0.3303
02488450	<i>NRA-Sertraline</i>	Nora	100	33.03	➡ 0.3303
			500	165.15	➡ 0.3303
02244840	<i>pms-Sertraline</i>	Phmscience	100	33.03	➡ 0.3303
			800	264.24	➡ 0.3303
02248498	<i>Riva-Sertraline</i>	Riva	100	33.03	➡ 0.3303
			250	82.58	➡ 0.3303
02537281	<i>Sertraline</i>	Altamed	100	33.03	➡ 0.3303
02469642	<i>Sertraline</i>	Jamp	100	33.03	➡ 0.3303
02353547	<i>Sertraline</i>	Sanis	100	33.03	➡ 0.3303
			250	82.58	➡ 0.3303
02386097	<i>Sertraline</i>	Sivem	100	33.03	➡ 0.3303
02241304	<i>Sertraline-100</i>	Pro Doc	100	33.03	➡ 0.3303
			250	82.58	➡ 0.3303
02240481	<i>Teva-Sertraline</i>	Teva Can	100	33.03	➡ 0.3303
01962779	<i>Zoloft</i>	BGP Pharma	100	174.66	➡ 1.7466

TRANLYCYPROMINE SULFATE

Tab. 10 mg					
01919598	<i>Parnate</i>	GSK	100	36.05	➡ 0.3605

TRAZODONE HYDROCHLORIDE

Tab. 50 mg PPB					
02537907	<i>AG-Trazodone</i>	Angita	500	27.68	➡ 0.0554
02147637	<i>Apo-Trazodone</i>	Apotex	100	5.54	➡ 0.0554
02442809	<i>Jamp Trazodone</i>	Jamp	100	5.54	➡ 0.0554
			500	27.68	➡ 0.0554
01937227	<i>pms-Trazodone</i>	Phmscience	100	5.54	➡ 0.0554
			1500	83.04	➡ 0.0554
02144263	<i>Teva-Trazodone</i>	Teva Can	100	5.54	➡ 0.0554
			500	27.68	➡ 0.0554
02348772	<i>Trazodone</i>	Sanis	100	5.54	➡ 0.0554
			500	27.68	➡ 0.0554
02164353	<i>Trazodone-50</i>	Pro Doc	100	5.54	➡ 0.0554
			250	13.84	➡ 0.0554

Tab. 75 mg					
02237339	<i>pms-Trazodone</i>	Phmscience	100	33.66	➡ 0.3366

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

Tab.

100 mg **PPB**

02537915	<i>AG-Trazodone</i>	Angita	100	9.89	➡	0.0989
02147645	<i>Apo-Trazodone</i>	Apotex	100	9.89	➡	0.0989
02442817	<i>Jamp Trazodone</i>	Jamp	100	9.89	➡	0.0989
			500	49.45	➡	0.0989
01937235	<i>pms-Trazodone</i>	Phmscience	100	9.89	➡	0.0989
			500	49.45	➡	0.0989
02144271	<i>Teva-Trazodone</i>	Teva Can	100	9.89	➡	0.0989
			500	49.45	➡	0.0989
02348780	<i>Trazodone</i>	Sanis	100	9.89	➡	0.0989
02164361	<i>Trazodone-100</i>	Pro Doc	100	9.89	➡	0.0989

Tab.

150 mg **PPB**

02537923	<i>AG-Trazodone</i>	Angita	100	14.53	➡	0.1453
02147653	<i>Apo-Trazodone D</i>	Apotex	100	14.53	➡	0.1453
02442825	<i>Jamp Trazodone</i>	Jamp	100	14.53	➡	0.1453
02144298	<i>Teva-Trazodone</i>	Teva Can	100	14.53	➡	0.1453
02348799	<i>Trazodone</i>	Sanis	100	14.53	➡	0.1453
02164388	<i>Trazodone-150 D</i>	Pro Doc	100	14.53	➡	0.1453

TRIMIPRAMINE

Caps.

75 mg

02070987	<i>Trimipramine</i>	AA Pharma	100	78.00		0.7800

Tab.

12.5 mg

00740799	<i>Trimip</i>	AA Pharma	100	21.56		0.2156

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

VENLAFAXINE CHLORHYDRATE

L.A. Caps.

37.5 mg **PPB**

02304317	ACT Venlafaxine XR	Teva Can	100	9.13	➡	0.0913
02331683	Apo-Venlafaxine XR	Apotex	100	9.13	➡	0.0913
			500	45.65	➡	0.0913
02452839	Auro-Venlafaxine XR	AuroPharma	100	9.13	➡	0.0913
			500	45.65	➡	0.0913
02237279	Effexor XR	BGP Pharma	90	75.51		0.8390
02522977	Mint-Venlafaxine XR	Mint	100	9.13	➡	0.0913
02471280	M-Venlafaxine XR	Mantra Ph.	100	9.13	➡	0.0913
			500	45.65	➡	0.0913
02521466	pmsc-Venlafaxine XR	Phmscience	100	9.13	➡	0.0913
02310317	Sandoz Venlafaxine XR	Sandoz	100	9.13	➡	0.0913
02380072	Taro-Venlafaxine XR	Sun Pharma	100	9.13	➡	0.0913
			500	45.65	➡	0.0913
02275023	Teva-Venlafaxine XR	Teva Can	100	9.13		W
02516535	Venlafaxine XR	Jamp	100	9.13	➡	0.0913
			500	45.65	➡	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

L.A. Caps.

75 mg **PPB**

02304325	ACT Venlafaxine XR	Teva Can	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02331691	Apo-Venlafaxine XR	Apotex	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02452847	Auro-Venlafaxine XR	AuroPharma	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02237280	Effexor XR	BGP Pharma	90	151.01		1.6779
02522985	Mint-Venlafaxine XR	Mint	500	91.25	➡	0.1825
02471299	M-Venlafaxine XR	Mantra Ph.	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02521482	pmsc-Venlafaxine XR	Phmscience	500	91.25	➡	0.1825
02310325	Sandoz Venlafaxine XR	Sandoz	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02380080	Taro-Venlafaxine XR	Sun Pharma	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02275031	Teva-Venlafaxine XR	Teva Can	100	18.25		W
			500	91.25		W
02516543	Venlafaxine XR	Jamp	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02339250	Venlafaxine XR	Pro Doc	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02489686	Venlafaxine XR	Riva	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02354721	Venlafaxine XR	Sanis	100	18.25	➡	0.1825
			500	91.25	➡	0.1825
02385937	Venlafaxine XR	Sivem	100	18.25	➡	0.1825
			500	91.25	➡	0.1825

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			150 mg PPB		
02304333	ACT Venlafaxine XR	Teva Can	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02331705	Apo-Venlafaxine XR	Apotex	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02452855	Auro-Venlafaxine XR	AuroPharma	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02237282	Effexor XR	BGP Pharma	90	159.72	1.7747
02522993	Mint-Venlafaxine XR	Mint	500	96.35	➡ 0.1927
02471302	M-Venlafaxine XR	Mantra Ph.	500	96.35	➡ 0.1927
02521474	pmsc-Venlafaxine XR	Phmscience	500	96.35	➡ 0.1927
02310333	Sandoz Venlafaxine XR	Sandoz	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02380099	Taro-Venlafaxine XR	Sun Pharma	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02275058	Teva-Venlafaxine XR	Teva Can	100	19.27	W
			500	96.35	W
02516551	Venlafaxine XR	Jamp	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02339269	Venlafaxine XR	Pro Doc	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02489694	Venlafaxine XR	Riva	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02354748	Venlafaxine XR	Sanis	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927
02385945	Venlafaxine XR	Sivem	100	19.27	➡ 0.1927
			500	96.35	➡ 0.1927

VORTIOXETINE (HYDROBROMIDE)

Tab.			5 mg PPB		
02552744	Apo-Vortioxetine	Apotex	100	158.53	➡ 1.5853
02432919	Trintellix	Lundbeck	28	78.81	2.8148

Tab.			10 mg PPB		
02552752	Apo-Vortioxetine	Apotex	100	166.06	➡ 1.6606
02432927	Trintellix	Lundbeck	28	82.56	2.9484

Tab.			20 mg PPB		
02552779	Apo-Vortioxetine	Apotex	100	180.28	➡ 1.8028
02432943	Trintellix	Lundbeck	28	89.63	3.2011

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ANTIPSYCHOTICS

ARIPRAZOLE

I.M. Inj. Pd.			300 mg		
02420864	Abilify Maintena	Otsuka Can	1	456.18	

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

I.M. Inj. Pd.

400 mg

02420872	<i>Abilify Maintena</i>	Otsuka Can	1	456.18	

I.M. Inj. Susp. (syr)

720 mg/2.4 mL

02554569	<i>Abilify Asimtufii</i>	Otsuka Can	1	912.36	

I.M. Inj. Susp. (syr)

960 mg/3.2 mL

02554577	<i>Abilify Asimtufii</i>	Otsuka Can	1	912.36	

Tab.

2 mg **PPB**

02322374	<i>Abilify</i>	Otsuka Can	30	87.42		2.9140
02448173	<i>AG-Aripiprazole</i>	Angita	100	80.92	➡	0.8092
02471086	<i>Apo-Aripiprazole</i>	Apotex	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02488000	<i>Aripiprazole</i>	Pro Doc	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02506688	<i>Aripiprazole</i>	Sanis	100	80.92	➡	0.8092
02534320	<i>Aripiprazole</i>	Sivem	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02460025	<i>Auro-Aripiprazole</i>	AuroPharma	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02553163	<i>JAMP Aripiprazole</i>	Jamp	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02483556	<i>Mint-Aripiprazole</i>	Mint	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02472201	<i>NRA-Aripiprazole</i>	Nora	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02466635	<i>pms-Aripiprazole</i>	Phmscience	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02479346	<i>Riva-Aripiprazole</i>	Riva	30	24.28	➡	0.8092
			100	80.92	➡	0.8092
02473658	<i>Sandoz Aripiprazole</i>	Sandoz	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	<i>Abilify</i>	Otsuka Can	30	98.40	3.2800
02448181	<i>AG-Aripiprazole</i>	Angita	100	90.46 ➡	0.9046
02471094	<i>Apo-Aripiprazole</i>	Apotex	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02488019	<i>Aripiprazole</i>	Pro Doc	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02506718	<i>Aripiprazole</i>	Sanis	100	90.46 ➡	0.9046
02534339	<i>Aripiprazole</i>	Sivem	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02460033	<i>Auro-Aripiprazole</i>	AuroPharma	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02553171	<i>JAMP Aripiprazole</i>	Jamp	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02483564	<i>Mint-Aripiprazole</i>	Mint	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02472228	<i>NRA-Aripiprazole</i>	Nora	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02466643	<i>pms-Aripiprazole</i>	Phmscience	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02479354	<i>Riva-Aripiprazole</i>	Riva	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046
02473666	<i>Sandoz Aripiprazole</i>	Sandoz	30	27.14 ➡	0.9046
			100	90.46 ➡	0.9046

Tab.

10 mg **PPB**

02322390	<i>Abilify</i>	Otsuka Can	30	113.40	3.7800
02448203	<i>AG-Aripiprazole</i>	Angita	100	107.54 ➡	1.0754
02471108	<i>Apo-Aripiprazole</i>	Apotex	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02488027	<i>Aripiprazole</i>	Pro Doc	30	32.26 ➡	1.0754
02506726	<i>Aripiprazole</i>	Sanis	100	107.54 ➡	1.0754
02534347	<i>Aripiprazole</i>	Sivem	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02460041	<i>Auro-Aripiprazole</i>	AuroPharma	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02553198	<i>JAMP Aripiprazole</i>	Jamp	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02483572	<i>Mint-Aripiprazole</i>	Mint	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02472244	<i>NRA-Aripiprazole</i>	Nora	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02466651	<i>pms-Aripiprazole</i>	Phmscience	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02479362	<i>Riva-Aripiprazole</i>	Riva	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754
02473674	<i>Sandoz Aripiprazole</i>	Sandoz	30	32.26 ➡	1.0754
			100	107.54 ➡	1.0754

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

Tab.

15 mg **PPB**

02322404	<i>Abilify</i>	Otsuka Can	30	113.40	3.7800
02448211	<i>AG-Aripiprazole</i>	Angita	100	126.92 ➡	1.2692
02471116	<i>Apo-Aripiprazole</i>	Apotex	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02488035	<i>Aripiprazole</i>	Pro Doc	30	38.08 ➡	1.2692
02506734	<i>Aripiprazole</i>	Sanis	100	126.92 ➡	1.2692
02534355	<i>Aripiprazole</i>	Sivem	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02460068	<i>Auro-Aripiprazole</i>	AuroPharma	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02553201	<i>JAMP Aripiprazole</i>	Jamp	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02483580	<i>Mint-Aripiprazole</i>	Mint	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02472252	<i>NRA-Aripiprazole</i>	Nora	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02466678	<i>pms-Aripiprazole</i>	Phmscience	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692
02479370	<i>Riva-Aripiprazole</i>	Riva	30	38.08 ➡	1.2692
02473682	<i>Sandoz Aripiprazole</i>	Sandoz	30	38.08 ➡	1.2692
			100	126.92 ➡	1.2692

Tab.

20 mg **PPB**

02322412	<i>Abilify</i>	Otsuka Can	30	113.40	3.7800
02448238	<i>AG-Aripiprazole</i>	Angita	100	100.17 ➡	1.0017
02471124	<i>Apo-Aripiprazole</i>	Apotex	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02488043	<i>Aripiprazole</i>	Pro Doc	30	30.05 ➡	1.0017
02506750	<i>Aripiprazole</i>	Sanis	100	100.17 ➡	1.0017
02534363	<i>Aripiprazole</i>	Sivem	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02460076	<i>Auro-Aripiprazole</i>	AuroPharma	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02553228	<i>JAMP Aripiprazole</i>	Jamp	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02483599	<i>Mint-Aripiprazole</i>	Mint	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02472260	<i>NRA-Aripiprazole</i>	Nora	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02466686	<i>pms-Aripiprazole</i>	Phmscience	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02479389	<i>Riva-Aripiprazole</i>	Riva	30	30.05 ➡	1.0017
02473690	<i>Sandoz Aripiprazole</i>	Sandoz	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017

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

Tab.

30 mg **PPB**

02322455	<i>Abilify</i>	Otsuka Can	30	113.40	3.7800
02448246	<i>AG-Aripiprazole</i>	Angita	30	30.05 ➡	1.0017
02471132	<i>Apo-Aripiprazole</i>	Apotex	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02488051	<i>Aripiprazole</i>	Pro Doc	30	30.05 ➡	1.0017
02506785	<i>Aripiprazole</i>	Sanis	100	100.17 ➡	1.0017
02534371	<i>Aripiprazole</i>	Sivem	30	30.05 ➡	1.0017
02460084	<i>Auro-Aripiprazole</i>	AuroPharma	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02553236	<i>JAMP Aripiprazole</i>	Jamp	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02483602	<i>Mint-Aripiprazole</i>	Mint	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02472279	<i>NRA-Aripiprazole</i>	Nora	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02466694	<i>pms-Aripiprazole</i>	Phmscience	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017
02479397	<i>Riva-Aripiprazole</i>	Riva	30	30.05 ➡	1.0017
02473704	<i>Sandoz Aripiprazole</i>	Sandoz	30	30.05 ➡	1.0017
			100	100.17 ➡	1.0017

CHLORPROMAZINE HYDROCHLORIDE

Tab.

25 mg

00232823	<i>Teva-Chlorpromazine</i>	Teva Can	100	24.54	0.2454
			500	122.70	0.2454

Tab.

50 mg

00232807	<i>Teva-Chlorpromazine</i>	Teva Can	100	28.08	0.2808
			500	140.40	0.2808

Tab.

100 mg

00232831	<i>Teva-Chlorpromazine</i>	Teva Can	100	74.75	0.7475
			500	373.75	0.7475

CLOZAPIN

Oral Diss. tab.

12.5 mg

02554631	<i>Gen-Clozapine</i>	Mylan	100	32.97	0.3297

Tab. or Tab. Oral Disint.

25 mg **PPB**

02248034	<i>AA-Clozapine</i>	AA Pharma	100	65.94 ➡	0.6594
00894737	<i>Clozaril</i>	HLS	100	94.20	0.9420
02247243	<i>Gen-Clozapine</i>	Mylan	100	65.94 ➡	0.6594
02554658	<i>Gen-Clozapine</i>	Mylan	100	65.94 ➡	0.6594

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

Tab. or Tab. Oral Disint.

50 mg **PPB**

02458748	AA-Clozapine	AA Pharma	100	131.88	➡ 1.3188
02305003	Gen-Clozapine	Mylan	100	131.88	➡ 1.3188
02554666	Gen-Clozapine	Mylan	100	131.88	➡ 1.3188

Tab. or Tab. Oral Disint.

100 mg **PPB**

02248035	AA-Clozapine	AA Pharma	100	264.46	➡ 2.6446
00894745	Clozaril	HLS	100	377.80	➡ 3.7780
02247244	Gen-Clozapine	Mylan	100	264.46	➡ 2.6446
02554674	Gen-Clozapine	Mylan	100	264.46	➡ 2.6446

Tab. or Tab. Oral Disint.

200 mg **PPB**

02458756	AA-Clozapine	AA Pharma	100	528.92	➡ 5.2892
02305011	Gen-Clozapine	Mylan	100	528.92	➡ 5.2892
02554682	Gen-Clozapine	Mylan	100	528.92	➡ 5.2892

FLUPENTIXOL DECANOATE

I.M. Inj. Sol.

20 mg/mL

02156032	Fluanxol Depot 2%	Lundbeck	1 ml	7.18	

I.M. Inj. Sol.

100 mg/mL

02156040	Fluanxol Depot 10%	Lundbeck	1 ml	35.93	

FLUPENTIXOL DIHYDROCHLORIDE

Tab.

0.5 mg

02156008	Fluanxol	Lundbeck	100	24.83	0.2483

Tab.

3 mg

02156016	Fluanxol	Lundbeck	100	53.62	0.5362

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

00405361	Fluphenazine	AA Pharma	100	17.20	0.1720

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

HALOPERIDOL

I.M. Inj. Sol.

5 mg/mL **PPB**

00808652	<i>Haloperidol</i>	Sandoz	1 ml	3.96	
02366010	<i>Haloperidol Injection</i>	Oméga	1 ml	3.96	
02406411	<i>Haloperidol Injection, USP</i>	Fresenius	1 ml	3.96	

Tab.

0.5 mg

00363685	<i>Teva-Haloperidol</i>	Teva Can	100	14.30	0.1430

Tab.

1 mg

00363677	<i>Teva-Haloperidol</i>	Teva Can	100	21.48	0.2148

Tab.

2 mg

00363669	<i>Teva-Haloperidol</i>	Teva Can	100	32.11	0.3211

Tab.

5 mg

00363650	<i>Teva-Haloperidol</i>	Teva Can	100	51.21	0.5121

Tab.

10 mg

00713449	<i>Teva-Haloperidol</i>	Teva Can	100	74.50	0.7450

HALOPERIDOL (DECANOATE)

I.M. Inj. Sol.

100 mg/mL

02130300	<i>Haloperidol LA</i>	Sandoz	5 ml	84.61	

LOXAPINE SUCCINATE

Tab.

2.5 mg

* 02242868	<i>Xylac</i>	Pendopharm	100	25.75	0.2575

Tab.

10 mg

* 02230838	<i>Xylac</i>	Pendopharm	100	32.25	0.3225

Tab.

25 mg

* 02230839	<i>Xylac</i>	Pendopharm	100	49.98	0.4998

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

LURASIDONE HYDROCHLORIDE

Tab.

20 mg **PPB**

02513986	<i>Auro-Lurasidone</i>	AuroPharma	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02516438	<i>Jamp Lurasidone</i>	Jamp	30	36.75	➡	1.2250
02422050	<i>Latuda</i>	Sumitomo	30	107.10		3.5700
02548585	<i>Lurasidone</i>	Sanis	100	122.50	➡	1.2250
02522314	<i>NRA-Lurasidone</i>	Nora	30	36.75	➡	1.2250
02505878	<i>pms-Lurasidone</i>	Phmscience	30	36.75	➡	1.2250
02521075	<i>Sandoz Lurasidone</i>	Sandoz	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02504499	<i>Taro-Lurasidone</i>	Taro	30	36.75	➡	1.2250

Tab.

40 mg **PPB**

02513994	<i>Auro-Lurasidone</i>	AuroPharma	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02516446	<i>Jamp Lurasidone</i>	Jamp	30	36.75	➡	1.2250
02387751	<i>Latuda</i>	Sumitomo	30	107.10		3.5700
02548593	<i>Lurasidone</i>	Sanis	100	122.50	➡	1.2250
02522322	<i>NRA-Lurasidone</i>	Nora	30	36.75	➡	1.2250
02505886	<i>pms-Lurasidone</i>	Phmscience	30	36.75	➡	1.2250
02521091	<i>Sandoz Lurasidone</i>	Sandoz	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02504502	<i>Taro-Lurasidone</i>	Taro	30	36.75	➡	1.2250

Tab.

60 mg **PPB**

02514001	<i>Auro-Lurasidone</i>	AuroPharma	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02516454	<i>Jamp Lurasidone</i>	Jamp	30	36.75	➡	1.2250
02413361	<i>Latuda</i>	Sumitomo	30	107.10		3.5700
02548607	<i>Lurasidone</i>	Sanis	30	36.75	➡	1.2250
02522330	<i>NRA-Lurasidone</i>	Nora	30	36.75	➡	1.2250
02505894	<i>pms-Lurasidone</i>	Phmscience	30	36.75	➡	1.2250
02521105	<i>Sandoz Lurasidone</i>	Sandoz	30	36.75	➡	1.2250
02504510	<i>Taro-Lurasidone</i>	Taro	30	36.75	➡	1.2250

Tab.

80 mg **PPB**

02514028	<i>Auro-Lurasidone</i>	AuroPharma	30	36.75	➡	1.2250
			100	122.50	➡	1.2250
02516462	<i>Jamp Lurasidone</i>	Jamp	30	36.75	➡	1.2250
02387778	<i>Latuda</i>	Sumitomo	30	107.10		3.5700
02548615	<i>Lurasidone</i>	Sanis	30	36.75	➡	1.2250
02522349	<i>NRA-Lurasidone</i>	Nora	30	36.75	➡	1.2250
02505908	<i>pms-Lurasidone</i>	Phmscience	30	36.75	➡	1.2250
02521113	<i>Sandoz Lurasidone</i>	Sandoz	30	36.75	➡	1.2250
02504529	<i>Taro-Lurasidone</i>	Taro	30	36.75	➡	1.2250

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

Tab.

120 mg **PPB**

02514036	<i>Auro-Lurasidone</i>	AuroPharma	30	36.75	➡ 1.2250
			100	122.50	➡ 1.2250
02516470	<i>Jamp Lurasidone</i>	Jamp	30	36.75	➡ 1.2250
02505916	<i>pms-Lurasidone</i>	Phmscience	30	36.75	➡ 1.2250
02521121	<i>Sandoz Lurasidone</i>	Sandoz	30	36.75	➡ 1.2250
02504537	<i>Taro-Lurasidone</i>	Taro	30	36.75	➡ 1.2250

METHOTRIMEPAZINE

Inj. Sol.

25 mg/mL

01927698	<i>Nozinan</i>	Xediton	1 ml	3.25	

Tab.

2 mg

02238403	<i>Methoprazine</i>	AA Pharma	100	7.21	0.0721

OLANZAPINE

Tab.

2.5 mg **PPB**

02487608	<i>AG-Olanzapine FC</i>	Angita	100	17.72	➡ 0.1772
02281791	<i>Apo-Olanzapine</i>	Apotex	100	17.72	➡ 0.1772
02417243	<i>Jamp-Olanzapine FC</i>	Jamp	100	17.72	➡ 0.1772
02410141	<i>Mint-Olanzapine</i>	Mint	100	17.72	➡ 0.1772
02545586	<i>NRA-Olanzapine</i>	Nora	100	17.72	➡ 0.1772
02311968	<i>Olanzapine</i>	Pro Doc	100	17.72	➡ 0.1772
02372819	<i>Olanzapine</i>	Sanis	100	17.72	➡ 0.1772
02385864	<i>Olanzapine</i>	Sivem	100	17.72	➡ 0.1772
02303116	<i>pms-Olanzapine</i>	Phmscience	100	17.72	➡ 0.1772
02337126	<i>Riva-Olanzapine</i>	Riva	100	17.72	➡ 0.1772
			500	88.60	➡ 0.1772
02310341	<i>Sandoz Olanzapine</i>	Sandoz	100	17.72	➡ 0.1772
02276712	<i>Teva-Olanzapine</i>	Teva Can	100	17.72	➡ 0.1772
02229250	<i>Zyprexa</i>	Cheplaphar	28	49.03	1.7511

Tab.

7.5 mg **PPB**

02281813	<i>Apo-Olanzapine</i>	Apotex	100	53.16	➡ 0.5316
02417278	<i>Jamp-Olanzapine FC</i>	Jamp	100	53.16	➡ 0.5316
02410176	<i>Mint-Olanzapine</i>	Mint	30	15.95	➡ 0.5316
			100	53.16	➡ 0.5316
02545608	<i>NRA-Olanzapine</i>	Nora	100	53.16	➡ 0.5316
02311984	<i>Olanzapine</i>	Pro Doc	100	53.16	➡ 0.5316
02372835	<i>Olanzapine</i>	Sanis	100	53.16	➡ 0.5316
02385880	<i>Olanzapine</i>	Sivem	100	53.16	➡ 0.5316
02303167	<i>pms-Olanzapine</i>	Phmscience	100	53.16	➡ 0.5316
02337142	<i>Riva-Olanzapine</i>	Riva	100	53.16	➡ 0.5316
			500	265.80	➡ 0.5316
02310376	<i>Sandoz Olanzapine</i>	Sandoz	100	53.16	➡ 0.5316
02276739	<i>Teva-Olanzapine</i>	Teva Can	100	53.16	➡ 0.5316
02229277	<i>Zyprexa</i>	Cheplaphar	28	147.09	5.2532

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

Tab. Oral Disint. or Tab.

5 mg **PPB**

02487616	<i>AG-Olanzapine FC</i>	Angita	100	35.44	➡	0.3544
02487667	<i>AG-Olanzapine ODT</i>	Angita	30	10.63	➡	0.3544
02281805	<i>Apo-Olanzapine</i>	Apotex	100	35.44	➡	0.3544
02360616	<i>Apo-Olanzapine ODT</i>	Apotex	30	10.63	➡	0.3544
02448726	<i>Auro-Olanzapine ODT</i>	AuroPharma	30	10.63	➡	0.3544
02417251	<i>Jamp-Olanzapine FC</i>	Jamp	100	35.44	➡	0.3544
02406624	<i>Jamp-Olanzapine ODT</i>	Jamp	30	10.63	➡	0.3544
02410168	<i>Mint-Olanzapine</i>	Mint	100	35.44	➡	0.3544
02436965	<i>Mint-Olanzapine ODT</i>	Mint	30	10.63	➡	0.3544
02545594	<i>NRA-Olanzapine</i>	Nora	100	35.44	➡	0.3544
02536188	<i>NRA-Olanzapine ODT</i>	Nora	30	10.63	➡	0.3544
02311976	<i>Olanzapine</i>	Pro Doc	100	35.44	➡	0.3544
02372827	<i>Olanzapine</i>	Sanis	100	35.44	➡	0.3544
02385872	<i>Olanzapine</i>	Sivem	100	35.44	➡	0.3544
02338645	<i>Olanzapine ODT</i>	Pro Doc	30	10.63	➡	0.3544
02352974	<i>Olanzapine ODT</i>	Sanis	30	10.63	➡	0.3544
02343665	<i>Olanzapine ODT</i>	Sivem	30	10.63	➡	0.3544
02303159	<i>pms-Olanzapine</i>	Phmscience	100	35.44	➡	0.3544
02303191	<i>pms-Olanzapine ODT</i>	Phmscience	30	10.63	➡	0.3544
02414090	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	9.92	➡	0.3544
02337134	<i>Riva-Olanzapine</i>	Riva	100	35.44	➡	0.3544
			500	177.20	➡	0.3544
02310368	<i>Sandoz Olanzapine</i>	Sandoz	100	35.44	➡	0.3544
02327775	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	10.63	➡	0.3544
02276720	<i>Teva-Olanzapine</i>	Teva Can	100	35.44	➡	0.3544
02229269	<i>Zyprexa</i>	Cheplaphar	28	98.06		3.5021
02243086	<i>Zyprexa Zydys</i>	Cheplaphar	28	100.09		3.5746

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

Tab. Oral Disint. or Tab.

10 mg **PPB**

02487632	<i>AG-Olanzapine FC</i>	Angita	100	70.88	➡	0.7088
02487675	<i>AG-Olanzapine ODT</i>	Angita	30	21.26	➡	0.7088
02281821	<i>Apo-Olanzapine</i>	Apotex	100	70.88	➡	0.7088
02360624	<i>Apo-Olanzapine ODT</i>	Apotex	30	21.26	➡	0.7088
02448734	<i>Auro-Olanzapine ODT</i>	AuroPharma	30	21.26	➡	0.7088
02417286	<i>Jamp-Olanzapine FC</i>	Jamp	100	70.88	➡	0.7088
02406632	<i>Jamp-Olanzapine ODT</i>	Jamp	30	21.26	➡	0.7088
02410184	<i>Mint-Olanzapine</i>	Mint	100	70.88	➡	0.7088
02436973	<i>Mint-Olanzapine ODT</i>	Mint	30	21.26	➡	0.7088
02545616	<i>NRA-Olanzapine</i>	Nora	100	70.88	➡	0.7088
02536196	<i>NRA-Olanzapine ODT</i>	Nora	30	21.26	➡	0.7088
02311992	<i>Olanzapine</i>	Pro Doc	100	70.88	➡	0.7088
02372843	<i>Olanzapine</i>	Sanis	100	70.88	➡	0.7088
02385899	<i>Olanzapine</i>	Sivem	100	70.88	➡	0.7088
02338653	<i>Olanzapine ODT</i>	Pro Doc	30	21.26	➡	0.7088
02352982	<i>Olanzapine ODT</i>	Sanis	30	21.26	➡	0.7088
02343673	<i>Olanzapine ODT</i>	Sivem	30	21.26	➡	0.7088
02303175	<i>pms-Olanzapine</i>	Phmscience	100	70.88	➡	0.7088
02303205	<i>pms-Olanzapine ODT</i>	Phmscience	30	21.26	➡	0.7088
02414104	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	19.85	➡	0.7088
02337150	<i>Riva-Olanzapine</i>	Riva	100	70.88	➡	0.7088
			500	354.40	➡	0.7088
02310384	<i>Sandoz Olanzapine</i>	Sandoz	100	70.88	➡	0.7088
02327783	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	21.26	➡	0.7088
02276747	<i>Teva-Olanzapine</i>	Teva Can	100	70.88	➡	0.7088
			500	354.40	➡	0.7088
02229285	<i>Zyprexa</i>	Cheplaphar	28	196.12		7.0043
02243087	<i>Zyprexa Zydys</i>	Cheplaphar	28	200.00		7.1429

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

Tab. Oral Disint. or Tab.

15 mg **PPB**

02487683	AG-Olanzapine ODT	Angita	30	31.89	➡	1.0631
02281848	Apo-Olanzapine	Apotex	100	106.31	➡	1.0631
02360632	Apo-Olanzapine ODT	Apotex	30	31.89	➡	1.0631
02448742	Auro-Olanzapine ODT	AuroPharma	30	31.89	➡	1.0631
02417294	Jamp-Olanzapine FC	Jamp	100	106.31	➡	1.0631
02406640	Jamp-Olanzapine ODT	Jamp	30	31.89	➡	1.0631
02410192	Mint-Olanzapine	Mint	30	31.89	➡	1.0631
			100	106.31	➡	1.0631
02436981	Mint-Olanzapine ODT	Mint	30	31.89	➡	1.0631
02545624	NRA-Olanzapine	Nora	100	106.31	➡	1.0631
02536218	NRA-Olanzapine ODT	Nora	30	31.89	➡	1.0631
02312018	Olanzapine	Pro Doc	100	106.31	➡	1.0631
02372851	Olanzapine	Sanis	100	106.31	➡	1.0631
02385902	Olanzapine	Sivem	100	106.31	➡	1.0631
02338661	Olanzapine ODT	Pro Doc	30	31.89	➡	1.0631
02352990	Olanzapine ODT	Sanis	30	31.89	➡	1.0631
02343681	Olanzapine ODT	Sivem	30	31.89	➡	1.0631
02303183	pms-Olanzapine	Phmscience	100	106.31	➡	1.0631
02303213	pms-Olanzapine ODT	Phmscience	30	31.89	➡	1.0631
02414112	Ran-Olanzapine ODT	Ranbaxy	28	29.77	➡	1.0631
02337169	Riva-Olanzapine	Riva	100	106.31	➡	1.0631
			500	531.55	➡	1.0631
02310392	Sandoz Olanzapine	Sandoz	100	106.31	➡	1.0631
02327791	Sandoz Olanzapine ODT	Sandoz	30	31.89	➡	1.0631
02276755	Teva-Olanzapine	Teva Can	100	106.31	➡	1.0631
02238850	Zyprexa	Cheplaphar	28	294.17		10.5061
02243088	Zyprexa Zydys	Cheplaphar	28	299.91		10.7111

Tab. Oral Disint. or Tab.

20 mg **PPB**

02487691	AG-Olanzapine ODT	Angita	30	42.41	➡	1.4137
02333015	Apo-Olanzapine	Apotex	100	141.37	➡	1.4137
02360640	Apo-Olanzapine ODT	Apotex	30	42.41	➡	1.4137
02448750	Auro-Olanzapine ODT	AuroPharma	30	42.41	➡	1.4137
02417308	Jamp-Olanzapine FC	Jamp	100	141.37	➡	1.4137
02406659	Jamp-Olanzapine ODT	Jamp	30	42.41	➡	1.4137
02545632	NRA-Olanzapine	Nora	100	141.37	➡	1.4137
02536226	NRA-Olanzapine ODT	Nora	30	42.41	➡	1.4137
02421704	Olanzapine	Pro Doc	100	141.37	➡	1.4137
02385910	Olanzapine	Sivem	100	141.37	➡	1.4137
02425114	Olanzapine ODT	Pro Doc	30	42.41	➡	1.4137
02343703	Olanzapine ODT	Sivem	30	42.41	➡	1.4137
02414120	Ran-Olanzapine ODT	Ranbaxy	28	39.58	➡	1.4137
02327805	Sandoz Olanzapine ODT	Sandoz	30	42.41	➡	1.4137
02359707	Teva-Olanzapine	Teva Can	100	141.37	➡	1.4137
02238851	Zyprexa	Cheplaphar	28	392.23		14.0082
02243089	Zyprexa Zydys	Cheplaphar	28	395.84		14.1371

PALIPERIDONE PALMITATE

I.M. Inj. Susp. 1 month

50 mg/0.5 mL

02354217	Invega Sustenna	Janss. Inc	1	304.10	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M. Inj. Susp. 1 month 75 mg/0.75 mL					
02354225	<i>Invega Sustenna</i>	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month 100 mg/1.0 mL					
02354233	<i>Invega Sustenna</i>	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month 150 mg/1.5 mL					
02354241	<i>Invega Sustenna</i>	Janss. Inc	1	608.22	
I.M. Inj. Susp. 3 months 175 mg/0.875 mL					
02455943	<i>Invega Trinza</i>	Janss. Inc	1	912.30	
I.M. Inj. Susp. 3 months 263 mg/1.315 mL					
02455986	<i>Invega Trinza</i>	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months 350 mg/1.75 mL					
02455994	<i>Invega Trinza</i>	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months 525 mg/2.625 mL					
02456001	<i>Invega Trinza</i>	Janss. Inc	1	1824.66	
PERICYAZINE 					
Caps. 5 mg					
01926780	<i>Neuleptil</i>	Search Phm	100	18.84	0.1884
Caps. 10 mg					
01926772	<i>Neuleptil</i>	Search Phm	100	29.85	0.2985
Oral Sol. 10 mg/mL					
01926756	<i>Neuleptil</i>	Search Phm	100 ml	32.84	0.3284
PERPHENAZINE 					
Tab. 2 mg					
00335134	<i>Perphenazine</i>	AA Pharma	100	6.83	0.0683
Tab. 4 mg					
00335126	<i>Perphenazine</i>	AA Pharma	100	8.26	0.0826

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

Tab.

				8 mg	
00335118	<i>Perphenazine</i>	AA Pharma	100	9.08	0.0908

Tab.

				16 mg	
00335096	<i>Perphenazine</i>	AA Pharma	100	13.89	0.1389

PIMOZIDE

Tab.

				4 mg	
02245433	<i>Pimozide</i>	AA Pharma	100	41.36	0.4136

PROCHLORPERAZINE MALEATE

Tab.

				5 mg	
00886440	<i>Prochlorazine</i>	AA Pharma	100	16.59	0.1659

Tab.

				10 mg	
00886432	<i>Prochlorazine</i>	AA Pharma	100	20.25	0.2025

QUETIAPINE (FUMARATE)

L.A. Tab.

				50 mg	PPB	
02450860	<i>ACH-Quetiapine Fumarate XR</i>	Accord	60	15.01	➡	0.2501
02520532	<i>AG-Quetiapine XR</i>	Angita	100	25.01	➡	0.2501
02457229	<i>Apo-Quetiapine XR</i>	Apotex	60	15.01	➡	0.2501
02522187	<i>Mint-Quetiapine XR</i>	Mint	100	25.01	➡	0.2501
02527928	<i>M-Quetiapine Fumarate XR</i>	Mantra Ph.	100	25.01	➡	0.2501
02556820	<i>NB-Quetiapine XR</i>	NB Pharma	100	25.01	➡	0.2501
02510677	<i>NRA-Quetiapine XR</i>	Nora	60	15.01	➡	0.2501
02516616	<i>Quetiapine Fumarate XR</i>	Sanis	100	25.01	➡	0.2501
02519607	<i>Quetiapine XR</i>	Jamp	100	25.01	➡	0.2501
02417782	<i>Quetiapine XR</i>	Pro Doc	100	25.01	➡	0.2501
02417359	<i>Quetiapine XR</i>	Sivem	60	15.01	➡	0.2501
			100	25.01	➡	0.2501
02407671	<i>Sandoz Quetiapine XRT</i>	Sandoz	60	15.01	➡	0.2501
			100	25.01	➡	0.2501
02300184	<i>Seroquel XR</i>	AZC	60	58.80		0.9800
02395444	<i>Teva-Quetiapine XR</i>	Teva Can	60	15.01	➡	0.2501

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

L.A. Tab.

150 mg **PPB**

02450879	<i>ACH-Quetiapine Fumarate XR</i>	Accord	60	29.56	➡	0.4926
02520540	<i>AG-Quetiapine XR</i>	Angita	100	49.26	➡	0.4926
02457237	<i>Apo-Quetiapine XR</i>	Apotex	60	29.56	➡	0.4926
02522195	<i>Mint-Quetiapine XR</i>	Mint	100	49.26	➡	0.4926
02527936	<i>M-Quetiapine Fumarate XR</i>	Mantra Ph.	100	49.26	➡	0.4926
02556839	<i>NB-Quetiapine XR</i>	NB Pharma	100	49.26	➡	0.4926
02510685	<i>NRA-Quetiapine XR</i>	Nora	60	29.56	➡	0.4926
02516624	<i>Quetiapine Fumarate XR</i>	Sanis	100	49.26	➡	0.4926
02519615	<i>Quetiapine XR</i>	Jamp	100	49.26	➡	0.4926
02417790	<i>Quetiapine XR</i>	Pro Doc	100	49.26	➡	0.4926
02417367	<i>Quetiapine XR</i>	Sivem	60	29.56	➡	0.4926
			100	49.26	➡	0.4926
02407698	<i>Sandoz Quetiapine XRT</i>	Sandoz	60	29.56	➡	0.4926
			100	49.26	➡	0.4926
02321513	<i>Seroquel XR</i>	AZC	60	115.80		1.9300
02395452	<i>Teva-Quetiapine XR</i>	Teva Can	60	29.56	➡	0.4926

L.A. Tab.

200 mg **PPB**

02450887	<i>ACH-Quetiapine Fumarate XR</i>	Accord	60	39.97	➡	0.6661
02520559	<i>AG-Quetiapine XR</i>	Angita	100	66.61	➡	0.6661
02457245	<i>Apo-Quetiapine XR</i>	Apotex	60	39.97	➡	0.6661
02522209	<i>Mint-Quetiapine XR</i>	Mint	100	66.61	➡	0.6661
02527944	<i>M-Quetiapine Fumarate XR</i>	Mantra Ph.	100	66.61	➡	0.6661
02556847	<i>NB-Quetiapine XR</i>	NB Pharma	100	66.61	➡	0.6661
02510693	<i>NRA-Quetiapine XR</i>	Nora	60	39.97	➡	0.6661
02516632	<i>Quetiapine Fumarate XR</i>	Sanis	100	66.61	➡	0.6661
02519623	<i>Quetiapine XR</i>	Jamp	100	66.61	➡	0.6661
02417804	<i>Quetiapine XR</i>	Pro Doc	100	66.61	➡	0.6661
02417375	<i>Quetiapine XR</i>	Sivem	60	39.97	➡	0.6661
			100	66.61	➡	0.6661
02407701	<i>Sandoz Quetiapine XRT</i>	Sandoz	60	39.97	➡	0.6661
			100	66.61	➡	0.6661
02300192	<i>Seroquel XR</i>	AZC	60	157.20		2.6200
02395460	<i>Teva-Quetiapine XR</i>	Teva Can	60	39.97	➡	0.6661

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

L.A. Tab.

300 mg **PPB**

02450895	ACH-Quetiapine Fumarate XR	Accord	60	58.66	➡ 0.9776
02520567	AG-Quetiapine XR	Angita	100	97.76	➡ 0.9776
02457253	Apo-Quetiapine XR	Apotex	60	58.66	➡ 0.9776
02522217	Mint-Quetiapine XR	Mint	100	97.76	➡ 0.9776
02527952	M-Quetiapine Fumarate XR	Mantra Ph.	100	97.76	➡ 0.9776
02556855	NB-Quetiapine XR	NB Pharma	100	97.76	➡ 0.9776
02510707	NRA-Quetiapine XR	Nora	60	58.66	➡ 0.9776
02516640	Quetiapine Fumarate XR	Sanis	100	97.76	➡ 0.9776
02519747	Quetiapine XR	Jamp	100	97.76	➡ 0.9776
02417812	Quetiapine XR	Pro Doc	100	97.76	➡ 0.9776
02417383	Quetiapine XR	Sivem	60	58.66	➡ 0.9776
			100	97.76	➡ 0.9776
02407728	Sandoz Quetiapine XRT	Sandoz	60	58.66	➡ 0.9776
			100	97.76	➡ 0.9776
02300206	Seroquel XR	AZC	60	231.60	3.8600
02395479	Teva-Quetiapine XR	Teva Can	60	58.66	➡ 0.9776

L.A. Tab.

400 mg **PPB**

02450909	ACH-Quetiapine Fumarate XR	Accord	60	79.62	➡ 1.3270
02520575	AG-Quetiapine XR	Angita	100	132.70	➡ 1.3270
02457261	Apo-Quetiapine XR	Apotex	60	79.62	➡ 1.3270
02522225	Mint-Quetiapine XR	Mint	100	132.70	➡ 1.3270
02527960	M-Quetiapine Fumarate XR	Mantra Ph.	100	132.70	➡ 1.3270
02556863	NB-Quetiapine XR	NB Pharma	100	132.70	➡ 1.3270
02510715	NRA-Quetiapine XR	Nora	60	79.62	➡ 1.3270
02516659	Quetiapine Fumarate XR	Sanis	100	132.70	➡ 1.3270
02519763	Quetiapine XR	Jamp	100	132.70	➡ 1.3270
02417820	Quetiapine XR	Pro Doc	100	132.70	➡ 1.3270
02417391	Quetiapine XR	Sivem	60	79.62	➡ 1.3270
			100	132.70	➡ 1.3270
02407736	Sandoz Quetiapine XRT	Sandoz	60	79.62	➡ 1.3270
			100	132.70	➡ 1.3270
02300214	Seroquel XR	AZC	60	314.40	5.2400
02395487	Teva-Quetiapine XR	Teva Can	60	79.62	➡ 1.3270

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

Tab.

25 mg **PPB**

02316080	<i>ACT Quetiapine</i>	Teva Can	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02475979	<i>AG-Quetiapine</i>	Angita	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02516934	<i>AG-Quetiapine Fumarate</i>	Angita	500	24.70	➡	0.0494
02313901	<i>Apo-Quetiapine</i>	Apotex	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02501635	<i>Apo-Quetiapine Fumarate</i>	Apotex	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02390205	<i>Auro-Quetiapine</i>	AuroPharma	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02447193	<i>Bio-Quetiapine</i>	Biomed	100	4.94	➡	0.0494
02390140	<i>Jamp Quetiapine Fumarate</i>	Jamp	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02330415	<i>Jamp-Quetiapine</i>	Jamp	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02399822	<i>Mar-Quetiapine</i>	Marcan	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02438003	<i>Mint-Quetiapine</i>	Mint	100	4.94	➡	0.0494
02486237	<i>NRA-Quetiapine</i>	Nora	500	24.70	➡	0.0494
02296551	<i>pms-Quetiapine</i>	Phmscience	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02317346	<i>Pro-Quetiapine</i>	Pro Doc	500	24.70	➡	0.0494
02387794	<i>Quetiapine</i>	Accord	100	4.94	➡	0.0494
02353164	<i>Quetiapine</i>	Sanis	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02317893	<i>Quetiapine</i>	Sivem	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02316692	<i>Riva-Quetiapine</i>	Riva	100	4.94	➡	0.0494
			500	24.70	➡	0.0494
02236951	<i>Seroquel</i>	AZC	100	51.35		0.5135

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

Tab.

100 mg **PPB**

02316099	<i>ACT Quetiapine</i>	Teva Can	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02475987	<i>AG-Quetiapine</i>	Angita	100	13.18	➡	0.1318
02516942	<i>AG-Quetiapine Fumarate</i>	Angita	100	13.18	➡	0.1318
02313928	<i>Apo-Quetiapine</i>	Apotex	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02501643	<i>Apo-Quetiapine Fumarate</i>	Apotex	100	13.18	➡	0.1318
02390213	<i>Auro-Quetiapine</i>	AuroPharma	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02390159	<i>Jamp Quetiapine Fumarate</i>	Jamp	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02330423	<i>Jamp-Quetiapine</i>	Jamp	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02399830	<i>Mar-Quetiapine</i>	Marcan	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02438011	<i>Mint-Quetiapine</i>	Mint	100	13.18	➡	0.1318
02296578	<i>pms-Quetiapine</i>	Phmscience	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02317354	<i>Pro-Quetiapine</i>	Pro Doc	100	13.18	➡	0.1318
02387808	<i>Quetiapine</i>	Accord	100	13.18	➡	0.1318
02353172	<i>Quetiapine</i>	Sanis	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02317907	<i>Quetiapine</i>	Sivem	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02316706	<i>Riva-Quetiapine</i>	Riva	100	13.18	➡	0.1318
			500	65.90	➡	0.1318
02236952	<i>Seroquel</i>	AZC	100	137.00		1.3700

Tab.

150 mg

02387816	<i>Quetiapine tablets</i>	Accord	100	96.56		0.9656

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

Tab.

200 mg **PPB**

02316110	<i>ACT Quetiapine</i>	Teva Can	100	26.47	➡ 0.2647
02475995	<i>AG-Quetiapine</i>	Angita	100	26.47	➡ 0.2647
02516950	<i>AG-Quetiapine Fumarate</i>	Angita	100	26.47	➡ 0.2647
02313936	<i>Apo-Quetiapine</i>	Apotex	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02501651	<i>Apo-Quetiapine Fumarate</i>	Apotex	100	26.47	➡ 0.2647
02390248	<i>Auro-Quetiapine</i>	AuroPharma	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02390167	<i>Jamp Quetiapine Fumarate</i>	Jamp	100	26.47	➡ 0.2647
02330458	<i>Jamp-Quetiapine</i>	Jamp	100	26.47	➡ 0.2647
02399849	<i>Mar-Quetiapine</i>	Marcan	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02438046	<i>Mint-Quetiapine</i>	Mint	100	26.47	➡ 0.2647
02296594	<i>pms-Quetiapine</i>	Phmscience	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02317362	<i>Pro-Quetiapine</i>	Pro Doc	100	26.47	➡ 0.2647
02387824	<i>Quetiapine</i>	Accord	100	26.47	➡ 0.2647
02353199	<i>Quetiapine</i>	Sanis	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02317923	<i>Quetiapine</i>	Sivem	100	26.47	➡ 0.2647
02316722	<i>Riva-Quetiapine</i>	Riva	100	26.47	➡ 0.2647
			500	132.35	➡ 0.2647
02236953	<i>Seroquel</i>	AZC	100	275.20	➡ 2.7520

Tab.

300 mg **PPB**

02316129	<i>ACT Quetiapine</i>	Teva Can	100	38.63	➡ 0.3863
02476002	<i>AG-Quetiapine</i>	Angita	100	38.63	➡ 0.3863
02516969	<i>AG-Quetiapine Fumarate</i>	Angita	100	38.63	➡ 0.3863
02313944	<i>Apo-Quetiapine</i>	Apotex	100	38.63	➡ 0.3863
02501678	<i>Apo-Quetiapine Fumarate</i>	Apotex	100	38.63	➡ 0.3863
02390256	<i>Auro-Quetiapine</i>	AuroPharma	100	38.63	➡ 0.3863
			500	193.15	➡ 0.3863
02390175	<i>Jamp Quetiapine Fumarate</i>	Jamp	100	38.63	➡ 0.3863
02330466	<i>Jamp-Quetiapine</i>	Jamp	100	38.63	➡ 0.3863
02399857	<i>Mar-Quetiapine</i>	Marcan	100	38.63	➡ 0.3863
			500	193.15	➡ 0.3863
02438054	<i>Mint-Quetiapine</i>	Mint	100	38.63	➡ 0.3863
02296608	<i>pms-Quetiapine</i>	Phmscience	100	38.63	➡ 0.3863
			500	193.15	➡ 0.3863
02317370	<i>Pro-Quetiapine</i>	Pro Doc	100	38.63	➡ 0.3863
02387832	<i>Quetiapine</i>	Accord	100	38.63	➡ 0.3863
02353202	<i>Quetiapine</i>	Sanis	100	38.63	➡ 0.3863
			500	193.15	➡ 0.3863
02317931	<i>Quetiapine</i>	Sivem	100	38.63	➡ 0.3863
02316730	<i>Riva-Quetiapine</i>	Riva	100	38.63	➡ 0.3863
			500	193.15	➡ 0.3863
02244107	<i>Seroquel</i>	AZC	100	401.45	➡ 4.0145

RISPERIDONE

Kit (l. M. Inj. Pd.)

12.5 mg

02298465	<i>Risperdal Consta</i>	Janss. Inc	1	75.41	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit (I. M. Inj. Pd.)				25 mg	
02255707	<i>Risperdal Consta</i>	Janss. Inc	1	156.09	
Kit (I. M. Inj. Pd.)				37.5 mg	
02255723	<i>Risperdal Consta</i>	Janss. Inc	1	234.16	
Kit (I. M. Inj. Pd.)				50 mg	
02255758	<i>Risperdal Consta</i>	Janss. Inc	1	312.20	
Kit (I. M. Inj. Pd.)				75 mg	
02544601	<i>Okedi</i>	Bausch H.	1	250.00	
Kit (I. M. Inj. Pd.)				100 mg	
02544628	<i>Okedi</i>	Bausch H.	1	250.00	
Tab.				0.25 mg PPB	
02369079	<i>AG-Risperidone</i>	Angita	100	8.78	➡ 0.0878
02282119	<i>Apo-Risperidone</i>	Apotex	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878
02359529	<i>Jamp-Risperidone</i>	Jamp	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878
02371766	<i>Mar-Risperidone</i>	Marcan	100	8.78	➡ 0.0878
02359790	<i>Mint-Risperidon</i>	Mint	100	8.78	➡ 0.0878
02252007	<i>pms-Risperidone</i>	Phmscience	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878
02312700	<i>Pro-Risperidone</i>	Pro Doc	100	8.78	➡ 0.0878
02356880	<i>Risperidone</i>	Sanis	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878
02533804	<i>Risperidone</i>	Sivem	100	8.78	➡ 0.0878
02283565	<i>Riva-Risperidone</i>	Riva	100	8.78	➡ 0.0878
02303655	<i>Sandoz Risperidone</i>	Sandoz	100	8.78	➡ 0.0878
02328305	<i>Taro-Risperidone</i>	Sun Pharma	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878
02282690	<i>Teva-Risperidone</i>	Teva Can	100	8.78	➡ 0.0878
			500	43.90	➡ 0.0878

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

Tab.

0.5 mg **PPB**

02369087	<i>AG-Risperidone</i>	Angita	100	14.70	➡	0.1470
02282127	<i>Apo-Risperidone</i>	Apotex	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02359537	<i>Jamp-Risperidone</i>	Jamp	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02371774	<i>Mar-Risperidone</i>	Marcan	100	14.70	➡	0.1470
02359804	<i>Mint-Risperidon</i>	Mint	100	14.70	➡	0.1470
02252015	<i>pms-Risperidone</i>	Phmscience	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02312719	<i>Pro-Risperidone</i>	Pro Doc	100	14.70	➡	0.1470
02356899	<i>Risperidone</i>	Sanis	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02533928	<i>Risperidone</i>	Sivem	100	14.70	➡	0.1470
02283573	<i>Riva-Risperidone</i>	Riva	100	14.70	➡	0.1470
02303663	<i>Sandoz Risperidone</i>	Sandoz	100	14.70	➡	0.1470
02328313	<i>Taro-Risperidone</i>	Sun Pharma	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02264188	<i>Teva-Risperidone</i>	Teva Can	100	14.70	➡	0.1470

Tab.

1 mg **PPB**

02369095	<i>AG-Risperidone</i>	Angita	100	20.31	➡	0.2031
02282135	<i>Apo-Risperidone</i>	Apotex	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02359545	<i>Jamp-Risperidone</i>	Jamp	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02371782	<i>Mar-Risperidone</i>	Marcan	100	20.31	➡	0.2031
02359812	<i>Mint-Risperidon</i>	Mint	100	20.31	➡	0.2031
02252023	<i>pms-Risperidone</i>	Phmscience	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02312727	<i>Pro-Risperidone</i>	Pro Doc	100	20.31	➡	0.2031
02356902	<i>Risperidone</i>	Sanis	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02533936	<i>Risperidone</i>	Sivem	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02283581	<i>Riva-Risperidone</i>	Riva	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02279800	<i>Sandoz Risperidone</i>	Sandoz	100	20.31	➡	0.2031
			500	101.55	➡	0.2031
02328321	<i>Taro-Risperidone</i>	Sun Pharma	60	12.19	➡	0.2031
			100	20.31	➡	0.2031
02264196	<i>Teva-Risperidone</i>	Teva Can	100	20.31	➡	0.2031

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

Tab.

2 mg **PPB**

02369117	<i>AG-Risperidone</i>	Angita	100	40.62	➡ 0.4062
02282143	<i>Apo-Risperidone</i>	Apotex	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02359553	<i>Jamp-Risperidone</i>	Jamp	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02371790	<i>Mar-Risperidone</i>	Marcan	100	40.62	➡ 0.4062
02359820	<i>Mint-Risperidon</i>	Mint	100	40.62	➡ 0.4062
02252031	<i>pms-Risperidone</i>	Phmscience	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02312735	<i>Pro-Risperidone</i>	Pro Doc	100	40.62	➡ 0.4062
02356910	<i>Risperidone</i>	Sanis	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02533944	<i>Risperidone</i>	Sivem	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02283603	<i>Riva-Risperidone</i>	Riva	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02279819	<i>Sandoz Risperidone</i>	Sandoz	100	40.62	➡ 0.4062
			500	203.10	➡ 0.4062
02328348	<i>Taro-Risperidone</i>	Sun Pharma	60	24.37	➡ 0.4062
			100	40.62	➡ 0.4062
02264218	<i>Teva-Risperidone</i>	Teva Can	100	40.62	➡ 0.4062

Tab.

3 mg **PPB**

02369125	<i>AG-Risperidone</i>	Angita	100	60.83	➡ 0.6083
02282151	<i>Apo-Risperidone</i>	Apotex	100	60.83	➡ 0.6083
02359561	<i>Jamp-Risperidone</i>	Jamp	100	60.83	➡ 0.6083
02371804	<i>Mar-Risperidone</i>	Marcan	100	60.83	➡ 0.6083
02359839	<i>Mint-Risperidon</i>	Mint	100	60.83	➡ 0.6083
02252058	<i>pms-Risperidone</i>	Phmscience	100	60.83	➡ 0.6083
			500	304.15	➡ 0.6083
02312743	<i>Pro-Risperidone</i>	Pro Doc	100	60.83	➡ 0.6083
02356929	<i>Risperidone</i>	Sanis	100	60.83	➡ 0.6083
			250	152.08	➡ 0.6083
02533952	<i>Risperidone</i>	Sivem	100	60.83	➡ 0.6083
			250	152.08	➡ 0.6083
02283611	<i>Riva-Risperidone</i>	Riva	100	60.83	➡ 0.6083
			250	152.08	➡ 0.6083
02279827	<i>Sandoz Risperidone</i>	Sandoz	100	60.83	➡ 0.6083
			250	152.08	➡ 0.6083
02328364	<i>Taro-Risperidone</i>	Sun Pharma	60	36.50	➡ 0.6083
			100	60.83	➡ 0.6083
02264226	<i>Teva-Risperidone</i>	Teva Can	100	60.83	➡ 0.6083

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

Tab.

4 mg **PPB**

02369133	<i>AG-Risperidone</i>	Angita	100	81.11	➡	0.8111
02282178	<i>Apo-Risperidone</i>	Apotex	100	81.11	➡	0.8111
02359588	<i>Jamp-Risperidone</i>	Jamp	100	81.11	➡	0.8111
02371812	<i>Mar-Risperidone</i>	Marcan	100	81.11	➡	0.8111
02359847	<i>Mint-Risperidon</i>	Mint	100	81.11	➡	0.8111
02252066	<i>pms-Risperidone</i>	Phmscience	100	81.11	➡	0.8111
02312751	<i>Pro-Risperidone</i>	Pro Doc	100	81.11	➡	0.8111
02356937	<i>Risperidone</i>	Sanis	100	81.11	➡	0.8111
02533960	<i>Risperidone</i>	Sivem	100	81.11	➡	0.8111
02283638	<i>Riva-Risperidone</i>	Riva	60	48.67	➡	0.8111
			100	81.11	➡	0.8111
02279835	<i>Sandoz Risperidone</i>	Sandoz	100	81.11	➡	0.8111
02328372	<i>Taro-Risperidone</i>	Sun Pharma	100	81.11	➡	0.8111
02264234	<i>Teva-Risperidone</i>	Teva Can	100	81.11	➡	0.8111

RISPERIDONE TARTRATE

Oral Sol.

1 mg/mL **PPB**

02454319	<i>Jamp-Risperidone</i>	Jamp	30 ml	13.99	➡	0.4663
02279266	<i>pms-Risperidone</i>	Phmscience	30 ml	13.99	➡	0.4663

TRIFLUOPERAZINE HYDROCHLORIDE

Tab.

1 mg

00345539	<i>Trifluoperazine</i>	AA Pharma	100	13.40		0.1340

Tab.

2 mg

00312754	<i>Trifluoperazine</i>	AA Pharma	100	17.93		0.1793

Tab.

5 mg

00312746	<i>Trifluoperazine</i>	AA Pharma	100	23.75		0.2375

Tab.

10 mg

00326836	<i>Trifluoperazine</i>	AA Pharma	100	28.46		0.2846

Tab.

20 mg

00595942	<i>Trifluoperazine</i>	AA Pharma	100	65.87		0.6587

ZIPRASIDONE

Caps.

20 mg **PPB**

02449544	<i>Auro-Ziprasidone</i>	AuroPharma	60	81.89	➡	1.3648
			100	136.48	➡	1.3648
02298597	<i>Zeldox</i>	BGP Pharma	60	81.89	➡	1.3648

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

Caps.

40 mg **PPB**

02449552	<i>Auro-Ziprasidone</i>	AuroPharma	60	93.80	➡ 1.5633
			100	156.33	➡ 1.5633
02298600	<i>Zeldox</i>	BGP Pharma	60	93.80	➡ 1.5633

Caps.

60 mg **PPB**

02449560	<i>Auro-Ziprasidone</i>	AuroPharma	60	93.80	➡ 1.5633
			100	156.33	➡ 1.5633
02298619	<i>Zeldox</i>	BGP Pharma	60	93.80	➡ 1.5633

Caps.

80 mg **PPB**

02449579	<i>Auro-Ziprasidone</i>	AuroPharma	60	93.80	➡ 1.5633
			100	156.33	➡ 1.5633
02298627	<i>Zeldox</i>	BGP Pharma	60	93.80	➡ 1.5633

ZUCLOPENTHIXOL ACETATE

I.M. Inj. Sol.

50 mg/mL

02230405	<i>Clopixol-acuphase</i>	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DECANOATE

I.M. Inj. Sol.

200 mg/mL

02230406	<i>Clopixol depot</i>	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DIHYDROCHLORIDE

Tab.

10 mg

02230402	<i>Clopixol</i>	Lundbeck	100	38.35	0.3835

Tab.

25 mg

02230403	<i>Clopixol</i>	Lundbeck	100	95.88	0.9588

28:20.04

AMPHETAMINES

DEXAMPHETAMINE SULFATE

L.A. Caps.

10 mg **PPB**

01924559	<i>Dexedrine</i>	Paladin	100	81.71	0.8171
02448319	<i>Teva-Dextroamphetamine SR</i>	Teva Can	100	80.96	➡ 0.8096

L.A. Caps.

15 mg **PPB**

01924567	<i>Dexedrine</i>	Paladin	100	100.05	1.0005
02448327	<i>Teva-Dextroamphetamine SR</i>	Teva Can	100	98.98	➡ 0.9898

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

Tab.

5 mg **PPB**

01924516	<i>Dexedrine</i>	Paladin	100	56.89	0.5689
02443236	<i>Dextroamphetamine</i>	AA Pharma	100	50.81 ➡	0.5081

28:20.32

RESPIRATORY AND CNS STIMULANTS

METHYLPHENIDATE HYDROCHLORIDE ⚡

L.A. Tab.

20 mg

02266687	<i>AA-Methylphenidate SR</i>	AA Pharma	100	28.20	0.2820

Tab.

5 mg **PPB**

02273950	<i>Apo-Methylphenidate</i>	Apotex	100	9.47 ➡	0.0947
02234749	<i>pms-Methylphenidate</i>	Phmscience	100	9.47 ➡	0.0947

Tab.

10 mg **PPB**

02249324	<i>Apo-Methylphenidate</i>	Apotex	100	22.16 ➡	0.2216
			500	110.80 ➡	0.2216
00584991	<i>pms-Methylphenidate</i>	Phmscience	100	22.16 ➡	0.2216
			500	110.80 ➡	0.2216

Tab.

20 mg **PPB**

02249332	<i>Apo-Methylphenidate</i>	Apotex	100	27.35 ➡	0.2735
00585009	<i>pms-Methylphenidate</i>	Phmscience	100	27.35 ➡	0.2735

28:24.08

BENZODIAZEPINES

ALPRAZOLAM ☒

Tab.

0.25 mg **PPB**

00865397	<i>Apo-Alpraz</i>	Apotex	100	6.09 ➡	0.0609
			1000	60.90 ➡	0.0609
01908189	<i>Pro-Alprazolam</i>	Pro Doc	100	6.09 ➡	0.0609
01913484	<i>Teva-Alprazolam</i>	Teva Can	100	6.09 ➡	0.0609
			1000	60.90 ➡	0.0609
00548359	<i>Xanax</i>	BGP Pharma	100	18.97	0.1897

Tab.

0.5 mg **PPB**

00865400	<i>Apo-Alpraz</i>	Apotex	100	7.28 ➡	0.0728
			1000	72.80 ➡	0.0728
01908170	<i>Pro-Alprazolam</i>	Pro Doc	1000	72.80 ➡	0.0728
01913492	<i>Teva-Alprazolam</i>	Teva Can	100	7.28 ➡	0.0728
			1000	72.80 ➡	0.0728
00548367	<i>Xanax</i>	BGP Pharma	100	22.67	0.2267

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

Tab.

1 mg **PPB**

02243611	<i>Apo-Alpraz</i>	Apotex	100	20.92	➡ 0.2092
02248706	<i>Pro-Alprazolam</i>	Pro Doc	100	20.92	➡ 0.2092
00723770	<i>Xanax</i>	BGP Pharma	100	40.81	0.4081

Tab.

2 mg **PPB**

02243612	<i>Apo-Alpraz TS</i>	Apotex	100	37.18	➡ 0.3718
00813958	<i>Xanax TS</i>	BGP Pharma	100	72.55	0.7255

BROMAZEPAM ☒

Tab.

3 mg **PPB**

02177161	<i>Apo-Bromazepam</i>	Apotex	100	7.76	➡ 0.0776
02230584	<i>Teva-Bromazepam</i>	Teva Can	100	7.76	➡ 0.0776
			500	38.80	➡ 0.0776

Tab.

6 mg **PPB**

02177188	<i>Apo-Bromazepam</i>	Apotex	100	11.34	➡ 0.1134
02230585	<i>Teva-Bromazepam</i>	Teva Can	100	11.34	➡ 0.1134
			500	56.70	➡ 0.1134

CHLORDIAZEPOXIDE HYDROCHLORIDE ☒

Caps.

25 mg

00522996	<i>Chlordiazepoxide</i>	AA Pharma	100	16.58	0.1658

DIAZEPAM ☒

Rectal Gel

5 mg/mL

02238162	<i>Diastat 1 mL (5 mg)</i>	Bausch H.	2	142.18	71.0900
99113825	<i>Diastat 2 mL (10 mg)</i>	Bausch H.	2	142.18	71.0900
99113826	<i>Diastat 3 mL (15 mg)</i>	Bausch H.	2	142.18	71.0900

Tab.

2 mg

00405329	<i>Diazepam</i>	AA Pharma	100	5.08	0.0508

Tab.

5 mg **PPB**

00362158	<i>Diazepam</i>	AA Pharma	100	6.50	➡ 0.0650
00013285	<i>Valium</i>	Search Phm	100	15.63	0.1563

Tab.

10 mg

00405337	<i>Diazepam</i>	AA Pharma	100	8.67	0.0867

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

FLURAZEPAM HYDROCHLORIDE

Caps.

				15 mg	
00521698	<i>Flurazepam</i>	AA Pharma	100	11.66	0.1166

Caps.

				30 mg	
00521701	<i>Flurazepam</i>	AA Pharma	100	13.64	0.1364

LORAZEPAM

Inj. Sol.

				4 mg/mL	PPB	
02550962	<i>Lorazepam Injectable</i>	Fresenius	10	190.80	➡	19.0800
02243278	<i>Lorazepam Injection</i>	Sandoz	1 ml	➡ 19.08	➡	

Tab.

				0.5 mg	PPB	
00655740	<i>Apo-Lorazepam</i>	Apotex	100	3.59	➡	0.0359
			500	17.95	➡	0.0359
00728187	<i>pms-Lorazepam</i>	Phmscience	100	3.59	➡	0.0359
			1000	35.90	➡	0.0359
00655643	<i>Pro-Lorazepam</i>	Pro Doc	500	17.95	➡	0.0359
00711101	<i>Teva-Lorazepam</i>	Teva Can	100	3.59	➡	0.0359
			1000	35.90	➡	0.0359

Tab.

				1 mg	PPB	
00655759	<i>Apo-Lorazepam</i>	Apotex	100	4.47	➡	0.0447
			1000	44.70	➡	0.0447
00728195	<i>pms-Lorazepam</i>	Phmscience	100	4.47	➡	0.0447
			1000	44.70	➡	0.0447
00655651	<i>Pro-Lorazepam</i>	Pro Doc	1000	44.70	➡	0.0447
00637742	<i>Teva-Lorazepam</i>	Teva Can	100	4.47	➡	0.0447
			1000	44.70	➡	0.0447

Tab.

				2 mg	PPB	
00655767	<i>Apo-Lorazepam</i>	Apotex	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699
00728209	<i>pms-Lorazepam</i>	Phmscience	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699
00655678	<i>Pro-Lorazepam</i>	Pro Doc	100	6.99	➡	0.0699
00637750	<i>Teva-Lorazepam</i>	Teva Can	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699

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

MIDAZOLAM

Inj. Sol.

 1 mg/mL **PPB**

02242904	<i>Midazolam</i>	Fresenius	2 ml	➡	1.56	
			5 ml	➡	3.90	
			10 ml	➡	5.80	
02240285	<i>Midazolam</i>	Sandoz	2 ml	➡	1.56	
			5 ml	➡	3.90	
			10 ml	➡	5.80	

Inj. Sol.

 5 mg/mL **PPB**

02242905	<i>Midazolam</i>	Fresenius	1 ml	➡	4.10	
			2 ml	➡	8.20	
			10 ml	➡	25.30	
02240286	<i>Midazolam</i>	Sandoz	1 ml	➡	4.10	
			2 ml	➡	8.20	
			10 ml	➡	25.30	

OXAZEPAM

Tab.

 10 mg **PPB**

00402680	<i>Apo-Oxazepam</i>	Apotex	100		3.50	➡ 0.0350
			1000		35.00	➡ 0.0350
00497754	<i>Pro-Oxazepam</i>	Pro Doc	500		17.50	➡ 0.0350
			1000		35.00	➡ 0.0350
00568392	<i>Riva-Oxazepam</i>	Riva	100		3.50	➡ 0.0350
			500		17.50	➡ 0.0350

Tab.

 15 mg **PPB**

00402745	<i>Apo-Oxazepam</i>	Apotex	100		5.50	➡ 0.0550
			1000		55.00	➡ 0.0550
00497762	<i>Pro-Oxazepam</i>	Pro Doc	500		27.50	➡ 0.0550
			1000		55.00	➡ 0.0550
00568406	<i>Riva-Oxazepam</i>	Riva	100		5.50	➡ 0.0550
			500		27.50	➡ 0.0550

Tab.

 30 mg **PPB**

00402737	<i>Apo-Oxazepam</i>	Apotex	100		7.50	➡ 0.0750
			1000		75.00	➡ 0.0750
00497770	<i>Pro-Oxazepam</i>	Pro Doc	500		37.50	➡ 0.0750
			1000		75.00	➡ 0.0750
00568414	<i>Riva-Oxazepam</i>	Riva	100		7.50	➡ 0.0750
			500		37.50	➡ 0.0750

TEMAZEPAM

Caps.

15 mg

00604453	<i>Restoril</i>	AA Pharma	100		24.61	0.2461

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			30 mg		
00604461	<i>Restoril</i>	AA Pharma	100	29.80	0.2980

28:24.92
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS; MISC.
BUSPIRON HYDROCHLORIDE
 Tab.

			10 mg PPB		
02550555	<i>AMB-Buspirone</i>	Ambicare	100	26.59 ➡	0.2659
02211076	<i>Apo-Buspirone</i>	Apotex	100	26.59 ➡	0.2659
02500213	<i>Auro-Buspirone</i>	AuroPharma	100	26.59 ➡	0.2659
			1000	265.90 ➡	0.2659
02447851	<i>Buspirone</i>	Sanis	100	26.59 ➡	0.2659
02223163	<i>Buspirone-10</i>	Pro Doc	100	26.59 ➡	0.2659
02509911	<i>Jamp Buspirone</i>	Jamp	100	26.59 ➡	0.2659
02519054	<i>Mint-Buspirone</i>	Mint	100	26.59 ➡	0.2659
02230942	<i>pms-Buspirone</i>	Phmscience	100	26.59 ➡	0.2659
02231492	<i>Teva-Buspirone</i>	Teva Can	100	26.59 ➡	0.2659

HYDROXYZINE HYDROCHLORIDE
 Caps.

			10 mg		
00646059	<i>Hydroxyzine</i>	AA Pharma	100	12.92	0.1292

Caps.			25 mg		
00646024	<i>Hydroxyzine</i>	AA Pharma	100	19.37	0.1937

Caps.			50 mg		
00646016	<i>Hydroxyzine</i>	AA Pharma	100	23.88	0.2388

Syr.			10 mg/5 mL		
00024694	<i>Atarax</i>	Search Phm	473 ml	19.04	0.0403

PROMETHAZINE HYDROCHLORIDE
 Tab.

			50 mg		
00575186	<i>Histanil</i>	Phmscience	100	16.64	0.1664

28:28
ANTIMANIC AGENTS
LITHIUM CARBONATE

Caps.			150 mg		
02242837	<i>Apo-Lithium Carbonate</i>	Apotex	100	6.67	0.0667
00461733	<i>Carbolith</i>	Bausch H.	100	11.41	0.1141
02013231	<i>Lithane</i>	Search Phm	100	10.58	0.1058
02216132	<i>pms-Lithium carbonate</i>	Phmscience	100	6.67	0.0667
			1000	66.70	0.0667

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			300 mg		
02242838	<i>Apo-Lithium Carbonate</i>	Apotex	100	6.57	0.0657
00236683	<i>Carbolith</i>	Bausch H.	100	8.86	0.0886
			1000	88.61	0.0886
00406775	<i>Lithane</i>	Search Phm	1000	105.40	0.1054
02216140	<i>pms-Lithium carbonate</i>	Phmscience	100	6.57	0.0657
			1000	65.70	0.0657

Caps.			600 mg		
02011239	<i>Carbolith</i>	Bausch H.	100	17.00	0.1700
02216159	<i>pms-Lithium carbonate</i>	Phmscience	100	16.23	0.1623

28:32.28
SELECTIVE SEROTONIN AGONISTS
ALMOTRIPTAN MALATE

Tab.			6.25 mg		
02398435	<i>Mylan-Almotriptan</i>	Mylan	6	42.26	7.0433

Tab.			12.5 mg PPB		
02424029	<i>Almotriptan</i>	Pro Doc	6	14.09	➡ 2.3478
02466821	<i>Almotriptan</i>	Sanis	6	14.09	➡ 2.3478
02398443	<i>Mylan-Almotriptan</i>	Mylan	6	14.09	➡ 2.3478
02405334	<i>Sandoz Almotriptan</i>	Sandoz	6	14.09	➡ 2.3478
02434849	<i>Teva-Almotriptan</i>	Teva Can	6	14.09	W

ELETRIPTAN (HYDROBROMIDE)

Tab.			20 mg PPB		
02386054	<i>Apo-Eletriptan</i>	Apotex	6	15.70	➡ 2.6167
02518015	<i>Apo-Eletriptan</i>	Apotex	6	15.70	➡ 2.6167
02479451	<i>Auro-Eletriptan</i>	AuroPharma	6	15.70	➡ 2.6167
02511266	<i>Eletriptan</i>	Sanis	6	15.70	➡ 2.6167
02493683	<i>Jamp Eletriptan</i>	Jamp	6	15.70	➡ 2.6167
02342235	<i>Mylan-Eletriptan</i>	Mylan	6	15.70	➡ 2.6167
02489961	<i>Pro-Eletriptan</i>	Pro Doc	6	15.70	➡ 2.6167
02256290	<i>Relpax</i>	BGP Pharma	6	79.18	13.1967
02382091	<i>Teva-Eletriptan</i>	Teva Can	6	15.70	➡ 2.6167

Tab.			40 mg PPB		
02386062	<i>Apo-Eletriptan</i>	Apotex	6	15.70	➡ 2.6167
02518023	<i>Apo-Eletriptan</i>	Apotex	6	15.70	➡ 2.6167
02479478	<i>Auro-Eletriptan</i>	AuroPharma	6	15.70	➡ 2.6167
02511274	<i>Eletriptan</i>	Sanis	6	15.70	➡ 2.6167
02493691	<i>Jamp Eletriptan</i>	Jamp	6	15.70	➡ 2.6167
02342243	<i>Mylan-Eletriptan</i>	Mylan	6	15.70	➡ 2.6167
02489988	<i>Pro-Eletriptan</i>	Pro Doc	6	15.70	➡ 2.6167
02256304	<i>Relpax</i>	BGP Pharma	6	79.18	13.1967
02382105	<i>Teva-Eletriptan</i>	Teva Can	6	15.70	➡ 2.6167

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

NARATRIPTAN HYDROCHLORIDE

Tab.

				1 mg	
02314290	Teva-Naratriptan	Teva Can	8	49.15	6.1433

Tab.

				2.5 mg	PPB
02322323	Sandoz Naratriptan	Sandoz	9	55.29	➡ 6.1433
02314304	Teva-Naratriptan	Teva Can	8	49.15	➡ 6.1433

RIZATRIPTAN BENZOATE

Tab. Oral Disint. or Tab.

				5 mg	PPB	
02492482	AG-Rizatriptan ODT	Angita	6	22.23	➡	3.7050
02393468	Apo-Rizatriptan	Apotex	6	22.23	➡	3.7050
02380455	Jamp-Rizatriptan	Jamp	6	22.23	➡	3.7050
02465086	Jamp-Rizatriptan ODT	Jamp	6	22.23	➡	3.7050
02379651	Mar-Rizatriptan	Marcan	6	22.23	➡	3.7050
			30	111.15	➡	3.7050
02462788	Mar-Rizatriptan ODT	Marcan	6	22.23	➡	3.7050
02240518	Maxalt RPD	Organon	12	171.57		14.2975
02548801	M-Rizatriptan ODT	Mantra Ph.	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

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

Tab. Oral Disint. or Tab.

10 mg **PPB**

02381702	<i>ACT Rizatriptan</i>	Teva Can	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02492490	<i>AG-Rizatriptan ODT</i>	Angita	6	22.23	➡	3.7050
02393476	<i>Apo-Rizatriptan</i>	Apotex	6	22.23	➡	3.7050
02380463	<i>Jamp-Rizatriptan</i>	Jamp	6	22.23	➡	3.7050
			30	111.15	➡	3.7050
02465094	<i>Jamp-Rizatriptan ODT</i>	Jamp	6	22.23	➡	3.7050
02379678	<i>Mar-Rizatriptan</i>	Marcan	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02462796	<i>Mar-Rizatriptan ODT</i>	Marcan	6	22.23	➡	3.7050
02240521	<i>Maxalt</i>	Organon	12	171.57		14.2975
02240519	<i>Maxalt RPD</i>	Organon	12	171.57		14.2975
02547716	<i>M-Rizatriptan</i>	Mantra Ph.	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02548828	<i>M-Rizatriptan ODT</i>	Mantra Ph.	6	22.23	➡	3.7050
02379201	<i>Mylan-Rizatriptan ODT</i>	Mylan	6	22.23	➡	3.7050
02436612	<i>NAT-Rizatriptan ODT</i>	Natco	6	22.23	➡	3.7050
02489384	<i>NRA-Rizatriptan ODT</i>	Nora	6	22.23	➡	3.7050
02393379	<i>pms-Rizatriptan RDT</i>	Phmscience	6	22.23	➡	3.7050
02516756	<i>Rizatriptan</i>	Sanis	12	44.46	➡	3.7050
02442914	<i>Rizatriptan ODT</i>	Sanis	6	22.23	➡	3.7050
02446138	<i>Rizatriptan ODT</i>	Sivem	6	22.23	➡	3.7050
02415801	<i>Rizatriptan RDT</i>	Pro Doc	6	22.23	➡	3.7050
02351889	<i>Sandoz Rizatriptan ODT</i>	Sandoz	6	22.23	➡	3.7050
02396688	<i>Teva-Rizatriptan ODT</i>	Teva Can	6	22.23	➡	3.7050

**SUMATRIPTAN (HEMISULFATE) **

Nas. spray

20 mg

02230420	<i>Imitrex</i>	GSK	2	27.31		13.6550

**SUMATRIPTAN SUCCINATE **

Kit

6 mg/0.5 mL

02212188	<i>Imitrex Stat Dose</i>	GSK	1	81.32		

S.C. Inj. Sol.

6 mg/0.5 mL **PPB**

99000598	<i>Imitrex Stat Dose</i>	GSK	2	73.24		36.6200
02361698	<i>Taro-Sumatriptan</i>	Taro	2	66.35	➡	33.1750

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

Tab.

50 mg **PPB**

02268388	<i>Apo-Sumatriptan</i>	Apotex	6	16.64	➡ 2.7732
02212153	<i>Imitrex DF</i>	GSK	6	83.86	13.9767
02545357	<i>JAMP Sumatriptan</i>	Jamp	6	16.64	➡ 2.7732
02545306	<i>JAMP Sumatriptan DF</i>	Jamp	6	16.64	➡ 2.7732
02268914	<i>Mylan-Sumatriptan</i>	Mylan	6	16.64	➡ 2.7732
02256436	<i>pms-Sumatriptan</i>	Phmscience	6	16.64	➡ 2.7732
			30	83.20	➡ 2.7732
02324652	<i>Sumatriptan</i>	Pro Doc	6	16.64	➡ 2.7732
02286521	<i>Sumatriptan</i>	Sanis	6	16.64	➡ 2.7732
02546035	<i>Sumatriptan</i>	Sivem	6	16.64	➡ 2.7732
02385570	<i>Sumatriptan DF</i>	Sivem	6	16.64	➡ 2.7732
02286823	<i>Teva-Sumatriptan DF</i>	Teva Can	6	16.64	➡ 2.7732

Tab.

100 mg **PPB**

02268396	<i>Apo-Sumatriptan</i>	Apotex	6	18.33	➡ 3.0549
02212161	<i>Imitrex DF</i>	GSK	6	92.38	15.3967
02545365	<i>JAMP Sumatriptan</i>	Jamp	6	18.33	➡ 3.0549
02545314	<i>JAMP Sumatriptan DF</i>	Jamp	6	18.33	➡ 3.0549
02268922	<i>Mylan-Sumatriptan</i>	Mylan	6	18.33	➡ 3.0549
02256444	<i>pms-Sumatriptan</i>	Phmscience	6	18.33	➡ 3.0549
			30	91.65	➡ 3.0549
02324660	<i>Sumatriptan</i>	Pro Doc	6	18.33	➡ 3.0549
02286548	<i>Sumatriptan</i>	Sanis	6	18.33	➡ 3.0549
02546043	<i>Sumatriptan</i>	Sivem	6	18.33	➡ 3.0549
02385589	<i>Sumatriptan DF</i>	Sivem	6	18.33	➡ 3.0549
02239367	<i>Teva-Sumatriptan</i>	Teva Can	6	18.33	➡ 3.0549
02286831	<i>Teva-Sumatriptan DF</i>	Teva Can	6	18.33	➡ 3.0549
			50	152.75	➡ 3.0549

ZOLMITRIPTAN

Nas. spray

5 mg

02248993	<i>Zomig</i>	Xediton	6	83.10	13.8500

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

Tab. Oral Disint. or Tab.

2.5 mg **PPB**

02481030	<i>Auro-Zolmitriptan</i>	AuroPharma	6	10.52	➡	1.7532
			30	52.60	➡	1.7532
02512831	<i>Bio-Zolmitriptan</i>	Biomed	6	10.52	➡	1.7532
02421623	<i>Jamp-Zolmitriptan</i>	Jamp	6	10.52	➡	1.7532
02477106	<i>Jamp-Zolmitriptan</i>	Jamp	6	10.52	➡	1.7532
02428237	<i>Jamp-Zolmitriptan ODT</i>	Jamp	6	10.52	➡	1.7532
02399458	<i>Mar-Zolmitriptan</i>	Marcan	6	10.52	➡	1.7532
02419521	<i>Mint-Zolmitriptan</i>	Mint	6	10.52	➡	1.7532
02421534	<i>NAT-Zolmitriptan</i>	Natco	6	10.52	➡	1.7532
			100	175.32	➡	1.7532
02489392	<i>NRA-Zolmitriptan</i>	Nora	6	10.52	➡	1.7532
02362988	<i>Sandoz Zolmitriptan</i>	Sandoz	3	5.26	➡	1.7532
			6	10.52	➡	1.7532
02362996	<i>Sandoz Zolmitriptan ODT</i>	Sandoz	2	3.51	➡	1.7532
			6	10.52	➡	1.7532
02313960	<i>Teva Zolmitriptan</i>	Teva Can	6	10.52	➡	1.7532
02342545	<i>Teva Zolmitriptan OD</i>	Teva Can	6	10.52	➡	1.7532
02442655	<i>Zolmitriptan</i>	Sanis	6	10.52	➡	1.7532
02442671	<i>Zolmitriptan ODT</i>	Sanis	6	10.52	➡	1.7532
02238660	<i>Zomig</i>	Xediton	6	83.10		13.8500
02243045	<i>Zomig Rapimelt</i>	Xediton	6	83.10		13.8500

28:32.92

ANTIMIGRAINE AGENTS, MISCELLANEOUS

**PIZOTIFEN MALATE **

Tab.

1 mg

00511552	<i>Sandomigran DS</i>	Knight	100	62.83		0.6283

28:36

ANTIPARKINSONIAN AGENTS

**ETHOPROPAZINE HYDROCHLORIDE **

Tab.

50 mg

01927744	<i>Parsitan</i>	Search Phm	100	19.53		0.1953

**LEVODOPA/ BENSERAZIDE HYDROCHLORIDE **

Caps.

50 mg -12.5 mg

00522597	<i>Prolopa 50/12.5</i>	Roche	100	27.87		0.2787

Caps.

100 mg -25 mg

00386464	<i>Prolopa 100/25</i>	Roche	100	45.88		0.4588

**LEVODOPA/ CARBIDOPA/ ENTACAPONE **

Tab.

50 mg - 12.5 mg - 200 mg

02305933	<i>Stalevo</i>	Sandoz	100	160.05		1.6005

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

Tab.			75 mg - 18,75 mg - 200 mg		
02337827	<i>Stalevo</i>	Sandoz	100	160.05	1.6005

Tab.			100 mg - 25 mg - 200 mg		
02305941	<i>Stalevo</i>	Sandoz	100	160.05	1.6005

Tab.			125 mg - 31,25 mg - 200 mg		
02337835	<i>Stalevo</i>	Sandoz	100	160.05	1.6005

Tab.			150 mg - 37,5 mg - 200 mg		
02305968	<i>Stalevo</i>	Sandoz	100	160.05	1.6005

28:36.04

ADAMANTANES

AMANTADINE HYDROCHLORIDE

Caps.			100 mg		
01990403	<i>PDP-Amantadine</i>	Pendopharm	100	53.78	0.5378

Syr.			50 mg/5 mL PPB		
02538601	<i>Odan-Amantadine Sirop</i>	Odan	500 ml	49.40 ➡	0.0988
02022826	<i>PDP-Amantadine</i>	Pendopharm	500 ml	49.40 ➡	0.0988

28:36.08

ANTICHOLINERGIC AGENTS

BENZTROPINE MESYLATE

Tab.			1 mg		
00706531	<i>PDP-Benztropine</i>	Pendopharm	1000	53.50	0.0535

TRIHXYPHENIDYL HYDROCHLORIDE

Tab.			2 mg		
00545058	<i>Trihexyphenidyl</i>	AA Pharma	100	3.76	0.0376

Tab.			5 mg		
00545074	<i>Trihex</i>	AA Pharma	100	6.81	0.0681

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

28:36.12

CATECHOL-O-METHYLTRANSFERASE (COMT) INHIBITORS

ENTACAPONE

Tab.

				200 mg	PPB		
02321459	<i>Apo-Entacapone</i>	Apotex	100	40.10	➡	0.4010	
02243763	<i>Comtan</i>	Sandoz	100	151.92		1.5192	
02535939	<i>Mint-Entacapone</i>	Mint	100	40.10	➡	0.4010	
02380005	<i>Sandoz Entacapone</i>	Sandoz	100	40.10	➡	0.4010	
02375559	<i>Teva Entacapone</i>	Teva Can	100	40.10	➡	0.4010	

28:36.16

DOPAMINE PRECURSORS

LEVODOPA/ CARBIDOPA

L.A. Tab.

				100 mg -25 mg		
02272873	<i>Levocarb CR</i>	AA Pharma	100	79.74		0.7974

L.A. Tab.

				200 mg -50 mg		
02245211	<i>Levocarb CR</i>	AA Pharma	100	142.82		1.4282

Tab.

				100 mg -10 mg	PPB		
02195933	<i>Apo-Levocarb</i>	Apotex	100	10.87	➡	0.1087	
02531593	<i>Auro-Levocarb</i>	AuroPharma	100	10.87	➡	0.1087	
			500	54.35	➡	0.1087	
02546396	<i>JAMP Levocarb</i>	Jamp	100	10.87	➡	0.1087	
02457954	<i>Mint-Levocarb</i>	Mint	100	10.87	➡	0.1087	
02244494	<i>Novo-Levocarbidoa</i>	Novopharm	100	10.87	➡	0.1087	
02549719	<i>pms-Levodopa-Carbidopa</i>	Phmscience	100	10.87	➡	0.1087	

Tab.

				100 mg -25 mg	PPB		
02551365	<i>AG-Levocarb</i>	Angita	500	81.15	➡	0.1623	
02195941	<i>Apo-Levocarb</i>	Apotex	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	
02531607	<i>Auro-Levocarb</i>	AuroPharma	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	
02546418	<i>JAMP Levocarb</i>	Jamp	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	
02457962	<i>Mint-Levocarb</i>	Mint	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	
02244495	<i>Novo-Levocarbidoa</i>	Novopharm	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	
02549727	<i>pms-Levodopa-Carbidopa</i>	Phmscience	100	16.23	➡	0.1623	
			500	81.15	➡	0.1623	

28:36.20

DOPAMINE RECEPTOR AGONISTS

BROMOCRIPTIN MESYLATE

Caps.

				5 mg		
02230454	<i>Bromocriptine</i>	AA Pharma	100	152.51		1.5251

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

Tab.				2.5 mg	
02087324	<i>Bromocriptine</i>	AA Pharma	100	101.88	1.0188

PRAMIPEXOLE DIHYDROCHLORIDE

Tab.				0.25 mg	PPB	
02297302	<i>Act Pramipexole</i>	Teva Can	100	19.50	➡	0.1950
02292378	<i>Apo-Pramipexole</i>	Apotex	100	19.50	➡	0.1950
02424061	<i>Auro-Pramipexole</i>	AuroPharma	100	19.50	➡	0.1950
			500	97.50	➡	0.1950
02237145	<i>Mirapex</i>	Bo. Ing.	100	105.13		1.0513
02325802	<i>Pramipexole</i>	Pro Doc	100	19.50	➡	0.1950
02367602	<i>Pramipexole</i>	Sanis	100	19.50	➡	0.1950
02309122	<i>Pramipexole</i>	Sivem	100	19.50	➡	0.1950
02315262	<i>Sandoz Pramipexole</i>	Sandoz	100	19.50	➡	0.1950

Tab.				0.5 mg	PPB	
02297310	<i>Act Pramipexole</i>	Teva Can	100	40.18	➡	0.4018
02292386	<i>Apo-Pramipexole</i>	Apotex	100	40.18	➡	0.4018
02424088	<i>Auro-Pramipexole</i>	AuroPharma	100	40.18	➡	0.4018
			500	200.90	➡	0.4018
02325810	<i>Pramipexole</i>	Pro Doc	100	40.18	➡	0.4018
02367610	<i>Pramipexole</i>	Sanis	100	40.18	➡	0.4018
02309130	<i>Pramipexole</i>	Sivem	100	40.18	➡	0.4018
02315270	<i>Sandoz Pramipexole</i>	Sandoz	100	40.18	➡	0.4018

Tab.				1 mg	PPB	
02297329	<i>Act Pramipexole</i>	Teva Can	100	39.01	➡	0.3901
02292394	<i>Apo-Pramipexole</i>	Apotex	100	39.01	➡	0.3901
02424096	<i>Auro-Pramipexole</i>	AuroPharma	100	39.01	➡	0.3901
			500	195.05	➡	0.3901
02325829	<i>Pramipexole</i>	Pro Doc	100	39.01	➡	0.3901
02367629	<i>Pramipexole</i>	Sanis	100	39.01	➡	0.3901
02309149	<i>Pramipexole</i>	Sivem	100	39.01	➡	0.3901
02315289	<i>Sandoz Pramipexole</i>	Sandoz	100	39.01	➡	0.3901

Tab.				1.5 mg	PPB	
02297337	<i>Act Pramipexole</i>	Teva Can	100	39.01	➡	0.3901
02292408	<i>Apo-Pramipexole</i>	Apotex	100	39.01	➡	0.3901
02424118	<i>Auro-Pramipexole</i>	AuroPharma	100	39.01	➡	0.3901
			500	195.05	➡	0.3901
02325837	<i>Pramipexole</i>	Pro Doc	100	39.01	➡	0.3901
02367645	<i>Pramipexole</i>	Sanis	100	39.01	➡	0.3901
02309157	<i>Pramipexole</i>	Sivem	100	39.01	➡	0.3901
02315297	<i>Sandoz Pramipexole</i>	Sandoz	100	39.01	➡	0.3901

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

ROPINIROLE HYDROCHLORIDE

Tab.

0.25 mg **PPB**

02314037	<i>Ran-Ropinirole</i>	Ranbaxy	100	14.41	➡ 0.1441
02316846	<i>Teva-Ropinirole</i>	Teva Can	100	14.41	➡ 0.1441

Tab.

1 mg **PPB**

02314053	<i>Ran-Ropinirole</i>	Ranbaxy	100	57.62	➡ 0.5762
02316854	<i>Teva-Ropinirole</i>	Teva Can	100	57.62	➡ 0.5762

Tab.

2 mg **PPB**

02314061	<i>Ran-Ropinirole</i>	Ranbaxy	100	63.38	➡ 0.6338
02316862	<i>Teva-Ropinirole</i>	Teva Can	100	63.38	➡ 0.6338

Tab.

5 mg **PPB**

02314088	<i>Ran-Ropinirole</i>	Ranbaxy	100	85.96	➡ 0.8596
02316870	<i>Teva-Ropinirole</i>	Teva Can	100	85.96	➡ 0.8596

28:36.32

MONOAMINE OXIDASE B INHIBITORS

SAFINAMIDE MESYLATE

Tab.

50 mg

02484641	<i>Onstryv</i>	Valeo	30	207.00	6.9000

Tab.

100 mg

02484668	<i>Onstryv</i>	Valeo	30	207.00	6.9000

SELEGILINE HYDROCHLORIDE

Tab.

5 mg

02230641	<i>Selegiline</i>	AA Pharma	100	170.72	1.7072

28:92

CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS

BETAHISTINE DIHYDROCHLORIDE

Tab.

16 mg **PPB**

02449153	<i>Auro-Betahistine</i>	AuroPharma	100	11.06	➡ 0.1106
02466449	<i>Betahistine</i>	Sanis	100	11.06	➡ 0.1106
02519690	<i>M-Betahistine</i>	Mantra Ph.	100	11.06	➡ 0.1106
02538148	<i>Mint-Betahistine</i>	Mint	100	11.06	➡ 0.1106
02544938	<i>NRA-Betahistine</i>	Nora	30	3.32	➡ 0.1106
			100	11.06	➡ 0.1106
02330210	<i>pms-Betahistine</i>	Phmscience	100	11.06	➡ 0.1106
02243878	<i>Serc</i>	BGP Pharma	100	45.99	0.4599
02280191	<i>Teva-Betahistine</i>	Teva Can	100	11.06	W

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

Tab.

24 mg **PPB**

02449161	<i>Auro-Betahistine</i>	AuroPharma	100	16.59	➡	0.1659
02466457	<i>Betahistine</i>	Sanis	100	16.59	➡	0.1659
02519704	<i>M-Betahistine</i>	Mantra Ph.	100	16.59	➡	0.1659
02538156	<i>Mint-Betahistine</i>	Mint	100	16.59	➡	0.1659
02544946	<i>NRA-Betahistine</i>	Nora	30	4.98	➡	0.1659
			100	16.59	➡	0.1659
02330237	<i>pms-Betahistine</i>	Phmscience	100	16.59	➡	0.1659
02247998	<i>Serc</i>	BGP Pharma	100	68.97		0.6897
02280205	<i>Teva-Betahistine</i>	Teva Can	100	16.59		W

TETRABENAZINE

Tab.

25 mg **PPB**

02407590	<i>Apo-Tetrabenazine</i>	Apotex	100	166.69	➡	1.6669
02410338	<i>Comprimés de tetrabenazine</i>	Sterimax	112	186.69	➡	1.6669
02199270	<i>Nitoman</i>	Bausch H.	112	699.92		6.2493
02402424	<i>pms-Tetrabenazine</i>	Phmscience	100	166.69	➡	1.6669

36:00
DIAGNOSTIC AGENTS

36:26 **diabetes mellitus**
36:88 **urine and feces contents**
36:88.12 ketones
36:88.40 sugar

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

36:00

DIAGNOSTIC AGENTS

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST

Strip

12

99114132	<i>CoaguChek PT Test</i>	Roche Diag	48	297.60	6.2000
99101324	<i>CoaguChek XS PT Test</i>	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000
			48	297.60	6.2000
99113493	<i>CoaguChek XS PT Test</i>	Roche Diag	6	37.20	6.2000
	<i>PST</i>		24	148.80	6.2000

36:26

DIABETES MELLITUS

QUANTITATIVE GLUCOSE BLOOD TEST ³¹

Strip

99002884	<i>Accu-Chek Advantage</i>	Roche SD	50	40.80	
			100	71.25	
99100214	<i>Accu-Chek Aviva</i>	Roche SD	50	40.80	
			100	71.25	
99004364	<i>Accu-Chek Compact</i>	Roche SD	51	41.62	
			102	72.68	
99101387	<i>Accu-Chek Guide</i>	Roche SD	50	34.07	
			100	68.13	
99100791	<i>Accu-Chek Mobile</i>	Roche SD	100	71.25	
99101011	<i>Bravo</i>	DEXmedical	100	39.99	
99101275	<i>CareSens N</i>	I-Sens	100	50.00	
99100096	<i>Contour</i>	Ascensia	50	40.81	
			100	69.89	
99100849	<i>Contour NEXT</i>	Ascensia	100	69.89	
99101233	<i>Fora Test N'GO</i>	TaiDoc	50	25.00	
99100478	<i>FreeStyle Lite</i>	Ab Diabete	50	37.00	
			100	69.00	
99100928	<i>FreeStyle Precision</i>	Abbott	100	68.90	
99101090	<i>GE200</i>	Bionime	100	51.00	
99101184	<i>Medi+Sure</i>	Medisure	50	34.00	
			100	68.00	
99114045	<i>MediSure Empower</i>	Medisure	50	34.00	
			100	68.00	
99100787	<i>OneTouch Verio</i>	Lifescan	100	69.43	
99113794	<i>Rapid Response Gluco-MD</i>	BTNX	50	34.50	
99101313	<i>Spirit Blood Glucose Test Strips</i>	Ara Pharm	100	50.00	
99101186	<i>SureTest</i>	Skymed	50	25.00	
99100413	<i>TrueTrack</i>	Nipro Diag	50	22.78	
			100	39.57	
99004240	<i>Ultra</i>	Lifescan	50	39.75	
			100	69.43	

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

- 31 For the maximum number of test strips covered by the basic prescription drug plan, based on the persons situation, please refer to item 9 in the List of medications

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

QUANTITATIVE KETONE BLOOD TEST

Strip

99100929	<i>FreeStyle Precision (Cetone)</i>	Abbott	10	19.50	

36:88

URINE AND FECES CONTENTS

SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST

Strip

00035149	<i>Keto-Diastix</i>	Ascensia	100	13.03	

36:88.12

KETONES

QUALITATIVE ACETONE TEST

Strip

00035092	<i>Ketostix</i>	Ascensia	50	6.06	

36:88.40

SUGAR

SEMI-QUANTITATIVE GLUCOSE TEST

Strip

00035130	<i>Diastix</i>	Ascensia	50	5.44	

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

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	<i>Dicitrate</i>	Pendopharm	500 ml	22.33	0.0447

SODIUM BICARBONATE

Tab.			500 mg PPB		
80030520	<i>Jamp-Sodium Bicarbonate</i>	Jamp	500	34.20 ➡	0.0684
80123328	<i>M-Sodium Bicarbonate</i>	Mantra Ph.	500	34.20 ➡	0.0684
80022194	<i>Sandoz Sodium Bicarbonate</i>	Sandoz	500	34.20 ➡	0.0684

40:12
REPLACEMENT PREPARATIONS
CALCIUM CARBONATE

Tab.			500 mg PPB		
80103904	<i>AG-Calcium 500 mg</i>	Angita	500	10.80 ➡	0.0216
80076097	<i>Alta-Cal</i>	Altamed	500	10.80 ➡	0.0216
80066648	<i>Bio-Calcium</i>	Biomed	500	10.80 ➡	0.0216
80067139	<i>Caicium Tablet</i>	Cellchem	60	1.30 ➡	0.0216
80003773	<i>Calcium 500</i>	Trianon	100	2.16 ➡	0.0216
			500	10.80 ➡	0.0216
80124033	<i>i-Cal 500</i>	InfoPharma	500	10.80 ➡	0.0216
02246040	<i>Jamp-Calcium</i>	Jamp	500	10.80 ➡	0.0216
			1000	21.60 ➡	0.0216
80055526	<i>MCal 500 mg</i>	Mantra Ph.	500	10.80 ➡	0.0216
80120791	<i>Nora Calcium</i>	Nora	500	10.80 ➡	0.0216
80001408	<i>Novo-Calcium</i>	Novopharm	500	10.80 ➡	0.0216
00618098	<i>Nu-Cal</i>	Odan	100	2.16 ➡	0.0216
			500	10.80 ➡	0.0216
80039952	<i>Opus Cal 500</i>	Opus	500	10.80 ➡	0.0216
80001122	<i>Pharma-Cal 500 mg</i>	Pendopharm	500	10.80 ➡	0.0216
			1000	21.60 ➡	0.0216
80079608	<i>Pro-Cal-500</i>	Pro Doc	500	10.80 ➡	0.0216

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

CALCIUM CARBONATE/VITAMIN D

Caps. or Tab.

500 mg - 800 UI **PPB**

80105524	<i>AG-Calcium D 800</i>	Angita	60	7.20	➡	0.1200
80015972	<i>Calcite 500 + D 800</i>	Riva	30	3.60	➡	0.1200
			500	60.00	➡	0.1200
80083458	<i>Calcium 500 Vitamine D800</i>	Altamed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80015847	<i>JAMP Calcium Carbonate D 800</i>	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80024378	<i>LiquiCal-D</i>	Mayaka	100	12.00	➡	0.1200
80028413	<i>Liqui-Jamp Plus</i>	Jamp	120	14.40	➡	0.1200
80019533	<i>MCal D800</i>	Mantra Ph.	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80079933	<i>Vitamin D + Calcium</i>	Cellchem	60	7.20	➡	0.1200

Chew. Tab.

500 mg - 800 UI

80058042	<i>Calcia Plus</i>	Medexus	60	7.20		0.1200

Tab.

500 mg - 125 UI and 200 UI **PPB**

80004143	<i>Biocal-D</i>	Biomed	500	14.45	➡	0.0289
80017196	<i>Cal-500-D</i>	Pro Doc	500	14.45	➡	0.0289
80004966	<i>Calcite D 500</i>	Riva	100	2.89	➡	0.0289
80004968	<i>Calcium D 500</i>	Trianon	100	2.89	➡	0.0289
			500	14.45	➡	0.0289
02246041	<i>JAMP Calcium Carbonate D 125</i>	Jamp	100	2.89	➡	0.0289
			500	14.45	➡	0.0289
80007304	<i>O-Calcium 500 mg with Vitamin D</i>	Novopharm	100	2.89	➡	0.0289
			500	14.45	➡	0.0289
80067149	<i>Osteo Tablet</i>	Cellchem	60	1.73	➡	0.0289

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

Tab. or Chew. Tab.orCaps.

500 mg - 400 UI et 500 UI **PPB**

80103511	AG-Calcium Carbonate + Vitamin D 500 mg + 400 UI	Angita	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80101376	AG-Calcium D 400 Croq.	Angita	60	7.20	➡	0.1200
80101377	AG-Calcium D 400 foncé	Angita	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80066647	Bio-Calcium-D	Biomed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80012594	Biocal-D Forte	Biomed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80090977	Bio-Cal-D3	Biomed	500	60.00	➡	0.1200
80088060	Bio-Cal-D3 Forte	Biomed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80000159	Calcia 400	Medexus	60	7.20	➡	0.1200
80004963	Calcite 500 + D 400	Riva	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80004969	Calcium 500 + D 400	Trianon	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80083997	Calcium 500 + Vitamine D400	Altamed	60	7.20	➡	0.1200
80066082	Calcium 500 Vitamine D400	Altamed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80066089	Calcium 500 Vitamine D400 UI	Altamed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
02245511	Carbocal D 400 (Co.)	Sandoz	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80131668	Dac Calcium 500 mg + Vitamin D400 IU	Dac Pharma	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80124031	i-Cal D400	InfoPharma	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80002623	JAMP Calcium Carbonate D 400 Chewable	Jamp	60	7.20	➡	0.1200
			300	36.00	➡	0.1200
80025360	JAMP Calcium Carbonate D 400 Dark Blue	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80002122	JAMP Calcium Carbonate D 400 Pale Blue	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80025065	JAMP Calcium Carbonate D 400 Rose	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80012435	Jamp-Calcium + Vitamin D 500 UI	Jamp	500	60.00	➡	0.1200
80000408	LiquiCal D 400	Mayaka	100	12.00	➡	0.1200
80021961	Liqui-Jamp	Jamp	100	12.00	➡	0.1200
			120	14.40	➡	0.1200
80013329	MCal D400	Mantra Ph.	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80009412	MCal D400 chewable	Mantra Ph.	60	7.20	➡	0.1200
80120783	Nora Cal-D 400 (dark blue)	Nora	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80120785	Nora CAL-D 400 (light blue)	Nora	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80020974	Opus Cal D-400	Opus	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80040634	Opus Cal D-400 Bleu Fonce	Opus	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80059293	Pharma-Cal D 400 UI Dark	Phmscience	60	7.20	➡	0.1200
			500	60.00	➡	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
80008566	<i>Pro-Cal-D 400</i>	Pro Doc	60	7.20	➡ 0.1200
			500	60.00	➡ 0.1200
80065914	<i>Riva-Cal D400</i>	Riva	60	7.20	➡ 0.1200
			500	60.00	➡ 0.1200

Tab. or Chew. Tab.orCaps.

500 mg - 1 000 UI **PPB**

80105522	<i>AG-Calcium D 1000 Croq.</i>	Angita	60	7.20	➡ 0.1200
80101375	<i>AG-Calcium D 1000 Yellow</i>	Angita	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80027407	<i>Bio-CAL-D3 +</i>	Biomed	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80025501	<i>Calcite 500 + D 1000</i>	Riva	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80066093	<i>Calcium 500 Vitamine D1000</i>	Altamed	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80027625	<i>Carbocal D 1000</i>	Sandoz	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80018540	<i>JAMP Calcium Carbonate D 1000</i>	Jamp	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80027787	<i>JAMP Calcium Carbonate D 1000 Chewable</i>	Jamp	60	7.20	➡ 0.1200
80025051	<i>LiquiCal-D</i>	Mayaka	100	12.00	➡ 0.1200
80028899	<i>Liqui-Jamp Fort</i>	Jamp	120	14.40	➡ 0.1200
80019536	<i>MCal D1000</i>	Mantra Ph.	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80050701	<i>MCal D1000 chewable</i>	Mantra Ph.	60	7.20	➡ 0.1200
80120728	<i>Nora CAL-D 1000</i>	Nora	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80039162	<i>Opus Cal D-1000</i>	Opus	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80072757	<i>Riva-Cal D1000</i>	Riva	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200

CALCIUM CITRATE/VITAMIN D

Chew. Tab.

500 mg -400 UI **PPB**

80101373	<i>AG-Calcium Cit.D 400 Croq.</i>	Angita	60	7.20	➡ 0.1200
80000281	<i>Ci-Cal D 400</i>	Sandoz	60	7.20	➡ 0.1200
80003262	<i>JAMP Calcium Citrate D 400 Chewable</i>	Jamp	60	7.20	➡ 0.1200

Chew. Tab.

500 mg - 1 000 UI

80029083	<i>Jamp-Calcium Citrate + Vitamine D 1000 UI</i>	Jamp	60	7.20	0.1200

Tab.

250 mg - 200 U.I.

80015811	<i>Jamp-Calcium Citrate & Vitamin D 200 IU</i>	Jamp	120	7.20	0.0600
			360	21.60	0.0600

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

Tab.

250 mg - 500 UI

80025304	<i>Jamp-Calcium Citrate + Vitamine D 500 UI</i>	Jamp	60 360	3.60 21.60	0.0600 0.0600

ELECTROLYTE (REPLACEMENT)/ DEXTROSE

Oral Pd.

5,1 g / sac. **PPB**

80027403	<i>Jamp Rehydralyte</i>	Jamp	10	16.58	➡ 1.6575
80142195	<i>Opus-HydraElectrolyte</i>	Opus	10	16.58	➡ 1.6575

MAGNESIUM GLUCOHEPTONATE

Oral Sol.

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

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

MAGNESIUM GLUCONATE

Tab.

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

80107417	<i>AG-Magnesium Gluconate</i>	Angita	100	10.88	➡ 0.1088
80089349	<i>Bio-Magnesium</i>	Biomed	100	10.88	➡ 0.1088
80009539	<i>Jamp-Magnesium</i>	Jamp	100	10.88	➡ 0.1088
00555126	<i>Maglucate</i>	Pendopharm	100	10.88	➡ 0.1088
80062929	<i>M-Magnesium Gluconate</i>	Mantra Ph.	100	10.88	➡ 0.1088
80115982	<i>Opus Magnesium Gluconate</i>	Opus	100	10.88	➡ 0.1088

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

POTASSIUM CHLORIDE

L.A. Tab.

20 mmol (en K+) **PPB**

80106713	<i>AG-K20</i>	Angita	500	58.05	➡	0.1161
80026265	<i>Bio-POTASSIUM K20</i>	Biomed	100	11.61	➡	0.1161
			500	58.05	➡	0.1161
02242261	<i>Euro-K 20</i>	Sandoz	100	11.61	➡	0.1161
			500	58.05	➡	0.1161
80013007	<i>Jamp-K 20</i>	Jamp	100	11.61	➡	0.1161
			500	58.05	➡	0.1161
80040412	<i>K-20 Potassium</i>	Altamed	500	58.05	➡	0.1161
80025624	<i>M-K20 L.A.</i>	Mantra Ph.	100	11.61	➡	0.1161
			500	58.05	➡	0.1161
80071412	<i>M-K20 Soluble</i>	Mantra Ph.	100	19.95		0.1995
			500	99.75		0.1995
80004415	<i>Odan K-20</i>	Odan	100	11.61	➡	0.1161
			500	58.05	➡	0.1161
80028233	<i>Opus K-20</i>	Opus	500	58.05	➡	0.1161
80107649	<i>PRZ K20</i>	Pharmaris	100	11.61	➡	0.1161
02243975	<i>Riva-K 20 SR</i>	Riva	100	11.61	➡	0.1161
			500	58.05	➡	0.1161

LA Caps or LA Tab

8 mmol (en K+) **PPB**

80106826	<i>AG-K8</i>	Angita	500	20.00		W
80084446	<i>Alta-K8</i>	Altamed	500	20.00		W
			1000	40.00		W
00602884	<i>Apo-K</i>	Apotex	1000	74.86		0.0749
80013005	<i>Jamp-K 8</i>	Jamp	100	4.00	➡	0.0400
			500	20.00	➡	0.0400
02042304	<i>Micro-K</i>	Paladin	100	7.92		0.0792
80035346	<i>M-K8 L.A.</i>	Mantra Ph.	100	4.00	➡	0.0400
			500	20.00	➡	0.0400
80044745	<i>Opus K-8</i>	Opus	1000	40.00	➡	0.0400
80108882	<i>PRZ K8</i>	Pharmaris	100	4.00	➡	0.0400
			500	20.00	➡	0.0400

Oral Sol.

6.65 mmol/5 mL (en K+)

02238604	<i>pms-Potassium Chloride</i>	Phmscience	500 ml	5.10		0.0102

POTASSIUM CITRATE

Eff. Tab.

25 mmol (en K+) **PPB**

80033602	<i>Jamp-K Effervescent</i>	Jamp	30	14.28	➡	0.4760
02085992	<i>K-Lyte</i>	WellSpring	30	14.28	➡	0.4760

L.A. Tab.

10 mmol (en K+) **PPB**

80023817	<i>Jamp-K-Citrate</i>	Jamp	100	15.45	➡	0.1545
02243768	<i>K-Citra</i>	Seaford	100	15.45	➡	0.1545
80109304	<i>PRZ K-Citrate</i>	Pharmaris	100	15.45	➡	0.1545

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

Oral Sol.			10 mmol/5 mL (en K+)		
80011529	<i>K-Citra 10 Solution</i>	Seaford	450 ml	19.97	0.0444

SODIUM ACIDE PHOSPHATE/ SODIUM BICARBONATE/POTASSIUM BICARBONATE

Eff. Tab.			500 mg en P - 469 mg - 123 mg PPB		
80047562	<i>Jamp-Sodium Phosphate</i>	Jamp	20	8.24 ➡	0.4120
80112397	<i>M-Sodium Phosphate</i>	Mantra Ph.	20	8.24 ➡	0.4120

SODIUM CHLORIDE

I.V. Inj. Sol.			234 mg/mL 11		
99100498			30 ml		

Inh. Sol.			70 mg/mL (4 mL)		
80029758	<i>Nebusal 7 %</i>	Sterimax	60	53.00	0.8833

40:18.18

POTASSIUM-REMOVING AGENTS

CALCIUM POLYSTYRENE SULPHONATE

Oral Pd.			Exchange capacity: 1.6 mmol of k/g PPB		
02502631	<i>Jamp Calcium Polystyrene Sulfonate</i>	Jamp	300 g	➡	71.94
02017741	<i>Resonium Calcium</i>	SanofiAven	300 g	➡	71.94

POLYSTYRENE SODIUM SULFONATE

Oral Pd.			Exchange capacity: 1 mmol of k/g PPB		
02497557	<i>Jamp Sodium Polystyrene Sulfonate</i>	Jamp	454 g	➡	29.42
02026961	<i>Kayexalate</i>	SanofiAven	454 g	➡	29.42
02473941	<i>Odan-Sodium polystyrene sulfonate</i>	Odan	454 g	➡	29.42
00755338	<i>Solystat</i>	Pendopharm	454 g	➡	29.42

Oral Susp.			Exchange capacity: 1 mmol of k/4mL PPB		
02473968	<i>Odan-Sodium polystyrene sulfonate</i>	Odan	500 ml	➡	0.1044
00769541	<i>Solystat</i>	Pendopharm	500 ml	➡	0.1044

40:20

CALORIC AGENTS

LEVOCARNITINE

I.V. Inj. Sol.			1 g/5 mL		
02144344	<i>Carnitor</i>	Leadiant	5 ml	89.70	

11 Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

Oral Sol.

100 mg/mL **PPB**

02144336	<i>Carnitor</i>	Leadiant	118 ml	44.95 ➡	0.3809
02492105	<i>Odan Levocarnitine</i>	Odan	118 ml	44.95 ➡	0.3809

Tab.

330 mg

02144328	<i>Carnitor</i>	Leadiant	90	347.50	3.8611

40:28.08

LOOP DIURETICS

**ETHACRYNIC ACID **

Tab.

25 mg

02258528	<i>Edecrin</i>	Bausch H.	100	30.96	0.3096

**FUROSEMIDE **

Inj. Sol.

10 mg/mL **PPB**

00527033	<i>Furosemide</i>	Sandoz	4 ml	➡ 2.42	
02527502	<i>Furosemide for Injection</i>	Jamp	2 ml	➡ 1.21	
			4 ml	➡ 2.42	
02480530	<i>Furosemide injection USP</i>	Marcan	2 ml	➡ 1.21	
			4 ml	➡ 2.42	
02384094	<i>Furosemide pour injection USP</i>	Hikma	2 ml	1.30	
02382539	<i>Furosemide SDZ</i>	Sandoz	2 ml	➡ 1.21	
			4 ml	➡ 2.42	

Oral Sol.

10 mg/mL

02224720	<i>Lasix</i>	SanofiAven	120 ml	36.99	0.3083

Tab.

20 mg **PPB**

00396788	<i>Apo-Furosemide</i>	Apotex	1000	20.90 ➡	0.0209
02351420	<i>Furosemide (Sanis)</i>	Sanis	1000	20.90 ➡	0.0209
02466759	<i>Mint-Furosemide</i>	Mint	1000	20.90 ➡	0.0209
00496723	<i>Pro-Furosemide</i>	Pro Doc	1000	20.90 ➡	0.0209
00337730	<i>Teva-Furosemide</i>	Teva Can	100	2.09 ➡	0.0209
			1000	20.90 ➡	0.0209

Tab.

40 mg **PPB**

00362166	<i>Apo-Furosemide</i>	Apotex	1000	32.18 ➡	0.0322
02351439	<i>Furosemide (Sanis)</i>	Sanis	1000	32.18 ➡	0.0322
02466767	<i>Mint-Furosemide</i>	Mint	1000	32.18 ➡	0.0322
02247494	<i>pms-Furosemide</i>	Phmscience	500	16.09 ➡	0.0322
00397792	<i>Pro-Furosemide</i>	Pro Doc	1000	32.18 ➡	0.0322
00337749	<i>Teva-Furosemide</i>	Teva Can	100	3.22 ➡	0.0322
			1000	32.18 ➡	0.0322

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

Tab.

80 mg **PPB**

00707570	<i>Apo-Furosemide</i>	Apotex	100	6.54 ➡	0.0654
02351447	<i>Furosemide (Sanis)</i>	Sanis	100	6.54 ➡	0.0654
02466775	<i>Mint-Furosemide</i>	Mint	100	6.54 ➡	0.0654
00667080	<i>Pro-Furosemide</i>	Pro Doc	100	6.54 ➡	0.0654
			500	32.70 ➡	0.0654
00765953	<i>Teva-Furosemide</i>	Teva Can	100	6.54 ➡	0.0654

Tab.

500 mg

02224755	<i>Lasix Special</i>	SanofiAven	20	52.47	2.6235

40:28.16

POTASSIUM-SPARING DIURETICS

AMILORIDE HYDROCHLORIDE

Tab.

5 mg

02249510	<i>Midamor</i>	AA Pharma	100	31.37	0.3137

40:28.20

THIAZIDE DIURETICS

HYDROCHLOROTHIAZIDE

Tab.

12.5 mg **PPB**

02327856	<i>Apo-Hydro</i>	Apotex	500	3.95 ➡	0.0079
02425947	<i>Mint-Hydrochlorothiazide</i>	Mint	500	3.95 ➡	0.0079

Tab.

25 mg **PPB**

00326844	<i>Apo-Hydro</i>	Apotex	100	1.57 ➡	0.0157
			1000	15.65 ➡	0.0157
02486962	<i>Hydrochlorothiazide</i>	Pro Doc	1000	15.65 ➡	0.0157
02360594	<i>Hydrochlorothiazide</i>	Sanis	100	1.57 ➡	0.0157
			1000	15.65 ➡	0.0157
02426196	<i>Mint-Hydrochlorothiazide</i>	Mint	1000	15.65 ➡	0.0157
02247386	<i>pms-Hydrochlorothiazide</i>	Phmscience	500	7.83 ➡	0.0157
			1000	15.65 ➡	0.0157
00021474	<i>Teva-Hydrochlorothiazide</i>	Teva Can	100	1.57 ➡	0.0157
			1000	15.65 ➡	0.0157

Tab.

50 mg **PPB**

00312800	<i>Apo-Hydro</i>	Apotex	100	2.17 ➡	0.0217
			1000	21.68 ➡	0.0217
02360608	<i>Hydrochlorothiazide</i>	Sanis	100	2.17 ➡	0.0217
			1000	21.68 ➡	0.0217
02247387	<i>pms-Hydrochlorothiazide</i>	Phmscience	100	2.17 ➡	0.0217
00021482	<i>Teva-Hydrochlorothiazide</i>	Teva Can	100	2.17 ➡	0.0217

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

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE

Tab.

20 mg -12.5 mg **PPB**

02468948	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02453606	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476487	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475707	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508273	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509601	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319616	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526468	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

Tab.

40 mg - 12.5 mg **PPB**

02468956	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02443120	<i>Act Olmesartan HCT</i>	Teva Can	30	9.06		W
02453614	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476495	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475715	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508281	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509636	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319624	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526476	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

Tab.

40 mg - 25 mg **PPB**

02468964	<i>ACH-Olmesartan HCTZ</i>	Accord	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02443139	<i>Act Olmesartan HCT</i>	Teva Can	30	9.06		W
02453622	<i>Apo-Olmesartan/HCTZ</i>	Apotex	90	27.17	➡	0.3019
02476509	<i>Auro-Olmesartan HCTZ</i>	AuroPharma	30	9.06	➡	0.3019
			100	30.19	➡	0.3019
02475723	<i>GLN-Olmesartan HCTZ</i>	Glenmark	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02508303	<i>NRA-Olmesartan HCTZ</i>	Nora	30	9.06	➡	0.3019
			90	27.17	➡	0.3019
02509628	<i>Olmesartan HCTZ</i>	Sanis	90	27.17	➡	0.3019
02319632	<i>Olmetec Plus</i>	Organon	30	30.49		1.0163
02526484	<i>PRZ-Olmesartan HCTZ</i>	Pharmaris	100	30.19	➡	0.3019

40:28.24

THIAZIDE-LIKE DIURETICS

CHLORTHALIDONE

Tab.

12.5 mg

02523795	<i>Jamp Chlorthalidone</i>	Jamp	100	11.21		0.1121

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

Tab.			25 mg		
02523809	<i>Jamp Chlorthalidone</i>	Jamp	100	11.80	0.1180

Tab.			50 mg PPB		
* 00360279	<i>Chlorthalidone</i>	Apotex	100	8.94 ➡	0.0894
* 02523817	<i>Jamp Chlorthalidone</i>	Jamp	100	8.94 ➡	0.0894
+ 02557142	<i>Mint-Chlorthalidone</i>	Mint	100	8.94 ➡	0.0894

INDAPAMIDE

Tab.			1.25 mg PPB		
02245246	<i>Apo-Indapamide</i>	Apotex	100	7.45 ➡	0.0745
02240067	<i>Mylan-Indapamide</i>	Mylan	100	7.45 ➡	0.0745

Tab.			2.5 mg PPB		
02223678	<i>Apo-Indapamide</i>	Apotex	100	11.82 ➡	0.1182
02153483	<i>Mylan-Indapamide</i>	Mylan	100	11.82 ➡	0.1182

METOLAZONE

Tab.			2.5 mg		
00888400	<i>Zaroxolyn</i>	SanofiAven	100	16.14	0.1614

40:28.92

DIURETICS, MISCELLANEOUS

AMILORIDE HYDROCHLORIDE HYDROCHLOROTHIAZIDE

Tab.			5 mg -50 mg		
00784400	<i>Amilzide</i>	AA Pharma	1000	83.78	0.0838

SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE

Tab.			25 mg -25 mg		
00613231	<i>Teva-Spironolactone/HCTZ</i>	Teva Can	100	8.58	0.0858

Tab.			50 mg -50 mg		
00657182	<i>Teva-Spironolactone/HCTZ</i>	Teva Can	100	22.36	0.2236

TRIAMTERENE/ HYDROCHLOROTHIAZIDE

Tab.			50 mg -25 mg PPB		
00441775	<i>Apo-Triazide</i>	Apotex	100	6.08 ➡	0.0608
			1000	60.80 ➡	0.0608
00532657	<i>Teva-Triamzide</i>	Teva Can	100	6.08 ➡	0.0608
			1000	60.80 ➡	0.0608

48:00
RESPIRATORY TRACT AGENTS

48:10 **anti-inflammatory agents**
48:10.24 leukotriene modifiers
48:24 **mucolytic agents**

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

48:10.24

LEUKOTRIENE MODIFIERS

MONTELUKAST SODIUM

Chew. Tab.

4 mg **PPB**

02377608	<i>Apo-Montelukast</i>	Apotex	30	8.27	➡	0.2758
02514877	<i>Jamp Montelukast Chewable Tablets</i>	Jamp	30	8.27	➡	0.2758
02399865	<i>Mar-Montelukast</i>	Marcan	30	8.27	➡	0.2758
02408627	<i>Mint-Montelukast</i>	Mint	30	8.27	➡	0.2758
02379821	<i>Montelukast</i>	Pro Doc	30	8.27	➡	0.2758
			100	27.58	➡	0.2758
02382458	<i>Montelukast</i>	Sivem	30	8.27	➡	0.2758
			100	27.58	➡	0.2758
02522101	<i>NAT-Montelukast</i>	Natco	30	8.27	➡	0.2758
02354977	<i>pms-Montelukast</i>	Phmscience	30	8.27	➡	0.2758
			100	27.58	➡	0.2758
02330385	<i>Sandoz Montelukast</i>	Sandoz	100	27.58	➡	0.2758
02243602	<i>Singulair</i>	Organon	30	42.00		1.4000
02355507	<i>Teva Montelukast</i>	Teva Can	30	8.27	➡	0.2758

Chew. Tab.

5 mg **PPB**

02377616	<i>Apo-Montelukast</i>	Apotex	30	9.25	➡	0.3082
02514885	<i>Jamp Montelukast Chewable Tablets</i>	Jamp	30	9.25	➡	0.3082
02399873	<i>Mar-Montelukast</i>	Marcan	30	9.25	➡	0.3082
02408635	<i>Mint-Montelukast</i>	Mint	30	9.25	➡	0.3082
02379848	<i>Montelukast</i>	Pro Doc	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02379325	<i>Montelukast</i>	Sanis	100	30.82	➡	0.3082
02382466	<i>Montelukast</i>	Sivem	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02522128	<i>NAT-Montelukast</i>	Natco	30	9.25	➡	0.3082
02354985	<i>pms-Montelukast</i>	Phmscience	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02330393	<i>Sandoz Montelukast</i>	Sandoz	100	30.82	➡	0.3082
02238216	<i>Singulair</i>	Organon	30	46.36		1.5453
02355515	<i>Teva Montelukast</i>	Teva Can	30	9.25	➡	0.3082

Gran.

4 mg/packet **PPB**

* 02358611	<i>Sandoz Montelukast</i>	Sandoz	30	35.70		W
02247997	<i>Singulair</i>	Organon	30	42.00	➡	1.4000

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

Tab.

10 mg **PPB**

02482835	<i>AG-Montelukast</i>	Angita	30	12.69	➡	0.4231
02374609	<i>Apo-Montelukast</i>	Apotex	30	12.69	➡	0.4231
			90	38.08	➡	0.4231
02401274	<i>Auro-Montelukast</i>	AuroPharma	30	12.69	➡	0.4231
			90	38.08	➡	0.4231
02445735	<i>Bio-Montelukast</i>	Biomed	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02391422	<i>Jamp-Montelukast</i>	Jamp	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02399997	<i>Mar-Montelukast</i>	Marcan	30	12.69	➡	0.4231
02408643	<i>Mint-Montelukast</i>	Mint	100	42.31	➡	0.4231
02488183	<i>M-Montelukast</i>	Mantra Ph.	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02379856	<i>Montelukast</i>	Pro Doc	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02379333	<i>Montelukast</i>	Sanis	100	42.31	➡	0.4231
02382474	<i>Montelukast</i>	Sivem	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02379236	<i>Montélukast sodique</i>	Accord	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02522136	<i>NAT-Montelukast</i>	Natco	30	12.69	➡	0.4231
02489821	<i>NRA-Montelukast</i>	Nora	30	12.69	➡	0.4231
02373947	<i>pms-Montelukast FC</i>	Phmscience	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02398826	<i>Riva-Montelukast FC</i>	Riva	30	12.69	➡	0.4231
02328593	<i>Sandoz Montelukast</i>	Sandoz	100	42.31	➡	0.4231
02238217	<i>Singulair</i>	Organon	30	68.23		2.2743
02389517	<i>Taro-Montelukast</i>	Sun Pharma	30	12.69	➡	0.4231
			100	42.31	➡	0.4231
02355523	<i>Teva Montelukast</i>	Teva Can	30	12.69	➡	0.4231

48:24

MUCOLYTIC AGENTS

ACETYLCYSTEINE

Sol.

200 mg/mL **PPB**

02459906	<i>Acetylcysteine solution</i>	Hikma	10 ml	➡	7.00	
			30 ml	➡	21.00	
02243098	<i>Acetylcysteine solution</i>	Sandoz	10 ml	➡	7.00	
			30 ml	➡	21.00	

52:00
EYE, EAR, NOSE, AND THROAT (EENT)
PREPARATIONS

52:02	antiallergic agents
52:04	anti-infectives
52:04.04	antibacterials
52:08	anti-inflammatory agents
52:08.08	corticosteroids
52:16	local anesthetics
52:24	mydriatics
52:40	antiglaucoma agents
52:40.04	alpha-adrenergic agonists
52:40.08	beta-adrenergic blocking agents
52:40.12	carbonic anhydrase inhibitors
52:40.20	miotics
52:40.28	prostaglandin analogs
52:40.92	antiglaucoma agents, miscellaneous
52:92	eent drugs, miscellaneous

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

52:02

ANTIALLERGIC AGENTS

CROMOGLICATE (SODIUM)

Oph. Sol.

				2 %	
02009277	<i>Cromolyn</i>	Pendopharm	5 ml	4.75	
			10 ml	9.50	

LODOXAMIDE TROMETHAMIDE

Oph. Sol.

				0.1 %	
00893560	<i>Alomide</i>	Novartis	10 ml	10.73	

52:04.04

ANTIBACTERIALS

CIPROFLOXACIN HYDROCHLORIDE

Oph. Oint.

				0.3 %	
02200864	<i>Ciloxan</i>	Novartis	3.5 g	10.15	

Oph. Sol.

				0.3 % PPB	
01945270	<i>Ciloxan</i>	Novartis	5 ml	10.15	
02387131	<i>Sandoz Ciprofloxacin</i>	Sandoz	5 ml	7.05	

ERYTHROMYCIN

Oph. Oint.

				0.5 % PPB	
02326663	<i>Erythromycin</i>	Stéri-Med	3.5 g	14.70	
02141574	<i>Erythromycine</i>	Stulln	3.5 g	14.70	

FUSIDIC (ACID)

Oph. Sol.

				1 %	
02243862	<i>Fucithalmic</i>	Amdipharm	5 g	10.10	

OFLOXACINE

Oph. Sol.

				0.3 %	
02143291	<i>Ocuflox</i>	AbbVie	5 ml	12.23	

TOBRAMYCIN

Oph. Oint.

				0.3 %	
00614254	<i>Tobrex</i>	Novartis	3.5 g	8.65	

Oph. Sol.

				0.3 % PPB	
02241755	<i>Sandoz Tobramycin</i>	Sandoz	5 ml	6.81	
00513962	<i>Tobrex 0.3%</i>	Novartis	5 ml	8.72	

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

52:08.08

CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

Aéro ou Vap Nasal

0.05 mg/dose **PPB**

02238796	<i>Apo-Beclomethasone AQ</i>	Apotex	200 dose(s)	➡	12.26
02172712	<i>Mylan-Beclo AQ</i>	Mylan	200 dose(s)	➡	12.26

BUDESONIDE

Nas. spray

64 mcg/dose **PPB**

02241003	<i>Mylan-Budesonide AQ</i>	Mylan	120 dose(s)	➡	10.12
02231923	<i>Rhinocort Aqua</i>	McNeil Co	120 dose(s)		10.59

Nas. spray

100 mcg/dose

02230648	<i>Mylan-Budesonide AQ</i>	Mylan	165 dose(s)		12.74

CICLESONIDE

Nas. spray

50 mcg/dose

02303671	<i>Omnaris</i>	Covis	120 dose(s)		21.95

DEXAMETHASONE

Oph. Oint.

0.1 %

00042579	<i>Maxidex</i>	Novartis	3.5 g		8.74

Oph. Susp. or Oph. Sol.

0.1 % **PPB**

02023865	<i>Dexamethasone</i>	Stulln	5 ml	➡	8.06
00042560	<i>Maxidex</i>	Novartis	5 ml	➡	8.06

FLUOROMETHOLONE

Oph. Susp.

0.1 % **PPB**

00247855	<i>FML</i>	AbbVie	5 ml		15.29
			10 ml	➡	30.58
00432814	<i>Sandoz Fluorometholone</i>	Sandoz	5 ml	➡	8.09

FLUOROMETHOLONE ACETATE

Oph. Susp.

0.1 %

00756784	<i>Flarex</i>	Novartis	5 ml		9.10

FLUTICASONE FUROATE

Nas. spray

27.5 mcg/dose

02298589	<i>Avamys</i>	GSK	120 dose(s)		20.73

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

FLUTICASONE PROPIONATE

Nas. spray

50 mcg/dose **PPB**

02294745	<i>Apo-Fluticasone</i>	Apotex	120 dose(s)	➡	21.97
02453738	<i>Teva-Fluticasone</i>	Teva Can	120 dose(s)	➡	21.97

MOMETASONE FUROATE MONOHYDRATE

Nas. spray

50 mcg/dose **PPB**

02403587	<i>Apo-Mometasone</i>	Apotex	140 dose(s)	➡	10.39
02519127	<i>Mometasone</i>	Sanis	140 dose(s)	➡	10.39
02551756	<i>Mometasone</i>	Sivem	140 dose(s)	➡	10.39
02238465	<i>Nasonex</i>	Organon	140 dose(s)	➡	10.39
02449811	<i>Sandoz Mometasone</i>	Sandoz	140 dose(s)	➡	10.39
02475863	<i>Teva-Mometasone</i>	Teva Can	140 dose(s)	➡	10.39

PREDNISOLONE ACETATE

Oph. Susp.

1 % **PPB**

00700401	<i>ratio-Prednisolone</i>	Teva Can	5 ml	➡	8.50
			10 ml	➡	17.00
01916203	<i>Sandoz Prednisolone</i>	Sandoz	5 ml	➡	8.50
			10 ml	➡	17.00

TRIAMCINOLONE ACETONIDE

Nas Spray

55 mcg/dose

02417510	<i>Nasacort Allergie 24H</i>	Sanofi San	120 dose(s)		15.60

TRIAMCINOLONE ACETONIDE

Nas. spray

55 mcg/dose **PPB**

02437635	<i>Apo-Triamcinolone AQ</i>	Apotex	120 dose(s)	➡	18.00
02213834	<i>Nasacort AQ</i>	Sanofi San	120 dose(s)	➡	18.00

52:16

LOCAL ANESTHETICS

LIDOCAINE HYDROCHLORIDE

Oral Top. Jel.

2 %

01968823	<i>Lidodan Visqueuse</i>	Odan	50 ml		13.50	0.2700
			100 ml		27.00	0.2700

52:24

MYDRIATICS

ATROPINE SULFATE

Oph. Sol.

1 % **PPB**

02023695	<i>Atropine</i>	Stulln	15 ml	➡	8.24
00035017	<i>Isopto Atropine</i>	Alcon	5 ml	➡	3.14

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

CYCLOPENTOLATE HYDROCHLORIDE

Oph. Sol.

1 %

00252506	<i>Cyclogyl</i>	Alcon	15 ml	12.66	

PHENYLEPHRINE HYDROCHLORIDE

Oph. Sol.

2.5 %

00465763	<i>Mydrin 2.5%</i>	Alcon	5 ml	5.08	W

TROPICAMIDE

Oph. Sol.

0.5 %

00000981	<i>Mydriacyl</i>	Alcon	15 ml	13.13	W

Oph. Sol.

1 % **PPB**

00001007	<i>Mydriacyl</i>	Alcon	15 ml	16.90	W
00622885	<i>Odan-Tropicamide</i>	Odan	10 ml	11.27	

52:40.04
ALPHA-ADRENERGIC AGONISTS
BRIMONIDINE TARTRATE

Oph. Sol.

0.15 % **PPB**

02248151	<i>Alphagan P</i>	AbbVie	5 ml	11.55	
			10 ml	23.10	
02301334	<i>Brimonidine P</i>	AA Pharma	5 ml	8.66	
			10 ml	17.33	

Oph. Sol.

0.2 % **PPB**

02236876	<i>Alphagan</i>	AbbVie	5 ml	16.50	
			10 ml	33.00	
02449226	<i>JAMP Brimonidine</i>	Jamp	5 ml	5.78	
			10 ml	11.55	
02507811	<i>Med-Brimonidine</i>	GMP	5 ml	5.78	
			10 ml	11.55	
02515350	<i>Riva-Brimonidine</i>	Riva	5 ml	5.78	
			10 ml	11.55	
02305429	<i>Sandoz Brimonidine</i>	Sandoz	5 ml	5.78	
			10 ml	11.55	

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE

Oph. Sol.

0.2 % - 0.5 % **PPB**

02375311	<i>Apo-Brimonidine-Timop</i>	Apotex	10 ml	23.29	
02248347	<i>Combigan</i>	AbbVie	10 ml	40.12	
02531704	<i>JAMP Brimonidine/Timolol</i>	Jamp	10 ml	23.29	

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

**BRINZOLAMIDE/BRIMONIDINE (TARTRATE) **

Oph. Susp.

1 % - 0.2 %

02435411	<i>Simbrinza</i>	Novartis	10 ml	44.39	

52:40.08
BETA-ADRENERGIC BLOCKING AGENTS
**BETOXALOL HYDROCHLORIDE **

Oph. Susp.

0.25 %

01908448	<i>Betoptic S</i>	Novartis	5 ml 10 ml	11.50 23.00	

**BRIMONIDINE TARTRATE/ TIMOLOL MALEATE **

Oph. Sol.

0.2 % - 0.5 % **PPB**

02375311	<i>Apo-Brimonidine-Timop</i>	Apotex	10 ml	➡	23.29	
02248347	<i>Combigan</i>	AbbVie	10 ml		40.12	
02531704	<i>JAMP Brimonidine/Timolol</i>	Jamp	10 ml	➡	23.29	

**DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE **

Oph. Sol.

2 % - 0.5 % **PPB**

02299615	<i>Apo-Dorzo-Timop</i>	Apotex	10 ml	➡	19.89	
02240113	<i>Cosopt</i>	Elvium	10 ml		54.84	
02522020	<i>Dorzolamide - Timolol</i>	Jamp	10 ml	➡	19.89	
02457539	<i>Jamp Dorzolamide-Timolol</i>	Jamp	10 ml	➡	19.89	
02537796	<i>M-Dorzolamide-Timolol</i>	Mantra Ph.	10 ml	➡	19.89	
02437686	<i>Med-Dorzolamide-Timolol</i>	GMP	10 ml	➡	19.89	
02442426	<i>pms-Dorzolamide-Timolol</i>	Phmscience	10 ml	➡	19.89	
02441659	<i>Riva-Dorzolamide/Timolol</i>	Riva	10 ml	➡	19.89	
02344351	<i>Sandoz Dorzolamide/Timolol</i>	Sandoz	10 ml	➡	19.89	

**LATANOPROST/ TIMOLOL MALEATE **

Oph. Sol.

0.005 % - 0.5 % **PPB**

02436256	<i>ACT Latanoprost/Timolol</i>	Teva Can	2.5 ml	➡	11.07	
02453770	<i>Jamp-Latanoprost/Timolol</i>	Jamp	2.5 ml	➡	11.07	
+ 02553848	<i>Latanoprost/Timolol</i>	Jamp	2.5 ml	➡	11.07	
02454505	<i>Med-Latanoprost-Timolol</i>	GMP	2.5 ml	➡	11.07	
02514516	<i>M-Latanoprost-Timolol</i>	Mantra Ph.	2.5 ml	➡	11.07	
02373068	<i>Mylan-Latanoprost/Timolol</i>	Mylan	2.5 ml	➡	11.07	
02246619	<i>Xalacom</i>	BGP Pharma	2.5 ml		30.99	

**TIMOLOL MALEATE **

Oph. Sol.

0.25 %

02166712	<i>Sandoz Timolol</i>	Sandoz	10 ml		9.68	

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

Oph. Sol.

0.5 % **PPB**

00755834	<i>Apo-Timop</i>	Apotex	10 ml	➡	12.14
02447800	<i>Jamp-Timolol</i>	Jamp	5 ml	➡	6.07
02166720	<i>Sandoz Timolol</i>	Sandoz	5 ml	➡	6.07
			10 ml	➡	12.14
00451207	<i>Timoptic</i>	Elvium	10 ml		33.39

Oph. Sol. Gel

0.25 %

02242275	<i>Timolol Maleate-EX</i>	Sandoz	5 ml		12.23

Oph. Sol. Gel

0.5 % **PPB**

02242276	<i>Timolol Maleate-EX</i>	Sandoz	5 ml	➡	13.45
02171899	<i>Timoptic-XE</i>	Elvium	5 ml		21.54

TRAVOPROST/ TIMOLOL (MALEATE OF)

Oph. Sol.

0.004 % - 0.5 % **PPB**

02415305	<i>Apo-Travoprost-Timop</i>	Apotex	5 ml	➡	44.21
02278251	<i>DuoTrav PQ</i>	Novartis	5 ml		56.70

52:40.12

CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

Tab.

250 mg

00545015	<i>Acetazolamide 250 mg</i>	AA Pharma	100		13.26	0.1326

BRINZOLAMIDE

Oph. Susp.

1 %

02238873	<i>Azopt</i>	Novartis	5 ml		16.42

DORZOLAMIDE (HYDROCHLORIDE)

Oph. Sol.

2 % **PPB**

02522373	<i>Dorzolamide</i>	Jamp	5 ml	➡	6.56
02453347	<i>Jamp-Dorzolamide</i>	Jamp	5 ml	➡	6.56
02457210	<i>Med-Dorzolamide</i>	GMP	5 ml	➡	6.56
02316307	<i>Sandoz Dorzolamide</i>	Sandoz	5 ml	➡	6.56

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

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE

Oph. Sol.

2 % -0.5 % **PPB**

02299615	<i>Apo-Dorzo-Timop</i>	Apotex	10 ml	➡	19.89
02240113	<i>Cosopt</i>	Elvium	10 ml		54.84
02522020	<i>Dorzolamide - Timolol</i>	Jamp	10 ml	➡	19.89
02457539	<i>Jamp Dorzolamide-Timolol</i>	Jamp	10 ml	➡	19.89
02537796	<i>M-Dorzolamide-Timolol</i>	Mantra Ph.	10 ml	➡	19.89
02437686	<i>Med-Dorzolamide-Timolol</i>	GMP	10 ml	➡	19.89
02442426	<i>pms-Dorzolamide-Timolol</i>	Phmscience	10 ml	➡	19.89
02441659	<i>Riva-Dorzolamide/Timolol</i>	Riva	10 ml	➡	19.89
02344351	<i>Sandoz Dorzolamide/Timolol</i>	Sandoz	10 ml	➡	19.89

METHAZOLAMIDE

Tab.

50 mg

02245882	<i>Methazolamide</i>	AA Pharma	100	49.13	0.4913

52:40.20

MIOTICS

PILOCARPINE HYDROCHLORIDE

Oph. Sol.

2 %

00000868	<i>Isopto Carpine</i>	Novartis	15 ml	3.70	

52:40.28

PROSTAGLANDIN ANALOGS

BIMATOPROST

Oph. Sol.

0.01 % **PPB**

02529580	<i>Bimatoprost RC</i>	Juno	5 ml	➡	30.09
			7.5 ml	➡	45.14
02565773	<i>JAMP Bimatoprost Solution RC</i>	Jamp	5 ml	➡	30.09
			7.5 ml	➡	45.14
02324997	<i>Lumigan RC</i>	AbbVie	5 ml		54.05
			7.5 ml		81.08

LATANOPROST

Oph. Sol.

0.005 % **PPB**

02534835	<i>AG-Latanoprost</i>	Angita	2.5 ml	➡	9.08
02296527	<i>Apo-Latanoprost</i>	Apotex	2.5 ml	➡	9.08
02453355	<i>Jamp-Latanoprost</i>	Jamp	2.5 ml	➡	9.08
02426935	<i>Med-Latanoprost</i>	GMP	2.5 ml	➡	9.08
02513285	<i>M-Latanoprost</i>	Mantra Ph.	2.5 ml	➡	9.08
02373041	<i>Mylan-Latanoprost</i>	Mylan	2.5 ml	➡	9.08
02341085	<i>Riva-Latanoprost</i>	Riva	2.5 ml	➡	9.08
02367335	<i>Sandoz Latanoprost</i>	Sandoz	2.5 ml	➡	9.08
02254786	<i>Teva-Latanoprost</i>	Teva Can	2.5 ml	➡	9.08
02231493	<i>Xalatan</i>	BGP Pharma	2.5 ml		27.38

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

LATANOPROST/ TIMOLOL MALEATE

Oph. Sol.

0.005 % - 0.5 % **PPB**

02436256	ACT Latanoprost/Timolol	Teva Can	2.5 ml	➡	11.07	
02453770	Jamp-Latanoprost/Timolol	Jamp	2.5 ml	➡	11.07	
+ 02553848	Latanoprost/Timolol	Jamp	2.5 ml	➡	11.07	
02454505	Med-Latanoprost-Timolol	GMP	2.5 ml	➡	11.07	
02514516	M-Latanoprost-Timolol	Mantra Ph.	2.5 ml	➡	11.07	
02373068	Mylan-Latanoprost/Timolol	Mylan	2.5 ml	➡	11.07	
02246619	Xalacom	BGP Pharma	2.5 ml		30.99	

LATANOPROSTENE BUNOD

Oph. Sol.

0.024 %

02484218	Vyzulta	Bausch H.	5 ml		26.25	

TRAVOPROST

Oph. Sol.

0.003 %

02457997	Izba	Novartis	5 ml		19.70	

Oph. Sol.

0.004 % **PPB**

02415739	Apo-Travoprost Z	Apotex	5 ml	➡	19.70	
02548089	JAMP Travoprost Z	Jamp	5 ml	➡	19.70	
02413167	Sandoz Travoprost	Sandoz	5 ml	➡	19.70	
02318008	Travatan Z	Novartis	5 ml		55.40	

TRAVOPROST/ TIMOLOL (MALEATE OF)

Oph. Sol.

0.004 % - 0.5 % **PPB**

02415305	Apo-Travoprost-Timop	Apotex	5 ml	➡	44.21	
02278251	DuoTrav PQ	Novartis	5 ml		56.70	

52:40.92
ANTIGLAUCOMA AGENTS, MISCELLANEOUS
DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE

Oph. Sol.

2 % - 0.5 % (0.2mL)

02258692	Cosopt sans preservateur	Elvium	60		28.41	0.4735

52:92
EENT DRUGS, MISCELLANEOUS
ANETHOLE TRITHIONE

Tab.

25 mg

02240344	Sialor	Phmscience	60		54.00	0.9000

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

**APRACLONIDINE (HYDROCHLORIDE) **

Oph. Sol.

0.5 %

02076306	<i>Iopidine</i>	Novartis	5 ml	22.26	

**BRINZOLAMIDE/TIMOLOL MALEATE **

Oph. Susp.

1 % -0.5 %

02331624	<i>Azarga</i>	Novartis	5 ml	20.40	

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	antiemetics, miscellaneous
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

56:08

ANTIDIARRHEA AGENTS

DIPHENOXYLATE HYDROCHLORHYDE/ ATROPINE SULFATE

Tab.

2.5 mg -0.025 mg

00036323	<i>Lomotil</i>	Pfizer	250	110.33	0.4413

LOPERAMIDE HYDROCHLORIDE

Caps. or Tab.

2 mg **PPB**

* 02256452	<i>JAMP Loperamide</i>	Jamp	120	11.42	➡	0.0952
+ 02544989	<i>JAMP Loperamide</i>	Jamp	500	47.58	➡	0.0952
* 02225182	<i>Loperamide-2</i>	Pro Doc	500	47.58	➡	0.0952
* 02228351	<i>pms-Loperamide</i>	Phmscience	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
* 02238211	<i>Riva-Loperamide</i>	Riva	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
* 02132591	<i>Teva-Loperamide</i>	Teva Can	100	9.52	➡	0.0952
			500	47.58	➡	0.0952

56:14

CHOLELITHOLYTIC AGENTS

URSODIOL

Tab.

250 mg **PPB**

02505363	<i>AG-Ursodiol</i>	Angita	100	38.18	➡	0.3818
02426900	<i>GLN-Ursodiol</i>	Glenmark	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02472392	<i>Jamp-Ursodiol</i>	Jamp	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02544032	<i>NRA-Ursodiol</i>	Nora	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02273497	<i>pms-Ursodiol C</i>	Phmscience	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02515520	<i>Ursodiol C</i>	Sanis	100	38.18	➡	0.3818

Tab.

500 mg **PPB**

02505371	<i>AG-Ursodiol</i>	Angita	100	72.42	➡	0.7242
02426919	<i>GLN-Ursodiol</i>	Glenmark	100	72.42	➡	0.7242
02472406	<i>Jamp-Ursodiol</i>	Jamp	100	72.42	➡	0.7242
02544024	<i>NRA-Ursodiol</i>	Nora	100	72.42	➡	0.7242
			500	362.10	➡	0.7242
02273500	<i>pms-Ursodiol C</i>	Phmscience	100	72.42	➡	0.7242
02515539	<i>Ursodiol C</i>	Sanis	100	72.42	➡	0.7242

56:16

DIGESTANTS

LACTASE

Chew. Tab.

4 500 U

80018706	<i>Jamp-Lactase Enzyme</i>	Jamp	80	16.07		0.2009

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

Tab.			3 000 U		
02239139	<i>Jamp-Lactase Enzyme Regular</i>	Jamp	100	13.33	0.1333

Tab.			4 500 U		
02239140	<i>Jamp-Lactase Enzyme Extra strenght</i>	Jamp	80	9.75	0.1219

Tab.			9000 U		
80070358	<i>Jamp-Lactase Enzyme</i>	Jamp	50	16.45	0.3290

**PANCRELIPASE (LIPASE-AMYLASE-PROTEASE) **

Caps.			8 000 U -30 000 U -30 000 U		
00263818	<i>Cotazym</i>	Organon	100	18.66	0.1866

Ent. Caps.			4 200 U -17 500 U -10 000 U		
00789445	<i>Pancrease MT 4</i>	Vivus	100	37.96	0.3796

Ent. Caps.			8 000 U -30 000 U -30 000 U		
00502790	<i>Cotazym ECS 8</i>	Organon	500	168.40	0.3368

Ent. Caps.			10 000 U - 11 200 U - 730 U		
02200104	<i>Creon 10 Minimicrospheres</i>	BGP Pharma	100	27.23	0.2723

Ent. Caps.			10 500 U -43 750 U -25 000 U		
00789437	<i>Pancrease MT 10</i>	Vivus	100	94.93	0.9493

Ent. Caps.			16 800 U -70 000 U -40 000 U		
00789429	<i>Pancrease MT 16</i>	Vivus	100	151.88	1.5188

Ent. Caps.			20 000 U -55 000 U -55 000 U		
00821373	<i>Cotazym ECS 20</i>	Organon	100	88.30	0.8830

Ent. Caps.			25 000 U - 25 500 U - 1600 U		
01985205	<i>Creon 25 Minimicrospheres</i>	BGP Pharma	100	85.07	0.8507

Ent. Caps.			35 000 U - 35 700 U - 2 240 U		
02494639	<i>Creon Minimicrospheres 35</i>	BGP Pharma	100	95.31	0.9531

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Gran. 5 000 U -5 100 U -320 U/100 mg					
02445158	<i>Creon Minimicrospheres MICRO</i>	BGP Pharma	1	34.06	
Tab. 10 440 U -56 400 U -57 100 U					
02230019	<i>Viokace (10 440 USP unites de lipase)</i>	Nestlé H.S	100	17.03	0.1703
Tab. 20 880 U -113 400 U -112 500 U					
02241933	<i>Viokace (20 880 USP unites de lipase)</i>	Nestlé H.S	100	34.06	0.3406

56:22.08

ANTI-HISTAMINES

DIMENHYDRINATE

I.M. Inj. Sol.

				50 mg/mL	
00392537	<i>Dimenhydrinate</i>	Sandoz	1 ml 5 ml	1.08 4.30	

DOXYLAMINE SUCCINATE/ PYRIDOXINE HYDROCHLORIDE

L.A. Tab.

				10 mg -10 mg	PPB	
02552574	<i>ALOG-Doxylamine/Pyridoxine</i>	Analog Ph	100 300	32.01 96.03	➡	0.3201 0.3201
02413248	<i>Apo-Doxylamine/B6</i>	Apotex	100 500	32.01 160.05	➡	0.3201 0.3201
00609129	<i>Diclectin</i>	Duchesnay	100 300	127.20 381.61		1.2720 1.2720
02406187	<i>pms-Doxylamine-Pyridoxine</i>	Phmscience	100 500	32.01 160.05	➡	0.3201 0.3201

PROCHLORPERAZINE MALEATE

Tab.

				5 mg	
00886440	<i>Prochlorazine</i>	AA Pharma	100	16.59	0.1659
Tab. 10 mg					
00886432	<i>Prochlorazine</i>	AA Pharma	100	20.25	0.2025

56:22.92

ANTIEMETICS, MISCELLANEOUS

NABILONE

Caps.

				0.5 mg	PPB	
02256193	<i>Cesamet</i>	Bausch H.	50	155.13		3.1026
02380900	<i>pms-Nabilone</i>	Phmscience	100	77.56	➡	0.7756
02384884	<i>Teva Nabilone</i>	Teva Can	50	38.78	➡	0.7756

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			1 mg PPB		
00548375	<i>Cesamet</i>	Bausch H.	50	310.25	6.2050
02380919	<i>pms-Nabilone</i>	Phmscience	100	155.13 ➡	1.5513
02384892	<i>Teva Nabilone</i>	Teva Can	50	77.57 ➡	1.5513

56:28.12
HISTAMINE H2-ANTAGONISTS
FAMOTIDINE

Tab.			20 mg PPB		
02509970	<i>AG-Famotidine</i>	Angita	100	26.57 ➡	0.2657
02351102	<i>Famotidine</i>	Sanis	100	26.57 ➡	0.2657
02549107	<i>Famotidine</i>	Sivem	100	26.57 ➡	0.2657
02507749	<i>Jamp Famotidine</i>	Jamp	100	26.57 ➡	0.2657
02538628	<i>Mint-Famotidine</i>	Mint	100	26.57 ➡	0.2657
02022133	<i>Teva-Famotidine</i>	Teva Can	100	26.57 ➡	0.2657

Tab.			40 mg PPB		
02509989	<i>AG-Famotidine</i>	Angita	100	48.33 ➡	0.4833
02351110	<i>Famotidine</i>	Sanis	100	48.33 ➡	0.4833
02549115	<i>Famotidine</i>	Sivem	100	48.33 ➡	0.4833
02507757	<i>Jamp Famotidine</i>	Jamp	100	48.33 ➡	0.4833
02538636	<i>Mint-Famotidine</i>	Mint	100	48.33 ➡	0.4833
02022141	<i>Teva-Famotidine</i>	Teva Can	100	48.33 ➡	0.4833

NIZATIDINE

Caps.			150 mg		
00778338	<i>Axid</i>	Pendopharm	100	83.92	0.8392

RANITIDINE HYDROCHLORIDE

Oral Sol.			150 mg/10 mL		
02280833	<i>Apo-Ranitidine</i>	Apotex	300 ml	44.40	0.1480

Tab.			150 mg PPB		
00733059	<i>Apo-Ranitidine</i>	Apotex	500	59.85 ➡	0.1197
02463717	<i>Jamp-Ranitidine</i>	Jamp	100	11.97 ➡	0.1197
			500	59.85 ➡	0.1197
02443708	<i>Mar-Ranitidine</i>	Marcan	500	59.85 ➡	0.1197
02526379	<i>Mint-Ranitidine</i>	Mint	60	7.18 ➡	0.1197
02473534	<i>M-Ranitidine</i>	Mantra Ph.	500	59.85 ➡	0.1197
02242453	<i>pms-Ranitidine</i>	Phmscience	100	11.97 ➡	0.1197
			500	59.85 ➡	0.1197
02336480	<i>Ran-Ranitidine</i>	Ranbaxy	100	11.97 ➡	0.1197
			500	59.85 ➡	0.1197

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

Tab.

300 mg **PPB**

00733067	<i>Apo-Ranitidine</i>	Apotex	100	22.53	➡ 0.2253
02463725	<i>Jamp-Ranitidine</i>	Jamp	100	22.53	➡ 0.2253
02443716	<i>Mar-Ranitidine</i>	Marcan	100	22.53	➡ 0.2253
02526387	<i>Mint-Ranitidine</i>	Mint	30	6.76	➡ 0.2253
02473542	<i>M-Ranitidine</i>	Mantra Ph.	100	22.53	➡ 0.2253
02242454	<i>pms-Ranitidine</i>	Phmscience	30	6.76	➡ 0.2253
			100	22.53	➡ 0.2253
02336502	<i>Ran-Ranitidine</i>	Ranbaxy	100	22.53	➡ 0.2253
			500	112.65	➡ 0.2253

56:28.28

PROSTAGLANDINS

DICLOFENAC SODIC/MISOPROSTOL

Tab.

50 mg - 200 mcg **PPB**

01917056	<i>Arthrotec</i>	Pfizer	250	149.75	0.5990
02413469	<i>pms-Diclofenac-Misoprostol</i>	Phmscience	250	75.68	➡ 0.3027

Tab.

75 mg - 200 mcg **PPB**

02229837	<i>Arthrotec 75</i>	Pfizer	250	203.81	0.8152
02413477	<i>pms-Diclofenac-Misoprostol</i>	Phmscience	250	103.00	➡ 0.4120

MISOPROSTOL

Tab.

100 mcg

02244022	<i>Misoprostol</i>	AA Pharma	100	26.36	0.2636

Tab.

200 mcg

02244023	<i>Misoprostol</i>	AA Pharma	100	43.89	0.4389

56:28.32

PROTECTANTS

SUCRALFATE

Oral Susp.

1 g/5 mL

02103567	<i>Sulcrate Plus</i>	AbbVie	500 ml	49.42	0.0988

Tab.

1 g **PPB**

02125250	<i>Apo-Sucralfate</i>	Apotex	100	30.89	➡ 0.3089
02100622	<i>Sulcrate</i>	AbbVie	100	54.41	0.5441
02045702	<i>Teva-Sucralfate</i>	Teva Can	100	13.09	W
			500	65.44	W

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

56:28.36

PROTON-PUMP INHIBITORS

**DEXLANSOPRAZOLE 30 **

L.A. Caps.

30 mg **PPB**

02354950	<i>Dexilant</i>	Takeda	90	32.65	➡	0.3628
02536390	<i>Dexlansoprazole</i>	Altius	90	32.65	➡	0.3628

L.A. Caps.

60 mg **PPB**

02354969	<i>Dexilant</i>	Takeda	90	32.65	➡	0.3628
02536404	<i>Dexlansoprazole</i>	Altius	90	32.65	➡	0.3628

**ESOMEPRAZOLE (MAGNESIUM TRIHYDRATED) 30 **

L.A. Tab or L.A. Caps

40 mg **PPB**

02339102	<i>Apo-Esomeprazole</i>	Apotex	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02520702	<i>Esomeprazole</i>	Jamp	100	55.00	⚡	0.3628
			500	275.00	⚡	0.3628
02394847	<i>Esomeprazole</i>	Pro Doc	30	16.50	⚡	0.3628
			500	275.00	⚡	0.3628
02431173	<i>Esomeprazole</i>	Sanis	100	55.00	⚡	0.3628
02442507	<i>Esomeprazole</i>	Sivem	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02520117	<i>M-Esomeprazole</i>	Mantra Ph.	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02479427	<i>MYL-Esomeprazole</i>	Mylan	100	55.00	⚡	0.3628
02244522	<i>Nexium</i>	AZC	28	52.33	⚡	0.3628
			100	186.90	⚡	0.3628
02528487	<i>pmsc-Esomeprazole DR</i>	Phmscience	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02557681	<i>Riva-Esomeprazole</i>	Riva	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02460939	<i>Sandoz Esomeprazole</i>	Sandoz	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02423987	<i>Taro-Esomeprazole</i>	Sun Pharma	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628
02423863	<i>TEVA Esomeprazole</i>	Teva Can	30	16.50	⚡	0.3628
			100	55.00	⚡	0.3628

30 For the maximum length of coverage by the basic plan of proton pump inhibitors, based on the persons pathologies or particular conditions, please refer to item 8 in the List of medications.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.			20 mg PPB		
02339099	<i>Apo-Esomeprazole</i>	Apotex	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628
02520699	<i>Esomeprazole</i>	Jamp	100	55.00	☞ 0.3628
02394839	<i>Esomeprazole</i>	Pro Doc	30	16.50	☞ 0.3628
02535335	<i>Esomeprazole</i>	Sanis	100	55.00	☞ 0.3628
02442493	<i>Esomeprazole</i>	Sivem	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628
02520109	<i>M-Esomeprazole</i>	Mantra Ph.	100	55.00	☞ 0.3628
02479419	<i>MYL-Esomeprazole</i>	Mylan	100	55.00	☞ 0.3628
02244521	<i>Nexium</i>	AZC	28	52.33	☞ 0.3628
02528479	<i>pmsc-Esomeprazole DR</i>	Phmscience	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628
02557673	<i>Riva-Esomeprazole</i>	Riva	30	16.50	☞ 0.3628
02460920	<i>Sandoz Esomeprazole</i>	Sandoz	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628
02423979	<i>Taro-Esomeprazole</i>	Sun Pharma	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628
02423855	<i>TEVA Esomeprazole</i>	Teva Can	30	16.50	☞ 0.3628
			100	55.00	☞ 0.3628

LANSOPRAZOLE 30

L.A. Tab or L.A. Caps

			15 mg PPB		
02293811	<i>Apo-Lansoprazole</i>	Apotex	100	36.28	➡ 0.3628
02357682	<i>Lansoprazole</i>	Sanis	100	36.28	➡ 0.3628
02385767	<i>Lansoprazole</i>	Sivem	100	36.28	➡ 0.3628
02489805	<i>M-Lansoprazole</i>	Mantra Ph.	100	36.28	➡ 0.3628
02353830	<i>Mylan-Lansoprazole</i>	Mylan	100	36.28	➡ 0.3628
02165503	<i>Prevacid</i>	BGP Pharma	30	60.00	☞ 0.3628
			100	200.00	☞ 0.3628
02249464	<i>Prevacid FasTab</i>	BGP Pharma	30	60.00	☞ 0.3628
02422808	<i>Riva-Lansoprazole</i>	Riva	100	36.28	➡ 0.3628
02385643	<i>Sandoz Lansoprazole</i>	Sandoz	100	36.28	➡ 0.3628
02402610	<i>Taro-Lansoprazole</i>	Sun Pharma	100	36.28	➡ 0.3628
02280515	<i>Teva-Lansoprazole</i>	Teva Can	30	10.88	W
			100	36.28	W

30 For the maximum length of coverage by the basic plan of proton pump inhibitors, based on the persons pathologies or particular conditions, please refer to item 8 in the List of medications.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab or L.A. Caps			30 mg PPB		
02293838	<i>Apo-Lansoprazole</i>	Apotex	100	36.27	➡ 0.3627
			500	181.33	➡ 0.3627
02357690	<i>Lansoprazole</i>	Sanis	100	36.27	➡ 0.3627
			500	181.33	➡ 0.3627
02410389	<i>Lansoprazole</i>	Sivem	100	36.27	➡ 0.3627
			500	181.33	➡ 0.3627
02489813	<i>M-Lansoprazole</i>	Mantra Ph.	100	36.27	➡ 0.3627
02353849	<i>Mylan-Lansoprazole</i>	Mylan	100	36.27	➡ 0.3627
02165511	<i>Prevacid</i>	BGP Pharma	30	60.00	⬆ 0.3628
			100	200.00	⬆ 0.3628
02249472	<i>Prevacid FasTab</i>	BGP Pharma	30	60.00	⬆ 0.3628
02366282	<i>Pro-Lansoprazole</i>	Pro Doc	100	36.27	➡ 0.3627
			500	181.33	➡ 0.3627
02422816	<i>Riva-Lansoprazole</i>	Riva	100	36.27	➡ 0.3627
02385651	<i>Sandoz Lansoprazole</i>	Sandoz	100	36.27	➡ 0.3627
02402629	<i>Taro-Lansoprazole</i>	Sun Pharma	100	36.27	➡ 0.3627
02280523	<i>Teva-Lansoprazole</i>	Teva Can	100	36.27	➡ W
			500	181.33	➡ W

OMEPRAZOLE (BASE OR MAGNESIUM) ³⁰

L.A. Tab or L.A. Caps			20 mg PPB		
02245058	<i>Apo-Omeprazole (caps.)</i>	Apotex	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02449927	<i>Bio-Omeprazole</i>	Biomed	100	22.87	➡ 0.2287
02420198	<i>Jamp-Omeprazole DR (co.)</i>	Jamp	28	6.40	➡ 0.2287
			100	22.87	➡ 0.2287
00846503	<i>Losec (caps.)</i>	Cheplaphar	30	33.00	⬆ 0.3628
02190915	<i>Losec (tab.)</i>	Cheplaphar	30	68.61	⬆ W 0.3628
			100	228.70	⬆ W 0.3628
02295415	<i>Novo-Omeprazole</i>	Teva Can	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02348691	<i>Omeprazole</i>	Sanis	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02339927	<i>Omeprazole (caps.)</i>	Pro Doc	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02416549	<i>Omeprazole Magnesium (co.)</i>	Accord	100	22.87	➡ 0.2287
02504294	<i>Omeprazole Magnesium DR</i>	Sanis	100	22.87	➡ 0.2287
02411857	<i>Omeprazole-20</i>	Sivem	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02402416	<i>Riva-Omeprazole DR (co.)</i>	Riva	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287
02296446	<i>Sandoz Omeprazole (Caps.)</i>	Sandoz	100	22.87	➡ 0.2287
			500	114.35	➡ 0.2287

³⁰ For the maximum length of coverage by the basic plan of proton pump inhibitors, based on the persons pathologies or particular conditions, please refer to item 8 in the List of medications.

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

PANTOPRAZOLE (MAGNESIUM OR SODIUM) 30

Ent. Tab.

40 mg **PPB**

02481588	<i>AG-Pantoprazole Sodium</i>	Angita	30	6.05	➡	0.2016
			100	20.16	➡	0.2016
02292920	<i>Apo-Pantoprazole</i>	Apotex	30	6.05	➡	0.2016
			100	20.16	➡	0.2016
02415208	<i>Auro-Pantoprazole</i>	AuroPharma	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02445867	<i>Bio-Pantoprazole</i>	Biomed	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02392623	<i>Jamp Pantoprazole Sodium</i>	Jamp	30	6.05	➡	0.2016
			100	20.16	➡	0.2016
02357054	<i>Jamp-Pantoprazole</i>	Jamp	30	6.05	➡	0.2016
			100	20.16	➡	0.2016
02416565	<i>Mar-Pantoprazole</i>	Marcan	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02417448	<i>Mint-Pantoprazole</i>	Mint	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02467372	<i>M-Pantoprazole</i>	Mantra Ph.	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02557304	<i>NB-Pantoprazole</i>	NB Pharma	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02471825	<i>NRA-Pantoprazole</i>	Nora	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02229453	<i>Pantoloc</i>	Takeda	100	204.16	⚡	0.3628
02469138	<i>Pantoprazole</i>	Altamed	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02547368	<i>Pantoprazole</i>	Dac Pharma	500	100.80	➡	0.2016
02498723	<i>Pantoprazole</i>	Nora	500	100.80	➡	0.2016
02318695	<i>Pantoprazole</i>	Pro Doc	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02431327	<i>Pantoprazole</i>	Riva	30	6.05	➡	0.2016
			500	100.80	➡	0.2016
02370808	<i>Pantoprazole</i>	Sanis	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02428180	<i>Pantoprazole</i>	Sivem	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02307871	<i>pms-Pantoprazole</i>	Phmscience	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02316463	<i>Riva-Pantoprazole</i>	Riva	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02301083	<i>Sandoz Pantoprazole</i>	Sandoz	30	6.05	➡	0.2016
			100	20.16	➡	0.2016
02305046	<i>Taro-Pantoprazole</i>	Sun Pharma	100	20.16	➡	0.2016
			500	100.80	➡	0.2016
02267233	<i>Tecta</i>	Takeda	30	22.50	⚡	0.3628
02285487	<i>Teva-Pantoprazole</i>	Teva Can	100	20.16	➡	0.2016
			500	100.80	➡	0.2016

30 For the maximum length of coverage by the basic plan of proton pump inhibitors, based on the persons pathologies or particular conditions, please refer to item 8 in the List of medications.

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

RABEPRAZOLE SODIUM 30

Ent. Tab.

10 mg **PPB**

02415283	<i>Jamp Rabeprazole</i>	Jamp	100	6.69	➡	0.0669
02243796	<i>Pariet</i>	Janss. Inc	100	65.00	⚡	0.3628
02385449	<i>Rabeprazole</i>	Sivem	100	6.69	➡	0.0669
02356511	<i>Rabeprazole EC</i>	Sanis	100	6.69	➡	0.0669
02314177	<i>Sandoz Rabeprazole</i>	Sandoz	100	6.69	➡	0.0669

Ent. Tab.

20 mg **PPB**

02415291	<i>Jamp Rabeprazole</i>	Jamp	100	13.38	➡	0.1338
			500	66.90	➡	0.1338
02243797	<i>Pariet</i>	Janss. Inc	100	130.00	⚡	0.3628
02385457	<i>Rabeprazole</i>	Sivem	30	4.01	➡	0.1338
			100	13.38	➡	0.1338
02356538	<i>Rabeprazole EC</i>	Sanis	100	13.38	➡	0.1338
02314185	<i>Sandoz Rabeprazole</i>	Sandoz	30	4.01	➡	0.1338
			100	13.38	➡	0.1338

56:32

PROKINETIC AGENTS

DOMPERIDONE MALEATE

Tab.

10 mg **PPB**

02103613	<i>Apo-Domperidone</i>	Apotex	500	21.40	➡	0.0428
02445034	<i>Bio-Domperidone</i>	Biomed	500	21.40	➡	0.0428
02350440	<i>Domperidone</i>	Sanis	500	21.40	➡	0.0428
02238341	<i>Domperidone</i>	Sivem	500	21.40	➡	0.0428
+ 02543435	<i>JAMP Domperidone Tablets</i>	Jamp	500	21.40	➡	0.0428
			1000	42.80	➡	0.0428
02369206	<i>Jamp-Domperidone</i>	Jamp	500	21.40	➡	0.0428
02403870	<i>Mar-Domperidone</i>	Marcan	500	21.40	➡	0.0428
02561905	<i>NRA-Domperidone</i>	Nora	500	21.40	➡	0.0428
02236857	<i>Pro-Domperidone</i>	Pro Doc	500	21.40	➡	0.0428
02462834	<i>PRZ-Domperidone</i>	Pharmaris	500	21.40	➡	0.0428
02268078	<i>Taro-Domperidone</i>	Sun Pharma	500	21.40	➡	0.0428

METOCLOPRAMIDE HYDROCHLORIDE

Inj. Sol.

5 mg/mL **PPB**

02537397	<i>Chlorhydrate de metoclopramide injection</i>	Jamp	2 ml	➡	4.75	
			30 ml	➡	71.24	
02185431	<i>Chlorhydrate de metoclopramide injection</i>	Sandoz	2 ml	➡	4.75	
02243563	<i>Metoclopramide Omega</i>	Oméga	2 ml	➡	4.75	
02510790	<i>pms-Metoclopramide Hydrochloride Injection</i>	Phmscience	2 ml	➡	4.75	

30 For the maximum length of coverage by the basic plan of proton pump inhibitors, based on the persons pathologies or particular conditions, please refer to item 8 in the List of medications.

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

Oral Sol.

1 mg/mL

02230433	<i>PMS-Metoclopramide oral solution</i>	Phmscience	500 ml	32.20	0.0644

Tab.

5 mg **PPB**

02517795	<i>Mar-Metoclopramide</i>	Marcan	100	2.57	➡ 0.0257
02230431	<i>PMS-Metoclopramide tablets</i>	Phmscience	100	2.57	➡ 0.0257
02548747	<i>PRZ-Metoclopramide</i>	Pharmaris	100	2.57	➡ 0.0257

56:36

ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID

Ent. Tab.

1 g

02545012	<i>Mezera</i>	Avir	100	103.82	1.0382
02399466	<i>Pentasa</i>	Ferring	60	66.83	1.1138

Ent. Tab.

400 mg

02171929	<i>Teva-5-ASA</i>	Teva Can	100 500	31.11 155.55	0.3111 0.3111

Ent. Tab.

500 mg

02524481	<i>Mezera</i>	Avir	100	51.91	0.5191
02099683	<i>Pentasa</i>	Ferring	100	55.69	0.5569
02112787	<i>Salofalk</i>	AbbVie	150 500	81.96 273.23	0.5464 0.5465

L.A. Tab.

1.2 g

02297558	<i>Mezavant</i>	Takeda	120	186.77	1.5564

L.A. Tab.

800 mg

02465752	<i>Octasa</i>	Pendopharm	180	186.89	1.0383

L.A. Tab.

1600 mg

02529610	<i>Octasa</i>	Pendopharm	60	124.59	2.0765

Rect. Susp.

2 g

02112795	<i>Salofalk (58,2 mL)</i>	AbbVie	7	25.76	3.6800

Rect. Susp.

4 g **PPB**

02153556	<i>Pentasa (100 mL)</i>	Ferring	1	➡ 4.46	
02112809	<i>Salofalk (58,2 mL)</i>	AbbVie	7	43.68	6.2400

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

Supp.

1 g **PPB**

* 02474018	<i>Mezera</i>	Avir	30	42.00	➡ 1.4000
02153564	<i>Pentasa</i>	Ferring	28	44.80	1.6000
02242146	<i>Salofalk</i>	AbbVie	30	48.00	1.6000
* 02562367	<i>ZDS-Mesalamine</i>	Zydus Ph	30	42.00	➡ 1.4000

Supp.

500 mg

02112760	<i>Salofalk</i>	AbbVie	30	34.19	1.1397

OLSALAZINE SODIUM

Caps.

250 mg

02063808	<i>Dipentum</i>	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

02470780	<i>AA-Lansoprazole- Amoxicillin-Clarithromycin</i>	AA Pharma	7	67.91	9.7014

64:00

HEAVY METAL ANTAGONISTS

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

64:00

HEAVY METAL ANTAGONISTS

DEFERASIROX

Disp. Tab.

125 mg **PPB**

02461544	<i>Apo-Deferasirox</i>	Apotex	30	157.22	➡	5.2408
02464454	<i>Sandoz Deferasirox</i>	Sandoz	28	146.74	➡	5.2408

Disp. Tab.

250 mg **PPB**

02461552	<i>Apo-Deferasirox</i>	Apotex	30	314.46	➡	10.4820
02464462	<i>Sandoz Deferasirox</i>	Sandoz	28	293.50	➡	10.4820

Disp. Tab.

500 mg **PPB**

02461560	<i>Apo-Deferasirox</i>	Apotex	30	628.95	➡	20.9649
02464470	<i>Sandoz Deferasirox</i>	Sandoz	28	587.02	➡	20.9649

Tab.

90 mg **PPB**

02485265	<i>Apo-Deferasirox (Type J)</i>	Apotex	30	78.91	➡	2.6303
02527774	<i>Auro-Deferasirox (Type J)</i>	AuroPharma	30	78.91	➡	2.6303
02528290	<i>pms-Deferasirox (Type J)</i>	Phmscience	30	78.91	➡	2.6303
02489899	<i>Sandoz Deferasirox (Type J)</i>	Sandoz	30	78.91	➡	2.6303
02507315	<i>Taro-Deferasirox (Type J)</i>	Taro	30	78.91	➡	2.6303

Tab.

180 mg **PPB**

02485273	<i>Apo-Deferasirox (Type J)</i>	Apotex	30	157.83	➡	5.2610
02527782	<i>Auro-Deferasirox (Type J)</i>	AuroPharma	30	157.83	➡	5.2610
02528304	<i>pms-Deferasirox (Type J)</i>	Phmscience	30	157.83	➡	5.2610
02489902	<i>Sandoz Deferasirox (Type J)</i>	Sandoz	30	157.83	➡	5.2610
02507323	<i>Taro-Deferasirox (Type J)</i>	Taro	30	157.83	➡	5.2610

Tab.

360 mg **PPB**

02485281	<i>Apo-Deferasirox (Type J)</i>	Apotex	30	315.68	➡	10.5228
02527790	<i>Auro-Deferasirox (Type J)</i>	AuroPharma	30	315.68	➡	10.5228
02528312	<i>pms-Deferasirox (Type J)</i>	Phmscience	30	315.68	➡	10.5228
02489910	<i>Sandoz Deferasirox (Type J)</i>	Sandoz	30	315.68	➡	10.5228
02507331	<i>Taro-Deferasirox (Type J)</i>	Taro	30	315.68	➡	10.5228

DEFEROXAMINE MESYLATE

Inj. Pd.

500 mg

01981242	<i>Desferal</i>	Novartis	1	13.97		

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

PENICILLAMINE

Caps.

				250 mg	
00016055	<i>Cuprimine</i>	Bausch H.	100	85.00	0.8500

68:00

HORMONES AND SYNTHETIC SUBSTITUTES

68:04	adrenals
68:08	androgens
68:12	contraceptives
68:16	estrogens and estrogen agonists-antagonists
68:16.04	estrogens
68:16.08	antiestrogens
68:16.12	estrogen agonists-antagonists
68:18	gonadotropins and antigonadotropins
68:18.04	antigonadotropins
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
68:22.92	antihypoglycemic agents, miscellaneous
68:24	parathyroid and antiparathyroid agents
68:28	pituitary
68:29	somatostatin agonists and antagonists
68:29.04	somatostatin agonists
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68:36	thyroid and antithyroid agents
68:36.04	thyroid agents
68:36.08	antithyroid agents

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

68:04

ADRENALS

BECLOMETHASONE DIPROPIONATE

Oral aerosol

50 mcg/dose

02242029	<i>Qvar</i>	Bausch H.	200 dose(s)	29.28	

Oral aerosol

100 mcg/dose

02242030	<i>Qvar</i>	Bausch H.	200 dose(s)	58.56	

BUDESONIDE

Inh. Pd.

100 mcg/dose

00852074	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	30.90	

Inh. Pd.

200 mcg/dose

00851752	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	63.16	

Inh. Pd.

400 mcg/dose

00851760	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	93.00	

Inh. Sol.

0.125 mg/mL (2 mL) **PPB**

02229099	<i>Pulmicort nebuamp</i>	AZC	20	8.57	0.4285
02494264	<i>Taro-Budesonide</i>	Taro	20	4.57	➡ 0.2285
02465949	<i>Teva-Budesonide</i>	Teva Can	20	4.57	➡ 0.2285

Inh. Sol.

0.25 mg/mL (2 mL) **PPB**

01978918	<i>Pulmicort nebuamp</i>	AZC	20	17.14	0.8570
02494272	<i>Taro-Budesonide</i>	Taro	20	9.58	➡ 0.4790
02535416	<i>Teva-Budesonide</i>	Teva Can	20	9.58	➡ 0.4790

Inh. Sol.

0.5 mg/mL (2 mL) **PPB**

01978926	<i>Pulmicort nebuamp</i>	AZC	20	34.28	1.7140
02494280	<i>Taro-Budesonide</i>	Taro	20	18.24	➡ 0.9120
02465957	<i>Teva-Budesonide</i>	Teva Can	20	18.24	➡ 0.9120

CICLESONIDE

Oral aerosol

100 mcg/dose

02285606	<i>Alvesco</i>	Covis	120 dose(s)	46.97	

Oral aerosol

200 mcg/dose

02285614	<i>Alvesco</i>	Covis	120 dose(s)	77.47	

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

CORTISONE ACETATE

Tab.

				25 mg	
00280437	<i>Cortisone Acetate-ICN</i>	Bausch H.	100	30.66	0.3066

DEXAMETHASONE

Elix.

				0.5 mg/5 mL	PPB
02528584	<i>Odan-Dexamethasone Elixir</i>	Odan	100 ml	49.37	➡ 0.4937
01946897	<i>pms-Dexamethasone</i>	Phmscience	100 ml	49.37	➡ 0.4937

Tab.

				0.5 mg	PPB
02261081	<i>Apo-Dexamethasone</i>	Apotex	100	15.64	➡ 0.1564
01964976	<i>pms-Dexamethasone</i>	Phmscience	100	15.64	➡ 0.1564

Tab.

				2 mg	
02279363	<i>pms-Dexamethasone</i>	Phmscience	100	42.36	0.4236

Tab.

				4 mg	PPB
02250055	<i>Apo-Dexamethasone</i>	Apotex	100	30.46	➡ 0.3046
01964070	<i>pms-Dexamethasone</i>	Phmscience	100	30.46	➡ 0.3046

DEXAMETHASONE SODIUM PHOSPHATE

Inj. Sol.

				4 mg/mL	PPB
00664227	<i>Dexamethasone</i>	Sandoz	5 ml	➡ 8.03	
01977547	<i>Dexamethasone</i>	Sterimax	5 ml	➡ 8.03	
02204266	<i>Dexamethasone Omega</i>	Oméga	5 ml	➡ 8.03	

Inj. Sol.

				10 mg/mL	PPB
00874582	<i>Dexamethasone</i>	Sandoz	1 ml	➡ 4.23	
02204274	<i>Dexamethasone Omega</i>	Oméga	1 ml	➡ 4.23	
			10 ml	➡ 12.83	
02387743	<i>Dexamethasone Omega</i>	Oméga	1 ml	➡ 4.23	
	<i>Unidose</i>				

FLUDROCORTISONE ACETATE

Tab.

				0.1 mg	PPB
02086026	<i>Florinef</i>	Paladin	100	23.96	
02552248	<i>JAMP Fludrocortisone</i>	Jamp	100	22.76	➡ 0.2276

FLUTICASONE FUROATE

Inh. Pd.

				100 mcg	
02446561	<i>Arnuity Ellipta</i>	GSK	30 dose(s)	34.70	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inh. Pd. 200 mcg					
02446588	<i>Arnuity Ellipta</i>	GSK	30 dose(s)	69.40	
FLUTICASONE PROPIONATE 					
Inh. Pd. 55 mcg/dose					
02467895	<i>Aermony Respiclick</i>	Teva Can	60 dose(s)	16.96	
Inh. Pd. 100 mcg/coque					
02237245	<i>Flovent Diskus</i>	GSK	60 dose(s)	22.61	
Inh. Pd. 113 mcg/dose					
02467909	<i>Aermony Respiclick</i>	Teva Can	60 dose(s)	30.96	
Inh. Pd. 232 mcg/dose					
02467917	<i>Aermony Respiclick</i>	Teva Can	60 dose(s)	48.15	
Inh. Pd. 250 mcg/coque					
02237246	<i>Flovent Diskus</i>	GSK	60 dose(s)	38.05	
Inh. Pd. 500 mcg/coque					
02237247	<i>Flovent Diskus</i>	GSK	60 dose(s)	64.20	
Oral aerosol 50 mcg/dose PPB					
02528428	<i>Apo-Fluticasone HFA</i>	Apotex	120 dose(s)	➡	14.21
02244291	<i>Flovent HFA</i>	GSK	120 dose(s)		22.61
02503115	<i>pms-Fluticasone HFA</i>	Phmscience	120 dose(s)	➡	14.21
Oral aerosol 125 mcg/dose PPB					
02526557	<i>Apo-Fluticasone HFA</i>	Apotex	120 dose(s)	➡	23.41
02244292	<i>Flovent HFA</i>	GSK	120 dose(s)		38.05
02503123	<i>pms-Fluticasone HFA</i>	Phmscience	120 dose(s)	➡	23.41
Oral aerosol 250 mcg/dose PPB					
02510987	<i>Apo-Fluticasone HFA</i>	Apotex	120 dose(s)	➡	45.02
02244293	<i>Flovent HFA</i>	GSK	120 dose(s)		76.11
02503131	<i>pms-Fluticasone HFA</i>	Phmscience	120 dose(s)	➡	45.02

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

HYDROCORTISONE

Tab.				10 mg	PPB	
02524465	Auro-Hydrocortisone	AuroPharma	100	16.39	➔	0.1639
00030910	Cortef	Pfizer	100	21.85		0.2185

Tab.				20 mg	PPB	
02524473	Auro-Hydrocortisone	AuroPharma	100	29.58	➔	0.2958
00030929	Cortef	Pfizer	100	39.44		0.3944

HYDROCORTISONE SODIUM SUCCINATE

Inj. Pd.				1 g		
00030635	Solu-Cortef	Pfizer	1	28.98		

Inj. Pd.				100 mg		
00030600	Solu-Cortef	Pfizer	1	4.45		

Inj. Pd.				250 mg		
00030619	Solu-Cortef	Pfizer	1	7.53		

Inj. Pd.				500 mg		
00030627	Solu-Cortef	Pfizer	1	15.56		

METHYLPREDNISOLONE

Tab.				4 mg		
00030988	Medrol	Pfizer	100	32.93		0.3293

Tab.				16 mg		
00036129	Medrol	Pfizer	100	95.03		0.9503

METHYLPREDNISOLONE ACETATE

Inj. Susp.				20 mg/mL		
01934325	Depo-Medrol	Pfizer	5 ml	10.76		

Inj. Susp.				40 mg/mL		
01934333	Depo-Medrol	Pfizer	2 ml	9.11		
			5 ml	16.45		
00030759	Depo-Medrol (sans preservatif)	Pfizer	1 ml	6.36		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Susp. 80 mg/mL					
00030767	<i>Depo-Medrol</i>	Pfizer	1 ml	9.11	

METHYLPREDNISOLONE SODIUM SUCCINATE

Inj. Pd. 1 g PPB					
02241229	<i>Methylprednisolone</i>	Novopharm	1	31.00	
02367971	<i>Solu-Medrol</i>	Pfizer	1	66.57	

Inj. Pd. 40 mg					
* 02367947	<i>Solu-Medrol</i>	Pfizer	1	7.30	

Inj. Pd. 125 mg					
02367955	<i>Solu-Medrol</i>	Pfizer	1	17.33	

Inj. Pd. 500 mg					
* 02367963	<i>Solu-Medrol</i>	Pfizer	1	42.81	

MOMETASON FUROATE

Inh. Pd. 200 mcg/dose					
02243595	<i>Asmanex Twisthaler</i>	Organon	60 dose(s)	32.00	

Inh. Pd. 400 mcg/dose					
02243596	<i>Asmanex Twisthaler</i>	Organon	30 dose(s)	32.00	
			60 dose(s)	64.00	

PREDNISOLONE SODIUM PHOSPHATE

Oral Sol. 5 mg/5 mL					
02245532	<i>pms-Prednisolone</i>	Phmscience	120 ml	11.44	0.0953

PREDNISONE

Tab. 1 mg					
00271373	<i>Winpred</i>	AA Pharma	100	12.76	0.1276

Tab. 5 mg PPB					
00312770	<i>Apo-Prednisone</i>	Apotex	100	2.20	0.0220
			1000	21.95	0.0220
00021695	<i>Teva-Prednisone</i>	Teva Can	1000	21.95	0.0220

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

Tab.

50 mg **PPB**

00550957	<i>Apo-Prednisone</i>	Apotex	100	17.35	➡	0.1735
00232378	<i>Teva-Prednisone</i>	Teva Can	100	17.35	➡	0.1735

TRIAMCINOLONE ACETONIDE

Inj. Susp.

10 mg/mL

01999761	<i>Kenalog-10</i>	B.M.S.	5 ml	15.71		

Inj. Susp.

40 mg/mL **PPB**

01999869	<i>Kenalog-40</i>	B.M.S.	1 ml	7.29		
			5 ml	25.52		
01977563	<i>Triamcinolone</i>	Sterimax	1 ml	4.77	➡	
			5 ml	23.85	➡	

68:08

ANDROGENS

DANAZOL

Caps.

100 mg

02018152	<i>Cyclomen</i>	SanofiAven	100	116.79		1.1679

Caps.

200 mg

02018160	<i>Cyclomen</i>	SanofiAven	100	186.61		1.8661

TESTOSTERONE

Top. Jel.

1% (2.5 g) **PPB**

02245345	<i>AndroGel</i>	BGP Pharma	30	65.13		2.1710
02463792	<i>Taro-Testosterone Gel</i>	Taro	30	50.18	➡	1.6727

Top. Jel.

1 % (5.0 g) **PPB**

02245346	<i>AndroGel</i>	BGP Pharma	30	115.17		3.8390
02463806	<i>Taro-Testosterone Gel</i>	Taro	30	88.73	➡	2.9577
02280248	<i>Testim 1%</i>	Knight	30	88.73	➡	2.9577

TESTOSTERONE CYPIONATE

Oily Inj. Sol.

100 mg/mL

* 02496003	<i>Taro-Testosterone Cypionate</i>	Taro	10 ml	20.78		

TESTOSTERONE ENANTHATE

Oily Inj. Sol.

200 mg/mL

02536315	<i>Injectable Testosterone Enanthate</i>	Hikma	5 ml	24.42		

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

TESTOSTERONE UNDECANOATE

Caps.

40 mg

* 02421186	<i>Taro-Testosterone</i>	Taro	60 120	33.89 67.79	0.5649 0.5649

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CONTRACEPTIVES

DROSPIRENONE

Tab.

4 mg

02522802	<i>Slynd (28)</i>	Duchesnay	1	12.66	

ESTETROL MONOHYDRATE AND DROSPIRENONE

Tab. (28)

15 mg - 3 mg

02513218	<i>Nextstellis</i>	Search Phm	1	17.77	

ETHINYLESTRADIOL DESOGESTREL

Tab.

0.025 mg/0.1 mg-0.025 mg/0.125 mg-0.025 mg/0.15 mg

02272903	<i>Linessa 21</i>	Aspen	1	12.40	
02257238	<i>Linessa 28</i>	Aspen	1	12.40	

Tab.

0.030 mg -0.15 mg **PPB**

02317192	<i>Apri 21</i>	Teva Can	1	➡	5.28
02317206	<i>Apri 28</i>	Teva Can	1	➡	5.28
02396491	<i>Freya 21</i>	Mylan	1	➡	5.28
02396610	<i>Freya 28</i>	Mylan	1	➡	5.28
02042487	<i>Marvelon 21</i>	Organon	1		12.95
02042479	<i>Marvelon 28</i>	Organon	1		12.95
02556553	<i>Miley 21</i>	Ambicare	1	➡	5.28
02556561	<i>Miley 28</i>	Ambicare	1	➡	5.28
02410249	<i>Mirvala 21</i>	Apotex	1	➡	5.28
02410257	<i>Mirvala 28</i>	Apotex	1	➡	5.28

ETHINYLESTRADIOL/ DROSPIRENONE

Tab.

0.02 mg -3 mg **PPB**

02462060	<i>Comprimés de drospirénone et d'éthinylestradiol 28</i>	Glenmark	3		24.78 ➡ 8.2600
02415380	<i>Mya 28</i>	Apotex	1	➡	8.26
02321157	<i>Yaz 28</i>	Bayer	1		11.84

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

Tab.

0.03 mg - 3 mg **PPB**

02421437	<i>Comprimés de drospirénone et d'éthinylestradiol 21</i>	Glenmark	3	18.66 ➡	6.2188
02421445	<i>Comprimés de drospirénone et d'éthinylestradiol 28</i>	Glenmark	3	18.66 ➡	6.2188
02261723	<i>Yasmin 21</i>	Bayer	1	11.84	
02261731	<i>Yasmin 28</i>	Bayer	1	11.84	
02410788	<i>Zamine 21</i>	Apotex	1	➡ 6.22	
02410796	<i>Zamine 28</i>	Apotex	1	➡ 6.22	

ETHINYLESTRADIOL/ ETONOGESTREL

Vaginal ring

2.6 mg -11.4 mg **PPB**

02520028	<i>Haloette</i>	Search Phm	1	➡ 12.54	
			3	37.62 ➡	12.5400
02253186	<i>Nuvaring</i>	Organon	1	➡ 12.54	
			3	37.62 ➡	12.5400

ETHINYLESTRADIOL/ LEVONORGESTREL - ETHINYLESTRADIOL

Tab.

0.03 mg - 0.15 mg (84 co.)/0.01 mg (7 co.)

02346176	<i>Seasonique</i>	Teva Can	1	52.66	

ETHINYLESTRADIOL/ NORELGESTROMIN

Patch (3)

0.60 mg - 6 mg

02248297	<i>Evra</i>	Search Phm	1	14.95	

ETHINYLESTRADIOL/ NORETHINDRONE

Tab.

0.035 mg -0.5 mg

02187086	<i>Brevicon 0.5/35 (21)</i>	Pfizer	1	10.92	
02187094	<i>Brevicon 0.5/35 (28)</i>	Pfizer	1	10.92	

Tab.

0.035 mg -0.5 mg -0.035 mg -1 mg -0.035 mg -0.5 mg

02187108	<i>Synphasic 21</i>	Pfizer	1	10.35	
02187116	<i>Synphasic 28</i>	Pfizer	1	10.35	

Tab.

0.035 mg -1 mg

02189054	<i>Brevicon 1/35 (21)</i>	Pfizer	1	10.92	
02189062	<i>Brevicon 1/35 (28)</i>	Pfizer	1	10.92	
02197502	<i>Select 1/35 (21)</i>	Pfizer	1	7.37	
02199297	<i>Select 1/35 (28)</i>	Pfizer	1	7.37	W

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

ETHINYLOESTRADIOL NORGESTIMATE

 Tab. 0.035 mg -0.180 mg -0.035 mg -0.215 mg -0.035 mg -0.25 mg **PPB**

02508087	<i>Tri-Cira (21)</i>	Apotex	1	➡	12.69	
02508095	<i>Tri-Cira (28)</i>	Apotex	1	➡	12.69	
02486296	<i>Tri-Jordyna 21</i>	Glenmark	3		38.07	➡ 12.6896
02486318	<i>Tri-Jordyna 28</i>	Glenmark	3		38.07	➡ 12.6896

ETHINYLOESTRADIOL/ LEVONORGESTREL

 Tab. 0.020 mg -0.10 mg **PPB**

02236974	<i>Alesse 21</i>	Pfizer	1		12.70	
02236975	<i>Alesse 28</i>	Pfizer	1		12.70	
02387875	<i>Alysena 21</i>	Apotex	1	➡	3.94	
			3		11.82	➡ 3.9400
02387883	<i>Alysena 28</i>	Apotex	1	➡	3.94	
			3		11.82	➡ 3.9400
02532174	<i>Audrina 21</i>	Jamp	1	➡	3.94	
02532182	<i>Audrina 28</i>	Jamp	1	➡	3.94	
02298538	<i>Aviane 21</i>	Teva Can	1	➡	3.94	
02298546	<i>Aviane 28</i>	Teva Can	1	➡	3.94	
02424282	<i>LAYLAA 21</i>	Lupin	1	➡	3.94	
02424290	<i>LAYLAA 28</i>	Lupin	1	➡	3.94	

Tab. 0.03 mg -0.05 mg -0.04 mg -0.075 mg -0.03 mg -0.125 mg

00707600	<i>Triquilar 21</i>	Bayer	1		14.52	
00707503	<i>Triquilar 28</i>	Bayer	1		14.52	

 Tab. 0.03 mg -0.15 mg **PPB**

02042320	<i>Min-Ovral 21</i>	Pfizer	1		12.13	
02042339	<i>Min-Ovral 28</i>	Pfizer	1		12.13	
02387085	<i>Ovima 21</i>	Apotex	1	➡	7.28	
02387093	<i>Ovima 28</i>	Apotex	1	➡	7.28	
02295946	<i>Portia 21</i>	Teva Can	1	➡	7.28	
02295954	<i>Portia 28</i>	Teva Can	1	➡	7.28	

 Tab. (91) 0.03 mg -0.15 mg **PPB**

02398869	<i>Indayo</i>	Mylan	1	➡	45.96	
02296659	<i>Seasonale</i>	Teva Can	1		54.06	

ETONOGESTREL

Implant

68 mg

02499509	<i>Nexplanon</i>	Organon	1		285.00	

LEVONORGESTREL

Intra-Uter. Sys.

19.5 mg

02459523	<i>Kyleena</i>	Bayer	1		336.82	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Intra-Uter. Sys.				52 mg	
02243005	Mirena	Bayer	1	336.82	

LEVONORGESTREL

Tab.				1.5 mg	PPB	
02433532	Backup Plan Onestep	Apotex	1	➡	4.30	
02425009	Contingency One	Mylan	1	➡	4.30	
02548461	MyStep	Jamp	1	➡	4.30	
02293854	Plan B	Paladin	1		8.60	

NORETHINDRONE

Tab. (28)				0.35 mg	PPB	
02441306	Jencycla	Lupin	1	➡	10.99	
02458683	Maeve	Glenmark	1	➡	10.99	
02410303	Movisse	Mylan	1	➡	10.99	

ULIPRISTAL ACETATE

Tab.				30 mg		
02436329	Ella	AbbVie	1	25.94		

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ESTROGENS

CONJUGATED ESTROGENS (BIOLOGICS)

Vag. Cr.				0.625 mg/g		
02043440	Premarin	Pfizer	30 g	24.84		

ESTRADIOL-17B

Tab.				0.5 mg	PPB	
02449048	Lupin-Estradiol	Lupin	100	11.81	➡	0.1181
02225190	pms-ESTRADIOL	Phmscience	100	13.44		0.1344

Tab.				1 mg	PPB	
02449056	Lupin-Estradiol	Lupin	100	22.86	➡	0.2286
02148587	pms-ESTRADIOL	Phmscience	100	25.97		0.2597

Tab.				2 mg	PPB	
02449064	Lupin-Estradiol	Lupin	100	40.33	➡	0.4033
02148595	pms-ESTRADIOL	Phmscience	100	45.86		0.4586

Top. Jel.				0.06 %		
02238704	Estrogel	Organon	80 g	24.35		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Vag. Tab (App.)				10 mcg	
02325462	<i>Vagifem 10</i>	N.Nordisk	18	42.07	
Vag. Tab.				4 mcg	
02503689	<i>Imvexxy</i>	Knight	18	65.32	
Vag. Tab.				10 mcg	
02503697	<i>Imvexxy</i>	Knight	18	65.32	
Vaginal ring				2 mg	
02168898	<i>Estring</i>	Paladin	1	62.77	
ESTRADIOL-17B/ MICRONIZED PROGESTERONE 					
Caps.				1 mg -100 mg	
02505223	<i>Bijuva</i>	Knight	30	26.89	0.8962
ESTRONE 					
Vag. Cr.				1 mg/g	
00727369	<i>Estragyn vaginal cream</i>	Search Phm	45 g	15.55	

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

68:16.08

ANTIESTROGENS

ANASTROZOLE

Tab.

1 mg **PPB**

02534118	<i>AG-Anastrozole</i>	Angita	30	28.57	➡	0.9522
02553686	<i>AG-Anastrozole Tablets</i>	Angita	30	28.57	➡	0.9522
02351218	<i>Anastrozole</i>	Accord	30	28.57	➡	0.9522
02442736	<i>Anastrozole</i>	Sanis	30	28.57	➡	0.9522
02529904	<i>Anastrozole</i>	Sivem	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02374420	<i>Apo-Anastrozole</i>	Apotex	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02224135	<i>Arimidex</i>	AZC	30	152.75		5.0917
02392488	<i>Bio-Anastrozole</i>	Biomed	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02540584	<i>JAMP Anastrozole Tablets</i>	Jamp	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02339080	<i>Jamp-Anastrozole</i>	Jamp	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02379562	<i>Mar-Anastrozole</i>	Marcan	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02393573	<i>Mint-Anastrozole</i>	Mint	30	28.57	➡	0.9522
02417855	<i>Nat-Anastrozole</i>	Natco	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02320738	<i>pms-Anastrozole</i>	Phmscience	30	28.57	➡	0.9522
02395649	<i>Pro-Anastrozole</i>	Pro Doc	30	28.57	➡	0.9522
02392259	<i>Riva-Anastrozole</i>	Riva	30	28.57	➡	0.9522
02338467	<i>Sandoz Anastrozole</i>	Sandoz	30	28.57	➡	0.9522
02365650	<i>Taro-Anastrozole</i>	Taro	30	28.57	➡	0.9522
02394898	<i>Teva-Anastrozole</i>	Teva Can	30	28.57	➡	0.9522

EXEMESTANE

Tab.

25 mg **PPB**

02390183	<i>ACT Exemestane</i>	Teva Can	30	93.70	➡	3.1232
02242705	<i>Aromasin</i>	Pfizer	30	155.35		5.1783
02407841	<i>Med-Exemestane</i>	GMP	30	93.70	➡	3.1232

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

LETROZOLE

Tab.

2.5 mg **PPB**

02374439	AG-Letrozole	Angita	30	41.34	➡	1.3780
02543419	AG-Letrozole	Angita	30	41.34	➡	1.3780
02358514	Apo-Letrozole	Apotex	30	41.34	➡	1.3780
02392496	Bio-Letrozole	Biomed	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02231384	Femara	Novartis	30	163.96		5.4653
02373009	Jamp-Letrozole	Jamp	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02541912	Jamp-Letrozole	Jamp	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02338459	Letrozole	Accord	30	41.34	➡	1.3780
02402025	Letrozole	Pro Doc	30	41.34	➡	1.3780
02504472	Letrozole	Sanis	30	41.34	➡	1.3780
02524244	Letrozole	Sivem	30	41.34	➡	1.3780
02373424	Mar-Letrozole	Marcan	30	41.34	➡	1.3780
02508109	Mint-Letrozole	Mint	30	41.34	➡	1.3780
02549972	M-Letrozole	Mantra Ph.	30	41.34	➡	1.3780
02421585	Nat-Letrozole	Natco	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02520486	NRA-Letrozole	Nora	30	41.34	➡	1.3780
02309114	pms-Letrozole	Phmscience	30	41.34	➡	1.3780
02398656	Riva-Letrozole	Riva	30	41.34	➡	1.3780
02344815	Sandoz Letrozole	Sandoz	30	41.34	➡	1.3780
02343657	Teva-Letrozole	Teva Can	30	41.34	➡	1.3780

68:16.12

ESTROGEN AGONISTS-ANTAGONISTS

RALOXIFENE HYDROCHLORIDE

Tab.

60 mg **PPB**

02358840	ACT Raloxifene	Teva Can	30	13.75	➡	0.4583
			100	45.83	➡	0.4583
02279215	Apo-Raloxifene	Apotex	100	45.83	➡	0.4583
02540681	JAMP Raloxifene	Jamp	100	45.83	➡	0.4583

TAMOXIFEN CITRATE

Tab.

10 mg **PPB**

00812404	Apo-Tamox	Apotex	100	17.50	➡	0.1750
00851965	Teva-Tamoxifen	Teva Can	60	10.50	➡	0.1750
			100	17.50	➡	0.1750

Tab.

20 mg **PPB**

00812390	Apo-Tamox	Apotex	100	35.00	➡	0.3500
00851973	Teva-Tamoxifen	Teva Can	30	10.50	➡	0.3500
			100	35.00	➡	0.3500

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

68:18

GONADOTROPINS AND ANTIGONADOTROPINS

BUSERELIN ACETATE

Implant

				6.3 mg	
02228955	<i>Suprefact Depot</i>	Cheplaphar	1	733.47	

Implant

				9.45 mg	
02240749	<i>Suprefact Depot 3 mois</i>	Cheplaphar	1	1083.76	

Nas. spray

				1 mg/mL	
02225158	<i>Suprefact</i>	Cheplaphar	10 ml	69.35	W

S.C. Inj. Sol.

				1 mg/mL	
02225166	<i>Suprefact</i>	Cheplaphar	5.5 ml	51.76	

GONADORELIN

Inj. Pd.

				0.8 mg	
02046210	<i>Lutrepulse</i>	Ferring	1	115.00	W

GOSERELINE ACETATE

Implant

				3.6 mg	
02049325	<i>Zoladex</i>	TerSera	1	390.50	

Implant

				10.8 mg	
02225905	<i>Zoladex LA</i>	TerSera	1	1113.00	

LEUPORIDE ACETATE

Kit

				3.75 mg	
00884502	<i>Lupron Depot</i>	AbbVie	1	336.23	

Kit

				7.5 mg	
02248239	<i>Eligard</i>	Tolmar	1	310.72	
00836273	<i>Lupron Depot</i>	AbbVie	1	387.97	

Kit

				11.25 mg	
02239834	<i>Lupron Depot</i>	AbbVie	1	1008.68	

Kit

				22.5 mg	
02248240	<i>Eligard</i>	Tolmar	1	891.00	
02230248	<i>Lupron Depot</i>	AbbVie	1	1071.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit				30 mg	
02248999	<i>Eligard</i>	Tolmar	1	1285.20	
02239833	<i>Lupron Depot</i>	AbbVie	1	1428.00	

Kit				45 mg	
02268892	<i>Eligard</i>	Tolmar	1	1450.00	

NAFARELIN ACETATE

Nas. spray

				2 mg/mL	
02188783	<i>Synarel</i>	Pfizer	8 ml	283.56	

68:18.04

ANTIGONADOTROPINS

CETRORELIX

S.C. Inj. Pd.

				0.25 mg	
02247766	<i>Cetrotide</i>	Serono	1	90.00	

DEGARELIX ACETATE

S.C. Inj. Sol.

				80 mg	
02337029	<i>Firmagon</i>	Ferring	1	255.00	

S.C. Inj. Sol.

				120 mg	
02337037	<i>Firmagon</i>	Ferring	2	690.00	

GANIRELIX

S.C. Inj. Sol (syr)

				250 mcg/0.5 mL	
02245641	<i>Orgalutran</i>	Organon	1	94.71	

RELUGOLIX

Tab.

				120 mg	
02542137	<i>Orgovyx</i>	Sumitomo	30	270.00	9.0000

68:20.02

ALPHA-GLUCOSIDASE INHIBITORS

ACARBOSE

Tab.

				50 mg	
02494078	<i>Mar-Acarbose</i>	Marcan	120	17.78	0.1482

Tab.

				100 mg	
02494086	<i>Mar-Acarbose</i>	Marcan	120	24.64	0.2053

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

68:20.04

BIGUANIDES

METFORMIN HYDROCHLORIDE

Tab.

500 mg **PPB**

02494418	<i>AG-Metformin</i>	Angita	500	12.35	➡	0.0247
02438275	<i>Auro-Metformin</i>	AuroPharma	100	2.47	➡	0.0247
			360	8.89	➡	0.0247
02099233	<i>Glucophage</i>	SanofiAven	100	21.31		0.2131
			500	106.53		0.2131
02380196	<i>Jamp Metformin</i>	Jamp	360	8.89	➡	0.0247
			500	12.35	➡	0.0247
02378620	<i>Mar-Metformin</i>	Marcan	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02353377	<i>Metformin</i>	Sanis	360	8.89	➡	0.0247
			500	12.35	➡	0.0247
02385341	<i>Metformin FC</i>	Sivem	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02388766	<i>Mint-Metformin</i>	Mint	360	8.89	➡	0.0247
			500	12.35	➡	0.0247
02547767	<i>M-Metformin</i>	Mantra Ph.	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02536439	<i>NRA-Metformin</i>	Nora	500	12.35	➡	0.0247
02520303	<i>pmsc-Metformin</i>	Phmscience	360	8.89	➡	0.0247
			500	12.35	➡	0.0247
02223562	<i>pms-Metformin</i>	Phmscience	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02314908	<i>Pro-Metformin</i>	Pro Doc	500	12.35	➡	0.0247
02531895	<i>PRZ-Metformin</i>	Pharmaris	100	2.47	➡	0.0247
			360	8.89	➡	0.0247
02269031	<i>Ran-Metformin</i>	Ranbaxy	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02239081	<i>Riva-Metformin</i>	Riva	100	2.47	➡	0.0247
			500	12.35	➡	0.0247
02246820	<i>Sandoz Metformin FC</i>	Sandoz	100	2.47	➡	0.0247
			360	8.89	➡	0.0247
02257726	<i>Teva-Metformin</i>	Teva Can	100	2.47	➡	0.0247
			360	8.89	➡	0.0247

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

Tab.

850 mg **PPB**

02494442	<i>AG-Metformin</i>	Angita	500	16.95	➡	0.0339
02438283	<i>Auro-Metformin</i>	AuroPharma	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02162849	<i>Glucophage</i>	SanofiAven	100	30.80		0.3080
02380218	<i>Jamp Metformin</i>	Jamp	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02378639	<i>Mar-Metformin</i>	Marcan	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02353385	<i>Metformin</i>	Sanis	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02385368	<i>Metformin FC</i>	Sivem	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02388774	<i>Mint-Metformin</i>	Mint	500	16.95	➡	0.0339
02547775	<i>M-Metformin</i>	Mantra Ph.	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02536447	<i>NRA-Metformin</i>	Nora	500	16.95	➡	0.0339
02520311	<i>pmsc-Metformin</i>	Phmscience	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02314894	<i>Pro-Metformin</i>	Pro Doc	500	16.95	➡	0.0339
02531909	<i>PRZ-Metformin</i>	Pharmaris	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02269058	<i>Ran-Metformin</i>	Ranbaxy	100	3.39	➡	0.0339
02242783	<i>Riva-Metformin</i>	Riva	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02246821	<i>Sandoz Metformin FC</i>	Sandoz	100	3.39	➡	0.0339
			500	16.95	➡	0.0339
02257734	<i>Teva-Metformin</i>	Teva Can	100	3.39	➡	0.0339
			500	16.95	➡	0.0339

Tab.

1000 mg **PPB**

02548275	<i>M-Metformin</i>	Mantra Ph.	500	19.95	➡	0.0399
02534673	<i>PRZ-Metformin</i>	Pharmaris	180	7.18	➡	0.0399
			500	19.95	➡	0.0399

68:20.08

INSULINS

ASPART INSULIN

S.C. Inj. Sol.

100 U/mL (3 mL)

02520974	<i>Kirsty</i>	Biocon	5	42.71		
02506564	<i>Trurapi</i>	SanofiAven	5	45.00		
02506572	<i>Trurapi SoloSTAR</i>	SanofiAven	5	45.00		

S.C. Inj. Sol.

100 U/mL (10 mL)

02529254	<i>Trurapi</i>	SanofiAven	1	22.64		

GLARGINE INSULIN

S.C. Inj. Sol.

100 U/mL

02245689	<i>Lantus</i>	SanofiAven	10 ml	58.07		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.			100 U/mL (3 mL)		
02444844	<i>Basaglar</i>	Lilly	5	69.64	
02461528	<i>Basaglar KwikPen (80 U)</i>	Lilly	5	69.64	
02526441	<i>Semglee (stylo)</i>	Biocon	5	63.83	

S.C. Inj. Sol. (pen)			300 U/mL (1.5 mL)		
02441829	<i>Toujeo SoloStar</i>	SanofiAven	3	66.42	
			5	110.70	

S.C. Inj. Sol. (pen)			300 U/mL (3mL)		
02493373	<i>Toujeo DoubleStar</i>	SanofiAven	3	132.84	

INSULIN CRISTAL ZINC (BIOSYNTHETIC OF HUMAN SEQUENCE)

S.C. Inj. Sol.			100 U/mL		
00586714	<i>Humulin R</i>	Lilly	10 ml	17.12	
02024233	<i>Novolin ge Toronto</i>	N.Nordisk	10 ml	18.39	

S.C. Inj. Sol.			100 U/mL (3 mL)		
01959220	<i>Humulin R</i>	Lilly	5	35.50	
02415089	<i>Humulin R KwikPen</i>	Lilly	5	35.50	
02024284	<i>Novolin ge Toronto Penfill</i>	N.Nordisk	5	36.75	

S.C. Inj. Sol.			500 U/mL (3 mL)		
02466864	<i>Entuzity KwikPen</i>	Lilly	2	71.00	

INSULIN DEGLUDEC

S.C. Inj. Sol.			100 U/mL (3 mL)		
02467879	<i>Tresiba FlexTouch</i>	N.Nordisk	5	98.69	
02467860	<i>Tresiba Penfill</i>	N.Nordisk	5	98.69	

S.C. Inj. Sol.			200 U/mL (3 mL)		
02467887	<i>Tresiba FlexTouch</i>	N.Nordisk	3	118.42	

INSULIN DETEMIR

S.C. Inj. Sol.			100 U/mL (3 mL)		
02412829	<i>Levemir FlexTouch</i>	N.Nordisk	5	98.69	
02271842	<i>Levemir Penfill</i>	N.Nordisk	5	98.69	

INSULIN GLULISINE

S.C. Inj. Sol.			100 U/mL		
02279460	<i>Apidra</i>	SanofiAven	10 ml	24.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.			100 U/mL (3 mL)		
02279479	<i>Apidra</i>	SanofiAven	5	48.45	
02294346	<i>Apidra Solostar</i>	SanofiAven	5	49.00	

INSULIN ISOPHANE (BIOSYNTHETIC OF HUMAN SEQUENCE)

S.C. Inj. Susp.			100 U/mL		
00587737	<i>Humulin N</i>	Lilly	10 ml	17.12	
02024225	<i>Novolin ge NPH</i>	N.Nordisk	10 ml	18.39	

S.C. Inj. Susp.			100 U/mL (3 mL)		
01959239	<i>Humulin N</i>	Lilly	5	35.50	
02403447	<i>Humulin N KwikPen</i>	Lilly	5	34.89	
02024268	<i>Novolin ge NPH Penfill</i>	N.Nordisk	5	36.75	

INSULINS ZINC CRISTALLINE AND ISOPHANE BIOSYNTHETIC OF HUMAN SEQUENCE

S.C. Inj. Susp.			30 U -70 U/mL		
00795879	<i>Humulin 30/70</i>	Lilly	10 ml	17.12	
02024217	<i>Novolin ge 30/70</i>	N.Nordisk	10 ml	18.39	

S.C. Inj. Susp.			30 U -70 U/mL (3 mL)		
01959212	<i>Humulin 30/70</i>	Lilly	5	35.50	
02025248	<i>Novolin ge 30/70 Penfill</i>	N.Nordisk	5	36.75	

LISPRO INSULIN

S.C. Inj. Sol.			100 U/mL		
02469901	<i>Admelog</i>	SanofiAven	10 ml	22.70	

S.C. Inj. Sol.			100 U/mL (3 mL)		
02469898	<i>Admelog</i>	SanofiAven	5	45.00	
02469871	<i>Admelog SoloSTAR</i>	SanofiAven	5	45.00	

S.C. Inj. Sol.			200 U/mL (3 mL)		
02439611	<i>Humalog KwikPen</i>	Lilly	5	102.88	

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

68:20.16

MEGLITINIDES

REPAGLINIDE

Tab.

0.5 mg **PPB**

02424258	<i>Auro-Repaglinide</i>	AuroPharma	100	8.08	➡	0.0808
			1000	80.80	➡	0.0808
02239924	<i>GlucNorm</i>	N.Nordisk	90	24.86		0.2762
			100	27.62		0.2762
02354926	<i>Jamp Repaglinide</i>	Jamp	100	8.08	➡	0.0808
02415968	<i>Repaglinide</i>	Pro Doc	100	8.08	➡	0.0808
02357453	<i>Sandoz Repaglinide</i>	Sandoz	100	8.08	➡	0.0808

Tab.

1 mg **PPB**

02424266	<i>Auro-Repaglinide</i>	AuroPharma	100	8.40	➡	0.0840
			1000	84.00	➡	0.0840
02239925	<i>GlucNorm</i>	N.Nordisk	90	25.87		0.2874
			100	28.74		0.2874
02354934	<i>Jamp Repaglinide</i>	Jamp	100	8.40	➡	0.0840
02415976	<i>Repaglinide</i>	Pro Doc	100	8.40	➡	0.0840
02357461	<i>Sandoz Repaglinide</i>	Sandoz	100	8.40	➡	0.0840

Tab.

2 mg **PPB**

02424274	<i>Auro-Repaglinide</i>	AuroPharma	100	8.73	➡	0.0873
			1000	87.30	➡	0.0873
02239926	<i>GlucNorm</i>	N.Nordisk	90	26.85		0.2983
			100	29.83		0.2983
02354942	<i>Jamp Repaglinide</i>	Jamp	100	8.73	➡	0.0873
02415984	<i>Repaglinide</i>	Pro Doc	100	8.73	➡	0.0873
02357488	<i>Sandoz Repaglinide</i>	Sandoz	100	8.73	➡	0.0873

68:20.20

SULFONYLUREAS

GLICLAZIDE

L.A. Tab.

30 mg **PPB**

02483300	<i>AG-Gliclazide MR</i>	Angita	60	5.59	➡	0.0931
			100	9.31	➡	0.0931
02297795	<i>Apo-Gliclazide MR</i>	Apotex	100	9.31	➡	0.0931
02242987	<i>Diamicron MR</i>	Servier	60	8.43		0.1405
02524856	<i>Gliclazide MR</i>	Sanis	100	9.31	➡	0.0931
02429764	<i>JAMP Gliclazide-MR</i>	Jamp	60	5.59	➡	0.0931
			100	9.31	➡	0.0931
02423286	<i>Mint-Gliclazide MR</i>	Mint	100	9.31	➡	0.0931
02438658	<i>Mylan-Gliclazide MR</i>	Mylan	100	9.31	➡	0.0931
02461323	<i>Sandoz Gliclazide MR</i>	Sandoz	60	5.59	➡	0.0931
			100	9.31	➡	0.0931
02463571	<i>Taro-Gliclazide MR</i>	Sun Pharma	100	9.31	➡	0.0931

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

L.A. Tab.

60 mg **PPB**

02483319	<i>AG-Gliclazide MR</i>	Angita	60	3.79	➡	0.0632
			100	6.32	➡	0.0632
02407124	<i>Apo-Gliclazide MR</i>	Apotex	100	6.32	➡	0.0632
02356422	<i>Diamicron MR</i>	Servier	60	15.17		0.2528
02524864	<i>Gliclazide MR</i>	Sanis	100	6.32	➡	0.0632
02429772	<i>JAMP Gliclazide-MR</i>	Jamp	60	3.79	➡	0.0632
			100	6.32	➡	0.0632
02423294	<i>Mint-Gliclazide MR</i>	Mint	100	6.32	➡	0.0632
02461331	<i>Sandoz Gliclazide MR</i>	Sandoz	60	3.79	➡	0.0632
			100	6.32	➡	0.0632
02439328	<i>Taro-Gliclazide MR</i>	Sun Pharma	100	6.32	➡	0.0632

Tab.

80 mg **PPB**

02245247	<i>Apo-Gliclazide</i>	Apotex	100	9.31	➡	0.0931
			500	46.55	➡	0.0931
02287072	<i>Gliclazide</i>	Sanis	100	9.31	➡	0.0931
02238103	<i>Teva-Gliclazide</i>	Teva Can	100	9.31	➡	0.0931
			500	46.55	➡	0.0931

GLYBURIDE

Tab.

2.5 mg **PPB**

01913654	<i>Apo-Glyburide</i>	Apotex	100	3.21	➡	0.0321
			500	16.03	➡	0.0321
01913670	<i>Teva-Glyburide</i>	Teva Can	100	3.21	➡	0.0321
			500	16.03	➡	0.0321

Tab.

5 mg **PPB**

01913662	<i>Apo-Glyburide</i>	Apotex	100	5.73	➡	0.0573
			500	28.65	➡	0.0573
02350467	<i>Glyburide</i>	Sanis	100	5.73	➡	0.0573
			500	28.65	➡	0.0573
01913689	<i>Teva-Glyburide</i>	Teva Can	100	5.73	➡	0.0573
			500	28.65	➡	0.0573

68:22.12

GLYCOGENOLYTIC AGENTS

GLUCAGON

Inj. Pd.

1 mg

02333619	<i>GlucaGen</i>	N.Nordisk	1	77.10		W
02333627	<i>GlucaGen HypoKit</i>	N.Nordisk	1	77.10		W

Nasal Powder

3 mg

02492415	<i>Baqsimi</i>	Amphastar	1	131.60		

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

68:22.92

ANTIHYPOGLYCEMIS AGENTS, MISCELLANEOUS

DIAZOXIDE

Caps.

				100 mg	
00503347	<i>Proglycem</i>	Merck	100	161.41	1.6141

68:24

PARATHYROID AND ANTIPARATHYROID AGENTS

CALCITONIN SALMON (SYNTHETIC)

Inj. Sol.

				200 U/mL	
01926691	<i>Calcimar Solution</i>	SanofiAven	2 ml	46.04	

68:28

PITUITARY

DESMOPRESSIN ACETATE

Inj. Sol.

				4 mcg/mL (1mL)	PPB	
02513579	<i>Bipazen</i>	KVR	10	90.00	➡	9.0000
00873993	<i>DDAVP</i>	Ferring	10	100.60		10.0600

Nas. spray

				10 mcg/dose		
02242465	<i>Desmopressin</i>	AA Pharma	25 dose(s) 50 dose(s)	35.40 70.80		

Tab. or Tab. Oral Disint.

				0.1 mg or 0.06 mg	PPB	
02284995	<i>DDAVP Melt</i>	Ferring	30	29.73		0.9910
02284030	<i>Desmopressin</i>	Apotex	100	33.03	➡	0.3303
02304368	<i>pms-Desmopressin</i>	Phmscience	100	33.03	➡	0.3303

Tab. or Tab. Oral Disint.

				0.2 mg ou 0.12 mg	PPB	
02285002	<i>DDAVP Melt</i>	Ferring	30	59.47		1.9823
02284049	<i>Desmopressin</i>	Apotex	100	66.07	➡	0.6607
02304376	<i>pms-Desmopressin</i>	Phmscience	100	66.07	➡	0.6607

68:29.04

SOMATOSTATIN AGONISTS

LANREOTIDE (AS ACETATE)

S.C. Inj. Sol (syr)

				60 mg/0.3 mL		
+ 02555867	<i>Mytolac</i>	Advanz	1	760.01		
* 02283395	<i>Somatuline Autogel</i>	Ipsen	1	1102.00		

S.C. Inj. Sol (syr)

				90 mg/0.3 mL		
+ 02555875	<i>Mytolac</i>	Advanz	1	1013.80		
* 02283409	<i>Somatuline Autogel</i>	Ipsen	1	1470.00		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			120 mg/0.5 mL		
+ 02555883	<i>Mytolac</i>	Advanz	1	1268.97	
* 02283417	<i>Somatuline Autogel</i>	Ipsen	1	1840.00	

OCTREOTIDE (ACETATE)

I.M. Inj. Susp.			10 mg PPB		
* 02503751	<i>Octréotide pour suspension injectable</i>	Teva Can	1	990.70	W
02239323	<i>Sandostatin LAR</i>	Novartis	1	➡ 1211.00	

I.M. Inj. Susp.			20 mg PPB		
* 02503778	<i>Octréotide pour suspension injectable</i>	Teva Can	1	1279.94	W
02239324	<i>Sandostatin LAR</i>	Novartis	1	➡ 1615.40	

I.M. Inj. Susp.			30 mg PPB		
* 02503786	<i>Octréotide pour suspension injectable</i>	Teva Can	1	1642.14	W
02239325	<i>Sandostatin LAR</i>	Novartis	1	➡ 2022.00	

Inj. Sol.			50 mcg/mL PPB		
02248639	<i>Octreotide Acetate Omega</i>	Oméga	1 ml	➡ 4.01	
00839191	<i>Sandostatin</i>	Novartis	1 ml	5.05	

Inj. Sol.			100 mcg/mL PPB		
02248640	<i>Octreotide Acetate Omega</i>	Oméga	1 ml	➡ 5.04	
02560240	<i>Octreotide Injection</i>	Sterimax	1 ml	➡ 5.04	
00839205	<i>Sandostatin</i>	Novartis	1 ml	9.54	

Inj. Sol.			200 mcg/mL PPB		
02248642	<i>Octreotide Acetate Omega</i>	Oméga	5 ml	➡ 48.52	
02560283	<i>Octreotide Injection</i>	Sterimax	5 ml	➡ 48.52	

68:32

PROGESTINS

DIENOGEST

Tab.			2 mg PPB		
02493055	<i>Aspen-Dienogest</i>	Aspen	28	14.32 ➡	0.5115
02498189	<i>JAMP Dienogest</i>	Jamp	28	14.32 ➡	0.5115
02551683	<i>Mar-Dienogest</i>	Marcan	28	14.32 ➡	0.5115
02543613	<i>M-Dienogest</i>	Mantra Ph.	28	14.32 ➡	0.5115
02374900	<i>Visanne</i>	Bayer	28	55.00	1.9643

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

MEDROXYPROGESTERONE ACETATE

I.M. Inj. Susp.

150 mg/mL (1 mL)

02523493	<i>Depo-Provera (syringe)</i>	Pfizer	1	26.98	

Tab.

2.5 mg

02244726	<i>AA-Medroxy</i>	AA Pharma	100	13.01	0.1301

Tab.

5 mg **PPB**

02244727	<i>AA-Medroxy</i>	AA Pharma	100	26.02	➡ 0.2602
00030937	<i>Provera</i>	Pfizer	100	26.25	W

Tab.

10 mg

02277298	<i>AA-Medroxy</i>	AA Pharma	100	56.49	0.5649

Tab.

100 mg

02267640	<i>AA-Medroxy</i>	AA Pharma	100	120.57	1.2057

MEGESTROL ACETATE

Tab.

40 mg

02195917	<i>Megestrol</i>	AA Pharma	100	133.40	1.3340

MICRONIZED PROGESTERONE

Caps.

100 mg **PPB**

02549158	<i>ACH-Progesterone</i>	Accord	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011
02493578	<i>Auro-Progesterone</i>	AuroPharma	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011
02551268	<i>M-Progesterone</i>	Mantra Ph.	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011
02476576	<i>pms-Progesterone</i>	Phmscience	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011
02516187	<i>Progesterone</i>	Sanis	100	30.11	➡ 0.3011
02166704	<i>Prometrium</i>	Organon	30	9.03	➡ 0.3011
02463113	<i>Reddy-Progesterone</i>	Dr Reddy's	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011
02439913	<i>Teva-Progesterone</i>	Teva Can	30	9.03	➡ 0.3011
			100	30.11	➡ 0.3011

Caps.

200 mg

02480247	<i>pms-Progesterone</i>	Phmscience	30	37.17	1.2391
			100	123.91	1.2391

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

PROGESTERONE

Oily Inj. Sol.

				50 mg/mL	
02531828	<i>Injectable progesterone</i>	Hikma	10 ml	58.61	

68:36.04

THYROID AGENTS

LEVOTHYROXINE (SODIUM)

Tab.

				25 mcg	
02550709	<i>Apo-Levothyroxine</i>	Apotex	100	5.97	0.0597
			1000	59.70	0.0597
02172062	<i>Synthroid</i>	BGP Pharma	90	6.97	0.0774
			1000	71.09	0.0711

Tab.

				50 mcg	
02550717	<i>Apo-Levothyroxine</i>	Apotex	100	2.74	0.0274
			1000	27.40	0.0274
02213192	<i>Eltroxin</i>	Aspen	500	13.70	0.0274
02172070	<i>Synthroid</i>	BGP Pharma	90	4.21	0.0468
			1000	42.53	0.0425

Tab.

				75 mcg	
02550725	<i>Apo-Levothyroxine</i>	Apotex	100	6.46	0.0646
			1000	64.60	0.0646
02172089	<i>Synthroid</i>	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768

Tab.

				88 mcg	
02550733	<i>Apo-Levothyroxine</i>	Apotex	100	6.46	0.0646
			1000	64.60	0.0646
02172097	<i>Synthroid</i>	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768

Tab.

				100 mcg	
02534681	<i>Apo-Levothyroxine</i>	Apotex	100	3.36	0.0336
			1000	33.60	0.0336
02213206	<i>Eltroxin</i>	Aspen	500	16.82	0.0336
02172100	<i>Synthroid</i>	BGP Pharma	90	5.58	0.0620
			1000	56.61	0.0566

Tab.

				112 mcg	
02550741	<i>Apo-Levothyroxine</i>	Apotex	100	6.82	0.0682
			1000	68.20	0.0682
02171228	<i>Synthroid</i>	BGP Pharma	90	7.96	0.0884
			1000	81.04	0.0810

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

Tab.			125 mcg		
02550768	<i>Apo-Levothyroxine</i>	Apotex	100	6.90	0.0690
			1000	69.00	0.0690
02172119	<i>Synthroid</i>	BGP Pharma	90	8.09	0.0899
			1000	82.41	0.0824

Tab.			137 mcg		
02550776	<i>Apo-Levothyroxine</i>	Apotex	100	13.35	0.1335
			1000	133.54	0.1335
02233852	<i>Synthroid</i>	BGP Pharma	90	14.14	0.1571
			1000	157.07	0.1571

Tab.			150 mcg		
02550784	<i>Apo-Levothyroxine</i>	Apotex	100	3.73	0.0373
			1000	37.30	0.0373
02213214	<i>Eltroxin</i>	Aspen	500	18.66	0.0373
02172127	<i>Synthroid</i>	BGP Pharma	90	5.99	0.0666
			1000	60.82	0.0608

Tab.			175 mcg		
02550792	<i>Apo-Levothyroxine</i>	Apotex	100	7.40	0.0740
			1000	74.00	0.0740
02172135	<i>Synthroid</i>	BGP Pharma	90	8.64	0.0960
			1000	88.06	0.0881

Tab.			200 mcg		
02550806	<i>Apo-Levothyroxine</i>	Apotex	100	3.95	0.0395
			1000	39.48	0.0395
02213222	<i>Eltroxin</i>	Aspen	500	19.74	0.0395
02172143	<i>Synthroid</i>	BGP Pharma	90	6.41	0.0712
			1000	64.81	0.0648

Tab.			300 mcg		
02534703	<i>Apo-Levothyroxine</i>	Apotex	100	7.97	0.0797
02172151	<i>Synthroid</i>	BGP Pharma	90	8.82	0.0980

LIOTHYRONINE (SODIUM)

Tab.			5 mcg PPB		
02549999	<i>Auro-Liothyronine</i>	AuroPharma	100	68.16	➡ 0.6816
01919458	<i>Cytomel</i>	Pfizer	100	122.74	➡ 1.2274
02494337	<i>Teva-Liothyronine</i>	Teva Can	100	68.16	➡ 0.6816

Tab.			25 mcg PPB		
02550008	<i>Auro-Liothyronine</i>	AuroPharma	100	74.09	➡ 0.7409
01919466	<i>Cytomel</i>	Pfizer	100	133.41	➡ 1.3341
02494345	<i>Teva-Liothyronine</i>	Teva Can	100	74.09	➡ 0.7409

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

68:36.08

ANTITHYROID AGENTS

**METHIMAZOL **

Tab.

5 mg **PPB**

02490625	<i>Jamp Methimazole</i>	Jamp	100	15.31	➡	0.1531
02480107	<i>Mar-Methimazole</i>	Marcan	100	15.31	➡	0.1531
00015741	<i>Tapazole</i>	Knight	100	24.73		0.2473

**PROPYLTHIOURACIL **

Tab.

50 mg **PPB**

02521059	<i>Halycil</i>	Accelera	56	28.00	➡	0.5000
			100	50.00	➡	0.5000
02523019	<i>Propylthiouracile</i>	Phebra	100	50.00	➡	0.5000

80:00
ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS,
VACCINES

80:02 **allergenic extracts**

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

80:02

ALLERGENIC EXTRACTS

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED

Inj. Sol.

Maintenance Treatment (10 mL)

99101105	<i>Monovalent</i>	Allergo	1	325.00	
99101113	<i>Polyvalent</i>	Allergo	1	325.00	

Inj. Sol.

Complete Treatment Set (kit - 10 mL vials)

99101106	<i>Monovalent</i>	Allergo	1	325.00	
99101114	<i>Polyvalent</i>	Allergo	1	325.00	

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol.

Maintenance Treatment (10 mL)

99113892	<i>Monovalent</i>	Stallergen	1	245.00	
02247757	<i>Monovalent non-Pollen</i>	Oméga	1	315.00	
99101107	<i>Monovalent standardise</i>	Allergo	1	325.00	
99100062	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
99101109	<i>Monovalent-Acariens standardise</i>	Allergo	1	325.00	
99100063	<i>Monovalent-Chat</i>	Oméga	1	315.00	
99101111	<i>Monovalent-Chat standardise</i>	Allergo	1	325.00	
02247754	<i>Monovalent-Pollen</i>	Oméga	1	315.00	
99113896	<i>Polyvalent</i>	Stallergen	1	245.00	
99100067	<i>Polyvalent - Pollen</i>	Oméga	1	315.00	
99100068	<i>Polyvalent - Pollens - Acariens</i>	Oméga	1	315.00	
99100066	<i>Polyvalent non-Pollen</i>	Oméga	1	315.00	
99101118	<i>Polyvalent standardise</i>	Allergo	1	325.00	
99100064	<i>Polyvalent-Acariens</i>	Oméga	1	315.00	
99101120	<i>Polyvalent-Acariens standardise</i>	Allergo	1	325.00	
99100065	<i>Polyvalent-Chat</i>	Oméga	1	315.00	
99101122	<i>Polyvalent-Chats standardise</i>	Allergo	1	325.00	
99101115	<i>Polyvalent-Pollens-Acariens standardise</i>	Allergo	1	325.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. Complete Treatment Set (kit - 10 mL vials)					
99113893	<i>Monovalent</i>	Stallergen	1	245.00	
99100074	<i>Monovalent non-Pollen</i>	Oméga	1	315.00	
99101108	<i>Monovalent standardise</i>	Allergo	1	325.00	
99100061	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
99101110	<i>Monovalent-Acariens standardise</i>	Allergo	1	325.00	
99100073	<i>Monovalent-Chat</i>	Oméga	1	315.00	
99101112	<i>Monovalent-Chat standardise</i>	Allergo	1	325.00	
99100075	<i>Monovalent-Pollen</i>	Oméga	1	315.00	
99113895	<i>Polyvalent</i>	Stallergen	1	245.00	
99100079	<i>Polyvalent - Pollen</i>	Oméga	1	315.00	
99100080	<i>Polyvalent - Pollens - Acariens</i>	Oméga	1	315.00	
99100078	<i>Polyvalent non-Pollen</i>	Oméga	1	315.00	
99101117	<i>Polyvalent Pollens Acariens standardisé</i>	Allergo	1	325.00	
99101119	<i>Polyvalent standardise</i>	Allergo	1	325.00	
99100076	<i>Polyvalent-Acariens</i>	Oméga	1	315.00	
99101121	<i>Polyvalent-Acariens standardise</i>	Allergo	1	325.00	
99100077	<i>Polyvalent-Chat</i>	Oméga	1	315.00	
99101123	<i>Polyvalent-Chats standardise</i>	Allergo	1	325.00	

ALLERGENIC EXTRACTS,AQUEOUS, GLYCERINATED, NON STANDARDIZED AND STANDARDIZED

Inj. Sol. Maintenance Treatment (10 mL)					
99101124	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	Allergo	1	325.00	

Inj. Sol. Complete Treatment Set (kit - 10 mL vials)					
99101125	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	Allergo	1	325.00	

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

ALLERGENS (ALUM-PRECIPTATED EXTRACTS OF)

Inj. Sol.

Maintenance Treatment (5 mL)

99101143	<i>Presaisonnier - Arbres, Graminees et Herbes a poux</i>	Allergo	1	265.00	
99101147	<i>Presaisonnier - Graminees et Herbes a poux</i>	Allergo	1	265.00	
99101149	<i>Presaisonnier - Herbes a poux</i>	Allergo	1	265.00	
99101141	<i>Presaisonnier- Arbres</i>	Allergo	1	265.00	
99101151	<i>Presaisonnier- Arbres et Graminees</i>	Allergo	1	265.00	
99113924	<i>Presaisonnier Monovalent</i>	Stallergen	1	265.00	
99113932	<i>Presaisonnier Polyvalent</i>	Stallergen	1	265.00	
99101145	<i>Presaisonnier-Graminees</i>	Allergo	1	265.00	
00889784	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	278.00	
00889792	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	278.00	
00861367	<i>Suspal-Monovalent</i>	Oméga	1	278.00	
00861375	<i>Suspal-Polyvalent</i>	Oméga	1	278.00	

Inj. Sol.

Maintenance Treatment (10 mL)

99113934	<i>Perennial Monovalent</i>	Stallergen	1	278.00	
99113925	<i>Perennial Polyvalent</i>	Stallergen	1	278.00	
99113928	<i>Presaisonnier Monovalent</i>	Stallergen	1	278.00	
99113930	<i>Presaisonnier Polyvalent</i>	Stallergen	1	278.00	
00908614	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	278.00	
00889814	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	278.00	
00861332	<i>Suspal-Monovalent</i>	Oméga	1	278.00	
00861359	<i>Suspal-Polyvalent</i>	Oméga	1	278.00	

Inj. Sol.

Complete Treatment Set (kit - 5 mL vials)

99101144	<i>Presaisonnier - Arbres, Graminees et Herbes a poux</i>	Allergo	1	265.00	
99101148	<i>Presaisonnier - Graminees et Herbes a poux</i>	Allergo	1	265.00	
99101150	<i>Presaisonnier - Herbes a poux</i>	Allergo	1	265.00	
99101142	<i>Presaisonnier- Arbres</i>	Allergo	1	265.00	
99101153	<i>Presaisonnier- Arbres et Graminees</i>	Allergo	1	265.00	
99113923	<i>Presaisonnier Monovalent</i>	Stallergen	1	265.00	
99113931	<i>Presaisonnier Polyvalent</i>	Stallergen	1	265.00	
99101146	<i>Presaisonnier-Graminees</i>	Allergo	1	265.00	
00889822	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	278.00	
99000458	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	278.00	
00861286	<i>Suspal-Monovalent</i>	Oméga	1	278.00	
00861405	<i>Suspal-Polyvalent</i>	Oméga	1	278.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. Complete Treatment Set (kit - 8 mL vials)					
99113913	<i>Presaisonnier- Arbres</i>	Oméga	1	278.00	278.0000
99100625	<i>Presaisonnier- Arbres et Graminees</i>	Oméga	1	278.00	
* 99100083	<i>Presaisonnier- Arbres, Graminees, Herbe a poux</i>	Oméga	1	278.00	W
99100082	<i>Presaisonnier- Graminees et Herbe a poux</i>	Oméga	1	278.00	278.0000
99113914	<i>Presaisonnier- Gramines</i>	Oméga	1	278.00	278.0000
99113915	<i>Presaisonnier- Herbe a poux</i>	Oméga	1	278.00	

Inj. Sol. Complete Treatment Set (kit - 10 mL vials)					
99113921	<i>Perennial Monovalent</i>	Stallergen	1	278.00	
99113926	<i>Perennial Polyvalent</i>	Stallergen	1	278.00	
99113927	<i>Presaisonnier Monovalent</i>	Stallergen	1	278.00	
99113929	<i>Presaisonnier Polyvalent</i>	Stallergen	1	278.00	
00889849	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	278.00	
00889857	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	278.00	
00861308	<i>Suspal-Monovalent</i>	Oméga	1	278.00	
00861316	<i>Suspal-Polyvalent</i>	Oméga	1	278.00	

ALLERGENS (AQUEOUS EXTRACTS OF)

Inj. Sol. Maintenance Treatment (5 mL)					
00861170	<i>Monovalent</i>	Oméga	1	315.00	
99000415	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
00861189	<i>Polyvalent</i>	Oméga	1	315.00	

Inj. Sol. Maintenance Treatment (10 mL)					
00861227	<i>Monovalent</i>	Oméga	1	315.00	
99000431	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
00861251	<i>Polyvalent</i>	Oméga	1	315.00	

Inj. Sol. Complete Treatment Set (kit - 5 mL vials)					
00861073	<i>Monovalent</i>	Oméga	1	315.00	
00889733	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
02247756	<i>Polyvalent</i>	Oméga	1	315.00	
00889741	<i>Polyvalent-Acariens</i>	Oméga	1	315.00	

Inj. Sol. Complete Treatment Set (kit - 10 mL vials)					
00861138	<i>Monovalent</i>	Oméga	1	315.00	
00889768	<i>Monovalent-Acariens</i>	Oméga	1	315.00	
00861162	<i>Polyvalent</i>	Oméga	1	315.00	
00889776	<i>Polyvalent-Acariens</i>	Oméga	1	315.00	

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

HYMENOPTERA VENOM

Inj. Pd.

				1.3 mg	
99100021	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	634.40	

Inj. Pd.

				120 mcg	
00541435	<i>Venin d'abeille (apis mellifera)</i>	Oméga	6	414.80	69.1333

HYMENOPTERA VENOM PROTEIN

Inj. Pd.

				1.3 mg	
99100017	<i>Guepe (Polistes Spp.)</i>	Oméga	1	634.40	
99100018	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	634.40	

Inj. Pd.

				3.9 mg	
99100026	<i>Vespides combines</i>	Oméga	1	1122.40	

Inj. Pd.

				120 mcg	
99100270	<i>Frelon a tete jaune</i>	Oméga	6	414.80	69.1333
99100278	<i>Guepe (Polistes Spp.)</i>	Oméga	6	414.80	69.1333
99100279	<i>Guepe a taches blanches dolichovespula maculata</i>	Oméga	6	414.80	69.1333
99100280	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	6	414.80	69.1333
* 01948911	<i>Venin d'abeille (apis mellifera)</i>	ALK-Abello	6	105.00	W

Inj. Pd.

				360 mcg	
99100281	<i>Vespides combines</i>	Oméga	6	741.76	123.6267

Inj. Pd.

				550 mcg	
99100266	<i>Frelon a tete blanche</i>	Oméga	1	450.88	
99100267	<i>Frelon a tete jaune</i>	Oméga	1	450.88	
99100268	<i>Guepe (Polistes Spp.)</i>	Oméga	1	450.88	
99100269	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	450.88	
99100282	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	450.88	

Inj. Pd.

				1 650 mcg	
99100284	<i>Vespides combines</i>	Oméga	1	797.79	

84:00

SKIN AND MUCOUS MEMBRANE AGENTS

84:04	anti-infectives
84:04.04	antibacterials
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
84:92	skin and mucous membrane agents, miscellaneous

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

84:04

ANTI-INFECTIVES

CLINDAMYCIN PHOSPHATE/ ADAPALENE/ BENZOYLE PEROXIDE

Top. Jel. 1.2% - 0.15% - 3.1%

02550423	Cabtreo	Bausch H.	50 g	147.42	

84:04.04

ANTIBACTERIALS

BACITRACIN

Top. Oint. 500 U/g

02351714	Bacitracin	Jamp	450 g	44.72	0.0994

CLINDAMYCIN PHOSPHATE

Top. Sol. 1 %

02266938	Taro-Clindamycin	Taro	30 ml 60 ml	12.93 25.87	

FUSIDIC (ACID)

Top. Cr. 2 % PPB

00586668	Fucidin	Leo	30 g	17.78	0.5927
02528096	Taro-Fusidic Acid	Taro	30 g	17.03	0.5676

METRONIDAZOLE

Top. Cr. 1 %

02156091	Noritate	Bausch H.	45 g	24.03	0.5340

Top. Jel. 1 %

02297809	Metrogel	Galderma	55 g	33.00	0.6000

MUPIROCIN

Top. Oint. 2 %

02279983	Taro-Mupirocin	Taro	15 g 30 g	7.60 15.21	0.5069 0.5069

POLYMYXIN B SULFATE/ BACITRACIN (ZINC)

Top. Oint. 10 000 U -500 U/g PPB

00621366	Bioderm	Odan	15 g 30 g	5.04 10.08	0.3360 0.3360
02357569	Jampolycin	Jamp	15 g	5.04	0.3360

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

SODIUM FUSIDATE

Top. Oint.

2 %

00586676	<i>Fucidin</i>	Leo	30 g	17.78	0.5927

84:04.08

ANTIFUNGALS

CICLOPIROX OLAMINE

Lot.

1 %

02221810	<i>Loprox</i>	Bausch H.	60 ml	18.13	

Top. Cr.

1 %

02221802	<i>Loprox</i>	Bausch H.	60 g	18.10	0.3017

CLOTRIMAZOLE

Top. Cr.

10 mg/g

00812382	<i>Clotrimaderm</i>	Taro	20 g	6.13	0.3065
			30 g	7.41	0.2470
			50 g	11.17	0.2234
			500 g	111.65	0.2233

Vag. Cr. (App.)

1 %

00812366	<i>Clotrimaderm</i>	Taro	50 g	9.06	

Vag. Cr. (App.)

2 %

00812374	<i>Clotrimaderm</i>	Taro	25 g	9.06	

KETOCONAZOLE

Top. Cr.

2 %

02245662	<i>Ketoderm</i>	Taro	30 g	9.50	0.3167

NYSTATIN

Top. Cr.

100 000 U/g

00716871	<i>Nyaderm</i>	Taro	454 g	28.60	0.0630

TERBINAFIN HYDROCHLORIDE

Top. Cr.

1 %

02031094	<i>Lamisil</i>	Novartis	30 g	14.83	0.4943

Top. vap.

1 %

02238703	<i>Lamisil</i>	Novartis	30 ml	14.65	

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

TERCONAZOL

Vag. Cr. (App.)

				0.4 %	
02247651	Taro-Terconazole	Taro	45 g	28.59	

84:04.12
SCABICIDES AND PEDICULICIDES
DIMETHICONE

Sol.

				50% P/P	
02373785	Nyda	Medexus	50 ml	22.42	

ISOPROPYL MYRISTATE

Top. Sol.

				50 %	
02279592	Resultz	Aralez	120 ml 240 ml	11.50 22.42	

PERMETHRIN

Cr. Rinse

				1 %	
02231480	Kwellada-P Creme rinse	Medtech	50 ml 200 ml	8.75 34.97	

Lot.

				5 %	
02231348	Kwellada-P Lotion	Medtech	100 ml	50.53	

Top. Cr.

				5 %	
02219905	Nix	Haleon	30 g	14.04	0.4680

PYRETHRINS/ PIPERONYL BUTOXYDE

Shamp.

				0.33 % -3 % à 4 %	
02125447	R & C Shampoo with conditioner	Medtech	50 ml 200 ml	5.55 22.19	

84:04.92
LOCAL ANTI-INFECTIVES, MISCELLANEOUS
SULFADIAZINE (SILVER)

Top. Cr.

				1 %	
00323098	Flamazine	S. & N.	20 g 50 g 500 g	4.86 10.96 66.01	0.2430 0.2192 0.1320

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

84:06

ANTI-INFLAMMATORY AGENTS

AMCINONIDE

Top. Cr.

				0.1 %	
02246714	Taro-Amcinonide	Taro	30 g	5.73	0.1910
			60 g	11.45	0.1908

BECLOMETHASONE DIPROPIONATE

Top. Cr.

				0.025 %	
02089602	Propaderm	Bausch H.	45 g	19.13	0.4251
			120 g	51.01	0.4251

BETAMETHASONE DIPROPIONATE

Lot.

				0.05 %	
* 00417246	Diprosone	Organon	75 ml	14.85	

Top. Cr.

				0.05 %	PPB	
00323071	Diprosone	Organon	50 g	10.23	➡	0.2046
01925350	Taro-Sone	Taro	50 g	10.23	➡	0.2046
00804991	Teva-Topisone	Teva Can	15 g	3.07	➡	0.2046
			50 g	10.23	➡	0.2046

Top. Oint.

				0.05 %	PPB	
00344923	Diprosone	Organon	50 g	10.76	➡	0.2152
00805009	Teva-Topisone	Teva Can	15 g	3.23	➡	0.2152
			50 g	10.76	➡	0.2152
			450 g	96.84	➡	0.2152

BETAMETHASONE DIPROPIONATE/ GLYCOL BASE

Lot.

				0.05 %	
01927914	Teva-Topilene	Teva Can	60 ml	16.18	

Top. Cr.

				0.05 %	
00849650	Teva-Topilene	Teva Can	15 g	7.78	0.5186
			50 g	25.93	0.5186

Top. Oint.

				0.05 %	PPB	
00629367	Diprolene	Organon	50 g	25.93	➡	0.5186
00849669	Teva-Topilene	Teva Can	15 g	7.78	➡	0.5186
			50 g	25.93	➡	0.5186

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

BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID

Top. Oint.

0.05 % -3 %

00578436	<i>Diprosalic Pommade</i>	Organon	50 g	34.96	0.6992

BETAMETHASONE VALERATE

Lot.

0.05 %

00653209	<i>ratio-Ectosone</i>	Teva Can	60 ml	11.40	

Lot.

0.1 %

00750050	<i>ratio-Ectosone</i>	Teva Can	60 ml	15.00	

Scalp Lot.

0.1 %

00716634	<i>Betaderm</i>	Taro	75 ml	9.53	

Top. Cr.

 0.05 % **PPB**

00716618	<i>Betaderm</i>	Taro	454 g	27.06	➡ 0.0596
00535427	<i>Teva-Ectosone</i>	Teva Can	450 g	26.82	➡ 0.0596

Top. Cr.

 0.1 % **PPB**

00716626	<i>Betaderm</i>	Taro	454 g	40.36	➡ 0.0889
00535435	<i>Teva-Ectosone</i>	Teva Can	450 g	40.01	➡ 0.0889

Top. Oint.

0.05 %

00716642	<i>Betaderm</i>	Taro	454 g	27.06	0.0596

Top. Oint.

0.1 %

00716650	<i>Betaderm</i>	Taro	454 g	40.36	0.0889

BUDESONIDE

Rect. Sol.

0,02 mg/mL (115 mL)

02052431	<i>Entocort Enema</i>	Tillotts	7	77.43	11.0614

Rectal foam (app.)

2 mg/dose

02498057	<i>Uceris</i>	Bausch H.	28 dose(s)	199.92	7.1400

CLOBETASOL PROPIONATE

Scalp Lot.

 0.05 % **PPB**

02213281	<i>Dermovate Capillaire</i>	Taro	60 ml	34.11	
02216213	<i>Mylan-Clobetasol</i>	Mylan	60 ml	➡ 23.98	
02245522	<i>Taro-Clobetasol</i>	Taro	60 ml	➡ 23.98	

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

Top. Cr.

0.05 % **PPB**

02213265	<i>Dermovate</i>	Taro	50 g	32.56	0.6512
02024187	<i>Mylan-Clobetasol</i>	Mylan	50 g	11.40 ➡	0.2279
02245523	<i>Taro-Clobetasol</i>	Taro	15 g	3.42 ➡	0.2279
			50 g	11.40 ➡	0.2279
			454 g	103.47 ➡	0.2279
01910272	<i>Teva-Clobetasol</i>	Teva Can	15 g	3.42 ➡	0.2279
			50 g	11.40 ➡	0.2279
			450 g	102.56 ➡	0.2279

Top. Oint.

0.05 % **PPB**

02213273	<i>Dermovate</i>	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
02026767	<i>Mylan-Clobetasol</i>	Mylan	50 g	11.40 ➡	0.2279
02245524	<i>Taro-Clobetasol</i>	Taro	15 g	3.42 ➡	0.2279
			50 g	11.40 ➡	0.2279
			454 g	103.47 ➡	0.2279
01910280	<i>Teva-Clobetasol</i>	Teva Can	15 g	3.42 ➡	0.2279
			50 g	11.40 ➡	0.2279
			450 g	102.56 ➡	0.2279

CLOBETASONE BUTYRATE

Top. Cr.

0.05 %

02214415	<i>Spectro Eczemacare medicated cream</i>	Haleon	30 g	11.45	0.3817

DESONIDE

Top. Cr.

0.05 %

02229315	<i>PDP-Desonide</i>	Pendopharm	60 g	15.66	0.2610

Top. Oint.

0.05 %

02229323	<i>PDP-Desonide</i>	Pendopharm	60 g	15.66	0.2610

DESOXIMETASONE

Emol. Top. Cr.

0.05 %

02221918	<i>Topicort Doux</i>	Bausch H.	20 g	9.08	0.4540
			60 g	22.97	0.3828

Emol. Top. Cr.

0.25 %

02221896	<i>Topicort</i>	Bausch H.	20 g	13.08	0.6540
			60 g	34.59	0.5765

Top. Jel.

0.05 %

02221926	<i>Topicort</i>	Bausch H.	60 g	26.82	0.4470

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

Top. Oint.

0.25 %

02221934	<i>Topicort</i>	Bausch H.	60 g	34.59	0.5765

FLUOCINOLONE ACETONIDE

Top. Oint.

0.025 %

02162512	<i>Synalar Regulier</i>	Bausch H.	60 g	25.85	0.4308

Topical oil

0.01 %

00873292	<i>Derma-Smoother/FS</i>	Hill	118 ml	29.15	

FLUOCINONIDE

Emol. Top. Cr.

0.05 % PPB

02163152	<i>Lidemol Cream Emollient</i>	Bausch H.	30 g	5.94	➡	0.1980
			100 g	19.80	➡	0.1980
00598933	<i>Tiamol</i>	Taro	25 g	4.95	➡	0.1980
			100 g	19.80	➡	0.1980

Top. Cr.

0.05 % PPB

* 02161923	<i>Lidex Cream</i>	Bausch H.	60 g	14.27		W
			400 g	95.12		W
00716863	<i>Lyderm</i>	Taro	15 g	3.57	➡	0.2378
			60 g	14.27	➡	0.2378
			400 g	95.12	➡	0.2378

Top. Jel.

0.05 %

02236997	<i>Lyderm</i>	Taro	60 g	18.45	0.3075

Top. Oint.

0.05 % PPB

02161966	<i>Lidex Ointment</i>	Bausch H.	60 g	18.21	➡	0.3035
02236996	<i>Lyderm</i>	Taro	60 g	18.21	➡	0.3035

HALOBETASOL PROPIONATE

Lot.

0.01 %

02506262	<i>Bryhali</i>	Bausch H.	60 g	58.90	

HYDROCORTISONE

Lot.

1 % PPB

80057191	<i>Jamp-Hydrocortisone Lotion</i>	Jamp	60 ml	➡	7.15
	<i>1 %</i>		150 ml	➡	17.87
80066168	<i>M-HC 1% lotion</i>	Mantra Ph.	60 ml	➡	7.15

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.			1 % PPB		
80078409	<i>Alta-HC 1 %</i>	Altamed	15 g	1.48 ➡	0.0987
			30 g	4.50 ➡	0.1500
80073687 02412926	<i>Cell Hydrocortisone Euro-Hydrocortisone</i>	Cellchem Sandoz	15 g	1.48 ➡	0.0987
			15 g	3.00	0.2000
			30 g	4.50 ➡	0.1500
			45 g	4.45	0.0989
			454 g	39.00 ➡	0.0859
80057189	<i>Jamp-Hydrocortisone Cream 1 %</i>	Jamp	30 g	4.50 ➡	0.1500
			45 g	4.45 ➡	0.0988
			454 g	39.00 ➡	0.0859
80066164	<i>M-HC 1%</i>	Mantra Ph.	45 g	4.45 ➡	0.0988
			454 g	39.00 ➡	0.0859
80066167	<i>M-HC 1% Protection</i>	Mantra Ph.	30 g	4.50 ➡	0.1500

HYDROCORTISONE

Top. Cr.			2.5 %		
02469421	<i>Sandoz Hydrocortisone</i>	Sandoz	45 g	14.95	0.3322
			225 g	74.75	0.3322

HYDROCORTISONE

Top. Oint.			1 % PPB		
00716693	<i>Cortoderm</i>	Taro	454 g	17.70 ➡	0.0390
80057193	<i>Jamp-Hydrocortisone 1%</i>	Jamp	454 g	17.70 ➡	0.0390

HYDROCORTISONE ACETATE

Rect. Oint. (App.)			0.5 % to 0.75 % PPB		
02128446	<i>Anodan-HC</i>	Odan	15 g	5.78 ➡	0.3850
			30 g	11.55 ➡	0.3850
02387239	<i>JampZinc - HC</i>	Jamp	15 g	5.78 ➡	0.3850
			30 g	11.55 ➡	0.3850

Supp.			10 mg		
02236399	<i>Anodan-HC</i>	Odan	12	11.41	0.9506
			24	22.81	0.9506

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

HYDROCORTISONE ACETATE

Top. Cr.

1 % PPB

00716839	<i>Hyderm</i>	Taro	15 g	3.20	0.2133
			500 g	18.20 ➡	0.0364
80057178	<i>Jamp-HC Creme 1%</i>	Jamp	15 g	2.09 ➡	0.1392
			500 g	18.20 ➡	0.0364
80066165	<i>M-HC Acetate 1%</i>	Mantra Ph.	15 g	2.09 ➡	0.1392
			500 g	18.20 ➡	0.0364

HYDROCORTISONE ACETATE/ UREA

Lot.

1 % -10 % PPB

00681997	<i>Dermaflex HC</i>	Paladin	150 ml	➡ 12.75	
80061502	<i>Jamp-Hydrocortisone Acetate 1 % Urea 10 % Lotion</i>	Jamp	150 ml	➡ 12.75	

Top. Cr.

1 % -10 % PPB

00681989	<i>Dermaflex HC</i>	Paladin	120 g	14.77	0.1231
			225 g	27.70	0.1231
80061501	<i>Jamp-Hydrocortisone Acetate 1 % Urea 10 % Cream</i>	Jamp	120 g	10.98 ➡	0.0915
			225 g	20.59 ➡	0.0915
80073645	<i>M-HC 1% Urea 10% cream</i>	Mantra Ph.	120 g	10.98 ➡	0.0915

MOMETASON FUROATE

Lot.

0.1 % PPB

00871095	<i>Elocom</i>	Organon	75 ml	32.09	
02266385	<i>Taro-Mometasone Lotion</i>	Taro	30 ml	➡ 9.37	
			75 ml	➡ 23.43	

Top. Cr.

0.1 % PPB

00851744	<i>Elocom</i>	Organon	15 g	9.45	0.6300
			50 g	29.80	0.5960
02367157	<i>Taro-Mometasone</i>	Taro	15 g	7.89 ➡	0.5260
			50 g	26.31 ➡	0.5262

Top. Oint.

0.1 % PPB

00851736	<i>Elocom</i>	Organon	50 g	28.77	0.5754
02248130	<i>Teva-Mometasone</i>	Teva Can	15 g	3.38 ➡	0.2252
			50 g	11.26 ➡	0.2252

TRIAMCINOLONE ACETONIDE

Oral Top. Oint.

0.1 %

01964054	<i>Oracort</i>	Taro	7.5 g	11.61	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.			0.1 % PPB		
02194058	<i>Aristocort R</i>	Bausch H.	30 g	3.90 ➡	0.1300
			500 g	26.65	0.0533
00716960	<i>Triaderm</i>	Taro	500 g	25.32 ➡	0.0506

Top. Cr.			0.5 %		
02194066	<i>Aristocort C</i>	Bausch H.	15 g	17.28	1.1520
			50 g	57.60	1.1520

Top. Oint.			0.1 %		
02194031	<i>Aristocort R</i>	Bausch H.	30 g	3.90	0.1300

84:28
KERATOLYTIC AGENTS
UREA

Top. Cr.			20 % and 22 % PPB		
80023775	<i>JamUrea 20</i>	Jamp	225 g	10.78 ➡	0.0479
80079151	<i>M-Urea 20</i>	Mantra Ph.	100 g	4.79 ➡	0.0479
			225 g	10.78 ➡	0.0479
80079885	<i>Urea Cream</i>	Cellchem	50 g	2.40 ➡	0.0479
00396125	<i>Urisec</i>	Odan	120 g	5.75 ➡	0.0479
			225 g	11.69	0.0520
			454 g	21.75 ➡	0.0479

84:92
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS
ACITRETINE

Caps.			10 mg PPB		
02468840	<i>Mint-Acitrelin</i>	Mint	30	38.90 ➡	1.2965
02070847	<i>Soriatane</i>	Aralez	30	38.90 ➡	1.2965
02466074	<i>Taro-Acitrelin</i>	Taro	30	38.90 ➡	1.2965

Caps.			25 mg PPB		
02468859	<i>Mint-Acitrelin</i>	Mint	30	68.31 ➡	2.2770
02070863	<i>Soriatane</i>	Aralez	30	68.31 ➡	2.2770
02466082	<i>Taro-Acitrelin</i>	Taro	30	68.31 ➡	2.2770

CALCIPOTRIOL

Top. Oint.			50 mcg/g		
01976133	<i>Dovonex</i>	Leo	100 g	73.37	0.7337
			120 g	88.04	0.7337

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

CALCITRIOL

Top. Oint.

				3 mcg/g	
02338572	<i>Silkis</i>	Galderma	60 g	40.80	0.6800

FLUOROURACIL

Top. Cr.

				5 %	
00330582	<i>Efudex</i>	Bausch H.	40 g	32.00	0.8000

HYDROCOLLOIDAL GEL

Top. Jel.

00921084	<i>DuoDERM Gel</i>	Convatec	30 g	6.64	0.2213

HYDROGEL

Top. Jel.

99100795	<i>Cutimed Gel</i>	BSN Med	15 g	2.95	0.1967
			25 g	3.93	0.1572
99100365	<i>Nu-Gel</i>	3M	15 g	3.80	0.2533
			25 g	5.51	0.2203
99100152	<i>Purilon Gel</i>	Coloplast	8 g	2.25	0.2813
			15 g	3.15	0.2100

ISOTRETINOIN

Caps.

				10 mg	PPB	
00582344	<i>Accutane 10</i>	Roche	30	27.94	➡	0.9313
02257955	<i>Clarus</i>	Mylan	30	27.94	➡	0.9313

Caps.

				40 mg	PPB	
00582352	<i>Accutane 40</i>	Roche	30	57.01	➡	1.9003
02257963	<i>Clarus</i>	Mylan	30	57.01	➡	1.9003

PROPYLENE GLYCOL/ CARBOXYMETHYLCELLULOSE

Top. Jel.

				20 % -3 %	
00907936	<i>Intrasite</i>	S. & N.	8 g	2.73	0.3413
			15 g	3.70	0.2467
			25 g	5.74	0.2296

ZINC OXIDE

Band.

				7,5 cm X 6 m	
01907603	<i>Viscopaste PB7</i>	S. & N.	1	8.80	

86:00
SMOOTH MUSCLE RELAXANTS

- 86:12 genitourinary smooth muscle
 relaxants
- 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	<i>pms-Oxybutynin</i>	Phmscience	100	13.72	0.1372

Tab.

				5 mg	PPB	
02163543	<i>Apo-Oxybutynin</i>	Apotex	100	9.86	➡	0.0986
			500	49.30	➡	0.0986
02240550	<i>pms-Oxybutynin</i>	Phmscience	100	9.86	➡	0.0986
			500	49.30	➡	0.0986
02299364	<i>Riva-Oxybutynin</i>	Riva	100	9.86	➡	0.0986
			500	49.30	➡	0.0986

PROPIVERINE (CHLORHYDRATE)

Tab.

				5 mg	
02460289	<i>Mictoryl Pediatric²¹</i>	Duchesnay	28	10.36	0.3700

SOLIFENACIN SUCCINATE

Tab.

				5 mg	PPB	
02439344	<i>ACH-Solifenacin Succinate</i>	Accord	30	9.12	➡	0.3041
02446375	<i>Auro-Solifenacin</i>	AuroPharma	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02516519	<i>Bio-Solifenacin</i>	Biomed	30	9.12	➡	0.3041
02428911	<i>JAMP Solifenacin Succinate</i>	Jamp	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02424339	<i>Jamp-Solifenacin</i>	Jamp	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02529696	<i>M-Solifenacin Succinate</i>	Mantra Ph.	30	9.12	➡	0.3041
02417723	<i>pms-Solifenacin</i>	Phmscience	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02493039	<i>PRZ-Solifenacin</i>	Pharmaris	90	27.37	➡	0.3041
02399032	<i>Sandoz Solifenacin</i>	Sandoz	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02458144	<i>Solifenacin</i>	Pro Doc	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02458241	<i>Solifenacin</i>	Sanis	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02437988	<i>Taro-Solifenacin</i>	Sun Pharma	100	30.41	➡	0.3041
			500	152.05	➡	0.3041
02397900	<i>Teva-Solifenacin</i>	Teva Can	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02277263	<i>Vesicare</i>	Astellas	30	45.00		1.5000
			90	135.00		1.5000

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

Tab.

10 mg **PPB**

02439352	<i>ACH-Solifenacin Succinate</i>	Accord	30	9.12	➡	0.3041
02446383	<i>Auro-Solifenacin</i>	AuroPharma	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02516527	<i>Bio-Solifenacin</i>	Biomed	30	9.12	➡	0.3041
02428938	<i>JAMP Solifenacin Succinate</i>	Jamp	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02424347	<i>Jamp-Solifenacin</i>	Jamp	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02529718	<i>M-Solifenacin Succinate</i>	Mantra Ph.	30	9.12	➡	0.3041
02417731	<i>pms-Solifenacin</i>	Phmscience	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02493047	<i>PRZ-Solifenacin</i>	Pharmaris	90	27.37	➡	0.3041
02399040	<i>Sandoz Solifenacin</i>	Sandoz	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02458152	<i>Solifenacin</i>	Pro Doc	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02458268	<i>Solifenacin</i>	Sanis	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02437996	<i>Taro-Solifenacin</i>	Sun Pharma	100	30.41	➡	0.3041
			500	152.05	➡	0.3041
02397919	<i>Teva-Solifenacin</i>	Teva Can	30	9.12	➡	0.3041
			100	30.41	➡	0.3041
02277271	<i>Vesicare</i>	Astellas	30	45.00		1.5000
			90	135.00		1.5000

TOLTERODINE L-TARTRATE

L.A. Caps.

2 mg **PPB**

02244612	<i>Detrol LA</i>	BGP Pharma	30	56.76		1.8920
			90	170.28		1.8920
02413140	<i>Sandoz Tolterodine LA</i>	Sandoz	30	14.73	➡	0.4910
			100	49.10	➡	0.4910
02412195	<i>Teva-Tolterodine LA</i>	Teva Can	30	14.73	➡	0.4910
			100	49.10	➡	0.4910

L.A. Caps.

4 mg **PPB**

02244613	<i>Detrol LA</i>	BGP Pharma	30	56.76		1.8920
			90	170.28		1.8920
02413159	<i>Sandoz Tolterodine LA</i>	Sandoz	30	14.73	➡	0.4910
			100	49.10	➡	0.4910
02412209	<i>Teva-Tolterodine LA</i>	Teva Can	30	14.73	➡	0.4910
			100	49.10	➡	0.4910

Tab.

1 mg **PPB**

02239064	<i>Detrol</i>	BGP Pharma	60	56.76		0.9460
02496836	<i>Jamp Tolterodine</i>	Jamp	60	29.46	➡	0.4910
			100	49.10	➡	0.4910
02423308	<i>Mint-Tolterodine</i>	Mint	100	49.10	➡	0.4910

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

Tab.

2 mg **PPB**

02239065	<i>Detrol</i>	BGP Pharma	60	56.76	0.9460
02496844	<i>Jamp Tolterodine</i>	Jamp	60	29.46 ➡	0.4910
			100	49.10 ➡	0.4910
02423316	<i>Mint-Tolterodine</i>	Mint	100	49.10 ➡	0.4910

86:16

RESPIRATORY SMOOTH MUSCLE RELAXANTS

THEOPHYLLINE

Elix.

80 mg/15 mL

00627410	<i>Theophylline</i>	Atlas	500 ml	1.76	0.0035

L.A. Tab.

100 mg

00692689	<i>Theo LA</i>	AA Pharma	100	16.24	0.1624

L.A. Tab.

200 mg

00692697	<i>Theo LA</i>	AA Pharma	100	18.05	0.1805

L.A. Tab.

400 mg

02360101	<i>Theo ER</i>	AA Pharma	100	33.62	0.3362

L.A. Tab.

600 mg

02360128	<i>Theo ER</i>	AA Pharma	100	40.72	0.4072

88:00
VITAMINS

88:08	vitamin b complex
88:16	vitamin d
88:24	vitamin k activity
88:28	multivitamin preparations

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

88:08
VITAMIN B COMPLEX
CYANOCOBALAMIN

Inj. Sol.				1 mg/mL	PPB	
01987003	Cyanocobalamine	Sterimax	10 ml	➡	2.78	
02413795	Cyanocobalamine Injectable, USP	Mylan	10 ml	➡	2.78	
02465507	Injection of cyanocobalamin	Hikma	10 ml	➡	2.78	
02420147	Jamp-Cyanocobalamin	Jamp	10 ml	➡	2.78	
00521515	Vitamine B 12	Sandoz	10 ml		3.06	

FOLIC ACID

Inj. Sol.				5 mg/mL		
02139480	Acide folique injectable, USP	Fresenius	10 ml		16.40	

Tab.				1 mg		
80053274	Jamp-Folic Acid	Jamp	500		7.70	0.0154

FOLIC ACID

Tab.				5 mg		
02366061	Jamp Folic Acid	Jamp	1000		36.80	0.0368

PYRIDOXINE HYDROCHLORIDE

Tab.				25 mg	PPB	
80002890	Jamp Vitamin B6	Jamp	1000	18.30	➡	0.0183
80056458	M-B6 25 mg	Mantra Ph.	500	9.15	➡	0.0183
80049803	Opus Vitamine B6	Opus	500	9.15	➡	0.0183
			1000	18.30	➡	0.0183

THIAMINE HYDROCHLORIDE

Inj. Sol.				100 mg/mL		
02193221	Thiamiject	Oméga	10 ml		11.88	

Tab.				50 mg	PPB	
80009633	Jamp-Vitamin B1	Jamp	500	35.00	➡	0.0700
80054199	M-B1 50 mg	Mantra Ph.	500	35.00	➡	0.0700
80049777	Opus Vitamine B1	Opus	500	35.00	➡	0.0700

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

Tab.

100 mg **PPB**

80106545	<i>AG-Vitamine B1</i>	Angita	500	63.00	➡	0.1260
80009588	<i>Jamp-Vitamin B1</i>	Jamp	500	63.00	➡	0.1260
80054205	<i>M-B1 100 mg</i>	Mantra Ph.	500	63.00	➡	0.1260
80049780	<i>Opus Vitamine B1</i>	Opus	500	63.00	➡	0.1260

88:16

VITAMIN D

ALFACALCIDOL

Caps.

0.25 mcg **PPB**

00474517	<i>One-Alpha</i>	Cheplaphar	100	42.45		0.4245
02533316	<i>Sandoz Alfacalcidol</i>	Sandoz	100	31.84	➡	0.3184

Caps.

1 mcg **PPB**

00474525	<i>One-Alpha</i>	Cheplaphar	100	127.07		1.2707
02533324	<i>Sandoz Alfacalcidol</i>	Sandoz	100	95.30	➡	0.9530

I.V. Inj. Sol.

2 mcg/mL

02242502	<i>One-Alpha</i>	Cheplaphar	0.5 ml 1 ml	7.99 15.98		

Oral Sol.

2 mcg/mL

02240329	<i>One-Alpha</i>	Cheplaphar	20 ml	99.66		4.9830

CALCITRIOL

Caps.

0.25 mcg **PPB**

02431637	<i>Calcitriol-Odan</i>	Odan	100	23.41	➡	0.2341
02495899	<i>pms-Calcitriol</i>	Phmscience	100	23.41	➡	0.2341
00481823	<i>Rocaltrol</i>	Search Phm	100	69.60		0.6960
02485710	<i>Taro-Calcitriol</i>	Taro	90	21.07	➡	0.2341

Caps.

0.50 mcg **PPB**

02431645	<i>Calcitriol-Odan</i>	Odan	100	37.23	➡	0.3723
02495902	<i>pms-Calcitriol</i>	Phmscience	100	37.23	➡	0.3723
00481815	<i>Rocaltrol</i>	Search Phm	100	110.69		1.1069
02485729	<i>Taro-Calcitriol</i>	Taro	90	33.51	➡	0.3723

CHOLECALCIFEROL

Caps.

2 000 UI **PPB**

02442256	<i>Luxa-D</i>	Orimed	100	6.93	➡	0.0693
80110453	<i>Vitamine D 2000 UI</i>	Angita	100	6.93	➡	0.0693

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

Caps. or Tab.

10 000 UI **PPB**

02498944	<i>AG-Vitamin D</i>	Angita	60	12.60	➡ 0.2100
			250	52.50	➡ 0.2100
00821772	<i>D-Tabs</i>	Riva	60	12.60	➡ 0.2100
			250	52.50	➡ 0.2100
02253178	<i>Euro D 10 000</i>	Sandoz	60	12.60	➡ 0.2100
02379007	<i>Jamp-Vitamine D</i>	Jamp	60	12.60	➡ 0.2100
			250	52.50	➡ 0.2100
02449099	<i>Jamp-Vitamine D</i>	Jamp	100	21.00	➡ 0.2100
02417685	<i>Vidextra</i>	Orimed	60	12.60	➡ 0.2100
02417995	<i>Vitamine D 10 000</i>	Pro Doc	60	12.60	➡ 0.2100
			250	52.50	➡ 0.2100
02546876	<i>Vitamine D3</i>	Jamp	60	12.60	➡ 0.2100
			250	52.50	➡ 0.2100

ERGOCALCIFEROL

Caps.

50 000 U

02237450	<i>D-Forte</i>	Sandoz	100	19.86	0.1986

Oral Sol.

8 288 UI/mL

80020776	<i>Jamp-D2-Dol</i>	Jamp	60 ml	12.80	

VITAMIN D

Caps.

800 UI **PPB**

80007769	<i>Jamp-Vitamine D</i>	Jamp	500	30.00	➡ 0.0600
80039160	<i>Opus D-800</i>	Opus	500	30.00	➡ 0.0600

Caps. or Tab.

400 UI **PPB**

80090840	<i>Bio-Vitamine D3 400</i>	Biomed	500	15.00	➡ 0.0300
80006629	<i>Jamp-Vitamine D (Caps.)</i>	Jamp	500	15.00	➡ 0.0300
02240624	<i>Jamp-Vitamine D (Co.)</i>	Jamp	500	15.00	➡ 0.0300
80055196	<i>M-D400 Gel</i>	Mantra Ph.	500	15.00	➡ 0.0300
80120940	<i>NORA D-400</i>	Nora	500	15.00	➡ 0.0300
80039163	<i>Opus D-400</i>	Opus	500	15.00	➡ 0.0300
80005560	<i>Riva-D</i>	Riva	100	3.00	➡ 0.0300
			500	15.00	➡ 0.0300
80105615	<i>Riva-D Gelcaps 400</i>	Riva	500	15.00	➡ 0.0300
80063895	<i>Vit D 400 gel</i>	Altamed	500	15.00	➡ 0.0300
80100936	<i>Vitamine D 400 IU</i>	Angita	500	15.00	➡ 0.0300

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

Caps. or Tab.

1 000 UI **PPB**

80089250	<i>Bio-Vitamine D3</i>	Biomed	500	35.00	➡	0.0700
80007766	<i>D-Gel-1000</i>	Jamp	500	35.00	➡	0.0700
80003707	<i>Euro-D 1000</i>	Sandoz	500	35.00	➡	0.0700
80055204	<i>M-D1000 Gel</i>	Mantra Ph.	500	35.00	➡	0.0700
80120939	<i>NORA D-1000</i>	Nora	500	35.00	➡	0.0700
80027592	<i>Opus D-1000</i>	Opus	500	35.00	➡	0.0700
80051562	<i>Riva-D 1000</i>	Riva	500	35.00	➡	0.0700
80106651	<i>Riva-D Gelcaps 1000</i>	Riva	500	35.00	➡	0.0700
80063899	<i>Vit D 1000 gel</i>	Altamed	500	35.00	➡	0.0700
80068574	<i>Vitamin D3 Softgel</i>	Cellchem	100	7.00	➡	0.0700
80100940	<i>Vitamine D 1000</i>	Angita	500	35.00	➡	0.0700

Oral Sol.

400 UI/dose **PPB**

80003038	<i>D3-POM</i>	Jamp	50 dose(s)	➡	3.49	
00762881	<i>D-VI-SOL</i>	M.J.	50 dose(s)		5.50	
80019649	<i>Jamp-D3-Dol</i>	Jamp	90 dose(s)	➡	6.29	
80082751	<i>M-D400 Gouttes</i>	Mantra Ph.	90 dose(s)	➡	6.29	
80004595	<i>PediaVIT D</i>	Exzell	50 dose(s)	➡	3.49	
80077066	<i>Pediavit Vitamine D3</i>	Exzell	60 dose(s)	➡	4.19	

88:24

VITAMIN K ACTIVITY

PHYTONADIONE 

I.M. Inj. Sol.

2 mg/mL

00781878	<i>Vitamine K 1</i>	Sandoz	0.5 ml	5.30	

I.M. Inj. Sol.

10 mg/mL

00804312	<i>Vitamine K 1</i>	Sandoz	1 ml	6.00	

88:28

MULTIVITAMIN PREPARATIONS

VITAMINS A, D AND C

Oral Sol.

750 U -400 U -30 mg/mL **PPB**

* 80056252	<i>Pediavit Multi</i>	Exzell	50 ml	➡	9.36	
00762903	<i>Tri-Vi-Sol</i>	M.J.	50 ml	➡	9.36	

Oral Sol.

1 500 U -400 U -30 mg/mL **PPB**

80008471	<i>Jamp-Vitamins A-D-C</i>	Jamp	50 ml	➡	9.36	
02229790	<i>Pediavit</i>	Euro-Pharm	50 ml	➡	9.36	

90:00

IMMUNOMODULATORY AGENTS

- 90:16** bone-modifying agents
- 90:24** disease-modifying antirheumatic drugs
- 90:28** immunosuppressive therapy
- 90:28.28 calcineurin inhibitors

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

90:16

BONE-MODIFYING AGENTS

DENOSUMAB

S.C. Inj. Sol.

120 mg/1.7 mL

+	02566273	<i>Idenos</i>	Apotex	1	290.16	
	02560895	<i>Osenvelt</i>	Celltrion	1	312.00	
	02566001	<i>Tuzemty</i>	Organon	1	290.16	
*	02545764	<i>Wyost</i>	Sandoz	1	290.16	

S.C. Inj.Sol (syr)

60 mg/mL (1 mL)

	02565951	<i>Bildyos</i>	Organon	1	181.07	
+	02566265	<i>Denoza</i>	Apotex	1	181.07	
*	02545411	<i>Jubbonti</i>	Sandoz	1	181.07	
	02560917	<i>Stoboclo</i>	Celltrion	1	194.70	

90:24

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

LEFLUNOMIDE

Tab.

10 mg **PPB**

	02256495	<i>Apo-Leflunomide</i>	Apotex	30	79.30	➡	2.6433
	02241888	<i>Arava</i>	SanofiAven	30	299.70		9.9900
	02415828	<i>Leflunomide</i>	Pro Doc	30	79.30	➡	2.6433
	02351668	<i>Leflunomide</i>	Sanis	30	79.30	➡	2.6433
	02543575	<i>Leflunomide</i>	Sivem	30	79.30	➡	2.6433
	02551918	<i>Mar-Leflunomide</i>	Marcan	30	79.30	➡	2.6433
	02283964	<i>Sandoz Leflunomide</i>	Sandoz	30	79.30	➡	2.6433
	02261251	<i>Teva-Leflunomide</i>	Teva Can	30	79.30	➡	2.6433
				100	264.33	➡	2.6433

Tab.

20 mg **PPB**

	02256509	<i>Apo-Leflunomide</i>	Apotex	30	79.30	➡	2.6433
	02241889	<i>Arava</i>	SanofiAven	30	304.24		10.1413
	02415836	<i>Leflunomide</i>	Pro Doc	30	79.30	➡	2.6433
	02351676	<i>Leflunomide</i>	Sanis	30	79.30	➡	2.6433
	02543583	<i>Leflunomide</i>	Sivem	30	79.30	➡	2.6433
	02551926	<i>Mar-Leflunomide</i>	Marcan	30	79.30	➡	2.6433
	02283972	<i>Sandoz Leflunomide</i>	Sandoz	30	79.30	➡	2.6433
	02261278	<i>Teva-Leflunomide</i>	Teva Can	30	79.30	➡	2.6433
				100	264.33	➡	2.6433

90:28

IMMUNOSUPPRESSIVE THERAPY

AZATHIOPRINE

Tab.

50 mg **PPB**

	02242907	<i>Apo-Azathioprine</i>	Apotex	100	51.85	➡	0.5185
	02243371	<i>Azathioprine-50</i>	Pro Doc	100	24.05		W
	00004596	<i>Imuran</i>	Aspen	100	94.53		0.9453
	02236819	<i>Teva-Azathioprine</i>	Teva Can	100	51.85	➡	0.5185

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

CYCLOSPORINE

Caps.

				10 mg	
02237671	Neoral	Novartis	60	37.43	0.6238

Caps.

				25 mg	
02150689	Neoral	Novartis	30	43.50	1.4500
02247073	Sandoz Cyclosporine	Sandoz	30	25.97	0.8657

Caps.

				50 mg	
02150662	Neoral	Novartis	30	84.81	2.8270
02247074	Sandoz Cyclosporine	Sandoz	30	50.66	1.6885

Caps.

				100 mg	
02150670	Neoral	Novartis	30	169.68	5.6560
02242821	Sandoz Cyclosporine	Sandoz	30	101.38	3.3792

Oral Sol.

				100 mg/mL	
02150697	Neoral	Novartis	50 ml	251.38	5.0276

MYCOPHENOLATE MOFETIL

Caps.

				250 mg	PPB	
02352559	Apo-Mycophenolate	Apotex	100	37.12	➡	0.3712
02192748	Cellcept	Roche	100	206.20		2.0620
02386399	Jamp-Mycophenolate	Jamp	100	37.12	➡	0.3712
02383780	Mofetilmycophenolate	Accord	100	37.12	➡	0.3712
02457369	Mycophenolate Mofetil	Sanis	50	18.56	➡	0.3712
02320630	Sandoz Mycophenolate	Sandoz	50	18.56	➡	0.3712
	Mofetil		100	37.12	➡	0.3712
02364883	Teva-Mycophenolate	Teva Can	100	37.12	➡	0.3712

Oral Susp.

				200 mg/mL	PPB	
02242145	Cellcept	Roche	175 ml	288.68		
02522233	Mar-Mycophenolate	Marcan	175 ml	➡ 244.70		

Tab.

				500 mg	PPB	
02352567	Apo-Mycophenolate	Apotex	50	37.12	➡	0.7423
02237484	Cellcept	Roche	50	206.20		4.1240
02380382	Jamp-Mycophenolate	Jamp	50	37.12	➡	0.7423
02378574	Mofetilmycophenolate	Accord	50	37.12	➡	0.7423
02457377	Mycophenolate Mofetil	Sanis	50	37.12	➡	0.7423
02313855	Sandoz Mycophenolate	Sandoz	50	37.12	➡	0.7423
	Mofetil					
02389754	Taro-Mycophenolate	Sun Pharma	50	37.12	➡	0.7423
			100	74.23	➡	0.7423
02348675	Teva-Mycophenolate	Teva Can	50	37.12	➡	0.7423

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

MYCOPHENOLATE SODIUM

Ent. Tab.

180 mg **PPB**

02372738	<i>Apo-Mycophenolic Acid</i>	Apotex	120	59.93	➡ 0.4994
02511673	<i>Mar-Mycophenolic Acid</i>	Marcan	120	59.93	➡ 0.4994
02518538	<i>Mycophenolic Acid</i>	Jamp	120	59.93	➡ 0.4994
02264560	<i>Myfortic</i>	Novartis	120	239.72	1.9977

Ent. Tab.

360 mg **PPB**

02372746	<i>Apo-Mycophenolic Acid</i>	Apotex	120	119.86	➡ 0.9988
02511681	<i>Mar-Mycophenolic Acid</i>	Marcan	120	119.86	➡ 0.9988
02518511	<i>Mycophenolic Acid</i>	Jamp	120	119.86	➡ 0.9988
02264579	<i>Myfortic</i>	Novartis	120	479.44	3.9953

SIROLIMUS

Oral Sol.

1 mg/mL

02243237	<i>Rapamune</i>	Pfizer	60 ml	451.16	7.5193

Tab.

1 mg

02247111	<i>Rapamune</i>	Pfizer	100	751.96	7.5196

90:28.28

CALCINEURIN INHIBITORS

TACROLIMUS

Caps.

0.5 mg **PPB**

02454068	<i>ACH-Tacrolimus</i>	Accord	100	101.46	➡ 1.0146
02243144	<i>Prograf</i>	Astellas	100	197.00	1.9700
02416816	<i>Sandoz Tacrolimus</i>	Sandoz	100	101.46	➡ 1.0146

Caps.

1 mg **PPB**

02456095	<i>ACH-Tacrolimus</i>	Accord	100	129.78	➡ 1.2978
02175991	<i>Prograf</i>	Astellas	100	249.95	2.4995
02416824	<i>Sandoz Tacrolimus</i>	Sandoz	100	129.78	➡ 1.2978

Caps.

5 mg **PPB**

02456109	<i>ACH-Tacrolimus</i>	Accord	100	649.93	➡ 6.4993
02175983	<i>Prograf</i>	Astellas	100	1249.85	12.4985
02416832	<i>Sandoz Tacrolimus</i>	Sandoz	100	649.93	➡ 6.4993

L.A. Caps.

0.5 mg **PPB**

02296462	<i>Advagraf</i>	Astellas	50	98.50	1.9700
02528592	<i>Sandoz Tacrolimus XR</i>	Sandoz	30	49.95	➡ 1.6649

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				1 mg PPB	
02296470	<i>Advagraf</i>	Astellas	50	124.97	2.4994
02528606	<i>Sandoz Tacrolimus XR</i>	Sandoz	30	46.85 ➡	1.5618
L.A. Caps.				3 mg PPB	
02331667	<i>Advagraf</i>	Astellas	50	374.91	7.4982
02528622	<i>Sandoz Tacrolimus XR</i>	Sandoz	30	140.56 ➡	4.6853
L.A. Caps.				5 mg PPB	
02296489	<i>Advagraf</i>	Astellas	50	624.92	12.4984
02528630	<i>Sandoz Tacrolimus XR</i>	Sandoz	30	234.64 ➡	7.8213
L.A. Tab.				0.75 mg	
02485877	<i>Envarsus PA</i>	Paladin	100	200.00	2.0000
L.A. Tab.				1 mg	
02485885	<i>Envarsus PA</i>	Paladin	100	250.00	2.5000
L.A. Tab.				4 mg	
02485893	<i>Envarsus PA</i>	Paladin	100	1000.00	10.0000

91:00
ANTIDOTE THERAPEUTICS

91:02 **alcohol deterrents**
91:04 **antidotes**
91:04.12 chemotherapy antidotes/protectants

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

91:02

ALCOHOL DETERRENTS

ACAMPROSATE

L.A. Tab.

				333 mg	
02293269	<i>Campral</i>	Mylan	84	67.20	0.8000

91:04.12

CHEMOTHERAPY ANTIDOTES/PROTECTANTS

FOLINIC ACID

Tab.

				5 mg	PPB	
02548208	<i>JAMP Leucovorin</i>	Jamp	24	44.13	➡	1.8388
			100	183.88	➡	1.8388
02170493	<i>Leucovorin</i>	Pfizer	24	133.90		5.5793
			100	557.93		5.5793
02496828	<i>Mint-Leucovorin</i>	Mint	24	44.13	➡	1.8388
			100	183.88	➡	1.8388
02493357	<i>Riva Leucovorin</i>	Riva	24	44.13	➡	1.8388

92:00

MISCELLANEOUS THERAPEUTIC AGENTS

92:04	5-alpha-reductase Inhibitors
92:16	antigout agents
92:24	bone resorption inhibitors
92:28	cariostatic agents
92:92	other miscellaneous therapeutic agents

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

92:00

MISCELLANEOUS THERAPEUTIC AGENTS

ALBUMINE DILUENT

Sol.

0.03 %

02283735	<i>Diluent albumin</i>	ALK-Abello	4.5 ml 9 ml	1.82 2.04	

92:04

5-ALPHA-REDUCTASE INHIBITORS

**DUTASTERIDE **

Caps.

0.5 mg **PPB**

02485672	<i>AG-Dutasteride</i>	Angita	30 100	7.70 25.65	➡	0.2565
02404206	<i>Apo-Dutasteride</i>	Apotex	30 100	7.70 25.65	➡	0.2565
02469308	<i>Auro-Dutasteride</i>	AuroPharma	30 100	7.70 25.65	➡	0.2565
02247813	<i>Avodart</i>	GSK	30	48.12		1.6040
02421712	<i>Dutasteride</i>	Pro Doc	30 100	7.70 25.65	➡	0.2565
02443058	<i>Dutasteride</i>	Sanis	30 100	7.70 25.65	➡	0.2565
02429012	<i>Dutasteride</i>	Sivem	30 100	7.70 25.65	➡	0.2565
02546167	<i>JAMP Dutasteride</i>	Jamp	30 100	7.70 25.65	➡	0.2565
02484870	<i>Jamp-Dutasteride</i>	Jamp	30 90	7.70 23.09	➡	0.2565
02416298	<i>Med-Dutasteride</i>	GMP	30 90	7.70 23.09	➡	0.2565
02428873	<i>Mint-Dutasteride</i>	Mint	30 90	7.70 23.09	➡	0.2565
02490587	<i>NRA-Dutasteride</i>	Nora	30 90	7.70 23.09	➡	0.2565
02393220	<i>pms-Dutasteride</i>	Phmscience	30 100	7.70 25.65	➡	0.2565
02543990	<i>Pro-Dutasteride</i>	Pro Doc	30 100	7.70 25.65	➡	0.2565
02427753	<i>Riva-Dutasteride</i>	Riva	30 90	7.70 23.09	➡	0.2565
02424444	<i>Sandoz Dutasteride</i>	Sandoz	30 100	7.70 25.65	➡	0.2565
02408287	<i>Teva-Dutasteride</i>	Teva Can	30 100	7.70 25.65	➡	0.2565

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

FINASTERIDE

Tab.

5 mg **PPB**

02374404	<i>AG-Finasteride</i>	Angita	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02365383	<i>Apo-Finasteride</i>	Apotex	30	10.52	➡	0.3506
02405814	<i>Auro-Finasteride</i>	AuroPharma	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02527847	<i>Bio-Finasteride</i>	Biomed	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02355043	<i>Finasteride</i>	Accord	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02350270	<i>Finasteride</i>	Pro Doc	30	10.52	➡	0.3506
02445077	<i>Finasteride</i>	Sanis	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02447541	<i>Finasteride</i>	Sivem	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02357224	<i>Jamp-Finasteride</i>	Jamp	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02522489	<i>M-Finasteride</i>	Mantra Ph.	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02389878	<i>Mint-Finasteride</i>	Mint	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02348500	<i>Novo-Finasteride</i>	Teva Can	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02535637	<i>NRA-Finasteride</i>	Nora	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02310112	<i>pms-Finasteride</i>	Phmscience	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02010909	<i>Proscar</i>	Organon	30	53.98		1.7993
02455013	<i>Riva-Finasteride</i>	Riva	30	10.52	➡	0.3506
			100	35.06	➡	0.3506
02322579	<i>Sandoz Finasteride</i>	Sandoz	30	10.52	➡	0.3506
			100	35.06	➡	0.3506

92:16

ANTIGOUT AGENTS

ALLOPURINOL

Tab.

100 mg **PPB**

00555681	<i>Allopurinol-100</i>	Pro Doc	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
02402769	<i>Apo-Allopurinol</i>	Apotex	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
00402818	<i>Apo-Allopurinol Tablets</i>	Apotex	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
02421593	<i>Jamp-Allopurinol</i>	Jamp	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
02396327	<i>Mar-Allopurinol</i>	Marcen	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780

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

Tab.

200 mg **PPB**

02130157	<i>Allopurinol-200</i>	Pro Doc	100	13.00	➡	0.1300
			500	65.00	➡	0.1300
02402777	<i>Apo-Allopurinol</i>	Apotex	100	13.00	➡	0.1300
			500	65.00	➡	0.1300
00479799	<i>Apo-Allopurinol Tablets</i>	Apotex	100	13.00	➡	0.1300
			500	65.00	➡	0.1300
02421607	<i>Jamp-Allopurinol</i>	Jamp	100	13.00	➡	0.1300
			500	65.00	➡	0.1300
02396335	<i>Mar-Allopurinol</i>	Marcan	100	13.00	➡	0.1300
			500	65.00	➡	0.1300

Tab.

300 mg **PPB**

00555703	<i>Allopurinol-300</i>	Pro Doc	100	21.25	➡	0.2125
			500	106.25	➡	0.2125
02402785	<i>Apo-Allopurinol</i>	Apotex	100	21.25	➡	0.2125
			500	106.25	➡	0.2125
00402796	<i>Apo-Allopurinol Tablets</i>	Apotex	100	21.25	➡	0.2125
			500	106.25	➡	0.2125
02421615	<i>Jamp-Allopurinol</i>	Jamp	100	21.25	➡	0.2125
			500	106.25	➡	0.2125
02396343	<i>Mar-Allopurinol</i>	Marcan	100	21.25	➡	0.2125
			500	106.25	➡	0.2125

COLCHICINE

Tab.

0.6 mg **PPB**

00572349	<i>Colchicine</i>	Odan	100	25.65	➡	0.2565
			500	128.25	➡	0.2565
02373823	<i>Jamp-Colchicine</i>	Jamp	100	25.65	➡	0.2565
			500	128.25	➡	0.2565
02402181	<i>pms-Colchicine</i>	Phmscience	100	25.65	➡	0.2565
00287873	<i>Sandoz Colchicine</i>	Sandoz	100	25.65	➡	0.2565

92:24

BONE RESORPTION INHIBITORS

ALENDRONATE MONOSODIUM

Tab.

5 mg

02381478	<i>Alendronate monosodique</i>	Accord	28	21.33		0.7617

Tab.

10 mg **PPB**

02381486	<i>Alendronate monosodique</i>	Accord	28	12.06	➡	0.4308
02388545	<i>Auro-Alendronate</i>	AuroPharma	100	43.08	➡	0.4308

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

Tab.

70 mg **PPB**

02485184	AG-Alendronate	Angita	4	7.12	➡	1.7804
02506327	AG-Alendronate Sodium	Angita	4	7.12	➡	1.7804
02352966	Alendronate	Sanis	4	7.12	➡	1.7804
			50	89.02	➡	1.7804
02299712	Alendronate	Sivem	4	7.12	➡	1.7804
			50	89.02	➡	1.7804
02381494	Alendronate monosodique	Accord	4	7.12	➡	1.7804
02303078	Alendronate-70	Pro Doc	4	7.12	➡	1.7804
			100	178.04	➡	1.7804
02248730	Apo-Alendronate	Apotex	4	7.12	➡	1.7804
			100	178.04	➡	1.7804
02388553	Auro-Alendronate	AuroPharma	4	7.12	➡	1.7804
			50	89.02	➡	1.7804
02245329	Fosamax	Organon	4	38.62		9.6550
02500175	Jamp Alendronate Sodium	Jamp	4	7.12	➡	1.7804
			100	178.04	➡	1.7804
02385031	Jamp-Alendronate	Jamp	4	7.12	➡	1.7804
02529394	M-Alendronate	Mantra Ph.	4	7.12	➡	1.7804
			50	89.02	➡	1.7804
02394871	Mint-Alendronate	Mint	4	7.12	➡	1.7804
02523116	NRA-Alendronate	Nora	4	7.12	➡	1.7804
02284006	pms-Alendronate FC	Phmscience	4	7.12	➡	1.7804
			30	53.41	➡	1.7804
02270889	Riva-Alendronate	Riva	4	7.12	➡	1.7804
			50	89.02	➡	1.7804
02288109	Sandoz Alendronate	Sandoz	4	7.12	➡	1.7804
02261715	Teva-Alendronate	Teva Can	4	7.12	➡	1.7804
			50	89.02	➡	1.7804

ALENDRONATE/CHOLECALCIFEROL

Tab.

70 mg - 140 mcg (5 600 UI) **PPB**

02454475	Apo-Alendronate/Vitamin D3	Apotex	4	4.87	➡	1.2174
02314940	Fosavance	Organon	4	18.17		4.5425
02519836	Jamp Alendronate / Vitamin D3	Jamp	4	4.87	➡	1.2174

DISODIC CLODRONATE

Caps.

400 mg

02245828	Clasteon	Knight	120	145.00		1.2083

PAMIDRONATE DISODIUM

I.V. Perf. Sol.

3 mg/mL (10 mL) **PPB**

02244550	Pamidronate Disodique pour injection	Pfizer	1	➡	30.32	
02246597	Pamidronate Disodium Injection	Fresenius	1	➡	30.32	

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

I.V. Perf. Sol.

6 mg/mL (10 mL) **PPB**

02244551	<i>Pamidronate Disodique pour injection</i>	Pfizer	1	➡ 90.36	
02246598	<i>Pamidronate Disodium Injection</i>	Fresenius	1	➡ 90.36	
02249677	<i>Pamidronate Disodium Omega</i>	Oméga	1	➡ 90.36	

I.V. Perf. Sol.

9 mg/mL (10 mL) **PPB**

02244552	<i>Pamidronate Disodique pour injection</i>	Pfizer	1	➡ 90.95	
02246599	<i>Pamidronate Disodium Injection</i>	Fresenius	1	➡ 90.95	
02249685	<i>Pamidronate Disodium Omega</i>	Oméga	1	➡ 90.95	

RISEDRONATE SODIUM

Tab.

5 mg

02298376	<i>Teva-Risedronate</i>	Teva Can	30	31.58	1.0527

Tab.

30 mg

02298384	<i>Teva-Risedronate</i>	Teva Can	30	177.00	5.9000

Tab.

35 mg **PPB**

02246896	<i>Actonel</i>	AbbVie	4	39.05	9.7625
02353687	<i>Apo-Risedronate</i>	Apotex	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02406306	<i>Auro-Risedronate</i>	AuroPharma	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02302209	<i>pms-Risedronate</i>	Phmscience	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02347474	<i>Risedronate</i>	Pro Doc	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02370255	<i>Risedronate</i>	Sanis	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02411407	<i>Risedronate</i>	Sivem	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02341077	<i>Riva-Risedronate</i>	Riva	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02327295	<i>Sandoz Risedronate</i>	Sandoz	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764
02298392	<i>Teva-Risedronate</i>	Teva Can	4	6.71 ➡	1.6764
			30	50.29 ➡	1.6764

92:28

CARIOSTATIC AGENTS

SODIUM FLUORIDE

Chew. Tab.

2.2 mg (F-1 mg)

00575569	<i>Fluor-A-Day</i>	Phmscience	120	6.09	0.0508

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

92:92

OTHER MISCELLANEOUS THERAPEUTIC AGENTS

BÉTAINE ANHYDROUS

Oral Pd.

1 g/1.7 mL

02238526	<i>Cystadane</i>	RRDC	180 g	839.93	

CYPROTERONE ACETATE

Tab.

50 mg **PPB**

00704431	<i>Androcur</i>	Amdipharm	60	84.00	➡	1.4000
02245898	<i>Cyproterone</i>	AA Pharma	100	140.00	➡	1.4000
02390760	<i>Med-Cyproterone</i>	GMP	60	84.00	➡	1.4000
			100	140.00	➡	1.4000
02395797	<i>Riva-Cyproterone</i>	Riva	60	84.00	➡	1.4000

SODIUM PENTOSAN POLYSULFATE

Caps.

100 mg

02029448	<i>Elmiron</i>	Janss. Inc	100	131.40		1.3140

94:00
DEVICES

94:32 **general hospital and personal use**
94:32.20 therapeutic devices

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

94:32.20

THERAPEUTIC DEVICES

ZINC OXIDE/ ICHTHAMMOL

Band.

7,5 cm X 6 m

01948466	<i>Ichthopaste</i>	S. & N.	1	7.02	

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

ABEMACICLIB

Tab.

				50 mg	
02487098	Verzenio	Lilly	28	2757.20	98.4714

Tab.

				100 mg	
02487101	Verzenio	Lilly	28	2799.17	99.9704

Tab.

				150 mg	
02487128	Verzenio	Lilly	28	2757.20	98.4714

ABIRATERONE ACETATE

Tab.

				250 mg	PPB	
02491397	Apo-Abiraterone	Apotex	60	459.38	➡	7.6563
02502305	Jamp Abiraterone	Jamp	120	918.76	➡	7.6563
02503980	Mar-Abiraterone	Marcan	120	918.76	➡	7.6563
02494132	Nat-Abiraterone	Natco	120	918.76	➡	7.6563
02492601	pms-Abiraterone	Phmscience	120	918.76	➡	7.6563
02540452	PRZ-Abiraterone	Pharmaris	120	918.76	➡	7.6563
02477114	Reddy-Abiraterone	Dr Reddy's	120	918.76	➡	7.6563
02486393	Sandoz Abiraterone	Sandoz	120	918.76	➡	7.6563
02371065	Zytiga	Janss. Inc	120	3400.00		28.3333

Tab.

				500 mg	PPB	
02525380	Abiraterone	Jamp	60	918.75	➡	15.3125
02491400	Apo-Abiraterone	Apotex	60	918.75	➡	15.3125
02529629	Jamp Abiraterone	Jamp	60	918.75	➡	15.3125
02503999	Mar-Abiraterone	Marcan	60	918.75	➡	15.3125
02501503	pms-Abiraterone	Phmscience	60	918.75	➡	15.3125
02540460	PRZ-Abiraterone	Pharmaris	28	428.75	➡	15.3125
			60	918.75	➡	15.3125
02533251	Reddy-Abiraterone	Dr Reddy's	60	918.75	➡	15.3125
02521644	Sandoz Abiraterone	Sandoz	60	918.75	➡	15.3125
02457113	Zytiga	Janss. Inc	60	3400.00		56.6667

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

ABIRATERONE ACETATE - METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER

Tab.		250 mg PPB			
99114372	<i>Apo-Abiraterone</i>	Apotex	60	459.38	➡ 7.6563
99114410	<i>Jamp Abiraterone</i>	Jamp	120	918.76	➡ 7.6563
99114422	<i>Nat-Abiraterone</i>	Natco	120	918.76	➡ 7.6563
99114393	<i>pms-Abiraterone</i>	Phmscience	120	918.76	➡ 7.6563
99114525	<i>PRZ-Abiraterone</i>	Pharmaris	120	918.76	➡ 7.6563
99114395	<i>Sandoz Abiraterone</i>	Sandoz	120	918.76	➡ 7.6563

Tab.		500 mg PPB			
99114373	<i>Apo-Abiraterone</i>	Apotex	60	918.75	➡ 15.3125
99114409	<i>Jamp Abiraterone</i>	Jamp	60	918.75	➡ 15.3125
99114392	<i>pms-Abiraterone</i>	Phmscience	60	918.75	➡ 15.3125
99114524	<i>PRZ-Abiraterone</i>	Pharmaris	28	428.75	➡ 15.3125
			60	918.75	➡ 15.3125
99114394	<i>Sandoz Abiraterone</i>	Sandoz	60	918.75	➡ 15.3125

ABOBOTULINUMTOXINA

Inj. Pd.		300 U			
02460203	<i>Dysport Therapeutic</i>	Ipsen	1	385.56	

Inj. Pd.		500 U			
02456117	<i>Dysport Therapeutic</i>	Ipsen	1	642.60	

ABROCITINIB

Tab.		50 mg			
02528363	<i>Cibinco</i>	Pfizer	30	1460.00	48.6667

Tab.		100 mg			
02528371	<i>Cibinco</i>	Pfizer	30	1460.00	48.6667

Tab.		200 mg			
02528398	<i>Cibinco</i>	Pfizer	30	1634.00	54.4667

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

ABSORPTIVE DRESSING - GELLING FIBRE

Dressing

100 cm² to 200 cm² (active surface)

99003481	3M Tegaderm High Integrity Alginate Dressing (10x10-100 cm²)	3M	10	38.97	3.8970
99100285	3M Tegaderm High Integrity Alginate Dressing (10x20-200 cm²)	3M	1	7.53	
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
99101377	Exufiber (10 cm x 10 cm - 100 cm²)	Mölnlycke	10	35.20	3.5200
00898643	Kaltostat (10 cm x 20 cm - 200 cm²)	Convatec	10	85.60	8.5600
99101217	Kendall calcium alginate dressing (10.2cm x 14cm-143 cm²)	Covidien	10	13.48	1.3475
99101224	Kendall Pans. sup. alg. calcium (10.2 cmx10.2 cm - 104 cm²)	Covidien	10	13.48	1.3475
99101216	Kendall pans.a l'alginate calcium (10,2cmx10,2cm-104 cm²)	Covidien	10	13.48	1.3475
99114135	Kerracel (10 cm x 10 cm - 100 cm²)	3M	10	37.14	3.7140
99100656	Maxorb Extra (10,2 cm x 10,2 cm - 104 cm²)	Medline	100	134.75	1.3475
99003007	Melgisorb Plus (10 cm x 10 cm - 100 cm²)	Mölnlycke	10	36.46	3.6460
99003023	Melgisorb Plus (10 cm x 20 cm - 200 cm²)	Mölnlycke	50	182.33	3.6466
			10	68.49	6.8490
			50	342.47	6.8494
99100467	Versiva XC Non-Adhesive (11 cm x 11 cm - 121 cm²)	Convatec	10	51.79	5.1790

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm ² to 500 cm ² (active surface)			
99003279	<i>Algisite M (15 cm x 20 cm - 300 cm²)</i>	S. & N.	10	100.28	10.0280
99101010	<i>Aquacel Extra hydrofiber (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	46.58	9.3160
99100932	<i>Aquacel Foam (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	46.91	9.3820
99100931	<i>Aquacel Foam (15 cm x 20 cm - 300 cm²)</i>	Convatec	5	62.55	12.5100
99100934	<i>Aquacel Foam (20 cm x 20 cm - 400 cm²)</i>	Convatec	5	83.40	16.6800
99001764	<i>Aquacel hydrofiber (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	65.35	13.0700
99100891	<i>Biatain Alginate (15 cm x 15 cm - 225 cm²)</i>	Coloplast	10	87.75	8.7750
99101378	<i>Exufiber (15 cm x 15 cm - 225 cm²)</i>	Mölnlycke	10	87.75	8.7750
99101218	<i>Kendall calcium alginate dressing (10.2cm x 20.3cm-207 cm²)</i>	Covidien	5	13.20	2.6400
99101219	<i>Kendall calcium alginate dressing (15.2cm x 25.4cm-386 cm²)</i>	Covidien	10	26.40	2.6400
99114136	<i>Kerracel (15 cm x 15 cm - 225 cm²)</i>	3M	5	46.60	9.3200
99100657	<i>Maxorb Extra (10,2 cm x 20,3 cm - 207 cm²)</i>	Medline	50	235.00	4.7000
99100468	<i>Versiva XC Non-Adhesive (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	52.49	10.4980
99100472	<i>Versiva XC Non-Adhesive (20 cm x 20 cm - 400 cm²)</i>	Convatec	5	96.72	19.3440

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
Less than 100 cm² (active surface)					
99101133	Aquacel Extra hydrofiber (5 cm x 5 cm - 25 cm²)	Convatec	10	17.67	1.7670
99100937	Aquacel Foam (5 cm x 5 cm - 25 cm²)	Convatec	10	16.50	1.6500
99001780	Aquacel hydrofiber (5 cm x 5 cm - 25 cm²)	Convatec	10	24.97	2.4970
99100156	Biatain Alginate (5 cm x 5 cm - 25 cm²)	Coloplast	30	52.50	1.7500
99101380	Exufiber (5 cm x 5 cm - 25 cm²)	Mölnlycke	10	16.85	1.6850
00898627	Kaltotstat (5 cm x 5 cm - 25 cm²)	Convatec	10	19.02	1.9020
00898635	Kaltotstat (7.5 cm x 12 cm - 90 cm²)	Convatec	10	55.57	5.5570
99101221	Kendall calcium alginate dressing (5.1 cm x 5.1 cm- 26cm²)	Covidien	10	8.40	0.8400
99114138	Kerracel (5 cm x 5 cm - 25 cm²)	3M	10	17.75	1.7750
99100658	Maxorb Extra (5,1 cm x 5,1 cm - 26 cm²)	Medline	100	160.50	1.6050
99003066	Melgisorb Plus (5 cm x 5 cm - 25 cm²)	Mölnlycke	5	8.92	1.7840
99100466	Versiva XC Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)	Convatec	50	89.23	1.7846
			10	33.95	3.3950
Dressing					
More than 500 cm² (active surface)					
99100888	Aquacel Burn hydrofiber (23 cm x 30 cm - 690 cm²)	Convatec	5	220.00	44.0000
99101220	Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)	Covidien	5	220.00	44.0000
Strip					
30 cm to 90 cm					
99003260	Algisite M 30 cm	S. & N.	5	24.81	4.9620
99100955	Aquacel Hydrofiber (1 cm x 45 cm)	Convatec	5	33.93	6.7860
99001705	Aquacel hydrofiber (2 cm x 45 cm)	Convatec	5	41.60	8.3200
99100155	Biatain Alginate (3 cm x 44 cm)	Coloplast	6	41.22	6.8700
99100100	Calcium Alginate Dressing 30 cm	Covidien	1	4.17	
99100101	Calcium Alginate Dressing 60 cm	Covidien	1	5.97	
99100102	Calcium Alginate Dressing 90 cm	Covidien	1	10.50	
99101379	Exufiber (2 cm x 45 cm)	Mölnlycke	5	33.91	6.7820
00898899	Kaltostat 40 cm	Convatec	5	35.49	7.0980
99114137	Kerracel (2 cm x 45 cm)	3M	5	33.94	6.7880
99100659	Maxorb Extra Post-op Rope (30,5 cm)	Medline	20	80.35	4.0175
99003015	Melgisorb Plus 45 cm	Mölnlycke	5	21.51	4.3020
			50	215.18	4.3036

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

ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing

100 cm² to 200 cm² (active surface)

99100193	3M Tegaderm Foam Dressing (nonadhesive) (10cm x 10cm-100cm ²)	3M	1	4.41	
99100537	Allevyn Gentle (10 cm x 10 cm - 100 cm ²)	S. & N.	10	49.50	4.9500
99100475	Allevyn Gentle (10 cm x 20 cm - 200 cm ²)	S. & N.	10	100.05	10.0050
00907863	Allevyn Non-Adhesive (10 cm x 10 cm - 100 cm ²)	S. & N.	1	5.02	
00920738	Allevyn Non-Adhesive (10 cm x 20 cm - 200 cm ²)	S. & N.	1	10.01	
99100135	Biatain Non Adhesive (10 cm x 10 cm - 100 cm ²)	Coloplast	10	39.50	3.9500
99100601	Biatain Non Adhesive (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99114022	Biatain Silicone Non-Border (10 cm x 10 cm - 100 cm ²)	Coloplast	10	39.50	3.9500
99114054	Biatain Silicone Non-Border (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99114024	Biatain Silicone Non-Border (12.5 cm x 12.5 cm - 156.25 cm ²)	Coloplast	10	61.70	6.1700
99002787	Combiderm Non-Adhesive (13 cm x 13 cm - 169 cm ²)	Convatec	10	54.88	5.4880
99100794	Cutimed Cavity (10 cm x 10 cm - 100 cm ²)	BSN Med	10	37.44	3.7440
99100744	Cutimed Siltec (10 cm x 10 cm - 100 cm ²)	BSN Med	10	37.44	3.7440
99100745	Cutimed Siltec (10 cm x 20 cm - 200 cm ²)	BSN Med	10	79.00	7.9000
99101206	Cutimed Siltec Plus (10 cm x 10 cm - 100 cm ²)	BSN Med	10	37.44	3.7440
99101207	Cutimed Siltec Plus (10 cm x 20 cm - 200 cm ²)	BSN Med	10	79.00	7.9000
99004801	Kendall Hydrophilic Foam Dressing (10 cm x 10 cm - 100 cm ²)	Covidien	50	94.88	1.8976
99101188	Kendall Hydrophilic Foam Dressing(12.7 cm x 12.7 cm-161 cm ²)	Covidien	10	14.61	1.4610
99003244	Mepilex (10 cm x 10 cm - 100 cm ²)	Mölnlycke	5	24.70	4.9400
99003252	Mepilex (10 cm x 20 cm - 179 cm ²)	Mölnlycke	5	46.70	9.3400
99114550	Mepilex Up (10 cm x 10 cm - 100 cm ²)	Mölnlycke	5	19.35	3.8700
99114551	Mepilex Up (10 cm x 20 cm - 200 cm ²)	Mölnlycke	5	34.60	6.9200
99101382	Mepilex XT (10 cm x 10 cm - 100 cm ²)	Mölnlycke	5	19.35	3.8700
99101383	Mepilex XT (10 cm x 20 cm - 178,6 cm ²)	Mölnlycke	10	38.70	3.8700
99100664	Optifoam Basic (10,2 cm x 12,7 cm - 130 cm ²)	Medline	5	34.60	6.9200
99100666	Optifoam Non-Adhesive (10,2 cm x 10,2 cm - 104 cm ²)	Medline	10	69.20	6.9200
			100	146.10	1.4610
			100	230.56	2.3056

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99100889	<i>Tegaderm 3M-Foam Dressing (non adhesive) 10 x 20-200 cm²</i>	3M	5	39.50	7.9000
99100708	<i>UrgoTul Absorb Non- Adhesif (10 cm x 10 cm - 100 cm²)</i>	Urgo	10	35.32	3.5320

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm ² to 500 cm ² (active surface)			
99100196	3M Tegaderm Foam Dressing (nonadhesive) (20cm x 20cm-400cm ²)	3M	30	492.37	16.4123
99100536	Allevyn Gentle (15 cm x 15 cm - 225 cm ²)	S. & N.	10	95.60	9.5600
99100535	Allevyn Gentle (20 cm x 20 cm - 400 cm ²)	S. & N.	10	170.00	17.0000
99002949	Allevyn Non-Adhesive (15 cm x 15 cm - 225 cm ²)	S. & N.	1	9.69	
00907855	Allevyn Non-Adhesive (20 cm x 20 cm - 400 cm ²)	S. & N.	1	17.22	
99100571	Biatain Non Adhesive (15 cm x 15 cm - 225 cm ²)	Coloplast	5	44.50	8.9000
99100603	Biatain Non Adhesive (20 cm x 20 cm - 400 cm ²)	Coloplast	5	79.00	15.8000
99114025	Biatain Silicone Non-Border (15 cm x 15 cm - 225 cm ²)	Coloplast	5	41.50	8.3000
99114055	Biatain Silicone Non-Border (20 cm x 20 cm - 400 cm ²)	Coloplast	5	73.80	14.7600
99005034	Combiderm Non-Adhesive (15 cm x 25 cm - 375 cm ²)	Convatec	1	11.16	
99100793	Cutimed Cavity (15 cm x 15 cm - 225 cm ²)	BSN Med	5	41.51	8.3020
99100746	Cutimed Siltec (15 cm x 15 cm - 225 cm ²)	BSN Med	10	83.04	8.3040
99100747	Cutimed Siltec (20 cm x 20 cm - 400 cm ²)	BSN Med	5	71.10	14.2200
99101208	Cutimed Siltec Plus (15 cm x 15 cm - 225 cm ²)	BSN Med	10	83.04	8.3040
99101209	Cutimed Siltec Plus (20 cm x 20 cm - 400 cm ²)	BSN Med	5	71.10	14.2200
99101187	Kendall Hydrophilic Foam Dressing(10.2 cm x 20.3 cm-207 cm ²)	Covidien	10	33.60	3.3600
99101189	Kendall Hydrophilic Foam Dressing(15.2 cm x 15.2 cm-231 cm ²)	Covidien	10	33.60	3.3600
99101190	Kendall Hydrophilic Foam Dressing(20.3 cm x 20.3 cm-412 cm ²)	Covidien	10	33.60	3.3600
99100602	Mepilex (15 cm x 15 cm - 225 cm ²)	Mölnlycke	5	47.00	9.4000
99003538	Mepilex (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5	92.60	18.5200
99114552	Mepilex Up (15 cm x 15 cm - 225 cm ²)	Mölnlycke	5	40.95	8.1900
99114553	Mepilex Up (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5	72.80	14.5600
99101384	Mepilex XT (15 cm x 15 cm - 225 cm ²)	Mölnlycke	5	40.95	8.1900
99101385	Mepilex XT (20 cm x 20 cm - 400 cm ²)	Mölnlycke	10	81.90	8.1900
			5	72.80	14.5600
			10	145.60	14.5600
99100667	Optifoam Non-Adhesive (15,2 cm x 15,2 cm - 231 cm ²)	Medline	100	443.45	4.4345
99100709	UrgoTul Absorb Non-Adhesif (15 cm x 15 cm - 225 cm ²)	Urgo	10	74.48	7.4480

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
Less than 100 cm ² (active surface)					
99100570	<i>Allevyn Gentle (5 cm x 5 cm - 25 cm²)</i>	S. & N.	1	1.75	
00920711	<i>Allevyn Non-Adhesive (5 cm x 5 cm - 25 cm²)</i>	S. & N.	1	1.78	
99100599	<i>Biatain Non Adhesive (5 cm x 7 cm - 35 cm²)</i>	Coloplast	10	13.83	1.3830
99114027	<i>Biatain Silicone Non-Border (5 cm x 7.5 cm - 37.5 cm²)</i>	Coloplast	10	21.30	2.1300
99114028	<i>Biatain Silicone Non-Border (7.5 cm x 7.5 cm - 56.25 cm²)</i>	Coloplast	10	32.00	3.2000
99004534	<i>Combiderm Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)</i>	Convatec	10	33.54	3.3540
99100743	<i>Cutimed Siltec (5 cm x 6 cm - 30 cm²)</i>	BSN Med	10	17.07	1.7070
99101210	<i>Cutimed Siltec Plus (5 cm x 6 cm - 30 cm²)</i>	BSN Med	10	17.07	1.7070
99004852	<i>Kendall Hydrophilic Foam Dressing (5 cm x 5 cm - 25 cm²)</i>	Covidien	25	36.25	1.4500
99101191	<i>Kendall Hydrophilic Foam Dressing (7.6 cm x 7.6 cm - 58 cm²)</i>	Covidien	10	5.10	0.5100
99100665	<i>Optifoam Basic (7,6 cm x 7,6 cm - 58 cm²)</i>	Medline	200	102.05	0.5103
Dressing					
More than 500 cm ² (active surface)					
99100195	<i>3M Tegaderm Foam Dressing (nonadhesive) (10cm x 60cm-600cm²)</i>	3M	1	25.78	
99100604	<i>Mepilex (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	2	86.00	43.0000
99114554	<i>Mepilex Up (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	2	86.00	43.0000
99101386	<i>Mepilex XT (20 cm x 50 cm - 1000 cm²)</i>	Mölnlycke	2	86.00	43.0000
Dressing					
Sacrum or triangular					
99101388	<i>Biatain Silicone Sacrum (15 cm x 19 cm - 222 cm²)</i>	Coloplast	5	52.50	10.5000
99101389	<i>Biatain Silicone Sacrum (25 cm x 25 cm - 405 cm²)</i>	Coloplast	5	67.50	13.5000
Thin dr.					
100 cm ² to 200 cm ² (active surface)					
99100749	<i>Cutimed Siltec L (10 cm x 10 cm - 100 cm²)</i>	BSN Med	10	34.20	3.4200
99100133	<i>Mepilex Lite (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	1	3.54	

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

Thin dr.		201 cm ² to 500 cm ² (active surface)			
99100750	<i>Cutimed Siltec L (15 cm x 15 cm - 225 cm²)</i>	BSN Med	10	57.31	5.7310
99100134	<i>Mepilex Lite (15 cm x 15 cm - 225 cm²)</i>	Mölnlycke	1	6.37	

Thin dr.		Less than 100 cm ² (active surface)			
99100748	<i>Cutimed Siltec L (5 cm x 6 cm - 30 cm²)</i>	BSN Med	10	12.99	1.2990
99100132	<i>Mepilex Lite (6.8 cm x 8.5 cm - 58 cm²)</i>	Mölnlycke	1	2.11	

Thin dr.		More than 500 cm ² (active surface)			
99100605	<i>Mepilex Lite (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	4	154.76	38.6900

ABSORPTIVE DRESSING - SODIUM CHLORIDE

Dressing		100 cm ² to 200 cm ² (active surface)			
00899496	<i>Mesalt (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	30	27.29	0.9097

Dressing		201 cm ² to 500 cm ² (active surface)			
99004712	<i>Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)</i>	Covidien	96	202.04	2.1046

Dressing		Less than 100 cm ² (active surface)			
00899429	<i>Mesalt (5 cm x 5 cm - 25 cm²)</i>	Mölnlycke	30	21.25	0.7083
00899518	<i>Mesalt (7.5 cm X 7.5 cm - 56 cm²)</i>	Mölnlycke	30	22.99	0.7663

Strip		1 m			
00920525	<i>Mesalt (1 m)</i>	Mölnlycke	10	44.70	4.4700

ACALABRUTINIB

Tab.		100 mg			
02535696	<i>Calquence</i>	AZC	60	8158.50	135.9750

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

ADALIMUMAB

S.C. Inj. Sol.

50 mg/mL (0,4 mL)

02511061	<i>Abrilada (syringe)</i>	Pfizer	2	471.27	235.6350
02459310	<i>Amgevita (syringe)</i>	Amgen	1	235.64	
02502380	<i>Hulio (syringe)</i>	Biocon	2	471.27	235.6350
02505258	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350

S.C. Inj. Sol.

50 mg/mL (0.8 mL)

02511045	<i>Abrilada (pen)</i>	Pfizer	2	942.54	471.2700
02511053	<i>Abrilada (syringe)</i>	Pfizer	2	942.54	471.2700
02459302	<i>Amgevita (pen)</i>	Amgen	2	942.54	471.2700
02459299	<i>Amgevita (syringe)</i>	Amgen	2	942.54	471.2700
02473097	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
02473100	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
02502402	<i>Hulio (pen)</i>	Biocon	2	942.54	471.2700
02502399	<i>Hulio (syringe)</i>	Biocon	2	942.54	471.2700
02492156	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
02492164	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
02502674	<i>Idacio (pen)</i>	Fresenius	2	942.54	471.2700
02502682	<i>Idacio (syringe)</i>	Fresenius	2	942.54	471.2700

S.C. Inj. Sol.

100 mg/mL (0,2 mL)

02542315	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350
02556596	<i>Yuflyma (syringe)</i>	Celltrion	2	471.27	235.6350

S.C. Inj. Sol.

100 mg/mL (0,4 mL)

02533472	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
02533480	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
02542331	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
02542323	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
02523957	<i>Simlandi (pen)</i>	Jamp	2	942.54	471.2700
02523949	<i>Simlandi (syringe)</i>	Jamp	2	942.54	471.2700
02523779	<i>Yuflyma (pen)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
02523760	<i>Yuflyma (syringe)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700

S.C. Inj. Sol.

100 mg/mL (0,8 mL)

02542366	<i>Hyrimoz (pen)</i>	Sandoz	1	942.54	
02542358	<i>Hyrimoz (syringe)</i>	Sandoz	1	942.54	
02523965	<i>Simlandi (syringe)</i>	Jamp	1	942.54	
02535084	<i>Yuflyma (pen)</i>	Celltrion	1	942.54	
			3	2827.62	942.5400
02535076	<i>Yuflyma (syringe)</i>	Celltrion	1	942.54	

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

**ADALIMUMAB (CROHN'S DISEASE-CHILDREN) **

S.C. Inj. Sol.

50 mg/mL (0,4 mL)

+ 99114608	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350

S.C. Inj. Sol.

50 mg/mL (0.8 mL)

+ 99114613	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
+ 99114609	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700

S.C. Inj. Sol.

100 mg/mL (0,2 mL)

+ 99114610	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350
99114534	<i>Yuflyma (syringe)</i>	Celltrion	2	471.27	235.6350

S.C. Inj. Sol.

100 mg/mL (0,4 mL)

+ 99114614	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
+ 99114611	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114537	<i>Yuflyma (pen)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
99114535	<i>Yuflyma (syringe)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700

S.C. Inj. Sol.

100 mg/mL (0,8 mL)

+ 99114615	<i>Hyrimoz (pen)</i>	Sandoz	1	942.54	
+ 99114612	<i>Hyrimoz (syringe)</i>	Sandoz	1	942.54	
99114538	<i>Yuflyma (pen)</i>	Celltrion	1	942.54	
			3	2827.62	942.5400
99114536	<i>Yuflyma (syringe)</i>	Celltrion	1	942.54	

**ADALIMUMAB (HIDRADENITIS SUPPURATIVA) **

S.C. Inj. Sol.

50 mg/mL (0,4 mL)

99114035	<i>Amgevita (syringe)</i>	Amgen	1	235.64	
99114041	<i>Hulio (syringe)</i>	Biocon	2	471.27	235.6350
99114048	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350

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

S.C. Inj. Sol.

50 mg/mL (0.8 mL)

99114034	<i>Abrilada (pen)</i>	Pfizer	2	942.54	471.2700
99114033	<i>Abrilada (syringe)</i>	Pfizer	2	942.54	471.2700
99114047	<i>Amgevita (pen)</i>	Amgen	2	942.54	471.2700
99114046	<i>Amgevita (syringe)</i>	Amgen	2	942.54	471.2700
99114040	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114039	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
99114043	<i>Hulio (pen)</i>	Biocon	2	942.54	471.2700
99114042	<i>Hulio (syringe)</i>	Biocon	2	942.54	471.2700
99114050	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
99114049	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114267	<i>Idacio (pen)</i>	Fresenius	2	942.54	471.2700
99114265	<i>Idacio (syringe)</i>	Fresenius	2	942.54	471.2700

S.C. Inj. Sol.

100 mg/mL (0,2 mL)

99114299	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350
99114509	<i>Yuflyma (syringe)</i>	Celltrion	2	471.27	235.6350

S.C. Inj. Sol.

100 mg/mL (0,4 mL)

99114297	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114298	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
99114301	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
99114300	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114151	<i>Simlandi (pen)</i>	Jamp	2	942.54	471.2700
99114144	<i>Simlandi (syringe)</i>	Jamp	2	942.54	471.2700
99114233	<i>Yuflyma (pen)</i>	Celltrion	1	471.27	471.2700
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
99114225	<i>Yuflyma (syringe)</i>	Celltrion	1	471.27	471.2700
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700

S.C. Inj. Sol.

100 mg/mL (0,8 mL)

99114303	<i>Hyrimoz (pen)</i>	Sandoz	1	942.54	
99114302	<i>Hyrimoz (syringe)</i>	Sandoz	1	942.54	
99114146	<i>Simlandi (syringe)</i>	Jamp	1	942.54	
99114228	<i>Yuflyma (pen)</i>	Celltrion	1	942.54	
			3	2827.62	942.5400
99114227	<i>Yuflyma (syringe)</i>	Celltrion	1	942.54	

**ADALIMUMAB (ULCERATIVE COLITIS-CHILDREN) **

S.C. Inj. Sol.

50 mg/mL (0,4 mL)

99114205	<i>Abrilada (syringe)</i>	Pfizer	2	471.27	235.6350
99114130	<i>Amgevita (syringe)</i>	Amgen	1	235.64	
99114162	<i>Hulio (syringe)</i>	Biocon	2	471.27	235.6350
+ 99114600	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350

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

S.C. Inj. Sol.

50 mg/mL (0.8 mL)

99114201	<i>Abrilada (pen)</i>	Pfizer	2	942.54	471.2700
99114200	<i>Abrilada (syringe)</i>	Pfizer	2	942.54	471.2700
99114139	<i>Amgevita (pen)</i>	Amgen	2	942.54	471.2700
99114129	<i>Amgevita (syringe)</i>	Amgen	2	942.54	471.2700
99114434	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114435	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
99114163	<i>Hulio (pen)</i>	Biocon	2	942.54	471.2700
99114161	<i>Hulio (syringe)</i>	Biocon	2	942.54	471.2700
+ 99114605	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
+ 99114601	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700

S.C. Inj. Sol.

100 mg/mL (0,2 mL)

+ 99114602	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350
99114508	<i>Yuflyma (syringe)</i>	Celltrion	2	471.27	235.6350

S.C. Inj. Sol.

100 mg/mL (0,4 mL)

99114436	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114437	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
+ 99114606	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
+ 99114603	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114506	<i>Yuflyma (pen)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
99114504	<i>Yuflyma (syringe)</i>	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700

S.C. Inj. Sol.

100 mg/mL (0,8 mL)

+ 99114607	<i>Hyrimoz (pen)</i>	Sandoz	1	942.54	
+ 99114604	<i>Hyrimoz (syringe)</i>	Sandoz	1	942.54	
99114507	<i>Yuflyma (pen)</i>	Celltrion	1	942.54	
			3	2827.62	942.5400
99114505	<i>Yuflyma (syringe)</i>	Celltrion	1	942.54	

ADALIMUMAB (UVEITIS)

S.C. Inj. Sol.

50 mg/mL (0,4 mL)

99114206	<i>Abrilada (syringe)</i>	Pfizer	2	471.27	235.6350
99114101	<i>Amgevita (syringe)</i>	Amgen	1	235.64	
99114104	<i>Hulio (syringe)</i>	Biocon	2	471.27	235.6350
99114107	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350

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

S.C. Inj. Sol.

50 mg/mL (0.8 mL)

99114204	<i>Abrilada (pen)</i>	Pfizer	2	942.54	471.2700
99114208	<i>Abrilada (syringe)</i>	Pfizer	2	942.54	471.2700
99114103	<i>Amgevita (pen)</i>	Amgen	2	942.54	471.2700
99114102	<i>Amgevita (syringe)</i>	Amgen	2	942.54	471.2700
99114229	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114230	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
99114106	<i>Hulio (pen)</i>	Biocon	2	942.54	471.2700
99114105	<i>Hulio (syringe)</i>	Biocon	2	942.54	471.2700
99114109	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
99114108	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114268	<i>Idacio (pen)</i>	Fresenius	2	942.54	471.2700
99114266	<i>Idacio (syringe)</i>	Fresenius	2	942.54	471.2700

S.C. Inj. Sol.

100 mg/mL (0,2 mL)

99114304	<i>Hyrimoz (syringe)</i>	Sandoz	2	471.27	235.6350
99114510	<i>Yuflyma (syringe)</i>	Celltrion	2	471.27	235.6350

S.C. Inj. Sol.

100 mg/mL (0,4 mL)

99114231	<i>Hadlima (syringe)</i>	Organon	2	942.54	471.2700
99114232	<i>Hadlima PushTouch (pen)</i>	Organon	2	942.54	471.2700
99114306	<i>Hyrimoz (pen)</i>	Sandoz	2	942.54	471.2700
99114305	<i>Hyrimoz (syringe)</i>	Sandoz	2	942.54	471.2700
99114150	<i>Simlandi (pen)</i>	Jamp	2	942.54	471.2700
99114145	<i>Simlandi (syringe)</i>	Jamp	2	942.54	471.2700
99114224	<i>Yuflyma (pen)</i>	Celltrion	1	471.27	471.2700
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
99114223	<i>Yuflyma (syringe)</i>	Celltrion	1	471.27	471.2700
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700

S.C. Inj. Sol.

100 mg/mL (0,8 mL)

99114308	<i>Hyrimoz (pen)</i>	Sandoz	1	942.54	
99114307	<i>Hyrimoz (syringe)</i>	Sandoz	1	942.54	
99114147	<i>Simlandi (syringe)</i>	Jamp	1	942.54	
99114221	<i>Yuflyma (pen)</i>	Celltrion	1	942.54	
			3	2827.62	942.5400
99114222	<i>Yuflyma (syringe)</i>	Celltrion	1	942.54	

ADEFOVIR DIPIVOXIL

Tab.

10 mg **PPB**

02420333	<i>AA-Adefovir</i>	AA Pharma	30	547.55	➡ 18.2517
02247823	<i>Hepsera</i>	Gilead	30	696.73	23.2243

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

AFLIBERCEPT 2 MG

Inj. sol.

40 mg/mL

02554194	<i>Aflivu</i>	Apotex	1	850.80	
02563037	<i>Eydenzelt</i>	Celltrion	1	850.80	
02535858	<i>Yesafili</i>	Biocon	1	850.80	

Inj. Sol (syr)

40 mg/mL

02554178	<i>Aflivu</i>	Apotex	1	850.80	
02562510	<i>Enzeevu</i>	Sandoz	1	850.80	
02563045	<i>Eydenzelt</i>	Celltrion	1	850.80	
02558238	<i>Yesafili</i>	Biocon	1	850.80	

AFLIBERCEPT 8 MG

Inj. sol.

114,3 mg/mL (0.263 mL)

02545004	<i>Eylea HD</i>	Bayer	1	1250.00	

Inj. Sol (syr)

114,3 mg /mL (0,184 mL)

02554798	<i>Eylea HD</i>	Bayer	1	1250.00	

ALECTINIB HYDROCHLORIDE

Caps.

150 mg

02458136	<i>Alecensaro</i>	Roche	240	10119.99	42.1666

ALEMTUZUMAB

I.V. Perf. Sol.

10 mg/mL (1.2 mL)

02418320	<i>Lemtrada</i>	Genzyme	1	9970.00	

ALGLUCOSIDASE ALFA

I.V. Perf. Pd.

50 mg

02284863	<i>Myozyme</i>	Genzyme	1	840.31	

ALIROCUMAB

S.C. Inj. Sol. (pen)

75 mg/mL (1 mL)

02453819	<i>Praluent</i>	SanofiAven	2	512.42	256.2100

S.C. Inj. Sol. (pen)

150 mg/mL (1 mL)

02453835	<i>Praluent</i>	SanofiAven	2	512.42	256.2100

S.C. Inj. Sol. (pen)

150 mg/mL (2 mL)

02547732	<i>Praluent</i>	SanofiAven	1	512.42	

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

ALITRETINOINE

Caps.

 30 mg **PPB**

02477440	<i>Hanzema</i>	Dr Reddy's	30	509.60	16.9868
02337649	<i>Toctino</i>	Janss. Inc	30	532.71	17.7570

ALOGLIPTIN BENZOATE

Tab.

6.25 mg

02417189	<i>Nesina</i>	Takeda	28	58.80	2.1000

Tab.

12.5 mg

02417197	<i>Nesina</i>	Takeda	28	58.80	2.1000

Tab.

25 mg

02417200	<i>Nesina</i>	Takeda	28	58.80	2.1000

ALOGLIPTIN BENZOATE/ METFORMIN HYDROCHLORIDE

Tab.

12.5 mg - 500 mg

02417219	<i>Kazano</i>	Takeda	56	64.12	1.1450

Tab.

12.5 mg - 850 mg

02417227	<i>Kazano</i>	Takeda	56	64.12	1.1450

Tab.

12.5 mg - 1000 mg

02417235	<i>Kazano</i>	Takeda	56	64.12	1.1450

AMBRISENTAN

Tab.

 5 mg **PPB**

02475375	<i>Apo-Ambrisentan</i>	Apotex	30	1876.39	62.5464
02521938	<i>Jamp Ambrisentan</i>	Jamp	30	1876.39	62.5464
02307065	<i>Volibris</i>	GSK	30	3600.00	120.0000

Tab.

 10 mg **PPB**

02475383	<i>Apo-Ambrisentan</i>	Apotex	30	1876.39	62.5464
02521946	<i>Jamp Ambrisentan</i>	Jamp	30	1876.39	62.5464
02307073	<i>Volibris</i>	GSK	30	3600.00	120.0000

AMIFAMPRIDINE

Tab.

10 mg

02503034	<i>Ruzurgi</i>	Medunik	100	2000.00	20.0000

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

AMIFAMPRIDINE PHOSPHATE

Tab.

				10 mg	
02502984	<i>Firdapse</i>	Kye Pharma	240	4320.00	18.0000

AMLODIPINE BESYLATE

Oral Sol.

				1 mg/mL	
02484706	<i>pdp-AMLODIPINE</i>	Pendopharm	150 ml	175.00	1.1667

AMPHETAMINE (MIXED SALTS)

L.A. Caps.

				5 mg	PPB	
02248808	<i>Adderall XR</i>	Takeda	100	205.78		2.0578
02445492	<i>Apo-Amphetamine XR</i>	Apotex	100	53.72	➡	0.5372
02457288	<i>Sandoz Amphetamine XR</i>	Sandoz	100	53.72	➡	0.5372
02439239	<i>Teva-Amphetamine XR</i>	Teva Can	100	53.72	➡	0.5372

L.A. Caps.

				10 mg	PPB	
02248809	<i>Adderall XR</i>	Takeda	100	233.86		2.3386
02445506	<i>Apo-Amphetamine XR</i>	Apotex	100	61.05	➡	0.6105
02457296	<i>Sandoz Amphetamine XR</i>	Sandoz	100	61.05	➡	0.6105
02439247	<i>Teva-Amphetamine XR</i>	Teva Can	100	61.05	➡	0.6105

L.A. Caps.

				15 mg	PPB	
02248810	<i>Adderall XR</i>	Takeda	100	261.94		2.6194
02445514	<i>Apo-Amphetamine XR</i>	Apotex	100	68.38	➡	0.6838
02457318	<i>Sandoz Amphetamine XR</i>	Sandoz	100	68.38	➡	0.6838
02439255	<i>Teva-Amphetamine XR</i>	Teva Can	100	68.38	➡	0.6838

L.A. Caps.

				20 mg	PPB	
02248811	<i>Adderall XR</i>	Takeda	100	290.01		2.9001
02445522	<i>Apo-Amphetamine XR</i>	Apotex	100	75.72	➡	0.7572
02457326	<i>Sandoz Amphetamine XR</i>	Sandoz	100	75.72	➡	0.7572
02439263	<i>Teva-Amphetamine XR</i>	Teva Can	100	75.72	➡	0.7572

L.A. Caps.

				25 mg	PPB	
02248812	<i>Adderall XR</i>	Takeda	100	318.09		3.1809
02445530	<i>Apo-Amphetamine XR</i>	Apotex	100	83.05	➡	0.8305
02457334	<i>Sandoz Amphetamine XR</i>	Sandoz	100	83.05	➡	0.8305
02439271	<i>Teva-Amphetamine XR</i>	Teva Can	100	83.05	➡	0.8305

L.A. Caps.

				30 mg	PPB	
02248813	<i>Adderall XR</i>	Takeda	100	346.18		3.4618
02445549	<i>Apo-Amphetamine XR</i>	Apotex	100	90.38	➡	0.9038
02457342	<i>Sandoz Amphetamine XR</i>	Sandoz	100	90.38	➡	0.9038
02439298	<i>Teva-Amphetamine XR</i>	Teva Can	100	90.38	➡	0.9038

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

ANIFROLUMAB

I.V. Perf. Sol.

150 mg/mL (2 mL)

02522845	<i>Saphnelo</i>	AZC	1	1687.21	

ANTIMICROBIAL DRESSING - IODINE

Paste

99100098	<i>Iodosorb</i>	S. & N.	5 g 10 g 17 g	8.49 16.99 28.86	

Pd.

3 g

99114248	<i>Iodosorb</i>	S. & N.	7	24.11	3.4440

Top. Oint.

99100099	<i>Iodosorb</i>	S. & N.	10 g 20 g 40 g	13.72 27.44 54.88	

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

ANTIMICROBIAL DRESSING - SILVER

Dressing

100 cm² to 200 cm² (active surface)

99100559	<i>Allevyn Ag Gentle (10 cm x 10 cm - 100 cm²)</i>	S. & N.	10	74.10	7.4100
99100456	<i>Allevyn Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)</i>	S. & N.	10	74.10	7.4100
99100953	<i>Aquacel Ag Extra (10 cm x 10 cm - 100 cm²)</i>	Convatec	10	63.90	6.3900
99100998	<i>Aquacel Ag Foam (10 cm x 10 cm - 100 cm²)</i>	Convatec	10	65.00	6.5000
99101228	<i>Aquacel Ag+Extra (10 cm x 10 cm - 100 cm²)</i>	Convatec	10	65.00	6.5000
99100324	<i>Biatain Ag Non Adhesive (10 cm x 10 cm - 100 cm²)</i>	Coloplast	5	33.25	6.6500
99100325	<i>Biatain Ag Non Adhesive (10 cm x 20 cm - 200 cm²)</i>	Coloplast	5	66.50	13.3000
99100541	<i>Biatain Alginate Ag (10 cm x 10 cm - 100 cm²)</i>	Coloplast	10	52.50	5.2500
99101452	<i>Exufiber Ag+ (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	10	64.70	6.4700
99100545	<i>Melgisorb Ag (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	10	59.74	5.9740
99100366	<i>Mepilex Ag (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	5	34.33	6.8660
99100367	<i>Mepilex Ag (10 cm x 20 cm - 179 cm²)</i>	Mölnlycke	5	64.67	12.9340
99100663	<i>Optifoam Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)</i>	Medline	100	453.00	4.5300
99100288	<i>Silvercel (10 cm x 20 cm - 200 cm²)</i>	3M	5	80.44	16.0880
99100289	<i>Silvercel (11 cm x 11 cm - 121 cm²)</i>	3M	10	96.00	9.6000
99101346	<i>Silvercel non adherent (10 cm x 20 cm - 200 cm²)</i>	3M	5	64.99	12.9980
99101347	<i>Silvercel non adherent (11 cm x 11 cm - 121 cm²)</i>	3M	10	78.64	7.8640
99100562	<i>UrgoCell Ag Absorb Non-Adhesif (10 cm x 10 cm - 100 cm²)</i>	Urgo	10	83.27	8.3270
99114365	<i>UrgoTul Ag (10 cm x 12 cm - 120 cm²)</i>	Urgo	10	77.81	7.7810

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm ² to 500 cm ² (active surface)			
99100560	<i>Allevyn Ag Gentle (15 cm x 15 cm - 225 cm²)</i>	S. & N.	10	157.50	15.7500
99100561	<i>Allevyn Ag Gentle (20 cm x 20 cm - 400 cm²)</i>	S. & N.	10	280.40	28.0400
99100457	<i>Allevyn Ag Non-Adhesif (20 cm x 20 cm - 400 cm²)</i>	S. & N.	10	283.96	28.3960
99100455	<i>Allevyn Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)</i>	S. & N.	10	159.50	15.9500
99100326	<i>Aquacel AG (14.5 cm x 14.5 cm - 210 cm²)</i>	Convatec	5	93.02	18.6040
99100954	<i>Aquacel Ag Extra (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	73.13	14.6260
99101000	<i>Aquacel Ag Foam (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	74.70	14.9400
99101001	<i>Aquacel Ag Foam (15 cm x 20 cm - 300 cm²)</i>	Convatec	5	99.60	19.9200
99101005	<i>Aquacel Ag Foam (20 cm x 20 cm - 400 cm²)</i>	Convatec	5	132.80	26.5600
99101229	<i>Aquacel Ag+Extra (15 cm x 15 cm - 225 cm²)</i>	Convatec	5	74.70	14.9400
99100595	<i>Biatain Ag Non Adhesive (15 cm x 15 cm - 225 cm²)</i>	Coloplast	5	74.81	14.9620
99100329	<i>Biatain Ag Non Adhesive (20 cm x 20 cm - 400 cm²)</i>	Coloplast	5	124.80	24.9600
99114020	<i>Biatain Alginate Ag (15 cm x 15 cm - 225 cm²)</i>	Coloplast	10	102.30	10.2300
99101381	<i>Exufiber Ag+ (15 cm x 15 cm - 225 cm²)</i>	Mölnlycke	10	148.10	14.8100
99100543	<i>Melgisorb Ag (15 cm x 15 cm - 225 cm²)</i>	Mölnlycke	10	102.29	10.2290
99100368	<i>Mepilex Ag (15 cm x 15 cm - 225 cm²)</i>	Mölnlycke	5	77.06	15.4120
99100369	<i>Mepilex Ag (20 cm x 20 cm - 400 cm²)</i>	Mölnlycke	5	124.83	24.9660
99100825	<i>UrgoCell Ag Absorb Non-Adhesif (15 cm x 20 cm - 300 cm²)</i>	Urgo	10	194.40	19.4400
99114406	<i>UrgoClean Ag (15 cm x 20 cm - 300 cm²)</i>	Urgo	5	98.17	19.6340
99114366	<i>UrgoTul Ag (15 cm x 20 cm - 300 cm²)</i>	Urgo	10	175.50	17.5500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less than 100 cm ² (active surface)			
99100557	<i>Allevyn Ag Gentle (5 cm x 5 cm - 25 cm²)</i>	S. & N.	10	43.02	4.3020
99100450	<i>Allevyn Ag Non-Adhesive (5 cm x 5 cm - 25 cm²)</i>	S. & N.	10	43.02	4.3020
99100338	<i>Aquacel AG (9.5 cm x 9.5 cm - 90 cm²)</i>	Convatec	10	102.78	10.2780
99100974	<i>Aquacel Ag Extra (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	28.34	2.8340
99101006	<i>Aquacel Ag Foam (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	28.38	2.8380
99101231	<i>Aquacel Ag+Extra (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	28.38	2.8380
99100594	<i>Biatain Ag Non Adhesive (5 cm x 7 cm - 35 cm²)</i>	Coloplast	5	11.64	2.3280
99114021	<i>Biatain Alginate Ag (5 cm x 5 cm - 25 cm²)</i>	Coloplast	30	84.00	2.8000
99101454	<i>Exufiber Ag+ (5 cm x 5 cm - 25 cm²)</i>	Mölnlycke	10	28.00	2.8000
99100544	<i>Melgisorb Ag (5 cm x 5 cm - 25 cm²)</i>	Mölnlycke	10	27.75	2.7750
99100287	<i>Silvercel (5 cm x 5 cm - 25 cm²)</i>	3M	10	31.70	3.1700
99101348	<i>Silvercel non adherent (5 cm x 5 cm - 25 cm²)</i>	3M	10	32.00	3.2000
99114405	<i>UrgoClean Ag (6 cm x 6 cm - 36 cm²)</i>	Urgo	10	40.95	4.0950

Dressing		More than 500 cm ² (active surface)			
99100235	<i>Acticoat (20 cm x 40 cm - 600 cm²)</i>	S. & N.	1	66.28	
99100236	<i>Acticoat (40 cm x 40 cm - 1 600 cm²)</i>	S. & N.	1	130.27	
99100593	<i>Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm²)</i>	S. & N.	6	781.62	130.2700
99100328	<i>Aquacel AG (19.5 cm x 29.5 cm - 575 cm²)</i>	Convatec	5	224.00	44.8000
99100973	<i>Aquacel Ag Extra (20 cm x 30 cm - 600 cm²)</i>	Convatec	5	233.70	46.7400
99101230	<i>Aquacel Ag+Extra (20 cm x 30 cm - 600 cm²)</i>	Convatec	5	233.70	46.7400
99101453	<i>Exufiber Ag+ (20 cm x 30 cm - 600 cm²)</i>	Mölnlycke	5	233.00	46.6000
99100596	<i>Mepilex Ag (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	2	106.20	53.1000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum or triangular		
99100451	<i>Allevyn Ag Adhesive Sacrum (17 cm x 17 cm - 123 cm²)</i>	S. & N.	10	151.40	15.1400
99100452	<i>Allevyn Ag Adhesive Sacrum (23 cm x 23 cm - 237 cm²)</i>	S. & N.	10	244.30	24.4300
99101094	<i>Aquacel Ag Foam (17 cm x 20 cm - 115 cm²)</i>	Convatec	5	60.95	12.1900
99100800	<i>Mepilex Border Sacrum Ag (23 cm x 23 cm - 239 cm²)</i>	Mölnlycke	1	22.87	
99100801	<i>Mepilex Border Sacrum Ag (18 cm x 18 cm - 121 cm²)</i>	Mölnlycke	1	13.09	

APALUTAMIDE

Tab.			60 mg		
02478374	<i>Erleada</i>	Janss. Inc	120	3401.40	28.3450

Tab.			240 mg		
02540185	<i>Erleada</i>	Janss. Inc	30	3401.40	113.3800

APREMILAST

Tab.			10 mg (4 co.) - 20 mg (4 co.) - 30 mg (19 co.)		
			PPB		
02524120	<i>Auro-Apremilast (Starter Packaging)</i>	AuroPharma	27	➡ 127.60	
02528967	<i>Jamp Apremilast (Starter Packaging)</i>	Jamp	27	➡ 127.60	
02434318	<i>Otezla (Starter packaging)</i>	Amgen	27	510.41	
02529092	<i>Sandoz Apremilast (Starter Packaging)</i>	Sandoz	27	➡ 127.60	

Tab.			30 mg		
			PPB		
02538180	<i>Apo-Apremilast</i>	Apotex	56	793.97 ➡	14.1780
02524104	<i>Auro-Apremilast</i>	AuroPharma	56	793.97 ➡	14.1780
02518910	<i>GLN-Apremilast</i>	Glenmark	60	850.68 ➡	14.1780
02528959	<i>Jamp Apremilast</i>	Jamp	56	793.97 ➡	14.1780
02525747	<i>Mint-Apremilast</i>	Mint	56	793.97 ➡	14.1780
02434334	<i>Otezla</i>	Amgen	56	1058.63	18.9041
02521733	<i>pms-Apremilast</i>	Phmscience	56	793.97 ➡	14.1780
02529084	<i>Sandoz Apremilast</i>	Sandoz	56	793.97 ➡	14.1780

APREPITANT

Caps.			80 mg		
02298791	<i>Emend</i>	Merck	2	60.36	30.1800

Caps.			125 mg		
02298805	<i>Emend</i>	Merck	6	181.08	30.1800

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

Caps. 125mg (1 caps.) and 80mg (2 caps.)					
02298813	<i>Emend Tri-Pack</i>	Merck	3	90.54	

ASCIMINIB

Tab. 20 mg					
02528320	<i>Scemblix</i>	Novartis	60	3780.00	63.0000

Tab. 40 mg					
02528339	<i>Scemblix</i>	Novartis	60	5100.00	85.0000

ATOGEPAANT

Tab. 10 mg					
02533979	<i>Qulipta</i>	AbbVie	30	553.20	18.4400

Tab. 30 mg					
02533987	<i>Qulipta</i>	AbbVie	30	553.20	18.4400

Tab. 60 mg					
02533995	<i>Qulipta</i>	AbbVie	30	553.20	18.4400

ATOMOXETINE HYDROCHLORIDE

Caps. 10 mg PPB					
02318024	<i>Apo-Atomoxetine</i>	Apotex	30	15.32	➡ 0.5106
02396904	<i>Atomoxetine</i>	Pro Doc	30	15.32	➡ 0.5106
02467747	<i>Atomoxetine</i>	Sanis	30	15.32	➡ 0.5106
02445883	<i>Atomoxetine</i>	Sivem	30	15.32	➡ 0.5106
02471485	<i>Auro-Atomoxetine</i>	AuroPharma	30	15.32	➡ 0.5106
			100	51.06	➡ 0.5106
02506807	<i>Jamp Atomoxetine</i>	Jamp	30	15.32	➡ 0.5106
02314541	<i>Novo-Atomoxetine</i>	Teva Can	30	15.32	➡ 0.5106
02381028	<i>pms-Atomoxetine</i>	Phmscience	30	15.32	➡ 0.5106
02405962	<i>Riva-Atomoxetine</i>	Riva	30	15.32	➡ 0.5106
			100	51.06	➡ 0.5106
02386410	<i>Sandoz Atomoxetine</i>	Sandoz	30	15.32	➡ 0.5106

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

Caps.

18 mg **PPB**

02318032	<i>Apo-Atomoxetine</i>	Apotex	30	17.24	➡ 0.5748
02396912	<i>Atomoxetine</i>	Pro Doc	30	17.24	➡ 0.5748
02467755	<i>Atomoxetine</i>	Sanis	30	17.24	➡ 0.5748
02445905	<i>Atomoxetine</i>	Sivem	30	17.24	➡ 0.5748
02471493	<i>Auro-Atomoxetine</i>	AuroPharma	30	17.24	➡ 0.5748
			100	57.48	➡ 0.5748
02506815	<i>Jamp Atomoxetine</i>	Jamp	30	17.24	➡ 0.5748
02314568	<i>Novo-Atomoxetine</i>	Teva Can	30	17.24	➡ 0.5748
02381036	<i>pms-Atomoxetine</i>	Phmscience	30	17.24	➡ 0.5748
02405970	<i>Riva-Atomoxetine</i>	Riva	30	17.24	➡ 0.5748
			100	57.48	➡ 0.5748
02386429	<i>Sandoz Atomoxetine</i>	Sandoz	30	17.24	➡ 0.5748

Caps.

25 mg **PPB**

02318040	<i>Apo-Atomoxetine</i>	Apotex	30	19.26	➡ 0.6420
			100	64.20	➡ 0.6420
02396920	<i>Atomoxetine</i>	Pro Doc	30	19.26	➡ 0.6420
02467763	<i>Atomoxetine</i>	Sanis	30	19.26	➡ 0.6420
02445913	<i>Atomoxetine</i>	Sivem	30	19.26	➡ 0.6420
02471507	<i>Auro-Atomoxetine</i>	AuroPharma	30	19.26	➡ 0.6420
			100	64.20	➡ 0.6420
02506823	<i>Jamp Atomoxetine</i>	Jamp	30	19.26	➡ 0.6420
02314576	<i>Novo-Atomoxetine</i>	Teva Can	30	19.26	➡ 0.6420
02381044	<i>pms-Atomoxetine</i>	Phmscience	30	19.26	➡ 0.6420
			100	64.20	➡ 0.6420
02405989	<i>Riva-Atomoxetine</i>	Riva	30	19.26	➡ 0.6420
			100	64.20	➡ 0.6420
02386437	<i>Sandoz Atomoxetine</i>	Sandoz	30	19.26	➡ 0.6420

Caps.

40 mg **PPB**

02318059	<i>Apo-Atomoxetine</i>	Apotex	30	22.11	➡ 0.7369
			100	73.69	➡ 0.7369
02396939	<i>Atomoxetine</i>	Pro Doc	30	22.11	➡ 0.7369
02467771	<i>Atomoxetine</i>	Sanis	30	22.11	➡ 0.7369
02445948	<i>Atomoxetine</i>	Sivem	30	22.11	➡ 0.7369
02471515	<i>Auro-Atomoxetine</i>	AuroPharma	30	22.11	➡ 0.7369
			100	73.69	➡ 0.7369
02506831	<i>Jamp Atomoxetine</i>	Jamp	30	22.11	➡ 0.7369
02381052	<i>pms-Atomoxetine</i>	Phmscience	30	22.11	➡ 0.7369
			100	73.69	➡ 0.7369
02405997	<i>Riva-Atomoxetine</i>	Riva	30	22.11	➡ 0.7369
			100	73.69	➡ 0.7369
02386445	<i>Sandoz Atomoxetine</i>	Sandoz	30	22.11	➡ 0.7369
02314584	<i>Teva-Atomoxetine</i>	Teva Can	30	22.11	➡ 0.7369

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			60 mg PPB		
02318067	<i>Apo-Atomoxetine</i>	Apotex	30	24.28 ➡	0.8092
02396947	<i>Atomoxetine</i>	Pro Doc	30	24.28 ➡	0.8092
02467798	<i>Atomoxetine</i>	Sanis	30	24.28 ➡	0.8092
02445956	<i>Atomoxetine</i>	Sivem	30	24.28 ➡	0.8092
02471523	<i>Auro-Atomoxetine</i>	AuroPharma	30	24.28 ➡	0.8092
			100	80.92 ➡	0.8092
02506858	<i>Jamp Atomoxetine</i>	Jamp	30	24.28 ➡	0.8092
02381060	<i>pms-Atomoxetine</i>	Phmscience	30	24.28 ➡	0.8092
			100	80.92 ➡	0.8092
02406004	<i>Riva-Atomoxetine</i>	Riva	30	24.28 ➡	0.8092
			100	80.92 ➡	0.8092
02386453	<i>Sandoz Atomoxetine</i>	Sandoz	30	24.28 ➡	0.8092
02314592	<i>Teva-Atomoxetine</i>	Teva Can	30	24.28 ➡	0.8092

AVAPRITINIB

Tab.			25 mg		
02551764	<i>Ayvakyt</i>	Medison	30	40300.80	1343.3600

Tab.			50 mg		
02551772	<i>Ayvakyt</i>	Medison	30	40300.80	1343.3600

Tab.			100 mg		
02551780	<i>Ayvakyt</i>	Medison	30	40300.80	1343.3600

Tab.			200 mg		
02551799	<i>Ayvakyt</i>	Medison	30	40300.80	1343.3600

AXITINIB

Tab.			1 mg		
02389630	<i>Inlyta</i>	Pfizer	60	1116.00	18.6000

Tab.			5 mg		
02389649	<i>Inlyta</i>	Pfizer	60	5580.00	93.0000

AZACITIDINE

Tab.			200 mg		
02510197	<i>Onureg</i>	Celgene	7	6664.00	952.0000

Tab.			300 mg		
02510200	<i>Onureg</i>	Celgene	7	9996.00	1428.0000

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

AZELAIC ACID

Top. Jel.

				15 %	
02270811	<i>Finacea</i>	Leo	50 g	30.00	0.6000

AZTREONAM

Inh. Sol.

				75 mg	
02329840	<i>Cayston</i>	Gilead	84	3561.51	42.3989

BARICITINIB

Tab.

				2 mg	
02480018	<i>Olumiant</i>	Lilly	30	1385.79	46.1930

BELIMUMAB

I.V. Perf. Pd.

				120 mg	
02370050	<i>Benlysta</i>	GSK	1	221.76	

I.V. Perf. Pd.

				400 mg	
02370069	<i>Benlysta</i>	GSK	1	739.20	

S.C. Inj. Sol. (pen)

				200 mg/ml (1 ml)	
02470489	<i>Benlysta</i>	GSK	4	1564.38	

BELUMOSUDIL (MESYLATE)

Tab.

				200 mg	
02526115	<i>Rezurock</i>	SanofiAven	30	11286.00	376.2000

BELZUTIFAN

Tab.

				40 mg	
02528908	<i>Welireg</i>	Merck	90	19199.70	213.3300

BENRALIZUMAB

S.C. Inj. Sol. (pen)

				30 mg/mL (1 mL)	
02496135	<i>Fasenra Pen</i>	AZC	1	3876.92	

S.C. Inj. Sol (syr)

				30 mg/mL (1 mL)	
02473232	<i>Fasenra</i>	AZC	1	3876.92	

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

BÉROTRALSTAT

Caps.

				150 mg	
02527693	<i>Orladeyo</i>	Biocryst	28	23800.00	850.0000

BIMEKIZUMAB (PLAQUE PSORIASIS)

S.C. Inj. Sol. (pen)

				160 mg/mL (1 mL)	
02525275	<i>Bimzelx</i>	U.C.B.	2	3250.00	1625.0000

S.C. Inj. Sol. (pen)

				160 mg /mL (2 mL)	
02553627	<i>Bimzelx</i>	U.C.B.	1	3250.00	

S.C. Inj. Sol. (syr)

				160 mg/mL (1 mL)	
02525267	<i>Bimzelx</i>	U.C.B.	2	3250.00	1625.0000

S.C. Inj. Sol. (syr)

				160 mg /mL (2 mL)	
02553619	<i>Bimzelx</i>	U.C.B.	1	3250.00	

BIMEKIZUMAB (PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS)

S.C. Inj. Sol. (pen)

				160 mg/mL (1 mL)	
99114459	<i>Bimzelx</i>	U.C.B.	2	3250.00	1625.0000

S.C. Inj. Sol. (syr)

				160 mg/mL (1 mL)	
99114458	<i>Bimzelx</i>	U.C.B.	2	3250.00	1625.0000

BINIMÉTINIB

Tab.

				15 mg	
02513080	<i>Mektovi</i>	Pfizer	180	6570.00	36.5000

BISACODYL

Ent. Tab.

				5 mg PPB	
02273411	<i>Bisacodyl-Odan</i>	Odan	100	4.05 ➡	0.0405
			1000	40.50 ➡	0.0405
02246039	<i>Jamp-Bisacodyl</i>	Jamp	100	4.05 ➡	0.0405

Supp.

				5 mg PPB	
02458845	<i>Bisacodyl</i>	Cellchem	10	4.27 ➡	0.4267
02410893	<i>Bisacodyl Suppository 5 mg</i>	Jamp	3	1.28 ➡	0.4267

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp.			10 mg PPB		
02520478	<i>AMB-Bisacodyl</i>	Ambicare	10	4.21	➡ 0.4206
			100	42.06	➡ 0.4206
02458853	<i>Bisacodyl</i>	Cellchem	10	4.21	➡ 0.4206
02361450	<i>Bisacodyl Suppository</i>	Jamp	100	42.06	➡ 0.4206

BORDERED ABSORPTIVE DRESSING - GELLING FIBRE

Dressing		100 cm ² to 200 cm ² (active surface)			
99101213	<i>Aquacel Foam (10 cm x 25 cm - 120 cm²)</i>	Convatec	5	40.50	8.1000
			10	81.00	8.1000
99101214	<i>Aquacel Foam (10 cm x 30 cm - 150 cm²)</i>	Convatec	5	50.62	10.1240
			10	101.24	10.1240
99100944	<i>Aquacel Foam (17.5 cm x 17.5 cm - 182 cm²)</i>	Convatec	10	112.08	11.2080
99113984	<i>Aquacel Foam Pro (15 cm x 15 cm - 121 cm²)</i>	Convatec	10	81.67	8.1670
99100469	<i>Versiva XC Adhesive (14cm x 14cm - 100 cm²)</i>	Convatec	10	70.51	7.0510
99100470	<i>Versiva XC Adhesive (19 cm x 19 cm - 196 cm²)</i>	Convatec	5	69.15	13.8300

Dressing		201 cm ² to 500 cm ² (active surface)			
99100942	<i>Aquacel Foam (21 cm x 21 cm - 289 cm²)</i>	Convatec	5	77.02	15.4040
99100943	<i>Aquacel Foam (25 cm x 30 cm - 456 cm²)</i>	Convatec	5	121.52	24.3040
99100471	<i>Versiva XC Adhesive (22 cm x 22 cm - 289 cm²)</i>	Convatec	5	93.49	18.6980

Dressing		Less than 100 cm ² (active surface)			
99100976	<i>Aquacel Foam (10 cm x 10 cm - 49 cm²)</i>	Convatec	10	41.70	4.1700
99101212	<i>Aquacel Foam (10 cm x 20 cm - 90 cm²)</i>	Convatec	5	38.25	7.6500
			10	76.50	7.6500
99100977	<i>Aquacel Foam (12.5 cm x 12.5 cm - 72 cm²)</i>	Convatec	10	61.20	6.1200
99101185	<i>Aquacel Foam (8 cm x 8 cm - 30 cm²)</i>	Convatec	10	25.50	2.5500
99113979	<i>Aquacel Foam Pro (10 cm x 10 cm - 42,25 cm²)</i>	Convatec	10	35.90	3.5900
99113983	<i>Aquacel Foam Pro (8 cm x 8 cm - 25 cm²)</i>	Convatec	10	21.25	2.1250
99100464	<i>Versiva XC Adhesive (10 cm x 10 cm - 49 cm²)</i>	Convatec	10	41.68	4.1680

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum		
99100945	<i>Aquacel Foam (16,9 cm x 20 cm - 115 cm²)</i>	Convatec	5	43.00	8.6000
99113981	<i>Aquacel Foam Pro (20 cm x 16,9 cm - 114,65 cm²)</i>	Convatec	5	42.99	8.5980
99113982	<i>Aquacel Foam Pro (24 cm x 21,5 cm - 168,04 cm²)</i>	Convatec	5	63.01	12.6020
99100465	<i>Versiva XC - Sacrum (21 cm x 25 cm - 218 cm²)</i>	Convatec	5	90.62	18.1240

BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing			100 cm ² to 200 cm ² (active surface)		
99100199	<i>3M Tegaderm Foam Adhesive Dressing (14.3cm x 14.3cm-100 cm²)</i>	3M	1	6.87	
99100854	<i>3M Tegaderm- Foam adhesive dressing 19cm x 22,2 cm-188cm²</i>	3M	5	55.00	11.0000
99001667	<i>Allevyn Adhesive (12.5 cm x 12.5 cm - 100 cm²)</i>	S. & N.	10	58.65	5.8650
99004585	<i>Allevyn Adhesive (12.5 cm x 22.5 cm - 200 cm²)</i>	S. & N.	10	110.18	11.0180
99100476	<i>Allevyn Gentle Border (12.5 cm x 12.5 cm - 100 cm²)</i>	S. & N.	10	59.00	5.9000
99100139	<i>Biatain Adhesive (18 cm x 18 cm - 196 cm²)</i>	Coloplast	5	52.92	10.5840
99100654	<i>Biatain Silicone (15 cm x 15 cm - 104 cm²)</i>	Coloplast	5	32.75	6.5500
99100742	<i>Biatain Silicone (17,5 cm x 17,5 cm - 156 cm²)</i>	Coloplast	5	48.95	9.7900
99005026	<i>Combiderm ACD (15 cm x 25 cm - 200 cm²)</i>	Convatec	1	12.00	
99100752	<i>Cutimed Siltec B (15 cm x 15 cm - 100 cm²)</i>	BSN Med	10	58.00	5.8000
99100753	<i>Cutimed Siltec B (17,5 cm x 17,5 cm - 144 cm²)</i>	BSN Med	5	43.61	8.7220
99110093	<i>Mepilex Border Flex (15 cm x 15 cm - 120 cm²)</i>	Mölnlycke	10	74.10	7.4100
99109793	<i>Mepilex Border Flex (15 cm x 20 cm - 175 cm²)</i>	Mölnlycke	10	108.10	10.8100
99114262	<i>Mepilex Border Flex Lite (15 cm x 15 cm - 121 cm²)</i>	Mölnlycke	5	24.85	4.9700
99100661	<i>Optifoam (15,2 cm x 15,2 cm - 131 cm²)</i>	Medline	100	440.30	4.4030
99101337	<i>UrgoTul Absorb Border (15 cm x 20 cm - 141 cm²)</i>	Urgo	10	87.20	8.7200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm ² to 500 cm ² (active surface)			
99001659	<i>Allevyn Adhesive (17,5 cm x 17,5 cm - 225 cm²)</i>	S. & N.	1	11.72	
99001896	<i>Allevyn Adhesive (22.5 cm x 22.5 cm - 400 cm²)</i>	S. & N.	1	22.41	
99100477	<i>Allevyn Gentle Border (17.5 cm x 17.5 cm - 225 cm²)</i>	S. & N.	10	118.00	11.8000
99114249	<i>Allevyn Life (21 cm x 21 cm - 211 cm²)</i>	S. & N.	10	109.77	10.9770
99004526	<i>Combiderm ACD (20 cm x 20 cm - 225 cm²)</i>	Convatec	5	51.54	10.3080
99100754	<i>Cutimed Siltec B (22,5 cm x 22,5 cm - 272 cm²)</i>	BSN Med	5	66.86	13.3720

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less than 100 cm ² (active surface)			
99100198	3M Tegaderm Foam Adhesive Dressing (10 cm x 11 cm - 46 cm ²)	3M	1	4.41	
99100197	3M Tegaderm Foam Adhesive Dressing (8.8 cm x 8.8 cm-25 cm ²)	3M	1	2.68	
99100853	3M Tegaderm- Foam adhesive dressing 14,3 x 15,6 - 86 cm ²	3M	5	26.15	5.2300
99001713	Allevyn Adhesive (7.5 cm x 7.5 cm - 25 cm ²)	S. & N.	10	24.14	2.4140
99100474	Allevyn Gentle Border (10 cm x 10 cm - 56 cm ²)	S. & N.	10	49.00	4.9000
99114245	Allevyn Life (10,3 cm x 10,3 cm - 23 cm ²)	S. & N.	10	19.86	1.9860
99114246	Allevyn Life (12,9 cm x 12,9 cm - 52 cm ²)	S. & N.	10	45.00	4.5000
99114247	Allevyn Life (15,4 cm x 15,4 cm - 93 cm ²)	S. & N.	10	57.00	5.7000
99100612	Biatain Adhesif (10 cm x 10 cm - 28,3 cm ²)	Coloplast	10	27.10	2.7100
99100613	Biatain Adhesif (7,5 cm x 7,5 cm - 12,6 cm ²)	Coloplast	10	12.10	1.2100
99100137	Biatain Adhesive (12.5 cm x 12.5 cm - 64 cm ²)	Coloplast	10	44.80	4.4800
99100820	Biatain Silicone (10 cm x 10 cm - 36 cm ²)	Coloplast	10	32.00	3.2000
99101375	Biatain Silicone (10 cm x 20 cm - 85,3 cm ²)	Coloplast	5	35.00	7.0000
99100653	Biatain Silicone (12,5 cm x 12,5 cm - 64 cm ²)	Coloplast	10	52.00	5.2000
99004968	Combiderm ACD (10 cm x 10 cm - 49 cm ²)	Convatec	1	3.20	
99001853	Combiderm ACD (13 cm x 13 cm - 81 cm ²)	Convatec	10	45.83	4.5830
99101205	Cutimed Siltec B (10 cm x 22,5 cm - 99 cm ²)	BSN Med	10	87.12	8.7120
99100751	Cutimed Siltec B (12,5 cm x 12,5 cm - 64 cm ²)	BSN Med	10	52.00	5.2000
99109593	Mepilex Border Flex (10 cm x 10 cm - 41 cm ²)	Mölnlycke	10	36.00	3.6000
99114263	Mepilex Border Flex (10 cm x 20 cm - 96 cm ²)	Mölnlycke	10	83.90	8.3900
99109693	Mepilex Border Flex (12,5 cm x 12,5 cm - 71 cm ²)	Mölnlycke	10	62.40	6.2400
99109893	Mepilex Border Flex (7,5 cm x 7,5 cm - 20 cm ²)	Mölnlycke	10	17.50	1.7500
99114261	Mepilex Border Flex Lite (10 cm x 10 cm - 42,25 cm ²)	Mölnlycke	5	14.85	2.9700
99114260	Mepilex Border Flex Lite (5 cm x 12,5 cm - 21,25 cm ²)	Mölnlycke	5	9.98	1.9960
99114259	Mepilex Border Flex Lite (7,5 cm x 7,5 cm - 20,25 cm ²)	Mölnlycke	5	8.80	1.7600
99100660	Optifoam (10,2 cm x 10,2 cm - 40 cm ²)	Medline	100	243.10	2.4310

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99101310	<i>UrgoTul Absorb Border</i> (10 cm x 10 cm - 36 cm ²)	Urgo	10	31.50	3.1500
99101309	<i>UrgoTul Absorb Border</i> (15 cm x 15 cm - 93 cm ²)	Urgo	10	61.80	6.1800

Dressing

Sacrum or triangular

99114250	<i>Allevyn Life Sacrum</i> (17,2 cm x 17,5 cm - 96 cm ²)	S. & N.	10	71.02	7.1020
99114251	<i>Allevyn Life Sacrum</i> (21,6 cm x 23 cm - 182 cm ²)	S. & N.	10	134.44	13.4440
99004259	<i>Allevyn Sacrum</i> (17 cm x 17 cm - 123 cm ²)	S. & N.	1	9.39	
99002957	<i>Allevyn Sacrum</i> (23 cm x 23 cm - 237 cm ²)	S. & N.	1	17.05	
99101315	<i>Biatain Adhesif Sacrum</i> (23 cm x 23 cm - 123 cm ²)	Coloplast	5	46.35	9.2700
99005018	<i>Combiderm ACD (Triangular)</i> 15 cm x 18 cm - 96 cm ²)	Convatec	1	8.62	
99100105	<i>Combiderm ACD (Triangular)</i> 20 cm x 22.5 cm - 216 cm ²)	Convatec	1	14.39	
99100447	<i>Mepilex Border Sacrum</i> (16 cm x 20 cm - 120 cm ²)	Mölnlycke	10	95.80	9.5800
99100448	<i>Mepilex Border Sacrum</i> (22 cm x 25 cm - 240 cm ²)	Mölnlycke	10	139.60	13.9600
99101316	<i>UrgoTul Absorb Border</i> (Sacrum) (20 cm x 20 cm - 154 cm ²)	Urgo	10	137.50	13.7500

Thin dr.

100 cm² to 200 cm² (active surface)

99100887	<i>Allevyn Gentle Border Lite</i> (15 cm x 15 cm - 146 cm ²)	S. & N.	10	59.95	5.9950
99101328	<i>Foam Lite Convatec</i> (15 cm x 15 cm - 121 cm ²)	Convatec	10	49.70	4.9700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.		Less than 100 cm ² (active surface)			
99100886	<i>Allevyn Gentle Border Lite (10 cm x 10 cm - 52 cm²)</i>	S. & N.	10	36.83	3.6830
99100885	<i>Allevyn Gentle Border Lite (5.5 cm x 12 cm - 27 cm²)</i>	S. & N.	10	25.69	2.5690
99100884	<i>Allevyn Gentle Border Lite (7.5 cm x 7.5 cm - 23 cm²)</i>	S. & N.	10	20.15	2.0150
99100952	<i>Biatain Silicone Lite (10 cm x 10 cm - 36 cm²)</i>	Coloplast	10	24.80	2.4800
99100890	<i>Biatain Silicone Lite (12.5 cm x 12.5 cm - 64 cm²)</i>	Coloplast	10	27.80	2.7800
99101211	<i>Biatain Silicone Lite (7,5 cm x 7,5 cm - 20 cm²)</i>	Coloplast	10	17.50	1.7500
99101327	<i>Foam Lite Convatec (10 cm x 10 cm - 42,25 cm²)</i>	Convatec	10	40.00	4.0000
99101893	<i>Foam Lite Convatec (10 cm x 20 cm - 97,5 cm²)</i>	Convatec	10	82.51	8.2510
99101329	<i>Foam Lite Convatec (5,5 cm x 12 cm - 24 cm²)</i>	Convatec	10	22.50	2.2500
99101326	<i>Foam Lite Convatec (8cm x 8 cm - 25 cm²)</i>	Convatec	10	23.67	2.3670

BORDERED ANTIMICROBIAL DRESSING - SILVER

Dressing		100 cm ² to 200 cm ² (active surface)			
99100453	<i>Allevyn Ag Adhesive (12.5 cm x 12.5 cm - 100 cm²)</i>	S. & N.	10	118.19	11.8190
99100564	<i>Allevyn Ag Gentle Border (12.5 cm x 12.5 cm - 100 cm²)</i>	S. & N.	10	118.19	11.8190
99101002	<i>Aquacel Ag Foam (17.5 cm x 17.5 cm - 182 cm²)</i>	Convatec	10	220.52	22.0520
99113835	<i>Biatain Silicone Ag (10 cm x 30 cm - 140 cm²)</i>	Coloplast	5	77.15	15.4300
99101274	<i>Biatain Silicone Ag (15 cm x 15 cm - 110 cm²)</i>	Coloplast	5	65.16	13.0320
99101277	<i>Biatain Silicone Ag (17,5 cm x 17,5 cm - 168 cm²)</i>	Coloplast	5	99.89	19.9780
99100799	<i>Mepilex Border Ag (10 cm x 25 cm - 99 cm²)</i>	Mölnlycke	1	15.67	
99100712	<i>Mepilex Border Ag (15 cm x 15 cm - 121 cm²)</i>	Mölnlycke	1	13.87	
99100713	<i>Mepilex Border Ag (15 cm x 20 cm - 168 cm²)</i>	Mölnlycke	1	19.86	

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

Dressing

201 cm² to 500 cm² (active surface)

99100454	<i>Allevyn Ag Adhesive (17.5 cm x 17.5 cm - 225 cm²)</i>	S. & N.	10	276.70	27.6700
99100565	<i>Allevyn Ag Gentle Border (17.5 cm x 17.5 cm - 225 cm²)</i>	S. & N.	10	276.70	27.6700
99101007	<i>Aquacel Ag Foam (21 cm x 21 cm - 289 cm²)</i>	Convatec	5	177.74	35.5480
99101008	<i>Aquacel Ag Foam (25 cm x 30 cm - 456 cm²)</i>	Convatec	5	280.44	56.0880

Dressing

Less than 100 cm² (active surface)

99100449	<i>Allevyn Ag Adhesive (7.5 cm x 7.5 cm - 25 cm²)</i>	S. & N.	10	53.00	5.3000
99100563	<i>Allevyn Ag Gentle Border (7.5 cm x 7.5 cm - 25 cm²)</i>	S. & N.	10	53.00	5.3000
99101003	<i>Aquacel Ag Foam (10 cm x 10 cm - 49 cm²)</i>	Convatec	10	81.88	8.1880
99101091	<i>Aquacel Ag Foam (12.5 cm x 12.5 cm - 72 cm²)</i>	Convatec	10	120.31	12.0310
99101092	<i>Aquacel Ag Foam (8 cm x 8 cm - 32 cm²)</i>	Convatec	10	53.47	5.3470
99100926	<i>Biatain Silicone Ag (10 cm x 10 cm - 30 cm²)</i>	Coloplast	5	24.75	4.9500
99113834	<i>Biatain Silicone Ag (10 cm x 20 cm - 85 cm²)</i>	Coloplast	5	68.20	13.6400
99100927	<i>Biatain Silicone Ag (12,5 cm x 12,5 cm - 64 cm²)</i>	Coloplast	5	50.55	10.1100
99100710	<i>Mepilex Border Ag (10 cm x 10 cm - 42 cm²)</i>	Mölnlycke	1	6.94	
99100798	<i>Mepilex Border Ag (10 cm x 20 cm - 96 cm²)</i>	Mölnlycke	1	13.88	
99100711	<i>Mepilex Border Ag (7,5 cm x 7,5 cm - 25 cm²)</i>	Mölnlycke	1	4.67	
99100662	<i>Optifoam Ag Adhesive (10 cm x 10 cm - 40 cm²)</i>	Medline	100	433.00	4.3300

Dressing

Sacrum or triangular

99113836	<i>Biatain Silicone Ag Sacrum (15 cm x 19 cm - 153 cm²)</i>	Coloplast	5	78.55	15.7100
99113837	<i>Biatain Silicone Ag Sacrum (25 cm x 25 cm - 289 cm²)</i>	Coloplast	5	146.20	29.2400

BORDERED MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing

100 cm² to 200 cm² (active surface)

00907707	<i>DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)</i>	Convatec	1	4.39	

Dressing

201 cm² to 500 cm² (active surface)

00907715	<i>DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)</i>	Convatec	1	11.35	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
Less than 100 cm ² (active surface)					
00907804	<i>DuoDERM CGF Border</i> (10 cm x 10 cm - 36 cm ²)	Convatec	1	2.31	

BOSENTAN

Tab.

62.5 mg **PPB**

02467984	<i>NAT-Bosentan</i>	Natco	56	898.50	➡	16.0446
			60	962.68	➡	16.0446
02383012	<i>pms-Bosentan</i>	Phmscience	60	962.68	➡	16.0446
02483130	<i>Taro-Bosentan</i>	Taro	60	962.68	➡	16.0446
02244981	<i>Tracleer</i>	Janss. Inc	56	3594.00		64.1786

Tab.

125 mg **PPB**

02467992	<i>NAT-Bosentan</i>	Natco	56	898.50	➡	16.0446
			60	962.68	➡	16.0446
02383020	<i>pms-Bosentan</i>	Phmscience	60	962.68	➡	16.0446
02483149	<i>Taro-Bosentan</i>	Taro	60	962.68	➡	16.0446
02244982	<i>Tracleer</i>	Janss. Inc	56	3594.00		64.1786

BRIGATINIB

Kit (solid oral)

90 mg (7 tab.) - 180 mg (21 tab.)

02479230	<i>Alunbrig</i>	Takeda	1	9435.00		

Tab.

30 mg

02479206	<i>Alunbrig</i>	Takeda	28	3145.00		112.3214

Tab.

90 mg

02479214	<i>Alunbrig</i>	Takeda	28	9435.00		336.9643

Tab.

180 mg

02479222	<i>Alunbrig</i>	Takeda	28	9435.00		336.9643

BRIVARACÉTAM

Tab.

10 mg **PPB**

02538679	<i>Apo-Brivaracetam</i>	Apotex	60	142.56	➡	2.3760
02452936	<i>Brivlera</i>	U.C.B.	60	259.20		4.3200

Tab.

25 mg **PPB**

02538687	<i>Apo-Brivaracetam</i>	Apotex	60	142.56	➡	2.3760
02452944	<i>Brivlera</i>	U.C.B.	60	259.20		4.3200

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

Tab.			50 mg PPB		
02538695	<i>Apo-Brivaracetam</i>	Apotex	60	129.60	➡ 2.1600
02539292	<i>Auro-Brivaracetam</i>	AuroPharma	60	129.60	➡ 2.1600
02452952	<i>Brivlera</i>	U.C.B.	60	259.20	4.3200

Tab.			75 mg PPB		
02538709	<i>Apo-Brivaracetam</i>	Apotex	60	142.56	➡ 2.3760
02452960	<i>Brivlera</i>	U.C.B.	60	259.20	4.3200

Tab.			100 mg PPB		
02538717	<i>Apo-Brivaracetam</i>	Apotex	60	129.60	➡ 2.1600
02539306	<i>Auro-Brivaracetam</i>	AuroPharma	60	129.60	➡ 2.1600
02452979	<i>Brivlera</i>	U.C.B.	60	259.20	4.3200

BRODALUMAB

S.C. Inj. Sol.			140 mg/mL (1,5 mL)		
02473623	<i>Siliq (syringe)</i>	Bausch H.	2	1290.00	645.0000

BUPRENORPHINE

S.C. Inj. Sol (syr)			100 mg/0,5 mL		
02483084	<i>Sublocade</i>	Indivior	1	550.00	

S.C. Inj. Sol (syr)			300 mg/1,5 mL		
02483092	<i>Sublocade</i>	Indivior	1	550.00	

BUROSUMAB

S.C. Inj. Sol.			10 mg/mL (1 mL)		
02483629	<i>Crysvita</i>	Kyowa	1	4514.94	

S.C. Inj. Sol.			20 mg/mL (1 mL)		
02483637	<i>Crysvita</i>	Kyowa	1	9029.90	

S.C. Inj. Sol.			30 mg/mL (1 mL)		
02483645	<i>Crysvita</i>	Kyowa	1	13544.84	

CABERGOLINE

Tab.			0.5 mg PPB		
02455897	<i>Apo-Cabergoline</i>	Apotex	8	58.33	➡ 7.2907
02242471	<i>Dostinex</i>	Paladin	8	105.72	13.2150
02549611	<i>JAMP Cabergoline</i>	Jamp	8	58.33	➡ 7.2907

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

CABOZANTINIB MALATE

Tab.

				20 mg	
02480824	<i>Cabometyx</i>	Ipsen	30	8799.90	293.3300

Tab.

				40 mg	
02480832	<i>Cabometyx</i>	Ipsen	30	8799.90	293.3300

Tab.

				60 mg	
02480840	<i>Cabometyx</i>	Ipsen	30	8799.90	293.3300

CALCIPOTRIOL/ BETAMETHASONE DIPROPIONATE

Top. Foam

				50 mcg/g -0.5 mg/g	
02457393	<i>Enstilar</i>	Leo	60 g	84.22	

Top. Jel.

				50 mcg/g -0.5 mg/g	PPB	
02319012	<i>Dovobet Gel</i>	Leo	80 g	105.14		1.3143
02525178	<i>Taro-Calcipotriol/ Betamethasone Gel</i>	Taro	60 g	71.59	➡	1.1932

Top. Oint.

				50 mcg/g -0.5 mg/g	PPB	
02244126	<i>Dovobet</i>	Leo	120 g	151.60		1.2633
02427419	<i>Teva-Betamethasone/ Calcipotriol</i>	Teva Can	60 g	64.43	➡	1.0738
			120 g	128.86	➡	1.0738

CALCIUM CARBONATE

Oral foam

				500 mg/6 g	
80057859	<i>Pluscal</i>	Medelys	180 g	13.50	

CALCIUM CITRATE

Oral Pd.

				500 mg/sachet	
80104213	<i>MCal Citrate powder</i>	Mantra Ph.	30	32.50	1.0833

Oral Sol.

				500 mg/15 mL	PPB	
80106659	<i>AG-Calcium Citrate Liquid</i>	Angita	450 ml	32.50	➡	0.0722
80068122	<i>Jamp-Calcium Citrate liq</i>	Jamp	450 ml	32.50	➡	0.0722
80054756	<i>MCal Citrate liquide</i>	Mantra Ph.	450 ml	32.50	➡	0.0722

CALCIUM CITRATE/VITAMIN D

Oral Pd.

				500 mg - 1 000 UI/sachet	
80106098	<i>MCal Citrate Powder D 1000</i>	Mantra Ph.	30	34.50	1.1500

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

Oral Sol.

500 mg - 400 UI/15 mL

80007347	<i>Jamp Calcium Citrate Liq. D400</i>	Jamp	450 ml	34.50	0.0767

Oral Sol.

500 mg - 1000 UI/15 mL **PPB**

80106657	<i>AG-Calcium Citrate Liquid D 1000</i>	Angita	450 ml	34.50	➡	0.0767
80068124	<i>Jamp-Calcium Citrate liq D1000</i>	Jamp	450 ml	34.50	➡	0.0767
80049201	<i>MCal Citrate liquide D1000</i>	Mantra Ph.	450 ml	34.50	➡	0.0767

CALCIUM GLUCONATE/CALCIUM LACTATE

Oral Sol.

100 mg/5 mL **PPB**

80113740	<i>AG-Calcium Liquid</i>	Angita	350 ml	15.60	➡	0.0446
80104220	<i>Gluco Cal</i>	Altamed	350 ml	15.60	➡	0.0446
80096222	<i>Jamp Lactogluconate Calcium</i>	Jamp	350 ml	15.60	➡	0.0446
99100833	<i>SoluCAL (all flavours)</i>	Orimed	350 ml	15.60	➡	0.0446
			1500 ml	66.06	➡	0.0440

CALCIUM GLUCONATE/CALCIUM LACTATE/VITAMIN D

Oral Sol.

500 mg - 400 UI/25 mL **PPB**

80094870	<i>Jamp Lactogluconate Calcium + Vitamine D 400</i>	Jamp	350 ml	16.33	➡	0.0467
99100830	<i>SoluCAL D (all flavours)</i>	Orimed	350 ml	16.33	➡	0.0467
			1500 ml	69.99	➡	0.0467

Oral Sol.

500 mg - 1000 UI/25ml **PPB**

80094869	<i>Jamp Lactogluconate Calcium + Vitamine D 1000</i>	Jamp	350 ml	16.33	➡	0.0467
99101332	<i>Solucal D+1000 (all flavours)</i>	Orimed	350 ml	16.33	➡	0.0467
			700 ml	32.69	➡	0.0467

CANAGLIFLOZINE

Tab.

100 mg **PPB**

+	02564556	<i>Apo-Canagliflozin</i>	Apotex	30	21.68	➡	0.7228
				100	72.28	➡	0.7228
*	02510367	<i>Auro-Canagliflozin</i>	AuroPharma	30	21.68	➡	0.7228
				500	361.40	➡	0.7228
	02425483	<i>Invokana</i>	Janss. Inc	30	78.53		2.6177
*	02543486	<i>JAMP Canagliflozin</i>	Jamp	30	21.68	➡	0.7228
				100	72.28	➡	0.7228

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

Tab.

300 mg **PPB**

+	02564564	<i>Apo-Canagliflozin</i>	Apotex	30	22.55	➡	0.7515
				100	75.15	➡	0.7515
*	02510375	<i>Auro-Canagliflozin</i>	AuroPharma	30	22.55	➡	0.7515
				500	375.75	➡	0.7515
	02425491	<i>Invokana</i>	Janss. Inc	30	78.53		2.6177
*	02543494	<i>JAMP Canagliflozin</i>	Jamp	30	22.55	➡	0.7515
				100	75.15	➡	0.7515

CANNABIDIOL

Oral Sol.

100 mg /mL (100 mL)

02543079	<i>Epidiolex</i>	Jazz	1	1424.54	

CAPIVASERTIB

Tab.

160 mg

02544733	<i>Truqap</i>	AZC	64	9446.40	147.6000

Tab.

200 mg

02544741	<i>Truqap</i>	AZC	64	9446.40	147.6000

CARBOXYMETHYLCELLULOSE SODIUM

Oph. Sol.

0.5 % (0.4 mL)

02049260	<i>Refresh plus</i>	AbbVie	30	8.85	0.2950

Oph. Sol.

1 % (0.4 mL)

00870153	<i>Refresh Celluvisc</i>	AbbVie	30	9.58	0.3193

CARBOXYMETHYLCELLULOSE SODIUM/ PURITE

Oph. Sol.

0.5 %

02231008	<i>Refresh tears</i>	AbbVie	15 ml	6.25	

CARIPRAZINE

Caps.

1.5 mg

02526794	<i>Vraylar</i>	AbbVie	30	147.00	4.9000

Caps.

3 mg

02526808	<i>Vraylar</i>	AbbVie	30	147.00	4.9000

Caps.

4.5 mg

02526816	<i>Vraylar</i>	AbbVie	30	147.00	4.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.					
02526824	Vraylar	AbbVie	30	6 mg 147.00	4.9000

CASPOFUNGIN ACETATE

I.V. Inj. Pd.

50 mg **PPB**

02244265	Cancidas	Merck	1	222.00	
02486989	Caspofongine pour injection	Fresenius	1	➡ 166.50	
02460947	Caspofongine pour injection	Juno	1	➡ 166.50	

I.V. Inj. Pd.

70 mg **PPB**

02244266	Cancidas	Merck	1	222.00	
02486997	Caspofongine pour injection	Fresenius	1	➡ 166.50	
02460955	Caspofongine pour injection	Juno	1	➡ 166.50	

CEFTOBIPROLE

I.V. Perf. Pd.

500 mg

02446685	Zevtera	Avir	1	58.40	
			10	584.00	58.4000

CEFTOLOZANE SULFATE/TAZOBACTAM SODIUM

I.V. Inj. Pd.

1 g - 0.5 g

02446901	Zerbaxa	Merck	10	1366.30	136.6300

CENOAMATE

Tab.

12.5 mg

02538652	Xcopri	Knight	30	264.00	8.8000

Tab.

12,5 mg (14 co.) - 25 mg (14 co.)

02538776	Xcopri (Starter Kit)	Knight	28	246.40	8.8000

Tab.

25 mg

02538660	Xcopri	Knight	30	264.00	8.8000

Tab.

50 mg

02538725	Xcopri	Knight	30	264.00	8.8000

Tab.

50 mg (14 co.) - 100 mg (14 co.)

02538784	Xcopri (Starter Kit)	Knight	28	246.40	8.8000

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

Tab.			100 mg		
02538733	<i>Xcopri</i>	Knight	30	264.00	8.8000

Tab.			150 mg		
02538741	<i>Xcopri</i>	Knight	30	264.00	8.8000

Tab.			150 mg (14 co.) - 200 mg (14 co.)		
02538792	<i>Xcopri (Starter Kit)</i>	Knight	28	246.40	8.8000

Tab.			200 mg		
02538768	<i>Xcopri</i>	Knight	30	264.00	8.8000

CERITINIB

Caps.			150 mg		
02436779	<i>Zykadia</i>	Novartis	150	7800.00	52.0000

CERTOLIZUMAB PEGOL

S.C. Inj. Sol. (pen)			200 mg/ml (1 ml)		
02465574	<i>Cimzia</i>	U.C.B.	2	1262.56	631.2800

S.C. Inj. Sol (syr)			200 mg/ml (1 ml)		
02331675	<i>Cimzia</i>	U.C.B.	2	1262.56	631.2800

CHORIOGONADOTROPIN ALFA

S.C. Inj. Sol. (pen)			250 mcg/0.5 mL		
02371588	<i>Ovidrel</i>	Serono	1	72.00	

S.C. Inj. Sol (syr)			250 mcg		
02262088	<i>Ovidrel</i>	Serono	1	72.00	

CINACALCET HYDROCHLORIDE

Tab.			30 mg PPB		
02452693	<i>Apo-Cinacalcet</i>	Apotex	30	82.25 ➡	2.7418
02478900	<i>Auro-Cinacalcet</i>	AuroPharma	30	82.25 ➡	2.7418
02524880	<i>Cinacalcet</i>	Sanis	30	82.25 ➡	2.7418
02500094	<i>Jamp Cinacalcet</i>	Jamp	30	82.25 ➡	2.7418
02480298	<i>Mar-Cinacalcet</i>	Marcan	30	82.25 ➡	2.7418
02481987	<i>M-Cinacalcet</i>	Mantra Ph.	30	82.25 ➡	2.7418
02434539	<i>Mylan-Cinacalcet</i>	Mylan	30	82.25 ➡	2.7418
02517604	<i>pms-Cinacalcet</i>	Phmscience	30	82.25 ➡	2.7418
02441624	<i>Teva-Cinacalcet</i>	Teva Can	30	82.25 ➡	2.7418

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

Tab.

60 mg **PPB**

02452707	<i>Apo-Cinacalcet</i>	Apotex	30	149.99 ➡	4.9995
02478919	<i>Auro-Cinacalcet</i>	AuroPharma	30	149.99 ➡	4.9995
02500108	<i>Jamp Cinacalcet</i>	Jamp	30	149.99 ➡	4.9995
02480301	<i>Mar-Cinacalcet</i>	Marcan	30	149.99 ➡	4.9995
02481995	<i>M-Cinacalcet</i>	Mantra Ph.	30	149.99 ➡	4.9995
02434547	<i>Mylan-Cinacalcet</i>	Mylan	30	149.99 ➡	4.9995
02517612	<i>pms-Cinacalcet</i>	Phmscience	30	149.99 ➡	4.9995
02441632	<i>Teva-Cinacalcet</i>	Teva Can	30	149.99 ➡	4.9995

Tab.

90 mg **PPB**

02452715	<i>Apo-Cinacalcet</i>	Apotex	30	218.26 ➡	7.2752
02478943	<i>Auro-Cinacalcet</i>	AuroPharma	30	218.26 ➡	7.2752
02500116	<i>Jamp Cinacalcet</i>	Jamp	30	218.26 ➡	7.2752
02480328	<i>Mar-Cinacalcet</i>	Marcan	30	218.26 ➡	7.2752
02482002	<i>M-Cinacalcet</i>	Mantra Ph.	30	218.26 ➡	7.2752
02434555	<i>Mylan-Cinacalcet</i>	Mylan	30	218.26 ➡	7.2752
02517620	<i>pms-Cinacalcet</i>	Phmscience	30	218.26 ➡	7.2752
02441640	<i>Teva-Cinacalcet</i>	Teva Can	30	218.26 ➡	7.2752

CLADRIBINE

Tab.

10 mg **PPB**

* 02553295	<i>Apo-Cladribine</i>	Apotex	1 ➡	1606.00	
			4 ➡	6424.00 ➡	1606.0000
+ 02566443	<i>Auro-Cladribine</i>	AuroPharma	1 ➡	1606.00	
			4 ➡	6424.00 ➡	1606.0000
02470179	<i>Mavenclad</i>	Serono	1	3082.70	
			4	12330.80	3082.7000

CLINDAMYCIN PHOSPHATE

Vag. Cr.

20 mg/g

02060604	<i>Dalacin</i>	Paladin	40 g	26.26	

COBIMETINIB

Tab.

20 mg

02452340	<i>Cotellic</i>	Roche	63	7567.00	120.1111

CODEINE PHOSPHATE

Syr.

25 mg/5 mL

00050024	<i>Codeine</i>	Atlas	500 ml	31.39	0.0628

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

**COLESEVELAM (CHLORHYDRATE DE) **

Tab.

 625 mg **PPB**

02494051	<i>Apo-Colesevelam</i>	Apotex	180	106.76	➡ 0.5931
02373955	<i>Lodalis</i>	Bausch H.	180	198.00	1.1000

**COLLAGENASE **

Top. Oint.

250 U/g

02063670	<i>Santyl</i>	S. & N.	30 g	87.50	2.9167

**CRIZOTINIB **

Caps.

200 mg

02384256	<i>Xalkori</i>	Pfizer	60	7800.00	130.0000

Caps.

250 mg

02384264	<i>Xalkori</i>	Pfizer	60	7800.00	130.0000

**CROVALIMAB **

Inj. Sol.

170 mg/mL (2 mL)

02558262	<i>Piasky</i>	Roche	1	15980.00	

CYANOCOBALAMIN

L.A. Tab.

 1200 mcg **PPB**

80106052	<i>AG-Vitamin B12 ER</i>	Angita	500	52.50	➡ 0.1050
80075338	<i>Alta-B12</i>	Altamed	500	52.50	➡ 0.1050
80025207	<i>Beduzil</i>	Orimed	500	52.50	➡ 0.1050
80091185	<i>Bio-Vitamine B12</i>	Biomed	500	52.50	➡ 0.1050
80126981	<i>i-Vitamin B12 ER</i>	InfoPharma	500	52.50	➡ 0.1050
80021427	<i>Jamp-Vitamin B12 L.A.</i>	Jamp	500	52.50	➡ 0.1050
80042834	<i>M-B12 1200 mcg L.A.</i>	Mantra Ph.	500	52.50	➡ 0.1050
80062941	<i>Opus Vitamine B12 L.A.</i>	Opus	500	52.50	➡ 0.1050
80091214	<i>Riva-Vitamin B12</i>	Riva	500	52.50	➡ 0.1050

L.A. Tab.

1500 mcg

80043158	<i>Beduzil 1500</i>	Orimed	500	52.50	0.1050

Oral Sol.

 200 mcg/mL **PPB**

+	80111636	<i>Euro-Vitamin B12</i>	Euro-Pharm	350 ml	4.55 ➡ 0.0130
*	80026092	<i>Jamp-Vitamine B12</i>	Jamp	350 ml	4.55 ➡ 0.0130

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

CYCLOSPORINE

Oph. Emuls.

0.05 %

02476835	<i>Restasis MultiDose</i>	AbbVie	7 ml	183.62	

Oph. Emuls. (single dose)

0.05 % (0.4 mL) **PPB**

02355655	<i>Restasis</i>	AbbVie	30	49.99	➡ 1.6663
			60	219.12	➡ 3.6520
02462486	<i>Teva-Cyclosporine</i>	Teva Can	30	49.99	➡ 1.6663

Oph. Emuls. (single dose)

0,1 % (0,3 mL)

02484137	<i>Verkazia</i>	Apotex	30	110.00	3.6667

CYSTEAMINE

Oph. Sol.

0.37 %

02485605	<i>Cystadrops</i>	RRDC	5 ml	1986.00	

CYSTEAMINE BITARTRATE

L.A. Caps.

25 mg

02464705	<i>Procysbi</i>	Amgen	60	357.22	5.9537

L.A. Caps.

75 mg

02464713	<i>Procysbi</i>	Amgen	250	4465.25	17.8610

DABIGATRAN ETEXILATE

Caps.

110 mg **PPB**

02468905	<i>Apo-Dabigatran</i>	Apotex	60	75.24	➡ 1.2540
02312441	<i>Pradaxa</i>	Bo. Ing.	60	96.00	1.6000

Caps.

150 mg **PPB**

02468913	<i>Apo-Dabigatran</i>	Apotex	60	75.24	➡ 1.2540
02358808	<i>Pradaxa</i>	Bo. Ing.	60	96.00	1.6000

DABRAFÉNIB MESYLATE

Caps.

50 mg

02409607	<i>Tafinlar</i>	Novartis	120	5066.67	42.2223

Caps.

75 mg

02409615	<i>Tafinlar</i>	Novartis	120	7600.00	63.3333

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

**DALBAVANCIN (HYDROCHLORIDE) **

I.V. Perf. Pd.

500 mg

02480522	<i>Xydalba</i>	Paladin	1	957.17	

**DAPAGLIFLOZIN **

Tab.

5 mg **PPB**

02533049	<i>AG-Dapagliflozin</i>	Angita	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02527189	<i>Apo-Dapagliflozin</i>	Apotex	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02531402	<i>Auro-Dapagliflozin</i>	AuroPharma	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
+ 02561328	<i>Dapagliflozin</i>	Sanis	100	68.25	➡	0.6825
02435462	<i>Forxiga</i>	AZC	30	73.50		2.4500
02519852	<i>GLN-Dapagliflozin</i>	Glenmark	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
02531364	<i>JAMP Dapagliflozin</i>	Jamp	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02535297	<i>M-Dapagliflozin</i>	Mantra Ph.	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02538334	<i>NRA-Dapagliflozin</i>	Nora	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
02531550	<i>pms-Dapagliflozin</i>	Phmscience	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02537656	<i>Pro-Dapagliflozin</i>	Pro Doc	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02528975	<i>Riva-Dapagliflozin</i>	Riva	30	20.48	➡	0.6825
			180	122.85	➡	0.6825
02518732	<i>Sandoz Dapagliflozin</i>	Sandoz	30	20.48	➡	0.6825
			100	68.25	➡	0.6825

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

Tab.

10 mg **PPB**

02533057	<i>AG-Dapagliflozin</i>	Angita	30	20.48	➡	0.6825
			500	341.25	➡	0.6825
02527197	<i>Apo-Dapagliflozin</i>	Apotex	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02531410	<i>Auro-Dapagliflozin</i>	AuroPharma	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
+ 02561336	<i>Dapagliflozin</i>	Sanis	500	341.25	➡	0.6825
02435470	<i>Forxiga</i>	AZC	30	73.50		2.4500
02519860	<i>GLN-Dapagliflozin</i>	Glenmark	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
02531372	<i>JAMP Dapagliflozin</i>	Jamp	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02535300	<i>M-Dapagliflozin</i>	Mantra Ph.	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02538342	<i>NRA-Dapagliflozin</i>	Nora	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
02531569	<i>pms-Dapagliflozin</i>	Phmscience	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02537664	<i>Pro-Dapagliflozin</i>	Pro Doc	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
02528983	<i>Riva-Dapagliflozin</i>	Riva	30	20.48	➡	0.6825
			180	122.85	➡	0.6825
02518740	<i>Sandoz Dapagliflozin</i>	Sandoz	30	20.48	➡	0.6825
			100	68.25	➡	0.6825

**DAPAGLIFLOZIN (HEART FAILURE, EJECTION FRACTION >40%) **

Tab.

5 mg **PPB**

99114560	<i>AG-Dapagliflozin</i>	Angita	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114539	<i>Apo-Dapagliflozin</i>	Apotex	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114562	<i>JAMP Dapagliflozin</i>	Jamp	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114564	<i>M-Dapagliflozin</i>	Mantra Ph.	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114577	<i>NRA-Dapagliflozin</i>	Nora	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
99114543	<i>pms-Dapagliflozin</i>	Phmscience	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114559	<i>Pro-Dapagliflozin</i>	Pro Doc	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114570	<i>Riva-Dapagliflozin</i>	Riva	30	20.48	➡	0.6825
			180	122.85	➡	0.6825
99114568	<i>Sandoz Dapagliflozin</i>	Sandoz	30	20.48	➡	0.6825
			100	68.25	➡	0.6825

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

Tab.

10 mg **PPB**

99114561	<i>AG-Dapagliflozin</i>	Angita	30	20.48	➡	0.6825
			500	341.25	➡	0.6825
99114540	<i>Apo-Dapagliflozin</i>	Apotex	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114563	<i>JAMP Dapagliflozin</i>	Jamp	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114565	<i>M-Dapagliflozin</i>	Mantra Ph.	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114576	<i>NRA-Dapagliflozin</i>	Nora	30	20.48	➡	0.6825
			90	61.43	➡	0.6825
99114541	<i>pms-Dapagliflozin</i>	Phmscience	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114558	<i>Pro-Dapagliflozin</i>	Pro Doc	30	20.48	➡	0.6825
			100	68.25	➡	0.6825
99114569	<i>Riva-Dapagliflozin</i>	Riva	30	20.48	➡	0.6825
			180	122.85	➡	0.6825
99114567	<i>Sandoz Dapagliflozin</i>	Sandoz	30	20.48	➡	0.6825
			100	68.25	➡	0.6825

DAPAGLIFLOZIN/METFORMIN (HYDROCHLORIDE)

Tab.

5 mg -850 mg **PPB**

02536153	<i>Apo-Dapagliflozin-Metformin</i>	Apotex	60	38.59	➡	0.6432
			60	38.59	➡	0.6432
			500	321.60	➡	0.6432
02449935	<i>Xigduo</i>	AZC	60	73.50		1.2250

Tab.

5 mg -1000 mg **PPB**

02536161	<i>Apo-Dapagliflozin-Metformin</i>	Apotex	60	38.59	➡	0.6432
			60	38.59	➡	0.6432
			100	64.32	➡	0.6432
02449943	<i>Xigduo</i>	AZC	60	73.50		1.2250

DARBEOETINE ALFA

Syringe

10 mcg/0.4 mL

02392313	<i>Aranesp</i>	Amgen	4	107.20		26.8000

Syringe

20 mcg/0.5 mL

02392321	<i>Aranesp</i>	Amgen	4	214.40		53.6000

Syringe

30 mcg/0.3 mL

02392348	<i>Aranesp</i>	Amgen	4	321.60		80.4000

Syringe

40 mcg/0.4 mL

02391740	<i>Aranesp</i>	Amgen	4	428.80		107.2000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe					
02391759	<i>Aranesp</i>	Amgen	4	536.00	134.0000
50 mcg/0.5 mL					

Syringe					
02392356	<i>Aranesp</i>	Amgen	4	643.20	160.8000
60 mcg/0.3 mL					

Syringe					
02391767	<i>Aranesp</i>	Amgen	4	857.60	214.4000
80 mcg/0.4 mL					

Syringe					
02391775	<i>Aranesp</i>	Amgen	4	1072.00	268.0000
100 mcg/0.5 mL					

Syringe					
02391783	<i>Aranesp</i>	Amgen	4	1393.60	348.4000
130 mcg/0.65 mL					

Syringe					
02391791	<i>Aranesp</i>	Amgen	4	1608.00	402.0000
150 mcg/0.3 mL					

Syringe					
02391805	<i>Aranesp</i>	Amgen	1	536.00	
200 mcg/0.4 mL					

Syringe					
02391821	<i>Aranesp</i>	Amgen	1	828.00	
300 mcg/0.6 mL					

Syringe					
02392364	<i>Aranesp</i>	Amgen	1	1380.00	
500 mcg/1.0 mL					

DAROLUTAMIDE

Tab.					
02496348	<i>Nubeqa</i>	Bayer	120	3401.28	28.3440
300 mg					

DARUNAVIR

Tab.					
600 mg PPB					
02487241	<i>Apo-Darunavir</i>	Apotex	60	257.82	➡ 4.2970
02486121	<i>Auro-Darunavir</i>	AuroPharma	60	257.82	➡ 4.2970
02521342	<i>Darunavir</i>	Jamp	60	257.82	➡ 4.2970
02522284	<i>M-Darunavir</i>	Mantra Ph.	60	257.82	➡ 4.2970

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

DASATINIB

Tab.

 20 mg **PPB**

02470705	<i>Apo-Dasatinib</i>	Apotex	30	290.14	➡ 9.6713
02514737	<i>Reddy-Dasatinib</i>	Dr Reddy's	60	580.28	➡ 9.6713
02293129	<i>Sprycel</i>	B.M.S.	60	2195.08	36.5847
02499282	<i>Taro-Dasatinib</i>	Taro	60	580.28	➡ 9.6713
02478307	<i>Teva-Dasatinib</i>	Teva Can	30	290.14	➡ 9.6713
			60	580.28	➡ 9.6713

Tab.

 50 mg **PPB**

02470713	<i>Apo-Dasatinib</i>	Apotex	30	583.93	➡ 19.4642
02514745	<i>Reddy-Dasatinib</i>	Dr Reddy's	60	1167.85	➡ 19.4642
02293137	<i>Sprycel</i>	B.M.S.	60	4390.13	73.1688
02499304	<i>Taro-Dasatinib</i>	Taro	60	1167.85	➡ 19.4642
02478315	<i>Teva-Dasatinib</i>	Teva Can	30	583.93	➡ 19.4642
			60	1167.85	➡ 19.4642

Tab.

 70 mg **PPB**

02481499	<i>Apo-Dasatinib</i>	Apotex	30	643.53	➡ 21.4511
02514753	<i>Reddy-Dasatinib</i>	Dr Reddy's	60	1287.07	➡ 21.4511
02293145	<i>Sprycel</i>	B.M.S.	60	4841.45	80.6908
02499312	<i>Taro-Dasatinib</i>	Taro	60	1287.07	➡ 21.4511
02478323	<i>Teva-Dasatinib</i>	Teva Can	30	643.53	➡ 21.4511
			60	1287.07	➡ 21.4511

Tab.

 100 mg **PPB**

02470721	<i>Apo-Dasatinib</i>	Apotex	30	1167.06	➡ 38.9021
02514788	<i>Reddy-Dasatinib</i>	Dr Reddy's	30	1167.06	➡ 38.9021
02320193	<i>Sprycel</i>	B.M.S.	30	4390.13	146.3377
02499339	<i>Taro-Dasatinib</i>	Taro	30	1167.06	➡ 38.9021
02478358	<i>Teva-Dasatinib</i>	Teva Can	30	1167.06	➡ 38.9021

DEUCRAVACITINIB

Tab.

6 mg

02533030	<i>Sotyktu</i>	B.M.S.	28	1104.60	39.4500
			90	3550.50	39.4500

DEXAMETHASONE

Implant intravitreal

0.7 mg

02363445	<i>Ozurdex</i>	AbbVie	1	1295.00	

DEXCOM G6 SENSOR

Sensor

99113874	<i>Dexcom G6</i>	Dexcom	3	299.00	99.6667

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

DEXCOM G6 TRANSMITTER

Transmitter

99113875	Dexcom G6	Dexcom	1	29.00	

DEXCOM G7 SENSOR

Sensor

99114362	Dexcom G7	Dexcom	1	75.00	

DICLOFENAC SODIUM

Oph. Sol.

0.1 % PPB

02441020	Apo-Diclofenac Ophtalmic	Apotex	5 ml	➡	6.20	
* 02475065	Diclofenac	Stulln	3 ml	➡	3.72	
			15 ml	➡	18.60	
02534525	JAMP Diclofenac	Jamp	5 ml	➡	6.20	
02475197	Mint-Diclofenac	Mint	5 ml	➡	6.20	
02454807	Sandoz Diclofenac Ophtha	Sandoz	5 ml	➡	6.20	
			10 ml	➡	12.40	
01940414	Voltaren Ophtha	Novartis	5 ml		12.60	
			10 ml		25.21	

DIMETHYL FUMARATE

L.A. Caps.

120 mg PPB

02495341	ACH-Dimethyl Fumarate	Accord	14		61.97	➡	4.4264
02505762	Apo-Dimethyl Fumarate	Apotex	14		61.97	➡	4.4264
			56		247.88	➡	4.4264
02540746	Auro-Dimethyl Fumarate	AuroPharma	14		61.97	➡	4.4264
			56		247.88	➡	4.4264
02494809	GLN-Dimethyl Fumarate	Glenmark	14		61.97	➡	4.4264
02516047	Jamp Dimethyl Fumarate	Jamp	56		247.88	➡	4.4264
02502690	Mar-Dimethyl Fumarate	Marcan	56		247.88	➡	4.4264
02497026	pms-Dimethyl Fumarate	Phmscience	14		61.97	➡	4.4264
			56		247.88	➡	4.4264
02513781	Sandoz Dimethyl Fumarate	Sandoz	56		247.88	➡	4.4264
02404508	Tecfidera	Biogen	14		178.36		12.7396
			56		713.42		12.7396

L.A. Caps.

240 mg PPB

02495368	ACH-Dimethyl Fumarate	Accord	56		486.57	➡	8.6888
02505770	Apo-Dimethyl Fumarate	Apotex	56		486.57	➡	8.6888
02540754	Auro-Dimethyl Fumarate	AuroPharma	14		121.64	➡	8.6888
			56		486.57	➡	8.6888
02494817	GLN-Dimethyl Fumarate	Glenmark	60		521.33	➡	8.6888
02516055	Jamp Dimethyl Fumarate	Jamp	56		486.57	➡	8.6888
02502704	Mar-Dimethyl Fumarate	Marcan	56		486.57	➡	8.6888
02497034	pms-Dimethyl Fumarate	Phmscience	56		486.57	➡	8.6888
02513803	Sandoz Dimethyl Fumarate	Sandoz	56		486.57	➡	8.6888
02420201	Tecfidera	Biogen	56		1426.85		25.4795

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

DIPHENHYDRAMINE HYDROCHLORIDE

Caps. or Tab.

 25 mg **PPB**

02257548	<i>Jamp-Diphenhydramine</i>	Jamp	250	13.35	➡	0.0534
			500	26.70	➡	0.0534
02239029	<i>Nadryl 25</i>	Riva	100	5.34	➡	0.0534
00757683	<i>pdp-Diphenhydramine</i>	Pendopharm	100	5.34	➡	0.0534

Tab.

 50 mg **PPB**

02257556	<i>Jamp-Diphenhydramine</i>	Jamp	100	7.04	➡	0.0704
			500	35.20	➡	0.0704
00757691	<i>pdp-Diphenhydramine</i>	Pendopharm	100	7.04	➡	0.0704
			500	35.20	➡	0.0704

DIPYRIDAMOLE/ ACETYLSALICYLIC ACID

Caps.

200 mg L.A. - 25 mg

02471051	<i>Taro-Dipyridamole/ASA</i>	Taro	60	39.94		0.6656

DONEPEZIL HYDROCHLORIDE

Tab.

 5 mg **PPB**

02432684	<i>AG-Donpezil</i>	Angita	100	45.86	➡	0.4586
02362260	<i>Apo-Donpezil</i>	Apotex	100	45.86	➡	0.4586
02232043	<i>Aricept</i>	Pfizer	30	141.67		4.7223
02400561	<i>Auro-Donpezil</i>	AuroPharma	30	13.76	➡	0.4586
			100	45.86	➡	0.4586
02412853	<i>Bio-Donpezil</i>	Biomed	30	13.76	➡	0.4586
			100	45.86	➡	0.4586
02402645	<i>Donpezil</i>	Accord	100	45.86	➡	0.4586
02475278	<i>Donpezil</i>	Riva	100	45.86	➡	0.4586
02426846	<i>Donpezil</i>	Sanis	100	45.86	➡	0.4586
02420597	<i>Donpezil</i>	Sivem	100	45.86	➡	0.4586
02416948	<i>Jamp-Donpezil Tablets</i>	Jamp	30	13.76	➡	0.4586
			100	45.86	➡	0.4586
02402092	<i>Mar-Donpezil</i>	Marcen	30	13.76	➡	0.4586
			100	45.86	➡	0.4586
02467453	<i>M-Donpezil</i>	Mantra Ph.	100	45.86	➡	0.4586
02408600	<i>Mint-Donpezil</i>	Mint	100	45.86	➡	0.4586
02535386	<i>NRA-Donpezil</i>	Nora	100	45.86	➡	0.4586
02322331	<i>pms-Donpezil</i>	Phmscience	100	45.86	➡	0.4586
02416417	<i>Pro-Donpezil</i>	Pro Doc	100	45.86	➡	0.4586
02328666	<i>Sandoz Donpezil</i>	Sandoz	100	45.86	➡	0.4586
02381508	<i>Taro-Donpezil</i>	Sun Pharma	100	45.86	➡	0.4586
			500	229.30	➡	0.4586
02340607	<i>Teva-Donpezil</i>	Teva Can	100	45.86	➡	0.4586

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			10 mg PPB		
02432692	<i>AG-Donpezil</i>	Angita	100	45.86 ➡	0.4586
02362279	<i>Apo-Donpezil</i>	Apotex	100	45.86 ➡	0.4586
02232044	<i>Aricept</i>	Pfizer	28	132.23	4.7223
			30	141.67	4.7223
02400588	<i>Auro-Donpezil</i>	AuroPharma	30	13.76 ➡	0.4586
			100	45.86 ➡	0.4586
02412861	<i>Bio-Donpezil</i>	Biomed	30	13.76 ➡	0.4586
			100	45.86 ➡	0.4586
02402653	<i>Donepezil</i>	Accord	100	45.86 ➡	0.4586
02475286	<i>Donepezil</i>	Riva	100	45.86 ➡	0.4586
02426854	<i>Donepezil</i>	Sanis	100	45.86 ➡	0.4586
02420600	<i>Donepezil</i>	Sivem	100	45.86 ➡	0.4586
02416956	<i>Jamp-Donpezil Tablets</i>	Jamp	30	13.76 ➡	0.4586
			100	45.86 ➡	0.4586
02402106	<i>Mar-Donpezil</i>	Marcan	30	13.76 ➡	0.4586
			100	45.86 ➡	0.4586
02467461	<i>M-Donpezil</i>	Mantra Ph.	100	45.86 ➡	0.4586
02408619	<i>Mint-Donpezil</i>	Mint	100	45.86 ➡	0.4586
02535394	<i>NRA-Donpezil</i>	Nora	100	45.86 ➡	0.4586
02322358	<i>pms-Donpezil</i>	Phmscience	100	45.86 ➡	0.4586
02416425	<i>Pro-Donpezil</i>	Pro Doc	100	45.86 ➡	0.4586
02328682	<i>Sandoz Donepezil</i>	Sandoz	100	45.86 ➡	0.4586
02381516	<i>Taro-Donpezil</i>	Sun Pharma	100	45.86 ➡	0.4586
			500	229.30 ➡	0.4586
02340615	<i>Teva-Donpezil</i>	Teva Can	30	13.76 ➡	0.4586
			100	45.86 ➡	0.4586

DORNASE ALFA

Inh. Sol.

1 mg/mL (2.5 mL)

02046733	<i>Pulmozyme</i>	Roche	30	1130.66	37.6887

DULAGLUTIDE

S.C. Inj. Sol.

0.75 mg/0.5 mL

02448599	<i>Trulicity</i>	Lilly	4	168.28	42.0700

S.C. Inj. Sol.

1.5 mg/0.5 mL

02448602	<i>Trulicity</i>	Lilly	4	168.28	42.0700

DUPILUMAB

S.C. Inj. Sol. (pen)

150 mg/mL (2 mL)

02510049	<i>Dupixent</i>	SanofiAven	2	1876.71	938.3550

S.C. Inj. Sol. (pen)

175 mg/mL (1,14 mL)

02524252	<i>Dupixent</i>	SanofiAven	2	1876.71	938.3550

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr) 150 mg/mL (2 mL)					
02470365	Dupixent	SanofiAven	2	1876.71	938.3550
S.C. Inj.Sol (syr) 175 mg/mL (1,14 mL)					
02492504	Dupixent	SanofiAven	2	1876.71	938.3550
ECULIZUMAB 					
I.V. Perf. Sol. 10 mg/mL (30 mL)					
02322285	Soliris	Alexion	1	6675.30	
EDARAVONE 					
Oral Susp. 105 mg/5 mL					
02532611	Radicava	Mitsubishi	50 ml 70 ml	9200.00 12880.00	184.0000 184.0000
EFGARTIGIMOD ALFA 					
I.V. Perf. Sol. 20 mg/mL (20 mL)					
02541599	Vyvgart	Argenx	1	7900.00	
ELEXACAFITOR/TEZACAFITOR/IVACAFITOR AND IVACAFITOR (COMBINED PACKAGE) 					
Kit (solid oral) 50 mg - 25 mg - 37,5 mg and 75 mg					
02526670	Trikafta	Vertex	84	23520.00	
Kit (solid oral) 80 mg - 40 mg - 60 mg and 59,5 mg					
02542285	Trikafta	Vertex	56	23520.00	
Kit (solid oral) 100 mg - 50 mg - 75 mg and 75 mg					
02542277	Trikafta	Vertex	56	23520.00	
Kit (solid oral) 100 mg - 50 mg - 75 mg and 150 mg					
02517140	Trikafta	Vertex	84	23520.00	
ELTROMBOPAG 					
Tab. 25 mg PPB					
02506742	Apo-Eltrombopag	Apotex	28	1249.50	44.6250
02361825	Revolade	Novartis	14	735.00	52.5000
			28	1470.00	52.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. 50 mg PPB					
02506769	<i>Apo-Eltrombopag</i>	Apotex	28	2499.00	89.2500
02361833	<i>Revolade</i>	Novartis	14	1470.00	105.0000
			28	2940.00	105.0000

EMPAGLIFLOZIN

Tab. 10 mg					
02443937	<i>Jardiance</i>	Bo. Ing.	30	78.53	2.6177
			90	235.59	2.6177

Tab. 25 mg					
02443945	<i>Jardiance</i>	Bo. Ing.	30	78.53	2.6177
			90	235.59	2.6177

EMPAGLIFLOZIN / METFORMIN HYDROCHLORIDE

Tab. 5 mg - 500 mg					
02456575	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

Tab. 5 mg - 850 mg					
02456583	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

Tab. 5 mg - 1000 mg					
02456591	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

Tab. 12.5 mg - 500 mg					
02456605	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

Tab. 12.5 mg - 850 mg					
02456613	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

Tab. 12.5 mg - 1000 mg					
02456621	<i>Synjardy</i>	Bo. Ing.	60	81.00	1.3500

ENCORAFENIB

Caps. 75 mg					
02513099	<i>Braftovi</i>	Pfizer	120	6030.00	50.2500
			180	9045.00	50.2500

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

ENFUVRTIDE

S.C. Inj. Pd.

108 mg

02247725	Fuzeon	Roche	60	2385.60	W

ENTRECTINIB

Caps.

100 mg

02495007	Rozlytrek	Roche	30	1430.00	47.6667

Caps.

200 mg

02495015	Rozlytrek	Roche	90	8580.00	95.3333

ENZALUTAMIDE

Caps.

40 mg

PPB

02562677	Apo-Enzalutamide	Apotex	120	875.87	➡	7.2989
02494736	Auro-Enzalutamide	AuroPharma	120	875.87	➡	7.2989
02515229	JAMP Enzalutamide	Jamp	120	875.87	➡	7.2989
02558424	Reddy-Enzalutamide	Dr Reddy's	112	817.48	➡	7.2989
02407329	Xtandi	Astellas	120	3401.40		28.3450

EPLERENONE

Tab.

25 mg

PPB

02323052	Inspira	BGP Pharma	30	76.69		2.5563
02543389	Jamp Eplerenone	Jamp	30	41.19	➡	1.3730
			90	123.57	➡	1.3730
02471442	Mint-Eplerenone	Mint	90	123.57	➡	1.3730

Tab.

50 mg

PPB

02323060	Inspira	BGP Pharma	30	76.69		2.5563
02543397	Jamp Eplerenone	Jamp	30	41.19	➡	1.3730
			90	123.57	➡	1.3730
02471450	Mint-Eplerenone	Mint	90	123.57	➡	1.3730

ÉPLONTERSEN

S.C. Inj. Sol. (pen)

56 mg /mL (0,8 mL)

02548909	Wainua	AZC	1	47680.33	

EPOETIN ALFA

Syringe

1 000 UI/0.5 mL

02231583	Eprex	Janss. Inc	6	85.50	14.2500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe 2 000 UI/0.5 mL					
02231584	<i>Eprex</i>	Janss. Inc	6	171.00	28.5000
Syringe 3 000 UI/0.3 mL					
02231585	<i>Eprex</i>	Janss. Inc	6	256.50	42.7500
Syringe 4 000 UI/0.4 mL					
02231586	<i>Eprex</i>	Janss. Inc	6	342.00	57.0000
Syringe 5 000 UI/0.5 mL					
02243400	<i>Eprex</i>	Janss. Inc	6	427.50	71.2500
Syringe 6 000 UI/0.6 mL					
02243401	<i>Eprex</i>	Janss. Inc	6	513.00	85.5000
Syringe 8 000 UI/0.8 mL					
02243403	<i>Eprex</i>	Janss. Inc	6	684.00	114.0000
Syringe 10 000 UI/1.0 mL					
02231587	<i>Eprex</i>	Janss. Inc	6	803.70	133.9500
Syringe 20 000 UI/0.5 mL					
02243239	<i>Eprex</i>	Janss. Inc	1	278.52	
Syringe 30 000 UI/0.75 mL					
02288680	<i>Eprex</i>	Janss. Inc	1	357.19	
Syringe 40 000 UI/mL (1 mL)					
02240722	<i>Eprex</i>	Janss. Inc	1	417.77	
EPOPROSTENOL SODIUM 					
Inj. Pd.				0.5 mg PPB	
02397447	<i>Caripul</i>	Janss. Inc	1	➡ 17.18	
02230845	<i>Flolan</i>	GSK	1	18.13	
Inj. Pd.				1.5 mg PPB	
02397455	<i>Caripul</i>	Janss. Inc	1	➡ 34.45	
02230848	<i>Flolan</i>	GSK	1	36.26	

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

EPTINEZUMAB

I.V. Perf. Sol.

100 mg/mL (1 mL)

02510839	<i>Vyepti</i>	Lundbeck	1	1665.00	

I.V. Perf. Sol.

100 mg/mL (3 mL)

02542269	<i>Vyepti</i>	Lundbeck	1	1665.00	

ERDAFITINIB

Tab.

3 mg

02493217	<i>Balversa</i>	Janss. Inc	56	8865.36	158.3100
			84	13298.04	158.3100

Tab.

4 mg

02493225	<i>Balversa</i>	Janss. Inc	28	5910.24	211.0800
			56	11820.48	211.0800

Tab.

5 mg

02493233	<i>Balversa</i>	Janss. Inc	28	7387.80	263.8500

ESLICARBAZEPINE ACETATE

Tab.

200 mg **PPB**

02537931	<i>Apo-Eslicarbazepine</i>	Apotex	30	148.05	➡ 4.9350
02426862	<i>Aptiom</i>	Sumitomo	30	286.80	9.5600
02527421	<i>Auro-Eslicarbazepine</i>	AuroPharma	30	148.05	➡ 4.9350

Tab.

400 mg **PPB**

02537958	<i>Apo-Eslicarbazepine</i>	Apotex	30	148.05	➡ 4.9350
02426870	<i>Aptiom</i>	Sumitomo	30	286.80	9.5600
02527448	<i>Auro-Eslicarbazepine</i>	AuroPharma	30	148.05	➡ 4.9350

Tab.

600 mg **PPB**

02537966	<i>Apo-Eslicarbazepine</i>	Apotex	30	148.05	➡ 4.9350
02426889	<i>Aptiom</i>	Sumitomo	60	573.60	9.5600
02527456	<i>Auro-Eslicarbazepine</i>	AuroPharma	60	296.10	➡ 4.9350

Tab.

800 mg **PPB**

02537974	<i>Apo-Eslicarbazepine</i>	Apotex	30	148.05	➡ 4.9350
02426897	<i>Aptiom</i>	Sumitomo	30	286.80	9.5600
02527464	<i>Auro-Eslicarbazepine</i>	AuroPharma	30	148.05	➡ 4.9350

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

ESTRADIOL-17B

Patch

0.025 mg/24 h (4) and (8) **PPB**

02247499	<i>Climara-25</i>	Bayer	4	19.67	4.9175
02245676	<i>Estradot</i>	Sandoz	8	20.04	2.5050
02243722	<i>Oesclim 25</i>	Search Phm	8	19.28	2.4100

Patch

0.0375 mg/24 h

02243999	<i>Estradot</i>	Sandoz	8	20.04	2.5050

Patch

0.05 mg/24 h (4) and (8) **PPB**

02231509	<i>Climara -50</i>	Bayer	4	21.01	5.2525
02244000	<i>Estradot</i>	Sandoz	8	21.44	2.6800
02243724	<i>Oesclim 50</i>	Search Phm	8	19.85	2.4813
02246967	<i>Sandoz Estradiol Derm 50</i>	Sandoz	8	16.80	2.1000

Patch

0.075 mg/24 h (4) et (8) **PPB**

02247500	<i>Climara-75</i>	Bayer	4	22.40	5.6000
02244001	<i>Estradot</i>	Sandoz	8	23.00	2.8750
02246968	<i>Sandoz Estradiol Derm 75</i>	Sandoz	8	17.90	2.2375

Patch

0.1 mg/24 h

02244002	<i>Estradot</i>	Sandoz	8	23.88	2.9850
02246969	<i>Sandoz Estradiol Derm 100</i>	Sandoz	8	18.70	2.3375

ESTRADIOL-17B/ NORETHINDRONE ACETATE

Patch

0.05 mg -0.14 mg/24 h

02241835	<i>Estalis 140/50</i>	Sandoz	8	23.95	2.9938

Patch

0.05 mg -0.25 mg/24 h

02241837	<i>Estalis 250/50</i>	Sandoz	8	23.95	2.9938

ETANERCEPT

S.C. Inj. Sol.

50 mg/mL (0,5 mL)

02462877	<i>Erelzi (syringe)</i>	Sandoz	4	482.00	120.5000

S.C. Inj. Sol.

50 mg/mL (1 mL)

02455331	<i>Brenzys (pen)</i>	Organon	4	944.72	236.1800
02455323	<i>Brenzys (syringe)</i>	Organon	4	944.72	236.1800
02462869	<i>Erelzi (syringe)</i>	Sandoz	4	964.00	241.0000
02462850	<i>Erelzi SensoReady Pen</i>	Sandoz	4	964.00	241.0000
02530309	<i>Rymti (stylo)</i>	Lupin	4	944.72	236.1800
02530295	<i>Rymti (syringe)</i>	Lupin	4	944.72	236.1800

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

ETRASIMOD L-ARGININE

Tab.

				2 mg	
02544903	<i>Velsipity</i>	Pfizer	30	1293.00	43.1000

ETRAVIRINE

Tab.

				100 mg	
02306778	<i>Intence</i>	Janss. Inc	120	671.40	5.5950

Tab.

				200 mg	
02375931	<i>Intence</i>	Janss. Inc	60	654.00	10.9000

EVEROLIMUS

Tab.

				2.5 mg	PPB	
02369257	<i>Afinitor</i>	Novartis	30	5580.00		186.0000
02530090	<i>NAT-Everolimus</i>	Natco	30	1519.91	➡	50.6635
02504677	<i>pms-Everolimus</i>	Phmscience	30	1519.91	➡	50.6635
02532409	<i>Reddy-Everolimus</i>	Dr Reddy's	30	1519.91	➡	50.6635
02492911	<i>Sandoz Everolimus</i>	Sandoz	30	1519.91	➡	50.6635
02463229	<i>Teva-Everolimus</i>	Teva Can	30	1519.91	➡	50.6635

Tab.

				5 mg	PPB	
02339501	<i>Afinitor</i>	Novartis	30	5580.00		186.0000
02530104	<i>NAT-Everolimus</i>	Natco	30	1519.91	➡	50.6635
02504685	<i>pms-Everolimus</i>	Phmscience	30	1519.91	➡	50.6635
02532417	<i>Reddy-Everolimus</i>	Dr Reddy's	30	1519.91	➡	50.6635
02492938	<i>Sandoz Everolimus</i>	Sandoz	30	1519.91	➡	50.6635
02463237	<i>Teva-Everolimus</i>	Teva Can	30	1519.91	➡	50.6635

Tab.

				10 mg	PPB	
02339528	<i>Afinitor</i>	Novartis	30	5580.00		186.0000
02530120	<i>NAT-Everolimus</i>	Natco	30	1519.91	➡	50.6635
02504693	<i>pms-Everolimus</i>	Phmscience	30	1519.91	➡	50.6635
02532433	<i>Reddy-Everolimus</i>	Dr Reddy's	30	1519.91	➡	50.6635
02492946	<i>Sandoz Everolimus</i>	Sandoz	30	1519.91	➡	50.6635
02463253	<i>Teva-Everolimus</i>	Teva Can	30	1519.91	➡	50.6635

EVINACUMAB

I.V. Perf. Sol.

				150 mg/mL (2,3 mL)	
02541769	<i>Evkeeza</i>	Ultragenyx	2.3 ml	10163.70	

EVOLOCUMAB

S.C. Inj. Sol. (pen)

				140 mg/mL (1 mL)	
02446057	<i>Repatha</i>	Amgen	2	503.82	251.9100

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

FARICIMAB

Inj. Sol (syr)

120 mg/mL (0.175 mL)

02554003	Vabysmo	Roche	1	1350.00	

Inj. Sol.

120 mg/mL (0.24 mL)

02527618	Vabysmo	Roche	1	1350.00	

FEBUXOSTAT

Tab.

80 mg PPB

02533243	Auro-Febuxostat	AuroPharma	30	11.93	➡	0.3975
			100	39.75	➡	0.3975
02539837	Febuxostat	Sanis	100	39.75	➡	0.3975
02490870	Jamp-Febuxostat	Jamp	30	11.93	➡	0.3975
02473607	Mar-Febuxostat	Marcan	100	39.75	➡	0.3975
02549425	M-Febuxostat	Mantra Ph.	100	39.75	➡	0.3975
02466198	Teva-Febuxostat	Teva Can	100	39.75	➡	0.3975

FEDRATINIB

Caps.

100 mg

02502445	Inrebic	Celgene	120	10127.16		84.3930

FESOTERODINE FUMARATE

L.A. Tab.

4 mg PPB

+	02535998	ACH-Fesoterodine	Accord	90	67.50	➡	0.7500
*	02521768	Sandoz Fesoterodine Fumarate	Sandoz	30	22.50	➡	0.7500
				100	75.00	➡	0.7500
*	02380021	Toviaz	Pfizer	30	45.00		1.5000

L.A. Tab.

8 mg PPB

+	02536005	ACH-Fesoterodine	Accord	90	67.50	➡	0.7500
*	02521776	Sandoz Fesoterodine Fumarate	Sandoz	30	22.50	➡	0.7500
				100	75.00	➡	0.7500
*	02380048	Toviaz	Pfizer	30	45.00		1.5000

FIDAXOMICIN

Tab.

200 mg

02387174	Dificid	Merck	20	1584.00		79.2000

FINERENONE

Tab.

10 mg

02531917	Kerendia	Bayer	90	293.08		3.2564

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

Tab.

20 mg

02531925	<i>Kerendia</i>	Bayer	90	293.08	3.2564

FINGOLIMOD HYDROCHLORIDE

Caps.

0.5 mg **PPB**

02469936	<i>Apo-Fingolimod</i>	Apotex	28	608.66	➡	21.7380
02365480	<i>Gilenya</i>	Novartis	28	2384.62		85.1650
02487772	<i>Jamp Fingolimod</i>	Jamp	30	652.14	➡	21.7380
02474743	<i>Mar-Fingolimod</i>	Marcan	30	652.14	➡	21.7380
02469715	<i>Mylan-Fingolimod</i>	Mylan	28	608.66	➡	21.7380
02469782	<i>pms-Fingolimod</i>	Phmscience	28	608.66	➡	21.7380
02482606	<i>Sandoz Fingolimod</i>	Sandoz	28	608.66	➡	21.7380
02469618	<i>Taro-Fingolimod</i>	Taro	28	608.66	➡	21.7380
02469561	<i>Teva-Fingolimod</i>	Teva Can	30	652.14	➡	21.7380

FLUCONAZOLE

Oral Susp.

50 mg/5 mL

02024152	<i>Diflucan</i>	Pfizer	35 ml	33.65		0.9614

FOLLITROPIN ALFA

S.C. Inj. Sol. (pen)

300 UI

02270404	<i>Gonal-f</i>	Serono	1	283.50		

S.C. Inj. Sol. (pen)

450 UI

02270390	<i>Gonal-f</i>	Serono	1	425.25		

S.C. Inj. Sol. (pen)

900 UI

02270382	<i>Gonal-f</i>	Serono	1	850.50		

FOLLITROPIN BETA

Cartridge

300 UI

02243948	<i>Puregon</i>	Organon	1	291.00		

Cartridge

600 UI

99100718	<i>Puregon</i>	Organon	1	582.00		

Cartridge

900 UI

99100637	<i>Puregon</i>	Organon	1	873.00		

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

FOLLITROPIN DELTA

S.C. Inj. Sol. (pen)

02487462	Rekovelle	Ferring	1	12 mcg/0,36 mL 178.00	

S.C. Inj. Sol. (pen)

02487470	Rekovelle	Ferring	1	36 mcg/1,08 mL 536.00	

S.C. Inj. Sol. (pen)

02487489	Rekovelle	Ferring	1	72 mcg/2,16 mL 1073.00	

FORMOTEROL DIHYDRATE (FUMARATE)/ BUDESONIDE/GLYCOPYRRONIUM (BROMIDE)

Oral aerosol

02518058	Breztri Aerosphere	AZC	120 dose(s)	5,0 mcg - 160 mcg - 7,2 mcg /dose 127.00	

FORMOTEROL FUMARATE DIHYDRATE/ BUDESONIDE

Inh. Pd.

02245385	Symbicort 100 Turbuhaler	AZC	120 dose(s)	6 mcg -100 mcg/dose 62.50	

Inh. Pd.

02245386	Symbicort 200 Turbuhaler	AZC	120 dose(s)	6 mcg -200 mcg/dose 81.25	

FORMOTEROL FUMARATE DIHYDRATE/MOMETASONE FUROATE

Oral aerosol

02361752	Zenhale	Organon	120 dose(s)	5 mcg - 100 mcg 78.00	

Oral aerosol

02361760	Zenhale	Organon	120 dose(s)	5 mcg - 200 mcg 96.00	

FOSLEVODOPA/ FOSCARBIDOPA

S.C. Inf. Sol.

02537702	Vyalev	AbbVie	7	240 mg/mL - 12 mg/mL (10 mL) 1188.67	169.8100

FREESTYLE LIBRE 2 SENSOR

Sensor

99114031	FreeStyle Libre 2	Ab Diabete	1	89.00	

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

FREESTYLE LIBRE 3 PLUS SENSOR

Sensor

99114518	<i>FreeStyle Libre 3 Plus</i>	Ab Diabete	1	97.50	

FREMANEZUMAB

S.C. Inj. Sol. (pen)

150 mg/mL (1,5 mL)

02509474	<i>Ajovy</i>	Teva Innov	1	535.72	

S.C. Inj. Sol (syr)

150 mg/mL (1,5 mL)

02497859	<i>Ajovy</i>	Teva Innov	1	535.72	

FRUQUINTINIB

Caps.

1 mg

02551454	<i>Fruzaqla</i>	Takeda	21	1580.00	75.2381

Caps.

5 mg

02551462	<i>Fruzaqla</i>	Takeda	21	6321.00	301.0000

FULVESTRANT

I.M. Inj. Sol. (syr.)

50 mg/mL (5 mL)

PPB

02248624	<i>Faslodex</i>	AZC	2	1153.11	576.5550
02530635	<i>Fulvestrant Injectable</i>	Jamp	2	408.03	➡ 204.0135
02483610	<i>Fulvestrant Injectable</i>	Sandoz	2	408.03	➡ 204.0135
02558971	<i>Fulvestrant Injectable</i>	Sterimax	2	408.03	➡ 204.0135
02536293	<i>Fulvestrant Injection</i>	Forma Ph	2	408.03	➡ 204.0135
02460130	<i>Teva-Fulvestrant Injection</i>	Teva Can	2	408.03	➡ 204.0135

GALANTAMINE HYDROBROMIDE

L.A. Caps.

8 mg

PPB

02425157	<i>Auro-Galantamine ER</i>	AuroPharma	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475
02443015	<i>Galantamine ER</i>	Sanis	100	114.75	➡ 1.1475
02339439	<i>Mylan-Galantamine ER</i>	Mylan	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475

L.A. Caps.

16 mg

PPB

02425165	<i>Auro-Galantamine ER</i>	AuroPharma	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475
02443023	<i>Galantamine ER</i>	Sanis	100	114.75	➡ 1.1475
02339447	<i>Mylan-Galantamine ER</i>	Mylan	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475

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

L.A. Caps.

24 mg **PPB**

02425173	<i>Auro-Galantamine ER</i>	AuroPharma	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475
02443031	<i>Galantamine ER</i>	Sanis	100	114.75	➡ 1.1475
02339455	<i>Mylan-Galantamine ER</i>	Mylan	30	34.43	➡ 1.1475
			100	114.75	➡ 1.1475

GALCANÉZUMAB

S.C. Inj. Sol. (pen)

120 mg/mL (1 mL)

02491087	<i>Emgality</i>	Lilly	1	554.88	

S.C. Inj.Sol (syr)

120 mg/mL (1 mL)

02491060	<i>Emgality</i>	Lilly	1	554.88	

GARADACIMAB

S.C. Inj. Sol. (pen)

200 mg/1.2 mL

+ 02559773	<i>Andembry</i>	CSLBehring	1	34840.00	

S.C. Inj.Sol (syr)

200 mg/1.2 mL

+ 02559765	<i>Andembry</i>	CSLBehring	1	34840.00	

GENTAMICIN SULFATE

Inj. Sol.

40 mg/mL

02242652	<i>Gentamicine Injection</i>	Sandoz	2 ml	15.56	

GILTÉRITINIB

Tab.

40 mg

02495058	<i>Xospata</i>	Astellas	90	24901.62	276.6847

GIVOSIRAN

S.C. Inj. Sol.

189 mg/mL

02506343	<i>Givlaari</i>	Alnylam	1	64454.30	

GLATIRAMER ACETATE

S.C. Inj.Sol (syr)

20 mg/mL (1 mL)

02541440	<i>Glatiramer acetate for injection</i>	Mylan	30	835.76	27.8587

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

**GLATIRAMER ACETATE - (GLATECT) **

S.C. Inj.Sol (syr)

			20 mg/mL (1 mL)		
02460661	<i>Glatect</i>	Phmscience	30	972.00	32.4000

**GLECAPREVIR/PIBRENTASVIR **

Kit (solid oral)

			100 mg -40 mg		
02467550	<i>Maviret</i>	AbbVie	28	20000.00	714.2857

**GLIMEPIRIDE **

Tab.

			1 mg		
02269589	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	0.3857

Tab.

			2 mg		
02269597	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	0.3857

Tab.

			4 mg		
02269619	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	0.3857

GLYCERIN ⁵

Supp.

99100357			12		

**GLYCOPYRROLATE **

Oral Sol.

			0.2 mg/mL		
02469332	<i>Cuvposa</i>	Medexus	473 ml	625.00	1.3214

**GOLIMUMAB **

I.V. Perf. Sol.

			12.5 mg/mL (4 mL)		
02417472	<i>Simponi I.V.</i>	Janss. Inc	1	826.86	

S.C. Inj. Sol. (pen)

			50 mg/0.5 mL		
02324784	<i>Simponi</i>	Janss. Inc	1	1447.00	

S.C. Inj.Sol (syr)

			50 mg/0.5 mL		
02324776	<i>Simponi</i>	Janss. Inc	1	1447.00	

5 Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

**GONADOTROPIN (CHORIONIC) **

Inj. Pd.

10 000 U

02247459	<i>Chorionic Gonadotropin</i>	Fresenius	1	72.00	
02182904	<i>Pregnyl</i>	Organon	1	72.00	

**GONADOTROPINS **

Inj. Pd.

75 UI

02283093	<i>Menopur</i>	Ferring	5	275.00	55.0000

**GRANISETRON HYDROCHLORIDE **

Tab.

 1 mg **PPB**

02308894	<i>Apo-Granisetron</i>	Apotex	10	45.00	➡ 4.5000
02472686	<i>Jamp Granisetron</i>	Jamp	10	45.00	➡ 4.5000
02452359	<i>Nat-Granisetron</i>	Natco	10	45.00	➡ 4.5000

**GRASS POLLEN ALLERGEN EXTRACT **

S-Ling. Tab.

100 IR

02381885	<i>Oralair</i>	Stallergen	3	3.78	1.2600

S-Ling. Tab.

300 IR

02381893	<i>Oralair</i>	Stallergen	30	114.00	3.8000
			90	342.00	3.8000

S-Ling. Tab.

2800 UAB

02418304	<i>Grastek</i>	ALK-Abello	30	114.00	3.8000

**GUANFACINE HYDROCHLORIDE **

L.A. Tab.

 1 mg **PPB**

02523728	<i>Apo-Guanfacine XR</i>	Apotex	30	23.06	➡ 0.7688
			100	76.88	➡ 0.7688
02523558	<i>Jamp Guanfacine XR</i>	Jamp	100	76.88	➡ 0.7688

L.A. Tab.

 2 mg **PPB**

02523736	<i>Apo-Guanfacine XR</i>	Apotex	30	28.06	➡ 0.9353
			100	93.53	➡ 0.9353
02523566	<i>Jamp Guanfacine XR</i>	Jamp	100	93.53	➡ 0.9353

L.A. Tab.

 3 mg **PPB**

02523744	<i>Apo-Guanfacine XR</i>	Apotex	30	33.06	➡ 1.1019
			100	110.19	➡ 1.1019
02523574	<i>Jamp Guanfacine XR</i>	Jamp	100	110.19	➡ 1.1019

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

L.A. Tab.

4 mg **PPB**

02523752	<i>Apo-Guanfacine XR</i>	Apotex	30	38.06	➡ 1.2685
			100	126.85	➡ 1.2685
02523582	<i>Jamp Guanfacine XR</i>	Jamp	100	126.85	➡ 1.2685

**GUANFACINE HYDROCHLORIDE (ANGITA, PRO DOC, SANDOZ ET TAKEDA) **

L.A. Tab.

1 mg **PPB**

02525127	<i>AG-Guanfacine XR</i>	Angita	100	76.88	➡ 0.7688
02409100	<i>Intuniv XR</i>	Takeda	100	300.00	➡ 3.0000
02525224	<i>Pro-Guanfacine XR</i>	Pro Doc	30	23.06	➡ 0.7688
			100	76.88	➡ 0.7688
02563185	<i>Sandoz Guanfacine XR</i>	Sandoz	30	23.06	➡ 0.7688
			100	76.88	➡ 0.7688

L.A. Tab.

2 mg **PPB**

02525135	<i>AG-Guanfacine XR</i>	Angita	100	93.53	➡ 0.9353
02409119	<i>Intuniv XR</i>	Takeda	100	365.00	➡ 3.6500
02525232	<i>Pro-Guanfacine XR</i>	Pro Doc	30	28.06	➡ 0.9353
			100	93.53	➡ 0.9353
02563193	<i>Sandoz Guanfacine XR</i>	Sandoz	30	28.06	➡ 0.9353
			100	93.53	➡ 0.9353

L.A. Tab.

3 mg **PPB**

02525143	<i>AG-Guanfacine XR</i>	Angita	100	110.19	➡ 1.1019
02409127	<i>Intuniv XR</i>	Takeda	100	430.00	➡ 4.3000
02525240	<i>Pro-Guanfacine XR</i>	Pro Doc	30	33.06	➡ 1.1019
			100	110.19	➡ 1.1019
02563207	<i>Sandoz Guanfacine XR</i>	Sandoz	30	33.06	➡ 1.1019
			100	110.19	➡ 1.1019

L.A. Tab.

4 mg **PPB**

02525151	<i>AG-Guanfacine XR</i>	Angita	100	126.85	➡ 1.2685
02409135	<i>Intuniv XR</i>	Takeda	100	495.00	➡ 4.9500
02525259	<i>Pro-Guanfacine XR</i>	Pro Doc	30	38.06	➡ 1.2685
			100	126.85	➡ 1.2685
02563215	<i>Sandoz Guanfacine XR</i>	Sandoz	30	38.06	➡ 1.2685
			100	126.85	➡ 1.2685

**GUSELKUMAB (CROHN'S DISEASE AND ULCERATIVE COLITIS) **

I.V. Perf. Sol.

10 mg/mL (20 mL)

02559153	<i>Tremfya I.V.</i>	Janss. Inc	1	3059.74	

S.C. Inj. Sol. (pen)

100 mg/mL (1 mL)

99114598	<i>Tremfya</i>	Janss. Inc	1	3059.74	
99114546	<i>Tremfya One-Press</i>	Janss. Inc	1	3059.74	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. (pen) 100 mg/mL (2 mL)					
02559145	<i>Tremfya</i>	Janss. Inc	1	3059.74	
S.C. Inj. Sol (syr) 100 mg/mL (1 mL)					
99114545	<i>Tremfya</i>	Janss. Inc	1	3059.74	
GUSELKUMAB (PLAQUE PSORIASIS) 					
S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)					
02566877	<i>Tremfya</i>	Janss. Inc	1	3059.74	
02487314	<i>Tremfya One-Press</i>	Janss. Inc	1	3059.74	
S.C. Inj. Sol (syr) 100 mg/mL (1 mL)					
02469758	<i>Tremfya</i>	Janss. Inc	1	3059.74	
HALOBETASOL PROPIONATE/AZAROTENE 					
Lot. 0.01 % - 0.045 %					
02499967	<i>Duobrii</i>	Bausch H.	100 g	193.00	
HYDROXYPROPYLMETHYLCELLULOSE					
Oph. Sol. 0.5 %					
00000809	<i>Alcon Tears</i>	Alcon	15 ml	4.16	W
Oph. Sol. 1 %					
00000817	<i>Alcon Tears</i>	Alcon	15 ml	4.70	W
HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70					
Oph. Sol. 0.3 % -0.1 %					
00743445	<i>Tears Naturale II</i>	Alcon	15 ml	5.10	W
IBRUTINIB 					
Caps. 140 mg					
02434407	<i>Imbruvica</i>	Janss. Inc	90	8158.50	90.6500
ICATIBANT ACETATE 					
S.C. Inj. Sol (syr) 10 mg/mL (3 mL) PPB					
02425696	<i>Firazyr</i>	Takeda	1	2700.00	
02547562	<i>Injectable Icatibant</i>	Jamp	1	1485.00	

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

ICOSAPENT ETHYL

Caps.

				1 g	
02495244	Vascepa	HLS	120	294.00	2.4500

IDELALISIB

Tab.

				100 mg	
02438798	Zydelig	Gilead	60	5121.00	85.3500

Tab.

				150 mg	
02438801	Zydelig	Gilead	60	5121.00	85.3500

IMATINIB MESYLATE

Tab.

				100 mg	PPB	
02490986	ACH-Imatinib	Accord	120	624.95	➡	5.2079
02355337	Apo-Imatinib	Apotex	30	156.24	➡	5.2079
02253275	Gleevec	Novartis	120	3182.21		26.5184
02504596	Imatinib	Sanis	30	156.24	➡	5.2079
02521202	Imatinib	Sivem	30	156.24	➡	5.2079
02495066	Jamp Imatinib	Jamp	30	156.24	➡	5.2079
02492334	Mint-Imatinib	Mint	120	624.95	➡	5.2079
02397285	NAT-Imatinib	Natco	30	156.24	➡	5.2079
			120	624.95	➡	5.2079
02431114	pms-Imatinib	Phmscience	120	624.95	➡	5.2079
02399806	Teva-Imatinib	Teva Can	120	624.95	➡	5.2079

Tab.

				400 mg	PPB	
02490994	ACH-Imatinib	Accord	30	624.94	➡	20.8314
02355345	Apo-Imatinib	Apotex	30	624.94	➡	20.8314
02253283	Gleevec	Novartis	30	3182.21		106.0737
02504618	Imatinib	Sanis	30	624.94	➡	20.8314
02521210	Imatinib	Sivem	30	624.94	➡	20.8314
02495074	Jamp Imatinib	Jamp	30	624.94	➡	20.8314
02492342	Mint-Imatinib	Mint	30	624.94	➡	20.8314
02397293	NAT-Imatinib	Natco	30	624.94	➡	20.8314
02431122	pms-Imatinib	Phmscience	30	624.94	➡	20.8314
02399814	Teva-Imatinib	Teva Can	30	624.94	➡	20.8314

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

IMATINIB MESYLATE - GASTRO INTESTINAL STROMAL TUMOUR

Tab.

 100 mg **PPB**

99114189	<i>Apo-Imatinib</i>	Apotex	30	156.24	➡	5.2079
99100983	<i>Gleevec</i>	Novartis	120	3182.21		26.5184
99114338	<i>Imatinib</i>	Sivem	30	156.24	➡	5.2079
99114440	<i>Jamp Imatinib</i>	Jamp	30	156.24	➡	5.2079
99114287	<i>Mint-Imatinib</i>	Mint	120	624.95	➡	5.2079
99114193	<i>NAT-Imatinib</i>	Natco	30	156.24	➡	5.2079
			120	624.95	➡	5.2079
99114336	<i>Teva-Imatinib</i>	Teva Can	120	624.95	➡	5.2079

Tab.

 400 mg **PPB**

99114188	<i>Apo-Imatinib</i>	Apotex	30	624.94	➡	20.8314
99100982	<i>Gleevec</i>	Novartis	30	3182.21		106.0737
99114337	<i>Imatinib</i>	Sivem	30	624.94	➡	20.8314
99114439	<i>Jamp Imatinib</i>	Jamp	30	624.94	➡	20.8314
99114286	<i>Mint-Imatinib</i>	Mint	30	624.94	➡	20.8314
99114192	<i>NAT-Imatinib</i>	Natco	30	624.94	➡	20.8314
99114335	<i>Teva-Imatinib</i>	Teva Can	30	624.94	➡	20.8314

IMIQUIMOD

Top. Cr.

 5 % **PPB**

02239505	<i>Aldara P</i>	Bausch H.	7.5 g	287.52		
02482983	<i>Taro-Imiquimod Pump</i>	Taro	7.5 g	➡ 244.39		

INAVOLISIB

Tab.

3 mg

02555476	<i>Itovebi</i>	Roche	28	8366.00		298.7857

Tab.

9 mg

02555484	<i>Itovebi</i>	Roche	28	16732.00		597.5714

INCLISIRAN

S.C. Inj.Sol (syr)

189 mg/mL (1,5 mL)

02518376	<i>Leqvio</i>	Novartis	1	2839.28		

INCOBOTULINUMTOXINA

Inj. Pd.

50 U

02371081	<i>Xeomin</i>	Merz	1	168.96		

Inj. Pd.

100 U

02324032	<i>Xeomin</i>	Merz	1	337.92		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 200 U					
02556227	<i>Xeomin</i>	Merz	1	675.84	

**INDACATEROL (ACETATE)/GLYCOPYRRONIUM (BROMIDE)/MOMETASONE (FUROATE) **

Inh. Pd. (App.) 150 mcg - 50 mcg - 160 mcg					
02501244	<i>Enerzair Breezhaler</i>	Valeo	30	102.83	

**INDACATEROL (ACETATE)/MOMETASONE (FUROATE) **

Inh. Pd. (App.) 150 mcg - 80 mcg					
02498685	<i>Aectura Breezhaler</i>	Valeo	30	32.19	

Inh. Pd. (App.) 150 mcg - 160 mcg					
02498707	<i>Aectura Breezhaler</i>	Valeo	30	40.26	

Inh. Pd. (App.) 150 mcg - 320 mcg					
02498693	<i>Aectura Breezhaler</i>	Valeo	30	55.42	

**INDACATEROL (MALEATE)/ GLYCOPYRRONIUM (BROMIDE) **

Inh. Pd. (App.) 110 mcg - 50 mcg/caps.					
02418282	<i>Ultibro Breezhaler</i>	Novartis	30	77.49	

**INEBILIZUMAB **

I.V. Perf. Sol. 10 mg/mL (10 mL)					
02543931	<i>Uplizna</i>	Amgen	3	76869.00	25623.0000

**INFLIXIMAB **

I.V. Perf. Pd. 100 mg					
02496933	<i>Avsola</i>	Amgen	1	493.00	
02523191	<i>Ixifi</i>	Pfizer	1	493.00	
02419475	<i>Remdantry</i>	Celltrion	1	493.00	
02470373	<i>Renflexis</i>	Organon	1	493.00	

S.C. Inj. Sol. (pen) 120 mg/mL (1 mL)					
02511584	<i>Remsima SC</i>	Celltrion	2	949.02	474.5100

S.C. Inj. Sol. (syr) 120 mg/mL (1 mL)					
02511576	<i>Remsima SC</i>	Celltrion	2	949.02	474.5100

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

**INFLIXIMAB (REMICADE) **

I.V. Perf. Pd.

100 mg

02244016	<i>Remicade</i>	Janss. Inc	1	940.00	

INSULIN ASPART/ INSULIN ASPART PROTAMINE

S.C. Inj. Susp.

30 % - 70 % (3 mL)

02265435	<i>NovoMix30</i>	N.Nordisk	5	52.20	

INSULIN LISPRO/ INSULIN LISPRO PROTAMINE

S.C. Inj. Susp.

25 % - 75 % (3mL)

02240294	<i>Humalog Mix 25</i>	Lilly	5	51.44	
02403420	<i>Humalog Mix 25 KwikPen</i>	Lilly	5	51.44	

INTERFACE DRESSING - POLYAMIDE OR SILICONE

Dressing

100 cm² to 200 cm² (active surface)

99100353	<i>3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 20 cm-150cm²</i>	3M	1	5.23	
99100239	<i>Mepitel (10 cm x 18 cm - 180 cm²)</i>	Mölnlycke	1	7.40	

Dressing

201 cm² to 500 cm² (active surface)

99100354	<i>3M Tegaderm Non-Adherent Contact Layer 20 cm x 25 cm-500 cm²</i>	3M	1	15.84	

Dressing

Less than 100 cm² (active surface)

99100352	<i>3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 10 cm-75 cm²</i>	3M	1	3.39	
99100237	<i>Mepitel (5 cm X 7.5 cm - 38 cm²)</i>	Mölnlycke	1	3.48	
99100238	<i>Mepitel (7.5 cm x 10 cm - 75 cm²)</i>	Mölnlycke	1	4.52	

Dressing

More than 500 cm² (active surface)

99100240	<i>Mepitel (20 cm x 30 cm - 600 cm²)</i>	Mölnlycke	1	21.36	

**INTERFERON BETA-1A **

I.M. Inj. Sol.

30 mcg (6 MUI)

99100763	<i>Avonex Pen</i>	Biogen	4	1409.85	352.4625
02269201	<i>Avonex PS</i>	Biogen	4	1409.85	352.4625

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

S.C. Inj. Sol.			22 mcg/0.5 mL (1,5 mL)		
02318253	<i>Rebif</i>	Serono	4	1434.74	358.6850

S.C. Inj. Sol.			44 mcg/0.5 mL (1,5 mL)		
02318261	<i>Rebif</i>	Serono	4	1746.62	436.6550

S.C. Inj. Sol (syr)			22 mcg (6 MUI)		
02237319	<i>Rebif</i>	Serono	3	358.69	119.5633

S.C. Inj. Sol (syr)			44 mcg (12 MUI)		
02237320	<i>Rebif</i>	Serono	3	436.66	145.5533

INTERFERON BETA-1B

Inj. Pd.			0.3 mg		
02169649	<i>Betaseron</i>	Bayer	15	1490.39	99.3593
			45	4471.17	99.3593
02337819	<i>Extavia</i>	Novartis	15	1490.39	99.3593

ISAVUCONAZOLE

Caps.			100 mg		
02483971	<i>Cresemba</i>	Avir	14	1103.62	78.8300

I.V. Perf. Pd.			200 mg		
02483998	<i>Cresemba</i>	Avir	1	400.00	

IVABRADINE HYDROCHLORIDE

Tab.			5 mg		
02459973	<i>Lancora</i>	Servier	56	47.63	0.8505

Tab.			7.5 mg		
02459981	<i>Lancora</i>	Servier	56	87.18	1.5568

IVACAFTOR

Kit (solid oral)			150 mg		
02397412	<i>Kalydeco</i>	Vertex	56	23520.00	

IVOSIDENIB

Tab.			250 mg		
02549980	<i>Tibsovo</i>	Servier	60	19956.00	332.6000

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

IXEKIZUMAB

S.C. Inj. Sol.

80 mg/mL (1 mL)

02455102	Taltz (pen)	Lilly	1	1519.00	
02455110	Taltz (syringe)	Lilly	1	1519.00	

KETOROLAC TROMETHAMINE

Oph. Sol.

0.45 % (0.4 mL)

02369362	Acuvail	AbbVie	30	7.25	0.2417
			60	14.50	0.2417

Oph. Sol.

0.5 % PPB

01968300	Acular	AbbVie	5 ml	16.80	
			10 ml	33.60	
02245821	Ketorolac	AA Pharma	5 ml	12.98	
			10 ml	25.96	

LACOSAMIDE

Tab.

50 mg PPB

02489287	ACH-Lacosamide	Accord	60	37.88	0.6313
02501910	AG-Lacosamide	Angita	100	63.13	0.6313
02475332	Auro-Lacosamide	AuroPharma	60	37.88	0.6313
02488388	Jamp-Lacosamide	Jamp	100	63.13	0.6313
02512874	Lacosamide	Sanis	60	37.88	0.6313
02490544	Mint-Lacosamide	Mint	60	37.88	0.6313
02499568	NRA-Lacosamide	Nora	60	37.88	0.6313
02478196	Pharma-Lacosamide	Phmscience	60	37.88	0.6313
02565056	Riva-Lacosamide	Riva	60	37.88	0.6313
02474670	Sandoz Lacosamide	Sandoz	60	37.88	0.6313
02472902	Teva-Lacosamide	Teva Can	60	37.88	0.6313
02357615	Vimpat	U.C.B.	60	139.20	2.3200
02487802	ZDS-Lacosamide	Zydus Ph	60	37.88	0.6313

Tab.

100 mg PPB

02489295	ACH-Lacosamide	Accord	60	52.50	0.8750
02501929	AG-Lacosamide	Angita	100	87.50	0.8750
02475340	Auro-Lacosamide	AuroPharma	60	52.50	0.8750
02488396	Jamp-Lacosamide	Jamp	100	87.50	0.8750
02512882	Lacosamide	Sanis	60	52.50	0.8750
02490552	Mint-Lacosamide	Mint	60	52.50	0.8750
02499576	NRA-Lacosamide	Nora	60	52.50	0.8750
02478218	Pharma-Lacosamide	Phmscience	60	52.50	0.8750
02565064	Riva-Lacosamide	Riva	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
02487810	ZDS-Lacosamide	Zydus Ph	60	52.50	0.8750

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

Tab.

150 mg **PPB**

02489309	<i>ACH-Lacosamide</i>	Accord	60	70.58	➡ 1.1763
02501937	<i>AG-Lacosamide</i>	Angita	100	117.63	➡ 1.1763
02475359	<i>Auro-Lacosamide</i>	AuroPharma	60	70.58	➡ 1.1763
02488418	<i>Jamp-Lacosamide</i>	Jamp	100	117.63	➡ 1.1763
02512890	<i>Lacosamide</i>	Sanis	60	70.58	➡ 1.1763
02490560	<i>Mint-Lacosamide</i>	Mint	60	70.58	➡ 1.1763
02499584	<i>NRA-Lacosamide</i>	Nora	60	70.58	➡ 1.1763
02478226	<i>Pharma-Lacosamide</i>	Phmscience	60	70.58	➡ 1.1763
02565072	<i>Riva-Lacosamide</i>	Riva	60	70.58	➡ 1.1763
02474697	<i>Sandoz Lacosamide</i>	Sandoz	60	70.58	➡ 1.1763
02472929	<i>Teva-Lacosamide</i>	Teva Can	60	70.58	➡ 1.1763
02357631	<i>Vimpat</i>	U.C.B.	60	259.20	4.3200
02487829	<i>ZDS-Lacosamide</i>	Zydus Ph	60	70.58	➡ 1.1763

Tab.

200 mg **PPB**

02489317	<i>ACH-Lacosamide</i>	Accord	60	87.00	➡ 1.4500
02501945	<i>AG-Lacosamide</i>	Angita	100	145.00	➡ 1.4500
02475367	<i>Auro-Lacosamide</i>	AuroPharma	60	87.00	➡ 1.4500
02488426	<i>Jamp-Lacosamide</i>	Jamp	100	145.00	➡ 1.4500
02512904	<i>Lacosamide</i>	Sanis	60	87.00	➡ 1.4500
02490579	<i>Mint-Lacosamide</i>	Mint	60	87.00	➡ 1.4500
02499592	<i>NRA-Lacosamide</i>	Nora	60	87.00	➡ 1.4500
02478234	<i>Pharma-Lacosamide</i>	Phmscience	60	87.00	➡ 1.4500
02565080	<i>Riva-Lacosamide</i>	Riva	60	87.00	➡ 1.4500
02474700	<i>Sandoz Lacosamide</i>	Sandoz	60	87.00	➡ 1.4500
02472937	<i>Teva-Lacosamide</i>	Teva Can	60	87.00	➡ 1.4500
02357658	<i>Vimpat</i>	U.C.B.	60	319.20	5.3200
02487837	<i>ZDS-Lacosamide</i>	Zydus Ph	60	87.00	➡ 1.4500

LACTULOSE

Syr. or Oral Sol.

667 mg/mL **PPB**

02295881	<i>Jamp-Lactulose</i>	Jamp	500 ml	7.25	➡ 0.0145
			1000 ml	14.50	➡ 0.0145
02412268	<i>Lactulose</i>	Sanis	500 ml	7.25	➡ 0.0145
02247383	<i>Pharma-Lactulose</i>	Phmscience	500 ml	7.25	➡ 0.0145
			1000 ml	14.50	➡ 0.0145
00703486	<i>pms-Lactulose</i>	Phmscience	500 ml	7.25	➡ 0.0145
			1000 ml	14.50	➡ 0.0145
02469391	<i>pms-Lactulose-Pharma</i>	Phmscience	500 ml	7.25	➡ 0.0145
			1000 ml	14.50	➡ 0.0145
00854409	<i>ratio-Lactulose</i>	Teva Can	500 ml	7.25	➡ 0.0145
			1000 ml	14.50	➡ 0.0145

LANTHANUM CARBONATE HYDRATE

Chew. Tab.

250 mg

02498731	<i>Nat-Lanthanum</i>	Natco	90	92.06	1.0229

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chew. Tab.					
02498758	Nat-Lanthanum	Natco	90	500 mg 184.13	2.0459
Chew. Tab.					
02498766	Nat-Lanthanum	Natco	90	750 mg 277.07	3.0786
Chew. Tab.					
02498774	Nat-Lanthanum	Natco	90	1000 mg 367.34	4.0815
LAPATINIB 					
Tab.					
02326442	Tykerb	Novartis	70	250 mg 1645.00	23.5000
LAROTRECTINIB 					
Caps.					
02490315	Vitrakvi	Bayer	56	25 mg 2930.90	52.3375
Caps.					
02490323	Vitrakvi	Bayer	56	100 mg 11723.60	209.3500
Oral Sol.					
02490331	Vitrakvi	Bayer	2	20 mg/mL (50 mL) 4187.00	2093.5000
LAZERTINIB 					
Tab.					
02555964	Lazcluze	Janss. Inc	60	80 mg 6218.40	103.6400
Tab.					
02555972	Lazcluze	Janss. Inc	30	240 mg 9327.60	310.9200
LEBRIKIZUMAB 					
S.C. Inj. Sol. (pen)					
02549123	Ebglyss	Lilly	1 2	125 mg/mL (2 mL) 1876.71 3753.42	1876.7100
S.C. Inj. Sol (syr)					
02549131	Ebglyss	Lilly	1	125 mg/mL (2 mL) 1876.71	

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

LEDIPASVIR/SOFOSBUVIR

Tab.

90 mg -400 mg

02432226	Harvoni	Gilead	28	22333.33	797.6189

LENVATINIB

Kit (solid oral)

daily dose of 4 mg: 4 mg (5 caps.)

02484056	Lenvima	Eisai	6	977.15	162.8575

Kit (solid oral)

daily dose of 8 mg: 4 mg (10 caps.)

02468220	Lenvima	Eisai	6	1954.29	325.7150

Kit (solid oral)

daily dose of 10 mg: 10 mg (5 caps.)

02450321	Lenvima	Eisai	6	2149.20	358.2000

Kit (solid oral)

daily dose of 12 mg : 4 mg (15 caps.)

02484129	Lenvima	Eisai	6	2931.44	488.5725

Kit (solid oral)

daily dose of 14 mg: 4 mg (5 caps.) and 10 mg (5 caps.)

02450313	Lenvima	Eisai	6	3312.60	552.1000

Kit (solid oral)

daily dose of 20 mg: 10 mg (10 caps.)

02450305	Lenvima	Eisai	6	4969.20	828.2000

Kit (solid oral)

daily dose of 24 mg: 4 mg (5 caps.) and 10 mg (10 caps.)

02450291	Lenvima	Eisai	6	6625.20	1104.2000

LETERMOVIR

I.V. Perf. Sol.

20 mg/mL (12 mL)

* 02469367	Prevymis	Merck	1	238.72	

Tab.

 240 mg **PPB**

+ 02559323	Lupin-Letermovir	Lupin	28	5013.04	➡ 179.0370
* 02469375	Prevymis	Merck	28	6684.05	238.7160

Tab.

 480 mg **PPB**

+ 02559331	Lupin-Letermovir	Lupin	28	5013.04	➡ 179.0370
* 02469383	Prevymis	Merck	28	6684.05	238.7160

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

LEVOFLOXACIN

Inh. Sol.

100 mg/mL (2.4 mL)

02442302	Quinsair	Amgen	56	3611.37	64.4887

LINAGLIPTIN/METFORMIN HYDROCHLORIDE

Tab.

2.5 mg - 500 mg

02403250	Jentadueto	Bo. Ing.	60	71.02	1.1837

Tab.

2.5 mg - 850 mg

02403269	Jentadueto	Bo. Ing.	60	71.02	1.1837

Tab.

2.5 mg - 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
			90	202.50	2.2500

LINEZOLID

I.V. Perf. Sol.

2 mg/mL (300 mL)

PPB

02481278	Linezolid Injection	Jamp	10	887.40	➡ 88.7400
02243685	Zyvoxam	Pfizer	1	99.91	

Tab.

600 mg

PPB

02426552	Apo-Linezolid	Apotex	30	579.12	➡ 19.3041
02520354	Jamp Linezolid	Jamp	20	386.08	➡ 19.3041
02422689	Sandoz Linezolid	Sandoz	20	386.08	➡ 19.3041

LIRAGLUTIDE

S.C. Inj. Sol.

6 mg/mL (3 mL)

02351064	Victoza	N. Nordisk	2	136.98	
			3	205.47	

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

LISDEXAMFETAMINE (DIMESYLATE) ♦

Caps.

 10 mg **PPB**

02546647	<i>Apo-Lisdexamfetamine</i>	Apotex	100	56.92	➡	0.5692
02535122	<i>JAMP Lisdexamfetamine</i>	Jamp	30	17.08	➡	0.5692
			100	56.92	➡	0.5692
02547031	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	56.92	➡	0.5692
02546248	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	56.92	➡	0.5692
02545861	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	56.92	➡	0.5692
02439603	<i>Vyvanse</i>	Takeda	100	201.00		2.0100

Caps.

 20 mg **PPB**

02546655	<i>Apo-Lisdexamfetamine</i>	Apotex	100	70.81	➡	0.7081
02535130	<i>JAMP Lisdexamfetamine</i>	Jamp	30	21.24	➡	0.7081
			100	70.81	➡	0.7081
02547058	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	70.81	➡	0.7081
02546256	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	70.81	➡	0.7081
02545888	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	70.81	➡	0.7081
02347156	<i>Vyvanse</i>	Takeda	100	224.00		2.2400

Caps.

 30 mg **PPB**

02546663	<i>Apo-Lisdexamfetamine</i>	Apotex	100	84.69	➡	0.8469
02535149	<i>JAMP Lisdexamfetamine</i>	Jamp	30	25.41	➡	0.8469
			100	84.69	➡	0.8469
02547066	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	84.69	➡	0.8469
02546264	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	84.69	➡	0.8469
02545896	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	84.69	➡	0.8469
02322951	<i>Vyvanse</i>	Takeda	100	251.00		2.5100

Caps.

 40 mg **PPB**

02546671	<i>Apo-Lisdexamfetamine</i>	Apotex	100	98.57	➡	0.9857
02535157	<i>JAMP Lisdexamfetamine</i>	Jamp	30	29.57	➡	0.9857
			100	98.57	➡	0.9857
02547074	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	98.57	➡	0.9857
02546272	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	98.57	➡	0.9857
02545918	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	98.57	➡	0.9857
02347164	<i>Vyvanse</i>	Takeda	100	278.00		2.7800

Caps.

 50 mg **PPB**

02546698	<i>Apo-Lisdexamfetamine</i>	Apotex	100	112.46	➡	1.1246
02535165	<i>JAMP Lisdexamfetamine</i>	Jamp	30	33.74	➡	1.1246
			100	112.46	➡	1.1246
02547082	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	112.46	➡	1.1246
02546280	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	112.46	➡	1.1246
02545926	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	112.46	➡	1.1246
02322978	<i>Vyvanse</i>	Takeda	100	305.00		3.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 60 mg PPB					
02546701	<i>Apo-Lisdexamfetamine</i>	Apotex	100	126.34	➡ 1.2634
02535173	<i>JAMP Lisdexamfetamine</i>	Jamp	30	37.90	➡ 1.2634
			100	126.34	➡ 1.2634
02547090	<i>Pro-Lisdexamfetamine</i>	Pro Doc	100	126.34	➡ 1.2634
02546299	<i>Sandoz Lisdexamfetamine</i>	Sandoz	100	126.34	➡ 1.2634
02545934	<i>Teva-Lisdexamfetamine</i>	Teva Can	100	126.34	➡ 1.2634
02347172	<i>Vyvanse</i>	Takeda	100	331.00	3.3100

**LOMITAPIDE (MESYLATE) **

Caps. 5 mg					
02420341	<i>Juxtapid</i>	Medison	28	29120.00	1040.0000

Caps. 10 mg					
02420376	<i>Juxtapid</i>	Medison	28	29120.00	1040.0000

Caps. 20 mg					
02420384	<i>Juxtapid</i>	Medison	28	29120.00	1040.0000

**LORLATINIB **

Tab. 25 mg					
02485966	<i>Lorbrena</i>	Pfizer	30	3373.33	112.4443

Tab. 100 mg					
02485974	<i>Lorbrena</i>	Pfizer	30	10120.00	337.3333

**LUMASIRAN SODIUM **

S.C. Inj. Sol. 94.5 mg/0.5 mL					
02525755	<i>Oxlumo</i>	Alnylam	1	96855.33	

**LUSPATERCEPT **

S.C. Inj. Pd. 25 mg					
02505541	<i>Reblozyl</i>	B.M.S.	1	2189.00	

S.C. Inj. Pd. 75 mg					
02505568	<i>Reblozyl</i>	B.M.S.	1	6567.00	

**MACITENTAN **

Tab. 10 mg					
02415690	<i>Opsumit</i>	Janss. Inc	30	3495.00	116.5000

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

MAGNESIUM HYDROXIDE

Oral Susp.

				400 mg/5 mL	
00468401	<i>Lait de Magnesie</i>	Atlas	500 ml	2.49	0.0050

MAGNESIUM HYDROXIDE/ ALUMINUM HYDROXIDE ⁵

Oral Susp.

				200 mg - 200 mg/5 mL	
99002574			500 ml		

Oral Susp.

				300 mg -600 mg/5 mL	
99002442			350 ml		

Tab.

				100 mg -184 mg	
99002868			50		

Tab.

				200 mg -200 mg	
99100716			36		

Tab.

				300 mg -600 mg	
99002450			40		

MARAVIROC

Tab.

				150 mg	PPB	
* 02299844	<i>Celsentri</i>	ViiV	60	990.00		16.5000
+ 02561921	<i>Waymade-Maraviroc</i>	Waymade	60	972.94	➡	16.2156

Tab.

				300 mg	PPB	
* 02299852	<i>Celsentri</i>	ViiV	60	990.00		16.5000
+ 02561948	<i>Waymade-Maraviroc</i>	Waymade	60	972.94	➡	16.2156

MARIBAVIR

Tab.

				200 mg		
02530740	<i>Livtensity</i>	Takeda	56	15500.00		276.7857

MAVACAMTEN

Caps.

				2.5 mg		
02532549	<i>Camzyos</i>	B.M.S.	30	1848.00		61.6000

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 5 mg					
02532557	Camzyos	B.M.S.	30	1848.00	61.6000

Caps. 10 mg					
02532565	Camzyos	B.M.S.	30	1848.00	61.6000

Caps. 15 mg					
02532573	Camzyos	B.M.S.	30	1848.00	61.6000

MEMANTINE HYDROCHLORIDE

Tab. 10 mg PPB					
02324067	ACT Memantine	Teva Can	30	13.26	➡ 0.4420
			100	44.20	➡ 0.4420
02366487	Apo-Memantine	Apotex	100	44.20	➡ 0.4420
02260638	Ebixa	Lundbeck	30	70.10	2.3367
02443082	Memantine	Sanis	100	44.20	➡ 0.4420
02446049	Memantine	Sivem	30	13.26	➡ 0.4420
			100	44.20	➡ 0.4420
02531887	Mint-Memantine	Mint	100	44.20	➡ 0.4420
02321130	pms-Memantine	Phmscience	30	13.26	➡ 0.4420
			100	44.20	➡ 0.4420
02348950	Riva-Memantine	Riva	30	13.26	➡ 0.4420
			100	44.20	➡ 0.4420
02375532	Sandoz Memantine FCT	Sandoz	100	44.20	➡ 0.4420

MEPOLIZUMAB

S.C. Inj. Sol. (pen) 100 mg/mL (1 mL)					
02492989	Nucala	GSK	1	1938.46	

S.C. Inj. Sol (syr) 100 mg/mL (0,4 mL)					
02530821	Nucala	GSK	1	840.24	

S.C. Inj. Sol (syr) 100 mg/mL (1 mL)					
02492997	Nucala	GSK	1	1938.46	

METHYLPHENIDATE HYDROCHLORIDE

L.A. Caps. 10 mg PPB					
02277166	Biphentin	Elvium	100	67.45	0.6745
02536943	pms-Methylphenidate CR	Phmscience	100	51.28	➡ 0.5128

L.A. Caps. 15 mg PPB					
02277131	Biphentin	Elvium	100	96.57	0.9657
02536951	pms-Methylphenidate CR	Phmscience	100	73.54	➡ 0.7354

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			20 mg PPB		
02277158	<i>Biphentin</i>	Elvium	100	124.68	1.2468
02536978	<i>pms-Methylphenidate CR</i>	Phmscience	100	94.77 ➡	0.9477
L.A. Caps.			25 mg		
02470292	<i>Foquest</i>	Elvium	60	167.76	2.7960
L.A. Caps.			30 mg PPB		
02277174	<i>Biphentin</i>	Elvium	100	171.18	1.7118
02536986	<i>pms-Methylphenidate CR</i>	Phmscience	100	130.21 ➡	1.3021
L.A. Caps.			35 mg		
02470306	<i>Foquest</i>	Elvium	60	184.26	3.0710
L.A. Caps.			40 mg PPB		
02277182	<i>Biphentin</i>	Elvium	100	218.15	2.1815
02536994	<i>pms-Methylphenidate CR</i>	Phmscience	100	165.88 ➡	1.6588
L.A. Caps.			45 mg		
02470314	<i>Foquest</i>	Elvium	60	200.16	3.3360
L.A. Caps.			50 mg PPB		
02277190	<i>Biphentin</i>	Elvium	50	132.20	2.6440
02537001	<i>pms-Methylphenidate CR</i>	Phmscience	100	201.30 ➡	2.0130
L.A. Caps.			55 mg		
02470322	<i>Foquest</i>	Elvium	60	216.66	3.6110
L.A. Caps.			60 mg PPB		
02277204	<i>Biphentin</i>	Elvium	50	156.20	3.1240
02537028	<i>pms-Methylphenidate CR</i>	Phmscience	100	234.25 ➡	2.3425
L.A. Caps.			70 mg		
02470330	<i>Foquest</i>	Elvium	60	241.44	4.0240
L.A. Caps.			80 mg PPB		
02277212	<i>Biphentin</i>	Elvium	50	202.86	4.0572
02537036	<i>pms-Methylphenidate CR</i>	Phmscience	100	308.83 ➡	3.0883
L.A. Caps.			85 mg		
02470349	<i>Foquest</i>	Elvium	60	265.62	4.4270

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. 100 mg					
02470357	<i>Foquest</i>	Elvium	60	289.74	4.8290
L.A. Tab. (12 h) 18 mg PPB					
* 02441934	<i>ACT Methylphenidate ER</i>	Teva Can	100	52.46	➡ 0.5246
02247732	<i>Concerta</i>	Janss. Inc	100	203.64	2.0364
+ 02539004	<i>Taro-Methylphenidate ER</i>	Taro	100	52.46	➡ 0.5246
L.A. Tab. (12 h) 27 mg PPB					
* 02441942	<i>ACT Methylphenidate ER</i>	Teva Can	100	60.55	➡ 0.6055
02250241	<i>Concerta</i>	Janss. Inc	100	235.01	2.3501
+ 02539012	<i>Taro-Methylphenidate ER</i>	Taro	100	60.55	➡ 0.6055
L.A. Tab. (12 h) 36 mg PPB					
* 02441950	<i>ACT Methylphenidate ER</i>	Teva Can	100	68.63	➡ 0.6863
02247733	<i>Concerta</i>	Janss. Inc	100	266.38	2.6638
+ 02539020	<i>Taro-Methylphenidate ER</i>	Taro	100	68.63	➡ 0.6863
L.A. Tab. (12 h) 54 mg PPB					
* 02441969	<i>ACT Methylphenidate ER</i>	Teva Can	100	84.79	➡ 0.8479
02247734	<i>Concerta</i>	Janss. Inc	100	329.12	3.2912
+ 02539039	<i>Taro-Methylphenidate ER</i>	Taro	100	84.79	➡ 0.8479
L.A. Tab. (12 hours) 18 mg					
02452731	<i>Apo-Methylphenidate ER</i>	Apotex	100	50.99	0.5099
L.A. Tab. (12 hours) 27 mg					
02452758	<i>Apo-Methylphenidate ER</i>	Apotex	100	58.84	0.5884
L.A. Tab. (12 hours) 36 mg					
02452766	<i>Apo-Methylphenidate ER</i>	Apotex	100	68.63	0.6863
L.A. Tab. (12 hours) 54 mg					
02330377	<i>Apo-Methylphenidate ER</i>	Apotex	100	82.40	0.8240
METRONIDAZOLE 					
Vag. Jel. 0.75 %					
02125226	<i>Nidagel</i>	Bausch H.	70 g	18.62	

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

MICAFUNGIN SODIUM

I.V. Perf. Pd.

50 mg **PPB**

02532344	Micafungin Sodium for Injection	Hikma	1	➡ 83.33	
02524953	Micafungin Sodium for Injection	Juno	1	➡ 83.33	

I.V. Perf. Pd.

100 mg **PPB**

02532360	Micafungin Sodium for Injection	Hikma	1	➡ 166.66	
02524961	Micafungin Sodium for Injection	Juno	1	➡ 166.66	

MIGALASTAT

Caps.

123 mg

02468042	Galafold	Amicus	14	23800.00	1700.0000

MINERAL OIL

Liq.

100 %

00704172	Huile Minerale	Atlas	250 ml 500 ml	2.15 3.11	0.0086 0.0062

Liq. (Rect.)

00107875	Fleet Huileux	CB Fleet	130 ml	5.87	

MIRABEGRON

L.A. Tab.

25 mg **PPB**

02564963	Apo-Mirabegron	Apotex	30 100	32.85 109.50	➡ 1.0950 ➡ 1.0950
02402874	Myrbetriq	Astellas	30 90	43.80 131.40	1.4600 1.4600

L.A. Tab.

50 mg **PPB**

* 02564971	Apo-Mirabegron	Apotex	30 100	21.90 73.00	➡ 0.7300 ➡ 0.7300
+ 02564955	Auro-Mirabegron	AuroPharma	30 90	21.90 65.70	➡ 0.7300 ➡ 0.7300
02402882	Myrbetriq	Astellas	30 90	43.80 131.40	1.4600 1.4600

MIRIKIZUMAB (CROHN'S DISEASE)

I.V. Perf. Sol.

20 mg/mL (15 mL)

99114547	Omvo	Lilly	1	2374.66	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
kit(sub.inj.sol)		100 mg/mL (1 mL and 2 mL)			
02559242	<i>Omvoh (stylo)</i>	Lilly	1	2536.14	
02559234	<i>Omvoh (syringe)</i>	Lilly	1	2536.14	

MIRIKIZUMAB (ULCERATIVE COLITIS)

I.V. Perf. Sol.		20 mg/mL (15 mL)			
02539861	<i>Omvoh</i>	Lilly	1	2374.66	

S.C. Inj. Sol.		100 mg/mL (1 mL)			
02539845	<i>Omvoh (stylo)</i>	Lilly	2	2374.66	1187.3300
02539853	<i>Omvoh (syringe)</i>	Lilly	2	2374.66	1187.3300

MODAFINIL

Tab.		100 mg PPB			
02285398	<i>Apo-Modafinil</i>	Apotex	100	31.71	➡ 0.3171
02430487	<i>Auro-Modafinil</i>	AuroPharma	30	9.51	➡ 0.3171
			100	31.71	➡ 0.3171
02503727	<i>Jamp Modafinil</i>	Jamp	100	31.71	➡ 0.3171
02432560	<i>Mar-Modafinil</i>	Marcan	100	31.71	➡ 0.3171
02530244	<i>Modafinil</i>	Sanis	100	31.71	➡ 0.3171
02420260	<i>Teva-Modafinil</i>	Teva Can	30	9.51	➡ 0.3171
			100	31.71	➡ 0.3171

MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing		100 cm ² to 200 cm ² (active surface)			
99004720	<i>Alginate Hydrocolloid Dressing (12,2 cm x 10,2 cm - 104 cm²)</i>	Covidien	5	18.00	3.6000
99100609	<i>Comfeel Plus Ulcer (10 cm x 10 cm - 100 cm²)</i>	Coloplast	10	28.00	2.8000
00899666	<i>DuoDERM CGF (10 cm x 10 cm - 100 cm²)</i>	Convatec	5	21.70	4.3400
			20	86.82	4.3410
99004984	<i>DuoDERM Signal (14 cm x 14 cm - 188 cm²)</i>	Convatec	1	8.15	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
201 cm ² to 500 cm ² (active surface)					
99004747	<i>Alginate Hydrocolloid Dressing (15,2 cm x 20,3 cm - 309 cm²)</i>	Covidien	30	229.90	7.6633
99004755	<i>Alginate Hydrocolloid Dressing (20,3 cm x 20,3 cm - 412 cm²)</i>	Covidien	30	273.20	9.1067
99100610	<i>Comfeel Plus Ulcer (15 cm x 15 cm - 225 cm²)</i>	Coloplast	5	31.50	6.3000
99100611	<i>Comfeel Plus Ulcer (20 cm x 20 cm - 400 cm²)</i>	Coloplast	5	56.00	11.2000
00899674	<i>DuoDERM CGF (15 cm x 15 cm - 225 cm²)</i>	Convatec	1	9.50	
00801046	<i>DuoDERM CGF (15 cm x 20 cm - 300 cm²)</i>	Convatec	1	12.65	
00899682	<i>DuoDERM CGF (20 cm x 20 cm - 400 cm²)</i>	Convatec	1	16.87	
99004992	<i>DuoDERM Signal (20 cm x 20 cm - 388 cm²)</i>	Convatec	1	16.36	
Dressing					
Less than 100 cm ² (active surface)					
99100608	<i>Comfeel Plus Ulcer (4 cm x 6 cm - 24 cm²)</i>	Coloplast	30	20.16	0.6720
99004976	<i>DuoDERM Signal (10 cm x 10 cm - 94 cm²)</i>	Convatec	1	4.09	
Dressing					
More than 500 cm ² (active surface)					
00800988	<i>DuoDERM CGF (20 cm x 30 cm - 600 cm²)</i>	Convatec	1	17.92	
Dressing					
Sacrum or triangular					
99100148	<i>Comfeel Plus Sacrum (18 cm x 20 cm - 180 cm²)</i>	Coloplast	5	46.75	9.3500
00907758	<i>DuoDERM CGF Border (Triangular 15 cm x 18 cm - 99 cm²)</i>	Convatec	1	5.43	
00907782	<i>DuoDERM CGF Border (Triangular 20 cm x 23 cm - 270 cm²)</i>	Convatec	1	11.17	
99100108	<i>DuoDERM Signal (Sacrum 20 cm x 23 cm - 258 cm²)</i>	Convatec	1	14.13	
99100107	<i>DuoDERM Signal (Triangular 15 cm x 18 cm - 216 cm²)</i>	Convatec	1	10.65	
99100106	<i>DuoDERM Signal (Triangular 20 cm x 23 cm - 322 cm²)</i>	Convatec	1	16.33	

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

Thin dr.

100 cm² to 200 cm² (active surface)

99100143	<i>Comfeel Plus Transparent</i> (10 cm x 10 cm - 100 cm ²)	Coloplast	10	28.10	2.8100
99101135	<i>Comfeel Plus Transparent</i> (5 cm x 25 cm - 125 cm ²)	Coloplast	10	36.20	3.6200
99100147	<i>Comfeel Plus Transparent</i> (9 cm x 14 cm - 126 cm ²)	Coloplast	10	36.60	3.6600
99000261	<i>DuoDERM CGF Extra Thin</i> (10 cm x 10 cm - 100 cm ²)	Convatec	1	3.00	3.0000
00920029	<i>DuoDERM CGF Extra Thin</i> (10 cm x 15 cm - 118 cm ²)	Convatec	10	30.00	
00920088	<i>DuoDERM CGF Extra Thin</i> (5 cm x 20 cm - 100 cm ²)	Convatec	1	3.82	
99100655	<i>Exuderm OdorShield</i> (10 cm x 10 cm - 100 cm ²)	Medline	10	3.24	2.1280

Thin dr.

201 cm² to 500 cm² (active surface)

99100144	<i>Comfeel Plus Transparent</i> (15 cm x 15 cm - 225 cm ²)	Coloplast	5	27.30	5.4600
99101136	<i>Comfeel Plus Transparent</i> (9 cm x 25 cm - 225 cm ²)	Coloplast	5	27.25	5.4500
00908134	<i>DuoDERM CGF Extra Thin</i> (15 cm x 15 cm - 225 cm ²)	Convatec	1	5.77	

Thin dr.

Less than 100 cm² (active surface)

99101134	<i>Comfeel Plus Transparent</i> (5 cm x 15 cm - 75 cm ²)	Coloplast	10	26.20	2.6200
99100146	<i>Comfeel Plus Transparent</i> (5 cm x 7 cm - 35 cm ²)	Coloplast	10	15.80	1.5800
00920010	<i>DuoDERM CGF Extra Thin</i> (7.5 cm x 7.5 cm - 56 cm ²)	Convatec	1	2.60	
00920231	<i>DuoDERM CGF Extra-Thin</i> (5 cm x 10 cm - 50 cm ²)	Convatec	1	1.96	

Thin dr.

Sacrum

00920037	<i>DuoDERM CGF Extra-Thin</i> (Sacrum 15 cm x 18 cm - 216 cm ²)	Convatec	1	8.43	
99100652	<i>Exuderm OdorShield Sacral</i> (15,2 cm x 16,3 cm - 271 cm ²)	Medline	5	36.79	7.3580

MOMELOTINIB (HYDROCHLORIDE)

Tab.

100 mg

02552965	<i>Ojjaara</i>	GSK	30	6925.83	230.8610

Tab.

150 mg

02552973	<i>Ojjaara</i>	GSK	30	6925.83	230.8610

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

Tab.			200 mg		
02552981	<i>Ojjaara</i>	GSK	30	6925.83	230.8610

MULTIVITAMINS ⁵

Caps. or Tab.					
99002493			1		

Chew. Tab.					
99002507			1		

NAPROXEN/ESOMEPRAZOLE

Tab.			375 mg - 20 mg PPB		
02458608	<i>Mylan-Naproxen/ Esomeprazole MR</i>	Mylan	60	46.92 ➡	0.7820
02361701	<i>Vimovo</i>	Xediton	60	55.20	0.9200

Tab.			500 mg - 20 mg PPB		
02443449	<i>Mylan-Naproxen/ Esomeprazole MR</i>	Mylan	60	46.92 ➡	0.7820
02361728	<i>Vimovo</i>	Xediton	60	55.20	0.9200

NATALIZUMAB

I.V. Inj. Sol.			300mg/15ml		
02286386	<i>Tysabri</i>	Biogen	1	2451.32	

NETUPITANT/PALONOSETRON CHLORHYDRATE

Caps.			300 mg - 0,5 mg		
02468735	<i>Akynzeo</i>	Knight	1	135.00	

NILOTINIB

Caps.			150 mg PPB		
02550881	<i>Apo-Nilotinib</i>	Apotex	112	1854.38 ➡	16.5570
02556634	<i>Reddy-Nilotinib</i>	Dr Reddy's	112	1854.38 ➡	16.5570
			120	1986.84 ➡	16.5570
02368250	<i>Tasigna</i>	Novartis	112	3054.72	27.2743

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

Caps.

200 mg **PPB**

02550903	<i>Apo-Nilotinib</i>	Apotex	112	2581.30	➡ 23.0473
02556642	<i>Reddy-Nilotinib</i>	Dr Reddy's	28	645.32	➡ 23.0473
			112	2581.30	➡ 23.0473
02315874	<i>Tasigna</i>	Novartis	112	3947.17	35.2426

NINTEDANIB ESILATE

Caps.

100 mg **PPB**

02526891	<i>Auro-Nintedanib</i>	AuroPharma	60	852.50	➡ 14.2084
02550849	<i>JAMP Nintedanib</i>	Jamp	60	852.50	➡ 14.2084
02443066	<i>Ofev</i>	Bo. Ing.	60	1630.80	27.1800

Caps.

150 mg **PPB**

02526905	<i>Auro-Nintedanib</i>	AuroPharma	60	1705.01	➡ 28.4168
02540762	<i>JAMP Nintedanib</i>	Jamp	60	1705.01	➡ 28.4168
02443074	<i>Ofev</i>	Bo. Ing.	30	1630.80	54.3600
			60	3261.60	54.3600

NIRAPARIB TOSYLATE

Caps.

100 mg

02489783	<i>Zejula</i>	GSK	56	7379.96	131.7850
			84	11069.94	131.7850

Tab.

100 mg

02530031	<i>Zejula</i>	GSK	56	7379.96	131.7850

NIRAPARIB/ABIRATERONE (ACETATE OF)

Tab.

50 mg - 500 mg

02538555	<i>Akeega</i>	Janss. Inc	60	8826.00	147.1000

Tab.

100 mg - 500 mg

02538563	<i>Akeega</i>	Janss. Inc	60	8826.00	147.1000

NITRAZEPAM

Tab.

5 mg

00511528	<i>Mogadon</i>	AA Pharma	100	18.26	0.1826

Tab.

10 mg

00511536	<i>Mogadon</i>	AA Pharma	100	27.32	0.2732

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

NUTRITIONAL FORMULA - CASEIN HYDROLYSATE (INFANTS AND CHILDREN)

Liq.			237 mL	suppl.	
99100206	<i>Alimentum</i>	Abbott	1	1.68	

Ped. Oral Pd.			454 g	suppl.	
99100532	<i>Nutramigen A+</i>	M.J.	1	18.46	
99100533	<i>Pregestimil A+</i>	M.J.	1	23.18	

Ped. Oral Pd.			561 g	suppl.	
99114521	<i>Nutramigen A+</i>	M.J.	1	33.32	
99101338	<i>Nutramigen A+ LGG</i>	M.J.	1	33.32	

NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL

Liq.				suppl.	
99100217	<i>Medium chain triglycerides</i>	Nestlé H.S	946 ml	36.71	

NUTRITIONAL FORMULA - HIGH PROTEIN SEMI-ELEMENTAL

Liq.			1 L	suppl.	
99002922	<i>Peptamen 1.5</i>	Nestlé H.S	1	48.84	
99100826	<i>Peptamen AF 1.2</i>	Nestlé H.S	1	52.92	
99114404	<i>Pivot 1.5 Cal</i>	Abbott	8	306.88	38.3600
99101178	<i>Vital Peptide 1.5 Cal</i>	Abbott	1	28.88	

Liq.			220 mL à 250 mL	suppl.	
99101181	<i>PediaSure Peptide 1 Cal</i>	Abbott	1	2.49	
00908444	<i>Peptamen</i>	Nestlé H.S	1	8.23	
99003031	<i>Peptamen 1.5</i>	Nestlé H.S	1	12.21	
99100309	<i>Peptamen AF 1.2</i>	Nestlé H.S	1	13.23	
99004631	<i>Peptamen avec Prebio 1</i>	Nestlé H.S	1	8.24	
99000296	<i>Peptamen Junior</i>	Nestlé H.S	1	8.24	
99100789	<i>Peptamen Junior 1.5</i>	Nestlé H.S	1	12.36	
99114403	<i>Pivot 1.5 Cal</i>	Abbott	24	218.19	9.0913
99101182	<i>Vital Peptide 1 Cal</i>	Abbott	1	4.39	
99101183	<i>Vital Peptide 1.5 Cal</i>	Abbott	1	6.35	

NUTRITIONAL FORMULA - KETOGENIC

Liq.			237 mL at 250 mL	suppl.	
99113795	<i>KetoCal 4:1 (all flavours)</i>	Nutricia	27	145.00	5.3704
99113796	<i>KetoVie 4:1 chocolat</i>	Ajinomoto	30	171.97	5.7323
99114005	<i>KetoVie 4:1 unflavored</i>	Ajinomoto	30	171.97	5.7323
99113797	<i>KetoVie 4:1 vanille</i>	Ajinomoto	30	171.97	5.7323

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

NUTRITIONAL FORMULA - KETOGENIC

Oral Pd.

				300 g suppl.	
99113792	<i>KetoCal 4:1</i>	Nutricia	6	180.00	30.0000

NUTRITIONAL FORMULA - KETOGENIC (ALLERGY TO MILK OR SOY PROTEINS)

Liq.

				250 mL suppl.	
99114030	<i>KetoVie 4:1 LQ Plant Based Protein</i>	Ajinomoto	30	267.07	8.9023

NUTRITIONAL FORMULA - KETOGENIC (SEMI-ELEMENTAL)

Liq.

				250 mL suppl.	
99113949	<i>KetoVie Peptide 4:1</i>	Ajinomoto	30	267.07	8.9023

NUTRITIONAL FORMULA - MONOMERIC

Oral Pd.

				48.7 g/sachet suppl.	
99000229	<i>Vivonex Pediatrique</i>	Nestlé H.S	6	39.42	6.5700

Oral Pd.

				79.5 g/ sac. suppl.	
00921017	<i>Vivonex Plus</i>	Nestlé H.S	6	39.39	6.5650

Oral Pd.

				80 g/sac. suppl.	
00861464	<i>Tolerex</i>	Nestlé H.S	6	28.02	4.6700

Oral Pd.

				80.4 g/sac. suppl.	
00895229	<i>Vivonex T.E.N.</i>	Nestlé H.S	10	81.61	8.1607

Ped. Oral Pd.

				400 g suppl.	
99114278	<i>Alfamino Junior</i>	Nestlé H.S	6	362.66	60.4433

NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)

Liq.

				237 mL suppl.	
99100463	<i>Neocate Splash Junior (all flavours)</i>	Nutricia	27	178.76	6.6207

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ped. Oral Pd.			400 g suppl.		
99114069	<i>EquaCare Jr (all flavors)</i>	Ajinomoto	6	242.06	40.3433
99114004	<i>Essential Care Jr</i>	Ajinomoto	6	280.26	46.7100
99100892	<i>Neocate avec DHA et ARA</i>	Nutricia	4	232.32	58.0800
99004402	<i>Neocate Junior</i>	Nutricia	4	191.23	47.8075
99100790	<i>Neocate Junior with fibers (all flavours)</i>	Nutricia	4	233.16	58.2900
99100715	<i>Puramino A+</i>	M.J.	1	51.66	
99101278	<i>Puramino A+ Junior</i>	M.J.	1	51.20	

NUTRITIONAL FORMULA - PLANT-BASED PROTEIN HYDROLYSATE (INFANTS AND CHILDREN)

Oral Pd.			400 g suppl.		
99114374	<i>Modilac Expert Riz</i>	F.Savencia	400 g	18.65	

NUTRITIONAL FORMULA - POLYMERIC LOW RESIDUE - SPECIFIC USE

Oral Pd.			400 g suppl.		
99100792	<i>Modulen</i>	Nestlé H.S	1	27.10	

NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE

Liq.			1 L suppl.		
99100395	<i>Isosource 2.0</i>	Nestlé H.S	1	9.42	
99100244	<i>Novasource Renal</i>	Nestlé H.S	1	8.95	

Liq.			1.5 L suppl.		
99000164	<i>Isosource 1.2</i>	Nestlé H.S	1	7.50	
99002000	<i>Isosource 1.5</i>	Nestlé H.S	1	10.75	
99003570	<i>Osmolite 1.0 cal</i>	Abbott	1	8.01	

Liq.			235 mL at 250 mL suppl.		
00898708	<i>Boost 1.5</i>	Nestlé H.S	1	1.62	
99114486	<i>Boost 2.24</i>	Nestlé H.S	24	60.48	2.5200
99114086	<i>Ensure Plus</i>	Abbott	1	1.58	
99000512	<i>Isosource 1.2</i>	Nestlé H.S	1	1.43	
00907766	<i>Isosource 1.5</i>	Nestlé H.S	1	1.79	
99003546	<i>Novasource Renal</i>	Nestlé H.S	1	2.24	
99003406	<i>Nutren Junior 1.0</i>	Nestlé H.S	1	2.06	
99000474	<i>Pediasure</i>	Abbott	1	1.70	
99001543	<i>Promote</i>	Abbott	1	1.36	
99003554	<i>Resource 2.0</i>	Nestlé H.S	1	2.23	
99004690	<i>TwoCal HN</i>	Abbott	24	56.15	2.3396

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

NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE

Liq.				1 L suppl.	
99003635	<i>Compleat 1.06</i>	Nestlé H.S	1	7.45	
99114340	<i>Glucerna 1.2 Cal</i>	Abbott	8	64.48	8.0600
99100703	<i>Nepro</i>	Abbott	1	8.01	
99100462	<i>TwoCal HN</i>	Abbott	1	9.84	

Liq.				1.5 L suppl.	
99004496	<i>Isosource Fibres 1.0 HP</i>	Nestlé H.S	1	12.15	
99000202	<i>Isosource Fibres 1.2</i>	Nestlé H.S	1	12.90	
99004127	<i>Isosource Fibres 1.5</i>	Nestlé H.S	1	14.60	
99100645	<i>Jevity 1 Cal</i>	Abbott	1	10.63	
99003600	<i>Jevity 1.2 Cal</i>	Abbott	1	12.09	
99100402	<i>Jevity 1.5 Cal</i>	Abbott	1	15.10	
99100042	<i>Resource pour diabetiques 1.05</i>	Nestlé H.S	1	11.40	

Liq.				235 mL at 250 mL suppl.	
99000504	<i>Compleat 1.06</i>	Nestlé H.S	1	1.90	
99004658	<i>Compleat Junior 1.0</i>	Nestlé H.S	1	2.42	
99114339	<i>Glucerna 1.2 Cal</i>	Abbott	24	45.85	1.9104
99000180	<i>Isosource Fibres 1.0 HP</i>	Nestlé H.S	1	2.55	
00801194	<i>Isosource Fibres 1.2</i>	Nestlé H.S	1	2.15	
99004135	<i>Isosource Fibres 1.5</i>	Nestlé H.S	1	2.43	
99000482	<i>Jevity 1 Cal</i>	Abbott	1	1.65	
99003392	<i>Jevity 1.2 Cal</i>	Abbott	24	45.75	1.9063
99100417	<i>Jevity 1.5 Cal</i>	Abbott	24	57.61	2.4004
99100702	<i>Nepro</i>	Abbott	1	1.90	
99003414	<i>Nutren Junior Fibres 1.0</i>	Nestlé H.S	1	2.06	
99001381	<i>Pediasure avec fibres</i>	Abbott	1	1.70	
99005050	<i>Pediasure Plus avec fibres</i>	Abbott	1	2.35	
99100216	<i>Resource Essentiels Jeunesse 1.5</i>	Nestlé H.S	1	2.89	
99002019	<i>Resource pour diabetiques 1.05</i>	Nestlé H.S	1	1.90	
99002647	<i>Suplena</i>	Abbott	1	2.00	

NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE (INTOLERANCE OR ALLERGY)

Liq.				1 L suppl.	
99114000	<i>Compleat 1.5</i>	Nestlé H.S	6	137.40	22.9000

Liq.				250 mL suppl.	
99113857	<i>Compleat 1.5</i>	Nestlé H.S	24	137.40	5.7250
99113858	<i>Compleat 1.5 Junior</i>	Nestlé H.S	24	133.80	5.5750

NUTRITIONAL FORMULA - POLYMERIZED GLUCOSE

Oral Pd.				454 g suppl.	
99101093	<i>SolCarb</i>	Medica	6	59.94	9.9900

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

NUTRITIONAL FORMULA - POST-DISCHARGE PRETERM FORMULA (INFANTS)

Ped. Oral Pd.				363 g suppl.	
99100122	<i>Enfamil A+ Enficare</i>	M.J.	1	16.08	
99100123	<i>Similac Neosure</i>	Abbott	1	14.41	

NUTRITIONAL FORMULA - PROTEIN

Oral Pd.				227 g suppl.	
99003783	<i>Beneprotein</i>	Nestlé H.S	6	101.40	16.9000

NUTRITIONAL FORMULA - RENAL FAILURE (CHILD)

Liq.				200 mL suppl.	
99114311	<i>Renastep</i>	Vitafo	15	139.33	9.2887

Pd.				400 g suppl.	
99113884	<i>Renastart</i>	Vitafo	6	253.65	42.2750

NUTRITIONAL FORMULA - SEMI-ELEMENTAL HYPERPROTEINATED

Liq.				1 L suppl.	
99101234	<i>Peptamen Intense Hyperproteine</i>	Nestlé H.S	1	40.16	

Liq.				250 mL suppl.	
99101235	<i>Peptamen Intense Hyperproteine</i>	Nestlé H.S	1	10.04	

NUTRITIONAL FORMULA - SKIM MILK/ COCONUT OIL

Oral Pd.				410 g suppl.	
00881201	<i>Portagen</i>	M.J.	1	20.22	W

**OBESTICOLIC ACID **

Tab.				5 mg	
02463121	<i>Ocaliva</i>	Advanz	30	2958.90	98.6301

Tab.				10 mg	
02463148	<i>Ocaliva</i>	Advanz	30	2958.90	98.6301

**OCRELIZUMAB **

I.V. Perf. Sol.				30 mg/mL (10 mL)	
02467224	<i>Ocrevus</i>	Roche	1	8150.00	

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

ODEVIXIBAT

Caps.

02542641	<i>Bylvay</i>	Medison	30	200 mcg 5277.74	175.9247

Caps.

02542676	<i>Bylvay</i>	Medison	30	400 mcg 10555.48	351.8493

Caps.

02542684	<i>Bylvay</i>	Medison	30	600 mcg 15833.22	527.7740

Caps.

02542692	<i>Bylvay</i>	Medison	30	1200 mcg 31666.44	1055.5480

ODOUR-CONTROL DRESSING - ACTIVATED CHARCOAL

Dressing

100 cm ² to 200 cm ² (active surface)					
99001802	<i>Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)</i>	3M	50	210.00	4.2000
99001810	<i>Actisorb Silver (10.5 cm x 19 cm - 200 cm²)</i>	3M	50	383.50	7.6700

Dressing

Less than 100 cm ² (active surface)					
99100103	<i>Actisorb Silver (6.5 cm x 9.5 cm - 62 cm²)</i>	3M	1	3.34	

OFATUMUMAB

S.C. Inj. Sol.

02511355	<i>Kesimpta (pen)</i>	Novartis	1	20 mg/0.4 mL 2208.33	

OLAPARIB

Tab.

02475200	<i>Lynparza</i>	AZC	60 120	100 mg 3953.55 7907.10	65.8925 65.8925

Tab.

02475219	<i>Lynparza</i>	AZC	60 120	150 mg 3953.55 7907.10	65.8925 65.8925

OLEZARSEN

S.C. Inj. Sol. (pen)

+ 02563886	<i>Tryngolza</i>	Celystra	1	100 mg/mL (0,8 mL) 41000.00	

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

OLODATEROL HYDROCHLORIDE/TIOTROPIUM BROMIDE MONOHYDRATE

Inh. Sol. (App.)		2,5 mcg - 2,5 mcg			
02441888	<i>Inspiolto Respimat</i>	Bo. Ing.	60 dose(s)	60.90	

OMALIZUMAB

S.C. Inj. Sol. (pen)		150 mg/mL (0,5 mL)			
02561018	<i>Omyclo</i>	Celltrion	1	168.74	

S.C. Inj. Sol. (pen)		150 mg/mL (1 mL)			
02561026	<i>Omyclo</i>	Celltrion	1	384.96	

S.C. Inj. Sol. (pen)		150 mg/mL (2 mL)			
02565021	<i>Omyclo</i>	Celltrion	1	769.92	

S.C. Inj. Sol. (syr)		150 mg/mL (0,5 mL)			
02553805	<i>Omyclo</i>	Celltrion	1	168.74	

S.C. Inj. Sol. (syr)		150 mg/mL (1 mL)			
02553813	<i>Omyclo</i>	Celltrion	1	384.96	

S.C. Inj. Sol. (syr)		150 mg/mL (2 mL)			
02565013	<i>Omyclo</i>	Celltrion	1	769.92	

OMALIZUMAB (XOLAIR - S.C. INJ. PD.)

S.C. Inj. Pd.		150 mg			
02260565	<i>Xolair</i>	Novartis	1	618.00	

ONABOTULINUMTOXINA

Inj. Pd.		50 U			
02531577	<i>Botox</i>	AbbVie	1	178.50	

Inj. Pd.		100 U			
01981501	<i>Botox</i>	AbbVie	1	357.00	

Inj. Pd.		200 U			
02531585	<i>Botox</i>	AbbVie	1	714.00	

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

ONDANSETRON

Oral Sol.

4 mg/5 mL **PPB**

02490617	<i>Jamp-Ondansetron</i>	Jamp	50 ml	39.76	➡	0.7952
02524090	<i>Mint-Ondansetron Solution</i>	Mint	50 ml	39.76	➡	0.7952
02291967	<i>Ondansetron</i>	Apotex	50 ml	39.76	➡	0.7952

Tab.Oral Dis.,Tab or Film

4 mg **PPB**

02369370	<i>AG-Ondansetron</i>	Angita	100	255.56	➡	2.5556
02288184	<i>Apo-Ondansetron</i>	Apotex	10	25.56	➡	2.5556
			30	76.67	➡	2.5556
02511282	<i>Auro-Ondansetron ODT</i>	AuroPharma	10	25.56	➡	2.5556
02541351	<i>Jamp Ondansetron ODF</i>	Jamp	10	25.56	➡	2.5556
02313685	<i>Jamp-Ondansetron</i>	Jamp	10	25.56	➡	2.5556
			100	255.56	➡	2.5556
02371731	<i>Mar-Ondansetron</i>	Marcan	10	25.56	➡	2.5556
			30	76.67	➡	2.5556
02514966	<i>Mar-Ondansetron ODT</i>	Marcan	10	25.56	➡	2.5556
02305259	<i>Mint-Ondansetron</i>	Mint	10	25.56	➡	2.5556
			30	76.67	➡	2.5556
02487330	<i>Mint-Ondansetron ODT</i>	Mint	10	25.56	➡	2.5556
02297868	<i>Mylan-Ondansetron</i>	Mylan	10	25.56	➡	2.5556
			100	255.56	➡	2.5556
02417839	<i>NAT-Ondansetron</i>	Natco	10	25.56	➡	2.5556
			30	76.67	➡	2.5556
02421402	<i>Ondansetron</i>	Sanis	100	255.56	➡	2.5556
02541424	<i>Ondansetron</i>	Sivem	10	25.56	➡	2.5556
			30	76.67	➡	2.5556
02519232	<i>Ondansetron ODT</i>	Jamp	10	25.56	➡	2.5556
02481723	<i>Ondansetron ODT</i>	Sandoz	10	25.56	➡	2.5556
02524279	<i>Ondansetron ODT</i>	Sanis	10	25.56	➡	2.5556
02389983	<i>Ondissolve ODF</i>	Takeda	10	32.72		3.2720
02258188	<i>pms-Ondansetron</i>	Phmscience	10	25.56	➡	2.5556
			100	255.56	➡	2.5556
02519445	<i>pms-Ondansetron ODT</i>	Phmscience	10	25.56	➡	2.5556
02274310	<i>Sandoz Ondansetron</i>	Sandoz	10	25.56	➡	2.5556
			100	255.56	➡	2.5556
02296349	<i>Teva-Ondansetron</i>	Teva Can	10	25.56	➡	2.5556
			100	255.56	➡	2.5556
02213567	<i>Zofran</i>	Novartis	10	126.60		12.6600

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

Tab.Oral Dis.,Tab or Film

8 mg **PPB**

02369389	AG-Ondansetron	Angita	100	408.80	➡	4.0880
02288192	Apo-Ondansetron	Apotex	10	40.88	➡	4.0880
			30	122.64	➡	4.0880
02511290	Auro-Ondansetron ODT	AuroPharma	10	40.88	➡	4.0880
02541378	Jamp Ondansetron ODF	Jamp	10	40.88	➡	4.0880
02313693	Jamp-Ondansetron	Jamp	10	40.88	➡	4.0880
			100	408.80	➡	4.0880
02371758	Mar-Ondansetron	Marcan	10	40.88	➡	4.0880
			30	122.64	➡	4.0880
02514974	Mar-Ondansetron ODT	Marcan	10	40.88	➡	4.0880
02305267	Mint-Ondansetron	Mint	10	40.88	➡	4.0880
			30	122.64	➡	4.0880
02487349	Mint-Ondansetron ODT	Mint	10	40.88	➡	4.0880
02297876	Mylan-Ondansetron	Mylan	10	40.88	➡	4.0880
			100	408.80	➡	4.0880
02417847	NAT-Ondansetron	Natco	10	40.88	➡	4.0880
			30	122.64	➡	4.0880
02325160	Ondansetron	Pro Doc	10	40.88	➡	4.0880
02421410	Ondansetron	Sanis	100	408.80	➡	4.0880
02541432	Ondansetron	Sivem	10	40.88	➡	4.0880
			30	122.64	➡	4.0880
02519240	Ondansetron ODT	Jamp	10	40.88	➡	4.0880
02481731	Ondansetron ODT	Sandoz	10	40.88	➡	4.0880
02524287	Ondansetron ODT	Sanis	10	40.88	➡	4.0880
02389991	Ondissolve ODF	Takeda	10	49.93		4.9930
02258196	pms-Ondansetron	Phmscience	10	40.88	➡	4.0880
			100	408.80	➡	4.0880
02519453	pms-Ondansetron ODT	Phmscience	10	40.88	➡	4.0880
02274329	Sandoz Ondansetron	Sandoz	10	40.88	➡	4.0880
			100	408.80	➡	4.0880
02296357	Teva-Ondansetron	Teva Can	10	40.88	➡	4.0880
			100	408.80	➡	4.0880
02213575	Zofran	Novartis	10	193.22		19.3220

OSIMERTINIB

Tab.

40 mg

02456214	Tagrisso	AZC	30	8840.29		294.6764

Tab.

80 mg

02456222	Tagrisso	AZC	30	8840.29		294.6764

OXCARBAZEPINE

Oral Susp.

60 mg/mL

02244673	Trileptal	Novartis	250 ml	77.45		0.3098

Tab.

150 mg

02284294	Apo-Oxcarbazepine	Apotex	100	62.09		0.6209

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

Tab.

300 mg **PPB**

02284308	<i>Apo-Oxcarbazepine</i>	Apotex	100	72.42	➡ 0.7242
02242068	<i>Trileptal</i>	Novartis	50	42.60	0.8520

Tab.

600 mg **PPB**

02284316	<i>Apo-Oxcarbazepine</i>	Apotex	100	144.84	➡ 1.4484
02242069	<i>Trileptal</i>	Novartis	50	85.20	1.7040

OXYCODONE

L.A. Tab.

5 mg

02366746	<i>Apo-Oxycodone CR</i>	Apotex	100	34.02	0.3402

L.A. Tab.

10 mg **PPB**

02366754	<i>Apo-Oxycodone CR</i>	Apotex	100	47.41	➡ 0.4741
02372525	<i>OxyNEO</i>	Purdue	60	52.68	0.8780
02309882	<i>pms-Oxycodone CR</i>	Phmscience	100	47.41	➡ 0.4741

L.A. Tab.

15 mg **PPB**

02394766	<i>Apo-Oxycodone CR</i>	Apotex	100	57.24	➡ 0.5724
02372533	<i>OxyNEO</i>	Purdue	60	63.60	1.0600

L.A. Tab.

20 mg **PPB**

02366762	<i>Apo-Oxycodone CR</i>	Apotex	100	71.12	➡ 0.7112
02372797	<i>OxyNEO</i>	Purdue	60	79.02	1.3170
02309890	<i>pms-Oxycodone CR</i>	Phmscience	100	71.12	➡ 0.7112

L.A. Tab.

30 mg **PPB**

02394774	<i>Apo-Oxycodone CR</i>	Apotex	100	93.96	➡ 0.9396
02372541	<i>OxyNEO</i>	Purdue	60	104.40	1.7400

L.A. Tab.

40 mg **PPB**

02306530	<i>Apo-Oxycodone CR</i>	Apotex	100	123.26	➡ 1.2326
02372568	<i>OxyNEO</i>	Purdue	60	136.95	2.2825
02309904	<i>pms-Oxycodone CR</i>	Phmscience	100	123.26	➡ 1.2326

L.A. Tab.

60 mg **PPB**

02394782	<i>Apo-Oxycodone CR</i>	Apotex	100	170.10	➡ 1.7010
02372576	<i>OxyNEO</i>	Purdue	60	189.00	3.1500

L.A. Tab.

80 mg **PPB**

02366789	<i>Apo-Oxycodone CR</i>	Apotex	100	227.66	➡ 2.2766
02372584	<i>OxyNEO</i>	Purdue	60	252.96	4.2160
02309912	<i>pms-Oxycodone CR</i>	Phmscience	100	227.66	➡ 2.2766

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

OXYHYDROXYDE SUCRO FERRIC

Chew. Tab.

500 mg (Fe)

02471574	<i>Velphoro</i>	Vifor	90	378.32	4.2036

OZANIMOD (HYDROCHLORIDE)

Caps.

0,92 mg

02505991	<i>Zeposia</i>	Celgene	28	1917.81	68.4932

Kit (solid oral)

0,23 mg (4 caps.) et 0,46 mg (3 caps.)

02506009	<i>Zeposia</i>	Celgene	1	479.45	

PALBOCICLIB

Tab.

 75 mg **PPB**

02493535	<i>Ibrance</i>	Pfizer	21	5332.16	253.9124
02552124	<i>pms-Palbociclib</i>	Phmscience	21	2666.08	➡ 126.9562
02547635	<i>Taro-Palbociclib</i>	Taro	21	2666.08	➡ 126.9562

Tab.

 100 mg **PPB**

02493543	<i>Ibrance</i>	Pfizer	21	5332.16	253.9124
02552132	<i>pms-Palbociclib</i>	Phmscience	21	2666.08	➡ 126.9562
02547643	<i>Taro-Palbociclib</i>	Taro	21	2666.08	➡ 126.9562

Tab.

 125 mg **PPB**

02493551	<i>Ibrance</i>	Pfizer	21	5332.16	253.9124
02552140	<i>pms-Palbociclib</i>	Phmscience	21	2666.08	➡ 126.9562
02547651	<i>Taro-Palbociclib</i>	Taro	21	2666.08	➡ 126.9562

PARAFFIN/MINERAL OIL

Oph. Oint.

57.3 % - 42.5 %

00210889	<i>Refresh Lacri-Lube</i>	AbbVie	3.5 g	6.98	

PATISIRAN

I.V. Perf. Sol.

2 mg/mL (5 mL)

02489252	<i>Onpattro</i>	Alnylam	1	10502.41	

PAZOPANIB HYDROCHLORIDE

Tab.

 200 mg **PPB**

02552957	<i>Eugia-Pazopanib</i>	EUGIA Ph	120	2185.80	➡ 18.2150
02525666	<i>pms-Pazopanib</i>	Phmscience	60	1092.90	➡ 18.2150
			120	2185.80	➡ 18.2150
02352303	<i>Votrient</i>	Novartis	120	4129.20	34.4100

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

PEGCETACOPLAN

S.C. Inf. Sol.

54 mg/mL (20 mL)

02533294	<i>Empaveli</i>	SOBI	1	4970.00	

PEGINTERFERON ALFA-2A

S.C. Inj. Sol.

180 mcg/0.5 mL

02248077	<i>Pegasys</i>	Accelera	1	416.03	

PEMIGATINIB

Tab.

4.5 mg

02519933	<i>Pemazyre</i>	Incyte	14	11624.18	830.2986

Tab.

9 mg

02519941	<i>Pemazyre</i>	Incyte	14	11624.18	830.2986

Tab.

13.5 mg

02519968	<i>Pemazyre</i>	Incyte	14	11624.18	830.2986

PENTOXIFYLLINE

L.A. Tab.

400 mg **PPB**

02543087	<i>JAMP Pentoxifylline SR</i>	Jamp	100	58.46	➡ 0.5846
02230090	<i>Pentoxifylline SR</i>	AA Pharma	100	58.46	➡ 0.5846

PERAMPANEL

Tab.

2 mg **PPB**

02404516	<i>Fycompa</i>	Eisai	7	66.15	9.4500
02522632	<i>Taro-Perampanel</i>	Taro	30	171.38	➡ 5.7128

Tab.

4 mg **PPB**

02404524	<i>Fycompa</i>	Eisai	28	264.60	9.4500
02522640	<i>Taro-Perampanel</i>	Taro	30	171.38	➡ 5.7128

Tab.

6 mg **PPB**

02404532	<i>Fycompa</i>	Eisai	28	264.60	9.4500
02522659	<i>Taro-Perampanel</i>	Taro	30	171.38	➡ 5.7128

Tab.

8 mg **PPB**

02404540	<i>Fycompa</i>	Eisai	28	264.60	9.4500
02522667	<i>Taro-Perampanel</i>	Taro	30	171.38	➡ 5.7128

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

Tab.			10 mg PPB		
02404559	<i>Fycompa</i>	Eisai	28	264.60	9.4500
02522675	<i>Taro-Perampanel</i>	Taro	30	171.38 ➡	5.7128

Tab.			12 mg PPB		
02404567	<i>Fycompa</i>	Eisai	28	264.60	9.4500
02522683	<i>Taro-Perampanel</i>	Taro	30	171.38 ➡	5.7128

PHENYLBUTYRATE GLYCEROL

Liq.			1.1 g/mL		
02453304	<i>Ravicti</i>	Horizon	25 ml	1200.00	48.0000

PIMECROLIMUS

Top. Cr.			1 %		
02247238	<i>Elidel</i>	Bausch H.	30 g	62.94	2.0980
			60 g	125.89	2.0982

PIOGLITAZONE HYDROCHLORIDE

Tab.			15 mg PPB		
02302942	<i>Apo-Pioglitazone</i>	Apotex	100	50.00 ➡	0.5000
02397307	<i>Jamp-Pioglitazone</i>	Jamp	100	50.00 ➡	0.5000
02326477	<i>Mint-Pioglitazone</i>	Mint	100	50.00 ➡	0.5000
02391600	<i>Pioglitazone</i>	Accord	90	45.00 ➡	0.5000
02302861	<i>Teva-Pioglitazone</i>	Teva Can	100	50.00 ➡	0.5000

Tab.			30 mg PPB		
02302950	<i>Apo-Pioglitazone</i>	Apotex	100	70.00 ➡	0.7000
02365529	<i>Jamp-Pioglitazone</i>	Jamp	100	70.00 ➡	0.7000
02326485	<i>Mint-Pioglitazone</i>	Mint	100	70.00 ➡	0.7000
02339587	<i>Pioglitazone</i>	Accord	90	63.00 ➡	0.7000
02302888	<i>Teva-Pioglitazone</i>	Teva Can	100	70.00 ➡	0.7000

Tab.			45 mg PPB		
02302977	<i>Apo-Pioglitazone</i>	Apotex	100	105.00 ➡	1.0500
02365537	<i>Jamp-Pioglitazone</i>	Jamp	100	105.00 ➡	1.0500
02326493	<i>Mint-Pioglitazone</i>	Mint	100	105.00 ➡	1.0500
02339595	<i>Pioglitazone</i>	Accord	90	94.50 ➡	1.0500
02302896	<i>Teva-Pioglitazone</i>	Teva Can	100	105.00 ➡	1.0500

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

PIRFENIDONE

Caps.

267 mg **PPB**

02509938	<i>Jamp Pirfenidone</i>	Jamp	63	422.86	➡	6.7120
			270	1812.24	➡	6.7120
02488833	<i>Sandoz Pirfenidone Capsules</i>	Sandoz	21	140.95	➡	6.7120
			270	1812.24	➡	6.7120

Tab.

267 mg **PPB**

02537753	<i>Auro-Pirfenidone</i>	AuroPharma	21	70.48	➡	3.3560
			90	302.04	➡	3.3560
02464489	<i>Esbriet</i>	Roche	21	273.63		13.0300
			270	3518.10		13.0300
02514702	<i>Jamp Pirfenidone</i>	Jamp	90	302.04	➡	3.3560
			270	906.12	➡	3.3560
02550644	<i>M-Pirfenidone</i>	Mantra Ph.	21	70.48	➡	3.3560
			90	302.04	➡	3.3560
02531526	<i>pms-Pirfenidone</i>	Phmscience	21	70.48	➡	3.3560
			270	906.12	➡	3.3560
02488507	<i>Sandoz Pirfenidone</i>	Sandoz	21	70.48	➡	3.3560
			270	906.12	➡	3.3560

Tab.

801 mg **PPB**

02537761	<i>Auro-Pirfenidone</i>	AuroPharma	21	211.43	➡	10.0680
			90	906.12	➡	10.0680
02464500	<i>Esbriet</i>	Roche	90	3518.10		39.0900
02514710	<i>Jamp Pirfenidone</i>	Jamp	90	906.12	➡	10.0680
02550652	<i>M-Pirfenidone</i>	Mantra Ph.	90	906.12	➡	10.0680
02531534	<i>pms-Pirfenidone</i>	Phmscience	90	906.12	➡	10.0680
02488515	<i>Sandoz Pirfenidone</i>	Sandoz	90	906.12	➡	10.0680

POLYETHYLENE GLYCOL

Oral Pd.

1 g/g **PPB**

02460297	<i>Comfilax</i>	Cellchem	238 g	➡	5.93	
			510 g	➡	12.70	
02374137	<i>Emolax</i>	Jamp	510 g	➡	12.70	
99113714	<i>Emolax (30 packs of 17 grams)</i>	Jamp	510 g		12.70	➡ 0.0249
02453193	<i>Lax-A-Day Pharma</i>	Phmscience	510 g	➡	12.70	
02450070	<i>M-Peg 3350</i>	Mantra Ph.	510 g	➡	12.70	
02520796	<i>Peg 3350</i>	Angita	510 g	➡	12.70	
02358034	<i>Peg 3350</i>	Medisca	255 g	➡	6.35	
			510 g		14.74	
99114378	<i>Peg 3350 (30 x 17 gram pouches)</i>	Angita	510 g		12.70	➡ 0.0249
02346672	<i>Relaxa</i>	Medexus	510 g	➡	12.70	
99101166	<i>Relaxa (30 packs of 17 grams)</i>	Medexus	510 g		12.70	➡ 0.0249

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

POLYETHYLENE GLYCOL/ SODIUM SULFATE/ SODIUM BICARBONATE/ SODIUM CHLORIDE/ POTASSIUM CHLORIDE

Oral Pd.

0.851 g - 0.082 g - 0.024 g - 0.021 g - 0.011 g / g **PPB**

02378329	Jamplyte (280g)	Jamp	1	➡	16.45	
99100717	PegLyte (280 g)	Pendopharm	1	➡	16.45	

POLYVINYL ALCOHOL

Oph. Sol.

1.4 % (0.4 mL)

02138670	Refresh	AbbVie	30		9.95	0.3317

POMALIDOMIDE

Caps.

1 mg **PPB**

02520427	Apo-Pomalidomide	Apotex	21		2625.00	➡ 125.0000
02538059	JAMP Pomalidomide	Jamp	21		2625.00	➡ 125.0000
02506394	Nat-Pomalidomide	Natco	21		2625.00	➡ 125.0000
02419580	Pomalyst	Celgene	21		10500.00	500.0000
02504073	Reddy-Pomalidomide	Dr Reddy's	21		2625.00	➡ 125.0000
02523973	Sandoz Pomalidomide	Sandoz	21		2625.00	➡ 125.0000

Caps.

2 mg **PPB**

02520435	Apo-Pomalidomide	Apotex	21		2625.00	➡ 125.0000
02538075	JAMP Pomalidomide	Jamp	21		2625.00	➡ 125.0000
02506408	Nat-Pomalidomide	Natco	21		2625.00	➡ 125.0000
02419599	Pomalyst	Celgene	21		10500.00	500.0000
02504081	Reddy-Pomalidomide	Dr Reddy's	21		2625.00	➡ 125.0000
02523981	Sandoz Pomalidomide	Sandoz	21		2625.00	➡ 125.0000

Caps.

3 mg **PPB**

02520443	Apo-Pomalidomide	Apotex	21		2625.00	➡ 125.0000
02538083	JAMP Pomalidomide	Jamp	21		2625.00	➡ 125.0000
02506416	Nat-Pomalidomide	Natco	21		2625.00	➡ 125.0000
02419602	Pomalyst	Celgene	21		10500.00	500.0000
02504103	Reddy-Pomalidomide	Dr Reddy's	21		2625.00	➡ 125.0000
02524007	Sandoz Pomalidomide	Sandoz	21		2625.00	➡ 125.0000

Caps.

4 mg **PPB**

02520451	Apo-Pomalidomide	Apotex	21		2625.00	➡ 125.0000
02538091	JAMP Pomalidomide	Jamp	21		2625.00	➡ 125.0000
02506424	Nat-Pomalidomide	Natco	21		2625.00	➡ 125.0000
02419610	Pomalyst	Celgene	21		10500.00	500.0000
02504111	Reddy-Pomalidomide	Dr Reddy's	21		2625.00	➡ 125.0000
02524015	Sandoz Pomalidomide	Sandoz	21		2625.00	➡ 125.0000

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

POSACONAZOLE

L.A. Tab.

100 mg **PPB**

02542021	<i>GLN-Posaconazole</i>	Glenmark	60	700.85	➡ 11.6808
02496259	<i>Sandoz Posaconazole</i>	Sandoz	60	700.85	➡ 11.6808
* 02543311	<i>Taro-Posaconazole</i>	Taro	60	700.85	➡ 11.6808

Oral Susp.

40 mg/mL **PPB**

02530333	<i>JAMP Posaconazole</i>	Jamp	105 ml	869.03	➡ 8.2765
02293404	<i>Posanol</i>	Merck	105 ml	981.18	9.3446

POSACONAZOLE (MINT)

L.A. Tab.

100 mg

* 02544644	<i>Mint-Posaconazole</i>	Mint	60	700.85	11.6808

PRASUGREL

Tab.

10 mg

02502429	<i>Jamp Prasugrel</i>	Jamp	30	50.04	1.6680

PROGESTERONE

Vag. gel (App.)

8 %

02241013	<i>Crinone</i>	Serono	18	144.00	

Vag. Tab. (eff.)

100 mg

02334992	<i>Endometrin</i>	Ferring	21	84.00	4.0000

PROPRANOLOL HYDROCHLORIDE

Oral Sol.

3.75 mg/mL

02457857	<i>Hemangiol</i>	Pierre Fab	120 ml	273.70	2.2808

PSYLLIUM MUCILLOID ⁵

Oral Pd.

99002876			1 g		

QUANTITATIVE GLUCOSE BLOOD TEST (ORACLE)

Strip

99100516	<i>Oracle</i>	TremHarr	50 100	36.45 72.90	

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST

Strip

99100333	<i>CoaguChek XS PT Test</i>	Roche Diag	6	37.20	
			24	148.80	
			48	297.60	
99113393	<i>CoaguChek XS PT Test PST</i>	Roche Diag	6	37.20	
			24	148.80	

QUIZARTINIB

Tab.

			17,7 mg		
02558351	<i>Vanflyta</i>	Daiichi	28	10872.12	388.2900

Tab.

			26,5 mg		
02558378	<i>Vanflyta</i>	Daiichi	56	21744.24	388.2900

RANIBIZUMAB

Inj. Sol.

			10 mg/mL (0,23ml)		
02525852	<i>Byooviz</i>	Biogen	1	900.00	
02542250	<i>Ranopto</i>	Teva Innov	1	900.00	

RASAGILINE MESYLATE

Tab.

			0.5 mg PPB		
02404680	<i>Apo-Rasagiline</i>	Apotex	100	360.50 ➡	3.6050
02284642	<i>Azilect</i>	Teva Innov	30	210.00	7.0000
02491974	<i>Jamp Rasagiline</i>	Jamp	30	108.15 ➡	3.6050
			100	360.50 ➡	3.6050
02418436	<i>Teva-Rasagiline</i>	Teva Can	30	108.15 ➡	3.6050

Tab.

			1 mg PPB		
02404699	<i>Apo-Rasagiline</i>	Apotex	100	360.50 ➡	3.6050
02284650	<i>Azilect</i>	Teva Innov	30	210.00	7.0000
02491982	<i>Jamp Rasagiline</i>	Jamp	30	108.15 ➡	3.6050
			100	360.50 ➡	3.6050
02418444	<i>Teva-Rasagiline</i>	Teva Can	30	108.15 ➡	3.6050

RAVULIZUMAB

I.V. Perf. Sol.

			10 mg/mL (30 mL)		
* 02491559	<i>Ultomiris</i>	Alexion	1	7282.15	W

I.V. Perf. Sol.

			100 mg/mL (3 mL)		
02533448	<i>Ultomiris</i>	Alexion	1	7282.15	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Sol.					
02533456	Ultomiris	Alexion	1	100 mg/mL (11 mL) 26701.20	

RÉGORAFENIB (MONOHYDRATE DE)

Tab.					
02403390	Stivarga	Bayer	84	40 mg 6100.08	72.6200

RELUGOLIX/ESTRADIOL/NORETHINDRONE ACETATE

Tab.					
02541742	Myfembree	Knight	28	40 mg - 1 mg - 0,5 mg 252.00	9.0000

RIBOCICLIB SUCCINATE

Tab.					
02473569	Kisqali	Novartis	21 42 63	200 mg 1777.65 3555.30 5332.95	84.6500 84.6500 84.6500

RIFAXIMINE

Tab.					
02410702	Zaxine	Salix	60	550 mg 460.65	7.6775

RILUZOLE

Tab.					
02352583	Apo-Riluzole	Apotex	60	50 mg PPB 206.17 ➡	3.4361
02390299	Mylan-Riluzole	Mylan	60	206.17 ➡	3.4361
02242763	Rilutek	SanofiAven	60	585.84	9.7640

RIOCIGUAT

Tab.					
02412764	Adempas	Bayer	42	0.5 mg PPB 1795.50	42.7500
02533545	Sandoz Riociguat	Sandoz	42	1009.93 ➡	24.0460

Tab.					
02412772	Adempas	Bayer	42	1 mg PPB 1795.50	42.7500
02533561	Sandoz Riociguat	Sandoz	42	1009.93 ➡	24.0460

Tab.					
02412799	Adempas	Bayer	42	1.5 mg PPB 1795.50	42.7500
02533588	Sandoz Riociguat	Sandoz	42	1009.93 ➡	24.0460

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

Tab.

				2 mg PPB	
02412802	<i>Adempas</i>	Bayer	42	1795.50	42.7500
02533596	<i>Sandoz Riociguat</i>	Sandoz	42	1009.93 ➡	24.0460

Tab.

				2.5 mg PPB	
02412810	<i>Adempas</i>	Bayer	42	1795.50	42.7500
02533618	<i>Sandoz Riociguat</i>	Sandoz	42	1009.93 ➡	24.0460

RIPRETINIB

Tab.

				50 mg	
02500833	<i>Qinlock</i>	Medison	90	19468.75	216.3194

RISANKIZUMAB (CROHN'S DISEASE)

I.V. Perf. Sol.

				60 mg/mL (10 mL)	
02532107	<i>Skyrizi</i>	AbbVie	1	4593.14	

S.C.Inj.Sol. (mini-doser)

				150 mg/mL (2,4 mL)	
02532093	<i>Skyrizi</i>	AbbVie	1	4593.14	

RISANKIZUMAB (PLAQUE PSORIASIS)

S.C. Inj. Sol.

				150 mg/mL (1 mL)	
02519291	<i>Skyrizi (pen)</i>	AbbVie	1	4935.00	
02519283	<i>Skyrizi (syringe)</i>	AbbVie	1	4935.00	

S.C. Inj.Sol (syr)

				90 mg/mL (0.83 mL)	
02487454	<i>Skyrizi</i>	AbbVie	2	4935.00	

RISANKIZUMAB (ULCERATIVE COLITIS)

I.V. Perf. Sol.

				60 mg/mL (10 mL)	
99114556	<i>Skyrizi</i>	AbbVie	1	4593.14	

S.C.Inj.Sol. (mini-doser)

				150 mg/mL (1,2 mL)	
02552507	<i>Skyrizi</i>	AbbVie	1	4593.14	

S.C.Inj.Sol. (mini-doser)

				150 mg/mL (2,4 mL)	
99114557	<i>Skyrizi</i>	AbbVie	1	4593.14	

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

RISDIPLAM

Oral Pd.

60 mg (0,75 mg/mL)

02514931	<i>Evrysdi</i>	Roche	1	11638.35	

Tab.

5 mg

02560747	<i>Evrysdi</i>	Roche	28	27156.15	969.8625

RITUXIMAB

I.V. Perf. Sol.

10 mg/mL

02498316	<i>Riximyo</i>	Sandoz	10 ml	297.00	
			50 ml	1485.00	
02495724	<i>Ruxience</i>	Pfizer	10 ml	297.00	
			50 ml	1485.00	
02478382	<i>Truxima</i>	Teva Innov	10 ml	297.00	
02478390	<i>Truxima</i>	Teva Innov	50 ml	1485.00	

RIVAROXABAN

Tab.

 2.5 mg **PPB**

02555255	<i>AG-Rivaroxaban</i>	Angita	100	35.50	➡	0.3550
02541734	<i>Apo-Rivaroxaban</i>	Apotex	60	21.30	➡	0.3550
			100	35.50	➡	0.3550
02549328	<i>Bio-Rivaroxaban</i>	Biomed	30	10.65	➡	0.3550
			100	35.50	➡	0.3550
02553368	<i>JAMP Rivaroxaban</i>	Jamp	100	35.50	➡	0.3550
02551608	<i>M-Rivaroxaban</i>	Mantra Ph.	30	10.65	➡	0.3550
			100	35.50	➡	0.3550
02555107	<i>NB-Rivaroxaban</i>	NB Pharma	100	35.50	➡	0.3550
02527537	<i>pms-Rivaroxaban</i>	Phmscience	100	35.50	➡	0.3550
02540967	<i>Pro-Rivaroxaban</i>	Pro Doc	100	35.50	➡	0.3550
02524503	<i>Reddy-Rivaroxaban</i>	Dr Reddy's	100	35.50	➡	0.3550
02540835	<i>Riva Rivaroxaban</i>	Riva	100	35.50	➡	0.3550
02547899	<i>Rivaroxaban</i>	Sanis	100	35.50	➡	0.3550
02541467	<i>Rivaroxaban</i>	Sivem	100	35.50	➡	0.3550
02537877	<i>Sandoz Rivaroxaban</i>	Sandoz	100	35.50	➡	0.3550
02526786	<i>Taro-Rivaroxaban</i>	Taro	100	35.50	➡	0.3550
			500	177.50	➡	0.3550
02547295	<i>Teva-Rivaroxaban</i>	Teva Can	30	10.65	➡	0.3550
			100	35.50	➡	0.3550
02480808	<i>Xarelto</i>	Bayer	100	142.00		1.4200

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

RIVASTIGMINE

Caps.

 1.5 mg **PPB**

02336715	<i>Apo-Rivastigmine</i>	Apotex	100	65.13	➡	0.6513
02242115	<i>Exelon</i>	Knight	56	136.50		2.4375
02485362	<i>Jamp Rivastigmine</i>	Jamp	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02552256	<i>JAMP Rivastigmine Capsules</i>	Jamp	100	65.13	➡	0.6513
02401614	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02416999	<i>Rivastigmine</i>	Pro Doc	100	65.13	➡	0.6513
02324563	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.13	➡	0.6513

Caps.

 3 mg **PPB**

02336723	<i>Apo-Rivastigmine</i>	Apotex	100	65.13	➡	0.6513
02242116	<i>Exelon</i>	Knight	56	136.50		2.4375
02485370	<i>Jamp Rivastigmine</i>	Jamp	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02552264	<i>JAMP Rivastigmine Capsules</i>	Jamp	100	65.13	➡	0.6513
02401622	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02417006	<i>Rivastigmine</i>	Pro Doc	100	65.13	➡	0.6513
02324571	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.13	➡	0.6513

Caps.

 4.5 mg **PPB**

02336731	<i>Apo-Rivastigmine</i>	Apotex	100	65.13	➡	0.6513
02242117	<i>Exelon</i>	Knight	56	136.50		2.4375
02485389	<i>Jamp Rivastigmine</i>	Jamp	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02552272	<i>JAMP Rivastigmine Capsules</i>	Jamp	100	65.13	➡	0.6513
02401630	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.13	➡	0.6513
02417014	<i>Rivastigmine</i>	Pro Doc	100	65.13	➡	0.6513
02324598	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.13	➡	0.6513

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

Caps.

6 mg **PPB**

02336758	<i>Apo-Rivastigmine</i>	Apotex	100	65.13	➡ 0.6513
02242118	<i>Exelon</i>	Knight	56	136.50	➡ 2.4375
02485397	<i>Jamp Rivastigmine</i>	Jamp	56	36.47	➡ 0.6513
			100	65.13	➡ 0.6513
02552280	<i>JAMP Rivastigmine Capsules</i>	Jamp	100	65.13	➡ 0.6513
02401649	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡ 0.6513
			100	65.13	➡ 0.6513
02417022	<i>Rivastigmine</i>	Pro Doc	100	65.13	➡ 0.6513
02324601	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡ 0.6513
			100	65.13	➡ 0.6513

Oral Sol.

2 mg/mL

02245240	<i>Exelon</i>	Knight	120 ml	153.02	1.2752

Patch

4.6 mg/24H **PPB**

02302845	<i>Exelon Patch 5</i>	Knight	30	131.63	➡ 4.3877
02423413	<i>Mylan-Rivastigmine Patch 5</i>	Mylan	30	119.32	➡ 3.9773
02479540	<i>Rivastigmine Patch 5</i>	Phmscience	30	119.32	➡ 3.9773
02426293	<i>Sandoz Rivastigmine Patch 5</i>	Sandoz	30	119.32	➡ 3.9773

Patch

9.5 mg/24H **PPB**

02302853	<i>Exelon Patch 10</i>	Knight	30	131.63	➡ 4.3877
02423421	<i>Mylan-Rivastigmine Patch 10</i>	Mylan	30	119.32	➡ 3.9773
02479559	<i>Rivastigmine Patch 10</i>	Phmscience	30	119.32	➡ 3.9773
02426307	<i>Sandoz Rivastigmine Patch 10</i>	Sandoz	30	119.32	➡ 3.9773

ROMOSOZUMAB

S.C. Inj.Sol (syr)

90 mg/mL (1.17 mL)

02489597	<i>Evenity</i>	Amgen	2	656.78	328.3900

ROSIGLITAZONE MALEATE

Tab.

2 mg

02403366	<i>Rosiglitazone</i>	AA Pharma	100	103.16	1.0316

Tab.

4 mg

02403374	<i>Rosiglitazone</i>	AA Pharma	100	161.88	1.6188

Tab.

8 mg

02403382	<i>Rosiglitazone</i>	AA Pharma	100	231.50	2.3150

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

ROTIGOTINE

Patch

02403897	<i>Neupro</i>	U.C.B.	30	1 mg/24 h 106.20	3.5400

Patch

02403900	<i>Neupro</i>	U.C.B.	30	2 mg/24 h 106.20	3.5400

Patch

02403919	<i>Neupro</i>	U.C.B.	30	3 mg/24 h 195.00	6.5000

Patch

02403927	<i>Neupro</i>	U.C.B.	30	4 mg/24 h 195.00	6.5000

Patch

02403935	<i>Neupro</i>	U.C.B.	30	6 mg/24 h 218.10	7.2700

Patch

02403943	<i>Neupro</i>	U.C.B.	30	8 mg/24 h 218.10	7.2700

ROZANOLIXIZUMAB

S.C. Inj. Sol.

02556081	<i>Rystiggo</i>	U.C.B.	1	140 mg/mL (2 mL) 12260.28	

RUFINAMIDE

Tab.

02369613	<i>Banzel</i>	Eisai	30	100 mg 21.54	0.7180

Tab.

02545985	<i>Auro-Rufinamide</i>	AuroPharma	120	200 mg PPB 121.00	➡ 1.0083
			500	504.15	➡ 1.0083
02369621	<i>Banzel</i>	Eisai	120	172.36	1.4363

Tab.

02545993	<i>Auro-Rufinamide</i>	AuroPharma	120	400 mg PPB 263.64	➡ 2.1970
			500	1098.50	➡ 2.1970
02369648	<i>Banzel</i>	Eisai	120	375.58	3.1298

RUXOLITINIB PHOSPHATE

Tab.

02388006	<i>Jakavi</i>	Novartis	56	5 mg 4602.74	82.1918

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

Tab.			10 mg		
02434814	<i>Jakavi</i>	Novartis	56	4602.74	82.1918

Tab.			15 mg		
02388014	<i>Jakavi</i>	Novartis	56	4602.74	82.1918

Tab.			20 mg		
02388022	<i>Jakavi</i>	Novartis	56	4602.74	82.1918

SACUBITRIL/VALSARTAN

Tab.			24.3 mg - 25.7 mg PPB		
02446928	<i>Entresto</i>	Novartis	30	108.60	3.6200
02564432	<i>pms-Sacubitril-Valsartan</i>	Phmscience	30	55.59	➡ 1.8530
			60	111.18	➡ 1.8530
02549018	<i>Sandoz Sacubitril-Valsartan</i>	Sandoz	30	55.59	➡ 1.8530

Tab.			48.6 mg - 51.4 mg PPB		
02446936	<i>Entresto</i>	Novartis	60	217.20	3.6200
02564440	<i>pms-Sacubitril-Valsartan</i>	Phmscience	60	111.18	➡ 1.8530
			180	333.54	➡ 1.8530
02549026	<i>Sandoz Sacubitril-Valsartan</i>	Sandoz	60	111.18	➡ 1.8530

Tab.			97.2 mg - 102.8 mg PPB		
02446944	<i>Entresto</i>	Novartis	60	217.20	3.6200
02564459	<i>pms-Sacubitril-Valsartan</i>	Phmscience	60	111.18	➡ 1.8530
			180	333.54	➡ 1.8530
02549034	<i>Sandoz Sacubitril-Valsartan</i>	Sandoz	60	111.18	➡ 1.8530

SALBUTAMOL SULFATE

Inh. Pd.			200 mcg/coque		
02243115	<i>Ventolin Diskus</i>	GSK	60 dose(s)	9.40	

SALMETEROL XINAFOATE/ FLUTICASONE PROPIONATE

Inh. Pd.			50 mcg-100 mcg/coque PPB		
02240835	<i>Advair Diskus 100</i>	GSK	60 dose(s)	75.79	
02494507	<i>pms-Fluticasone Propionate/Salmeterol</i>	Phmscience	60 dose(s)	➡ 42.41	
02495597	<i>Wixela Inhub</i>	Mylan	60 dose(s)	➡ 42.41	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inh. Pd. 50 mcg-250 mcg/coque PPB					
02240836	<i>Advair Diskus 250</i>	GSK	60 dose(s)	90.69	
02494515	<i>pms-Fluticasone Propionate/Salmeterol</i>	Phmscience	60 dose(s) ➡	50.76	
02495600	<i>Wixela Inhub</i>	Mylan	60 dose(s) ➡	50.76	
Inh. Pd. 50 mcg-500 mcg/coque PPB					
02240837	<i>Advair Diskus 500</i>	GSK	60 dose(s)	128.74	
02494523	<i>pms-Fluticasone Propionate/Salmeterol</i>	Phmscience	60 dose(s) ➡	72.06	
02495619	<i>Wixela Inhub</i>	Mylan	60 dose(s) ➡	72.06	
Oral aerosol 25 mcg -125 mcg/dose					
02245126	<i>Advair 125</i>	GSK	120 dose(s)	90.69	
Oral aerosol 25 mcg -250 mcg/dose					
02245127	<i>Advair 250</i>	GSK	120 dose(s)	128.74	
SAPROPTERIN DIHYDROCHLORIDE 					
Tab. 100 mg					
02350580	<i>Kuvan</i>	Biomarin	120	3960.00	33.0000
SARILUMAB 					
S.C. Inj. Sol. (pen) 150 mg/1.14 mL					
02472961	<i>Kevzara</i>	SanofiAven	2	1400.00	700.0000
S.C. Inj. Sol. (pen) 200 mg/1.14 mL					
02472988	<i>Kevzara</i>	SanofiAven	2	1400.00	700.0000
S.C. Inj. Sol (syr) 200 mg/1.14 mL					
02460548	<i>Kevzara</i>	SanofiAven	2	1400.00	700.0000
SATRALIZUMAB 					
S.C. Inj. Sol. 120 mg/mL					
02499681	<i>Enspryng (syringe)</i>	Roche	1	9450.00	

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

SAXAGLIPTIN

Tab.

 2.5 mg **PPB**

02507471	<i>Apo-Saxagliptin</i>	Apotex	30	37.95	➡ 1.2650
			100	126.50	➡ 1.2650
02375842	<i>Onglyza</i>	AZC	30	69.00	2.3000
02468603	<i>Sandoz Saxagliptin</i>	Sandoz	30	37.95	➡ 1.2650

Tab.

 5 mg **PPB**

02507498	<i>Apo-Saxagliptin</i>	Apotex	30	45.59	➡ 1.5195
			100	151.95	➡ 1.5195
02333554	<i>Onglyza</i>	AZC	30	69.00	2.3000
02468611	<i>Sandoz Saxagliptin</i>	Sandoz	30	45.59	➡ 1.5195
			100	151.95	➡ 1.5195

SAXAGLIPTIN/METFORMIN HYDROCHLORIDE

Tab.

2.5 mg - 500 mg

02389169	<i>Komboglyze</i>	AZC	60	76.20	W

Tab.

2.5 mg - 850 mg

02389177	<i>Komboglyze</i>	AZC	60	76.20	W

SEBELIPASE ALFA

I.V. Perf. Sol.

2 mg/mL (10 mL)

02469596	<i>Kanuma</i>	Alexion	10 ml	8546.00	

SECUKINUMAB

S.C. Inj. Sol.

150 mg/mL (1 mL)

02438070	<i>Cosentyx (stylo)</i>	Novartis	1	772.50	
			2	1545.00	772.5000
02547724	<i>Cosentyx (syringe)</i>	Novartis	1	772.50	
			2	1545.00	772.5000

S.C. Inj. Sol.

150 mg/mL (2 mL)

02529661	<i>Cosentyx (stylo)</i>	Novartis	1	1545.00	
02529653	<i>Cosentyx (syringe)</i>	Novartis	1	1545.00	

SELEXIPAG

Tab.

200 mcg

02451158	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.

400 mcg

02451166	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

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

Tab.			600 mcg		
02451174	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.			800 mcg		
02451182	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.			1000 mcg		
02451190	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.			1200 mcg		
02451204	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.			1400 mcg		
02451212	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

Tab.			1600 mcg		
02451220	<i>Uptravi</i>	Janss. Inc	60	3850.00	64.1667

SELINEXOR

Tab.			20 mg		
02527677	<i>Xpovio</i>	Forus	20	11000.00	550.0000

SELPERCATINIB

Caps.			40 mg		
02516918	<i>Retevmo</i>	Lilly	60	3990.00	66.5000

Caps.			80 mg		
02516926	<i>Retevmo</i>	Lilly	60	7980.00	133.0000

SELMÉTINIB

Caps.			10 mg		
02530139	<i>Koselugo</i>	Alexion	60	7356.00	122.6000

Caps.			25 mg		
02530147	<i>Koselugo</i>	Alexion	60	18390.00	306.5000

SEMAGLUTIDE

S.C. Inj. Sol.			1.34 mg/mL (1.5 mL)		
02471477	<i>Ozempic</i>	N.Nordisk	1	195.06	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. 1.34 mg/mL (3 mL)					
02471469	<i>Ozempic</i>	N.Nordisk	1	195.06	
S.C. Inj. Sol. (pen) 0.68 mg/mL (3 mL)					
02540258	<i>Ozempic</i>	N.Nordisk	1	195.06	
Tab. 1.5 mg					
+ 02551012	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
Tab. 3 mg					
02497581	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
Tab. 4 mg					
+ 02551020	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
Tab. 7 mg					
02497603	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
Tab. 9 mg					
+ 02551039	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
Tab. 14 mg					
02497611	<i>Rybelsus</i>	N.Nordisk	30	208.99	6.9663
SEMAGLUTIDE (GENERIC) 					
S.C. Inj. Sol. 1.34 mg/mL (1.5 mL)					
02567806	<i>Semaglutide</i>	Dr Reddy's	1	78.14	
S.C. Inj. Sol. 1.34 mg/mL (3 mL) PPB					
02568012	<i>Apo-Semaglutide Injection</i>	Apotex	1	➡ 78.14	
02567814	<i>Semaglutide</i>	Dr Reddy's	1	➡ 78.14	
S.C. Inj. Sol. (pen) 0.68 mg/mL (3 mL)					
02568020	<i>Apo-Semaglutide Injection</i>	Apotex	1	78.14	

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

SENNOSIDES A & B

Tab.

8.6 mg PPB

80103747	<i>AG-Sennosides coated</i>	Angita	500	23.19	➡	0.0464
80064362	<i>Alta-Senna</i>	Altamed	1000	46.38	➡	0.0464
80019511	<i>Bio-Sennosides</i>	Biomed	500	23.19	➡	0.0464
02247389	<i>Euro-Senna</i>	Sandoz	1000	46.38	➡	0.0464
80009595	<i>Jamp-Senna</i>	Jamp	100	4.64	➡	0.0464
			500	23.19	➡	0.0464
80009182	<i>Jamp-Sennosides Coated</i>	Jamp	500	23.19	➡	0.0464
02068109	<i>Lax-A Senna</i>	Pendopharm	1000	46.38	➡	0.0464
80079884	<i>M-Senna 8.6 mg</i>	Mantra Ph.	500	23.19	➡	0.0464
80054498	<i>M-Sennosides 8.6 mg</i>	Mantra Ph.	500	23.19	➡	0.0464
80120780	<i>NORA Senna</i>	Nora	1000	46.38	➡	0.0464
80120779	<i>Nora Sennosides</i>	Nora	1000	46.38	➡	0.0464
80038814	<i>Opus Senna</i>	Opus	1000	46.38	➡	0.0464
80047592	<i>Opus Sennosides Enrobe</i>	Opus	500	23.19	➡	0.0464
			1000	46.38	➡	0.0464
00896411	<i>pms-Sennosides</i>	Phmscience	100	4.64	➡	0.0464
			500	23.19	➡	0.0464
80079605	<i>Riva-Senna</i>	Riva	100	4.64	➡	0.0464
			1000	46.38	➡	0.0464
80110688	<i>Senna</i>	Jamp	100	4.64	➡	0.0464
			500	23.19	➡	0.0464
80069737	<i>Sennalax</i>	Cellchem	60	2.78	➡	0.0464
80054167	<i>Sennosides</i>	Altamed	1000	46.38	➡	0.0464

Tab.

12 mg PPB

80009183	<i>Jamp-Sennosides Coated</i>	Jamp	500	27.75	➡	0.0555
00896403	<i>pms-Sennosides</i>	Phmscience	100	5.55	➡	0.0555
			500	27.75	➡	0.0555
80069733	<i>Sennalax Forte</i>	Cellchem	60	3.33	➡	0.0555

SEVELAMER CARBONATE

Tab.

800 mg PPB

02461501	<i>Accel-Sevelamer</i>	Accel	180	227.42	➡	1.2634
02354586	<i>Renvela</i>	SanofiAven	180	227.42	➡	1.2634

SEVELAMER HYDROCHLORIDE

Tab.

800 mg

02244310	<i>Renagel</i>	SanofiAven	180	277.36		1.5409

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

SILDENAFIL CITRATE

Tab.

 20 mg **PPB**

02469669	<i>Jamp-Sildenafil R</i>	Jamp	30	88.86	➡ 2.9620
			90	266.58	➡ 2.9620
02412179	<i>pms-Sildenafil R</i>	Phmscience	90	266.58	➡ 2.9620
			100	296.20	➡ 2.9620
02279401	<i>Revatio</i>	BGP Pharma	90	962.75	10.6972
02319500	<i>Teva-Sildenafil R</i>	Teva Can	100	296.20	➡ 2.9620

SIPONIMOD (FUMARIC ACID)

Tab.

0.25 mg

02496429	<i>Mayzent</i>	Novartis	12	267.94	22.3285
			120	2679.42	22.3285

Tab.

2 mg

02496437	<i>Mayzent</i>	Novartis	28	2500.82	89.3150

SITAGLIPTIN

Tab.

 25 mg **PPB**

02512475	<i>ACH-Sitagliptin</i>	Accord	30	24.59	➡ 0.8197
02535513	<i>AG-Sitagliptin</i>	Angita	100	81.97	➡ 0.8197
			1000	819.70	➡ 0.8197
02428261	<i>Apo-Sitagliptin</i>	Apotex	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02508656	<i>Apo-Sitagliptin Malate</i>	Apotex	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02529866	<i>Auro-Sitagliptin</i>	AuroPharma	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02534134	<i>Jamp Sitagliptin</i>	Jamp	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02388839	<i>Januvia</i>	Merck	30	78.53	2.6177
02553910	<i>Mint-Sitagliptin</i>	Mint	100	81.97	➡ 0.8197
+ 02534983	<i>M-Sitagliptin</i>	Mantra Ph.	100	81.97	➡ 0.8197
02558157	<i>NAT-Sitagliptin</i>	Natco	500	409.85	➡ 0.8197
02503840	<i>pms-Sitagliptin</i>	Phmscience	30	24.59	➡ 0.8197
			90	73.77	➡ 0.8197
02553376	<i>Pro-Sitagliptin</i>	Pro Doc	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02534290	<i>Pro-Sitagliptin Malate</i>	Pro Doc	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02545837	<i>PRZ-Sitagliptin</i>	Pharmaris	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197
02504049	<i>Sandoz Sitagliptin</i>	Sandoz	100	81.97	➡ 0.8197
02548550	<i>Sitagliptin</i>	Sanis	100	81.97	➡ 0.8197
02529033	<i>Sitagliptin</i>	Sivem	100	81.97	➡ 0.8197
02531631	<i>Taro-Sitagliptin Fumarate</i>	Taro	90	73.77	➡ 0.8197
02522705	<i>Teva-Sitagliptin Malate</i>	Teva Can	30	24.59	➡ 0.8197
			100	81.97	➡ 0.8197

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

Tab.

50 mg **PPB**

02512483	<i>ACH-Sitagliptin</i>	Accord	30	24.59	➡	0.8197
02535521	<i>AG-Sitagliptin</i>	Angita	100	81.97	➡	0.8197
			1000	819.70	➡	0.8197
02428288	<i>Apo-Sitagliptin</i>	Apotex	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02508664	<i>Apo-Sitagliptin Malate</i>	Apotex	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02529874	<i>Auro-Sitagliptin</i>	AuroPharma	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02534142	<i>Jamp Sitagliptin</i>	Jamp	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02388847	<i>Januvia</i>	Merck	30	78.53		2.6177
02553929	<i>Mint-Sitagliptin</i>	Mint	100	81.97	➡	0.8197
+ 02534991	<i>M-Sitagliptin</i>	Mantra Ph.	100	81.97	➡	0.8197
02558165	<i>NAT-Sitagliptin</i>	Natco	500	409.85	➡	0.8197
02503859	<i>pms-Sitagliptin</i>	Phmscience	30	24.59	➡	0.8197
			90	73.77	➡	0.8197
02553384	<i>Pro-Sitagliptin</i>	Pro Doc	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02534304	<i>Pro-Sitagliptin Malate</i>	Pro Doc	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02545845	<i>PRZ-Sitagliptin</i>	Pharmaris	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02504057	<i>Sandoz Sitagliptin</i>	Sandoz	100	81.97	➡	0.8197
02548569	<i>Sitagliptin</i>	Sanis	100	81.97	➡	0.8197
02529041	<i>Sitagliptin</i>	Sivem	100	81.97	➡	0.8197
02531658	<i>Taro-Sitagliptin Fumarate</i>	Taro	90	73.77	➡	0.8197
02522713	<i>Teva-Sitagliptin Malate</i>	Teva Can	30	24.59	➡	0.8197
			100	81.97	➡	0.8197

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

Tab.

100 mg **PPB**

02512491	<i>ACH-Sitagliptin</i>	Accord	90	73.77	➡	0.8197
02535548	<i>AG-Sitagliptin</i>	Angita	500	409.85	➡	0.8197
02428296	<i>Apo-Sitagliptin</i>	Apotex	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
02508672	<i>Apo-Sitagliptin Malate</i>	Apotex	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02529882	<i>Auro-Sitagliptin</i>	AuroPharma	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
02534150	<i>Jamp Sitagliptin</i>	Jamp	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02303922	<i>Januvia</i>	Merck	30	78.53		2.6177
			100	261.77		2.6177
02553937	<i>Mint-Sitagliptin</i>	Mint	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
+ 02535009	<i>M-Sitagliptin</i>	Mantra Ph.	100	81.97	➡	0.8197
02543400	<i>NAT-Sitagliptin</i>	Natco	500	409.85	➡	0.8197
02503867	<i>pms-Sitagliptin</i>	Phmscience	30	24.59	➡	0.8197
			90	73.77	➡	0.8197
02553392	<i>Pro-Sitagliptin</i>	Pro Doc	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02534312	<i>Pro-Sitagliptin Malate</i>	Pro Doc	30	24.59	➡	0.8197
			100	81.97	➡	0.8197
02545853	<i>PRZ-Sitagliptin</i>	Pharmaris	100	81.97	➡	0.8197
02504065	<i>Sandoz Sitagliptin</i>	Sandoz	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
02548577	<i>Sitagliptin</i>	Sanis	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
02529068	<i>Sitagliptin</i>	Sivem	100	81.97	➡	0.8197
			500	409.85	➡	0.8197
02531666	<i>Taro-Sitagliptin Fumarate</i>	Taro	90	73.77	➡	0.8197
02522721	<i>Teva-Sitagliptin Malate</i>	Teva Can	30	24.59	➡	0.8197
			100	81.97	➡	0.8197

SITAGLIPTIN/METFORMIN HYDROCHLORIDE

L.A. Tab.

50 mg -500 mg **PPB**

02506270	<i>Apo-Sitagliptin/Metformin XR</i>	Apotex	60	41.10	➡	0.6850
02416786	<i>Janumet XR</i>	Merck	60	82.20		1.3700
02529106	<i>Sandoz Sitagliptin-Metformin XR</i>	Sandoz	60	41.10	➡	0.6850

L.A. Tab.

50 mg -1000 mg **PPB**

02506289	<i>Apo-Sitagliptin/Metformin XR</i>	Apotex	60	41.10	➡	0.6850
			100	68.50	➡	0.6850
02416794	<i>Janumet XR</i>	Merck	60	82.20		1.3700
02529114	<i>Sandoz Sitagliptin-Metformin XR</i>	Sandoz	60	41.10	➡	0.6850

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

L.A. Tab.

100 mg-1000 mg **PPB**

02506297	<i>Apo-Sitagliptin/Metformin XR</i>	Apotex	30	41.10	➡ 1.3700
			100	137.00	➡ 1.3700
02416808	<i>Janumet XR</i>	Merck	30	82.20	➡ 2.7400
02529122	<i>Sandoz Sitagliptin-Metformin XR</i>	Sandoz	30	41.10	➡ 1.3700

Tab.

50 mg -500 mg **PPB**

02557711	<i>AG-Sitagliptin Hydrochloride / Metformin</i>	Angita	60	26.68	➡ 0.4446
02509415	<i>Apo-Sitagliptine Metformine</i>	Apotex	60	26.68	➡ 0.4446
			100	44.46	➡ 0.4446
02435772	<i>Apo-Sitagliptin-Metformin</i>	Apotex	60	26.68	➡ 0.4446
			100	44.46	➡ 0.4446
02547805	<i>Auro-Sitagliptin Hydrochloride et Metformin Hydrochloride</i>	AuroPharma	60	26.68	➡ 0.4446
			100	44.46	➡ 0.4446
02556189	<i>JAMP Sitagliptin Hydrochloride / Metformin</i>	Jamp	60	26.68	➡ 0.4446
			180	80.03	➡ 0.4446
02333856	<i>Janumet</i>	Merck	60	82.20	➡ 1.3700
02534223	<i>Pro-Sitagliptin Malate/ Metformin</i>	Pro Doc	60	26.68	➡ 0.4446
			100	44.46	➡ 0.4446
02552817	<i>Pro-Sitagliptin-Metformin</i>	Pro Doc	60	26.68	➡ 0.4446
			100	44.46	➡ 0.4446
02540118	<i>Reddy-Sitagliptin and Metformin Hydrochloride</i>	Dr Reddy's	60	26.68	➡ 0.4446
02503956	<i>Sandoz Sitagliptin-Metformin</i>	Sandoz	60	26.68	➡ 0.4446
			500	222.30	➡ 0.4446
02560445	<i>Sitagliptin/Metformin</i>	Sanis	60	26.68	➡ 0.4446
			500	222.30	➡ 0.4446
02529157	<i>Sitagliptin-Metformin</i>	Sivem	60	26.68	➡ 0.4446
			500	222.30	➡ 0.4446
02520494	<i>Teva-Sitagliptin malate / Metformin</i>	Teva Can	100	44.46	➡ 0.4446
			500	222.30	➡ 0.4446

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

Tab.

50 mg -850 mg **PPB**

02557738	AG-Sitagliptin Hydrochloride / Metformin	Angita	60	26.68	➡	0.4446
02509423	Apo-Sitagliptine Metformine	Apotex	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02435780	Apo-Sitagliptin-Metformin	Apotex	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02547813	Auro-Sitagliptin Hydrochloride et Metformin	AuroPharma	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02556197	JAMP Sitagliptin Hydrochloride / Metformin	Jamp	60	26.68	➡	0.4446
			180	80.03	➡	0.4446
02534231	Pro-Sitagliptin Malate/ Metformin	Pro Doc	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02552825	Pro-Sitagliptin-Metformin	Pro Doc	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02540126	Reddy-Sitagliptin and Metformin Hydrochloride	Dr Reddy's	60	26.68	➡	0.4446
02503964	Sandoz Sitagliptin- Metformin	Sandoz	60	26.68	➡	0.4446
			360	160.06	➡	0.4446
02560453	Sitagliptin/Metformin	Sanis	60	26.68	➡	0.4446
02529165	Sitagliptin-Metformin	Sivem	60	26.68	➡	0.4446
			360	160.06	➡	0.4446
02520508	Teva-Sitagliptin malate / Metformin	Teva Can	100	44.46	➡	0.4446
			500	222.30	➡	0.4446

Tab.

50 mg -1000 mg **PPB**

02557746	AG-Sitagliptin Hydrochloride / Metformin	Angita	60	26.68	➡	0.4446
			500	222.30	➡	0.4446
02509431	Apo-Sitagliptine Metformine	Apotex	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02435799	Apo-Sitagliptin-Metformin	Apotex	60	26.68	➡	0.4446
			500	222.30	➡	0.4446
02547821	Auro-Sitagliptin Hydrochloride et Metformin	AuroPharma	60	26.68	➡	0.4446
			100	44.46	➡	0.4446
02556200	JAMP Sitagliptin Hydrochloride / Metformin	Jamp	60	26.68	➡	0.4446
			500	222.30	➡	0.4446
02333872	Janumet	Merck	60	82.20		1.3700
02534258	Pro-Sitagliptin Malate/ Metformin	Pro Doc	60	26.68	➡	0.4446
			500	222.30	➡	0.4446
02552833	Pro-Sitagliptin-Metformin	Pro Doc	60	26.68	➡	0.4446
			500	222.30	➡	0.4446
02540134	Reddy-Sitagliptin and Metformin Hydrochloride	Dr Reddy's	60	26.68	➡	0.4446
02503972	Sandoz Sitagliptin- Metformin	Sandoz	60	26.68	➡	0.4446
			360	160.06	➡	0.4446
02560461	Sitagliptin/Metformin	Sanis	60	26.68	➡	0.4446
			360	160.06	➡	0.4446
02529173	Sitagliptin-Metformin	Sivem	60	26.68	➡	0.4446
			360	160.06	➡	0.4446
02520516	Teva-Sitagliptin malate / Metformin	Teva Can	100	44.46	➡	0.4446
			500	222.30	➡	0.4446

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

SODIUM PHENYLBUTYRATE

Gran.

				483 mg/g	
02436663	<i>Pheburane</i>	Medunik	1	1612.80	

SODIUM PHOSPHATE MONOBASIC/ SODIUM PHOSPHATE DIBASIC

Ped. Rect. Sol.

				160 mg -60 mg/mL	
00108065	<i>Fleet Pediatrique</i>	CB Fleet	65 ml	4.10	

Rect. Sol.

				160 mg -60 mg/mL	
02096900	<i>Lax-A NEMA</i>	Pendopharm	130 ml	3.33	

SOFOSBUVIR

Tab.

				400 mg	
02418355	<i>Sovaldi</i>	Gilead	28	18333.33	654.7618

SOFOSBUVIR/VELPATASVIR

Tab.

				400 mg -100 mg	
02456370	<i>Epclusa</i>	Gilead	28	20000.00	714.2857

SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR

Tab.

				400 mg -100 mg -100 mg	
02467542	<i>Vosevi</i>	Gilead	28	20000.00	714.2857

SOMATOTROPHIN

Cartridge

				5 mg	
02325063	<i>Omnitrope</i>	Sandoz	1	139.50	
			5	697.50	139.5000

Cartridge

				6 mg	
02350122	<i>Saizen</i>	Serono	1	261.00	

Cartridge

				10 mg	
02325071	<i>Omnitrope</i>	Sandoz	1	279.00	
			5	1395.00	279.0000

Cartridge

				12 mg	
02350130	<i>Saizen</i>	Serono	1	334.80	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cartridge				15 mg	
02459647	<i>Omnitrope</i>	Sandoz	1 5	418.50 2092.50	418.5000
Cartridge				20 mg	
02350149	<i>Saizen</i>	Serono	1	778.88	
Inj. Pd.				5 mg	
02237971	<i>Saizen</i>	Serono	1	139.50	
S.C. Inj.Sol (syr)				0.6 mg	
02401762	<i>Genotropin MiniQuick</i>	Pfizer	7	117.18	16.7400
S.C. Inj.Sol (syr)				0.8 mg	
02401770	<i>Genotropin MiniQuick</i>	Pfizer	7	156.24	22.3200
S.C. Inj.Sol (syr)				1 mg	
02401789	<i>Genotropin MiniQuick</i>	Pfizer	7	195.30	27.9000
S.C. Inj.Sol (syr)				1.2 mg	
02401797	<i>Genotropin MiniQuick</i>	Pfizer	7	234.36	33.4800
S.C. Inj.Sol (syr)				1.4 mg	
02401800	<i>Genotropin MiniQuick</i>	Pfizer	7	273.42	39.0600
S.C. Inj.Sol (syr)				1.6 mg	
02401819	<i>Genotropin MiniQuick</i>	Pfizer	7	312.48	44.6400
S.C. Inj.Sol (syr)				1.8 mg	
02401827	<i>Genotropin MiniQuick</i>	Pfizer	7	351.54	50.2200
S.C. Inj.Sol (syr)				2 mg	
02401835	<i>Genotropin MiniQuick</i>	Pfizer	7	390.60	55.8000
Sty				5.3 mg	
02401703	<i>Genotropin GoQuick</i>	Pfizer	5	739.35	147.8700
Sty				12 mg	
02401711	<i>Genotropin GoQuick</i>	Pfizer	5	1674.00	334.8000

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

SOMATOTROPHIN - DELAYED GROWTH AND TURNER'S SYNDROME

S.C. Inj. Sol. (pen)				5 mg/1.5 mL	
02529181	<i>Norditropin FlexPro</i>	N.Nordisk	1	139.50	
02334852	<i>Norditropin Nordiflex</i>	N.Nordisk	1	139.50	

S.C. Inj. Sol. (pen)				10 mg/1.5 mL	
02529203	<i>Norditropin FlexPro</i>	N.Nordisk	1	279.00	
02334860	<i>Norditropin Nordiflex</i>	N.Nordisk	1	279.00	

S.C. Inj. Sol. (pen)				15 mg/1.5 mL	
02529211	<i>Norditropin FlexPro</i>	N.Nordisk	1	418.50	
02334879	<i>Norditropin Nordiflex</i>	N.Nordisk	1	418.50	

SOMATOTROPHIN - DELAYED GROWTH RELATED TO RENAL FAILURE

Cartridge				6 mg	
99101243	<i>Saizen</i>	Serono	1	261.00	

Cartridge				12 mg	
99101245	<i>Saizen</i>	Serono	1	334.80	

Cartridge				20 mg	
99101246	<i>Saizen</i>	Serono	1	778.88	

Inj. Pd.				5 mg	
99101244	<i>Saizen</i>	Serono	1	139.50	

SORAFENIB TOSYLATE

Tab.				200 mg	
02284227	<i>Nexavar</i>	Bayer	112	5152.99	46.0088

SOTATERCEPT

Kit				45 mg	
02551306	<i>Winrevair (1 or 2 bottles)</i>	Merck	1	8717.15	
			2	17434.30	

Kit				60 mg	
02551314	<i>Winrevair (1 or 2 bottles)</i>	Merck	1	11622.87	
			2	23245.73	

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

S.C. Inj. Pd.

45 mg

02551284	Winrevair	Merck	1	8717.15	

S.C. Inj. Pd.

60 mg

02551292	Winrevair	Merck	1	11622.87	

STIRIPENTOL

Caps.

250 mg

02398958	Diacomit	Biocodex	60	371.60	6.1933

Caps.

500 mg

02398966	Diacomit	Biocodex	60	742.03	12.3672

Oral Pd.

250 mg/sachet

02398974	Diacomit	Biocodex	60	371.60	6.1933

SUNITINIB (MALATE)

Caps.

12.5 mg PPB

02532190	Auro-Sunitinib	AuroPharma	28	455.87	➡ 16.2810
02552892	NAT-Sunitinib	Natco	28	455.87	➡ 16.2810
02532840	Sandoz Sunitinib	Sandoz	28	455.87	➡ 16.2810
02280795	Sutent	Pfizer	28	1768.27	63.1525
02524058	Taro-Sunitinib	Taro	28	455.87	➡ 16.2810
			30	488.43	➡ 16.2810
02526204	Teva-Sunitinib	Teva Can	28	455.87	➡ 16.2810

Caps.

25 mg PPB

02532204	Auro-Sunitinib	AuroPharma	28	911.73	➡ 32.5618
02552906	NAT-Sunitinib	Natco	28	911.73	➡ 32.5618
02532867	Sandoz Sunitinib	Sandoz	28	911.73	➡ 32.5618
02280809	Sutent	Pfizer	28	3536.52	126.3043
02524066	Taro-Sunitinib	Taro	28	911.73	➡ 32.5618
			30	976.85	➡ 32.5618
02526212	Teva-Sunitinib	Teva Can	28	911.73	➡ 32.5618

Caps.

50 mg PPB

02532220	Auro-Sunitinib	AuroPharma	28	1823.47	➡ 65.1238
02539284	NAT-Sunitinib	Natco	28	1823.47	➡ 65.1238
02532883	Sandoz Sunitinib	Sandoz	28	1823.47	➡ 65.1238
02280817	Sutent	Pfizer	28	7073.05	252.6089
02524082	Taro-Sunitinib	Taro	28	1823.47	➡ 65.1238
			30	1953.71	➡ 65.1238
02526220	Teva-Sunitinib	Teva Can	28	1823.47	➡ 65.1238

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

TACROLIMUS

Top. Oint.

				0.03 %	
02244149	<i>Protopic</i>	Leo	60 g	129.00	2.1500

Top. Oint.

				0.1 %	
02244148	<i>Protopic</i>	Leo	60 g	138.00	2.3000

TADALAFIL

Tab.

				20 mg	PPB
02338327	<i>Adcirca</i>	Lilly	56	680.81	W
02421933	<i>Apo-Tadalafil PAH</i>	Apotex	60	607.37 ➡	10.1228

TAFAMIDIS

Caps.

				61 mg	
02517841	<i>Vyndamax</i>	Pfizer	30	16028.40	534.2800

TAFAMIDIS MEGLUMINE

Caps.

				20 mg	
02495732	<i>Vyndaqel</i>	Pfizer	120	16028.40	133.5700

TAZAROTEN

Lot.

				0,045%	
02517868	<i>Arazlo</i>	Bausch H.	45 g	63.23	

TEPOTINIB HYDROCHLORIDE

Tab.

				225 mg	
02516322	<i>Tepmetko</i>	Serono	60	9237.60	153.9600

TERIFLUNOMIDE

Tab.

				14 mg	PPB
02500639	<i>Apo-Teriflunomide</i>	Apotex	28	418.04 ➡	14.9300
02504170	<i>Jamp Teriflunomide</i>	Jamp	28	418.04 ➡	14.9300
02500469	<i>Mar-Teriflunomide</i>	Marcan	28	418.04 ➡	14.9300
02523833	<i>M-Teriflunomide</i>	Mantra Ph.	30	447.90 ➡	14.9300
02500310	<i>NAT-Teriflunomide</i>	Natco	28	418.04 ➡	14.9300
02500434	<i>pms-Teriflunomide</i>	Phmscience	30	447.90 ➡	14.9300
02505843	<i>Sandoz Teriflunomide</i>	Sandoz	28	418.04 ➡	14.9300
02501090	<i>Teva-Teriflunomide</i>	Teva Can	28	418.04 ➡	14.9300
			30	447.90 ➡	14.9300

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

TERIPARATIDE

S.C. Inj. Sol.

250 mcg/mL (2.4 mL or 3 mL) **PPB**

* 02498804	<i>Apo-Teriparatide Injection</i>	Apotex	1	➡	535.47
* 02486423	<i>Teva-Teriparatide injectable</i>	Teva Can	1	➡	535.47

TERIPARATIDE (BIOSIMILAR)

S.C. Inj. Sol.

250 mcg/mL (2.4 mL)

02495589	<i>Osnuvo</i>	Avir	1		565.26

TEZEPELUMAB

S.C. Inj. Sol.

110 mg/mL (1,91 mL)

02529548	<i>Tezspire (seringue)</i>	AZC	1		1938.46
02529556	<i>Tezspire (stylo)</i>	AZC	1		1938.46

THALIDOMIDE

Caps.

50 mg

02355191	<i>Thalomid</i>	Celgene	28		825.13	29.4689

Caps.

100 mg

02355205	<i>Thalomid</i>	Celgene	28		1650.26	58.9379

TICAGRELOR

Tab.

90 mg **PPB**

02537192	<i>AG-Ticagrelor</i>	Angita	60		23.76	➡	0.3960
02482630	<i>Apo-Ticagrelor</i>	Apotex	60		23.76	➡	0.3960
			180		71.28	➡	0.3960
02368544	<i>Brilinta</i>	AZC	60		88.80		1.4800
02531801	<i>JAMP Ticagrelor</i>	Jamp	60		23.76	➡	0.3960
02529769	<i>M-Ticagrelor</i>	Mantra Ph.	60		23.76	➡	0.3960
02492598	<i>Taro-Ticagrelor</i>	Taro	60		23.76	➡	0.3960

TIGECYCLINE

I.V. Perf. Pd.

50 mg **PPB**

02409356	<i>Tigecycline</i>	Apotex	10		714.23	➡	71.4225
02285401	<i>Tygacil</i>	Pfizer	10		802.50		80.2500

TILDRAKIZUMAB

S.C. Inj. Sol. (pen)

100 mg/mL (1 mL)

02558904	<i>Ilumya</i>	Sun Pharma	1		4935.00		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			100 mg/mL (1 mL)		
02516098	<i>Ilumya</i>	Sun Pharma	1	4935.00	

TIZANIDINE HYDROCHLORIDE

Tab.

 4 mg **PPB**

02536765	<i>Mint-Tizanidine</i>	Mint	100	36.86	➡ 0.3686
02259893	<i>Tizanidine</i>	Apotex	100	36.86	➡ 0.3686

TOBRAMYCIN SULFATE

Inh. Pd.

28 mg

02365154	<i>Tobi Podhaler</i>	BGP Pharma	224	2880.36	

Inh. Sol.

 300 mg/5 mL **PPB**

02389622	<i>Teva-Tobramycin</i>	Teva Can	56	1533.36	➡ 27.3814
02239630	<i>Tobi</i>	BGP Pharma	56	2880.36	51.4350

TOCILIZUMAB

I.V. Perf. Sol.

20 mg/mL (4 mL)

02562022	<i>Avtozma</i>	Celltrion	1	124.76	124.7610
			4	499.04	
02552450	<i>Tyenne</i>	Fresenius	1	124.76	

I.V. Perf. Sol.

20 mg/mL (10 mL)

02562030	<i>Avtozma</i>	Celltrion	1	311.90	311.9025
			4	1247.61	
02552469	<i>Tyenne</i>	Fresenius	1	311.90	

I.V. Perf. Sol.

20 mg/mL (20 mL)

02562049	<i>Avtozma</i>	Celltrion	1	623.81	623.8050
			4	2495.22	
02552477	<i>Tyenne</i>	Fresenius	1	623.81	

S.C. Inj. Sol. (pen)

162 mg/0.9 mL

02562065	<i>Avtozma</i>	Celltrion	1	242.29	242.2875
			4	969.15	
02552485	<i>Tyenne</i>	Fresenius	4	969.15	

S.C. Inj.Sol (syr)

162 mg/0.9 mL

02562057	<i>Avtozma</i>	Celltrion	1	244.95	244.9525
			4	979.81	
02552493	<i>Tyenne</i>	Fresenius	4	979.81	

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

TOCOPHERYL ACETATE (DL-ALPHA) ⁵

Caps.

99002396			100	100 UI	

Caps.

99002418			100	200 UI	

Caps.

99002426			100	400 UI	

Chew. Tab.

99100202			90	200 UI	

Oral Sol.

99002469			25 ml	50 UI/mL	

**TOFACITINIB CITRATE **

L.A. Tab.

02553988	<i>Taro-Tofacitinib XR</i>	Taro	30	11 mg PPB 817.52 ➡	27.2507
02470608	<i>Xeljanz XR</i>	Pfizer	30	1385.79	46.1930

Tab.

02530007	<i>Auro-Tofacitinib</i>	AuroPharma	60	5 mg PPB 359.38 ➡	5.9897
02522896	<i>JAMP Tofacitinib</i>	Jamp	60	359.38 ➡	5.9897
02522799	<i>pms-Tofacitinib</i>	Phmscience	60	359.38 ➡	5.9897
02551691	<i>Sandoz Tofacitinib</i>	Sandoz	60	359.38 ➡	5.9897
02511304	<i>Taro-Tofacitinib</i>	Taro	60	359.38 ➡	5.9897
			180	1078.14 ➡	5.9897
02423898	<i>Xeljanz</i>	Pfizer	60	1385.79	23.0965

Tab.

02530015	<i>Auro-Tofacitinib</i>	AuroPharma	60	10 mg PPB 635.15 ➡	10.5859
02551705	<i>Sandoz Tofacitinib</i>	Sandoz	60	635.15 ➡	10.5859
02511312	<i>Taro-Tofacitinib</i>	Taro	60	635.15 ➡	10.5859
02480786	<i>Xeljanz</i>	Pfizer	60	2540.62	42.3436

**TRAMETINIB **

Tab.

02409623	<i>Mekinist</i>	Novartis	30	0.5 mg 2175.00	72.5000

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

Tab.

				2 mg	
02409658	<i>Mekinist</i>	Novartis	30	8700.00	290.0000

TREPROSTINIL SODIUM

Inj. Sol.

				1 mg/mL	
02246552	<i>Remodulin</i>	U.T.C.	20 ml	900.00	

Inj. Sol.

				2.5 mg/mL	
02246553	<i>Remodulin</i>	U.T.C.	20 ml	2250.00	

Inj. Sol.

				5 mg/mL	
02246554	<i>Remodulin</i>	U.T.C.	20 ml	4500.00	

Inj. Sol.

				10 mg/mL	
02246555	<i>Remodulin</i>	U.T.C.	20 ml	9000.00	

TRETINOIN

Top. Cr.

				0.05 %	
00443794	<i>Retin-A</i>	Bausch H.	30 g	10.36	0.3453

Top. Jel.

				0.01 %	
01926462	<i>Vitamin A Acid Gel Doux</i>	Bausch H.	25 g	7.41	0.2964

TRIENTINE (HYDROCHLORIDE)

Caps.

				250 mg	PPB	
02504855	<i>Mar-Trientine</i>	Marcan	100	2000.00	➡	20.0000
02515067	<i>Waymade-Trientine</i>	Waymade	100	2000.00	➡	20.0000

TRIFLURIDINE/TIPIRACIL HYDROCHLORIDE

Tab.

				15 mg - 6.14 mg	
02472104	<i>Lonsurf</i>	Taiho	20	1525.00	76.2500

Tab.

				20 mg - 8.19 mg	
02472112	<i>Lonsurf</i>	Taiho	20	1525.00	76.2500

TRIHEPTANOÏNE

Liq.

				100 %	
02512556	<i>Dajolvi</i>	Ultragenyx	500 ml	6365.00	12.7300

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

TROSPIUM CHLORIDE

Tab.

 20 mg **PPB**

02506661	<i>JAMP Trospium</i>	Jamp	60	24.43	➡ 0.4072
02488353	<i>Mar-Trospium</i>	Marcan	60	24.43	➡ 0.4072

UPADACITINIB

L.A. Tab.

15 mg

02495155	<i>Rinvoq</i>	AbbVie	30	1385.70	46.1900

L.A. Tab.

30 mg

02520893	<i>Rinvoq</i>	AbbVie	30	2220.00	74.0000

L.A. Tab.

45 mg

02539721	<i>Rinvoq</i>	AbbVie	28	2850.68	101.8100

USTEKINUMAB (PLAQUE PSORIASIS AND PSORIATIC ARTHRITIS)

I.V. Perf. Sol.

5 mg/mL (26 mL)

02554305	<i>Otulfi</i>	Fresenius	1	1248.00	
+ 02550520	<i>Pyzchiva</i>	Accelera	1	1248.00	
02562111	<i>Yesintek</i>	Biocon	1	1248.00	

S.C. Inj. Sol.

45 mg/0.5 mL

02558270	<i>Steqeyma</i>	Celltrion	1	2755.88	
02544202	<i>Wezlana</i>	Amgen	1	2755.88	
02562081	<i>Yesintek</i>	Biocon	1	2755.88	

S.C. Inj. Sol. (pen)

45 mg/0.5 mL

02553317	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj. Sol. (pen)

90 mg/1 mL

02553309	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj. Sol (syr)

45 mg/0.5 mL

02543036	<i>Jamteki</i>	Jamp	1	2755.88	
02554283	<i>Otulfi</i>	Fresenius	1	2755.88	
+ 02550539	<i>Pyzchiva</i>	Accelera	1	2755.88	
02550245	<i>Steqeyma</i>	Celltrion	1	2755.88	
02544180	<i>Wezlana</i>	Amgen	1	2755.88	
99114530	<i>Yesintek</i>	Biocon	1	2755.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			90 mg/1 mL		
02543044	<i>Jamteki</i>	Jamp	1	2755.88	
02554291	<i>Otulfi</i>	Fresenius	1	2755.88	
+ 02550547	<i>Pyzchiva</i>	Accelera	1	2755.88	
02550253	<i>Steqeyma</i>	Celltrion	1	2755.88	
02544199	<i>Wezlana</i>	Amgen	1	2755.88	
02562103	<i>Yesintek</i>	Biocon	1	2755.88	

USTEKINUMAB (PLAQUE PSORIASIS CHILDREN)

S.C. Inj. Sol.			45 mg/0.5 mL		
99114453	<i>Jamteki</i>	Jamp	1	2755.88	
99114511	<i>Steqeyma</i>	Celltrion	1	2755.88	
99114447	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj. Sol. (pen)			45 mg/0.5 mL		
99114445	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj. Sol. (pen)			90 mg/1 mL		
99114446	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj.Sol (syr)			45 mg/0.5 mL		
99114455	<i>Jamteki</i>	Jamp	1	2755.88	
99114513	<i>Steqeyma</i>	Celltrion	1	2755.88	
99114450	<i>Wezlana</i>	Amgen	1	2755.88	

S.C. Inj.Sol (syr)			90 mg/1 mL		
99114457	<i>Jamteki</i>	Jamp	1	2755.88	
99114514	<i>Steqeyma</i>	Celltrion	1	2755.88	
99114448	<i>Wezlana</i>	Amgen	1	2755.88	

USTEKINUMAB (ULCERATIVE COLITIS AND CROHN'S DISEASE)

I.V. Perf. Sol.			5 mg/mL (26 mL)		
02553120	<i>Jamteki</i>	Jamp	1	1248.00	
99114503	<i>Otulfi</i>	Fresenius	1	1248.00	
+ 99114620	<i>Pyzchiva</i>	Accelera	1	1248.00	
02550261	<i>Steqeyma</i>	Celltrion	1	1248.00	
02544210	<i>Wezlana</i>	Amgen	1	1248.00	
99114533	<i>Yesintek</i>	Biocon	1	1248.00	

S.C. Inj. Sol.			45 mg/0.5 mL		
99114452	<i>Jamteki</i>	Jamp	1	2755.88	
99114512	<i>Steqeyma</i>	Celltrion	1	2755.88	
99114313	<i>Wezlana</i>	Amgen	1	2755.88	
99114529	<i>Yesintek</i>	Biocon	1	2755.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. (pen) 45 mg/0.5 mL					
99114443	Wezlana	Amgen	1	2755.88	
S.C. Inj. Sol. (pen) 90 mg/1 mL					
99114444	Wezlana	Amgen	1	2755.88	
S.C. Inj. Sol. (syr) 45 mg/0.5 mL					
99114454	Jamteki	Jamp	1	2755.88	
99114515	Otulfi	Fresenius	1	2755.88	
+ 99114618	Pyzchiva	Accelera	1	2755.88	
99114386	Steqeyma	Celltrion	1	2755.88	
99114312	Wezlana	Amgen	1	2755.88	
99114531	Yesintek	Biocon	1	2755.88	
S.C. Inj. Sol. (syr) 90 mg/1 mL					
99114456	Jamteki	Jamp	1	2755.88	
99114502	Otulfi	Fresenius	1	2755.88	
+ 99114619	Pyzchiva	Accelera	1	2755.88	
99114387	Steqeyma	Celltrion	1	2755.88	
99114314	Wezlana	Amgen	1	2755.88	
99114532	Yesintek	Biocon	1	2755.88	
VANZACAFITOR/TEZACAFITOR/DEUTIVACAFITOR 					
Kit (solid oral) 4 mg - 20 mg - 50 mg					
+ 02559676	Alyftrek	Vertex	84	24696.00	
Kit (solid oral) 10 mg - 50 mg - 125 mg					
+ 02559684	Alyftrek	Vertex	56	24696.00	
VEDOLIZUMAB 					
I.V. Perf. Pd. 300 mg					
02436841	Entyvio	Takeda	1	3290.00	
S.C. Inj. Sol. 108 mg/0.68 mL					
02497867	Entyvio (stylo)	Takeda	1	822.50	
			2	1645.00	822.5000
02497875	Entyvio (syringe)	Takeda	1	822.50	
			2	1645.00	822.5000
VEMURAFENIB 					
Tab. 240 mg					
02380242	Zelboraf	Roche	56	1911.59	34.1355

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

VENETOCLAX

Kit (solid oral)

10 mg (14 Tab.), 50 mg (7 Tab.) and 100 mg (21 Tab.)

02458063	Venclexta	AbbVie	1	1760.88	

Tab.

10 mg

02458039	Venclexta	AbbVie	2	13.60	6.8000

Tab.

50 mg

02458047	Venclexta	AbbVie	1	33.99	

Tab.

100 mg

02458055	Venclexta	AbbVie	1 120	67.99 8158.50	67.9875

VERICIGUAT

Tab.

2.5 mg

02537044	Verquvo	Bayer	14	67.62	4.8300

Tab.

5 mg

02537052	Verquvo	Bayer	14	67.62	4.8300

Tab.

10 mg

02537060	Verquvo	Bayer	28	135.24	4.8300

VERTEPORFIN

I.V. Inj. Pd.

15 mg

02242367	Visudyne	Cheplaphar	1	1703.10	

VILANTEROL TRIFENATATE / UMECLIDINIUM BROMURE / FLUTICASONE FUORATE

Inh. Pd. (App.)

25 mcg - 62.5 mcg - 100 mcg/dose

02474522	Trelegy Ellipta	GSK	30 dose(s)	132.20	

VILANTEROL TRIFENATATE/FLUTICASONE FUROATE

Inh. Pd.

25 mcg - 100 mcg/dose

02408872	Breo Ellipta	GSK	30 dose(s)	82.20	

Inh. Pd.

25 mcg -200 mcg/dose

02444186	Breo Ellipta	GSK	30 dose(s)	116.90	

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

VILANTEROL TRIFENATATE/UMECLIDINIUM BROMURE

Inh. Pd. (App.)

25 mcg - 62,5 mcg/dose

02418401	Anoro Ellipta	GSK	30 dose(s)	63.00	

VISMODEGIB

Caps.

150 mg

02409267	Erivedge	Roche	28	8238.26	294.2236

VORASIDENIB

Tab.

10 mg

02551225	Voranigo	Servier	30	11975.00	399.1667

Tab.

40 mg

02551233	Voranigo	Servier	30	23950.00	798.3333

VORICONAZOLE

I.V. Perf. Pd.

200 mg PPB

02256487	Vfend	Pfizer	1	145.55	
02477696	Voriconazole pour injection	Jamp	1	136.58	

Tab.

50 mg PPB

02525771	Jamp Voriconazole	Jamp	30	203.45	6.7818
02399245	Sandoz Voriconazole	Sandoz	30	203.45	6.7818
02256460	Vfend	Pfizer	30	370.53	12.3510

Tab.

200 mg PPB

02525798	Jamp Voriconazole	Jamp	30	794.42	26.4807
02399253	Sandoz Voriconazole	Sandoz	30	794.42	26.4807
02256479	Vfend	Pfizer	30	1481.49	49.3830

VUTRISIRAN

S.C. Inj.Sol (syr)

50 mg/mL (0,5 mL)

02542420	Amvuttra	Alnylam	1	143041.00	

ZANUBRUTINIB

Caps.

80 mg

02512963	Brukinsa	BeOne med	120	8158.00	67.9833

Tab.

160 mg

02554267	Brukinsa	BeOne med	60	8158.00	135.9666

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

ZILUCOPLAN

S.C. Inj.Sol (syr)

40 mg /mL (0,416 mL)

02549220	Zilbrysq	U.C.B.	7	4551.90	650.2718

S.C. Inj.Sol (syr)

40 mg /mL (0,574 mL)

02549239	Zilbrysq	U.C.B.	7	6306.85	900.9790

S.C. Inj.Sol (syr)

40 mg /mL (0,810 mL)

02549247	Zilbrysq	U.C.B.	7	8884.44	1269.2052

ZOLEDRONIC ACID

I.V. Perf. Sol.

4 mg/5 mL **PPB**

02422425	Acide zoledronique pour injection	Dr Reddy's	5 ml	➡	134.61	W
02434458	Acide zoledronique pour injection	Fresenius	5 ml	➡	134.61	
02444739	Acide zoledronique pour injection	Juno	5 ml	➡	134.61	
02472805	Acide zoledronique pour injection	Marcan	5 ml	➡	134.61	
02415186	Acide zoledronique pour injection	Taro	5 ml	➡	134.61	
02407639	Acide zoledronique pour injection	Teva Can	5 ml		134.61	
02401606	Acide zoledronique-Z	Sandoz	5 ml	➡	134.61	
02482525	Jamp-Zoledronic Acid	Jamp	5 ml	➡	134.61	
02248296	Zometa	Novartis	5 ml		538.45	

I.V. Perf. Sol.

5 mg/ 100 mL **PPB**

* 02422433	Acide zoledronique injectable	Dr Reddy's	1	➡	391.61	
02269198	Acclasta	Sandoz	1		668.60	

SUPPLIES

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

SUPPLIES ⁶

DISPOSABLE NEEDLE FOR AUTO-INJECTOR

99002108			1		

DISPOSABLE NEEDLE FOR SYRINGE OF METHOTREXATE

99101194			1		

DISPOSABLE NEEDLE WITH SAFETY DEVICE FOR INSULIN AUTO-INJECTOR ⁹

99100517			1		

DISPOSABLE SYRINGE (WITHOUT NEEDLE)

99002337			1	1.0 cc	

99002531			1	2.0 cc	

99002175			1	3 cc	

99002183			1	5 cc	

99002191			1	10 cc	

99100668			1	20 cc	

99100669			1	30 cc at 50 cc	

⁶ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

⁹ This type of supply is reimbursable for persons carrying a blood-borne infection.

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

DISPOSABLE SYRINGE WITH NEEDLE FOR INSULIN

99002132			1	0.25 cc	

99002140			1	0.3 cc	

99002159			1	0.5 cc	

99002167			1	1.0 cc	

DISPOSABLE SYRINGE WITH NEEDLE(S)

99002345			1	1.0 cc	

99002558			1	2.0 cc	

99002205			1	3 cc	

99002213			1	5 cc	

99002221			1	10 cc	

DISPOSABLE SYRINGE WITH RETRACTABLE NEEDLE ¹³

99101335			1	3 cc	

ENFIT NON-STERILE SYRINGES

99114344			1	1 mL	

¹³ Syringes and retractable needles are reimbursable only where billed for the administration of naloxone hydrochloride.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe					
99114345			1	3 mL	
Syringe					
99114346			1	6 mL	
Syringe					
99114347			1	12 mL	
Syringe					
99114348			1	35 mL	
Syringe					
99114349			1	60 mL	
ENFIT SAMPLING STRAWS					
Straw					
99114343			1	> 2 mm diameter	
HEPARIN (SODIUM)					
Flush. sol. (syr.)					
99113757	BD Posiflush heparine	B-D	10 U/mL (3 and 5 mL)		
			3 ml	0.68	
			5 ml	0.67	
Flush. sol. (syr.)					
99113759	BD Posiflush heparine	B-D	100 U/mL (3 and 5 mL)		
			3 ml	0.69	
			5 ml	0.70	
MASK FOR AEROSOL HOLDING CHAMBER					
99003643			1		
SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF A VACCINE ²³					
99113726			1		

²³ Maximum price reimbursable: 0,50. No excess amount may be charged to the insured person, even if the purchase price exceeds this maximum reimbursable price.

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

SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF AN EMERGENCY DRUG ²³

99113729			1		

SODIUM CHLORIDE

Flush. sol.

0.9 % **PPB**

99100499	<i>BD Saline SP NaCl 0.9 %</i>	B-D	3 ml		0.90
			5 ml		0.95
			10 ml		1.00
99100894	<i>Chlorure de Sodium</i>	MedXL	3 ml	➡	0.85
			5 ml	➡	0.90
			10 ml	➡	0.95

SPACER CHAMBER ²⁸

99002116			1		

SPACER CHAMBER AND MASK ²⁹

99002124			1		

²³ Maximum price reimbursable: 0,50. No excess amount may be charged to the insured person, even if the purchase price exceeds this maximum reimbursable price.

²⁸ If this supply is used as part of the Emergency Response Service, please use the billing code: 99114329.

²⁹ If this supply is used as part of the Emergency Response Service, please use the billing code: 99114330.

**PRODUCTS FOR EXTEMPORANEOUS
PREPARATIONS**

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

PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS ⁶

AMPHOTERICIN B

Inj. Pd.

99100416			20 ml	50 mg	

CLOMIFENE CITRATE

Pd.

99113918			1 g		

COLLOIDAL SULFUR

00901725			50 g		

CYCLOPHOSPHAMIDE

I.V. Inj. Pd.

99114555			1 g		

CYCLOSPORINE

Inj. Sol.

99100387			1		

CYSTEAMINE

Pd.

99113753			1 g		

DILTIAZEM HYDROCHLORIDE

Pd.

99114475			1 g		

DIPHENHYDRAMINE HYDROCHLORIDE

Liq. oral

99113920			1 ml		

ERYTHROMYCIN

Pd. (external use)

99100163			2 g		

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

GABAPENTIN

Pd.

99100435			1 g		

HYDROCORTISONE

00900761			5 g		

HYDROCORTISONE ACETATE

00906689			10 g		

HYDROXYUREA

Pd.

99100776			1 g		

LIQUOR CARBONIS DETERGENS

00903256			500 ml		

METHADONE HYDROCHLORIDE

00907561	<i>Methadone</i>		1	1 g à 100 g	

METRONIDAZOLE

Pd.

99100428			1 g		

MITOMYCINE

Inj. Pd.

99004518			1		

NIFEDIPINE

Pd.

99113740			1 g		

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

PRECIPITATED SULFUR

00901733			500 g		

PREDNISONE

Pd.

99114476			1 g		

PYRIDOXINE HYDROCHLORIDE

Inj. Sol.

100 mg/mL

99114478			1 ml		

SALICYLIC ACID

00901164			50 g		

SODIUM BENZOATE - ACTIVE INGREDIENT

Pd.

99101236			100 g		

SUBLIMED SULFUR

00896217			125 g		

SULFAMETHOXAZOLE

Pd.

99114571			1 g		

TAR (MINERAL)

00897361			25 g		

TAR (WOOD)

00908169			100 ml		

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

TRIMETHOPRIM

Pd.

99114572			1 g		

VANCOMYCIN HYDROCHLORIDE

Pd.

99100176			1 g		

VEHICLES, SOLVENTS OR ADJUVANTS

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

VEHICLES, SOLVENTS OR ADJUVANTS ⁶

ANHYDROUS SODIUM CITRATE

99002779			100 g		

ARTIFICIEL

Oph. Sol.

00921270			15 ml		

BASES/ EMULSIONS ²²

99101014			1		

CARBOXYMETHYLCELLULOSE SODIUM

00897175			100 g		

CASSETTE OR BAG FOR ADMINISTRATION DEVICE

99002248			1		

CHLOROFORM

99002752			100 ml		

CITRIC ACID

Pd.

99001500			50 g		

DEXTROSE

Inj. Sol.

99002256			500 ml 1000 ml	5 %	

⁶ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

²² The quantity and actual acquisition price must be indicated in grams or millilitres according to the product used.

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

DEXTROSE (MINI-BAGS)

Inj. Sol.

5 %

00921289			25 ml 50 ml 100 ml 250 ml		

DISPOSABLE NEEDLE FOR SYRINGUES

99005077			100		

DISTILLED WATER

00906719			4550 ml		

ELASTOMERIC INFUSOR (CONTINUOUS)

99002280			1		

ELASTOMERIC INFUSOR (INTERMITENT)

99002272			1		

EMPTY BAG FOR IV SOLUTIONS

Bag

99002299			1		

ENEMA BOTTLE

99114270			1		

ETHANOL

Liq.

95 %

99002388			750 ml		

GELATIN (EMPTY CAPSULE)

Caps.

99001519			1		

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

GLYCERIN ⁵

00903159			100 ml		

GLYCINE/ SODIUM CHLORIDE

				94 mg -73.3 mg	
02443651	<i>Flolan (diluant pour)</i>	GSK	50 ml	10.36	

HYDRATED LANOLIN

00902659			450 g		

LACTOSE

00900834			500 g		

LIDOCAINE HYDROCHLORIDE

				1 % (2 mL à 5 mL)	
99101013			1		

MAGNESIUM HYDROXIDE / ALUMINUM HYDROXIDE

99003376			1 ml		

MAGNESIUM HYDROXIDE/ ALUMINIUM HYDROXIDE/ SIMETHICONE

99100243			1 ml		

METHYLCELLULOSE

00902365			100 g		

				1 500 cps	
99001527			500 g		

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

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

MICROCRYSTALLINE CELLULOSE

Pd.

99113917			1 g		

MINERAL OIL

00906654			500 ml		

OILY VEHICLE

99101192			500 ml		

POLYSORBATE 80

Liq.

99114548			1 ml		

PROPYLENE GLYCOL

00903353			500 ml		

PURIFIED WATER (DISTILLED, DEMINERALIZED OR OTHERS)

99101431			1 ml		

RECTAL CANNULA

99114271			1		

SIMPLE SYRUP

00905038			500 ml		

SODIUM BENZOATE - ADJUVANT

Pd.

99001535			100 g		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SODIUM BICARBONATE					
Inj. Sol.					
99114549			1 ml	8.4 %	
Pd.					
99100058			100 g		
SODIUM CHLORIDE					
Inj. Sol.					
99002310			500 ml 1000 ml	0.9 %	
SODIUM CHLORIDE (SMALL VOLUMES)					
Inj. Sol.					
99002329			5 ml 10 ml 20 ml 50 ml	0.9 %	
SODIUM CHLORIDE INHALATION THERAPY					
99101482			3 ml	0.9 %	
SODIUM CHLORURE MINI-SAC					
Inj. Sol.					
00921300			25 ml 50 ml 100 ml 250 ml	0.9 %	
SODIUM CITRATE					
Sol.					
99114309			1 ml	4 g/100 mL	
SOFT WHITE PARAFFIN					
00902691			450 g		

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

SOFT YELLOW PARAFFIN

00902683			454 g		

SORBITOL

99000555			100 g		

STERILE SYRINGE CAP

99100673			25		

STERILE WATER FOR INJECTION

99100407			250 ml 500 ml 1000 ml 2000 ml		

STERILE WATER FOR INJECTION (SMALL VOLUMES)

99002264			5 ml 10 ml 20 ml 50 ml		

STERILE WATER FOR IRRIGATION

99101432			1 ml		

STERILE WATER INHALATION THERAPY

00920282			3 ml 5 ml		

SWEET ALMOND OIL

00907448			100 ml		

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

SWEETENERS (VARIOUS FLAVOURS)

99002353			500 ml		

SYRINGE FOR ADMINISTRATION DEVICE

99002302			1		

TRAGACANTH

Pd.

99002361			100 g		

VAGINAL APPLICATOR

99114269			1		

VEHICLES FOR ORAL SUSPENSIONS

Oral Susp.

250 ml à 473 ml

99101222			1 ml		

WATER FOR INJECTION (INHALATION THERAPY)

00905178			2 ml 10 ml 30 ml 50 ml 5 ml		
00905186					

WATER FOR INJECTION/ BENZYL ALCOHOL 0.9%

00906077			30 ml		

WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %

00402257			30 ml 50 ml		

WATER FOR INJECTION/ PARABENS

00905445			30 ml		

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

XANTHAN GUM

99002760			100 g		