

List of Medications

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Schedule 1**List of Medications
22 March 2017**

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Sections and Therapeutic Classes

4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drug
20:00	Blood Formation and Coagulation
24:00	Cardiovascular Drugs
28:00	Central Nervous System Agents
36:00	Diagnostic Agents
40:00	Electrolytic, Caloric and Water Balance
48:00	Antitussives, Expectorants and Mucolytic Agents
52:00	EENT Preparations
56:00	Gastrointestinal Drugs
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
84:00	Skin and Mucous Membrane Agents
86:00	Smooth Muscle Relaxants
88:00	Vitamins
92:00	Unclassified Therapeutic Agents

Exceptional Medications

Supplies

Products for Extemporaneous Preparations

Vehicles, Solvents or Adjuvants

1. ESTABLISHING THE PRICES INDICATED ON THE *LIST OF MEDICATIONS*

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

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

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

For drugs that have been withdrawn from the market by the manufacturer, the symbol "W" appears in the "unit price" column.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

1.1 Guaranteed selling price

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

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

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

The guaranteed selling price may differ for sales to pharmacists and sales to wholesalers, in which case the difference between the pharmacist's price and the wholesaler's price must not exceed 6.50% for any package size but may be different for each

product in question. For a given product, the difference must be the same for all package sizes. A manufacturer's guaranteed selling price for sales to wholesalers must be the same for all wholesalers.

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

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

2. ESTABLISHING THE PRICE PAYABLE

The price paid by the Régie de l'assurance maladie du Québec is the price at which the drug is sold by an accredited manufacturer or wholesaler. This price is established according to the method described below or, in certain cases, is the maximum price indicated on the list.

2.1 Actual purchase price

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

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

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

2.2 Lowest price

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

2.2.1 Lowest price method

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

2.2.2 Grouping of dosage forms and strengths

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

2.2.3 Exceptions to the lowest price payable

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

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

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

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

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

Until 31 May 2016, the lowest price method does not apply to insured persons having obtained a reimbursement for Nutropin AQ™ NuSpin™ 5, Nutropin AQ™ NuSpin™ 10 or Nutropin AQ Pen™ between 31 July 2015 and 8 February 2016.

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

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

2.3 Maximum amount

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

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

2.4 Accredited drug wholesaler's mark-up

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

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

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

2.4.1 Maximum mark-up

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

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

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

2.4.2 Two guaranteed selling prices

Where a manufacturer has submitted different guaranteed selling prices for sales to wholesalers and sales to pharmacists, the price payable 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 price payable is then the guaranteed selling price for sales to pharmacists, except in the case of expensive products, for which the mark-up is limited to \$39. If the difference between the guaranteed selling prices for sales to wholesalers and sales to pharmacists is less than 5%, the price payable is the guaranteed selling price for sales to wholesalers, increased by the wholesaler's mark-up.

2.5 Conditions of supply

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

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

2.6 Price payable for drugs supplied by institutions

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

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

3. EXTEMPORANEOUS PREPARATIONS

3.1 Definition

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

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

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

- A systemic-effect preparation manufactured from oral forms of drugs already appearing on the *List of Medications* and consisting of a single active substance.
- A mouthwash preparation resulting from the mixture
 - of two or more of the following drugs in non-injectable form: diphenhydramine hydrochloride, erythromycin, hydroxyzine, ketoconazole, lidocaine, magnesium hydroxide / aluminum hydroxide, nystatin, sucralfate, tetracycline and a corticosteroid, in association, where applicable, with one or more vehicles, solvents or adjuvants or
 - of an oral form of tranexamic acid with one or more vehicles, solvents or adjuvants.

- A preparation for topical use composed of a mixture of a drug listed in Class 84:00 *Skin and Mucous Membrane Agents* of the *List of Medications* and of one or more of the following products for extemporaneous preparations: salicylic acid, sulfur and tar in association, where applicable, with one or more vehicles, solvents or adjuvants.
- A preparation for topical use composed of one or more of the following products: salicylic acid, erythromycin, sulfur, tar and hydrocortisone in a cream, ethanol, ointment, oil or lotion base, but not a preparation that is only hydrocortisone-based that has a concentration of less than 1%.
- An ophthalmic preparation containing:
 - amikacin, amphotericine B, cefazolin, ceftazidime, fluconazole, mitomycin, penicillin G, vancomycin or
 - tobramycin in concentrations of more than 3 mg/mL or
 - cyclosporine at a concentration of 1% or 2%.
- A solution or oral suspension of folic acid, dexamethasone, methadone, phytonadione or vancomycin.
- One of the following preparations:
 - a sucralfate-based preparation for rectal use;
 - a topical preparation containing glyceryl trinitrate, nifedipine or diltiazem.
- A preparation for oral use of sodium benzoate.

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

3.3 Price payable

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

4. EXCEPTIONAL MEDICATIONS

4.1 Classification of exceptional medications

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

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

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

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

4.2 Conditions of coverage under the basic prescription drug insurance plan

4.2.1 Medications listed in appendices IV and IV.1

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

- (1) in the case of persons whose coverage under the basic plan is provided by the Régie de l'assurance maladie du Québec, a prior request for authorization, duly completed in accordance with the form prescribed to that effect in the Regulation respecting forms and statements of fees under the Health Insurance Act (chapter A-29, r. 7) was sent to the Régie;

- (2) in the case of persons whose basic plan coverage is provided by insurers transacting group insurance or by administrators of private-sector employee benefit plans, a prior request for authorization, if required under the applicable group insurance contract or employee benefit plan, was sent to the insurer or to the administrator of the employee benefit plan, according to the terms and conditions provided for in that contract or plan. However, these drugs are covered only for the period authorized, if applicable, by the Régie, the insurer or the administrator of the employee benefit plan in question, if they are prescribed for the therapeutic indications provided for each of them.

4.2.2 Medications listed in Appendix IV.1

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

For the reimbursement of Remicade™,

1. In the case of adult Crohn's disease, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 15 February 2017 and fulfill the payment indications set out in Appendix IV.1.
2. In the case of Crohn's disease and juvenile idiopathic arthritis, the eligible person was under 18 years of age when he or she began the treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan and fulfils the payment indications set out in Appendix IV.1.

5. SUPPLIES

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

5.1 Price payable

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

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

6.1 Objective

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

6.2 Conditions, cases and circumstances

6.2.1 Conditions

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

That medication must:

- (1) be manufactured and marketed in Canada and, subject to the fourth paragraph of this section, have been assigned a DIN by Health Canada; or
- (2) be manufactured and marketed in Canada and have an NPN assigned by Health Canada, on condition that the medication already had been assigned a DIN by the same authority; or

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

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

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

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

6.2.1.1 Severity of the medical condition

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

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

- (1) immediate, in that it already severely restricts the afflicted person's activities or quality of life or would, according to the current state of scientific knowledge, lead to significant functional injury or the person's death; or
- (2) foreseeable in the short term, in that its evolution or complications could affect the eligible person's morbidity or mortality risk.

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

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

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

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

6.3 Exclusions

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

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

6.4 Price payable by the Régie de l'assurance maladie du Québec

The price of a medication to which section 6 applies, and for which the Régie de l'assurance maladie du Québec assumes payment for persons whose basic plan coverage is provided by the Régie, is the actual purchase price paid for the medication by the pharmacist.

6.5 Payment authorization and duration of authorization

The prescriber must send:

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

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

7. Exceptions to the temporary exclusion of a medication from coverage under the basic prescription drug insurance plan

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

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

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

APPENDIX I

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

Manufacturer		Difference between pharmacist's GSP and wholesaler's GSP
* Accel	Accel Pharma Inc.	5%
Alveda	Alveda Pharmaceuticals	3%
Ara Pharm	Ara Pharmaceuticals	3%
Atlas	Laboratoire Atlas Inc.	5,66%, 5,71%, 5,65%, 5,7%
* Bionime	Bionime Corporation	5,66%
BioV	BioV Pharma	6%
* Covidien	Covidien	6%
Del	Del Pharmaceuticals Inc.	5,56%
* Erfa	Erfa Canada 2012 Inc.	5%
* GMP	Generic Medical Partners Inc.	5%
* GSK	GlaxoSmithKline Inc.	5%
I-Sens	I-Sens, Inc.	5%
Lab. Paris	Laboratoires Paris Inc.	6,5%
Lalco	Laboratoire Lalco Enr.	6%
Medelys	Medelys Laboratoires international inc.	5%
* MedFutures	Medical Futures Inc.	6%
MediHub	MediHub International	6,25%
Medisure	Medi + Sure	6,25%
Medline	Medline Canada Corporation	2%
* Nipro Diag	Nipro Diagnostics Inc.	6%
* Purdue	Purdue Pharma	5%
* Red Leaf	Red Leaf Medical Inc.	6%
* Septa	Septa Pharmaceuticals	5%
* Serono	EMD Serono Canada Inc.	5%
Sterigen	Sterigen	4%

* 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.**
12225, boul. Industriel, suite 100
Montréal (P.A.T.) Québec H1B 5M7

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.**
3450, Harvester Road
Burlington (Ontario) L7N 3M7

Mark-up 6.5%

Supply source code N

PharmaTrust MedServices Inc.

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

Mark-up 6.5%

Supply source code P

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.**
2797, avenue Turbide
Beauport (Québec) G1E 3R1

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

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

APPENDIX III

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

Manufacturer	Brand name	Packaging
Novartis	Aclasta I.V. Perf. Sol. 5 mg/ 100 mL	1
ActavisPhm	ACT Bosentan Tab. 62.5 mg	60
ActavisPhm	ACT Bosentan Tab. 125 mg	60
Roche	Actemra I.V. Perf. Sol. 20 mg/mL (20 mL)	1
Roche	Actemra S.C. Inj.Sol (syr) 162 mg/0.9 mL	4
S. & N.	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm ²) Dressing More than 500 cm ² (active surface)	6
ActavisPhm	ACT Imatinib Tab. 400 mg	30
ActavisPhm	ACT Temozolomide Caps. 250 mg	5
ActavisPhm	ACT Temozolomide Caps. 250 mg	20
Lilly	Adcirca Tab. 20 mg	56
Bayer	Adempas Tab. 0.5 mg	42
Bayer	Adempas Tab. 1 mg	42
Bayer	Adempas Tab. 1.5 mg	42
Bayer	Adempas Tab. 2 mg	42
Bayer	Adempas Tab. 2.5 mg	42
Astellas	Advagraf L.A. Caps. 5 mg	50
Novartis	Afinitor Tab. 10 mg	30
Apotex	Apo-Abacavir-Lamivudine-Zidovudine Tab. 300 mg - 150 mg - 300 mg	60
Apotex	Apo-Cinacalcet Tab. 90 mg	30
Apotex	Apo-Imatinib Tab. 400 mg	30
Apotex	Apo-Lamivudine Tab. 300 mg	100
Apotex	Apo-Linezolid Tab. 600 mg	30
Apotex	Apo-Tadalafil PAH Tab. 20 mg	60
Bo. Ing.	Aptivus Caps. 250 mg	120
Amgen	Aranesp Syringe 60 mcg/0.3 mL	4
Amgen	Aranesp Syringe 80 mcg/0.4 mL	4
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
B.M.S.-Gil	Atripla Tab. 600 mg - 200 mg - 300 mg	30
Genzyme	Aubagio Tab. 14 mg	28
Biogen	Avonex Pen I.M. Inj. Sol. 30 mcg (6 MUI)	4
Biogen	Avonex PS I.M. Inj. Sol. 30 mcg (6 MUI)	4

Manufacturer	Brand name	Packaging
B.M.S.	Baraclude Tab. 0.5 mg	30
Bayer	Betaseron Inj. Pd. 0.3 mg	15
Bayer	Betaseron Inj. Pd. 0.3 mg	45
Bayer	Betaseron - Initiation pack Kit 0.3 mg	1
Allergan	Botox I.M. Inj. Pd. 200 UI	1
Gilead	Cayston Sol. Inh. 75 mg	84
Sterimax	Cefuroxime for injection USP Inj. Pd. 1.5 g	25
Sterimax	Cefuroxime for injection USP Inj. Pd. 7.5 g	10
ViiV	Celsentri Tab. 150 mg	60
ViiV	Celsentri Tab. 300 mg	60
U.C.B.	Cimzia S.C. Inj.Sol (syr) 200 mg/ml (1 ml)	2
Gilead	Complera Tab. 200 mg - 25 mg - 300 mg	30
Teva Innov	Copaxone S.C. Inj.Sol (syr) 20 mg/mL	30
Novartis	Cosentyx S.C. Inj. Sol. 150 mg/mL (1 mL)	2
Novartis	Cosentyx (stylo) S.C. Inj. Sol. 150 mg/mL (1 mL)	2
RDT	Cystadane Oral Pd. 1 g/1.7 mL	180 g
B.M.S.	Daklinza Tab. 30 mg	28
B.M.S.	Daklinza Tab. 60 mg	28
Biocodex	Diacomit Caps. 500 mg	60
Biocodex	Diacomit Oral Pd. 500 mg/sachet	60
Merck	Dificid Tab. 200 mg	20
SanofiAven	Eligard Kit 22.5 mg	1
SanofiAven	Eligard Kit 30 mg	1
SanofiAven	Eligard Kit 45 mg	1
Amgen	Enbrel S.C. Inj. Pd. 25 mg	4
Amgen	Enbrel S.C. Inj.Sol (syr) 50 mg/mL	4
Amgen	Enbrel SureClick S.C. Inj.Sol (syr) 50 mg/mL	4
Gilead	Epclusa Tab. 400 mg -100 mg	28
Janss. Inc	Eprex Syringe 8 000 UI/0.8 mL	6
Janss. Inc	Eprex Syringe 10 000 UI/1.0 mL	6
Novartis	Extavia Inj. Pd. 0.3 mg	15
Bayer	Eylea Inj. Sol. 40 mg/mL (1 mL)	1
Shire HGT	Firazyr S.C. Inj.Sol (syr) 10 mg/mL (3 mL)	1
Ferring	Firmagon Kit 120 mg	1
Lilly	Forteo S.C. Inj. Sol. 250 mcg/mL (2.4 mL or 3 mL)	1
Roche	Fuzeon S.C. Inj. Pd. 108 mg	60
Janss. Inc	Galexos Caps. 150 mg	28
Pfizer	Genotropin GoQuick Cartridge or Sty 12 mg	5
Pfizer	Genotropin GoQuick Sty 5.3 mg	5
Novartis	Gilenya Caps. 0.5 mg	28

Manufacturer	Brand name	Packaging
Bo. Ing.	Giotrif Tab. 20 mg	28
Bo. Ing.	Giotrif Tab. 30 mg	28
Bo. Ing.	Giotrif Tab. 40 mg	28
Novartis	Gleevec Tab. 100 mg	120
Novartis	Gleevec Tab. 400 mg	30
Serono	Gonal-f Inj. Pd. 1050 UI	1
Serono	Gonal-f Sty 900 UI	1
Gilead	Harvoni Tab. 90 mg -400 mg	28
Gilead	Hepsera Tab. 10 mg	30
AbbVie	Holkira Pak Kit 12.5 mg - 75 mg - 50 mg and 250 mg	28
Lilly	Humatrope Cartridge 24 mg	1
AbbVie	Humira (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
AbbVie	Humira (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hydromorphone HP 50 Inj. Sol. 50 mg/mL	50 ml
Pendopharm	Ibavyr Tab. 200 mg	100
Pendopharm	Ibavyr Tab. 400 mg	100
Pendopharm	Ibavyr Tab. 600 mg	100
Janss. Inc	Imbruvica Caps. 140 mg	90
Pfizer	Inlyta Tab. 1 mg	60
Pfizer	Inlyta Tab. 5 mg	60
Janss. Inc	Intelligence Tab. 100 mg	120
Janss. Inc	Intelligence Tab. 200 mg	60
Merck	Intron A (sans albumine) S.C. Inj.Sol (syr) 60 M UI/ 1.2 mL	1
Janss. Inc	Invega Sustenna I.M. Inj. Susp. 150 mg/1.5 mL	1
AZC	Iressa Tab. 250 mg	30
Merck	Isentress Tab. 400 mg	60
Novartis	Jakavi Tab. 5 mg	56
Novartis	Jakavi Tab. 10 mg	56
Novartis	Jakavi Tab. 15 mg	56
Novartis	Jakavi Tab. 20 mg	56
Aegerion	Juxtapid Caps. 5 mg	28
Aegerion	Juxtapid Caps. 10 mg	28
Aegerion	Juxtapid Caps. 20 mg	28
AbbVie	Kaletra Tab. 200 mg -50 mg	120
ViiV	Kivexa Tab. 600 mg - 300 mg	30
Biomarin	Kuvan Tab. 100 mg	120
Genzyme	Lemtrada I.V. Perf. Sol. 10 mg/mL (1.2 mL)	1
Novartis	Lioresal Intrathecal Inj. Sol. 2 mg/mL (5 mL)	5
Novartis	Lucentis Inj. Sol. 10 mg/mL (0,23ml)	1

Manufacturer	Brand name	Packaging
Novartis	Lucentis Inj.Sol (syr) 10 mg/mL (0,165 ml)	1
AbbVie	Lupron Depot Kit 11.25 mg	1
AbbVie	Lupron Depot Kit 22.5 mg	1
AbbVie	Lupron Depot Kit 30 mg	1
Novartis	Mekinist Tab. 0.5 mg	30
Novartis	Mekinist Tab. 2 mg	30
Mylan	Mylan-Bosentan Tab. 62.5 mg	56
Mylan	Mylan-Bosentan Tab. 125 mg	56
Mylan	Mylan-Cinacalcet Tab. 90 mg	30
Genzyme	Myozyme I.V. Perf. Pd. 50 mg	1
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.0 mL)	10
Amgen	Neupogen Inj. Sol. 300 mcg/mL (1.6mL)	10
Bayer	Nimotop Tab. 30 mg	100
Valeant	Nitoman Tab. 25 mg	112
Roche	Nutropin AQ NuSpin 20 Cartridge or Sty 20 mg	1
Bo. Ing.	Ofev Caps. 100 mg	60
Bo. Ing.	Ofev Caps. 150 mg	30
Bo. Ing.	Ofev Caps. 150 mg	60
Actelion	Opsumit Tab. 10 mg	30
B.M.S.	Orencia S.C. Inj.Sol (syr) 125 mg/mL (1 mL)	4
Celgene	Otezla Tab. 30 mg	56
Allergan	Ozurdex Implant intravitreal 0.7 mg	1
Merck	Pegatron Kit 200 mg-50 mcg/0.5 mL	1
Merck	Pegatron Kit 200 mg-150 mcg/0.5 mL	1
Merck	Pegatron Clearclick Kit 200 mg-80 mcg/0.5 mL	1
Merck	Pegatron Clearclick Kit 200 mg-100 mcg/0.5 mL	1
Merck	Pegatron Clearclick Kit 200 mg-120 mcg/0.5 mL	1
Merck	Pegatron Clearclick Kit 200 mg-150 mcg/0.5 mL	1
Phmscience	pms-Bosentan Tab. 62.5 mg	60
Phmscience	pms-Bosentan Tab. 125 mg	60
Phmscience	pms-Erlotinib Tab. 100 mg	30
Phmscience	pms-Erlotinib Tab. 150 mg	30
Phmscience	pms-Imatinib Tab. 100 mg	120
Phmscience	pms-Imatinib Tab. 400 mg	30
Celgene	Pomalyst Caps. 1 mg	21
Celgene	Pomalyst Caps. 2 mg	21
Celgene	Pomalyst Caps. 3 mg	21
Celgene	Pomalyst Caps. 4 mg	21
Merck	Posanol L.A. Tab. 100 mg	60
Merck	Posanol Oral Susp. 40 mg/mL	1

Manufacturer	Brand name	Packaging
Janss. Inc	Prezista Tab. 75 mg	480
Janss. Inc	Prezista Tab. 150 mg	240
Janss. Inc	Prezista Tab. 600 mg	60
Merck	Primaxin I.V. Inj. Pd. 500 mg -500 mg	25
Astellas	Prograf Caps. 5 mg	100
Roche	Pulmozyme Sol. Inh. 1 mg/mL (2.5 mL)	30
Merck	Puregon Cartridge 900 UI	1
Pfizer	Rapamune Tab. 1 mg	100
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
Janss. Inc	Remicade I.V. Perf. Pd. 100 mg	1
U.T.C.	Remodulin Inj. Sol. 1 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 2.5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 10 mg/mL	20 ml
Pfizer	Revatio Tab. 20 mg	90
Celgene	Revlimid Caps. 5 mg	28
Celgene	Revlimid Caps. 10 mg	28
Celgene	Revlimid Caps. 15 mg	21
Celgene	Revlimid Caps. 20 mg	21
Celgene	Revlimid Caps. 25 mg	21
Novartis	Revolade Tab. 25 mg	14
Novartis	Revolade Tab. 25 mg	28
Novartis	Revolade Tab. 50 mg	14
Novartis	Revolade Tab. 50 mg	28
B.M.S.	Reyataz Caps. 150 mg	60
B.M.S.	Reyataz Caps. 200 mg	60
B.M.S.	Reyataz Caps. 300 mg	30
Serono	Saizen Cartridge or Sty 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 30 mg	1
Sandoz	Sandoz Bosentan Tab. 62.5 mg	60
Sandoz	Sandoz Bosentan Tab. 125 mg	60
Sandoz	Sandoz Linezolid Tab. 600 mg	20
Sandoz	Sandoz Tacrolimus Caps. 5 mg	100
Amgen	Sensipar Tab. 90 mg	30
Janss. Inc	Simponi S.C. Inj.Sol (App.) 50 mg/0.5 mL	1
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	1
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	1

Manufacturer	Brand name	Packaging
Sandoz	Solution de Tobramycine pour Inhalation Sol. Inh. 300 mg/5 mL	56
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 60 mg/0.3 mL	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 90 mg/0.3 mL	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 120 mg/0.5 mL	1
Gilead	Sovaldi Tab. 400 mg	28
B.M.S.	Sprycel Tab. 20 mg	60
B.M.S.	Sprycel Tab. 50 mg	60
B.M.S.	Sprycel Tab. 70 mg	60
B.M.S.	Sprycel Tab. 100 mg	30
Janss. Inc	Stelara Syringe 45 mg/0.5 mL	1
Janss. Inc	Stelara Syringe 90 mg/1 mL	1
Gilead	Stribild Tab. 150 mg -150 mg -200 mg -300 mg	30
SanofiAven	Suprefact Depot Implant 6.3 mg	1
SanofiAven	Suprefact Depot 3 mois Implant 9.45 mg	1
Pfizer	Sutent Caps. 12.5 mg	28
Pfizer	Sutent Caps. 25 mg	28
Pfizer	Sutent Caps. 50 mg	28
Ferring	Système Lutrepulse Kit 3.2 mg - 3.2 mg - 3.2 mg	1
Novartis	Tafinlar Caps. 50 mg	120
Novartis	Tafinlar Caps. 75 mg	120
Roche	Tarceva Tab. 100 mg	30
Roche	Tarceva Tab. 150 mg	30
Taro	Taro-Temozolomide Caps. 250 mg	5
Novartis	Tasigna Caps. 150 mg	112
Novartis	Tasigna Caps. 200 mg	112
Biogen	Tecfidera L.A. Caps. 240 mg	56
Merck	Temodal Caps. 250 mg	5
Teva Can	Teva-Cinacalcet Tab. 90 mg	30
Teva Can	Teva-Erlotinib Tab. 100 mg	30
Teva Can	Teva-Erlotinib Tab. 150 mg	30
Teva Can	Teva-Imatinib Tab. 100 mg	120
Teva Can	Teva-Imatinib Tab. 400 mg	30
Teva Can	Teva-Tobramycin Sol. Inh. 300 mg/5 mL	56
Celgene	Thalomid Caps. 50 mg	28
Celgene	Thalomid Caps. 100 mg	28
Celgene	Thalomid Caps. 200 mg	28
Apotex	Tigecycline I.V. Perf. Pd. 50 mg	10
Novartis	Tobi Sol. Inh. 300 mg/5 mL	56
Novartis	Tobi Podhaler Inh. Pd. 28 mg	224

Manufacturer	Brand name	Packaging
Actelion	Tracleer Tab. 62.5 mg	56
Actelion	Tracleer Tab. 125 mg	56
Actavis	Trelstar Kit 22.5 mg	1
Actavis	Trelstar LA Kit 11.25 mg	1
ViiV	Triumeq Tab. 50 mg - 600 mg - 300 mg	30
ViiV	Trizivir Tab. 300 mg - 150 mg - 300 mg	60
Gilead	Truvada Tab. 200mg- 300mg	30
Pfizer	Tygacil I.V. Perf. Pd. 50 mg	10
Novartis	Tykerb Tab. 250 mg	70
Biogen	Tysabri I.V. Inj. Sol. 300mg/15ml	1
Roche	Valcyte Tab. 450 mg	60
B.M.S.	Vepesid Caps. 50 mg	20
Xediton	Vesanoid Caps. 10 mg	100
Pfizer	Vfend Tab. 200 mg	30
Merck	Victrelis Caps. 200 mg	168
Novartis	Visudyne I.V. Inj. Pd. 15 mg	1
GSK	Volibris Tab. 5 mg	30
GSK	Volibris Tab. 10 mg	30
Novartis	Votrient Tab. 200 mg	120
Pfizer	Xalkori Caps. 200 mg	60
Pfizer	Xalkori Caps. 250 mg	60
Pfizer	Xeljanz Tab. 5 mg	60
Roche	Xeloda Tab. 500 mg	120
Novartis	Xolair S.C. Inj. Pd. 150 mg	1
Astellas	Xtandi Caps. 40 mg	120
Roche	Zelboraf Tab. 240 mg	56
Merck	Zepatier Tab. 50 mg -100 mg	28
Merck	Zerbaxa I.V. Inj. Pd. 1 g - 0.5 g	10
AZC	Zoladex LA Implant 10.8 mg	1
Gilead	Zydelig Tab. 100 mg	60
Gilead	Zydelig Tab. 150 mg	60
Janss. Inc	Zytiga Tab. 250 mg	120
Pfizer	Zyvoxam Tab. 600 mg	20

LIST OF EXCEPTIONAL MEDICATIONS
WITH RECOGNIZED INDICATIONS FOR PAYMENT

ABATACEPT, I.V. Perf. Pd.:

- ♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

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

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

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

and

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

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

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

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

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

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

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

- ◆ for treatment of moderate or severe rheumatoid arthritis.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis, and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

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

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

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

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

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

ABIRATERONE:

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

The maximum duration of each authorization is four months.

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

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

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

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

The maximum duration of each authorization is four months.

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

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

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

ACAMPOSATE:

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

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

ADALIMUMAB:

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

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

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

and

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

for rheumatoid arthritis:

- methotrexate at a dose of 20 mg or more per week;

for psoriatic arthritis of the rheumatoid type:

- methotrexate at a dose of 20 mg or more per week;

or

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

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

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

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

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

For rheumatoid arthritis, authorizations for adalimumab are given for a dose of 40 mg every two weeks. However, after 12 weeks of treatment with adalimumab as monotherapy, an authorization may be given for 40 mg per week.

For psoriatic arthritis of the rheumatoid type, authorizations for adalimumab are given for a dose of 40 mg every two weeks.

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

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

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

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

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

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

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

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

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

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

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;or
 - a decrease of 1.5 points or 43% on the BASFI scale;or
 - a return to work.

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

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

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

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

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

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

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

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

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

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

- ♦ for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;
and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;
and
 - where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;
and
 - where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;
 - or
 - cyclosporine at a dose of 3 mg/kg or more per day;
 - or
 - acitretin at a dose of 25 mg or more per day.

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

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

- an improvement of at least 75% in the PASI score;
or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

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

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.

AFATINIB DIMALEATE:

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

The maximum duration of each authorization is four months.

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

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

AFLIBERCEPT:

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

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

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

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

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

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

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

- ◆ for treatment of a visual deficiency due to macular edema secondary to an occlusion of the central retinal vein. The eye to be treated must also meet the following two criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - thickness of the central retina $\geq 250 \mu\text{m}$.

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

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

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

ALEMTUZUMAB:

- ◆ for treatment, as monotherapy, of persons suffering from relapsing multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had at least two relapses in the last two years, one of which must have occurred in the last year. In addition, one of the relapse must have occurred while the person was taking, and had 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 equal to or less than 5.

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

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

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

ALGLUCOSIDASE ALFA:

- ◆ for treatment of an infantile-onset (or a rapidly progressive form) of Pompe's disease, in children whose symptoms appeared before the age of 12 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of extensive deterioration. Extensive deterioration occurs when the following two criteria are met:

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

The maximum duration of each authorization is six months.

ALISKIREN:

- ◆ for treatment of arterial hypertension, in association with at least one antihypertensive agent, if there is a therapeutic failure of, intolerance to, or a contraindication for:
 - a thiazide diuretic;
 - and
 - an angiotensin converting enzyme inhibitor (ACEI);
 - and
 - an angiotensin II receptor antagonist (ARA).

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

ALISKIREN / HYDROCHLOROTHIAZIDE:

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

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

ALITRETINOIN:

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

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

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

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

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

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

ALOGLIPTIN BENZOATE:

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

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (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 daily doses of metformin have been stable for at least three months.

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

AMBRISENTAN:

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

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

AMLODIPINE BESYLATE / ATORVASTATIN CALCIUM:

- ◆ for persons who have been receiving a stable-dose treatment with amlodipine and atorvastatin for at least three months.

AMPHETAMINE MIXED SALTS:

- ◆ for treatment of persons suffering from attention deficit disorder and in whom the use of short-acting methylphenidate or of dexamphetamine has not properly controlled the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the stimulant must have been titrated optimally, unless there is proper justification.

ANETHOLTRITHION:

- ◆ for treatment of severe xerostomia.

★ APIXABAN:

- ◆ in persons with non-valvular atrial fibrillation requiring anticoagulant therapy:
 - for whom anticoagulation with warfarine or nicoumalone is not within the targeted therapeutic range;
or
 - for whom anticoagulation monitoring with warfarin or nicoumalone is not possible or is not available.
- ◆ for treatment of persons suffering from venous thromboembolism (deep vein thrombosis and pulmonary embolism).

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

The maximum duration of the authorization is six months.

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

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

- ◆ for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

- ◆ for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

APREMILAST:

- ◆ for treatment of persons suffering from a severe form of chronic plaque psoriasis, before using a biological agent listed to treat this disease:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;
 - and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;
 - and
 - where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;
 - and
 - where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of a serious intolerance or contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;
 - or
 - cyclosporine at a dose of 3 mg/kg or more per day;
 - or
 - acitretin at a dose of 25 mg or more per day.

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

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

- an improvement of at least 75% in the PASI score;
- or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
- or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

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

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

★ APREPITANT:

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

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

ARIPIRAZOLE, I.M. Inj. Pd.:

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

ATOMOXETINE HYDROCHLORIDE:

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

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

AXITINIB:

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

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

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

AZELAIC ACID:

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

AZTREONAM:

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

BETAHISTINE DIHYDROCHLORIDE:

- ♦ to reduce the severity of vertigo of peripheral origin.

BISACODYL:

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

BOCEPREVIR:

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

Authorization is granted for a maximum period of 24 weeks.

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

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

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

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

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

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

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

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

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

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

BOSENTAN:

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

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

BOTULINUM TOXIN TYPE A WITHOUT COMPLEXING PROTEINS:

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

BUPRENORPHINE / NALOXONE:

- ◆ for replacement treatment of opioid dependency:
 - where methadone has failed, is not tolerated or is contraindicated;
 - or
 - where a methadone maintenance program is not available or not accessible.

CABERGOLINE:

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

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

CALCIPOTRIOL / BETAMETHASONE DIPROPIONATE:

- ◆ for treatment of psoriasis where a vitamin D analogue is ineffective or poorly tolerated.

CALCIUM carbonate, Oral foam:

- ◆ for persons unable to take tablets.

CALCIUM CITRATE, Oral Sol.:

- ◆ for persons unable to take tablets.

CALCIUM CITRATE / VITAMIN D, Oral Sol.:

- ◆ for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE:

- ◆ for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE / VITAMIN D:

- ◆ for persons unable to take tablets.

CANAGLIFLOZIN:

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

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

CAPECITABINE:

- ◆ for treatment of advanced or metastatic breast cancer that has not responded to first-line chemotherapy administered during the advanced or metastatic phase, unless such chemotherapy is contraindicated.

- ◆ for treatment of colorectal cancer of stage III (stage C according to the Dukes classification) or IV (stage D according to the Dukes classification or metastatic).

CARBOXYMETHYLCELLULOSE SODIUM:

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

CARBOXYMETHYLCELLULOSE SODIUM / PURITE:

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

★ CASPOFUNGIN ACETATE:

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

★ CEFTOLOZANE / TAZOBACTAM:

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

CERTOLIZUMAB PEGOL:

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

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor for rheumatoid arthritis only;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each.

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

For moderate or severe psoriatic arthritis of rheumatoid type, unless there is a serious intolerance or a contraindication, one of the two drugs must be:

- methotrexate at a dose of 20 mg or more per week;
- or
- sulfasalazine at a dose of 2 000 mg per day.

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

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

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

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

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

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

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

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

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

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

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

- ♦ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication:

- Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

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

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;
 - or
 - a decrease of 1.5 points or 43% on the BASFI scale;
 - or
 - a return to work.

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

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

CETRORELIX:

- ♦ for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

CHORIOGONADOTROPIN ALFA:

- ♦ for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

CHORIONIC GONADOTROPIN:

- ♦ for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

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

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

Authorizations are granted for a maximum duration of one year.

CINACALCET HYDROCHLORIDE:

- ♦ for treatment of 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.

★ CIPROFLOXACIN HYDROCHLORIDE, I.V. Perf. Sol.:

- ♦ for treatment of infections where oral ciprofloxacin cannot be used.

CLINDAMYCIN PHOSPHATE, Vag. Cr.:

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

★ CLOPIDOGREL BISULFATE, Tab. 75 mg:

- ♦ for secondary prevention of ischemic vascular manifestations in persons for whom a platelet inhibitor is indicated but for whom acetylsalicylic acid is ineffective, contraindicated or poorly tolerated.
- ♦ for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid, in persons for whom an angioplasty, with or without the installation of a coronary artery stent, has been performed.

The duration of the authorization will be 12 months.

- ♦ for treatment of acute coronary syndrome in persons:
 - who are already being treated with acetylsalicylic acid;
 - who were not previously taking acetylsalicylic acid.

The maximum duration of the authorization is 12 months.

★ CODEINE PHOSPHATE, Syr.:

- ◆ for treatment of pain in persons unable to take tablets.

COLESEVELAM HYDROCHLORIDE:

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

COLLAGENASE:

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

CRIZOTINIB:

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

The maximum duration of each authorization is four months.

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

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

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

The maximum duration of each authorization is four months.

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

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

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

- ◆ for persons suffering from a vitamin B₁₂ deficiency.

★ DABIGATRAN ETEXILATE:

- ◆ in persons with non-valvular atrial fibrillation requiring anticoagulant therapy:
 - for whom anticoagulation with warfarine or nicoumalone is not within the targeted therapeutic range;

or

- for whom anticoagulation monitoring with warfarin or nicoumalone is not possible or is not available.

DABRAFENIB MESYLATE:

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

The initial authorization is for a maximum of four months.

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

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

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

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

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

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

DACLATASVIR DIHYDROCHLORIDE:

- ♦ in association with sofosbuvir, for treatment of persons suffering from chronic hepatitis C genotype 3 with:
 - no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
 - mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or
 - moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
 - severe hepatic fibrosis (Metavir score of F3 or equivalent);

and one of the following conditions:

- who have a contraindication or a serious intolerance to pegylated interferon alfa or ribavirin;
- who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- organ transplant (pre or post-graft);
- severe extra-hepatic manifestations of hepatitis C;
- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

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.

DARBEPOETIN ALFA:

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

The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least $40 \times 10^9/L$ or an increase in the hemoglobin measurement of at least 10 g/L. A hemoglobin rate under 120 g/L should be targeted.

However, for persons suffering from cancer other than those previously specified, 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 physician 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.

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

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

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

- ◆ for treatment of chronic myeloid leukemia in the accelerated phase in adults:
 - for whom imatinib has failed or produced a sub-optimal response;
or
 - who have serious intolerance to imatinib.

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

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

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

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

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

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

- ◆ for treatment of postmenopausal osteoporosis in women who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

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

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

DEXAMETHASONE, Intravitreal implant:

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

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

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

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

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

DICLOFENAC SODIUM, Oph. Sol.:

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

DIMETHYL fumarate:

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

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

DIPHENHYDRAMINE HYDROCHLORIDE:

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

DIPYRIDAMOLE / ACETYLSALICYLIC ACID:

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

DOCUSATE CALCIUM:

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

DOCUSATE SODIUM:

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

DONEPEZIL HYDROCHLORIDE:

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

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

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

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

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

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

- an MMSE score of 10 or more, unless there is proper justification;

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

The maximum duration of authorization is 12 months.

DORNASE ALFA:

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

DRESSING, ABSORPTIVE – GELLING FIBRE:

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

DRESSING, ABSORPTIVE – HYDROPHILIC FOAM ALONE OR IN ASSOCIATION:

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

DRESSING, ABSORPTIVE – SODIUM CHLORIDE:

- ◆ for treatment of persons suffering from severe burns.
- ◆ for treatment of persons suffering from a pressure sore of stage 2 or greater.

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

DRESSING, ANTIMICROBIAL – IODINE:

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

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

DRESSING, ANTIMICROBIAL – SILVER:

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

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

DRESSING, BORDERED ABSORPTIVE– GELLING FIBRE:

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

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

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

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

DRESSING, BORDERED ABSORPTIVE– POLYESTER AND RAYON FIBRE:

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

DRESSING, BORDERED ANTIMICROBIAL – SILVER:

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

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

DRESSING, BORDERED MOISTURE-RETENTIVE– HYDROCOLLOID OR POLYURETHANE:

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

DRESSING, INTERFACE – POLYAMIDE OR SILICONE:

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

DRESSING, MOISTURE RETENTIVE – HYDROCOLLOID OR POLYURETHANE:

- ◆ for treatment of persons suffering from severe burns.

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

DRESSING, ODOUR-CONTROL – ACTIVATED CHARCOAL:

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

DULAGLUTIDE:

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

The maximum duration of each authorization is 12 months.

When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin (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.

DULOXETINE:

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

The maximum duration of the initial authorization is four months.

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

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

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

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

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

The maximum dose authorized is 60 mg per day.

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

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

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

The maximum dose authorized is 60 mg per day.

ELBASVIR / GRAZOPREVRIR:

- ♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C with:

- no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
- mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or
- moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
- severe hepatic fibrosis (Metavir score of F3 or equivalent);
or
- compensated cirrhosis (Metavir score of F4 or equivalent);

and one of the following conditions:

- who are suffering from HCV genotype 1 or 4 and who have never received an anti-HCV treatment;
- who are suffering from HCV genotype 1 and who have experienced a relapse with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
- who are suffering from HCV genotype 1, other than subtype 1a, and who have had a null response, a partial response, a viral escape or an intolerance with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
- who are suffering from HCV genotype 4 and who have had a relapse with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- organ transplant (pre or post-graft);

- severe extra-hepatic manifestations of hepatitis C;
- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

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

- no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
- mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or
- moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
- severe hepatic fibrosis (Metavir score of F3 or equivalent);
or
- compensated cirrhosis (Metavir score of F4 or equivalent);

and one of the following conditions:

- who are suffering from HCV genotype 1a and who have had a null response, a partial response, a viral escape or an intolerance with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
- who are suffering from HCV genotype 4 and who have had a null response, a partial response, a viral escape or an intolerance with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 16 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- organ transplant (pre or post-graft);
- severe extra-hepatic manifestations of hepatitis C;
- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

ELTROMBOPAG:

♦ for treatment of chronic idiopathic thrombocytopenic purpura in:

- splenectomized or non-splenectomized persons, where surgery is contraindicated;
and
- who are refractory to corticotherapy or for whom corticotherapy is contraindicated;
and
- who have been undergoing maintenance treatment with intravenous immunoglobulin for at least six months, unless there is a contraindication;
and
- whose platelet count was less than $30 \times 10^9/l$ before intravenous immunoglobulin treatment was initiated or whose platelet count is less than $30 \times 10^9/l$ where intravenous immunoglobulin is contraindicated.

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

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

EMPAGLIFLOZINE:

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

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

ENFUVIRTIDE:

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

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

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

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

Authorizations will then have a maximum duration of 12 months.

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

The maximum duration of the initial authorization is five months.

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

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

Authorizations will then have a maximum duration of 12 months.

ENTECAVIR:

- ◆ for treatment of chronic hepatitis B, at a dose of 0.5 mg per day, in persons 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.
- ◆ 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;
 - and
 - for whom adefovir or tenofovir has failed, is contraindicated or is not tolerated.

ENZALUTAMIDE:

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

The maximum duration of each authorization is four months.

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

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

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

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

The maximum duration of each authorization is four months.

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

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

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

★ EPLERENONE:

- ◆ for persons showing signs of heart failure and left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$) 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.

EPOETIN ALFA:

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

The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least $40 \times 10^9/L$ or an increase in the hemoglobin measurement of at least 10 g/L. A hemoglobin rate of less than 120g/L should be targeted.

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

EPOPROSTENOL SODIUM:

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

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

ERLOTINIB HYDROCHLORIDE:

- ◆ for treatment of locally advanced or metastatic non-small-cell lung cancer in persons:
 - for whom a first-line therapy has failed and who are not eligible for other chemotherapy, or for whom a second-line therapy has failed;
 - and
 - who do not have symptomatic cerebral metastases;
 - and
 - whose ECOG performance status is ≤ 3 .

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

ESLICARBAZEPINE ACETATE:

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

ESTRADIOL-17B:

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

ESTRADIOL-17B / LEVONORGESTREL:

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

ESTRADIOL-17B / NORETHINDRONE ACETATE:

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

ETANERCEPT:

- ♦ for treatment of moderate or severe rheumatoid arthritis and moderate or severe psoriatic arthritis of the rheumatoid type.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor for rheumatoid arthritis only;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be:

for rheumatoid arthritis:

- methotrexate at a dose of 20 mg or more per week;

for psoriatic arthritis of the rheumatoid type:

- methotrexate at a dose of 20 mg or more per week;

or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;
 - or
 - a decrease of 1.5 points or 43% on the BASFI scale;
 - or
 - a return to work.

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

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

- ◆ for treatment of persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;
 - and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;
 - and
 - where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;
 - and
 - where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;
 - or
 - cyclosporine at a dose of 3 mg/kg or more per day;
 - or
 - acitretin at a dose of 25 mg or more per day.

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

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

- an improvement of at least 75% in the PASI score;
- or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
- or
- significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

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

ETRAVIRINE:

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

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

- ◆ for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;
- and
- whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/ μ L;
- and
- for whom the use of etravirine is necessary to establish an effective therapeutic regimen.

EVEROLIMUS:

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

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

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

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

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

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

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

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

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

The maximum duration of each authorization is four months.

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

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

EVOLOCUMAB:

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

Phenotyping is defined by the following three factors:

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

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

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

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

- ◆ where ezetimibe is not used in association with an HMG-CoA reductase inhibitor (statin):

- where at least two hypolipemians are contraindicated, ineffective or not tolerated.
- ◆ where ezetimibe is used in association with an HMG-CoA reductase inhibitor (statin):
 - if the statin treatment, at the optimal dose or at a lower dose in case of intolerance to that dose, did not make it possible to adequately control the cholesterolemia.

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.

FESOTERODINE fumarate:

- ◆ for treatment of vesical hyperactivity in persons for whom oxybutynine is poorly tolerated, contraindicated or ineffective.

★ FIDAXOMICIN:

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

★ FILGRASTIM:

- ◆ for treatment of persons undergoing cycles of moderately or highly myelosuppressive chemotherapy (≥ 40 percent risk of febrile neutropenia).
- ◆ for treatment of persons at risk of developing severe neutropenia during chemotherapy.
- ◆ in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below $0.5 \times 10^9/L$) 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 congenital, hereditary, idiopathic or cyclic chronic 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 in the case of an autograft.
- ◆ as an adjunctive treatment for acute myeloid leukemia.

FINGOLIMOD HYDROCHLORIDE:

- ◆ for monotherapy treatment of persons suffering from rapidly evolving 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, diagnosed according to the McDonald criteria (2010), whose EDSS score is under 7:
 - who have had at least one relapse in the last year, one of which occurred even though the person had been taking, for at least six months, one of the disease modifying agents included on the list of medications for first-line treatment of this disease;
 - or
 - who have a contraindication or an intolerance to at least two disease-modifying agents included on the list of medications for first-line treatment of this disease.

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

FLUCONAZOLE, Oral Susp.:

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

FLUDARABINE PHOSPHATE:

- ◆ for treatment of persons suffering from chronic lymphoid leukemia who have not responded to or do not tolerate first-line chemotherapy.
- ◆ for treatment of persons suffering from non-Hodgkin's lymphoma of low-malignancy or from Waldenstrom's macroglobulinemia where second-line chemotherapy, specifically CAP (cyclophosphamide, doxorubicin and prednisone), CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) and CVP (cyclophosphamide, vincristine and prednisone), has failed, is not tolerated or is contraindicated.

FOLLITROPIN ALPHA:

- ◆ for women, as part of an ovarian stimulation protocol.

Authorizations are granted for a maximum duration of one year.

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

FOLLITROPIN BETA:

- ◆ for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

FORMOTEROL FUMARATE DIHYDRATE / BUDESONIDE:

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

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

- ♦ for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:
 - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is understood as a sustained and repeated aggravation of the symptoms requiring intensified pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or a hospitalization;
 - or
 - who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;
 - or
 - whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12% and 200 ml.

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

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

It must be noted that this association (long-acting β_2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting β_2 agonist alone or with an association of a long-acting β_2 agonist and a long-acting antimuscarinic.

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

FORMOTEROL FUMARATE DIHYDRATE / MOMETASONE FUROATE:

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

GALANTAMINE HYDROBROMIDE:

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

- social interaction, including the ability to carry on a conversation.

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

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

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

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

The maximum duration of authorization is 12 months.

GANIRELIX:

- ◆ for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

GEFITINIB:

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

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

GENTAMICIN sulfate:

- ◆ for treatment of bacterial endocarditis.

GLATIRAMER ACETATE:

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

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

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

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

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

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

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

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

GLICLAZIDE:

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

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

- ◆ for treatment of non-insulindependent diabetic persons suffering from renal failure.

GLIMEPIRIDE:

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

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

GLYCERIN, Supp.:

for treatment of constipation related to a medical condition.

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

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

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each.

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

In the case of moderate or severe psoriatic arthritis of rheumatoid type, unless there is serious intolerance or a contraindication, one of the two drugs must be:

- methotrexate at a dose of 20 mg or more per week;
- or
- sulfasalazine at a dose of 2 000 mg per day.

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

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

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

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

Authorizations for golimumab are given for 50 mg per month.

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

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

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

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

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

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

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

Authorizations for golimumab are given for 50 mg per month.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis whose BASDAI score is ≥ 4 on a scale of 0 to 10 and in whom the sequential use of two non-steroidal anti-inflammatories at the optimal dose for a period of three months each did not adequately control the disease, unless there is a contraindication:

- Upon the initial request, the physician must provide the following information:
 - the BASDAI score;
 - the degree of functional injury according to the BASFI (scale of 0 to 10).

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

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;or
 - a decrease of 1.5 points or 43% on the BASFI scale;or
 - a return to work.

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

Authorizations for golimumab are given for 50 mg per month.

GOLIMUMAB, I.V. Perf. Sol.:

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

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;and
 - the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used concomitantly or not, for at least three months each. One of the two drugs must be methotrexate, at a dose of 20 mg or more per week, unless there is serious intolerance or a contraindication to this dose.

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

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

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

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

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

GONADORELIN:

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

Authorizations are granted for a maximum duration of one year.

GONADOTROPINS:

- ◆ for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

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

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

Authorizations are granted for a maximum duration of one year.

★ GRANISETRON HYDROCHLORIDE:

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

GRASS POLLEN ALLERGENIC EXTRACT:

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

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

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

GUANFACINE HYDROCHLORIDE:

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

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

HYDROXYPROPYLMETHYLCELLULOSE:

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

HYDROXYPROPYLMETHYLCELLULOSE / DEXTRAN 70:

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

IBRUTINIB:

- ◆ for second-line or subsequent treatment of chronic lymphoid leukemia in persons:
 - who do not qualify for a treatment or the readministration of a treatment containing a purine analog for one of the following reasons:
 - excessively precarious state of health due to, notably, old age, altered renal function or a score of 6 or greater on the Cumulative Illness Rating Scale (CIRS);
 - interval without progress of less than 36 months following a treatment combining fludarabine and rituximab;
 - 17p deletion;
 - serious intolerance;
 - and
 - whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

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

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

The maximum duration of each authorization is four months.

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

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

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 three syringes of icatibant per 12 month period.

IDELALISIB :

- ♦ as monotherapy, for the continuation of second-line or subsequent treatment of chronic lymphoid leukemia in persons:
 - whose disease has not progressed during or following a six-month treatment combining idelalisib and rituximab;
and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is four months.

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

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

IMATINIB MESYLATE:

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

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

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

Authorizations are granted for a maximum dose of 600 mg per day.

The maximum duration of the initial authorization is six months.

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

IMATINIB MESYLATE – gastrointestinal stromal tumour:

- ♦ for adjuvant treatment of a gastrointestinal stromal tumour with presence of the c-kit receptor (CD117) that, following a complete resection, poses a high risk of recurrence according to the classification published in 2006 by Miettinen.

Authorization is for a daily dose of 400 mg for a 12 months period.

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

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

An authorization for a daily dose of up to 800 mg may be obtained with evidence of disease progression, confirmed by imaging, after at least three months of treatment at a daily dose of 400 mg. When making subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging.

Authorizations will be for six-month periods.

IMIQUIMOD:

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

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

INDACATEROL MALEATE / GLYCOPYRRONIUM BROMIDE:

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

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

It must be noted that this association (long-acting β_2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting β_2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INFLIXIMAB – Crohn's disease, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis and ulcerative colitis:

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

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

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

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

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

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

- ♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

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

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

- When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;
 - or
 - a decrease of 1.5 points or 43% on the BASFI scale;
 - or
 - a return to work.

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

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

- ◆ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type:
 - where a treatment with an anti-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 pathology.

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

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

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

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

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

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

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

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

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

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

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

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

and

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

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;or
 - cyclosporine at a dose of 3 mg/kg or more per day;or
 - acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum four months.

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

- an improvement of at least 75% in the PASI score;
- or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
- or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

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

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

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

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

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

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

INSULIN ASPART / INSULIN ASPART PROTAMINE:

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

INSULIN DETEMIR:

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

INSULIN GLARGINE:

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

INSULIN LISPRO / INSULIN LISPRO PROTAMINE:

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

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

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

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

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

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

Authorizations are given for 30 mcg once per week.

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

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

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

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

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

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

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

Authorizations are given for 30 mcg once per week.

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

- ◆ Persons having experienced a documented first acute clinical episode of 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 remitting multiple sclerosis, diagnosed according to the McDonald criteria (2010), who have had one relapse in the last year and whose EDSS score is less than 7.

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

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

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

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

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

Authorizations are given for 22 mcg three times per week.

INTERFERON BETA-1B:

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

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

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

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

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

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

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

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

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

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

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

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

KETOROLAC TROMETHAMINE:

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

LACOSAMIDE:

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

LACTULOSE:

- ♦ for prevention and treatment of hepatic encephalopathy.
- ♦ for treatment of constipation related to a medical condition.

LANTHANUM HYDRATE:

- ♦ as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

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

LAPATINIB:

- ♦ in association with an aromatase inhibitor for first-line treatment in menopausal women suffering from a hormone receptor positive metastatic breast cancer with HER-2 overexpression:
 - whose ECOG performance status is ≤ 2 ;
 - and
 - who are unable to receive trastuzumab due to lower left ventricular ejection fraction of less than or equal to 55% or due to serious intolerance.

The maximum duration of each authorization is four months.

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

- ♦ for treatment of metastatic breast cancer where the tumour over-expresses the HER2 receptor, in association with capecitabine, in women whose breast cancer has progressed after 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.

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

Lapatinib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 3 June 2013, insofar as the physician provides proof of a beneficial clinical effect defined by the absence of disease progression and the ECOG performance status remains at 0 or 1.

LATANOPROST / TIMOLOL MALEATE:

- ♦ for control of intra-ocular pressure where the use of an antiglaucoma agent as monotherapy is insufficient.

LEDIPASVIR / SOFOSBUVIR:

- ♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 who have never received an anti-HCV treatment and who show:
 - no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
 - mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or
 - moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
 - severe hepatic fibrosis (Metavir score of F3 or equivalent);
or
 - compensated cirrhosis (Metavir score of F4 or equivalent).

Authorization is granted for a maximum period of eight weeks for persons without cirrhosis 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.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
 - severe extra-hepatic manifestations of hepatitis C;
 - chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
 - other liver disease with evidence of hepatic steatosis;
 - antidiabetic drug use;
 - woman of childbearing age who is planning to get pregnant within the next year.
- ♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor and who show:
 - no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
 - mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or

- moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
- severe hepatic fibrosis (Metavir score of F3 or equivalent).

Authorization is granted for a maximum period of 12 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- severe extra-hepatic manifestations of hepatitis C;
- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

◆ in association with ribavirin, for treatment of chronic hepatitis C genotype 1 in persons:

- with compensated cirrhosis (Metavir score of F4 or equivalent) 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 (Metavir score of F4 or equivalent) and a contraindication or a serious intolerance to ribavirin and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;
or
- with decompensated cirrhosis and a contraindication or a serious intolerance to ribavirin;
or
- who are waiting for an organ transplant or who have received a transplant and who have a contraindication or a serious intolerance to ribavirin.

◆ Authorization is granted for a maximum period of 24 weeks.

LENALIDOMIDE:

- ◆ for treatment of anemia caused by a myelodysplastic syndrome (MDS) of low-risk or intermediate-1-risk, according to the IPSS (International Prognostic Scoring System for MDS), accompanied by a deletion 5q cytogenetic abnormality.

Anemia in this case is characterized by a hemoglobin rate of less than 90 g/L or by transfusion dependence.

Upon each request, the physician must provide a recent hemoglobin rate result for the person concerned and a history of the person's blood transfusions over the past six months.

Upon requests for continuation of treatment:

- in the case of a person with transfusion dependence before the beginning of the treatment, the physician must provide evidence of a beneficial effect defined by:
 - a reduction of at least 50% in blood transfusions, in comparison to the beginning of the treatment.

- in the case of a person who did not have a blood transfusion during the six months preceding the beginning of the treatment, the physician must provide evidence of a beneficial effect defined by:
 - an increase of at least 15 g/L in the hemoglobin rate, in comparison to the rate observed before the beginning of the treatment;
 - and
 - the maintenance of transfusion independence.

The duration of each authorization is six months. The maximum dose authorized is 10 mg per day.

- ♦ in association with dexamethasone, for treatment of refractory or recurrent multiple myeloma in persons:
 - who have received at least two therapies for treatment of multiple myeloma;
 - and
 - whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is four 28-day cycles.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression documented by each of the following three elements:

The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of $\geq 25\%$ (in comparison to the lowest result (nadir)) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be $\geq 10\%$).

Among the four above dosages, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration of subsequent authorizations is six 28-day cycles.

It must be noted that lenalidomide will not be authorized in association with bortezomib.

- ♦ in association with dexamethasone, for second-line treatment of refractory or recurrent multiple myeloma in persons for whom bortezomib is not a treatment option and whose ECOG performance status is ≤ 2 .

The maximum duration of the initial authorization is four 28-day cycles.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, documented by each of the following three elements:

The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of $\geq 25\%$ (in comparison to the lowest result (nadir)) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be $\geq 10\%$).

Among the four above dosages, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration of subsequent authorizations is six 28-day cycles.

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 daily doses of metformin have been stable for at least three months.

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

★ LINEZOLID, I.V. Perf. Sol.:

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

The maximum duration of each authorization is 12 months.

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

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

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

LISDEXAMFETAMINE DIMESYLATE:

- ◆ for treatment of persons suffering from attention deficit disorder and in whom the use of short-acting methylphenidate or of dexamphetamine has not properly controlled the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the stimulant must have been titrated optimally, unless there is proper justification.

LOMITAPIDE MESYLATE :

- ◆ for treatment of adults suffering from homozygous familial hypercholesterolemia (HoFH) confirmed by genotyping or by phenotyping:
 - where two hypolipemians of different classes at optimal doses are not tolerated, are contraindicated or are ineffective;and
 - in association with a low-density lipoprotein (LDL) apheresis treatment, unless access to an apheresis centre is especially difficult.

Phenotyping is defined by the following three factors:

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

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

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

Authorizations for lomitapide are given for a maximum daily dose of 60 mg.

LURASIDONE HYDROCHLORIDE:

- ◆ for treatment of schizophrenia.
- ◆ for management of depressive episodes associated with bipolar I disorder.

MACITENTAN:

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

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

MAGNESIUM HYDROXIDE:

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

MAGNESIUM HYDROXYDE / ALUMINUM HYDROXYDE:

- ◆ as a phosphate binder in persons suffering from severe renal failure.

MARAVIROC:

- ◆ for treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively, and:
 - who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;or
 - in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;and
- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included a protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;or
- in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

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

- ◆ for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively and for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;and
 - whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/ μ L;
- and

- for whom the use of maraviroc is necessary for constituting an effective therapeutic regimen.

MEGESTROL ACETATE:

- ◆ for hormone therapy in the treatment of breast, endometrium and prostate cancer.
- ◆ for hormone replacement therapy where oral progestogens are ineffective or contraindicated or not tolerated.

MEMANTINE HYDROCHLORIDE:

- ◆ as monotherapy for person suffering from Alzheimer's disease at the moderate or severe stage who are living at home, specifically, who do not live in a residential and long-term care centre that is either a public institution or a private institution under agreement.

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

- an MMSE score of 3 to 14;
- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood;
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

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

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

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by stabilization or improvement of symptoms in at least three of the following domains:

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

The maximum duration of the authorization is six months.

METHYL AMINOLEVULINATE:

- ◆ for treatment of superficial basal cell carcinoma where surgery is contraindicated and another physical or chemical destruction treatment is poorly tolerated or contraindicated.

METHYLPHENIDATE HYDROCHLORIDE, L.A. Caps. or L.A. Tab. (12 h):

- ◆ for treatment of persons suffering from attention deficit disorder and in whom the use of short-acting methylphenidate or of dexamphetamine has not properly controlled the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the stimulant must have been titrated optimally, unless there is proper justification.

METRONIDAZOLE, Vag. Gel:

- ◆ for treatment of bacterial vaginosis during the second and third trimesters of pregnancy.
- ◆ for treatment of bacterial vaginosis where metronidazole administered orally is not tolerated.

★ MICAFUNGIN SODIUM:

- ◆ for prevention of fungal infections in persons who will undergo a hematopoietic stem cell transplant.

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

MICRONIZED PROGESTERONE, Caps.:

- ♦ for persons unable to take medroxyprogesterone acetate because of major intolerance.

MINERAL OIL:

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

MIRABEGRON:

- ♦ for treatment, as monotherapy, of vesical hyperactivity in persons for whom oxybutynin is poorly tolerated, contraindicated or ineffective.

MODAFINIL:

- ♦ for symptomatic treatment of diurnal hypersomnolence accompanying narcolepsy or idiopathic or post-traumatic hypersomnia, where dexamphetamine sulfate or methylphenidate is ineffective, contraindicated or not tolerated.
- ♦ for adjunctive treatment of diurnal hypersomnolence secondary to sleep apnea or hypopnea syndrome that persists despite the use of a nasal continuous positive airway pressure device.

★ MOXIFLOXACIN HYDROCHLORIDE, I.V. Perf. Sol.:

- ♦ for treatment of infections, where oral moxifloxacin cannot be used.

MULTIVITAMINS:

- ♦ for persons suffering from cystic fibrosis.

NAPROXEN / ESOMEPRAZOLE:

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

NATALIZUMAB:

- ♦ for monotherapy treatment of persons suffering from relapsing multiple sclerosis whose EDSS scale score is ≤ 5 before the treatment and in whom there has been a rapid evolution of the disease, defined as:
 - the occurrence of two or more incapacitating clinical episodes with partial recovery during the past year;
 - or
 - the occurrence of two or more incapacitating clinical episodes with full recovery during the past year and:
 - the presence of at least one gadolinium-enhanced lesion on magnetic resonance imaging (MRI);
 - or
 - an increase of two or more T2 hyperintense lesions in comparison with a previous MRI.

The maximum duration of the authorizations is one year. For continuation of treatment, the physician must provide evidence of a beneficial effect in comparison with the evaluation carried out before the treatment began, specifically:

- a reduction in the annual frequency of incapacitating episodes during the past year;

and

- a stabilization of the EDSS scale score or an increase of less than 2 points without the score exceeding 5.

An incapacitating episode means an episode during which a neurological examination confirms optical neuritis, posterior fossa syndrome (cerebral trunk and cerebellum) or symptoms revealing that the spinal cord is affected (myelitis).

NILOTINIB:

- ◆ for treatment of chronic myeloid leukemia (CML) in the chronic or accelerated phase in adults:

- for whom imatinib has failed or produced a sub-optimal response;
or
- who have serious intolerance to imatinib.

Authorizations will be given for a maximum daily dose of 1 200 mg for a maximum duration of six months.

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

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

Authorizations will be given for a maximum daily dose of 600 mg for a maximum duration of six months.

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

NINTEDANIB ESILATE:

- ◆ for treatment of idiopathic pulmonary fibrosis, in persons:

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

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

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

Where there is an absolute decline in predicted FVC of $\geq 10\%$ over a 12-month period, treatment must cease.

NUTRITIONAL FORMULA – CASEIN-BASED (INFANTS AND CHILDREN):

- ◆ for infants and children who are allergic to complete milk proteins.

In such cases, the maximum duration of the initial authorization is up to the age of 12 months. The results of an allergen skin test or of re-exposure to milk must be provided in order for utilization to continue.

- ◆ for infants and children suffering from 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 milk must be provided in order for utilization to continue.

NUTRITIONAL FORMULA – FAT EMULSION (INFANTS AND CHILDREN):

- ◆ to increase the caloric content of the diet or of other nutritional formulas in the presence of cardiac or metabolic disorders in children under age 4, and for whom the polymerized glucose nutritional formulas are not sufficient or not tolerated.

NUTRITIONAL FORMULA – FOLLOW-UP PREPARATION FOR PREMATURE INFANTS:

- ◆ for infants whose birth weight is less than or equal to 1 800 g or who are born after 34 weeks of pregnancy or less.

In this case, the maximum duration of the authorization will be until one year corrected age, in other words, until one year after the expected date of birth.

NUTRITIONAL FORMULA – FRACTIONATED COCONUT OIL:

- ◆ for persons unable to effectively digest or absorb long-chain fatty foods.

NUTRITIONAL FORMULA – MONOMERIC:

- ◆ for enteral feeding.
- ◆ for oral feeding of persons requiring monomeric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- ◆ for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- ◆ for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – MONOMERIC WITH IRON (INFANTS OR CHILDREN):

- ◆ for infants or children who are allergic to complete milk proteins, soy proteins or multiple dietary proteins and in whom the utilization of a casein hydrolysate formula has not succeeded in eliminating the symptoms.
- ◆ for infants or children who are suffering from persistent diarrhea or other severe gastrointestinal problems and in whom the utilization of a casein hydrolysate formula has not succeeded in eliminating the symptoms.

In such cases, the maximum duration of the initial authorization is one year. The results of re-exposure to a casein hydrolysate formula or milk must be provided in order for utilization to continue.

- ◆ for infants or children whose condition requires hospitalization and who have severe gastrointestinal problems of which the confirmed cause is a bovine protein allergy.

In such cases, the maximum duration of the initial authorization is one year. The results of an allergen skin test or of re-exposure to a casein hydrolysate formula or milk must be provided in order for the authorization to continue.

NUTRITIONAL FORMULA – POLYMERIC LOW-RESIDUE:

- ◆ for enteral feeding.
- ◆ for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
- ◆ for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.

- ◆ for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – POLYMERIC LOW-RESIDUE – SPECIFIC USE:

- ◆ for total feeding, whether enteral or oral, of children suffering from Crohn's disease.

NUTRITIONAL FORMULA – POLYMERIC WITH RESIDUE:

- ◆ for enteral feeding.
- ◆ for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
- ◆ for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- ◆ for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – POLYMERIZED GLUCOSE:

- ◆ to increase the caloric content of the diet or of other nutritional formulas.

NUTRITIONAL FORMULA – PROTEIN:

- ◆ to increase the protein content of other nutritional formulas.

NUTRITIONAL FORMULA – SEMI-ELEMENTAL:

- ◆ for enteral feeding.
- ◆ for oral feeding in persons requiring monometric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- ◆ for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- ◆ for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – SEMI ELEMENTAL, VERY HIGH PROTEIN:

- ◆ for enteral feeding of persons requiring semi-elemental nutritional formulas as their source of nutrition in the presence of 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.

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.

OLODATEROL HYDROCHLORIDE / TIOTROPIUM MONOHYDRATED BROMIDE:

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

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

It must be noted that this association (long-acting β_2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting β_2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

OMALIZUMAB:

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

When requesting re-treatment, the physician must provide information making it possible to establish a relapse (defined by an UAS7 equal to or greater than 16) following a satisfactory response to the previous treatment (comprising 6 injections). A satisfactory response is defined by an UAS7 equal to or less than 6.

Authorizations are granted for a maximum duration of 24 weeks, at a dose of 150 mg or 300 mg every four weeks.

OMBITASVIR / PARITAPREVIR / RITONAVIR AND DASABUVIR SODIUM MONOHYDRATE:

- ♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1b with severe hepatic fibrosis (Metavir score of F3 or equivalent) and who have never received an anti-HCV treatment or who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

However, the association of ombitasvir / paritaprevir / ritonavir combined with dasabuvir sodium remains covered by the basic prescription drug insurance plan until 6 September 2017 for those insured persons who began receiving this treatment before 22 March 2017.

- ♦ in association with ribavirin, for treatment of chronic hepatitis C genotype 1 in persons:
 - suffering from HCV genotype 1a with severe hepatic fibrosis (Metavir score of F3 or equivalent) and who have never received an anti-HCV treatment or who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa;
or
 - suffering from HCV genotype 1a with compensated cirrhosis (Metavir score of F4 or equivalent) and who have never received an anti-HCV treatment or who have experienced a relapse or a partial response with an association of ribavirin / pegylated interferon alfa;
or
 - suffering from HCV genotype 1b with compensated cirrhosis (Metavir score of F4 or equivalent) and who have never received an anti-HCV treatment or who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

However, the association of ombitasvir / paritaprevir / ritonavir combined with dasabuvir sodium remains covered by the basic prescription drug insurance plan until 6 September 2017 for those insured persons who began receiving this treatment before 22 March 2017.

- ♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 1a with compensated cirrhosis (Metavir score of F4 or equivalent) and who have had a null response with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

However, the association of ombitasvir / paritaprevir / ritonavir combined with dasabuvir sodium remains covered by the basic prescription drug insurance plan until 22 November 2017 for those insured persons who began receiving this treatment before 22 March 2017.

ONABOTULINUMTOXIN A:

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

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

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

★ ONDANSETRON:

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

★ OSELTAMIVIR PHOSPHATE:

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

The request is authorized when the following conditions are fulfilled:

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

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

◆ for type A or B influenza (seasonal flu) prophylaxis:

- in persons living in a homecare centre in close contact with an infected person (index case).

The request is authorized when the following conditions are fulfilled:

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

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

OXCARBAZEPINE:

- ◆ for treatment of epilepsy.
- ◆ for persons for whom carbamazepine is not tolerated or is contraindicated, or for whom treatment with carbamazepine has failed.

OXYBUTYNINE, Patch:

- ◆ for treatment of vesical hyperactivity in persons for whom immediate-release oxybutynine is poorly tolerated.

OXYBUTYNINE CHLORIDE, L.A. Tab.:

- ◆ for treatment of vesical hyperactivity in persons for whom immediate-release oxybutynine is poorly tolerated.

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.

PALIPERIDONE palmitate:

- ◆ for persons who have an observance problem with an oral antipsychotic agent or for whom a prolonged-acting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

PARAFFIN / MINERAL OIL:

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

PAZOPANIB HYDROCHLORIDE:

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

The initial authorization is for a maximum duration of 18 weeks.

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at 0 or 1. Subsequent authorizations will also be for maximum durations of 18 weeks.

Authorizations are given for a daily dose of 800 mg.

PEGINTERFERON ALFA-2A:

- ◆ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is contraindicated:
 - in the presence of hereditary hemolytic anemia (thalassemia and others);
 - or
 - in the presence of severe renal failure (creatinine clearance less than or equal to 35 mL/min).

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

- ◆ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is not tolerated:
 - in persons who have developed severe anemia while taking ribavirin, despite a decrease in the dosage to 600 mg per day (Hb < 80 g/L or < 100 g/L if co-morbidity of the atherosclerotic heart disease type);
 - or
 - in persons who have developed a severe intolerance to ribavirin: appearance of an allergy, of an incapacitating skin rash or of incapacitating dyspnea with effort.

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

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

PENTOXIFYLLINE:

- ◆ for treatment of persons suffering from serious and chronic peripheral vascular ailments, specifically:

- in the case of venous insufficiency with cutaneous ulcer (or antecedents);
- in the case of arterial insufficiency with cutaneous ulcer (or antecedents), gangrene, antecedents of amputation or pain at rest.

PERAMPANEL:

- ◆ for adjuvant treatment of persons suffering from refractory partial epilepsy for whom lacosamide is ineffective, contraindicated or not tolerated.

PILOCARPINE HYDROCHLORIDE, Tab.:

- ◆ for treatment of severe xerostomia.

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 (HbA1c) adapted to the patient.

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

POLYETHYLENE GLYCOL:

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

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

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

POLYVINYL ALCOHOL:

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

POMALIDOMIDE:

- ◆ in association with dexamethasone, for third-line treatment or beyond of multiple myeloma in persons:
 - whose disease was refractory to the last line of treatment received;
 - whose disease has progressed during or following a treatment with bortezomib and with lenalidomide, unless there is a serious intolerance or a contraindication;
 - whose ECOG performance status is ≤ 2 .

The maximum duration of each authorization is 4 months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, according to the International Myeloma Working Group criteria (2011). The ECOG performance status must remain ≤ 2 .

The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of $\geq 25\%$ (in comparison to the lowest result (nadir) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be $\geq 10\%$);

Among the 4 above doses, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

Authorization is granted for a maximum daily dose of 4 mg.

It must be noted that pomalidomide will not be authorized in association with bortezomib or with lenalidomide.

★ POSACONAZOLE:

- ◆ for prevention of invasive fungal infections in persons having developed neutropenia following chemotherapy to treat acute myeloid leucemia or myelodysplastic syndrome.
- ◆ for treatment of invasive aspergillosis in persons for whom first-line treatment has failed or is contraindicated, or who are intolerant to such a treatment.

★ PRASUGREL:

- ◆ where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid, in persons for whom percutaneous coronary angioplasty has been performed. The duration of the authorization will be 12 months.

PROGESTERONE, Vag. Gel (App.) and Vag. Tab. (eff.):

- ◆ in women who began receiving *in vitro* fertilization services before 11 November 2015, until the end of the ovulatory cycle in which the *in vitro* fertilization services are provided or until there is a pregnancy, whichever occurs first.

The women (insured persons) are considered to have begun receiving *in vitro* fertilization services if their situation is one of the following:

- they themselves have received services required to retrieve eggs or ovarian tissue;
- the person participating with them in the assisted procreation activity has received, as applicable, services required to retrieve sperm by medical intervention or services required to retrieve eggs or ovarian tissue.

PSYLLIUM MUCILLOID:

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

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST:

- ◆ to measure the international normalized ratio (INR) in persons who require long-term oral anticoagulation with a vitamin K antagonist and who perform this monitoring using a coagulometer that they own, according to one of the following options:
 - self-testing: the patient measures the INR and communicates the result to a healthcare professional who adjusts, or not, the dosage of the vitamin K antagonist;
 - self-management: the patient measures the INR, interprets the result and, if needed, adjusts the dosage of the vitamin K antagonist himself/herself according to an algorithm.

RANIBIZUMAB:

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

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

Authorizations are given for one dose per month, per eye. Ranibizumab will not be authorized concomitantly with aflibercept or verteporfin for treatment of the same eye.

However, ranibizumab remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the 12 months before 1 February 2010 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

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

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

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

Authorizations are given for a maximum of one dose per month, per eye.

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

- ◆ for treatment of visual deficiency due to macular edema secondary to central retinal vein occlusion. The eye to be treated must meet the following three criteria:
 - optimal visual acuity after correction between 6/12 and 6/96;
 - thickness of the central retina $\geq 250 \mu\text{m}$;
 - absence of afferent pupillary defect.

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

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

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

- ◆ for treatment of visual deficiency due to choroidal neovascularization secondary to pathologic myopia.

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

- myopia of at least -6 diopters;
- optimal visual acuity after correction between 6/9 and 6/96;
- presence of intraretinal or subretinal fluid or presence of active leakage secondary to choroidal neovascularization, observed by retinal angiography or by optical coherence tomography.

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

When requesting continuation of treatment, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. The request for continuation of treatment will be authorized for a maximum of eight months.

Authorizations are given for a maximum of one dose per month, per eye. The maximum total duration of treatment will be 12 months.

It must be noted that ranibizumab will not be authorized concomitantly with verteporfin for treatment of the same eye.

RASAGILINE MESYLATE:

- ◆ for persons suffering from Parkinson's disease with motor fluctuations, despite levodopa therapy.

REPAGLINIDE:

- ◆ 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 non-insulindependent diabetic persons suffering from renal failure.

RIBAVIRIN:

- ◆ for treatment of persons suffering from chronic hepatitis C genotype 2 or 3 receiving a sofosbuvir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum period of 12 weeks for genotype 2 and 24 weeks for genotype 3.
- ◆ for treatment of persons suffering from chronic hepatitis C genotype 1 receiving the ledipasvir / sofosbuvir combination, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.
- ◆ for treatment of persons suffering from chronic hepatitis C genotype 1 receiving the ombitasvir / paritaprevir / ritonavir association combined with dasabuvir sodium, according to the recognized payment indication. Authorization is granted for a maximum period of 24 weeks for persons suffering from chronic hepatitis C genotype 1a, with compensated cirrhosis and who have already experienced a null response with a combination of ribavirin / pegylated interferon alfa. Authorization is granted for a maximum period of 12 weeks for other persons.
- ◆ for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis and receiving the association of sofosbuvir / velpatasvir, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.
- ◆ for treatment of persons suffering from chronic hepatitis C of genotype 1 or 4 who are receiving the association of elbasvir/grazoprevir, according to the recognized payment indication. Authorization is granted for a maximum period of 16 weeks.

RIBAVIRIN / PEGYLATED INTERFERON ALFA-2B:

- ◆ for treatment of persons suffering from chronic hepatitis C of genotype 2 or 3.

The maximum duration of the authorization will be 24 weeks.

However, persons who, during a previous treatment with an association of ribavirin / pegylated interferon alfa-2b:

- did not obtain a negativation of their viremia after 24 weeks of treatment;

or

- did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negativation) at four weeks who relapsed after a shortened 12-week to 16-week treatment;

are not eligible for a second treatment.

- ◆ for treatment of persons suffering from chronic hepatitis C of a genotype other than 2 or 3, and for treatment of chronic hepatitis C of any genotype in persons infected with HIV.

The total duration of the authorization is a maximum of 48 weeks.

For persons suffering from chronic hepatitis C of genotype 2 or 3 and who are coinfecting with HIV, the initial request is authorized for a maximum of 32 weeks. Thereafter, an authorization will be granted for a maximum of 16 weeks for treatment termination purposes, only if the qualitative HCV-RNA result 24 weeks from the beginning of the treatment is negative.

For other persons, authorizations will be granted under different conditions based on the type of test conducted for the purpose of evaluating response to the treatment after the first 12 weeks of treatment.

The initial request is authorized for a maximum of 20 weeks. A quantitative or qualitative HCV-RNA screening test 12 weeks from the beginning of the treatment is necessary to determine response to the treatment.

- In the case of a qualitative test, another authorization, for a maximum of 28 weeks, will be granted for treatment termination purposes, only if the test result is negative.
- In the case of a quantitative test, another authorization, for an additional maximum of 12 weeks, will be granted only if the test result shows a decrease in viremia greater than or equal to 1.8 log compared with pre-treatment viremia. Thereafter, an authorization will be granted for a maximum of 16 weeks for treatment termination purposes, only if the qualitative HCV-RNA result is negative after 24 weeks of treatment.

However, persons who, during a previous treatment with an association of ribavirin / pegylated interferon alfa-2b:

- did not obtain a 1.8-log decrease in viremia after 12 weeks compared to the pre-treatment value;
- did not obtain a negativation of their viremia after a minimum of 24 weeks of treatment;
- did not obtain a sustained virological response 24 weeks after the end of the treatment, except in the case of rapid responders (negativation) at four weeks who relapsed after a shortened 24-week treatment;

are not eligible for a second treatment.

- ◆ for treatment of chronic hepatitis C in persons having received a transplant.

The maximum duration of the authorization will be 48 weeks.

However, persons who, during a previous treatment with an association of ribavirin / pegylated interferon alfa-2b, did not obtain a negativation of their viremia after 48 weeks of treatment or a sustained virological response 24 weeks after the end of the treatment are not eligible for a second treatment.

- ◆ for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the absence of cirrhosis, when used concomitantly with an antiviral NS3/4A protease inhibitor (boceprevir) and who have never received an anti-HCV treatment.

The total duration of treatment, including the 4 weeks of preliminary treatment when boceprevir is the agent used, will be a maximum of 24, 28 or 48 weeks depending on the results of the viral load (HCV-RNA) tests for the weeks set out in the recognized indications for the chosen antiviral NS3/4A protease inhibitor.

When the viral load (HCV-RNA) is detectable on week 24, the combination treatment (tritherapy) must be terminated.

- ◆ for treatment of persons suffering from chronic hepatitis C genotype 1 who are not HIV-1 infected, in the presence of severe hepatic fibrosis or cirrhosis, when used concomitantly with an antiviral NS3/4A protease inhibitor (boceprevir) or who have experienced therapeutic failure with an interferon and with ribavirin.

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

The total duration of treatment, including the 4 weeks of preliminary treatment when boceprevir is the agent used, will be a maximum of 36 weeks or 48 weeks, depending on the results of the viral load (HCV-RNA) tests for the weeks set out in the recognized indications for the chosen antiviral NS3/4A protease inhibitor.

When the viral load (HCV-RNA) is detectable on week 24, the combination treatment (tritherapy) must be terminated.

- ◆ for treatment of persons suffering from chronic hepatitis C genotype 1 receiving a simeprevir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum of 48 weeks.

- ♦ for treatment of persons suffering from chronic hepatitis C genotype 1 or 4 receiving a sofosbuvir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum of 12 weeks.

★ RIFAXIMIN:

- ♦ for the prevention of recurrences of hepatic encephalopathy in cirrhotic persons for whom lactulose taken optimally did not adequately prevent the occurrence of overt episodes.

Unless there is serious intolerance or a contraindication, lactulose must be administered concomitantly.

RILUZOLE:

- ♦ for treatment of 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 physician must indicate the date on which symptoms of the disease began and the patient's vital capacity measurement, and must confirm that the patient has not undergone a tracheotomy. The maximum duration of the initial authorization is six months.

Upon subsequent requests, and for patients already being treated, the physician must confirm that the patient has not undergone a tracheotomy. The maximum duration of authorization is six months. No renewal will be authorized in the presence of a tracheotomy.

RIOCIQUAT:

- ♦ as monotherapy, for treatment of chronic thromboembolic pulmonary hypertension of WHO functional class II or III that is either inoperable or persistent, or recurrent after a surgical treatment.

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

RISPERIDONE, I.M. Inj. Pd.:

- ♦ for persons who have an observance problem with an oral antipsychotic agent or for whom a prolonged-acting injectable conventional antipsychotic agent is ineffective or poorly tolerated.

RITUXIMAB:

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

Upon the initial request:

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

and

- the disease must still be active despite treatment of sufficient duration with a tumour necrosis factor alpha inhibitor (anti-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, unless there is a serious intolerance or contraindication to anti-TNF α .

The initial authorization is given for a maximum period of six months.

When requesting continuation of treatment, the physician must provide information making it possible to establish a treatment response observed during the first six months after the last perfusion. A treatment response is defined by:

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

Administering a subsequent treatment is possible if the disease is still not in remission or if, following attainment of a remission, the disease is reactivated.

Requests for continuation of treatment are authorized for a minimum period of 12 months and a maximum of 2 treatments.

A treatment comprises 2 perfusions of rituximab of 1 000 mg each.

★ RIVAROXABAN, 10 mg:

- ◆ for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

- ◆ for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

★ RIVAROXABAN, 15 mg and 20 mg:

- ◆ for treatment of persons suffering from deep vein thrombosis who are unable to receive therapy comprising a heparine followed by vitamin K antagonist treatment.

Treatment of deep vein thrombosis with rivaroxaban must include a dose of 15 mg twice a day during the first three weeks of treatment followed by a daily dose of 20 mg.

The maximum duration of the authorization is six months.

- ◆ in persons with non-valvular atrial fibrillation requiring anticoagulant therapy:

- for whom anticoagulation with warfarine or nicoumalone is not within the targeted therapeutic range;
or
- for whom anticoagulation monitoring with warfarin or nicoumalone is not possible or is not available.

- ◆ for treatment of persons suffering from pulmonary embolism who are unable to receive therapy comprising a heparin followed by a vitamin K antagonist.

Treatment of pulmonary embolism with rivaroxaban must include a dose of 15 mg twice a day during the first three weeks of treatment followed by a daily dose of 20 mg.

RIVASTIGMINE:

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

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

- an MMSE score of 10 to 26, or as high as 27 or 28 if there is proper justification;

- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
 - intellectual function, including memory;
 - mood;
 - behaviour;
 - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
 - social interaction, including the ability to carry on a conversation.

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

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

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

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

The maximum duration of authorization is 12 months.

ROSIGLITAZONE MALEATE:

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

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

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

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

ROSIGLITAZONE MALEATE / METFORMIN HYDROCHLORIDE:

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

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

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

RUFINAMIDE:

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

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

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

RUXOLITINIB PHOSPHATE:

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

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

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by significant reduction of the splenomegaly, confirmed by imaging or by a physical examination, and by improvement of the symptomatology in patients who were initially symptomatic. Subsequent authorizations will be for durations of six months.

Authorizations are given for a maximum daily dose of 50 mg.

SACUBITRIL / VALSARTAN:

- ◆ for persons suffering from New York Heart Association (NYHA) class II or III heart failure with left ventricular systolic dysfunction (with ejection fraction $\leq 40\%$);
 - in association with a beta blocker unless there is a contraindication or an intolerance;
 - and
 - as a replacement for a treatment that has been underway for at least four weeks with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARA).

SALBUTAMOL SULFATE, Pd for Inh.:

- ◆ for treatment of persons having difficulty using an inhalation device other than the Diskus™ device or who are already receiving another drug through this device.

SALMETEROL XINAFOATE / FLUTICASONE PROPIONATE:

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

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

- ◆ for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:
 - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is understood as a sustained and repeated aggravation of the symptoms requiring intensified pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or a hospitalization;
 - or
 - who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;
 - or
 - whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12% and 200 ml.

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

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

It must be noted that this association (long-acting β_2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting β_2 agonist alone or with an association of a long-acting β_2 agonist and a long-acting antimuscarinic.

Nevertheless, the association of salmeterol xinafoate / fluticasone propionate remains covered under the basic prescription drug insurance plan for insured persons having used this drug in the 12 months preceding 24 March 2016.

SAPROPTERIN DIHYDROCHLORIDE:

- ◆ for women suffering from phenylketonuria who wish to procreate, a two-month trial period is authorized to determine those responding to sapropterine.

Thereafter, the physician will have to provide the following proof:

- a response to sapropterine defined by an average decrease of serum phenylalanine concentration of at least 30%;
- and
- a serum phenylalanine concentration greater than 360 $\mu\text{mol/l}$ despite a low phenylalanine diet.

Authorization will be granted for the period during which the women actively attempt to procreate, up to the end of their pregnancy.

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 daily doses of metformin have been stable for at least three months.

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

SECUKINUMAB:

- ◆ for persons suffering from a severe form of chronic plaque psoriasis:
 - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;
and
 - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;
and
 - where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;
and
 - where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;
or
 - cyclosporine at a dose of 3 mg/kg or more per day;
or
 - acitretin at a dose of 25 mg or more per day.

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

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

- an improvement of at least 75% in the PASI score;
or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

Authorizations for secukinumab are given for 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

SENNOSIDES A & B:

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

SEVELAMER carbonate:

- ♦ as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

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

SEVELAMER HYDROCHLORIDE:

- ♦ as a phosphate binder in persons suffering from severe renal failure, where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphoremia.

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

SILDENAFIL CITRATE:

- ♦ for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis and that is symptomatic despite the optimal conventional treatment.

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

Authorizations will be given for 20 mg three times per day.

SIMEPREVIR SODIUM:

- ♦ in association with ribavirin and pegylated interferon alfa for treatment of persons suffering from chronic hepatitis C genotype 1, without a Q80K mutation, who are not HIV-1 infected, and who have already experienced a therapeutic failure with a combination of ribavirin / pegylated interferon alfa.

Authorization is granted for a period of 12 weeks.

The total duration of treatment, including the concomitant and subsequent taking of the combinaison of ribavirin / pegylated interferon alfa, will be 48 weeks if the viral load (HCV-RNA) is undetectable on treatment week 24.

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 daily doses of metformin have been stable for at least three months.

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

SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

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

SOFOSBUVIR:

- ◆ in association with ribavirin and pegylated interferon alfa, for treatment of persons suffering from chronic hepatitis C genotype 1 or 4, who are not HIV-1 infected and who have never received an anti-HCV treatment.

Authorization is granted for a maximum period of 12 weeks.

- ◆ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 2 who are not HIV-1 infected and:
 - who have never received an anti-HCV treatment;
or
 - who have a contraindication or a serious intolerance to pegylated interferon alfa;
or
 - who have already experienced a therapeutic failure with a combination 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 are not HIV-1 infected and:
 - who have a contraindication or a serious intolerance to pegylated interferon alfa;
or
 - who have already experienced a therapeutic failure with a combination of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

- ◆ in association with daclatasvir, for treatment of persons suffering from chronic hepatitis C genotype 3 with:
 - no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
or
 - mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
or
 - moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
or
 - severe hepatic fibrosis (Metavir score of F3 or equivalent);

and one of the following conditions:

- who have a contraindication or a serious intolerance to pegylated interferon alfa or ribavirin;
- who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- organ transplant (pre or post-graft);
- severe extra-hepatic manifestations of hepatitis C;

- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

SOFOBUVIR / 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 with:
 - no hepatic fibrosis (Metavir score of F0 or equivalent) and at least one poor prognostic factor;
 - or
 - mild hepatic fibrosis (Metavir score of F1 or equivalent) and at least one poor prognostic factor;
 - or
 - moderate hepatic cirrhosis (Metavir score of F2 or equivalent);
 - or
 - severe hepatic fibrosis (Metavir score of F3 or equivalent);
 - or
 - compensated cirrhosis (Metavir score of F4 or equivalent).

Authorization is granted for a maximum period of 12 weeks.

Poor prognostic factors are defined as follows:

- HIV or HBV co-infection;
- organ transplant (pre or post-graft);
- severe extra-hepatic manifestations of hepatitis C;
- chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation, Kidney Disease outcomes Quality Initiative (K/DOQI);
- other liver disease with evidence of hepatic steatosis;
- antidiabetic drug use;
- woman of childbearing age who is planning to get pregnant within the next year.

SOLIFENACIN SUCCINATE:

- ◆ for treatment of vesical hyperactivity in persons for whom oxybutynine is poorly tolerated, contraindicated or ineffective.

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:

- ◆ 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).

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:
 - untermated growth, a glomerular filtration rate $\leq 1.25 \text{ mL/s./1.73m}^2$ (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.

STIRIPENTOL:

- ◆ for treatment of persons suffering from Dravet syndrome, in association with clobazam and valproate, if these latter drugs have not allowed for adequate control of the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the drugs must have been titrated optimally, unless there is a proper justification.

At the beginning of treatment and for each subsequent request, the treating physician must provide the monthly number of generalized seizures.

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

The authorization will be renewed if it has been demonstrated that the treatment allowed for a reduction of approximately 50% in the monthly frequency of generalized seizures.

Subsequent authorizations will be for maximum periods of 12 months.

SUNITINIB MALATE:

- ◆ for treatment of an inoperable, recurrent or metastatic gastrointestinal stromal tumour, in persons whose ECOG performance status is ≤ 2 and:
 - who have not responded to an imatinib treatment (primary resistance);
 - whose cancer has evolved after initially responding to imatinib (secondary resistance);
 - who have an intolerance to imatinib.

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

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

Authorizations are given for a daily dose of 50 mg for four weeks every six weeks.

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

The initial authorization is for a maximum duration of three cycles (18 weeks).

Upon subsequent requests, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging during the six weeks before the end of the current authorization. In addition, the ECOG performance status must remain at 0 or 1. Subsequent authorizations will also be for maximum durations of three cycles (18 weeks).

Authorizations are given for one daily dose of 50 mg for four weeks every six weeks.

- ◆ for treatment of unresectable and evolutive, well-differentiated pancreatic neuroendocrine tumours at an advanced or metastatic stage in persons whose ECOG performance status is 0 or 1.

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

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

Authorizations are given for a maximum daily dose of 37.5 mg.

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

TACROLIMUS, Top. Oint.:

- ◆ for treatment of atopic dermatitis in children, following failure of a treatment with a topical corticosteroid.
- ◆ for treatment of 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 pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis and that is symptomatic despite the optimal conventional treatment.

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

Authorizations will be given for 40 mg once per day.

TEMOZOLOMIDE:

- ◆ for treatment of persons suffering from anaplastic astrocytoma or glioblastoma multiforme and in whom a recurrence or progression of the disease is observed after administration of a first-line treatment.
- ◆ for first-line treatment, in association with radiotherapy, of persons suffering from glioblastoma multiforme.

TERIFLUNOMIDE:

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

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

TERIPARATIDE:

- ◆ for treatment of severe osteoporosis in menopausal women:
 - whose osteoporotic fractures are documented by a T-score of less than or equal to – 3.0;
 - and
 - who have shown an inadequate response to continued taking of a bisphosphonate (or raloxifene, if a bisphosphonate is contraindicated), that is, who have shown the following characteristics:
 - a new fragility fracture following continued taking of the antiresorptive therapy for at least 12 months;
 - or
 - significant decrease in mineral bone density, less than the T-score observed during pretreatment, despite continued taking of the antiresorptive therapy for at least 24 months.

The total duration of the authorization is 18 months.

THALIDOMIDE:

- ♦ in association with melphalan and prednisone, for first-line treatment of multiple myeloma, in persons who are not candidates for stem cell transplant.

The initial request is authorized for a maximum six months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, documented by each of the following three elements. The disease is progressing as soon as one of the elements is met. Disease progression is defined for each of them in the following manner:

- an increase of $\geq 25\%$ (in comparison to the result observed at the beginning of the treatment) of:
 - serum monoclonal protein (the absolute increase must be ≥ 5 g/L);
 - urinary monoclonal protein (the absolute increase must be ≥ 200 mg per 24 hours);
 - the difference between free light chains (the absolute increase must be ≥ 100 mg/L);
 - medullary plasmocytes (the absolute increase must be $\geq 10\%$).

Among the four above dosages, the physician must provide the test result he or she deems the most appropriate for the person being treated.

- an increase in bone lesions or plasmacytomas;
- the appearance of hypercalcemia defined by corrected calcemia > 2.8 mmol/L without any other apparent cause.

The maximum duration of subsequent authorizations is six months.

It must be noted that thalidomide will not be authorized in association with bortezomib.

★ TICAGRELOR:

- ♦ where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid.

The maximum duration of the authorization is 12 months.

★ TIGECYCLINE:

- ♦ for treatment of proven or presumed methicillin-resistant staphylococcus aureus (MRSA) polymicrobial complicated skin infections:
 - necessitating antibiotherapy targeting simultaneously the MRSA and Gram-negative bacteria;
 - and
 - where vancomycin in combination with another antibiotic is ineffective, contraindicated or not tolerated.
- ♦ for treatment of complicated intra-abdominal infections where first-line treatment has failed, is contraindicated or is not tolerated.

TIPRANAVIR:

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

- in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;
- and
- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included another protease inhibitor and that resulted:
 - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;
- or
- in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

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

- ◆ for first line treatment, in association with other antiretrovirals, of HIV infected persons for whom a laboratory test showed an absence of sensitivity to other protease inhibitors, coupled with a resistance to one or the other class of nucleoside reverse transcriptase inhibitors and non-nucleoside reverse transcriptase inhibitors, or to both, and:
 - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;
- and
- whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/ μ L;
- and
- for whom darunavir or tipranavir is necessary to establish an effective therapeutic regimen.

TIZANIDINE HYDROCHLORIDE:

- ◆ for treatment of spasticity where baclofen is ineffective, contraindicated or not tolerated.

TOBRAMYCIN SULFATE, Inh. Sol. and Inh. Pd.:

- ◆ for treatment of chronic *Pseudomonas aeruginosa* infections in persons suffering from cystic fibrosis, where deterioration of the person's clinical condition is observed despite the conventional treatment or where the person is allergic to preservatives.

TOCILIZUMAB, I.V. Perf. Sol.:

- ◆ for treatment of moderate or severe rheumatoid arthritis.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

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

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

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

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

Authorizations for tocilizumab are given for a maximum dose of 8 mg/kg every four weeks.

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

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

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

and

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

and

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

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

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

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

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

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

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

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

- prior to the beginning of treatment, the person must have had one or more joints with active synovitis and one of the following three elements:
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
 - another sign of chronic inflammation, such as anemia, thrombocytosis, leukocytosis;
- and
- at least one systemic illness among the following:
 - persistence of fever episodes ($\geq 38^{\circ}\text{C}$);
 - typical skin eruption;
 - adenomegaly, hepatomegaly or splenomegaly;
 - serositis or serous effusion.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

Authorizations for tocilizumab S.C. Inj. Sol. are given for a maximum dose of 162 mg every week.

TOCOPHERYL ACETATE (DL-ALPHA):

- ♦ for prevention and treatment of neurological manifestations associated with malabsorption of vitamin E.

TOFACITINIB:

- ♦ in association with methotrexate, for treatment of moderate or severe rheumatoid arthritis, unless there is a serious intolerance or contraindication to methotrexate.

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

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
 - a positive rheumatoid factor;
 - radiologically measured erosions;
 - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
 - an elevated C-reactive protein level;
 - an elevated sedimentation rate;
- and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. One of the two drugs must be methotrexate at a dose of 20 mg or more per week unless there is a serious intolerance or a contraindication to this dose.

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

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

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

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

Authorizations for tofacitinib are given for 5 mg, twice a day.

TOLTERODINE L-TARTRATE:

- ♦ for treatment of vesical hyperactivity in persons for whom oxybutynin is poorly tolerated, contraindicated or ineffective.

TRAMETINIB:

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

The initial authorization is for a maximum of four months.

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

Authorizations are given for a maximum daily dose of 2 mg.

It must be noted that trametinib is not authorized after a BRAF inhibitor has failed if the latter was administered to treat this condition.

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

The initial authorization is for a maximum of four months.

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

Authorizations are given for a maximum daily dose of 2 mg.

TRANDOLAPRIL / VERAPAMIL (HYDROCHLORIDE):

- ♦ for persons already being treated with an angiotensin converting enzyme inhibitor and verapamil taken separately.

TRAVOPROST / TIMOLOL MALEATE:

- ♦ for control of intra-ocular pressure where the use of an antiglaucoma agent as monotherapy is insufficient.

TREPROSTINIL SODIUM:

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

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

TRETINOIN, Top. Cr. and Top. Gel:

- ♦ for treatment of acne or other skin diseases necessitating a keratolytic treatment.

TROSPIMUM CHLORIDE:

- ♦ for treatment of vesical hyperactivity in persons for whom oxybutynine is poorly tolerated, contraindicated or ineffective.

UROFOLLITROPIN:

- ♦ for women, as part of an ovarian stimulation protocol.

Authorizations are given for a maximum duration of one year.

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

Authorizations are granted for a maximum duration of one year.

USTEKINUMAB:

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

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

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
 - methotrexate at a dose of 15 mg or more per week;
 - or
 - cyclosporine at a dose of 3 mg/kg or more per day;
 - or
 - acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum five months.

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

- an improvement of at least 75% in the PASI score;
- or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
- or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

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

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

◆ for treatment of moderate or severe psoriatic arthritis:

- where a treatment with an anti-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 pathology, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type.

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

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

- a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - a decrease of 0.2 in the HAQ score;
 - a return to work.

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

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

★ VALGANCICLOVIR HYDROCHLORIDE:

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

VEMURAFENIB:

- ◆ as monotherapy for first-line treatment of unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1:
 - who have a contraindication or a serious intolerance to dabrafenib;
 - or
 - who have a BRAF V600K mutation.

The initial authorization is for a maximum of four months.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging or based on a physical examination. The ECOG performance status must remain at 0 or 1. Subsequent authorizations will be for durations of four months. Authorizations are given for a maximum daily dose of 1 920 mg.

Vemurafenib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides proof of a beneficial effect defined by the absence of disease progression and the ECOG performance status remains at 0 or 1.

VERTEPORFIN:

- ◆ for treatment of age-related macular degeneration with neovascularization in persons where 50% or more of the macular area is affected.
- ◆ for treatment of pathological myopia with neovascularization.
- ◆ for treatment of presumed ocular histoplasmosis syndrome with neovascularisation.

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg – 100 mcg:

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

- who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;
or
- whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12% and 200 ml.

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

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

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

It must be noted that this association (long-acting β_2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting β_2 agonist alone or with an association of a long-acting β_2 agonist and a long-acting antimuscarinic.

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

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg – 200 mcg:

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

VILANTEROL TRIFENATATE / UMECLIDINIUM BROMIDE:

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

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

It must be noted that this association (long-acting β_2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting β_2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

★ VORICONAZOLE, I.V. Perf. Pd.:

- ◆ 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.

★ VORICONAZOLE, Tab.:

- ◆ for treatment of invasive aspergillosis. The initial authorization is for a maximum duration of three months. Upon submission of a subsequent request, the authorization may be renewed if relevant justification is provided.

- ♦ for treatment of candidemia in non-neutropenic persons for whom fluconazole and an amphotericin B formulation have failed, are not tolerated or are contraindicated.

★ ZANAMIVIR:

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

The request is authorized when the following conditions are fulfilled:

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

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

- ♦ for type A or B influenza (seasonal flu) prophylaxis:

- in persons living in a homecare centre in close contact with an infected person (index case).

The request is authorized when the following conditions are fulfilled:

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

Chronic diseases are defined as follows:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema and asthma) serious enough to warrant regular medical follow-up or hospital care;
- diabetes or other chronic metabolic disorders, hepatic disorders (including cirrhosis), renal disorders, hematologic disorders (including hemoglobinopathy), cancer, immunodeficiency (including HIV) or immunosuppression (radiotherapy, chemotherapy, anti-rejection drugs);
- medical conditions that may compromise the handling of respiratory secretions and increase the risk of aspiration (e.g. cognitive impairments, spinal cord injuries, convulsive disorders, neuromuscular disorders, morbid obesity).

ZOLEDRONIC ACID, I.V. Perf. Sol. 4 mg/5 mL:

- ◆ for treatment of hypercalcemia of tumoral origin, where pamidronate is ineffective or not tolerated.
- ◆ for prevention of bone events in persons suffering from breast cancer with bone metastases, where pamidronate is not tolerated.
- ◆ for prevention of bone events in persons suffering from multiple myeloma with bone lesions, where pamidronate is not tolerated.

Notwithstanding the payment indications set out above, zoledronic acid is covered by the basic prescription drug insurance plan for insured persons who used this drug during the 12-month period preceding 28 April 2004.

Persons referred to in the preceding paragraph who are insured by the Régie de l'assurance maladie du Québec are not required to submit the form entitled "Demande d'autorisation – médicament d'exception". The Régie de l'assurance maladie du Québec will cover the cost of this drug without other formalities, if it had already done so during the above-mentioned period.

ZOLEDRONIC ACID, I.V. Perf. Sol. 5 mg/100 mL:

- ◆ for treatment of Paget's disease.
- ◆ for treatment of postmenopausal osteoporosis in women who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

LIST OF EXCEPTIONAL MEDICATIONS WITH
RECOGNIZED INDICATIONS FOR PAYMENT THAT REMAIN
COVERED

INFLIXIMAB

I.V. Perf. Pd. 02244016	Remicade	Janss. Inc	1	100 mg 940.00		
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- ◆ for treatment of adults suffering from moderate or severe intestinal Crohn's disease, provided that the physician supply proof of a beneficial clinical effect. The maximum duration of each authorization for continuation of treatment is 12 months.
- ◆ for treatment of moderate or severe rheumatoid arthritis, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically, a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - a decrease of 0.20 in the HAQ score;
 - a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months at 3 mg/kg, with the possibility of increasing the dose to 5 mg/kg after three doses or on the 14th week.

- ◆ for treatment of persons suffering from moderate or severe ankylosing spondylitis, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically,
 - a decrease of 2.2 points or 50% on the BASDAI scale, compared with the pre-treatment score;
 - or
 - a decrease of 1.5 points or 43% on the BASFI scale;
 - or
 - a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months, at a maximum of 5 mg/kg every six to eight weeks.

- ◆ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically, a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:
 - a decrease of 20% or more in the C-reactive protein level;
 - a decrease of 20% or more in the sedimentation rate;
 - a decrease of 0.20 in the HAQ score;
 - a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months, at a maximum of 5 mg/kg every six to eight weeks.

- ◆ for treatment of moderate or severe psoriatic arthritis, of a type other than rheumatoid, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically, a decrease of at least 20% in the number of joints with active synovitis and one of the following four elements:

- a decrease of 20% or more in the C-reactive protein level;
- a decrease of 20% or more in the sedimentation rate;
- a decrease of 0.20 in the HAQ score;
- a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months, at a maximum of 5 mg/kg every six to eight weeks.

- ◆ for treatment of persons suffering from a severe form of chronic plaque psoriasis, provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75% in the PASI score;
- or
- an improvement of at least 50% in the PASI score and a decrease of at least five points on the DQLI questionnaire;
- or
- a significant improvement in lesions on the face, palms or soles or in the genital area and a decrease of at least five points on the DQLI questionnaire.

The maximum duration of each authorization for continuation of treatment is 12 months, at a maximum of 5 mg/kg every eight weeks.

- ◆ for treatment of moderate or severe polyarticular or systemic juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis), provided that the physician supply information making it possible to establish the beneficial effects of the treatment, specifically, a decrease of at least 20% in the number of joints with active synovitis and one of the following six elements:

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

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 children suffering from moderate or severe intestinal Crohn's disease, provided that the physician supply information making it possible to establish a beneficial clinical effect. The maximum duration of each authorization for continuation of treatment is 12 months.

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

**10:00
antineoplastic agents**

leuporide (acetate)

**28:28
antimanic agents**

lithium (carbonate)

**36:26
diabetes mellitus**

quantitative glucose blood test

**36:88.12
ketones**

semi-quantitative acetone test

**36:88.40
sugar**

semi-quantitative glucose test

**36:88.92
urine and feces contents, miscellaneous**

semi-quantitative acetone and glucose test

**56:36
anti-inflammatory agents**

5-aminosalicylic (acid)

5-aminosalicylic (acid)

Ent. Tab

L.A. Tab.

**68:20.08
insulins**

insulin isophane (biosynthetic of human sequence)

lispro insulin

insulin cristal zinc (biosynthetic of human sequence)

insulins zinc cristalline and isophane (biosynthetic of human sequence)

**68:36.04
thyroid agents**

levothyroxine sodium

**84:92
skin and mucous membrane agents, miscellaneous**

hydrogel

86:16
respiratory smooth muscle relaxants

theophylline

L.A. Tab.

92:00
unclassified therapeutic agents

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

92:44
immunosuppressive agents

cyclosporine

exceptional medications

methylphenidate hydrochloride Co. L.A. (12 h)
absorptive dressing – sodium chloride
absorptive dressing – gelling fibre absorptive dressing – hydrophilic foam alone or in association
bordered absorptive dressing – polyester and rayon fibre
bordered absorptive dressing – gelling fibre
bordered absorptive dressing – hydrophilic foam alone or in association
antimicrobial dressing - silver antimicrobial dressing – iodine
bordered antimicrobial dressing – silver
odour-control dressing – activated charcoal
moisture-retentive dressing – hydrocolloidal or polyurethane
bordered moisture-retentive dressing – hydrocolloidal or polyurethane
interface dressing – polyamide or silicone

Legend

◆ Symbols used in this list

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

4:00

ANTIHISTAMINE DRUGS

4:04	first generation antihistamines
4:04.04	ethanolamine derivatives
4:04.16	piperazine derivatives

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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4:00

ANTI-HISTAMINE DRUGS

KETOTIFENE FUMARATE

Tab.



				1 mg	
00577308	<i>Zaditen</i>	Teva Can	100	38.00	0.3800

4:04.04

ETHANOLAMINE DERIVATIVES

DIPHENHYDRAMINE HYDROCHLORIDE

Inj. Sol.



				50 mg/mL	PPB	
00596612	<i>Diphenhydramine (chlorhydrate de)</i>	Sandoz	1 ml		4.04	
00878200	<i>pms-Diphenhydramine</i>	Phmscience	10 ml	11.50		1.1500

4:04.16

PIPERAZINE DERIVATIVES

FLUNARIZINE HYDROCHLORIDE

Caps.

				5 mg		
02246082	<i>Flunarizine</i>	AA Pharma	60	43.22		0.5522
			100	72.04		0.5520

8:00

ANTI-INFECTIVE AGENTS

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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8:08

ANTHELMINTICS

MEBENDAZOLE

Tab.

				100 mg	
00556734	Vermox	Janss. Inc	6	19.27	3.2117

PRAZIQUANTEL

Tab.

				600 mg	
02230897	Biltricide	Bayer	6	34.68	5.7800

PYRANTEL PAMOATE

Tab.

				125 mg	
02380617	Jamp-Pyrantel Pamoate	Jamp	10	11.20	1.1200

8:12.02

AMINOGLYCOSIDES

AMIKACINE SULFATE

Inj. Sol.

				250 mg/mL	
02242971	Amikacine (Sulfate d')	Sandoz	2 ml	67.11	

TOBRAMYCIN SULFATE

Inj. Sol.


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

8:12.06


CEPHALOSPORINS

CEFACTOR

Caps.

				250 mg		
00465186	Ceclor	Pendopharm	100	102.07		0.9874

Caps.

				500 mg		
00465194	Ceclor	Pendopharm	100	200.40		1.9652

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg/5 mL		
00465208	<i>Ceclor</i>	Pendopharm	100 ml	10.89	☞ 0.1056
			150 ml	16.34	☞ 0.1056
Oral Susp.			250 mg/5 mL		
00465216	<i>Ceclor</i>	Pendopharm	100 ml	19.93	☞ 0.1930
			150 ml	29.90	☞ 0.1930
Oral Susp.			375 mg/5 mL		
00832804	<i>Ceclor</i>	Pendopharm	70 ml	20.10	☞ 0.2047
			100 ml	28.72	☞ 0.2047

CEFADROXIL MONOHYDRATE

Caps.			500 mg PPB		
02240774	<i>Apo-Cefadroxil</i>	Apotex	100	84.21	☞ 0.8421
02235134	<i>Novo-Cefadroxil</i>	Novopharm	100	84.21	☞ 0.8421
02311062	<i>Pro-Cefadroxil-500</i>	Pro Doc	100	84.21	☞ 0.8421

CEFAZOLIN (SODIUM)

Inj. Pd.			1 g PPB		
02108127	<i>Cefazoline</i>	Novopharm	10	32.30	☞ 3.2300
02297205	<i>Cefazoline for injection</i>	Apotex	10	32.30	☞ 3.2300
02237138	<i>Cefazoline for injection</i>	Fresenius	10	32.30	☞ 3.2300
02308959	<i>Cefazoline for injection</i>	Sandoz	10	32.30	☞ 3.2300
02437112	<i>Cefazoline pour injection</i>	Sterimax	25	80.75	☞ 3.2300

Inj. Pd.			10 g PPB		
02108135	<i>Cefazolin</i>	Teva Can	1	☞ 30.15	
02297213	<i>Cefazoline for injection</i>	Apotex	10	301.50	☞ 30.1500
02237140	<i>Cefazoline for injection</i>	Fresenius	10	301.50	☞ 30.1500
02308967	<i>Cefazoline for injection</i>	Sandoz	1	☞ 30.15	
02437120	<i>Cefazoline for injection</i>	Sterimax	10	301.50	☞ 30.1500

Inj. Pd.			500 mg PPB		
02108119	<i>Cefazoline</i>	Novopharm	10	25.00	☞ 2.5000
02237137	<i>Cefazoline for injection</i>	Fresenius	25	62.50	☞ 2.5000
02308932	<i>Cefazoline for injection</i>	Sandoz	10	25.00	☞ 2.5000
02437104	<i>Cefazoline pour injection</i>	Sterimax	25	62.50	☞ 2.5000

CEFEPIME HYDROCHLORIDE

Inj. Pd.			2 g		
02319039	<i>Cefepime for injection</i>	Apotex	10	301.96	30.1960

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

Oral Susp.

00868965	<i>Suprax</i>	SanofiAven	50 ml	100 mg/5 mL 18.32	0.3664
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Tab.

				400 mg PPB	
02432773	<i>Auro-Cefixime</i>	Aurobindo	7	19.41 ➡	2.7729
			10	27.73 ➡	2.7730
00868981	<i>Suprax</i>	SanofiAven	7	19.41 ➡	2.7729
			10	27.73 ➡	2.7730

CEFOTAXIME (SODIUM)

Inj. Pd.

				1 g PPB	
02434091	<i>Cefotaxime sodique pour injection BP</i>	Sterimax	10	83.30 ➡	8.3300
02225093	<i>Claforan</i>	SanofiAven	1	9.58	

Inj. Pd.

				2 g PPB	
02434105	<i>Cefotaxime sodique pour injection BP</i>	Sterimax	10	166.86 ➡	16.6860
02225107	<i>Claforan</i>	SanofiAven	1	19.18	

CEFPROZIL

Oral Susp.

				125 mg/5 mL PPB	
02293943	<i>Apo-Cefprozil</i>	Apotex	75 ml	4.44 ➡	0.0592
			100 ml	5.92 ➡	0.0592
02163675	<i>Cefzil</i>	B.M.S.	75 ml	12.38	0.1651
			100 ml	16.50	0.1650

Oral Susp.

				250 mg/5 mL PPB	
02293951	<i>Apo-Cefprozil</i>	Apotex	75 ml	8.89 ➡	0.1185
			100 ml	11.85 ➡	0.1185
02163683	<i>Cefzil</i>	B.M.S.	75 ml	24.76	0.3301
			100 ml	33.01	0.3301

Tab.

				250 mg PPB	
02292998	<i>Apo-Cefprozil</i>	Apotex	100	43.32 ➡	0.4332
02347245	<i>Auro-Cefprozil</i>	Aurobindo	100	43.32 ➡	0.4332
02163659	<i>Cefzil</i>	B.M.S.	100	168.94	1.6894
02293528	<i>Ran-Cefprozil</i>	Ranbaxy	100	43.32 ➡	0.4332
02302179	<i>Sandoz Cefprozil</i>	Sandoz	100	43.32 ➡	0.4332

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

500 mg **PPB**

02293005	<i>Apo-Cefprozil</i>	Apotex	100	84.94	➡ 0.8494
02347253	<i>Auro-Cefprozil</i>	Aurobindo	100	84.94	➡ 0.8494
02163667	<i>Cefzil</i>	B.M.S.	100	331.23	➡ 3.3123
02293536	<i>Ran-Cefprozil</i>	Ranbaxy	100	84.94	➡ 0.8494
02302187	<i>Sandoz Cefprozil</i>	Sandoz	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	
02212218	<i>Fortaz</i>	GSK	1	21.35	

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	
02212226	<i>Fortaz</i>	GSK	1	42.00	

Inj. Pd.

3 g

02439522	<i>Ceftazidime for injection BP</i>	Sterimax	1	55.65	
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Inj. Pd.

6 g **PPB**

02437864	<i>Ceftazidime for injection BP</i>	Sterimax	1	111.29	➡ 111.29
00886963	<i>Ceftazidime pour injection</i>	Fresenius	1	111.29	➡ 111.29
02212234	<i>Fortaz</i>	GSK	1	125.99	

CEFTRIAXONE SODIUM

Inj. Pd.

1 g **PPB**

02325616	<i>Ceftriaxone</i>	Sterimax	10	124.90	➡ 12.4900
02292874	<i>Ceftriaxone for injection</i>	Apotex	10	124.90	➡ 12.4900
02292270	<i>Ceftriaxone for injection</i>	Sandoz	10	124.90	➡ 12.4900
02250292	<i>Ceftriaxone sodium for injection</i>	Hospira	10	124.95	➡ 12.4950
02287633	<i>Ceftriaxone sodium for injection</i>	Novopharm	1	12.49	➡ 12.49

Inj. Pd.

2 g **PPB**

02325624	<i>Ceftriaxone</i>	Sterimax	10	241.30	➡ 24.1300
02292882	<i>Ceftriaxone for injection</i>	Apotex	10	241.30	➡ 24.1300
02292289	<i>Ceftriaxone for injection</i>	Sandoz	10	241.30	➡ 24.1300
02250306	<i>Ceftriaxone sodium for injection</i>	Hospira	10	241.40	➡ 24.1400

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

10 g **PPB**

02325632	<i>Ceftriaxone</i>	Sterimax	1	➡ 183.60	
02292904	<i>Ceftriaxone for injection</i>	Apotex	1	➡ 183.60	
02292815	<i>Ceftriaxone sodium for injection</i>	Hospira	1	➡ 183.60	
02287668	<i>Ceftriaxone sodium for injection</i>	Novopharm	1	➡ 183.60	
02292297	<i>Ceftriaxone sodium for injection</i>	Sandoz	1	➡ 183.60	

Inj. Pd.

250 mg **PPB**

02292866	<i>Ceftriaxone for injection</i>	Apotex	10	39.50 ➡	3.9500
02325594	<i>Ceftriaxone sodique pour injection BP</i>	Sterimax	10	39.50 ➡	3.9500
02250276	<i>Ceftriaxone sodium for injection</i>	Hospira	10	39.51	3.9510

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>	Sterimax	25	701.00 ➡	28.0400

Inj. Pd.

7.5 g **PPB**

02241640	<i>Cefuroxime for injection</i>	Fresenius	1	➡ 105.14	
02422328	<i>Cefuroxime for injection USP</i>	Sterimax	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>	Sterimax	25	350.25 ➡	14.0100

CEFUROXIME AXETIL

Oral Susp.

125 mg/5 mL

02212307	<i>Ceftin</i>	GSK	70 ml 100 ml	11.57 16.52	0.1653 0.1652
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Tab.

250 mg **PPB**

02244393	<i>Apo-Cefuroxime</i>	Apotex	100	72.37 ➡	0.7237
02344823	<i>Auro-Cefuroxime</i>	Aurobindo	60	43.42 ➡	0.7237
02212277	<i>Ceftin</i>	GSK	60	93.72	1.5620
02242656	<i>ratio-Cefuroxime</i>	Ratiopharm	60	43.42 ➡	0.7237

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

500 mg **PPB**

02244394	<i>Apo-Cefuroxime</i>	Apotex	100	143.37	➡	1.4337
02344831	<i>Auro-Cefuroxime</i>	Aurobindo	60	86.02	➡	1.4337
02212285	<i>Ceftin</i>	GSK	60	185.67		3.0945
02311453	<i>Pro-Cefuroxime</i>	Pro Doc	100	143.37	➡	1.4337

CEPHALEXIN MONOHYDRATE

Caps. or Tab.

250 mg **PPB**

00768723	<i>Apo-Cephalex</i>	Apotex	100	22.50	➡	0.2250
			1000	225.00	➡	0.2250
00342084	<i>Novo-Lexin</i>	Novopharm	100	22.50	➡	0.2250
00583413	<i>Novo-Lexin (Co.)</i>	Novopharm	100	22.50	➡	0.2250
			1000	225.00	➡	0.2250

Caps. or Tab.

500 mg **PPB**

00768715	<i>Apo-Cephalex</i>	Apotex	100	45.00	➡	0.4500
			500	225.00	➡	0.4500
00828866	<i>Cephalexin-500</i>	Pro Doc	100	45.00	➡	0.4500
			500	225.00	➡	0.4500
00342114	<i>Novo-Lexin</i>	Novopharm	100	45.00	➡	0.4500
			500	225.00	➡	0.4500
00583421	<i>Novo-Lexin (Co.)</i>	Novopharm	100	45.00	➡	0.4500
			500	225.00	➡	0.4500

Oral Susp.

125 mg/5 mL

00342106	<i>Teva-Lexin 125</i>	Teva Can	100 ml	8.60		0.0860
			150 ml	12.90		0.0860

Oral Susp.

250 mg/5 mL

00342092	<i>Teva-Lexin 250</i>	Teva Can	100 ml	13.51		0.1351
			150 ml	20.27		0.1351

8:12.07

MISCELLANEOUS B-LACTAM ANTIBIOTICS

CEFOXITIN SODIUM

Inj. Pd.

1 g **PPB**

02128187	<i>Cefoxitine</i>	Novopharm	1	➡	10.60	
02291711	<i>Cefoxitine for injection</i>	Apotex	10		106.00	➡ 10.6000

Inj. Pd.

2 g **PPB**

02128195	<i>Cefoxitine</i>	Novopharm	1	➡	21.25	
02291738	<i>Cefoxitine for injection</i>	Apotex	10		212.50	➡ 21.2500

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

Inj. Pd.

				1 g	
02247437	Invanz	Merck	10	499.50	49.9500

IMIPENEM/ CILASTATIN

I.V. Inj. Pd.

				500 mg -500 mg	
00717282	Primaxin	Merck	25	609.50	24.3800

MEROPENEM

Inj. Pd.

				1 g	PPB	
02378795	Meropenem	Sandoz	10	272.80	➡	27.2800
02436507	Meropenem for injection USP	Sterimax	10	272.80	➡	27.2800
02415224	Meropenem pour injection, USP	Fresenius	1	➡ 27.28		
02218496	Merrem	AZC	1	50.52		

Inj. Pd.

				500 mg	PPB	
02378787	Meropenem	Sandoz	10	136.40	➡	13.6400
02415216	Meropenem pour injection, USP	Fresenius	1	➡ 13.64		
02218488	Merrem	AZC	1	25.26		

8:12.12

MACROLIDES

AZITHROMYCIN

I.V. Perf. Pd.

				500 mg	PPB	
02385473	Azithromycin for Injection, USP	Mylan	10	145.60	➡	14.5600
02368846	Azithromycine pour injection, USP	Sterimax	10	145.60	➡	14.5600
02239952	Zithromax I.V.	Pfizer	10	206.44		20.6440

Oral Susp.

				100 mg/5 mL	PPB	
02274388	Azithromycin	Phmscience	15 ml	5.59	➡	0.3727
02274566	GD-Azithromycin	GenMed	15 ml	5.59	➡	0.3727
02315157	Novo-Azithromycin Pediatric	Novopharm	15 ml	5.59	➡	0.3727
02418452	pms-Azithromycin	Phmscience	15 ml	5.59	➡	0.3727
02332388	Sandoz Azithromycin	Sandoz	15 ml	5.59	➡	0.3727
02223716	Zithromax	Pfizer	15 ml	16.17		1.0780

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

200 mg/5 mL **PPB**

02274396	<i>Azithromycin</i>	Phmscience	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02274574	<i>GD-Azithromycin</i>	GenMed	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02315165	<i>Novo-Azithromycin Pediatric</i>	Novopharm	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02418460	<i>pms-Azithromycin</i>	Phmscience	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02332396	<i>Sandoz Azithromycin</i>	Sandoz	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
			37.5 ml	19.80	➡ 0.5280
02223724	<i>Zithromax</i>	Pfizer	15 ml	22.92	➡ 1.5280
			22.5 ml	34.37	➡ 1.5276

Tab.

250 mg **PPB**

02255340	<i>ACT Azithromycin</i>	ActavisPhm	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02247423	<i>Apo-Azithromycin</i>	Apotex	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02415542	<i>Apo-Azithromycin Z</i>	Apotex	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02330881	<i>Azithromycin</i>	Sanis	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02442434	<i>Azithromycin</i>	Sivem	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02274531	<i>GD-Azithromycin</i>	GenMed	18	22.16	➡ 1.2311
			30	36.93	➡ 1.2310
02452308	<i>Jamp-Azithromycin</i>	Jamp	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02452324	<i>Mar-Azithromycin</i>	Marcan	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02278359	<i>Mylan-Azithromycin</i>	Mylan	6	7.39	➡ 1.2311
			30	36.93	➡ 1.2310
02267845	<i>Novo-Azithromycin</i>	Novopharm	6	7.39	➡ 1.2311
			30	36.93	➡ 1.2310
02278588	<i>phl-Azithromycin</i>	Pharmel	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02261634	<i>pms-Azithromycin</i>	Phmscience	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02310600	<i>Pro-Azithromycine</i>	Pro Doc	6	7.39	➡ 1.2311
02275287	<i>ratio-Azithromycin</i>	Ratiopharm	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02275309	<i>Riva-Azithromycin</i>	Riva	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02265826	<i>Sandoz Azithromycin</i>	Sandoz	6	7.39	➡ 1.2311
			100	123.10	➡ 1.2310
02212021	<i>Zithromax</i>	Pfizer	30	146.41	➡ 4.8803

Tab.

600 mg **PPB**

02256088	<i>ACT Azithromycin</i>	ActavisPhm	6	36.00	➡ 6.0000
02330911	<i>Azithromycin</i>	Sanis	6	36.00	➡ 6.0000
02261642	<i>pms-Azithromycin</i>	Phmscience	30	180.00	➡ 6.0000

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

Co. or Co. L.A.

250 mg / 500 mg L.A. **PPB**

02403196	<i>ACT Clarithromycin XL</i>	ActavisPhm	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
02244756	<i>Biaxin XL</i>	BGP Pharma	60	150.86		2.5143
02324482	<i>Clarithromycin</i>	Pro Doc	100	41.22	➔	0.4122
02442469	<i>Clarithromycin</i>	Sivem	100	41.22	➔	0.4122
02248856	<i>Mylan-Clarithromycin</i>	Mylan	100	41.22	➔	0.4122
02247573	<i>pms-Clarithromycin</i>	Phmscience	100	41.22	➔	0.4122
			250	103.05	➔	0.4122
02361426	<i>Ran-Clarithromycin</i>	Ranbaxy	100	41.22	➔	0.4122
			500	206.09	➔	0.4122
02247818	<i>ratio-Clarithromycin</i>	Ratiopharm	100	41.22	➔	0.4122
			500	206.09	➔	0.4122
02266539	<i>Sandoz Clarithromycin</i>	Sandoz	100	41.22	➔	0.4122
			250	103.05	➔	0.4122
02248804	<i>Teva Clarithromycin</i>	Teva Can	100	41.22	➔	0.4122

Oral Susp.

125 mg/5 mL **PPB**

02390442	<i>Accel-Clarithromycin</i>	Accel	55 ml	11.26	➔	0.2047
			105 ml	21.49	➔	0.2047
02146908	<i>Biaxin</i>	BGP Pharma	55 ml	15.77		0.2867
			105 ml	30.09		0.2866
02408988	<i>Clarithromycin</i>	Sanis	55 ml	11.26	➔	0.2047
			105 ml	21.49	➔	0.2047

Oral Susp.


250 mg/5 mL **PPB**

02390450	<i>Accel-Clarithromycin</i>	Accel	105 ml	41.98	➔	0.3998
02244641	<i>Biaxin</i>	BGP Pharma	105 ml	57.89		0.5513
02408996	<i>Clarithromycin</i>	Sanis	105 ml	41.98	➔	0.3998

Tab.

500 mg **PPB**

02274752	<i>Apo-Clarithromycin</i>	Apotex	100	162.92	➔	1.6292
02126710	<i>Biaxin Bid</i>	BGP Pharma	100	326.62		3.2662
02324490	<i>Clarithromycin</i>	Pro Doc	100	162.92	➔	1.6292
02442485	<i>Clarithromycin</i>	Sivem	100	162.92	➔	1.6292
02248857	<i>Mylan-Clarithromycin</i>	Mylan	100	162.92	➔	1.6292
02247574	<i>pms-Clarithromycin</i>	Phmscience	100	162.92	➔	1.6292
			250	407.30	➔	1.6292
02361434	<i>Ran-Clarithromycin</i>	Ranbaxy	100	162.92	➔	1.6292
			500	814.60	➔	1.6292
02247819	<i>ratio-Clarithromycin</i>	Ratiopharm	100	162.92	➔	1.6292
			500	814.60	➔	1.6292
02346532	<i>Riva-Clarithromycine</i>	Riva	100	162.92	➔	1.6292
			250	407.30	➔	1.6292
02266547	<i>Sandoz Clarithromycin</i>	Sandoz	100	162.92	➔	1.6292
			250	407.30	➔	1.6292
02248805	<i>Teva Clarithromycin</i>	Teva Can	100	162.92	➔	1.6292

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ERYTHROMYCIN 					
Ent. Caps.				250 mg	
00607142	<i>Eryc</i>	Pfizer	100	22.11	0.2211
Ent. Tab.				250 mg	
00682020	<i>Erythro-Base</i>	AA Pharma	100 1000	18.28 182.80	0.1828 0.1828
Ent. Tab.				500 mg	
00893862	<i>Erybid</i>	Amdipharm	250	208.43	0.8337
ERYTHROMYCIN ESTOLATE 					
Oral Susp.				250 mg/5 mL	
00262595	<i>Novo-Rythro Estolate</i>	Novopharm	100 ml 500 ml	7.13 35.65	0.0713 0.0713
ERYTHROMYCIN ETHYLSUCCINATE 					
Oral Susp.				200 mg/5 mL	
00605859	<i>Novo-Rythro Ethylsuccinate</i>	Novopharm	100 ml 150 ml	6.69 10.03	0.0669 0.0669
Oral Susp.				400 mg/5 mL	
00652318	<i>Novo-Rythro Ethylsuccinate</i>	Novopharm	100 ml 150 ml	10.13 15.20	0.1013 0.1013
Tab.				600 mg	
00637416	<i>Erythro-ES</i>	AA Pharma	100	33.63	0.3363
ERYTHROMYCIN STEARATE 					
Tab.				250 mg	
00545678	<i>Erythro-S</i>	AA Pharma	100	21.18	0.2118
Tab.				500 mg	
00688568	<i>Erythro-S</i>	AA Pharma	100	54.25	0.5425
SPIRAMYCIN 					
Caps.				250 mg	
01927825	<i>Rovamycine</i>	Odan	50	71.50	1.4300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 500 mg					
01927817	<i>Rovamycine</i>	Odan	50	139.80	2.7960

8:12.16

PENICILLINS

AMOXICILLIN

Caps. 250 mg PPB					
02352710	<i>Amoxicillin</i>	Sanis	100	17.50	➡ 0.1750
			1000	175.00	➡ 0.1750
02401495	<i>Amoxicillin</i>	Sivem	100	17.50	➡ 0.1750
00628115	<i>Apo-Amoxi</i>	Apotex	100	17.50	➡ 0.1750
			1000	175.00	➡ 0.1750
02388073	<i>Auro-Amoxicillin</i>	Aurobindo	100	17.50	➡ 0.1750
			500	87.50	➡ 0.1750
02433060	<i>Jamp-Amoxicillin</i>	Jamp	100	17.50	➡ 0.1750
			1000	175.00	➡ 0.1750
02238171	<i>Mylan-Amoxicillin</i>	Mylan	1000	175.00	➡ 0.1750
00406724	<i>Novamoxin</i>	Novopharm	100	17.50	➡ 0.1750
			1000	175.00	➡ 0.1750
02262851	<i>phl-Amoxicillin</i>	Pharmel	500	87.50	➡ 0.1750
			1000	175.00	➡ 0.1750
02230243	<i>pms-Amoxicillin</i>	Phmscience	500	87.50	➡ 0.1750

Caps. 500 mg PPB					
02352729	<i>Amoxicillin</i>	Sanis	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
02401509	<i>Amoxicillin</i>	Sivem	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
00628123	<i>Apo-Amoxi</i>	Apotex	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
02388081	<i>Auro-Amoxicillin</i>	Aurobindo	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
02433079	<i>Jamp-Amoxicillin</i>	Jamp	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
02238172	<i>Mylan-Amoxicillin</i>	Mylan	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
00406716	<i>Novamoxin</i>	Novopharm	100	34.17	➡ 0.3417
			500	170.85	➡ 0.3417
02262878	<i>phl-Amoxicillin</i>	Pharmel	250	85.42	➡ 0.3417
			500	170.85	➡ 0.3417
02230244	<i>pms-Amoxicillin</i>	Phmscience	500	170.85	➡ 0.3417
00644315	<i>Pro-Amox-500</i>	Pro Doc	500	170.85	➡ 0.3417

Chew. Tab. 125 mg					
02036347	<i>Novamoxin</i>	Novopharm	100	41.67	0.4167

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
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Oral Susp.

125 mg/5 mL **PPB**

02352761	<i>Amoxicillin</i>	Sanis	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
00628131	<i>Apo-Amoxi</i>	Apotex	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
99002582	<i>Apo-Amoxi sans sucrose</i>	Apotex	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
01934171	<i>Novamoxin</i>	Teva Can	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
00452149	<i>Novamoxin 125</i>	Novopharm	75 ml	2.64	➡	0.0352
			100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
02262886	<i>pH-Amoxicillin</i>	Pharmel	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352
02230245	<i>pms-Amoxicillin</i>	Phmscience	100 ml	3.52	➡	0.0352
			150 ml	5.28	➡	0.0352

Oral Susp.

250 mg/5 mL **PPB**

02352753	<i>Amoxicillin</i>	Sanis	75 ml	4.05	➡	0.0540
			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	75 ml	4.05	➡	0.0540
			100 ml	5.40	➡	0.0540
			150 ml	8.10	➡	0.0540
02401576	<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
99002590	<i>Apo-Amoxi sans sucrose</i>	Apotex	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>	Novopharm	75 ml	4.05	➡	0.0540
			100 ml	5.40	➡	0.0540
			150 ml	8.10	➡	0.0540
02262894	<i>pH-Amoxicillin</i>	Pharmel	100 ml	5.40	➡	0.0540
			150 ml	8.10	➡	0.0540
02230246	<i>pms-Amoxicillin</i>	Phmscience	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

AMOXICILLIN/ POTASSIUM CLAVULANATE 

Oral Susp.



125 mg -31.25 mg/5 mL **PPB**

02243986	<i>Apo-Amoxi Clav</i>	Apotex	100 ml	5.17	➡	0.0517
01916882	<i>Clavulin-125 F</i>	GSK	100 ml	9.50		0.0950

Oral Susp.

200 mg -28.5 mg/5 mL

02238831	<i>Clavulin-200</i>	GSK	70 ml	9.39		0.1341
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp. 250 mg -62.5 mg/5 mL					
01916874	Clavulin-250 F	GSK	100 ml	18.72	0.1872
Oral Susp. 400 mg - 57 mg/5mL PPB					
02288559	Apo-Amoxi Clav	Apotex	70 ml	13.78	➡ 0.1969
02238830	Clavulin-400	GSK	70 ml	17.95	➡ 0.2564
Tab. 250 mg -125 mg					
02243350	Apo-Amoxi Clav	Apotex	100	93.75	➡ 0.4449
Tab. 500 mg -125 mg PPB					
02326515	Amoxi-Clav	Pro Doc	100	66.73	➡ 0.6673
02243351	Apo-Amoxi Clav	Apotex	100	66.73	➡ 0.6673
01916858	Clavulin-500 F	GSK	20	27.56	➡ 1.3780
02243771	ratio-Aclavulanate	Ratiopharm	20	13.35	➡ 0.6673
Tab. 875 mg -125 mg PPB					
02326523	Amoxi-Clav	Pro Doc	100	55.50	➡ 0.5550
02245623	Apo-Amoxi Clav	Apotex	100	55.50	➡ 0.5550
02238829	Clavulin-875	GSK	20	41.34	➡ 2.0670
AMPICILLIN 					
Caps. 250 mg					
00020877	Novo-Ampicillin	Novopharm	100	30.71	0.3071
Caps. 500 mg					
00020885	Novo-Ampicillin	Novopharm	100	59.55	0.5955
AMPICILLIN (SODIUM) 					
Inj. Pd. 1 g PPB					
02227002	Ampicilline pour injection	Fresenius	1	➡ 3.60	
01933345	Ampicilline Sodique	Novopharm	1	➡ 3.60	
Inj. Pd. 2 g PPB					
02226995	Ampicillin for Injection	Fresenius	1	➡ 7.20	
01933353	Ampicilline Sodique	Novopharm	1	➡ 7.20	
Inj. Pd. 250 mg PPB					
02227029	Ampicilline pour injection	Fresenius	1	➡ 2.05	
00872644	Ampicilline Sodique	Novopharm	1	➡ 2.05	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 500 mg PPB					
02227010	<i>Ampicilline pour injection</i>	Fresenius	1	➡ 2.15	
00872652	<i>Ampicilline Sodique</i>	Novopharm	1	➡ 2.15	

CLOXACILLIN (SODIUM)

Caps. 250 mg					
00337765	<i>Teva-Cloxin</i>	Teva Can	100	18.50	0.1850

Caps. 500 mg					
00337773	<i>Teva-Cloxin</i>	Teva Can	100	34.98	0.3498

Inj. Pd. 2 g PPB					
02367424	<i>Cloxacillin</i>	Sterimax	10	73.10 ➡	7.3100
01912410	<i>Cloxacilline Sodique</i>	Novopharm	1	➡ 7.31	

Inj. Pd. 10 g					
02400081	<i>Cloxacilline pour injection</i>	Sterimax	1	36.55	

Inj. Pd. 500 mg PPB					
02367408	<i>Cloxacillin</i>	Sterimax	10	45.60 ➡	4.5600
01912429	<i>Cloxacilline Sodique</i>	Novopharm	1	➡ 4.56	

Oral Susp. 125 mg/5 mL					
00337757	<i>Teva-Cloxacillin Solution</i>	Teva Can	100 ml	4.50	0.0450

PENICILLIN G (BENZATHINE)

I.M. Inj. Susp. 1 2000 000 UI / 2 mL					
02291924	<i>Bicillin L-A</i>	Pfizer	10	406.96	40.6960

PENICILLIN G (SODIUM)

Inj. Pd. 1 000 000 U PPB					
01930672	<i>Penicilline G</i>	Novopharm	1	➡ 2.40	
02220261	<i>Penicilline G sodium for injection</i>	Fresenius	1	➡ 2.40	

Inj. Pd. 5 000 000 U PPB					
02060094	<i>Crystapen</i>	Mylan	1	➡ 5.10	
00883751	<i>Penicilline G</i>	Novopharm	1	➡ 5.10	
02220288	<i>Penicilline G sodium for injection</i>	Fresenius	1	➡ 5.10	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 10 000 000 U PPB					
01930680	<i>Penicilline G</i>	Novopharm	1	➡ 8.90	
02220296	<i>Penicilline G sodium for injection</i>	Fresenius	1	➡ 8.90	

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

PHENOXYMETHYLPENICILLIN (POTASSIUM)

Oral Susp. 125 mg/5 mL					
00642223	<i>Apo-Pen-VK</i>	Apotex	100 ml	5.35	0.0535

PIPERACILLIN (SODIUM)

Inj. Pd. 3 g					
02246641	<i>Piperacilline</i>	Hospira	1	13.31	

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
02308444	<i>Piperacilline et Tazobactam for injection</i>	Apotex	1	➡ 4.17	
02299623	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 4.17	
02370158	<i>Piperacilline/Tazobactam</i>	Teva Can	10	41.70	➡ 4.1700

I.V. Perf. Pd. 3 g -0.375 g PPB					
02362627	<i>Piperacilline et Tazobactam</i>	Sterimax	10	62.59	➡ 6.2590
02308452	<i>Piperacilline et Tazobactam for injection</i>	Apotex	1	➡ 6.26	
02299631	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 6.26	
02370166	<i>Piperacilline/Tazobactam</i>	Teva Can	10	62.59	➡ 6.2590

I.V. Perf. Pd. 4 g -0.5 g PPB					
02420430	<i>Jamp-PIP/TAZ</i>	Jamp	10	83.46	➡ 8.3460
02362635	<i>Piperacilline et Tazobactam</i>	Sterimax	10	83.46	➡ 8.3460
02308460	<i>Piperacilline et Tazobactam for injection</i>	Apotex	1	➡ 8.35	
02299658	<i>Piperacilline sodique/ Tazobactam sodique</i>	Sandoz	1	➡ 8.35	
02370174	<i>Piperacilline/Tazobactam</i>	Teva Can	10	83.46	➡ 8.3460

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

I.V. Perf. Pd. 36 g - 4,5 g					
02439131	<i>Piperacilline et Tazobactam for injection</i>	Sterimax	1	108.99	

8:12.18

QUINOLONES

CIPROFLOXACIN HYDROCHLORIDE

L.A. Tab. 500 mg PPB					
02247916	<i>Cipro XL</i>	Bayer	50	144.81	2.8962
02416433	<i>pms-Ciprofloxacin XL</i>	Phmscience	100	173.77 ➡	1.7377

L.A. Tab. 1000 mg					
02251787	<i>Cipro XL</i>	Bayer	50	144.81	2.8962

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>	ActavisPhm	100	61.86 ➡	0.6186
02229521	<i>Apo-Ciproflo</i>	Apotex	100	61.86 ➡	0.6186
02381907	<i>Auro-Ciprofloxacin</i>	Aurobindo	100	61.86 ➡	0.6186
			500	309.30 ➡	0.6186
02155958	<i>Cipro</i>	Bayer	100	229.35	2.2935
02353318	<i>Ciprofloxacin</i>	Sanis	100	61.86 ➡	0.6186
02386119	<i>Ciprofloxacin</i>	Sivem	100	61.86 ➡	0.6186
02380358	<i>Jamp-Ciprofloxacin</i>	Jamp	100	61.86 ➡	0.6186
02379686	<i>Mar-Ciprofloxacin</i>	Marcan	100	61.86 ➡	0.6186
02423553	<i>Mint-Ciproflo</i>	Mint	100	61.86 ➡	0.6186
02317427	<i>Mint-Ciprofloxacin</i>	Mint	100	61.86 ➡	0.6186
02245647	<i>Mylan-Ciprofloxacin</i>	Mylan	100	61.86 ➡	0.6186
02161737	<i>Novo-Ciprofloxacin</i>	Novopharm	100	61.86 ➡	0.6186
02251310	<i>phl-Ciprofloxacin</i>	Pharmel	100	61.86 ➡	0.6186
02248437	<i>pms-Ciprofloxacin</i>	Phmscience	100	61.86 ➡	0.6186
02317796	<i>Pro-Ciprofloxacin</i>	Pro Doc	100	61.86 ➡	0.6186
02303728	<i>Ran-Ciproflo</i>	Ranbaxy	100	61.86 ➡	0.6186
02246825	<i>ratio-Ciprofloxacin</i>	Ratiopharm	100	61.86 ➡	0.6186
02251221	<i>Riva-Ciprofloxacin</i>	Riva	100	61.86 ➡	0.6186
02248756	<i>Sandoz Ciprofloxacin</i>	Sandoz	100	61.86 ➡	0.6186
02379627	<i>Septa-Ciprofloxacin</i>	Septa	100	61.86 ➡	0.6186
02266962	<i>Taro-Ciprofloxacin</i>	Taro	100	111.05	1.1105
02426978	<i>VAN-Ciprofloxacin</i>	Vanc Phm	100	61.86 ➡	0.6186

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

500 mg **PPB**

02247340	<i>ACT Ciprofloxacin</i>	ActavisPhm	100	69.79	➡	0.6979
02229522	<i>Apo-Ciproflo</i>	Apotex	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02381923	<i>Auro-Ciprofloxacin</i>	Aurobindo	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02444887	<i>Bio-Ciprofloxacin</i>	Biomed	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02155966	<i>Cipro</i>	Bayer	100	258.76		2.5876
02353326	<i>Ciprofloxacin</i>	Sanis	100	69.79	➡	0.6979
02386127	<i>Ciprofloxacin</i>	Sivem	100	69.79	➡	0.6979
02380366	<i>Jamp-Ciprofloxacin</i>	Jamp	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02379694	<i>Mar-Ciprofloxacin</i>	Marcan	100	69.79	➡	0.6979
02423561	<i>Mint-Ciproflo</i>	Mint	100	69.79	➡	0.6979
02317435	<i>Mint-Ciprofloxacin</i>	Mint	100	69.79	➡	0.6979
02245648	<i>Mylan-Ciprofloxacin</i>	Mylan	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02161745	<i>Novo-Ciprofloxacin</i>	Novopharm	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02251329	<i>phl-Ciprofloxacin</i>	Pharmel	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02248438	<i>pms-Ciprofloxacin</i>	Phmscience	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02317818	<i>Pro-Ciprofloxacin</i>	Pro Doc	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02303736	<i>Ran-Ciproflo</i>	Ranbaxy	100	69.79	➡	0.6979
02246826	<i>ratio-Ciprofloxacin</i>	Ratiopharm	100	69.79	➡	0.6979
02251248	<i>Riva-Ciprofloxacin</i>	Riva	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02248757	<i>Sandoz Ciprofloxacin</i>	Sandoz	100	69.79	➡	0.6979
02379635	<i>Septa-Ciprofloxacin</i>	Septa	100	69.79	➡	0.6979
			500	348.94	➡	0.6979
02266970	<i>Taro-Ciprofloxacin</i>	Taro	100	125.29		1.2529
02427001	<i>VAN-Ciprofloxacin</i>	Vanc Phm	100	69.79	➡	0.6979

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

750 mg **PPB**

02247341	ACT Ciprofloxacin	ActavisPhm	50	63.90	➡	1.2780
02229523	Apo-Ciproflox	Apotex	100	127.80	➡	1.2780
02381931	Auro-Ciprofloxacin	Aurobindo	50	63.90	➡	1.2780
			100	127.80	➡	1.2780
02155974	Cipro	Bayer	50	241.13		W
			100	482.21		W
02353334	Ciprofloxacin	Sanis	50	63.90	➡	1.2780
02380374	Jamp-Ciprofloxacin	Jamp	50	63.90	➡	1.2780
02379708	Mar-Ciprofloxacin	Marcan	50	63.90	➡	1.2780
02423588	Mint-Ciproflox	Mint	50	63.90	➡	1.2780
02317443	Mint-Ciprofloxacin	Mint	100	127.80	➡	1.2780
02245649	Mylan-Ciprofloxacin	Mylan	100	127.80	➡	1.2780
02161753	Novo-Ciprofloxacin	Novopharm	50	63.90	➡	1.2780
02251337	phl-Ciprofloxacin	Pharmel	100	127.80	➡	1.2780
02248439	pms-Ciprofloxacin	Phmscience	100	127.80	➡	1.2780
02303744	Ran-Ciproflox	Ranbaxy	100	127.80	➡	1.2780
02246827	ratio-Ciprofloxacin	Ratiopharm	50	63.90	➡	1.2780
02251256	Riva-Ciprofloxacin	Riva	50	63.90	➡	1.2780
02248758	Sandoz Ciprofloxacin	Sandoz	50	63.90	➡	1.2780
02379643	Septa-Ciprofloxacin	Septa	50	63.90	➡	1.2780
02427028	VAN-Ciprofloxacin	Vanc Phm	50	63.90	➡	1.2780

LEVOFLOXACIN

Tab.

250 mg **PPB**

02315424	ACT Levofloxacin	ActavisPhm	50	60.19	➡	1.2038
02284707	Apo-Levofloxacin	Apotex	100	120.38	➡	1.2038
02430592	Auro-Levofloxacin	Aurobindo	50	60.19	➡	1.2038
			100	120.38	➡	1.2038
02313979	Mylan-Levofloxacin	Mylan	100	120.38	➡	1.2038
02248262	Novo-Levofloxacin	Novopharm	100	120.38	➡	1.2038
02284677	pms-Levofloxacin	Phmscience	100	120.38	➡	1.2038
02298635	Sandoz Levofloxacin	Sandoz	50	60.19	➡	1.2038

Tab.

500 mg **PPB**

02315432	ACT Levofloxacin	ActavisPhm	100	137.18	➡	1.3718
02284715	Apo-Levofloxacin	Apotex	100	137.18	➡	1.3718
02430606	Auro-Levofloxacin	Aurobindo	50	68.59	➡	1.3718
			100	137.18	➡	1.3718
02415879	Levofloxacin	Pro Doc	100	137.18	➡	1.3718
02313987	Mylan-Levofloxacin	Mylan	100	137.18	➡	1.3718
02248263	Novo-Levofloxacin	Novopharm	100	137.18	➡	1.3718
02284685	pms-Levofloxacin	Phmscience	100	137.18	➡	1.3718
02298643	Sandoz Levofloxacin	Sandoz	100	137.18	➡	1.3718

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

750 mg **PPB**

02315440	ACT Levofloxacin	ActavisPhm	50	242.39	➡ 4.8478
02325942	Apo-Levofloxacin	Apotex	100	484.78	➡ 4.8478
02430614	Auro-Levofloxacin	Aurobindo	50	242.39	➡ 4.8478
02285649	Novo-Levofloxacin	Novopharm	100	484.78	➡ 4.8478
02305585	pms-Levofloxacin	Phmscience	100	484.78	➡ 4.8478
02298651	Sandoz Levofloxacin	Sandoz	50	242.39	➡ 4.8478

MOXIFLOXACIN HYDROCHLORIDE

Tab.

400 mg **PPB**

02404923	Apo-Moxifloxacin	Apotex	30	45.69	➡ 1.5230
02432242	Auro-Moxifloxacin	Aurobindo	30	45.69	➡ 1.5230
			100	152.30	➡ 1.5230
02242965	Avelox	Bayer	30	165.04	5.5013
02447266	Bio-Moxifloxacin	Biomed	100	152.30	➡ 1.5230
02443929	Jamp-Moxifloxacin	Jamp	30	45.69	➡ 1.5230
02447061	Jamp-Moxifloxacin Tablets	Jamp	100	152.30	➡ 1.5230
02447053	Mar-Moxifloxacin	Marcan	100	152.30	➡ 1.5230
02450976	Riva-Moxifloxacin	Riva	30	45.69	➡ 1.5230
02375702	Teva-Moxifloxacin	Teva Can	30	45.69	➡ 1.5230

NORFLOXACIN

Tab.

400 mg **PPB**

02229524	Apo-Norflo	Apotex	100	54.49	➡ 0.5449
02269627	Co Norfloxacin	Cobalt	100	54.49	➡ 0.5449
02237682	Novo-Norfloxacin	Novopharm	100	54.49	➡ 0.5449

8:12.20

SULFONAMIDES

SULFASALAZINE

Ent. Tab.

500 mg

00598488	pms-Sulfasalazine-E.C.	Phmscience	100	20.00	0.2000
			500	100.00	0.2000

Tab.

500 mg

00598461	pms-Sulfasalazine	Phmscience	500	64.00	0.1280
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TRIMETHOPRIM/ SULFAMETHOXAZOLE

I.V. Perf. Sol.

16 mg -80 mg/mL

* 00550086	Septra	Aspen	5 ml	6.32	
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Oral Susp.

40 mg -200 mg/5 mL

00726540	Teva-Sulfamethoxazole	Teva Can	100 ml	9.11	0.0911
			400 ml	36.44	0.0911

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			20 mg -100 mg		
00445266	<i>Apo-Sulfatrim-PED</i>	Apotex	100	9.11	0.0911

Tab.			80 mg -400 mg PPB		
00445274	<i>Apo-Sulfatrim</i>	Apotex	100	4.82	➡ 0.0482
			1000	48.20	➡ 0.0482
00510637	<i>Teva-Sulfamethoxazole/ Trimethoprim</i>	Novopharm	100	4.82	➡ 0.0482

Tab.			160 mg -800 mg PPB		
00445282	<i>Apo-Sulfatrim-DS</i>	Apotex	100	12.21	➡ 0.1221
			500	61.05	➡ 0.1221
00510645	<i>Novo-Trimel D.S.</i>	Novopharm	100	12.21	➡ 0.1221
			500	61.05	➡ 0.1221
00512524	<i>Protrin DF</i>	Pro Doc	100	12.21	➡ 0.1221

8:12.24

TETRACYCLINES

DOXYCYCLINE HYCLATE

Caps. or Tab.

			100 mg PPB		
00740713	<i>Apo-Doxy</i>	Apotex	100	58.60	➡ 0.5860
			250	146.50	➡ 0.5860
00874256	<i>Apo-Doxy-Tabs</i>	Apotex	100	58.60	➡ 0.5860
			250	146.50	➡ 0.5860
00817120	<i>Doxycin</i>	Riva	100	58.60	➡ 0.5860
			300	175.80	➡ 0.5860
00860751	<i>Doxycin (co.)</i>	Riva	100	58.60	➡ 0.5860
			300	175.80	➡ 0.5860
02351234	<i>Doxycycline (Caps.)</i>	Sanis	100	58.60	➡ 0.5860
			200	117.20	➡ 0.5860
02351242	<i>Doxycycline (Co.)</i>	Sanis	100	58.60	➡ 0.5860
00887064	<i>Doxytab</i>	Pro Doc	100	58.60	➡ 0.5860
00725250	<i>Novo-Doxilin</i>	Novopharm	100	58.60	➡ 0.5860
			200	117.20	➡ 0.5860
02158574	<i>Novo-Doxylin (Co.)</i>	Novopharm	100	58.60	➡ 0.5860
00024368	<i>Vibramycine</i>	Pfizer	50	82.37	➡ W

MINOCYCLINE HYDROCHLORIDE

Caps.

			50 mg PPB		
02084090	<i>Apo-Minocycline</i>	Apotex	100	30.64	➡ 0.3064
			250	76.60	➡ 0.3064
02287226	<i>Minocycline</i>	Sanis	100	30.64	➡ 0.3064
02153394	<i>Minocycline-50</i>	Pro Doc	100	30.64	➡ 0.3064
			250	76.60	➡ 0.3064
02230735	<i>Mylan-Minocycline</i>	Mylan	100	30.64	➡ 0.3064
			250	76.60	➡ 0.3064
02108143	<i>Novo-Minocycline</i>	Novopharm	100	30.64	➡ 0.3064
02294133	<i>phl-Minocycline</i>	Pharmel	100	30.64	➡ 0.3064
02294419	<i>pms-Minocycline</i>	Phmscience	100	30.64	➡ 0.3064

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

100 mg **PPB**

02084104	<i>Apo-Minocycline</i>	Apotex	100	59.12	➡ 0.5912
			250	147.80	➡ 0.5912
02287234	<i>Minocycline</i>	Sanis	100	59.12	➡ 0.5912
02154366	<i>Minocycline-100</i>	Pro Doc	100	59.12	➡ 0.5912
			250	147.80	➡ 0.5912
02230736	<i>Mylan-Minocycline</i>	Mylan	100	59.12	➡ 0.5912
			250	147.80	➡ 0.5912
02108151	<i>Novo-Minocycline</i>	Novopharm	100	59.12	➡ 0.5912
02294141	<i>phl-Minocycline</i>	Pharmel	100	59.12	➡ 0.5912
02294427	<i>pms-Minocycline</i>	Phmscience	100	59.12	➡ 0.5912
02237314	<i>Sandoz Minocycline</i>	Sandoz	100	59.12	➡ 0.5912

TETRACYCLINE HYDROCHLORIDE

Caps.

250 mg

00580929	<i>Tetracycline</i>	AA Pharma	100	6.57	0.0657
			1000	65.70	0.0657

8:12.28

MISCELLANEOUS ANTIBIOTICS

BACITRACIN

Inj./Top. Pd.

50 000 U

00030708	<i>Bacitracine</i>	Pfizer	50 ml	9.10	
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CLINDAMYCIN HYDROCHLORIDE

Caps.

150 mg **PPB**

02245232	<i>Apo-Clindamycine</i>	Apotex	100	22.17	➡ 0.2217
02436906	<i>Auro-Clindamycin</i>	Aurobindo	100	22.17	➡ 0.2217
02400529	<i>Clindamycin</i>	Sanis	100	22.17	➡ 0.2217
02248525	<i>Clindamycine-150</i>	Pro Doc	100	22.17	➡ 0.2217
00030570	<i>Dalacin C</i>	Pfizer	100	85.97	0.8597
02258331	<i>Mylan-Clindamycin</i>	Mylan	100	22.17	➡ 0.2217
02293382	<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**

02245233	<i>Apo-Clindamycine</i>	Apotex	100	44.34	➡ 0.4434
02436914	<i>Auro-Clindamycin</i>	Aurobindo	100	44.34	➡ 0.4434
02400537	<i>Clindamycin</i>	Sanis	100	44.34	➡ 0.4434
02248526	<i>Clindamycine-300</i>	Pro Doc	100	44.34	➡ 0.4434
02182866	<i>Dalacin C</i>	Pfizer	100	172.71	1.7271
02258358	<i>Mylan-Clindamycin</i>	Mylan	100	44.34	➡ 0.4434
02241710	<i>Novo-Clindamycin</i>	Novopharm	100	44.34	➡ 0.4434
02293390	<i>Riva-Clindamycin</i>	Riva	100	44.34	➡ 0.4434

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CLINDAMYCIN PALMITATE HYDROCHLORIDE

Oral Susp.

75 mg/5 mL

00225851	<i>Dalacin C</i>	Pfizer	100 ml	16.27	0.1627
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CLINDAMYCIN PHOSPHATE

Inj. Sol.

150 mg/mL

PPB

02230540	<i>Clindamycine</i>	Sandoz	2 ml	➡	4.57	
			4 ml	➡	9.15	
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	➡	30.42	
02403544	<i>Colistimethate pour injection, USP</i>	Fresenius	1	➡	30.42	
00476420	<i>Coly-Mycin M Parenteral</i>	Erfa	1	➡	30.42	

ERYTHROMYCIN ETHYLSUCCINATE/ SULFISOXAZOLE ACETYL

Oral Susp.

200 mg -600 mg/5 mL

00583405	<i>Pediazole</i>	Amdipharm	105 ml		11.35	0.1081
			150 ml		16.21	0.1081

VANCOMYCIN HYDROCHLORIDE

Caps.

125 mg

PPB

02407744	<i>Jamp-Vancomycin</i>	Jamp	20		103.60	➡ 5.1800
00800430	<i>Vancocin</i>	Merus Labs	20		103.60	➡ 5.1800
02377470	<i>Vancomycine (hydrochloride)</i>	Fresenius	20		103.60	➡ 5.1800

Caps.

250 mg

PPB

02407752	<i>Jamp-Vancomycin</i>	Jamp	20		207.20	➡ 10.3600
00788716	<i>Vancocin</i>	Merus Labs	20		207.20	➡ 10.3600
02377489	<i>Vancomycine (hydrochloride)</i>	Fresenius	20		207.20	➡ 10.3600

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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I.V. Perf. Pd.

1 g **PPB**

02139383	<i>Chlorhydrate de Vancomycine pour injection</i>	Fresenius	10	589.90 ➡	58.9900
02396386	<i>Chlorhydrate de Vancomycine pour injection</i>	Sterimax	10	589.90 ➡	58.9900
02394634	<i>Chlorhydrate de Vancomycine pour injection USP</i>	Sandoz	10	589.90 ➡	58.9900
02420309	<i>Jamp-Vancomycin</i>	Jamp	10	589.90 ➡	58.9900
02342863	<i>Val-Vancomycin</i>	Valeant	10	589.90 ➡	58.9900
02407922	<i>Vancomycin Hydrochloride for Injection, USP</i>	Mylan	10	589.90 ➡	58.9900
02230192	<i>Vancomycine (hydrochloride)</i>	Hospira	10	589.90 ➡	58.9900

I.V. Perf. Pd.

5 g **PPB**

02139243	<i>Chlorhydrate de Vancomycine pour injection</i>	Fresenius	1	➡ 294.95	
02420317	<i>Jamp-Vancomycin</i>	Jamp	1	➡ 294.95	
02407930	<i>Vancomycin Hydrochloride for Injection, USP</i>	Mylan	1	➡ 294.95	
02394642	<i>Vancomycine</i>	Sandoz	1	➡ 294.95	

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>Val-Vancomycin</i>	Valeant	1	➡ 589.90	
02411040	<i>Vancomycin Hydrochloride</i>	Sterimax	1	➡ 589.90	
02407949	<i>Vancomycin Hydrochloride for Injection, USP</i>	Mylan	1	➡ 589.90	

I.V. Perf. Pd.

500 mg **PPB**

02139375	<i>Chlorhydrate de Vancomycine pour injection</i>	Fresenius	10	310.50 ➡	31.0500
02411032	<i>Chlorhydrate de Vancomycine pour injection</i>	Sterimax	10	310.50 ➡	31.0500
02394626	<i>Chlorhydrate de Vancomycine pour injection USP</i>	Sandoz	10	310.50 ➡	31.0500
02420295	<i>Jamp-Vancomycin</i>	Jamp	10	310.50 ➡	31.0500
02342855	<i>Val-Vancomycin</i>	Valeant	10	310.50 ➡	31.0500
02407914	<i>Vancomycin Hydrochloride for Injection, USP</i>	Mylan	10	310.50 ➡	31.0500
02230191	<i>Vancomycine (hydrochloride)</i>	Hospira	10	310.50 ➡	31.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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8:14.04

ALLYLAMINES

TERBINAFIN HYDROCHLORIDE

Tab.

250 mg **PPB**

02254727	<i>ACT Terbinafine</i>	ActavisPhm	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02239893	<i>Apo-Terbinafine</i>	Apotex	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02320134	<i>Auro-Terbinafine</i>	Aurobindo	28	51.87	➡	1.8525
			100	185.25	➡	1.8525
02357070	<i>Jamp-Terbinafine</i>	Jamp	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02031116	<i>Lamisil</i>	Novartis	28	102.27		3.6525
02240346	<i>Novo-Terbinafine</i>	Novopharm	28	51.87	➡	1.8525
			100	185.25	➡	1.8525
02297973	<i>phl-Terbinafine</i>	Pharmel	100	185.25	➡	1.8525
02294273	<i>pms-Terbinafine</i>	Phmscience	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02262924	<i>Riva-Terbinafine</i>	Riva	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02353121	<i>Terbinafine</i>	Sanis	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02385279	<i>Terbinafine</i>	Sivem	30	55.58	➡	1.8525
			100	185.25	➡	1.8525
02242735	<i>Terbinafine-250</i>	Pro Doc	30	55.58	➡	1.8525
			100	185.25	➡	1.8525

8:14.08

AZOLES

FLUCONAZOLE

Caps.

150 mg **PPB**

02241895	<i>Apo-Fluconazole-150</i>	Apotex	1	➡	3.94	
02141442	<i>Diflucan-150</i>	Pfizer	1		14.23	
02432471	<i>Jamp-Fluconazole</i>	Jamp	1	➡	3.94	
02428792	<i>Mar-Fluconazole-150</i>	Marcan	1	➡	3.94	
02294044	<i>phl-Fluconazole</i>	Pharmel	1	➡	3.94	
02282348	<i>pms-Fluconazole</i>	Phmscience	1	➡	3.94	
02310694	<i>Pro-Fluconazole</i>	Pro Doc	1		3.94	W
02255510	<i>Riva-Fluconazole</i>	Riva	1	➡	3.94	

FLUCONAZOLE

I.V. Perf. Sol.

2 mg/mL **PPB**

00891835	<i>Diflucan</i>	Pfizer	100 ml		37.56	
02388448	<i>Fluconazole</i>	Sandoz	100 ml	➡	26.87	
02247749	<i>Fluconazole Omega</i>	Oméga	100 ml	➡	26.87	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.		50 mg PPB			
02281260	<i>ACT Fluconazole</i>	ActavisPhm	50	64.52	➡ 1.2904
02237370	<i>Apo-Fluconazole</i>	Apotex	50	64.52	➡ 1.2904
02245292	<i>Mylan-Fluconazole</i>	Mylan	50	64.52	➡ 1.2904
02236978	<i>Novo-Fluconazole</i>	Novopharm	100	129.04	➡ 1.2904
02245643	<i>pms-Fluconazole</i>	Phmscience	50	64.52	➡ 1.2904

Tab.		100 mg PPB			
02281279	<i>ACT Fluconazole</i>	ActavisPhm	50	114.45	➡ 2.2890
02237371	<i>Apo-Fluconazole</i>	Apotex	50	114.45	➡ 2.2890
02245293	<i>Mylan-Fluconazole</i>	Mylan	50	114.45	➡ 2.2890
02236979	<i>Novo-Fluconazole</i>	Novopharm	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
02271516	<i>Riva-Fluconazole</i>	Riva	50	114.45	➡ 2.2890

ITRACONAZOLE

Caps.		100 mg			
02047454	<i>Sporanox</i>	Janss. Inc	28	106.21	3.7932
			30	113.80	3.7933

Oral Sol.		10 mg/mL			
02231347	<i>Sporanox</i>	Janss. Inc	150 ml	115.28	0.7685

KETOCONAZOLE

Tab.		200 mg PPB			
02237235	<i>Apo-Ketoconazole</i>	Apotex	100	93.93	➡ 0.9393
02231061	<i>Novo-Ketoconazole</i>	Novopharm	100	93.93	➡ 0.9393

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	48 ml	2.49	➡ 0.0518
			100 ml	5.18	➡ 0.0518
02194201	<i>ratio-Nystatin</i>	Ratiopharm	24 ml	1.24	➡ 0.0518
			48 ml	2.49	➡ 0.0518
			100 ml	5.18	➡ 0.0518

Tab.		500 000 U			
02194198	<i>ratio-Nystatin</i>	Ratiopharm	100	16.80	0.1680

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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8:16.04

ANTITUBERCULOSIS AGENTS

ETHAMBUTOL HYDROCHLORIDE

Tab.

				100 mg	
00247960	<i>Etibi</i>	Valeant	100	9.73	0.0973

Tab.

				400 mg	
00247979	<i>Etibi</i>	Valeant	100	27.11	0.2711

ISONIAZID

Syr.

				50 mg/5 mL	
00577812	<i>pdp-Isoniazid</i>	Pendopharm	500 ml	112.40	0.2248

Tab.

				100 mg	
00577790	<i>pdp-Isoniazid</i>	Pendopharm	100	69.44	0.6944

Tab.

				300 mg	
00577804	<i>pdp-Isoniazid</i>	Pendopharm	100	65.45	0.6545

PYRAZINAMIDE

Tab.

				500 mg	
00618810	<i>PDP-Pyrazinamide</i>	Pendopharm	100	111.02	1.1102

RIFABUTIN

Caps.

				150 mg	
02063786	<i>Mycobutin</i>	Pfizer	100	493.69	4.9369

RIFAMPIN

Caps.

				150 mg	PPB
02091887	<i>Rifadin</i>	SanofiAven	100	66.69	0.6669
00393444	<i>Rofact 150</i>	Valeant	100	60.38	➔ 0.6038

Caps.

				300 mg	PPB
02092808	<i>Rifadin</i>	SanofiAven	100	104.95	1.0495
00343617	<i>Rofact 300</i>	Valeant	100	95.03	➔ 0.9503

RIFAMPINE/ ISONIAZIDE/ PYRAZINAMIDE

Tab.

				120 mg- 50 mg- 300 mg	
02148625	<i>Rifater</i>	SanofiAven	60	21.38	0.3563

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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8:16.92

MISCELLANEOUS ANTIMYCOBACTERIALS

DAPSONE

Tab.

				100 mg	
02041510	Dapsone	Jacobus	100		UE

8:18.04

ADAMANTANES

AMANTADINE HYDROCHLORIDE

Caps.

				100 mg	
01990403	pms-Amantadine	Phmscience	100	51.79	0.5179

Syr.

				50 mg/5 mL	
02022826	pms-Amantadine	Phmscience	500 ml	40.50	0.0810

8:18.08

ANTIRETROVIRAL AGENTS

ABACAVIR (SULFATE) / LAMIVUDINE / ZIDOVUDINE

Tab.

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

ABACAVIR SULFATE

Oral Sol.

				20 mg/mL	
02240358	Ziagen	ViiV	240 ml	103.26	0.4303

Tab.

				300 mg	PPB	
02396769	Apo-Abacavir	Apotex	60	313.45	➡	5.2242
02240357	Ziagen	ViiV	60	396.38		6.6063

ABACAVIR/LAMIVUDINE

Tab.

				600 mg - 300 mg	PPB	
02399539	Apo-Abacavir-Lamivudine	Apotex	30	179.62	➡	5.9873
02454513	Auro-Abacavir/Lamivudine	Aurobindo	30	179.62	➡	5.9873
			60	359.24	➡	5.9873
02269341	Kivexa	ViiV	30	661.99		22.0663
02450682	Mylan-Abacavir/Lamivudine	Mylan	30	179.62	➡	5.9873
02458381	pms-Abacavir-Lamivudine	Phmscience	30	179.62	➡	5.9873
02416662	Teva-Abacavir/Lamivudine	Teva Can	30	179.62	➡	5.9873

ATAZANAVIR SULFATE

Caps.

				150 mg	
02248610	Reyataz	B.M.S.	60	648.00	10.8000

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

200 mg

02248611	<i>Reyataz</i>	B.M.S.	60	651.87	10.8645
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Caps.

300 mg

02294176	<i>Reyataz</i>	B.M.S.	30	648.01	21.6003
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DARUNAVIR 

Tab.

75 mg

02338432	<i>Prezista</i>	Janss. Inc	480	854.88	1.7810
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Tab.

150 mg

02369753	<i>Prezista</i>	Janss. Inc	240	854.88	3.5620
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Tab.

800 mg

02393050	<i>Prezista</i>	Janss. Inc	30	586.15	19.5383
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DELAVIDINE MESYLATE 

Tab.

100 mg

02238348	<i>Rescriptor</i>	ViiV	360	258.40	0.7178
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DIDANOSIN 

Ent. Caps.

125 mg

02244596	<i>Videx EC</i>	B.M.S.	30	102.69	3.4230
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Ent. Caps.

200 mg

02244597	<i>Videx EC</i>	B.M.S.	30	164.30	5.4767
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Ent. Caps.

250 mg

02244598	<i>Videx EC</i>	B.M.S.	30	205.37	6.8457
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Ent. Caps.

400 mg

02244599	<i>Videx EC</i>	B.M.S.	30	329.25	10.9750
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DOLUTEGRAVIR SODIUM 

Tab.

50 mg

02414945	<i>Tivicay</i>	ViiV	30	555.00	18.5000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE

Tab.

50 mg - 600 mg - 300 mg

02430932	<i>Triumeq</i>	ViiV	30	1216.99	40.5663
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EFAVIRENZ

Caps.

50 mg

02239886	<i>Sustiva</i>	B.M.S.	30	35.41	1.1803
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Caps.

200 mg

02239888	<i>Sustiva</i>	B.M.S.	90	424.92	4.7213
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Tab.

600 mg

PPB

02418428	<i>Auro-Efavirenz</i>	Aurobindo	30	114.09	➡	3.8030
			500	1901.50	➡	3.8030
02381524	<i>Mylan-Efavirenz</i>	Mylan	30	114.09	➡	3.8030
02246045	<i>Sustiva</i>	B.M.S.	30	424.92		14.1640
02389762	<i>Teva-Efavirenz</i>	Teva Can	30	114.09	➡	3.8030

EFAVIRENZ/ EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE

Tab.

600 mg - 200 mg - 300 mg

02300699	<i>Atripla</i>	B.M.S.-Gil	30	1165.41	38.8470
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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
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EMTRICITABINE/ RILPIVIRINE / TENOFOVIR DISOPROXIL (FUMARATE DE)

Tab.

200 mg - 25 mg - 300 mg

02374129	<i>Complera</i>	Gilead	30	1176.68	39.2227
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EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE

Tab.

200mg- 300mg

02274906	<i>Truvada</i>	Gilead	30	783.06	26.1020
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FOSAMPRENAVIR CALCIUM

Oral Susp.

50 mg/mL

02261553	<i>Telzir</i>	ViiV	225 ml	129.27	0.5745
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			700 mg		
02261545	<i>Telzir</i>	ViiV	60	471.52	7.8587

LAMIVUDINE

Oral Sol.

			10 mg/mL		
02192691	<i>3TC</i>	ViiV	240 ml	72.93	0.3039

Tab.			100 mg PPB		
02393239	<i>Apo-Lamivudine HBV</i>	Apotex	100	353.16 ➡	3.5316
02239193	<i>Heptovir</i>	GSK	60	273.50	4.5583

Tab.			150 mg PPB		
02192683	<i>3TC</i>	ViiV	60	279.05	4.6508
02369052	<i>Apo-Lamivudine</i>	Apotex	100	362.69 ➡	3.6269

Tab.			300 mg PPB		
02247825	<i>3TC</i>	ViiV	30	279.05	9.3017
02369060	<i>Apo-Lamivudine</i>	Apotex	100	725.38 ➡	7.2538

LAMIVUDINE/ ZIDOVUDIN

Tab.

			150 mg -300mg PPB		
02375540	<i>Apo-Lamivudine-Zidovudine</i>	Apotex	100	261.03 ➡	2.6103
02414414	<i>Auro-Lamivudine/ Zidovudine</i>	Aurobindo	60	156.62 ➡	2.6103
			500	1305.15 ➡	2.6103
02239213	<i>Combivir</i>	ViiV	60	156.62 ➡	2.6103
02387247	<i>Teva Lamivudine/ Zidovudine</i>	Teva Can	60	156.62 ➡	2.6103

LOPINAVIR/ RITONAVIR

Oral Sol.

			80 mg - 20 mg/mL		
02243644	<i>Kaletra</i>	AbbVie	160 ml	345.28	2.1580

Tab.			100 mg -25 mg		
02312301	<i>Kaletra</i>	AbbVie	60	157.34	2.6223

Tab.			200 mg -50 mg		
02285533	<i>Kaletra</i>	AbbVie	120	644.19	5.3683

NELFINAVIR MESYLATE

Tab.

			250 mg		
02238617	<i>Viracept</i>	ViiV	300	546.00	1.8200

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

				625 mg	
02248761	<i>Viracept</i>	ViiV	120	546.00	4.5500

NEVIRAPINE

L.A. Tab.

				400 mg	PPB	
02427931	<i>Apo-Nevirapine XR</i>	Apotex	30	55.56	➡	1.8520
02367289	<i>Viramune XR</i>	Bo. Ing.	30	74.08		2.4693

Tab.

				200 mg	PPB	
02318601	<i>Auro-Nevirapine</i>	Aurobindo	60	74.08	➡	1.2347
02387727	<i>Mylan-Nevirapine</i>	Mylan	60	74.08	➡	1.2347
02405776	<i>pms-Nevirapine</i>	Phmscience	60	74.08	➡	1.2347
02352893	<i>Teva-Nevirapine</i>	Teva Can	60	74.08	➡	1.2347
02238748	<i>Viramune</i>	Bo. Ing.	60	294.90		4.9150

RALTEGRAVIR

Tab.

				400 mg		
02301881	<i>Isentress</i>	Merck	60	690.00		11.5000

RILPIVIRINE

Tab.

				25 mg		
02370603	<i>Edurant</i>	Janss. Inc	30	413.91		13.7970

RITONAVIR

Oral Sol.

				80 mg/mL		
02229145	<i>Norvir</i>	AbbVie	240 ml	279.51		1.1646

Tab.

				100 mg		
02357593	<i>Norvir</i>	AbbVie	30	43.68		1.4560

SAQUINAVIR MESYLATE

Caps.

				200 mg		
02216965	<i>Invirase</i>	Roche	270	501.23		1.8564

Tab.

				500 mg		
02279320	<i>Invirase</i>	Roche	120	514.08		4.2840

STAVUDINE

Caps.

				15 mg		
02216086	<i>Zerit</i>	B.M.S.	60	250.40		4.1733

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

20 mg

02216094	<i>Zerit</i>	B.M.S.	60	260.35	4.3392
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Caps.

30 mg

02216108	<i>Zerit</i>	B.M.S.	60	271.61	4.5268
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Caps.

40 mg

02216116	<i>Zerit</i>	B.M.S.	60	281.54	4.6923
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TENOFOVIR DISOPROXIL FUMARATE

Tab.

300 mg

02247128	<i>Viread</i>	Gilead	30	518.67	17.2890
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ZIDOVUDIN

Caps.

100 mg **PPB**

01946323	<i>Apo-Zidovudine</i>	Apotex	100	139.77	1.3977
01902660	<i>Retrovir</i>	ViiV	100	175.55	1.7555

Inj. Sol.

10 mg/mL

01902644	<i>Retrovir</i>	ViiV	20 ml	16.70	
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Syr.

10 mg/mL

01902652	<i>Retrovir</i>	ViiV	240 ml	44.94	0.1873
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8:18.20

INTERFERONS

INTERFERON ALFA-2B

S.C. Inj. Pd.

10 millions UI

02223406	<i>Intron A</i>	Merck	1 ml	123.35	
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INTERFERON ALFA-2B (HUMAN ALBUMIN FREE)

Inj. Sol.

6 M UI/mL

02238674	<i>Intron A (sans albumine)</i>	Merck	3 ml	214.47	
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Inj. Sol.

10 millions UI/mL

02238675	<i>Intron A (sans albumine)</i>	Merck	2.5 ml	297.87	
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S.C. Inj. Sol (syr)

18 millions UI/1.2 mL

02240693	<i>Intron A (sans albumine)</i>	Merck	1	214.47	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			30 M UI / 1.2 mL		
02240694	<i>Intron A (sans albumine)</i>	Merck	1	357.42	

S.C. Inj.Sol (syr)			60 M UI/ 1.2 mL		
02240695	<i>Intron A (sans albumine)</i>	Merck	1	714.89	

8:18.32
NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR 

Oral Susp.

			200 mg/5 mL		
00886157	<i>Zovirax</i>	GSK	475 ml	117.56	0.2475

Tab.			200 mg PPB		
02286556	<i>Acyclovir</i>	Sanis	100	63.97	➡ 0.6397
02207621	<i>Apo-Acyclovir</i>	Apotex	100	63.97	➡ 0.6397
02242784	<i>Mylan-Acyclovir</i>	Mylan	100	63.97	➡ 0.6397
02285959	<i>Novo-Acyclovir</i>	Novopharm	100	63.97	➡ 0.6397
02078627	<i>ratio-Acyclovir</i>	Ratiopharm	100	63.97	➡ 0.6397
			500	319.85	➡ 0.6397

Tab.			400 mg PPB		
02286564	<i>Acyclovir</i>	Sanis	100	127.00	➡ 1.2700
02207648	<i>Apo-Acyclovir</i>	Apotex	100	127.00	➡ 1.2700
02242463	<i>Mylan-Acyclovir</i>	Mylan	100	127.00	➡ 1.2700
02285967	<i>Novo-Acyclovir</i>	Novopharm	100	127.00	➡ 1.2700
02078635	<i>ratio-Acyclovir</i>	Ratiopharm	100	127.00	➡ 1.2700

Tab.			800 mg PPB		
02286572	<i>Acyclovir</i>	Sanis	100	126.73	➡ 1.2673
02207656	<i>Apo-Acyclovir</i>	Apotex	100	126.73	➡ 1.2673
02242464	<i>Mylan-Acyclovir</i>	Mylan	100	126.73	➡ 1.2673
02285975	<i>Novo-Acyclovir</i>	Novopharm	100	126.73	➡ 1.2673
02078651	<i>ratio-Acyclovir</i>	Ratiopharm	100	126.73	➡ 1.2673

ACYCLOVIR SODIUM 

I.V. Perf. Sol.

			25 mg/mL		
02236916	<i>Acyclovir</i>	Hospira	20 ml	58.41	

I.V. Perf. Sol.			50 mg/mL		
02236926	<i>Acyclovir Sodique</i>	Fresenius	10 ml 20 ml	85.78 171.57	

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

Tab.

125 mg **PPB**

02305682	<i>ACT Famciclovir</i>	ActavisPhm	10	13.94	➡	1.3940
02292025	<i>Apo-Famciclovir</i>	Apotex	30	41.82	➡	1.3940
02324865	<i>Famciclovir</i>	Pro Doc	10	13.94	➡	1.3940
02229110	<i>Famvir</i>	Novartis	10	27.15		2.7150
02278081	<i>pms-Famciclovir</i>	Phmscience	10	13.94	➡	1.3940
02278634	<i>Sandoz Famciclovir</i>	Sandoz	10	13.94	➡	1.3940

Tab.

250 mg **PPB**

02305690	<i>ACT Famciclovir</i>	ActavisPhm	30	56.20	➡	1.8733
02292041	<i>Apo-Famciclovir</i>	Apotex	30	56.20	➡	1.8733
02324873	<i>Famciclovir</i>	Pro Doc	30	56.20	➡	1.8733
02229129	<i>Famvir</i>	Novartis	30	112.10		3.7367
02278103	<i>pms-Famciclovir</i>	Phmscience	30	56.20	➡	1.8733
			100	187.33	➡	1.8733
02278642	<i>Sandoz Famciclovir</i>	Sandoz	30	56.20	➡	1.8733
			100	187.33	➡	1.8733

Tab.

500 mg **PPB**

02305704	<i>ACT Famciclovir</i>	ActavisPhm	21	35.50	➡	1.6905
			100	169.06	➡	1.6906
02292068	<i>Apo-Famciclovir</i>	Apotex	30	50.71	➡	1.6905
02324881	<i>Famciclovir</i>	Pro Doc	21	35.50	➡	1.6905
02177102	<i>Famvir</i>	Novartis	21	139.38		6.6371
02278111	<i>pms-Famciclovir</i>	Phmscience	21	35.50	➡	1.6905
			100	169.06	➡	1.6906
02278650	<i>Sandoz Famciclovir</i>	Sandoz	21	35.50	➡	1.6905
			100	169.06	➡	1.6906

GANCICLOVIR SODIUM

I.V. Perf. Pd.

500 mg

02162695	<i>Cytovene</i>	Roche	5	210.19		42.0380
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VALACYCLOVIR (HYDROCHLORIDE) 

Tab.

 500 mg **PPB**

02295822	<i>Apo-Valacyclovir</i>	Apotex	30	25.43	➡	0.8475
			100	84.75	➡	0.8475
02405040	<i>Auro-Valacyclovir</i>	Aurobindo	30	25.43	➡	0.8475
			500	423.75	➡	0.8475
02444860	<i>Bio-Valacyclovir</i>	Biomed	100	84.75	➡	0.8475
02331748	<i>Co Valacyclovir</i>	Cobalt	100	84.75	➡	0.8475
02441454	<i>Jamp-Valacyclovir</i>	Jamp	100	84.75	➡	0.8475
02441586	<i>Mar-Valacyclovir</i>	Marcan	100	84.75	➡	0.8475
02351579	<i>Mylan-Valacyclovir</i>	Mylan	8	6.78	➡	0.8475
			100	84.75	➡	0.8475
02298457	<i>pms-Valacyclovir</i>	Phmscience	100	84.75	➡	0.8475
02315173	<i>Pro-Valacyclovir</i>	Pro Doc	100	84.75	➡	0.8475
02316447	<i>Riva-Valacyclovir</i>	Riva	100	84.75	➡	0.8475
02347091	<i>Sandoz Valacyclovir</i>	Sandoz	90	76.28	➡	0.8475
02357534	<i>Teva-Valacyclovir</i>	Teva Can	42	35.60	➡	0.8475
			100	84.75	➡	0.8475
02454645	<i>Valacyclovir</i>	Sanis	100	84.75	➡	0.8475
02442000	<i>Valacyclovir</i>	Sivem	100	84.75	➡	0.8475
02219492	<i>Valtrex</i>	GSK	30	93.56		3.1187

8:30.04
AMEBICIDES
PAROMOMYCINE SULFATE 

Caps.

250 mg

02078759	<i>Humatin</i>	Erfa	100	236.74		2.3674
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8:30.08
ANTIMALARIALS
ATOVAQUONE/ PROGUANIL (HYDROCHLORIDE) 

Tab.

62.5 mg - 25 mg

02264935	<i>Malarone pediatrique</i>	GSK	12	17.77		1.4808
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Tab.

 250 mg - 100 mg **PPB**

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

CHLOROQUINE PHOSPHATE 

Tab.

250 mg

00021261	<i>Novo-Chloroquine</i>	Novopharm	100	32.08		0.3208
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYDROXYCHLOROQUIN SULFATE

Tab.

200 mg **PPB**

02246691	<i>Apo-Hydroxyquine</i>	Apotex	100	15.76	➡ 0.1576
			500	78.80	➡ 0.1576
02424991	<i>Mint-Hydroxychloroquine</i>	Mint	100	15.76	➡ 0.1576
02252600	<i>Mylan-Hydroxychloroquine</i>	Mylan	100	26.20	0.2620
02017709	<i>Plaquenil</i>	SanofiAven	100	56.62	0.5662
02311011	<i>Pro-Hydroxyquine-200</i>	Pro Doc	100	15.76	➡ 0.1576
			500	78.80	➡ 0.1576

MEFLOQUINE HYDROCHLORIDE

Tab.

250 mg

02244366	<i>Mefloquine</i>	AA Pharma	8	29.56	3.6950
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PRIMAQUINE PHOSPHATE

Tab.

26.3 mg

02017776	<i>Primaquine</i>	SanofiAven	100	36.44	0.3644
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QUININE SULFATE

Caps.

200 mg **PPB**

02254514	<i>Apo-Quinine</i>	Apotex	100	23.90	➡ 0.2390
02445190	<i>Jamp-Quinine</i>	Jamp	100	23.90	➡ 0.2390
			500	119.50	➡ 0.2390
00021008	<i>Novo-Quinine</i>	Novopharm	100	23.90	➡ 0.2390
			500	119.50	➡ 0.2390
02311216	<i>Pro-Quinine-200</i>	Pro Doc	100	23.90	➡ 0.2390
00695440	<i>Quinine-Odan (Caps.)</i>	Odan	100	23.90	➡ 0.2390
			500	119.50	➡ 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
00021016	<i>Novo-Quinine (Caps.)</i>	Novopharm	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
00695432	<i>Quinine-Odan (Co.)</i>	Odan	100	37.50	➡ 0.3750

8:30.92

MISCELLANEOUS ANTIPROTOZOALS

ATOVAQUONE

Oral Susp.

150 mg/mL

02217422	<i>Mepron</i>	GSK	210 ml	504.15	2.4007
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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METRONIDAZOLE

I.V. Perf. Sol.

5 mg/mL

00649074	Metronidazole	Hospira	100 ml	14.58	
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Tab.

250 mg

00545066	Metronidazole	AA Pharma	500	29.75	0.0595
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8:36
URINARY ANTI-INFECTIVES
FOSFOMYCINE TROMETHAMIN

Oral Pd.

3 g

02240335	Monurol sachet	Paladin	1	13.00	
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NITROFURANTIN MONOHYDRATE (MACROCRYSTALS)

Caps.

100 mg

02063662	MacroBid	Warner	100	70.22	0.7022
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NITROFURANTOIN

Tab.

50 mg

00319511	Nitrofurantoin	AA Pharma	100	16.70	0.1670
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Tab.

100 mg

00312738	Nitrofurantoin	AA Pharma	100	22.27	0.2227
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NITROFURANTOIN (MACROCRYSTALS)

Caps.

50 mg

02231015	Teva-Nitrofurantoin	Teva Can	100	32.52	0.3252
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Caps.

100 mg

02231016	Novo-Furantoin	Novopharm	100	61.10	0.6110
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TRIMETHOPRIM

Tab.

100 mg

02243116	Trimethoprim	AA Pharma	100	25.66	0.2566
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Tab.

200 mg

02243117	Trimethoprim	AA Pharma	100	52.73	0.5273
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10:00
ANTINEOPLASTIC AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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10:00

ANTINEOPLASTIC AGENTS

ANASTROZOLE 

Tab.

1 mg **PPB**

02394898	<i>ACT Anastrozole</i>	ActavisPhm	30	38.19	➡	1.2729
02351218	<i>Anastrozole</i>	Accord	30	38.19	➡	1.2729
02395649	<i>Anastrozole</i>	Pro Doc	30	38.19	➡	1.2729
02442736	<i>Anastrozole</i>	Sanis	30	38.19	➡	1.2729
02374420	<i>Apo-Anastrozole</i>	Apotex	30	38.19	➡	1.2729
			100	127.29	➡	1.2729
02224135	<i>Arimidex</i>	AZC	30	152.75		5.0917
02404990	<i>Auro-Anastrozole</i>	Aurobindo	30	38.19	➡	1.2729
02392488	<i>Bio-Anastrozole</i>	Biomed	30	38.19	➡	1.2729
			100	127.29	➡	1.2729
02339080	<i>Jamp-Anastrozole</i>	Jamp	30	38.19	➡	1.2729
			100	127.29	➡	1.2729
02379562	<i>Mar-Anastrozole</i>	Marcan	30	38.19	➡	1.2729
			100	127.29	➡	1.2729
02379104	<i>Med-Anastrozole</i>	GMP	30	38.19	➡	1.2729
02393573	<i>Mint-Anastrozole</i>	Mint	30	38.19	➡	1.2729
02361418	<i>Mylan-Anastrozole</i>	Mylan	30	38.19	➡	1.2729
02417855	<i>Nat-Anastrozole</i>	Natco	30	38.19	➡	1.2729
			100	127.29	➡	1.2729
02320738	<i>pms-Anastrozole</i>	Phmscience	30	38.19	➡	1.2729
02328690	<i>Ran-Anastrozole</i>	Ranbaxy	100	127.29	➡	1.2729
02392259	<i>Riva-Anastrozole</i>	Riva	30	38.19	➡	1.2729
02338467	<i>Sandoz Anastrozole</i>	Sandoz	30	38.19	➡	1.2729
02365650	<i>Taro-Anastrozole</i>	Taro	30	38.19		1.2730
02427818	<i>VAN-Anastrozole</i>	Vanc Phm	100	127.29	➡	1.2729
02326035	<i>Zinda-Anastrozole</i>	Zinda	30	38.19		1.2730

BICALUTAMIDE 

Tab.

50 mg **PPB**

02296063	<i>Apo-Bicalutamide</i>	Apotex	30	48.30	➡	1.6100
02325985	<i>Bicalutamide</i>	Accord	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02382423	<i>Bicalutamide</i>	Sivem	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02184478	<i>Casodex</i>	AZC	30	200.70		6.6900
02274337	<i>Co Bicalutamide</i>	Cobalt	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02357216	<i>Jamp-Bicalutamide</i>	Jamp	30	48.30	➡	1.6100
02270226	<i>Novo-Bicalutamide</i>	Novopharm	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02281163	<i>phl-Bicalutamide</i>	Pharmel	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02275589	<i>pms-Bicalutamide</i>	Phmscience	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02311038	<i>Pro-Bicalutamide-50</i>	Pro Doc	30	48.30	➡	1.6100
02371324	<i>Ran-Bicalutamide</i>	Ranbaxy	30	48.30	➡	1.6100
			100	161.00	➡	1.6100
02277700	<i>ratio-Bicalutamide</i>	Ratiopharm	30	48.30	➡	1.6100
02428709	<i>VAN-Bicalutamide</i>	Vanc Phm	100	161.00	➡	1.6100

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

Implant

02228955	Suprefact Depot	SanofiAven	1	6.3 mg 733.47	
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Implant

02240749	Suprefact Depot 3 mois	SanofiAven	1	9.45 mg 1083.76	
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Nas. spray

02225158	Suprefact	SanofiAven	10 ml	10 mL 69.35	
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S.C. Inj. Sol.

02225166	Suprefact	SanofiAven	5.5 ml	1 mg/mL 51.76	
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BUSULFAN

Tab.

* 00004618	Myleran	Aspen	25	2 mg 35.32	1.4128
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CHLORAMBUCIL

Tab.

* 00004626	Leukeran	Aspen	25	2 mg 33.30	1.3320
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CYCLOPHOSPHAMIDE

Tab.

02241795	Procytox	Baxter	200	25 mg 70.40	0.3520
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Tab.

02241796	Procytox	Baxter	100	50 mg 47.40	0.4740
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ESTRAMUSTINE DISODIUM PHOSPHATE

Caps.

02063794	Emcyt	Pfizer	100	140 mg 306.44	3.0644
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ETOPOSIDE

Caps.

00616192	Vepesid	B.M.S.	20	50 mg 656.42	32.8210
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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EXEMESTANE

Tab.

25 mg **PPB**

02390183	<i>ACT Exemestane</i>	ActavisPhm	30	38.84	➡ 1.2947
02419726	<i>Apo-Exemestane</i>	Apotex	30	38.84	➡ 1.2947
02242705	<i>Aromasin</i>	Pfizer	30	155.35	5.1783
02407841	<i>Med-Exemestane</i>	GMP	30	38.84	➡ 1.2947
02408473	<i>Teva-Exemestane</i>	Teva Can	30	38.84	➡ 1.2947

GOSERELINE ACETATE

Implant

3.6 mg

02049325	<i>Zoladex</i>	AZC	1	390.50	
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Implant

10.8 mg

02225905	<i>Zoladex LA</i>	AZC	1	1113.00	
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HYDROXYUREA

Caps.

500 mg **PPB**

00465283	<i>Hydrea</i>	B.M.S.	100	102.03	➡ 1.0203
02242920	<i>Mylan-Hydroxyurea</i>	Mylan	100	102.03	➡ 1.0203

INTERFERON ALFA-2B

S.C. Inj. Pd.

10 millions UI

02223406	<i>Intron A</i>	Merck	1 ml	123.35	
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INTERFERON ALFA-2B (HUMAN ALBUMIN FREE)

Inj. Sol.

6 M UI/mL

02238674	<i>Intron A (sans albumine)</i>	Merck	3 ml	214.47	
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Inj. Sol.

10 millions UI/mL

02238675	<i>Intron A (sans albumine)</i>	Merck	2.5 ml	297.87	
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S.C. Inj.Sol (syr)

18 millions UI/1.2 mL

02240693	<i>Intron A (sans albumine)</i>	Merck	1	214.47	
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S.C. Inj.Sol (syr)

30 M UI / 1.2 mL

02240694	<i>Intron A (sans albumine)</i>	Merck	1	357.42	
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S.C. Inj.Sol (syr)

60 M UI/ 1.2 mL

02240695	<i>Intron A (sans albumine)</i>	Merck	1	714.89	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LETROZOLE

Tab.

2.5 mg **PPB**

02358514	<i>Apo-Letrozole</i>	Apotex	30	41.34	➡	1.3780
02404400	<i>Auro-Letrozole</i>	Aurobindo	30	41.34	➡	1.3780
02392496	<i>Bio-Letrozole</i>	Biomed	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02231384	<i>Femara</i>	Novartis	30	163.96		5.4653
02373009	<i>Jamp-Letrozole</i>	Jamp	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02338459	<i>Letrozole</i>	Accord	30	41.34	➡	1.3780
02348969	<i>Letrozole</i>	ActavisPhm	30	41.34	➡	1.3780
02402025	<i>Letrozole</i>	Pro Doc	30	41.34	➡	1.3780
02347997	<i>Letrozole</i>	Teva Can	30	41.34	➡	1.3780
02373424	<i>Mar-Letrozole</i>	Marcan	30	41.34	➡	1.3780
02322315	<i>Med-Letrozole</i>	GMP	30	41.34	➡	1.3780
02421585	<i>Nat-Letrozole</i>	Natco	30	41.34	➡	1.3780
			100	137.80	➡	1.3780
02309114	<i>pms-Letrozole</i>	Phmscience	30	41.34	➡	1.3780
02372282	<i>Ran-Letrozole</i>	Ranbaxy	100	137.80	➡	1.3780
02398656	<i>Riva-Letrozole</i>	Riva	30	41.34	➡	1.3780
02344815	<i>Sandoz Letrozole</i>	Sandoz	30	41.34	➡	1.3780
02343657	<i>Teva-Letrozole</i>	Teva Can	30	41.34	➡	1.3780
02428156	<i>VAN-Letrozole</i>	Vanc Phm	100	137.80	➡	1.3780
02378213	<i>Zinda-Letrozole</i>	Zinda	30	41.34	➡	1.3780

LEUPORIDE ACETATE

Kit

3.75 mg

00884502	<i>Lupron Depot</i>	AbbVie	1	336.23		
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Kit

5 mg/mL

00727695	<i>Lupron</i>	AbbVie	14	189.41		
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Kit

7.5 mg

02248239	<i>Eligard</i>	SanofiAven	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		
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Kit

22.5 mg

02248240	<i>Eligard</i>	SanofiAven	1	891.00		
02230248	<i>Lupron Depot</i>	AbbVie	1	1071.00		

Kit

30 mg

02248999	<i>Eligard</i>	SanofiAven	1	1285.20		
02239833	<i>Lupron Depot</i>	AbbVie	1	1428.00		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit					
02268892	<i>Eligard</i>	SanofiAven	1	45 mg 1450.00	

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	71.53	➡ 2.8612
00004723	<i>Purinethol</i>	Novopharm	25	71.53	➡ 2.8612

METHOTREXATE

Inj. Sol.

25 mg/mL PPB					
02419173	<i>Jamp-Methotrexate</i>	Jamp	2 ml	➡ 8.92	
02398427	<i>Méthotrexate</i>	Sandoz	2 ml	➡ 8.92	
			20 ml	➡ 89.20	
02417626	<i>Methotrexate Injectable, USP</i>	Mylan	2 ml	➡ 8.92	
02182777	<i>Methotrexate Sodium</i>	Hospira	2 ml	➡ 8.92	
			20 ml	➡ 89.20	
02182955	<i>Methotrexate Sodium sans conservatif</i>	Hospira	2 ml	11.25	

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	

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	

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

2.5 mg **PPB**

02182963	<i>Apo-Methotrexate</i>	Hospira	100	63.25	➡ 0.6325
02170698	<i>Methotrexate</i>	Phmscience	100	63.25	➡ 0.6325
02244798	<i>ratio-Methotrexate</i>	Ratiopharm	100	63.25	➡ 0.6325

Tab.

10 mg

02182750	<i>Méthotrexate</i>	Hospira	100	214.55	2.1455
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NILUMAMID

Tab.

50 mg

02221861	<i>Anandron</i>	SanofiAven	90	165.31	1.8368
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PROCARBAZINE HYDROCHLORIDE

Caps.

50 mg

00012750	<i>Matulane</i>	Sigma-Tau	100		UE
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TAMOXIFEN CITRATE

Tab.

10 mg **PPB**

00812404	<i>Apo-Tamox</i>	Apotex	100	17.50	➡ 0.1750
02088428	<i>Mylan-Tamoxifen</i>	Mylan	60	10.50	➡ 0.1750
			250	43.75	➡ 0.1750
00851965	<i>Novo-Tamoxifen</i>	Novopharm	100	17.50	➡ 0.1750

Tab.

20 mg **PPB**

00812390	<i>Apo-Tamox</i>	Apotex	100	35.00	➡ 0.3500
			250	87.50	➡ 0.3500
02089858	<i>Mylan-Tamoxifen</i>	Mylan	30	10.50	➡ 0.3500
			250	87.50	➡ 0.3500
02048485	<i>Nolvadex-D</i>	AZC	30	11.05	0.3683
00851973	<i>Novo-Tamoxifen</i>	Novopharm	30	10.50	➡ 0.3500
			100	35.00	➡ 0.3500

THIOGUANINE

Tab.

40 mg

* 00282081	<i>Lanvis</i>	Aspen	25	102.93	4.1172
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TRETINOIN

Caps.

10 mg

02145839	<i>Vesanoid</i>	Xediton	100	1638.63	16.3863
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TRIPTORELIN (AS PAMOATE) 

Kit

3.75 mg

02240000	<i>Trelstar</i>	Actavis	1	304.43	
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Kit

11.25 mg

02243856	<i>Trelstar LA</i>	Actavis	1	932.12	
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Kit

22.5 mg

02412322	<i>Trelstar</i>	Actavis	1	1650.00	
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12:00

AUTONOMIC DRUGS

12:04	parasympathomimetic agents
12:08	anticholinergic agents
12:08.08	antimuscarinics / antispasmodics
12:12	sympathomimetic agents
12:12.04	alpha-adrenergic agonists
12:12.08	beta adrenergic agonists
12:12.12	alpha and beta adrenergic agonists
12:16	sympatholytic agents
12:16.04	alpha-adrenergic blocking agents
12:20	skeletal muscle relaxants
12:20.04	centrally acting skeletal muscle relaxants
12:20.08	direct-acting skeletal muscle relaxants
12:20.12	GABA-derivative skeletal muscle relaxants
12:20.92	skeletal muscle relaxants, miscellaneous
12:92	Miscellaneous autonomic drugs

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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12:04

PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE 

Tab.

				10 mg	
01947958	<i>Duvoid</i>	Paladin	100	25.98	0.2598

Tab.

				25 mg	
01947931	<i>Duvoid</i>	Paladin	100	42.07	0.4207

Tab.

				50 mg	
01947923	<i>Duvoid</i>	Paladin	100	55.26	0.5526

NEOSTIGMINE BROMIDE 

Tab.

				15 mg	
00869945	<i>Prostigmin</i>	Valeant	100	43.70	0.4370

PYRIDOSTIGMINE BROMIDE 

L.A. Tab.

				180 mg	
00869953	<i>Mestinon Supraspan</i>	Valeant	30	28.19	0.9397

Tab.

				60 mg	
00869961	<i>Mestinon</i>	Valeant	100	42.95	0.4295

12:08.08

ANTIMUSCARINICS / ANTISPASMODICS

ACLIDINIUM BROMIDE 

Inh. Pd. (App.)

				400 mcg	
02409720	<i>Tudorza Genuair</i>	Almirall	60	53.10	

GLYCOPYRROLATE

Inj. Sol.

				0.2 mg/mL	PPB	
+	02382857	<i>Glycopyrrolate injection</i>	Oméga	1 ml	➡	3.98
				2 ml	➡	7.96
*	02039508	<i>Glycopyrrolate injection</i>	Sandoz	2 ml	➡	7.96
+	02382849	<i>Glycopyrrolate Injection Multidose</i>	Oméga	20 ml	➡	62.25

GLYCOPYRRONIUM BROMIDE 

Inh. Pd. (App.)

				50 mcg/caps.	
*	02394936	<i>Seebri Breezhaler</i>	Novartis	30	53.10

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

Inj. Sol.				20 mg/mL	
02229868	<i>Butylbromure d'hyoscine</i>	Sandoz	1 ml	4.52	4.1300

IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE)

Sol. Inh.				0.2 mg -1 mg/mL (2.5 mL) PPB	
02231675	<i>Combivent UDV</i>	Bo. Ing.	20	30.15	1.5075
02272695	<i>Teva-Combo Sterinebs</i>	Teva Can	20	14.68	0.7340

IPRATROPIUM BROMIDE

Oral aerosol				0.02 mg/dose	
02247686	<i>Atrovent HFA</i>	Bo. Ing.	200 dose(s)	18.92	

Sol. Inh.				0.125 mg/mL (2 mL)	
02231135	<i>pms-Ipratropium Polynebs</i>	Phmscience	20	13.18	0.6590

Sol. Inh.				0.25 mg/mL PPB	
02126222	<i>Apo-Ipravent</i>	Apotex	20 ml	6.31	
02239131	<i>Mylan-Ipratropium</i>	Mylan	20 ml	6.31	
02210479	<i>Novo-Ipramide</i>	Novopharm	20 ml	6.31	
02231136	<i>pms-Ipratropium</i>	Phmscience	20 ml	6.31	

Sol. Inh.				0.25 mg/mL (1 mL) PPB	
02231244	<i>pms-Ipratropium Polynebs</i>	Phmscience	20	13.18	0.6590
99001446	<i>ratio-Ipratropium UDV</i>	Ratiopharm	20	13.18	0.6590
02216221	<i>Teva-Ipratropium Sterinebs</i>	Teva Can	20	13.18	0.6590

Sol. Inh.				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

SCOPOLAMINE HYDROBROMIDE

Inj. Sol.				0.4 mg/mL	
02242810	<i>Scopolamine Hydrobromide Injection</i>	Oméga	1	4.50	W

Inj. Sol.				0.6 mg/mL	
02242811	<i>Scopolamine Hydrobromide Injection</i>	Oméga	1	5.00	W

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TIOTROPIUM MONOHYDRATED BROMIDE 

Inh. Pd. (App.)

02246793	<i>Spiriva Handihaler</i>	Bo. Ing.	30	18 mcg 51.90	
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Sol. Inh. (App.)

02423596	<i>Spiriva Respimat</i>	Bo. Ing.	60 dose(s)	2.5 mcg 51.90	
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UMECLIDINIUM (BROMIDE) 

Inh. Pd.

02423596	<i>Incruse Ellipta</i>	GSK	30 dose(s)	62.5 mcg 50.00	
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12:12.04

ALPHA-ADRENERGIC AGONISTS

MIDODRINE HYDROCHLORIDE 

Tab.

02278677	<i>Midodrine</i>	AA Pharma	100	2.5 mg 33.78	0.3378
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Tab.

02278685	<i>Midodrine</i>	AA Pharma	100	5 mg 56.30	0.5630
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12:12.08

BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE DIHYDRATE 

Inh. Pd.

02237225	<i>Oxeze Turbuhaler</i>	AZC	60 dose(s)	6 mcg /dose 33.24	
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Inh. Pd.

02237224	<i>Oxeze Turbuhaler</i>	AZC	60 dose(s)	12 mcg/dose 44.28	
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FORMOTEROL (FUMARATE) 

Inh. Pd.

02230898	<i>Foradil & Aerolizer</i>	Novartis	60	12 mcg/caps. 46.48	0.7747
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INDACATEROL (MALEATE) 

Inh. Pd. (App.)

02376938	<i>Onbrez Breezhaler</i>	Novartis	30	75 mcg 46.50	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ORCIPRENALINE SULFATE



Syr.		10 mg/5 mL			
02236783	<i>Orciprenaline</i>	AA Pharma	250 ml	14.35 	0.0308





SALBUTAMOL


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

SALBUTAMOL SULFATE

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

Sol. Inh.		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
02213419	<i>Ventolin Nebules P.F.</i>	GSK	20	20.00	1.0000

Sol. Inh.		2 mg/mL (2.5 mL) PPB			
02208237	<i>pms-Salbutamol Polynebs</i>	Phmscience	20	13.74 	0.6870
02239366	<i>ratio-Salbutamol</i>	Ratiopharm	20	13.74 	0.6870
02228297	<i>Salmol</i>	Riva	20	13.74 	0.6870
02173360	<i>Teva-Salbutamol Sterinebs P.F.</i>	Teva Can	20	13.74 	0.6870
02213427	<i>Ventolin Nebules P.F.</i>	GSK	20	38.01	1.9005

Sol. Inh.		5 mg/mL PPB			
00860808	<i>ratio-Salbutamol</i>	Ratiopharm	10 ml 	3.51	
02213486	<i>Ventolin</i>	GSK	10 ml	9.71	

Tab.		2 mg			
02146843	<i>Apo-Salvent</i>	Apotex	100	12.74	0.1274

Tab.		4 mg			
02146851	<i>Apo-Salvent</i>	Apotex	100	21.34	0.2134

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

Inh. Pd.		50 mcg/coque			
02231129	<i>Serevent Diskus</i>	GSK	60 dose(s)	52.64	

Inh. Pd.		50 mcg/coque (4)			
02214261	<i>Serevent</i>	GSK	15	52.64	3.5093

Inh. Pd. (App.)		50 mcg/coque (4)			
99000091	<i>Serevent & Diskhaler</i>	GSK	15	55.91	

TERBUTALIN SULFATE

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

12:12.12

ALPHA AND BETA ADRENERGIC AGONISTS

EPINEPHRINE

Inj. Sol. (App.)		0,15 mg/dose PPB			
02382059	<i>Allerject</i>	SanofiAven	1	➡	81.00
00578657	<i>EpiPen Jr.</i>	Pfizer	1	➡	81.00
02268205	<i>Twinject</i>	Paladin	1		81.00
			2		152.00
					W
					W

Inj. Sol. (App.)		0,3 mg/dose PPB			
02382067	<i>Allerject</i>	SanofiAven	1	➡	81.00
00509558	<i>EpiPen</i>	Pfizer	1	➡	81.00
02247310	<i>Twinject</i>	Paladin	1		81.00
			2		152.00
					W
					W

12:16.04

ALPHA-ADRENERGIC BLOCKING AGENTS

ALFUZOSINE HYDROCHLORIDE

L.A. Tab.		10 mg PPB			
02414759	<i>Alfuzosin</i>	Pro Doc	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>	Aurobindo	100		26.01 ➡ 0.2601
02314282	<i>Novo-Alfuzosin PR</i>	Teva Can	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

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

SILODOSINE

Caps.			4 mg		
02361663	<i>Rapaflo</i>	Actavis	30	13.15	0.4383

Caps.			8 mg		
02361671	<i>Rapaflo</i>	Actavis	30	13.15	0.4383
			90	39.45	0.4383

TAMSULOSIN HYDROCHLORIDE

LA Tab or LA Caps

			0.4 mg PPB		
02362406	<i>Apo-Tamsulosin CR</i>	Apotex	100	15.00	➡ 0.1500
			500	75.00	➡ 0.1500
02270102	<i>Flomax CR</i>	Bo. Ing.	30	18.00	0.6000
02298570	<i>Mylan-Tamsulosin</i>	Mylan	100	15.00	➡ 0.1500
02281392	<i>Novo-Tamsulosin</i>	Novopharm	100	15.00	➡ 0.1500
02294265	<i>ratio-Tamsulosin</i>	Ratiopharm	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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12:20.04

CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

CYCLOBENZAPRINE HYDROCHLORIDE

Tab.

10 mg **PPB**

02177145	<i>Apo-Cyclobenzaprine</i>	Apotex	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02348853	<i>Auro-Cyclobenzaprine</i>	Aurobindo	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02287064	<i>Cyclobenzaprine</i>	Sanis	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02424584	<i>Cyclobenzaprine</i>	Sivem	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02220644	<i>Cyclobenzaprine-10</i>	Pro Doc	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02357127	<i>Jamp-Cyclobenzaprine</i>	Jamp	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02231353	<i>Mylan-Cyclobenzaprine</i>	Mylan	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02080052	<i>Novo-Cycloprine</i>	Novopharm	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02249359	<i>phl-Cyclobenzaprine</i>	Pharmel	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02212048	<i>pms-Cyclobenzaprine</i>	Phmscience	100	37.27	➡	0.3727
			500	186.35	➡	0.3727
02242079	<i>Riva-Cyclobenzaprine</i>	Riva	100	37.27	➡	0.3727
			500	186.35	➡	0.3727

12:20.08

DIRECT-ACTING SKELETAL MUSCLE RELAXANTS

DANTROLENE (SODIUM)

Caps.

25 mg

01997602	<i>Dantrium</i>	Par Phm	100	39.40		0.3940
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12:20.12

GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS

BACLOFEN

Inj. Sol.

0.05 mg/mL (1 mL) **PPB**

02131048	<i>Lioresal Intrathecal</i>	Novartis	5	50.23		10.0460
02413620	<i>VPI-Baclofen Intrathecal</i>	Valeant	5	30.14	➡	6.0280

Inj. Sol.

0.5 mg/mL (20 mL) **PPB**

02131056	<i>Lioresal Intrathecal</i>	Novartis	1	150.54		
02413639	<i>VPI-Baclofen Intrathecal</i>	Valeant	1	90.32	➡	

Inj. Sol.

2 mg/mL (5 mL) **PPB**

02131064	<i>Lioresal Intrathecal</i>	Novartis	5	752.79		150.5580
02413647	<i>VPI-Baclofen Intrathecal</i>	Valeant	5	451.67	➡	90.3340

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
02152584	<i>Baclofen-10</i>	Pro Doc	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
00455881	<i>Lioresal</i>	Novartis	100	51.02		0.5102
02088398	<i>Mylan-Baclofen</i>	Mylan	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02236963	<i>phl-Baclofen</i>	Pharmel	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
02236507	<i>ratio-Baclofen</i>	Ratiopharm	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02242150	<i>Riva-Baclofen</i>	Riva	100	15.95	➡	0.1595
			500	79.74	➡	0.1595
02442140	<i>Sandoz Baclofen</i>	Sandoz	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
02152592	<i>Baclofen-20</i>	Pro Doc	100	31.04	➡	0.3104
00636576	<i>Lioresal D.S.</i>	Novartis	100	99.32		0.9932
02088401	<i>Mylan-Baclofen</i>	Mylan	100	31.04	➡	0.3104
02236964	<i>phl-Baclofen</i>	Pharmel	100	31.04	➡	0.3104
02063743	<i>pms-Baclofen</i>	Phmscience	100	31.04	➡	0.3104
02236508	<i>ratio-Baclofen</i>	Ratiopharm	100	31.04	➡	0.3104
02242151	<i>Riva-Baclofen</i>	Riva	100	31.04	➡	0.3104
			500	224.90	➡	0.4498
02442159	<i>Sandoz Baclofen</i>	Sandoz	100	31.04	➡	0.3104

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
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Tab.

100 mg

02047535	<i>Orfenace</i>	Sterimax	100	35.35		0.3535
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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12:92

MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE ¹

Chewing gum

2 mg **PPB**

* 02091933	<i>Nicorette</i>	McNeil Co	105	26.49	➡	0.2523
			210	53.00		0.2524
80000396	<i>Thrive</i>	N.C.H.C.	36	9.15		0.2542
			108	21.77	➡	0.2016

Chewing gum

4 mg **PPB**

* 02091941	<i>Nicorette</i>	McNeil Co	105	26.49	➡	0.2523
			210	53.00	➡	0.2524
80000402	<i>Thrive</i>	N.C.H.C.	36	10.40		0.2889
			108	28.47		0.2636

Past. Or.

1 mg **PPB**

+ 80061161	<i>Nic-Hit</i>	Nic-Hit	20	3.70	➡	0.1850
* 80007461	<i>Thrive</i>	N.C.H.C.	36	9.15		0.2542
			108	21.77	➡	0.2016

Past. Or.

2 mg **PPB**

+ 80059877	<i>Nic-Hit</i>	Nic-Hit	20	4.00	➡	0.2000
* 80007464	<i>Thrive</i>	N.C.H.C.	36	10.40		0.2889
			108	28.47	➡	0.2636

Patch

7 mg/24 h **PPB**

01943057	<i>Habitrol</i>	N.C.H.C.	7	18.75	➡	2.6786
02093111	<i>Nicoderm</i>	McNeil Co	7	18.75	➡	2.6786

Patch

14 mg/24 h **PPB**

01943065	<i>Habitrol</i>	N.C.H.C.	7	18.75	➡	2.6786
02093138	<i>Nicoderm</i>	McNeil Co	7	18.75	➡	2.6786

Patch

21 mg/24 h **PPB**

01943073	<i>Habitrol</i>	N.C.H.C.	7	18.75	➡	2.6786
02093146	<i>Nicoderm</i>	McNeil Co	7	18.75	➡	2.6786
			14	47.32	➡	3.3800

¹ The duration of reimbursements for stop-smoking treatments with various nicotine preparations is limited to 12 consecutive weeks per 12-month period. In addition, the total quantity of chewing gum or lozenges for which the cost is reimbursable during the 12 weeks is limited to 840 units, all forms combined.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VARENICLINE TARTRATE ⁷ 

Tab.

				0.5 mg	
02291177	<i>Champix</i>	Pfizer	56	96.15	1.7170

Tab.

				0.5 mg (11 co.) et 1 mg (42 co.)	
02298309	<i>Champix (Starter pack)</i>	Pfizer	53	91.01	

Tab.

				1 mg	
02291185	<i>Champix</i>	Pfizer	56	96.16	1.7171

⁷ The duration of reimbursements for varenicline stop-smoking treatments is initially limited to a total of 12 consecutive weeks per 12-month period. A 12-week extension will be authorized for persons having stopped smoking on the 12th week. The duration of reimbursements is then limited to a total of 24 consecutive weeks per 12 month period.

20:00

BLOOD FORMATION AND COAGULATION

20:04 **antianémique**

20:04.04 iron preparations

20:12 **antithrombotic agents**

20:12.04 anticoagulants

20:12.14 Platelet-reducing Agents

20:28 **antihemorrhagic agents**

20:28.16 hemostatics

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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20:04.04

IRON PREPARATIONS

FERROUS SULFATE

Ped. Oral Sol.

75 mg/mL(Fe-15mg/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>	Euro-Pharm	50 ml	7.16	➡
02222574	<i>pms-Ferrous Sulfate</i>	Phmscience	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>	Euro-Pharm	250 ml	6.80	➡	0.0272
00792675	<i>pms-Ferrous Sulfate</i>	Phmscience	250 ml	6.80	➡	0.0272
			500 ml	13.60	➡	0.0272

Tab.

300 mg to 325 mg (Fe-60 mg to 65 mg) **PPB**

02246733	<i>Euro-Ferrous Sulfate</i>	Euro-Pharm	1000	15.71	➡	0.0157
02248699	<i>Ferodan</i>	Odan	1000	15.71	➡	0.0157
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	100	2.07	➡	0.0207
			1000	15.71	➡	0.0157

IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX)

I.V. Inj. Sol.

12.5 mg (Ir)/mL (5 mL)

02243333	<i>Ferlecit</i>	SanofiAven	10	241.33		24.1330
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IRON DEXTRAN

Inj. Sol.

50 mg/mL

02205963	<i>Dexiron</i>	BHC	2 ml	27.50		
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IRON SUCROSE

I.V. Inj. Sol.

20 mg (Fe)/mL (5 mL)

02243716	<i>Venofer</i>	BHC	10	375.00		37.5000
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20:12.04

ANTICOAGULANTS


DALTEPARINE SODIC

Inj. Sol.

2 500 UI/mL (4 mL)

02377454	<i>Fragmin</i>	Pfizer	10	159.29		15.9290
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. 25 000 U/mL					
02231171	<i>Fragmin</i>	Pfizer	3.8 ml	151.32	
Inj.Sol (syr) 3500 UI/0,28 mL					
02430789	<i>Fragmin</i>	Pfizer	1	7.06	
S.C. Inj. Sol. 10 000 UI/mL					
02132664	<i>Fragmin</i>	Pfizer	1 ml	15.93	
S.C. Inj.Sol (syr) 2 500 UI/0.2 mL					
02132621	<i>Fragmin</i>	Pfizer	1	5.04	
S.C. Inj.Sol (syr) 5 000 UI/0.2 mL					
02132648	<i>Fragmin</i>	Pfizer	1	10.09	
S.C. Inj.Sol (syr) 7 500 UI/0.3 mL					
02352648	<i>Fragmin</i>	Pfizer	1	15.13	
S.C. Inj.Sol (syr) 10 000 UI/0.4 mL					
02352656	<i>Fragmin</i>	Pfizer	1	20.18	
S.C. Inj.Sol (syr) 12 500 UI/0.5 mL					
02352664	<i>Fragmin</i>	Pfizer	1	25.22	
S.C. Inj.Sol (syr) 15 000 UI/0.6 mL					
02352672	<i>Fragmin</i>	Pfizer	1	30.26	
S.C. Inj.Sol (syr) 18 000 UI/0.72 mL					
02352680	<i>Fragmin</i>	Pfizer	1	36.32	
ENOXAPARIN 					
S.C. Inj. Sol. 100 mg/mL					
02236564	<i>Lovenox</i>	SanofiAven	3 ml	62.51	
S.C. Inj.Sol (syr) 30 mg/ 0.3 mL					
02012472	<i>Lovenox</i>	SanofiAven	1	6.29	
S.C. Inj.Sol (syr) 40 mg/0.4 mL					
02236883	<i>Lovenox</i>	SanofiAven	1	8.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr) 60 mg/0.6 mL					
02378426	Lovenox	SanofiAven	1	12.50	
S.C. Inj.Sol (syr) 80 mg/0.8 mL					
02378434	Lovenox	SanofiAven	1	16.66	
S.C. Inj.Sol (syr) 100 mg/1.0 mL					
02378442	Lovenox	SanofiAven	1	20.83	
S.C. Inj.Sol (syr) 120 mg/0.8 mL					
02242692	Lovenox HP	SanofiAven	1	24.99	
S.C. Inj.Sol (syr) 150 mg/1.0 mL					
02378469	Lovenox HP	SanofiAven	1	31.24	
FONDAPARINUX 					
S.C. Inj.Sol (syr) 2.5 mg/0.5 mL PPB					
* 02245531	Arixtra	Aspen	1	➡ 9.86	
02406853	Solution injectable de fondaparinux sodique	Dr Reddys	1	➡ 9.86	
S.C. Inj.Sol (syr) 7.5 mg/0.6 mL PPB					
* 02258056	Arixtra	Aspen	1	25.00	
02406896	Solution injectable de fondaparinux sodique	Dr Reddys	1	➡ 17.50	
HEPARIN (SODIUM)					
Inj. Sol. 100 U/mL					
00727520	Heparine Leo	Leo	10 ml	4.26	0.4260
Inj. Sol. 1 000 U/mL PPB					
00453811	Heparine	Leo	10 ml	5.01	➡ 0.5010
02382296	Heparine sodique injectable, USP	Pfizer	10 ml	5.01	➡ 0.5010
Inj. Sol. 10 000 U/mL					
02382326	Heparine sodique injectable, USP	Pfizer	1 ml	5.01	5.0100

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

S.C. Inj.Sol (syr)

2 850 U/0.3 mL

* 02236913	Fraxiparine	Aspen	1	2.72	
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S.C. Inj.Sol (syr)

3 800 U/0.4 mL

* 02450623	Fraxiparine	Aspen	1	3.63	
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S.C. Inj.Sol (syr)

5 700 U/0.6 mL

* 02450631	Fraxiparine	Aspen	1	5.44	
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S.C. Inj.Sol (syr)

9 500 U/1.0 mL

* 02450658	Fraxiparine	Aspen	1	9.06	
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S.C. Inj.Sol (syr)

11 400 U/0.6 mL

* 02450674	Fraxiparine Forte	Aspen	1	10.87	
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S.C. Inj.Sol (syr)

15 200 U/0.8 mL

* 02450666	Fraxiparine Forte	Aspen	1	14.50	
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S.C. Inj.Sol (syr)

19 000 U/1.0 mL

* 02240114	Fraxiparine Forte	Aspen	1	18.12	
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NICOUMALONE

Tab.

1 mg

00010383	Sintrom	Paladin	100	27.33	0.2733
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Tab.

4 mg

00010391	Sintrom	Paladin	100	85.91	0.8591
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SODIUM DANAPAROID

Inj. Sol.

750 U/0.6 mL

* 02129043	Orgaran	Aspen	10	190.81	19.0810
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TINZAPARIN SODIUM

S.C. Inj. Sol.

10 000 UI/mL

02167840	Innohep	Leo	2 ml	33.43	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. 20 000 UI/mL					
02229515	Innohep	Leo	2 ml	67.90	
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
01918311	Coumadin	B.M.S.	100	7.80	➡ 0.0780
			1000	78.00	➡ 0.0780
02244462	Mylan-Warfarin	Mylan	100	7.80	➡ 0.0780
			1000	78.00	➡ 0.0780
02265273	Novo-Warfarin	Novopharm	100	7.80	➡ 0.0780
			250	19.50	➡ 0.0780
02242680	Taro-Warfarin	Taro	100	7.80	➡ 0.0780
			250	19.50	➡ 0.0780

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

2 mg **PPB**

02242925	<i>Apo-Warfarin</i>	Apotex	100	8.25	➡	0.0825
			500	41.25	➡	0.0825
01918338	<i>Coumadin</i>	B.M.S.	100	8.25	➡	0.0825
			250	20.63	➡	0.0825
02244463	<i>Mylan-Warfarin</i>	Mylan	100	8.25	➡	0.0825
			1000	82.50	➡	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
01918346	<i>Coumadin</i>	B.M.S.	100	6.60	➡	0.0660
			250	16.50	➡	0.0660
02244464	<i>Mylan-Warfarin</i>	Mylan	100	6.60	➡	0.0660
			1000	66.00	➡	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
02240205	<i>Coumadin</i>	B.M.S.	100	10.23	➡	0.1023
			250	31.15	➡	0.1246
02287498	<i>Mylan-Warfarin</i>	Mylan	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
02007959	<i>Coumadin</i>	B.M.S.	100	10.23	➡	0.1023
			250	25.58	➡	0.1023
02244465	<i>Mylan-Warfarin</i>	Mylan	100	10.23	➡	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
01918354	<i>Coumadin</i>	B.M.S.	100	6.62	➡	0.0662
			250	16.55	➡	0.0662
02244466	<i>Mylan-Warfarin</i>	Mylan	100	6.62	➡	0.0662
			1000	66.20	➡	0.0662
02265346	<i>Novo-Warfarin</i>	Novopharm	100	6.62	➡	0.0662
			250	16.55	➡	0.0662
02242685	<i>Taro-Warfarin</i>	Taro	100	6.62	➡	0.0662
			250	16.55	➡	0.0662

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

6 mg **PPB**

02240206	<i>Coumadin</i>	B.M.S.	100	17.53	➡ 0.1753
02287501	<i>Mylan-Warfarin</i>	Mylan	100	17.53	➡ 0.1753
02242686	<i>Taro-Warfarin</i>	Taro	100	17.53	➡ 0.1753

Tab.

7.5 mg **PPB**

02287528	<i>Mylan-Warfarin</i>	Mylan	100	20.38	➡ 0.2038
02242697	<i>Taro-Warfarin</i>	Taro	100	20.38	➡ 0.2038

Tab.

10 mg **PPB**

02242929	<i>Apo-Warfarin</i>	Apotex	100	11.87	➡ 0.1187
01918362	<i>Coumadin</i>	B.M.S.	100	11.87	➡ 0.1187
02244467	<i>Mylan-Warfarin</i>	Mylan	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 **PPB**

02236859	<i>Agrylin</i>	Shire	100	528.30	5.2830
02274949	<i>pms-Anagrelide</i>	Phmscience	100	263.61	➡ 2.6361
02260107	<i>Sandoz Anagrelide</i>	Sandoz	100	263.61	➡ 2.6361

20:28.16

HEMOSTATICS

TRANEXAMIC ACID

Tab.

500 mg **PPB**

02401231	<i>Acide Tranexamique</i>	Sterimax	100	57.65	➡ 0.5765
02064405	<i>Cyklokapron</i>	Pfizer	100	102.48	1.0248
02409097	<i>GD-Tranexamic Acid</i>	GenMed	100	57.65	➡ 0.5765

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
24:06.06	fibric acid derivatives
24:06.08	HMG-CoA reductase inhibitors
24:06.92	miscellaneous antilipemic agents
24:08	hypotensive agents
24:08.16	central alpha-agonists
24:08.20	direct vasodilators
24:12	vasodilating agents
24:12.08	nitrates and nitrites
24:12.92	miscellaneous vasodilating agents
24:20	alpha-adrenergics blocking agents
24:24	bêta-adrenergics blocking agents
24:28	calcium-channel blocking agents
24:28.08	dihydropyridines
24:28.92	miscellaneous calcium-channel blocking agents
24:32	renin-angiotensin system inhibitors
24:32.04	angiotensin-converting enzyme inhibitors (ACEI)
24:32.08	angiotensin II receptor antagonists
24:32.20	aldosterone receptor antagonists

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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	51.47	➡	0.5147
02385465	<i>Amiodarone</i>	Sivem	100	51.47	➡	0.5147
02246194	<i>Apo-Amiodarone</i>	Apotex	100	51.47	➡	0.5147
02240604	<i>Mylan-Amiodarone</i>	Mylan	100	51.47	➡	0.5147
02245781	<i>phl-Amiodarone</i>	Pharmel	100	51.47	➡	0.5147
02242472	<i>pms-Amiodarone</i>	Phmscience	100	51.47	➡	0.5147
02309661	<i>Pro-Amiodarone-200</i>	Pro Doc	100	51.47	➡	0.5147
02240071	<i>ratio-Amiodarone</i>	Ratiopharm	100	51.47	➡	0.5147
02247217	<i>Riva-Amiodarone</i>	Riva	100	51.47	➡	0.5147
02243836	<i>Sandoz Amiodarone</i>	Sandoz	100	51.47	➡	0.5147
02239835	<i>Teva-Amiodarone</i>	Teva Can	100	51.47	➡	0.5147

DISOPYRAMIDE

Caps.

				100 mg	
02224801	<i>Rythmodan</i>	SanofiAven	84	18.93	0.2254

FLECAINIDE ACETATE

Tab.

				50 mg	
02275538	<i>Flecainide</i>	AA Pharma	100	39.56	0.3956

Tab.

				100 mg	
02275546	<i>Flecainide</i>	AA Pharma	100	79.12	0.7912

MEXILETINE HYDROCHLORIDE

Caps.

				100 mg	
02230359	<i>Novo-Mexiletine</i>	Novopharm	100	81.62	0.8162

Caps.

				200 mg	
02230360	<i>Novo-Mexiletine</i>	Novopharm	100	109.30	1.0930

PROCAINAMIDE HYDROCHLORIDE

L.A. Tab.

				250 mg	
00638692	<i>Procan SR</i>	Erfa	100	15.80	0.1580

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

500 mg

00638676	<i>Procan SR</i>	Erfa	100	31.60	0.3160
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L.A. Tab.

750 mg

00638684	<i>Procan SR</i>	Erfa	100	47.40	0.4740
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PROPAPENONE HYDROCHLORIDE

Tab.

150 mg **PPB**

02243324	<i>Apo-Propafenone</i>	Apotex	100	29.65	➡	0.2965
02245372	<i>Mylan-Propafenone</i>	Mylan	100	29.65	➡	0.2965
02294559	<i>pms-Propafenone</i>	Phmscience	100	29.65	➡	0.2965
02343061	<i>Propafenone</i>	Sanis	100	29.65	➡	0.2965
00603708	<i>Rythmol</i>	BGP Pharma	100	94.10		0.9410

Tab.

300 mg **PPB**

02243325	<i>Apo-Propafenone</i>	Apotex	100	52.27	➡	0.5227
02245373	<i>Mylan-Propafenone</i>	Mylan	100	52.27	➡	0.5227
02294575	<i>pms-Propafenone</i>	Phmscience	100	52.27	➡	0.5227
02343061	<i>Propafenone</i>	Sanis	100	52.27	➡	0.5227
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>Toloxin</i>	Pendopharm	115 ml	42.45		0.3691
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Tab.

0.0625 mg

02335700	<i>Toloxin</i>	Pendopharm	250	51.61		0.2064
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Tab.

0.125 mg

02335719	<i>Toloxin</i>	Pendopharm	250	51.50		0.2060
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Tab.

0.25 mg

02335727	<i>Toloxin</i>	Pendopharm	250	51.50		0.2060
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MILRINONE LACTATE

I.V. Inj. Sol.

1 mg/mL

02244622	<i>Milrinone Lactate Injection</i>	Fresenius	10 ml 20 ml	46.80 93.60		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:06.04

BILE ACID SEQUESTRANTS

CHOLESTYRAMIN RESIN

Oral Pd.

4 g/sac. **PPB**

02455609	<i>Cholestyramine-Odan</i>	Odan	30	29.63	➡	0.9877
02210320	<i>Olestyr</i>	Pendopharm	30	29.63	➡	0.9877
00890960	<i>Olestyr sugar free</i>	Pendopharm	30	29.63	➡	0.9877

COLESTIPOL HYDROCHLORIDE

Oral Pd.

5 g of colestipol/sac.

00642975	<i>Colestid</i>	Pfizer	30	25.85		0.8617
02132699	<i>Colestid Orange 7.5 g</i>	Pfizer	30	25.85		0.8617

Tab.

1 g

02132680	<i>Colestid</i>	Pfizer	120	29.49		0.2458
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24:06.06

FIBRIC ACID DERIVATIVES

BEZAFIBRATE

L.A. Tab.

400 mg **PPB**

02083523	<i>Bezalip S.R.</i>	Tribute	30	45.22	➡	1.5073
02453312	<i>Jamp-Bezafibrate SR</i>	Jamp	30	45.22	➡	1.5073

FENOFIBRATE (NANOCRYSTALIZED OR MICROCOATED OR MICRONIZED)

Caps. or Tab.

145 mg or 160 mg or 200 mg **PPB**

02239864	<i>Apo-Feno-Micro (200 mg)</i>	Apotex	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02246860	<i>Apo-Feno-Super (160 mg)</i>	Apotex	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02356589	<i>Fenofibrate-S (160 mg)</i>	Sanis	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02240360	<i>Feno-Micro-200</i>	Pro Doc	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02269082	<i>Lipidil EZ (145 mg)</i>	BGP Pharma	30	32.16		1.0720
02146959	<i>Lipidil Micro (200 mg)</i>	Fournier	30	32.67		1.0890
02241602	<i>Lipidil Supra (160 mg)</i>	Fournier	30	37.27		1.2423
02240210	<i>Mylan-Fenofibrate Micro (200 mg)</i>	Mylan	100	27.22	➡	0.2722
02243552	<i>Novo-Fenofibrate Micronise (200 mg)</i>	Novopharm	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02310236	<i>Pro-Feno-Super-160</i>	Pro Doc	100	27.22	➡	0.2722
02250039	<i>ratio-Fenofibrate MC (200 mg)</i>	Ratiopharm	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02247306	<i>Riva-Fenofibrate Micro (200 mg)</i>	Riva	30	8.17	➡	0.2723
			100	27.22	➡	0.2722
02288052	<i>Sandoz Fenofibrate S (160 mg)</i>	Sandoz	90	24.50	➡	0.2722

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FENOFIBRATE (NANOCRYSTALLIZED) 

Tab.

 48 mg **PPB**

02269074	<i>Lipidil EZ</i>	BGP Pharma	30	12.56	0.4187
02390698	<i>Sandoz Fenofibrate E</i>	Sandoz	30	10.68 ➡	0.3560

GEMFIBROZIL 

Caps.

 300 mg **PPB**

01979574	<i>Apo-Gemfibrozil</i>	Apotex	100	12.88 ➡	0.1288
02241704	<i>Novo-Gemfibrozil</i>	Novopharm	100	12.88 ➡	0.1288

Tab.

 600 mg **PPB**

01979582	<i>Apo-Gemfibrozil</i>	Apotex	100	51.57 ➡	0.5157
02142074	<i>Novo-Gemfibrozil</i>	Novopharm	100	51.57 ➡	0.5157

MICROCOATED FENOFIBRATE 

Tab.

 100 mg **PPB**

02246859	<i>Apo-Feno-Super</i>	Apotex	30	16.22 ➡	0.5406
			100	54.06 ➡	0.5406
02356570	<i>Fenofibrate-S</i>	Sanis	30	16.22 ➡	0.5406
02241601	<i>Lipidil Supra</i>	Fournier	30	32.34	1.0780
02310228	<i>Pro-Feno-Super-100</i>	Pro Doc	100	54.06 ➡	0.5406
02288044	<i>Sandoz Fenofibrate S</i>	Sandoz	90	48.65 ➡	0.5406

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:06.08

HMG-COA REDUCTASE INHIBITORS

ATORVASTATINE CALCIUM 

Tab.

10 mg **PPB**

02310899	<i>Act Atorvastatin</i>	ActavisPhm	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02295261	<i>Apo-Atorvastatin</i>	Apotex	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02346486	<i>Atorvastatin</i>	Pro Doc	100	31.37	➡	0.3137
			500	156.90	➡	0.3138
02348705	<i>Atorvastatin</i>	Sanis	500	156.90	➡	0.3138
02387891	<i>Atorvastatin</i>	Sivem	30	9.41	➡	0.3137
			500	156.90	➡	0.3138
02411350	<i>Atorvastatin-10</i>	Sivem	100	31.37	➡	0.3137
			500	156.90	➡	0.3138
02407256	<i>Auro-Atorvastatin</i>	Aurobindo	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02288346	<i>GD-Atorvastatin</i>	GenMed	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02391058	<i>Jamp-Atorvastatin</i>	Jamp	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02230711	<i>Lipitor</i>	Pfizer	90	155.69		1.7299
02454017	<i>Mar-Atovarstatin</i>	Marcan	100	31.37	➡	0.3137
			500	156.90	➡	0.3138
02392933	<i>Mylan-Atorvastatin</i>	Mylan	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02313448	<i>pms-Atorvastatin</i>	Phmscience	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02399377	<i>pms-Atorvastatin</i>	Phmscience	100	31.37	➡	0.3137
			500	156.90	➡	0.3138
02313707	<i>Ran-Atorvastatin</i>	Ranbaxy	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02350297	<i>ratio-Atorvastatin</i>	Ratiopharm	30	9.41	➡	0.3137
			500	156.90	➡	0.3138
02417936	<i>Reddy-Atorvastatin</i>	Dr Reddys	90	28.23	➡	0.3137
			500	156.90	➡	0.3138
02422751	<i>Riva-Atorvastatin</i>	Riva	30	9.41	➡	0.3137
			500	156.90	➡	0.3138
02324946	<i>Sandoz Atorvastatin</i>	Sandoz	30	9.41	➡	0.3137
			500	156.90	➡	0.3138

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

20 mg **PPB**

02310902	<i>Act Atorvastatin</i>	ActavisPhm	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02295288	<i>Apo-Atorvastatin</i>	Apotex	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02346494	<i>Atorvastatin</i>	Pro Doc	100	39.22	➡	0.3922
			500	196.10	➡	0.3922
02348713	<i>Atorvastatin</i>	Sanis	500	196.10	➡	0.3922
02387905	<i>Atorvastatin</i>	Sivem	30	11.77	➡	0.3922
			500	196.10	➡	0.3922
02411369	<i>Atorvastatin-20</i>	Sivem	100	39.22	➡	0.3922
			500	196.10	➡	0.3922
02407264	<i>Auro-Atorvastatin</i>	Aurobindo	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02288354	<i>GD-Atorvastatin</i>	GenMed	500	196.10	➡	0.3922
02391066	<i>Jamp-Atorvastatin</i>	Jamp	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02230713	<i>Lipitor</i>	Pfizer	90	194.62		2.1624
02454025	<i>Mar-Atovarstatin</i>	Marcan	100	39.22	➡	0.3922
			500	196.10	➡	0.3922
02392941	<i>Mylan-Atorvastatin</i>	Mylan	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02399385	<i>pms-Atorvastatin</i>	Phmscience	100	39.22	➡	0.3922
			500	196.10	➡	0.3922
02313715	<i>Ran-Atorvastatin</i>	Ranbaxy	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02350319	<i>ratio-Atorvastatin</i>	Ratiopharm	30	11.77	➡	0.3922
			500	196.10	➡	0.3922
02417944	<i>Reddy-Atorvastatin</i>	Dr Reddys	90	35.30	➡	0.3922
			500	196.10	➡	0.3922
02422778	<i>Riva-Atorvastatin</i>	Riva	30	11.77	➡	0.3922
			500	196.10	➡	0.3922
02324954	<i>Sandoz Atorvastatin</i>	Sandoz	30	11.77	➡	0.3922
			500	196.10	➡	0.3922

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

40 mg **PPB**

02310910	<i>Act Atorvastatin</i>	ActavisPhm	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02295296	<i>Apo-Atorvastatin</i>	Apotex	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02346508	<i>Atorvastatin</i>	Pro Doc	100	42.16	➡	0.4216
			500	210.80	➡	0.4216
02348721	<i>Atorvastatin</i>	Sanis	500	210.80	➡	0.4216
02387913	<i>Atorvastatin</i>	Sivem	30	12.65	➡	0.4216
			500	210.80	➡	0.4216
02411377	<i>Atorvastatin-40</i>	Sivem	100	42.16	➡	0.4216
			500	210.80	➡	0.4216
02407272	<i>Auro-Atorvastatin</i>	Aurobindo	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02288362	<i>GD-Atorvastatin</i>	GenMed	90	37.94	➡	0.4216
02391074	<i>Jamp-Atorvastatin</i>	Jamp	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02230714	<i>Lipitor</i>	Pfizer	90	209.22		2.3247
02454033	<i>Mar-Atovarstatin</i>	Marcan	100	42.16	➡	0.4216
			500	210.80	➡	0.4216
02392968	<i>Mylan-Atorvastatin</i>	Mylan	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02399393	<i>pms-Atorvastatin</i>	Phmscience	100	42.16	➡	0.4216
			500	210.80	➡	0.4216
02313723	<i>Ran-Atorvastatin</i>	Ranbaxy	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02350327	<i>ratio-Atorvastatin</i>	Ratiopharm	30	12.65	➡	0.4216
			500	210.80	➡	0.4216
02417952	<i>Reddy-Atorvastatin</i>	Dr Reddys	90	37.94	➡	0.4216
			500	210.80	➡	0.4216
02422786	<i>Riva-Atorvastatin</i>	Riva	30	12.65	➡	0.4216
			500	210.80	➡	0.4216
02324962	<i>Sandoz Atorvastatin</i>	Sandoz	30	12.65	➡	0.4216
			500	210.80	➡	0.4216

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

80 mg **PPB**

02310929	<i>Act Atorvastatin</i>	ActavisPhm	90	37.94	➡	0.4216
02295318	<i>Apo-Atorvastatin</i>	Apotex	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02346516	<i>Atorvastatin</i>	Pro Doc	30	12.65	➡	0.4216
			100	42.16	➡	0.4216
02348748	<i>Atorvastatin</i>	Sanis	90	37.94	➡	0.4216
			100	42.16	➡	0.4216
02387921	<i>Atorvastatin</i>	Sivem	30	12.65	➡	0.4216
			100	42.16	➡	0.4216
02411385	<i>Atorvastatin-80</i>	Sivem	30	12.65	➡	0.4216
			100	42.16	➡	0.4216
02407280	<i>Auro-Atorvastatin</i>	Aurobindo	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02288370	<i>GD-Atorvastatin</i>	GenMed	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02391082	<i>Jamp-Atorvastatin</i>	Jamp	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02243097	<i>Lipitor</i>	Pfizer	30	69.74		2.3247
02454041	<i>Mar-Atovarstatin</i>	Marcan	100	42.16	➡	0.4216
02392976	<i>Mylan-Atorvastatin</i>	Mylan	90	37.94	➡	0.4216
02399407	<i>pms-Atorvastatin</i>	Phmscience	100	42.16	➡	0.4216
02313758	<i>Ran-Atorvastatin</i>	Ranbaxy	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02350335	<i>ratio-Atorvastatin</i>	Ratiopharm	30	12.65	➡	0.4216
			100	42.16	➡	0.4216
02417960	<i>Reddy-Atorvastatin</i>	Dr Reddys	90	37.94	➡	0.4216
			500	210.78	➡	0.4216
02422794	<i>Riva-Atorvastatin</i>	Riva	30	12.65	➡	0.4216
			90	37.94	➡	0.4216
02324970	<i>Sandoz Atorvastatin</i>	Sandoz	30	12.65	➡	0.4216
			100	42.16	➡	0.4216

FLUVASTATINE SODIUM

Caps.

20 mg **PPB**

02400235	<i>Sandoz Fluvastatin</i>	Sandoz	100	22.02	➡	0.2202
02299224	<i>Teva Fluvastatin</i>	Teva Can	100	22.02	➡	0.2202

Caps.

40 mg **PPB**

02299232	<i>Teva Fluvastatin</i>	Teva Can	100	30.92	➡	0.3092
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L.A. Tab.

80 mg

02250527	<i>Lescol XL</i>	Novartis	28	40.01		1.4289
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LOVASTATINE

Tab.

20 mg **PPB**

02220172	<i>Apo-Lovastatin</i>	Apotex	100	49.19	➡	0.4919
			500	245.94	➡	0.4919
02248572	<i>Co Lovastatin</i>	Cobalt	30	14.76	➡	0.4919
			500	245.94	➡	0.4919
02353229	<i>Lovastatin</i>	Sanis	100	49.19	➡	0.4919
			500	245.94	➡	0.4919
02243127	<i>Mylan-Lovastatin</i>	Mylan	100	49.19	➡	0.4919
02246989	<i>phl-Lovastatin</i>	Pharmel	100	49.19	➡	0.4919
			500	245.94	➡	0.4919
02246013	<i>pms-Lovastatine</i>	Phmscience	30	14.76	➡	0.4919
			100	49.19	➡	0.4919
02312670	<i>Pro-Lovastatin</i>	Pro Doc	30	14.76	➡	0.4919
			100	49.19	➡	0.4919
02245822	<i>ratio-Lovastatin</i>	Ratiopharm	100	49.19	➡	0.4919
			500	245.94	➡	0.4919
02272288	<i>Riva-Lovastatin</i>	Riva	100	49.19	➡	0.4919

Tab.

40 mg **PPB**

02220180	<i>Apo-Lovastatin</i>	Apotex	100	89.85	➡	0.8985
02248573	<i>Co Lovastatin</i>	Cobalt	30	26.96	➡	0.8987
			100	89.85	➡	0.8985
02353237	<i>Lovastatin</i>	Sanis	100	89.85	➡	0.8985
02243129	<i>Mylan-Lovastatin</i>	Mylan	100	89.85	➡	0.8985
02246990	<i>phl-Lovastatin</i>	Pharmel	30	26.96	➡	0.8987
			100	89.85	➡	0.8985
02246014	<i>pms-Lovastatine</i>	Phmscience	30	26.96	➡	0.8987
			100	89.85	➡	0.8985
02312689	<i>Pro-Lovastatin</i>	Pro Doc	30	26.96	➡	0.8987
			100	89.85	➡	0.8985
02245823	<i>ratio-Lovastatin</i>	Ratiopharm	100	89.85	➡	0.8985
02272296	<i>Riva-Lovastatin</i>	Riva	100	89.85	➡	0.8985

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

Tab.

10 mg **PPB**

02248182	<i>ACT Pravastatin</i>	ActavisPhm	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02243506	<i>Apo-Pravastatin</i>	Apotex	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02446251	<i>Bio-Pravastatin</i>	Biomed	100	40.50	➡	0.4050
02330954	<i>Jamp-Pravastatin</i>	Jamp	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02432048	<i>Mar-Pravastatin</i>	Marcan	100	40.50	➡	0.4050
02317451	<i>Mint-Pravastatin</i>	Mint	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02257092	<i>Mylan-Pravastatin</i>	Mylan	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02247655	<i>pms-Pravastatin</i>	Phmscience	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02356546	<i>Pravastatin</i>	Sanis	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02389703	<i>Pravastatin</i>	Sivem	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02243824	<i>Pravastatin-10</i>	Pro Doc	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02284421	<i>Ran-Pravastatin</i>	Ranbaxy	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02270234	<i>Riva-Pravastatin</i>	Riva	30	12.15	➡	0.4050
			100	40.50	➡	0.4050
02247008	<i>Teva-Pravastatin</i>	Novopharm	30	12.15	➡	0.4050
			100	40.50	➡	0.4050

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

20 mg **PPB**

02248183	<i>ACT Pravastatin</i>	ActavisPhm	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02243507	<i>Apo-Pravastatin</i>	Apotex	30	14.33	➡	0.4777
			500	238.85	➡	0.4777
02446278	<i>Bio-Pravastatin</i>	Biomed	100	47.77	➡	0.4777
			500	238.85	➡	0.4777
02330962	<i>Jamp-Pravastatin</i>	Jamp	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02432056	<i>Mar-Pravastatin</i>	Marcan	100	47.77	➡	0.4777
02317478	<i>Mint-Pravastatin</i>	Mint	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02257106	<i>Mylan-Pravastatin</i>	Mylan	30	14.33	➡	0.4777
02247656	<i>pms-Pravastatin</i>	Phmscience	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
00893757	<i>Pravachol</i>	B.M.S.	90	42.99	➡	0.4777
02356554	<i>Pravastatin</i>	Sanis	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02389738	<i>Pravastatin</i>	Sivem	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02243825	<i>Pravastatin-20</i>	Pro Doc	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02284448	<i>Ran-Pravastatin</i>	Ranbaxy	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02270242	<i>Riva-Pravastatin</i>	Riva	30	14.33	➡	0.4777
			100	47.77	➡	0.4777
02247009	<i>Teva-Pravastatin</i>	Novopharm	30	14.33	➡	0.4777
			100	47.77	➡	0.4777

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

40 mg **PPB**

02248184	<i>ACT Pravastatin</i>	ActavisPhm	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02243508	<i>Apo-Pravastatin</i>	Apotex	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02446286	<i>Bio-Pravastatin</i>	Biomed	100	57.55	➡	0.5755
			500	287.75	➡	0.5755
02330970	<i>Jamp-Pravastatin</i>	Jamp	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02432064	<i>Mar-Pravastatin</i>	Marcan	100	57.55	➡	0.5755
02317486	<i>Mint-Pravastatin</i>	Mint	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02257114	<i>Mylan-Pravastatin</i>	Mylan	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02247657	<i>pms-Pravastatin</i>	Phmscience	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02222051	<i>Pravachol</i>	B.M.S.	90	51.80	➡	0.5755
02356562	<i>Pravastatin</i>	Sanis	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02389746	<i>Pravastatin</i>	Sivem	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02243826	<i>Pravastatin-40</i>	Pro Doc	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02284456	<i>Ran-Pravastatin</i>	Ranbaxy	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02270250	<i>Riva-Pravastatin</i>	Riva	30	17.27	➡	0.5755
			100	57.55	➡	0.5755
02247010	<i>Teva-Pravastatin</i>	Novopharm	30	17.27	➡	0.5755
			100	57.55	➡	0.5755

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

Tab.

5 mg **PPB**

02337975	<i>Apo-Rosuvastatin</i>	Apotex	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02442574	<i>Auro-Rosuvastatin</i>	Aurobindo	90	20.79	➡	0.2310
			500	115.50	➡	0.2310
02444968	<i>Bio-Rosuvastatin</i>	Biomed	100	23.10	➡	0.2310
02339765	<i>Co Rosuvastatin</i>	Cobalt	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02265540	<i>Crestor</i>	AZC	30	38.70		1.2900
02391252	<i>Jamp-Rosuvastatin</i>	Jamp	100	23.10	➡	0.2310
			500	115.50	➡	0.2310
02413051	<i>Mar-Rosuvastatin</i>	Marcan	100	23.10	➡	0.2310
			500	115.50	➡	0.2310
02399164	<i>Med-Rosuvastatin</i>	GMP	30	6.93	➡	0.2310
			100	23.10	➡	0.2310
02397781	<i>Mint-Rosuvastatin</i>	Mint	100	23.10	➡	0.2310
02381265	<i>Mylan-Rosuvastatin</i>	Mylan	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02378523	<i>pms-Rosuvastatin</i>	Phmscience	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02382644	<i>Ran-Rosuvastatin</i>	Ranbaxy	100	23.10	➡	0.2310
			500	115.50	➡	0.2310
02380013	<i>Riva-Rosuvastatin</i>	Riva	30	6.93	➡	0.2310
			100	23.10	➡	0.2310
02381176	<i>Rosuvastatin</i>	Pro Doc	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02405628	<i>Rosuvastatin</i>	Sanis	100	23.10	➡	0.2310
			500	115.50	➡	0.2310
02389037	<i>Rosuvastatin</i>	Sivem	30	6.93	➡	0.2310
			100	23.10	➡	0.2310
02411628	<i>Rosuvastatin-5</i>	Sivem	30	6.93	➡	0.2310
			100	23.10	➡	0.2310
02338726	<i>Sandoz Rosuvastatin</i>	Sandoz	30	6.93	➡	0.2310
			500	115.50	➡	0.2310
02354608	<i>Teva Rosuvastatin</i>	Teva Can	30	6.93	➡	0.2310
			500	115.50	➡	0.2310

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

10 mg **PPB**

02337983	<i>Apo-Rosuvastatin</i>	Apotex	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02442582	<i>Auro-Rosuvastatin</i>	Aurobindo	90	21.93	➡	0.2437
			500	121.85	➡	0.2437
02444976	<i>Bio-Rosuvastatin</i>	Biomed	100	24.37	➡	0.2437
			500	121.85	➡	0.2437
02339773	<i>Co Rosuvastatin</i>	Cobalt	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02247162	<i>Crestor</i>	AZC	30	40.80		1.3600
02391260	<i>Jamp-Rosuvastatin</i>	Jamp	100	24.37	➡	0.2437
			500	121.85	➡	0.2437
02413078	<i>Mar-Rosuvastatin</i>	Marcan	100	24.37	➡	0.2437
			500	121.85	➡	0.2437
02399172	<i>Med-Rosuvastatin</i>	GMP	30	7.31	➡	0.2437
			100	24.37	➡	0.2437
02397803	<i>Mint-Rosuvastatin</i>	Mint	100	24.37	➡	0.2437
02381273	<i>Mylan-Rosuvastatin</i>	Mylan	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02378531	<i>pms-Rosuvastatin</i>	Phmscience	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02382652	<i>Ran-Rosuvastatin</i>	Ranbaxy	100	24.37	➡	0.2437
			500	121.85	➡	0.2437
02380056	<i>Riva-Rosuvastatin</i>	Riva	30	7.31	➡	0.2437
			100	24.37	➡	0.2437
02381184	<i>Rosuvastatin</i>	Pro Doc	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02405636	<i>Rosuvastatin</i>	Sanis	500	121.85	➡	0.2437
02389045	<i>Rosuvastatin</i>	Sivem	30	7.31	➡	0.2437
			100	24.37	➡	0.2437
02411636	<i>Rosuvastatin-10</i>	Sivem	30	7.31	➡	0.2437
			100	24.37	➡	0.2437
02338734	<i>Sandoz Rosuvastatin</i>	Sandoz	30	7.31	➡	0.2437
			500	121.85	➡	0.2437
02354616	<i>Teva Rosuvastatin</i>	Teva Can	30	7.31	➡	0.2437
			500	121.85	➡	0.2437

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

20 mg **PPB**

02337991	<i>Apo-Rosuvastatin</i>	Apotex	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02442590	<i>Auro-Rosuvastatin</i>	Aurobindo	90	27.41	➡	0.3046
			500	152.30	➡	0.3046
02444984	<i>Bio-Rosuvastatin</i>	Biomed	100	30.46	➡	0.3046
			500	152.30	➡	0.3046
02339781	<i>Co Rosuvastatin</i>	Cobalt	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02247163	<i>Crestor</i>	AZC	30	51.00		1.7000
02391279	<i>Jamp-Rosuvastatin</i>	Jamp	100	30.46	➡	0.3046
			500	152.30	➡	0.3046
02413086	<i>Mar-Rosuvastatin</i>	Marcan	100	30.46	➡	0.3046
			500	152.30	➡	0.3046
02399180	<i>Med-Rosuvastatin</i>	GMP	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02397811	<i>Mint-Rosuvastatin</i>	Mint	100	30.46	➡	0.3046
02381281	<i>Mylan-Rosuvastatin</i>	Mylan	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02378558	<i>pms-Rosuvastatin</i>	Phmscience	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02382660	<i>Ran-Rosuvastatin</i>	Ranbaxy	100	30.46	➡	0.3046
			500	152.30	➡	0.3046
02380064	<i>Riva-Rosuvastatin</i>	Riva	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02381192	<i>Rosuvastatin</i>	Pro Doc	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02405644	<i>Rosuvastatin</i>	Sanis	500	152.28	➡	0.3046
02389053	<i>Rosuvastatin</i>	Sivem	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02411644	<i>Rosuvastatin-20</i>	Sivem	30	9.14	➡	0.3046
			100	30.46	➡	0.3046
02338742	<i>Sandoz Rosuvastatin</i>	Sandoz	30	9.14	➡	0.3046
			500	152.30	➡	0.3046
02354624	<i>Teva Rosuvastatin</i>	Teva Can	30	9.14	➡	0.3046
			500	152.30	➡	0.3046

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

40 mg **PPB**

02338009	<i>Apo-Rosuvastatin</i>	Apotex	30	10.75	➡	0.3582
			500	179.10	➡	0.3582
02442604	<i>Auro-Rosuvastatin</i>	Aurobindo	90	32.24	➡	0.3582
			500	179.10	➡	0.3582
02444992	<i>Bio-Rosuvastatin</i>	Biomed	100	35.82	➡	0.3582
02339803	<i>Co Rosuvastatin</i>	Cobalt	30	10.75	➡	0.3582
			500	179.10	➡	0.3582
02247164	<i>Crestor</i>	AZC	30	59.70		1.9900
02391287	<i>Jamp-Rosuvastatin</i>	Jamp	100	35.82	➡	0.3582
			500	179.10	➡	0.3582
02413108	<i>Mar-Rosuvastatin</i>	Marcan	100	35.82	➡	0.3582
			500	179.10	➡	0.3582
02399199	<i>Med-Rosuvastatin</i>	GMP	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02397838	<i>Mint-Rosuvastatin</i>	Mint	100	35.82	➡	0.3582
02381303	<i>Mylan-Rosuvastatin</i>	Mylan	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02378566	<i>pms-Rosuvastatin</i>	Phmscience	30	10.75	➡	0.3582
			500	179.10	➡	0.3582
02382679	<i>Ran-Rosuvastatin</i>	Ranbaxy	100	35.82	➡	0.3582
			500	179.10	➡	0.3582
02380102	<i>Riva-Rosuvastatin</i>	Riva	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02381206	<i>Rosuvastatin</i>	Pro Doc	30	10.75	➡	0.3582
			500	179.10	➡	0.3582
02405652	<i>Rosuvastatin</i>	Sanis	100	35.82	➡	0.3582
02389061	<i>Rosuvastatin</i>	Sivem	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02411652	<i>Rosuvastatin-40</i>	Sivem	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02338750	<i>Sandoz Rosuvastatin</i>	Sandoz	30	10.75	➡	0.3582
			100	35.82	➡	0.3582
02354632	<i>Teva Rosuvastatin</i>	Teva Can	30	10.75	➡	0.3582
			500	179.10	➡	0.3582

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

Tab.

5 mg **PPB**

02248103	<i>ACT Simvastatin</i>	ActavisPhm	100	18.41	➡	0.1841
02247011	<i>Apo-Simvastatin</i>	Apotex	100	18.41	➡	0.1841
02405148	<i>Auro-Simvastatin</i>	Aurobindo	30	5.52	➡	0.1840
02375591	<i>Jamp-Simvastatin</i>	Jamp	100	18.40	➡	0.1840
02375036	<i>Mar-Simvastatin</i>	Marcan	100	18.41	➡	0.1841
02372932	<i>Mint-Simvastatin</i>	Mint	100	18.40	➡	0.1840
02246582	<i>Mylan-Simvastatin</i>	Mylan	100	18.41	➡	0.1841
02281546	<i>phl-Simvastatin</i>	Pharmel	30	5.52	➡	0.1840
			100	18.41	➡	0.1841
02269252	<i>pms-Simvastatin</i>	Phmscience	30	5.52	➡	0.1840
			100	18.41	➡	0.1841
02329131	<i>Ran-Simvastatin</i>	Ranbaxy	100	18.40	➡	0.1840
02247297	<i>Riva-Simvastatin</i>	Riva	30	5.52	➡	0.1840
			100	18.41	➡	0.1841
02284723	<i>Simvastatin</i>	Sanis	100	18.40	➡	0.1840
02386291	<i>Simvastatin</i>	Sivem	100	18.40	➡	0.1840
02250144	<i>Teva-Simvastatin</i>	Teva Can	30	5.52	➡	0.1840
			100	18.41	➡	0.1841

Tab.

10 mg **PPB**

02248104	<i>ACT Simvastatin</i>	ActavisPhm	30	10.93	➡	0.3642
			500	182.10	➡	0.3642
02247012	<i>Apo-Simvastatin</i>	Apotex	30	10.93	➡	0.3642
			500	182.10	➡	0.3642
02405156	<i>Auro-Simvastatin</i>	Aurobindo	30	10.93	➡	0.3642
02375605	<i>Jamp-Simvastatin</i>	Jamp	30	10.93	➡	0.3642
			100	36.42	➡	0.3642
02375044	<i>Mar-Simvastatin</i>	Marcan	100	36.42	➡	0.3642
			500	182.10	➡	0.3642
02372940	<i>Mint-Simvastatin</i>	Mint	100	36.42	➡	0.3642
02246583	<i>Mylan-Simvastatin</i>	Mylan	100	36.42	➡	0.3642
02250152	<i>Novo-Simvastatin</i>	Novopharm	30	10.93	➡	0.3642
			500	182.10	➡	0.3642
02281554	<i>phl-Simvastatin</i>	Pharmel	30	10.93	➡	0.3642
			100	36.42	➡	0.3642
02269260	<i>pms-Simvastatin</i>	Phmscience	30	10.93	➡	0.3642
			100	36.42	➡	0.3642
02329158	<i>Ran-Simvastatin</i>	Ranbaxy	100	36.42	➡	0.3642
			500	182.10	➡	0.3642
02247298	<i>Riva-Simvastatin</i>	Riva	30	10.93	➡	0.3642
			500	182.10	➡	0.3642
02284731	<i>Simvastatin</i>	Sanis	100	36.42	➡	0.3642
02386305	<i>Simvastatin</i>	Sivem	30	10.93	➡	0.3642
			100	36.42	➡	0.3642
02247221	<i>Simvastatin-10</i>	Pro Doc	30	10.93	➡	0.3642
			500	182.10	➡	0.3642
00884332	<i>Zocor</i>	Merck	28	54.41	➡	1.9432

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

20 mg **PPB**

02248105	<i>ACT Simvastatin</i>	ActavisPhm	30	13.50	➡	0.4500
			500	225.05	➡	0.4501
02247013	<i>Apo-Simvastatin</i>	Apotex	30	13.50	➡	0.4500
			500	225.05	➡	0.4501
02405164	<i>Auro-Simvastatin</i>	Aurobindo	30	13.50	➡	0.4500
02375613	<i>Jamp-Simvastatin</i>	Jamp	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02375052	<i>Mar-Simvastatin</i>	Marcan	100	45.00	➡	0.4500
			500	225.05	➡	0.4501
02372959	<i>Mint-Simvastatin</i>	Mint	100	45.00	➡	0.4500
02246737	<i>Mylan-Simvastatin</i>	Mylan	100	45.01	➡	0.4501
02250160	<i>Novo-Simvastatin</i>	Novopharm	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02281562	<i>phl-Simvastatin</i>	Pharmel	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02269279	<i>pms-Simvastatin</i>	Phmscience	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02329166	<i>Ran-Simvastatin</i>	Ranbaxy	100	45.00	➡	0.4500
			500	225.05	➡	0.4501
02247299	<i>Riva-Simvastatin</i>	Riva	30	13.50	➡	0.4500
			500	225.05	➡	0.4501
02284758	<i>Simvastatin</i>	Sanis	100	45.00	➡	0.4500
			500	225.05	➡	0.4501
02386313	<i>Simvastatin</i>	Sivem	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02247222	<i>Simvastatin-20</i>	Pro Doc	30	13.50	➡	0.4500
			500	225.05	➡	0.4501
00884340	<i>Zocor</i>	Merck	28	67.71		2.4182

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

40 mg **PPB**

02248106	<i>ACT Simvastatin</i>	ActavisPhm	30	13.50	➡	0.4500
			500	225.05	➡	0.4501
02247014	<i>Apo-Simvastatin</i>	Apotex	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02405172	<i>Auro-Simvastatin</i>	Aurobindo	30	13.50	➡	0.4500
02375621	<i>Jamp-Simvastatin</i>	Jamp	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02375060	<i>Mar-Simvastatin</i>	Marcan	100	45.00	➡	0.4500
02372967	<i>Mint-Simvastatin</i>	Mint	100	45.00	➡	0.4500
02246584	<i>Mylan-Simvastatin</i>	Mylan	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02281570	<i>phl-Simvastatin</i>	Pharmel	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02269287	<i>pms-Simvastatin</i>	Phmscience	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02329174	<i>Ran-Simvastatin</i>	Ranbaxy	100	45.00	➡	0.4500
			500	225.05	➡	0.4501
02247300	<i>Riva-Simvastatin</i>	Riva	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02284766	<i>Simvastatin</i>	Sanis	100	45.00	➡	0.4500
02386321	<i>Simvastatin</i>	Sivem	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02247223	<i>Simvastatin-40</i>	Pro Doc	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02250179	<i>Teva-Simvastatin</i>	Teva Can	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
00884359	<i>Zocor</i>	Merck	28	67.71		2.4182

Tab.

80 mg **PPB**

02248107	<i>ACT Simvastatin</i>	ActavisPhm	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02247015	<i>Apo-Simvastatin</i>	Apotex	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02405180	<i>Auro-Simvastatin</i>	Aurobindo	30	13.50	➡	0.4500
02375648	<i>Jamp-Simvastatin</i>	Jamp	100	45.00	➡	0.4500
02375079	<i>Mar-Simvastatin</i>	Marcan	100	45.01	➡	0.4501
02372975	<i>Mint-Simvastatin</i>	Mint	100	45.00	➡	0.4500
02246585	<i>Mylan-Simvastatin</i>	Mylan	100	45.01	➡	0.4501
02281589	<i>phl-Simvastatin</i>	Pharmel	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02269295	<i>pms-Simvastatin</i>	Phmscience	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02329182	<i>Ran-Simvastatin</i>	Ranbaxy	100	45.00	➡	0.4500
02247301	<i>Riva-Simvastatin</i>	Riva	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02247224	<i>Simvastatin</i>	Pro Doc	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02284774	<i>Simvastatin</i>	Sanis	100	45.00	➡	0.4500
02386348	<i>Simvastatin</i>	Sivem	30	13.50	➡	0.4500
			100	45.01	➡	0.4501
02250187	<i>Teva-Simvastatin</i>	Teva Can	30	13.50	➡	0.4500
			100	45.01	➡	0.4501

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:06.92
MISCELLANEOUS ANTILIPEMIC AGENTS
NIACIN 

L.A. Tab.				500 mg	
02309254	<i>Niaspan FCT</i>	Sunovion	90	99.00	1.1000

L.A. Tab.				750 mg	
02309262	<i>Niaspan FCT</i>	Sunovion	90	99.00	1.1000

L.A. Tab.				1000 mg	
02309289	<i>Niaspan FCT</i>	Sunovion	90	99.00	1.1000

NIACIN

Tab.				500 mg	PPB	
00557412	<i>Jamp-Niacin</i>	Jamp	100	4.50	➡	0.0450
			500	22.50	➡	0.0450
01939130	<i>Niacine</i>	Odan	100	7.50	☒	0.0459

24:08.16
CENTRAL ALPHA-AGONISTS
CLONIDINE HYDROCHLORIDE 

Tab.				0.1 mg	
02046121	<i>Teva-Clonidine</i>	Teva Can	100	16.49	0.1649

Tab.				0.2 mg	
02046148	<i>Teva-Clonidine</i>	Teva Can	100	29.42	0.2942

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
			1000	143.30	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
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24:08.20

DIRECT VASODILATORS

DIAZOXIDE

Caps.

				100 mg	
00503347	<i>Proglycem</i>	Merck	100	161.41	1.6141

HYDRALAZINE HYDROCHLORIDE

Tab.

				10 mg	
00441619	<i>Hydralazine</i>	AA Pharma	100	13.47	0.1347

Tab.

				25 mg	
00441627	<i>Hydralazine</i>	AA Pharma	100	23.14	0.2314

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

24:12.08

NITRATES AND NITRITES

GLYCERYL TRINITRATE

Patch


				0.2 mg/h	PPB	
02162806	<i>Minitran</i>	Valeant	30	13.39	➡	0.4463
02407442	<i>Mylan-Nitro Patch 0.2</i>	Mylan	30	13.39	➡	0.4463
01911910	<i>Nitro-Dur</i>	Merck	30	13.39	➡	0.4463
00584223	<i>Transderm-Nitro</i>	Novartis	30	18.77		0.6257
02230732	<i>Trinipatch</i>	Paladin	30	13.39	➡	0.4463

Patch

				0.4 mg/h	PPB	
02163527	<i>Minitran</i>	Valeant	30	14.11	➡	0.4703
02407450	<i>Mylan-Nitro Patch 0.4</i>	Mylan	30	14.11	➡	0.4703
01911902	<i>Nitro-Dur</i>	Merck	30	14.11	➡	0.4703
00852384	<i>Transderm-Nitro</i>	Novartis	30	21.20		0.7067
02230733	<i>Trinipatch</i>	Paladin	30	14.11	➡	0.4703

Patch

				0.6 mg/h	PPB	
02163535	<i>Minitran</i>	Valeant	30	14.11	➡	0.4703
02407469	<i>Mylan-Nitro Patch 0.6</i>	Mylan	30	14.11	➡	0.4703
01911929	<i>Nitro-Dur</i>	Merck	30	14.11	➡	0.4703
02046156	<i>Transderm-Nitro</i>	Novartis	30	21.20		0.7067
02230734	<i>Trinipatch</i>	Paladin	30	14.11	➡	0.4703

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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>	Merck	30	26.23 ➡	0.8743
S.-Ling. Spray					
				0.4 mg PPB	
02393433	<i>Apo-Nitroglycerin</i>	Apotex	200 dose(s) ➡	8.42	
02243588	<i>Mylan-Nitro SL Spray</i>	Mylan	200 dose(s) ➡	8.42	
02231441	<i>Nitrolingual Pompe</i>	SanofiAven	200 dose(s)	13.37	
02238998	<i>Rho-Nitro</i>	Sandoz	200 dose(s) ➡	8.42	
Top. Oint.					
				2 %	
01926454	<i>Nitrol</i>	Paladin	30 g 60 g	7.93 17.19	
GLYCERYL TRINITRATE (STABILIZED)					
S-Ling. Tab.					
				0.3 mg	
00037613	<i>Nitrostat</i>	Pfizer	100	3.37	
S-Ling. Tab.					
				0.6 mg	
00037621	<i>Nitrostat</i>	Pfizer	100	3.52	
ISOSORBIDE DINITRATE					
S-Ling. Tab.					
				5 mg	
00670944	<i>Isdn</i>	AA Pharma	100	6.21	0.0621
Tab.					
				10 mg	
00441686	<i>Isdn</i>	AA Pharma	100 1000	3.65 36.50	0.0365 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
02126559	<i>Imdur</i>	AZC	30 100	20.55 68.50	0.6850 0.6850
02446073	<i>ISMN</i>	Sivem	30 100	10.57 35.23 ➡	0.3523 0.3523
02301288	<i>pms-ISMN</i>	Phmscience	30 100	10.57 35.23 ➡	0.3523 0.3523
02311321	<i>Pro-ISMN-60</i>	Pro Doc	100	35.23 ➡	0.3523


CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:12.92

MISCELLANEOUS VASODILATING AGENTS

DIPYRIDAMOLE

Tab.

				25 mg	
00895644	<i>Apo-Dipyridamole-FC</i>	Apotex	100	26.33	 0.1466

Tab.

				50 mg	
00895652	<i>Apo-Dipyridamole</i>	Apotex	100	36.85	0.3685

Tab.





				75 mg	
00895660	<i>Apo-Dipyridamole</i>	Apotex	100	49.63	0.4963

24:20





ALPHA-ADRENERGICS BLOCKING AGENTS

DOXAZOSIN MESYLATE





Tab.

				1 mg	PPB	
02240588	<i>Apo-Doxazosin</i>	Apotex	100	14.16		0.1416
01958100	<i>Cardura-1</i>	Pfizer	100	57.37		0.5737
02240978	<i>Doxazosin-1</i>	Pro Doc	100	14.16		0.1416
02242728	<i>Novo-Doxazosin</i>	Novopharm	100	14.16		0.1416
02244527	<i>pms-Doxazosin</i>	Phmscience	100	14.16		0.1416

Tab.

				2 mg	PPB	
02240589	<i>Apo-Doxazosin</i>	Apotex	100	16.99		0.1699
01958097	<i>Cardura-2</i>	Pfizer	100	68.81		0.6881
02240979	<i>Doxazosin-2</i>	Pro Doc	100	16.99		0.1699
02242729	<i>Novo-Doxazosin</i>	Novopharm	100	16.99		0.1699
02244528	<i>pms-Doxazosin</i>	Phmscience	100	16.99		0.1699

Tab.

				4 mg	PPB	
02240590	<i>Apo-Doxazosin</i>	Apotex	100	22.09		0.2209
01958119	<i>Cardura-4</i>	Pfizer	100	89.47		0.8947
02240980	<i>Doxazosin-4</i>	Pro Doc	100	22.09		0.2209
02242730	<i>Novo-Doxazosin</i>	Novopharm	100	22.09		0.2209
02244529	<i>pms-Doxazosin</i>	Phmscience	100	22.09		0.2209

PRAZOSIN HYDROCHLORIDE

Tab.

				1 mg	
01934198	<i>Novo-Prazin</i>	Novopharm	100	13.71	0.1371

Tab.

				2 mg	
01934201	<i>Novo-Prazin</i>	Novopharm	100	18.62	0.1862

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

				5 mg	
01934228	<i>Novo-Prazin</i>	Novopharm	100	25.60	0.2560

TERAZOSIN HYDROCHLORIDE

Kit

				1 mg, 2 mg, 5 mg	
02187876	<i>Hytrin</i>	Abbott	1	22.20	

Tab.

				1 mg	PPB	
02234502	<i>Apo-Terazosin</i>	Apotex	100	18.35	➡	0.1835
			500	91.77	➡	0.1835
00818658	<i>Hytrin</i>	BGP Pharma	100	61.18		0.6118
02246544	<i>phl-Terazosin</i>	Pharmel	100	18.35	➡	0.1835
02243518	<i>pms-Terazosin</i>	Phmscience	100	18.35	➡	0.1835
02218941	<i>ratio-Terazosin</i>	Ratiopharm	100	18.35	➡	0.1835
02350475	<i>Terazosin</i>	Sanis	100	18.35	➡	0.1835
02230805	<i>Teva-Terazosin</i>	Teva Can	100	18.35	➡	0.1835

Tab.

				2 mg	PPB	
02234503	<i>Apo-Terazosin</i>	Apotex	100	23.33	➡	0.2333
			500	116.64	➡	0.2333
00818682	<i>Hytrin</i>	BGP Pharma	100	77.76		0.7776
02246545	<i>phl-Terazosin</i>	Pharmel	100	23.33	➡	0.2333
02243519	<i>pms-Terazosin</i>	Phmscience	100	23.33	➡	0.2333
02218968	<i>ratio-Terazosin</i>	Ratiopharm	100	23.33	➡	0.2333
02350483	<i>Terazosin</i>	Sanis	100	23.33	➡	0.2333
02237477	<i>Terazosin-2</i>	Pro Doc	100	23.33	➡	0.2333
02230806	<i>Teva-Terazosin</i>	Teva Can	100	23.33	➡	0.2333

Tab.

				5 mg	PPB	
02234504	<i>Apo-Terazosin</i>	Apotex	100	31.68	➡	0.3168
			500	158.40	➡	0.3168
00818666	<i>Hytrin</i>	BGP Pharma	100	105.61		1.0561
02246546	<i>phl-Terazosin</i>	Pharmel	100	31.68	➡	0.3168
02243520	<i>pms-Terazosin</i>	Phmscience	100	31.68	➡	0.3168
02218976	<i>ratio-Terazosin</i>	Ratiopharm	100	31.68	➡	0.3168
02350491	<i>Terazosin</i>	Sanis	100	31.68	➡	0.3168
02237478	<i>Terazosin-5</i>	Pro Doc	100	31.68	➡	0.3168
02230807	<i>Teva-Terazosin</i>	Teva Can	100	31.68	➡	0.3168

Tab.

				10 mg	PPB	
02234505	<i>Apo-Terazosin</i>	Apotex	100	46.37	➡	0.4637
00818674	<i>Hytrin</i>	BGP Pharma	100	154.60		1.5460
02246547	<i>phl-Terazosin</i>	Pharmel	100	46.37	➡	0.4637
02243521	<i>pms-Terazosin</i>	Phmscience	100	46.37	➡	0.4637
02218984	<i>ratio-Terazosin</i>	Ratiopharm	100	46.37	➡	0.4637
02350505	<i>Terazosin</i>	Sanis	100	46.37	➡	0.4637
02230808	<i>Teva-Terazosin</i>	Teva Can	100	46.37	➡	0.4637

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:24

BÊTA-ADRENERGICS BLOCKING AGENTS

ACEBUTOL HYDROCHLORIDE

Tab.

100 mg **PPB**

02286246	<i>Acebutolol</i>	Sanis	100	7.87	➡	0.0787
			500	39.33	➡	0.0787
02164396	<i>Acebutolol-100</i>	Pro Doc	100	7.87	➡	0.0787
			500	39.33	➡	0.0787
02147602	<i>Apo-Acebutolol</i>	Apotex	100	7.87	➡	0.0787
			500	39.33	➡	0.0787
02237721	<i>Mylan-Acebutolol</i>	Mylan	100	7.87	➡	0.0787
			500	39.33	➡	0.0787
02237885	<i>Mylan-Acebutolol S</i>	Mylan	100	7.87	➡	0.0787
			500	39.33	➡	0.0787
02204517	<i>Novo-Acebutolol</i>	Novopharm	100	7.87	➡	0.0787
01926543	<i>Sectral</i>	SanofiAven	100	30.02		0.3002

Tab.

200 mg **PPB**

02286254	<i>Acebutolol</i>	Sanis	100	11.77	➡	0.1177
			500	58.85	➡	0.1177
02164418	<i>Acebutolol-200</i>	Pro Doc	100	11.77	➡	0.1177
			500	58.85	➡	0.1177
02147610	<i>Apo-Acebutolol</i>	Apotex	100	11.77	➡	0.1177
			500	58.85	➡	0.1177
02237722	<i>Mylan-Acebutolol</i>	Mylan	100	11.77	➡	0.1177
			500	58.85	➡	0.1177
02237886	<i>Mylan-Acebutolol S</i>	Mylan	100	11.77	➡	0.1177
			500	58.85	➡	0.1177
02204525	<i>Novo-Acebutolol</i>	Novopharm	100	11.77	➡	0.1177
01926551	<i>Sectral</i>	SanofiAven	100	45.02		0.4502

Tab.

400 mg **PPB**

02286262	<i>Acebutolol</i>	Sanis	100	24.66	➡	0.2466
02164426	<i>Acebutolol-400</i>	Pro Doc	100	24.66	➡	0.2466
			500	123.28	➡	0.2466
02147629	<i>Apo-Acebutolol</i>	Apotex	100	24.66	➡	0.2466
			500	123.28	➡	0.2466
02237723	<i>Mylan-Acebutolol</i>	Mylan	100	24.66	➡	0.2466
02237887	<i>Mylan-Acebutolol S</i>	Mylan	100	24.66	➡	0.2466
02204533	<i>Novo-Acebutolol</i>	Novopharm	100	24.66	➡	0.2466

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

Tab.

 25 mg **PPB**

02326701	<i>Atenolol</i>	Pro Doc	100	6.76	➡	0.0676
			500	33.80	➡	0.0676
02247182	<i>Atenolol</i>	Sivem	100	6.76	➡	0.0676
02392194	<i>Bio-Atenolol</i>	Biomed	100	6.76	➡	0.0676
02367556	<i>Jamp-Atenolol</i>	Jamp	100	6.76	➡	0.0676
02371979	<i>Mar-Atenolol</i>	Marcan	100	6.76	➡	0.0676
02368013	<i>Mint-Atenol</i>	Mint	100	6.76	➡	0.0676
02303647	<i>Mylan-Atenolol</i>	Mylan	100	6.76	➡	0.0676
02246581	<i>pms-Atenolol</i>	Phmscience	100	6.76	➡	0.0676
			500	33.80	➡	0.0676
02373963	<i>Ran-Atenolol</i>	Ranbaxy	100	6.76	➡	0.0676
02277379	<i>Riva-Atenolol</i>	Riva	100	6.76	➡	0.0676
			500	33.80	➡	0.0676
02368633	<i>Septa-Atenolol</i>	Septa	100	6.76	➡	0.0676
02266660	<i>Teva-Atenol</i>	Teva Can	100	6.76	➡	0.0676

Tab.

 50 mg **PPB**

02255545	<i>ACT Atenolol</i>	ActavisPhm	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
00773689	<i>Apo-Atenol</i>	Apotex	100	14.37	➡	0.1437
			500	71.83	➡	0.1437
02238316	<i>Atenolol</i>	Sivem	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
00828807	<i>Atenolol-50</i>	Pro Doc	100	14.37	➡	0.1437
			500	71.83	➡	0.1437
02392178	<i>Bio-Atenolol</i>	Biomed	30	4.31	➡	0.1437
			100	14.37	➡	0.1437
02367564	<i>Jamp-Atenolol</i>	Jamp	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02371987	<i>Mar-Atenolol</i>	Marcan	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02368021	<i>Mint-Atenol</i>	Mint	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02146894	<i>Mylan-Atenolol</i>	Mylan	500	71.83	➡	0.1437
02237600	<i>pms-Atenolol</i>	Phmscience	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02267985	<i>Ran-Atenolol</i>	Ranbaxy	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02171791	<i>ratio-Atenolol</i>	Ratiopharm	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02242094	<i>Riva-Atenolol</i>	Riva	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02368641	<i>Septa-Atenolol</i>	Septa	30	4.31	➡	0.1437
			500	71.83	➡	0.1437
02039532	<i>Tenormin</i>	AZC	30	17.91		0.5970
01912062	<i>Teva-Atenol</i>	Teva Can	30	4.31	➡	0.1437
			500	71.83	➡	0.1437

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

100 mg **PPB**

02255553	<i>ACT Atenolol</i>	ActavisPhm	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
00773697	<i>Apo-Atenol</i>	Apotex	100	23.62	➡	0.2362
			500	118.08	➡	0.2362
02238318	<i>Atenolol</i>	Sivem	30	7.09	➡	0.2362
			100	23.62	➡	0.2362
00828793	<i>Atenolol-100</i>	Pro Doc	100	23.62	➡	0.2362
			500	118.08	➡	0.2362
02392186	<i>Bio-Atenolol</i>	Biomed	30	7.09	➡	0.2362
			100	23.62	➡	0.2362
02367572	<i>Jamp-Atenolol</i>	Jamp	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02371995	<i>Mar-Atenolol</i>	Marcan	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02368048	<i>Mint-Atenol</i>	Mint	30	7.09	➡	0.2362
			100	23.62	➡	0.2362
02147432	<i>Mylan-Atenolol</i>	Mylan	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02237601	<i>pms-Atenolol</i>	Phmscience	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02267993	<i>Ran-Atenolol</i>	Ranbaxy	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02171805	<i>ratio-Atenolol</i>	Ratiopharm	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02242093	<i>Riva-Atenolol</i>	Riva	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02368668	<i>Septa-Atenolol</i>	Septa	30	7.09	➡	0.2362
			500	118.08	➡	0.2362
02039540	<i>Tenormin</i>	AZC	30	29.44		0.9813
01912054	<i>Teva-Atenol</i>	Teva Can	30	7.09	➡	0.2362
			500	118.08	➡	0.2362

BISOPROLOL FUMARATE 

Tab.

5 mg **PPB**

02256134	<i>Apo-Bisoprolol</i>	Apotex	100	9.94	➡	0.0994
02391589	<i>Bisoprolol</i>	Sanis	100	9.94	➡	0.0994
02383055	<i>Bisoprolol</i>	Sivem	100	9.94	➡	0.0994
02384418	<i>Mylan-Bisoprolol</i>	Mylan	100	9.94	➡	0.0994
02267470	<i>Novo-Bisoprolol</i>	Novopharm	100	9.94	➡	0.0994
02308339	<i>phl-Bisoprolol</i>	Pharmel	100	9.94	➡	0.0994
02302632	<i>pms-Bisoprolol</i>	Phmscience	100	9.94	➡	0.0994
02306999	<i>Pro-Bisoprolol-5</i>	Pro Doc	100	9.94	➡	0.0994
02247439	<i>Sandoz Bisoprolol</i>	Sandoz	100	9.94	➡	0.0994

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

10 mg **PPB**

02256177	<i>Apo-Bisoprolol</i>	Apotex	100	14.50	➡	0.1450
02391597	<i>Bisoprolol</i>	Sanis	100	14.50	➡	0.1450
02383063	<i>Bisoprolol</i>	Sivem	100	14.50	➡	0.1450
02384426	<i>Mylan-Bisoprolol</i>	Mylan	100	14.50	➡	0.1450
02267489	<i>Novo-Bisoprolol</i>	Novopharm	100	14.50	➡	0.1450
02308347	<i>phl-Bisoprolol</i>	Pharmel	100	14.50	➡	0.1450
02302640	<i>pms-Bisoprolol</i>	Phmscience	100	14.50	➡	0.1450
02307006	<i>Pro-Bisoprolol-10</i>	Pro Doc	100	14.50	➡	0.1450
02247440	<i>Sandoz Bisoprolol</i>	Sandoz	100	14.50	➡	0.1450

CARVEDILOL

Tab.

3.125 mg **PPB**

02247933	<i>Apo-Carvedilol</i>	Apotex	100	33.77	➡	0.3377
02418495	<i>Auro-Carvedilol</i>	Aurobindo	100	33.77	➡	0.3377
			1000	337.70	➡	0.3377
02324504	<i>Carvedilol</i>	Pro Doc	100	33.77	➡	0.3377
02364913	<i>Carvedilol</i>	Sanis	100	33.77	➡	0.3377
02248752	<i>Carvedilol</i>	Sivem	100	33.77	➡	0.3377
02368897	<i>Jamp-Carvedilol</i>	Jamp	100	33.77	➡	0.3377
02347512	<i>Mylan-Carvedilol</i>	Mylan	100	33.77	➡	0.3377
02245914	<i>pms-Carvedilol</i>	Phmscience	100	33.77	➡	0.3377
02268027	<i>Ran-Carvedilol</i>	Ranbaxy	100	33.77	➡	0.3377
02252309	<i>ratio-Carvedilol</i>	Ratiopharm	100	33.77	➡	0.3377

Tab.

6.25 mg **PPB**

02247934	<i>Apo-Carvedilol</i>	Apotex	100	33.77	➡	0.3377
02418509	<i>Auro-Carvedilol</i>	Aurobindo	100	33.77	➡	0.3377
			1000	337.70	➡	0.3377
02324512	<i>Carvedilol</i>	Pro Doc	100	33.77	➡	0.3377
02364921	<i>Carvedilol</i>	Sanis	100	33.77	➡	0.3377
02248753	<i>Carvedilol</i>	Sivem	100	33.77	➡	0.3377
02368900	<i>Jamp-Carvedilol</i>	Jamp	100	33.77	➡	0.3377
02347520	<i>Mylan-Carvedilol</i>	Mylan	100	33.77	➡	0.3377
02245915	<i>pms-Carvedilol</i>	Phmscience	100	33.77	➡	0.3377
02268035	<i>Ran-Carvedilol</i>	Ranbaxy	100	33.77	➡	0.3377
02252317	<i>ratio-Carvedilol</i>	Ratiopharm	100	33.77	➡	0.3377

Tab.

12.5 mg **PPB**

02247935	<i>Apo-Carvedilol</i>	Apotex	100	33.77	➡	0.3377
02418517	<i>Auro-Carvedilol</i>	Aurobindo	100	33.77	➡	0.3377
			1000	337.70	➡	0.3377
02324520	<i>Carvedilol</i>	Pro Doc	100	33.77	➡	0.3377
02364948	<i>Carvedilol</i>	Sanis	100	33.77	➡	0.3377
02248754	<i>Carvedilol</i>	Sivem	100	33.77	➡	0.3377
02368919	<i>Jamp-Carvedilol</i>	Jamp	100	33.77	➡	0.3377
02347555	<i>Mylan-Carvedilol</i>	Mylan	100	33.77	➡	0.3377
02245916	<i>pms-Carvedilol</i>	Phmscience	100	33.77	➡	0.3377
02268043	<i>Ran-Carvedilol</i>	Ranbaxy	100	33.77	➡	0.3377
02252325	<i>ratio-Carvedilol</i>	Ratiopharm	100	33.77	➡	0.3377

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

25 mg **PPB**

02247936	<i>Apo-Carvedilol</i>	Apotex	100	33.77	➡	0.3377
02418525	<i>Auro-Carvedilol</i>	Aurobindo	100	33.77	➡	0.3377
			1000	337.70	➡	0.3377
02324539	<i>Carvedilol</i>	Pro Doc	100	33.77	➡	0.3377
02364956	<i>Carvedilol</i>	Sanis	100	33.77	➡	0.3377
02248755	<i>Carvedilol</i>	Sivem	100	33.77	➡	0.3377
02368927	<i>Jamp-Carvedilol</i>	Jamp	100	33.77	➡	0.3377
02347571	<i>Mylan-Carvedilol</i>	Mylan	100	33.77	➡	0.3377
02245917	<i>pms-Carvedilol</i>	Phmscience	100	33.77	➡	0.3377
02268051	<i>Ran-Carvedilol</i>	Ranbaxy	100	33.77	➡	0.3377
02252333	<i>ratio-Carvedilol</i>	Ratiopharm	100	33.77	➡	0.3377

LABETALOL (HYDROCHLORIDE) 

Tab.

100 mg

02106272	<i>Trandate</i>	Paladin	100	26.00		0.2600
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Tab.

200 mg

02106280	<i>Trandate</i>	Paladin	100	45.95		0.4595
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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METOPROLOL TARTRATE

Co. or Co. L.A.

 50 mg /100 mg L.A. **PPB**

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
00397423	<i>Lopresor 50 mg</i>	Novartis	100	22.71		0.2271
			500	106.82		0.2136
00658855	<i>Lopresor SR 100 mg</i>	Novartis	100	26.52		0.2652
			250	66.28		0.2651
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	➡	0.1248
00648019	<i>Metoprolol-50</i>	Pro Doc	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
02442124	<i>Metoprolol-L</i>	Sivem	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
02174545	<i>Mylan-Metoprolol (Type L)</i>	Mylan	1000	62.38	➡	0.0624
02230803	<i>pms-Metoprolol-L</i>	Phmscience	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
02315319	<i>Riva-Metoprolol-L</i>	Riva	100	6.24	➡	0.0624
			1000	62.38	➡	0.0624
02354187	<i>Sandoz Metoprolol L 50</i>	Sandoz	100	6.24	➡	0.0624
			500	31.19	➡	0.0624
02303396	<i>Sandoz Metoprolol SR 100</i>	Sandoz	100	12.48	➡	0.1248
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Co. or Co. L.A.

100 mg / 200 mg L.A. **PPB**

00618640	<i>Apo-Metoprolol 100 mg</i>	Apotex	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
00751170	<i>Apo-Metoprolol L 100 mg</i>	Apotex	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
02356848	<i>Jamp-Metoprolol-L</i>	Jamp	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250
00397431	<i>Lopresor 100 mg</i>	Novartis	100	46.60	0.4660
00534560	<i>Lopresor SR 200 mg</i>	Novartis	100	48.12	0.4812
			250	120.28	0.4811
02350408	<i>Metoprolol 100 mg</i>	Sanis	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250
02351412	<i>Metoprolol SR</i>	Pro Doc	100	24.99	➡ 0.2499
00648027	<i>Metoprolol-100</i>	Pro Doc	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
02442132	<i>Metoprolol-L</i>	Sivem	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
02174553	<i>Mylan-Metoprolol (Type L)</i>	Mylan	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
00842656	<i>Novo-Metoprol B 100 mg</i>	Novopharm	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250
02230804	<i>pms-Metoprolol-L</i>	Phmscience	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250
02315327	<i>Riva-Metoprolol-L</i>	Riva	100	12.50	➡ 0.1250
			1000	125.00	➡ 0.1250
02354195	<i>Sandoz Metoprolol L 100</i>	Sandoz	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250
02303418	<i>Sandoz Metoprolol SR 200</i>	Sandoz	100	24.99	➡ 0.2499
00648043	<i>Teva-Metoprolol</i>	Teva Can	100	12.50	➡ 0.1250
			500	62.50	➡ 0.1250

Tab.

25 mg **PPB**

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
02296713	<i>Metoprolol-25</i>	Pro Doc	100	6.43	➡ 0.0643
			1000	64.30	➡ 0.0643
02442116	<i>Metoprolol-L</i>	Sivem	100	6.43	➡ 0.0643
			500	32.15	➡ 0.0643
02302055	<i>Mylan-Metoprolol (Type L)</i>	Mylan	100	6.43	➡ 0.0643
02261898	<i>Novo-Metoprol</i>	Novopharm	100	6.43	➡ 0.0643
02248855	<i>pms-Metoprolol-L 25 mg</i>	Phmscience	100	6.43	➡ 0.0643
			500	32.15	➡ 0.0643
02315300	<i>Riva-Metoprolol-L</i>	Riva	100	6.43	➡ 0.0643
			500	32.15	➡ 0.0643

NADOLOL 

Tab.

40 mg

00782505	<i>Nadolol</i>	AA Pharma	100	45.12	0.4512
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				80 mg	
00782467	Nadolol	AA Pharma	100	37.10	0.3710

PINDOLOL 

Tab.

				5 mg	PPB	
00755877	Apo-Pindol	Apotex	100	13.61	➡	0.1361
00869007	Novo-Pindol	Novopharm	100	13.61	➡	0.1361
			500	68.03	➡	0.1361
00828416	Pindolol-5	Pro Doc	100	13.61	➡	0.1361
02231536	pms-Pindolol	Phmscience	100	13.61	➡	0.1361
00417270	Visken	Tribute	100	45.71		0.4571

Tab.

				10 mg	PPB	
00755885	Apo-Pindol	Apotex	100	23.23	➡	0.2323
			500	116.17	➡	0.2323
00869015	Novo-Pindol	Novopharm	100	23.23	➡	0.2323
			500	116.17	➡	0.2323
00828424	Pindolol-10	Pro Doc	100	23.23	➡	0.2323
02231537	pms-Pindolol	Phmscience	100	23.23	➡	0.2323
00443174	Visken	Tribute	100	78.06		0.7806

Tab.

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

PINDOLOL / HYDROCHLOROTHIAZIDE 

Tab.

				10 mg -25 mg	
00568627	Viskazide 10/25	Tribute	105	80.28	0.7646

PROPRANOLOL HYDROCHLORIDE 

L.A. Caps or Tab.

				20 mg /60 mg L.A.	PPB	
02042231	Inderal L.A. 60 mg	Pfizer	100	44.93		0.4493
00740675	Novo-Pranol 20 mg	Novopharm	100	2.77	➡	0.0277
			500	13.84	➡	0.0277

L.A. Caps or Tab.

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps or Tab. 80 mg / 160 mg L.A. PPB					
02042274	<i>Inderal L.A. 160 mg</i>	Pfizer	100	92.27	0.9227
00496502	<i>Novo-Pranol 80 mg</i>	Novopharm	100	5.09	0.0509
			500	25.43	0.0509

Tab. 10 mg					
00496480	<i>Teva-Propranolol</i>	Teva Can	100	1.72	0.0172
			1000	17.23	0.0172

SOTALOL HYDROCHLORIDE

Tab. 80 mg PPB					
02210428	<i>Apo-Sotalol</i>	Apotex	100	29.66	0.2966
02270625	<i>Co Sotalol</i>	Cobalt	100	29.66	0.2966
02368617	<i>Jamp-Sotalol</i>	Jamp	100	29.66	0.2966
			500	148.30	0.2966
02231181	<i>Novo-Sotalol</i>	Novopharm	100	29.66	0.2966
			500	148.30	0.2966
02238768	<i>phl-Sotalol</i>	Pharmel	100	29.66	0.2966
02238326	<i>pms-Sotalol</i>	Phmscience	100	29.66	0.2966
			500	148.30	0.2966
02316528	<i>Pro-Sotalol</i>	Pro Doc	100	29.66	0.2966
			500	148.30	0.2966
02272164	<i>Riva-Sotalol</i>	Riva	100	29.66	0.2966
02385988	<i>Sotalol</i>	Sivem	100	29.66	0.2966

Tab. 160 mg PPB					
02167794	<i>Apo-Sotalol</i>	Apotex	100	16.23	0.1623
			500	81.15	0.1623
02270633	<i>Co Sotalol</i>	Cobalt	100	16.23	0.1623
02368625	<i>Jamp-Sotalol</i>	Jamp	100	16.23	0.1623
			500	81.15	0.1623
02231182	<i>Novo-Sotalol</i>	Novopharm	100	16.23	0.1623
			500	81.15	0.1623
02238769	<i>phl-Sotalol</i>	Pharmel	100	16.23	0.1623
02238327	<i>pms-Sotalol</i>	Phmscience	100	16.23	0.1623
02316536	<i>Pro-Sotalol</i>	Pro Doc	100	16.23	0.1623
02084236	<i>ratio-Sotalol</i>	Ratiopharm	100	16.23	0.1623
02242157	<i>Riva-Sotalol</i>	Riva	100	16.23	0.1623
02272172	<i>Riva-Sotalol</i>	Riva	100	16.23	0.1623
02257858	<i>Sandoz Sotalol</i>	Sandoz	100	16.23	0.1623
02385996	<i>Sotalol</i>	Sivem	100	16.23	0.1623

TIMOLOL MALEATE

Tab. 5 mg					
00755842	<i>Apo-Timol</i>	Apotex	100	16.49	0.1649

Tab. 10 mg					
00755850	<i>Apo-Timol</i>	Apotex	100	25.72	0.2572

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

				20 mg	
00755869	<i>Apo-Timol</i>	Apotex	100	50.05	0.5005

24:28.08

DIHYDROPYRIDINES

AMLODIPINE (BESYLATE)

Tab.

				2.5 mg	PPB	
02326795	<i>Amlodipine</i>	Pro Doc	100	13.80	➡	0.1380
02385783	<i>Amlodipine</i>	Sivem	100	13.80	➡	0.1380
02392127	<i>Bio-Amlodipine</i>	Biomed	100	13.80	➡	0.1380
02297477	<i>Co Amlodipine</i>	Cobalt	100	13.80	➡	0.1380
02357186	<i>Jamp-Amlodipine</i>	Jamp	30	4.14	➡	0.1380
			100	13.80	➡	0.1380
02371707	<i>Mar-Amlodipine</i>	Marcan	100	13.80	➡	0.1380
			500	69.00	➡	0.1380
02326760	<i>phl-Amlodipine</i>	Pharmel	100	13.80	➡	0.1380
02295148	<i>pms-Amlodipine</i>	Phmscience	100	13.80	➡	0.1380
02398877	<i>Ran-Amlodipine</i>	Ranbaxy	100	13.80	➡	0.1380
02331489	<i>Riva-Amlodipine</i>	Riva	100	13.80	➡	0.1380
02330474	<i>Sandoz Amlodipine</i>	Sandoz	100	13.80	➡	0.1380
02357704	<i>Septa-Amlodipine</i>	Septa	100	13.80	➡	0.1380
			500	69.00	➡	0.1380

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

5 mg **PPB**

02429217	<i>Amlodipine</i>	Jamp	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02326809	<i>Amlodipine</i>	Pro Doc	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02331284	<i>Amlodipine</i>	Sanis	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02385791	<i>Amlodipine</i>	Sivem	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02273373	<i>Apo-Amlodipine</i>	Apotex	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02397072	<i>Auro-Amlodipine</i>	Aurobindo	100	24.17	➡	0.2417
			250	60.43	➡	0.2417
02392135	<i>Bio-Amlodipine</i>	Biomed	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02297485	<i>Co Amlodipine</i>	Cobalt	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02280132	<i>GD-Amlodipine</i>	GenMed	250	60.43	➡	0.2417
02357194	<i>Jamp-Amlodipine</i>	Jamp	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02371715	<i>Mar-Amlodipine</i>	Marcan	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02362651	<i>Mint-Amlodipine</i>	Mint	100	24.17	➡	0.2417
			250	60.43	➡	0.2417
02272113	<i>Mylan-Amlodipine</i>	Mylan	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
00878928	<i>Norvasc</i>	Pfizer	100	129.99		1.2999
			250	324.97		1.2999
02326779	<i>phl-Amlodipine</i>	Pharmel	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02284065	<i>pms-Amlodipine</i>	Phmscience	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02321858	<i>Ran-Amlodipine</i>	Ranbaxy	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02259605	<i>ratio-Amlodipine</i>	Ratiopharm	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02331497	<i>Riva-Amlodipine</i>	Riva	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02284383	<i>Sandoz Amlodipine</i>	Sandoz	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02357712	<i>Septa-Amlodipine</i>	Septa	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02250497	<i>Teva-Amlodipine</i>	Teva Can	100	24.17	➡	0.2417
			500	120.85	➡	0.2417
02426986	<i>VAN-Amlodipine</i>	Vanc Phm	100	24.17	➡	0.2417

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

10 mg **PPB**

02297493	<i>Act Amlodipine</i>	ActavisPhm	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02429225	<i>Amlodipine</i>	Jamp	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02326817	<i>Amlodipine</i>	Pro Doc	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02331292	<i>Amlodipine</i>	Sanis	250	89.68	➡	0.3587
			500	179.35	➡	0.3587
02385805	<i>Amlodipine</i>	Sivem	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02273381	<i>Apo-Amlodipine</i>	Apotex	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02397080	<i>Auro-Amlodipine</i>	Aurobindo	100	35.87	➡	0.3587
			250	89.68	➡	0.3587
02392143	<i>Bio-Amlodipine</i>	Biomed	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02280140	<i>GD-Amlodipine</i>	GenMed	250	89.68	➡	0.3587
02357208	<i>Jamp-Amlodipine</i>	Jamp	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02371723	<i>Mar-Amlodipine</i>	Marcan	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02362678	<i>Mint-Amlodipine</i>	Mint	100	35.87	➡	0.3587
			250	89.68	➡	0.3587
02272121	<i>Mylan-Amlodipine</i>	Mylan	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
00878936	<i>Norvasc</i>	Pfizer	100	192.96		1.9296
			250	482.39		1.9296
02326787	<i>phl-Amlodipine</i>	Pharmel	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02284073	<i>pms-Amlodipine</i>	Phmscience	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02321866	<i>Ran-Amlodipine</i>	Ranbaxy	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02259613	<i>ratio-Amlodipine</i>	Ratiopharm	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02331500	<i>Riva-Amlodipine</i>	Riva	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02284391	<i>Sandoz Amlodipine</i>	Sandoz	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02357720	<i>Septa-Amlodipine</i>	Septa	100	35.87	➡	0.3587
			500	179.35	➡	0.3587
02250500	<i>Teva-Amlodipine</i>	Teva Can	100	35.87	➡	0.3587
			250	89.68	➡	0.3587
02426994	<i>VAN-Amlodipine</i>	Vanc Phm	100	35.87	➡	0.3587

FELODIPIN 

L.A. Tab.

2.5 mg **PPB**

02452367	<i>Apo-Felodipine</i>	Apotex	100	40.50	➡	0.4050
02057778	<i>Plendil</i>	AZC	30	15.27		0.5090

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

5 mg **PPB**

02452375	<i>Apo-Felodipine</i>	Apotex	100	35.65	➡ 0.3565
00851779	<i>Plendil</i>	AZC	30	20.40	➡ 0.6800
02280264	<i>Sandoz Felodipine</i>	Sandoz	100	35.65	➡ 0.3565

L.A. Tab.

10 mg **PPB**

02452383	<i>Apo-Felodipine</i>	Apotex	100	53.50	➡ 0.5350
00851787	<i>Plendil</i>	AZC	30	30.62	➡ 1.0207
02280272	<i>Sandoz Felodipine</i>	Sandoz	100	53.50	➡ 0.5350

NIFEDIPINE

Caps.

5 mg

00725110	<i>Nifedipine</i>	AA Pharma	100	36.79	➡ 0.3679
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L.A. Tab. (24 h)

20 mg **PPB**

02237618	<i>Adalat XL</i>	Bayer	28	25.99	➡ 0.9282
			98	90.94	➡ 0.9280
02441403	<i>Nifedipine ER</i>	Pro Doc	30	27.84	➡ 0.9280
			100	92.80	➡ 0.9280
02440199	<i>pms-Nifedipine ER</i>	Phmscience	30	27.84	➡ 0.9280
			100	92.80	➡ 0.9280

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	30	18.51	➡ 0.6170
			100	61.71	➡ 0.6171
02421631	<i>Nifedipine ER</i>	Pro Doc	30	18.51	➡ 0.6170
			100	61.71	➡ 0.6171
02442930	<i>Nifedipine ER</i>	Sivem	30	18.51	➡ 0.6170
			100	61.71	➡ 0.6171
02418630	<i>pms-Nifedipine ER</i>	Phmscience	30	18.51	➡ 0.6170
			100	61.71	➡ 0.6171

L.A. Tab. (24 h)

60 mg **PPB**

02155990	<i>Adalat XL</i>	Bayer	28	26.25	➡ 0.9375
			98	91.87	➡ 0.9374
02321149	<i>Mylan-Nifedipine Extended Release</i>	Mylan	30	28.12	➡ 0.9373
			100	93.74	➡ 0.9374
02421658	<i>Nifedipine ER</i>	Pro Doc	30	28.12	➡ 0.9373
			100	93.74	➡ 0.9374
02442949	<i>Nifedipine ER</i>	Sivem	30	28.12	➡ 0.9373
			100	93.74	➡ 0.9374
02416301	<i>pms-Nifedipine ER</i>	Phmscience	30	28.12	➡ 0.9373
			100	93.74	➡ 0.9374

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

Tab.

				30 mg	
02325926	Nimotop	Bayer	100	988.00	9.8800

24:28.92

MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS

DILTIAZEM HYDROCHLORIDE 

L.A. Caps.

				120 mg	PPB	
02370441	ACT Diltiazem T	ActavisPhm	100	21.33	➡	0.2133
02325306	Diltiazem TZ	Pro Doc	100	21.33	➡	0.2133
02271605	Novo-Diltiazem HCl ER	Novopharm	100	21.33	➡	0.2133
02245918	Sandoz Diltiazem T	Sandoz	100	21.33	➡	0.2133
02231150	Tiazac	Valeant	100	83.49		0.8349

L.A. Caps.

				180 mg	PPB	
02370492	ACT Diltiazem T	ActavisPhm	100	28.89	➡	0.2889
02325314	Diltiazem TZ	Pro Doc	100	28.89	➡	0.2889
02271613	Novo-Diltiazem HCl ER	Novopharm	100	28.89	➡	0.2889
02245919	Sandoz Diltiazem T	Sandoz	100	28.89	➡	0.2889
			500	144.45	➡	0.2889
02231151	Tiazac	Valeant	100	112.48		1.1248

L.A. Caps.

				240 mg	PPB	
02370506	ACT Diltiazem T	ActavisPhm	100	38.32	➡	0.3832
02325322	Diltiazem TZ	Pro Doc	100	38.32	➡	0.3832
02271621	Novo-Diltiazem HCl ER	Novopharm	100	38.32	➡	0.3832
02245920	Sandoz Diltiazem T	Sandoz	100	38.32	➡	0.3832
02231152	Tiazac	Valeant	100	149.20		1.4920

L.A. Caps.

				300 mg	PPB	
02370514	ACT Diltiazem T	ActavisPhm	100	47.19	➡	0.4719
02325330	Diltiazem TZ	Pro Doc	100	47.19	➡	0.4719
02271648	Novo-Diltiazem HCl ER	Novopharm	100	47.19	➡	0.4719
02245921	Sandoz Diltiazem T	Sandoz	100	47.19	➡	0.4719
			500	235.98	➡	0.4720
02231154	Tiazac	Valeant	100	183.75		1.8375

L.A. Caps.

				360 mg	PPB	
02370522	ACT Diltiazem T	ActavisPhm	100	57.78	➡	0.5778
02325349	Diltiazem TZ	Pro Doc	100	57.78	➡	0.5778
02271656	Novo-Diltiazem HCl ER	Novopharm	100	57.78	➡	0.5778
02245922	Sandoz Diltiazem T	Sandoz	100	57.78	➡	0.5778
02231155	Tiazac	Valeant	100	224.97		2.2497

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Caps. (24 h)

120 mg **PPB**

02370611	<i>ACT Diltiazem CD</i>	ActavisPhm	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02230997	<i>Apo-Diltiaz CD</i>	Apotex	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02097249	<i>Cardizem CD</i>	Valeant	100	129.79		1.2979
02400421	<i>Diltiazem CD</i>	Sanis	100	35.29	➡	0.3529
02445999	<i>Diltiazem CD</i>	Sivem	100	35.29	➡	0.3529
02231472	<i>Diltiazem-CD</i>	Pro Doc	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02242538	<i>Novo-Diltiazem CD</i>	Novopharm	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02355752	<i>pms-Diltiazem CD</i>	Phmscience	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02229781	<i>ratio-Diltiazem CD</i>	Ratiopharm	100	35.29	➡	0.3529
			500	176.45	➡	0.3529
02243338	<i>Sandoz Diltiazem CD</i>	Sandoz	100	35.29	➡	0.3529

L.A. Caps. (24 h)

180 mg **PPB**

02370638	<i>ACT Diltiazem CD</i>	ActavisPhm	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02230998	<i>Apo-Diltiaz CD</i>	Apotex	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02097257	<i>Cardizem CD</i>	Valeant	100	172.28		1.7228
02400448	<i>Diltiazem CD</i>	Sanis	100	46.84	➡	0.4684
02446006	<i>Diltiazem CD</i>	Sivem	100	46.84	➡	0.4684
02231474	<i>Diltiazem-CD</i>	Pro Doc	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02242539	<i>Novo-Diltiazem CD</i>	Novopharm	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02355760	<i>pms-Diltiazem CD</i>	Phmscience	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02229782	<i>ratio-Diltiazem CD</i>	Ratiopharm	100	46.84	➡	0.4684
			500	234.20	➡	0.4684
02243339	<i>Sandoz Diltiazem CD</i>	Sandoz	100	46.84	➡	0.4684
			500	234.20	➡	0.4684

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Caps. (24 h)

240 mg **PPB**

02370646	ACT Diltiazem CD	ActavisPhm	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02230999	Apo-Diltiaz CD	Apotex	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02097265	Cardizem CD	Valeant	100	228.51	2.2851
02400456	Diltiazem CD	Sanis	100	62.13	➡ 0.6213
02446014	Diltiazem CD	Sivem	100	62.13	➡ 0.6213
02231475	Diltiazem-CD	Pro Doc	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02242540	Novo-Diltiazem CD	Novopharm	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02355779	pms-Diltiazem CD	Phmscience	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02229783	ratio-Diltiazem CD	Ratiopharm	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213
02243340	Sandoz Diltiazem CD	Sandoz	100	62.13	➡ 0.6213
			500	310.65	➡ 0.6213

L.A. Caps. (24 h)

300 mg **PPB**

02370654	ACT Diltiazem CD	ActavisPhm	100	77.66	➡ 0.7766
02229526	Apo-Diltiaz CD	Apotex	100	77.66	➡ 0.7766
			500	388.30	➡ 0.7766
02097273	Cardizem CD	Valeant	100	285.65	2.8565
02400464	Diltiazem CD	Sanis	100	77.66	➡ 0.7766
02446022	Diltiazem CD	Sivem	100	77.66	➡ 0.7766
02231057	Diltiazem-CD	Pro Doc	100	77.66	➡ 0.7766
02355787	pms-Diltiazem CD	Phmscience	100	77.66	➡ 0.7766
02243341	Sandoz Diltiazem CD	Sandoz	100	77.66	➡ 0.7766
02242541	Teva-Diltiazem CD	Novopharm	100	77.66	➡ 0.7766

L.A. Tab.

120 mg

02256738	Tiazac XC	Valeant	90	71.39	0.7932
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L.A. Tab.

180 mg

02256746	Tiazac XC	Valeant	90	94.85	1.0539
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L.A. Tab.

240 mg

02256754	Tiazac XC	Valeant	90	126.07	1.4008
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L.A. Tab.

300 mg

02256762	Tiazac XC	Valeant	90	125.82	1.3980
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L.A. Tab.

360 mg

02256770	Tiazac XC	Valeant	90	126.07	1.4008
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			30 mg PPB		
00771376	<i>Apo-Diltiaz</i>	Apotex	100	18.66 ➡	0.1866
			500	93.30 ➡	0.1866
00862924	<i>Novo-Diltazem</i>	Novopharm	100	18.66 ➡	0.1866

Tab.			60 mg PPB		
00771384	<i>Apo-Diltiaz</i>	Apotex	100	32.73 ➡	0.3273
00862932	<i>Novo-Diltazem</i>	Novopharm	100	32.73 ➡	0.3273

VERAPAMIL HYDROCHLORIDE

L.A. Tab.			120 mg PPB		
02246893	<i>Apo-Verap SR</i>	Apotex	100	50.78 ➡	0.5078
01907123	<i>Isoptin SR</i>	BGP Pharma	100	101.78	1.0178
02210347	<i>Mylan-Verapamil SR</i>	Mylan	100	50.78 ➡	0.5078
02324156	<i>Pro-Verapamil SR</i>	Pro Doc	100	50.78	W

L.A. Tab.			180 mg PPB		
02246894	<i>Apo-Verap SR</i>	Apotex	100	52.04 ➡	0.5204
01934317	<i>Isoptin SR</i>	BGP Pharma	100	114.94	1.1494
02450488	<i>Mylan-Verapamil SR</i>	Mylan	100	52.04 ➡	0.5204
02324164	<i>Pro-Verapamil SR</i>	Pro Doc	100	52.04	W

L.A. Tab.			240 mg PPB		
02246895	<i>Apo-Verap SR</i>	Apotex	100	50.75 ➡	0.5075
			500	253.75 ➡	0.5075
00742554	<i>Isoptin SR</i>	BGP Pharma	100	153.25	1.5325
02210363	<i>Mylan-Verapamil SR</i>	Mylan	100	50.75	W
			500	253.75	W
02450496	<i>Mylan-Verapamil SR</i>	Mylan	100	50.75 ➡	0.5075
			500	253.75 ➡	0.5075
02238276	<i>phl-Verapamil SR</i>	Pharmel	100	50.75 ➡	0.5075
02237791	<i>pms-Verapamil SR</i>	Phmscience	100	50.75 ➡	0.5075
02312697	<i>Pro-Verapamil SR</i>	Pro Doc	100	50.75 ➡	0.5075
			500	253.75 ➡	0.5075
02248082	<i>Riva-Verapamil SR</i>	Riva	100	50.75 ➡	0.5075

Tab.			80 mg PPB		
00782483	<i>Apo-Verap</i>	Apotex	100	27.35 ➡	0.2735
			500	136.74 ➡	0.2735
00554316	<i>Isoptin</i>	Abbott	250	68.37 ➡	0.2735
02237921	<i>Mylan-Verapamil</i>	Mylan	100	27.35 ➡	0.2735

Tab.			120 mg PPB		
00782491	<i>Apo-Verap</i>	Apotex	100	42.50 ➡	0.4250
00554324	<i>Isoptin</i>	Abbott	250	106.25 ➡	0.4250
02237922	<i>Mylan-Verapamil</i>	Mylan	100	42.50 ➡	0.4250

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:32.04

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)

BENAZEPRIL

Tab.

				5 mg	PPB	
02290332	<i>Benazepril</i>	AA Pharma	100	55.77	➡	0.5577
00885835	<i>Lotensin</i>	Novartis	28	17.78		0.6350

Tab.

				10 mg		
02290340	<i>Benazepril</i>	AA Pharma	100	65.95		0.6595

Tab.

				20 mg	PPB	
02273918	<i>Benazepril</i>	AA Pharma	100	75.67	➡	0.7567
00885851	<i>Lotensin</i>	Novartis	28	24.10		0.8607

CAPTOPRIL

Tab.

				6.25 mg		
01999559	<i>Apo-Capto</i>	Apotex	100	12.37		0.1237

Tab.

				12.5 mg	PPB	
02238555	<i>Captopril</i>	Pharmel	500	53.00		W
01942964	<i>Novo-Captopril</i>	Novopharm	100	10.60	➡	0.1060

Tab.

				25 mg	PPB	
02238556	<i>Captopril</i>	Pharmel	1000	150.00		W
01942972	<i>Teva Captopril</i>	Novopharm	100	15.00	➡	0.1500

Tab.

				50 mg	PPB	
02238557	<i>Captopril</i>	Pharmel	500	139.75		W
01942980	<i>Teva-Captopril</i>	Novopharm	100	27.95	➡	0.2795

Tab.

				100 mg	PPB	
02238558	<i>Captopril</i>	Pharmel	100	51.98		W
01942999	<i>Novo-Captopril</i>	Novopharm	100	51.98	➡	0.5198

CILAZAPRIL

Tab.

				1 mg	PPB	
02291134	<i>Apo-Cilazapril</i>	Apotex	100	15.57	➡	0.1557
02283778	<i>Mylan-Cilazapril</i>	Mylan	100	15.57	➡	0.1557
02309378	<i>phl-Cilazapril</i>	Pharmel	100	15.57		W
02280442	<i>pms-Cilazapril</i>	Phmscience	100	15.57	➡	0.1557

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

2.5 mg **PPB**

02291142	<i>Apo-Cilazapril</i>	Apotex	100	17.95	➡ 0.1795
01911473	<i>Inhibace</i>	Roche	100	73.23	0.7323
02283786	<i>Mylan-Cilazapril</i>	Mylan	100	17.95	➡ 0.1795
02309386	<i>phl-Cilazapril</i>	Pharmel	100	17.95	W
02280450	<i>pms-Cilazapril</i>	Phmscience	100	17.95	➡ 0.1795
02266369	<i>Teva-Cilazapril</i>	Novopharm	100	17.95	➡ 0.1795

Tab.

5 mg **PPB**

02291150	<i>Apo-Cilazapril</i>	Apotex	100	20.85	➡ 0.2085
01911481	<i>Inhibace</i>	Roche	100	85.08	0.8508
02283794	<i>Mylan-Cilazapril</i>	Mylan	100	20.85	➡ 0.2085
02309394	<i>phl-Cilazapril</i>	Pharmel	100	20.85	W
			500	104.27	W
02280469	<i>pms-Cilazapril</i>	Phmscience	100	20.85	➡ 0.2085

CILAZAPRIL/ HYDROCHLOROTHIAZIDE

Tab.

5 mg -12.5 mg **PPB**

02284987	<i>Apo-Cilazapril - HCTZ</i>	Apotex	100	41.70	➡ 0.4170
02181479	<i>Inhibace Plus</i>	Roche	28	23.82	0.8507
02313731	<i>Novo-Cilazapril/HCTZ</i>	Novopharm	100	41.70	➡ 0.4170

ENALAPRIL MALEATE

Tab.

2.5 mg **PPB**

02291878	<i>ACT Enalapril</i>	ActavisPhm	100	18.63	➡ 0.1863
			500	93.15	➡ 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
02300036	<i>Mylan-Enalapril</i>	Mylan	30	5.59	➡ 0.1863
			500	93.15	➡ 0.1863
02300680	<i>Novo-Enalapril</i>	Novopharm	30	5.59	➡ 0.1863
			100	18.63	➡ 0.1863
02300079	<i>pms-Enalapril</i>	Phmscience	100	18.63	➡ 0.1863
02311402	<i>Pro-Enalapril-2.5</i>	Pro Doc	100	18.63	➡ 0.1863
02352230	<i>Ran-Enalapril</i>	Ranbaxy	100	18.63	➡ 0.1863
02300796	<i>Riva-Enalapril</i>	Riva	100	18.63	➡ 0.1863
			500	93.15	➡ 0.1863
02299933	<i>Sandoz Enalapril</i>	Sandoz	100	18.63	➡ 0.1863
00851795	<i>Vasotec</i>	Merck	28	10.58	0.3779

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

5 mg **PPB**

02291886	<i>ACT Enalapril</i>	ActavisPhm	30	6.61	➡	0.2203
			500	110.15	➡	0.2203
02019884	<i>Apo-Enalapril</i>	Apotex	100	22.03	➡	0.2203
			500	110.15	➡	0.2203
02400669	<i>Enalapril</i>	Sanis	100	22.03	➡	0.2203
02442965	<i>Enalapril</i>	Sivem	100	22.03	➡	0.2203
02300044	<i>Mylan-Enalapril</i>	Mylan	30	6.61	➡	0.2203
			500	110.15	➡	0.2203
02233005	<i>Novo-Enalapril</i>	Novopharm	30	6.61	➡	0.2203
			500	110.15	➡	0.2203
02300087	<i>pms-Enalapril</i>	Phmscience	100	22.03	➡	0.2203
			500	110.15	➡	0.2203
02311410	<i>Pro-Enalapril-5</i>	Pro Doc	100	22.03	➡	0.2203
			500	110.15	➡	0.2203
02352249	<i>Ran-Enalapril</i>	Ranbaxy	100	22.03	➡	0.2203
02300818	<i>Riva-Enalapril</i>	Riva	30	6.61	➡	0.2203
			500	110.15	➡	0.2203
02299941	<i>Sandoz Enalapril</i>	Sandoz	100	22.03	➡	0.2203
00708879	<i>Vasotec</i>	Merck	28	12.52		0.4471

Tab.

10 mg **PPB**

02291894	<i>ACT Enalapril</i>	ActavisPhm	30	7.94	➡	0.2647
			500	132.35	➡	0.2647
02019892	<i>Apo-Enalapril</i>	Apotex	100	26.47	➡	0.2647
			500	132.35	➡	0.2647
02400677	<i>Enalapril</i>	Sanis	100	26.47	➡	0.2647
02442973	<i>Enalapril</i>	Sivem	100	26.47	➡	0.2647
02300052	<i>Mylan-Enalapril</i>	Mylan	30	7.94	➡	0.2647
			500	132.35	➡	0.2647
02233006	<i>Novo-Enalapril</i>	Novopharm	30	7.94	➡	0.2647
			500	132.35	➡	0.2647
02300095	<i>pms-Enalapril</i>	Phmscience	100	26.47	➡	0.2647
			500	132.35	➡	0.2647
02311429	<i>Pro-Enalapril-10</i>	Pro Doc	100	26.47	➡	0.2647
			500	132.35	➡	0.2647
02352257	<i>Ran-Enalapril</i>	Ranbaxy	100	26.47	➡	0.2647
02300826	<i>Riva-Enalapril</i>	Riva	30	7.94	➡	0.2647
			500	132.35	➡	0.2647
02299968	<i>Sandoz Enalapril</i>	Sandoz	100	26.47	➡	0.2647
00670901	<i>Vasotec</i>	Merck	28	15.04		0.5371

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

20 mg **PPB**

02291908	<i>ACT Enalapril</i>	ActavisPhm	100	31.95	➡	0.3195
			500	159.75	➡	0.3195
02019906	<i>Apo-Enalapril</i>	Apotex	100	31.95	➡	0.3195
			500	159.75	➡	0.3195
02400685	<i>Enalapril</i>	Sanis	100	31.95	➡	0.3195
02442981	<i>Enalapril</i>	Sivem	100	31.95	➡	0.3195
02300060	<i>Mylan-Enalapril</i>	Mylan	30	9.59	➡	0.3195
			500	159.75	➡	0.3195
02300109	<i>pms-Enalapril</i>	Phmscience	100	31.95	➡	0.3195
02311437	<i>Pro-Enalapril-20</i>	Pro Doc	100	31.95	➡	0.3195
			500	159.75	➡	0.3195
02352265	<i>Ran-Enalapril</i>	Ranbaxy	100	31.95	➡	0.3195
02300834	<i>Riva-Enalapril</i>	Riva	30	9.59	➡	0.3195
			500	159.75	➡	0.3195
02299976	<i>Sandoz Enalapril</i>	Sandoz	100	31.95	➡	0.3195
00670928	<i>Vasotec</i>	Merck	28	18.14		0.6479

ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE 

Tab.

10 mg -25 mg **PPB**

02300230	<i>Novo-Enalapril/HCTZ</i>	Novopharm	30	16.44	➡	0.5479
			100	54.79	➡	0.5479
00657298	<i>Vaseretic</i>	Merck	28	29.67		1.0596

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LISINAPRIL

Tab.

5 mg **PPB**

02217481	<i>Apo-Lisinopril</i>	Apotex	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02394472	<i>Auro-Lisinopril</i>	Aurobindo	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02271443	<i>Co Lisinopril</i>	Cobalt	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02361531	<i>Jamp-Lisinopril</i>	Jamp	100	13.47	➡	0.1347
02386232	<i>Lisinopril</i>	Sivem	100	13.47	➡	0.1347
02422506	<i>Mar-Lisinopril</i>	Marcan	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02274833	<i>Mylan-Lisinopril</i>	Mylan	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02285061	<i>Novo-Lisinopril (Type P)</i>	Novopharm	30	4.04	➡	0.1347
			100	13.47	➡	0.1347
02285118	<i>Novo-Lisinopril (Type Z)</i>	Novopharm	30	4.04	➡	0.1347
			100	13.47	➡	0.1347
02292203	<i>pms-Lisinopril</i>	Phmscience	30	4.04	➡	0.1347
			100	13.47	➡	0.1347
02310961	<i>Pro-Lisinopril-5</i>	Pro Doc	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02294230	<i>Ran-Lisinopril</i>	Ranbaxy	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02256797	<i>ratio-Lisinopril P</i>	Ratiopharm	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02299879	<i>ratio-Lisinopril Z</i>	Ratiopharm	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02300958	<i>Riva-Lisinopril</i>	Riva	100	13.47	➡	0.1347
			500	67.35	➡	0.1347
02289199	<i>Sandoz Lisinopril</i>	Sandoz	30	4.04	➡	0.1347
			500	67.35	➡	0.1347
02049333	<i>Zestril</i>	AZC	100	55.94		0.5594

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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>	Aurobindo	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02271451	<i>Co Lisinopril</i>	Cobalt	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
02422514	<i>Mar-Lisinopril</i>	Marcan	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02274841	<i>Mylan-Lisinopril</i>	Mylan	100	16.19	➡	0.1619
02285126	<i>Novo-Lisinopril (Type Z)</i>	Novopharm	30	4.86	➡	0.1619
			100	16.19	➡	0.1619
02292211	<i>pms-Lisinopril</i>	Phmscience	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
00839396	<i>Prinivil</i>	Merck	28	19.61		0.7004
02310988	<i>Pro-Lisinopril-10</i>	Pro Doc	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02294249	<i>Ran-Lisinopril</i>	Ranbaxy	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02256800	<i>ratio-Lisinopril P</i>	Ratiopharm	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02299887	<i>ratio-Lisinopril Z</i>	Ratiopharm	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02300982	<i>Riva-Lisinopril</i>	Riva	100	16.19	➡	0.1619
			500	80.93	➡	0.1619
02289202	<i>Sandoz Lisinopril</i>	Sandoz	30	4.86	➡	0.1619
			500	80.93	➡	0.1619
02285088	<i>Teva-Lisinopril (Type P)</i>	Teva Can	30	4.86	➡	0.1619
			100	16.19	➡	0.1619
02049376	<i>Zestril</i>	AZC	100	67.23		0.6723

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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>	Aurobindo	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02271478	<i>Co Lisinopril</i>	Cobalt	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
			500	97.24	➡	0.1945
02422522	<i>Mar-Lisinopril</i>	Marcan	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02274868	<i>Mylan-Lisinopril</i>	Mylan	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02285134	<i>Novo-Lisinopril (Type Z)</i>	Novopharm	30	5.84	➡	0.1945
			500	97.24	➡	0.1945
02292238	<i>pms-Lisinopril</i>	Phmscience	30	5.84	➡	0.1945
			500	97.24	➡	0.1945
00839418	<i>Prinivil</i>	Merck	28	23.56		0.8414
02310996	<i>Pro-Lisinopril-20</i>	Pro Doc	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02294257	<i>Ran-Lisinopril</i>	Ranbaxy	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02256819	<i>ratio-Lisinopril P</i>	Ratiopharm	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02298895	<i>ratio-Lisinopril Z</i>	Ratiopharm	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02300990	<i>Riva-Lisinopril</i>	Riva	100	19.45	➡	0.1945
			500	97.24	➡	0.1945
02289229	<i>Sandoz Lisinopril</i>	Sandoz	30	5.84	➡	0.1945
			500	97.24	➡	0.1945
02285096	<i>Teva-Lisinopril (Type P)</i>	Teva Can	30	5.84	➡	0.1945
			500	97.24	➡	0.1945
02049384	<i>Zestril</i>	AZC	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
02302136	<i>Novo-Lisinopril/HCTZ (Type P)</i>	Novopharm	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>	Novopharm	100	20.83	➡	0.2083
02103729	<i>Zestoretic</i>	AZC	100	86.54		0.8654

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

20 mg -12.5 mg **PPB**

02362953	<i>Lisinopril/HCTZ (Type Z)</i>	Sanis	100	25.03	➡ 0.2503
02302144	<i>Novo-Lisinopril/HCTZ (Type P)</i>	Novopharm	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>	AZC	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
02302152	<i>Novo-Lisinopril/HCTZ (Type P)</i>	Novopharm	100	25.03	➡ 0.2503
02301784	<i>Novo-Lisinopril/HCTZ (Type Z)</i>	Novopharm	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
02045729	<i>Zestoretic</i>	AZC	100	104.00	1.0400

PERINDOPRIL ERBUMIN

Tab.

2 mg

02123274	<i>Coversyl</i>	Servier	30	18.88	0.6293
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Tab.

4 mg

02123282	<i>Coversyl</i>	Servier	30	23.60	0.7867
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Tab.

8 mg

02246624	<i>Coversyl</i>	Servier	30	33.05	1.1017
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PERINDOPRIL ERBUMIN/INDAPAMIDE

Tab.

4 mg -1.25 mg

02246569	<i>Coversyl Plus</i>	Servier	30	29.29	0.9763
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Tab.

8 mg - 2.5 mg

02321653	<i>Coversyl Plus HD</i>	Servier	30	32.76	1.0920
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QUINAPRIL HYDROCHLORIDE

Tab.

5 mg **PPB**

01947664	<i>Accupril</i>	Pfizer	90	79.94	0.8882
02248499	<i>Apo-Quinapril</i>	Apotex	100	22.78	➡ 0.2278
02290987	<i>GD-Quinapril</i>	GenMed	90	20.50	➡ 0.2278
02340550	<i>pms-Quinapril</i>	Phmscience	100	22.78	➡ 0.2278
02415917	<i>Quinapril</i>	Pro Doc	100	22.78	➡ 0.2278

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

10 mg **PPB**

01947672	<i>Accupril</i>	Pfizer	90	79.94	0.8882
02248500	<i>Apo-Quinapril</i>	Apotex	100	22.78 ➡	0.2278
02290995	<i>GD-Quinapril</i>	GenMed	90	20.50 ➡	0.2278
02340569	<i>pms-Quinapril</i>	Phmscience	100	22.78 ➡	0.2278
02415925	<i>Quinapril</i>	Pro Doc	100	22.78 ➡	0.2278

Tab.

20 mg **PPB**

01947680	<i>Accupril</i>	Pfizer	90	79.94	0.8882
02248501	<i>Apo-Quinapril</i>	Apotex	100	22.78 ➡	0.2278
02291002	<i>GD-Quinapril</i>	GenMed	90	20.50 ➡	0.2278
02340577	<i>pms-Quinapril</i>	Phmscience	100	22.78 ➡	0.2278
02415933	<i>Quinapril</i>	Pro Doc	100	22.78 ➡	0.2278

Tab.

40 mg **PPB**

01947699	<i>Accupril</i>	Pfizer	90	79.94	0.8882
02248502	<i>Apo-Quinapril</i>	Apotex	100	22.78 ➡	0.2278
02291010	<i>GD-Quinapril</i>	GenMed	90	20.50 ➡	0.2278
02340585	<i>pms-Quinapril</i>	Phmscience	100	22.78 ➡	0.2278
02415941	<i>Quinapril</i>	Pro Doc	100	22.78 ➡	0.2278

QUINAPRIL HYDROCHLORIDE / HYDROCHLOROTHIAZIDE 

Tab.

10 mg -12.5 mg **PPB**

02237367	<i>Accuretic</i>	Pfizer	28	24.86	0.8879
02408767	<i>Apo-Quinapril/HCTZ</i>	Apotex	30	20.59 ➡	0.6863
			100	68.65 ➡	0.6865

Tab.

20 mg -12.5 mg **PPB**

02237368	<i>Accuretic</i>	Pfizer	28	24.86	0.8879
02408775	<i>Apo-Quinapril/HCTZ</i>	Apotex	30	20.59 ➡	0.6863
			100	68.65 ➡	0.6865

Tab.

20 mg -25 mg **PPB**

02237369	<i>Accuretic</i>	Pfizer	28	24.11	0.8611
02408783	<i>Apo-Quinapril/HCTZ</i>	Apotex	30	19.53 ➡	0.6510
			100	65.12 ➡	0.6512

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RAMIPRIL

Caps.

1.25 mg **PPB**

02295482	<i>ACT Ramipril</i>	ActavisPhm	100	12.74	➡	0.1274
02221829	<i>Altace</i>	Valeant	30	20.97		0.6990
02251515	<i>Apo-Ramipril</i>	Apotex	30	3.82	➡	0.1273
			100	12.74	➡	0.1274
02387387	<i>Auro-Ramipril</i>	Aurobindo	30	3.82	➡	0.1273
			500	63.70	➡	0.1274
02331101	<i>Jamp-Ramipril</i>	Jamp	30	3.82	➡	0.1273
			100	12.74	➡	0.1274
02420457	<i>Mar-Ramipril</i>	Marcan	30	3.82	➡	0.1273
02301148	<i>Mylan-Ramipril</i>	Mylan	100	12.74	➡	0.1274
02295369	<i>pms-Ramipril</i>	Phmscience	30	3.82	➡	0.1273
			100	12.74	➡	0.1274
02310023	<i>Pro-Ramipril</i>	Pro Doc	30	3.82	➡	0.1273
			100	12.74	➡	0.1274
02299372	<i>Ramipril</i>	Riva	30	3.82	➡	0.1273
			100	12.74	➡	0.1274
02308363	<i>Ramipril</i>	Sivem	100	12.73	➡	0.1273
02310503	<i>Ran-Ramipril</i>	Ranbaxy	100	12.73	➡	0.1273
			500	63.70	➡	0.1274
02438860	<i>VAN-Ramipril</i>	Vanc Phm	30	3.82	➡	0.1273

Caps.

2.5 mg **PPB**

02295490	<i>ACT Ramipril</i>	ActavisPhm	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02221837	<i>Altace</i>	Valeant	30	24.20		0.8067
			100	80.66		0.8066
02251531	<i>Apo-Ramipril</i>	Apotex	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02387395	<i>Auro-Ramipril</i>	Aurobindo	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02331128	<i>Jamp-Ramipril</i>	Jamp	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02420465	<i>Mar-Ramipril</i>	Marcan	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02421305	<i>Mint-Ramipril</i>	Mint	100	14.70	➡	0.1470
02301156	<i>Mylan-Ramipril</i>	Mylan	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02247917	<i>pms-Ramipril</i>	Phmscience	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02310066	<i>Pro-Ramipril</i>	Pro Doc	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02255316	<i>Ramipril</i>	Riva	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02374846	<i>Ramipril</i>	Sanis	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02287927	<i>Ramipril</i>	Sivem	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02310511	<i>Ran-Ramipril</i>	Ranbaxy	100	14.70	➡	0.1470
			500	73.50	➡	0.1470
02247945	<i>Teva-Ramipril</i>	Teva Can	30	4.41	➡	0.1470
			500	73.50	➡	0.1470
02438879	<i>VAN-Ramipril</i>	Vanc Phm	100	14.70	➡	0.1470

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			5 mg PPB		
02295504	<i>ACT Ramipril</i>	ActavisPhm	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02221845	<i>Altace</i>	Valeant	30	24.20	➡ 0.8067
			100	80.66	➡ 0.8066
02251574	<i>Apo-Ramipril</i>	Apotex	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02387409	<i>Auro-Ramipril</i>	Aurobindo	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02331136	<i>Jamp-Ramipril</i>	Jamp	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02420473	<i>Mar-Ramipril</i>	Marcan	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02421313	<i>Mint-Ramipril</i>	Mint	100	14.70	➡ 0.1470
02301164	<i>Mylan-Ramipril</i>	Mylan	500	73.50	➡ 0.1470
02247918	<i>pms-Ramipril</i>	Phmscience	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02310074	<i>Pro-Ramipril</i>	Pro Doc	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02255324	<i>Ramipril</i>	Riva	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02374854	<i>Ramipril</i>	Sanis	100	14.70	➡ 0.1470
			500	73.50	➡ 0.1470
02287935	<i>Ramipril</i>	Sivem	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02310538	<i>Ran-Ramipril</i>	Ranbaxy	100	14.70	➡ 0.1470
			500	73.50	➡ 0.1470
02247946	<i>Teva-Ramipril</i>	Teva Can	30	4.41	➡ 0.1470
			500	73.50	➡ 0.1470
02438887	<i>VAN-Ramipril</i>	Vanc Phm	100	14.70	➡ 0.1470

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

10 mg **PPB**

02295512	<i>ACT Ramipril</i>	ActavisPhm	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02221853	<i>Altace</i>	Valeant	30	30.65	1.0217
			100	102.16	1.0216
02251582	<i>Apo-Ramipril</i>	Apotex	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02387417	<i>Auro-Ramipril</i>	Aurobindo	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02331144	<i>Jamp-Ramipril</i>	Jamp	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02420481	<i>Mar-Ramipril</i>	Marcan	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02421321	<i>Mint-Ramipril</i>	Mint	100	18.62	➡ 0.1862
02301172	<i>Mylan-Ramipril</i>	Mylan	100	18.62	➡ 0.1862
			500	93.10	➡ 0.1862
02247919	<i>pms-Ramipril</i>	Phmscience	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02310104	<i>Pro-Ramipril</i>	Pro Doc	30	5.59	➡ 0.1862
			100	18.62	➡ 0.1862
02255332	<i>Ramipril</i>	Riva	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02374862	<i>Ramipril</i>	Sanis	100	18.62	➡ 0.1862
			500	93.10	➡ 0.1862
02287943	<i>Ramipril</i>	Sivem	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02310546	<i>Ran-Ramipril</i>	Ranbaxy	100	18.62	➡ 0.1862
			500	93.10	➡ 0.1862
02247947	<i>Teva-Ramipril</i>	Teva Can	30	5.59	➡ 0.1862
			500	93.10	➡ 0.1862
02438895	<i>VAN-Ramipril</i>	Vanc Phm	100	18.62	➡ 0.1862

Caps.

15 mg **PPB**

02281112	<i>Altace</i>	Valeant	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
02425548	<i>Ran-Ramipril</i>	Ranbaxy	100	58.55	➡ 0.5855
02438909	<i>VAN-Ramipril</i>	Vanc Phm	100	58.55	➡ 0.5855

RAMIPRIL/ HYDROCHLOROTHIAZIDE 

Tab.

2.5 mg - 12.5 mg **PPB**

02283131	<i>Altace HCT</i>	Valeant	28	8.37	0.2989
02354004	<i>Apo-Ramipril/HCTZ</i>	Apotex	100	16.13	➡ 0.1613
02342138	<i>pms-Ramipril-HCTZ</i>	Phmscience	100	16.13	➡ 0.1613

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			5 mg -12.5 mg PPB		
02283158	<i>Altace HCT</i>	Valeant	28	10.72	0.3829
02354012	<i>Apo-Ramipril/HCTZ</i>	Apotex	30	6.20	➡ 0.2067
			100	20.67	➡ 0.2067
02342146	<i>pms-Ramipril-HCTZ</i>	Phmscience	30	6.20	➡ 0.2067
			100	20.67	➡ 0.2067
02415887	<i>Ramipril-HCTZ</i>	Pro Doc	30	6.20	➡ 0.2067
			100	20.67	➡ 0.2067
02412640	<i>Ramipril-HCTZ</i>	Sanis	100	20.67	➡ 0.2067

Tab.			5 mg - 25 mg PPB		
02283174	<i>Altace HCT</i>	Valeant	28	10.72	0.3829
02354020	<i>Apo-Ramipril/HCTZ</i>	Apotex	100	20.67	➡ 0.2067
02342162	<i>pms-Ramipril-HCTZ</i>	Phmscience	100	20.67	➡ 0.2067
02412667	<i>Ramipril-HCTZ</i>	Sanis	100	20.67	➡ 0.2067

Tab.			10 mg -12.5 mg PPB		
02283166	<i>Altace HCT</i>	Valeant	28	13.65	0.4875
02368722	<i>Apo-Ramipril/HCTZ</i>	Apotex	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02342154	<i>pms-Ramipril-HCTZ</i>	Phmscience	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02415895	<i>Ramipril-HCTZ</i>	Pro Doc	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02412659	<i>Ramipril-HCTZ</i>	Sanis	100	26.33	➡ 0.2633

Tab.			10 mg -25 mg PPB		
02283182	<i>Altace HCT</i>	Valeant	28	13.65	0.4875
02354039	<i>Apo-Ramipril/HCTZ</i>	Apotex	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02342170	<i>pms-Ramipril-HCTZ</i>	Phmscience	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02415909	<i>Ramipril-HCTZ</i>	Pro Doc	30	7.90	➡ 0.2633
			100	26.33	➡ 0.2633
02412675	<i>Ramipril-HCTZ</i>	Sanis	100	26.33	➡ 0.2633

SODIUM FOSINOPRIL

Tab.			10 mg PPB		
02266008	<i>Apo-Fosinopril</i>	Apotex	100	21.77	➡ 0.2177
02303000	<i>Fosinopril-10</i>	Pro Doc	100	21.77	➡ 0.2177
02331004	<i>Jamp-Fosinopril</i>	Jamp	100	21.77	➡ 0.2177
02262401	<i>Mylan-Fosinopril</i>	Mylan	100	21.77	➡ 0.2177
02294524	<i>Ran-Fosinopril</i>	Ranbaxy	100	21.77	➡ 0.2177
02265923	<i>Riva-Fosinopril</i>	Riva	100	21.77	➡ 0.2177
02247802	<i>Teva-Fosinopril</i>	Teva Can	30	6.53	➡ 0.2177
			100	21.77	➡ 0.2177

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

20 mg **PPB**

02266016	<i>Apo-Fosinopril</i>	Apotex	100	26.19	➡ 0.2619
02303019	<i>Fosinopril-20</i>	Pro Doc	100	26.19	➡ 0.2619
02331012	<i>Jamp-Fosinopril</i>	Jamp	100	26.19	➡ 0.2619
02262428	<i>Mylan-Fosinopril</i>	Mylan	100	26.19	➡ 0.2619
02294532	<i>Ran-Fosinopril</i>	Ranbaxy	100	26.19	➡ 0.2619
02265931	<i>Riva-Fosinopril</i>	Riva	100	26.19	➡ 0.2619
02247803	<i>Teva-Fosinopril</i>	Teva Can	30	7.86	➡ 0.2619
			100	26.19	➡ 0.2619

TRANDOLAPRIL 

Caps.

0.5 mg

02231457	<i>Mavik</i>	BGP Pharma	100	27.33	0.2733
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Caps.

1 mg

02231459	<i>Mavik</i>	BGP Pharma	100	67.00	0.6700
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Caps.

2 mg

02231460	<i>Mavik</i>	BGP Pharma	100	77.00	0.7700
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Caps.

4 mg

02239267	<i>Mavik</i>	BGP Pharma	100	95.00	0.9500
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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24:32.08

ANGIOTENSIN II RECEPTOR ANTAGONISTS

CANDESARTAN CILEXETIL 

Tab.

8 mg **PPB**

02376539	<i>ACT Candesartan</i>	ActavisPhm	100	28.50	➡	0.2850
02365359	<i>Apo-Candesartan</i>	Apotex	100	28.50	➡	0.2850
			500	142.50	➡	0.2850
02239091	<i>Atacand</i>	AZC	30	35.52		1.1840
02445794	<i>Auro-Candesartan</i>	Aurobindo	30	8.55	➡	0.2850
			500	142.50	➡	0.2850
02377934	<i>Candesartan</i>	Pro Doc	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02388928	<i>Candesartan</i>	Sanis	100	28.50	➡	0.2850
			500	142.50	➡	0.2850
02388707	<i>Candesartan</i>	Sivem	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02379279	<i>Candesartan cilexetil</i>	Accord	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02386518	<i>Jamp-Candesartan</i>	Jamp	100	28.50	➡	0.2850
02379139	<i>Mylan-Candesartan</i>	Mylan	100	28.50	➡	0.2850
02391198	<i>pms-Candesartan</i>	Phmscience	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02380692	<i>Ran-Candesartan</i>	Ranbaxy	100	28.50	➡	0.2850
02425416	<i>Riva-Candesartan</i>	Riva	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02326965	<i>Sandoz Candesartan</i>	Sandoz	30	8.55	➡	0.2850
			500	142.50	➡	0.2850
02366312	<i>Teva Candesartan</i>	Teva Can	30	8.55	➡	0.2850
			100	28.50	➡	0.2850

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

16 mg **PPB**

02376547	<i>ACT Candesartan</i>	ActavisPhm	100	28.50	➡	0.2850
02365367	<i>Apo-Candesartan</i>	Apotex	100	28.50	➡	0.2850
			500	142.50	➡	0.2850
02239092	<i>Atacand</i>	AZC	30	35.52		1.1840
02445808	<i>Auro-Candesartan</i>	Aurobindo	30	8.55	➡	0.2850
			500	142.50	➡	0.2850
02377942	<i>Candesartan</i>	Pro Doc	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02388936	<i>Candesartan</i>	Sanis	100	28.50	➡	0.2850
			500	142.50	➡	0.2850
02388715	<i>Candesartan</i>	Sivem	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02379287	<i>Candesartan cilexetil</i>	Accord	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02386526	<i>Jamp-Candesartan</i>	Jamp	100	28.50	➡	0.2850
02379147	<i>Mylan-Candesartan</i>	Mylan	100	28.50	➡	0.2850
02391201	<i>pms-Candesartan</i>	Phmscience	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02380706	<i>Ran-Candesartan</i>	Ranbaxy	100	28.50	➡	0.2850
02425424	<i>Riva-Candesartan</i>	Riva	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02326973	<i>Sandoz Candesartan</i>	Sandoz	30	8.55	➡	0.2850
			500	142.50	➡	0.2850
02366320	<i>Teva Candesartan</i>	Teva Can	30	8.55	➡	0.2850
			100	28.50	➡	0.2850

Tab.

32 mg **PPB**

02376555	<i>ACT Candesartan</i>	ActavisPhm	100	28.50	➡	0.2850
02399105	<i>Apo-Candesartan</i>	Apotex	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02311658	<i>Atacand</i>	AZC	30	35.52		1.1840
02445816	<i>Auro-Candesartan</i>	Aurobindo	30	8.55	➡	0.2850
			500	142.50	➡	0.2850
02422069	<i>Candesartan</i>	Pro Doc	100	28.50	➡	0.2850
02435845	<i>Candesartan</i>	Sanis	100	28.50	➡	0.2850
02379295	<i>Candesartan cilexetil</i>	Accord	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02386534	<i>Jamp-Candesartan</i>	Jamp	100	28.50	➡	0.2850
02379155	<i>Mylan-Candesartan</i>	Mylan	100	28.50	➡	0.2850
02391228	<i>pms-Candesartan</i>	Phmscience	30	8.55	➡	0.2850
02380714	<i>Ran-Candesartan</i>	Ranbaxy	30	8.55	➡	0.2850
02425432	<i>Riva-Candesartan</i>	Riva	30	8.55	➡	0.2850
			100	28.50	➡	0.2850
02417340	<i>Sandoz Candesartan</i>	Sandoz	100	28.50	➡	0.2850
02366339	<i>Teva Candesartan</i>	Teva Can	30	8.55	➡	0.2850

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE

Tab.

 16 mg -12.5 mg **PPB**

* 02388650	<i>ACT Candesartan/HCT</i>	ActavisPhm	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
* 02367866	<i>Apo-Candesartan/ HCTZ</i>	Apotex	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
02244021	<i>Atacand Plus</i>	AZC	30	35.10		1.1700
02421038	<i>Auro-Candesartan HCT</i>	Aurobindo	100	29.93	➡	0.2993
* 02392275	<i>Candesartan - HCTZ</i>	Pro Doc	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
* 02394812	<i>Candesartan HCT</i>	Sivem	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
02394804	<i>Candesartan/ HCTZ</i>	Sanis	100	29.93	➡	0.2993
02374897	<i>Mylan-Candesartan HCTZ</i>	Mylan	100	29.93	➡	0.2993
* 02391295	<i>pms-Candesartan-HCTZ</i>	Phmscience	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
* 02327902	<i>Sandoz Candesartan Plus</i>	Sandoz	30	8.98	➡	0.2993
			100	29.93	➡	0.2993
* 02395541	<i>Teva Candesartan/ HCTZ</i>	Teva Can	30	8.98	➡	0.2993

Tab.

 32 mg - 12.5 mg **PPB**

02395126	<i>Apo-Candesartan/ HCTZ</i>	Apotex	100	30.07	➡	0.3007
02332922	<i>Atacand Plus</i>	AZC	30	35.10		1.1700
02421046	<i>Auro-Candesartan HCT</i>	Aurobindo	100	30.07	➡	0.3007
02420732	<i>Sandoz Candesartan Plus</i>	Sandoz	100	30.07	➡	0.3007
02395568	<i>Teva Candesartan/ HCTZ</i>	Teva Can	30	9.02	➡	0.3007

Tab.

 32 mg - 25 mg **PPB**

02395134	<i>Apo-Candesartan/ HCTZ</i>	Apotex	100	30.07	➡	0.3007
02332957	<i>Atacand Plus</i>	AZC	30	35.10		1.1700
02421054	<i>Auro-Candesartan HCT</i>	Aurobindo	100	30.07	➡	0.3007
02420740	<i>Sandoz Candesartan Plus</i>	Sandoz	100	30.07	➡	0.3007
02395576	<i>Teva Candesartan/ HCTZ</i>	Teva Can	30	9.02	➡	0.3007

EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE

Tab.

600 mg - 12.5 mg

02253631	<i>Teveten Plus</i>	BGP Pharma	28	30.34		1.0836
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EPROSARTAN MESYLATE

Tab.

400 mg

02240432	<i>Teveten</i>	BGP Pharma	28	19.81		0.7075
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Tab.

600 mg

02243942	<i>Teveten</i>	BGP Pharma	28	30.34		1.0836
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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IRBESARTAN

Tab.

75 mg **PPB**

02328070	<i>ACT Irbesartan</i>	ActavisPhm	100	30.25	➡	0.3025
02386968	<i>Apo-Irbesartan</i>	Apotex	100	30.25	➡	0.3025
02406098	<i>Auro-Irbesartan</i>	Aurobindo	90	27.23	➡	0.3025
			100	30.25	➡	0.3025
02237923	<i>Avapro</i>	SanofiAven	90	107.33		1.1926
02446146	<i>Bio-Irbesartan</i>	Biomed	100	30.25	➡	0.3025
02365197	<i>Irbesartan</i>	Pro Doc	100	30.25	➡	0.3025
02372347	<i>Irbesartan</i>	Sanis	100	30.25	➡	0.3025
02385287	<i>Irbesartan</i>	Sivem	100	30.25	➡	0.3025
02418193	<i>Jamp-Irbesartan</i>	Jamp	28	8.47	➡	0.3025
			100	30.25	➡	0.3025
02422980	<i>Mint-Irbesartan</i>	Mint	100	30.25	➡	0.3025
02347296	<i>Mylan-Irbesartan</i>	Mylan	90	27.23	➡	0.3025
02317060	<i>pms-Irbesartan</i>	Phmscience	100	30.25	➡	0.3025
02406810	<i>Ran-Irbesartan</i>	Ranbaxy	100	30.25	➡	0.3025
02316390	<i>ratio-Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02425319	<i>Riva-Irbesartan</i>	Riva	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02328461	<i>Sandoz Irbesartan</i>	Sandoz	100	30.25	➡	0.3025
02315971	<i>Teva Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02427087	<i>VAN-Irbesartan</i>	Vanc Phm	100	30.25	➡	0.3025

Tab.

150 mg **PPB**

02328089	<i>ACT Irbesartan</i>	ActavisPhm	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02386976	<i>Apo-Irbesartan</i>	Apotex	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02406101	<i>Auro-Irbesartan</i>	Aurobindo	90	27.23	➡	0.3025
			500	151.25	➡	0.3025
02237924	<i>Avapro</i>	SanofiAven	90	107.33		1.1926
02446154	<i>Bio-Irbesartan</i>	Biomed	100	30.25	➡	0.3025
02365200	<i>Irbesartan</i>	Pro Doc	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02372371	<i>Irbesartan</i>	Sanis	100	30.25	➡	0.3025
02385295	<i>Irbesartan</i>	Sivem	100	30.25	➡	0.3025
02418207	<i>Jamp-Irbesartan</i>	Jamp	28	8.47	➡	0.3025
			100	30.25	➡	0.3025
02422999	<i>Mint-Irbesartan</i>	Mint	100	30.25	➡	0.3025
02347318	<i>Mylan-Irbesartan</i>	Mylan	90	27.23	➡	0.3025
02317079	<i>pms-Irbesartan</i>	Phmscience	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02406829	<i>Ran-Irbesartan</i>	Ranbaxy	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02316404	<i>ratio-Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02425327	<i>Riva-Irbesartan</i>	Riva	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02328488	<i>Sandoz Irbesartan</i>	Sandoz	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02315998	<i>Teva Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02427095	<i>VAN-Irbesartan</i>	Vanc Phm	100	30.25	➡	0.3025

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

300 mg **PPB**

02328100	<i>ACT Irbesartan</i>	ActavisPhm	100	30.25	➡	0.3025
			250	75.63	➡	0.3025
02386984	<i>Apo-Irbesartan</i>	Apotex	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02406128	<i>Auro-Irbesartan</i>	Aurobindo	90	27.23	➡	0.3025
			500	151.25	➡	0.3025
02237925	<i>Avapro</i>	SanofiAven	90	107.33		1.1926
02446162	<i>Bio-Irbesartan</i>	Biomed	100	30.25	➡	0.3025
02365219	<i>Irbesartan</i>	Pro Doc	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02372398	<i>Irbesartan</i>	Sanis	100	30.25	➡	0.3025
02385309	<i>Irbesartan</i>	Sivem	100	30.25	➡	0.3025
02418215	<i>Jamp-Irbesartan</i>	Jamp	28	8.47	➡	0.3025
			100	30.25	➡	0.3025
02423006	<i>Mint-Irbesartan</i>	Mint	100	30.25	➡	0.3025
02347326	<i>Mylan-Irbesartan</i>	Mylan	90	27.23	➡	0.3025
02317087	<i>pms-Irbesartan</i>	Phmscience	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02406837	<i>Ran-Irbesartan</i>	Ranbaxy	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02316412	<i>ratio-Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02425335	<i>Riva-Irbesartan</i>	Riva	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02328496	<i>Sandoz Irbesartan</i>	Sandoz	100	30.25	➡	0.3025
			500	151.25	➡	0.3025
02316005	<i>Teva Irbesartan</i>	Teva Can	100	30.25	➡	0.3025
02427109	<i>VAN-Irbesartan</i>	Vanc Phm	100	30.25	➡	0.3025

IRBESARTAN/ HYDROCHLOROTHIAZIDE 

Tab.

150 mg- 12.5 mg **PPB**

02357399	<i>ACT Irbesartan/HCT</i>	ActavisPhm	100	30.23	➡	0.3023
02387646	<i>Apo-Irbesartan/HCTZ</i>	Apotex	100	30.23	➡	0.3023
			500	151.20	➡	0.3024
02447878	<i>Auro-Irbesartan HCT</i>	Aurobindo	30	9.07	➡	0.3023
			90	27.22	➡	0.3024
02241818	<i>Avalide</i>	SanofiAven	90	107.33		1.1926
02385317	<i>Irbesartan HCT</i>	Sivem	100	30.23	➡	0.3023
02372886	<i>Irbesartan HCTZ</i>	Sanis	100	30.23	➡	0.3023
02365162	<i>Irbesartan-HCTZ</i>	Pro Doc	100	30.23	➡	0.3023
02418223	<i>Jamp-Irbesartan & HCTZ</i>	Jamp	28	8.47	➡	0.3023
			100	30.24	➡	0.3024
02392992	<i>Mint-Irbesartan/ HCTZ</i>	Mint	100	30.23	➡	0.3023
02328518	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	30.23	➡	0.3023
02363208	<i>Ran-Irbesartan HCTZ</i>	Ranbaxy	100	30.23	➡	0.3023
02330512	<i>ratio-Irbesartan HCTZ</i>	Teva Can	100	30.23	➡	0.3023
02337428	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	30.23	➡	0.3023
			500	151.20	➡	0.3024
02316013	<i>Teva Irbesartan / HCTZ</i>	Teva Can	100	30.23	➡	0.3023

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

300 mg- 12.5 mg **PPB**

02357402	<i>ACT Irbesartan/HCT</i>	ActavisPhm	100	30.23	➡	0.3023
02387654	<i>Apo-Irbesartan/HCTZ</i>	Apotex	100	30.23	➡	0.3023
			500	151.20	➡	0.3024
02447886	<i>Auro-Irbesartan HCT</i>	Aurobindo	30	9.07	➡	0.3023
			90	27.22	➡	0.3024
02241819	<i>Avalide</i>	SanofiAven	90	107.33		1.1926
02385325	<i>Irbesartan HCT</i>	Sivem	100	30.23	➡	0.3023
02372894	<i>Irbesartan HCTZ</i>	Sanis	100	30.23	➡	0.3023
02365170	<i>Irbesartan-HCTZ</i>	Pro Doc	100	30.23	➡	0.3023
02418231	<i>Jamp-Irbesartan & HCTZ</i>	Jamp	28	8.47	➡	0.3023
			100	30.24	➡	0.3024
02393018	<i>Mint-Irbesartan/ HCTZ</i>	Mint	100	30.23	➡	0.3023
02328526	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	30.23	➡	0.3023
02363216	<i>Ran-Irbesartan HCTZ</i>	Ranbaxy	100	30.23	➡	0.3023
02330520	<i>ratio-Irbesartan HCTZ</i>	Teva Can	100	30.23	➡	0.3023
02337436	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	30.23	➡	0.3023
			500	151.20	➡	0.3024
02316021	<i>Teva Irbesartan / HCTZ</i>	Teva Can	100	30.23	➡	0.3023

Tab.

300 mg - 25 mg **PPB**

02357410	<i>ACT Irbesartan/HCT</i>	ActavisPhm	100	30.03	➡	0.3003
02387662	<i>Apo-Irbesartan/HCTZ</i>	Apotex	100	30.03	➡	0.3003
			500	150.20	➡	0.3004
02447894	<i>Auro-Irbesartan HCT</i>	Aurobindo	30	9.01	➡	0.3003
			90	27.04	➡	0.3004
02385333	<i>Irbesartan HCT</i>	Sivem	100	30.03	➡	0.3003
02372908	<i>Irbesartan HCTZ</i>	Sanis	100	30.03	➡	0.3003
02365189	<i>Irbesartan-HCTZ</i>	Pro Doc	100	30.03	➡	0.3003
02418258	<i>Jamp-Irbesartan & HCTZ</i>	Jamp	28	8.41	➡	0.3003
			100	30.04	➡	0.3004
02393026	<i>Mint-Irbesartan/ HCTZ</i>	Mint	100	30.03	➡	0.3003
02328534	<i>pms-Irbesartan-HCTZ</i>	Phmscience	100	30.03	➡	0.3003
02363224	<i>Ran-Irbesartan HCTZ</i>	Ranbaxy	100	30.03	➡	0.3003
02330539	<i>ratio-Irbesartan HCTZ</i>	Teva Can	100	30.03	➡	0.3003
02337444	<i>Sandoz Irbesartan HCT</i>	Sandoz	100	30.03	➡	0.3003
			500	150.20	➡	0.3004
02316048	<i>Teva Irbesartan / HCTZ</i>	Teva Can	100	30.03	➡	0.3003

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LOSARTAN POTASSIUM 

Tab.

25 mg **PPB**

02379058	<i>Apo-Losartan</i>	Apotex	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02403323	<i>Auro-Losartan</i>	Aurobindo	100	19.61	➡	0.1961
02445964	<i>Bio-Losartan</i>	Biomed	100	19.61	➡	0.1961
02354829	<i>Co Losartan</i>	Cobalt	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02182815	<i>Cozaar</i>	Merck	100	117.07		1.1707
02398834	<i>Jamp-Losartan</i>	Jamp	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02394367	<i>Losartan</i>	Pro Doc	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02388863	<i>Losartan</i>	Sanis	100	19.61	➡	0.1961
02388790	<i>Losartan</i>	Sivem	100	19.61	➡	0.1961
02422468	<i>Mar-Losartan</i>	Marcan	100	19.61	➡	0.1961
02405733	<i>Mint-Losartan</i>	Mint	100	19.61	➡	0.1961
02368277	<i>Mylan-Losartan</i>	Mylan	30	9.44		0.3147
02309750	<i>pms-Losartan</i>	Phmscience	100	19.61	➡	0.1961
02404451	<i>Ran-Losartan</i>	Ranbaxy	100	19.61	➡	0.1961
			500	116.05	➡	0.2321
02313332	<i>Sandoz Losartan</i>	Sandoz	100	19.61	➡	0.1961
02424967	<i>Septa-Losartan</i>	Septa	100	19.61	➡	0.1961
02380838	<i>Teva Losartan</i>	Teva Can	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02426595	<i>VAN-Losartan</i>	Vanc Phm	100	19.61	➡	0.1961

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

50 mg **PPB**

02353504	<i>Apo-Losartan</i>	Apotex	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02403331	<i>Auro-Losartan</i>	Aurobindo	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02445972	<i>Bio-Losartan</i>	Biomed	100	19.61	➡	0.1961
02354837	<i>Co Losartan</i>	Cobalt	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02182874	<i>Cozaar</i>	Merck	30	35.12		1.1707
02398842	<i>Jamp-Losartan</i>	Jamp	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02394375	<i>Losartan</i>	Pro Doc	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02388871	<i>Losartan</i>	Sanis	100	19.61	➡	0.1961
02388804	<i>Losartan</i>	Sivem	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02422476	<i>Mar-Losartan</i>	Marcan	100	19.61	➡	0.1961
02405741	<i>Mint-Losartan</i>	Mint	100	19.61	➡	0.1961
02368285	<i>Mylan-Losartan</i>	Mylan	30	9.44		0.3147
02309769	<i>pms-Losartan</i>	Phmscience	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02404478	<i>Ran-Losartan</i>	Ranbaxy	100	19.61	➡	0.1961
			500	116.05	➡	0.2321
02313340	<i>Sandoz Losartan</i>	Sandoz	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02424975	<i>Septa-Losartan</i>	Septa	100	19.61	➡	0.1961
02357968	<i>Teva Losartan</i>	Teva Can	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02426609	<i>VAN-Losartan</i>	Vanc Phm	100	19.61	➡	0.1961

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

100 mg **PPB**

02353512	<i>Apo-Losartan</i>	Apotex	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02403358	<i>Auro-Losartan</i>	Aurobindo	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02445980	<i>Bio-Losartan</i>	Biomed	100	19.61	➡	0.1961
02354845	<i>Co Losartan</i>	Cobalt	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02182882	<i>Cozaar</i>	Merck	30	35.12		1.1707
02398850	<i>Jamp-Losartan</i>	Jamp	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02394383	<i>Losartan</i>	Pro Doc	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02388898	<i>Losartan</i>	Sanis	100	19.61	➡	0.1961
02388812	<i>Losartan</i>	Sivem	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02422484	<i>Mar-Losartan</i>	Marcan	100	19.61	➡	0.1961
02405768	<i>Mint-Losartan</i>	Mint	100	19.61	➡	0.1961
02368293	<i>Mylan-Losartan</i>	Mylan	30	9.44		0.3147
02309777	<i>pms-Losartan</i>	Phmscience	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02404486	<i>Ran-Losartan</i>	Ranbaxy	100	19.61	➡	0.1961
			500	116.05	➡	0.2321
02313359	<i>Sandoz Losartan</i>	Sandoz	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02424983	<i>Septa-Losartan</i>	Septa	100	19.61	➡	0.1961
02357976	<i>Teva Losartan</i>	Teva Can	30	8.16	➡	0.2719
			100	19.61	➡	0.1961
02426617	<i>VAN-Losartan</i>	Vanc Phm	100	19.61	➡	0.1961

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE 

Tab.

 50 mg -12.5 mg **PPB**

02388251	<i>ACT Losartan/HCT</i>	ActavisPhm	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02371235	<i>Apo-Losartan/HCTZ</i>	Apotex	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02423642	<i>Auro-Losartan HCT</i>	Aurobindo	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02230047	<i>Hyzaar</i>	Merck	30	35.12		1.1707
02408244	<i>Jamp-Losartan HCTZ</i>	Jamp	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02394391	<i>Losartan - HCTZ</i>	Pro Doc	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02388960	<i>Losartan/HCT</i>	Sivem	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02427648	<i>Losartan/HCTZ</i>	Sanis	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02389657	<i>Mint-Losartan / HCTZ</i>	Mint	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02378078	<i>Mylan-Losartan HCTZ</i>	Mylan	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02392224	<i>pms-Losartan-HCTZ</i>	Phmscience	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02313375	<i>Sandoz Losartan HCT</i>	Sandoz	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02428539	<i>Septa-Losartan HCTZ</i>	Septa	30	8.81	➡	0.2937
			100	31.46	➡	0.3146
02358263	<i>Teva Losartan/HCTZ</i>	Teva Can	30	8.81	➡	0.2937

Tab.

 100 mg - 12.5 mg **PPB**

02388278	<i>ACT Losartan/HCT</i>	ActavisPhm	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02371243	<i>Apo-Losartan/HCTZ</i>	Apotex	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02423650	<i>Auro-Losartan HCT</i>	Aurobindo	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02297841	<i>Hyzaar</i>	Merck	30	35.02		1.1673
02394405	<i>Losartan - HCTZ</i>	Pro Doc	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02388979	<i>Losartan/HCT</i>	Sivem	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02427656	<i>Losartan/HCTZ</i>	Sanis	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02389665	<i>Mint-Losartan / HCTZ</i>	Mint	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02378086	<i>Mylan-Losartan HCTZ</i>	Mylan	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02392232	<i>pms-Losartan-HCTZ</i>	Phmscience	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02362449	<i>Sandoz Losartan HCT</i>	Sandoz	30	9.25	➡	0.3083
			100	30.82	➡	0.3082
02377144	<i>Teva Losartan/HCTZ</i>	Teva Can	30	9.25	➡	0.3083

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

100 mg -25 mg **PPB**

02388286	<i>ACT Losartan/HCT</i>	ActavisPhm	30	8.81	0.2937
			100	31.46	0.3146
02371251	<i>Apo-Losartan/HCTZ</i>	Apotex	30	8.81	0.2937
			100	31.46	0.3146
02423669	<i>Auro-Losartan HCT</i>	Aurobindo	30	8.81	0.2937
			100	31.46	0.3146
02241007	<i>Hyzaar DS</i>	Merck	30	35.12	1.1707
02408252	<i>Jamp-Losartan HCTZ</i>	Jamp	30	8.81	0.2937
			100	31.46	0.3146
02394413	<i>Losartan - HCTZ</i>	Pro Doc	30	8.81	0.2937
			100	31.46	0.3146
02388987	<i>Losartan/HCT</i>	Sivem	30	8.81	0.2937
			100	31.46	0.3146
02427664	<i>Losartan/HCTZ</i>	Sanis	30	8.81	0.2937
			100	31.46	0.3146
02389673	<i>Mint-Losartan / HCTZ DS</i>	Mint	30	8.81	0.2937
			100	31.46	0.3146
02378094	<i>Mylan-Losartan HCTZ</i>	Mylan	30	8.81	0.2937
			100	31.46	0.3146
02392240	<i>pms-Losartan-HCTZ</i>	Phmscience	30	8.81	0.2937
			100	31.46	0.3146
02313383	<i>Sandoz Losartan HCT DS</i>	Sandoz	30	8.81	0.2937
			100	31.46	0.3146
02428547	<i>Septa-Losartan HCTZ</i>	Septa	30	8.81	0.2937
			100	31.46	0.3146
02377152	<i>Teva Losartan/HCTZ</i>	Teva Can	30	8.81	0.2937

OLMESARTAN MEDOXOMIL 

Tab.

20 mg

02318660	<i>Olmotec</i>	Merck	30	30.49	1.0163
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Tab.

40 mg

02318679	<i>Olmotec</i>	Merck	30	30.49	1.0163
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OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE 

Tab.

20 mg -12.5 mg

02319616	<i>Olmotec Plus</i>	Merck	30	30.49	1.0163
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Tab.

40 mg - 12.5 mg

02319624	<i>Olmotec Plus</i>	Merck	30	30.49	1.0163
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Tab.

40 mg - 25 mg

02319632	<i>Olmotec Plus</i>	Merck	30	30.49	1.0163
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TELMISARTAN

Tab.

40 mg **PPB**

02393247	<i>Act Telmisartan</i>	ActavisPhm	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02420082	<i>Apo-Telmisartan</i>	Apotex	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02453568	<i>Auro-Telmisartan</i>	Aurobindo	30	8.46	➡	0.2820
			500	141.00	➡	0.2820
02240769	<i>Micardis</i>	Bo. Ing.	28	31.63		1.1296
02376717	<i>Mylan-Telmisartan</i>	Mylan	28	7.90	➡	0.2820
			100	28.20	➡	0.2820
02391236	<i>pms-Telmisartan</i>	Phmscience	100	28.20	➡	0.2820
02375958	<i>Sandoz Telmisartan</i>	Sandoz	30	8.46	➡	0.2820
			500	141.00	➡	0.2820
02407485	<i>Telmisartan</i>	Accord	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02432897	<i>Telmisartan</i>	Phmscience	100	28.20	➡	0.2820
02395223	<i>Telmisartan</i>	Pro Doc	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02388944	<i>Telmisartan</i>	Sanis	100	28.20	➡	0.2820
02390345	<i>Telmisartan</i>	Sivem	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02320177	<i>Teva Telmisartan</i>	Teva Can	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02434164	<i>VAN-Telmisartan</i>	Vanc Phm	100	28.20	➡	0.2820

Tab.

80 mg **PPB**

02393255	<i>Act Telmisartan</i>	ActavisPhm	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02420090	<i>Apo-Telmisartan</i>	Apotex	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02453576	<i>Auro-Telmisartan</i>	Aurobindo	30	8.46	➡	0.2820
			500	141.00	➡	0.2820
02240770	<i>Micardis</i>	Bo. Ing.	28	31.63		1.1296
02376725	<i>Mylan-Telmisartan</i>	Mylan	28	7.90	➡	0.2820
			100	28.20	➡	0.2820
02391244	<i>pms-Telmisartan</i>	Phmscience	100	28.20	➡	0.2820
02375966	<i>Sandoz Telmisartan</i>	Sandoz	30	8.46	➡	0.2820
			500	141.00	➡	0.2820
02407493	<i>Telmisartan</i>	Accord	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02432900	<i>Telmisartan</i>	Phmscience	100	28.20	➡	0.2820
02395231	<i>Telmisartan</i>	Pro Doc	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02388952	<i>Telmisartan</i>	Sanis	100	28.20	➡	0.2820
			500	141.00	➡	0.2820
02390353	<i>Telmisartan</i>	Sivem	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02320185	<i>Teva Telmisartan</i>	Teva Can	30	8.46	➡	0.2820
			100	28.20	➡	0.2820
02434172	<i>VAN-Telmisartan</i>	Vanc Phm	100	28.20	➡	0.2820

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TELMISARTAN/ HYDROCHLOROTHIAZIDE

Tab.

 80 mg - 12.5 mg **PPB**

02393263	<i>ACT Telmisartan/HCT</i>	ActavisPhm	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02420023	<i>Apo-Telmisartan/HCTZ</i>	Apotex	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02456389	<i>Auro-Telmisartan HCTZ</i>	Aurobindo	30	8.46	➡	0.2820
			500	141.05	➡	0.2821
02244344	<i>Micardis Plus</i>	Bo. Ing.	28	31.63		1.1296
02373564	<i>Mylan-Telmisartan HCTZ</i>	Mylan	28	7.90	➡	0.2820
			100	28.21	➡	0.2821
02401665	<i>pms-Telmisartan-HCTZ</i>	Phmscience	100	28.20	➡	0.2820
02393557	<i>Sandoz Telmisartan HCT</i>	Sandoz	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02433214	<i>Telmisartan - HCTZ</i>	Phmscience	100	28.20	➡	0.2820
02395525	<i>Telmisartan - HCTZ</i>	Pro Doc	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02390302	<i>Telmisartan HCTZ</i>	Sivem	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02395355	<i>Telmisartan/ HCTZ</i>	Sanis	100	28.20	➡	0.2820
02419114	<i>Telmisartan/ Hydrochlorothiazide</i>	Accord	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02330288	<i>Teva Telmisartan HCTZ</i>	Teva Can	30	8.46	➡	0.2820
			500	141.05	➡	0.2821

Tab.

 80 mg - 25 mg **PPB**

02393271	<i>ACT Telmisartan/HCT</i>	ActavisPhm	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02420031	<i>Apo-Telmisartan/HCTZ</i>	Apotex	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02456397	<i>Auro-Telmisartan HCTZ</i>	Aurobindo	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02318709	<i>Micardis Plus</i>	Bo. Ing.	28	31.63		1.1296
02373572	<i>Mylan-Telmisartan HCTZ</i>	Mylan	28	7.90	➡	0.2820
			100	28.21	➡	0.2821
02401673	<i>pms-Telmisartan-HCTZ</i>	Phmscience	100	28.20	➡	0.2820
02393565	<i>Sandoz Telmisartan HCT</i>	Sandoz	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02433222	<i>Telmisartan - HCTZ</i>	Phmscience	100	28.20	➡	0.2820
02395533	<i>Telmisartan - HCTZ</i>	Pro Doc	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02390310	<i>Telmisartan HCTZ</i>	Sivem	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02395363	<i>Telmisartan/ HCTZ</i>	Sanis	100	28.20	➡	0.2820
02419122	<i>Telmisartan/ Hydrochlorothiazide</i>	Accord	30	8.46	➡	0.2820
			100	28.21	➡	0.2821
02379252	<i>Teva Telmisartan HCTZ</i>	Teva Can	30	8.46	➡	0.2820
			100	28.21	➡	0.2821

TELMISARTAN/AMLODIPINE

Tab.

40 mg - 5 mg

02371022	<i>Twynsta</i>	Bo. Ing.	28	19.09		0.6818
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			40 mg - 10 mg		
02371030	<i>Twynsta</i>	Bo. Ing.	28	19.09	0.6818

Tab.			80 mg -5 mg		
02371049	<i>Twynsta</i>	Bo. Ing.	28	19.09	0.6818

Tab.			80 mg - 10 mg		
02371057	<i>Twynsta</i>	Bo. Ing.	28	19.09	0.6818

VALSARTAN

Tab.			40 mg PPB		
02337487	<i>Act Valsartan</i>	ActavisPhm	100	29.10	➡ 0.2910
02371510	<i>Apo-Valsartan</i>	Apotex	30	8.73	➡ 0.2910
02414201	<i>Auro-Valsartan</i>	Aurobindo	28	8.15	➡ 0.2910
			100	29.10	➡ 0.2910
02270528	<i>Diovan</i>	Novartis	28	31.27	➡ 1.1168
02383527	<i>Mylan-Valsartan</i>	Mylan	100	29.10	➡ 0.2910
02312999	<i>pms-Valsartan</i>	Phmscience	30	8.73	➡ 0.2910
02363062	<i>Ran-Valsartan</i>	Ranbaxy	100	29.10	➡ 0.2910
02425440	<i>Riva-Valsartan</i>	Riva	30	8.73	➡ 0.2910
02356740	<i>Sandoz Valsartan</i>	Sandoz	30	8.73	➡ 0.2910
			100	29.10	➡ 0.2910
02356643	<i>Teva Valsartan</i>	Teva Can	30	8.73	➡ 0.2910
02367726	<i>Valsartan</i>	Pro Doc	30	8.73	➡ 0.2910
			100	29.10	➡ 0.2910
02366940	<i>Valsartan</i>	Sanis	100	29.10	➡ 0.2910
02384523	<i>Valsartan</i>	Sivem	30	8.73	➡ 0.2910
			100	29.10	➡ 0.2910

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

80 mg **PPB**

02337495	<i>Act Valsartan</i>	ActavisPhm	100	29.57	➡	0.2957
02371529	<i>Apo-Valsartan</i>	Apotex	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02414228	<i>Auro-Valsartan</i>	Aurobindo	28	8.28	➡	0.2957
			500	147.85	➡	0.2957
02244781	<i>Diovan</i>	Novartis	28	31.47		1.1239
02383535	<i>Mylan-Valsartan</i>	Mylan	100	29.57	➡	0.2957
02313006	<i>pms-Valsartan</i>	Phmscience	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02363100	<i>Ran-Valsartan</i>	Ranbaxy	100	29.57	➡	0.2957
			500	147.85	➡	0.2957
02425459	<i>Riva-Valsartan</i>	Riva	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02356759	<i>Sandoz Valsartan</i>	Sandoz	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02356651	<i>Teva Valsartan</i>	Teva Can	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02367734	<i>Valsartan</i>	Pro Doc	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02366959	<i>Valsartan</i>	Sanis	100	29.57	➡	0.2957
			500	147.85	➡	0.2957
02384531	<i>Valsartan</i>	Sivem	30	8.87	➡	0.2957
			100	29.57	➡	0.2957

Tab.

160 mg **PPB**

02337509	<i>Act Valsartan</i>	ActavisPhm	100	29.57	➡	0.2957
02371537	<i>Apo-Valsartan</i>	Apotex	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02414236	<i>Auro-Valsartan</i>	Aurobindo	28	8.28	➡	0.2957
			500	147.85	➡	0.2957
02244782	<i>Diovan</i>	Novartis	28	31.47		1.1239
02383543	<i>Mylan-Valsartan</i>	Mylan	100	29.57	➡	0.2957
02313014	<i>pms-Valsartan</i>	Phmscience	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02363119	<i>Ran-Valsartan</i>	Ranbaxy	100	29.57	➡	0.2957
			500	147.85	➡	0.2957
02425467	<i>Riva-Valsartan</i>	Riva	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02356767	<i>Sandoz Valsartan</i>	Sandoz	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02356678	<i>Teva Valsartan</i>	Teva Can	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02367742	<i>Valsartan</i>	Pro Doc	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02366967	<i>Valsartan</i>	Sanis	100	29.57	➡	0.2957
			500	147.85	➡	0.2957
02384558	<i>Valsartan</i>	Sivem	30	8.87	➡	0.2957
			100	29.57	➡	0.2957

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

320 mg **PPB**

02337517	<i>Act Valsartan</i>	ActavisPhm	100	28.43	➡	0.2843
02371545	<i>Apo-Valsartan</i>	Apotex	30	8.53	➡	0.2843
02414244	<i>Auro-Valsartan</i>	Aurobindo	28	7.96	➡	0.2843
			100	28.43	➡	0.2843
02289504	<i>Diovan</i>	Novartis	28	31.47		1.1239
02383551	<i>Mylan-Valsartan</i>	Mylan	100	28.43	➡	0.2843
02344564	<i>pms-Valsartan</i>	Phmscience	30	8.53	➡	0.2843
			100	28.43	➡	0.2843
02425475	<i>Riva-Valsartan</i>	Riva	30	8.53	➡	0.2843
			100	28.43	➡	0.2843
02356775	<i>Sandoz Valsartan</i>	Sandoz	30	8.53	➡	0.2843
			100	28.43	➡	0.2843
02356686	<i>Teva Valsartan</i>	Teva Can	30	8.53	➡	0.2843
02367750	<i>Valsartan</i>	Pro Doc	30	8.53	➡	0.2843
			100	28.43	➡	0.2843
02366975	<i>Valsartan</i>	Sanis	100	28.43	➡	0.2843
02384566	<i>Valsartan</i>	Sivem	30	8.53	➡	0.2843
			100	28.43	➡	0.2843

VALSARTAN/HYDROCHLOROTHIAZIDE 

Tab.

80 mg - 12.5 mg **PPB**

02382547	<i>Apo-Valsartan/HCTZ</i>	Apotex	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02408112	<i>Auro-Valsartan HCT</i>	Aurobindo	28	8.28	➡	0.2957
			100	29.57	➡	0.2957
02241900	<i>Diovan-HCT</i>	Novartis	28	32.16		1.1486
02373734	<i>Mylan-Valsartan-HCTZ</i>	Mylan	100	29.57	➡	0.2957
02356694	<i>Sandoz Valsartan HCT</i>	Sandoz	30	8.87	➡	0.2957
			500	147.85	➡	0.2957
02356996	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	8.87	➡	0.2957
			50	14.79	➡	0.2957
02367009	<i>Valsartan HCT</i>	Sanis	100	29.57	➡	0.2957
02384736	<i>Valsartan HCT</i>	Sivem	30	8.87	➡	0.2957
			100	29.57	➡	0.2957
02367769	<i>Valsartan-HCTZ</i>	Pro Doc	30	8.87	➡	0.2957
			100	29.57	➡	0.2957

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

160 mg -12.5 mg **PPB**

02382555	<i>Apo-Valsartan/HCTZ</i>	Apotex	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957
02408120	<i>Auro-Valsartan HCT</i>	Aurobindo	28	8.28	➡ 0.2957
			500	147.85	➡ 0.2957
02241901	<i>Diovan-HCT</i>	Novartis	28	32.10	➡ 1.1464
02373742	<i>Mylan-Valsartan-HCTZ</i>	Mylan	100	29.57	➡ 0.2957
02356708	<i>Sandoz Valsartan HCT</i>	Sandoz	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957
02357003	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	8.87	➡ 0.2957
			50	14.79	➡ 0.2957
02367017	<i>Valsartan HCT</i>	Sanis	100	29.57	➡ 0.2957
			500	147.85	➡ 0.2957
02384744	<i>Valsartan HCT</i>	Sivem	30	8.87	➡ 0.2957
			100	29.57	➡ 0.2957
02367777	<i>Valsartan-HCTZ</i>	Pro Doc	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957

Tab.

160 mg - 25 mg **PPB**

02382563	<i>Apo-Valsartan/HCTZ</i>	Apotex	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957
02408139	<i>Auro-Valsartan HCT</i>	Aurobindo	28	8.28	➡ 0.2957
			500	147.85	➡ 0.2957
02246955	<i>Diovan-HCT</i>	Novartis	28	31.99	➡ 1.1425
02373750	<i>Mylan-Valsartan-HCTZ</i>	Mylan	100	29.57	➡ 0.2957
02356716	<i>Sandoz Valsartan HCT</i>	Sandoz	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957
02357011	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	8.87	➡ 0.2957
			50	14.79	➡ 0.2957
02367025	<i>Valsartan HCT</i>	Sanis	100	29.57	➡ 0.2957
			500	147.85	➡ 0.2957
02384752	<i>Valsartan HCT</i>	Sivem	30	8.87	➡ 0.2957
			100	29.57	➡ 0.2957
02367785	<i>Valsartan-HCTZ</i>	Pro Doc	30	8.87	➡ 0.2957
			500	147.85	➡ 0.2957

Tab.

320 mg - 12.5 mg **PPB**

02382571	<i>Apo-Valsartan/HCTZ</i>	Apotex	30	8.73	➡ 0.2910
02408147	<i>Auro-Valsartan HCT</i>	Aurobindo	28	8.15	➡ 0.2910
			100	29.10	➡ 0.2910
02308908	<i>Diovan-HCT</i>	Novartis	28	31.49	➡ 1.1246
02373769	<i>Mylan-Valsartan-HCTZ</i>	Mylan	100	29.10	➡ 0.2910
02356724	<i>Sandoz Valsartan HCT</i>	Sandoz	30	8.73	➡ 0.2910
			100	29.10	➡ 0.2910
02357038	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	8.73	➡ 0.2910
02367033	<i>Valsartan HCT</i>	Sanis	30	8.73	➡ 0.2910
02384760	<i>Valsartan HCT</i>	Sivem	30	8.73	➡ 0.2910

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

320 mg - 25 mg **PPB**

02382598	<i>Apo-Valsartan/HCTZ</i>	Apotex	30	8.73	➡	0.2910
02408155	<i>Auro-Valsartan HCT</i>	Aurobindo	28	8.15	➡	0.2910
			100	29.10	➡	0.2910
02308916	<i>Diovan-HCT</i>	Novartis	28	31.49		1.1246
02373777	<i>Mylan-Valsartan-HCTZ</i>	Mylan	100	29.10	➡	0.2910
02356732	<i>Sandoz Valsartan HCT</i>	Sandoz	30	8.73	➡	0.2910
			100	29.10	➡	0.2910
02357046	<i>Teva Valsartan/HCTZ</i>	Teva Can	30	8.73	➡	0.2910
02367041	<i>Valsartan HCT</i>	Sanis	100	29.10	➡	0.2910
02384779	<i>Valsartan HCT</i>	Sivem	30	8.73	➡	0.2910

24:32.20

ALDOSTERONE RECEPTOR ANTAGONISTS

SPIRONOLACTONE

Tab.

25 mg **PPB**

00028606	<i>Aldactone</i>	Pfizer	100	7.47		0.0747
00613215	<i>Teva-Spironolactone</i>	Teva Can	500	34.60	➡	0.0692

Tab.

100 mg

00613223	<i>Teva-Spironolactone</i>	Teva Can	100	21.20		0.2120
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28:00

CENTRAL NERVOUS SYSTEM AGENTS

28:08 analgesics and antipyretics

- 28:08.04 nonsteroidal anti- inflammatory agents
- 28:08.08 opiate agonists
- 28:08.12 opiate partial agonists
- 28:08.92 miscellaneous analgesics and antipyretics

28:10 opiate antagonists

28:12 anticonvulsants

- 28:12.04 barbiturates
- 28:12.08 benzodiazepines
- 28:12.12 hydantoins
- 28:12.20 succinimides
- 28:12.92 miscellaneous anticonvulsants

28:16 psychotropics

- 28:16.04 antidepressants
- 28:16.08 antipsychotic agents

28:20 cns stimulants

- 28:20.04 amphetamines
- 28:20.92 cns stimulants, miscellaneous

28:24 anxiolytics, sedatives and hypnotics

- 28:24.08 benzodiazepines
- 28:24.92 miscellaneous anxiolytics, sedatives, hypnotics

28:28 antimanic agents

28:32 antimigraine agents

- 28:32.28 selective serotonin agonists
- 28:32.92 antimigraine agents, miscellaneous

28:36 Antiparkinsonian Agents

- 28:36.04 Adamantanes
- 28:36.08 Anticholinergic Agents
- 28:36.12 Catechol-O-Methyltransferase Inhibitors
- 28:36.16 Dopamine Precursors
- 28:36.20 Dopamine Receptor Agonists
- 28:36.32 Monoamine Oxydase B Inhibitors
- 28:36.92 Antiparkinsonian Agents, Miscellaneous

28:92 miscellaneous Central Nervous System Agents

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:08.04
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS
ACETYSALICYLIC ACID

Ent. Tab.		325 mg PPB			
02352427	<i>Asatab EC 325 mg</i>	Odan	1000	28.00	➡ 0.0280
02010526	<i>Jamp-AAS EC</i>	Jamp	500	14.00	➡ 0.0280
02284529	<i>pms-ASA EC</i>	Phmscience	1000	28.00	➡ 0.0280

Ent. Tab.		650 mg PPB			
02352435	<i>Asatab EC 650 mg</i>	Odan	500	27.50	➡ 0.0550
00794244	<i>Enteric coated ASA</i>	Jamp	500	27.50	➡ 0.0550

Supp.		640 mg to 650 mg			
00582867	<i>pms-ASA</i>	Phmscience	10	11.00	1.1000

Tab or EntTab or ChewTab		80 mg or 81 mg PPB			
02427176	<i>ASA EC (80 mg)</i>	Sanis	500	28.00	➡ 0.0560
02009013	<i>Asaphen</i>	Phmscience	100	5.60	➡ 0.0560
			500	28.00	➡ 0.0560
02238545	<i>Asaphen E.C.</i>	Phmscience	500	28.00	➡ 0.0560
			1000	56.00	➡ 0.0560
02280167	<i>Asatab</i>	Odan	500	28.00	➡ 0.0560
02150352	<i>Aspirin (Chew Tab)</i>	Bayer	300	16.80	➡ 0.0560
02250675	<i>Euro-ASA</i>	Euro-Pharm	500	28.00	➡ 0.0560
02430835	<i>Euro-ASA EC</i>	Euro-Pharm	500	28.00	➡ 0.0560
			1000	56.00	➡ 0.0560
02269139	<i>Jamp-A.A.S. (Chew. Tab.)</i>	Jamp	500	28.00	➡ 0.0560
02283905	<i>Jamp-A.A.S. (Ent. Tab.)</i>	Jamp	1000	56.00	➡ 0.0560
02296004	<i>Lowprin (chew. tab.)</i>	Euro-Pharm	30	1.68	➡ 0.0560
			500	28.00	➡ 0.0560
02295563	<i>Lowprin (tab.)</i>	Euro-Pharm	30	1.68	➡ 0.0560
			500	28.00	➡ 0.0560
02429950	<i>M-ASA 80 mg chewable</i>	Mantra Ph.	500	28.00	➡ 0.0560
02247318	<i>phl-Asa</i>	Pharmel	100	5.60	➡ 0.0560
			500	28.00	➡ 0.0560
02247355	<i>phl-Asa E.C.</i>	Pharmel	120	6.72	➡ 0.0560
			500	28.00	➡ 0.0560
02311496	<i>Pro-AAS EC-80</i>	Pro Doc	500	28.00	➡ 0.0560
			1000	56.00	➡ 0.0560
02311518	<i>Pro-AAS-80 (chewable)</i>	Pro Doc	100	5.60	➡ 0.0560
			500	28.00	➡ 0.0560
02202352	<i>Rivasa (Co. Croq.)</i>	Riva	100	5.60	➡ 0.0560
			500	28.00	➡ 0.0560
02420279	<i>Rivasa 81 mg EC</i>	Riva	1000	56.00	➡ 0.0560
02202360	<i>Rivasa FC (Co.)</i>	Riva	100	5.60	➡ 0.0560
			1000	56.00	➡ 0.0560

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CELECOXIB

Caps.

100 mg **PPB**

02435632	<i>Accel-Celecoxib</i>	Accel	100	14.74	➡	0.1474
02420155	<i>ACT Celecoxib</i>	ActavisPhm	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02418932	<i>Apo-Celecoxib</i>	Apotex	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02445670	<i>Auro-Celecoxib</i>	Aurobindo	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02426382	<i>Bio-Celecoxib</i>	Biomed	100	14.74	➡	0.1474
02239941	<i>Celebrex</i>	Pfizer	100	67.58		0.6758
			500	337.88		0.6758
02424371	<i>Celecoxib</i>	Pro Doc	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02436299	<i>Celecoxib</i>	Sanis	500	76.00	➡	0.1520
02429675	<i>Celecoxib</i>	Sivem	100	14.74	➡	0.1474
02291975	<i>GD-Celecoxib</i>	GenMed	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02424533	<i>Jamp-Celecoxib</i>	Jamp	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02420058	<i>Mar-Celecoxib</i>	Marcan	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02412497	<i>Mint-Celecoxib</i>	Mint	100	14.74	➡	0.1474
02423278	<i>Mylan-Celecoxib</i>	Mylan	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02355442	<i>pms-Celecoxib</i>	Phmscience	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02412373	<i>Ran-Celecoxib</i>	Ranbaxy	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02425386	<i>Riva-Celecox</i>	Riva	100	14.74	➡	0.1474
02321246	<i>Sandoz Celecoxib</i>	Sandoz	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02442639	<i>SDZ Celecoxib</i>	Sandoz	100	14.74	➡	0.1474
			500	76.00	➡	0.1520
02288915	<i>Teva-Celecoxib</i>	Teva Can	100	14.74	➡	0.1474
			500	76.00	➡	0.1520

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			200 mg PPB		
02435640	<i>Accel-Celecoxib</i>	Accel	100	29.48	➡ 0.2948
02420163	<i>ACT Celecoxib</i>	ActavisPhm	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02418940	<i>Apo-Celecoxib</i>	Apotex	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02445689	<i>Auro-Celecoxib</i>	Aurobindo	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02426390	<i>Bio-Celecoxib</i>	Biomed	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02239942	<i>Celebrex</i>	Pfizer	100	135.15	1.3515
			500	675.77	1.3515
02424398	<i>Celecoxib</i>	Pro Doc	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02436302	<i>Celecoxib</i>	Sanis	500	151.95	➡ 0.3039
02429683	<i>Celecoxib</i>	Sivem	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02291983	<i>GD-Celecoxib</i>	GenMed	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02424541	<i>Jamp-Celecoxib</i>	Jamp	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02420066	<i>Mar-Celecoxib</i>	Marcan	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02412500	<i>Mint-Celecoxib</i>	Mint	100	29.48	➡ 0.2948
02399881	<i>Mylan-Celecoxib</i>	Mylan	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02355450	<i>pms-Celecoxib</i>	Phmscience	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02412381	<i>Ran-Celecoxib</i>	Ranbaxy	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02425394	<i>Riva-Celecox</i>	Riva	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02321254	<i>Sandoz Celecoxib</i>	Sandoz	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02442647	<i>SDZ Celecoxib</i>	Sandoz	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039
02288923	<i>Teva-Celecoxib</i>	Teva Can	100	29.48	➡ 0.2948
			500	151.95	➡ 0.3039

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
02243433	<i>Apo-Diclo Rapide 50 mg</i>	Apotex	100	20.24	➡	0.2024
02091194	<i>Apo-Diclo SR 100mg</i>	Apotex	100	40.48	➡	0.4048
02352397	<i>Diclofenac EC</i>	Sanis	100	20.24	➡	0.2024
02351684	<i>Diclofenac K</i>	Sanis	100	20.24	➡	0.2024
00870978	<i>Diclofenac-50</i>	Pro Doc	100	20.24	➡	0.2024
02224127	<i>Diclofenac-SR 100 mg</i>	Pro Doc	100	40.48	➡	0.4048
00808547	<i>Novo-Difenac 50 mg</i>	Novopharm	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
02048698	<i>Novo-Difenac SR 100 mg</i>	Novopharm	100	40.48	➡	0.4048
02302624	<i>pms-Diclofenac 50 mg</i>	Phmscience	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
02239753	<i>pms-Diclofenac-K 50 mg</i>	Phmscience	100	20.24	➡	0.2024
			500	101.20	➡	0.2024
02231505	<i>pms-Diclofenac-SR 100 mg</i>	Phmscience	100	40.48	➡	0.4048
			250	101.20	➡	0.4048
02311461	<i>Pro-Diclo Fast-50</i>	Pro Doc	100	20.24	➡	0.2024
02261960	<i>Sandoz Diclofenac 50 mg</i>	Sandoz	100	20.24	➡	0.2024
02261774	<i>Sandoz Diclofenac Rapide 50 mg</i>	Sandoz	100	20.24	➡	0.2024
02261944	<i>Sandoz Diclofenac SR 100 mg</i>	Sandoz	100	40.48	➡	0.4048
02239355	<i>Teva-Diclofenac K</i>	Teva Can	100	20.24	➡	0.2024
00514012	<i>Voltaren 50 mg</i>	Novartis	100	72.81		0.7281
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
02397145	<i>Co Diclo-Miso</i>	ActavisPhm	100	30.27	➡	0.3027
			500	157.45	➡	0.3149
02341689	<i>GD-Diclofenac/Misoprostol</i>	GenMed	250	75.68	➡	0.3027

Tab.

 75 mg - 200 mcg **PPB**

02229837	<i>Arthrotec 75</i>	Pfizer	250	203.81		0.8152
02397153	<i>Co Diclo-Miso</i>	ActavisPhm	100	41.20	➡	0.4120
			500	214.30	➡	0.4286
02341697	<i>GD-Diclofenac/Misoprostol</i>	GenMed	250	103.00	➡	0.4120

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DICLOFENAC SODIUM

Ent.Tab.or L.A.Tab

25 mg / 75 mg L.A. **PPB**

00839175	<i>Apo-Diclo 25 mg</i>	Apotex	100	7.73	➡	0.0773
02162814	<i>Apo-Diclo S.R. 75 mg</i>	Apotex	100	23.19	➡	0.2319
02352400	<i>Diclofenac SR</i>	Sanis	100	23.19	➡	0.2319
02224119	<i>Diclofenac-SR 75 mg</i>	Pro Doc	100	23.19	➡	0.2319
00808539	<i>Novo-Difenac 25 mg</i>	Novopharm	100	7.73	➡	0.0773
02158582	<i>Novo-Difenac SR 75 mg</i>	Novopharm	100	23.19	➡	0.2319
02302616	<i>pms-Diclofenac 25 mg</i>	Phmscience	100	7.73	➡	0.0773
02231504	<i>pms-Diclofenac- SR 75 mg</i>	Phmscience	100	23.19	➡	0.2319
			500	116.00	➡	0.2320
02261952	<i>Sandoz Diclofenac</i>	Sandoz	100	7.73	➡	0.0773
02261901	<i>Sandoz Diclofenac SR 75 mg</i>	Sandoz	100	23.19	➡	0.2319
00782459	<i>Voltaren S.R. 75 mg</i>	Novartis	100	100.56		1.0056

Supp.

50 mg **PPB**

02231506	<i>pms-Diclofenac</i>	Phmscience	30	13.02	➡	0.4340
02261928	<i>Sandoz Diclofenac</i>	Sandoz	30	13.02	➡	0.4340
00632724	<i>Voltaren</i>	Novartis	30	32.79		1.0930

Supp.

100 mg **PPB**

02231508	<i>pms-Diclofenac</i>	Phmscience	30	17.52	➡	0.5840
02261936	<i>Sandoz Diclofenac</i>	Sandoz	30	17.52	➡	0.5840
00632732	<i>Voltaren</i>	Novartis	30	44.14		1.4713

ETODOLAC

Caps.

200 mg

02232317	<i>Etodolac</i>	AA Pharma	100	76.00	☞	0.6213
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Caps.

300 mg

02232318	<i>Etodolac</i>	AA Pharma	100	76.00	☞	0.6213
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FLURBIPROFEN

Tab.

50 mg **PPB**

01912046	<i>Apo-Flurbiprofen</i>	Apotex	100	22.21	➡	0.2221
02100509	<i>Novo-Flurprofen</i>	Novopharm	100	22.21	➡	0.2221

Tab.

100 mg **PPB**

01912038	<i>Apo-Flurbiprofen</i>	Apotex	100	30.39	➡	0.3039
02100517	<i>Novo-Flurprofen</i>	Novopharm	100	30.39	➡	0.3039

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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IBUPROFEN

Oral Susp.

100 mg/5 mL

02354799	<i>Europofen</i>	Pendopharm	120 ml	6.49	0.0541
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Tab.

 200 mg **PPB**

00441643	<i>Apo-Ibuprofen</i>	Apotex	1000	51.00 ➡	0.0510
02272849	<i>Jamp-Ibuprofene</i>	Jamp	100	5.44 ➡	0.0544

Tab.

 400 mg **PPB**

00636533	<i>Ibuprofen-400</i>	Pro Doc	100	3.72 ➡	0.0372
			1000	37.20 ➡	0.0372
02317338	<i>Ibuprofene</i>	Jamp	1000	37.20 ➡	0.0372
02401290	<i>Jamp - Ibuprofene</i>	Jamp	300	11.16 ➡	0.0372
00629340	<i>Novo-Profen</i>	Novopharm	1000	37.20 ➡	0.0372

IBUPROFEN 

Tab.

600 mg

00629359	<i>Novo-Profen</i>	Novopharm	100	4.65	0.0465
			500	23.25	0.0465

INDOMETHACIN 

Caps.

25 mg

00337420	<i>Teva-Indomethacin</i>	Teva Can	100	22.30	0.2230
			1000	223.00	0.2230

Caps.

50 mg

00337439	<i>Teva-Indomethacin</i>	Teva Can	100	15.11	0.1511
			500	75.55	0.1511

Supp.

50 mg

02231799	<i>Sandoz Indomethacine</i>	Sandoz	30	24.60	0.8200
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Supp.


 100 mg **PPB**

01934139	<i>ratio-Indomethacin</i>	Ratiopharm	30	26.73 ➡	0.8910
02231800	<i>Sandoz Indomethacine</i>	Sandoz	30	26.73 ➡	0.8910

KETOPROFEN 

Caps.

50 mg

00790427	<i>Ketoprofen 50 mg</i>	AA Pharma	100	33.73 	0.1721
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Tab.			100 mg		
00842664	<i>Ketoprofen-E 100 mg</i>	AA Pharma	100	68.23	☞ 0.3187
			500	341.15	☞ 0.3187
L.A. Tab.			200 mg		
02172577	<i>Ketoprofen SR 200 mg</i>	AA Pharma	100	138.90	☞ 0.6374
Supp.			100 mg		
02015951	<i>pms-Ketoprofen</i>	Phmscience	30	29.79	0.9930

MELOXICAM

Tab.			7.5 mg PPB		
02250012	<i>ACT Meloxicam</i>	ActavisPhm	30	6.01	☞ 0.2003
			100	20.03	☞ 0.2003
02248973	<i>Apo-Meloxicam</i>	Apotex	100	20.03	☞ 0.2003
			500	100.14	☞ 0.2003
02390884	<i>Auro-Meloxicam</i>	Aurobindo	30	6.01	☞ 0.2003
02324326	<i>Meloxicam</i>	Pro Doc	100	20.03	☞ 0.2003
02353148	<i>Meloxicam</i>	Sanis	100	20.03	☞ 0.2003
02242785	<i>Mobicox</i>	Bo. Ing.	100	80.11	0.8011
02255987	<i>Mylan-Meloxicam</i>	Mylan	100	20.03	☞ 0.2003
02258315	<i>Novo-Meloxicam</i>	Novopharm	30	6.01	☞ 0.2003
			100	20.03	☞ 0.2003
02248607	<i>phl-Meloxicam</i>	Pharmel	30	6.01	☞ 0.2003
			500	100.14	☞ 0.2003
02248267	<i>pms-Meloxicam</i>	Phmscience	30	6.01	☞ 0.2003
			500	100.14	☞ 0.2003
02247889	<i>ratio-Meloxicam</i>	Ratiopharm	100	20.03	☞ 0.2003
			500	100.14	☞ 0.2003

Tab.			15 mg PPB		
02250020	<i>ACT Meloxicam</i>	ActavisPhm	30	6.93	☞ 0.2310
			100	23.11	☞ 0.2311
02248974	<i>Apo-Meloxicam</i>	Apotex	100	23.10	☞ 0.2310
02390892	<i>Auro-Meloxicam</i>	Aurobindo	30	6.93	☞ 0.2310
02324334	<i>Meloxicam</i>	Pro Doc	100	23.10	☞ 0.2310
02353156	<i>Meloxicam</i>	Sanis	100	23.10	☞ 0.2310
02242786	<i>Mobicox</i>	Bo. Ing.	100	92.43	0.9243
02255995	<i>Mylan-Meloxicam</i>	Mylan	100	23.10	☞ 0.2310
02248608	<i>phl-Meloxicam</i>	Pharmel	30	6.93	☞ 0.2310
			500	115.54	☞ 0.2311
02248268	<i>pms-Meloxicam</i>	Phmscience	30	6.93	☞ 0.2310
			500	115.54	☞ 0.2311
02248031	<i>ratio-Meloxicam</i>	Ratiopharm	100	23.10	☞ 0.2310
			500	115.54	☞ 0.2311
02258323	<i>Teva-Meloxicam</i>	Teva Can	30	6.93	☞ 0.2310
			100	23.11	☞ 0.2311

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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NABUMETONE

Tab.

 500 mg **PPB**

02238639	<i>Apo-Nabumetone</i>	Apotex	100	36.25 ➡	0.3625
02240867	<i>Novo-Nabumetone</i>	Novopharm	100	36.25 ➡	0.3625

Tab.

750 mg

02240868	<i>Teva-Nabumetone</i>	Teva Can	100	56.31	0.5631
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NAPROXEN

Ent. Tab. or Tab.

 250 mg **PPB**

00522651	<i>Apo-Naproxen 250 mg</i>	Apotex	100	10.68 ➡	0.1068
			1000	106.80 ➡	0.1068
02350750	<i>Naproxen</i>	Sanis	100	10.68 ➡	0.1068
			500	53.40 ➡	0.1068
02350785	<i>Naproxen EC</i>	Sanis	100	10.68 ➡	0.1068
00590762	<i>Naproxen-250</i>	Pro Doc	100	10.68 ➡	0.1068
02243312	<i>Novo-Naprox EC</i>	Novopharm	100	10.68 ➡	0.1068
00565350	<i>Teva-Naproxen</i>	Teva Can	100	10.68 ➡	0.1068
			500	53.40 ➡	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
02241024	<i>Mylan-Naproxen EC</i>	Mylan	100	21.10 ➡	0.2110
02162423	<i>Naprosyn E</i>	Atnahs	100	98.82	0.9882
02350777	<i>Naproxen</i>	Sanis	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
02350807	<i>Naproxen EC</i>	Sanis	100	21.10 ➡	0.2110
00618721	<i>Naproxen-500</i>	Pro Doc	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
00589861	<i>Novo-Naprox</i>	Novopharm	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
02243314	<i>Novo-Naprox EC</i>	Novopharm	100	21.10 ➡	0.2110
02294710	<i>pms-Naproxen EC</i>	Phmscience	100	21.10 ➡	0.2110
02310953	<i>Pro-Naproxen EC-500</i>	Pro Doc	100	21.10 ➡	0.2110

Oral Susp.

25 mg/mL

02162431	<i>Pediapharm Naproxen Suspension</i>	Pediapharm	474 ml	45.00	0.0949
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Supp.

500 mg

02017237	<i>pms-Naproxen</i>	Phmscience	30	14.33	0.4777
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Tab.

125 mg

00522678	<i>Apo-Naproxen</i>	Apotex	100	7.81	0.0781
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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	14.58	➡ 0.1458
02243432	<i>Mylan-Naproxen EC 375</i>	Mylan	100	14.58	➡ 0.1458
02162415	<i>Naprosyn E 375 mg</i>	Atnahs	100	54.79	0.5479
02350769	<i>Naproxen</i>	Sanis	100	14.58	➡ 0.1458
			500	72.90	➡ 0.1458
02350793	<i>Naproxen EC</i>	Sanis	100	14.58	➡ 0.1458
00655686	<i>Naproxen-375</i>	Pro Doc	100	14.58	➡ 0.1458
			500	72.90	➡ 0.1458
02294702	<i>pms-Naproxen EC</i>	Phmscience	100	14.58	➡ 0.1458
02310945	<i>Pro-Naproxen EC-375</i>	Pro Doc	100	14.58	➡ 0.1458
00627097	<i>Teva-Naproxen</i>	Teva Can	100	14.58	➡ 0.1458
			500	72.90	➡ 0.1458
02243313	<i>Teva-Naproxen-EC</i>	Teva Can	100	14.58	➡ 0.1458

PIROXICAM 

Caps.

10 mg

00695718	<i>Novo-Pirocam</i>	Novopharm	100	22.13	0.2213
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Caps.

20 mg

00695696	<i>Novo-Pirocam</i>	Novopharm	100	37.11	0.3711
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Supp.

20 mg

02154463	<i>pms-Piroxicam</i>	Phmscience	30	49.38	1.6460
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SULINDAC 

Tab.

150 mg

00745588	<i>Novo-Sundac</i>	Novopharm	100	38.24	0.3824
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Tab.

200 mg

00745596	<i>Novo-Sundac</i>	Novopharm	100	39.20	0.3920
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TENOXICAM 

Tab.

20 mg

02230661	<i>Tenoxicam</i>	AA Pharma	100	115.52	⬆ 0.9443
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TIAPROFENIC ACID 

Tab.

200 mg

02179679	<i>Teva-Tiaprofenic</i>	Teva Can	100	34.37	0.3437
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				300 mg	
02179687	Teva-Tiaprofenic	Teva Can	100	32.57	0.3257

28:08.08

OPIATE AGONISTS

BASE AND CODEINE SULFATE

L.A. Tab.

				50 mg	
02230302	Codeine Contin	Purdue	60	18.60	0.3100

L.A. Tab.

				100 mg	
02163748	Codeine Contin	Purdue	60	37.20	0.6200

L.A. Tab.

				150 mg	
02163780	Codeine Contin	Purdue	60	56.28	0.9380

L.A. Tab.

				200 mg	
02163799	Codeine Contin	Purdue	60	74.46	1.2410

CODEINE PHOSPHATE

Tab.

				30 mg	PPB	
02009757	Codeine	Riva	100	7.73	➡	0.0773
			500	38.66	➡	0.0773
00593451	ratio-Codeine	Teva Can	100	7.73	➡	0.0773
			500	38.66	➡	0.0773

FENTANYL

Patch

				12 mcg/h	PPB	
02386844	Co Fentanyl	Cobalt	5	11.14	➡	2.2280
02395657	Fentanyl Patch	Pro Doc	5	11.14	➡	2.2280
02396696	Mylan-Fentanyl Matrix Patch	Mylan	5	11.14	➡	2.2280
02341379	pms-Fentanyl MTX	Phmscience	5	11.14	➡	2.2280
02330105	Ran-Fentanyl Matrix Patch	Ranbaxy	5	11.14	➡	2.2280
02327112	Sandoz Fentanyl Patch	Sandoz	5	11.14	➡	2.2280
02311925	Teva-Fentanyl	Teva Can	5	11.14	➡	2.2280

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch 25 mcg/h PPB					
02314630	<i>Apo-Fentanyl Matrix</i>	Apotex	5	18.28	3.6560
02386852	<i>Co Fentanyl</i>	Cobalt	5	18.28	3.6560
02395665	<i>Fentanyl Patch</i>	Pro Doc	5	18.28	3.6560
02396718	<i>Mylan-Fentanyl Matrix Patch</i>	Mylan	5	18.28	3.6560
02341387	<i>pms-Fentanyl MTX</i>	Phmscience	5	18.28	3.6560
02330113	<i>Ran-Fentanyl Matrix Patch</i>	Ranbaxy	5	18.28	3.6560
02249391	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	18.28	3.6560
02327120	<i>Sandoz Fentanyl Patch</i>	Sandoz	5	18.28	3.6560
02282941	<i>Teva-Fentanyl</i>	Teva Can	5	18.28	3.6560
Patch 37 mcg/h					
02327139	<i>Sandoz Fentanyl Patch</i>	Sandoz	5	32.99	6.5980
Patch 50 mcg/h PPB					
02314649	<i>Apo-Fentanyl Matrix</i>	Apotex	5	34.41	6.8820
02386879	<i>Co Fentanyl</i>	Cobalt	5	34.41	6.8820
02395673	<i>Fentanyl Patch</i>	Pro Doc	5	34.41	6.8820
02396726	<i>Mylan-Fentanyl Matrix Patch</i>	Mylan	5	34.41	6.8820
02341395	<i>pms-Fentanyl MTX</i>	Phmscience	5	34.41	6.8820
02330121	<i>Ran-Fentanyl Matrix Patch</i>	Ranbaxy	5	34.41	6.8820
02249413	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	34.41	6.8820
02327147	<i>Sandoz Fentanyl Patch</i>	Sandoz	5	34.41	6.8820
02282968	<i>Teva-Fentanyl</i>	Teva Can	5	34.41	6.8820
Patch 75 mcg/h PPB					
02314657	<i>Apo-Fentanyl Matrix</i>	Apotex	5	48.40	9.6800
02386887	<i>Co Fentanyl</i>	Cobalt	5	48.40	9.6800
02395681	<i>Fentanyl Patch</i>	Pro Doc	5	48.40	9.6800
02396734	<i>Mylan-Fentanyl Matrix Patch</i>	Mylan	5	48.40	9.6800
02341409	<i>pms-Fentanyl MTX</i>	Phmscience	5	48.40	9.6800
02330148	<i>Ran-Fentanyl Matrix Patch</i>	Ranbaxy	5	48.40	9.6800
02249421	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	48.40	9.6800
02327155	<i>Sandoz Fentanyl Patch</i>	Sandoz	5	48.40	9.6800
02282976	<i>Teva-Fentanyl</i>	Teva Can	5	48.40	9.6800
Patch 100 mcg/h PPB					
02314665	<i>Apo-Fentanyl Matrix</i>	Apotex	5	60.25	12.0500
02386895	<i>Co Fentanyl</i>	Cobalt	5	60.25	12.0500
02395703	<i>Fentanyl Patch</i>	Pro Doc	5	60.25	12.0500
02396742	<i>Mylan-Fentanyl Matrix Patch</i>	Mylan	5	60.25	12.0500
02341417	<i>pms-Fentanyl MTX</i>	Phmscience	5	60.25	12.0500
02330156	<i>Ran-Fentanyl Matrix Patch</i>	Ranbaxy	5	60.25	12.0500
02249448	<i>Ran-Fentanyl Transdermal System</i>	Ranbaxy	5	60.25	12.0500
02327163	<i>Sandoz Fentanyl Patch</i>	Sandoz	5	60.25	12.0500
02282984	<i>Teva-Fentanyl</i>	Teva Can	5	60.25	12.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYDROMORPHONE HYDROCHLORIDE ®

Inj. Sol.			2 mg/mL (1 mL)		
02145901	<i>Hydromorphone</i>	Sandoz	10	17.83	1.7830

Inj. Sol.			10 mg/mL		
02145928	<i>Hydromorphone HP 10</i>	Sandoz	1 ml	3.97	
			5 ml	19.84	
			50 ml	198.40	

Inj. Sol.			20 mg/mL		
02145936	<i>Hydromorphone HP 20</i>	Sandoz	50 ml	336.12	

Inj. Sol.			50 mg/mL		
02146126	<i>Hydromorphone HP 50</i>	Sandoz	50 ml	1006.06	
99003163	<i>Hydromorphone HP 50</i>	Sandoz	1 ml	16.70	

L.A. Caps. (12 h)			3 mg		
02125323	<i>Hydromorph Contin</i>	Purdue	60	39.66	0.6610

L.A. Caps. (12 h)			4.5 mg		
02359502	<i>Hydromorph Contin</i>	Purdue	60	48.84	0.8140

L.A. Caps. (12 h)			6 mg		
02125331	<i>Hydromorph Contin</i>	Purdue	60	59.46	0.9910

L.A. Caps. (12 h)			9 mg		
02359510	<i>Hydromorph Contin</i>	Purdue	60	80.04	1.3340

L.A. Caps. (12 h)			12 mg		
02125366	<i>Hydromorph Contin</i>	Purdue	60	103.02	1.7170

L.A. Caps. (12 h)			18 mg		
02243562	<i>Hydromorph Contin</i>	Purdue	60	148.62	2.4770

L.A. Caps. (12 h)			24 mg		
02125382	<i>Hydromorph Contin</i>	Purdue	60	190.20	3.1700

L.A. Caps. (12 h)			30 mg		
02125390	<i>Hydromorph Contin</i>	Purdue	60	227.88	3.7980

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Supp.			3 mg		
01916394	<i>pms-Hydromorphone</i>	Phmscience	10	23.56	2.3560

Syr.			1 mg/mL PPB		
00786535	<i>Dilaudid</i>	Purdue	450 ml	29.34	➡ 0.0652
01916386	<i>pms-Hydromorphone</i>	Phmscience	500 ml	32.60	➡ 0.0652

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
02319403	<i>Teva Hydromorphone</i>	Teva Can	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
02319411	<i>Teva Hydromorphone</i>	Teva Can	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
02319438	<i>Teva Hydromorphone</i>	Teva Can	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
02319446	<i>Teva Hydromorphone</i>	Teva Can	100	35.28	➡ 0.3528

MEPERIDINE HYDROCHLORIDE

Tab.			50 mg		
02138018	<i>Demerol</i>	SanofiAven	100	13.09	0.1309

METHADONE HYDROCHLORIDE

Oral Sol.			1 mg/mL		
02247694	<i>Metadol</i>	Paladin	250 ml	25.18	0.1007

Oral Sol.			10 mg/mL PPB		
02241377	<i>Metadol</i>	Paladin	100 ml	36.42	0.3642
02244290	<i>Metadol-D</i>	Paladin	100 ml	13.51	➡ 0.1351
02394596	<i>Methadose</i>	Mallinckro	1000 ml	150.00	0.1500
02394618	<i>Methadose (sans sucre)</i>	Mallinckro	1000 ml	150.00	0.1500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				1 mg	
02247698	Metadol	Paladin	100	16.73	0.1673

Tab.

				5 mg	
02247699	Metadol	Paladin	100	55.75	0.5575

Tab.

				10 mg	
02247700	Metadol	Paladin	100	89.21	0.8921

Tab.

				25 mg	
02247701	Metadol	Paladin	100	167.26	1.6726

MORPHINE HYDROCHLORIDE OR SULFATE 

Inj. Sol.

				2 mg/mL	
02242484	Morphine (sulfate de)	Sandoz	1 ml	2.14	

Inj. Sol.

				10 mg/mL	
00392588	Morphine (sulfate de)	Sandoz	1 ml	2.07	

Inj. Sol.

				50 mg/mL	
00617288	Morphine H.P. 50	Sandoz	1 ml	5.23	
			10 ml	52.99	
			50 ml	264.97	

L.A. Caps.

				10 mg	
02019930	M-Eslon	Ethypharm	20	5.51	0.2756
			50	13.78	0.2756

L.A. Caps.

				15 mg	
02177749	M-Eslon	Ethypharm	20	2.91	0.1456
			50	7.28	0.1456

L.A. Caps.

				30 mg	
02019949	M-Eslon	Ethypharm	20	4.40	0.2200
			50	11.00	0.2200

L.A. Caps.

				60 mg	
02019957	M-Eslon	Ethypharm	20	7.75	0.3876
			50	19.38	0.3876

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. 100 mg					
02019965	<i>M-Eslon</i>	Ethypharm	20	11.94	0.5969
			50	29.85	0.5969
L.A. Caps. 200 mg					
02177757	<i>M-Eslon</i>	Ethypharm	20	21.97	1.0987
			50	54.94	1.0987
L.A. Caps. (24 h) 10 mg					
02242163	<i>Kadian</i>	Abbott	100	36.38	0.3638
L.A. Caps. (24 h) 20 mg					
02184435	<i>Kadian</i>	Abbott	100	61.32	0.6132
L.A. Caps. (24 h) 50 mg					
02184443	<i>Kadian</i>	Abbott	100	128.75	1.2875
L.A. Caps. (24 h) 100 mg					
02184451	<i>Kadian</i>	Abbott	50	112.27	2.2454
L.A. Tab. 15 mg PPB					
02350815	<i>Morphine SR</i>	Sanis	50	11.59	➡ 0.2318
02015439	<i>MS Contin</i>	Purdue	60	39.42	0.6570
02302764	<i>Novo-Morphine SR</i>	Novopharm	50	11.59	➡ 0.2318
02244790	<i>Sandoz Morphine SR</i>	Sandoz	100	23.17	➡ 0.2317
L.A. Tab. 30 mg PPB					
00776181	<i>M.O.S.-S.R.</i>	Valeant	50	17.90	0.3580
02350890	<i>Morphine SR</i>	Sanis	100	35.00	➡ 0.3500
02014297	<i>MS Contin</i>	Purdue	60	59.46	0.9910
02302772	<i>Novo-Morphine SR</i>	Novopharm	50	17.50	➡ 0.3500
			100	35.00	➡ 0.3500
02244791	<i>Sandoz Morphine SR</i>	Sandoz	100	35.00	➡ 0.3500
L.A. Tab. 60 mg PPB					
00776203	<i>M.O.S.-S.R.</i>	Valeant	50	31.56	0.6312
02350912	<i>Morphine SR</i>	Sanis	100	61.67	➡ 0.6167
02014300	<i>MS Contin</i>	Purdue	60	104.94	1.7490
02302780	<i>Novo-Morphine SR</i>	Novopharm	50	30.84	➡ 0.6167
			100	61.67	➡ 0.6167
02245286	<i>pms-Morphine Sulfate SR</i>	Phmscience	50	30.84	➡ 0.6167
02244792	<i>Sandoz Morphine SR</i>	Sandoz	100	61.67	➡ 0.6167

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab. 100 mg PPB					
02014319	<i>MS Contin</i>	Purdue	60	160.02	2.6670
02302799	<i>Novo-Morphine SR</i>	Novopharm	50	47.01 ➡	0.9402
L.A. Tab. 200 mg PPB					
02014327	<i>MS Contin</i>	Purdue	60	297.54	4.9590
02302802	<i>Novo-Morphine SR</i>	Novopharm	50	87.40 ➡	1.7480
Oral Sol. 20 mg/mL					
00621935	<i>Statex</i>	Paladin	25 ml 100 ml	12.45 38.57	0.4980 0.3857
Supp. 10 mg					
00632201	<i>Statex</i>	Paladin	10	16.37	1.6370
Supp. 20 mg					
00596965	<i>Statex</i>	Paladin	10	19.37	1.9370
Supp. 30 mg					
00639389	<i>Statex</i>	Paladin	10	21.51	2.1510
Syr. 1 mg/mL PPB					
* 00614491	<i>Doloral 1</i>	Atlas	225 ml 500 ml	3.40 7.56 ➡	0.0151 0.0151
00591467	<i>Statex</i>	Paladin	250 ml 500 ml	5.00 10.00	0.0200 0.0200
Syr. 5 mg/mL PPB					
* 00614505	<i>Doloral 5</i>	Atlas	225 ml 500 ml	8.67 19.26 ➡	0.0385 0.0385
00591475	<i>Statex</i>	Paladin	250 ml 500 ml	9.63 19.26 ➡	0.0385 0.0385
Syr. 50 mg/mL					
00705799	<i>Statex</i>	Paladin	50 ml	47.32	0.9464
Tab. 5 mg PPB					
02009773	<i>M.O.S. - Sulfate-5</i>	Valeant	100	11.00 ➡	0.1100
02014203	<i>MS-IR</i>	Purdue	60	7.02 ➡	0.1170
00594652	<i>Statex</i>	Paladin	100	11.00 ➡	0.1100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			10 mg PPB		
02009765	<i>M.O.S. - Sulfate-10</i>	Valeant	100	17.00 ➡	0.1700
02014211	<i>MS-IR</i>	Purdue	60	10.92 ➡	0.1820
00594644	<i>Statex</i>	Paladin	100	17.00 ➡	0.1700

Tab.			20 mg		
02014238	<i>MS-IR</i>	Purdue	60	19.92	0.3320

Tab.			25 mg PPB		
02009749	<i>M.O.S. - Sulfate-25</i>	Valeant	100	22.50 ➡	0.2250
00594636	<i>Statex</i>	Paladin	100	22.50 ➡	0.2250

Tab.			30 mg		
02014254	<i>MS-IR</i>	Purdue	60	25.62	0.4270

Tab.			50 mg PPB		
02009706	<i>M.O.S. - Sulfate-50</i>	Valeant	100	34.50 ➡	0.3450
00675962	<i>Statex</i>	Paladin	100	34.50 ➡	0.3450

OXYCODONE HYDROCHLORIDE ®

Supp.			10 mg		
00392480	<i>Supeudol</i>	Sandoz	12	27.12 ☞	2.0875

Supp.			20 mg		
00392472	<i>Supeudol</i>	Sandoz	12	34.44 ☞	2.6408

Tab.			5 mg PPB		
02325950	<i>Oxycodone</i>	Pro Doc	100	12.87 ➡	0.1287
02319977	<i>pms-Oxycodone</i>	Phmscience	100	12.87 ➡	0.1287
00789739	<i>Supeudol</i>	Sandoz	100	12.87 ➡	0.1287

Tab.			10 mg PPB		
02240131	<i>Oxy IR</i>	Purdue	60	22.92	0.3820
02325969	<i>Oxycodone</i>	Pro Doc	100	18.96 ➡	0.1896
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
02325977	<i>Oxycodone</i>	Pro Doc	50	14.82 ➡	0.2964
02319993	<i>pms-Oxycodone</i>	Phmscience	50	14.82 ➡	0.2964
02262983	<i>Supeudol 20</i>	Sandoz	50	14.82 ➡	0.2964


CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:08.12

OPIATE PARTIAL AGONISTS

BUTORPHANOL TARTRATE

Nas. spray

				10 mg/mL	
02242504	<i>Apo-Butorphanol</i>	AA Pharma	2.5 ml	56.53	 13.3680

PENTAZOCINE HYDROCHLORIDE

Tab.



				50 mg	
02137984	<i>Talwin</i>	SanofiAven	100	37.74	0.3774

28:08.92



MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN



Chew. Tab.

				80 mg	PPB	
02017458	<i>Acetaminophene</i>	Riva	24	2.40		0.1000
02245010	<i>Jamp-Acetaminophen</i>	Jamp	24	2.40		0.1000




Chew. Tab.

				160 mg	PPB	
02017431	<i>Acetaminophene</i>	Riva	20	2.95		0.1475
02246087	<i>Jamp-Acetaminophen</i>	Jamp	20	2.95		0.1475





Liq.

				80 mg/5 mL	PPB	
01905848	<i>Acetaminophene</i>	Trianon	100 ml	3.10		0.0310
00792713	<i>pms-Acetaminophene</i>	Phmscience	100 ml	3.10		0.0310

Liq.

				160 mg/5 mL	PPB	
01958836	<i>Acetaminophene</i>	Trianon	100 ml	3.65		0.0365
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	
01905864	<i>Acetaminophene</i>	Trianon	15 ml		2.50	
			24 ml		2.87	
01935275	<i>Jamp-Acetaminophen</i>	Jamp	24 ml		2.87	
02027801	<i>Pediatrix</i>	Rougier	24 ml		2.87	

Supp.

				120 mg		
01919385	<i>Abenol</i>	Pendopharm	12	6.63		W
02230434	<i>Acet 120</i>	Pendopharm	12	6.44		0.5367

Supp.

				160 mg		
02230435	<i>Acet 160</i>	Pendopharm	12	7.51		0.6258

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Supp.		325 mg			
01919393	<i>Abenol</i>	Pendopharm	12	8.19	W
02230436	<i>Acet 325</i>	Pendopharm	12	7.95	0.6625

Supp.		650 mg			
01919407	<i>Abenol</i>	Pendopharm	12	9.41	W
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
00382752	<i>Acetaminophene 325</i>	Pro Doc	1000	11.40 ➡	0.0114
02362198	<i>Acetaminophene Caplet 325</i>	Riva	1000	11.40 ➡	0.0114
02241200	<i>Acetaminophen-Odan</i>	Odan	1000	11.40 ➡	0.0114
01938088	<i>Jamp-Acetaminophen</i>	Jamp	1000	11.40 ➡	0.0114
+ 02451018	<i>M-Acetaminophen 325</i>	Mantra Ph.	1000	11.40 ➡	0.0114
00389218	<i>Novo-Gesic</i>	Novopharm	100	1.14 ➡	0.0114
			1000	11.40 ➡	0.0114

Tab.		500 mg PPB			
02022222	<i>Acetaminophene</i>	Riva	1000	14.90 ➡	0.0149
00386626	<i>Acetaminophene 500</i>	Pro Doc	1000	14.90 ➡	0.0149
02362201	<i>Acetaminophene Blason Shield 500</i>	Riva	1000	14.90 ➡	0.0149
02362228	<i>Acetaminophene Caplet 500</i>	Riva	1000	14.90 ➡	0.0149
01939122	<i>Jamp-Acetaminophen</i>	Jamp	1000	14.90 ➡	0.0149
02355299	<i>Jamp-Acetaminophen</i>	Jamp	1000	14.90 ➡	0.0149
02343371	<i>Jamp-Acetaminophene E.F.</i>	Jamp	1000	14.90 ➡	0.0149
+ 02451123	<i>M-Acetaminophen 500</i>	Mantra Ph.	1000	14.90 ➡	0.0149
00482323	<i>Novo-Gesic Forte</i>	Novopharm	100	1.49 ➡	0.0149
			1000	14.90 ➡	0.0149

ACETAMINOPHEN/ CODEINE PHOSPHATE

Elix.		160 mg -8 mg/5 mL PPB			
00816027	<i>pms-Acetaminophene avec Codeine</i>	Phmscience	500 ml	29.32 ➡	0.0586
02163942	<i>Tylenol a la codeine</i>	Janss. Inc	500 ml	39.96	0.0799

Tab.		300 mg - 30 mg PPB			
01999648	<i>Acet codeine 30</i>	Phmscience	500	65.00 ➡	0.1300
02232658	<i>Procet-30</i>	Pro Doc	500	65.00 ➡	0.1300
00608882	<i>ratio-Emtec</i>	Ratiopharm	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 PPB			
01999656	<i>Acet codeine 60</i>	Phmscience	100	13.84 ➡	0.1384
00621463	<i>ratio-Lenoltec No 4</i>	Ratiopharm	100	13.84 ➡	0.1384

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:10

OPIATE ANTAGONISTS

NALOXONE HYDROCHLORIDE

Inj. sol.

0.4 mg/mL

+ 02455935	<i>Chlorhydrate de naloxone Injectable</i>	Oméga	1 ml	13.75	
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NALTREXONE HYDROCHLORIDE

Tab.

50 mg **PBB**

02444275	<i>Apo-Naltrexone</i>	Apotex	30	143.18	➡ 4.7727
02213826	<i>Revia</i>	Teva Can	50	238.64	➡ 4.7727

28:12.04

BARBITURATES

PHENOBARBITAL

Elix.

25 mg/5 mL

00645575	<i>Phenobarb elixir</i>	Pendopharm	100 ml	12.38	0.1238
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Tab.

15 mg

00178799	<i>Phenobarb</i>	Pendopharm	500	46.35	0.0927
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Tab.

30 mg

00178802	<i>Phenobarb</i>	Pendopharm	500	55.15	0.1103
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Tab.

60 mg

00178810	<i>Phenobarb</i>	Pendopharm	500	74.79	0.1496
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Tab.

100 mg

00178829	<i>Phenobarb</i>	Pendopharm	500	102.38	0.2048
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PRIMIDONE

Tab.

125 mg

00399310	<i>Primidone</i>	AA Pharma	100	5.53	0.0553
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Tab.

250 mg

00396761	<i>Primidone</i>	AA Pharma	100	8.70	0.0870
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:12.08

BENZODIAZEPINES

CLOBAZAM ☒

Tab.

10 mg **PPB**

02248454	<i>Clobazam-10</i>	Pro Doc	30	3.29	➡	0.1097
02221799	<i>Frisium</i>	Lundb Inc	30	10.25		0.3417
02238334	<i>Novo-Clobazam</i>	Novopharm	30	3.29	➡	0.1097

CLONAZEPAM ☒

Tab.

0.25 mg **PPB**

02442027	<i>Clonazepam</i>	Sivem	100	6.90	➡	0.0690
02179660	<i>pms-Clonazepam</i>	Phmscience	100	6.90	➡	0.0690

Tab.

0.5 mg **PPB**

02177889	<i>Apo-Clonazepam</i>	Apotex	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02442035	<i>Clonazepam</i>	Sivem	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02270641	<i>Co Clonazepam</i>	Cobalt	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02230950	<i>Mylan-Clonazepam</i>	Mylan	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02239024	<i>Novo-Clonazepam</i>	Novopharm	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02236948	<i>phl-Clonazepam-R</i>	Pharmel	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02207818	<i>pms-Clonazepam-R</i>	Phmscience	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
02311593	<i>Pro-Clonazepam</i>	Pro Doc	500	24.77	➡	0.0495
02242077	<i>Riva-Clonazepam</i>	Riva	100	4.95	➡	0.0495
			500	24.77	➡	0.0495
00382825	<i>Rivotril</i>	Roche	100	19.82		0.1982

Tab.

1 mg **PPB**

02442043	<i>Clonazepam</i>	Sivem	100	14.87	➡	0.1487
			500	74.35	➡	0.1487
02270668	<i>Co Clonazepam</i>	Cobalt	100	14.87	➡	0.1487
02145235	<i>phl-Clonazepam</i>	Pharmel	100	14.87	➡	0.1487
			500	74.35	➡	0.1487
02048728	<i>pms-Clonazepam</i>	Phmscience	100	14.87	➡	0.1487
			500	74.35	➡	0.1487
02311607	<i>Pro-Clonazepam</i>	Pro Doc	100	14.87	➡	0.1487
			500	74.35	➡	0.1487

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

2 mg **PPB**

02177897	<i>Apo-Clonazepam</i>	Apotex	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02442051	<i>Clonazepam</i>	Sivem	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02270676	<i>Co Clonazepam</i>	Cobalt	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02230951	<i>Mylan-Clonazepam</i>	Mylan	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02145243	<i>phl-Clonazépam</i>	Pharmel	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02048736	<i>pms-Clonazepam</i>	Phmscience	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02311615	<i>Pro-Clonazepam</i>	Pro Doc	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
02242078	<i>Riva-Clonazepam</i>	Riva	100	8.54	➡	0.0854
			500	42.72	➡	0.0854
00382841	<i>Rivotril</i>	Roche	100	34.17		0.3417
02239025	<i>Teva-Clonazepam</i>	Novopharm	100	8.54	➡	0.0854

28:12.12

HYDANTOINS

PHENYTOIN

Oral Susp.

30 mg/5 mL

00023442	<i>Dilantin-30</i>	Pfizer	250 ml	10.10		0.0404
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Oral Susp.

125 mg/5 mL **PPB**

00023450	<i>Dilantin-125</i>	Pfizer	250 ml	11.93		0.0477
02250896	<i>Taro-Phenytoin</i>	Taro	237 ml	7.37	➡	0.0311

Tab.

50 mg

00023698	<i>Dilantin Infatabs</i>	Pfizer	100	7.35		0.0735
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PHENYTOIN SODIUM

Caps.

30 mg

00022772	<i>Dilantin</i>	Pfizer	100	12.86		0.1286
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Caps.

100 mg

00022780	<i>Dilantin</i>	Pfizer	100	7.45		0.0745
			1000	67.14		0.0671

28:12.20

SUCCINIMIDES

ETHOSUXIMIDE

Caps.

250 mg

00022799	<i>Zarontin</i>	Erfa	100	32.03		0.3203
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr. 250 mg/5 mL					
00023485	Zarontin	Erfa	500 ml	32.00	0.0640

METHSUXIMIDE

Caps.

300 mg					
00022802	Celontin	Erfa	100	32.76	0.3276

28:12.92
MISCELLANEOUS ANTICONVULSANTS
CARBAMAZEPINE

Chew. Tab.

100 mg PPB					
02231542	pms-Carbamazepine Chewtabs	Phmscience	100	3.80	0.0380
02244403	Taro-Carbamazepine Chewable	Taro	100	3.80	0.0380
00369810	Tegretol Chewtabs	Novartis	100	13.50	0.1350

Chew. Tab.

200 mg PPB					
02231540	pms-Carbamazepine Chewtabs	Phmscience	100	7.49	0.0749
02261863	Sandoz Carbamazepine Chewtabs	Sandoz	100	7.49	0.0749
02244404	Taro-Carbamazepine Chewable	Taro	100	7.49	0.0749
00665088	Tegretol Chewtabs	Novartis	100	26.65	0.2665

L.A. Tab.

200 mg PPB					
02413590	Carbamazepine CR	Pro Doc	100	9.30	0.0930
02241882	Mylan-Carbamazepine CR	Mylan	100	9.30	0.0930
02231543	pms-Carbamazepine CR	Phmscience	100	9.30	0.0930
			500	46.48	0.0930
02261839	Sandoz Carbamazepine CR	Sandoz	100	9.30	0.0930
00773611	Tegretol CR	Novartis	100	33.08	0.3308

L.A. Tab.

400 mg PPB					
02413604	Carbamazepine CR	Pro Doc	100	18.59	0.1859
02241883	Mylan-Carbamazepine CR	Mylan	100	18.59	0.1859
02231544	pms-Carbamazepine CR	Phmscience	100	18.59	0.1859
			500	92.94	0.1859
02261847	Sandoz Carbamazepine CR	Sandoz	100	18.59	0.1859
00755583	Tegretol CR	Novartis	100	66.16	0.6616

Oral Susp.

100 mg/5 mL PPB					
02367394	Taro-Carbamazepine	Taro	450 ml	24.32	0.0540
02194333	Tegretol	Novartis	450 ml	28.70	0.0638

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

200 mg **PPB**

02407515	<i>Taro-Carbamazepine</i>	Taro	100	7.95	➡	0.0795
			500	39.75	➡	0.0795
00010405	<i>Tegretol</i>	Novartis	100	32.18		0.3218
			500	156.30		0.3126
00782718	<i>Teva-Carbamazepine</i>	Teva Can	100	7.95	➡	0.0795
			500	39.75	➡	0.0795

DIVALPROEX SODIUM

Ent. Tab.

125 mg **PPB**

02239698	<i>Apo-Divalproex</i>	Apotex	100	7.24	➡	0.0724
02400499	<i>Divalproex</i>	Sanis	100	7.24	➡	0.0724
02240341	<i>Divalproex-125</i>	Pro Doc	100	7.24	➡	0.0724
00596418	<i>Epival 125</i>	BGP Pharma	100	24.14		0.2414
02239701	<i>Novo-Divalproex</i>	Novopharm	100	7.24	➡	0.0724

Ent. Tab.

250 mg **PPB**

02239699	<i>Apo-Divalproex</i>	Apotex	100	13.01	➡	0.1301
			500	65.07	➡	0.1301
02400502	<i>Divalproex</i>	Sanis	100	13.01	➡	0.1301
02240342	<i>Divalproex-250</i>	Pro Doc	100	13.01	➡	0.1301
			500	65.07	➡	0.1301
00596426	<i>Epival 250</i>	BGP Pharma	100	43.37		0.4337
			500	216.87		0.4337
02239702	<i>Novo-Divalproex</i>	Novopharm	100	13.01	➡	0.1301
			500	65.07	➡	0.1301

Ent. Tab.

500 mg **PPB**

02239700	<i>Apo-Divalproex</i>	Apotex	100	26.04	➡	0.2604
02400510	<i>Divalproex</i>	Sanis	100	26.04	➡	0.2604
02240343	<i>Divalproex-500</i>	Pro Doc	100	26.04	➡	0.2604
00596434	<i>Epival 500</i>	BGP Pharma	100	86.81		0.8681
			500	434.01		0.8680
02239703	<i>Novo-Divalproex</i>	Novopharm	100	26.04	➡	0.2604
			500	130.20	➡	0.2604

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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GABAPENTIN

Caps.

100 mg **PPB**

02244304	<i>Apo-Gabapentin</i>	Apotex	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02321203	<i>Auro-Gabapentin</i>	Aurobindo	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02256142	<i>Co Gabapentin</i>	Cobalt	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02416840	<i>Gabapentin</i>	Accord	100	7.49	➡	0.0749
02353245	<i>Gabapentin</i>	Sanis	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02246314	<i>Gabapentin</i>	Sivem	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02285819	<i>GD-Gabapentin</i>	GenMed	100	7.49		W
02361469	<i>Jamp-Gabapentin</i>	Jamp	100	7.49	➡	0.0749
02391473	<i>Mar-Gabapentin</i>	Marcan	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02248259	<i>Mylan-Gabapentin</i>	Mylan	500	37.45	➡	0.0749
02084260	<i>Neurontin</i>	Pfizer	100	41.51		0.4151
02243446	<i>pms-Gabapentin</i>	Phmscience	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02310449	<i>Pro-Gabapentin</i>	Pro Doc	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02319055	<i>Ran-Gabapentin</i>	Ranbaxy	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02251167	<i>Riva-Gabapentin</i>	Riva	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02244513	<i>Teva-Gabapentin</i>	Teva Can	100	7.49	➡	0.0749
			500	37.45	➡	0.0749
02431408	<i>VAN-Gabapentin</i>	Vanc Phm	100	7.49	➡	0.0749

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			300 mg PPB		
02244305	<i>Apo-Gabapentin</i>	Apotex	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02321211	<i>Auro-Gabapentin</i>	Aurobindo	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02256150	<i>Co Gabapentin</i>	Cobalt	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02416859	<i>Gabapentin</i>	Accord	100	18.21	➡ 0.1821
02353253	<i>Gabapentin</i>	Sanis	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02246315	<i>Gabapentin</i>	Sivem	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02285827	<i>GD-Gabapentin</i>	GenMed	100	18.21	➡ 0.1821
02361485	<i>Jamp-Gabapentin</i>	Jamp	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02391481	<i>Mar-Gabapentin</i>	Marcan	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02248260	<i>Mylan-Gabapentin</i>	Mylan	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02084279	<i>Neurontin</i>	Pfizer	100	101.00	1.0100
02243447	<i>pms-Gabapentin</i>	Phmscience	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02310457	<i>Pro-Gabapentin</i>	Pro Doc	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02319063	<i>Ran-Gabapentin</i>	Ranbaxy	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02251175	<i>Riva-Gabapentin</i>	Riva	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02244514	<i>Teva-Gabapentin</i>	Teva Can	100	18.21	➡ 0.1821
			500	91.05	➡ 0.1821
02431416	<i>VAN-Gabapentin</i>	Vanc Phm	100	18.21	➡ 0.1821

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

400 mg **PPB**

02244306	<i>Apo-Gabapentin</i>	Apotex	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02321238	<i>Auro-Gabapentin</i>	Aurobindo	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02256169	<i>Co Gabapentin</i>	Cobalt	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02416867	<i>Gabapentin</i>	Accord	100	21.71	➡ 0.2171
02353261	<i>Gabapentin</i>	Sanis	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02246316	<i>Gabapentin</i>	Sivem	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02285835	<i>GD-Gabapentin</i>	GenMed	100	21.71	➡ 0.2171
02361493	<i>Jamp-Gabapentin</i>	Jamp	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02391503	<i>Mar-Gabapentin</i>	Marcan	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02248261	<i>Mylan-Gabapentin</i>	Mylan	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02084287	<i>Neurontin</i>	Pfizer	100	120.35	1.2035
02243448	<i>pms-Gabapentin</i>	Phmscience	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02310465	<i>Pro-Gabapentin</i>	Pro Doc	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02319071	<i>Ran-Gabapentin</i>	Ranbaxy	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02260905	<i>ratio-Gabapentin</i>	Ratiopharm	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02251183	<i>Riva-Gabapentin</i>	Riva	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02244515	<i>Teva-Gabapentin</i>	Teva Can	100	21.71	➡ 0.2171
			500	108.55	➡ 0.2171
02431424	<i>VAN-Gabapentin</i>	Vanc Phm	100	21.71	➡ 0.2171

Tab.

600 mg **PPB**

02293358	<i>Apo-Gabapentin</i>	Apotex	100	32.56	➡ 0.3256
02392526	<i>Gabapentin</i>	Accord	100	32.56	➡ 0.3256
02431289	<i>Gabapentin</i>	Sanis	100	32.56	➡ 0.3256
02388200	<i>Gabapentin</i>	Sivem	100	32.56	➡ 0.3256
02410990	<i>Gabapentine tablets</i>	Glenmark	100	32.56	➡ 0.3256
02285843	<i>GD-Gabapentin</i>	GenMed	100	32.56	➡ 0.3256
02402289	<i>Jamp-Gabapentin</i>	Jamp	100	32.56	➡ 0.3256
02397471	<i>Mylan-Gabapentin</i>	Mylan	100	32.56	➡ 0.3256
02239717	<i>Neurontin</i>	Pfizer	100	181.65	1.8165
02258005	<i>phl-Gabapentin</i>	Pharmel	100	32.56	➡ 0.3256
02255898	<i>pms-Gabapentin</i>	Phmscience	100	32.56	➡ 0.3256
02310473	<i>Pro-Gabapentin</i>	Pro Doc	100	32.56	➡ 0.3256
02259796	<i>Riva-Gabapentin</i>	Riva	100	32.56	➡ 0.3256
			500	162.80	➡ 0.3256
02248457	<i>Teva-Gabapentin</i>	Teva Can	100	32.56	➡ 0.3256
02432544	<i>VAN-Gabapentin</i>	Vanc Phm	100	32.56	➡ 0.3256

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

800 mg **PPB**

02293366	<i>Apo-Gabapentin</i>	Apotex	100	43.41	➡ 0.4341
02392534	<i>Gabapentin</i>	Accord	100	43.41	➡ 0.4341
02431297	<i>Gabapentin</i>	Sanis	100	43.41	➡ 0.4341
02388219	<i>Gabapentin</i>	Sivem	100	43.41	➡ 0.4341
02411008	<i>Gabapentine tablets</i>	Glenmark	100	43.41	➡ 0.4341
02285851	<i>GD-Gabapentin</i>	GenMed	100	43.41	➡ 0.4341
02402297	<i>Jamp-Gabapentin</i>	Jamp	100	43.41	➡ 0.4341
02397498	<i>Mylan-Gabapentin</i>	Mylan	100	43.41	➡ 0.4341
02239718	<i>Neurontin</i>	Pfizer	100	242.19	2.4219
02258013	<i>phl-Gabapentin</i>	Pharmel	100	43.41	➡ 0.4341
02255901	<i>pms-Gabapentin</i>	Phmscience	100	43.41	➡ 0.4341
02310481	<i>Pro-Gabapentin</i>	Pro Doc	100	43.41	➡ 0.4341
02259818	<i>Riva-Gabapentin</i>	Riva	100	43.41	➡ 0.4341
			500	217.05	➡ 0.4341
02247346	<i>Teva-Gabapentin</i>	Teva Can	100	43.41	➡ 0.4341
02432552	<i>VAN-Gabapentin</i>	Vanc Phm	100	43.41	➡ 0.4341

LAMOTRIGINE

Chew. Tab.

2 mg

02243803	<i>Lamictal</i>	GSK	30	4.61	0.1537
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Chew. Tab.

5 mg

02240115	<i>Lamictal</i>	GSK	28	4.32	0.1543
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Tab.

25 mg **PPB**

02245208	<i>Apo-Lamotrigine</i>	Apotex	100	9.36	➡ 0.0936
02381354	<i>Auro-Lamotrigine</i>	Aurobindo	100	9.36	➡ 0.0936
			1000	93.60	➡ 0.0936
02142082	<i>Lamictal</i>	GSK	100	35.78	0.3578
02343010	<i>Lamotrigine</i>	Sanis	100	9.36	➡ 0.0936
02428202	<i>Lamotrigine</i>	Sivem	100	9.36	➡ 0.0936
02302969	<i>Lamotrigine-25</i>	Pro Doc	100	9.36	➡ 0.0936
02265494	<i>Mylan-Lamotrigine</i>	Mylan	100	9.36	➡ 0.0936
02248232	<i>Novo-Lamotrigine</i>	Novopharm	100	9.36	➡ 0.0936
02246897	<i>pms-Lamotrigine</i>	Phmscience	100	9.36	➡ 0.0936
02243352	<i>ratio-Lamotrigine</i>	Ratiopharm	100	9.36	➡ 0.0936

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

100 mg **PPB**

02245209	<i>Apo-Lamotrigine</i>	Apotex	100	37.35	➡ 0.3735
02381362	<i>Auro-Lamotrigine</i>	Aurobindo	100	37.35	➡ 0.3735
			1000	373.50	➡ 0.3735
02142104	<i>Lamictal</i>	GSK	100	143.10	1.4310
02343029	<i>Lamotrigine</i>	Sanis	100	37.35	➡ 0.3735
02428210	<i>Lamotrigine</i>	Sivem	100	37.35	➡ 0.3735
02302985	<i>Lamotrigine-100</i>	Pro Doc	100	37.35	➡ 0.3735
02265508	<i>Mylan-Lamotrigine</i>	Mylan	100	37.35	➡ 0.3735
			500	186.75	➡ 0.3735
02248233	<i>Novo-Lamotrigine</i>	Novopharm	100	37.35	➡ 0.3735
02246898	<i>pms-Lamotrigine</i>	Phmscience	100	37.35	➡ 0.3735
02243353	<i>ratio-Lamotrigine</i>	Ratiopharm	100	37.35	➡ 0.3735

Tab.

150 mg **PPB**

02245210	<i>Apo-Lamotrigine</i>	Apotex	100	55.05	➡ 0.5505
02381370	<i>Auro-Lamotrigine</i>	Aurobindo	60	33.03	➡ 0.5505
			100	55.05	➡ 0.5505
02142112	<i>Lamictal</i>	GSK	60	125.83	2.0972
02343037	<i>Lamotrigine</i>	Sanis	100	55.05	➡ 0.5505
02428229	<i>Lamotrigine</i>	Sivem	100	55.05	➡ 0.5505
02302993	<i>Lamotrigine-150</i>	Pro Doc	100	55.05	➡ 0.5505
02265516	<i>Mylan-Lamotrigine</i>	Mylan	100	55.05	➡ 0.5505
02248234	<i>Novo-Lamotrigine</i>	Novopharm	100	55.05	➡ 0.5505
02246899	<i>pms-Lamotrigine</i>	Phmscience	100	55.05	➡ 0.5505
02246963	<i>ratio-Lamotrigine</i>	Ratiopharm	60	33.03	➡ 0.5505

LEVETIRACETAM

Tab.

250 mg **PPB**

02414805	<i>Abbott-Levetiracetam</i>	Abbott	100	40.00	➡ 0.4000
02274183	<i>ACT Levetiracetam</i>	ActavisPhm	100	40.00	➡ 0.4000
02285924	<i>Apo-Levetiracetam</i>	Apotex	100	40.00	➡ 0.4000
02375249	<i>Auro-Levetiracetam</i>	Aurobindo	100	40.00	➡ 0.4000
			500	216.00	➡ 0.4320
02403005	<i>Jamp-Levetiracetam</i>	Jamp	120	48.00	➡ 0.4000
02247027	<i>Keppra</i>	U.C.B.	120	96.00	0.8000
02399776	<i>Levetiracetam</i>	Accord	120	48.00	➡ 0.4000
02454653	<i>Levetiracetam</i>	Phmscience	120	48.00	➡ 0.4000
02353342	<i>Levetiracetam</i>	Sanis	100	40.00	➡ 0.4000
02442531	<i>Levetiracetam</i>	Sivem	100	40.00	➡ 0.4000
02440202	<i>NAT-Levetiracetam</i>	Natco	120	48.00	➡ 0.4000
02297353	<i>phl-Levetiracetam</i>	Pharmel	100	40.00	➡ 0.4000
02296101	<i>pms-Levetiracetam</i>	Phmscience	100	40.00	➡ 0.4000
02311372	<i>Pro-Levetiracetam-250</i>	Pro Doc	100	43.20	W
02396106	<i>Ran-Levetiracetam</i>	Ranbaxy	100	40.00	➡ 0.4000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

500 mg **PPB**

02414791	<i>Abbott-Levetiracetam</i>	Abbott	100	48.75	➡	0.4875
02274191	<i>ACT Levetiracetam</i>	ActavisPhm	100	48.75	➡	0.4875
			500	263.25	➡	0.5265
02285932	<i>Apo-Levetiracetam</i>	Apotex	100	48.75	➡	0.4875
02375257	<i>Auro-Levetiracetam</i>	Aurobindo	100	48.75	➡	0.4875
			500	263.25	➡	0.5265
02403021	<i>Jamp-Levetiracetam</i>	Jamp	120	58.50	➡	0.4875
02247028	<i>Keppra</i>	U.C.B.	120	117.00		0.9750
02399784	<i>Levetiracetam</i>	Accord	120	58.50	➡	0.4875
02454661	<i>Levetiracetam</i>	Phmscience	120	58.50	➡	0.4875
02353350	<i>Levetiracetam</i>	Sanis	100	48.75	➡	0.4875
02442558	<i>Levetiracetam</i>	Sivem	100	48.75	➡	0.4875
02440210	<i>NAT-Levetiracetam</i>	Natco	120	58.50	➡	0.4875
02297361	<i>phl-Levetiracetam</i>	Pharmel	100	48.75	➡	0.4875
02296128	<i>pms-Levetiracetam</i>	Phmscience	100	48.75	➡	0.4875
02311380	<i>Pro-Levetiracetam-500</i>	Pro Doc	100	48.75	➡	0.4875
02396114	<i>Ran-Levetiracetam</i>	Ranbaxy	100	48.75	➡	0.4875

Tab.

750 mg **PPB**

02414783	<i>Abbott-Levetiracetam</i>	Abbott	100	67.50	➡	0.6750
02274205	<i>ACT Levetiracetam</i>	ActavisPhm	100	67.50	➡	0.6750
02285940	<i>Apo-Levetiracetam</i>	Apotex	100	67.50	➡	0.6750
02375265	<i>Auro-Levetiracetam</i>	Aurobindo	100	67.50	➡	0.6750
			500	364.50	➡	0.7290
02403048	<i>Jamp-Levetiracetam</i>	Jamp	120	81.00	➡	0.6750
02247029	<i>Keppra</i>	U.C.B.	120	162.00		1.3500
02399792	<i>Levetiracetam</i>	Accord	120	81.00	➡	0.6750
02454688	<i>Levetiracetam</i>	Phmscience	120	81.00	➡	0.6750
02353369	<i>Levetiracetam</i>	Sanis	100	67.50	➡	0.6750
02442566	<i>Levetiracetam</i>	Sivem	100	67.50	➡	0.6750
02440229	<i>NAT-Levetiracetam</i>	Natco	120	81.00	➡	0.6750
02297388	<i>phl-Levetiracetam</i>	Pharmel	100	67.50	➡	0.6750
02296136	<i>pms-Levetiracetam</i>	Phmscience	100	67.50	➡	0.6750
02311399	<i>Pro-Levetiracetam-750</i>	Pro Doc	100	67.50	➡	0.6750
02396122	<i>Ran-Levetiracetam</i>	Ranbaxy	100	67.50	➡	0.6750

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PREGABALIN

Caps.

25 mg **PPB**

02402912	<i>ACT Pregabalin</i>	ActavisPhm	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02394235	<i>Apo-Pregabalin</i>	Apotex	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02433869	<i>Auro-Pregabalin</i>	Aurobindo	100	20.58	➡	0.2058
02435977	<i>Jamp-Pregabalin</i>	Jamp	100	20.58	➡	0.2058
02268418	<i>Lyrica</i>	Pfizer	60	46.45		0.7742
02417529	<i>Mar-Pregabalin</i>	Marcan	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02423804	<i>Mint-Pregabalin</i>	Mint	100	20.58	➡	0.2058
02359596	<i>pms-Pregabalin</i>	Phmscience	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02396483	<i>Pregabalin</i>	Pro Doc	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02405539	<i>Pregabalin</i>	Sanis	60	12.35	➡	0.2058
			100	20.58	➡	0.2058
02403692	<i>Pregabalin</i>	Sivem	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02392801	<i>Ran-Pregabalin</i>	Ranbaxy	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02377039	<i>Riva-Pregabalin</i>	Riva	100	20.58	➡	0.2058
			500	102.90	➡	0.2058
02390817	<i>Sandoz Pregabalin</i>	Sandoz	100	20.58	➡	0.2058
02361159	<i>Teva Pregabalin</i>	Teva Can	60	12.35	➡	0.2058

Caps.

50 mg **PPB**

02402920	<i>ACT Pregabalin</i>	ActavisPhm	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02394243	<i>Apo-Pregabalin</i>	Apotex	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02433877	<i>Auro-Pregabalin</i>	Aurobindo	100	32.28	➡	0.3228
02435985	<i>Jamp-Pregabalin</i>	Jamp	100	32.28	➡	0.3228
02268426	<i>Lyrica</i>	Pfizer	60	72.87		1.2145
02417537	<i>Mar-Pregabalin</i>	Marcan	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02423812	<i>Mint-Pregabalin</i>	Mint	100	32.28	➡	0.3228
02359618	<i>pms-Pregabalin</i>	Phmscience	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02396505	<i>Pregabalin</i>	Pro Doc	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02405547	<i>Pregabalin</i>	Sanis	60	19.37	➡	0.3228
			500	161.40	➡	0.3228
02403706	<i>Pregabalin</i>	Sivem	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02392828	<i>Ran-Pregabalin</i>	Ranbaxy	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02377047	<i>Riva-Pregabalin</i>	Riva	100	32.28	➡	0.3228
			500	161.40	➡	0.3228
02390825	<i>Sandoz Pregabalin</i>	Sandoz	100	32.28	➡	0.3228
02361175	<i>Teva Pregabalin</i>	Teva Can	60	19.37	➡	0.3228

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			75 mg PPB		
02402939	<i>ACT Pregabalin</i>	ActavisPhm	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02394251	<i>Apo-Pregabalin</i>	Apotex	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02433885	<i>Auro-Pregabalin</i>	Aurobindo	100	41.76	➡ 0.4176
02435993	<i>Jamp-Pregabalin</i>	Jamp	100	41.76	➡ 0.4176
02268434	<i>Lyrica</i>	Pfizer	60	94.29	1.5715
02417545	<i>Mar-Pregabalin</i>	Marcan	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02424185	<i>Mint-Pregabalin</i>	Mint	100	41.76	➡ 0.4176
02359626	<i>pms-Pregabalin</i>	Phmscience	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02396513	<i>Pregabalin</i>	Pro Doc	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02405555	<i>Pregabalin</i>	Sanis	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02403714	<i>Pregabalin</i>	Sivem	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02392836	<i>Ran-Pregabalin</i>	Ranbaxy	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02377055	<i>Riva-Pregabalin</i>	Riva	100	41.76	➡ 0.4176
			500	208.80	➡ 0.4176
02390833	<i>Sandoz Pregabalin</i>	Sandoz	100	41.76	➡ 0.4176
02361183	<i>Teva Pregabalin</i>	Teva Can	60	25.06	➡ 0.4176
			100	41.76	➡ 0.4176

Caps.			150 mg PPB		
02402955	<i>ACT Pregabalin</i>	ActavisPhm	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02394278	<i>Apo-Pregabalin</i>	Apotex	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02433907	<i>Auro-Pregabalin</i>	Aurobindo	100	57.57	➡ 0.5757
02436000	<i>Jamp-Pregabalin</i>	Jamp	100	57.57	➡ 0.5757
02268450	<i>Lyrica</i>	Pfizer	60	129.98	2.1663
02417561	<i>Mar-Pregabalin</i>	Marcan	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02424207	<i>Mint-Pregabalin</i>	Mint	100	57.57	➡ 0.5757
02359634	<i>pms-Pregabalin</i>	Phmscience	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02396521	<i>Pregabalin</i>	Pro Doc	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02405563	<i>Pregabalin</i>	Sanis	100	57.57	➡ 0.5757
02403722	<i>Pregabalin</i>	Sivem	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02392844	<i>Ran-Pregabalin</i>	Ranbaxy	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02377063	<i>Riva-Pregabalin</i>	Riva	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02390841	<i>Sandoz Pregabalin</i>	Sandoz	100	57.57	➡ 0.5757
02361205	<i>Teva Pregabalin</i>	Teva Can	60	34.54	➡ 0.5757
			100	57.57	➡ 0.5757

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

300 mg **PPB**

02402998	<i>ACT Pregabalin</i>	ActavisPhm	100	57.57	➡ 0.5757
02394294	<i>Apo-Pregabalin</i>	Apotex	100	57.57	➡ 0.5757
02436019	<i>Jamp-Pregabalin</i>	Jamp	100	57.57	➡ 0.5757
02268485	<i>Lyrca</i>	Pfizer	60	129.98	2.1663
02417618	<i>Mar-Pregabalin</i>	Marcan	100	57.57	➡ 0.5757
02359642	<i>pms-Pregabalin</i>	Phmscience	100	57.57	➡ 0.5757
02396548	<i>Pregabalin</i>	Pro Doc	100	57.57	➡ 0.5757
02405598	<i>Pregabalin</i>	Sanis	60	34.54	➡ 0.5757
			100	57.57	➡ 0.5757
02403730	<i>Pregabalin</i>	Sivem	100	57.57	➡ 0.5757
02392860	<i>Ran-Pregabalin</i>	Ranbaxy	100	57.57	➡ 0.5757
			500	287.85	➡ 0.5757
02377071	<i>Riva-Pregabalin</i>	Riva	100	57.57	➡ 0.5757
02390868	<i>Sandoz Pregabalin</i>	Sandoz	100	57.57	➡ 0.5757
02361248	<i>Teva Pregabalin</i>	Teva Can	60	34.54	➡ 0.5757

TOPIRAMATE

Sprinkle caps.

15 mg

02239907	<i>Topamax</i>	Janss. Inc	60	65.11	1.0852
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Sprinkle caps.

25 mg

02239908	<i>Topamax</i>	Janss. Inc	60	68.34	1.1390
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Tab.

25 mg **PPB**

02414600	<i>Abbott-Topiramate</i>	Abbott	100	27.02	➡ 0.2702
02287765	<i>ACT Topiramate</i>	ActavisPhm	100	27.02	➡ 0.2702
02279614	<i>Apo-Topiramate</i>	Apotex	100	27.02	➡ 0.2702
02345803	<i>Auro-Topiramate</i>	Aurobindo	60	16.21	➡ 0.2702
			100	27.02	➡ 0.2702
02435608	<i>Jamp-Topiramate</i>	Jamp	100	27.02	➡ 0.2702
02432099	<i>Mar-Topiramate</i>	Marcan	100	27.02	➡ 0.2702
02315645	<i>Mint-Topiramate</i>	Mint	100	27.02	➡ 0.2702
02263351	<i>Mylan-Topiramate</i>	Mylan	100	27.02	➡ 0.2702
02248860	<i>Novo-Topiramate</i>	Novopharm	100	27.02	➡ 0.2702
02271184	<i>phl-Topiramate</i>	Pharmel	100	27.02	➡ 0.2702
			500	135.10	➡ 0.2702
02262991	<i>pms-Topiramate</i>	Phmscience	100	27.02	➡ 0.2702
			500	135.10	➡ 0.2702
02313650	<i>Pro-Topiramate</i>	Pro Doc	100	27.02	➡ 0.2702
02396076	<i>Ran-Topiramate</i>	Ranbaxy	100	27.02	➡ 0.2702
02431807	<i>Sandoz Topiramate Tablets</i>	Sandoz	100	27.02	➡ 0.2702
02230893	<i>Topamax</i>	Janss. Inc	100	113.93	1.1393
02395738	<i>Topiramate</i>	Accord	100	27.02	➡ 0.2702
02356856	<i>Topiramate</i>	Sanis	100	27.02	➡ 0.2702
02389460	<i>Topiramate</i>	Sivem	100	27.02	➡ 0.2702

Tab.

50 mg

02312085	<i>pms-Topiramate</i>	Phmscience	100	75.95	0.7595
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

100 mg **PPB**

02414619	<i>Abbott-Topiramate</i>	Abbott	100	51.22	➡ 0.5122
02287773	<i>ACT Topiramate</i>	ActavisPhm	100	51.22	➡ 0.5122
02279630	<i>Apo-Topiramate</i>	Apotex	100	51.22	➡ 0.5122
02345838	<i>Auro-Topiramate</i>	Aurobindo	60	30.73	➡ 0.5122
			100	51.22	➡ 0.5122
02435616	<i>Jamp-Topiramate</i>	Jamp	100	51.22	➡ 0.5122
02432102	<i>Mar-Topiramate</i>	Marcan	100	51.22	➡ 0.5122
02315653	<i>Mint-Topiramate</i>	Mint	100	51.22	➡ 0.5122
02263378	<i>Mylan-Topiramate</i>	Mylan	100	51.22	➡ 0.5122
02248861	<i>Novo-Topiramate</i>	Novopharm	60	30.73	➡ 0.5122
02271192	<i>phl-Topiramate</i>	Pharmel	100	51.22	➡ 0.5122
02263009	<i>pms-Topiramate</i>	Phmscience	100	51.22	➡ 0.5122
02313669	<i>Pro-Topiramate</i>	Pro Doc	100	51.22	➡ 0.5122
02396084	<i>Ran-Topiramate</i>	Ranbaxy	100	51.22	➡ 0.5122
02431815	<i>Sandoz Topiramate Tablets</i>	Sandoz	100	51.22	➡ 0.5122
02230894	<i>Topamax</i>	Janss. Inc	60	129.54	2.1590
02395746	<i>Topiramate</i>	Accord	100	51.22	➡ 0.5122
02356864	<i>Topiramate</i>	Sanis	100	51.22	➡ 0.5122
02389487	<i>Topiramate</i>	Sivem	100	51.22	➡ 0.5122

Tab.

200 mg **PPB**

02414627	<i>Abbott-Topiramate</i>	Abbott	100	76.50	➡ 0.7650
02287781	<i>ACT Topiramate</i>	ActavisPhm	100	76.50	➡ 0.7650
02279649	<i>Apo-Topiramate</i>	Apotex	100	76.50	➡ 0.7650
02345846	<i>Auro-Topiramate</i>	Aurobindo	60	45.90	➡ 0.7650
			100	76.50	➡ 0.7650
02435624	<i>Jamp-Topiramate</i>	Jamp	100	76.50	➡ 0.7650
02432110	<i>Mar-Topiramate</i>	Marcan	100	76.50	➡ 0.7650
02315661	<i>Mint-Topiramate</i>	Mint	100	76.50	➡ 0.7650
02263386	<i>Mylan-Topiramate</i>	Mylan	100	76.50	➡ 0.7650
02248862	<i>Novo-Topiramate</i>	Novopharm	60	45.90	➡ 0.7650
02271206	<i>phl-Topiramate</i>	Pharmel	100	76.50	➡ 0.7650
02263017	<i>pms-Topiramate</i>	Phmscience	100	76.50	➡ 0.7650
02313677	<i>Pro-Topiramate</i>	Pro Doc	100	76.50	➡ 0.7650
02396092	<i>Ran-Topiramate</i>	Ranbaxy	100	76.50	➡ 0.7650
02431823	<i>Sandoz Topiramate Tablets</i>	Sandoz	100	76.50	➡ 0.7650
02230896	<i>Topamax</i>	Janss. Inc	60	205.08	3.4180
02395754	<i>Topiramate</i>	Accord	100	76.50	➡ 0.7650
02356872	<i>Topiramate</i>	Sanis	100	76.50	➡ 0.7650

VALPROATE SODIUM

Syr.

250 mg/5 mL **PPB**

00443832	<i>Depakene</i>	BGP Pharma	240 ml	22.78	0.0949
02236807	<i>pms-Valproic acid</i>	Phmscience	450 ml	17.05	➡ 0.0379

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VALPROIC ACID

Caps.

250 mg **PPB**

00443840	<i>Depakene</i>	BGP Pharma	100	45.55	0.4555
02100630	<i>Novo-Valproic</i>	Novopharm	100	13.66 ➡	0.1366
02230768	<i>pms-Valproic acid</i>	Phmscience	100	13.66 ➡	0.1366
			500	68.30 ➡	0.1366

Ent. Caps.

500 mg **PPB**

02218321	<i>Novo-Valproic</i>	Novopharm	100	41.25 ➡	0.4125
02229628	<i>pms-Valproic Acid E.C.</i>	Phmscience	100	41.25 ➡	0.4125
			500	206.25 ➡	0.4125

VIGABATRIN

Oral Pd.

500 mg/sac.

02068036	<i>Sabril</i>	Lundb Inc	50	45.25	0.9050
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Tab.

500 mg

02065819	<i>Sabril</i>	Lundb Inc	100	90.50	0.9050
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28:16.04

ANTIDEPRESSANTS

AMITRIPTYLINE HYDROCHLORIDE

Tab.

10 mg **PPB**

02451786	<i>Amitriptyline</i>	Sivem	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
00370991	<i>Amitriptyline-10</i>	Pro Doc	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
02403137	<i>Apo-Amitriptyline</i>	Apotex	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
00335053	<i>Elavil</i>	AA Pharma	100	6.64	0.0664
			1000	66.40	0.0664
02435527	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
02429861	<i>Mar-Amitriptyline</i>	Marcan	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
00654523	<i>pms-Amitriptyline</i>	Phmscience	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
02326043	<i>Teva-Amitriptyline</i>	Teva Can	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

25 mg **PPB**

02451794	<i>Amitriptyline</i>	Sivem	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
00371009	<i>Amitriptyline-25</i>	Pro Doc	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
02403145	<i>Apo-Amitriptyline</i>	Apotex	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
00335061	<i>Elavil</i>	AA Pharma	100	12.11		0.1211
			1000	121.10		0.1211
02435535	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
02429888	<i>Mar-Amitriptyline</i>	Marcan	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
00654515	<i>pms-Amitriptyline</i>	Phmscience	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829
02326051	<i>Teva-Amitriptyline</i>	Teva Can	100	8.29	➡	0.0829
			1000	82.90	➡	0.0829

Tab.

50 mg **PPB**

02451808	<i>Amitriptyline</i>	Sivem	100	15.40	➡	0.1540
			100	15.40	➡	0.1540
00456349	<i>Amitriptyline-50</i>	Pro Doc	1000	154.00	➡	0.1540
			1000	154.00	➡	0.1540
02403153	<i>Apo-Amitriptyline</i>	Apotex	100	15.40	➡	0.1540
			1000	154.00	➡	0.1540
00335088	<i>Elavil</i>	AA Pharma	100	23.47		0.2347
			1000	234.70		0.2347
02435543	<i>Jamp-Amitriptyline Tablets</i>	Jamp	100	15.40	➡	0.1540
			1000	154.00	➡	0.1540
02429896	<i>Mar-Amitriptyline</i>	Marcan	100	15.40	➡	0.1540
			1000	154.00	➡	0.1540
00654507	<i>pms-Amitriptyline</i>	Phmscience	100	15.40	➡	0.1540
			1000	154.00	➡	0.1540
02326078	<i>Teva-Amitriptyline</i>	Teva Can	100	15.40	➡	0.1540
			1000	154.00	➡	0.1540

BUPROPION HYDROCHLORIDE

L.A. Tab.

100 mg **PPB**

02331616	<i>Bupropion SR</i>	Pro Doc	60	9.28	➡	0.1547
			60	9.28	➡	0.1547
02391562	<i>Bupropion SR</i>	Sanis	60	9.28	➡	0.1547
			60	9.28	➡	0.1547
02325373	<i>pms-Bupropion SR</i>	Phmscience	60	9.28	➡	0.1547
			60	9.28	➡	0.1547
02285657	<i>ratio-Bupropion SR</i>	Ratiopharm	30	4.64	➡	0.1547
			60	9.28	➡	0.1547
02275074	<i>Sandoz Bupropion SR</i>	Sandoz	30	4.64	➡	0.1547
			60	9.28	➡	0.1547

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Tab.

150 mg **PPB**

02325357	<i>Bupropion SR</i>	Pro Doc	60	13.78	➡ 0.2297
02391570	<i>Bupropion SR</i>	Sanis	60	13.78	➡ 0.2297
02313421	<i>pms-Bupropion SR</i>	Phmscience	100	22.97	➡ 0.2297
02275082	<i>Sandoz Bupropion SR</i>	Sandoz	30	6.89	➡ 0.2297
			60	13.78	➡ 0.2297
02237825	<i>Wellbutrin SR</i>	Valeant	60	51.02	0.8503

L.A. Tab. (24 h)

150 mg **PPB**

02439654	<i>Act Bupropion XL</i>	ActavisPhm	90	35.84	➡ 0.3982
			500	199.10	➡ 0.3982
02382075	<i>Mylan-Bupropion XL</i>	Mylan	90	35.84	➡ 0.3982
			500	199.10	➡ 0.3982
02275090	<i>Wellbutrin XL</i>	Valeant	90	47.45	0.5272

L.A. Tab. (24 h)

300 mg **PPB**

02439662	<i>Act Bupropion XL</i>	ActavisPhm	90	71.67	➡ 0.7963
			500	398.15	➡ 0.7963
02382083	<i>Mylan-Bupropion XL</i>	Mylan	90	71.67	➡ 0.7963
			500	398.15	➡ 0.7963
02275104	<i>Wellbutrin XL</i>	Valeant	90	94.91	1.0546

CITALOPRAM HYDROMIDE 

Tab.

10 mg **PPB**

02414570	<i>Abbott-Citalopram</i>	Abbott	100	14.32	➡ 0.1432
02355248	<i>Accel-Citalopram</i>	Accel	100	14.32	➡ 0.1432
02448475	<i>Bio-Citalopram</i>	Biomed	100	14.32	➡ 0.1432
02430517	<i>Citalopram</i>	Jamp	100	14.32	➡ 0.1432
02445719	<i>Citalopram</i>	Sanis	100	14.32	➡ 0.1432
02387948	<i>Citalopram</i>	Sivem	100	14.32	➡ 0.1432
02325047	<i>Citalopram-10</i>	Pro Doc	100	14.32	➡ 0.1432
02370085	<i>Jamp-Citalopram</i>	Jamp	100	14.32	➡ 0.1432
02371871	<i>Mar-Citalopram</i>	Marcan	100	14.32	➡ 0.1432
02370077	<i>Mint-Citalopram</i>	Mint	100	14.32	➡ 0.1432
02429691	<i>Mint-Citalopram</i>	Mint	100	14.32	➡ 0.1432
02409003	<i>NAT-Citalopram</i>	Natco	100	14.32	➡ 0.1432
			500	71.60	➡ 0.1432
02312336	<i>Novo-Citalopram</i>	Novopharm	100	14.32	➡ 0.1432
02273543	<i>phl-Citalopram</i>	Pharmel	100	14.32	➡ 0.1432
02270609	<i>pms-Citalopram</i>	Phmscience	100	14.32	➡ 0.1432
02303256	<i>Riva-Citalopram</i>	Riva	100	14.32	➡ 0.1432
02431629	<i>Septa-Citalopram</i>	Septa	100	14.32	➡ 0.1432
02438739	<i>VAN-Citalopram</i>	Vanc Phm	100	14.32	➡ 0.1432

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

20 mg **PPB**

02414589	<i>Abbott-Citalopram</i>	Abbott	100	23.97	➡	0.2397
			500	119.85	➡	0.2397
02355256	<i>Accel-Citalopram</i>	Accel	100	23.97	➡	0.2397
02248050	<i>ACT Citalopram</i>	ActavisPhm	30	7.19	➡	0.2397
			250	59.93	➡	0.2397
02246056	<i>Apo-Citalopram</i>	Apotex	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02275562	<i>Auro-Citalopram</i>	Aurobindo	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02448491	<i>Bio-Citalopram</i>	Biomed	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02239607	<i>Celexa</i>	Lundbeck	30	39.95		1.3317
			100	133.17		1.3317
02430541	<i>Citalopram</i>	Jamp	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02353660	<i>Citalopram</i>	Sanis	100	23.97	➡	0.2397
			500	119.85	➡	0.2397
02387956	<i>Citalopram</i>	Sivem	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02257513	<i>Citalopram-20</i>	Pro Doc	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02313405	<i>Jamp-Citalopram</i>	Jamp	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02371898	<i>Mar-Citalopram</i>	Marcen	100	23.97	➡	0.2397
			500	119.85	➡	0.2397
02304686	<i>Mint-Citalopram</i>	Mint	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02429705	<i>Mint-Citalopram</i>	Mint	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02246594	<i>Mylan-Citalopram</i>	Mylan	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02409011	<i>NAT-Citalopram</i>	Natco	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02293218	<i>Novo-Citalopram</i>	Novopharm	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02248944	<i>phl-Citalopram</i>	Pharmel	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02248010	<i>pms-Citalopram</i>	Phmscience	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02285622	<i>Ran-Citalo</i>	Ranbaxy	100	23.97	➡	0.2397
			500	119.85	➡	0.2397
02252112	<i>ratio-Citalopram</i>	Ratiopharm	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02303264	<i>Riva-Citalopram</i>	Riva	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02248170	<i>Sandoz Citalopram</i>	Sandoz	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02355272	<i>Septa-Citalopram</i>	Septa	100	23.97	➡	0.2397
			500	119.85	➡	0.2397
02438747	<i>VAN-Citalopram</i>	Vanc Phm	100	23.97	➡	0.2397

Tab.

30 mg

02296152	<i>CTP 30</i>	Sunovion	30	18.84		0.6280
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

40 mg **PPB**

02414597	<i>Abbott-Citalopram</i>	Abbott	100	23.97	➡	0.2397
02355264	<i>Accel-Citalopram</i>	Accel	100	23.97	➡	0.2397
02248051	<i>ACT Citalopram</i>	ActavisPhm	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02246057	<i>Apo-Citalopram</i>	Apotex	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02275570	<i>Auro-Citalopram</i>	Aurobindo	30	7.19	➡	0.2397
			500	119.85	➡	0.2397
02448513	<i>Bio-Citalopram</i>	Biomed	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02239608	<i>Celexa</i>	Lundbeck	30	39.95		1.3317
02430568	<i>Citalopram</i>	Jamp	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02353679	<i>Citalopram</i>	Sanis	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02387964	<i>Citalopram</i>	Sivem	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02257521	<i>Citalopram-40</i>	Pro Doc	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02313413	<i>Jamp-Citalopram</i>	Jamp	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02371901	<i>Mar-Citalopram</i>	Marcen	100	23.97	➡	0.2397
02304694	<i>Mint-Citalopram</i>	Mint	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02429713	<i>Mint-Citalopram</i>	Mint	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02246595	<i>Mylan-Citalopram</i>	Mylan	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02409038	<i>NAT-Citalopram</i>	Natco	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02293226	<i>Novo-Citalopram</i>	Novopharm	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02248945	<i>phl-Citalopram</i>	Pharmel	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02248011	<i>pms-Citalopram</i>	Phmscience	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02285630	<i>Ran-Citalo</i>	Ranbaxy	100	23.97	➡	0.2397
02252120	<i>ratio-Citalopram</i>	Ratiopharm	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02303272	<i>Riva-Citalopram</i>	Riva	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02248171	<i>Sandoz Citalopram</i>	Sandoz	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02355280	<i>Septa-Citalopram</i>	Septa	30	7.19	➡	0.2397
			100	23.97	➡	0.2397
02438755	<i>VAN-Citalopram</i>	Vanc Phm	100	23.97	➡	0.2397

CLOMIPRAMINE HYDROCHLORIDE 

Tab.

10 mg


00330566	<i>Anafranil</i>	Aspri Phm	100	25.81		0.2581
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			25 mg		
00324019	Anafranil	Aspri Phm	100	35.16	0.3516

Tab.			50 mg		
00402591	Anafranil	Aspri Phm	100	64.74	0.6474



DESIPRAMINE HYDROCHLORIDE



Tab.			10 mg		
02216248	Desipramine	AA Pharma	100	38.04	 0.1919



Tab.			25 mg		
02216256	Desipramine	AA Pharma	100	38.04	 0.1763

Tab.			100 mg		
02216280	Desipramine	AA Pharma	100	89.15	0.8915

DOXEPIN HYDROCHLORIDE

Caps.			10 mg PPB		
02049996	Apo-Doxepin	Apotex	100	23.60	 0.2360
00024325	Sinequan	Aspri Phm	100	23.60	 0.2360

Caps.			25 mg PPB		
02050005	Apo-Doxepin	Apotex	100	28.95	 0.2895
00024333	Sinequan	Aspri Phm	100	28.95	 0.2895

Caps.			50 mg PPB		
02050013	Apo-Doxepin	Apotex	100	53.72	 0.5372
00024341	Sinequan	Aspri Phm	100	53.72	 0.5372

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUOXETINE HYDROCHLORIDE 

Caps.

10 mg **PPB**

02216353	<i>Apo-Fluoxetine</i>	Apotex	100	39.70	➡	0.3970
02385627	<i>Auro-Fluoxetine</i>	Aurobindo	100	39.70	➡	0.3970
02448424	<i>Bio-Fluoxetine</i>	Biomed	100	39.70	➡	0.3970
02242177	<i>Co Fluoxetine</i>	Cobalt	100	39.70	➡	0.3970
02393441	<i>Fluoxetine</i>	Accord	100	39.70	➡	0.3970
02286068	<i>Fluoxetine</i>	Sanis	100	39.70	➡	0.3970
02374447	<i>Fluoxetine</i>	Sivem	100	39.70	➡	0.3970
02401894	<i>Jamp-Fluoxetine</i>	Jamp	100	39.70	➡	0.3970
02392909	<i>Mar-Fluoxetine</i>	Marcan	100	39.70	➡	0.3970
02380560	<i>Mint-Fluoxetine</i>	Mint	100	39.70	➡	0.3970
02237813	<i>Mylan-Fluoxetine</i>	Mylan	100	39.70	➡	0.3970
02223481	<i>phl-Fluoxetine</i>	Pharmel	100	39.70	➡	0.3970
02177579	<i>pms-Fluoxetine</i>	Phmscience	100	39.70	➡	0.3970
02314991	<i>Pro-Fluoxetine</i>	Pro Doc	100	39.70	➡	0.3970
02018985	<i>Prozac</i>	Lilly	100	165.96		1.6596
02405695	<i>Ran-Fluoxetine</i>	Ranbaxy	100	39.70	➡	0.3970
02241371	<i>ratio-Fluoxetine</i>	Ratiopharm	100	39.70	➡	0.3970
02305461	<i>Riva-Fluoxetine</i>	Riva	100	39.70	➡	0.3970
02216582	<i>Teva-Fluoxetine</i>	Teva Can	100	39.70	➡	0.3970
02432412	<i>VAN-Fluoxetine</i>	Vanc Phm	100	39.70	➡	0.3970

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

20 mg **PPB**

02216361	<i>Apo-Fluoxetine</i>	Apotex	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02385635	<i>Auro-Fluoxetine</i>	Aurobindo	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02448432	<i>Bio-Fluoxetine</i>	Biomed	100	39.73	➡	0.3973
02242178	<i>Co Fluoxetine</i>	Cobalt	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02286076	<i>Fluoxetine</i>	Sanis	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02374455	<i>Fluoxetine</i>	Sivem	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02383241	<i>Fluoxetine BP</i>	Accord	100	39.73	➡	0.3973
02386402	<i>Jamp-Fluoxetine</i>	Jamp	100	39.73	➡	0.3973
02392917	<i>Mar-Fluoxetine</i>	Marcan	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02380579	<i>Mint-Fluoxetine</i>	Mint	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02237814	<i>Mylan-Fluoxetine</i>	Mylan	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02223503	<i>phl-Fluoxetine</i>	Pharmel	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02177587	<i>pms-Fluoxetine</i>	Phmscience	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02315009	<i>Pro-Fluoxetine</i>	Pro Doc	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
00636622	<i>Prozac</i>	Lilly	100	169.65		1.6965
02405709	<i>Ran-Fluoxetine</i>	Ranbaxy	100	39.73	➡	0.3973
02241374	<i>ratio-Fluoxetine</i>	Ratiopharm	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02305488	<i>Riva-Fluoxetine</i>	Riva	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02216590	<i>Teva-Fluoxetine</i>	Teva Can	100	39.73	➡	0.3973
			500	198.65	➡	0.3973
02432420	<i>VAN-Fluoxetine</i>	Vanc Phm	100	39.73	➡	0.3973

Oral Sol.

20 mg/5 mL

02231328	<i>Fluoxetine</i>	AA Pharma	120 ml	70.31	☞	0.4658
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FLUVOXAMINE MALEATE

Tab.



50 mg **PPB**



02255529	<i>ACT Fluvoxamine</i>	ActavisPhm	100	21.05	➡	0.2105
02231329	<i>Apo-Fluvoxamine</i>	Apotex	100	21.05	➡	0.2105
			250	52.63	➡	0.2105
02236753	<i>Fluvoxamine-50</i>	Pro Doc	100	21.05	➡	0.2105
01919342	<i>Luvox</i>	BGP Pharma	30	25.90		0.8633
02239953	<i>Novo-Fluvoxamine</i>	Novopharm	100	21.05	➡	0.2105
02262622	<i>phl-Fluvoxamine</i>	Pharmel	100	21.05		W
02303345	<i>Riva-Fluvox</i>	Riva	100	21.05	➡	0.2105
			250	52.63	➡	0.2105



CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.		100 mg PPB			
02255537	<i>ACT Fluvoxamine</i>	ActavisPhm	100	37.83	➡ 0.3783
02231330	<i>Apo-Fluvoxamine</i>	Apotex	100	37.83	➡ 0.3783
			250	94.58	➡ 0.3783
02236754	<i>Fluvoxamine-100</i>	Pro Doc	100	37.83	➡ 0.3783
01919369	<i>Luvox</i>	BGP Pharma	30	46.58	1.5527
02239954	<i>Novo-Fluvoxamine</i>	Novopharm	100	37.83	➡ 0.3783
02262630	<i>phl-Fluvoxamine</i>	Pharmel	100	37.83	W
02303361	<i>Riva-Fluvox</i>	Riva	100	37.83	➡ 0.3783
			250	94.58	➡ 0.3783

IMIPRAMINE HYDROCHLORIDE

Tab.		10 mg			
00360201	<i>Imipramine</i>	AA Pharma	100	13.70	 0.1074
			1000	137.00	 0.0896

Tab.		25 mg			
00312797	<i>Imipramine</i>	AA Pharma	100	24.71	 0.1778
			1000	247.10	 0.1480

Tab.		50 mg			
00326852	<i>Imipramine</i>	AA Pharma	100	48.22	 0.3959
			1000	482.22	 0.3959

Tab.		75 mg			
00644579	<i>Imipramine</i>	AA Pharma	100	63.08	 0.3883

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
02240334	<i>ratio-Tryptophan</i>	Ratiopharm	100	35.63	➡ 0.3563
02240333	<i>Teva-Tryptophan</i>	Teva Can	100	35.63	➡ 0.3563
00718149	<i>Tryptan (Caps)</i>	Valeant	100	67.86	0.6786
02029456	<i>Tryptan (Co.)</i>	Valeant	100	67.86	0.6786

Tab.		1 g PPB			
02248539	<i>Apo-Tryptophan (Tab.)</i>	Apotex	100	71.26	➡ 0.7126
02237250	<i>ratio-Tryptophan</i>	Ratiopharm	100	71.26	➡ 0.7126
			250	178.15	➡ 0.7126
00654531	<i>Tryptan (Co.)</i>	Valeant	100	135.72	1.3572

Tab.		250 mg			
02239326	<i>Tryptan (Co.)</i>	Valeant	100	33.93	0.3393

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			750 mg		
02239327	<i>Tryptan (Co.)</i>	Valeant	100	101.79	1.0179

MAPROTILIN HYDROCHLORIDE

Tab.			25 mg		
02158612	<i>Novo-Maprotiline</i>	Novopharm	100	54.93	0.5493

Tab.			50 mg		
02158620	<i>Novo-Maprotiline</i>	Novopharm	100	104.01	1.0401

Tab.			75 mg		
02158639	<i>Novo-Maprotiline</i>	Novopharm	100	142.04	1.4204

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>	Aurobindo	30	2.92	➡ 0.0974
			100	9.75	➡ 0.0975
02299801	<i>Auro-Mirtazapine OD</i>	Aurobindo	30	2.92	➡ 0.0974
02256096	<i>Mylan-Mirtazapine</i>	Mylan	100	9.75	➡ 0.0975
02279894	<i>Novo-Mirtazapine OD</i>	Novopharm	30	2.92	➡ 0.0974
02273942	<i>pms-Mirtazapine</i>	Phmscience	100	9.75	➡ 0.0975
02312778	<i>Pro-Mirtazapine</i>	Pro Doc	100	9.75	➡ 0.0975
02248542	<i>Remeron RD</i>	Merck	30	12.22	0.4073
02250594	<i>Sandoz Mirtazapine</i>	Sandoz	50	4.87	➡ 0.0974

Tab. Oral Disint. or Tab.			30 mg PPB		
02286629	<i>Apo-Mirtazapine</i>	Apotex	100	19.50	➡ 0.1950
02411709	<i>Auro-Mirtazapine</i>	Aurobindo	30	5.85	➡ 0.1950
			100	19.50	➡ 0.1950
02299828	<i>Auro-Mirtazapine OD</i>	Aurobindo	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
02256118	<i>Mylan-Mirtazapine</i>	Mylan	100	19.50	➡ 0.1950
02259354	<i>Novo-Mirtazapine</i>	Novopharm	30	5.85	➡ 0.1950
			100	19.50	➡ 0.1950
02279908	<i>Novo-Mirtazapine OD</i>	Novopharm	30	5.85	➡ 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	30	5.85	➡ 0.1950
			100	19.50	➡ 0.1950
02243910	<i>Remeron</i>	Merck	30	38.86	1.2953
02248543	<i>Remeron RD</i>	Merck	30	24.43	0.8143
02265265	<i>Riva-Mirtazapine</i>	Riva	30	5.85	➡ 0.1950
			100	19.50	➡ 0.1950
02250608	<i>Sandoz Mirtazapine</i>	Sandoz	100	19.50	➡ 0.1950

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

45 mg **PPB**

02286637	<i>Apo-Mirtazapine</i>	Apotex	30	8.78	➡	0.2927
02411717	<i>Auro-Mirtazapine</i>	Aurobindo	30	8.78	➡	0.2927
			100	29.25	➡	0.2925
02299836	<i>Auro-Mirtazapine OD</i>	Aurobindo	30	8.78	➡	0.2927
02256126	<i>Mylan-Mirtazapine</i>	Mylan	100	29.25	➡	0.2925
02279916	<i>Novo-Mirtazapine OD</i>	Novopharm	30	8.78	➡	0.2927
02248544	<i>Remeron RD</i>	Merck	30	36.66		1.2220

MOCLOBÉMID 

Tab.

100 mg **PPB**

02232148	<i>Apo-Moclobemide</i>	Apotex	100	25.20	➡	0.2520
02239746	<i>Novo-Moclobemide</i>	Novopharm	100	25.20	➡	0.2520

Tab.

150 mg **PPB**

00899356	<i>Manerix</i>	Valeant	60	13.25		0.2208
02239747	<i>Novo-Moclobemide</i>	Novopharm	100	15.15	➡	0.1515

Tab.

300 mg

02166747	<i>Manerix</i>	Valeant	60	26.01		0.4335
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NORTRIPTYLINE HYDROCHLORIDE 

Caps.

10 mg

00015229	<i>Aventyl</i>	AA Pharma	100	20.00	☞	0.1019
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Caps.

25 mg

00015237	<i>Aventyl</i>	AA Pharma	100	40.43	☞	0.2058
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PAROXÉTINE HYDROCHLORIDE 

Tab.

10 mg **PPB**

02262746	<i>ACT Paroxetine</i>	ActavisPhm	100	56.12	➡	0.5612
02240907	<i>Apo-Paroxetine</i>	Apotex	100	56.12	➡	0.5612
02383276	<i>Auro-Paroxetine</i>	Aurobindo	100	56.12	➡	0.5612
02444909	<i>Bio-Paroxetine</i>	Biomed	100	56.12	➡	0.5612
02368862	<i>Jamp-Paroxetine</i>	Jamp	30	16.84	➡	0.5612
			100	56.12	➡	0.5612
02411946	<i>Mar-Paroxetine</i>	Marcan	30	16.84	➡	0.5612
			100	56.12	➡	0.5612
02421372	<i>Mint-Paroxetine</i>	Mint	100	56.12	➡	0.5612
02248012	<i>Mylan-Paroxetine</i>	Mylan	100	56.12	➡	0.5612
02282844	<i>Paroxetine</i>	Sanis	100	56.12	➡	0.5612
02388227	<i>Paroxetine</i>	Sivem	30	16.84	➡	0.5612
			100	56.12	➡	0.5612
02248913	<i>Paroxetine-10</i>	Pro Doc	100	56.12	➡	0.5612
02027887	<i>Paxil</i>	GSK	30	47.25		1.5750
02247750	<i>pms-Paroxetine</i>	Phmscience	30	16.84	➡	0.5612
			100	56.12	➡	0.5612
02247810	<i>ratio-Paroxetine</i>	Ratiopharm	30	16.84	➡	0.5612
02248559	<i>Riva-Paroxetine</i>	Riva	30	16.84	➡	0.5612
			250	140.30	➡	0.5612
02431777	<i>Sandoz Paroxetine Tablets</i>	Sandoz	100	56.12	➡	0.5612
02248556	<i>Teva-Paroxetine</i>	Teva Can	30	16.84	➡	0.5612
			100	56.12	➡	0.5612

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

20 mg **PPB**

02262754	<i>ACT Paroxetine</i>	ActavisPhm	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
02240908	<i>Apo-Paroxetine</i>	Apotex	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
02383284	<i>Auro-Paroxetine</i>	Aurobindo	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02444917	<i>Bio-Paroxetine</i>	Biomed	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02368870	<i>Jamp-Paroxetine</i>	Jamp	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
02411954	<i>Mar-Paroxetine</i>	Marcan	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02421380	<i>Mint-Paroxetine</i>	Mint	100	45.13	➡	0.4513
02248013	<i>Mylan-Paroxetine</i>	Mylan	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02282852	<i>Paroxetine</i>	Sanis	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02388235	<i>Paroxetine</i>	Sivem	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
02248914	<i>Paroxetine-20</i>	Pro Doc	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
01940481	<i>Paxil</i>	GSK	100	168.07		1.6807
02247751	<i>pms-Paroxetine</i>	Phmscience	30	13.54	➡	0.4513
			500	225.65	➡	0.4513
02247811	<i>ratio-Paroxetine</i>	Ratiopharm	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02248560	<i>Riva-Paroxetine</i>	Riva	100	45.13	➡	0.4513
			500	225.65	➡	0.4513
02269430	<i>Sandoz Paroxetine</i>	Sandoz	100	45.13	➡	0.4513
02431785	<i>Sandoz Paroxetine Tablets</i>	Sandoz	100	45.13	➡	0.4513
02248557	<i>Teva-Paroxetine</i>	Teva Can	30	13.54	➡	0.4513
			500	225.65	➡	0.4513

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

30 mg **PPB**

02262762	<i>ACT Paroxetine</i>	ActavisPhm	100	47.96	➡ 0.4796
02240909	<i>Apo-Paroxetine</i>	Apotex	100	47.96	➡ 0.4796
02383292	<i>Auro-Paroxetine</i>	Aurobindo	100	47.96	➡ 0.4796
02444925	<i>Bio-Paroxetine</i>	Biomed	100	47.96	➡ 0.4796
02368889	<i>Jamp-Paroxetine</i>	Jamp	30	14.39	➡ 0.4796
			100	47.96	➡ 0.4796
02411962	<i>Mar-Paroxetine</i>	Marcan	30	14.39	➡ 0.4796
			100	47.96	➡ 0.4796
02421399	<i>Mint-Paroxetine</i>	Mint	100	47.96	➡ 0.4796
02248014	<i>Mylan-Paroxetine</i>	Mylan	100	47.96	➡ 0.4796
02282860	<i>Paroxetine</i>	Sanis	100	47.96	➡ 0.4796
02388243	<i>Paroxetine</i>	Sivem	30	14.39	➡ 0.4796
			100	47.96	➡ 0.4796
02248915	<i>Paroxetine-30</i>	Pro Doc	100	47.96	➡ 0.4796
01940473	<i>Paxil</i>	GSK	30	53.59	1.7863
02247752	<i>pms-Paroxetine</i>	Phmscience	30	14.39	➡ 0.4796
			100	47.96	➡ 0.4796
02247812	<i>ratio-Paroxetine</i>	Ratiopharm	30	14.39	➡ 0.4796
02248561	<i>Riva-Paroxetine</i>	Riva	30	14.39	➡ 0.4796
			250	119.90	➡ 0.4796
02431793	<i>Sandoz Paroxetine Tablets</i>	Sandoz	100	47.96	➡ 0.4796
02248558	<i>Teva-Paroxetine</i>	Teva Can	30	14.39	➡ 0.4796
			100	47.96	➡ 0.4796

Tab.

40 mg

02293749	<i>pms-Paroxetine</i>	Phmscience	100	165.30	1.6530
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PHENELZINE SULFATE 

Tab.

15 mg

00476552	<i>Nardil</i>	Erfa	60	21.36	0.3560
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SERTRALINE HYDROCHLORIDE 

Caps.

25 mg **PPB**

02287390	<i>ACT Sertraline</i>	ActavisPhm	100	20.04	➡	0.2004
02238280	<i>Apo-Sertraline</i>	Apotex	100	20.04	➡	0.2004
02390906	<i>Auro-Sertraline</i>	Aurobindo	100	20.04	➡	0.2004
02445042	<i>Bio-Sertraline</i>	Biomed	100	20.04	➡	0.2004
02357143	<i>Jamp-Sertraline</i>	Jamp	100	20.04	➡	0.2004
02399415	<i>Mar-Sertraline</i>	Marcan	100	20.04	➡	0.2004
02402378	<i>Mint-Sertraline</i>	Mint	100	20.04	➡	0.2004
02242519	<i>Mylan-Sertraline</i>	Mylan	100	20.04	➡	0.2004
02240485	<i>Novo-Sertraline</i>	Novopharm	100	20.04	➡	0.2004
02245824	<i>phl-Sertraline</i>	Pharmel	100	20.04	➡	0.2004
02244838	<i>pms-Sertraline</i>	Phmscience	100	20.04	➡	0.2004
02374552	<i>Ran-Sertraline</i>	Ranbaxy	100	20.04	➡	0.2004
02248496	<i>Riva-Sertraline</i>	Riva	100	20.04	➡	0.2004
			250	60.00	➡	0.2400
02245159	<i>Sandoz Sertraline</i>	Sandoz	100	20.04	➡	0.2004
02353520	<i>Sertraline</i>	Sanis	100	20.04	➡	0.2004
02386070	<i>Sertraline</i>	Sivem	100	20.04	➡	0.2004
02241302	<i>Sertraline-25</i>	Pro Doc	100	20.04	➡	0.2004
02427761	<i>VAN-Sertraline</i>	Vanc Phm	100	20.04	➡	0.2004
02132702	<i>Zoloft</i>	Pfizer	100	83.18		0.8318

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			50 mg PPB		
02287404	<i>ACT Sertraline</i>	ActavisPhm	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02238281	<i>Apo-Sertraline</i>	Apotex	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02390914	<i>Auro-Sertraline</i>	Aurobindo	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02445050	<i>Bio-Sertraline</i>	Biomed	100	40.00	➡ 0.4000
02357151	<i>Jamp-Sertraline</i>	Jamp	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02399423	<i>Mar-Sertraline</i>	Marcan	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02402394	<i>Mint-Sertraline</i>	Mint	100	40.00	➡ 0.4000
02242520	<i>Mylan-Sertraline</i>	Mylan	100	40.00	➡ 0.4000
			500	200.00	➡ 0.4000
02240484	<i>Novo-Sertraline</i>	Novopharm	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02245825	<i>phl-Sertraline</i>	Pharmel	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02244839	<i>pms-Sertraline</i>	Phmscience	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02374560	<i>Ran-Sertraline</i>	Ranbaxy	100	40.00	➡ 0.4000
02248497	<i>Riva-Sertraline</i>	Riva	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02245160	<i>Sandoz Sertraline</i>	Sandoz	100	40.00	➡ 0.4000
02353539	<i>Sertraline</i>	Sanis	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02386089	<i>Sertraline</i>	Sivem	100	40.00	➡ 0.4000
02241303	<i>Sertraline-50</i>	Pro Doc	100	40.00	➡ 0.4000
			250	100.00	➡ 0.4000
02427788	<i>VAN-Sertraline</i>	Vanc Phm	100	40.00	➡ 0.4000
01962817	<i>Zoloft</i>	Pfizer	100	166.34	1.6634
			250	415.86	1.6634

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.			100 mg PPB		
02287412	<i>ACT Sertraline</i>	ActavisPhm	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02238282	<i>Apo-Sertraline</i>	Apotex	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02390922	<i>Auro-Sertraline</i>	Aurobindo	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02445069	<i>Bio-Sertraline</i>	Biomed	100	42.00	➡ 0.4200
02357178	<i>Jamp-Sertraline</i>	Jamp	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02399431	<i>Mar-Sertraline</i>	Marcan	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02402408	<i>Mint-Sertraline</i>	Mint	100	42.00	➡ 0.4200
02242521	<i>Mylan-Sertraline</i>	Mylan	100	42.00	➡ 0.4200
02245826	<i>phl-Sertraline</i>	Pharmel	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02244840	<i>pms-Sertraline</i>	Phmscience	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02374579	<i>Ran-Sertraline</i>	Ranbaxy	100	42.00	➡ 0.4200
02248498	<i>Riva-Sertraline</i>	Riva	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02245161	<i>Sandoz Sertraline</i>	Sandoz	100	42.00	➡ 0.4200
02353547	<i>Sertraline</i>	Sanis	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02386097	<i>Sertraline</i>	Sivem	100	42.00	➡ 0.4200
02241304	<i>Sertraline-100</i>	Pro Doc	100	42.00	➡ 0.4200
			250	105.00	➡ 0.4200
02240481	<i>Teva-Sertraline</i>	Teva Can	100	42.00	➡ 0.4200
02427796	<i>VAN-Sertraline</i>	Vanc Phm	100	42.00	➡ 0.4200
01962779	<i>Zoloft</i>	Pfizer	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		
02147637	<i>Apo-Trazodone</i>	Apotex	100	5.54	➡ 0.0554
			250	13.84	➡ 0.0554
02442809	<i>Mar-Trazodone</i>	Marcan	100	5.54	➡ 0.0554
			500	27.68	➡ 0.0554
02236941	<i>phl-Trazodone</i>	Pharmel	100	5.54	➡ 0.0554
			500	27.68	➡ 0.0554
01937227	<i>pms-Trazodone</i>	Phmscience	100	5.54	➡ 0.0554
			500	27.68	➡ 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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

			75 mg		
02237339	<i>pms-Trazodone</i>	Phmscience	100	33.66	0.3366

Tab.

			100 mg PPB		
02147645	<i>Apo-Trazodone</i>	Apotex	100	9.89	➡ 0.0989
			500	49.45	➡ 0.0989
02442817	<i>Mar-Trazodone</i>	Marcan	100	9.89	➡ 0.0989
			500	49.45	➡ 0.0989
02236942	<i>phl-Trazodone</i>	Pharmel	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
			500	49.45	➡ 0.0989

Tab.

			150 mg PPB		
02442825	<i>Mar-Trazodone</i>	Marcan	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	73.14	☞ 0.5381

Tab.

			12.5 mg		
00740799	<i>Apo-Trimip</i>	AA Pharma	100	21.56	☞ 0.0850

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VENLAFAXINE CHLORHYDRATE

L.A. Caps.

37.5 mg PPB

02304317	ACT Venlafaxine XR	ActavisPhm	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02331683	Apo-Venlafaxine XR	Apotex	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02452839	Auro-Venlafaxine XR	Aurobindo	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02237279	Effexor XR	Pfizer	15	12.59		0.8393
			90	75.51		0.8390
02360020	GD-Venlafaxine XR	GenMed	90	14.79	➡	0.1643
02310279	Mylan-Venlafaxine XR	Mylan	100	16.43	➡	0.1643
02278545	pms-Venlafaxine XR	Phmscience	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02380072	Ran-Venlafaxine XR	Ranbaxy	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02273969	ratio-Venlafaxine XR	Ratiopharm	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02307774	Riva-Venlafaxine XR	Riva	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02310317	Sandoz Venlafaxine XR	Sandoz	100	16.43	➡	0.1643
02275023	Teva-Venlafaxine XR	Teva Can	100	16.43	➡	0.1643
02339242	Venlafaxine XR	Pro Doc	100	16.43	➡	0.1643
			500	82.15	➡	0.1643
02354713	Venlafaxine XR	Sanis	100	16.43	➡	0.1643
02385929	Venlafaxine XR	Sivem	100	16.43	➡	0.1643

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			75 mg PPB		
02304325	<i>ACT Venlafaxine XR</i>	ActavisPhm	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02331691	<i>Apo-Venlafaxine XR</i>	Apotex	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02452847	<i>Auro-Venlafaxine XR</i>	Aurobindo	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02237280	<i>Effexor XR</i>	Pfizer	15	25.18	1.6787
			90	151.01	1.6779
02360039	<i>GD-Venlafaxine XR</i>	GenMed	90	29.57	➡ 0.3285
02310287	<i>Mylan-Venlafaxine XR</i>	Mylan	100	32.85	➡ 0.3285
02278553	<i>pms-Venlafaxine XR</i>	Phmscience	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02380080	<i>Ran-Venlafaxine XR</i>	Ranbaxy	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02273977	<i>ratio-Venlafaxine XR</i>	Ratiopharm	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02307782	<i>Riva-Venlafaxine XR</i>	Riva	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02310325	<i>Sandoz Venlafaxine XR</i>	Sandoz	100	32.85	➡ 0.3285
			250	82.12	➡ 0.3285
02275031	<i>Teva-Venlafaxine XR</i>	Teva Can	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02339250	<i>Venlafaxine XR</i>	Pro Doc	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02354721	<i>Venlafaxine XR</i>	Sanis	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285
02385937	<i>Venlafaxine XR</i>	Sivem	100	32.85	➡ 0.3285
			500	164.24	➡ 0.3285

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			150 mg PPB		
02304333	ACT Venlafaxine XR	ActavisPhm	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02331705	Apo-Venlafaxine XR	Apotex	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02452855	Auro-Venlafaxine XR	Aurobindo	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02237282	Effexor XR	Pfizer	15	26.62	1.7747
			90	159.72	1.7747
02360047	GD-Venlafaxine XR	GenMed	90	31.22	➡ 0.3469
02310295	Mylan-Venlafaxine XR	Mylan	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02278561	pms-Venlafaxine XR	Phmscience	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02380099	Ran-Venlafaxine XR	Ranbaxy	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02273985	ratio-Venlafaxine XR	Ratiopharm	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02307790	Riva-Venlafaxine XR	Riva	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02310333	Sandoz Venlafaxine XR	Sandoz	100	34.69	➡ 0.3469
			250	86.72	➡ 0.3469
02275058	Teva-Venlafaxine XR	Teva Can	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02339269	Venlafaxine XR	Pro Doc	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02354748	Venlafaxine XR	Sanis	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469
02385945	Venlafaxine XR	Sivem	100	34.69	➡ 0.3469
			500	173.44	➡ 0.3469

28:16.08
ANTIPSYCHOTIC AGENTS
ARIPRAZOLE 

Tab.			2 mg		
02322374	Abilify	B.M.S.	30	87.42	2.9140

Tab.			5 mg		
02322382	Abilify	B.M.S.	30	98.40	3.2800

Tab.			10 mg		
02322390	Abilify	B.M.S.	30	113.40	3.7800

Tab.			15 mg		
02322404	Abilify	B.M.S.	30	113.40	3.7800

Tab.			20 mg		
02322412	Abilify	B.M.S.	30	113.40	3.7800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				30 mg	
02322455	<i>Abilify</i>	B.M.S.	30	113.40	3.7800

CHLORPROMAZINE HYDROCHLORIDE 

Tab.

				25 mg	
00232823	<i>Novo-Chlorpromazine</i>	Novopharm	100	13.65	0.1365
			500	68.25	0.1365

Tab.

				50 mg	
00232807	<i>Novo-Chlorpromazine</i>	Novopharm	100	15.65	0.1565
			500	78.25	0.1565

Tab.

				100 mg	
00232831	<i>Novo-Chlorpromazine</i>	Novopharm	100	32.00	0.3200
			500	160.00	0.3200

CLOZAPIN 

Tab.

				25 mg	PPB	
02248034	<i>Apo-Clozapine</i>	Apotex	100	65.94	➡	0.6594
00894737	<i>Clozaril</i>	Novartis	100	94.20		0.9420
02247243	<i>Gen-Clozapine</i>	Mylan	100	65.94	➡	0.6594

Tab.

				50 mg		
02305003	<i>Gen-Clozapine</i>	Mylan	100	131.88		1.3188

Tab.

				100 mg	PPB	
02248035	<i>Apo-Clozapine</i>	Apotex	100	264.46	➡	2.6446
00894745	<i>Clozaril</i>	Novartis	100	377.80		3.7780
02247244	<i>Gen-Clozapine</i>	Mylan	100	264.46	➡	2.6446

Tab.

				200 mg		
02305011	<i>Gen-Clozapine</i>	Mylan	100	528.92		5.2892

FLUPENTIXOL DECANOATE 

I.M. Inj. Sol.

				20 mg/mL		
02156032	<i>Fluanxol Depot 2%</i>	Lundbeck	1 ml	7.18		

I.M. Inj. Sol.

				100 mg/mL		
02156040	<i>Fluanxol Depot 10%</i>	Lundbeck	1 ml	35.93		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUPENTIXOL DIHYDROCHLORIDE

Tab.

				0.5 mg	
02156008	<i>Fluanxol</i>	Lundbeck	100	24.83	0.2483

Tab.

				3 mg	
02156016	<i>Fluanxol</i>	Lundbeck	100	53.62	0.5362

FLUPHENAZINE DECANOATE

I.M. Inj. Sol.

				25 mg/mL	
02239636	<i>Fluphenazine Omega</i>	Oméga	5 ml	23.16	

I.M. Inj. Sol.

				100 mg/mL	PPB
02242570	<i>Fluphenazine Omega</i>	Oméga	1 ml	➡	29.78
00755575	<i>Modecate Concentre</i>	B.M.S.	1 ml	➡	29.78

FLUPHENAZINE HYDROCHLORIDE

Tab.

				1 mg	
00405345	<i>Apo-Fluphenazine</i>	AA Pharma	100	17.39	0.1739

Tab.

				2 mg	
00410632	<i>Apo-Fluphenazine</i>	AA Pharma	100	22.52	0.2113

Tab.

				5 mg	PPB
00405361	<i>Apo-Fluphenazine</i>	AA Pharma	100	17.20	➡ 0.1720
00726354	<i>pms-Fluphenazine</i>	Phmscience	100	17.20	➡ 0.1720

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>Novo-Peridol</i>	Novopharm	100	3.60	0.0360

Tab.

				1 mg	
00363677	<i>Novo-Peridol</i>	Novopharm	100	6.14	0.0614

Tab.

				2 mg	
00363669	<i>Teva-Peridol</i>	Teva Can	100	10.50	0.1050

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					
00363650	Teva-Peridol	Teva Can	100	5 mg 14.87	0.1487
			500	74.35	0.1487

Tab.					
00713449	Novo-Peridol	Novopharm	100	10 mg 13.30	0.1330

Tab.					
00768820	Teva-Peridol	Teva Can	100	20 mg 63.04	0.6304

HALOPERIDOL (DECANOATE)

I.M. Inj. Sol.					
02239639	Haloperidol-LA Omega	Oméga	5 ml	50 mg/mL 28.03	

I.M. Inj. Sol.					
02130300	Haloperidol LA	Sandoz	5 ml	100 mg/mL PPB 55.40	
02239640	Haloperidol-LA Omega	Oméga	1 ml	11.08	
			5 ml	55.40	

LOXAPINE SUCCINATE

Tab.					
02242868	Xylac	Pendopharm	100	2.5 mg 18.66	0.1866

Tab.					
02230837	Xylac	Pendopharm	100	5 mg 17.49	0.1749

Tab.					
02230838	Xylac	Pendopharm	100	10 mg 28.70	0.2870

Tab.					
02230839	Xylac	Pendopharm	100	25 mg 44.49	0.4449

Tab.					
02230840	Xylac	Pendopharm	100	50 mg 59.30	0.5930

METHOTRIMEPRAZINE

Inj. Sol.					
01927698	Nozinan	SanofiAven	1 ml	25 mg/mL 3.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.					
02238403	Methoprazine	AA Pharma	100	2 mg 6.85	0.0523

OLANZAPINE

Tab.

2.5 mg PPB					
02325659	ACT Olanzapine	ActavisPhm	100	31.89	0.3189
02281791	Apo-Olanzapine	Apotex	100	31.89	0.3189
			500	159.45	0.3189
02417243	Jamp-Olanzapine FC	Jamp	100	31.89	0.3189
02421232	Mar-Olanzapine	Marcan	100	31.89	0.3189
02337878	Mylan-Olanzapine	Mylan	100	31.89	0.3189
02311968	Olanzapine	Pro Doc	100	31.89	0.3189
02372819	Olanzapine	Sanis	100	31.89	0.3189
02385864	Olanzapine	Sivem	100	31.89	0.3189
02303116	pms-Olanzapine	Phmscience	100	31.89	0.3189
02403064	Ran-Olanzapine	Ranbaxy	100	31.89	0.3189
02337126	Riva-Olanzapine	Riva	100	31.89	0.3189
			500	159.45	0.3189
02310341	Sandoz Olanzapine	Sandoz	100	31.89	0.3189
02276712	Teva-Olanzapine	Teva Can	100	31.89	0.3189
02428008	VAN-Olanzapine	Vanc Phm	100	31.89	0.3189
02229250	Zyprexa	Lilly	28	49.03	1.7511

Tab.

7.5 mg PPB					
02325675	ACT Olanzapine	ActavisPhm	100	95.68	0.9568
02281813	Apo-Olanzapine	Apotex	100	95.68	0.9568
02417278	Jamp-Olanzapine FC	Jamp	100	95.68	0.9568
02421259	Mar-Olanzapine	Marcan	100	95.68	0.9568
02337894	Mylan-Olanzapine	Mylan	100	95.68	0.9568
02311984	Olanzapine	Pro Doc	100	95.68	0.9568
02372835	Olanzapine	Sanis	100	95.68	0.9568
02385880	Olanzapine	Sivem	100	95.68	0.9568
02303167	pms-Olanzapine	Phmscience	100	95.68	0.9568
02403080	Ran-Olanzapine	Ranbaxy	100	95.68	0.9568
02337142	Riva-Olanzapine	Riva	100	95.68	0.9568
			500	478.40	0.9568
02310376	Sandoz Olanzapine	Sandoz	100	95.68	0.9568
02276739	Teva-Olanzapine	Teva Can	100	95.68	0.9568
02428024	VAN-Olanzapine	Vanc Phm	100	95.68	0.9568
02229277	Zyprexa	Lilly	28	147.09	5.2532

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

5 mg **PPB**

02325667	<i>ACT Olanzapine</i>	ActavisPhm	100	63.79	➡	0.6379
02281805	<i>Apo-Olanzapine</i>	Apotex	100	63.79	➡	0.6379
			500	318.95	➡	0.6379
02360616	<i>Apo-Olanzapine ODT</i>	Apotex	30	19.14	➡	0.6379
02448726	<i>Auro-Olanzapine ODT</i>	Aurobindo	30	19.14	➡	0.6379
02327562	<i>Co Olanzapine ODT</i>	Cobalt	30	19.14	➡	0.6379
02417251	<i>Jamp-Olanzapine FC</i>	Jamp	100	63.79	➡	0.6379
02406624	<i>Jamp-Olanzapine ODT</i>	Jamp	30	19.14	➡	0.6379
02421240	<i>Mar-Olanzapine</i>	Marcan	100	63.79	➡	0.6379
02389088	<i>Mar-Olanzapine ODT</i>	Marcan	30	19.14	➡	0.6379
02436965	<i>Mint-Olanzapine ODT</i>	Mint	30	19.14	➡	0.6379
02337886	<i>Mylan-Olanzapine</i>	Mylan	100	63.79	➡	0.6379
02382709	<i>Mylan-Olanzapine ODT</i>	Mylan	30	19.14	➡	0.6379
02311976	<i>Olanzapine</i>	Pro Doc	100	63.79	➡	0.6379
02372827	<i>Olanzapine</i>	Sanis	100	63.79	➡	0.6379
02385872	<i>Olanzapine</i>	Sivem	100	63.79	➡	0.6379
02338645	<i>Olanzapine ODT</i>	Pro Doc	30	19.14	➡	0.6379
02352974	<i>Olanzapine ODT</i>	Sanis	30	19.14	➡	0.6379
02343665	<i>Olanzapine ODT</i>	Sivem	30	19.14	➡	0.6379
02303159	<i>pms-Olanzapine</i>	Phmscience	100	63.79	➡	0.6379
02303191	<i>pms-Olanzapine ODT</i>	Phmscience	30	19.14	➡	0.6379
02403072	<i>Ran-Olanzapine</i>	Ranbaxy	100	63.79	➡	0.6379
02414090	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	17.86	➡	0.6379
02337134	<i>Riva-Olanzapine</i>	Riva	100	63.79	➡	0.6379
			500	318.95	➡	0.6379
02339811	<i>Riva-Olanzapine ODT</i>	Riva	30	19.14	➡	0.6379
02310368	<i>Sandoz Olanzapine</i>	Sandoz	100	63.79	➡	0.6379
02327775	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	19.14	➡	0.6379
02276720	<i>Teva-Olanzapine</i>	Teva Can	100	63.79	➡	0.6379
02428016	<i>VAN-Olanzapine</i>	Vanc Phm	100	63.79	➡	0.6379
02229269	<i>Zyprexa</i>	Lilly	28	98.06		3.5021
02243086	<i>Zyprexa Zydys</i>	Lilly	28	100.09		3.5746

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

10 mg **PPB**

02325683	<i>ACT Olanzapine</i>	ActavisPhm	100	127.57	➡	1.2757
02281821	<i>Apo-Olanzapine</i>	Apotex	100	127.57	➡	1.2757
			500	637.90	➡	1.2758
02360624	<i>Apo-Olanzapine ODT</i>	Apotex	30	38.27	➡	1.2757
02448734	<i>Auro-Olanzapine ODT</i>	Aurobindo	30	38.27	➡	1.2757
02327570	<i>Co Olanzapine ODT</i>	Cobalt	30	38.27	➡	1.2757
02417286	<i>Jamp-Olanzapine FC</i>	Jamp	100	127.57	➡	1.2757
02406632	<i>Jamp-Olanzapine ODT</i>	Jamp	30	38.27	➡	1.2757
02421267	<i>Mar-Olanzapine</i>	Marcan	100	127.57	➡	1.2757
02389096	<i>Mar-Olanzapine ODT</i>	Marcan	30	38.27	➡	1.2757
02436973	<i>Mint-Olanzapine ODT</i>	Mint	30	38.27	➡	1.2757
02337908	<i>Mylan-Olanzapine</i>	Mylan	100	127.57	➡	1.2757
02382717	<i>Mylan-Olanzapine ODT</i>	Mylan	30	38.27	➡	1.2757
02311992	<i>Olanzapine</i>	Pro Doc	100	127.57	➡	1.2757
02372843	<i>Olanzapine</i>	Sanis	100	127.57	➡	1.2757
02385899	<i>Olanzapine</i>	Sivem	100	127.57	➡	1.2757
02338653	<i>Olanzapine ODT</i>	Pro Doc	30	38.27	➡	1.2757
02352982	<i>Olanzapine ODT</i>	Sanis	30	38.27	➡	1.2757
02343673	<i>Olanzapine ODT</i>	Sivem	30	38.27	➡	1.2757
02303175	<i>pms-Olanzapine</i>	Phmscience	100	127.57	➡	1.2757
02303205	<i>pms-Olanzapine ODT</i>	Phmscience	30	38.27	➡	1.2757
02403099	<i>Ran-Olanzapine</i>	Ranbaxy	100	127.57	➡	1.2757
02414104	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	35.72	➡	1.2757
02337150	<i>Riva-Olanzapine</i>	Riva	100	127.57	➡	1.2757
			500	637.90	➡	1.2758
02339838	<i>Riva-Olanzapine ODT</i>	Riva	30	38.27	➡	1.2757
02310384	<i>Sandoz Olanzapine</i>	Sandoz	100	127.57	➡	1.2757
02327783	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	38.27	➡	1.2757
02276747	<i>Teva-Olanzapine</i>	Teva Can	100	127.57	➡	1.2757
			500	637.90	➡	1.2758
02428032	<i>VAN-Olanzapine</i>	Vanc Phm	100	127.57	➡	1.2757
02229285	<i>Zyprexa</i>	Lilly	28	196.12		7.0043
02243087	<i>Zyprexa Zydys</i>	Lilly	28	200.00		7.1429

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

15 mg **PPB**

02325691	<i>ACT Olanzapine</i>	ActavisPhm	100	191.36	➡	1.9136
02281848	<i>Apo-Olanzapine</i>	Apotex	100	191.36	➡	1.9136
02360632	<i>Apo-Olanzapine ODT</i>	Apotex	30	57.41	➡	1.9136
02448742	<i>Auro-Olanzapine ODT</i>	Aurobindo	30	57.41	➡	1.9136
02327589	<i>Co Olanzapine ODT</i>	Cobalt	30	57.41	➡	1.9136
02417294	<i>Jamp-Olanzapine FC</i>	Jamp	100	191.36	➡	1.9136
02406640	<i>Jamp-Olanzapine ODT</i>	Jamp	30	57.41	➡	1.9136
02421275	<i>Mar-Olanzapine</i>	Marcan	100	191.36	➡	1.9136
02389118	<i>Mar-Olanzapine ODT</i>	Marcan	30	57.41	➡	1.9136
02436981	<i>Mint-Olanzapine ODT</i>	Mint	30	57.41	➡	1.9136
02337916	<i>Mylan-Olanzapine</i>	Mylan	100	191.36	➡	1.9136
02382725	<i>Mylan-Olanzapine ODT</i>	Mylan	30	57.41	➡	1.9136
02312018	<i>Olanzapine</i>	Pro Doc	100	191.36	➡	1.9136
02372851	<i>Olanzapine</i>	Sanis	100	191.36	➡	1.9136
02385902	<i>Olanzapine</i>	Sivem	100	191.36	➡	1.9136
02338661	<i>Olanzapine ODT</i>	Pro Doc	30	57.41	➡	1.9136
02352990	<i>Olanzapine ODT</i>	Sanis	30	57.41	➡	1.9136
02343681	<i>Olanzapine ODT</i>	Sivem	30	57.41	➡	1.9136
02303183	<i>pms-Olanzapine</i>	Phmscience	100	191.36	➡	1.9136
02303213	<i>pms-Olanzapine ODT</i>	Phmscience	30	57.41	➡	1.9136
02403102	<i>Ran-Olanzapine</i>	Ranbaxy	100	191.36	➡	1.9136
02414112	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	53.58	➡	1.9136
02337169	<i>Riva-Olanzapine</i>	Riva	100	191.36	➡	1.9136
			500	956.80	➡	1.9136
02339846	<i>Riva-Olanzapine ODT</i>	Riva	30	57.41	➡	1.9136
02310392	<i>Sandoz Olanzapine</i>	Sandoz	100	191.36	➡	1.9136
02327791	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	57.41	➡	1.9136
02276755	<i>Teva-Olanzapine</i>	Teva Can	100	191.36	➡	1.9136
02428040	<i>VAN-Olanzapine</i>	Vanc Phm	100	191.36	➡	1.9136
02238850	<i>Zyprexa</i>	Lilly	28	294.17		10.5061
02243088	<i>Zyprexa Zydys</i>	Lilly	28	299.91		10.7111

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

20 mg **PPB**

02325713	<i>ACT Olanzapine</i>	ActavisPhm	100	254.46	➡	2.5446
02333015	<i>Apo-Olanzapine</i>	Apotex	100	254.46	➡	2.5446
02360640	<i>Apo-Olanzapine ODT</i>	Apotex	30	76.34	➡	2.5446
02448750	<i>Auro-Olanzapine ODT</i>	Aurobindo	30	76.34	➡	2.5446
02327597	<i>Co Olanzapine ODT</i>	Cobalt	30	76.34	➡	2.5446
02417308	<i>Jamp-Olanzapine FC</i>	Jamp	100	254.46	➡	2.5446
02406659	<i>Jamp-Olanzapine ODT</i>	Jamp	30	76.34	➡	2.5446
02389126	<i>Mar-Olanzapine ODT</i>	Marcan	30	76.34	➡	2.5446
02437007	<i>Mint-Olanzapine ODT</i>	Mint	30	76.34	➡	2.5446
02382733	<i>Mylan-Olanzapine ODT</i>	Mylan	30	76.34	➡	2.5446
02421704	<i>Olanzapine</i>	Pro Doc	100	254.46	➡	2.5446
02425114	<i>Olanzapine ODT</i>	Pro Doc	30	76.34	➡	2.5446
02343703	<i>Olanzapine ODT</i>	Sivem	30	76.34	➡	2.5446
02367483	<i>pms-Olanzapine</i>	Phmscience	100	254.46	➡	2.5446
02423944	<i>pms-Olanzapine ODT</i>	Phmscience	30	76.34	➡	2.5446
02414120	<i>Ran-Olanzapine ODT</i>	Ranbaxy	28	71.25	➡	2.5446
02392399	<i>Riva-Olanzapine ODT</i>	Riva	30	76.34	➡	2.5446
02327805	<i>Sandoz Olanzapine ODT</i>	Sandoz	30	76.34	➡	2.5446
02359707	<i>Teva-Olanzapine</i>	Teva Can	100	254.46	➡	2.5446
02238851	<i>Zyprexa</i>	Lilly	28	392.23		14.0082
02243089	<i>Zyprexa Zydis</i>	Lilly	28	395.84		14.1371

PERICYAZINE

Caps.

5 mg

01926780	<i>Neuleptil</i>	Erfa	100	18.84		0.1884
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Caps.

10 mg

01926772	<i>Neuleptil</i>	Erfa	100	29.85		0.2985
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Caps.

20 mg

01926764	<i>Neuleptil</i>	Erfa	100	47.12		0.4712
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Oral Sol.

10 mg/mL

01926756	<i>Neuleptil</i>	Erfa	100 ml	32.84		0.3284
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PERPHENAZINE

Tab.

2 mg

00335134	<i>Perphenazine</i>	AA Pharma	100	6.26		0.0626
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Tab.

4 mg

00335126	<i>Perphenazine</i>	AA Pharma	100	7.58		0.0758
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Tab.

8 mg

00335118	<i>Perphenazine</i>	AA Pharma	100	8.32		0.0832
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			16 mg		
00335096	Perphenazine	AA Pharma	100	12.74	0.1274

PIMOZIDE

Tab.			2 mg		
00313815	Orap	AA Pharma	100	22.79	0.2279

Tab.			4 mg		
02245433	Apo-Pimozide	AA Pharma	100	41.36	0.4136
00313823	Orap	AA Pharma	100	41.36	0.4136

PROCHLORPERAZINE

Supp.			10 mg		
00789720	Sandoz Prochlorperazine	Sandoz	10	8.30	0.8300

PROCHLORPERAZINE MALEATE

Tab.			5 mg		
00886440	Prochlorazine	AA Pharma	100	16.59	0.1659

Tab.			10 mg		
00886432	Prochlorazine	AA Pharma	100	20.25	0.2025

QUETIAPINE (FUMARATE)

L.A. Tab.			50 mg PPB		
02417782	Quetiapine XR	Pro Doc	60	23.70	➡ 0.3950
02417359	Quetiapine XR	Sivem	60	23.70	➡ 0.3950
02407671	Sandoz Quetiapine XRT	Sandoz	60	23.70	➡ 0.3950
02300184	Seroquel XR	AZC	60	58.80	0.9800
02395444	Teva-Quetiapine XR	Teva Can	60	23.70	➡ 0.3950

L.A. Tab.			150 mg PPB		
02417790	Quetiapine XR	Pro Doc	60	46.68	➡ 0.7780
02417367	Quetiapine XR	Sivem	60	46.68	➡ 0.7780
02407698	Sandoz Quetiapine XRT	Sandoz	60	46.68	➡ 0.7780
02321513	Seroquel XR	AZC	60	115.80	1.9300
02395452	Teva-Quetiapine XR	Teva Can	60	46.68	➡ 0.7780

L.A. Tab.			200 mg PPB		
02417804	Quetiapine XR	Pro Doc	60	63.12	➡ 1.0520
02417375	Quetiapine XR	Sivem	60	63.12	➡ 1.0520
02407701	Sandoz Quetiapine XRT	Sandoz	60	63.12	➡ 1.0520
02300192	Seroquel XR	AZC	60	157.20	2.6200
02395460	Teva-Quetiapine XR	Teva Can	60	63.12	➡ 1.0520

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Tab.

300 mg **PPB**

02417812	Quetiapine XR	Pro Doc	60	92.64	➡ 1.5440
02417383	Quetiapine XR	Sivem	60	92.64	➡ 1.5440
02407728	Sandoz Quetiapine XRT	Sandoz	60	92.64	➡ 1.5440
02300206	Seroquel XR	AZC	60	231.60	➡ 3.8600
02395479	Teva-Quetiapine XR	Teva Can	60	92.64	➡ 1.5440

L.A. Tab.

400 mg **PPB**

02417820	Quetiapine XR	Pro Doc	60	125.76	➡ 2.0960
02417391	Quetiapine XR	Sivem	60	125.76	➡ 2.0960
02407736	Sandoz Quetiapine XRT	Sandoz	60	125.76	➡ 2.0960
02300214	Seroquel XR	AZC	60	314.40	➡ 5.2400
02395487	Teva-Quetiapine XR	Teva Can	60	125.76	➡ 2.0960

Tab.

25 mg **PPB**

02412977	Abbott-Quetiapine	Abbott	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02316080	ACT Quetiapine	ActavisPhm	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02313901	Apo-Quetiapine	Apotex	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02390205	Auro-Quetiapine	Aurobindo	30	2.67	➡ 0.0889
			500	44.45	➡ 0.0889
02447193	Bio-Quetiapine	Biomed	100	8.89	➡ 0.0889
02330415	Jamp-Quetiapine	Jamp	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02399822	Mar-Quetiapine	Marcan	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02438003	Mint-Quetiapine	Mint	100	8.89	➡ 0.0889
02307804	Mylan-Quetiapine	Mylan	100	8.89	➡ 0.0889
02439158	NAT-Quetiapine	Natco	100	8.89	➡ 0.0889
02296551	pms-Quetiapine	Phmscience	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02317346	Pro-Quetiapine	Pro Doc	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02387794	Quetiapine	Accord	60	5.33	➡ 0.0889
02353164	Quetiapine	Sanis	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02317893	Quetiapine	Sivem	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02397099	Ran-Quetiapine	Ranbaxy	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02316692	Riva-Quetiapine	Riva	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02313995	Sandoz Quetiapine	Sandoz	60	5.33	➡ 0.0889
			500	44.45	➡ 0.0889
02236951	Seroquel	AZC	100	51.35	➡ 0.5135
02284235	Teva-Quetiapine	Teva Can	100	8.89	➡ 0.0889
			500	44.45	➡ 0.0889
02434024	VAN-Quetiapine	Vanc Phm	100	8.89	➡ 0.0889

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

100 mg **PPB**

02412985	<i>Abbott-Quetiapine</i>	Abbott	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02316099	<i>ACT Quetiapine</i>	ActavisPhm	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02313928	<i>Apo-Quetiapine</i>	Apotex	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02390213	<i>Auro-Quetiapine</i>	Aurobindo	30	7.12	➡	0.2372
			500	118.60	➡	0.2372
02447207	<i>Bio-Quetiapine</i>	Biomed	100	23.72	➡	0.2372
02330423	<i>Jamp-Quetiapine</i>	Jamp	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02399830	<i>Mar-Quetiapine</i>	Marcan	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02438011	<i>Mint-Quetiapine</i>	Mint	100	23.72	➡	0.2372
02307812	<i>Mylan-Quetiapine</i>	Mylan	100	23.72	➡	0.2372
02439166	<i>NAT-Quetiapine</i>	Natco	100	23.72	➡	0.2372
02296578	<i>pms-Quetiapine</i>	Phmscience	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02317354	<i>Pro-Quetiapine</i>	Pro Doc	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02387808	<i>Quetiapine</i>	Accord	60	14.23	➡	0.2372
02353172	<i>Quetiapine</i>	Sanis	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02317907	<i>Quetiapine</i>	Sivem	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02397102	<i>Ran-Quetiapine</i>	Ranbaxy	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02316706	<i>Riva-Quetiapine</i>	Riva	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02314002	<i>Sandoz Quetiapine</i>	Sandoz	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02236952	<i>Seroquel</i>	AZC	100	137.00		1.3700
02284243	<i>Teva-Quetiapine</i>	Teva Can	100	23.72	➡	0.2372
			500	118.60	➡	0.2372
02434032	<i>VAN-Quetiapine</i>	Vanc Phm	100	23.72	➡	0.2372

Tab.

150 mg **PPB**

02439174	<i>NAT-Quetiapine</i>	Natco	100	96.56	➡	0.9656
02284251	<i>Teva-Quetiapine</i>	Teva Can	100	96.56	➡	0.9656

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

200 mg **PPB**

02412993	<i>Abbott-Quetiapine</i>	Abbott	100	47.64	➡	0.4764
02316110	<i>ACT Quetiapine</i>	ActavisPhm	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02313936	<i>Apo-Quetiapine</i>	Apotex	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02390248	<i>Auro-Quetiapine</i>	Aurobindo	30	14.29	➡	0.4764
			500	238.20	➡	0.4764
02447223	<i>Bio-Quetiapine</i>	Biomed	100	47.64	➡	0.4764
02330458	<i>Jamp-Quetiapine</i>	Jamp	100	47.64	➡	0.4764
02399849	<i>Mar-Quetiapine</i>	Marcan	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02438046	<i>Mint-Quetiapine</i>	Mint	100	47.64	➡	0.4764
02307839	<i>Mylan-Quetiapine</i>	Mylan	100	47.64	➡	0.4764
02439182	<i>NAT-Quetiapine</i>	Natco	100	47.64	➡	0.4764
02296594	<i>pms-Quetiapine</i>	Phmscience	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02317362	<i>Pro-Quetiapine</i>	Pro Doc	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02387824	<i>Quetiapine</i>	Accord	60	28.58	➡	0.4764
02353199	<i>Quetiapine</i>	Sanis	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02317923	<i>Quetiapine</i>	Sivem	100	47.64	➡	0.4764
02397110	<i>Ran-Quetiapine</i>	Ranbaxy	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02316722	<i>Riva-Quetiapine</i>	Riva	100	47.64	➡	0.4764
			500	238.20	➡	0.4764
02314010	<i>Sandoz Quetiapine</i>	Sandoz	100	47.64	➡	0.4764
02236953	<i>Seroquel</i>	AZC	100	275.20		2.7520
02284278	<i>Teva-Quetiapine</i>	Teva Can	30	14.29	➡	0.4764
			100	47.64	➡	0.4764
02434040	<i>VAN-Quetiapine</i>	Vanc Phm	100	47.64	➡	0.4764

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

300 mg **PPB**

02413000	<i>Abbott-Quetiapine</i>	Abbott	100	69.53	➡	0.6953
02316129	<i>ACT Quetiapine</i>	ActavisPhm	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02313944	<i>Apo-Quetiapine</i>	Apotex	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02390256	<i>Auro-Quetiapine</i>	Aurobindo	30	20.86	➡	0.6953
			500	347.65	➡	0.6953
02447258	<i>Bio-Quetiapine</i>	Biomed	100	69.53	➡	0.6953
02330466	<i>Jamp-Quetiapine</i>	Jamp	100	69.53	➡	0.6953
02399857	<i>Mar-Quetiapine</i>	Marcan	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02438054	<i>Mint-Quetiapine</i>	Mint	100	69.53	➡	0.6953
02307847	<i>Mylan-Quetiapine</i>	Mylan	100	69.53	➡	0.6953
02439190	<i>NAT-Quetiapine</i>	Natco	100	69.53	➡	0.6953
02296608	<i>pms-Quetiapine</i>	Phmscience	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02317370	<i>Pro-Quetiapine</i>	Pro Doc	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02387832	<i>Quetiapine</i>	Accord	60	41.72	➡	0.6953
02353202	<i>Quetiapine</i>	Sanis	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02317931	<i>Quetiapine</i>	Sivem	100	69.53	➡	0.6953
02397129	<i>Ran-Quetiapine</i>	Ranbaxy	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02316730	<i>Riva-Quetiapine</i>	Riva	100	69.53	➡	0.6953
			500	347.65	➡	0.6953
02314029	<i>Sandoz Quetiapine</i>	Sandoz	100	69.53	➡	0.6953
02244107	<i>Seroquel</i>	AZC	100	401.45		4.0145
02284286	<i>Teva-Quetiapine</i>	Teva Can	30	20.86	➡	0.6953
			100	69.53	➡	0.6953
02434059	<i>VAN-Quetiapine</i>	Vanc Phm	100	69.53	➡	0.6953

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RISPERIDONE

Tab.

0.25 mg **PPB**

02282585	<i>ACT Risperidone</i>	ActavisPhm	100	12.52	➡	0.1252
02282119	<i>Apo-Risperidone</i>	Apotex	100	12.52	➡	0.1252
			500	62.60	➡	0.1252
02359529	<i>Jamp-Risperidone</i>	Jamp	100	12.52	➡	0.1252
			500	62.60	➡	0.1252
02371766	<i>Mar-Risperidone</i>	Marcan	100	12.52	➡	0.1252
02359790	<i>Mint-Risperidon</i>	Mint	100	12.52	➡	0.1252
02282240	<i>Mylan-Risperidone</i>	Mylan	100	12.52	➡	0.1252
02282690	<i>Novo-Risperidone</i>	Novopharm	60	7.51	➡	0.1252
			100	12.52	➡	0.1252
02258439	<i>phl-Risperidone</i>	Pharmel	100	12.52	➡	0.1252
			500	62.60	➡	0.1252
02252007	<i>pms-Risperidone</i>	Phmscience	100	12.52	➡	0.1252
			500	62.60	➡	0.1252
02312700	<i>Pro-Risperidone</i>	Pro Doc	100	12.52	➡	0.1252
02328305	<i>Ran-Risperidone</i>	Ranbaxy	100	12.52	➡	0.1252
			500	62.60	➡	0.1252
02240551	<i>Risperdal</i>	Janss. Inc	100	20.75	➡	0.2075
02356880	<i>Risperidone</i>	Sanis	100	12.52	➡	0.1252
02283565	<i>Riva-Risperidone</i>	Riva	100	12.52	➡	0.1252
02303655	<i>Sandoz Risperidone</i>	Sandoz	100	12.52	➡	0.1252

Tab. Oral Disint. or Tab.

0.5 mg **PPB**

02282593	<i>ACT Risperidone</i>	ActavisPhm	100	20.97	➡	0.2097
02282127	<i>Apo-Risperidone</i>	Apotex	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02359537	<i>Jamp-Risperidone</i>	Jamp	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02371774	<i>Mar-Risperidone</i>	Marcan	100	20.97	➡	0.2097
02359804	<i>Mint-Risperidon</i>	Mint	100	20.97	➡	0.2097
02282259	<i>Mylan-Risperidone</i>	Mylan	100	20.97	➡	0.2097
02264188	<i>Novo-Risperidone</i>	Novopharm	60	12.58	➡	0.2097
			100	20.97	➡	0.2097
02258447	<i>phl-Risperidone</i>	Pharmel	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02252015	<i>pms-Risperidone</i>	Phmscience	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02312719	<i>Pro-Risperidone</i>	Pro Doc	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02328313	<i>Ran-Risperidone</i>	Ranbaxy	100	20.97	➡	0.2097
			500	104.85	➡	0.2097
02240552	<i>Risperdal</i>	Janss. Inc	100	34.75	➡	0.3475
02247704	<i>Risperdal M-Tab</i>	Janss. Inc	28	19.97	➡	0.7132
02356899	<i>Risperidone</i>	Sanis	100	20.97	➡	0.2097
02283573	<i>Riva-Risperidone</i>	Riva	100	20.97	➡	0.2097
02303663	<i>Sandoz Risperidone</i>	Sandoz	100	20.97	➡	0.2097

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

1 mg **PPB**

02282607	<i>ACT Risperidone</i>	ActavisPhm	60	17.38	➡	0.2896
			500	144.80	➡	0.2896
02282135	<i>Apo-Risperidone</i>	Apotex	100	28.96	➡	0.2896
			500	144.80	➡	0.2896
02359545	<i>Jamp-Risperidone</i>	Jamp	60	17.38	➡	0.2896
			500	144.80	➡	0.2896
02371782	<i>Mar-Risperidone</i>	Marcan	100	28.96	➡	0.2896
02359812	<i>Mint-Risperidon</i>	Mint	100	28.96	➡	0.2896
02282267	<i>Mylan-Risperidone</i>	Mylan	100	28.96	➡	0.2896
			500	144.80	➡	0.2896
02264196	<i>Novo-Risperidone</i>	Novopharm	60	17.38	➡	0.2896
			100	28.96	➡	0.2896
02258455	<i>phl-Risperidone</i>	Pharmel	60	17.38	➡	0.2896
			500	144.80	➡	0.2896
02252023	<i>pms-Risperidone</i>	Phmscience	60	17.38	➡	0.2896
			500	144.80	➡	0.2896
02312727	<i>Pro-Risperidone</i>	Pro Doc	60	17.38	➡	0.2896
			500	144.80	➡	0.2896
02328321	<i>Ran-Risperidone</i>	Ranbaxy	100	28.96	➡	0.2896
			500	144.80	➡	0.2896
02025280	<i>Risperdal</i>	Janss. Inc	60	28.80		0.4800
			500	240.00		0.4800
02247705	<i>Risperdal M-Tab</i>	Janss. Inc	28	27.64		0.9871
02356902	<i>Risperidone</i>	Sanis	100	28.96	➡	0.2896
			500	144.80	➡	0.2896
02283581	<i>Riva-Risperidone</i>	Riva	100	28.96	➡	0.2896
			500	144.80	➡	0.2896
02279800	<i>Sandoz Risperidone</i>	Sandoz	60	17.38	➡	0.2896
			500	144.80	➡	0.2896

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

2 mg **PPB**

02282615	<i>ACT Risperidone</i>	ActavisPhm	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02282143	<i>Apo-Risperidone</i>	Apotex	100	57.82	➡	0.5782
			500	289.10	➡	0.5782
02359553	<i>Jamp-Risperidone</i>	Jamp	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02371790	<i>Mar-Risperidone</i>	Marcan	100	57.82	➡	0.5782
02359820	<i>Mint-Risperidon</i>	Mint	100	57.82	➡	0.5782
02282275	<i>Mylan-Risperidone</i>	Mylan	100	57.82	➡	0.5782
			500	289.10	➡	0.5782
02258463	<i>phl-Risperidone</i>	Pharmel	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02252031	<i>pms-Risperidone</i>	Phmscience	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02312735	<i>Pro-Risperidone</i>	Pro Doc	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02328348	<i>Ran-Risperidone</i>	Ranbaxy	100	57.82	➡	0.5782
			500	289.10	➡	0.5782
02025299	<i>Risperdal</i>	Janss. Inc	60	57.50		0.9583
			500	479.15		0.9583
02247706	<i>Risperdal M-Tab</i>	Janss. Inc	28	55.14		1.9693
02356910	<i>Risperidone</i>	Sanis	100	57.82	➡	0.5782
			500	289.10	➡	0.5782
02283603	<i>Riva-Risperidone</i>	Riva	100	57.82	➡	0.5782
			500	289.10	➡	0.5782
02279819	<i>Sandoz Risperidone</i>	Sandoz	60	34.69	➡	0.5782
			500	289.10	➡	0.5782
02264218	<i>Teva-Risperidone</i>	Novopharm	60	34.69	➡	0.5782

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

3 mg **PPB**

02282623	<i>ACT Risperidone</i>	ActavisPhm	60	52.04	➡	0.8673
			250	216.83	➡	0.8673
02282151	<i>Apo-Risperidone</i>	Apotex	100	86.73	➡	0.8673
			250	216.83	➡	0.8673
02359561	<i>Jamp-Risperidone</i>	Jamp	60	52.04	➡	0.8673
			100	86.73	➡	0.8673
02371804	<i>Mar-Risperidone</i>	Marcan	100	86.73	➡	0.8673
02359839	<i>Mint-Risperidon</i>	Mint	100	86.73	➡	0.8673
02282283	<i>Mylan-Risperidone</i>	Mylan	100	86.73	➡	0.8673
02258471	<i>phl-Risperidone</i>	Pharmel	60	52.04	➡	0.8673
			500	433.65	➡	0.8673
02252058	<i>pms-Risperidone</i>	Phmscience	60	52.04	➡	0.8673
			500	433.65	➡	0.8673
02312743	<i>Pro-Risperidone</i>	Pro Doc	60	52.04	➡	0.8673
			100	86.73	➡	0.8673
02328364	<i>Ran-Risperidone</i>	Ranbaxy	100	86.73	➡	0.8673
02025302	<i>Risperdal</i>	Janss. Inc	60	86.25		1.4375
			250	359.38		1.4375
02268086	<i>Risperdal M-Tab</i>	Janss. Inc	28	82.78		2.9564
02356929	<i>Risperidone</i>	Sanis	100	86.73	➡	0.8673
			250	216.83	➡	0.8673
02283611	<i>Riva-Risperidone</i>	Riva	100	86.73	➡	0.8673
			250	216.83	➡	0.8673
02279827	<i>Sandoz Risperidone</i>	Sandoz	60	52.04	➡	0.8673
			250	216.83	➡	0.8673
02264226	<i>Teva-Risperidone</i>	Novopharm	60	52.04	➡	0.8673

Tab. Oral Disint. or Tab.

4 mg **PPB**

02282631	<i>ACT Risperidone</i>	ActavisPhm	60	69.39	➡	1.1565
02282178	<i>Apo-Risperidone</i>	Apotex	100	115.65	➡	1.1565
02359588	<i>Jamp-Risperidone</i>	Jamp	60	69.39	➡	1.1565
			100	115.65	➡	1.1565
02371812	<i>Mar-Risperidone</i>	Marcan	100	115.65	➡	1.1565
02359847	<i>Mint-Risperidon</i>	Mint	100	115.65	➡	1.1565
02282291	<i>Mylan-Risperidone</i>	Mylan	100	115.65	➡	1.1565
02258498	<i>phl-Risperidone</i>	Pharmel	100	115.65	➡	1.1565
02252066	<i>pms-Risperidone</i>	Phmscience	100	115.65	➡	1.1565
02312751	<i>Pro-Risperidone</i>	Pro Doc	100	115.65	➡	1.1565
02328372	<i>Ran-Risperidone</i>	Ranbaxy	100	115.65	➡	1.1565
02025310	<i>Risperdal</i>	Janss. Inc	60	115.00		1.9167
02268094	<i>Risperdal M-Tab</i>	Janss. Inc	28	110.35		W
02356937	<i>Risperidone</i>	Sanis	100	115.65	➡	1.1565
02283638	<i>Riva-Risperidone</i>	Riva	60	69.39	➡	1.1565
			100	115.65	➡	1.1565
02279835	<i>Sandoz Risperidone</i>	Sandoz	60	69.39	➡	1.1565
02264234	<i>Teva-Risperidone</i>	Novopharm	100	115.65	➡	1.1565

RISPERIDONE TARTRATE

Oral Sol.

1 mg/mL **PPB**

02279266	<i>pms-Risperidone</i>	Phmscience	30 ml	13.99	➡	0.4663
02236950	<i>Risperdal</i>	Janss. Inc	30 ml	16.56		0.5520

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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THIOPROPERAZINE MESYLATE

Tab.

				10 mg	
01927639	<i>Majeptil</i>	Erfa	100	31.81	0.3181

THIOTHIXENE

Caps.

				2 mg	
00024430	<i>Navane</i>	Erfa	100	18.65	W

Caps.

				10 mg	
00024457	<i>Navane</i>	Erfa	100	41.28	0.4128

TRIFLUOPERAZINE HYDROCHLORIDE

Tab.

				1 mg	
00345539	<i>Apo-Trifluoperazine</i>	AA Pharma	100	13.40	0.1051

Tab.

				2 mg	
00312754	<i>Trifluoperazine</i>	AA Pharma	100	17.58	0.1378

Tab.

				5 mg	
00312746	<i>Trifluoperazine</i>	AA Pharma	100	23.28	0.1828
			1000	232.80	0.1522

Tab.

				10 mg	
00326836	<i>Trifluoperazine</i>	AA Pharma	100	27.90	0.2190

Tab.

				20 mg	
00595942	<i>Trifluoperazine</i>	AA Pharma	100	55.80	0.3728

ZIPRASIDONE

Caps.

				20 mg	
02298597	<i>Zeldox</i>	Pfizer	60	101.63	1.6938

Caps.

				40 mg	
02298600	<i>Zeldox</i>	Pfizer	60	116.42	1.9403

Caps.

				60 mg	
02298619	<i>Zeldox</i>	Pfizer	60	116.42	1.9403

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 80 mg					
02298627	<i>Zeldox</i>	Pfizer	60	116.42	1.9403

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					
01924559	<i>Dexedrine</i>	Paladin	100	81.71	0.6391

L.A. Caps.

15 mg					
01924567	<i>Dexedrine</i>	Paladin	100	100.05	0.7826

Tab.

5 mg PPB					
02443236	<i>Apo-Dextroamphetamine</i>	Apotex	100	50.81	0.5081
01924516	<i>Dexedrine</i>	Paladin	100	56.89	0.4462

28:20.92
CNS STIMULANTS, MISCELLANEOUS
METHYLPHENIDATE HYDROCHLORIDE

L.A. Tab.

20 mg PPB					
02266687	<i>Apo-Methylphenidate SR</i>	Apotex	100	28.20	0.2820
00632775	<i>Ritalin SR</i>	Novartis	100	53.06	0.5306
02320312	<i>Sandoz Methylphenidate SR</i>	Sandoz	100	28.20	0.2820

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

5 mg **PPB**

02273950	<i>Apo-Methylphenidate</i>	Apotex	100	9.47	➡	0.0947
02326221	<i>Methylphenidate</i>	Pro Doc	100	9.47	➡	0.0947
02246991	<i>phl-Methylphenidate</i>	Pharmel	100	9.47	➡	0.0947
			500	47.35	➡	0.0947
02234749	<i>pms-Methylphenidate</i>	Phmscience	100	9.47	➡	0.0947

Tab.

10 mg **PPB**

02249324	<i>Apo-Methylphenidate</i>	Apotex	100	8.16	➡	0.0816
			500	40.80	➡	0.0816
02326248	<i>Methylphenidate</i>	Pro Doc	100	8.16	➡	0.0816
			500	40.80	➡	0.0816
02126494	<i>phl-Methylphenidate</i>	Pharmel	100	8.16	➡	0.0816
			500	40.80	➡	0.0816
00584991	<i>pms-Methylphenidate</i>	Phmscience	100	8.16	➡	0.0816
			500	40.80	➡	0.0816

Tab.

20 mg **PPB**

02249332	<i>Apo-Methylphenidate</i>	Apotex	100	23.26	➡	0.2326
02326256	<i>Methylphenidate</i>	Pro Doc	100	23.26	➡	0.2326
02126486	<i>phl-Methylphenidate</i>	Pharmel	100	23.26	➡	0.2326
			500	121.77	➡	0.2435
00585009	<i>pms-Methylphenidate</i>	Phmscience	100	23.26	➡	0.2326
00005614	<i>Ritalin</i>	Novartis	100	50.35		0.5035

28:24.08

BENZODIAZEPINES

ALPRAZOLAM ☒

Tab.

0.25 mg **PPB**

02349191	<i>Alprazolam</i>	Sanis	100	6.09	➡	0.0609
			1000	60.90	➡	0.0609
01908189	<i>Alprazolam-0.25</i>	Pro Doc	100	6.09	➡	0.0609
			1000	60.90	➡	0.0609
00865397	<i>Apo-Alpraz</i>	Apotex	100	6.09	➡	0.0609
			1000	60.90	➡	0.0609
02400111	<i>Jamp-Alprazolam</i>	Jamp	100	6.09	➡	0.0609
			500	30.45	➡	0.0609
02137534	<i>Mylan-Alprazolam</i>	Mylan	100	6.09	➡	0.0609
			1000	60.90	➡	0.0609
02417634	<i>NAT-Alprazolam</i>	Natco	100	6.09	➡	0.0609
02404877	<i>Riva-Alprazolam</i>	Riva	100	6.09	➡	0.0609
01913484	<i>Teva-Alprazolam</i>	Teva Can	1000	60.90	➡	0.0609
00548359	<i>Xanax</i>	Pfizer	100	18.97		0.1897
			1000	178.50		0.1785

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

0.5 mg **PPB**

02349205	<i>Alprazolam</i>	Sanis	100	7.28	➡	0.0728
			1000	72.80	➡	0.0728
01908170	<i>Alprazolam-0.5</i>	Pro Doc	100	7.28	➡	0.0728
			1000	72.80	➡	0.0728
00865400	<i>Apo-Alpraz</i>	Apotex	100	7.28	➡	0.0728
			1000	72.80	➡	0.0728
02400138	<i>Jamp-Alprazolam</i>	Jamp	100	7.28	➡	0.0728
			500	36.40	➡	0.0728
02137542	<i>Mylan-Alprazolam</i>	Mylan	100	7.28	➡	0.0728
			1000	72.80	➡	0.0728
02417642	<i>NAT-Alprazolam</i>	Natco	100	7.28	➡	0.0728
02404885	<i>Riva-Alprazolam</i>	Riva	100	7.28	➡	0.0728
			1000	72.80	➡	0.0728
01913492	<i>Teva-Alprazolam</i>	Teva Can	1000	72.80	➡	0.0728
00548367	<i>Xanax</i>	Pfizer	100	22.67		0.2267
			1000	213.80		0.2138

Tab.

1 mg **PPB**

02248706	<i>Alprazolam-1</i>	Pro Doc	100	20.92	➡	0.2092
02243611	<i>Apo-Alpraz</i>	Apotex	100	20.92	➡	0.2092
02400146	<i>Jamp-Alprazolam</i>	Jamp	100	20.92	➡	0.2092
02229813	<i>Mylan-Alprazolam</i>	Mylan	100	20.92	➡	0.2092
02417650	<i>NAT-Alprazolam</i>	Natco	100	20.92	➡	0.2092
02404893	<i>Riva-Alprazolam</i>	Riva	100	20.92	➡	0.2092
00723770	<i>Xanax</i>	Pfizer	100	40.81		0.4081

Tab.

2 mg **PPB**

02243612	<i>Apo-Alpraz TS</i>	Apotex	100	37.18	➡	0.3718
02400154	<i>Jamp-Alprazolam</i>	Jamp	100	37.18	➡	0.3718
02229814	<i>Mylan-Alprazolam</i>	Mylan	100	37.18	➡	0.3718
02404907	<i>Riva-Alprazolam</i>	Riva	100	37.18	➡	0.3718
00813958	<i>Xanax TS</i>	Pfizer	100	72.55		0.7255

BROMAZEPAM

Tab.

3 mg **PPB**

02220520	<i>Bromazepam-3</i>	Pro Doc	100	3.75	➡	0.0375
			500	18.74	➡	0.0375
00518123	<i>Lectopam 3</i>	Roche	100	15.29		0.1529
02230584	<i>Novo-Bromazepam</i>	Novopharm	100	3.75	➡	0.0375
			500	18.74	➡	0.0375

Tab.

6 mg **PPB**

02220539	<i>Bromazepam-6</i>	Pro Doc	100	5.48	➡	0.0548
			500	27.38	➡	0.0548
00518131	<i>Lectopam 6</i>	Roche	100	22.34		0.2234
02230585	<i>Novo-Bromazepam</i>	Novopharm	100	5.48	➡	0.0548
			500	27.38	➡	0.0548

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CHLORDIAZEPOXIDE HYDROCHLORIDE ☒

Caps.

				5 mg	
00522724	<i>Chlordiazepoxide</i>	AA Pharma	100	6.79	0.0679

Caps.

				10 mg	
00522988	<i>Chlordiazepoxide</i>	AA Pharma	100	10.70	0.1070

Caps.

				25 mg	
00522996	<i>Chlordiazepoxide</i>	AA Pharma	100	16.58	0.1658

DIAZEPAM ☒

Oral Sol.

				1 mg/mL	
00891797	<i>pms-Diazepam</i>	Phmscience	500 ml	52.65	☒ 0.0766

Rectal Gel

				5 mg/mL	
02238162	<i>Diastat</i>	Valeant	1 ml	71.09	
			2 ml	71.09	
			3 ml	71.09	

Tab.

				2 mg	PPB	
00405329	<i>Apo-Diazepam</i>	Apotex	100	5.08	➡	0.0508
			1000	50.80	➡	0.0508
02247490	<i>pms-Diazepam</i>	Phmscience	100	5.08	➡	0.0508

Tab.

				5 mg	PPB	
00362158	<i>Apo-Diazepam</i>	Apotex	100	6.50	➡	0.0650
			1000	65.00	➡	0.0650
00313580	<i>Diazepam-5</i>	Pro Doc	100	6.50	➡	0.0650
02247491	<i>pms-Diazepam</i>	Phmscience	500	32.50	➡	0.0650
00013285	<i>Valium</i>	Roche	100	15.63		0.1563

Tab.

				10 mg	PPB	
00405337	<i>Apo-Diazepam</i>	Apotex	100	8.67	➡	0.0867
			1000	86.70	➡	0.0867
00434388	<i>Diazepam-10</i>	Pro Doc	100	8.67	➡	0.0867
02247492	<i>pms-Diazepam</i>	Phmscience	500	43.35	➡	0.0867

FLURAZEPAM HYDROCHLORIDE ☒

Caps.

				15 mg	PPB	
00521698	<i>Apo-Flurazepam</i>	AA Pharma	100	11.66	☒	0.0843
00578479	<i>Flurazepam-15</i>	Pro Doc	100	6.75	➡	0.0675

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

30 mg **PPB**

00521701	<i>Apo-Flurazepam</i>	AA Pharma	100	13.64	0.0968
00578487	<i>Flurazepam-30</i>	Pro Doc	100	7.75	0.0775

LORAZEPAM ☒

Inj. Sol.

4 mg/mL

+ 02243278	<i>Lorazepam Injection</i>	Sandoz	1 ml	21.20	
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Tab.

0.5 mg **PPB**

00655740	<i>Apo-Lorazepam</i>	Apotex	100	3.59	0.0359
			500	17.95	0.0359
02041413	<i>Ativan</i>	Pfizer	500	17.95	0.0359
02351072	<i>Lorazepam</i>	Sanis	100	3.59	0.0359
			1000	35.90	0.0359
00711101	<i>Novo-Lorazem</i>	Novopharm	100	3.59	0.0359
			1000	35.90	0.0359
02298201	<i>phl-Lorazepam</i>	Pharmel	100	3.59	0.0359
			1000	35.90	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	100	3.59	0.0359
			500	17.95	0.0359

Tab.

1 mg **PPB**

00655759	<i>Apo-Lorazepam</i>	Apotex	100	4.47	0.0447
			1000	44.70	0.0447
02041421	<i>Ativan</i>	Pfizer	1000	44.70	0.0447
02351080	<i>Lorazepam</i>	Sanis	100	4.47	0.0447
			1000	44.70	0.0447
02429810	<i>Lorazepam</i>	Sivem	1000	44.70	0.0447
00637742	<i>Novo-Lorazem</i>	Novopharm	100	4.47	0.0447
			1000	44.70	0.0447
02298228	<i>phl-Lorazepam</i>	Pharmel	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	100	4.47	0.0447
			1000	44.70	0.0447

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

2 mg **PPB**

00655767	<i>Apo-Lorazepam</i>	Apotex	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699
02041448	<i>Ativan</i>	Pfizer	1000	69.90	➡	0.0699
02351099	<i>Lorazepam</i>	Sanis	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699
02429829	<i>Lorazepam</i>	Sivem	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699
02298236	<i>phl-Lorazepam</i>	Pharmel	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>	Novopharm	100	6.99	➡	0.0699
			1000	69.90	➡	0.0699

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	
02423758	<i>Midazolam Injection</i>	Pfizer	5 ml	➡	3.90	
02382873	<i>Midazolam SDZ</i>	Sandoz	2 ml	➡	1.56	

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	
02423766	<i>Midazolam Injection</i>	Pfizer	1 ml	➡	4.10	
			3 ml	➡	12.30	
			10 ml	➡	25.30	
02382903	<i>Midazolam SDZ</i>	Sandoz	1 ml	➡	4.10	

OXAZEPAM ☒

Tab.

10 mg **PPB**

00402680	<i>Apo-Oxazepam</i>	Apotex	100	3.50	➡	0.0350
			1000	35.00	➡	0.0350
00497754	<i>Oxazepam-10</i>	Pro Doc	100	3.50	➡	0.0350
			1000	35.00	➡	0.0350
00568392	<i>Riva-Oxazepam</i>	Riva	100	3.50	➡	0.0350
			500	17.50	➡	0.0350

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

15 mg **PPB**

00402745	<i>Apo-Oxazepam</i>	Apotex	100	5.50	➡	0.0550
			1000	55.00	➡	0.0550
00497762	<i>Oxazepam-15</i>	Pro Doc	100	5.50	➡	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>Oxazepam-30</i>	Pro Doc	100	7.50	➡	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 **PPB**

00604453	<i>Restoril</i>	Aspri Phm	100	17.50		0.1750
02229760	<i>Temazepam-15</i>	Pro Doc	100	4.38	➡	0.0438
			500	21.88	➡	0.0438

Caps.

30 mg **PPB**

02244815	<i>Co Temazepam</i>	Cobalt	100	5.26	➡	0.0526
00604461	<i>Restoril</i>	Aspri Phm	100	21.05		0.2105
02229761	<i>Temazepam-30</i>	Pro Doc	100	5.26	➡	0.0526
			500	26.32	➡	0.0526

28:24.92

MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRON HYDROCHLORIDE

Tab.

10 mg **PPB**

02211076	<i>Apo-Buspirone</i>	Apotex	100	35.17	➡	0.3517
02447851	<i>Buspirone</i>	Sanis	100	35.17	➡	0.3517
02223163	<i>Buspirone-10</i>	Pro Doc	100	35.17	➡	0.3517
02231492	<i>Novo-Buspirone</i>	Novopharm	100	35.17	➡	0.3517
02230942	<i>pms-Buspirone</i>	Phmscience	100	35.17	➡	0.3517
02237858	<i>ratio-Buspirone</i>	Ratiopharm	100	35.17	➡	0.3517
02242149	<i>Riva-Buspirone</i>	Riva	100	35.17	➡	0.3517
			500	176.05	➡	0.3521

CHLORAL HYDRATE

Syr.

500 mg/5 mL **PPB**



02247621	<i>Chloral Hydrate-Odan</i>	Odan	500 ml	21.67	➡	0.0433
00792659	<i>pms-Chloral Hydrate</i>	Phmscience	500 ml	21.67	➡	0.0433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYDROXYZINE HYDROCHLORIDE



Caps.

10 mg **PPB**

00646059	<i>Apo-Hydroxyzine</i>	Apotex	100	11.16	 0.0339
00738824	<i>Novo-Hydroxyzin</i>	Novopharm	100	3.32	 0.0332



Caps.

25 mg **PPB**

00646024	<i>Apo-Hydroxyzine</i>	Apotex	100	14.25	 0.0548
00738832	<i>Novo-Hydroxyzin</i>	Novopharm	100	5.38	 0.0538



Caps.

50 mg **PPB**

00646016	<i>Apo-Hydroxyzine</i>	Apotex	100	20.68	 0.0764
00738840	<i>Teva-Hydroxyzin</i>	Teva Can	100	7.50	 0.0750

Syr.

10 mg/5 mL **PPB**

00024694	<i>Atarax</i>	Erfa	473 ml	19.04	 0.0403
00741817	<i>pms-Hydroxyzine</i>	Phmscience	500 ml	20.13	 0.0403

PROMETHAZINE HYDROCHLORIDE

Tab.

50 mg

00575186	<i>Histanil</i>	Phmscience	100	16.64	0.1664
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28:28

ANTIMANIC AGENTS

LITHIUM CARBONATE

Caps.

150 mg

00461733	<i>Carbolith</i>	Valeant	100	11.41	0.1141
02013231	<i>Lithane</i>	Erfa	100	8.81	0.0881
02237441	<i>Pal-Lithium</i>	Paladin	100	6.33	W
			1000	63.30	W
02216132	<i>pms-Lithium carbonate</i>	Phmscience	100	4.22	0.0422
			1000	42.20	0.0422

Caps.

300 mg

00236683	<i>Carbolith</i>	Valeant	100	8.86	0.0886
			1000	88.61	0.0886
00406775	<i>Lithane</i>	Erfa	1000	94.76	0.0948
02237442	<i>Pal-Lithium</i>	Paladin	100	6.64	W
			1000	66.40	W
02216140	<i>pms-Lithium carbonate</i>	Phmscience	100	4.43	0.0443
			1000	44.30	0.0443

Caps.

600 mg

02011239	<i>Carbolith</i>	Valeant	100	17.00	0.1700
02237443	<i>Pal-Lithium</i>	Paladin	100	13.60	W
02216159	<i>pms-Lithium carbonate</i>	Phmscience	100	16.23	0.1623

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LITHIUM CITRATE

Syr.

				300 mg/5 mL	
02074834	<i>pms-Lithium Citrate</i>	Phmscience	500 ml	34.37	0.0687

28:32.28

SELECTIVE SEROTONIN AGONISTS

ALMOTRIPTAN MALATE

Tab.

				6.25 mg	PPB	
02405792	<i>Apo-Almotriptan</i>	Apotex	6	42.26	➡	7.0433
02398435	<i>Mylan-Almotriptan</i>	Mylan	6	42.26	➡	7.0433

Tab.

				12.5 mg	PPB	
02424029	<i>Almotriptan</i>	Pro Doc	6	42.26	➡	7.0433
02405806	<i>Apo-Almotriptan</i>	Apotex	6	42.26	➡	7.0433
02398443	<i>Mylan-Almotriptan</i>	Mylan	6	42.26	➡	7.0433
02405334	<i>Sandoz Almotriptan</i>	Sandoz	6	42.26	➡	7.0433
02434849	<i>Teva-Almotriptan</i>	Teva Can	6	42.26	➡	7.0433

ELETRIPTAN (HYDROBROMIDE)

Tab.

				20 mg	PPB	
02386054	<i>Apo-Eletriptan</i>	Apotex	6	42.76	➡	7.1267
02342235	<i>GD-Eletriptan</i>	GenMed	6	42.76	➡	7.1267
02434342	<i>pms-Eletriptan</i>	Phmscience	6	42.76	➡	7.1267
			30	213.80	➡	7.1267
02256290	<i>Relpax</i>	Pfizer	6	79.18		13.1967
02382091	<i>Teva-Eletriptan</i>	Teva Can	6	42.76	➡	7.1267

Tab.

				40 mg	PPB	
02386062	<i>Apo-Eletriptan</i>	Apotex	6	42.76	➡	7.1267
02342243	<i>GD-Eletriptan</i>	GenMed	6	42.76	➡	7.1267
02434350	<i>pms-Eletriptan</i>	Phmscience	6	42.76	➡	7.1267
			30	213.80	➡	7.1267
02256304	<i>Relpax</i>	Pfizer	6	79.18		13.1967
02382105	<i>Teva-Eletriptan</i>	Teva Can	6	42.76	➡	7.1267

NARATRIPTAN HYDROCHLORIDE

Tab.

				1 mg	PPB	
02237820	<i>Amerge</i>	GSK	2	26.53		13.2650
02365499	<i>Apo-Naratriptan</i>	Apotex	6	36.86	➡	6.1433
02314290	<i>Teva-Naratriptan</i>	Teva Can	8	49.15	➡	6.1433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

2.5 mg **PPB**

02237821	<i>Amerge</i>	GSK	6	83.86	13.9767
02365502	<i>Apo-Naratriptan</i>	Apotex	6	36.86	➡ 6.1433
02314304	<i>Novo-Naratriptan</i>	Novopharm	8	49.15	➡ 6.1433
02322323	<i>Sandoz Naratriptan</i>	Sandoz	8	49.15	➡ 6.1433
			24	147.45	➡ 6.1438

RIZATRIPTAN BENZOATE 

Tab. Oral Disint. or Tab.

5 mg **PPB**

02374730	<i>ACT Rizatriptan ODT</i>	ActavisPhm	6	22.23	➡ 3.7050
			12	44.46	➡ 3.7050
02393468	<i>Apo-Rizatriptan</i>	Apotex	6	22.23	➡ 3.7050
02393484	<i>Apo-Rizatriptan RPD</i>	Apotex	6	22.23	➡ 3.7050
02380455	<i>Jamp-Rizatriptan</i>	Jamp	6	22.23	➡ 3.7050
02429233	<i>Jamp-Rizatriptan IR</i>	Jamp	6	22.23	➡ 3.7050
02379651	<i>Mar-Rizatriptan</i>	Marcan	6	22.23	➡ 3.7050
			30	111.15	➡ 3.7050
02240518	<i>Maxalt RPD</i>	Merck	12	171.57	14.2975
02439573	<i>Mint-Rizatriptan ODT</i>	Mint	6	22.23	➡ 3.7050
02379198	<i>Mylan-Rizatriptan ODT</i>	Mylan	6	22.23	➡ 3.7050
02436604	<i>NAT-Rizatriptan ODT</i>	Natco	6	22.23	➡ 3.7050
02393360	<i>pms-Rizatriptan RDT</i>	Phmscience	6	22.23	➡ 3.7050
02423456	<i>Riva-Rizatriptan ODT</i>	Riva	6	22.23	➡ 3.7050
02442906	<i>Rizatriptan ODT</i>	Sanis	6	22.23	➡ 3.7050
02446111	<i>Rizatriptan ODT</i>	Sivem	6	22.23	➡ 3.7050
02415798	<i>Rizatriptan RDT</i>	Pro Doc	6	22.23	➡ 3.7050
02351870	<i>Sandoz Rizatriptan ODT</i>	Sandoz	6	22.23	➡ 3.7050
02396661	<i>Teva-Rizatriptan ODT</i>	Teva Can	6	22.23	➡ 3.7050
02428512	<i>VAN-Rizatriptan</i>	Vanc Phm	12	44.46	➡ 3.7050

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

10 mg **PPB**

02381702	<i>ACT Rizatriptan</i>	ActavisPhm	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02374749	<i>ACT Rizatriptan ODT</i>	ActavisPhm	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02393476	<i>Apo-Rizatriptan</i>	Apotex	6	22.23	➡	3.7050
02393492	<i>Apo-Rizatriptan RPD</i>	Apotex	6	22.23	➡	3.7050
02441144	<i>Auro-Rizatriptan</i>	Aurobindo	6	22.23	➡	3.7050
			30	111.15	➡	3.7050
02380463	<i>Jamp-Rizatriptan</i>	Jamp	6	22.23	➡	3.7050
			30	111.15	➡	3.7050
02429241	<i>Jamp-Rizatriptan IR</i>	Jamp	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02379678	<i>Mar-Rizatriptan</i>	Marcan	6	22.23	➡	3.7050
			12	44.46	➡	3.7050
02240521	<i>Maxalt</i>	Merck	12	171.57		14.2975
02240519	<i>Maxalt RPD</i>	Merck	12	171.57		14.2975
02439581	<i>Mint-Rizatriptan ODT</i>	Mint	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
02393379	<i>pms-Rizatriptan RDT</i>	Phmscience	6	22.23	➡	3.7050
02423464	<i>Riva-Rizatriptan ODT</i>	Riva	6	22.23	➡	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
02428520	<i>VAN-Rizatriptan</i>	Vanc Phm	6	22.23	➡	3.7050
02448505	<i>VAN-Rizatriptan ODT</i>	Vanc Phm	6	22.23	➡	3.7050

SUMATRIPTAN (HEMISULFATE)

Nas. spray

20 mg

02230420	<i>Imitrex</i>	GSK	2	27.31		13.6550
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SUMATRIPTAN SUCCINATE

Kit

6 mg/0.5 mL

02212188	<i>Imitrex Stat Dose</i>	GSK	1	81.32		
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S.C. Inj. Sol.

6 mg/0.5 mL **PPB**

99000598	<i>Imitrex Stat Dose</i>	GSK	2	73.24		36.6200
02361698	<i>Sumatriptan SUN Injection</i>	Taro	2	➡ 43.96		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

50 mg **PPB**

02257890	ACT Sumatriptan	ActavisPhm	6	42.81	➡ 7.1350
02268388	Apo-Sumatriptan	Apotex	6	42.81	➡ 7.1350
02212153	Imitrex DF	GSK	6	83.86	13.9767
02268914	Mylan-Sumatriptan	Mylan	6	42.81	➡ 7.1350
02286823	Novo-Sumatriptan DF	Novopharm	6	42.81	➡ 7.1350
02270722	phl-Sumatriptan	Pharmel	6	42.81	➡ 7.1350
			30	214.05	➡ 7.1350
02256436	pms-Sumatriptan	Phmscience	6	42.81	➡ 7.1350
			30	214.05	➡ 7.1350
02263025	Sandoz Sumatriptan	Sandoz	6	42.81	➡ 7.1350
02324652	Sumatriptan	Pro Doc	6	42.81	➡ 7.1350
02286521	Sumatriptan	Sanis	6	42.81	➡ 7.1350
02385570	Sumatriptan DF	Sivem	6	42.81	➡ 7.1350

Tab.

100 mg **PPB**

02257904	ACT Sumatriptan	ActavisPhm	6	47.16	➡ 7.8600
02268396	Apo-Sumatriptan	Apotex	6	47.16	➡ 7.8600
02212161	Imitrex DF	GSK	6	92.38	15.3967
02268922	Mylan-Sumatriptan	Mylan	6	47.16	➡ 7.8600
02239367	Novo-Sumatriptan	Novopharm	6	47.16	➡ 7.8600
02286831	Novo-Sumatriptan DF	Novopharm	6	47.16	➡ 7.8600
			50	392.98	➡ 7.8596
02270730	phl-Sumatriptan	Pharmel	6	47.16	➡ 7.8600
			30	235.79	➡ 7.8596
02256444	pms-Sumatriptan	Phmscience	6	47.16	➡ 7.8600
			30	235.79	➡ 7.8596
02263033	Sandoz Sumatriptan	Sandoz	6	47.16	➡ 7.8600
02324660	Sumatriptan	Pro Doc	6	47.16	➡ 7.8600
02286548	Sumatriptan	Sanis	6	47.16	➡ 7.8600
02385589	Sumatriptan DF	Sivem	6	47.16	➡ 7.8600

ZOLMITRIPTAN

Nas. spray

5 mg

02248993	Zomig	AZC	6	83.10	13.8500
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

2.5 mg **PPB**

02380951	<i>Apo-Zolmitriptan</i>	Apotex	6	12.89	➡	2.1483
02381575	<i>Apo-Zolmitriptan Rapid</i>	Apotex	6	12.89	➡	2.1483
02421623	<i>Jamp-Zolmitriptan</i>	Jamp	6	12.89	➡	2.1483
02428237	<i>Jamp-Zolmitriptan ODT</i>	Jamp	6	12.89	➡	2.1483
02399458	<i>Mar-Zolmitriptan</i>	Marcan	6	12.89	➡	2.1483
02419521	<i>Mint-Zolmitriptan</i>	Mint	6	12.89	➡	2.1483
02419513	<i>Mint-Zolmitriptan ODT</i>	Mint	6	12.89	➡	2.1483
02369036	<i>Mylan-Zolmitriptan</i>	Mylan	6	16.47		2.7450
02387158	<i>Mylan-Zolmitriptan ODT</i>	Mylan	6	16.47		2.7450
02421534	<i>NAT-Zolmitriptan</i>	Natco	6	12.89	➡	2.1483
			100	296.46	➡	2.9646
02324229	<i>pms-Zolmitriptan</i>	Phmscience	6	12.89	➡	2.1483
			30	88.94	➡	2.9646
02324768	<i>pms-Zolmitriptan ODT</i>	Phmscience	6	12.89	➡	2.1483
02401304	<i>Riva-Zolmitriptan</i>	Riva	6	12.89	➡	2.1483
			30	88.94	➡	2.9646
02362988	<i>Sandoz Zolmitriptan</i>	Sandoz	3	8.89	➡	2.9646
			6	12.89	➡	2.1483
02362996	<i>Sandoz Zolmitriptan ODT</i>	Sandoz	2	5.93	➡	2.9646
			6	12.89	➡	2.1483
02428474	<i>Septa-Zolmitriptan-ODT</i>	Septa	6	12.89	➡	2.1483
02313960	<i>Teva Zolmitriptan</i>	Teva Can	6	12.89	➡	2.1483
02342545	<i>Teva Zolmitriptan OD</i>	Teva Can	6	12.89	➡	2.1483
02438763	<i>VAN-Zolmitriptan ODT</i>	Vanc Phm	6	12.89	➡	2.1483
02379929	<i>Zolmitriptan</i>	Pro Doc	6	12.89	➡	2.1483
			30	88.94	➡	2.9646
02442655	<i>Zolmitriptan</i>	Sanis	6	12.89	➡	2.1483
02379988	<i>Zolmitriptan ODT</i>	Pro Doc	6	12.89	➡	2.1483
02442671	<i>Zolmitriptan ODT</i>	Sanis	6	12.89	➡	2.1483
02238660	<i>Zomig</i>	AZC	6	83.10		13.8500
02243045	<i>Zomig Rapimelt</i>	AZC	6	83.10		13.8500

28:32.92

ANTIMIGRAINE AGENTS, MISCELLANEOUS

PIZOTIFEN MALATE 

Tab.

0.5 mg

00329320	<i>Sandomigran</i>	Paladin	100	37.84		W
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Tab.

1 mg

00511552	<i>Sandomigran DS</i>	Paladin	100	62.83		0.6283
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28:36.04

ADAMANTANES

AMANTADINE HYDROCHLORIDE 


Caps.

100 mg

01990403	<i>pms-Amantadine</i>	Phmscience	100	51.79		0.5179
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr.					
02022826	<i>pms-Amantadine</i>	Phmscience	500 ml	50 mg/5 mL 40.50	0.0810

28:36.08
ANTICHOLINERGIC AGENTS
BENZTROPINE MESYLATE 

Tab.					
00706531	<i>PDP-Benztropine</i>	Pendopharm	1000	1 mg 46.40	 0.0224

Tab.					
00426857	<i>PDP-Benztropine</i>	Pendopharm	1000	2 mg 45.63	0.0456

BIPERIDENE HYDROCHLORIDE 

Tab.					
00124982	<i>Akineton</i>	Abbott	100	2 mg 19.05	0.1905


PROCYCLIDINE HYDROCHLORIDE 


Elix.					
00587362	<i>pdp-Procyclidine</i>	Pendopharm	500 ml	2.5 mg/5 mL 133.43	0.2669

Tab.					
00649392	<i>pdp-Procyclidine</i>	Pendopharm	100	2.5 mg 5.55	0.0555
			1000	55.50	0.0555

Tab.					
00587354	<i>pdp-Procyclidine</i>	Pendopharm	100	5 mg 2.60	0.0260
			1000	25.99	0.0260

TRIHXYPHENIDYL HYDROCHLORIDE 

Tab.					
00545058	<i>Trihexyphenidyl</i>	AA Pharma	100	2 mg 3.69	 0.0311

Tab.					
00545074	<i>Apo-Trihex</i>	AA Pharma	100	5 mg 6.68	 0.0560

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:36.12

CATECHOL-O-METHYLTRANSFERASE INHIBITORS

ENTACAPONE

Tab.

200 mg **PPB**

02321459	<i>Apo-Entacapone</i>	Apotex	100	40.10	➡	0.4010
02243763	<i>Comtan</i>	Novartis	100	151.92		1.5192
02390337	<i>Mylan-Entacapone</i>	Mylan	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 **PPB**

02272873	<i>Apo-Levocarb CR</i>	Apotex	100	37.07	➡	0.3707
02421488	<i>pms-Levocarb CR</i>	Phmscience	100	37.07	➡	0.3707
02028786	<i>Sinemet CR</i>	Merck	100	68.65		0.6865

L.A. Tab.

200 mg -50 mg **PPB**

02245211	<i>Apo-Levocarb CR</i>	Apotex	100	67.56	➡	0.6756
02421496	<i>pms-Levocarb CR</i>	Phmscience	100	67.56	➡	0.6756
			500	337.80	➡	0.6756
00870935	<i>Sinemet CR</i>	Merck	100	125.11		1.2511

Tab.

100 mg -10 mg **PPB**

02195933	<i>Apo-Levocarb</i>	Apotex	100	14.36	➡	0.1436
02457954	<i>Mint-Levocarb</i>	Mint	100	14.36	➡	0.1436
02244494	<i>Novo-Levocarbidoa</i>	Novopharm	100	14.36	➡	0.1436
00355658	<i>Sinemet 100/10</i>	Merck	100	44.49		0.4449

Tab.

100 mg -25 mg **PPB**

02195941	<i>Apo-Levocarb</i>	Apotex	100	21.45	➡	0.2145
			500	140.15	➡	0.2803
02457962	<i>Mint-Levocarb</i>	Mint	100	21.45	➡	0.2145
02244495	<i>Novo-Levocarbidoa</i>	Novopharm	100	21.45	➡	0.2145
			500	140.15	➡	0.2803
02311178	<i>Pro-Levocarb-100/25</i>	Pro Doc	100	21.45	➡	0.2145
			500	140.15	➡	0.2803
00513997	<i>Sinemet 100/25</i>	Merck	100	66.42		0.6642

28:36.20

DOPAMINE RECEPTOR AGONISTS

BROMOCRIPTIN MESYLATE

Caps.

5 mg

02230454	<i>Bromocriptine</i>	AA Pharma	100	146.44	☞	0.8016
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			2.5 mg		
02087324	<i>Bromocriptine</i>	AA Pharma	100	97.82	☞ 0.4501

PRAMIPEXOLE DIHYDROCHLORIDE

Tab.			0.25 mg PPB		
02297302	<i>Act Pramipexole</i>	ActavisPhm	100	26.28	☞ 0.2628
02292378	<i>Apo-Pramipexole</i>	Apotex	100	26.28	☞ 0.2628
02424061	<i>Auro-Pramipexole</i>	Aurobindo	100	26.28	☞ 0.2628
			500	131.40	☞ 0.2628
02237145	<i>Mirapex</i>	Bo. Ing.	90	94.62	1.0513
02376350	<i>Mylan-Pramipexole</i>	Mylan	90	23.65	☞ 0.2628
02290111	<i>pms-Pramipexole</i>	Phmscience	100	26.28	☞ 0.2628
02325802	<i>Pramipexole</i>	Pro Doc	100	26.28	☞ 0.2628
02367602	<i>Pramipexole</i>	Sanis	100	26.28	☞ 0.2628
02309122	<i>Pramipexole</i>	Sivem	100	26.28	☞ 0.2628
02315262	<i>Sandoz Pramipexole</i>	Sandoz	100	26.28	☞ 0.2628
02269309	<i>Teva-Pramipexole</i>	Teva Can	90	23.65	☞ 0.2628

Tab.			0.5 mg PPB		
02297310	<i>Act Pramipexole</i>	ActavisPhm	100	105.14	☞ 1.0514
02292386	<i>Apo-Pramipexole</i>	Apotex	100	105.14	☞ 1.0514
02424088	<i>Auro-Pramipexole</i>	Aurobindo	100	105.14	☞ 1.0514
			500	525.70	☞ 1.0514
02241594	<i>Mirapex</i>	Bo. Ing.	90	195.05	2.1672
02376369	<i>Mylan-Pramipexole</i>	Mylan	90	94.63	☞ 1.0514
02290138	<i>pms-Pramipexole</i>	Phmscience	100	105.14	☞ 1.0514
02325810	<i>Pramipexole</i>	Pro Doc	100	105.14	☞ 1.0514
02367610	<i>Pramipexole</i>	Sanis	100	105.14	☞ 1.0514
02309130	<i>Pramipexole</i>	Sivem	100	105.14	☞ 1.0514
02315270	<i>Sandoz Pramipexole</i>	Sandoz	100	105.14	☞ 1.0514
02269317	<i>Teva-Pramipexole</i>	Teva Can	90	94.63	☞ 1.0514

Tab.			1 mg PPB		
02297329	<i>Act Pramipexole</i>	ActavisPhm	100	52.57	☞ 0.5257
02292394	<i>Apo-Pramipexole</i>	Apotex	100	52.57	☞ 0.5257
02424096	<i>Auro-Pramipexole</i>	Aurobindo	100	52.57	☞ 0.5257
			500	262.85	☞ 0.5257
02237146	<i>Mirapex</i>	Bo. Ing.	90	189.25	2.1028
02376377	<i>Mylan-Pramipexole</i>	Mylan	90	47.31	☞ 0.5257
02290146	<i>pms-Pramipexole</i>	Phmscience	100	52.57	☞ 0.5257
02325829	<i>Pramipexole</i>	Pro Doc	100	52.57	☞ 0.5257
02367629	<i>Pramipexole</i>	Sanis	100	52.57	☞ 0.5257
02309149	<i>Pramipexole</i>	Sivem	100	52.57	☞ 0.5257
02315289	<i>Sandoz Pramipexole</i>	Sandoz	100	52.57	☞ 0.5257
02269325	<i>Teva-Pramipexole</i>	Teva Can	90	47.31	☞ 0.5257

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

1.5 mg **PPB**

02297337	<i>Act Pramipexole</i>	ActavisPhm	100	52.57	➡	0.5257
02292408	<i>Apo-Pramipexole</i>	Apotex	100	52.57	➡	0.5257
02424118	<i>Auro-Pramipexole</i>	Aurobindo	100	52.57	➡	0.5257
			500	262.85	➡	0.5257
02237147	<i>Mirapex</i>	Bo. Ing.	90	189.25		2.1028
02376385	<i>Mylan-Pramipexole</i>	Mylan	90	47.31	➡	0.5257
02290154	<i>pms-Pramipexole</i>	Phmscience	100	52.57	➡	0.5257
02325837	<i>Pramipexole</i>	Pro Doc	100	52.57	➡	0.5257
02367645	<i>Pramipexole</i>	Sanis	90	47.31	➡	0.5257
02309157	<i>Pramipexole</i>	Sivem	100	52.57	➡	0.5257
02315297	<i>Sandoz Pramipexole</i>	Sandoz	100	52.57	➡	0.5257
02269333	<i>Teva-Pramipexole</i>	Teva Can	90	47.31	➡	0.5257

ROPINIROLE HYDROCHLORIDE

Tab.

0.25 mg **PPB**

02316846	<i>ACT Ropinirole</i>	ActavisPhm	100	7.09	➡	0.0709
02337746	<i>Apo-Ropinirole</i>	Apotex	100	7.09	➡	0.0709
02352338	<i>Jamp-Ropinirole</i>	Jamp	100	7.09	➡	0.0709
02326590	<i>pms-Ropinirole</i>	Phmscience	100	7.09	➡	0.0709
02314037	<i>Ran-Ropinirole</i>	Ranbaxy	100	7.09	➡	0.0709
02232565	<i>Requip</i>	GSK	100	26.43		0.2643
02353040	<i>Ropinirole</i>	Sanis	100	7.09	➡	0.0709

Tab.

1 mg **PPB**

02316854	<i>ACT Ropinirole</i>	ActavisPhm	100	28.38	➡	0.2838
02337762	<i>Apo-Ropinirole</i>	Apotex	100	28.38	➡	0.2838
02352346	<i>Jamp-Ropinirole</i>	Jamp	100	28.38	➡	0.2838
02326612	<i>pms-Ropinirole</i>	Phmscience	100	28.38	➡	0.2838
02314053	<i>Ran-Ropinirole</i>	Ranbaxy	100	28.38	➡	0.2838
02232567	<i>Requip</i>	GSK	100	105.70		1.0570
02353059	<i>Ropinirole</i>	Sanis	100	28.38	➡	0.2838

Tab.

2 mg **PPB**

02316862	<i>ACT Ropinirole</i>	ActavisPhm	100	31.22	➡	0.3122
02337770	<i>Apo-Ropinirole</i>	Apotex	100	31.22	➡	0.3122
02352354	<i>Jamp-Ropinirole</i>	Jamp	100	31.22	➡	0.3122
02326620	<i>pms-Ropinirole</i>	Phmscience	100	31.22	➡	0.3122
02314061	<i>Ran-Ropinirole</i>	Ranbaxy	100	31.22	➡	0.3122
02232568	<i>Requip</i>	GSK	100	116.27		1.1627
02353067	<i>Ropinirole</i>	Sanis	100	31.22	➡	0.3122

Tab.

5 mg **PPB**

02316870	<i>ACT Ropinirole</i>	ActavisPhm	100	85.96	➡	0.8596
02337800	<i>Apo-Ropinirole</i>	Apotex	100	85.96	➡	0.8596
02352362	<i>Jamp-Ropinirole</i>	Jamp	100	85.96	➡	0.8596
02326639	<i>pms-Ropinirole</i>	Phmscience	100	85.96	➡	0.8596
02314088	<i>Ran-Ropinirole</i>	Ranbaxy	100	85.96	➡	0.8596
02232569	<i>Requip</i>	GSK	100	320.12		3.2012
02353075	<i>Ropinirole</i>	Sanis	100	85.96	➡	0.8596

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:36.32

MONOAMINE OXYDASE B INHIBITORS

SELEGILINE HYDROCHLORIDE

Tab.

5 mg **PPB**

02230641	<i>Apo-Selegiline</i>	Apotex	100	50.21	➡	0.5021
02231036	<i>Mylan-Selegiline</i>	Mylan	60	30.13	➡	0.5021
02068087	<i>Novo-Selegiline</i>	Novopharm	60	30.13	➡	0.5021
02238319	<i>Selegiline</i>	Pharmel	300	150.63		W

28:36.92

ANTIPARKINSONIAN AGENTS, MISCELLANEOUS

ETHOPROPAZINE HYDROCHLORIDE

Tab.

50 mg

01927744	<i>Parsitan</i>	Erfa	100	19.53		0.1953
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LEVODOPA/ BENSERAZIDE HYDROCHLORIDE

Caps.

50 mg -12.5 mg

00522597	<i>Prolopa 50/12.5</i>	Roche	100	27.87		0.2787
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Caps.

100 mg -25 mg

00386464	<i>Prolopa 100/25</i>	Roche	100	45.88		0.4588
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LÉVODOPA/ CARBIDOPA/ ENTACAPONE

Tab.

50 mg - 12.5 mg - 200 mg

02305933	<i>Stalevo</i>	Novartis	100	160.05		1.6005
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Tab.

75 mg - 18,75 mg - 200 mg

02337827	<i>Stalevo</i>	Novartis	100	160.05		1.6005
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Tab.

100 mg - 25 mg - 200 mg

02305941	<i>Stalevo</i>	Novartis	100	160.05		1.6005
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Tab.

125 mg - 31,25 mg - 200 mg

02337835	<i>Stalevo</i>	Novartis	100	160.05		1.6005
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Tab.

150 mg - 37.5 mg - 200 mg

02305968	<i>Stalevo</i>	Novartis	100	160.05		1.6005
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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28:92

MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

TETRABENAZINE 

Tab.

25 mg **PBB**

02407590	<i>Apo-Tetrabenazine</i>	Apotex	100	180.03	➡	1.8003
02410338	<i>Comprimés de tetrabenazine</i>	Sterimax	112	201.63	➡	1.8003
02199270	<i>Nitoman</i>	Valeant	112	699.92		6.2493
02402424	<i>pms-Tetrabenazine</i>	Phmscience	100	180.03	➡	1.8003

36:00
DIAGNOSTIC AGENTS

36:26	diabetes mellitus
36:88	urine and feces contents
36:88.12	ketones
36:88.40	sugar
36:88.92	urine and feces contents, miscellaneous
36:92	other

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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36:26

DIABETES MELLITUS

QUANTITATIVE GLUCOSE BLOOD TEST

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	
99100791	<i>Accu-Chek Mobile</i>	Roche SD	100	71.25	
00908193	<i>Accutrend Glucose</i>	Roche Diag	50	34.44	
99100827	<i>BGStar</i>	SanofiAven	100	67.50	
99100834	<i>Bionime Rightest GS100</i>	Bionime	50	23.00	
			100	45.00	
99101011	<i>Bravo</i>	DEXmedical	100	39.99	
99101275	<i>CareSens N</i>	I-Sens	100	69.12	
99100096	<i>Contour</i>	Bayer	50	40.81	
			100	69.89	
99100849	<i>Contour NEXT</i>	Bayer	100	69.89	
99101227	<i>Dario</i>	Auto.Cont.	100	66.00	
99101233	<i>Fora Test N'GO</i>	TaiDoc	50	34.00	
99004704	<i>Freestyle</i>	Ab Diabete	50	37.00	
			100	69.00	
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	50	26.00	
			100	51.00	
99101165	<i>GlucoDr</i>	Medihub	50	36.45	
99100332	<i>iTest</i>	Auto.Cont.	50	32.50	
			100	63.00	
99101184	<i>Medi+Sure</i>	Medisure	100	68.00	
99100497	<i>Nova-Max</i>	NovaBiomed	50	34.95	
			100	69.90	
99101314	<i>On Call Vivid</i>	Lab. Paris	50	27.00	
			100	54.00	
99100479	<i>On-Call Plus</i>	Acon	25	17.50	
			50	33.50	
			100	63.00	
99100787	<i>OneTouch Verio</i>	Lifescan	100	69.43	
99100516	<i>Oracle</i>	TremHarr	50	36.45	
			100	72.90	
00801135	<i>Precision Plus</i>	Ab Diabete	100	68.90	
99004119	<i>Precision Xtra</i>	Ab Diabete	50	39.75	
			100	68.90	
99004577	<i>Sof-Tact</i>	Ab Diabete	50	39.75	
			100	68.90	
99101313	<i>Spirit Blood Glucose Test Strips</i>	Ara Pharm	100	69.12	
99101186	<i>SureTest</i>	Skymed	50	33.75	
99100714	<i>TRUEtest</i>	Nipro Diag	50	27.00	
99100413	<i>TrueTrack</i>	Nipro Diag	50	22.78	
			100	39.57	
99004240	<i>Ultra</i>	Lifescan	50	39.75	
			100	69.43	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Strip			Disc (10)		
99100388	Breeze 2	Bayer	5	40.56	
			10	69.89	

QUANTITATIVE KETONE BLOOD TEST

Strip			PPB		
99100929	FreeStyle Precision (Ketone)	Abbott	10	15.06	
99100850	Nova Max Plus (Ketone)	NovaBiomed	10	14.99	
99004879	Precision Xtra (Ketone)	Ab Diabete	10	15.06	

36:88.12

KETONES

QUALITATIVE ACETONE TEST

Strip					
00035092	Ketostix	Bayer	50	6.06	

SEMI-QUANTITATIVE ACETONE TEST

Tab.					
00035106	Acetest	Bayer	100	16.62	

36:88.40

SUGAR

SEMI-QUANTITATIVE GLUCOSE TEST

Strip					
00035130	Diastix	Bayer	50	5.44	

Tab.

00035122	Clinitest	Bayer	100	9.60	
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36:88.92

URINE AND FECES CONTENTS, MISCELLANEOUS

SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST

Strip					
00647705	Chemstrip uG/K	Roche Diag	50	6.53	
00035149	Keto-Diastix	Bayer	100	13.03	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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36:92

OTHER

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST

Strip

				12	
99101324	<i>CoaguChek XS PT Test</i>	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000
			48	297.60	6.2000

- 12 A strip is reimbursable where it is used to measure the international normalized ratio (INR) in persons for whom a community-based pharmacist has taken charge of adjusting the dose of a vitamin K antagonist in order to attain therapeutic targets. In addition, one strip per day is reimbursable per person.

40:00

ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08 alkalizing agents

40:12 replacement preparations

40:18 ion-removing agents

40:18.18 potassium-removing agents

40:20 caloric agents

40:28 diuretics

40:28.08 loop diuretics

40:28.16 potassium-sparing diuretics

40:28.20 thiazide diuretics

40:28.24 thiazide-like diuretics

40:28.92 diuretics, miscellaneous

40:36 irrigating solutions

40:40 uricosuric agents

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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40:08
ALKALINIZING AGENTS
CITRIC ACID/ SODIUM CITRATE

Oral Sol.			334 mg -500 mg/5 mL		
00721344	<i>pms-Dictrate</i>	Phmscience	500 ml	22.33	0.0140

SODIUM BICARBONATE

Tab.			500 mg PPB		
80030520	<i>Jamp-Sodium Bicarbonate</i>	Jamp	500	34.20	0.0684
80022194	<i>Sandoz Sodium Bicarbonate</i>	Sandoz	500	35.90	0.0702

40:12
REPLACEMENT PREPARATIONS
CALCIUM CARBONATE

Tab.			500 mg PPB		
00682039	<i>Apo-Cal</i>	Apotex	500	32.20	0.0223
80066648	<i>Bio-Calcium</i>	Biomed	500	10.80	0.0216
80017732	<i>Cal-500</i>	Pro Doc	500	10.80	0.0216
80062015	<i>Calcium</i>	Sanis	500	10.80	0.0216
80019737	<i>Calcium 500</i>	BioV	500	10.80	0.0216
80003773	<i>Calcium 500</i>	Trianon	100	2.16	0.0216
			500	10.80	0.0216
02237352	<i>Euro-Cal</i>	Euro-Pharm	500	10.80	0.0216
02246040	<i>Jamp-Calcium</i>	Jamp	500	10.80	0.0216
80055526	<i>MCal 500 mg</i>	Mantra Ph.	500	10.80	0.0216
80001408	<i>Novo-Calcium</i>	Novopharm	100	2.16	0.0216
			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 mg</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
80004046	<i>phl-Calcium</i>	Pharmel	500	10.80	0.0216
			1000	21.60	0.0216

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CALCIUM CARBONATE/VITAMIN D

Caps. or Tab.

500 mg - 800 UI **PPB**

80015972	<i>Calcite 500 + D 800</i>	Riva	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80015847	<i>Cal-Os D</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
80024948	<i>Nu-Cal D 800</i>	Odan	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80017422	<i>U-Cal D800</i>	Neobourne	100	12.00	➡	0.1200
80021091	<i>Vida_Cal D Fort</i>	BioV	90	10.80	➡	0.1200
			500	60.00	➡	0.1200

Chew. Tab.

500 mg - 800 UI

80058042	<i>Calcia Plus</i>	Medexus	60	7.20		0.1200
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Tab.

500 mg - 125 UI and 200 UI **PPB**

80004143	<i>Biocal-D</i>	Biomed	500	34.00	➡	0.0680
80017196	<i>Cal-500-D</i>	Pro Doc	500	34.00	➡	0.0680
80004966	<i>Calcite D 500</i>	Riva	100	6.80	➡	0.0680
80004968	<i>Calcium D 500</i>	Trianon	100	6.80	➡	0.0680
			500	34.00	➡	0.0680
80021290	<i>Calcium Vitamin D 125</i>	BioV	90	6.12	➡	0.0680
			500	34.00	➡	0.0680
02237351	<i>Euro-Cal-D</i>	Euro-Pharm	500	34.00	➡	0.0680
02246041	<i>Jamp-Calcium+Vitamin D 125 U.I.</i>	Jamp	100	6.80	➡	0.0680
			500	34.00	➡	0.0680
00720798	<i>Neo-Cal-D 500</i>	Néolab	500	34.00	➡	0.0680
02244477	<i>Nu-Cal D</i>	Odan	100	6.80	➡	0.0680
			500	34.00	➡	0.0680
80007304	<i>O-Calcium 500 mg with Vitamin D</i>	Novopharm	100	6.80	➡	0.0680
			500	34.00	➡	0.0680
80001199	<i>Pharma-Cal D 200 UI</i>	Pendopharm	500	34.00	➡	0.0680
80005934	<i>phl-Calcium 500 + D 200 IU</i>	Pharmel	500	34.00	➡	0.0680
			1000	68.00	➡	0.0680
80004281	<i>pms-Calcium 500 + D 125 UI</i>	Phmscience	500	34.00	➡	0.0680

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. or Chew. Tab.orCaps.

500 mg - 400 UI et 500 UI **PPB**

80066647	<i>Bio-Calcium-D</i>	Biomed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80012594	<i>Biocal-D Forte</i>	Biomed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80000159	<i>Calcia 400</i>	Medexus	60	7.20	➡	0.1200
80017099	<i>Calcia Duo</i>	Medexus	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80004963	<i>Calcite 500 + D 400</i>	Riva	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80004969	<i>Calcium 500 + D 400</i>	Trianon	100	12.00	➡	0.1200
			500	60.00	➡	0.1200
80066082	<i>Calcium 500 Vitamine D400</i>	Altamed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80066089	<i>Calcium 500 Vitamine D400 UI</i>	Altamed	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80053666	<i>Calcium/Vit D</i>	Sanis	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80017190	<i>Cal-D 400</i>	Pro Doc	500	60.00	➡	0.1200
80009628	<i>Calodan D-400</i>	Odan	60	7.20	➡	0.1200
80002901	<i>Carbocal D 400 (Co. croq)</i>	Euro-Pharm	60	7.20	➡	0.1200
02245511	<i>Carbocal D 400 (Co.)</i>	Euro-Pharm	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80004545	<i>Carbocal D 400 (Co.)</i>	Euro-Pharm	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80012435	<i>Jamp-Calcium + Vitamin D 500 UI</i>	Jamp	500	60.00	➡	0.1200
99100832	<i>Jamp-Calcium+Vitamin D 400 U.I.</i>	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80002623	<i>Jamp-Calcium+Vitamin D 400 UI Chewable</i>	Jamp	60	7.20	➡	0.1200
			300	36.00	➡	0.1200
80025360	<i>J-Cal-D 400</i>	Jamp	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80000408	<i>LiquiCal D 400</i>	Mayaka	100	12.00	➡	0.1200
80021961	<i>Liqui-Jamp</i>	Jamp	100	12.00	➡	0.1200
			120	14.40	➡	0.1200
80013329	<i>MCal D400</i>	Mantra Ph.	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80009412	<i>MCal D400 chewable</i>	Mantra Ph.	60	7.20	➡	0.1200
02246984	<i>Neo-Cal-D Forte</i>	Néolab	500	60.00	➡	0.1200
80002703	<i>Nu-Cal D 400</i>	Odan	500	60.00	➡	0.1200
80040634	<i>Opus Cal D-400 Bleu Fonce</i>	Opus	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80020974	<i>Opus Cal-D 400</i>	Opus	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80001248	<i>Pharma-Cal D 400 UI</i>	Phmscience	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80059293	<i>Pharma-Cal D 400 UI Dark</i>	Phmscience	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80003414	<i>phl-Calcium 500 + D 400 IU</i>	Pharmel	100	12.00	➡	0.1200
			500	60.00	➡	0.1200
80008566	<i>Pro-Cal-D 400</i>	Pro Doc	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80021369	<i>Px-Calcium 500 mg + D 400 UI</i>	Phoenix	60	7.20	➡	0.1200
			500	60.00	➡	0.1200
80048609	<i>Px-Calcium 500 mg + D 400 UI</i>	Phoenix	60	7.20	➡	0.1200
			500	60.00	➡	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
80019198	<i>ratio-Calcium Vit D</i>	Ratiopharm	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
80021089	<i>Vida_Cal D Regulier</i>	BioV	90	10.80	➡ 0.1200
			500	60.00	➡ 0.1200

Tab. or Chew. Tab.orCaps.

500 mg - 1 000 UI **PPB**

80025501	<i>Calcite 500 + D 1000</i>	Riva	60	7.20	➡ 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
80018540	<i>Cal-Os D 1000</i>	Jamp	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80027625	<i>Carbocal D 1000</i>	Euro-Pharm	30	3.60	➡ 0.1200
			500	60.00	➡ 0.1200
80027787	<i>Jamp-Calcium+Vitamine D 1000 UI (Co. Croq.)</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.	60	7.20	➡ 0.1200
			500	60.00	➡ 0.1200
80050701	<i>MCal D1000 chewable</i>	Mantra Ph.	60	7.20	➡ 0.1200
80024405	<i>Nu-Cal D 1000</i>	Odan	60	7.20	➡ 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
80055435	<i>Px-Calcium 500 mg + D 1000 UI</i>	Phoenix	60	7.20	➡ 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**

80000281	<i>Ci-Cal D 400</i>	Euro-Pharm	60	7.44	➡ 0.1240
80003262	<i>Jamp Calci-Os</i>	Jamp	60	7.44	➡ 0.1240

Chew. Tab.

500 mg - 1 000 UI

80029083	<i>Jamp-Calcium Citrate + Vitamine D 1000 UI</i>	Jamp	60	7.20	0.1200
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Tab.

250 mg - 200 U.I. **PPB**

80013612	<i>Ci-Cal D 200</i>	Euro-Pharm	360	21.60	➡ 0.0600
80015811	<i>Jamp-Calcium Citrate & Vitamin D 200 IU</i>	Jamp	120	7.20	➡ 0.0600
			360	21.60	➡ 0.0600

Tab.

250 mg - 500 UI

80025304	<i>Jamp-Calcium Citrate + Vitamine D 500 UI</i>	Jamp	60	3.60	0.0600
			360	21.60	0.0600

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ELECTROLYTE (REPLACEMENT)/ DEXTROSE

Oral Pd.

4.9 g/sac. to 5.1 g/sac. **PPB**

01931563	<i>Gastrolyte</i>	SanofiAven	10	7.01	➡	0.7010
80027403	<i>Jamp Rehydralyte</i>	Jamp	10	7.01	➡	0.7010

MAGNESIUM GLUCOHEPTONATE

Oral Sol.

500 mg/5 mL (Mg-25 mg/5 mL) **PPB**

80009357	<i>Jamp-Magnesium</i>	Jamp	500 ml	9.95	➡	0.0199
			2000 ml	39.80	➡	0.0199
80004109	<i>Magnesium-Odan</i>	Odan	500 ml	9.95	➡	0.0199
			2000 ml	39.80	➡	0.0199
80072191	<i>M-Magnesium</i>	Mantra Ph.	500 ml	9.95	➡	0.0199
00026697	<i>Rougier Magnesium</i>	Rougier	500 ml	9.95	➡	0.0199
			2000 ml	39.80	➡	0.0199
99100788	<i>Rougier Magnesium sugar free</i>	Teva Can	500 ml	9.95	➡	0.0199
			2000 ml	39.80	➡	0.0199

MAGNESIUM GLUCONATE

Tab.

500 mg (Mg - 28 mg to 30 mg) **PPB**

80009539	<i>Jamp-Magnesium</i>	Jamp	100	10.88	➡	0.1088
00555126	<i>Maglucate</i>	Phmscience	100	10.88	➡	0.1088
80062929	<i>M-Magnesium Gluconate 500 mg</i>	Mantra Ph.	100	10.88	➡	0.1088

POTASSIUM CHLORIDE

L.A. Tab.

20 mmol (en K+) **PPB**

80026265	<i>Bio K-20 Potassium</i>	Biomed	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
02242261	<i>Euro-K 20</i>	Euro-Pharm	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
80013007	<i>Jamp-K 20</i>	Jamp	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
80040412	<i>K-20 Potassium</i>	Altamed	500	99.75	➡	0.1995
80025624	<i>M-K20 L.A.</i>	Mantra Ph.	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
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	19.95	➡	0.1995
80028233	<i>Opus K-20</i>	Opus	500	99.75	➡	0.1995
80040416	<i>Pharma-K20</i>	Phmscience	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
80053887	<i>PRO-K 20</i>	Pro Doc	100	19.95	➡	0.1995
			500	99.75	➡	0.1995
80040926	<i>PX K-20</i>	Phoenix	500	99.75	➡	0.1995
02243975	<i>Riva-K 20 SR</i>	Riva	100	19.95	➡	0.1995
			500	99.75	➡	0.1995

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LA Caps or LA Tab

8 mmol (en K+) **PPB**

00602884	<i>Apo-K</i>	Apotex	100	8.99	0.0899
			1000	74.90	0.0749
02246734	<i>Euro-K 600</i>	Euro-Pharm	500	21.60	➡ 0.0432
80013005	<i>Jamp-K 8</i>	Jamp	500	21.60	➡ 0.0432
			1000	43.20	➡ 0.0432
02042304	<i>Micro-K</i>	Paladin	100	9.30	☞ 0.0811
			500	39.60	0.0792
80035346	<i>M-K8 L.A.</i>	Mantra Ph.	500	21.60	➡ 0.0432
80008214	<i>Odan K-8</i>	Odan	100	7.59	☞ 0.0460
			1000	75.90	☞ 0.0459
80044745	<i>Opus K-8</i>	Opus	1000	43.20	➡ 0.0432
02244068	<i>Riva-K 8 SR</i>	Riva	100	4.32	➡ 0.0432
			500	21.60	➡ 0.0432

Oral Sol.

6.65 mmol/5 mL (en K+) **PPB**

80024835	<i>Jamp-Potassium Chloride</i>	Jamp	500 ml	5.10	➡ 0.0102
80024360	<i>K-10</i>	GSK	500 ml	7.53	0.0151
02238604	<i>pms-Potassium Chloride</i>	Phmscience	500 ml	5.10	➡ 0.0102

POTASSIUM CITRATE

Eff. Tab.

25 mmol (en K+) **PPB**

80011428	<i>Euro-K 975</i>	Sandoz	30	16.65	➡ 0.5550
80033602	<i>Jamp-K Effervescent</i>	Jamp	30	16.65	➡ 0.5550
02085992	<i>K-Lyte</i>	WellSpring	30	16.65	➡ 0.5550

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
80069807	<i>M-K10 L.A.</i>	Mantra Ph.	100	15.45	➡ 0.1545

Oral Sol.

10 mmol/5 mL (en K+)

80011529	<i>K-Citra 10 Solution</i>	Seaford	450 ml	19.97	0.0444
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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	➡ 0.4122
80027202	<i>Phosphate-Novartis</i>	Novartis	20	9.16	0.4580

SODIUM CHLORIDE

I.V. Inj. Sol.

50 mg/mL

00060240	<i>Chlorure de Sodium 5%</i>	Baxter	250 ml	5.25	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Inj. Sol.					
				234 mg/mL ¹¹	
99100498			30 ml		
Sol. Inh.					
				70 mg/mL (4 mL) PPB	
80029414	<i>Hyper-Sal 7%</i>	Kego Corp.	60	59.00	0.9833
80029758	<i>Nebusal 7 %</i>	Sterimax	60	53.10 ➡	0.8850

40:18.18

POTASSIUM-REMOVING AGENTS

CALCIUM POLYSTYRENE SULPHONATE

Oral Pd.

Exchange capacity: 1.6 mmol de k/g

02017741	<i>Resonium Calcium</i>	SanofiAven	300 g	92.50	
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POLYSTYRENE SODIUM SULFONATE

Oral Pd.

Exchange capacity: 1 mmol de k/g **PPB**

02026961	<i>Kayexalate</i>	SanofiAven	454 g ➡	66.30	
00755338	<i>Solystat</i>	Pendopharm	454 g ➡	66.30	

Oral Susp.

Exchange capacity: 1 mmol de k/4mL

00769541	<i>Solystat</i>	Pendopharm	500 ml	52.19	0.1044
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40:20

CALORIC AGENTS

LEVOCARNITINE

I.V. Inj. Sol.

1 g/5 mL

02144344	<i>Carnitor</i>	Sigma-Tau	5 ml		UE
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Oral Sol.

100 mg/mL

02144336	<i>Carnitor</i>	Sigma-Tau	118 ml		UE
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Tab.

330 mg

02144328	<i>Carnitor</i>	Sigma-Tau	90		UE
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40:28.08

LOOP DIURETICS

ETHACRYNIC ACID

Tab.

25 mg

02258528	<i>Edecrin</i>	Valeant	100	30.96	0.3096
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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
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FUROSEMIDE

Inj. Sol.

10 mg/mL **PPB**

00527033	<i>Furosemide</i>	Sandoz	2 ml	➡ 1.30	
			4 ml	➡ 3.46	
02384094	<i>Furosemide pour injection USP</i>	Alveda	2 ml	➡ 1.30	
02382539	<i>Furosemide SDZ</i>	Sandoz	2 ml	➡ 1.30	
			4 ml	➡ 3.46	

Oral Sol.

10 mg/mL

02224720	<i>Lasix</i>	SanofiAven	120 ml	28.79	0.2399
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Tab.

20 mg **PPB**

00396788	<i>Apo-Furosemide</i>	Apotex	100	3.73 ➡	0.0373
			1000	37.25 ➡	0.0373
02247371	<i>Bio-Furosemide</i>	Biomed	500	18.63 ➡	0.0373
02351420	<i>Furosemide (Sanis)</i>	Sanis	100	3.73 ➡	0.0373
			1000	37.25 ➡	0.0373
00496723	<i>Furosemide-20</i>	Pro Doc	1000	37.25 ➡	0.0373
00337730	<i>Novo-Semide</i>	Novopharm	100	3.73 ➡	0.0373
			1000	37.25 ➡	0.0373
02247493	<i>pms-Furosemide</i>	Phmscience	500	18.63 ➡	0.0373

Tab.

40 mg **PPB**

00362166	<i>Apo-Furosemide</i>	Apotex	100	5.58 ➡	0.0558
			1000	55.80 ➡	0.0558
02247372	<i>Bio-Furosemide</i>	Biomed	500	27.90 ➡	0.0558
02351439	<i>Furosemide (Sanis)</i>	Sanis	100	5.58 ➡	0.0558
			1000	55.80 ➡	0.0558
00397792	<i>Furosemide -40</i>	Pro Doc	1000	55.80 ➡	0.0558
00337749	<i>Novo-Semide</i>	Novopharm	100	5.58 ➡	0.0558
			1000	55.80 ➡	0.0558
02247494	<i>pms-Furosemide</i>	Phmscience	500	27.90 ➡	0.0558

Tab.

80 mg **PPB**

00707570	<i>Apo-Furosemide</i>	Apotex	100	12.20 ➡	0.1220
			500	61.00 ➡	0.1220
02351447	<i>Furosemide (Sanis)</i>	Sanis	100	12.20 ➡	0.1220
00667080	<i>Furosemide-80</i>	Pro Doc	100	12.20 ➡	0.1220
			500	61.00 ➡	0.1220
00765953	<i>Novo-Semide</i>	Novopharm	100	12.20 ➡	0.1220

Tab.

500 mg

02224755	<i>Lasix Special</i>	SanofiAven	20	52.47	2.6235
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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40:28.16

POTASSIUM-SPARING DIURETICS

AMILORIDE HYDROCHLORIDE

Tab.

				5 mg	
02249510	Midamor	AA Pharma	100	27.17	0.2717

40:28.20

THIAZIDE DIURETICS

HYDROCHLOROTHIAZIDE

Tab.

				12.5 mg	PPB	
02327856	Apo-Hydro	Apotex	500	16.12	➡	0.0322
02425947	Mint-Hydrochlorothiazide	Mint	500	16.12	➡	0.0322
02274086	pms-Hydrochlorothiazide	Phmscience	500	16.12	➡	0.0322

Tab.

				25 mg	PPB	
00326844	Apo-Hydro	Apotex	100	1.57	➡	0.0157
			1000	15.65	➡	0.0157
02247170	Bio-Hydrochlorothiazide	Biomed	500	7.83	➡	0.0157
			1000	15.65	➡	0.0157
02360594	Hydrochlorothiazide	Sanis	100	1.57	➡	0.0157
			1000	15.65	➡	0.0157
00341975	Hydrochlorothiazide-25	Pro Doc	1000	15.65	➡	0.0157
02426196	Mint-Hydrochlorothiazide	Mint	1000	15.65	➡	0.0157
02247386	pms-Hydrochlorothiazide	Phmscience	500	7.83	➡	0.0157
			1000	15.65	➡	0.0157
00021474	Teva-Hydrochlorothiazide	Teva Can	100	1.57	➡	0.0157
			1000	15.65	➡	0.0157

Tab.

				50 mg	PPB	
00312800	Apo-Hydro	Apotex	100	2.17	➡	0.0217
			1000	21.68	➡	0.0217
02247171	Bio-Hydrochlorothiazide	Biomed	100	2.17	➡	0.0217
02360608	Hydrochlorothiazide	Sanis	100	2.17	➡	0.0217
			1000	21.68	➡	0.0217
02426218	Mint-Hydrochlorothiazide	Mint	100	2.17	➡	0.0217
00021482	Novo-Hydrazide	Novopharm	100	2.17	➡	0.0217
			1000	21.68	➡	0.0217
02247387	pms-Hydrochlorothiazide	Phmscience	100	2.17	➡	0.0217

40:28.24

THIAZIDE-LIKE DIURETICS

CHLORTHALIDONE

Tab.

				50 mg		
00360279	Chlorthalidone	AA Pharma	100	12.42	⚡	0.0813

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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INDAPAMIDE

Tab.

1.25 mg **PPB**

02245246	<i>Apo-Indapamide</i>	Apotex	100	7.45	➡	0.0745
02445824	<i>Indapamide</i>	Sanis	100	7.45	➡	0.0745
02373904	<i>Jamp-Indapamide</i>	Jamp	30	2.24	➡	0.0747
			100	7.45	➡	0.0745
02179709	<i>Lozide</i>	Servier	30	8.94		0.2979
02240067	<i>Mylan-Indapamide</i>	Mylan	100	7.45	➡	0.0745
02239619	<i>pms-Indapamide</i>	Phmscience	30	2.24	➡	0.0747
			100	7.45	➡	0.0745
02312530	<i>Pro-Indapamide</i>	Pro Doc	30	2.24	➡	0.0747
			100	7.45	➡	0.0745
02247245	<i>Riva-Indapamide</i>	Riva	30	2.24	➡	0.0747
			500	37.25	➡	0.0745

Tab.

2.5 mg **PPB**

02223678	<i>Apo-Indapamide</i>	Apotex	100	11.82	➡	0.1182
02445832	<i>Indapamide</i>	Sanis	100	11.82	➡	0.1182
02373912	<i>Jamp-Indapamide</i>	Jamp	30	3.55	➡	0.1183
			100	11.82	➡	0.1182
00564966	<i>Lozide</i>	Servier	30	14.18		0.4727
02153483	<i>Mylan-Indapamide</i>	Mylan	30	3.55	➡	0.1183
			500	59.09	➡	0.1182
02240350	<i>phl-Indapamide</i>	Pharmel	30	3.55		W
			100	11.82		W
02239620	<i>pms-Indapamide</i>	Phmscience	30	3.55	➡	0.1183
			100	11.82	➡	0.1182
02312549	<i>Pro-Indapamide</i>	Pro Doc	30	3.55	➡	0.1183
			100	11.82	➡	0.1182
02242125	<i>Riva-Indapamide</i>	Riva	30	3.55	➡	0.1183
			100	11.82	➡	0.1182
02231184	<i>Teva-Indapamide</i>	Novopharm	30	3.55	➡	0.1183
02188910	<i>Tria-Indapamide</i>	Trianon	30	3.55	➡	0.1183

METOLAZONE

Tab.

2.5 mg

00888400	<i>Zaroxolyn</i>	SanofiAven	100	16.14		0.1614
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40:28.92

DIURETICS, MISCELLANEOUS

AMILORIDE HYDROCHLORIDE HYDROCHLOROTHIAZIDE

Tab.

5 mg -50 mg **PPB**

00870943	<i>Ami-Hydro</i>	Pro Doc	100	8.38	➡	0.0838
00784400	<i>Apo-Amilzide</i>	Apotex	100	8.38	➡	0.0838
			1000	83.78	➡	0.0838
01937219	<i>Novamilor</i>	Novopharm	100	8.38	➡	0.0838
			1000	83.78	➡	0.0838

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE

Tab.

25 mg -25 mg **PPB**

00180408	<i>Aldactazide</i>	Pfizer	100	9.28	0.0928
00613231	<i>Teva-Spironolactone/HCTZ</i>	Teva Can	100	8.58 ➡	0.0858

Tab.

50 mg -50 mg **PPB**

00594377	<i>Aldactazide 50</i>	Pfizer	100	24.19	0.2419
00657182	<i>Novo-Spirozine-50</i>	Novopharm	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>Novo-Triamzide</i>	Novopharm	100	6.08 ➡	0.0608
			1000	60.80 ➡	0.0608
00519367	<i>Pro-Triazide</i>	Pro Doc	1000	60.80 ➡	0.0608

40:36

IRRIGATING SOLUTIONS

DIMETHYLSULFOXIDE

Irr. Sol.

500 mg/g

00493392	<i>Rimso-50</i>	Mylan	50 ml	56.90	
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40:40

URICOSURIC AGENTS

SULFINPYRAZONE

Tab.

200 mg

00441767	<i>Sulfinpyrazone</i>	AA Pharma	100	29.97	0.2997
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48:00
ANTITUSSIVES, EXPECTORANTS AND MUCOLYTIC
AGENTS

48:10 **anti-inflammatory agents**
48:10.24 leukotriene modifiers
48:10.32 mast-cell stabilizers
48:24 **mucolytic agents**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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48:10.24

LEUKOTRIENE MODIFIERS

MONTELUKAST SODIUM

Chew. Tab.

4 mg **PPB**

02410265	<i>AHI-Montelukast</i>	Accord	30	10.94	➡	0.3646
02377608	<i>Apo-Montelukast</i>	Apotex	30	10.94	➡	0.3646
02422867	<i>Auro-Montelukast</i>	Aurobindo	30	10.94	➡	0.3646
02442353	<i>Jamp-Montelukast</i>	Jamp	30	10.94	➡	0.3646
02399865	<i>Mar-Montelukast</i>	Marcan	30	10.94	➡	0.3646
02408627	<i>Mint-Montelukast</i>	Mint	30	10.94	➡	0.3646
02379821	<i>Montelukast</i>	Pro Doc	30	10.94	➡	0.3646
02379317	<i>Montelukast</i>	Sanis	30	10.94	➡	0.3646
02382458	<i>Montelukast</i>	Sivem	30	10.94	➡	0.3646
02380749	<i>Mylan-Montelukast</i>	Mylan	30	10.94	➡	0.3646
			100	36.46	➡	0.3646
02354977	<i>pms-Montelukast</i>	Phmscience	30	10.94	➡	0.3646
			100	36.46	➡	0.3646
02402793	<i>Ran-Montelukast</i>	Ranbaxy	30	10.94	➡	0.3646
02330385	<i>Sandoz Montelukast</i>	Sandoz	100	36.46	➡	0.3646
02243602	<i>Singulair</i>	Merck	30	42.00		1.4000
02355507	<i>Teva Montelukast</i>	Teva Can	30	10.94	➡	0.3646

Chew. Tab.

5 mg **PPB**

02410273	<i>AHI-Montelukast</i>	Accord	30	12.84	➡	0.4280
02377616	<i>Apo-Montelukast</i>	Apotex	30	12.84	➡	0.4280
02422875	<i>Auro-Montelukast</i>	Aurobindo	30	12.84	➡	0.4280
02442361	<i>Jamp-Montelukast</i>	Jamp	30	12.84	➡	0.4280
02399873	<i>Mar-Montelukast</i>	Marcan	30	12.84	➡	0.4280
02408635	<i>Mint-Montelukast</i>	Mint	30	12.84	➡	0.4280
02379848	<i>Montelukast</i>	Pro Doc	30	12.84	➡	0.4280
02379325	<i>Montelukast</i>	Sanis	30	12.84	➡	0.4280
02382466	<i>Montelukast</i>	Sivem	30	12.84	➡	0.4280
02380757	<i>Mylan-Montelukast</i>	Mylan	30	12.84	➡	0.4280
			100	42.80	➡	0.4280
02354985	<i>pms-Montelukast</i>	Phmscience	30	12.84	➡	0.4280
			100	42.80	➡	0.4280
02402807	<i>Ran-Montelukast</i>	Ranbaxy	30	12.84	➡	0.4280
02330393	<i>Sandoz Montelukast</i>	Sandoz	100	42.80	➡	0.4280
02238216	<i>Singulair</i>	Merck	30	46.36		1.5453
02355515	<i>Teva Montelukast</i>	Teva Can	30	12.84	➡	0.4280

Gran.

4 mg/packet

02247997	<i>Singulair</i>	Merck	30	42.00		1.4000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

10 mg **PPB**

02374609	<i>Apo-Montelukast</i>	Apotex	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02401274	<i>Auro-Montelukast</i>	Aurobindo	30	24.59	➡	0.8195
02445735	<i>Bio-Montelukast</i>	Biomed	30	24.59	➡	0.8195
02391422	<i>Jamp-Montelukast</i>	Jamp	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02399997	<i>Mar-Montelukast</i>	Marcan	30	24.59	➡	0.8195
02408643	<i>Mint-Montelukast</i>	Mint	100	81.95	➡	0.8195
02379856	<i>Montelukast</i>	Pro Doc	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02379333	<i>Montelukast</i>	Sanis	30	24.59	➡	0.8195
02382474	<i>Montelukast</i>	Sivem	30	24.59	➡	0.8195
02379236	<i>Montelukast sodique</i>	Accord	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02368226	<i>Mylan-Montelukast</i>	Mylan	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02373947	<i>pms-Montelukast FC</i>	Phmscience	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02389517	<i>Ran-Montelukast</i>	Ranbaxy	30	24.59	➡	0.8195
			100	81.95	➡	0.8195
02398826	<i>Riva-Montelukast FC</i>	Riva	30	24.59	➡	0.8195
02328593	<i>Sandoz Montelukast</i>	Sandoz	100	81.95	➡	0.8195
02238217	<i>Singulair</i>	Merck	30	68.23		2.2743
02355523	<i>Teva Montelukast</i>	Teva Can	30	24.59	➡	0.8195

ZAFIRLUKAST

Tab.

20 mg

02236606	<i>Accolate</i>	AZC	60	44.95		0.7492
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48:10.32

MAST-CELL STABILIZERS

CROMOGLICATE (SODIUM)

Nas. spray

2 %

01950541	<i>Rhinaris CS Anti-allergique</i>	Pendopharm	13 ml	6.88		
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Sol. Inh.

1 % (2 mL)

02046113	<i>pms-Sodium cromoglycate</i>	Phmscience	50	24.23		0.4846
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48:24

MUCOLYTIC AGENTS

ACETYLCYSTEINE

Sol.

200 mg/mL **PPB**

02243098	<i>Acetylcysteine</i>	Sandoz	10 ml	➡	7.00	
			30 ml	➡	17.55	
02091526	<i>Mucomyst</i>	WellSpring	10 ml		7.20	
			30 ml		17.65	

52:00
E. N. T. AGENTS

52:02	antiallergic agents
52:04	anti-infectives
52:04.04	antibiotics
52:04.20	antivirals
52:08	anti-inflammatory agents
52:08.08	corticosteroids
52:16	local anesthetics
52:24	mydriatics
52:40	antiglaucoma agents
52:40.04	alfa-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	miscellaneous EENT drugs

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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52:02

ANTIALLERGIC AGENTS

CROMOGLICATE (SODIUM)

Oph. Sol.

2 % PPB

02009277	<i>Cromolyn</i>	Pendopharm	5 ml	➡ 4.75	
			10 ml	➡ 9.50	
02230621	<i>Opticrom</i>	Allergan	10 ml	9.98	☞ 0.9840

LODOXAMIDE TROMETHAMIDE

Oph. Sol.

0.1 %

00893560	<i>Alomide</i>	Alcon	10 ml	10.73	☞ 1.0530
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52:04.04

ANTIBIOTICS

CIPROFLOXACIN HYDROCHLORIDE

Oph. Oint.

0.3 %

02200864	<i>Ciloxan</i>	Alcon	3.5 g	10.15	
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Oph. Sol.

0.3 % PPB

02263130	<i>Apo-Ciproflo</i>	Apotex	5 ml	7.05	☞ 0.7940
01945270	<i>Ciloxan</i>	Alcon	5 ml	10.15	☞ 1.4480
02387131	<i>Sandoz Ciprofloxac</i>	Sandoz	5 ml	7.05	☞ 0.7940

ERYTHROMYCIN

Oph. Oint.

0.5 % PPB

+ 02326663	<i>Erythromycin</i>	Sterigen	3.5 g	➡ 3.83	
+ 00641324	<i>Odan-Erythromycin</i>	Odan	1 g	➡ 1.09	
			3.5 g	➡ 3.83	

FRAMYCETIN SULFATE

Oph. Sol.

0.5 %

02224887	<i>Soframycine</i>	Erfa	8 ml	8.00	
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FUSIDIC (ACID)

Oph. Sol.

1 %

02243862	<i>Fucithalmic</i>	Amdipharm	5 g	10.00	
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OFLOXACINE

Oph. Sol.

0.3 %

02143291	<i>Ocuflox</i>	Allergan	5 ml	12.23	☞ 1.4420
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TOBRAMYCIN

Oph. Oint.

				0.3 %	
00614254	Tobrex	Alcon	3.5 g	8.65	

Oph. Sol.

				0.3 %	PPB
02241755	Sandoz Tobramycin	Sandoz	5 ml	5.24	W
00513962	Tobrex 0.3%	Alcon	5 ml	8.72	1.7260

52:04.20

ANTIVIRALS

TRIFLURIDINE

Oph. Sol.

				1 %	
00687456	Viroptic	Valeant	7.5 ml	22.79	

52:08.08

CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

Aéro ou Vap Nasal

				0.05 mg/dose	PPB
02238796	Apo-Beclomethasone AQ	Apotex	200 dose(s)	12.26	
02172712	Mylan-Beclo AQ	Mylan	200 dose(s)	12.26	
02228300	Rivanase AQ	Riva	200 dose(s)	9.80	

BUDESONIDE

Nas. Inh. Pd.

				100 mcg/dose	
02035324	Rhinocort Turbuhaler	AZC	200 dose(s)	23.56	

Nas. spray

				64 mcg/dose	PPB
02241003	Mylan-Budesonide AQ	Mylan	120 dose(s)	10.12	
02231923	Rhinocort Aqua	AZC	120 dose(s)	10.59	

Nas. spray

				100 mcg/dose	
02230648	Mylan-Budesonide AQ	Mylan	165 dose(s)	12.74	

DEXAMETHASONE

Oph. Oint.

				0.1 %	
00042579	Maxidex	Alcon	3.5 g	8.74	

Oph. Sol.

				0.1 %	
00042560	Maxidex	Alcon	5 ml	8.06	1.5820

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUOROMETHOLONE

Oph. Susp.

0.1 % **PPB**

00247855	<i>FML</i>	Allergan	5 ml	15.29	2.1000
			10 ml	30.58	1.5660
00432814	<i>Sandoz Fluorometholone</i>	Sandoz	5 ml	8.09	

FLUOROMETHOLONE ACETATE

Oph. Susp.

0.1 %

00756784	<i>Flarex</i>	Alcon	5 ml	9.10	1.7880
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FLUTICASONE FUROATE

Nas. spray

27.5 mcg/dose

02298589	<i>Avamys</i>	GSK	120 dose(s)	20.73	
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FLUTICASONE PROPIONATE

Nas. spray

50 mcg/dose **PPB**

02294745	<i>Apo-Fluticasone</i>	Apotex	120 dose(s)	21.97	
02213672	<i>Flonase</i>	GSK	120 dose(s)	23.71	
02296071	<i>ratio-Fluticasone</i>	Ratiopharm	120 dose(s)	21.97	

MOMETASONE FUROATE MONOHYDRATE

Nas. spray

50 mcg/dose **PPB**

02403587	<i>Apo-Mometasone</i>	Apotex	140 dose(s)	15.04	
02238465	<i>Nasonex</i>	Merck	140 dose(s)	15.04	
02449811	<i>Sandoz Mometasone</i>	Sandoz	140 dose(s)	15.04	

PREDNISOLONE ACETATE

Oph. Susp.

0.12 %

00299405	<i>Pred Mild</i>	Allergan	10 ml	17.96	1.3180
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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>	Pendopharm	120 dose(s)	15.60	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TRIAMCINOLONE ACETONIDE

Nas. spray

55 mcg/dose **PPB**

02437635	<i>Apo-Triamcinolone AQ</i>	Apotex	120 dose(s)	➡	20.40
02213834	<i>Nasacort AQ</i>	SanofiAven	120 dose(s)	➡	20.40

52:16
LOCAL ANESTHETICS
LIDOCAINE HYDROCHLORIDE

Oral Top. Jel.

2 % **PPB**

01968823	<i>Lidodan Visqueuse</i>	Odan	50 ml	1.70	➡	0.0340
			100 ml	3.40	➡	0.0340
00811874	<i>pms-Lidocaine Viscous</i>	Phmscience	50 ml	1.70	➡	0.0340
			100 ml	3.40	➡	0.0340

52:24
MYDRIATICS
ATROPINE SULFATE

Oph. Sol.

1 %

00035017	<i>Isopto Atropine</i>	Alcon	5 ml	3.14		
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CYCLOPENTOLATE HYDROCHLORIDE

Oph. Sol.

1 %

00252506	<i>Cyclogyl</i>	Alcon	15 ml	12.66		
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PHENYLEPHRINE HYDROCHLORIDE

Oph. Sol.

2.5 %

00465763	<i>Mydrin 2.5%</i>	Alcon	5 ml	5.08		
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TROPICAMIDE

Oph. Sol.

0.5 %

00000981	<i>Mydriacyl</i>	Alcon	15 ml	13.13		
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Oph. Sol.

1 %

00001007	<i>Mydriacyl</i>	Alcon	15 ml	16.90		
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52:40.04
ALFA-ADRENERGIC AGONISTS
BRIMONIDINE TARTRATE

Oph. Sol.

0.15 % **PPB**

02248151	<i>Alphagan P</i>	Allergan	5 ml	11.55		
			10 ml	23.10		
02301334	<i>Apo-Brimonidine P</i>	AA Pharma	5 ml	➡	8.66	
			10 ml	➡	17.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Oph. Sol.

0.2 % **PPB**

02236876	<i>Alphagan</i>	Allergan	5 ml	16.50	
			10 ml	33.00	
02260077	<i>Apo-Brimonidine</i>	Apotex	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02246284	<i>pms-Brimonidine</i>	Phmscience	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02305429	<i>Sandoz Brimonidine</i>	Sandoz	5 ml	➡ 5.78	
			10 ml	➡ 11.55	

BRINZOLAMIDE/BRIMONIDINE (TARTRATE) 

Oph. Susp.

1 % - 0.2 %

02435411	<i>Simbrinza</i>	Alcon	10 ml	44.39	
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52:40.08

BETA-ADRENERGIC BLOCKING AGENTS

BETOXALOL HYDROCHLORIDE 

Oph. Susp.

0.25 %

01908448	<i>Betoptic S</i>	Alcon	5 ml	11.50	
			10 ml	23.00	⚡ 2.2880

TIMOLOL MALEATE 

Oph. Sol.

0.25 % **PPB**

00755826	<i>Apo-Timop</i>	Apotex	5 ml	➡ 4.84	
			10 ml	➡ 9.68	
02166712	<i>Sandoz Timolol</i>	Sandoz	10 ml	➡ 9.68	

Oph. Sol.

0.5 % **PPB**

00755834	<i>Apo-Timop</i>	Apotex	5 ml	➡ 6.07	
			10 ml	➡ 12.14	
02447800	<i>Jamp-Timolol</i>	Jamp	5 ml	➡ 6.07	
02083345	<i>pms-Timolol</i>	Phmscience	5 ml	➡ 6.07	
			10 ml	➡ 12.14	
02166720	<i>Sandoz Timolol</i>	Sandoz	5 ml	➡ 6.07	
			10 ml	➡ 12.14	
00451207	<i>Timoptic</i>	Purdue	10 ml	33.39	

Oph. Sol. Gel

0.25 % **PPB**

* 02242275	<i>Timolol Maleate-EX</i>	Sandoz	5 ml	➡ 9.78	
02171880	<i>Timoptic-XE</i>	Purdue	5 ml	18.00	

Oph. Sol. Gel

0.5 % **PPB**

* 02242276	<i>Timolol Maleate-EX</i>	Sandoz	5 ml	➡ 10.76	
02171899	<i>Timoptic-XE</i>	Purdue	5 ml	21.54	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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52:40.12

CARBONIC ANHYDRASE INHIBITORS


ACETAZOLAMIDE

Tab.

				250 mg	
00545015	Acetazolamide 250 mg	AA Pharma	100	12.37	0.1237
			500	61.85	0.1237



BRINZOLAMIDE

Oph. Susp.

				1 %	
02238873	Azopt	Alcon	5 ml	16.42	 3.2240

DORZOLAMIDE (HYDROCHLORIDE)

Oph. Sol.

				2 %	PPB
+ 02459345	Riva-Dorzolamide	Riva	5 ml		6.56
* 02316307	Sandoz Dorzolamide	Sandoz	5 ml		6.56
02216205	Trusopt	Purdue	5 ml		17.94

METHAZOLAMIDE

Tab.


				50 mg	
02245882	Methazolamide	AA Pharma	100	48.17	0.4817

52:40.20


MOTICS

CARBACHOL

Oph. Sol.

				1.5 %	
00000655	Isopto Carbachol	Alcon	15 ml	10.57	 0.6913

Oph. Sol.

				3 %	
00000663	Isopto Carbachol	Alcon	15 ml	12.72	 0.8320

PILOCARPINE HYDROCHLORIDE

Oph. gel

				4 %	
00575240	Pilopine HS	Alcon	5 g	13.07	

Oph. Sol.

				1 %	
00000841	Isopto Carpine	Alcon	15 ml	3.21	

Oph. Sol.

				2 %	
00000868	Isopto Carpine	Alcon	15 ml	3.70	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oph. Sol.					
00000884	<i>Isopto Carpine</i>	Alcon	15 ml	4.19	4 %

52:40.28
PROSTAGLANDIN ANALOGS

BIMATOPROST 

Oph. Sol.					
02324997	<i>Lumigan RC</i>	Allergan	5 ml 7.5 ml	54.05 81.08	0.01 %

LATANOPROST 

Oph. Sol.					
0.005 % PPB					
02296527	<i>Apo-Latanoprost</i>	Apotex	2.5 ml	9.08	
02254786	<i>Co Latanoprost</i>	Cobalt	2.5 ml	9.08	
02373041	<i>GD-Latanoprost</i>	GenMed	2.5 ml	9.08	
02375508	<i>Latanoprost</i>	Phmscience	2.5 ml	9.08	
02426935	<i>Med-Latanoprost</i>	GMP	2.5 ml	9.08	
02317125	<i>pms-Latanoprost</i>	Phmscience	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	
02231493	<i>Xalatan</i>	Pfizer	2.5 ml	27.38	

TRAVOPROST 

Oph. Sol.					
0.004 % PPB					
02415739	<i>Apo-Travoprost Z</i>	Apotex	2.5 ml 5 ml	9.85 19.70	
02413167	<i>Sandoz Travoprost</i>	Sandoz	5 ml	19.70	
02412063	<i>Teva-Travoprost Z</i>	Teva Can	2.5 ml 5 ml	9.85 19.70	
02318008	<i>Travatan Z</i>	Alcon	5 ml	55.40	

52:40.92
ANTIGLAUCOMA AGENTS, MISCELLANEOUS

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE 

Oph. Sol.					
02248347	<i>Combigan</i>	Allergan	10 ml	40.12	0.2 % - 0.5 %

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE

Oph. Sol.

2 % -0.5 % PPB

02404389	ACT Dorzotimolol	ActavisPhm	10 ml	➡	19.89
02299615	Apo-Dorzo-Timop	Apotex	10 ml	➡	19.89
02240113	Cosopt	Purdue	10 ml		54.84
02437686	Med-Dorzolamide-Timolol	GMP	10 ml	➡	19.89
02443090	Mint-Dorzolamide/Timolol	Mint	10 ml	➡	19.89
02442426	pms-Dorzolamide-Timolol	Phmscience	10 ml	➡	19.89
02441659	Riva-Dorzolamide/Timolol	Riva	10 ml	➡	19.89
02344351	Sandoz Dorzolamide/ Timolol	Sandoz	10 ml	➡	19.89
02320525	Teva Dorzotimol	Teva Can	10 ml	➡	19.89
02451271	VAN-Dorzolamide-Timolol	Vanc Phm	10 ml	➡	19.89

Oph. Sol.

2 % - 0.5 % (0.2mL)

02258692	Cosopt sans preservateur	Purdue	60		28.41	0.4735
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52:92
MISCELLANEOUS EENT DRUGS
APRACLOnidine (HYDROCHLORIDE)

Oph. Sol.

0.5 %

02076306	Iopidine	Alcon	5 ml		22.26	4.3680
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BRINZOLAMIDE/TIMOLOL MALEATE

Oph. Susp.

1 % -0.5 %

02331624	Azarga	Alcon	5 ml		21.33	
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IPRATROPIUM BROMIDE

Nas. spray

0.03 % PPB

02163705	Atrovent	Bo. Ing.	30 ml		29.43	
02239627	pms-Ipratropium	Phmscience	30 ml	➡	10.43	

56:00
GASTRO-INTESTINAL DRUGS

56:08	antidiarrhea agents
56:14	cholelitholytic agents
56:16	digestants
56:22	antiemetics
56:22.08	antihistamines
56:22.92	miscellaneous antiemetics
56:28	antiulcer agents and acid suppressants
56:28.12	histamine H2-antagonists
56:28.28	prostaglandins
56:28.32	protectants
56:28.36	proton-pump inhibitors
56:32	prokinetic agents
56:36	anti-inflammatory agents
56:92	GI drugs, miscellaneous

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
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LOPERAMIDE HYDROCHLORIDE

Oral Sol.

0.2 mg/mL

02016095	<i>pms-Loperamide</i>	Phmscience	230 ml	24.46	0.1063
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Tab.

2 mg **PPB**

02212005	<i>Apo-Loperamide</i>	Apotex	100	9.52	➡	0.0952
02256452	<i>Jamp-Loperamide</i>	Jamp	120	11.42	➡	0.0952
02225182	<i>Loperamide-2</i>	Pro Doc	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
02132591	<i>Novo-Loperamide</i>	Novopharm	500	47.58	➡	0.0952
02298198	<i>phl-Loperamide</i>	Pharmel	100	9.52	➡	0.0952
			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

56:14

CHOLELITHOLYTIC AGENTS

URSODIOL

Tab.

250 mg **PPB**

02273497	<i>pms-Ursodiol C</i>	Phmscience	100	74.13	➡	0.7413
			500	370.65	➡	0.7413
02238984	<i>Urso</i>	Aptalis	100	131.42		1.3142
02426900	<i>Ursodiol tablets</i>	Glenmark	100	74.13	➡	0.7413
			500	370.65	➡	0.7413

Tab.

500 mg **PPB**

02273500	<i>pms-Ursodiol C</i>	Phmscience	100	140.61	➡	1.4061
02245894	<i>Urso DS</i>	Aptalis	100	249.27		2.4927
02426919	<i>Ursodiol tablets</i>	Glenmark	100	140.61	➡	1.4061

56:16

DIGESTANTS

LACTASE

Chew. Tab.

3 000 U **PPB**

02239139	<i>Jamp-Lactase Enzyme Regular</i>	Jamp	100	9.75	➡	0.0975
02017512	<i>Lactomax</i>	Sterimax	100	9.75	➡	0.0975

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Chew. Tab.

4 500 U **PPB**

02239140	<i>Jamp-Lactase Enzyme Extra strenght</i>	Jamp	80	9.75 ➡	0.1219
02224909	<i>Lactomax Extra Strong</i>	Sterimax	80	9.75 ➡	0.1219

PANCRELIPASE (LIPASE-AMYLASE-PROTEASE) 

Caps.

8 000 U -30 000 U -30 000 U

00263818	<i>Cotazym</i>	Merck	100 1000	18.66 186.60	0.1866 0.1866
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Ent. Caps.

4 200 U -17 500 U -10 000 U

00789445	<i>Pancrease MT 4</i>	Janss. Inc	100	37.96	0.3796
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Ent. Caps.

4 500 U - 20 000 U - 25 000 U

02203324	<i>Ultrase</i>	Aptalis	100	21.73	0.2173
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Ent. Caps.

6 000 U - 30 000 U - 19 000 U

02415194	<i>Creon 6 Minimicrospheres</i>	BGP Pharma	100	17.03	0.1703
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Ent. Caps.

8 000 U -30 000 U -30 000 U

00502790	<i>Cotazym ECS 8</i>	Merck	100 500	33.68 168.40	0.3368 0.3368
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Ent. Caps.

10 000 U - 11 200 U - 730 U

02200104	<i>Creon 10</i>	BGP Pharma	100	27.23	0.2723
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Ent. Caps.

10 500 U -43 750 U -25 000 U

00789437	<i>Pancrease MT 10</i>	Janss. Inc	100	94.93	0.9493
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Ent. Caps.

12 000 U -39 000 U -39 000 U

02045834	<i>Ultrase MT 12</i>	Aptalis	100	42.51	0.4251
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Ent. Caps.

16 800 U -70 000 U -40 000 U

00789429	<i>Pancrease MT 16</i>	Janss. Inc	100	151.88	1.5188
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Ent. Caps.

20 000 U -55 000 U -55 000 U

00821373	<i>Cotazym ECS 20</i>	Merck	100	88.30	0.8830
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Ent. Caps.

20 000 U -65 000 U -65 000 U

02045869	<i>Ultrase MT 20</i>	Aptalis	100	73.66	0.7366
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Caps. 25 000 U - 25 500 U - 1600 U					
01985205	Creon 25	BGP Pharma	100	85.07	0.8507
Ent. Gran. 5 000 U -5 100 U -320 U/100 mg					
02445158	Creon Minimicrospheres MICRO	BGP Pharma	1	34.06	
Tab. 10 440 U -56 400 U -57 100 U					
02230019	Viokace (10 440 USP unites de lipase)	Aptalis	100	17.03	0.1703
Tab. 20 880 U -113 400 U -112 500 U					
02241933	Viokace (20 880 USP unites de lipase)	Aptalis	100	34.06	0.3406

56:22.08

ANTI-HISTAMINES

DIMENHYDRINATE

I.M. Inj. Sol.

			50 mg/mL PPB		
02061732	Dimenhydrinate	Mylan	1 ml	1.10	
00392537	Dimenhydrinate	Sandoz	1 ml	1.08	
			5 ml	4.30	

PROCHLORPERAZINE

Supp.

			10 mg		
00789720	Sandoz Prochlorperazine	Sandoz	10	8.30	0.8300

PROCHLORPERAZINE MALEATE

Tab.

			5 mg		
00886440	Prochlorazine	AA Pharma	100	16.59	0.1659

Tab.

			10 mg		
00886432	Prochlorazine	AA Pharma	100	20.25	0.2025

56:22.92

MISCELLANEOUS ANTIEMETICS

DOXYLAMINE SUCCINATE/ PYRIDOXINE HYDROCHLORIDE

L.A. Tab.

			10 mg -10 mg		
00609129	Diclectin	Duchesnay	100	127.20	1.2720
			300	381.61	1.2720

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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NABILONE

Caps.

0.5 mg **PPB**

02393581	<i>ACT Nabilone</i>	ActavisPhm	50	38.78	➡	0.7756
			100	77.56	➡	0.7756
02256193	<i>Cesamet</i>	Valeant	50	155.13		3.1026
02380900	<i>pms-Nabilone</i>	Phmscience	100	77.56	➡	0.7756
02358085	<i>Ran-Nabilone</i>	Ranbaxy	50	38.78	➡	0.7756
02384884	<i>Teva Nabilone</i>	Teva Can	50	38.78	➡	0.7756

Caps.

1 mg **PPB**

02393603	<i>ACT Nabilone</i>	ActavisPhm	50	77.57	➡	1.5513
			100	155.13	➡	1.5513
00548375	<i>Cesamet</i>	Valeant	50	310.25		6.2050
02380919	<i>pms-Nabilone</i>	Phmscience	100	155.13	➡	1.5513
02358093	<i>Ran-Nabilone</i>	Ranbaxy	50	77.57	➡	1.5513
02384892	<i>Teva Nabilone</i>	Teva Can	50	77.57	➡	1.5513

56:28.12

HISTAMINE H2-ANTAGONISTS

CIMETIDINE

Tab.

400 mg

02227452	<i>Mylan-Cimetidine</i>	Mylan	100	13.50		0.1350
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Tab.

600 mg

02227460	<i>Mylan-Cimetidine</i>	Mylan	100	17.02		0.1702
			500	85.12		0.1702

FAMOTIDINE

Tab.

20 mg **PPB**

01953842	<i>Apo-Famotidine</i>	Apotex	100	26.57	➡	0.2657
02351102	<i>Famotidine</i>	Sanis	100	26.57	➡	0.2657
02196018	<i>Mylan-Famotidine</i>	Mylan	100	26.57	➡	0.2657
			500	132.85	➡	0.2657
02022133	<i>Novo-Famotidine</i>	Novopharm	100	26.57	➡	0.2657
			500	132.85	➡	0.2657

FAMOTIDINE

Tab.

40 mg **PPB**



01953834	<i>Apo-Famotidine</i>	Apotex	100	48.33	➡	0.4833
02351110	<i>Famotidine</i>	Sanis	100	48.33	➡	0.4833
02196026	<i>Mylan-Famotidine</i>	Mylan	100	48.33	➡	0.4833
02022141	<i>Teva-Famotidine</i>	Novopharm	100	48.33	➡	0.4833

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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NIZATIDINE



Caps.

150 mg **PPB**

00778338	<i>Axid</i>	Pendopharm	100	83.92	 0.4273
02177714	<i>pms-Nizatidine</i>	Phmscience	100	20.98	 0.2098

Caps.

300 mg **PPB**

00778346	<i>Axid</i>	Pendopharm	100	152.06	 0.7742
02177722	<i>pms-Nizatidine</i>	Phmscience	100	38.02	 0.3802

RANITIDINE HYDROCHLORIDE


























Oral Sol.

150 mg/10 mL

02242940	<i>Novo-Ranitidine</i>	Novopharm	300 ml	27.96	0.0932
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Tab.

150 mg **PPB**

02248570	<i>ACT Ranitidine</i>	ActavisPhm	60	10.80	 0.1800
			500	90.00	 0.1800
00733059	<i>Apo-Ranitidine</i>	Apotex	60	10.80	 0.1800
			500	90.00	 0.1800
02207761	<i>Mylan-Ranitidine</i>	Mylan	60	10.80	 0.1800
			500	90.00	 0.1800
02245782	<i>phl-Ranitidine</i>	Pharmel	500	90.00	 0.1800
02242453	<i>pms-Ranitidine</i>	Phmscience	60	10.80	 0.1800
			500	90.00	 0.1800
02353016	<i>Ranitidine</i>	Sanis	100	18.00	 0.1800
			500	90.00	 0.1800
02385953	<i>Ranitidine</i>	Sivem	60	10.80	 0.1800
			500	90.00	 0.1800
00740748	<i>Ranitidine-150</i>	Pro Doc	60	10.80	 0.1800
			500	90.00	 0.1800
02336480	<i>Ran-Ranitidine</i>	Ranbaxy	100	18.00	 0.1800
			250	45.00	 0.1800
00828823	<i>ratio-Ranitidine</i>	Ratiopharm	60	10.80	 0.1800
			500	90.00	 0.1800
02247814	<i>Riva-Ranitidine</i>	Riva	60	10.80	 0.1800
			250	45.00	 0.1800
02243229	<i>Sandoz Ranitidine</i>	Sandoz	60	10.80	 0.1800
			500	90.00	 0.1800
02212331	<i>Zantac</i>	GSK	100	18.00	 0.1800
			500	90.00	 0.1800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

300 mg **PPB**

02248571	<i>ACT Ranitidine</i>	ActavisPhm	30	10.80	➡	0.3600
			100	36.00	➡	0.3600
00733067	<i>Apo-Ranitidine</i>	Apotex	30	10.80	➡	0.3600
			500	180.00	➡	0.3600
02207788	<i>Mylan-Ranitidine</i>	Mylan	30	10.80	➡	0.3600
			500	180.00	➡	0.3600
02245783	<i>phl-Ranitidine</i>	Pharmel	250	90.00	➡	0.3600
02242454	<i>pms-Ranitidine</i>	Phmscience	30	10.80	➡	0.3600
			250	90.00	➡	0.3600
02353024	<i>Ranitidine</i>	Sanis	100	36.00	➡	0.3600
02385961	<i>Ranitidine</i>	Sivem	30	10.80	➡	0.3600
			100	36.00	➡	0.3600
00740756	<i>Ranitidine-300</i>	Pro Doc	30	10.80	➡	0.3600
			100	36.00	➡	0.3600
02336502	<i>Ran-Ranitidine</i>	Ranbaxy	100	36.00	➡	0.3600
			250	90.00	➡	0.3600
00828688	<i>ratio-Ranitidine</i>	Ratiopharm	30	10.80	➡	0.3600
02247815	<i>Riva-Ranitidine</i>	Riva	30	10.80	➡	0.3600
			100	36.00	➡	0.3600
02243230	<i>Sandoz Ranitidine</i>	Sandoz	30	10.80	➡	0.3600
			100	36.00	➡	0.3600
02212358	<i>Zantac</i>	GSK	60	21.60	➡	0.3600

56:28.28

PROSTAGLANDINS

MISOPROSTOL

Tab.

100 mcg

02244022	<i>Misoprostol</i>	AA Pharma	100	25.84		0.2584
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Tab.

200 mcg

02244023	<i>Misoprostol</i>	AA Pharma	100	43.03		0.4303
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56:28.32

PROTECTANTS

SUCRALFATE

Oral Susp.

1 g/5 mL

02103567	<i>Sulcrate Plus</i>	Aptalis	500 ml	49.42		0.0988
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Tab.

1 g **PPB**

02045702	<i>Novo-Sucralate</i>	Novopharm	100	13.09	➡	0.1309
			500	65.44	➡	0.1309
02100622	<i>Sulcrate</i>	Aptalis	100	54.41		0.5441

56:28.36

PROTON-PUMP INHIBITORS

DEXLANSOPRAZOLE

L.A. Caps.

30 mg












02354950	<i>Dexilant</i>	Takeda	90	32.65		0.3628
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			60 mg		
02354969	<i>Dexilant</i>	Takeda	90	32.65	0.3628

ESOMEPRAZOLE (MAGNESIUM TRIHYDRATED) 

















L.A. Tab.

20 mg **PPB**

02423855	<i>ACT Esomeprazole</i>	ActavisPhm	30	16.50		0.3628
			100	55.00		0.3628
02339099	<i>Apo-Esomeprazole</i>	Apotex	30	16.50		0.3628
			100	55.00		0.3628
02394839	<i>Esomeprazole</i>	Pro Doc	30	16.50		0.3628
			100	55.00		0.3628
02442493	<i>Esomeprazole</i>	Sivem	30	16.50		0.3628
02383039	<i>Mylan-Esomeprazole</i>	Mylan	100	55.00		0.3628
02244521	<i>Nexium</i>	AZC	30	56.07		0.3628
02423979	<i>Ran-Esomeprazole</i>	Ranbaxy	30	16.50		0.3628
			100	55.00		0.3628

LA Tab or LA Caps

40 mg **PPB**

02423863	<i>ACT Esomeprazole</i>	ActavisPhm	30	16.50		0.3628
			100	55.00		0.3628
02339102	<i>Apo-Esomeprazole</i>	Apotex	30	16.50		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
			500	275.00		0.3628
02383047	<i>Mylan-Esomeprazole</i>	Mylan	100	55.00		0.3628
02244522	<i>Nexium</i>	AZC	30	56.07		0.3628
			100	186.90		0.3628
02379171	<i>pms-Esomeprazole DR (Caps. L.A.)</i>	Phmscience	30	16.50		0.3628
			100	55.00		0.3628
02423987	<i>Ran-Esomeprazole</i>	Ranbaxy	30	16.50		0.3628
			500	275.00		0.3628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LANSOPRAZOLE

LA Tab or LA Caps

15 mg **PPB**

02293811	<i>Apo-Lansoprazole</i>	Apotex	100	36.28	➡	0.3628
02433001	<i>Lansoprazole</i>	Phmscience	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
02410370	<i>Lansoprazole-15</i>	Sivem	100	36.28	➡	W
02353830	<i>Mylan-Lansoprazole</i>	Mylan	100	36.28	➡	0.3628
02280515	<i>Novo-Lansoprazole</i>	Novopharm	30	10.88	➡	0.3628
			100	36.28	➡	0.3628
02395258	<i>pms-Lansoprazole</i>	Phmscience	100	36.28	➡	0.3628
02165503	<i>Prevacid</i>	Abbott	30	60.00	➡	0.3628
			100	200.00	➡	0.3628
02249464	<i>Prevacid FasTab</i>	Abbott	30	60.00	➡	0.3628
02402610	<i>Ran-Lansoprazole</i>	Ranbaxy	100	36.28	➡	0.3628
02422808	<i>Riva-Lansoprazole</i>	Riva	100	36.28	➡	0.3628
02385643	<i>Sandoz Lansoprazole</i>	Sandoz	100	36.28	➡	0.3628

LA Tab or LA Caps

30 mg **PPB**

02293838	<i>Apo-Lansoprazole</i>	Apotex	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02433028	<i>Lansoprazole</i>	Phmscience	100	36.27	➡	0.3627
02366282	<i>Lansoprazole</i>	Pro Doc	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02357690	<i>Lansoprazole</i>	Sanis	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02385775	<i>Lansoprazole</i>	Sivem	100	36.27	➡	W
			500	181.40	➡	W
02410389	<i>Lansoprazole</i>	Sivem	100	36.28	➡	0.3628
			500	181.40	➡	0.3628
02353849	<i>Mylan-Lansoprazole</i>	Mylan	30	10.88	➡	0.3627
			100	36.28	➡	0.3628
02280523	<i>Novo-Lansoprazole</i>	Novopharm	30	10.88	➡	0.3627
			500	181.40	➡	0.3628
02395266	<i>pms-Lansoprazole</i>	Phmscience	100	36.27	➡	0.3627
02165511	<i>Prevacid</i>	Abbott	30	60.00	➡	0.3628
			100	200.00	➡	0.3628
02249472	<i>Prevacid FasTab</i>	Abbott	30	60.00	➡	0.3628
02402629	<i>Ran-Lansoprazole</i>	Ranbaxy	100	36.27	➡	0.3627
02422816	<i>Riva-Lansoprazole</i>	Riva	100	36.27	➡	0.3627
02385651	<i>Sandoz Lansoprazole</i>	Sandoz	100	36.27	➡	0.3627

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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OMEPRAZOLE (BASE OR MAGNESIUM) 

Caps. or Tab.

 20 mg **PPB**

02245058	<i>Apo-Omeprazole (caps.)</i>	Apotex	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02422220	<i>Auro-Omeprazole (caps.)</i>	Aurobindo	28	10.15	➡	0.3625
			500	181.40	➡	0.3628
02449927	<i>Bio-Omeprazole</i>	Biomed	100	36.25	➡	0.3625
02420198	<i>Jamp-Omeprazole DR (co.)</i>	Jamp	28	10.15	➡	0.3625
			500	181.40	➡	0.3628
00846503	<i>Losec (caps.)</i>	AZC	30	33.00	☞	0.3628
02190915	<i>Losec (tab.)</i>	AZC	30	68.61	☞	0.3628
			100	228.70	☞	0.3628
02329433	<i>Mylan-Omeprazole (caps.)</i>	Mylan	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02439549	<i>NAT-Omeprazole DR</i>	Natco	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02295415	<i>Novo-Omeprazole</i>	Teva Can	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02348691	<i>Omeprazole</i>	Sanis	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02339927	<i>Omeprazole (caps.)</i>	Pro Doc	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02385384	<i>Omeprazole (caps.)</i>	Sivem	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02416549	<i>Omeprazole Magnesium (co.)</i>	Accord	100	36.25	➡	0.3625
02320851	<i>pms-Omeprazole (caps.)</i>	Phmscience	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02310260	<i>pms-Omeprazole DR (tab.)</i>	Phmscience	30	10.88	➡	0.3625
			500	181.40	➡	0.3628
02374870	<i>Ran-Omeprazole</i>	Ranbaxy	100	36.25	➡	0.3625
02403617	<i>Ran-Omeprazole (caps.)</i>	Ranbaxy	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02260867	<i>ratio-Omeprazole (tab.)</i>	Ratiopharm	100	36.25	➡	0.3625
02402416	<i>Riva-Omeprazole DR (co.)</i>	Riva	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02296446	<i>Sandoz Omeprazole (Caps.)</i>	Sandoz	100	36.25	➡	0.3625
			500	181.40	➡	0.3628
02432404	<i>VAN-Omeprazole</i>	Vanc Phm	100	36.25	➡	0.3625

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PANTOPRAZOLE (MAGNESIUM OR SODIUM) 

Ent. Tab.

40 mg **PPB**

02412969	<i>Abbott-Pantoprazole</i>	Abbott	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02300486	<i>ACT Pantoprazole</i>	ActavisPhm	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02292920	<i>Apo-Pantoprazole</i>	Apotex	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02415208	<i>Auro-Pantoprazole</i>	Aurobindo	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
+ 02445867	<i>Bio-Pantoprazole</i>	Biomed	500	181.40	➡	0.3628
02357054	<i>Jamp-Pantoprazole</i>	Jamp	30	10.88	➡	0.3627
			500	181.40	➡	0.3628
02416565	<i>Mar-Pantoprazole</i>	Marcan	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02417448	<i>Mint-Pantoprazole</i>	Mint	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02299585	<i>Mylan-Pantoprazole</i>	Mylan	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02229453	<i>Pantoloc</i>	Takeda	100	204.16	⚡	0.3628
02318695	<i>Pantoprazole</i>	Pro Doc	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02431327	<i>Pantoprazole</i>	Riva	30	10.88	➡	0.3627
			500	181.40	➡	0.3628
02370808	<i>Pantoprazole</i>	Sanis	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02385759	<i>Pantoprazole</i>	Sivem	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02428180	<i>Pantoprazole-40</i>	Sivem	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02307871	<i>pms-Pantoprazole</i>	Phmscience	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02305046	<i>Ran-Pantoprazole</i>	Ranbaxy	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02316463	<i>Riva-Pantoprazole</i>	Riva	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02301083	<i>Sandoz Pantoprazole</i>	Sandoz	30	10.88	➡	0.3627
			500	181.40	➡	0.3628
02267233	<i>Tecta</i>	Takeda	30	22.50	⚡	0.3628
02285487	<i>Teva-Pantoprazole</i>	Teva Can	100	36.27	➡	0.3627
			500	181.40	➡	0.3628
02428164	<i>VAN-Pantoprazole</i>	Vanc Phm	100	36.27	➡	0.3627

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RABEPRAZOLE SODIUM

Ent. Tab.

10 mg **PPB**

02422638	<i>Abbott-Rabeprazole</i>	Abbott	100	12.04	➡	0.1204
02345579	<i>Apo-Rabeprazole</i>	Apotex	100	12.03	➡	0.1203
02408392	<i>Mylan-Rabeprazole</i>	Mylan	100	12.04	➡	0.1204
02243796	<i>Pariet</i>	Janss. Inc	100	65.00	⚡	0.3628
02310805	<i>pms-Rabeprazole EC</i>	Phmscience	30	3.61	➡	0.1203
			500	60.20	➡	0.1204
02315181	<i>Pro-Rabeprazole</i>	Pro Doc	100	12.04	➡	0.1204
02385449	<i>Rabeprazole</i>	Sivem	100	12.03	➡	0.1203
02356511	<i>Rabeprazole EC</i>	Sanis	100	12.03	➡	0.1203
02298074	<i>Ran-Rabeprazole</i>	Ranbaxy	100	12.04	➡	0.1204
02330083	<i>Riva-Rabeprazole EC</i>	Riva	100	12.03	➡	0.1203
			500	60.20	➡	0.1204
02314177	<i>Sandoz Rabeprazole</i>	Sandoz	100	12.04	➡	0.1204
02296632	<i>Teva-Rabeprazole Sodium</i>	Teva Can	100	12.04	➡	0.1204

Ent. Tab.

20 mg **PPB**

02422646	<i>Abbott-Rabeprazole</i>	Abbott	100	24.08	➡	0.2408
02345587	<i>Apo-Rabeprazole</i>	Apotex	100	24.07	➡	0.2407
02408406	<i>Mylan-Rabeprazole</i>	Mylan	100	24.08	➡	0.2408
02243797	<i>Pariet</i>	Janss. Inc	100	130.00	⚡	0.3628
02310813	<i>pms-Rabeprazole EC</i>	Phmscience	30	7.22	➡	0.2407
			500	120.40	➡	0.2408
02315203	<i>Pro-Rabeprazole</i>	Pro Doc	100	24.08	➡	0.2408
02385457	<i>Rabeprazole</i>	Sivem	30	7.22	➡	0.2407
			100	24.08	➡	0.2408
02356538	<i>Rabeprazole EC</i>	Sanis	100	24.07	➡	0.2407
02298082	<i>Ran-Rabeprazole</i>	Ranbaxy	100	24.08	➡	0.2408
02330091	<i>Riva-Rabeprazole EC</i>	Riva	100	24.07	➡	0.2407
			500	120.40	➡	0.2408
02314185	<i>Sandoz Rabeprazole</i>	Sandoz	30	7.22	➡	0.2407
			100	24.08	➡	0.2408
02296640	<i>Teva-Rabeprazole EC</i>	Teva Can	30	7.22	➡	0.2407
			100	24.08	➡	0.2408

56:32

PROKINETIC AGENTS

DOMPERIDONE MALEATE

Tab.

10 mg **PPB**

02103613	<i>Apo-Domperidone</i>	Apotex	500	29.69	➡	0.0594
02445034	<i>Bio-Domperidone</i>	Biomed	500	29.69	➡	0.0594
02350440	<i>Domperidone</i>	Sanis	500	29.69	➡	0.0594
02238341	<i>Domperidone</i>	Sivem	500	29.69	➡	0.0594
02236857	<i>Domperidone-10</i>	Pro Doc	500	29.69	➡	0.0594
02369206	<i>Jamp-Domperidone</i>	Jamp	500	29.69	➡	0.0594
02403870	<i>Mar-Domperidone</i>	Marcan	500	29.69	➡	0.0594
02157195	<i>Novo-Domperidone</i>	Novopharm	500	29.69	➡	0.0594
02236466	<i>pms-Domperidone</i>	Phmscience	500	29.69	➡	0.0594
02268078	<i>Ran-Domperidone</i>	Ranbaxy	500	29.69	➡	0.0594
01912070	<i>ratio-Domperidone</i>	Ratiopharm	500	29.69	➡	0.0594

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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METOCLOPRAMIDE HYDROCHLORIDE

Oral Sol.

1 mg/mL

02230433	<i>Metonia</i>	Pendopharm	500 ml	24.10	0.0482
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Tab.

5 mg

02230431	<i>Metonia</i>	Pendopharm	100 500	5.73 27.80	0.0573 0.0556
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Tab.

10 mg

02230432	<i>Metonia</i>	Pendopharm	100 500	6.00 30.00	0.0600 0.0600
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56:36
ANTI-INFLAMMATORY AGENTS
5-AMINOSALICYLIC ACID

Ent. Tab.

1 g

02399466	<i>Pentasa</i>	Ferring	120	133.65	1.1138
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Ent. Tab.

400 mg

01997580	<i>Asacol</i>	Warner	180	95.22	0.5290
02171929	<i>Teva-5-ASA</i>	Teva Can	100 500	31.11 155.55	0.2651 0.2651

Ent. Tab.

500 mg

01914030	<i>Mesasal</i>	GSK	100	57.31	0.5731
02099683	<i>Pentasa</i>	Ferring	240 500	133.65 278.44	0.5569 0.5569
02112787	<i>Salofalk</i>	Aptalis	150 500	79.57 265.27	0.5305 0.5305

Ent. Tab.

800 mg

02267217	<i>Asacol 800</i>	Warner	180	185.04	1.0280
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L.A. Tab.

1.2 g

02297558	<i>Mezavant</i>	Shire	120	186.77	1.5564
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Rect. Susp.

2 g

02112795	<i>Salofalk (58,2 mL)</i>	Aptalis	1	3.68	
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Rect. Susp.

 4 g **PPB**

02153556	<i>Pentasa (100 mL)</i>	Ferring	1	4.46	
02112809	<i>Salofalk (58,2 mL)</i>	Aptalis	1	6.24	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Supp.

1 g **PPB**

02153564	<i>Pentasa</i>	Ferring	30	48.00	➡ 1.6000
02242146	<i>Salofalk</i>	Aptalis	30	48.00	➡ 1.6000

Supp.

500 mg

02112760	<i>Salofalk</i>	Aptalis	30	34.19	1.1397
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OLSALAZINE SODIUM 

Caps.

250 mg

02063808	<i>Dipentum</i>	Search Phm	100	49.93	🚫 0.4971
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56:92

GI DRUGS, MISCELLANEOUS

LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCINE 

Kit

30 mg-2 x 500 mg-500 mg

02238525	<i>Hp-PAC</i>	Abbott	7	80.88	11.5543
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60:00
GOLD COMPOUNDS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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60:00

GOLD COMPOUNDS

SODIUM AUROTHIOMALATE 

I.M. Inj. Sol.

				10 mg/mL	
01927620	<i>Myochrysine</i>	SanofiAven	1 ml	9.92	

I.M. Inj. Sol.

				25 mg/mL	
01927612	<i>Myochrysine</i>	SanofiAven	1 ml	12.05	

I.M. Inj. Sol.

				50 mg/mL	
01927604	<i>Myochrysine</i>	SanofiAven	1 ml	18.74	

64:00

HEAVY METALS ANTAGONISTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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64:00
HEAVY METALS ANTAGONISTS
DEFEROXAMINE MESYLATE 

Inj. Pd.				2 g	PPB	
01981250	<i>Desferal</i>	Novartis	1		56.13	W
02247022	<i>Mesylate de desferrioxamine pour injection</i>	Hospira	1	➡	20.31	
02243450	<i>pms-Deferoxamine</i>	Phmscience	1	➡	20.31	

Inj. Pd.				500 mg	PPB	
01981242	<i>Desferal</i>	Novartis	1		13.97	
02241600	<i>Mesylate de desferrioxamine pour injection</i>	Hospira	1	➡	5.08	
02242055	<i>pms-Deferoxamine</i>	Phmscience	1	➡	5.08	

PENICILLAMINE 

Caps.				250 mg		
00016055	<i>Cuprimine</i>	Valeant	100		74.92	0.7492

68:00

HORMONES AND SYNTHETIC SUBSTITUTES

68:04	adrenals
68:08	androgens
68:12	contraceptives
68:16	estrogens and antiestrogens
68:16.04	estrogens
68:16.12	estrogen agonist-antagonists
68:18	gonadotropins
68:20	antidiabetic agents
68:20.02	alpha-glucosidase inhibitors
68:20.04	biguanides
68:20.08	insulins
68:20.20	sulfonylureas
68:22	antihypoglycemic agents
68:22.12	glycogenolytic agents
68:24	parathyroid
68:28	pituitary
68:32	progestins
68:36	thyroid and antithyroid agents
68:36.04	thyroid agents
68:36.08	antithyroid agents

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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68:04

ADRENALS

BECLOMETHASONE DIPROPIONATE

Oral aerosol

50 mcg/dose

02242029	<i>Qvar</i>	Valeant	200 dose(s)	29.28	
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Oral aerosol

100 mcg/dose

02242030	<i>Qvar</i>	Valeant	200 dose(s)	58.56	
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BUDESONIDE

Inh. Pd.

100 mcg/dose

00852074	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	30.90	
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Inh. Pd.

200 mcg/dose

00851752	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	63.16	
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Inh. Pd.

400 mcg/dose

00851760	<i>Pulmicort Turbuhaler</i>	AZC	200 dose(s)	93.00	
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Sol. Inh.

0.125 mg/mL (2 mL)

02229099	<i>Pulmicort nebuamp</i>	AZC	20	8.57	0.4285
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Sol. Inh.

0.25 mg/mL (2 mL)

01978918	<i>Pulmicort nebuamp</i>	AZC	20	17.14	0.8570
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Sol. Inh.

0.5 mg/mL (2mL)

01978926	<i>Pulmicort nebuamp</i>	AZC	20	34.28	1.7140
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CICLESONIDE

Oral aerosol

100 mcg/dose

02285606	<i>Alvesco</i>	Takeda	120 dose(s)	44.15	
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Oral aerosol

200 mcg/dose

02285614	<i>Alvesco</i>	Takeda	120 dose(s)	72.81	
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CORTISONE ACETATE

Tab.

25 mg

00280437	<i>Cortisone Acetate-ICN</i>	Valeant	100	30.66	0.3066
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DEXAMETHASONE

Elix.

0.5 mg/5 mL

01946897	<i>pms-Dexamethasone</i>	Phmscience	100 ml	37.85	0.3085
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Tab.

0.5 mg **PPB**

02261081	<i>Apo-Dexamethasone</i>	Apotex	100	7.82	0.0782
02237044	<i>phl-Dexamethasone</i>	Pharmel	100	7.82	0.0782
01964976	<i>pms-Dexamethasone</i>	Phmscience	100	7.82	0.0782

Tab.

0.75 mg

01964968	<i>pms-Dexamethasone</i>	Phmscience	100	46.20	0.4620
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Tab.

2 mg

02279363	<i>pms-Dexamethasone</i>	Phmscience	100	42.36	0.4236
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Tab.

4 mg **PPB**

02250055	<i>Apo-Dexamethasone</i>	Apotex	100	30.46	0.3046
00489158	<i>Dexasone</i>	Valeant	100	30.46	0.3046
02237046	<i>phl-Dexamethasone</i>	Pharmel	100	30.46	0.3046
01964070	<i>pms-Dexamethasone</i>	Phmscience	100	30.46	0.3046
02311267	<i>Pro-Dexamethasone-4</i>	Pro Doc	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>				
02260301	<i>phl-Dexamethasone</i>	Pharmel	10 ml	12.83	
00783900	<i>pms-Dexamethasone</i>	Phmscience	10 ml	12.83	

FLUDROCORTISONE ACETATE

Tab.

0.1 mg

02086026	<i>Florinef</i>	Paladin	100	23.96	0.2396
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUTICASONE FUROATE

Inh. Pd.

				100 mcg	
02446561	<i>Arnuity Ellipta</i>	GSK	30 dose(s)	34.70	

Inh. Pd.

				200 mcg	
02446588	<i>Arnuity Ellipta</i>	GSK	30 dose(s)	69.40	

FLUTICASONE PROPIONATE

Inh. Pd.

				100 mcg/coque	
02237245	<i>Flovent Diskus</i>	GSK	60 dose(s)	22.61	

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	
02244291	<i>Flovent HFA</i>	GSK	120 dose(s)	22.61	

Oral aerosol

				125 mcg/dose	
02244292	<i>Flovent HFA</i>	GSK	120 dose(s)	38.05	

Oral aerosol

				250 mcg/dose	
02244293	<i>Flovent HFA</i>	GSK	120 dose(s)	76.11	

HYDROCORTISONE

Tab.

				10 mg	
00030910	<i>Cortef</i>	Pfizer	100	14.26	0.1426





Tab.




				20 mg	
00030929	<i>Cortef</i>	Pfizer	100	25.76	0.2576

HYDROCORTISONE SODIUM SUCCINATE

Inj. Pd.

				1 g PPB	
00878626	<i>Hydrocortisone</i>	Novopharm	1	8.60	
00030635	<i>Solu-Cortef</i>	Pfizer	1	14.02	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 100 mg PPB					
00872520	Hydrocortisone	Novopharm	1	➡ 2.00	
00030600	Solu-Cortef	Pfizer	1	3.25	
Inj. Pd. 250 mg PPB					
00872539	Hydrocortisone	Novopharm	1	➡ 3.40	
00030619	Solu-Cortef	Pfizer	1	5.64	
Inj. Pd. 500 mg PPB					
00878618	Hydrocortisone	Novopharm	1	➡ 5.10	
00030627	Solu-Cortef	Pfizer	1	8.36	
METHYLPREDNISOLONE 					
Tab. 4 mg					
00030988	Medrol	Pfizer	100	32.93	0.3293
Tab. 16 mg					
00036129	Medrol	Pfizer	100	95.03	0.9503
METHYLPREDNISOLONE ACETATE 					
Inj. Susp. 20 mg/mL					
01934325	Depo-Medrol	Pfizer	5 ml	10.76	
Inj. Susp. 40 mg/mL					
01934333	Depo-Medrol	Pfizer	2 ml	9.11	
00030759	Depo-Medrol (sans preservatif)	Pfizer	5 ml	16.45	
			1 ml	4.75	
Inj. Susp. 80 mg/mL					
00030767	Depo-Medrol	Pfizer	1 ml	9.11	
METHYLPREDNISOLONE ACETATE/ LIDOCAINE HYDROCHLORIDE 					
Inj. Susp. 40 mg -10 mg/mL					
00260428	Depo-Medrol & Lidocaine	Pfizer	1 ml	5.48	
			2 ml	9.15	
METHYLPREDNISOLONE SODIUM SUCCINATE 					
Inj. Pd. 1 g PPB					
02241229	Methylprednisolone	Novopharm	1	➡ 31.00	
02367971	Solu-Medrol	Pfizer	1	43.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd. 40 mg PPB					
02231893	<i>Methylprednisolone</i>	Novopharm	1	➡ 3.60	
02367947	<i>Solu-Medrol</i>	Pfizer	1	4.82	
Inj. Pd. 125 mg PPB					
02231894	<i>Methylprednisolone</i>	Novopharm	1	➡ 8.50	
02367955	<i>Solu-Medrol</i>	Pfizer	1	11.43	
Inj. Pd. 500 mg PPB					
02231895	<i>Methylprednisolone</i>	Novopharm	1	➡ 18.60	
02367963	<i>Solu-Medrol</i>	Pfizer	1	28.66	
MOMETASON FUROATE 					
Inh. Pd. 200 mcg/dose					
02243595	<i>Asmanex Twisthaler</i>	Merck	60 dose(s)	32.00	
Inh. Pd. 400 mcg/dose					
02243596	<i>Asmanex Twisthaler</i>	Merck	30 dose(s) 60 dose(s)	32.00 64.00	
PREDNISOLONE SODIUM PHOSPHATE 					
Oral Sol. 5 mg/5 mL PPB					
02230619	<i>Pediapred</i>	SanofiAven	120 ml	12.70	0.1058
02245532	<i>pms-Prednisolone</i>	Phmscience	120 ml	8.05 ➡	0.0671
PREDNISONE 					
Tab. 1 mg					
00271373	<i>Winpred</i>	AA Pharma	100	10.66	0.1066
Tab. 5 mg PPB					
00312770	<i>Apo-Prednisone</i>	Apotex	100 1000	2.20 ➡ 21.95 ➡	0.0220 0.0220
00021695	<i>Novo-Prednisone</i>	Novopharm	100 1000	2.20 ➡ 21.95 ➡	0.0220 0.0220
00156876	<i>Prednisone-5</i>	Pro Doc	1000	21.95 ➡	0.0220
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TRIAMCINOLONE ACETONIDE

I.M. 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	

Inj. Susp.

10 mg/mL

01999761	<i>Kenalog-10</i>	B.M.S.	5 ml	15.71	
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68:08
ANDROGENS
DANAZOL

Caps.

50 mg

02018144	<i>Cyclomen</i>	SanofiAven	100	78.72	0.7872
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Caps.

100 mg

02018152	<i>Cyclomen</i>	SanofiAven	100	116.79	1.1679
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Caps.

200 mg

02018160	<i>Cyclomen</i>	SanofiAven	100	186.61	1.8661
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TESTOSTERONE

Patch

2.5 mg/24 h

02239653	<i>Androderm</i>	Actavis	60	118.43	1.9738
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Patch

5 mg/24 h

02245972	<i>Androderm</i>	Actavis	30	118.43	3.9477
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Top. Jel.

1% (2.5 g)

02245345	<i>AndroGel</i>	BGP Pharma	30	65.13	2.1710
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Top. Jel.

1 % (5.0 g) **PPB**

02245346	<i>AndroGel</i>	BGP Pharma	30	115.17	3.8390
02280248	<i>Testim 1%</i>	Paladin	30	103.52	3.4507

Top. Sol.

2 %

02382369	<i>Axiron</i>	Lilly	110 ml	103.52	
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TESTOSTERONE CYPIONATE

Oily Inj. Sol.

100 mg/mL

00030783	<i>Depo-Testosterone</i>	Pfizer	10 ml	24.45	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TESTOSTERONE ENANTHATE

Oily Inj. Sol.

200 mg/mL

00029246	<i>Delatestryl</i>	Valeant	5 ml	24.42	
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TESTOSTERONE UNDECANOATE

Caps.

40 mg **PPB**

00782327	<i>Andriol</i>	Merck	60	56.40	0.9400
02322498	<i>pms-Testosterone</i>	Phmscience	100	47.00	➡ 0.4700
			120	56.40	➡ 0.4700
02421186	<i>Taro-Testosterone</i>	Taro	60	28.20	➡ 0.4700
			120	56.40	➡ 0.4700

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CONTRACEPTIVES

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	➡ 7.77	
02317206	<i>Apri 28</i>	Teva Can	1	➡ 7.77	
02396491	<i>Freya 21</i>	Mylan	1	➡ 7.77	
02396610	<i>Freya 28</i>	Mylan	1	➡ 7.77	
02042487	<i>Marvelon 21</i>	Merck	1	12.95	
02042479	<i>Marvelon 28</i>	Merck	1	12.95	
02410249	<i>Mirvala 21</i>	Apotex	1	➡ 7.77	
02410257	<i>Mirvala 28</i>	Apotex	1	➡ 7.77	
02420813	<i>reclipsen 21</i>	ActavisPhm	1	➡ 7.77	
02417464	<i>reclipsen 28</i>	ActavisPhm	1	➡ 7.77	

ETHINYLESTRADIOL/ DROSPIRENONE

Tab.

0.02 mg -3 mg **PPB**

02415380	<i>Mya</i>	Apotex	1	➡ 10.06	
02321157	<i>Yaz</i>	Bayer	1	11.84	

Tab.

0.03 mg - 3 mg **PPB**

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	➡ 9.01	
02410796	<i>Zamine 28</i>	Apotex	1	➡ 9.01	
02385058	<i>Zarah 21</i>	Cobalt	1	➡ 9.01	
02385066	<i>Zarah 28</i>	Cobalt	1	➡ 9.01	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ETHINYLESTRADIOL/ ETHYNODIOL DIACETATE 

Tab.

0.03 mg -2 mg

00469327	<i>Demulen 30 (21)</i>	Pfizer	1	11.91	
00471526	<i>Demulen 30 (28)</i>	Pfizer	1	12.74	

ETHINYLESTRADIOL/ ETONOGESTREL 

Vaginal ring

2.6 mg -11.4 mg

02253186	<i>Nuvaring</i>	Merck	1	14.72	
			3	44.16	

ETHINYLESTRADIOL/ LEVONORGESTREL - ETHINYLESTRADIOL 

Tab.

0.03 mg - 0.15 mg (84 co.)/0.01 mg (7 co.)

02346176	<i>Seasonique</i>	Paladin	1	52.66	
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ETHINYLESTRADIOL/ NORELGESTROMIN 

Patch (3)

0.60 mg - 6 mg

02248297	<i>Evra</i>	Janss. Inc	1	14.95	
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ETHINYLESTRADIOL/ NORETHINDRONE 

Tab.

0.035 mg -0.5 mg **PPB**

02187086	<i>Brevicon 0.5/35 (21)</i>	Pfizer	1	➡	10.92
02187094	<i>Brevicon 0.5/35 (28)</i>	Pfizer	1	➡	10.92
00317047	<i>Ortho 0.5/35 (21)</i>	Janss. Inc	1		12.69
00340731	<i>Ortho 0.5/35 (28)</i>	Janss. Inc	1		12.69

Tab.

0.035 mg -0.5 mg -0.035 mg -0.75 mg -0.035 mg -1 mg

00602957	<i>Ortho 7/7/7 (21)</i>	Janss. Inc	1		12.69
00602965	<i>Ortho 7/7/7 (28)</i>	Janss. Inc	1		12.69

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 **PPB**

02189054	<i>Brevicon 1/35 (21)</i>	Pfizer	1		10.92
02189062	<i>Brevicon 1/35 (28)</i>	Pfizer	1		10.92
00372846	<i>Ortho 1/35 (21)</i>	Janss. Inc	1		12.55
00372838	<i>Ortho 1/35 (28)</i>	Janss. Inc	1		12.55
02197502	<i>Select 1/35 (21)</i>	Pfizer	1	➡	7.37
02199297	<i>Select 1/35 (28)</i>	Pfizer	1	➡	7.37

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ETHINYLESTRADIOL/ NORETHINDRONE ACETATE 

Tab.		0.02 mg -1 mg			
00315966	<i>Minestrin 1/20 (21)</i>	Warner	1	12.73	
00343838	<i>Minestrin 1/20 (28)</i>	Warner	1	12.73	

Tab.		0.03 mg -1.5 mg			
00297143	<i>Loestrin 1.5/30 (21)</i>	Warner	1	12.73	
00353027	<i>Loestrin 1.5/30 (28)</i>	Warner	1	12.73	

ETHINYLESTRADIOL NORGESTIMATE 



Tab.		0.025 mg/0.180 mg - 0.215 mg -0.250 mg PPB			
02401967	<i>Tricira Lo (21)</i>	Apotex	1	9.47	
02401975	<i>Tricira Lo (28)</i>	Apotex	1	9.47	
02258560	<i>Tri-Cyclen LO (21)</i>	Janss. Inc	1	12.15	
02258587	<i>Tri-Cyclen LO (28)</i>	Janss. Inc	1	12.15	

Tab.		0.035 mg -0.180 mg -0.035 mg -0.215 mg -0.035 mg -0.25 mg			
02028700	<i>Tri-Cyclen (21)</i>	Janss. Inc	1	12.69	
02029421	<i>Tri-Cyclen (28)</i>	Janss. Inc	1	12.69	

Tab.		0.035 mg -0.25 mg			
01968440	<i>Cyclen (21)</i>	Janss. Inc	1	12.69	
01992872	<i>Cyclen (28)</i>	Janss. Inc	1	12.69	

ETHINYLESTRADIOL/ 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	7.62	
02387883	<i>Alysena 28</i>	Apotex	1	7.62	
02298538	<i>Aviane 21</i>	Teva Can	1	7.62	
02298546	<i>Aviane 28</i>	Teva Can	1	7.62	
02388138	<i>Esme 21</i>	Mylan	1	7.62	
02388146	<i>Esme 28</i>	Mylan	1	7.62	
02401185	<i>Lutera 21</i>	Cobalt	1	7.62	
02401207	<i>Lutera 28</i>	Cobalt	1	7.62	

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	 11.7000
00707503	<i>Triquilar 28</i>	Bayer	1	14.52	 11.7000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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>	Paladin	1	54.06	

LEVONORGESTREL

Intra-Uter. Sys.

13.5 mg

02408295	<i>Jaydess</i>	Bayer	1	270.68	
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Intra-Uter. Sys.

52 mg

02243005	<i>Mirena</i>	Bayer	1	326.06	
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LEVONORGESTREL

Tab.

0.75 mg **PPB**

02364905	<i>Next Choice</i>	ActavisPhm	2	8.77	4.3850
02285576	<i>Norlevo</i>	Bayer	2	16.24	8.1200
02371189	<i>Option 2</i>	Teva Can	2	8.77	4.3850
02241674	<i>Plan B</i>	Paladin	2	16.24	8.1200

Tab.

1.5 mg

+ 02425009	<i>Contingency One</i>	Mylan	1	8.60	
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NORETHINDRONE

Tab. (28)

0.35 mg **PPB**

02441306	<i>Jencycla</i>	Lupin	1	10.99	
00037605	<i>Micronor</i>	Janss. Inc	1	12.69	
02410303	<i>Movisse</i>	Mylan	1	10.99	

ULIPRISTAL ACETATE

Tab.

5 mg

02408163	<i>Fibristal</i>	Actavis	30	343.80	11.4600
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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68:16.04

ESTROGENS

CONJUGATED ESTROGENS (BIOLOGICS)

Vag. Cr.

				0.625 mg/g	
02043440	Premarin	Pfizer	14 g	8.79	

ESTRADIOL-17B

Tab.

				0.5 mg	PPB	
02225190	Estrace	Acerus	100	13.44		0.1344
02449048	Lupin-Estradiol	Lupin	100	10.74	➔	0.1074

Tab.

				1 mg	PPB	
02148587	Estrace	Acerus	100	25.97		0.2597
02449056	Lupin-Estradiol	Lupin	100	20.78	➔	0.2078

Tab.

				2 mg	PPB	
02148595	Estrace	Acerus	100	45.86		0.4586
02449064	Lupin-Estradiol	Lupin	100	36.66	➔	0.3666

Vag. Tab (App.)

				10 mcg		
02325462	Vagifem 10	N.Nordisk	18	42.07		

Vaginal ring

				2 mg		
02168898	Estring	Paladin	1	62.77		

ESTRONE

Vag. Cr.

				1 mg/g		
00727369	Estragyn vaginal cream	Search Phm	45 g	15.55		

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ESTROGEN AGONIST-ANTAGONISTS

CLOMIFENE

Tab.

				50 mg		
00893722	Serophene	Serono	10	48.50		4.8500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RALOXIFENE HYDROCHLORIDE

Tab.

60 mg **PPB**

02358840	<i>ACT Raloxifene</i>	ActavisPhm	30	13.75	➡	0.4583
			100	45.83	➡	0.4583
02279215	<i>Apo-Raloxifene</i>	Apotex	100	45.83	➡	0.4583
02239028	<i>Evista</i>	Lilly	28	46.15		1.6482
02358921	<i>pms-Raloxifene</i>	Phmscience	30	13.75	➡	0.4583
			100	45.83	➡	0.4583
02415852	<i>Raloxifene</i>	Pro Doc	30	13.75	➡	0.4583
			100	45.83	➡	0.4583
02312298	<i>Teva-Raloxifene</i>	Novopharm	100	45.83	➡	0.4583

68:18

GONADOTROPINS

DEGARELIX ACETATE

Kit

80 mg

02337029	<i>Firmagon</i>	Ferring	1	255.00		
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Kit

120 mg

02337037	<i>Firmagon</i>	Ferring	1	690.00		
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NAFARELIN ACETATE

Nas. spray

2 mg/mL

02188783	<i>Synarel</i>	Pfizer	8 ml	283.56		
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68:20.02

ALPHA-GLUCOSIDASE INHIBITORS

ACARBOSE

Tab.

50 mg

02190885	<i>Glucobay</i>	Bayer	120	29.76		0.2480
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Tab.

100 mg

02190893	<i>Glucobay</i>	Bayer	120	41.15		0.3429
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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68:20.04

BIGUANIDES

METFORMIN HYDROCHLORIDE 

Tab.

500 mg **PPB**

02257726	<i>ACT Metformin</i>	ActavisPhm	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02167786	<i>Apo-Metformin</i>	Apotex	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02438275	<i>Auro-Metformin</i>	Aurobindo	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02099233	<i>Glucophage</i>	SanofiAven	100	23.68		0.2368
			500	106.53		0.2131
02380196	<i>Jamp-Metformin</i>	Jamp	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02380722	<i>Jamp-Metformin Blackberry</i>	Jamp	500	22.20	➡	0.0444
02378620	<i>Mar-Metformin</i>	Marcan	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02378841	<i>Metformin</i>	Marcan	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02353377	<i>Metformin</i>	Sanis	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02385341	<i>Metformin FC</i>	Sivem	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02388766	<i>Mint-Metformin</i>	Mint	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02148765	<i>Mylan-Metformin</i>	Mylan	360	15.98	➡	0.0444
			500	22.20	➡	0.0444
02045710	<i>Novo-Metformin</i>	Novopharm	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02246964	<i>phl-Metformin</i>	Pharmel	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02223562	<i>pms-Metformin</i>	Phmscience	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02314908	<i>Pro-Metformin</i>	Pro Doc	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02269031	<i>Ran-Metformin</i>	Ranbaxy	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02242974	<i>ratio-Metformin</i>	Ratiopharm	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02239081	<i>Riva-Metformin</i>	Riva	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02246820	<i>Sandoz Metformin FC</i>	Sandoz	100	4.44	➡	0.0444
			500	22.20	➡	0.0444
02379767	<i>Septa-Metformin</i>	Septa	100	4.44	➡	0.0444
			500	22.20	➡	0.0444

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

850 mg **PPB**

02257734	<i>ACT Metformin</i>	ActavisPhm	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02229785	<i>Apo-Metformin</i>	Apotex	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02438283	<i>Auro-Metformin</i>	Aurobindo	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02162849	<i>Glucophage</i>	SanofiAven	100	30.80		0.3080
02380218	<i>Jamp-Metformin</i>	Jamp	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02380730	<i>Jamp-Metformin Blackberry</i>	Jamp	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02378639	<i>Mar-Metformin</i>	Marcan	100	6.10	➡	0.0610
02378868	<i>Metformin</i>	Marcan	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02353385	<i>Metformin</i>	Sanis	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02385368	<i>Metformin FC</i>	Sivem	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02388774	<i>Mint-Metformin</i>	Mint	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02229656	<i>Mylan-Metformin</i>	Mylan	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02230475	<i>Novo-Metformin</i>	Novopharm	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02242589	<i>pms-Metformin</i>	Phmscience	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02314894	<i>Pro-Metformin</i>	Pro Doc	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02269058	<i>Ran-Metformin</i>	Ranbaxy	100	6.10	➡	0.0610
02242931	<i>ratio-Metformin</i>	Ratiopharm	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02242783	<i>Riva-Metformin</i>	Riva	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02246821	<i>Sandoz Metformin FC</i>	Sandoz	100	6.10	➡	0.0610
			500	30.50	➡	0.0610
02379775	<i>Septa-Metformin</i>	Septa	100	6.10	➡	0.0610
			500	30.50	➡	0.0610

68:20.08

INSULINS

ASPART INSULIN

S.C. Inj. Sol.

100 U/mL

02245397	<i>NovoRapid</i>	N.Nordisk	10 ml	25.37	
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S.C. Inj. Sol.

100 U/mL (3 mL)

02377209	<i>NovoRapid FlexTouch</i>	N.Nordisk	5	50.79	
02244353	<i>NovoRapid Penfill</i>	N.Nordisk	5	50.79	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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	

INSULIN GLULISINE

S.C. Inj. Sol.			100 U/mL		
02279460	<i>Apidra</i>	SanofiAven	10 ml	24.50	

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	

S.C. Inj. Susp.			40 U -60 U/mL (3 mL)		
02024314	<i>Novolin ge 40/60 Penfill</i>	N.Nordisk	5	36.75	

S.C. Inj. Susp.			50 U -50 U/mL(3 mL)		
02024322	<i>Novolin ge 50/50 Penfill</i>	N.Nordisk	5	36.75	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LISPRO INSULIN

S.C. Inj. Sol.

100 U/mL

02229704	<i>Humalog</i>	Lilly	10 ml	26.17	
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S.C. Inj. Sol.

100 U/mL (3 mL)

02229705	<i>Humalog</i>	Lilly	5	51.44	
02403412	<i>Humalog KwikPen</i>	Lilly	5	51.44	

S.C. Inj. Sol.

200 U/mL (3 mL)

02439611	<i>Humalog KwikPen</i>	Lilly	5	102.88	
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68:20.20

SULFONYLUREAS

CHLORPROPAMIDE

Tab.

100 mg

00399302	<i>Apo-Chlorpropamide</i>	Apotex	100	7.45	0.0745
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Tab.











250 mg

00312711	<i>Apo-Chlorpropamide</i>	Apotex	100	18.15	 0.0450
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GLYBURIDE

Tab.

2.5 mg **PPB**

01913654	<i>Apo-Glyburide</i>	Apotex	100	3.21	 0.0321
			500	16.03	 0.0321
02224550	<i>Diabeta</i>	SanofiAven	30	3.51	0.1170
02350459	<i>Glyburide</i>	Sanis	100	3.21	 0.0321
			500	16.03	 0.0321
01959352	<i>Glyburide-2.5</i>	Pro Doc	100	3.21	 0.0321
			500	16.03	 0.0321
01900927	<i>ratio-Glyburide</i>	Ratiopharm	300	9.62	 0.0321
02236543	<i>Riva-Glyburide</i>	Pharmel	500	16.03	 0.0321
02248008	<i>Sandoz Glyburide</i>	Sandoz	500	16.03	 0.0321
01913670	<i>Teva-Glyburide</i>	Teva Can	500	16.03	 0.0321

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

5 mg **PPB**

01913662	<i>Apo-Glyburide</i>	Apotex	100	5.73	➡	0.0573
			500	28.65	➡	0.0573
02224569	<i>Diabeta</i>	SanofiAven	30	6.25		0.2083
02350467	<i>Glyburide</i>	Sanis	100	5.73	➡	0.0573
			500	28.65	➡	0.0573
02236734	<i>pms-Glyburide</i>	Phmscience	30	1.72	➡	0.0573
			500	28.65	➡	0.0573
02316544	<i>Pro-Glyburide</i>	Pro Doc	30	1.72	➡	0.0573
			500	28.65	➡	0.0573
01900935	<i>ratio-Glyburide</i>	Ratiopharm	30	1.72	➡	0.0573
			300	17.19	➡	0.0573
02236548	<i>Riva-Glyburide</i>	Pharmel	500	28.65	➡	0.0573
01913689	<i>Teva-Glyburide</i>	Teva Can	500	28.65	➡	0.0573

TOLBUTAMIDE

Tab.

500 mg

00312762	<i>Tolbutamide</i>	AA Pharma	100	10.89	☞	0.0855
			1000	108.90	☞	0.0712

68:22.12

GLYCOGENOLYTIC AGENTS

GLUCAGON

Inj. Pd.

1 mg **PPB**

02333619	<i>GlucaGen</i>	Paladin	1	➡	77.10	
02333627	<i>GlucaGen HypoKit</i>	Paladin	1	➡	77.10	
02243297	<i>Glucagon</i>	Lilly	1		85.67	

68:24

PARATHYROID

CALCITONIN SALMON (SYNTHETIC)

Inj. Sol.

100 UI

02007134	<i>Caltine</i>	Ferring	1 ml	7.82		
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Inj. Sol.

200 U/mL

01926691	<i>Calcimar Solution</i>	SanofiAven	2 ml	46.04		
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68:28

PITUITARY

DESMOPRESSIN ACETATE

Inj. Sol.

4 mcg/mL

00873993	<i>DDAVP</i>	Ferring	1 ml	10.06		
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Inj. Sol.

15 mcg/mL

02024179	<i>Octostim</i>	Ferring	1 ml	34.56		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Nas. Sol.			0.1 mg/mL		
00402516	DDAVP	Ferring	2.5 ml	47.20	

Nas. spray			10 mcg/dose PPB		
00836362	DDAVP	Ferring	25 dose(s)	47.20	
			50 dose(s)	94.40	
02242465	Desmopressin	AA Pharma	25 dose(s)	➡ 35.40	
			50 dose(s)	➡ 70.80	

Nas. spray			150 mcg/dose		
02237860	Octostim	Ferring	25 dose(s)	386.00	

Tab. or Tab. Oral Disint.			0.1 mg or 0.06 mg PPB		
02284030	Apo-Desmopressin	Apotex	100	33.03	➡ 0.3303
00824305	DDAVP	Ferring	30	39.65	1.3217
02284995	DDAVP Melt	Ferring	30	29.73	0.9910
02287730	Novo-Desmopressin	Novopharm	30	9.91	➡ 0.3303
02304368	pms-Desmopressin	Phmscience	100	33.03	➡ 0.3303

Tab. or Tab. Oral Disint.			0.2 mg ou 0.12 mg PPB		
02284049	Apo-Desmopressin	Apotex	100	66.07	➡ 0.6607
00824143	DDAVP	Ferring	30	79.30	➡ 2.6433
			100	264.32	➡ 2.6432
02285002	DDAVP Melt	Ferring	30	59.47	1.9823
02304376	pms-Desmopressin	Phmscience	100	66.07	➡ 0.6607
02287749	Teva-Desmopressin	Novopharm	30	19.82	➡ 0.6607

68:32
PROGESTINS
DIENOGEST 

Tab.			2 mg		
02374900	Visanne	Bayer	28	55.00	1.9643

MEDROXYPROGESTERONE ACETATE 

I.M. Inj. Susp.			50 mg/mL		
00030848	Depo-Provera	Pfizer	5 ml	24.65	

I.M. Inj. Susp.			150 mg/mL		
00585092	Depo-Provera	Pfizer	1 ml	26.98	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			2.5 mg PPB		
02244726	<i>Apo-Medroxy</i>	Apotex	100	4.16 ➡	0.0416
			500	20.79 ➡	0.0416
02253550	<i>Medroxy-2.5</i>	Pro Doc	100	4.16 ➡	0.0416
			500	20.79 ➡	0.0416
02221284	<i>Novo-Medrone</i>	Novopharm	100	4.16 ➡	0.0416

Tab.			5 mg PPB		
02244727	<i>Apo-Medroxy</i>	Apotex	100	8.23 ➡	0.0823
02253577	<i>Medroxy-5</i>	Pro Doc	100	8.23 ➡	0.0823
02221292	<i>Novo-Medrone</i>	Novopharm	100	8.23 ➡	0.0823
00030937	<i>Provera</i>	Pfizer	100	26.25	0.2625

Tab.			10 mg PPB		
02277298	<i>Apo-Medroxy</i>	Apotex	100	16.70 ➡	0.1670
02221306	<i>Novo-Medrone</i>	Novopharm	100	16.70 ➡	0.1670

Tab.			100 mg		
02267640	<i>Apo-Medroxy</i>	Apotex	100	120.57 ☞	0.9519

PROGESTERONE

Oily Inj. Sol.

			50 mg/mL PPB		
02446820	<i>ACT Progesterone Injection</i>	ActavisPhm	10 ml	➡ 58.61	
01977652	<i>Progesterone</i>	Cytex	10 ml	➡ 58.61	

68:36.04

THYROID AGENTS

LEVOTHYROXINE (SODIUM)

Tab.			0.025 mg		
02264323	<i>Euthyrox</i>	Serono	1000	56.44	0.0564
02172062	<i>Synthroid</i>	BGP Pharma	90	6.97	0.0774
			1000	71.09	0.0711

Tab.			0.05 mg		
* 02213192	<i>Eltroxin</i>	Aspen	500	13.70	0.0274
02264331	<i>Euthyrox</i>	Serono	1000	24.92	0.0249
02172070	<i>Synthroid</i>	BGP Pharma	90	4.21	0.0468
			1000	42.53	0.0425

Tab.			0.075 mg		
02264358	<i>Euthyrox</i>	Serono	1000	61.00	0.0610
02172089	<i>Synthroid</i>	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. 0.088 mg					
02264366	<i>Euthyrox</i>	Serono	1000	61.00	0.0610
02172097	<i>Synthroid</i>	BGP Pharma	90	7.52	0.0836
			1000	76.75	0.0768
Tab. 0.1 mg					
* 02213206	<i>Eltroxin</i>	Aspen	500	16.82	0.0336
02264374	<i>Euthyrox</i>	Serono	1000	30.60	0.0306
02172100	<i>Synthroid</i>	BGP Pharma	90	5.58	0.0620
			1000	56.61	0.0566
Tab. 0.112 mg					
02264390	<i>Euthyrox</i>	Serono	1000	64.41	0.0644
02171228	<i>Synthroid</i>	BGP Pharma	90	7.96	0.0884
			1000	81.04	0.0810
Tab. 0.125 mg					
02264404	<i>Euthyrox</i>	Serono	1000	65.44	0.0654
02172119	<i>Synthroid</i>	BGP Pharma	90	8.09	0.0899
			1000	82.41	0.0824
Tab. 0.137 mg					
02264412	<i>Euthyrox</i>	Serono	100	11.48	0.1148
02233852	<i>Synthroid</i>	BGP Pharma	90	14.14	0.1571
			1000	157.07	0.1571
Tab. 0.15 mg					
* 02213214	<i>Eltroxin</i>	Aspen	500	18.66	0.0373
02264420	<i>Euthyrox</i>	Serono	1000	33.94	0.0339
02172127	<i>Synthroid</i>	BGP Pharma	90	5.99	0.0666
			1000	60.82	0.0608
Tab. 0.175 mg					
02264439	<i>Euthyrox</i>	Serono	1000	69.90	0.0699
02172135	<i>Synthroid</i>	BGP Pharma	90	8.64	0.0960
			1000	88.06	0.0881
Tab. 0.2 mg					
* 02213222	<i>Eltroxin</i>	Aspen	500	19.74	0.0395
02264447	<i>Euthyrox</i>	Serono	100	3.59	0.0359
02172143	<i>Synthroid</i>	BGP Pharma	90	6.41	0.0712
			1000	64.81	0.0648

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				0.3 mg	
* 02213230	<i>Eltroxin</i>	Aspen	500	29.61	0.0592
02264455	<i>Euthyrox</i>	Serono	100	7.85	0.0785
02172151	<i>Synthroid</i>	BGP Pharma	90	8.82	0.0980

LIOTHYRONINE (SODIUM)

Tab.

				5 mcg	
01919458	<i>Cytomel</i>	Pfizer	100	122.74	1.2274

Tab.

				25 mcg	
01919466	<i>Cytomel</i>	Pfizer	100	133.41	1.3341

68:36.08

ANTITHYROID AGENTS

METHIMAZOL

Tab.

				5 mg	
00015741	<i>Tapazole</i>	Paladin	100	24.73	0.2473

PROPYLTHIOURACIL

Tab.

				50 mg	
00010200	<i>Propyl-Thyracil</i>	Paladin	100	21.40	0.2140

Tab.

				100 mg	
00010219	<i>Propyl-Thyracil</i>	Paladin	100	33.50	0.3350

84:00

SKIN AND MUCOUS MEMBRANE AGENTS

84:04	anti-infectieux
84:04.04	antibiotics
84:04.08	antifungals
84:04.12	scabicides and pediculicides
84:04.92	local anti-infectives, miscellaneous
84:06	anti-inflammatory agents
84:28	keratolytic agents
84:32	keratoplastic agents
84:92	skin and mucous membrane agents, miscellaneous

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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84:04.04
ANTIBIOTICS
BACITRACIN

Inj./Top. Pd.

00030708	<i>Bacitracine</i>	Pfizer	50 ml	50 000 U 9.10	
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Top. Oint.

00584908	<i>Bacitin</i>	Pendopharm	30 g	500 U/g PPB 2.98 ➡	0.0993
02351714	<i>Bacitracin</i>	Jamp	450 g	44.72 ➡	0.0994

CLINDAMYCIN PHOSPHATE 

Top. Sol.

02243659	<i>Clinda-T</i>	Valeant	60 ml	1 % PPB ➡ 9.15	
00582301	<i>Dalacin T</i>	Pfizer	30 ml	8.93	
			60 ml	17.86	
02266938	<i>Taro-Clindamycin</i>	Taro	30 ml	➡ 6.78	
			60 ml	➡ 9.15	

FUSIDIC (ACID) 

Top. Cr.

00586668	<i>Fucidin</i>	Leo	30 g	2 % 17.78	0.5927
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METRONIDAZOLE 

Lot.

02248206	<i>Metro lotion</i>	Galderma	120 ml	0.75 % 61.52	W
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Top. Cr.

02226839	<i>Metrocreme</i>	Galderma	60 g	0.75 % 30.76	0.5127
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Top. Cr.

02156091	<i>Noritate</i>	Valeant	45 g	1 % 24.03	0.5340
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Top. Jel.

02297809	<i>Metrogel</i>	Galderma	55 g	1 % 33.00	0.6000
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MUPIROCIN

Top. Oint.

01916947	<i>Bactroban</i>	GSK CONS	15 g	2 % PPB 7.52	0.5013
			30 g	15.06	0.5020
02279983	<i>Taro-Mupirocin</i>	Taro	15 g	5.18 ➡	0.3453
			30 g	10.36 ➡	0.3453

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MUPIROCIN CALCIUM

Top. Cr.

2 %

02239757	<i>Bactroban</i>	GSK CONS	15 g	7.52	0.5013
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POLYMYXIN B SULFATE/ BACITRACIN (ZINC)

Top. Oint.

10 000 U -500 U/g PPB

00621366	<i>Bioderm</i>	Odan	15 g	5.04 ➡	0.3360
			30 g	6.37 ➡	0.2123
02357569	<i>Jampolycin</i>	Jamp	15 g	5.04 ➡	0.3360

SODIUM FUSIDATE

Top. Oint.

2 %

00586676	<i>Fucidin</i>	Leo	30 g	17.78	0.5927
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84:04.08

ANTIFUNGALS

CICLOPIROX OLAMINE

Lot.

1 %

02221810	<i>Loprox</i>	Valeant	60 ml	18.13	
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Top. Cr.

1 %

02221802	<i>Loprox</i>	Valeant	60 g	18.10	0.3017
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CLOTRIMAZOLE

Top. Cr.

10 mg/g

00812382	<i>Clotrimaderm</i>	Taro	20 g	4.20	0.2100
			30 g	6.30	0.2100
			50 g	9.00	0.1800
			500 g	44.20	0.0884

Vag. Cr. (App.)

1 % PPB

00812366	<i>Clotrimaderm</i>	Taro	50 g ➡	8.75	
00874051	<i>Neo-Zol</i>	Néolab	50 g ➡	8.75	

Vag. Cr. (App.)

2 %

00812374	<i>Clotrimaderm</i>	Taro	25 g	8.75	
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KETOCONAZOLE

Top. Cr.

2 %

02245662	<i>Ketoderm</i>	Taro	30 g	9.50	0.3167
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MICONAZOLE NITRATE

Vag. Cr. (App.)

2 %

02231106	<i>Micozole</i>	Taro	45 g	6.80	
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NYSTATIN

Top. Cr.

100 000 U/g **PPB**

00716871	<i>Nyaderm</i>	Taro	454 g	28.60	➡	0.0630
02194236	<i>ratio-Nystatin</i>	Ratiopharm	15 g	0.95	➡	0.0633
			30 g	1.89	➡	0.0630
			450 g	28.35	➡	0.0630

Top. Oint.

100 000 U/g

02194228	<i>ratio-Nystatin</i>	Ratiopharm	30 g	2.71		0.0903
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NYSTATIN

Vag. Cr. (App.)

25 000 U/g

00716901	<i>Nyaderm</i>	Taro	120 g	5.90		
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TERBINAFIN HYDROCHLORIDE

Top. Cr.

1 %

02031094	<i>Lamisil</i>	Novartis	30 g	14.83		0.4943
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Top. vap.

1 %

02238703	<i>Lamisil</i>	Novartis	30 ml	14.65		
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TERCONAZOL

Vag. Cr. (App.)

0.4 % **PPB**

02247651	<i>Taro-Terconazole</i>	Taro	45 g	➡	12.27	
00894729	<i>Terazol 7</i>	Janss. Inc	45 g		19.34	W

84:04.12

SCABICIDES AND PEDICULICIDES

DIMETICONE

Sol.

50% P/P

02373785	<i>Nyda</i>	Pediapharm	50 ml	22.42		
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ISOPROPYL MYRISTATE

Top. Sol.

50 %

02279592	<i>Resultz</i>	MedFutures	120 ml	11.50		
			240 ml	22.42		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PERMETHRIN

Cr. Rinse

				1 %	
02231480	<i>Kwellada-P Creme rinse</i>	Medtech	50 ml	4.48	
			200 ml	15.87	

Lot.

				5 %	
02231348	<i>Kwellada-P Lotion</i>	Medtech	100 ml	25.06	

Top. Cr.

				5 %	
02219905	<i>Nix</i>	GSK CONS	30 g	14.04	0.4680

PYRETHRINS/ PIPERONYL BUTOXYDE

Shamp.

				0.33 % -3 % à 4 %	PPB	
02229642	<i>Pronto Shampooing</i>	Del	59 ml	➡	4.45	
02125447	<i>R & C Shampoo with conditioner</i>	Medtech	50 ml		4.15	
			200 ml		14.71	➡ 0.0736

84:04.92

LOCAL ANTI-INFECTIVES, MISCELLANEOUS

SULFADIAZINE (SILVER)

Top. Cr.

				1 %		
00323098	<i>Flamazine</i>	S. & N.	20 g	4.86		0.2430
			50 g	10.96		0.2192
			500 g	66.01		0.1320

84:06

ANTI-INFLAMMATORY AGENTS

AMCINONIDE

Lot.

				0.1 %	PPB	
02192276	<i>Cyclocort</i>	GSK	60 ml		20.28	
02247097	<i>ratio-Amcinonide</i>	Teva Can	20 ml	➡	4.54	
			60 ml	➡	13.63	

Top. Cr.

				0.1 %	PPB	
02192284	<i>Cyclocort</i>	GSK	60 g		24.42	0.4070
02247098	<i>ratio-Amcinonide</i>	Ratiopharm	15 g		2.86	➡ 0.1907
			30 g		5.73	➡ 0.1910
			60 g		11.45	➡ 0.1908
02246714	<i>Taro-Amcinonide</i>	Taro	15 g		2.86	➡ 0.1907
			30 g		5.73	➡ 0.1910
			60 g		11.45	➡ 0.1908

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				0.1 % PPB	
02192268	<i>Cyclocort</i>	GSK	60 g	24.42	0.4070
02247096	<i>ratio-Amcinonide</i>	Teva Can	15 g	4.73	0.2853
			30 g	9.45	0.2847
			60 g	16.42	0.2737

BECLOMETHASONE DIPROPIONATE

Top. Cr.				0.025 %	
02089602	<i>Propaderm</i>	Valeant	45 g	19.13	0.4251
			120 g	51.01	0.4251

BETAMETHASONE DIPROPIONATE

Lot.				0.05 % PPB	
00417246	<i>Diprosone</i>	Merck	75 ml	14.85	
00809187	<i>ratio-Topisone</i>	Ratiopharm	30 ml	5.94	
			75 ml	14.85	

Top. Cr.				0.05 % PPB	
00323071	<i>Diprosone</i>	Merck	50 g	10.23	0.2046
00804991	<i>ratio-Topisone</i>	Ratiopharm	15 g	3.07	0.2047
			50 g	10.23	0.2046
01925350	<i>Taro-Sone</i>	Taro	50 g	10.24	0.2048

Top. Oint.				0.05 % PPB	
00344923	<i>Diprosone</i>	Merck	50 g	10.76	0.2152
00805009	<i>ratio-Topisone</i>	Ratiopharm	15 g	3.23	0.2153
			50 g	10.76	0.2152
			450 g	96.84	0.2152

BETAMETHASONE DIPROPIONATE/ GLYCOL BASE

Lot.				0.05 % PPB	
00862975	<i>Diprolene</i>	Merck	60 ml	16.18	
01927914	<i>ratio-Topilene</i>	Ratiopharm	30 ml	8.09	
			60 ml	16.18	

Top. Cr.				0.05 % PPB	
00688622	<i>Diprolene</i>	Merck	50 g	25.93	0.5186
00849650	<i>ratio-Topilene</i>	Ratiopharm	15 g	7.78	0.5187
			50 g	25.93	0.5186

Top. Oint.				0.05 % PPB	
00629367	<i>Diprolene</i>	Merck	50 g	25.93	0.5186
00849669	<i>ratio-Topilene</i>	Ratiopharm	15 g	7.78	0.5187
			50 g	25.93	0.5186

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID

Lot.

 0.05 % -2 % **PPB**

00578428	<i>Diprosalic Lotion</i>	Merck	60 ml	➡	21.14	
02245688	<i>ratio-Topisalic</i>	Teva Can	30 ml	➡	10.57	
			60 ml	➡	21.14	

Top. Oint.

0.05 % -3 %

00578436	<i>Diprosalic Pommade</i>	Merck	15 g		11.74	0.7827
			50 g		34.96	0.6992

BETAMETHASONE DISODIUM PHOSPHATE

Rect. Sol.

5 mg/ 100 mL

02060884	<i>Betnesol</i>	Paladin	100 ml		8.79	
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BETAMETHASONE VALERATE

Lot.

0.05 %

00653209	<i>ratio-Ectosone</i>	Teva Can	60 ml		11.40	
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Lot.

0.1 %

00750050	<i>ratio-Ectosone</i>	Teva Can	60 ml		15.00	
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Scalp Lot.

 0.1 % **PPB**

00716634	<i>Betaderm</i>	Taro	75 ml	➡	6.39	
00653217	<i>ratio-Ectosone</i>	Ratiopharm	30 ml	➡	2.56	
			75 ml	➡	6.39	
01940112	<i>Rivasone</i>	Riva	30 ml	➡	2.56	
			75 ml	➡	6.39	
00027944	<i>Valisone</i>	Valeant	75 ml		6.40	

Top. Cr.

 0.05 % **PPB**

00716618	<i>Betaderm</i>	Taro	454 g		27.06	➡ 0.0596
02357860	<i>Celestoderm V/2</i>	Valeant	450 g		26.80	➡ 0.0596

Top. Cr.

 0.1 % **PPB**

00716626	<i>Betaderm</i>	Taro	454 g		40.36	➡ 0.0889
02357844	<i>Celestoderm V</i>	Valeant	450 g		40.00	➡ 0.0889

Top. Oint.

 0.05 % **PPB**

00716642	<i>Betaderm</i>	Taro	454 g		27.06	➡ 0.0596
02357879	<i>Celestoderm V/2</i>	Valeant	450 g		26.80	➡ 0.0596

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Top. Oint.

0.1 % **PPB**

00716650	<i>Betaderm</i>	Taro	454 g	40.36 ➡	0.0889
02357852	<i>Celestoderm V</i>	Valeant	450 g	40.00 ➡	0.0889

BUDESONIDE

Rect. Sol.

0.02 mg/mL

02052431	<i>Entocort</i>	AZC	115 ml	8.24	
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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	➡ 11.94	
02232195	<i>pms-Clobetasol</i>	Phmscience	60 ml	➡ 11.94	
01910299	<i>ratio-Clobetasol</i>	Ratiopharm	20 ml	➡ 3.98	
			60 ml	➡ 11.94	
02245522	<i>Taro-Clobetasol</i>	Taro	60 ml	➡ 11.94	

Top. Cr.

0.05 % **PPB**

02213265	<i>Dermovate</i>	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
02024187	<i>Mylan-Clobetasol</i>	Mylan	50 g	11.40 ➡	0.2280
02093162	<i>Novo-Clobetasol</i>	Novopharm	50 g	11.40 ➡	0.2280
02309521	<i>pms-Clobetasol</i>	Phmscience	50 g	11.40 ➡	0.2280
01910272	<i>ratio-Clobetasol</i>	Ratiopharm	15 g	3.42 ➡	0.2280
			50 g	11.40 ➡	0.2280
			450 g	102.56 ➡	0.2279
02245523	<i>Taro-Clobetasol</i>	Taro	15 g	3.42 ➡	0.2280
			50 g	11.40 ➡	0.2280
			454 g	103.47 ➡	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 ➡	0.2280
02126192	<i>Novo-Clobetasol</i>	Novopharm	50 g	11.40 ➡	0.2280
02309548	<i>pms-Clobetasol</i>	Phmscience	50 g	11.40 ➡	0.2280
01910280	<i>ratio-Clobetasol</i>	Ratiopharm	15 g	3.42 ➡	0.2280
			50 g	11.40 ➡	0.2280
			450 g	102.56 ➡	0.2279
02245524	<i>Taro-Clobetasol</i>	Taro	15 g	3.42 ➡	0.2280
			50 g	11.40 ➡	0.2280

CLOBETASONE BUTYRATE

Top. Cr.

0.05 %

02214415	<i>Spectro Eczemacare medicated cream</i>	GSK CONS	30 g	11.45	0.3817
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DESONIDE

Top. Cr.

				0.05 %	
02229315	<i>PDP-Desonide</i>	Pendopharm	15 g	3.92	0.2613
			60 g	15.66	0.2610
			454 g	118.49	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>	Valeant	20 g	9.08	0.4540
			60 g	22.97	0.3828

Emol. Top. Cr.

				0.25 %	
02221896	<i>Topicort</i>	Valeant	20 g	13.08	0.6540
			60 g	34.59	0.5765

Top. Jel.

				0.05 %	
02221926	<i>Topicort</i>	Valeant	60 g	26.82	0.4470

Top. Oint.

				0.25 %	
02221934	<i>Topicort</i>	Valeant	60 g	34.59	0.5765

DIFLUCORTOLONE VALERATE

Oil. Top. Cr.

				0.1 %	
00587818	<i>Nerisone</i>	GSK	30 g	11.34	0.3780
			60 g	22.69	0.3782

FLUOCINOLONE ACETONIDE

Top. Oint.

				0.025 %	
02162512	<i>Synalar Regulier</i>	Valeant	60 g	25.85	0.4308

Top. Sol.

				0.01 %	
02162504	<i>Synalar Solution</i>	Valeant	60 ml	24.55	

Topical oil

				0.01 %	
00873292	<i>Derma-Smoother/FS</i>	Hill	118 ml	29.15	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FLUOCINONIDE

Emol. Top. Cr.

0.05 % PPB

02163152	<i>Lidemol Cream Emollient</i>	Valeant	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
02240269	<i>Topactin Emolliente</i>	Paladin	60 g	11.88		W
			225 g	44.55		W

Top. Cr.

0.05 % PPB

02161923	<i>Lidex Cream</i>	Valeant	60 g	14.27	➡	0.2378
			400 g	95.12	➡	0.2378
00716863	<i>Lyderm</i>	Taro	15 g	3.57		0.2380
			60 g	14.27	➡	0.2378
			400 g	95.12	➡	0.2378
00816132	<i>Topactin</i>	Paladin	30 g	7.33		W
			450 g	110.00		W

Top. Jel.

0.05 % PPB

02161974	<i>Lidex Gel</i>	Valeant	60 g	18.46		0.3077
02236997	<i>Lyderm</i>	Taro	15 g	4.61	➡	0.3073
			60 g	18.45	➡	0.3075

Top. Oint.

0.05 % PPB

02161966	<i>Lidex Ointment</i>	Valeant	60 g	18.21	➡	0.3035
02236996	<i>Lyderm</i>	Taro	60 g	18.21	➡	0.3035

HYDROCORTISONE

Lot.

1 % PPB

00192600	<i>Emo-Cort</i>	GSK	60 ml	8.92		
80057191	<i>Jamp-Hydrocortisone Lotion</i>	Jamp	60 ml	7.15	➡	
	1 %		150 ml	17.87	➡	
80066168	<i>M-HC 1% lotion</i>	Mantra Ph.	60 ml	7.15	➡	

HYDROCORTISONE

Lot.

2.5 %

00595802	<i>Emo-Cort</i>	GSK	60 ml	12.07		
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Rect. Sol.

100 mg

02112736	<i>Cortenema</i>	Aptalis	60 ml	6.45		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYDROCORTISONE

Top. Cr.

1 % PPB

80066699	<i>Cortivera - H</i>	Vanc Phm	454 g	44.86	➡	0.0988
80061697	<i>Cortivera Plus</i>	Vanc Phm	15 g	3.00	➡	0.2000
00192597	<i>Emo-Cort</i>	GSK	45 g	7.42		0.1649
02412926	<i>Euro-Hydrocortisone</i>	Sandoz	15 g	3.00	➡	0.2000
			30 g	4.50	➡	0.1500
			45 g	4.45		0.0989
			454 g	44.86	➡	0.0988
+ 80057189	<i>Jamp-Hydrocortisone Cream 1 %</i>	Jamp	15 g	3.00	➡	0.2000
			45 g	4.45	➡	0.0988
80066164	<i>M-HC 1%</i>	Mantra Ph.	45 g	4.45	➡	0.0988
			454 g	44.86	➡	0.0988
80066167	<i>M-HC 1% Protection</i>	Mantra Ph.	30 g	4.50	➡	0.1500
00804533	<i>Prevex HC</i>	GSK	30 g	7.84		0.2613

HYDROCORTISONE

Top. Cr.

2.5 %

00595799	<i>Emo-Cort Cream 2.5%</i>	GSK	45 g	9.94		0.2209
			225 g	43.86		0.1949

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	➡	0.3853
			30 g	11.55	➡	0.3850
02209764	<i>Egozinc-HC</i>	Phmscience	15 g	5.78	➡	0.3853
			30 g	11.55	➡	0.3850
02387239	<i>JampZinc - HC</i>	Jamp	15 g	5.78	➡	0.3853
			30 g	11.55	➡	0.3850
00607789	<i>ratio-Hemcort HC</i>	Ratiopharm	15 g	5.78	➡	0.3853
			30 g	11.55	➡	0.3850
02179547	<i>Riva-sol HC</i>	Riva	15 g	5.78	➡	0.3853
			30 g	11.55	➡	0.3850
02247691	<i>Sandoz Anuzinc HC</i>	Sandoz	15 g	5.78	➡	0.3853
			30 g	11.55	➡	0.3850

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Rectal foam (app.)				10 %	
00579335	Cortifoam	Paladin	15 g	78.78	

Supp.		10 mg PPB			
02236399	Anodan-HC	Odan	12	7.00	➡ 0.5833
			24	14.00	➡ 0.5833
02210517	Egozinc-HC	Phmscience	12	7.00	➡ 0.5833
00607797	ratio-Hemcort HC	Ratiopharm	12	7.00	➡ 0.5833
02240112	Riva-sol HC	Riva	12	7.00	➡ 0.5833
02242798	Sandoz Anuzinc HC	Sandoz	12	7.00	➡ 0.5833
			24	14.00	➡ 0.5833

HYDROCORTISONE ACETATE

Top. Cr.		1 % PPB			
00716839	Hyderm	Taro	15 g	3.20	➡ 0.2133
			500 g	18.20	➡ 0.0364
80057178	Jamp-HC Creme 1%	Jamp	15	3.20	➡ 0.2133
80066165	M-HC Acetate 1%	Mantra Ph.	15 g	3.20	➡ 0.2133
			500 g	18.20	➡ 0.0364

HYDROCORTISONE ACETATE

Top. Cr.		2 %			
00749834	Topiderm HC 2 %	Paladin	30 g	8.10	0.2700
			225 g	52.60	0.2338

HYDROCORTISONE ACETATE/ UREA

Lot.		1 % -10 % PPB			
00681997	Dermaflex HC	Paladin	150 ml	➡ 12.75	
80061502	Jamp-Hydrocortisone Acetate 1 % Urea 10 % Lotion	Jamp	150 ml	➡ 12.75	
+ 80073689	M-HC 1% Urea 10% lotion	Mantra Ph.	150 ml	➡ 12.75	

Top. Cr.		1 % -10 % PPB			
00681989	Dermaflex HC	Paladin	120 g	14.77	➡ 0.1231
			225 g	27.70	➡ 0.1231
80061501	Jamp-Hydrocortisone Acetate 1 % Urea 10 % Cream	Jamp	120 g	14.77	➡ 0.1231
			225 g	27.70	➡ 0.1231
+ 80073645	M-HC 1% Urea 10% cream	Mantra Ph.	120 g	14.77	➡ 0.1231
			225 g	27.70	➡ 0.1231

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYDROCORTISONE VALERATE

Top. Cr.

0.2 %

02242984	<i>Hydroval</i>	Taro	15 g	2.50	0.1667
			60 g	7.27	0.1212
			500 g	60.58	0.1212

Top. Oint.

0.2 %

02242985	<i>Hydroval</i>	Taro	15 g	2.50	0.1667
			60 g	7.27	0.1212

MOMETASON FUROATE

Lot.

0.1 % **PPB**

00871095	<i>Elocom</i>	Merck	30 ml	13.60	
			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>	Merck	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>	Merck	15 g	9.12	0.6080
			50 g	28.77	0.5754
02248130	<i>ratio-Mometasone</i>	Ratiopharm	15 g	3.38	➡ 0.2253
			50 g	11.26	➡ 0.2252
02264749	<i>Taro-Mometasone</i>	Taro	15 g	3.38	➡ 0.2253
			50 g	11.26	➡ 0.2252

TRIAMCINOLONE ACETONIDE

Oral Top. Oint.

0.1 %

01964054	<i>Oracort</i>	Taro	7.5 g	6.83	
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Top. Cr.

0.1 % **PPB**

02194058	<i>Aristocort R</i>	Valeant	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>	Valeant	15 g	17.28	1.1520
			50 g	57.60	1.1520

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				0.1 %	
02194031	<i>Aristocort R</i>	Valeant	30 g	3.90	0.1300

84:28

KERATOLYTIC AGENTS

LACTIC (ACID)/ SALICYLIC (ACID)/ GLACIAL ACETIC (ACID)

Liq.				10.2 % -10 % -9.8 %	
00609501	<i>Viron Lotion</i>	Odan	15 ml	6.99	0.3673

SALICYLIC ACID SODIUM THIOSULFATE

Top. Jel.				2 % -8 %	
00326577	<i>Adasept Gel</i>	Odan	50 ml	6.99	0.1082

UREA

Top. Cr.				20 % and 22 %	PPB	
80024301	<i>Dermaflex</i>	Paladin	120 g	5.75		W
80023775	<i>JamUrea 20</i>	Jamp	225 g	10.78	➡	0.0479
00396125	<i>Urisec</i>	Odan	120 g	5.75	➡	0.0479
			225 g	11.69	⬅	0.0488
			454 g	21.75	➡	0.0479

84:32

KERATOPLASTIC AGENTS

TAR (MINERAL)

Top. Jel.				10 %	
00344508	<i>Target</i>	Odan	100 g	13.90	0.1282

TAR (MINERAL)/ SALICYLIC ACID

Top. Jel.				10 % -3 %	
00510335	<i>Target S.A.</i>	Odan	100 g	15.35	0.1419

84:92

SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS

ACITRETINE

Caps.				10 mg	
02070847	<i>Soriatane</i>	Tribute	30	54.00	1.6553

Caps.				25 mg	
02070863	<i>Soriatane</i>	Tribute	30	94.90	2.9090

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CALCIPOTRIOL

Top. Oint.

				50 mcg/g	
01976133	Dovonex	Leo	30 g	22.01	0.7337

CALCITRIOL

Top. Oint.

				3 mcg/g	
02338572	Silkis	Galderma	60 g	40.80	0.6800

FLUOROURACIL

Top. Cr.

				5 %	
00330582	Efudex	Valeant	40 g	32.00	0.8000

HYDROCOLLOIDAL GEL

Top. Jel.

00921084	DuoDERM Gel	Convatec	30 g	6.64	0.2213
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HYDROGEL

Top. Jel.

99100795	Cutimed Gel	BSN Med	15 g	2.95	0.1967
			25 g	3.93	0.1572
99100365	Nu-Gel	KCI	15 g	2.58	0.1720
			25 g	4.31	0.1724
99100152	Purilon Gel	Coloplast	8 g	2.25	0.2813
			15 g	3.15	0.2100
99100192	Tegaderm 3M - Hydrogel wound filler	3M Canada	15 g	2.74	0.1827
99100300	Woun'dres	Coloplast	28 g	3.70	0.1321
			84 g	8.98	0.1069

ISOTRETINOIN

Caps.

				10 mg	PPB	
00582344	Accutane 10	Roche	30	27.94	➡	0.9313
02257955	Clarus	Mylan	30	27.94	➡	0.9313

Caps.

				40 mg	PPB	
00582352	Accutane 40	Roche	30	57.01	➡	1.9003
02257963	Clarus	Mylan	30	57.01	➡	1.9003

PODOFILOX

Top. Sol.

				0.5 %	
01945149	Condyline (3,5 ml)	SanofiAven	1	37.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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

SODIUM CHLORIDE

Gel

0.9 %

00920533	<i>Normlgel</i>	Mölnlycke	5 g	1.50	
			15 g	2.92	

Gel

20 %

00920517	<i>Hypergel</i>	Mölnlycke	5 g	2.30	
			15 g	4.49	

ZINC OXIDE

Band.

7,5 cm X 6 m

01907603	<i>Viscopaste PB7</i>	S. & N.	1	8.80	
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86:00
SPASMOLYTICS

86:12 genitourinary smooth muscle
 relaxants

86:16 respiratory smooth muscle relaxants

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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86:12

GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNINE CHLORIDE

Syr.

				5 mg/5 mL	
02223376	<i>pms-Oxybutynin</i>	Phmscience	500 ml	22.20	0.0444

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
02230394	<i>Novo-Oxybutynin</i>	Novopharm	100	9.86	➡	0.0986
			500	49.30	➡	0.0986
02350238	<i>Oxybutynin</i>	Sanis	100	9.86	➡	0.0986
			500	49.30	➡	0.0986
02220636	<i>Oxybutynine-5</i>	Pro Doc	100	9.86	➡	0.0986
			500	49.30	➡	0.0986
02245827	<i>phl-Oxybutynin</i>	Pharmel	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

86:16

RESPIRATORY SMOOTH MUSCLE RELAXANTS

OXTRIPHYLLINE

Elix.

				100 mg/5 mL	
00476366	<i>Choledyl</i>	Erfa	500 ml	17.25	0.0345

THEOPHYLLINE

Alcohol free Sol.

				80 mg/15 mL	
01966219	<i>Theolair</i>	Valeant	500 ml	9.81	0.0196

Elix.

				80 mg/15 mL	
00627410	<i>Theophylline</i>	Atlas	500 ml	1.76	0.0035

Elix. sugar less

				80 mg/15 mL	
00466409	<i>Pulmophylline</i>	Riva	500 ml	4.30	0.0086

L.A. Tab.

				100 mg	
00692689	<i>Apo-Theo LA</i>	Apotex	100	13.00	0.1300
02230085	<i>Novo-Theophyl SR</i>	Novopharm	100	13.00	0.1300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Tab.

200 mg

02230086	<i>Novo-Theophyl SR</i>	Novopharm	100	9.07	0.0907
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L.A. Tab.

400 mg

02360101	<i>Theo ER</i>	AA Pharma	100	33.62	0.3362
02014165	<i>Uniphyll</i>	Purdue	50	18.67	0.3734

L.A. Tab.

600 mg

02360128	<i>Theo ER</i>	AA Pharma	100	40.72	0.4072
02014181	<i>Uniphyll</i>	Purdue	50	22.62	0.4524

88:00
VITAMINS

88:08	vitamin b complex
88:16	vitamin d
88:24	vitamin k
88:28	multivitamins

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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88:08
VITAMIN B COMPLEX
CYANOCOBALAMIN

Inj. Sol.				0.1 mg/mL	
02241500	<i>Vitamine B 12</i>	Sandoz	1 ml	1.45	1.2900

Inj. Sol.				1 mg/mL	PPB
01987003	<i>Cyanocobalamine</i>	Sterimax	10 ml	2.78	
02413795	<i>Cyanocobalamine Injectable, USP</i>	Mylan	10 ml	2.78	
02420147	<i>Jamp-Cyanocobalamin</i>	Jamp	10 ml	2.78	
00521515	<i>Vitamine B 12</i>	Sandoz	1 ml	1.38	
			10 ml	3.06	
00626112	<i>Vitamine B12</i>	Oméga	10 ml	2.78	

FOLIC ACID

Inj. Sol.				5 mg/mL	
02139480	<i>Acide folique injectable, USP</i>	Fresenius	10 ml	16.40	

Tab.				1 mg	PPB
80000695	<i>Euro-Folic</i>	Euro-Pharm	100	1.49	0.0149
80053274	<i>Jamp-Folic Acid</i>	Jamp	500	7.45	0.0149
80061488	<i>M-Folique 1 mg</i>	Mantra Ph.	500	7.45	0.0149

FOLIC ACID 

Tab.				5 mg	PPB
02285673	<i>Euro-Folic</i>	Euro-Pharm	1000	19.80	0.0198
02366061	<i>Jamp Folic Acid</i>	Jamp	1000	19.80	0.0198

NIACIN

Tab.				500 mg	PPB
00557412	<i>Jamp-Niacin</i>	Jamp	100	4.50	0.0450
			500	22.50	0.0450
01939130	<i>Niacine</i>	Odan	100	7.50	0.0459

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PYRIDOXINE HYDROCHLORIDE

Tab.		25 mg PPB			
80002890	<i>Jamp Vitamin B6</i>	Jamp	1000	18.30 ➡	0.0183
80056458	<i>M-B6 25 mg</i>	Mantra Ph.	500	9.40 ➡	0.0188
80049803	<i>Opus Vitamine B6</i>	Opus	1000	18.30 ➡	0.0183
01943200	<i>Vitamine B 6</i>	Odan	100	4.50 ➡	0.0184

THIAMINE HYDROCHLORIDE

Inj. Sol.		100 mg/mL PPB			
02193221	<i>Thiamiject</i>	Oméga	10 ml ➡	11.88	
02243525	<i>Thiamine</i>	Sterimax	10 ml ➡	11.88	

Tab.		50 mg PPB			
02245506	<i>Euro-B1</i>	Euro-Pharm	500	35.00 ➡	0.0700
80009633	<i>Jamp-Vitamin B1</i>	Jamp	500	35.00 ➡	0.0700
80054199	<i>M-B1 50 mg</i>	Mantra Ph.	500	35.00 ➡	0.0700
80049777	<i>Opus Vitamine B1</i>	Opus	500	35.00 ➡	0.0700

Tab.		100 mg PPB			
80009588	<i>Jamp-Vitamin B1</i>	Jamp	500	64.68 ➡	0.1294
80054205	<i>M-B1 100 mg</i>	Mantra Ph.	500	64.68 ➡	0.1294
80049780	<i>Opus Vitamine B1</i>	Opus	500	64.68 ➡	0.1294

88:16

VITAMIN D

ALFACALCIDOL

Caps.		0.25 mcg			
00474517	<i>One-Alpha</i>	Leo	100	42.45	0.4245

Caps.		1 mcg			
00474525	<i>One-Alpha</i>	Leo	100	127.07	1.2707

I.V. Inj. Sol.		2 mcg/mL			
02242502	<i>One-Alpha</i>	Leo	0.5 ml 1 ml	7.99 15.98	

Oral Sol.		2 mcg/mL			
02240329	<i>One-Alpha</i>	Leo	10 ml	49.83	4.9830

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CALCITRIOL

Caps.

0.25 mcg **PPB**

02431637	<i>Calcitriol-Odan</i>	Odan	30	20.88 ➡	0.6960
			100	69.60 ➡	0.6960
00481823	<i>Rocaltrol</i>	Roche	100	69.60 ➡	0.6960

Caps.

0.50 mcg **PPB**

02431645	<i>Calcitriol-Odan</i>	Odan	30	33.21 ➡	1.1070
			100	110.69 ➡	1.1069
00481815	<i>Rocaltrol</i>	Roche	100	110.69 ➡	1.1069

CHOLECALCIFEROL

Caps.

2 000 UI

02442256	<i>Vidextra</i>	Orimed	100	6.93	0.0693
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Caps. or Tab.

10 000 UI **PPB**

00821772	<i>D-Tabs</i>	Riva	60	12.60 ➡	0.2100
			250	52.50 ➡	0.2100
02253178	<i>Euro D 10 000</i>	Euro-Pharm	60	12.60 ➡	0.2100
02379007	<i>Jamp-Vitamine D</i>	Jamp	60	12.60 ➡	0.2100
			500	105.00 ➡	0.2100
02449099	<i>Jamp-Vitamine D</i>	Jamp	100	21.00 ➡	0.2100
02371499	<i>Pharma-D</i>	Phmscience	100	21.00 ➡	0.2100
02417995	<i>Vitamine D 10 000</i>	Pro Doc	60	12.60 ➡	0.2100

ERGOCALCIFEROL

Caps.

50 000 U **PPB**

02237450	<i>D-Forte</i>	Euro-Pharm	100	19.86 ➡	0.1986
02301911	<i>Osto-D2</i>	Paladin	100	19.86 ➡	0.1986

Oral Sol.

8 288 UI/mL **PPB**

80020776	<i>D2-Dol</i>	Jamp	60 ml ➡	12.80	
80003615	<i>Erdol</i>	Odan	60 ml ➡	12.80	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VITAMIN D

Caps. or Tab.

400 UI PPB

80001125	<i>Calciferol (tablet)</i>	Pendopharm	500	15.00	➡	0.0300
02242651	<i>Euro D 400</i>	Euro-Pharm	100	3.00	➡	0.0300
			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
80002228	<i>Odan-D</i>	Odan	500	15.00	➡	0.0300
80039163	<i>Opus D-400</i>	Opus	500	15.00	➡	0.0300
80001145	<i>Pharma-D 400 IU</i>	Pendopharm	500	15.00	➡	0.0300
80005560	<i>Riva-D</i>	Riva	100	3.00	➡	0.0300
			500	15.00	➡	0.0300
80063895	<i>Vit D 400 gel</i>	Altamed	500	15.00	➡	0.0300
80008590	<i>Vitamin D 400 UI</i>	Biomed	500	15.00	➡	0.0300
00765384	<i>Vitamine D</i>	Lalco	100	3.00	➡	0.0300

Caps. or Tab.

800 UI PPB

80003010	<i>Euro D 800</i>	Euro-Pharm	100	6.00	➡	0.0600
80007769	<i>Jamp-Vitamine D</i>	Jamp	500	30.00	➡	0.0600
80039160	<i>Opus D-800</i>	Opus	500	30.00	➡	0.0600
80021081	<i>Vitamin D 800 UI</i>	BioV	90	5.40	➡	0.0600
			500	30.00	➡	0.0600

Caps. or Tab.

1 000 UI PPB

80007766	<i>D-Gel-1000</i>	Jamp	500	35.00	➡	0.0700
80003707	<i>Euro-D 1000</i>	Euro-Pharm	500	35.00	➡	0.0700
80055204	<i>M-D1000 Gel</i>	Mantra Ph.	500	35.00	➡	0.0700
80027592	<i>Opus D-1000</i>	Opus	500	35.00	➡	0.0700
80008496	<i>Pharma-D 1000 IU (Caps.)</i>	Phmscience	100	7.00	➡	0.0700
			500	35.00	➡	0.0700
80002169	<i>Pharma-D 1000 IU (Co.)</i>	Phmscience	100	7.00	➡	0.0700
80051562	<i>Riva-D 1000</i>	Riva	500	35.00	➡	0.0700
80063899	<i>Vit D 1000 gel</i>	Altamed	500	35.00	➡	0.0700
80021090	<i>Vitamin D 1000 IU</i>	BioV	90	6.30	➡	0.0700
			500	35.00	➡	0.0700
80043412	<i>Vitamine D 1000 UI (Caps.)</i>	Biomed	500	35.00	➡	0.0700

Oral Sol.

400 UI/dose PPB

80001869	<i>Baby Ddrops</i>	D Drops	90 dose(s)	➡	9.90	
80019649	<i>D3-DOL</i>	Jamp	90 dose(s)	➡	9.90	
00762881	<i>D-VI-SOL</i>	M.J.	50 dose(s)	➡	5.50	
80003038	<i>Jamp-Vitamine D</i>	Jamp	50 dose(s)	➡	5.50	
80004595	<i>PediaVIT D</i>	Euro-Pharm	50	➡	5.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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88:24

VITAMIN K

PHYTONADIONE 

I.M. Inj. Sol.

				2 mg/mL	
00781878	<i>Vitamine K 1</i>	Sandoz	0.5 ml	4.63	

I.M. Inj. Sol.

				10 mg/mL	
00804312	<i>Vitamine K 1</i>	Sandoz	1 ml	4.56	

88:28

MULTIVITAMINS

VITAMINS A, D AND C

Oral Sol.

				750 U -400 U -30 mg/mL	PPB	
80056252	<i>Pediavit NP</i>	Euro-Pharm	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	

92:00
UNCLASSIFIED THERAPEUTIC AGENTS

92:00.02 other miscellaneous
92:08 5-alfa-Reductase inhibitors
92:12 Antidotes
92:16 Antigout Agents
92:24 Bone Resorption Inhibitors
92:28 Cariostatic Agents
92:44 Immunosuppressive Agents
**92:92 Other Miscellaneous Therapeutic
 Agents**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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92:00

UNCLASSIFIED THERAPEUTIC AGENTS

ALBUMINE DILUENT

Sol.		0.03 %			
00541486	<i>Albumine Diluent</i>	Oméga	1.8 ml	1.49	
			4.5 ml	2.14	
			20 ml	3.87	
02283735	<i>Diluent albumin</i>	ALK-Abello	4.5 ml	1.82	
			9 ml	2.04	

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED

Inj. Sol.		Maintenance Treatment (10 mL)			
99003813	<i>Monovalent</i>	ALK-Abello	1	82.17	
99101105	<i>Monovalent</i>	Allergo	1	82.17	
99003791	<i>Polyvalent</i>	ALK-Abello	1	82.17	
99101113	<i>Polyvalent</i>	Allergo	1	82.17	

Inj. Sol.		Complete Treatment Set (10 mL)			
99003856	<i>Monovalent</i>	ALK-Abello	3	110.98	
			4	110.98	
99101106	<i>Monovalent</i>	Allergo	4	110.98	
99003805	<i>Polyvalent</i>	ALK-Abello	3	110.98	
			4	110.98	
99101114	<i>Polyvalent</i>	Allergo	4	110.98	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol.

Maintenance Treatment (10 mL)

02247757	<i>Monovalent non-Pollen</i>	Oméga	1	107.64	
99003996	<i>Monovalent standardise</i>	ALK-Abello	1	107.78	
99101107	<i>Monovalent standardise</i>	Allergo	1	107.78	
99100062	<i>Monovalent-Acariens</i>	Oméga	1	107.64	
99003880	<i>Monovalent-Acariens standardise</i>	ALK-Abello	1	107.78	
99101109	<i>Monovalent-Acariens standardise</i>	Allergo	1	107.78	
99100063	<i>Monovalent-Chat</i>	Oméga	1	107.64	
99003899	<i>Monovalent-Chat standardise</i>	ALK-Abello	1	107.78	
99101111	<i>Monovalent-Chat standardise</i>	Allergo	1	107.78	
02247754	<i>Monovalent-Pollen</i>	Oméga	1	107.64	
99100067	<i>Polyvalent - Pollen</i>	Oméga	1	107.64	
99100068	<i>Polyvalent - Pollens - Acariens</i>	Oméga	1	107.64	
99100066	<i>Polyvalent non-Pollen</i>	Oméga	1	107.74	
99004100	<i>Polyvalent standardise</i>	ALK-Abello	1	107.78	
99101118	<i>Polyvalent standardise</i>	Allergo	1	107.78	
99100064	<i>Polyvalent-Acariens</i>	Oméga	1	107.64	
99003910	<i>Polyvalent-Acariens standardise</i>	ALK-Abello	1	107.78	
99101120	<i>Polyvalent-Acariens standardise</i>	Allergo	1	107.78	
99100065	<i>Polyvalent-Chat</i>	Oméga	1	107.64	
99003929	<i>Polyvalent-Chat standardise</i>	ALK-Abello	1	107.78	
99101122	<i>Polyvalent-Chats standardise</i>	Allergo	1	107.78	
99003902	<i>Polyvalent-Pollens- Acariens standardise</i>	ALK-Abello	1	107.78	
99101115	<i>Polyvalent-Pollens- Acariens standardise</i>	Allergo	1	107.78	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Inj. Sol.

Complete Treatment Set (10 mL)

99100074	<i>Monovalent non-Pollen</i>	Oméga	4	151.84	
99004003	<i>Monovalent standardise</i>	ALK-Abello	3	153.65	
			4	153.65	
99101108	<i>Monovalent standardise</i>	Allergo	4	153.65	
99100061	<i>Monovalent-Acariens</i>	Oméga	3	153.93	
99003937	<i>Monovalent-Acariens standardise</i>	ALK-Abello	4	153.65	
99101110	<i>Monovalent-Acariens standardise</i>	Allergo	4	153.65	
99100073	<i>Monovalent-Chat</i>	Oméga	3	153.93	
99003945	<i>Monovalent-Chat standardise</i>	ALK-Abello	3	153.65	
99101112	<i>Monovalent-Chat standardise</i>	Allergo	4	153.65	
99100075	<i>Monovalent-Pollen</i>	Oméga	4	153.93	
99100079	<i>Polyvalent - Pollen</i>	Oméga	4	153.93	
99100080	<i>Polyvalent - Pollens - Acariens</i>	Oméga	4	153.93	
99100078	<i>Polyvalent non-Pollen</i>	Oméga	4	153.93	
99101117	<i>Polyvalent Pollens Acariens standardisé</i>	Allergo	4	153.65	
99004097	<i>Polyvalent standardise</i>	ALK-Abello	3	153.65	
			4	153.65	
99101119	<i>Polyvalent standardise</i>	Allergo	4	153.65	
99100076	<i>Polyvalent-Acariens</i>	Oméga	3	153.93	
99003961	<i>Polyvalent-Acariens standardise</i>	ALK-Abello	3	153.65	
99101121	<i>Polyvalent-Acariens standardise</i>	Allergo	4	153.65	
99100077	<i>Polyvalent-Chat</i>	Oméga	4	153.93	
99003988	<i>Polyvalent-Chat standardise</i>	ALK-Abello	3	153.65	
			4	153.65	
99101123	<i>Polyvalent-Chats standardise</i>	Allergo	4	153.65	
99003953	<i>Polyvalent-Pollens-Acariens standardise</i>	ALK-Abello	3	153.65	
			4	153.65	

ALLERGENIC EXTRACTS,AQUEOUS, GLYCERINATED, NON STANDARDIZED AND STANDARDIZED

Inj. Sol.

Maintenance Treatment (10 mL)

99003821	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	ALK-Abello	1	100.30	
99101124	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	Allergo	1	100.30	

Inj. Sol.

Complete Treatment Set (10 mL)

99003864	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	ALK-Abello	3	140.86	
			4	140.86	
99101125	<i>Polyvalent-Pollens non stand.-Acariens stand.</i>	Allergo	4	140.86	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ALLERGENS (ALUM-PRECIPTATED EXTRACTS OF)

Inj. Sol.

Maintenance Treatment (5 mL)

99101143	<i>Presaisonnier - Arbres, Graminees et Herbes a poux</i>	Allergo	1	93.90	
99101147	<i>Presaisonnier - Graminees et Herbes a poux</i>	Allergo	1	93.90	
99101149	<i>Presaisonnier - Herbes a poux</i>	Allergo	1	93.90	
99101141	<i>Presaisonnier- Arbres</i>	Allergo	1	93.90	
99003694	<i>Presaisonnier- Arbres et Graminees</i>	ALK-Abello	1	93.90	
99100069	<i>Presaisonnier- Arbres et Graminees</i>	ALK-Abello	3	113.12	37.7067
99101151	<i>Presaisonnier- Arbres et Graminees</i>	Allergo	1	93.90	
99101155	<i>Presaisonnier- Arbres et Graminees</i>	Allergo	3	113.12	37.7067
99003716	<i>Presaisonnier- Arbres, Graminees, Herbe a poux</i>	ALK-Abello	1	93.90	
99100070	<i>Presaisonnier- Arbres, Graminees, Herbe a poux</i>	Oméga	3	114.10	38.0333
99003708	<i>Presaisonnier- Graminees et Herbe a poux</i>	ALK-Abello	1	93.90	
99100071	<i>Presaisonnier- Graminees et Herbe a poux</i>	Oméga	3	114.10	38.0333
99003686	<i>Presaisonnier- Herbe a poux</i>	ALK-Abello	1	93.90	
99100072	<i>Presaisonnier- Herbe a poux</i>	Oméga	3	114.10	38.0333
99003651	<i>Presaisonnier-Arbres</i>	ALK-Abello	1	93.90	
99003678	<i>Presaisonnier-Graminees</i>	ALK-Abello	1	93.90	
99101145	<i>Presaisonnier-Graminees</i>	Allergo	1	93.90	
00889784	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	109.79	
00889792	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	101.18	
00861367	<i>Suspal-Monovalent</i>	Oméga	1	102.25	
00861375	<i>Suspal-Polyvalent</i>	Oméga	1	101.18	

Inj. Sol.

Maintenance Treatment (10 mL)

00908614	<i>Suspal- Monovalent-Acariens</i>	Oméga	1	120.55	
00889814	<i>Suspal- Polyvalent-Acariens</i>	Oméga	1	127.03	
00861332	<i>Suspal-Monovalent</i>	Oméga	1	127.02	
00861359	<i>Suspal-Polyvalent</i>	Oméga	1	127.02	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Inj. Sol.

Complete Treatment Set (5 mL)

99101144	<i>Presaisonnier - Arbres, Graminees et Herbes a poux</i>	Allergo	3	114.18	
99101148	<i>Presaisonnier - Graminees et Herbes a poux</i>	Allergo	3	114.18	
99101150	<i>Presaisonnier - Herbes a poux</i>	Allergo	3	114.18	
99101142	<i>Presaisonnier- Arbres</i>	Allergo	3	114.18	
99003759	<i>Presaisonnier- Arbres et Graminees</i>	ALK-Abello	3	114.18	
99101153	<i>Presaisonnier- Arbres et Graminees</i>	Allergo	3	114.18	
99003775	<i>Presaisonnier- Arbres, Graminees, Herbe a poux</i>	ALK-Abello	3	114.18	
99003767	<i>Presaisonnier- Graminees et Herbe a poux</i>	ALK-Abello	3	114.18	
99003740	<i>Presaisonnier- Herbe a poux</i>	ALK-Abello	3	114.18	
99003724	<i>Presaisonnier-Arbres</i>	ALK-Abello	3	114.18	
99003732	<i>Presaisonnier-Graminees</i>	ALK-Abello	3	114.18	
99101146	<i>Presaisonnier-Graminees</i>	Allergo	3	114.18	
00889822	<i>Suspal- Monovalent-Acariens</i>	Oméga	3	127.02	
99000458	<i>Suspal- Polyvalent-Acariens</i>	Oméga	3	127.02	
00861286	<i>Suspal-Monovalent</i>	Oméga	3	127.02	
00861405	<i>Suspal-Polyvalent</i>	Oméga	3	127.02	

Inj. Sol.

Complete Treatment Set (8 mL)

00896942	<i>Presaisonnier- Arbres</i>	Oméga	1	106.56	
99100625	<i>Presaisonnier- Arbres et Graminees</i>	Oméga	1	106.56	106.5600
99100083	<i>Presaisonnier- Arbres, Graminees, Herbe a poux</i>	Oméga	1	106.56	
99100082	<i>Presaisonnier- Graminees et Herbe a poux</i>	Oméga	1	106.56	106.5600
00896934	<i>Presaisonnier- Gramines</i>	Oméga	1	106.56	
00896950	<i>Presaisonnier- Herbes-a-poux</i>	Oméga	1	106.56	

Inj. Sol.

Complete Treatment Set (10 mL)

00889849	<i>Suspal- Monovalent-Acariens</i>	Oméga	3	138.86	
00889857	<i>Suspal- Polyvalent-Acariens</i>	Oméga	3	138.86	
00861308	<i>Suspal-Monovalent</i>	Oméga	3	138.86	
00861316	<i>Suspal-Polyvalent</i>	Oméga	3	138.86	

ALLERGENS (AQUEOUS EXTRACTS OF)

Inj. Sol.

Maintenance Treatment (5 mL)

00861170	<i>Monovalent</i>	Oméga	1	82.89	
99000415	<i>Monovalent-Acariens</i>	Oméga	1	87.19	
00861189	<i>Polyvalent</i>	Oméga	1	83.96	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol. Maintenance Treatment (10 mL)					
00861227	<i>Monovalent</i>	Oméga	1	94.72	
99000431	<i>Monovalent-Acariens</i>	Oméga	1	91.48	
00861251	<i>Polyvalent</i>	Oméga	1	87.19	
Inj. Sol. Complete Treatment Set (5 mL)					
00861073	<i>Monovalent</i>	Oméga	3	104.41	
00889733	<i>Monovalent-Acariens</i>	Oméga	3	104.41	
00861081	<i>Polyvalent</i>	Oméga	3	101.18	
00889741	<i>Polyvalent-Acariens</i>	Oméga	3	104.40	
Inj. Sol. Complete Treatment Set (10 mL)					
00861138	<i>Monovalent</i>	Oméga	3	121.63	
00889768	<i>Monovalent-Acariens</i>	Oméga	3	127.02	
00861162	<i>Polyvalent</i>	Oméga	3	121.64	
00889776	<i>Polyvalent-Acariens</i>	Oméga	3	127.02	
HYMENOPTERA VENOM					
Inj. Pd. 1.1 mg					
00894346	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	173.30	
Inj. Pd. 1.3 mg					
99100021	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	205.98	
Inj. Pd. 100 mcg					
00541435	<i>Venin d'abeille (apis mellifera)</i>	Oméga	6	115.17	19.1950

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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HYMENOPTERA VENOM PROTEIN

Inj. Pd.

1.1 mg

99100226	<i>Frelon a tete blanche</i>	ALK-Abello	1	233.68	219.5800
99004607	<i>Frelon a tete blanche</i>	Oméga	1	219.58	
01948997	<i>Frelon a tete blanche</i> (<i>Dolichovespula Maculata</i>)	Allergy	1	220.00	
99004593	<i>Frelon a tete jaune</i>	Oméga	1	219.59	219.5900
99100227	<i>Frelon Jaune</i>	ALK-Abello	1	233.68	
01948938	<i>Frelon jaune (Dolichovespula Arenaria)</i>	Allergy	1	220.00	
00894362	<i>Guepe (Polistes Spp.)</i>	Oméga	1	245.42	
00894354	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	219.59	
01948954	<i>Guepe jaune (Vespula Spp.)</i>	Allergy	1	220.00	
99100225	<i>Honey Bee Venom</i>	ALK-Abello	1	184.60	
01948903	<i>Venin d'abeille (apis mellifera)</i>	Allergy	1	174.00	
99100229	<i>Wasp Venon</i>	ALK-Abello	1	255.01	
99100228	<i>Yellow Jacket Venom</i>	ALK-Abello	1	233.68	

Inj. Pd.

1.3 mg

99100016	<i>Frelon a tete blanche</i>	Oméga	1	259.41	259.4100
99100017	<i>Guepe (Polistes Spp.)</i>	Oméga	1	289.55	
99100018	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	259.41	

Inj. Pd.

3.3 mg

99100230	<i>Vespides combines</i>	ALK-Abello	1	462.02	
00895245	<i>Vespides combines</i>	Oméga	1	431.65	

Inj. Pd.

3.9 mg

99100026	<i>Vespides combines</i>	Oméga	1	510.14	
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Inj. Pd.

100 mcg

00541451	<i>Guepe (Polistes Spp.)</i>	Oméga	6	150.70	25.1167
00541427	<i>Guepe a taches blanches dolichovespula maculata</i>	Oméga	6	138.86	23.1433
00541478	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	6	138.86	23.1433
00541443	<i>Guepe jaune dolichovespula arenaria</i>	Oméga	6	138.86	23.1433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Inj. Pd.

120 mcg

99004038	<i>Frelon a tete blanche</i>	ALK-Abello	6	160.05	26.6750
01949004	<i>Frelon a tete blanche</i>	Allergy	6	140.00	23.3333
99004011	<i>Frelon Jaune</i>	ALK-Abello	6	160.05	26.6750
01948946	<i>Frelon jaune (Dolichovespula Arenaria)</i>	Allergy	6	140.00	
99004046	<i>Guepe</i>	ALK-Abello	6	171.79	28.6317
01948989	<i>Guepe (Polistes Spp.)</i>	Allergy	6	148.00	
99100278	<i>Guepe (Polistes Spp.)</i>	Oméga	6	172.22	28.7033
99100279	<i>Guepe a taches blanches dolichovespula maculata</i>	Oméga	6	160.38	26.7300
99100280	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	6	162.54	27.0900
99004054	<i>Guepe jaune</i>	ALK-Abello	6	162.19	27.0317
01948962	<i>Guepe jaune (Vespula Spp.)</i>	Allergy	6	140.00	
99100270	<i>Guepe jaune dolichovespula arenaria</i>	Oméga	6	162.54	27.0900
99004062	<i>Venin d'abeille</i>	ALK-Abello	6	119.51	19.9183
01948911	<i>Venin d'abeille (apis mellifera)</i>	Allergy	6	105.00	

Inj. Pd.

300 mcg

00614424	<i>Vespides combines</i>	Oméga	6	268.02	44.6700
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Inj. Pd.

360 mcg

99004070	<i>Vespides combines</i>	ALK-Abello	6	308.37	51.3950
01948881	<i>Vespides combines</i>	Allergy	6	260.00	
99100281	<i>Vespides combines</i>	Oméga	6	310.01	51.6683

Inj. Pd.

550 mcg

99100266	<i>Frelon a tete blanche</i>	Oméga	1	123.71	
99100267	<i>Frelon a tete jaune</i>	Oméga	1	123.79	
99100268	<i>Guepe (Polistes Spp.)</i>	Oméga	1	130.24	
99100269	<i>Guepe de l'est (vespula maculifrons)</i>	Oméga	1	129.19	
99100282	<i>Venin d'abeille (apis mellifera)</i>	Oméga	1	102.26	

Inj. Pd.

1 650 mcg

99100284	<i>Vespides combines</i>	Oméga	1	233.58	
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92:00.02

OTHER MISCELLANEOUS

ZINC OXIDE/ ICHTHAMMOL

Band.

7,5 cm X 6 m

01948466	<i>Ichthopaste</i>	S. & N.	1	7.02	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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92:08

5-ALFA-REDUCTASE INHIBITORS

DUTASTERIDE 

Caps.

0.5 mg **PPB**

02412691	<i>ACT Dutasteride</i>	ActavisPhm	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02404206	<i>Apo-Dutasteride</i>	Apotex	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02247813	<i>Avodart</i>	GSK	30	48.12		1.6040
02421712	<i>Dutasteride</i>	Pro Doc	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02443058	<i>Dutasteride</i>	Sanis	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02429012	<i>Dutasteride</i>	Sivem	30	12.62	➡	0.4207
02416298	<i>Med-Dutasteride</i>	GMP	30	12.62	➡	0.4207
			90	37.85	➡	0.4205
02428873	<i>Mint-Dutasteride</i>	Mint	30	12.62	➡	0.4207
02393220	<i>pms-Dutasteride</i>	Phmscience	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02427753	<i>Riva-Dutasteride</i>	Riva	30	12.62	➡	0.4207
02424444	<i>Sandoz Dutasteride</i>	Sandoz	30	12.62	➡	0.4207
			100	42.05	➡	0.4205
02408287	<i>Teva-Dutasteride</i>	Teva Can	30	12.62	➡	0.4207
			100	42.05	➡	0.4205

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FINASTERIDE

Tab.

5 mg PPB

02354462	ACT Finasteride	ActavisPhm	30	13.90	➡	0.4633
02365383	Apo-Finasteride	Apotex	30	13.90	➡	0.4633
02405814	Auro-Finasteride	Aurobindo	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02355043	Finasteride	Accord	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02350270	Finasteride	Pro Doc	30	13.90	➡	0.4633
02445077	Finasteride	Sanis	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02447541	Finasteride	Sivem	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02357224	Jamp-Finasteride	Jamp	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02389878	Mint-Finasteride	Mint	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02356058	Mylan-Finasteride	Mylan	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02348500	Novo-Finasteride	Teva Can	30	13.90	➡	0.4633
02310112	pms-Finasteride	Phmscience	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02010909	Proscar	Merck	30	53.98		1.7993
02371820	Ran-Finasteride	Ranbaxy	30	13.90	➡	0.4633
02306905	ratio-Finasteride	Ratiopharm	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02455013	Riva-Finasteride	Riva	30	13.90	➡	0.4633
			100	46.33	➡	0.4633
02322579	Sandoz Finasteride	Sandoz	30	13.90	➡	0.4633
			500	231.63	➡	0.4633
02428741	VAN-Finasteride	Vanc Phm	100	46.33	➡	0.4633

92:12

ANTIDOTES

FOLINIC ACID

Tab.

5 mg

02170493	Leucovorin	Pfizer	24	139.75		5.8229
			100	557.93		5.5793

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
02421593	<i>Jamp-Allopurinol</i>	Jamp	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
02396327	<i>Mar-Allopurinol</i>	Marcan	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780
00402818	<i>Zyloprim</i>	AA Pharma	100	7.80	➡	0.0780
			1000	78.00	➡	0.0780

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
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
00479799	<i>Zyloprim</i>	AA Pharma	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
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
00402796	<i>Zyloprim</i>	AA Pharma	100	21.25	➡	0.2125
			500	106.25	➡	0.2125

COLCHICINE

Tab.

0.6 mg **PPB**

00287873	<i>Colchicine</i>	Euro-Pharm	100	25.65	➡	0.2565
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	30	7.70	➡	0.2565
			100	25.65	➡	0.2565

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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92:24

BONE RESORPTION INHIBITORS

ALENDRONATE MONOSODIUM 

Tab.

5 mg **PPB**

02381478	<i>Alendronate monosodique</i>	Accord	28	21.33	➡	0.7617
02248727	<i>Apo-Alendronate</i>	Apotex	30	22.85	➡	0.7617
			100	76.18	➡	0.7618
02384698	<i>Ran-Alendronate</i>	Ranbaxy	28	21.33	➡	0.7617
02248251	<i>Teva-Alendronate</i>	Teva Can	30	22.85	➡	0.7617
			100	76.18	➡	0.7618
02428717	<i>VAN-Alendronate</i>	Vanc Phm	28	21.33	➡	0.7617

Tab.

10 mg **PPB**

02381486	<i>Alendronate monosodique</i>	Accord	28	12.06	➡	0.4308
02248728	<i>Apo-Alendronate</i>	Apotex	30	12.92	➡	0.4308
			100	43.08	➡	0.4308
02388545	<i>Auro-Alendronate</i>	Aurobindo	100	43.08	➡	0.4308
02394863	<i>Mint-Alendronate</i>	Mint	28	12.06	➡	0.4308
02384701	<i>Ran-Alendronate</i>	Ranbaxy	28	12.06	➡	0.4308
02288087	<i>Sandoz Alendronate</i>	Sandoz	30	12.92	➡	0.4308
			90	38.77	➡	0.4308
02247373	<i>Teva-Alendronate</i>	Teva Can	30	12.92	➡	0.4308
			100	43.08	➡	0.4308
02428725	<i>VAN-Alendronate</i>	Vanc Phm	28	12.06	➡	0.4308

Tab.

40 mg

02258102	<i>ACT Alendronate</i>	ActavisPhm	30	65.84		2.1947
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

70 mg **PPB**

02258110	<i>ACT Alendronate</i>	ActavisPhm	4	8.69	➡	2.1724
			100	217.24	➡	2.1724
02352966	<i>Alendronate</i>	Sanis	4	8.69	➡	2.1724
			100	217.24	➡	2.1724
02299712	<i>Alendronate</i>	Sivem	4	8.69	➡	2.1724
			100	217.24	➡	2.1724
02381494	<i>Alendronate monosodique</i>	Accord	4	8.69	➡	2.1724
02303078	<i>Alendronate-70</i>	Pro Doc	4	8.69	➡	2.1724
02248730	<i>Apo-Alendronate</i>	Apotex	4	8.69	➡	2.1724
			100	217.24	➡	2.1724
02388553	<i>Auro-Alendronate</i>	Aurobindo	4	8.69	➡	2.1724
02245329	<i>Fosamax</i>	Merck	4	38.62		9.6550
02385031	<i>Jamp-Alendronate</i>	Jamp	4	8.69	➡	2.1724
02394871	<i>Mint-Alendronate</i>	Mint	4	8.69	➡	2.1724
02286335	<i>Mylan-Alendronate</i>	Mylan	4	8.69	➡	2.1724
02261715	<i>Novo-Alendronate</i>	Novopharm	4	8.69	➡	2.1724
			50	108.62	➡	2.1724
02284006	<i>pms-Alendronate FC</i>	Phmscience	4	8.69	➡	2.1724
			30	65.17	➡	2.1724
02384728	<i>Ran-Alendronate</i>	Ranbaxy	4	8.69	➡	2.1724
02270889	<i>Riva-Alendronate</i>	Riva	4	8.69	➡	2.1724
			100	217.24	➡	2.1724
02288109	<i>Sandoz Alendronate</i>	Sandoz	4	8.69	➡	2.1724
			30	65.17	➡	2.1724
02428733	<i>VAN-Alendronate</i>	Vanc Phm	4	8.69	➡	2.1724

ALENDRONATE/CHOLECALCIFEROL

Tab.

70 mg - 140 mcg (5 600 UI) **PPB**

02454475	<i>Apo-Alendronate/Vitamin D3</i>	Apotex	4	4.87	➡	1.2174
02314940	<i>Fosavance</i>	Merck	4	18.17		4.5425
02429160	<i>Sandoz Alendronate/ Cholecalciferol</i>	Sandoz	4	4.87	➡	1.2174
02403641	<i>Teva-Alendronate/ Cholecalciferol</i>	Teva Can	4	4.87	➡	1.2174

DISODIC CLODRONATE

Caps.

400 mg **PPB**

01984845	<i>Bonefos</i>	Bayer	120	222.72		1.8560
02245828	<i>Clasteon</i>	Sunovion	120	145.00	➡	1.2083

I.V. Perf. Sol.

60 mg/mL (5 mL)

01984837	<i>Bonefos</i>	Bayer	1	61.95		
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ETIDRONATE DISODIUM

Tab.

200 mg **PPB**

02248686	<i>ACT Etidronate</i>	ActavisPhm	100	35.68	➡	0.3568
02245330	<i>Mylan-Etidronate</i>	Mylan	60	21.41	➡	0.3568

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ETIDRONATE DISODIUM/ CALCIUM CARBONATE

Tab.

 400 mg - Ca+500 mg (14 tab. - 76 tab.) **PPB**

02263866	<i>Co Etidrocal</i>	Cobalt	90	19.99	0.2221
02176017	<i>Didrocal</i>	Warner	90	40.50	0.4500

PAMIDRONATE DISODIUM

I.V. Perf. Sol.

 30 mg **PPB**

02244550	<i>Pamidronate Disodique pour injection</i>	Hospira	1	30.32	
02246597	<i>Pamidronate Disodium Injection</i>	Fresenius	1	30.32	
02249669	<i>Pamidronate Disodium Omega</i>	Oméga	1	30.32	

I.V. Perf. Sol.

 60 mg **PPB**

02244551	<i>Pamidronate Disodique pour injection</i>	Hospira	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.

 90 mg **PPB**

02244552	<i>Pamidronate Disodique pour injection</i>	Hospira	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 **PPB**

02242518	<i>Actonel</i>	Warner	28	51.00	1.8214
02298376	<i>Teva-Risedronate</i>	Teva Can	30	31.58	1.0527

Tab.

 30 mg **PPB**

02239146	<i>Actonel</i>	Warner	30	354.00	11.8000
02298384	<i>Novo-Risedronate</i>	Novopharm	30	177.00	5.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

35 mg **PPB**

02246896	<i>Actonel</i>	Warner	4	39.05	9.7625
02353687	<i>Apo-Risedronate</i>	Apotex	4	9.71	➔ 2.4275
			100	242.75	➔ 2.4275
02406306	<i>Auro-Risedronate</i>	Aurobindo	4	9.71	➔ 2.4275
			28	67.97	➔ 2.4275
02368552	<i>Jamp-Risedronate</i>	Jamp	4	9.71	➔ 2.4275
02357984	<i>Mylan-Risedronate</i>	Mylan	4	9.71	➔ 2.4275
			30	72.83	2.4277
02298392	<i>Novo-Risedronate</i>	Novopharm	4	9.71	➔ 2.4275
			30	72.83	➔ 2.4275
02302209	<i>pms-Risedronate</i>	Phmscience	4	9.71	➔ 2.4275
			30	72.83	➔ 2.4275
02319861	<i>ratio-Risedronate</i>	Ratiopharm	4	9.71	➔ 2.4275
02347474	<i>Risedronate</i>	Pro Doc	4	9.71	➔ 2.4275
02370255	<i>Risedronate</i>	Sanis	4	9.71	➔ 2.4275
02352141	<i>Risedronate</i>	Sivem	4	9.71	➔ 2.4275
			30	72.83	➔ 2.4275
02411407	<i>Risedronate-35</i>	Sivem	4	9.71	➔ 2.4275
02341077	<i>Riva-Risedronate</i>	Riva	4	9.71	➔ 2.4275
			30	72.83	➔ 2.4275
02327295	<i>Sandoz Risedronate</i>	Sandoz	4	9.71	➔ 2.4275
			30	72.83	➔ 2.4275

RISEDRONATE SODIUM/ CALCIUM CARBONATE

Tab.

35 mg - Ca+500 mg (4 tab. - 24 tab.)

02279657	<i>Actonel Plus Calcium</i>	Warner	28	36.22	1.2936
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CARIOSTATIC AGENTS

SODIUM FLUORIDE

Chew. Tab.

2.2 mg (F-1 mg)

00575569	<i>Fluor-A-Day</i>	Phmscience	120	6.09	0.0508
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Oral Sol.

5.56 mg/mL (F-2.5 mg/mL)

00610100	<i>Fluor-A-Day</i>	Phmscience	60 ml	3.98	
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IMMUNOSUPPRESSIVE AGENTS

AZATHIOPRINE

Tab.

50 mg **PPB**

02242907	<i>Apo-Azathioprine</i>	Apotex	100	24.05	➔ 0.2405
02343002	<i>Azathioprine</i>	Sanis	100	24.05	➔ 0.2405
02243371	<i>Azathioprine-50</i>	Pro Doc	100	24.05	➔ 0.2405
* 00004596	<i>Imuran</i>	Aspen	100	94.53	0.9453
02231491	<i>Mylan-Azathioprine</i>	Mylan	100	24.05	➔ 0.2405
02236819	<i>Teva-Azathioprine</i>	Teva Can	100	24.05	➔ 0.2405
			500	120.23	➔ 0.2405

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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	29.85	0.9950

Caps.

				50 mg	
02150662	Neoral	Novartis	30	84.81	2.8270
02247074	Sandoz Cyclosporine	Sandoz	30	58.20	1.9400

Caps.

				100 mg	
02150670	Neoral	Novartis	30	169.68	5.6560
02242821	Sandoz Cyclosporine	Sandoz	30	116.44	3.8813

Oral Sol.

				100 mg/mL	
02244324	Apo-Cyclosporine	Apotex	50 ml	188.54	3.7708
02150697	Neoral	Novartis	50 ml	251.38	5.0276

MYCOPHENOLATE MOFETIL

Caps.

				250 mg	PPB	
02352559	Apo-Mycophenolate	Apotex	100	51.55	➡	0.5155
02192748	Cellcept	Roche	100	206.20		2.0620
02386399	Jamp-Mycophenolate	Jamp	100	51.55	➡	0.5155
02383780	Mofetilmycophenolate	Accord	100	51.55	➡	0.5155
02457369	Mycophenolate Mofetil	Sanis	100	51.55	➡	0.5155
02364883	Novo-Mycophenolate	Teva Can	100	51.55	➡	0.5155
02320630	Sandoz Mycophenolate Mofetil	Sandoz	100	51.55	➡	0.5155
02433680	VAN-Mycophenolate	Vanc Phm	100	51.55	➡	0.5155

Oral Susp.

				200 mg/mL	
02242145	Cellcept	Roche	175 ml	288.68	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

500 mg **PPB**

02352567	<i>Apo-Mycophenolate</i>	Apotex	50	51.55	➡	1.0310
			100	103.10	➡	1.0310
02237484	<i>Cellcept</i>	Roche	50	206.20		4.1240
02379996	<i>Co Mycophenolate</i>	Cobalt	50	51.55	➡	1.0310
02380382	<i>Jamp-Mycophenolate</i>	Jamp	50	51.55	➡	1.0310
02378574	<i>Mofetilmycophenolate</i>	Accord	50	51.55	➡	1.0310
02457377	<i>Mycophenolate Mofetil</i>	Sanis	50	51.55	➡	1.0310
02348675	<i>Novo-Mycophenolate</i>	Teva Can	50	51.55	➡	1.0310
02389754	<i>Ran-Mycophenolate</i>	Ranbaxy	50	51.55	➡	1.0310
			100	103.10	➡	1.0310
02313855	<i>Sandoz Mycophenolate Mofetil</i>	Sandoz	50	51.55	➡	1.0310
02432625	<i>VAN-Mycophenolate</i>	Vanc Phm	50	51.55	➡	1.0310

MYCOPHENOLATE SODIUM

Ent. Tab.

180 mg **PPB**

02372738	<i>Apo-Mycophenolic Acid</i>	Apotex	120	179.80	➡	1.4983
02264560	<i>Myfortic</i>	Novartis	120	239.72		1.9977

Ent. Tab.

360 mg **PPB**

02372746	<i>Apo-Mycophenolic Acid</i>	Apotex	120	359.58	➡	2.9965
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
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Tab.

1 mg

02247111	<i>Rapamune</i>	Pfizer	100	751.96		7.5196
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TACROLIMUS

Caps.

0.5 mg **PPB**

02243144	<i>Prograf</i>	Astellas	100	197.00		1.9700
02416816	<i>Sandoz Tacrolimus</i>	Sandoz	100	147.75	➡	1.4775

Caps.

1 mg **PPB**

02175991	<i>Prograf</i>	Astellas	100	249.95		2.4995
02416824	<i>Sandoz Tacrolimus</i>	Sandoz	100	189.00	➡	1.8900

Caps.

5 mg **PPB**

02175983	<i>Prograf</i>	Astellas	100	1249.85		12.4985
02416832	<i>Sandoz Tacrolimus</i>	Sandoz	100	946.50	➡	9.4650

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. 0.5 mg					
02296462	<i>Advagraf</i>	Astellas	50	98.50	1.9700
L.A. Caps. 1 mg					
02296470	<i>Advagraf</i>	Astellas	50	124.97	2.4994
L.A. Caps. 3 mg					
02331667	<i>Advagraf</i>	Astellas	50	374.91	7.4982
L.A. Caps. 5 mg					
02296489	<i>Advagraf</i>	Astellas	50	624.92	12.4984

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OTHER MISCELLANEOUS THERAPEUTIC AGENTS

BÉTAINE ANHYDROUS

Oral Pd.

1 g/1.7 mL					
02238526	<i>Cystadane</i>	RDT	180 g	839.93	

BUPROPION HYDROCHLORIDE

L. A tab

150 mg					
02238441	<i>Zyban</i> ⁴	Valeant	100	84.86	0.8486

CYPROTERONE ACETATE

I.M. Inj. Pd.

100 mg/mL					
00704423	<i>Androcur Depot</i>	Bayer	3 ml	78.85	

Tab.

50 mg PPB					
00704431	<i>Androcur</i>	Bayer	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

LACTOSE

Tab.

100 mg					
00501190	<i>Placebo</i>	Odan	100	7.20	☞ 0.0633
			1000	72.00	☞ 0.0632

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
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LANREOTIDE (AS ACETATE) 

S.C. Inj.Sol (syr)			60 mg/0.3 mL		
02283395	<i>Somatuline Autogel</i>	Ipsen	1	1102.00	

S.C. Inj.Sol (syr)			90 mg/0.3 mL		
02283409	<i>Somatuline Autogel</i>	Ipsen	1	1470.00	

S.C. Inj.Sol (syr)			120 mg/0.5 mL		
02283417	<i>Somatuline Autogel</i>	Ipsen	1	1840.00	

OCTREOTIDE (ACETATE) 

I.M. Inj. Susp.			10 mg		
02239323	<i>Sandostatin LAR</i>	Novartis	1	1211.00	

I.M. Inj. Susp.			20 mg		
02239324	<i>Sandostatin LAR</i>	Novartis	1	1615.40	

I.M. Inj. Susp.			30 mg		
02239325	<i>Sandostatin LAR</i>	Novartis	1	2022.00	

Inj. Sol.			200 mcg/mL PPB		
02248642	<i>Octreotide Acetate Omega</i>	Oméga	5 ml	➡ 31.71	
02049392	<i>Sandostatin</i>	Novartis	5 ml	➡ 91.75	

Inj.Sol. or Inj.Sol (syr)			50 mcg/mL PPB		
02413191	<i>Ocphyl</i>	Pendopharm	5	➡ 8.75	➡ 1.7500
02248639	<i>Octreotide Acetate Omega</i>	Oméga	1 ml	➡ 1.75	
00839191	<i>Sandostatin</i>	Novartis	1 ml	➡ 5.05	

Inj.Sol. or Inj.Sol (syr)			100 mcg/mL PPB		
02413205	<i>Ocphyl</i>	Pendopharm	5	➡ 16.50	➡ 3.3000
02248640	<i>Octreotide Acetate Omega</i>	Oméga	1 ml	➡ 3.30	
00839205	<i>Sandostatin</i>	Novartis	1 ml	➡ 9.54	

Inj.Sol. or Inj.Sol (syr)			500 mcg /mL PPB		
02413213	<i>Ocphyl</i>	Pendopharm	5	➡ 77.45	➡ 15.4900
02248641	<i>Octreotide Acetate Omega</i>	Oméga	1 ml	➡ 15.49	
00839213	<i>Sandostatin</i>	Novartis	1 ml	➡ 44.83	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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QUINAGOLIDE HYDROCHLORIDE 

Tab.

				75 mcg	
02223767	Norprolac	Ferring	30	32.70	1.0900

Tab.

				150 mcg	
02223775	Norprolac	Ferring	30	48.90	1.6300

SODIUM PENTOSAN POLYSULFATE 

Caps.

				100 mg	
02029448	Elmiron	Janss. Inc	100	131.40	1.3140

EXCEPTIONAL MEDICATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
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ABIRATERONE

Tab.

250 mg

02371065	Zytiga	Janss. Inc	120	3400.00	28.3333
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ABSORPTIVE DRESSING - GELLING FIBRE

Dressing

100 cm² to 200 cm² (active surface)

99003481	3M Tegaderm High Integrity Alginate Dressing (10x10-100 cm²)	3M Canada	10	38.97	3.8970
99100285	3M Tegaderm High Integrity Alginate Dressing (10x20-200 cm²)	3M Canada	1	7.53	
00920223	Algosteril (10 cm x 10 cm - 100 cm²)	Erfa	16	68.00	4.2500
00921092	Algosteril (10 cm x 20 cm - 200 cm²)	Erfa	16	105.50	6.5938
99101009	Aquacel Extra hydrofiber (10 cm x 10 cm - 100 cm²)	Convatec	10	38.00	3.8000
99100975	Aquacel foam (10 cm x 10 cm - 100 cm²)	Convatec	10	38.00	3.8000
99101232	Aquacel foam (10 cm x 20 cm - 200 cm²)	Convatec	5	38.00	7.6000
99001772	Aquacel hydrofiber (10 cm x 10 cm - 100 cm²)	Convatec	10	61.44	6.1440
99100153	Biatain Alginate (10 cm x 10 cm - 100 cm²)	Coloplast	10	34.20	3.4200
99101304	Calcicare alginate de calcium (10,2 cm x 12 cm - 122 cm²)	Hollister	10	44.15	4.4150
00898643	Kaltostat (10 cm x 20 cm - 200 cm²)	Convatec	10	85.60	8.5600
99101217	Kendall calcium alginate dressing (10.2cm x 14cm-143 cm²)	Covidien	10	13.48	1.3475
99101224	Kendall Pans. sup. alg. calcium (10.2 cmx10.2 cm - 104 cm²)	Covidien	10	13.48	1.3475
99101216	Kendall pans.a l'alginate calcium (10,2cmx10,2cm-104 cm²)	Covidien	10	13.48	1.3475
99100656	Maxorb Extra (10,2 cm x 10,2 cm - 104 cm²)	Medline	100	134.75	1.3475
99003007	Melgisorb (10 cm x 10 cm - 100 cm²)	Mölnlycke	50	182.33	3.6466
99003023	Melgisorb (10 cm x 20 cm - 200 cm²)	Mölnlycke	50	342.47	6.8494
99100004	Nu-Derm Alginate (10 cm x 10 cm - 100 cm²)	KCI	50	205.44	4.1088
99100005	Nu-Derm Alginate (10 cm x 20 cm - 200 cm²)	KCI	25	188.92	7.5568
99100821	Restore Calcium Alginate Dressing (10 cm x 10 cm-100 cm²)	Hollister	10	37.00	3.7000
99100822	Restore Calcium Alginate Dressing (10 cm x 20 cm-200 cm²)	Hollister	5	37.00	7.4000
99100467	Versiva XC Non-Adhesive (11 cm x 11 cm - 121 cm²)	Convatec	10	51.79	5.1790

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² to 500 cm² (active surface)			
99003279	<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
99101305	<i>Calicare alginate de calcium (10,2 cm x 20,3 cm - 207 cm²)</i>	Hollister	5	42.30	8.4600
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
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 cm ² (active surface)					
00920266	<i>Algosteril (5 cm x 5 cm - 25 cm²)</i>	Erfa	10	17.04	1.7040
99101133	<i>Aquacel Extra hydrofiber (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	17.67	1.7670
99100937	<i>Aquacel foam (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	16.50	1.6500
99001780	<i>Aquacel hydrofiber (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	24.97	2.4970
99100156	<i>Biatain Alginate (5 cm x 5 cm - 25 cm²)</i>	Coloplast	30	52.50	1.7500
99101306	<i>Calcicare alginate de calcium (5 cm x 5 cm - 25 cm²)</i>	Hollister	10	16.00	1.6000
00898627	<i>Kaltostat (5 cm x 5 cm - 25 cm²)</i>	Convatec	10	19.02	1.9020
00898635	<i>Kaltostat (7.5 cm x 12 cm - 90 cm²)</i>	Convatec	10	55.57	5.5570
99101221	<i>Kendall calcium alginate dressing (5.1 cm x 5.1 cm - 26cm²)</i>	Covidien	10	8.40	0.8400
99100658	<i>Maxorb Extra (5,1 cm x 5,1 cm - 26 cm²)</i>	Medline	100	160.50	1.6050
99003066	<i>Melgisorb (5 cm x 5 cm - 25 cm²)</i>	Mölnlycke	50	89.23	1.7846
99100006	<i>Nu-Derm Alginate (5 cm x 5 cm - 25 cm²)</i>	KCI	50	94.33	1.8866
99100823	<i>Restore Calcium Alginate Dressing (5,1 cm x 5,1 cm-26cm²)</i>	Hollister	10	17.30	1.7300
99100466	<i>Versiva XC Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)</i>	Convatec	10	33.95	3.3950
Dressing					
More than 500 cm ² (active surface)					
99100888	<i>Aquacel Burn hydrofiber (23 cm x 30 cm - 690 cm²)</i>	Convatec	5	220.00	44.0000
99101220	<i>Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)</i>	Covidien	5	220.00	44.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Strip			30 cm to 90 cm		
99003260	<i>Algisite M 30 cm</i>	S. & N.	5	24.81	4.9620
00921157	<i>Algosteril (30 cm)</i>	Erfa	10	49.97	4.9970
99100955	<i>Aquacel Hydrofiber (1 cm x 45 cm)</i>	Convatec	5	33.93	6.7860
99001705	<i>Aquacel hydrofiber (2 cm x 45 cm)</i>	Convatec	5	41.60	8.3200
99100155	<i>Biatain Alginate (44 cm ou 1" X 17 1/2")</i>	Coloplast	6	41.22	6.8700
99101307	<i>Calcicare alginate de calcium 46 cm</i>	Hollister	5	34.39	6.8780
99100100	<i>Calcium Alginate Dressing 30 cm</i>	Covidien	1	4.17	
99100101	<i>Calcium Alginate Dressing 60 cm</i>	Covidien	1	5.97	
99100102	<i>Calcium Alginate Dressing 90 cm</i>	Covidien	1	10.50	
00898899	<i>Kaltostat 40 cm</i>	Convatec	5	35.49	7.0980
99100659	<i>Maxorb Extra Post-op Rope (30,5 cm)</i>	Medline	20	80.35	4.0175
99003015	<i>Melgisorb 30 cm</i>	Mölnlycke	50	215.18	4.3036
99100003	<i>Nu-Derm Alginate 30 cm</i>	KCI	25	133.11	5.3244

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing

100 cm² to 200 cm² (active surface)

99100193	3M Tegaderm Foam Dressing (nonadhesive) (10cm x 10cm-100cm ²)	3M Canada	1	4.41	
99100052	Allevyn Compression (10 cm x 10 cm - 100 cm ²)	S. & N.	1	5.01	W
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 (10 cm x 10 cm - 100 cm ²)	Coloplast	10	39.50	3.9500
99100601	Biatain (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99100298	Biatain Soft-Hold (10 cm x 10 cm - 100 cm ²)	Coloplast	5	19.75	3.9500
99100600	Biatain Soft-Hold (10 cm x 20 cm - 200 cm ²)	Coloplast	5	39.50	7.9000
99002787	Combiderm Non-Adhesive (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
99100664	Optifoam Basic (10,2 cm x 12,7 cm - 130 cm ²)	Medline	100	146.10	1.4610
99100666	Optifoam Non-Adhesive (10,2 cm x 10,2 cm - 104 cm ²)	Medline	100	230.56	2.3056
99100708	Restore Advanced Foam Dressing (10 cm x 10 cm - 100 cm ²)	Hollister	10	35.32	3.5320
99100889	Tegaderm 3M-Foam Dressing (non adhesive) 10 x 20-200 cm ²	3M Canada	5	39.50	7.9000
99100000	Tielle Max (11 cm x 11 cm - 121 cm ²)	KCI	10	62.44	6.2440

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 Canada	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 (15 cm x 15 cm - 225 cm ²)	Coloplast	5	44.50	8.9000
99100603	Biatain (20 cm x 20 cm - 400 cm ²)	Coloplast	5	79.00	15.8000
99100572	Biatain Soft-Hold (15 cm x 15 cm - 225 cm ²)	Coloplast	5	44.50	8.9000
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
99100667	Optifoam Non-Adhesive (15,2 cm x 15,2 cm - 231 cm ²)	Medline	100	443.45	4.4345
99100709	Restore Advanced Foam Dressing (15 cm x 15 cm - 225 cm ²)	Hollister	10	74.48	7.4480
99100539	Tielle Max (15 cm x 15 cm - 225 cm ²)	KCI	10	94.97	9.4970
99100356	Tielle Max (15 cm x 20 cm - 300 cm ²)	KCI	5	58.21	11.6420
99101276	Tielle non-adhesive (21 cm x 22 cm - 462 cm ²)	KCI	5	80.00	16.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Dressing

Less than 100 cm² (active surface)

99100241	<i>Allevyn Compression (5 cm x 6 cm - 30 cm²)</i>	S. & N.	1	1.95	W
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 (5 cm x 7 cm - 35 cm²)</i>	Coloplast	10	13.83	1.3830
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 cm² (active surface)

99100195	<i>3M Tegaderm Foam Dressing (nonadhesive) (10cm x 60cm-600cm²)</i>	3M Canada	1	25.78	
99100604	<i>Mepilex (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	2	86.00	43.0000

Thin dr.

100 cm² to 200 cm² (active surface)

99100034	<i>Allevyn Thin (10 cm x 10 cm - 100 cm²)</i>	S. & N.	1	4.11	W
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	
99100704	<i>Restore Advanced Lite Foam Dressing (10 cm x 12,5 cm-125cm²)</i>	Hollister	10	31.79	3.1790

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Thin dr.

201 cm² to 500 cm² (active surface)

99100035	<i>Allevyn Thin (15 cm x 20 cm - 300 cm²)</i>	S. & N.	1	10.15	W
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	
99100707	<i>Restore Advanced Foam Dressing (15 cm x 15 cm - 225 cm²)</i>	Hollister	10	67.03	6.7030
99100705	<i>Restore Advanced Lite Foam Dressing (15 cm x 20 cm-300 cm²)</i>	Hollister	10	89.37	8.9370

Thin dr.

Less than 100 cm² (active surface)

99100036	<i>Allevyn Thin (5 cm x 6 cm - 30 cm²)</i>	S. & N.	1	1.32	W
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	
99100706	<i>Restore Advanced Lite Foam Dressing (6 cm x 6 cm - 36cm²)</i>	Hollister	10	22.32	2.2320

Thin dr.

More than 500 cm² (active surface)

99100605	<i>Mepilex Lite (20 cm x 50 cm - 1 000 cm²)</i>	Mölnlycke	2	77.38	38.6900
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ABSORPTIVE DRESSING - SODIUM CHLORIDE

Dressing

100 cm² to 200 cm² (active surface)

00899496	<i>Mesalt (10 cm x 10 cm - 100 cm²)</i>	Mölnlycke	30	27.29	0.9097
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Dressing

201 cm² to 500 cm² (active surface)

99004712	<i>Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)</i>	Covidien	96	202.04	2.1046
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Dressing

Less than 100 cm² (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
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ACAMPROSATE 

L.A. Tab.

				333 mg	
02293269	<i>Campral</i>	Mylan	84	67.20	0.8000

ADALIMUMAB 

S.C. Inj. Sol.

				50 mg/mL (0.8 mL)	
99100385	<i>Humira (pen)</i>	AbbVie	2	1428.48	714.2400
02258595	<i>Humira (syringe)</i>	AbbVie	2	1428.48	714.2400

ADEFOVIR DIPIVOXIL 

Tab.

				10 mg	PPB
02420333	<i>Apo-Adefovir</i>	Apotex	30	547.55	➔ 18.2517
02247823	<i>Hepsera</i>	Gilead	30	696.73	23.2243

AFATINIB DIMALEATE 

Tab.

				20 mg	
02415666	<i>Giotrif</i>	Bo. Ing.	28	1736.00	62.0000

Tab.

				30 mg	
02415674	<i>Giotrif</i>	Bo. Ing.	28	1736.00	62.0000

Tab.

				40 mg	
02415682	<i>Giotrif</i>	Bo. Ing.	28	1736.00	62.0000

AFLIBERCEPT 

Inj. Sol.

				40 mg/mL (1 mL)	
02415992	<i>Eylea</i>	Bayer	1	1418.00	

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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ALISKIREN

Tab.

				150 mg	
02302063	<i>Rasilez</i>	Novartis	28	32.31	1.1539

Tab.

				300 mg	
02302071	<i>Rasilez</i>	Novartis	28	32.31	1.1539

ALISKIRENE/HYDROCHLOROTHIAZIDE

Tab.

				150 mg- 12.5 mg	
02332728	<i>Rasilez HCT</i>	Novartis	28	31.08	1.1100

Tab.

				150 mg - 25 mg	
02332736	<i>Rasilez HCT</i>	Novartis	28	31.08	1.1100

Tab.

				300 mg- 12.5 mg	
02332744	<i>Rasilez HCT</i>	Novartis	28	31.08	1.1100

Tab.

				300 mg - 25 mg	
02332752	<i>Rasilez HCT</i>	Novartis	28	31.08	1.1100

ALITRETINOINE

Caps.

				30 mg	
02337649	<i>Toctino</i>	Actelion	30	560.75	18.6917

ALOGLIPTIN BENZOATE

Tab.

				6.25 mg	
02417189	<i>Nesina</i>	Takeda	30	63.00	2.1000

Tab.

				12.5 mg	
02417197	<i>Nesina</i>	Takeda	30	63.00	2.1000

Tab.

				25 mg	
02417200	<i>Nesina</i>	Takeda	30	63.00	2.1000

ALOGLIPTIN BENZOATE/ METFORMIN HYDROCHLORIDE

Tab.

				12.5 mg - 500 mg	
02417219	<i>Kazano</i>	Takeda	60	68.70	1.1450

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			12.5 mg - 850 mg		
02417227	Kazano	Takeda	60	68.70	1.1450

Tab.			12.5 mg - 1000 mg		
02417235	Kazano	Takeda	60	68.70	1.1450

AMBRISENTAN

Tab.			5 mg		
02307065	Volibris	GSK	30	3600.00	120.0000

Tab.			10 mg		
02307073	Volibris	GSK	30	3600.00	120.0000

AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM

Tab.			5 mg -10 mg PPB		
02411253	Apo-Amlodipine-Atorvastatin	Apotex	100	58.02	➡ 0.5802
02273233	Caduet	Pfizer	90	67.96	0.7551
02362759	GD-Amlodipine/Atorvastatin	GenMed	90	52.22	➡ 0.5802
02404222	pms-Amlodipine-Atorvastatin	Phmscience	100	58.02	➡ 0.5802

Tab.			5 mg - 20 mg PPB		
02411261	Apo-Amlodipine-Atorvastatin	Apotex	100	68.42	➡ 0.6842
02273241	Caduet	Pfizer	90	77.32	0.8591
02362767	GD-Amlodipine/Atorvastatin	GenMed	90	61.58	➡ 0.6842
02404230	pms-Amlodipine-Atorvastatin	Phmscience	100	68.42	➡ 0.6842

Tab.			5 mg - 40 mg PPB		
02411288	Apo-Amlodipine-Atorvastatin	Apotex	100	72.32	➡ 0.7232
02273268	Caduet	Pfizer	90	80.83	0.8981
02362775	GD-Amlodipine/Atorvastatin	GenMed	90	65.09	➡ 0.7232

Tab.			5 mg - 80 mg PPB		
02411296	Apo-Amlodipine-Atorvastatin	Apotex	100	72.32	➡ 0.7232
02273276	Caduet	Pfizer	90	80.83	0.8981
02362783	GD-Amlodipine/Atorvastatin	GenMed	90	65.09	➡ 0.7232

Tab.			10 mg -10 mg PPB		
02411318	Apo-Amlodipine-Atorvastatin	Apotex	100	61.25	➡ 0.6125
02273284	Caduet	Pfizer	90	82.75	0.9194
02362791	GD-Amlodipine/Atorvastatin	GenMed	90	55.13	➡ 0.6125
02404249	pms-Amlodipine-Atorvastatin	Phmscience	100	61.25	➡ 0.6125

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.		10 mg - 20 mg		PPB	
02411326	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	76.36	➡ 0.7636
02273292	<i>Caduet</i>	Pfizer	90	92.11	➡ 1.0234
02362805	<i>GD-Amlodipine/Atorvastatin</i>	GenMed	90	68.72	➡ 0.7636
02404257	<i>pms-Amlodipine-Atorvastatin</i>	Phmscience	100	76.36	➡ 0.7636

Tab.		10 mg - 40 mg		PPB	
02411334	<i>Apo-Amlodipine-Atorvastatin</i>	Apotex	100	80.00	➡ 0.8000
02273306	<i>Caduet</i>	Pfizer	90	95.62	➡ 1.0624
02362813	<i>GD-Amlodipine/Atorvastatin</i>	GenMed	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>	Pfizer	90	95.62	➡ 1.0624
02362821	<i>GD-Amlodipine/Atorvastatin</i>	GenMed	90	72.00	➡ 0.8000

AMPHETAMINE (MIXED SALTS) ◆

L.A. Caps.		5 mg		PPB	
* 02439239	<i>ACT Amphetamine XR</i>	ActavisPhm	100	107.45	➡ 1.0745
02248808	<i>Adderall XR</i>	Shire	100	205.78	➡ 2.0578
+ 02457288	<i>Sandoz Amphetamine XR</i>	Sandoz	100	107.45	➡ 1.0745

L.A. Caps.		10 mg		PPB	
* 02439247	<i>ACT Amphetamine XR</i>	ActavisPhm	100	122.11	➡ 1.2211
02248809	<i>Adderall XR</i>	Shire	100	233.86	➡ 2.3386
+ 02457296	<i>Sandoz Amphetamine XR</i>	Sandoz	100	122.11	➡ 1.2211

L.A. Caps.		15 mg		PPB	
* 02439255	<i>ACT Amphetamine XR</i>	ActavisPhm	100	136.77	➡ 1.3677
02248810	<i>Adderall XR</i>	Shire	100	261.94	➡ 2.6194
+ 02457318	<i>Sandoz Amphetamine XR</i>	Sandoz	100	136.77	➡ 1.3677

L.A. Caps.		20 mg		PPB	
* 02439263	<i>ACT Amphetamine XR</i>	ActavisPhm	100	151.43	➡ 1.5143
02248811	<i>Adderall XR</i>	Shire	100	290.01	➡ 2.9001
+ 02457326	<i>Sandoz Amphetamine XR</i>	Sandoz	100	151.43	➡ 1.5143

L.A. Caps.		25 mg		PPB	
* 02439271	<i>ACT Amphetamine XR</i>	ActavisPhm	100	166.09	➡ 1.6609
02248812	<i>Adderall XR</i>	Shire	100	318.09	➡ 3.1809
+ 02457334	<i>Sandoz Amphetamine XR</i>	Sandoz	100	166.09	➡ 1.6609

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.			30 mg PPB		
* 02439298	<i>ACT Amphetamine XR</i>	ActavisPhm	100	180.76	➡ 1.8076
02248813	<i>Adderall XR</i>	Shire	100	346.18	3.4618
+ 02457342	<i>Sandoz Amphetamine XR</i>	Sandoz	100	180.76	➡ 1.8076

ANETHOLE TRITHIONE

Tab.

			25 mg		
02240344	<i>Sialor</i>	Phmscience	60	54.00	0.9000

ANTIMICROBIAL DRESSING - IODINE

Paste

99100098	<i>Iodosorb</i>	S. & N.	5 g	8.49	
			10 g	16.99	
			17 g	28.86	

Top. Oint.

99100099	<i>Iodosorb</i>	S. & N.	10 g	13.72	
			20 g	27.44	
			40 g	54.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ANTIMICROBIAL DRESSING - SILVER

Dressing

100 cm² to 200 cm² (active surface)

99100348	3M - Tegaderm Ag Mesh (10 cm x 12.7 cm - 127cm ²)	3M Canada	1	5.24	
99100349	3M Tegaderm Ag Mesh (10 cm x 20 cm - 200 cm ²)	3M Canada	1	7.94	
99100852	3M Tegaderm- Alginate Ag silver dressing 10,2 x 12,7-129 cm ²	3M Canada	10	59.70	5.9700
99100559	Allevyn Ag Gentle (10 cm x 10 cm - 100 cm ²)	S. & N.	10	74.10	7.4100
99100456	Allevyn Ag Non-Adhesive (10 cm x 10 cm - 100 cm ²)	S. & N.	10	74.10	7.4100
99100953	Aquacel Ag Extra (10 cm x 10 cm - 100 cm ²)	Convatec	10	63.90	6.3900
99100998	Aquacel Ag foam (10 cm x 10 cm - 100 cm ²)	Convatec	10	65.00	6.5000
99101228	Aquacel Ag+Extra (10 cm x 10 cm - 100 cm ²)	Convatec	10	65.00	6.5000
99100324	Biatain Ag Non-Adhesive (10 cm x 10 cm - 100 cm ²)	Coloplast	5	33.25	6.6500
99100325	Biatain Ag Non-Adhesive (10 cm x 20 cm - 200 cm ²)	Coloplast	5	66.50	13.3000
99100541	Biatain Alginate Ag (10 cm x 10 cm - 100 cm ²)	Coloplast	10	52.50	5.2500
99100545	Melgisorb Ag (10 cm x 10 cm - 100 cm ²)	Mölnlycke	10	59.74	5.9740
99100366	Mepilex Ag (10 cm x 10 cm - 100 cm ²)	Mölnlycke	5	34.33	6.8660
99100367	Mepilex Ag (10 cm x 20 cm - 179 cm ²)	Mölnlycke	5	64.67	12.9340
99100663	Optifoam Ag Non-Adhesive (10 cm x 10 cm - 100 cm ²)	Medline	100	453.00	4.5300
99100579	Restore Dressing alginate calcium Silver 10.2x12-122 cm ²	Hollister	10	89.33	8.9330
99100562	Restore Foam Dressing Silver sulphate 10 cm x 10 cm -100 cm ²	Hollister	10	83.27	8.3270
99100288	Silvercel (10 cm x 20 cm - 200 cm ²)	KCI	5	80.44	16.0880
99100289	Silvercel (11 cm x 11 cm - 121 cm ²)	KCI	10	96.00	9.6000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm ² to 500 cm ² (active surface)			
99100350	3M Tegaderm Ag Mesh (20 cm x 20 cm - 400 cm ²)	3M Canada	1	15.52	
99100560	Allevyn Ag Gentle (15 cm x 15 cm - 225 cm ²)	S. & N.	10	157.50	15.7500
99100561	Allevyn Ag Gentle (20 cm x 20 cm - 400 cm ²)	S. & N.	10	280.40	28.0400
99100457	Allevyn Ag Non-Adhesif (20 cm x 20 cm - 400 cm ²)	S. & N.	10	283.96	28.3960
99100455	Allevyn Ag Non-Adhesive (15 cm x 15 cm - 225 cm ²)	S. & N.	10	159.50	15.9500
99100326	Aquacel AG (14.5 cm x 14.5 cm - 210 cm ²)	Convatec	5	93.02	18.6040
99100954	Aquacel Ag Extra (15 cm x 15 cm - 225 cm ²)	Convatec	5	73.13	14.6260
99101000	Aquacel Ag foam (15 cm x 15 cm - 225 cm ²)	Convatec	5	74.70	14.9400
99101001	Aquacel Ag foam (15 cm x 20 cm - 300 cm ²)	Convatec	5	99.60	19.9200
99101005	Aquacel Ag foam (20 cm x 20 cm - 400 cm ²)	Convatec	5	132.80	26.5600
99101229	Aquacel Ag+Extra (15 cm x 15 cm - 225 cm ²)	Convatec	5	74.70	14.9400
99100595	Biatain Ag Non-Adhesive (15 cm x 15 cm - 225 cm ²)	Coloplast	5	74.81	14.9620
99100329	Biatain Ag Non-Adhesive (20 cm x 20 cm - 400 cm ²)	Coloplast	5	124.80	24.9600
99100543	Melgisorb Ag (15 cm x 15 cm - 225 cm ²)	Mölnlycke	10	102.29	10.2290
99100368	Mepilex Ag (15 cm x 15 cm - 225 cm ²)	Mölnlycke	5	77.06	15.4120
99100369	Mepilex Ag (20 cm x 20 cm - 400 cm ²)	Mölnlycke	5	124.83	24.9660
99100825	Restore Foam Dressing Silver 15cm x 20cm-300cm ²	Hollister	10	194.40	19.4400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less than 100 cm ² (active surface)			
99100347	3M Tegaderm Ag Mesh (5 cm x 5 cm - 25 cm ²)	3M Canada	1	2.55	
99100851	3M Tegaderm- Alginate Ag silver dressing 5.1 x 5,1-26cm ²	3M Canada	10	27.50	2.7500
99100557	Allevyn Ag Gentle (5 cm x 5 cm - 25 cm ²)	S. & N.	10	43.02	4.3020
99100450	Allevyn Ag Non-Adhesive (5 cm x 5 cm - 25 cm ²)	S. & N.	10	43.02	4.3020
99100338	Aquacel AG (9.5 cm x 9.5 cm - 90 cm ²)	Convatec	10	102.78	10.2780
99100974	Aquacel Ag Extra (5 cm x 5 cm - 25 cm ²)	Convatec	10	28.34	2.8340
99101006	Aquacel Ag foam (5 cm x 5 cm - 25 cm ²)	Convatec	10	28.38	2.8380
99101231	Aquacel Ag+Extra (5 cm x 5 cm - 25 cm ²)	Convatec	10	28.38	2.8380
99100594	Biatain Ag Non-Adhesive (5 cm x 7 cm - 35 cm ²)	Coloplast	5	11.64	2.3280
99101308	Calcicare alginate de calcium avec argent (5cmx5cm-25 cm ²)	Hollister	10	27.50	2.7500
99100544	Melgisorb Ag (5 cm x 5 cm - 25 cm ²)	Mölnlycke	10	27.75	2.7750
99100824	Restore Calcium Alginate Dressing, Silver 5cm x 5cm-25cm ²	Hollister	10	27.50	2.7500
99100287	Silvercel (5 cm x 5 cm - 25 cm ²)	KCI	10	31.70	3.1700

Dressing		More than 500 cm ² (active surface)			
99100235	Acticoat (20 cm x 40 cm - 600 cm ²)	S. & N.	1	66.28	
99100236	Acticoat (40 cm x 40 cm - 1 600 cm ²)	S. & N.	1	130.27	
99100593	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm ²)	S. & N.	6	781.62	130.2700
99100328	Aquacel AG (19.5 cm x 29.5 cm - 575 cm ²)	Convatec	5	224.00	44.8000
99100973	Aquacel Ag Extra (20 cm x 30 cm - 600 cm ²)	Convatec	5	233.70	46.7400
99101230	Aquacel Ag+Extra (20 cm x 30 cm - 600 cm ²)	Convatec	5	233.70	46.7400
99100596	Mepilex Ag (20 cm x 50 cm - 1 000 cm ²)	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
99100247	<i>Biatain Ag Adhesive (sacrum 23 cm x 23 cm - 200 cm²)</i>	Coloplast	5	100.00	20.0000
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	

APIXABAN

Tab.

				2.5 mg	
02377233	<i>Eliquis</i>	B.M.S.	60	96.00	1.6000

Tab.

				5 mg	
02397714	<i>Eliquis</i>	B.M.S.	60	96.00	1.6000
			180	288.00	1.6000

APREMILAST

Tab.

				10 mg (4 co.) - 20 mg (4 co.) - 30 mg (19 co.)	
02434318	<i>Otezla (Starter parck)</i>	Celgene	27	510.41	

Tab.

				30 mg	
02434334	<i>Otezla</i>	Celgene	56	1058.63	18.9041

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

Caps.

				125mg (1 caps.) and 80mg (2 caps.)	
02298813	<i>Emend Tri-Pack</i>	Merck	3	90.54	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ARIPIPRAZOLE

I.M. Inj. Pd.

300 mg

02420864	<i>Abilify Maintena</i>	Otsuka Can	1	456.18	
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I.M. Inj. Pd.

400 mg

02420872	<i>Abilify Maintena</i>	Otsuka Can	1	456.18	
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ATOMOXETINE HYDROCHLORIDE

Caps.

10 mg **PPB**

02318024	<i>Apo-Atomoxetine</i>	Apotex	30	42.12	➡	1.4040
02396904	<i>Atomoxetine</i>	Pro Doc	30	42.12	➡	1.4040
02445883	<i>Atomoxetine</i>	Sivem	30	42.12	➡	1.4040
02314541	<i>Novo-Atomoxetine</i>	Teva Can	30	42.12	➡	1.4040
02381028	<i>pms-Atomoxetine</i>	Phmscience	30	42.12	➡	1.4040
02405962	<i>Riva-Atomoxetine</i>	Riva	30	42.12	➡	1.4040
			100	140.40	➡	1.4040
02386410	<i>Sandoz Atomoxetine</i>	Sandoz	30	42.12	➡	1.4040
02262800	<i>Strattera</i>	Lilly	28	72.80		2.6000

Caps.

18 mg **PPB**

02318032	<i>Apo-Atomoxetine</i>	Apotex	30	48.28	➡	1.6093
02396912	<i>Atomoxetine</i>	Pro Doc	30	48.28	➡	1.6093
02445905	<i>Atomoxetine</i>	Sivem	30	48.28	➡	1.6093
02378930	<i>Mylan-Atomoxe</i>	Mylan	100	160.93	➡	1.6093
02314568	<i>Novo-Atomoxetine</i>	Teva Can	30	48.28	➡	1.6093
02381036	<i>pms-Atomoxetine</i>	Phmscience	30	48.28	➡	1.6093
02405970	<i>Riva-Atomoxetine</i>	Riva	30	48.28	➡	1.6093
			100	160.93	➡	1.6093
02386429	<i>Sandoz Atomoxetine</i>	Sandoz	30	48.28	➡	1.6093
02262819	<i>Strattera</i>	Lilly	28	83.44		2.9800

Caps.

25 mg **PPB**

02318040	<i>Apo-Atomoxetine</i>	Apotex	30	53.30	➡	1.7767
			100	177.67	➡	1.7767
02396920	<i>Atomoxetine</i>	Pro Doc	30	53.30	➡	1.7767
			100	177.67	➡	1.7767
02445913	<i>Atomoxetine</i>	Sivem	30	53.30	➡	1.7767
02378949	<i>Mylan-Atomoxe</i>	Mylan	100	177.67	➡	1.7767
02314576	<i>Novo-Atomoxetine</i>	Teva Can	30	53.30	➡	1.7767
02381044	<i>pms-Atomoxetine</i>	Phmscience	30	53.30	➡	1.7767
			100	177.67	➡	1.7767
02405989	<i>Riva-Atomoxetine</i>	Riva	30	53.30	➡	1.7767
			100	177.67	➡	1.7767
02386437	<i>Sandoz Atomoxetine</i>	Sandoz	30	53.30	➡	1.7767
02262827	<i>Strattera</i>	Lilly	28	92.12		3.2900

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Caps.

40 mg **PPB**

02318059	<i>Apo-Atomoxetine</i>	Apotex	30	60.75	➡	2.0250
			100	202.50	➡	2.0250
02396939	<i>Atomoxetine</i>	Pro Doc	30	60.75	➡	2.0250
			100	202.50	➡	2.0250
02445948	<i>Atomoxetine</i>	Sivem	30	60.75	➡	2.0250
02378957	<i>Mylan-Atomoxe</i>	Mylan	100	202.50	➡	2.0250
02314584	<i>Novo-Atomoxetine</i>	Teva Can	30	60.75	➡	2.0250
02381052	<i>pms-Atomoxetine</i>	Phmscience	30	60.75	➡	2.0250
			100	202.50	➡	2.0250
02405997	<i>Riva-Atomoxetine</i>	Riva	30	60.75	➡	2.0250
			100	202.50	➡	2.0250
02386445	<i>Sandoz Atomoxetine</i>	Sandoz	30	60.75	➡	2.0250
02262835	<i>Strattera</i>	Lilly	28	105.00		3.7500

Caps.

60 mg **PPB**

02318067	<i>Apo-Atomoxetine</i>	Apotex	30	67.39	➡	2.2463
			100	224.63	➡	2.2463
02396947	<i>Atomoxetine</i>	Pro Doc	30	67.39	➡	2.2463
			100	224.63	➡	2.2463
02445956	<i>Atomoxetine</i>	Sivem	30	67.39	➡	2.2463
02378965	<i>Mylan-Atomoxe</i>	Mylan	100	224.63	➡	2.2463
02314592	<i>Novo-Atomoxetine</i>	Teva Can	30	67.39	➡	2.2463
02381060	<i>pms-Atomoxetine</i>	Phmscience	30	67.39	➡	2.2463
			100	224.63	➡	2.2463
02406004	<i>Riva-Atomoxetine</i>	Riva	30	67.39	➡	2.2463
			100	224.63	➡	2.2463
02386453	<i>Sandoz Atomoxetine</i>	Sandoz	30	67.39	➡	2.2463
02262843	<i>Strattera</i>	Lilly	28	116.48		4.1600

AXITINIB

Tab.

1 mg

02389630	<i>Inlyta</i>	Pfizer	60	1116.00		18.6000
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Tab.

5 mg

02389649	<i>Inlyta</i>	Pfizer	60	5580.00		93.0000
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AZELAIC ACID

Top. Jel.

15 %

02270811	<i>Finacea</i>	Bayer	50 g	30.00		0.6000
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AZTREONAM

Sol. Inh.

75 mg

02329840	<i>Cayston</i>	Gilead	84	4045.14		48.1564
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BETAHISTINE DIHYDROCHLORIDE

Tab.

 16 mg **PPB**

02374757	<i>ACT Betahistine</i>	ActavisPhm	100	11.06	➡	0.1106
02449153	<i>Auro-Betahistine</i>	Aurobindo	100	11.06	➡	0.1106
02280191	<i>Novo-Betahistine</i>	Novopharm	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

Tab.

 24 mg **PPB**

02374765	<i>ACT Betahistine</i>	ActavisPhm	100	16.59	➡	0.1659
02449161	<i>Auro-Betahistine</i>	Aurobindo	100	16.59	➡	0.1659
02280205	<i>Novo-Betahistine</i>	Novopharm	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

BISACODYL

Ent. Tab.

 5 mg **PPB**

00545023	<i>Apo-Bisacodyl</i>	Apotex	1000	40.50	➡	0.0405
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

02410893	<i>Bisacodyl Suppository 5 mg</i>	Jamp	3	1.28		0.4267
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Supp.

 10 mg **PPB**

02361450	<i>Bisacodyl Suppository</i>	Jamp	100	46.81	➡	0.4681
00582883	<i>pms-Bisacodyl</i>	Phmscience	100	46.81	➡	0.4681

BOCEPREVIR

Caps.

200 mg

02370816	<i>Victrelis</i>	Merck	168	1890.00		11.2500
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BORDERED ABSORPTIVE DRESSING - GELLING FIBRE

Dressing

 100 cm² to 200 cm² (active surface)

99101213	<i>Aquacel foam (10 cm x 25 cm - 120 cm²)</i>	Convatec	5	40.50		8.1000
99101214	<i>Aquacel foam (10 cm x 30 cm - 150 cm²)</i>	Convatec	5	50.62		10.1240
99100944	<i>Aquacel foam (17.5 cm x 17.5 cm - 182 cm²)</i>	Convatec	10	112.08		11.2080
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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
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
99100464	<i>Versiva XC Adhesive (10 cm x 10 cm - 49 cm²)</i>	Convatec	10	41.68	4.1680
Dressing					
Sacrum					
99100945	<i>Aquacel foam (16.9 cm x 20 cm - 115 cm²)</i>	Convatec	5	43.00	8.6000
99100465	<i>Versiva XC - Sacrum (21 cm x 25 cm - 218 cm²)</i>	Convatec	5	90.62	18.1240

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION

Dressing

100 cm² to 200 cm² (active surface)

99100199	3M Tegaderm Foam Adhesive Dressing (14.3cm x 14.3cm-100 cm ²)	3M Canada	1	6.87	
99100854	3M Tegaderm- Foam adhesive dressing 19cm x 22,2 cm-188cm ²	3M Canada	5	55.00	11.0000
99001667	Allevyn Adhesive (12.5 cm x 12.5 cm - 100 cm ²)	S. & N.	10	58.65	5.8650
99004585	Allevyn Adhesive (12.5 cm x 22.5 cm - 200 cm ²)	S. & N.	10	110.18	11.0180
99100476	Allevyn Gentle Border (12.5 cm x 12.5 cm - 100 cm ²)	S. & N.	10	59.00	5.9000
99100032	Allevyn Plus Adhesif (12.5 cm x 22.5 cm - 200 cm ²)	S. & N.	1	12.41	W
99100031	Allevyn Plus Adhesive (12.5 cm x 12.5 xcm - 100 cm ²)	S. & N.	1	6.39	W
99100139	Biatain Adhesive (18 cm x 18 cm - 196 cm ²)	Coloplast	5	52.92	10.5840
99100654	Biatain Silicone (15 cm x 15 cm - 104 cm ²)	Coloplast	5	32.75	6.5500
99100742	Biatain Silicone (17,5 cm x 17,5 cm - 156 cm ²)	Coloplast	5	48.95	9.7900
99005026	Combiderm ACD (15 cm x 25 cm - 200 cm ²)	Convatec	1	12.00	
99100752	Cutimed Siltec B (15 cm x 15 cm - 100 cm ²)	BSN Med	10	58.00	5.8000
99100753	Cutimed Siltec B (17,5 cm x 17,5 cm - 144 cm ²)	BSN Med	5	43.61	8.7220
99004321	Mepilex Border (15 cm x 15 cm - 121 cm ²)	Mölnlycke	1	7.96	
99004348	Mepilex Border (15 cm x 20 cm - 168 cm ²)	Mölnlycke	1	11.77	
99100661	Optifoam (15,2 cm x 15,2 cm - 131 cm ²)	Medline	100	440.30	4.4030
99100796	Restore Advanced Foam Dressing Adhesive 15 x 15 - 100 cm ²	Hollister	10	62.00	6.2000
99100797	Restore Advanced Foam Dressing Adhesive 15 x 20 - 125 cm ²	Hollister	10	77.50	7.7500
99004623	Tielle (15 cm x 15 cm - 121 cm ²)	KCI	10	88.48	8.8480
99001799	Tielle (15 cm x 20 cm - 176 cm ²)	KCI	5	63.31	12.6620
99001675	Tielle (18 cm x 18 cm - 196 cm ²)	KCI	5	56.13	11.2260
99100012	Tielle Plus (15 cm x 15 cm - 121 cm ²)	KCI	10	88.48	8.8480
99004895	Tielle Plus (15 cm x 20 cm - 176 cm ²)	KCI	5	64.35	12.8700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² to 500 cm² (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
99100033	<i>Allevyn Plus Adhesive (17.5 cm x 17.5 cm - 225 cm²)</i>	S. & N.	1	12.60	W
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 Canada	1	4.41	
99100197	3M Tegaderm Foam Adhesive Dressing (8.8 cm x 8.8 cm-25 cm ²)	3M Canada	1	2.68	
99100853	3M Tegaderm- Foam adhesive dressing 14,3 x 15,6 - 86 cm ²	3M Canada	5	25.00	5.0000
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
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
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
99004313	Mepilex Border (10 cm x 10 cm - 42 cm ²)	Mölnlycke	1	4.55	
99100445	Mepilex Border (10 cm x 20 cm - 96 cm ²)	Mölnlycke	5	44.17	8.8340
99100355	Mepilex Border (12.5 cm x 12.5 cm - 72 cm ²)	Mölnlycke	5	29.45	5.8900
99100606	Mepilex Border (7,5 cm x 7,5 cm - 25 cm ²)	Mölnlycke	5	11.90	2.3800
99100660	Optifoam (10,2 cm x 10,2 cm - 40 cm ²)	Medline	100	243.10	2.4310
99001683	Tielle (11 cm x 11 cm - 49 cm ²)	KCI	10	54.78	5.4780
99100538	Tielle (7 cm x 9 cm - 15 cm ²)	KCI	10	16.78	1.6780
99004887	Tielle Plus (11 cm x 11 cm - 49 cm ²)	KCI	10	55.07	5.5070
99101309	Triact pans. mousse bord. silicone (15 cm x 15 cm - 93 cm ²)	Hollister	10	61.80	6.1800
99101310	Triact pans. mousse bordure silicone (10 cm x10cm - 36 cm ²)	Hollister	10	31.50	3.1500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum or triangular		
99004259	<i>Allevyn Sacrum (17 cm x 17 cm - 123 cm²)</i>	S. & N.	1	9.39	
99002957	<i>Allevyn Sacrum (23 cm x 23 cm - 237 cm²)</i>	S. & N.	1	17.05	
99101315	<i>Biatain adhesif (Sacrum 23 cm x 23 cm - 123 cm²)</i>	Coloplast	5	46.35	9.2700
99005018	<i>Combiderm ACD (Triangular 15 cm x 18 cm - 96 cm²)</i>	Convatec	1	8.62	
99100105	<i>Combiderm ACD (Triangular 20 cm x 22.5 cm - 216 cm²)</i>	Convatec	1	14.39	
99100447	<i>Mepilex Border Sacrum (18 cm x 18 cm - 120 cm²)</i>	Mölnlycke	5	47.90	9.5800
99100448	<i>Mepilex Border Sacrum (23 cm x 23 cm - 238 cm²)</i>	Mölnlycke	5	69.80	13.9600
99100001	<i>Tielle Plus (Sacrum 15 cm x 15 cm - 70 cm²)</i>	KCI	10	63.33	6.3330
99101316	<i>Triact pans. mousse bordure silicone (Sacrum 20 cm x 20 cm - 154 cm²)</i>	Hollister	10	137.50	13.7500
Thin dr.			100 cm² to 200 cm² (active surface)		
99100887	<i>Allevyn Gentle Border Lite (15 cm x 15 cm - 146 cm²)</i>	S. & N.	10	59.95	5.9950
+ 99101328	<i>Foam Lite Convatec (15 cm x 15 cm - 121 cm²)</i>	Convatec	10	49.70	4.9700
99100297	<i>Mepilex Border Lite (15 cm x 15 cm - 121 cm²)</i>	Mölnlycke	5	24.88	4.9760

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Thin dr.

Less than 100 cm² (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
+ 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
99100296	<i>Mepilex Border Lite (10 cm x 10 cm - 42 cm²)</i>	Mölnlycke	5	14.94	2.9880
99100293	<i>Mepilex Border Lite (4 cm x 5 cm - 6 cm²)</i>	Mölnlycke	10	13.89	1.3890
99100294	<i>Mepilex Border Lite (5 cm x 12.5 cm - 21 cm²)</i>	Mölnlycke	5	10.68	2.1360
99100295	<i>Mepilex Border Lite (7.5 cm x 7.5 cm - 20 cm²)</i>	Mölnlycke	5	8.90	1.7800

BORDERED ABSORPTIVE DRESSING - POLYESTER AND RAYON FIBRE

Dressing

100 cm² to 200 cm² (active surface)

00920509	<i>Alldress (15 cm x 15 cm - 100 cm²)</i>	Mölnlycke	10	28.80	2.8800
00920495	<i>Alldress (15 cm x 20 cm - 150 cm²)</i>	Mölnlycke	10	36.70	3.6700

Dressing

Less than 100 cm² (active surface)

00920487	<i>Alldress (10 cm x 10 cm - 25 cm²)</i>	Mölnlycke	10	23.80	2.3800
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BORDERED ANTIMICROBIAL DRESSING - SILVER

Dressing

100 cm² to 200 cm² (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
99100597	<i>Biatain Ag Adhesive (18 cm x 18 cm - 169 cm²)</i>	Coloplast	5	92.95	18.5900
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	

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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing					
Less than 100 cm ² (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
99100245	<i>Biatain Ag Adhesive (12.5 cm x 12.5 cm - 64 cm²)</i>	Coloplast	5	35.20	7.0400
99100598	<i>Biatain Ag Adhesive (7,5 cm x 7,5 cm - 12,6 cm²)</i>	Coloplast	5	13.20	2.6400
99100926	<i>Biatain Silicone Ag (10 cm x 10 cm - 30 cm²)</i>	Coloplast	5	24.75	4.9500
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

BORDERED MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing					
100 cm ² to 200 cm ² (active surface)					
00800961	<i>3M Tegaderm Hydrocolloid Dressing (17 cm x 20 cm - 187 cm²)</i>	3M Canada	1	6.50	
00907707	<i>DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)</i>	Convatec	1	4.39	

Dressing					
201 cm ² to 500 cm ² (active surface)					
00907715	<i>DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)</i>	Convatec	1	11.35	

Dressing					
Less than 100 cm ² (active surface)					
00801038	<i>3M Tegaderm Hydrocolloid Dressing (10 cm x 12 cm - 50 cm²)</i>	3M Canada	1	2.99	
00801003	<i>3M Tegaderm Hydrocolloid Dressing (13 cm x 15 cm - 94 cm²)</i>	3M Canada	1	4.00	
00907804	<i>DuoDERM CGF Border (10 cm x 10 cm - 36 cm²)</i>	Convatec	1	2.31	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Dressing

Sacrum

99100855	<i>Tegaderm 3M-Pansement hydrocolloide 16,1cm x 17,1cm-172cm²</i>	3M Canada	6	54.81	9.1350
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Thin dr.

100 cm² to 200 cm² (active surface)

99100292	<i>3M Tegaderm Hydrocolloid Thin Dressing (17cm x 20cm-187cm²)</i>	3M Canada	1	5.61	
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Thin dr.

Less than 100 cm² (active surface)

99100291	<i>3M Tegaderm Hydrocolloid Thin Dressing (13 cm x 15 cm-94cm²)</i>	3M Canada	1	3.38	
99100857	<i>3M Tegaderm- Hydrocolloid thin dressing 10cm x 12cm-63cm²</i>	3M Canada	10	19.56	1.9560

BOSENTAN 

Tab.

62.5 mg **PPB**

02386194	<i>ACT Bosentan</i>	ActavisPhm	60	962.68	➡	16.0446
02383497	<i>Mylan-Bosentan</i>	Mylan	56	898.50	➡	16.0446
02383012	<i>pms-Bosentan</i>	Phmscience	60	962.68	➡	16.0446
02386275	<i>Sandoz Bosentan</i>	Sandoz	60	962.68	➡	16.0446
02244981	<i>Tracleer</i>	Actelion	56	3594.00		64.1786

Tab.

125 mg **PPB**

02386208	<i>ACT Bosentan</i>	ActavisPhm	60	962.68	➡	16.0446
02383500	<i>Mylan-Bosentan</i>	Mylan	56	898.50	➡	16.0446
02383020	<i>pms-Bosentan</i>	Phmscience	60	962.68	➡	16.0446
02386283	<i>Sandoz Bosentan</i>	Sandoz	60	962.68	➡	16.0446
02244982	<i>Tracleer</i>	Actelion	56	3594.00		64.1786

BOTULINUM TOXIN TYPE A FREE FROM COMPLEXING PROTEINS 

I.M. Inj. Pd.

50 UI

02371081	<i>Xeomin</i>	Merz	1	165.00	
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I.M. Inj. Pd.

100 UI

02324032	<i>Xeomin</i>	Merz	1	330.00	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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BUPRENORPHINE/NALOXONE

S-Ling. Tab.

2 mg - 0.5 mg **PPB**

02408090	<i>Mylan-Buprenorphine/ Naloxone</i>	Mylan	100	133.50	➡ 1.3350
02295695	<i>Suboxone</i>	Indivior	7	18.69	2.6700
02424851	<i>Teva-Buprenorphine/ Naloxone</i>	Teva Can	30	40.05	➡ 1.3350

S-Ling. Tab.

8 mg - 2 mg **PPB**

02408104	<i>Mylan-Buprenorphine/ Naloxone</i>	Mylan	100	236.50	➡ 2.3650
02295709	<i>Suboxone</i>	Indivior	7	33.11	4.7300
02424878	<i>Teva-Buprenorphine/ Naloxone</i>	Teva Can	30	70.95	➡ 2.3650

CABERGOLINE

Tab.

0.5 mg **PPB**

02301407	<i>ACT Cabergoline</i>	ActavisPhm	8	60.72	➡ 7.5900
02242471	<i>Dostinex</i>	Paladin	8	105.72	13.2150

CALCIPOTRIOL/ BETAMETHASONE DIPROPIONATE

Top. Jel.

50 mcg/g -0.5 mg/g

02319012	<i>Dovobet Gel</i>	Leo	60 g	84.22	1.4037
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Top. Oint.

50 mcg/g -0.5 mg/g

02244126	<i>Dovobet</i>	Leo	120 g	168.44	1.4037
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CALCIUM CARBONATE

Oral foam

500 mg/6 g

+ 80057859	<i>Pluscal</i>	Medelys	180 g	13.50	
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CALCIUM CITRATE

Oral Sol.

500 mg/15 mL **PPB**

80064257	<i>Calcite Liquide</i>	Riva	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
99101288	<i>MCal Citrate liquide (120 packs of 15 mL)</i>	Mantra Ph.	1800 ml	130.00	➡ 0.0722

CALCIUM CITRATE/VITAMIN D

Oral Sol.

500 mg - 400 UI/15 mL

80061575	<i>Calcite Liquide + D 400</i>	Riva	450 ml	34.50	0.0767
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Sol.		500 mg - 1000 UI/15 mL PPB			
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
99101287	<i>MCal Citrate liquide D1000 (120 packs of 15 mL)</i>	Mantra Ph.	1800 ml	138.00 ➡	0.0767

CALCIUM GLUCONATE/CALCIUM LACTATE

Oral Sol.		100 mg/5 mL PPB			
80054754	<i>MCal Solution</i>	Mantra Ph.	350 ml	15.60 ➡	0.0446
80043628	<i>Nu-Cal Liquide</i>	Odan	350 ml	15.60 ➡	0.0446
99100833	<i>SoluCAL (all flavours)</i>	Jamp	350 ml	15.60 ➡	0.0446
			1500 ml	66.06 ➡	0.0440

CALCIUM GLUCONATE/CALCIUM LACTATE/VITAMIN D

Oral Sol.		500 mg - 400 UI/25 mL PPB			
80054755	<i>MCal Solution D400</i>	Mantra Ph.	350 ml	16.33 ➡	0.0467
99100830	<i>SoluCAL D (all flavours)</i>	Jamp	350 ml	16.33 ➡	0.0467
			1500 ml	69.99 ➡	0.0467

Oral Sol.		500 mg - 1000 U.I./25ml			
+ 99101332	<i>Solucal D+1000 (all flavours)</i>	Jamp	350 ml	16.33	0.0467
			700 ml	32.69	0.0467

CANAGLIFLOZINE

Tab.		100 mg			
02425483	<i>Invokana</i>	Janss. Inc	30	78.53	2.6177

Tab.		300 mg			
02425491	<i>Invokana</i>	Janss. Inc	30	78.53	2.6177

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
02421917	<i>Sandoz Capecitabine</i>	Sandoz	60	27.45 ➡	0.4575
02400022	<i>Teva-Capecitabine</i>	Teva Can	60	27.45 ➡	0.4575
02238453	<i>Xeloda</i>	Roche	60	109.80	1.8300

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
02421925	<i>Sandoz Capecitabine</i>	Sandoz	120	183.00	➡ 1.5250
02400030	<i>Teva-Capecitabine</i>	Teva Can	120	183.00	➡ 1.5250
02238454	<i>Xeloda</i>	Roche	120	732.00	6.1000

CARBOXYMETHYLCELLULOSE SODIUM

Oph. Sol.

0.5 % (0.4 mL)

02049260	<i>Refresh plus</i>	Allergan	30	8.85	0.2950
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Oph. Sol.

1 % (0.4 mL)

00870153	<i>Refresh Celluvisc</i>	Allergan	30	9.58	0.3193
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CARBOXYMETHYLCELLULOSE SODIUM/ PURITE

Oph. Sol.

0.5 %

02231008	<i>Refresh tears</i>	Allergan	15 ml	6.25	
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CASPOFUNGIN ACETATE

I.V. Inj. Pd.

50 mg

02244265	<i>Cancidas</i>	Merck	1	222.00	
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I.V. Inj. Pd.

70 mg

02244266	<i>Cancidas</i>	Merck	1	222.00	
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CEFTOLOZANE/TAZOBACTAM

I.V. Inj. Pd.

1 g - 0.5 g

02446901	<i>Zerbaxa</i>	Merck	10	1366.30	136.6300
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CERTOLIZUMAB PEGOL

S.C. Inj. Sol (syr)

200 mg/ml (1 ml)

02331675	<i>Cimzia</i>	U.C.B.	2	1262.56	631.2800
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CETRORELIX

S.C. Inj. Pd.

0.25 mg

02247766	<i>Cetrotide</i>	Serono	1	90.00	
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S.C. Inj. Pd.

3 mg

02247767	<i>Cetrotide</i>	Serono	1	340.00	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CHORIOGONADOTROPIN ALFA

S.C. Inj.Sol (syr)

				250 mcg	
02262088	<i>Ovidrel</i>	Serono	1	72.00	

Sty

				250 mcg/0.5 mL	
02371588	<i>Ovidrel</i>	Serono	1	72.00	

CINACALCET HYDROCHLORIDE

Tab.

				30 mg	PPB	
02452693	<i>Apo-Cinacalcet</i>	Apotex	30	246.76	➡	8.2253
02434539	<i>Mylan-Cinacalcet</i>	Mylan	30	246.76	➡	8.2253
02257130	<i>Sensipar</i>	Amgen	30	323.52		10.7840
+ 02441624	<i>Teva-Cinacalcet</i>	Teva Can	30	246.76	➡	8.2253

Tab.

				60 mg	PPB	
02452707	<i>Apo-Cinacalcet</i>	Apotex	30	449.96	➡	14.9987
+ 02434547	<i>Mylan-Cinacalcet</i>	Mylan	30	449.96	➡	14.9987
02257149	<i>Sensipar</i>	Amgen	30	589.81		19.6603
+ 02441632	<i>Teva-Cinacalcet</i>	Teva Can	30	449.96	➡	14.9987

Tab.

				90 mg	PPB	
02452715	<i>Apo-Cinacalcet</i>	Apotex	30	654.77	➡	21.8257
+ 02434555	<i>Mylan-Cinacalcet</i>	Mylan	30	654.77	➡	21.8257
02257157	<i>Sensipar</i>	Amgen	30	858.43		28.6143
+ 02441640	<i>Teva-Cinacalcet</i>	Teva Can	30	654.77	➡	21.8257

CIPROFLOXACIN HYDROCHLORIDE

I.V. Perf. Sol.

				2 mg/mL	
02267462	<i>Ciprofloxacin Perfusion Intravenous</i>	Novopharm	100 ml	10.27	W

CLINDAMYCIN PHOSPHATE

Vag. Cr.

				20 mg/g	
02060604	<i>Dalacin</i>	Paladin	40 g	26.26	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CLOPIDOGREL BISULFATE 

Tab.

 75 mg **PPB**

02412942	<i>Abbott-Clopidogrel</i>	Abbott	100	47.35	➡	0.4735
			500	236.75	➡	0.4735
02252767	<i>Apo-Clopidogrel</i>	Apotex	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02416387	<i>Auro-Clopidogrel</i>	Aurobindo	28	13.26	➡	0.4735
			500	236.75	➡	0.4735
02394820	<i>Clopidogrel</i>	Pro Doc	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02400553	<i>Clopidogrel</i>	Sanis	500	236.75	➡	0.4735
02385813	<i>Clopidogrel</i>	Sivem	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02303027	<i>Co Clopidogrel</i>	Cobalt	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02415550	<i>Jamp-Clopidogrel</i>	Jamp	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02422255	<i>Mar-Clopidogrel</i>	Marcan	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02408910	<i>Mint-Clopidogrel</i>	Mint	30	14.21	➡	0.4735
			100	47.35	➡	0.4735
02351536	<i>Mylan-Clopidogrel</i>	Mylan	100	47.35	➡	0.4735
			500	236.75	➡	0.4735
02238682	<i>Plavix</i>	SanofiAven	28	74.23		2.6511
			500	1325.60		2.6512
02348004	<i>Pms-Clopidogrel</i>	Phmscience	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02379813	<i>Ran-Clopidogrel</i>	Ranbaxy	100	47.35	➡	0.4735
			500	236.75	➡	0.4735
02388529	<i>Riva-Clopidogrel</i>	Riva	30	14.21	➡	0.4735
			500	236.75	➡	0.4735
02359316	<i>Sandoz Clopidogrel</i>	Sandoz	100	47.35	➡	0.4735
			500	236.75	➡	0.4735
02293161	<i>Teva Clopidogrel</i>	Teva Can	30	14.21	➡	0.4735
			500	236.75	➡	0.4735

CODEINE PHOSPHATE 

Syr.

25 mg/5 mL

00050024	<i>Codeine</i>	Atlas	500 ml	19.43		0.0389
			2000 ml	62.71		0.0314

COLESEVELAM (CHLORHYDRATE DE) 

Tab.

625 mg

02373955	<i>Lodalis</i>	Valeant	180	198.00		1.1000
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COLLAGENASE 

Top. Oint.

250 U/g

02063670	<i>Santyl</i>	S. & N.	30 g	87.50		2.9167
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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CRIZOTINIB

Caps.

				200 mg	
02384256	Xalkori	Pfizer	60	7800.00	130.0000

Caps.

				250 mg	
02384264	Xalkori	Pfizer	60	7800.00	130.0000

CYANOCOBALAMIN

L.A. Tab.

				1200 mcg	PPB	
80025207	Beduzil	Orimed	500	52.50	➡	0.1050
80061573	Euro-B12 LA	Euro-Pharm	500	52.50	➡	0.1050
80021427	Jamp-Vitamin B12 L.A.	Jamp	500	52.50	➡	0.1050
80042834	M-B12 1200 mcg L.A.	Mantra Ph.	500	52.50	➡	0.1050
80062941	Opus Vitamine B12	Opus	500	52.50	➡	0.1050

L.A. Tab.

				1500 mcg		
+ 80043158	Beduzil 1500	Orimed	500	52.50		0.1050

Oral Sol.

				200 mcg/mL	PPB	
80039903	Beduzil	Orimed	350 ml	12.50	➡	0.0357
80026092	Jamp-Vitamine B12	Jamp	350 ml	12.50	➡	0.0357

DABIGATRAN ETEXILATE

Caps.

				110 mg		
02312441	Pradaxa	Bo. Ing.	60	96.00		1.6000

Caps.

				150 mg		
02358808	Pradaxa	Bo. Ing.	60	96.00		1.6000

DABRAFÉNIB MESYLATE

Caps.

				50 mg		
02409607	Tafinlar	Novartis	120	5066.67		42.2223

Caps.

				75 mg		
02409615	Tafinlar	Novartis	120	7600.00		63.3333

DACLATASVIR DICHLORHYDRATE

Tab.

				30 mg		
+ 02444747	Daklinza	B.M.S.	28	12000.00		428.5714

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

+ 02444755	<i>Daklinza</i>	B.M.S.	28	60 mg 12000.00	428.5714
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DAPAGLIFLOZINE 

Tab.

02435462	<i>Forxiga</i>	AZC	30	5 mg 73.50	2.4500
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Tab.

02435470	<i>Forxiga</i>	AZC	30	10 mg 73.50	2.4500
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DARBEPOETINE ALFA 

Syringe

02392313	<i>Aranesp</i>	Amgen	4	10 mcg/0.4 mL 107.20	26.8000
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Syringe

02392321	<i>Aranesp</i>	Amgen	4	20 mcg/0.5 mL 214.40	53.6000
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Syringe

02392348	<i>Aranesp</i>	Amgen	4	30 mcg/0.3 mL 321.60	80.4000
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Syringe

02391740	<i>Aranesp</i>	Amgen	4	40 mcg/0.4 mL 428.80	107.2000
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Syringe

02391759	<i>Aranesp</i>	Amgen	4	50 mcg/0.5 mL 536.00	134.0000
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Syringe

02392356	<i>Aranesp</i>	Amgen	4	60 mcg/0.3 mL 643.20	160.8000
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Syringe





02391767	<i>Aranesp</i>	Amgen	4	80 mcg/0.4 mL 857.60	214.4000
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Syringe

02391775	<i>Aranesp</i>	Amgen	4	100 mcg/0.5 mL 1072.00	268.0000
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Syringe

02391783	<i>Aranesp</i>	Amgen	4	130 mcg/0.65 mL 1393.60	348.4000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe					
02391791	<i>Aranesp</i>	Amgen	4	150 mcg/0.3 mL 1608.00	402.0000
Syringe					
02391805	<i>Aranesp</i>	Amgen	1	200 mcg/0.4 mL 536.00	
Syringe					
02391821	<i>Aranesp</i>	Amgen	1	300 mcg/0.6 mL 828.00	
Syringe					
02392364	<i>Aranesp</i>	Amgen	1	500 mcg/1.0 mL 1380.00	
DARUNAVIR 					
Tab.					
02324024	<i>Prezista</i>	Janss. Inc	60	600 mg 877.62	14.6270
DASATINIB 					
Tab.					
02293129	<i>Sprycel</i>	B.M.S.	60	20 mg 2195.08	36.5847
Tab.					
02293137	<i>Sprycel</i>	B.M.S.	60	50 mg 4390.13	73.1688
Tab.					
02293145	<i>Sprycel</i>	B.M.S.	60	70 mg 4841.45	80.6908
Tab.					
02320193	<i>Sprycel</i>	B.M.S.	30	100 mg 4390.13	146.3377
DENOSUMAB 					
Inj. Sol.					
02368153	<i>Xgeva</i>	Amgen	1	120 mg/1.7 mL 538.45	
S.C. Inj.Sol (syr)					
02343541	<i>Prolia</i>	Amgen	1	60 mg/mL 330.00	
DEXAMETHASONE 					
Implant intravitreal					
02363445	<i>Ozurdex</i>	Allergan	1	0.7 mg 1295.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DICLOFENAC SODIUM

Oph. Sol.

0.1 % **PPB**

02441020	<i>Apo-Diclofenac Ophtalmic</i>	Apotex	5 ml	8.86	
			10 ml	17.71	
02454807	<i>Sandoz Diclofenac Ophtha</i>	Sandoz	5 ml	8.86	
			10 ml	17.71	
01940414	<i>Voltaren Ophta</i>	Alcon	5 ml	12.60	
			10 ml	25.21	

DIMETHYL FUMARATE

L.A. Caps.

120 mg

02404508	<i>Tecfidera</i>	Biogen	14	178.36	12.7400
			56	713.42	12.7396

L.A. Caps.

240 mg

02420201	<i>Tecfidera</i>	Biogen	56	1426.85	25.4795
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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>pms-Diphenhydramine</i>	Phmscience	100	5.34	0.0534

Elix.

12.5 mg/5 mL **PPB**

02298503	<i>Jamp-Diphenhydramine</i>	Jamp	120 ml	2.81	0.0234
			500 ml	11.70	0.0234
00792705	<i>pms-Diphenhydramine</i>	Phmscience	100 ml	2.34	0.0234
			500 ml	11.70	0.0234

Tab.

50 mg **PPB**

02257556	<i>Jamp-Diphenhydramine</i>	Jamp	100	7.04	0.0704
			500	35.20	0.0704
00757691	<i>pms-Diphenhydramine</i>	Phmscience	100	7.04	0.0704
			500	35.20	0.0704

DIPYRIDAMOLE/ ACETYLSALICYLIC ACID

Caps.

200 mg L.A. - 25 mg

02242119	<i>Aggrenox</i>	Bo. Ing.	60	49.38	0.8230
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DOCUSATE CALCIUM

Caps.

240 mg PPB

00830275	<i>Docusate Calcium</i>	Trianon	100	8.16	➡	0.0816
			300	24.48	➡	0.0816
02283255	<i>Jamp-Docusate Calcium</i>	Jamp	250	20.40	➡	0.0816
00842044	<i>Novo-Docusate Calcium</i>	Novopharm	100	8.16	➡	0.0816
			500	40.80	➡	0.0816
00664553	<i>pms-Docusate-Calcium</i>	Phmscience	300	24.48	➡	0.0816

DOCUSATE SODIUM

Caps.

100 mg PPB

00830267	<i>Docusate de Sodium</i>	Trianon	100	3.28	➡	0.0328
			1000	25.00	➡	0.0250
00716731	<i>Docusate Sodique</i>	Taro	100	3.28	➡	0.0328
			1000	25.00	➡	0.0250
02326086	<i>Docusate sodium</i>	Pro Doc	1000	25.00	➡	0.0250
02426838	<i>Docusate sodium</i>	Sanis	1000	25.00	➡	0.0250
02247385	<i>Euro-Docusate</i>	Euro-Pharm	1000	25.00	➡	0.0250
02303825	<i>Euro-Docusate C</i>	Euro-Pharm	1000	25.00	➡	0.0250
02376121	<i>Jamp Docusate S Oblong</i>	Jamp	1000	25.00	➡	0.0250
02245946	<i>Jamp-Docusate Sodium</i>	Jamp	1000	25.00	➡	0.0250
02298163	<i>phl-Docusate Sodium</i>	Pharmel	100	3.28	➡	0.0328
			1000	25.00	➡	0.0250
00703494	<i>pms-Docusate Sodium</i>	Phmscience	100	3.28	➡	0.0328
			1000	25.00	➡	0.0250
00870196	<i>ratio-Docusate Sodium</i>	Ratiopharm	1000	25.00	➡	0.0250
00514888	<i>Selax</i>	Odan	100	3.28	➡	0.0328
			1000	25.00	➡	0.0250

Caps.

200 mg PPB

02335077	<i>Jamp-Docusate Sodium</i>	Jamp	100	8.39	➡	0.0839
02029529	<i>Soflax</i>	Phmscience	500	41.95	➡	0.0839

Caps.

250 mg

02335085	<i>Jamp-Docusate Sodium</i>	Jamp	100	9.50		0.0950
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Syr.

20 mg/5 mL PPB

02238283	<i>Docusate de Sodium</i>	Atlas	225 ml	4.95	➡	0.0220
			500 ml	5.95	➡	0.0119
02024624	<i>Docusate de Sodium</i>	Trianon	250 ml	5.50	➡	0.0220
02283239	<i>Jamp-Docusate Sodium</i>	Jamp	250 ml	5.50	➡	0.0220
00703508	<i>pms-Docusate Sodium</i>	Phmscience	500 ml	5.95	➡	0.0119
00870226	<i>ratio-Docusate Sodium</i>	Ratiopharm	500 ml	5.95	➡	0.0119
00695033	<i>Selax</i>	Odan	250 ml	5.50	➡	0.0220
			500 ml	5.95	➡	0.0119

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Syr.

50 mg/mL **PPB**

02283220	<i>Jamp-Docusate Sodium</i>	Jamp	500 ml	429.19	➡ 0.8584
00848417	<i>pms-Docusate</i>	Phmscience	500 ml	429.19	➡ 0.8584

Syr. or Oral Sol.

10 mg/mL

02332485	<i>Jamp-Docusate Sodium</i>	Jamp	500 ml	86.60	0.1732
00880140	<i>pms-Docusate Sodium</i>	Phmscience	500 ml	86.60	➡ 0.1732
02006723	<i>Soflax</i>	Phmscience	25 ml	4.33	➡ 0.1732

DONEPEZIL HYDROCHLORIDE

Tab. or Tab. Oral Disint.

5 mg **PPB**

02397595	<i>ACT Donepezil</i>	ActavisPhm	100	78.75	➡ 0.7875
02397617	<i>ACT Donepezil ODT</i>	ActavisPhm	28	22.05	➡ 0.7875
02362260	<i>Apo-Donepezil</i>	Apotex	30	23.63	➡ 0.7875
			500	393.75	➡ 0.7875
02232043	<i>Aricept</i>	Pfizer	28	132.23	4.7225
			30	141.67	4.7223
02269457	<i>Aricept RDT</i>	Pfizer	28	133.50	4.7679
02400561	<i>Auro-Donepezil</i>	Aurobindo	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02412853	<i>Bio-Donepezil</i>	Biomed	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02402645	<i>Donepezil</i>	Accord	100	78.75	➡ 0.7875
02416417	<i>Donepezil</i>	Pro Doc	100	78.75	➡ 0.7875
02420597	<i>Donepezil</i>	Sivem	100	78.75	➡ 0.7875
02404419	<i>Jamp-Donepezil</i>	Jamp	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02416948	<i>Jamp-Donepezil Tablets</i>	Jamp	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02402092	<i>Mar-Donepezil</i>	Marcan	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02359472	<i>Mylan-Donepezil</i>	Mylan	100	78.75	W
02439557	<i>NAT-Donepezil</i>	Natco	100	78.75	➡ 0.7875
02322331	<i>pms-Donepezil</i>	Phmscience	100	78.75	➡ 0.7875
02381508	<i>Ran-Donepezil</i>	Ranbaxy	100	78.75	➡ 0.7875
			500	393.75	➡ 0.7875
02412918	<i>Riva-Donepezil</i>	Riva	100	78.75	➡ 0.7875
02328666	<i>Sandoz Donepezil</i>	Sandoz	100	78.75	➡ 0.7875
02367688	<i>Sandoz Donepezil ODT</i>	Sandoz	30	23.63	➡ 0.7875
02428482	<i>Septa-Donepezil</i>	Septa	30	23.63	➡ 0.7875
			100	78.75	➡ 0.7875
02340607	<i>Teva-Donepezil</i>	Teva Can	100	78.75	➡ 0.7875
02426943	<i>VAN-Donepezil</i>	Vanc Phm	100	78.75	➡ 0.7875

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. or Tab. Oral Disint.

10 mg **PPB**

02397609	<i>ACT Donepezil</i>	ActavisPhm	100	78.75	➡	0.7875
02397625	<i>ACT Donepezil ODT</i>	ActavisPhm	28	22.05	➡	0.7875
02362279	<i>Apo-Donepezil</i>	Apotex	30	23.63	➡	0.7875
			500	393.75	➡	0.7875
02232044	<i>Aricept</i>	Pfizer	28	132.23		4.7225
			30	141.67		4.7223
02269465	<i>Aricept RDT</i>	Pfizer	28	133.50		4.7679
02400588	<i>Auro-Donepezil</i>	Aurobindo	30	23.63	➡	0.7875
			100	78.75	➡	0.7875
02412861	<i>Bio-Donepezil</i>	Biomed	30	23.63	➡	0.7875
			100	78.75	➡	0.7875
02402653	<i>Donepezil</i>	Accord	100	78.75	➡	0.7875
02416425	<i>Donepezil</i>	Pro Doc	100	78.75	➡	0.7875
02420600	<i>Donepezil</i>	Sivem	100	78.75	➡	0.7875
02404427	<i>Jamp-Donepezil</i>	Jamp	30	23.63	➡	0.7875
			500	393.75	➡	0.7875
02416956	<i>Jamp-Donepezil Tablets</i>	Jamp	30	23.63	➡	0.7875
			250	196.88	➡	0.7875
02402106	<i>Mar-Donepezil</i>	Marcan	30	23.63	➡	0.7875
			100	78.75	➡	0.7875
02359480	<i>Mylan-Donepezil</i>	Mylan	100	78.75		W
02439565	<i>NAT-Donepezil</i>	Natco	100	78.75	➡	0.7875
02322358	<i>pms-Donepezil</i>	Phmscience	100	78.75	➡	0.7875
02381516	<i>Ran-Donepezil</i>	Ranbaxy	100	78.75	➡	0.7875
			500	393.75	➡	0.7875
02412934	<i>Riva-Donepezil</i>	Riva	100	78.75	➡	0.7875
02328682	<i>Sandoz Donepezil</i>	Sandoz	100	78.75	➡	0.7875
02367696	<i>Sandoz Donepezil ODT</i>	Sandoz	30	23.63	➡	0.7875
02428490	<i>Septa-Donepezil</i>	Septa	30	23.63	➡	0.7875
			100	78.75	➡	0.7875
02340615	<i>Teva-Donepezil</i>	Teva Can	30	23.63	➡	0.7875
			100	78.75	➡	0.7875
02426951	<i>VAN-Donepezil</i>	Vanc Phm	100	78.75	➡	0.7875

DORNASE ALFA

Sol. Inh.

1 mg/mL (2.5 mL)

02046733	<i>Pulmozyme</i>	Roche	30	1130.66		37.6887
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DULAGLUTIDE

S.C. Inj. Sol.

0.75 mg/0.5 mL

02448599	<i>Trulicity</i>	Lilly	4	168.28		
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S.C. Inj. Sol.

1.5 mg/0.5 mL

02448602	<i>Trulicity</i>	Lilly	4	168.28		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DULOXETINE

L.A. Caps.

30 mg **PPB**

02440423	<i>Apo-Duloxetine</i>	Apotex	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02436647	<i>Auro-Duloxetine</i>	Aurobindo	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02301482	<i>Cymbalta</i>	Lilly	28	51.17		1.8275
02452650	<i>Duloxetine</i>	Pro Doc	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02453630	<i>Duloxetine</i>	Sivem	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02437082	<i>Duloxetine DR</i>	Teva Can	30	14.44	➡	0.4813
			100	48.13	➡	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
02438984	<i>Mint-Duloxetine</i>	Mint	100	48.13	➡	0.4813
02429446	<i>pms-Duloxetine</i>	Phmscience	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02438259	<i>Ran-Duloxetine</i>	Ranbaxy	100	48.13	➡	0.4813
02451077	<i>Riva-Duloxetine</i>	Riva	30	14.44	➡	0.4813
			100	48.13	➡	0.4813
02439948	<i>Sandoz Duloxetine</i>	Sandoz	30	14.44	➡	0.4813
			100	48.13	➡	0.4813

L.A. Caps.

60 mg **PPB**

02440431	<i>Apo-Duloxetine</i>	Apotex	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02436655	<i>Auro-Duloxetine</i>	Aurobindo	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02301490	<i>Cymbalta</i>	Lilly	28	102.33		3.6546
02452669	<i>Duloxetine</i>	Pro Doc	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02453649	<i>Duloxetine</i>	Sivem	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02437090	<i>Duloxetine DR</i>	Teva Can	30	29.31	➡	0.9769
			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	488.45	➡	0.9769
02438992	<i>Mint-Duloxetine</i>	Mint	100	97.69	➡	0.9769
02429454	<i>pms-Duloxetine</i>	Phmscience	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02438267	<i>Ran-Duloxetine</i>	Ranbaxy	100	97.69	➡	0.9769
			500	488.45	➡	0.9769
02451085	<i>Riva-Duloxetine</i>	Riva	30	29.31	➡	0.9769
			100	97.69	➡	0.9769
02439956	<i>Sandoz Duloxetine</i>	Sandoz	30	29.31	➡	0.9769
			100	97.69	➡	0.9769

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ELBASVIR/GRAZOPREVIR

Tab.

			50 mg -100 mg		
+ 02451131	<i>Zepatier</i>	Merck	28	20100.00	717.8571

ELTROMBOPAG

Tab.

			25 mg		
02361825	<i>Revolade</i>	Novartis	14	735.00	52.5000
			28	1470.00	52.5000

Tab.

			50 mg		
02361833	<i>Revolade</i>	Novartis	14	1470.00	105.0000
			28	2940.00	105.0000

EMPAGLIFLOZINE

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

ENFUVIRTIDE

S.C. Inj. Pd.

			108 mg		
02247725	<i>Fuzeon</i>	Roche	60	2385.60	39.7600

ENTECAVIR

Tab.

			0.5 mg PPB		
02396955	<i>Apo-Entecavir</i>	Apotex	30	165.00	➡ 5.5000
02448777	<i>Auro-Entecavir</i>	Aurobindo	30	165.00	➡ 5.5000
			100	550.00	➡ 5.5000
02282224	<i>Baraclude</i>	B.M.S.	30	660.00	22.0000
02430576	<i>pms-Entecavir</i>	Phmscience	30	165.00	➡ 5.5000

ENZALUTAMIDE

Caps.

			40 mg		
02407329	<i>Xtandi</i>	Astellas	120	3401.40	28.3450

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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EPLERENONE 

Tab.

				25 mg	
02323052	<i>Inspira</i>	Pfizer	30	76.69	2.5563

Tab.

				50 mg	
02323060	<i>Inspira</i>	Pfizer	30	76.69	2.5563

EPOETIN ALFA 

Syringe

				1 000 UI/0.5 mL	
02231583	<i>Eprex</i>	Janss. Inc	6	85.50	14.2500

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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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>	Actelion	1	➡	17.18	
02230845	<i>Flolan</i>	GSK	1		18.13	

Inj. Pd.

1.5 mg **PPB**

02397455	<i>Caripul</i>	Actelion	1	➡	34.45	
02230848	<i>Flolan</i>	GSK	1		36.26	

ERLOTINIB (HYDROCHLORIDE)

Tab.

100 mg **PPB**

02454386	<i>pms-Erlotinib</i>	Phmscience	30		792.00	➡ 26.4000
02269015	<i>Tarceva</i>	Roche	30		1600.00	53.3333
02377705	<i>Teva-Erlotinib</i>	Teva Can	30		792.00	➡ 26.4000

Tab.

150 mg **PPB**

02454394	<i>pms-Erlotinib</i>	Phmscience	30		1188.00	➡ 39.6000
02269023	<i>Tarceva</i>	Roche	30		2400.00	80.0000
02377713	<i>Teva-Erlotinib</i>	Teva Can	30		1188.00	➡ 39.6000

ESLICARBAZEPINE ACETATE

Tab.

200 mg

+ 02426862	<i>Aptiom</i>	Sunovion	30		255.00	8.5000
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Tab.

400 mg

+ 02426870	<i>Aptiom</i>	Sunovion	30		255.00	8.5000
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Tab.

600 mg

+ 02426889	<i>Aptiom</i>	Sunovion	60		510.00	8.5000
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Tab.

800 mg

+ 02426897	<i>Aptiom</i>	Sunovion	30		255.00	8.5000
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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>	Novartis	8		20.04	2.5050
02243722	<i>Oesclim 25</i>	Search Phm	8		19.28	➡ 2.4100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch 0.0375 mg/24 h					
02243999	<i>Estradot</i>	Novartis	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>	Novartis	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	1.7812
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>	Novartis	8	23.00	2.8750
02246968	<i>Sandoz Estradiol Derm 75</i>	Sandoz	8	17.90	1.9125
Patch 0.1 mg/24 h (4) et (8) PPB					
02231510	<i>Climara -100</i>	Bayer	4	23.69	5.9225
02244002	<i>Estradot</i>	Novartis	8	23.88	2.9850
02246969	<i>Sandoz Estradiol Derm 100</i>	Sandoz	8	18.70	2.0112
Top. Jel. 0.06 %					
02238704	<i>Estrojel</i>	Merck	80 g	24.35	0.2692
ESTRADIOL-17B/ NORETHINDRONE ACETATE					
Patch 0.05 mg -0.14 mg/24 h					
02241835	<i>Estalis 140/50</i>	Novartis	8	23.95	2.9938
Patch 0.05 mg -0.25 mg/24 h					
02241837	<i>Estalis 250/50</i>	Novartis	8	23.95	2.9938
ESTRADIOL-17B/LEVONORGESTREL					
Patch 0.045 mg - 0.015 mg/24 h					
02250616	<i>Climara Pro</i>	Bayer	4	22.98	5.7450
ÉTANERCEPT					
S.C. Inj. Pd. 25 mg					
02242903	<i>Enbrel</i>	Amgen	4	728.55	182.1375
S.C. Inj. Sol (syr) 50 mg/mL					
02274728	<i>Enbrel</i>	Amgen	4	1437.13	359.2825
99100373	<i>Enbrel SureClick</i>	Amgen	4	1437.13	359.2825

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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.

				10 mg	
02339528	<i>Afinitor</i>	Novartis	30	5580.00	186.0000

EVOLOCUMAB

S.C. Inj.Sol (syr)

				140 mg/mL (1 mL)	
02446057	<i>Repatha</i>	Amgen	2	558.72	279.3600

EZETIMIBE

Tab.

				10 mg	PPB	
02425610	<i>ACH-Ezetimibe</i>	Accord	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02414716	<i>ACT Ezetimibe</i>	ActavisPhm	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02427826	<i>Apo-Ezetimibe</i>	Apotex	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02425211	<i>Bio-Ezetimibe</i>	Biomed	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02422549	<i>Ezetimibe</i>	Pro Doc	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02431300	<i>Ezetimibe</i>	Sanis	100	32.60	➡	0.3260
02429659	<i>Ezetimibe</i>	Sivem	100	32.60	➡	0.3260
02247521	<i>Ezetrol</i>	Merck	30	52.20		1.7400
			100	174.01		1.7401
02423235	<i>Jamp-Ezetimide</i>	Jamp	30	9.78	➡	0.3260
			500	163.00	➡	0.3260
02422662	<i>Mar-Ezetimibe</i>	Marcan	100	32.60	➡	0.3260
			500	163.00	➡	0.3260
02423243	<i>Mint-Ezetimibe</i>	Mint	100	32.60	➡	0.3260
02378035	<i>Mylan-Ezetimibe</i>	Mylan	100	32.60	➡	0.3260
02416409	<i>pms-Ezetimibe</i>	Phmscience	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02419548	<i>Ran-Ezetimibe</i>	Ranbaxy	100	32.60	➡	0.3260
			500	163.00	➡	0.3260
02424436	<i>Riva-Ezetimibe</i>	Riva	30	9.78	➡	0.3260
			500	163.00	➡	0.3260
02416778	<i>Sandoz Ezetimibe</i>	Sandoz	30	9.78	➡	0.3260
			100	32.60	➡	0.3260
02354101	<i>Teva-Ezetimibe</i>	Teva Can	30	9.78	➡	0.3260
			100	32.60	➡	0.3260

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FEBUXOSTAT

Tab.

				80 mg	
02357380	<i>Uloric</i>	Takeda	30	47.70	1.5900

FESOTERODINE FUMARATE

L.A. Tab.

				4 mg	
02380021	<i>Toviaz</i>	Pfizer	30	45.00	1.5000

L.A. Tab.

				8 mg	
02380048	<i>Toviaz</i>	Pfizer	30	45.00	1.5000

FIDAXOMICIN

Tab.

				200 mg	
02387174	<i>Difcid</i>	Merck	20	1584.00	79.2000

FILGRASTIM

Inj. Sol.

				300 mcg/mL (1.0 mL)	
01968017	<i>Neupogen</i>	Amgen	10	1731.89	173.1890

Inj. Sol.

				300 mcg/mL (1.6mL)	
99001454	<i>Neupogen</i>	Amgen	10	2771.02	277.1020

FINGOLIMOD HYDROCHLORIDE

Caps.

				0.5 mg	
02365480	<i>Gilenya</i>	Novartis	28	2384.62	85.1650

FLUCONAZOLE

Oral Susp.

				50 mg/5 mL	
02024152	<i>Diflucan</i>	Pfizer	35 ml	33.65	0.9614

FLUDARABINE PHOPHATE

Tab.

				10 mg	
02246226	<i>Fludara</i>	SanofiAven	15	574.98	38.3320
			20	766.63	38.3315

FOLLITROPIN ALFA

Inj. Pd.

				75 UI	
02248154	<i>Gonal-f</i>	Serono	1	70.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Inj. Pd.				450 UI	
02248156	Gonal-f	Serono	1	425.25	

Inj. Pd.				1050 UI	
02248157	Gonal-f	Serono	1	992.25	

Sty				300 UI	
02270404	Gonal-f	Serono	1	283.50	

Sty				450 UI	
02270390	Gonal-f	Serono	1	425.25	

Sty				900 UI	
02270382	Gonal-f	Serono	1	850.50	

FOLLITROPIN BETA

Cartridge				300 UI	
02243948	Puregon	Merck	1	291.00	

Cartridge				600 UI	
99100718	Puregon	Merck	1	582.00	

Cartridge				900 UI	
99100637	Puregon	Merck	1	873.00	

Inj. Sol.				50 UI/0.5 mL	
02242439	Puregon	Merck	5	242.50	48.5000

Inj. Sol.				100 UI/0.5 mL	
02242441	Puregon	Merck	5	485.00	97.0000

FORMOTEROL FUMARATE DIHYDRATE/ BUDESONIDE

Inh. Pd.				6 mcg -100 mcg/dose	
02245385	Symbicort 100 Turbuhaler	AZC	120 dose(s)	62.50	

Inh. Pd.				6 mcg -200 mcg/dose	
02245386	Symbicort 200 Turbuhaler	AZC	120 dose(s)	81.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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FORMOTEROL FUMARATE DIHYDRATE/MOMETASONE FUROATE

Oral aerosol

5 mcg - 100 mcg

02361752	Zenhale	Merck	120 dose(s)	78.00	
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Oral aerosol

5 mcg - 200 mcg

02361760	Zenhale	Merck	120 dose(s)	96.00	
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GALANTAMINE HYDROBROMIDE

L.A. Caps.

8 mg PPB

02425157	Auro-Galantamine ER	Aurobindo	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02416573	Galantamine ER	Pro Doc	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02443015	Galantamine ER	Sanis	100	114.75	➡	1.1475
02420821	Mar-Galantamine ER	Marcan	30	34.43	➡	1.1477
02339439	Mylan-Galantamine ER	Mylan	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02398370	pms-Galantamine ER	Phmscience	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02266717	Reminyl ER	Janss. Inc	30	137.70		4.5900

L.A. Caps.

16 mg PPB

02425165	Auro-Galantamine ER	Aurobindo	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02416581	Galantamine ER	Pro Doc	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02443023	Galantamine ER	Sanis	100	114.75	➡	1.1475
02420848	Mar-Galantamine ER	Marcan	30	34.43	➡	1.1477
02339447	Mylan-Galantamine ER	Mylan	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02398389	pms-Galantamine ER	Phmscience	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02266725	Reminyl ER	Janss. Inc	30	137.70		4.5900

L.A. Caps.

24 mg PPB

02425173	Auro-Galantamine ER	Aurobindo	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02416603	Galantamine ER	Pro Doc	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02443031	Galantamine ER	Sanis	100	114.75	➡	1.1475
02420856	Mar-Galantamine ER	Marcan	30	34.43	➡	1.1477
02339455	Mylan-Galantamine ER	Mylan	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02398397	pms-Galantamine ER	Phmscience	30	34.43	➡	1.1477
			100	114.75	➡	1.1475
02266733	Reminyl ER	Janss. Inc	30	137.70		4.5900

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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GANIRELIX

S.C. Inj. Sol (syr)

250 mcg/0.5 mL

02245641	Orgalutran	Merck	1	94.71	
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GEFITINIB

Tab.

250 mg

02248676	Iressa	AZC	30	2199.00	73.3000
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GENTAMICIN SULFATE

Inj. Sol.

40 mg/mL

+ 02242652	Gentamicine Injection	Sandoz	2 ml	15.56	
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GLARGINE INSULIN

S.C. Inj. Sol.

100 U/mL

02245689	Lantus	SanofiAven	10 ml	58.07	
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S.C. Inj. Sol.

100 U/mL (3 mL)

02251930	Lantus	SanofiAven	5	88.12	
02294338	Lantus SoloStar	SanofiAven	5	88.12	

GLATIRAMER ACETATE

S.C. Inj. Sol (syr)

20 mg/mL

02245619	Copaxone	Teva Innov	30	1296.00	43.2000
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GLICLAZIDE

L.A. Tab.

30 mg PPB

02429764	ACT Gliclazide MR	ActavisPhm	100	9.31	➡	0.0931
02297795	Apo-Gliclazide MR	Apotex	100	9.31	➡	0.0931
02242987	Diamicron MR	Servier	60	8.43		0.1405
02423286	Mint-Gliclazide MR	Mint	100	9.31	➡	0.0931
02438658	Mylan-Gliclazide MR	Mylan	100	9.31	➡	0.0931

L.A. Tab.

60 mg PPB

02407124	Apo-Gliclazide MR	Apotex	100	12.63	➡	0.1263
02356422	Diamicron MR	Servier	60	15.17		0.2528
02439328	Ran-Gliclazide MR	Ranbaxy	60	7.58	➡	0.1263
			100	12.64	➡	0.1264

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

80 mg **PPB**

02245247	<i>Apo-Gliclazide</i>	Apotex	60	5.59	➡ 0.0931
			100	9.31	➡ 0.0931
00765996	<i>Diamicron</i>	Servier	60	22.35	0.3725
02287072	<i>Gliclazide</i>	Sanis	100	9.31	➡ 0.0931
02248453	<i>Gliclazide-80</i>	Pro Doc	60	5.59	➡ 0.0931
			100	9.31	➡ 0.0931
02229519	<i>Mylan-Gliclazide</i>	Mylan	60	5.59	➡ 0.0931
			100	9.31	➡ 0.0931
02238103	<i>Novo-Gliclazide</i>	Novopharm	100	9.31	➡ 0.0931
			500	46.55	➡ 0.0931

GLIMEPIRIDE

Tab.

1 mg **PPB**

02245272	<i>Amaryl</i>	SanofiAven	30	23.21	0.7737
02295377	<i>Apo-Glimepiride</i>	Apotex	100	38.57	➡ 0.3857
02273756	<i>Novo-Glimepiride</i>	Novopharm	30	11.57	➡ 0.3857
02269589	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	➡ 0.3857

Tab.

2 mg **PPB**

02245273	<i>Amaryl</i>	SanofiAven	30	23.21	0.7737
02295385	<i>Apo-Glimepiride</i>	Apotex	100	38.57	➡ 0.3857
02273764	<i>Novo-Glimepiride</i>	Novopharm	30	11.57	➡ 0.3857
02269597	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	➡ 0.3857

Tab.

4 mg **PPB**

02245274	<i>Amaryl</i>	SanofiAven	30	23.21	0.7737
02295393	<i>Apo-Glimepiride</i>	Apotex	100	38.57	➡ 0.3857
02273772	<i>Novo-Glimepiride</i>	Novopharm	30	11.57	➡ 0.3857
02269619	<i>Sandoz Glimepiride</i>	Sandoz	30	11.57	➡ 0.3857

GLYCERIN ⁵

Supp.

99100357			12		
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GOLIMUMAB

I.V. Perf. Sol.

12.5 mg/mL (4 mL)

02417472	<i>Simponi I.V.</i>	Janss. Inc	1	826.86	
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S.C. Inj.Sol (App.)

50 mg/0.5 mL

02324784	<i>Simponi</i>	Janss. Inc	1	1447.00	
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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
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S.C. Inj.Sol (syr)

50 mg/0.5 mL

02324776	<i>Simponi</i>	Janss. Inc	1	1447.00	
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GONADORELIN

Inj. Pd.

0.8 mg

02046210	<i>Lutrepulse</i>	Ferring	1	115.00	
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Kit

3.2 mg - 3.2 mg - 3.2 mg

02046202	<i>Système Lutrepulse</i>	Ferring	1	924.00	
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GONADOTROPIN (CHORIONIC)

Inj. Pd.

10 000 U **PPB**

02247459	<i>Chorionic Gonadotropin</i>	Fresenius	1	➡	72.00
02182904	<i>Pregnyl</i>	Merck	1	➡	72.00

GONADOTROPINS

Inj. Pd.

75 UI

02283093	<i>Menopur</i>	Ferring	5	275.00	55.0000
02247790	<i>Repronex</i>	Ferring	5	275.00	55.0000

GRANISETRON HYDROCHLORIDE

Tab.

1 mg **PPB**

02308894	<i>Granisetron</i>	Apotex	10	90.00	➡	9.0000
02452359	<i>Nat-Granisetron</i>	Natco	10	90.00	➡	9.0000

GRASS POLLEN ALLERGEN EXTRACT

S-Ling. Tab.

100 IR

02381885	<i>Oralair</i>	Stallergen	3	3.78		1.2600
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S-Ling. Tab.

300 IR

02381893	<i>Oralair</i>	Stallergen	90	342.00		3.8000
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S-Ling. Tab.

2800 UAB

02418304	<i>Grastek</i>	Merck	30	114.00		3.8000
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GUANFACINE HYDROCHLORIDE

L.A. Tab.

1 mg

02409100	<i>Intuniv XR</i>	Shire	100	300.00		3.0000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Tab.

				2 mg	
02409119	<i>Intuniv XR</i>	Shire	100	365.00	3.6500

L.A. Tab.

				3 mg	
02409127	<i>Intuniv XR</i>	Shire	100	430.00	4.3000

L.A. Tab.

				4 mg	
02409135	<i>Intuniv XR</i>	Shire	100	495.00	4.9500

HYDROXYPROPYLMETHYLCELLULOSE

Oph. Sol.

				0.5 %	
00000809	<i>Isopto Tears</i>	Alcon	15 ml	4.16	

Oph. Sol.

				1 %	
00000817	<i>Isopto Tears</i>	Alcon	15 ml	4.70	

HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70

Oph. Sol.

				0.3 % -0.1 %	
00390291	<i>Tears Naturale</i>	Alcon	15 ml	5.28	
			30 ml	8.91	0.2793
00743445	<i>Tears Naturale II</i>	Alcon	15 ml	5.10	
			30 ml	9.26	0.2737

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)	
02425696	<i>Firazyr</i>	Shire HGT	1	2700.00	

IDELALISIB

Tab.

				100 mg	
02438798	<i>Zydelig</i>	Gilead	60	5121.00	85.3500

Tab.

				150 mg	
02438801	<i>Zydelig</i>	Gilead	60	5121.00	85.3500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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IMATINIB MESYLATE

Tab.

 100 mg **PPB**

02397285	<i>ACT Imatinib</i>	ActavisPhm	30	204.56	➡ 6.8187
02355337	<i>Apo-Imatinib</i>	Apotex	30	204.56	➡ 6.8187
02253275	<i>Gleevec</i>	Novartis	120	3182.21	26.5184
02431114	<i>pms-Imatinib</i>	Phmscience	120	818.23	➡ 6.8186
02399806	<i>Teva-Imatinib</i>	Teva Can	120	818.23	➡ 6.8186

Tab.

 400 mg **PPB**

02397293	<i>ACT Imatinib</i>	ActavisPhm	30	818.23	➡ 27.2743
02355345	<i>Apo-Imatinib</i>	Apotex	30	818.23	➡ 27.2743
02253283	<i>Gleevec</i>	Novartis	30	3182.21	106.0737
02431122	<i>pms-Imatinib</i>	Phmscience	30	818.23	➡ 27.2743
02399814	<i>Teva-Imatinib</i>	Teva Can	30	818.23	➡ 27.2743

IMATINIB MESYLATE - GASTRO INTESTINAL STROMAL TUMOUR

Tab.

100 mg

99100983	<i>Gleevec</i>	Novartis	120	3182.21	26.5184
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Tab.

400 mg

99100982	<i>Gleevec</i>	Novartis	30	3182.21	106.0737
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IMIQUIMOD

Top. Cr.

 5 % **PPB**

02239505	<i>Aldara P</i>	Valeant	1	➡ 287.52	
02407825	<i>Apo-Imiquimod</i>	Apotex	24	264.72	➡ 11.0300

INDACATEROL (MALEATE)/ GLYCOPYRRONIUM BROMIDE

Inh. Pd. (App.)

110 mcg - 50 mcg/caps.

02418282	<i>Ultibro Breezhaler</i>	Novartis	30	80.40	
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INFLIXIMAB

I.V. Perf. Pd.

100 mg

02244016	<i>Remicade</i>	Janss. Inc	1	940.00	
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INFLIXIMAB - CROHN'S DISEASE, RHUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS, PSORIATIC ARTHRITIS, PLAQUE PSORIASIS AND ULCERATIVE COLITIS

I.V. Perf. Pd.

100 mg

02419475	<i>Inflectra</i>	Hospira	1	525.00	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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INSULIN ASPART/ INSULIN ASPART PROTAMINE

S.C. Inj. Susp.

30 % - 70 % (3 mL)

02265435	<i>NovoMix30</i>	N.Nordisk	5	52.20	
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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 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 Canada	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 Canada	1	15.84	
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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 Canada	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	
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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
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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 PPB		
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

Kit			0.3 mg		
99100555	<i>Betaseron - Initiation pack</i>	Bayer	1	1192.31	W

KETOROLAC TROMETHAMINE

Oph. Sol.			0.45 % (0.4 mL)		
02369362	<i>Acuvail</i>	Allergan	30	7.25	0.2417
			60	14.50	0.2417

Oph. Sol.			0.5 % PPB		
01968300	<i>Acular</i>	Allergan	5 ml	16.80	👇 3.3140
			10 ml	33.60	👇 3.3140
02245821	<i>Ketorolac</i>	AA Pharma	5 ml	➡ 12.98	
			10 ml	➡ 25.96	

LACOSAMIDE

Tab.			50 mg		
02357615	<i>Vimpat</i>	U.C.B.	60	139.20	2.3200

Tab.			100 mg		
02357623	<i>Vimpat</i>	U.C.B.	60	199.20	3.3200

Tab.			150 mg		
02357631	<i>Vimpat</i>	U.C.B.	60	259.20	4.3200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

200 mg

02357658	Vimpat	U.C.B.	60	319.20	5.3200
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LACTULOSE

Syr. or Oral Sol.

667 mg/mL PPB

02242814	Apo-Lactulose	Apotex	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145
02295881	Jamp-Lactulose	Jamp	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145
02412268	Lactulose	Sanis	500 ml	7.25	➡	0.0145
02247383	Pharma-Lactulose	Phmscience	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145
00703486	pms-Lactulose	Phmscience	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145
00854409	ratio-Lactulose	Ratiopharm	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145
02331551	Teva Lactulose	Teva Can	500 ml	7.25	➡	0.0145
			1000 ml	14.50	➡	0.0145

LANTHANUM HYDRATE

Chew. Tab.

250 mg

02287145	Fosrenol	Shire	90	96.38	1.0709
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Chew. Tab.

500 mg

02287153	Fosrenol	Shire	90	192.74	2.1416
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Chew. Tab.

750 mg

02287161	Fosrenol	Shire	90	290.06	3.2229
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Chew. Tab.

1000 mg

02287188	Fosrenol	Shire	90	384.56	4.2729
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LAPATINIB

Tab.

250 mg

02326442	Tykerb	Novartis	70	1645.00	23.5000
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LATANOPROST/ TIMOLOL MALEATE

Oph. Sol.

0.005 % - 0.5 % PPB

02436256	ACT Latanoprost/Timolol	ActavisPhm	2.5 ml	➡	11.07
02414155	Apo-Latanoprost-Timop	Apotex	2.5 ml	➡	11.07
02373068	GD-Latanoprost/Timolol	GenMed	2.5 ml	➡	11.07
+ 02459205	Riva-Latanoprost/Timolol	Riva	2.5 ml	➡	11.07
02394685	Sandoz Latanoprost/Timolol	Sandoz	2.5 ml	➡	11.07
02246619	Xalacom	Pfizer	2.5 ml		30.99

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LEDIPASVIR/SOFOSBUVIR

Tab.

90 mg -400 mg

02432226	Harvoni	Gilead	28	22333.33	797.6189
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LEFLUNOMIDE

Tab.

 10 mg **PPB**

02256495	Apo-Leflunomide	Apotex	30	79.30	➡	2.6433
02241888	Arava	SanofiAven	30	299.70		9.9900
02415828	Leflunomide	Pro Doc	30	79.30	➡	2.6433
02351668	Leflunomide	Sanis	30	79.30	➡	2.6433
02319225	Mylan-Leflunomide	Mylan	30	79.30	➡	2.6433
02261251	Novo-Leflunomide	Novopharm	30	79.30	➡	2.6433
			100	264.33	➡	2.6433
02309327	phl-Leflunomide	Pharmel	30	79.30	➡	2.6433
02288265	pms-Leflunomide	Phmscience	30	79.30	➡	2.6433
02283964	Sandoz Leflunomide	Sandoz	30	79.30	➡	2.6433

Tab.

 20 mg **PPB**

02256509	Apo-Leflunomide	Apotex	30	79.30	➡	2.6433
02241889	Arava	SanofiAven	30	304.24		10.1413
02415836	Leflunomide	Pro Doc	30	79.30	➡	2.6433
02351676	Leflunomide	Sanis	30	79.30	➡	2.6433
02319233	Mylan-Leflunomide	Mylan	30	79.30	➡	2.6433
02261278	Novo-Leflunomide	Novopharm	30	79.30	➡	2.6433
			100	264.33	➡	2.6433
02309335	phl-Leflunomide	Pharmel	30	79.30	➡	2.6433
02288273	pms-Leflunomide	Phmscience	30	79.30	➡	2.6433
02283972	Sandoz Leflunomide	Sandoz	30	79.30	➡	2.6433

LENALIDOMIDE

Caps.

5 mg

02304899	Revlimid	Celgene	28	9520.00	340.0000
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Caps.

10 mg

02304902	Revlimid	Celgene	28	10108.00	361.0000
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Caps.

15 mg

02317699	Revlimid	Celgene	21	8022.00	382.0000
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Caps.

20 mg

02440601	Revlimid	Celgene	21	8463.00	403.0000
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Caps.

25 mg

02317710	Revlimid	Celgene	21	8904.00	424.0000
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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LINAGLIPTIN/METFORMIN HYDROCHLORIDE

Tab.

				2.5 mg - 500 mg	
02403250	<i>Jentadueto</i>	Bo. Ing.	60	71.02	1.1837

Tab.

				2.5 mg - 850 mg	
02403269	<i>Jentadueto</i>	Bo. Ing.	60	71.02	1.1837

Tab.

				2.5 mg - 1 000 mg	
02403277	<i>Jentadueto</i>	Bo. Ing.	60	71.02	1.1837

LINAGLIPTINE

Tab.

				5 mg	
02370921	<i>Trajenta</i>	Bo. Ing.	30	67.50	2.2500
			90	202.50	2.2500

LINEZOLID

I.V. Perf. Sol.

				2 mg/mL	
02243685	<i>Zyvoxam</i>	Pfizer	300 ml	99.91	

Tab.

				600 mg	PPB	
02426552	<i>Apo-Linezolid</i>	Apotex	30	1111.50	➡	37.0500
02422689	<i>Sandoz Linezolid</i>	Sandoz	20	741.00	➡	37.0500
02243684	<i>Zyvoxam</i>	Pfizer	20	1468.78		73.4390

LIRAGLUTIDE

S.C. Inj. Sol.

				6 mg/mL (3 mL)	
02351064	<i>Victoza</i>	N.Nordisk	2	136.98	
			3	205.47	

LISDEXAMFETAMINE (DIMESYLATE)

Caps.




				10 mg	
02439603	<i>Vyvanse</i>	Shire	100	201.00	2.0100

Caps.

				20 mg	
02347156	<i>Vyvanse</i>	Shire	100	224.00	2.2400

Caps.

				30 mg	
02322951	<i>Vyvanse</i>	Shire	100	251.00	2.5100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 40 mg					
02347164	Vyvanse	Shire	100	278.00	2.7800
Caps. 50 mg					
02322978	Vyvanse	Shire	100	305.00	3.0500
Caps. 60 mg					
02347172	Vyvanse	Shire	100	331.00	3.3100
LOMITAPIDE (MESYLATE) 					
Caps. 5 mg					
02420341	Juxtapid	Aegerion	28	29120.00	1040.0000
Caps. 10 mg					
02420376	Juxtapid	Aegerion	28	29120.00	1040.0000
Caps. 20 mg					
02420384	Juxtapid	Aegerion	28	29120.00	1040.0000
LURASIDONE HYDROCHLORIDE 					
Tab. 20 mg					
02422050	Latuda	Sunovion	30	107.10	3.5700
Tab. 40 mg					
02387751	Latuda	Sunovion	30	107.10	3.5700
Tab. 60 mg					
02413361	Latuda	Sunovion	30	107.10	3.5700
Tab. 80 mg					
02387778	Latuda	Sunovion	30	107.10	3.5700
Tab. 120 mg					
02387786	Latuda	Sunovion	30	107.10	3.5700
MACITENTAN 					
Tab. 10 mg					
02415690	Opsumit	Actelion	30	3495.00	116.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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	
02299844	<i>Celsentri</i>	ViiV	60	990.00	16.5000

Tab.

				300 mg	
02299852	<i>Celsentri</i>	ViiV	60	990.00	16.5000

MEGESTROL ACETATE

Tab.

				40 mg	
02195917	<i>Megestrol</i>	AA Pharma	100	100.73	1.0073

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
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MEMANTINE HYDROCHLORIDE

Tab.

 10 mg **PPB**

02324067	<i>ACT Memantine</i>	ActavisPhm	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02366487	<i>Apo-Memantine</i>	Apotex	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02260638	<i>Ebixa</i>	Lundbeck	30	70.10		2.3367
02409895	<i>Med-Memantine</i>	GMP	100	126.17	➡	1.2617
02443082	<i>Memantine</i>	Sanis	100	126.17	➡	1.2617
02446049	<i>Memantine</i>	Sivem	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02430371	<i>Mylan-Memantine</i>	Mylan	100	126.17	➡	1.2617
02321130	<i>pms-Memantine</i>	Phmscience	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02421364	<i>Ran-Memantine</i>	Ranbaxy	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02320908	<i>ratio-Memantine</i>	Ratiopharm	100	126.17	➡	1.2617
02348950	<i>Riva-Memantine</i>	Riva	30	37.85	➡	1.2617
			100	126.17	➡	1.2617
02375532	<i>Sandoz Memantine FCT</i>	Sandoz	100	126.17	➡	1.2617

METHYL AMINOLEVULINATE

Top. Cr.

168 mg/g

02323273	<i>Metvix</i>	Galderma	2 g	308.75		
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METHYLPHENIDATE HYDROCHLORIDE

L.A. Caps.

10 mg

02277166	<i>Biphentin</i>	Purdue	100	67.45		0.6745
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L.A. Caps.

15 mg

02277131	<i>Biphentin</i>	Purdue	100	96.57		0.9657
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L.A. Caps.

20 mg

02277158	<i>Biphentin</i>	Purdue	100	124.68		1.2468
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L.A. Caps.

30 mg

02277174	<i>Biphentin</i>	Purdue	100	171.18		1.7118
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L.A. Caps.

40 mg

02277182	<i>Biphentin</i>	Purdue	100	218.15		2.1815
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L.A. Caps.

50 mg

02277190	<i>Biphentin</i>	Purdue	50	132.20		2.6440
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Caps.

60 mg

02277204	<i>Biphentin</i>	Purdue	50	156.20	3.1240
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L.A. Caps.

80 mg

02277212	<i>Biphentin</i>	Purdue	50	202.86	4.0572
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L.A. Tab. (12 h)

18 mg

02452731	<i>Apo-Methylphenidate ER</i>	Apotex	100	52.46	0.5246
02247732	<i>Concerta</i>	Janss. Inc	100	203.64	2.0364
02315068	<i>Novo-Methylphenidate ER-C</i>	Teva Can	100	52.46	0.5246
02413728	<i>pms-Methylphenidate ER</i>	Phmscience	100	52.46	0.5246

L.A. Tab. (12 h)

27 mg

02452758	<i>Apo-Methylphenidate ER</i>	Apotex	100	60.55	0.6055
02250241	<i>Concerta</i>	Janss. Inc	100	235.01	2.3501
02315076	<i>Novo-Methylphenidate ER-C</i>	Teva Can	100	60.55	0.6055
02413736	<i>pms-Methylphenidate ER</i>	Phmscience	100	60.55	0.6055

L.A. Tab. (12 h)

36 mg

02452766	<i>Apo-Methylphenidate ER</i>	Apotex	100	68.63	0.6863
02247733	<i>Concerta</i>	Janss. Inc	100	266.38	2.6638
02315084	<i>Novo-Methylphenidate ER-C</i>	Teva Can	100	68.63	0.6863
02413744	<i>pms-Methylphenidate ER</i>	Phmscience	100	68.63	0.6863

L.A. Tab. (12 h)

54 mg

02330377	<i>Apo-Methylphenidate ER</i>	Apotex	100	88.43	0.8843
02247734	<i>Concerta</i>	Janss. Inc	100	329.12	3.2912
02315092	<i>Novo-Methylphenidate ER-C</i>	Teva Can	100	88.43	0.8843
02413752	<i>pms-Methylphenidate ER</i>	Phmscience	100	88.43	0.8843

METRONIDAZOLE

Vag. Jel.

0.75 %

02125226	<i>Nidagel</i>	Valeant	70 g	18.62	
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MICAFUNGIN SODIUM

I.V. Perf. Pd.

50 mg

02294222	<i>Mycamine</i>	Astellas	1	98.00	
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I.V. Perf. Pd.

100 mg

02311054	<i>Mycamine</i>	Astellas	1	196.00	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MICRONIZED PROGESTERONE

Caps.

 100 mg **PPB**

02166704	<i>Prometrium</i>	Merck	30	28.89	➡ 0.9630
02439913	<i>Teva-Progesterone</i>	Teva Can	30	28.89	➡ 0.9630
			100	96.31	➡ 0.9631

MINERAL OIL

Liq.

100 %

00704172	<i>Huile Minerale</i>	Atlas	250 ml	2.15	0.0086
			500 ml	3.11	0.0062

Liq. (Rect.)

00107875	<i>Fleet Huileux</i>	McNeil Co	130 ml	4.24	
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MIRABEGRON

L.A. Tab.

25 mg

02402874	<i>Myrbetriq</i>	Astellas	30	43.80	1.4600
			90	131.40	1.4600

L.A. Tab.

50 mg

02402882	<i>Myrbetriq</i>	Astellas	30	43.80	1.4600
			90	131.40	1.4600

MODAFINIL

Tab.

 100 mg **PPB**

02285398	<i>Apo-Modafinil</i>	Apotex	100	92.93	➡ 0.9293
02430487	<i>Auro-Modafinil</i>	Aurobindo	30	27.88	➡ 0.9293
			100	92.93	➡ 0.9293
02442078	<i>Bio-Modafinil</i>	Biomed	100	92.93	➡ 0.9293
02432560	<i>Mar-Modafinil</i>	Marcan	100	92.93	➡ 0.9293
02420260	<i>Teva-Modafinil</i>	Teva Can	30	27.88	➡ 0.9293

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing

100 cm² to 200 cm² (active surface)

00801011	3M Tegaderm Hydrocolloid Dressing (10 cm x 10 cm - 100 cm²)	3M Canada	1	3.55	
99004720	Alginate Hydrocolloid Dressing (12,2 cm x 10,2 cm - 104 cm²)	Covidien	5	18.00	3.6000
99100609	Comfeel Plus Ulcer (10 cm x 10 cm - 100 cm²)	Coloplast	10	28.00	2.8000
99000040	Cutinova hydro (10 cm x 10 cm - 100 cm²)	S. & N.	5	19.90	3.9800
00899666	DuoDERM CGF (10 cm x 10 cm - 100 cm²)	Convatec	5	21.70	4.3400
99004984	DuoDERM Signal (14 cm x 14 cm - 188 cm²)	Convatec	20	86.82	4.3410
99100010	Nu-Derm Hydrocolloid Border (10 cm x 10 cm - 100 cm²)	KCI	1	8.15	
99100010	Nu-Derm Hydrocolloid Border (10 cm x 10 cm - 100 cm²)	KCI	160	576.40	3.6025
99100007	Nu-Derm Hydrocolloid Standard (10 cm x 10 cm - 100 cm²)	KCI	50	202.51	4.0502

Dressing

201 cm² to 500 cm² (active surface)

00800996	3M Tegaderm Hydrocolloid Dressing (15 cm x 15 cm - 225 cm²)	3M Canada	1	8.50	
99004747	Alginate Hydrocolloid Dressing (15,2 cm x 20,3 cm - 309 cm²)	Covidien	30	229.90	7.6633
99004755	Alginate Hydrocolloid Dressing (20,3 cm x 20,3 cm - 412 cm²)	Covidien	30	273.20	9.1067
99100610	Comfeel Plus Ulcer (15 cm x 15 cm - 225 cm²)	Coloplast	5	31.50	6.3000
99100611	Comfeel Plus Ulcer (20 cm x 20 cm - 400 cm²)	Coloplast	5	56.00	11.2000
99000059	Cutinova hydro (15 cm x 20 cm - 300 cm²)	S. & N.	3	35.55	11.8500
00899674	DuoDERM CGF (15 cm x 15 cm - 225 cm²)	Convatec	1	9.50	
00801046	DuoDERM CGF (15 cm x 20 cm - 300 cm²)	Convatec	1	12.65	
00899682	DuoDERM CGF (20 cm x 20 cm - 400 cm²)	Convatec	1	16.87	
99004992	DuoDERM Signal (20 cm x 20 cm - 388 cm²)	Convatec	1	16.36	
99100011	Nu-Derm Hydrocolloid Border (15 cm x 15 cm - 225 cm²)	KCI	20	172.67	8.6335
99100008	Nu-Derm Hydrocolloid Standard (20 cm x 20 cm - 400 cm²)	KCI	20	254.73	12.7365

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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
99000032	<i>Cutinova hydro (5 cm x 6 cm - 30 cm²)</i>	S. & N.	1	2.33	
99004976	<i>DuoDERM Signal (10 cm x 10 cm - 94 cm²)</i>	Convatec	1	4.09	
99100022	<i>Nu-Derm Hydrocolloid Border (5 cm x 5 cm - 25 cm²)</i>	KCI	100	167.34	1.6734
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 Triangle (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	
99100110	<i>Nu-Derm Hydrocolloid Border (Sacrum 18 cm x 18 cm - 135 cm²)</i>	KCI	1	14.39	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Thin dr.

100 cm² to 200 cm² (active surface)

99100290	3M Tegaderm Hydrocolloid Thin Dressing (10cm x 10cm-100 cm ²)	3M Canada	1	3.10	
99100143	Comfeel Plus Clear (10 cm x 10 cm - 100 cm ²)	Coloplast	10	28.10	2.8100
99101135	Comfeel Plus Clear (5 cm x 25 cm - 125 cm ²)	Coloplast	10	36.20	3.6200
99100147	Comfeel Plus Clear (9 cm x 14 cm - 126 cm ²)	Coloplast	10	36.60	3.6600
99000261	DuoDERM CGF Extra Thin (10 cm x 10 cm - 100 cm ²)	Convatec	1	3.00	
00920029	DuoDERM CGF Extra Thin (10 cm x 15 cm - 118 cm ²)	Convatec	10	30.00	3.0000
00920088	DuoDERM CGF Extra Thin (5 cm x 20 cm - 100 cm ²)	Convatec	1	3.82	
99100655	Exuderm OdorShield (10 cm x 10 cm - 100 cm ²)	Medline	1	3.24	
99100009	Nu-Derm Hydrocolloid Thin (10 cm x 10 cm - 100 cm ²)	Medline	10	21.28	2.1280
		KCI	100	296.30	2.9630

Thin dr.

201 cm² to 500 cm² (active surface)

99100144	Comfeel Plus Clear (15 cm x 15 cm - 225 cm ²)	Coloplast	5	27.30	5.4600
99101136	Comfeel Plus Clear (9 cm x 25 cm - 225 cm ²)	Coloplast	5	27.25	5.4500
00908134	DuoDERM CGF Extra Thin (15 cm x 15 cm - 225 cm ²)	Convatec	1	5.77	

Thin dr.

Less than 100 cm² (active surface)

99101134	Comfeel Plus Clear (5 cm x 15 cm - 75 cm ²)	Coloplast	10	26.20	2.6200
99100146	Comfeel Plus Clear (5 cm x 7 cm - 35 cm ²)	Coloplast	10	15.80	1.5800
00920010	DuoDERM CGF Extra Thin (7.5 cm x 7.5 cm - 56 cm ²)	Convatec	1	2.60	
00920231	DuoDERM CGF Extra-Thin (5 cm x 10 cm - 50 cm ²)	Convatec	1	1.96	

Thin dr.

Sacrum

00920037	DuoDERM CGF Extra-Thin (Sacrum 15 cm x 18 cm - 216 cm ²)	Convatec	1	8.43	
99100652	Exuderm OdorShield Sacral (15,2 cm x 16,3 cm - 271 cm ²)	Medline	5	36.79	7.3580

MOXIFLOXACIN HYDROCHLORIDE

I.V. Perf. Sol.

400 mg/250 mL

02246414	Avelox I.V.	Bayer	12	420.24	35.0200
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MULTIVITAMINS ⁵

Caps. or Tab.

99002493			1		
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Chew. Tab.

99002507			1		
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NAPROXEN/ESOMEPRAZOLE

Tab.

				375 mg - 20 mg	
02361701	Vimovo	AZC	60	55.20	0.9200

Tab.

				500 mg - 20 mg	
02361728	Vimovo	AZC	60	55.20	0.9200

NATALIZUMAB

I.V. Inj. Sol.

				300mg/15ml	
02286386	Tysabri	Biogen	1	2451.32	

NILOTINIB

Caps.

				150 mg	
02368250	Tasigna	Novartis	112	3054.72	27.2743

Caps.

				200 mg	
02315874	Tasigna	Novartis	112	3947.17	35.2426

NINTEDANIB ESILATE

Caps.

				100 mg	
+ 02443066	Ofev	Bo. Ing.	60	1630.80	27.1800

Caps.

				150 mg	
+ 02443074	Ofev	Bo. Ing.	30	1630.80	54.3600
			60	3261.60	54.3600

NITRAZEPAM

Tab.

				5 mg	
00511528	Mogadon	AA Pharma	100	15.34	0.1534

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
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Tab.			10 mg		
00511536	Mogadon	AA Pharma	100	22.96	0.2296

NUTRITIONAL FORMULA - FAT EMULSION (INFANTS AND CHILDREN)

Liq.			89 mL suppl.		
99100401	Microlipid	Nestlé-Nut	48	141.12	2.9400

NUTRITIONAL FORMULA - CASEIN HYDROLYSATE (INFANTS AND CHILDREN)

Liq.			237 mL suppl.		
99100206	Alimentum	Abbott	1	1.41	

Ped. Oral Pd.			454 g suppl.		
99100532	Nutramigen A+	M.J.	1	16.53	
99100533	Pregestimil A+	M.J.	1	17.72	

NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL

Liq.			suppl.		
99100217	Medium chain triglycerides	Nestlé-Nut	946 ml	34.49	

NUTRITIONAL FORMULA - HIGH PROTEIN SEMI-ELEMENTAL

Liq.			1 L suppl.		
99002922	Peptamen 1.5	Nestlé-Nut	1	38.36	
99100826	Peptamen AF	Nestlé-Nut	1	38.08	
99101178	Vital Peptide 1.5 Cal	Abbott	1	11.32	

Liq.			1.5 L suppl.		
99100094	Peptamen avec Prebio 1	Nestlé-Nut	1	39.90	

Liq.			220 mL à 250 mL suppl.		
99101181	PediaSure Peptide 1 Cal	Abbott	1	2.49	
00908444	Peptamen	Nestlé-Nut	1	6.65	
99003031	Peptamen 1.5	Nestlé-Nut	1	9.59	
99100309	Peptamen AF	Nestlé-Nut	1	9.77	
99004631	Peptamen avec Prebio 1	Nestlé-Nut	1	6.65	
99000296	Peptamen Junior	Nestlé-Nut	1	6.65	
99100789	Peptamen Junior 1.5	Nestlé-Nut	1	9.98	
99101182	Vital Peptide 1 Cal	Abbott	1	2.49	
99101183	Vital Peptide 1.5 Cal	Abbott	1	2.49	

NUTRITIONAL FORMULA - MONOMERIC

Oral Pd.			48.7 g/sachet suppl.		
99000229	Vivonex Pédiatrique	Nestlé-Nut	6	39.42	6.5700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Oral Pd.			79.5 g/ sac. suppl.		
00921017	<i>Vivonex Plus</i>	Nestlé-Nut	6	39.39	6.5650

Oral Pd.			80 g/sac. suppl.		
00861464	<i>Tolerex</i>	Nestlé-Nut	6	23.40	3.9000

Oral Pd.			80.4 g/sac. suppl.		
00895229	<i>Vivonex T.E.N.</i>	Nestlé-Nut	10	65.60	6.5600

NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)

Liq.			237 mL suppl.		
99100463	<i>Neocate Splash</i>	Nutricia	27	178.76	6.6207

Ped. Oral Pd.			400 g suppl.		
99100892	<i>Neocate avec DHA et ARA</i>	Nutricia	4	174.00	43.5000
99004402	<i>Neocate Junior</i>	Nutricia	4	191.23	47.8075
99100790	<i>Neocate junior with fibers prebiotics</i>	Nutricia	4	184.00	46.0000
99100715	<i>PurAmino A+</i>	M.J.	1	51.66	
99101278	<i>PurAmino A+ Junior</i>	M.J.	1	47.22	

NUTRITIONAL FORMULA - POLYMERIC LOW RESIDUE - SPECIFIC USE

Oral Pd.			400 g suppl.		
99100792	<i>Modulen IBD</i>	Nestlé-Nut	1	27.10	

NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE

Liq.			1 L suppl.		
99100244	<i>Novasource Renal</i>	Nestlé-Nut	1	8.38	
99100395	<i>Nutren 2.0</i>	Nestlé-Nut	1	10.35	
99100462	<i>TwoCal HN</i>	Abbott	1	9.84	

Liq.			1.5 L suppl.		
99000164	<i>Isosource HN</i>	Nestlé-Nut	1	7.50	
99002000	<i>Nutren 1.5</i>	Nestlé-Nut	1	11.58	
99003570	<i>Osmolite 1.0 cal</i>	Abbott	1	8.01	
99004216	<i>Osmolite 1.2 cal</i>	Abbott	1	8.08	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Liq.			235 mL à 250 mL	suppl.	
00898708	<i>Boost 1.5</i>	Nestlé-Nut	1	1.45	
99000512	<i>Isosource HN</i>	Nestlé-Nut	1	1.12	
99003546	<i>Novasource Renal</i>	Nestlé-Nut	1	1.92	
00907766	<i>Nutren 1.5</i>	Nestlé-Nut	1	1.77	
99003406	<i>Nutren Junior</i>	Nestlé-Nut	1	1.54	
00895350	<i>Osmolite 1.0 cal</i>	Abbott	1	1.25	
99004224	<i>Osmolite 1.2 cal</i>	Abbott	1	1.25	
99000474	<i>Pediasure</i>	Abbott	1	1.56	
99001543	<i>Promote</i>	Abbott	1	1.36	
99003554	<i>Resource 2.0</i>	Nestlé-Nut	1	1.92	
99002647	<i>Suplena</i>	Abbott	1	2.00	
99004690	<i>TwoCal HN</i>	Abbott	1	2.32	

NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE

Liq.			1 L	suppl.	
99003635	<i>Compleat modifie</i>	Nestlé-Nut	1	7.45	
99003597	<i>Jevity 1.2 cal</i>	Abbott	1	8.06	
99100393	<i>Jevity 1.5 Cal</i>	Abbott	1	10.07	
99100703	<i>Nepro</i>	Abbott	1	8.01	

Liq.			1.5 L	suppl.	
99004127	<i>Isosource 1.5 Cal</i>	Nestlé-Nut	1	10.53	
99000202	<i>Isosource HN Avec Fibres</i>	Nestlé-Nut	1	10.29	
99004496	<i>Isosource VHN</i>	Nestlé-Nut	1	12.20	
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</i>	Nestlé-Nut	1	9.79	

Liq.			235 mL à 250 mL	suppl.	
99000504	<i>Compleat modifie</i>	Nestlé-Nut	1	1.90	
99004658	<i>Compleat Pediatrique</i>	Nestlé-Nut	1	2.42	
00920347	<i>Glucerna 1.0 Cal</i>	Abbott	1	1.57	
99004135	<i>Isosource 1.5 Cal</i>	Nestlé-Nut	1	1.75	
00801194	<i>Isosource HN Avec Fibres</i>	Nestlé-Nut	1	1.72	
99000180	<i>Isosource VHN</i>	Nestlé-Nut	1	1.98	
99000482	<i>Jevity 1 cal</i>	Abbott	1	1.65	
99003392	<i>Jevity 1.2 cal</i>	Abbott	1	1.89	
99100417	<i>Jevity 1.5 Cal</i>	Abbott	1	2.38	
99100702	<i>Nepro</i>	Abbott	1	1.90	
99003414	<i>Nutren Junior Fibres avec Prebio</i>	Nestlé-Nut	1	1.54	
99001381	<i>Pediasure avec fibres</i>	Abbott	1	1.56	
99005050	<i>Pediasure Plus avec fibres</i>	Abbott	1	2.35	
99100216	<i>Resource Essentiels Jeunesse 1.5</i>	Nestlé-Nut	1	2.17	
99002019	<i>Resource pour diabetiques</i>	Nestlé-Nut	1	1.63	

Oral Pd.			85 g/sac.	suppl.	
99003236	<i>Scandishake Aromatisee</i>	Aptalis	4	11.81	2.9525

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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NUTRITIONAL FORMULA - POLYMERIZED GLUCOSE

Oral Pd.

454 g suppl.

99101093	<i>SolCarb</i>	Solace	6	59.94	9.9900
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NUTRITIONAL FORMULA - POST-DISCHARGE PRETERM FORMULA (INFANTS)

Ped. Oral Pd.

363 g suppl.

99100122	<i>Enfamil Enficare A+</i>	M.J.	1	14.45	
99100123	<i>Similac Neosure</i>	Abbott	1	14.41	

NUTRITIONAL FORMULA - PROTEIN

Oral Pd.

227 g suppl.

99003783	<i>Beneprotein</i>	Nestlé-Nut	6	91.86	15.3100
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NUTRITIONAL FORMULA - SEMI-ELEMENTAL HYPERPROTEINATED

Liq.

1 L suppl.

99101234	<i>Peptamen Intense Hyperproteine</i>	Nestlé H.S	1	32.95	
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Liq.

250 mL suppl.

99101235	<i>Peptamen Intense Hyperproteine</i>	Nestlé H.S	1	8.24	
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NUTRITIONAL FORMULA - SKIM MILK/ COCONUT OIL

Oral Pd.

410 g suppl.

00881201	<i>Portagen</i>	M.J.	1	20.22	
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ODOUR-CONTROL DRESSING - ACTIVATED CHARCOAL

Dressing

100 cm² to 200 cm² (active surface)

99001802	<i>Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)</i>	KCI	50	95.12	1.9024
99001810	<i>Actisorb Silver (10.5 cm x 19 cm - 200 cm²)</i>	KCI	50	212.90	4.2580

Dressing

Less than 100 cm² (active surface)

99100103	<i>Actisorb Silver (6.5 cm x 9.5 cm - 62 cm²)</i>	KCI	1	2.70	
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OLODATEROL HYDROCHLORIDE/TIOTROPIUM BROMIDE MONOHYDRATE 

Sol. Inh. (App.)

2,5 mcg - 2,5 mcg

02441888	<i>Inspiroto Respimat</i>	Bo. Ing.	60 dose(s)	60.90	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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OMALIZUMAB 

S.C. Inj. Pd.

150 mg

+ 02260565	<i>Xolair</i>	Novartis	1	612.00	
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OMBITASVIR/PARITAPREVIR/RITONAVIR AND DASABUVIR SODIUM MONOHYDRATE 

Kit

12.5 mg - 75 mg - 50 mg and 250 mg

02436027	<i>Holkira Pak</i>	AbbVie	28	18620.00	665.0000
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ONABOTULINUMTOXINA 

I.M. Inj. Pd.

50 UI

99100741	<i>Botox</i>	Allergan	1	178.50	
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I.M. Inj. Pd.

100 UI

01981501	<i>Botox</i>	Allergan	1	357.00	
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I.M. Inj. Pd.

200 UI

99100646	<i>Botox</i>	Allergan	1	714.00	
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ONDANSETRON 

Oral Sol.

 4 mg/5 mL **PPB**

02291967	<i>Ondansetron</i>	AA Pharma	50 ml	73.07	➡ 1.4614
02229639	<i>Zofran</i>	Novartis	50 ml	96.61	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.			4 mg PPB		
02288184	<i>Apo-Ondansetron</i>	Apotex	10	32.72	➡ 3.2720
			30	98.16	➡ 3.2720
02445840	<i>Bio-Ondansetron</i>	Biomed	10	32.72	➡ 3.2720
			30	98.16	➡ 3.2720
02296349	<i>Co Ondansetron</i>	Cobalt	10	32.72	➡ 3.2720
02313685	<i>Jamp-Ondansetron</i>	Jamp	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02371731	<i>Mar-Ondansetron</i>	Marcan	10	32.72	➡ 3.2720
			30	98.16	➡ 3.2720
02305259	<i>Mint-Ondansetron</i>	Mint	10	32.72	➡ 3.2720
			30	98.16	➡ 3.2720
02297868	<i>Mylan-Ondansetron</i>	Mylan	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02417839	<i>NAT-Ondansetron</i>	Natco	10	32.72	➡ 3.2720
			30	98.16	➡ 3.2720
02264056	<i>Novo-Ondansetron</i>	Novopharm	10	32.72	➡ 3.2720
02421402	<i>Ondansetron</i>	Sanis	30	98.16	➡ 3.2720
02389983	<i>Ondissolve ODF</i>	Takeda	10	32.72	➡ 3.2720
02278618	<i>phl-Ondansetron</i>	Pharmel	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02258188	<i>pms-Ondansetron</i>	Phmscience	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02312247	<i>Ran-Ondansetron</i>	Ranbaxy	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02278529	<i>ratio-Ondansetron</i>	Ratiopharm	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02370298	<i>Riva-Ondansetron</i>	Riva	10	32.72	➡ 3.2720
02274310	<i>Sandoz Ondansetron</i>	Sandoz	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02444674	<i>Sandoz Ondansetron ODT</i>	Sandoz	10	32.72	➡ 3.2720
02376091	<i>Septa-Ondansetron</i>	Septa	10	32.72	➡ 3.2720
			100	327.20	➡ 3.2720
02448440	<i>VAN-Ondansetron</i>	Vanc Phm	10	32.72	➡ 3.2720
02213567	<i>Zofran</i>	Novartis	10	126.60	12.6600
02239372	<i>Zofran ODT</i>	Novartis	10	123.71	12.3710

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab. Oral Disint. or Tab.

8 mg **PPB**

02288192	<i>Apo-Ondansetron</i>	Apotex	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02445859	<i>Bio-Ondansetron</i>	Biomed	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02296357	<i>Co Ondansetron</i>	Cobalt	10	49.93	➡	4.9930
02313693	<i>Jamp-Ondansetron</i>	Jamp	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02371758	<i>Mar-Ondansetron</i>	Marcan	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02305267	<i>Mint-Ondansetron</i>	Mint	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02297876	<i>Mylan-Ondansetron</i>	Mylan	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02417847	<i>NAT-Ondansetron</i>	Natco	10	49.93	➡	4.9930
			30	149.79	➡	4.9930
02325160	<i>Ondansetron</i>	Pro Doc	10	49.93	➡	4.9930
02421410	<i>Ondansetron</i>	Sanis	30	149.79	➡	4.9930
02389991	<i>Ondissolve ODF</i>	Takeda	10	49.93	➡	4.9930
02278626	<i>phl-Ondansetron</i>	Pharmel	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02258196	<i>pms-Ondansetron</i>	Phmscience	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02312255	<i>Ran-Ondansetron</i>	Ranbaxy	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02278537	<i>ratio-Ondansetron</i>	Ratiopharm	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02370301	<i>Riva-Ondansetron</i>	Riva	10	49.93	➡	4.9930
02274329	<i>Sandoz Ondansetron</i>	Sandoz	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02444682	<i>Sandoz Ondansetron ODT</i>	Sandoz	10	49.93	➡	4.9930
02376105	<i>Septa-Ondansetron</i>	Septa	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02264064	<i>Teva-Ondansetron</i>	Teva Can	10	49.93	➡	4.9930
			100	499.30	➡	4.9930
02448467	<i>VAN-Ondansetron</i>	Vanc Phm	10	49.93	➡	4.9930
02213575	<i>Zofran</i>	Novartis	10	193.22		19.3220
02239373	<i>Zofran ODT</i>	Novartis	10	188.77		18.8770

OSELTAMIVIR PHOSPHATE

Caps.

30 mg

02304848	<i>Tamiflu</i>	Roche	10	19.50		1.9500
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Caps.

45 mg

02304856	<i>Tamiflu</i>	Roche	10	30.00		3.0000
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Caps.

75 mg **PPB**

02457989	<i>NAT-Osetamivir</i>	Natco	10	30.56	➡	3.0563
02241472	<i>Tamiflu</i>	Roche	10	39.00		3.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.					
02381842	<i>Tamiflu</i>	Roche	65 ml	6 mg/mL 19.50	0.3000

OXCARBAZEPINE

Oral Susp.					
02244673	<i>Trileptal</i>	Novartis	250 ml	60 mg/mL 77.45	0.3098

Tab.					
				150 mg PPB	
02284294	<i>Apo-Oxcarbazepine</i>	Apotex	100	62.09 ➡	0.6209
02440717	<i>Jamp-Oxcarbazepine</i>	Jamp	100	62.09 ➡	0.6209
02242067	<i>Trileptal</i>	Novartis	50	38.72	0.7744

Tab.					
				300 mg PPB	
02284308	<i>Apo-Oxcarbazepine</i>	Apotex	100	72.42 ➡	0.7242
02440725	<i>Jamp-Oxcarbazepine</i>	Jamp	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
02440733	<i>Jamp-Oxcarbazepine</i>	Jamp	100	144.84 ➡	1.4484
02242069	<i>Trileptal</i>	Novartis	50	85.20	1.7040

OXYBUTYNIN

Patch					
02254735	<i>Oxytrol</i>	Actavis	8	36 mg 51.82	6.4775

OXYBUTYNINE CHLORIDE

L.A. Tab.					
02243960	<i>Ditropan XL</i>	Janss. Inc	100	5 mg 183.30	1.8330

L.A. Tab.					
02243961	<i>Ditropan XL</i>	Janss. Inc	100	10 mg 183.30	1.8330

OXYCODONE

L.A. Tab.					
				5 mg PPB	
02394170	<i>ACT Oxycodone CR</i>	ActavisPhm	100	34.02 ➡	0.3402
02366746	<i>Apo-Oxycodone CR</i>	Apotex	100	34.02 ➡	0.3402

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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L.A. Tab.

10 mg **PPB**

02394189	ACT Oxycodone CR	ActavisPhm	100	47.41	➡ 0.4741
02366754	Apo-Oxycodone CR	Apotex	100	47.41	➡ 0.4741
02372525	OxyNEO	Purdue	60	52.68	0.8780
02309882	pms-Oxycodone CR	Phmscience	100	47.41	➡ 0.4741

L.A. Tab.

15 mg **PPB**

02394766	Apo-Oxycodone CR	Apotex	100	57.24	➡ 0.5724
02372533	OxyNEO	Purdue	60	63.60	1.0600

L.A. Tab.

20 mg **PPB**

02394197	ACT Oxycodone CR	ActavisPhm	100	71.12	➡ 0.7112
02366762	Apo-Oxycodone CR	Apotex	100	71.12	➡ 0.7112
02372797	OxyNEO	Purdue	60	79.02	1.3170
02309890	pms-Oxycodone CR	Phmscience	100	71.12	➡ 0.7112

L.A. Tab.

30 mg **PPB**

02394774	Apo-Oxycodone CR	Apotex	100	93.96	➡ 0.9396
02372541	OxyNEO	Purdue	60	104.40	1.7400

L.A. Tab.

40 mg **PPB**

02394200	ACT Oxycodone CR	ActavisPhm	100	123.26	➡ 1.2326
02306530	Apo-Oxycodone CR	Apotex	100	123.26	➡ 1.2326
02372568	OxyNEO	Purdue	60	136.95	2.2825
02309904	pms-Oxycodone CR	Phmscience	100	123.26	➡ 1.2326

L.A. Tab.

60 mg **PPB**

02394782	Apo-Oxycodone CR	Apotex	100	170.10	➡ 1.7010
02372576	OxyNEO	Purdue	60	189.00	3.1500

L.A. Tab.

80 mg **PPB**

02394219	ACT Oxycodone CR	ActavisPhm	100	227.66	➡ 2.2766
02366789	Apo-Oxycodone CR	Apotex	100	227.66	➡ 2.2766
02372584	OxyNEO	Purdue	60	252.96	4.2160
02309912	pms-Oxycodone CR	Phmscience	100	227.66	➡ 2.2766

PALIPERIDONE PALMITATE

I.M. Inj. Susp.

50 mg/0.5 mL

02354217	Invega Sustenna	Janss. Inc	1	304.10	
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I.M. Inj. Susp.

75 mg/0.75 mL

02354225	Invega Sustenna	Janss. Inc	1	456.18	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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I.M. Inj. Susp.

100 mg/1.0 mL

02354233	<i>Invega Sustenna</i>	Janss. Inc	1	456.18	
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I.M. Inj. Susp.

150 mg/1.5 mL

02354241	<i>Invega Sustenna</i>	Janss. Inc	1	608.22	
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PARAFFIN/MINERAL OIL

Oph. Oint.

57.3 % - 42.5 %

00210889	<i>Lacrilube</i>	Allergan	3.5 g 7 g	6.98 9.85	1.8629 1.3157
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PAZOPANIB HYDROCHLORIDE 

Tab.

200 mg

02352303	<i>Votrient</i>	Novartis	120	4129.20	34.4100
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PEGINTERFERON ALFA-2A 

S.C. Inj. Sol.

180 mcg/0.5 mL

02248077	<i>Pegasys</i>	Roche	1	395.84	
99101086	<i>Pegasys ProClick</i>	Roche	1	395.84	

PENTOXIFYLLINE 

L.A. Tab.

400 mg

02230090	<i>Pentoxifylline SR</i>	AA Pharma	100 500	58.46 292.30	0.5846 0.5846
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PERAMPANEL 

Tab.

2 mg

02404516	<i>Fycompa</i>	Eisai	7	66.15	9.4500
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Tab.

4 mg

02404524	<i>Fycompa</i>	Eisai	28	264.60	9.4500
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Tab.

6 mg

02404532	<i>Fycompa</i>	Eisai	28	264.60	9.4500
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Tab.

8 mg

02404540	<i>Fycompa</i>	Eisai	28	264.60	9.4500
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				10 mg	
02404559	Fycompa	Eisai	28	264.60	9.4500

Tab.

				12 mg	
02404567	Fycompa	Eisai	28	264.60	9.4500

PILOCARPINE HYDROCHLORIDE 

Tab.

				5 mg	PPB	
02402483	Pilocarpine	Sterimax	100	78.05	➡	0.7805
02216345	Salagen	Pfizer	100	105.32		1.0532

PIMECROLIMUS 

Top. Cr.

				1 %		
02247238	Elidel	Valeant	30 g	62.94		2.0980
			60 g	125.89		2.0982

PIOGLITAZONE HYDROCHLORIDE 

Tab.

				15 mg	PPB	
02242572	Actos	Takeda	90	191.26		2.1251
02302942	Apo-Pioglitazone	Apotex	100	50.00	➡	0.5000
02384906	Auro-Pioglitazone	Aurobindo	100	50.00	➡	0.5000
02302861	Co Pioglitazone	Cobalt	100	50.00	➡	0.5000
02397307	Jamp-Pioglitazone	Jamp	90	45.00	➡	0.5000
02326477	Mint-Pioglitazone	Mint	100	50.00	➡	0.5000
02298279	Mylan-Pioglitazone	Mylan	90	45.00	➡	0.5000
02274914	Novo-Pioglitazone	Novopharm	100	50.00	➡	0.5000
02307669	phl-Pioglitazone	Pharmel	100	50.00	➡	0.5000
02391600	Pioglitazone	Accord	90	45.00	➡	0.5000
02374013	Pioglitazone HCl	Sivem	100	50.00	➡	0.5000
02303124	pms-Pioglitazone	Phmscience	100	50.00	➡	0.5000
02312050	Pro-Pioglitazone	Pro Doc	100	50.00	➡	0.5000
02375850	Ran-Pioglitazone	Ranbaxy	100	50.00	➡	0.5000
02301423	ratio-Pioglitazone	Ratiopharm	100	50.00	➡	0.5000
			500	250.00	➡	0.5000
02297906	Sandoz Pioglitazone	Sandoz	100	50.00	➡	0.5000
02434121	VAN-Pioglitazone	Vanc Phm	90	45.00	➡	0.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

30 mg **PPB**

02242573	Actos	Takeda	90	267.95	2.9772
02302950	Apo-Pioglitazone	Apotex	100	70.00	➡ 0.7000
02384914	Auro-Pioglitazone	Aurobindo	100	70.00	➡ 0.7000
02302888	Co Pioglitazone	Cobalt	100	70.00	➡ 0.7000
02365529	Jamp-Pioglitazone	Jamp	90	63.00	➡ 0.7000
02326485	Mint-Pioglitazone	Mint	100	70.00	➡ 0.7000
02298287	Mylan-Pioglitazone	Mylan	90	63.00	➡ 0.7000
02307677	phl-Pioglitazone	Pharmel	100	70.00	➡ 0.7000
02339587	Pioglitazone	Accord	90	63.00	➡ 0.7000
02374021	Pioglitazone HCl	Sivem	100	70.00	➡ 0.7000
02303132	pms-Pioglitazone	Phmscience	100	70.00	➡ 0.7000
02312069	Pro-Pioglitazone	Pro Doc	100	70.00	➡ 0.7000
02375869	Ran-Pioglitazone	Ranbaxy	100	70.00	➡ 0.7000
02301431	ratio-Pioglitazone	Ratiopharm	100	70.00	➡ 0.7000
			500	406.95	➡ 0.8139
02297914	Sandoz Pioglitazone	Sandoz	100	70.00	➡ 0.7000
02274922	Teva-Pioglitazone	Novopharm	100	70.00	➡ 0.7000
02434148	VAN-Pioglitazone	Vanc Phm	90	63.00	➡ 0.7000

Tab.

45 mg **PPB**

02242574	Actos	Takeda	90	402.90	4.4767
02302977	Apo-Pioglitazone	Apotex	100	105.00	➡ 1.0500
02384922	Auro-Pioglitazone	Aurobindo	100	105.00	➡ 1.0500
02302896	Co Pioglitazone	Cobalt	100	105.00	➡ 1.0500
02365537	Jamp-Pioglitazone	Jamp	90	94.50	➡ 1.0500
02326493	Mint-Pioglitazone	Mint	100	105.00	➡ 1.0500
02298295	Mylan-Pioglitazone	Mylan	90	94.50	➡ 1.0500
02274930	Novo-Pioglitazone	Novopharm	100	105.00	➡ 1.0500
			500	528.65	➡ 1.0573
02307723	phl-Pioglitazone	Pharmel	100	105.00	➡ 1.0500
02339595	Pioglitazone	Accord	90	94.50	➡ 1.0500
02374048	Pioglitazone HCl	Sivem	100	105.00	➡ 1.0500
02303140	pms-Pioglitazone	Phmscience	100	105.00	➡ 1.0500
02312077	Pro-Pioglitazone	Pro Doc	100	105.00	➡ 1.0500
02375877	Ran-Pioglitazone	Ranbaxy	100	105.00	➡ 1.0500
02301458	ratio-Pioglitazone	Ratiopharm	100	105.00	➡ 1.0500
			500	528.65	➡ 1.0573
02297922	Sandoz Pioglitazone	Sandoz	100	105.00	➡ 1.0500
02434156	VAN-Pioglitazone	Vanc Phm	90	94.50	➡ 1.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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POLYETHYLENE GLYCOL

Oral Pd.

1 g/g PPB

02374137	<i>Emolax</i>	Jamp	510	➡	12.70	
02317680	<i>Lax-A-Day</i>	Pendopharm	510 g	➡	12.70	
02453193	<i>Lax-A-Day Pharma</i>	Phmscience	510 g	➡	12.70	
02450070	<i>M-Peg 3350</i>	Mantra Ph.	510 g	➡	12.70	
02358034	<i>Peg 3350</i>	Medisca	255 g	➡	6.35	
			510 g		14.74	
02328232	<i>PegaLAX (14 packs of 17 grams)</i>	MedFutures	238 g		5.93	➡ 0.0249
02346672	<i>Relaxa</i>	Red Leaf	510 g	➡	12.70	
99101166	<i>Relaxa (30 packs of 17 grams)</i>	Red Leaf	510 g		12.70	➡ 0.0249

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	<i>Jamplyte (280g)</i>	Jamp	1	➡	16.45	
99100717	<i>PegLyte (280 g)</i>	Pendopharm	1	➡	16.45	
00777838	<i>PegLyte (pack of 70 g)</i>	Pendopharm	4		12.64	W

POLYVINYL ALCOHOL

Oph. Sol.

1.4 % (0.4 mL)

02138670	<i>Refresh</i>	Allergan	30		9.95	➡ 0.3187
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POMALIDOMIDE

Caps.

1 mg

02419580	<i>Pomalyst</i>	Celgene	21		10500.00	500.0000
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Caps.

2 mg

02419599	<i>Pomalyst</i>	Celgene	21		10500.00	500.0000
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Caps.

3 mg

02419602	<i>Pomalyst</i>	Celgene	21		10500.00	500.0000
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Caps.

4 mg





02419610	<i>Pomalyst</i>	Celgene	21		10500.00	500.0000
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POSACONAZOLE

L.A. Tab.

100 mg

02424622	<i>Posanol</i>	Merck	60		2803.38	46.7230
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.					
02293404	<i>Posanol</i>	Merck	1	40 mg/mL 981.18	
PRASUGREL 					
Tab.					
02349124	<i>Effient</i>	Lilly	30	10 mg 75.00	2.5000
PROGESTERONE 					
Vag. gel (App.)					
02241013	<i>Crinone</i>	Serono	18	8 % 144.00	
Vag. Tab. (eff.)					
02334992	<i>Endometrin</i>	Ferring	21	100 mg 84.00	4.0000
PSYLLIUM MUCILLOID ⁵					
Oral Pd.					
99002876			1	336 g to 1040 g	
QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST					
Strip					
99100333	<i>CoaguChek XS PT Test</i>	Roche Diag	6 24 48	37.20 148.80 297.60	
RANIBIZUMAB 					
Inj. Sol.					
02296810	<i>Lucentis</i>	Novartis	1	10 mg/mL (0,23ml) 1575.00	
Inj.Sol (syr)					
02425629	<i>Lucentis</i>	Novartis	1	10 mg/mL (0,165 ml) 1575.00	
RASAGILINE MESYLATE 					
Tab.					
02404680	<i>Apo-Rasagiline</i>	Apotex	100	0.5 mg PPB 360.50 ➡	3.6050
02284642	<i>Azilect</i>	Teva Innov	30	210.00	7.0000
02418436	<i>Teva-Rasagiline</i>	Teva Can	30	108.15 ➡	3.6050

⁵ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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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
02418444	<i>Teva-Rasagiline</i>	Teva Can	30	108.15	➡ 3.6050

REPAGLINIDE

Tab.

0.5 mg **PPB**

02321475	<i>ACT Repaglinide</i>	ActavisPhm	100	8.08	➡ 0.0808
02355663	<i>Apo-Repaglinide</i>	Apotex	100	8.08	➡ 0.0808
02424258	<i>Auro-Repaglinide</i>	Aurobindo	100	8.08	➡ 0.0808
			1000	80.80	➡ 0.0808
02239924	<i>GlucNorm</i>	N.Nordisk	100	27.62	➡ 0.2762
02354926	<i>pms-Repaglinide</i>	Phmscience	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**

02321483	<i>ACT Repaglinide</i>	ActavisPhm	100	8.40	➡ 0.0840
02355671	<i>Apo-Repaglinide</i>	Apotex	100	8.40	➡ 0.0840
02424266	<i>Auro-Repaglinide</i>	Aurobindo	100	8.40	➡ 0.0840
			1000	84.00	➡ 0.0840
02239925	<i>GlucNorm</i>	N.Nordisk	100	28.74	➡ 0.2874
02354934	<i>pms-Repaglinide</i>	Phmscience	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**

02321491	<i>ACT Repaglinide</i>	ActavisPhm	100	8.73	➡ 0.0873
02355698	<i>Apo-Repaglinide</i>	Apotex	100	8.73	➡ 0.0873
02424274	<i>Auro-Repaglinide</i>	Aurobindo	100	8.73	➡ 0.0873
			1000	87.30	➡ 0.0873
02239926	<i>GlucNorm</i>	N.Nordisk	100	29.83	➡ 0.2983
02354942	<i>pms-Repaglinide</i>	Phmscience	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

RIBAVIRINE

Tab.

200 mg

02439212	<i>Ibavir</i>	Pendopharm	100	725.00	➡ 7.2500
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Tab.

400 mg

02425890	<i>Ibavir</i>	Pendopharm	100	1450.00	➡ 14.5000
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Tab.

600 mg

02425904	<i>Ibavir</i>	Pendopharm	100	2175.00	➡ 21.7500
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RIBAVIRINE/ INTERFERON ALFA-2B (PEGYLATED)

Kit 200 mg-50 mcg/0.5 mL					
02246026	<i>Pegetron</i>	Merck	1	752.20	W

Kit 200 mg-80 mcg/0.5 mL					
02254581	<i>Pegetron Clearclick</i>	Merck	1	752.20	

Kit 200 mg-100 mcg/0.5 mL					
02254603	<i>Pegetron Clearclick</i>	Merck	1	752.20	

Kit 200 mg-120 mcg/0.5 mL					
02254638	<i>Pegetron Clearclick</i>	Merck	1	831.18	

Kit 200 mg-150 mcg/0.5 mL					
02246030	<i>Pegetron</i>	Merck	1	831.18	
02254646	<i>Pegetron Clearclick</i>	Merck	1	831.18	

RIFAXIMINE

Tab. 550 mg					
02410702	<i>Zaxine</i>	Salix	60	460.65	7.6775

RILUZOLE

Tab. 50 mg PPB					
02352583	<i>Apo-Riluzole</i>	Apotex	60	206.17	➡ 3.4362
02390299	<i>Mylan-Riluzole</i>	Mylan	60	206.17	➡ 3.4362
02242763	<i>Rilutek</i>	SanofiAven	60	585.84	9.7640

RIOCIGUAT

Tab. 0.5 mg					
02412764	<i>Adempas</i>	Bayer	42	1795.50	42.7500

Tab. 1 mg					
02412772	<i>Adempas</i>	Bayer	42	1795.50	42.7500

Tab. 1.5 mg					
02412799	<i>Adempas</i>	Bayer	42	1795.50	42.7500

Tab. 2 mg					
02412802	<i>Adempas</i>	Bayer	42	1795.50	42.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.				2.5 mg	
02412810	<i>Adempas</i>	Bayer	42	1795.50	42.7500

RISPERIDONE

I.M. Inj. Pd.				12.5 mg	
02298465	<i>Risperdal Consta</i>	Janss. Inc	1	75.41	

I.M. Inj. Pd.				25 mg	
02255707	<i>Risperdal Consta</i>	Janss. Inc	1	156.09	

I.M. Inj. Pd.				37.5 mg	
02255723	<i>Risperdal Consta</i>	Janss. Inc	1	234.16	

I.M. Inj. Pd.				50 mg	
02255758	<i>Risperdal Consta</i>	Janss. Inc	1	312.20	

RITUXIMAB

I.V. Perf. Sol.				10 mg/mL	
02241927	<i>Rituxan</i>	Roche	10 ml 50 ml	453.10 2265.50	

RIVAROXABAN

Tab.				10 mg	
02316986	<i>Xarelto</i>	Bayer	50	142.00	2.8400

Tab.				15 mg	
02378604	<i>Xarelto</i>	Bayer	90	255.60	2.8400

Tab.				20 mg	
02378612	<i>Xarelto</i>	Bayer	90	255.60	2.8400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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RIVASTIGMINE

Caps.

 1.5 mg **PPB**

02336715	<i>Apo-Rivastigmine</i>	Apotex	100	65.14	➡	0.6514
02427567	<i>Auro-Rivastigmine</i>	Aurobindo	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02242115	<i>Exelon</i>	Novartis	56	136.50		2.4375
02401614	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02406985	<i>Mint-Rivastigmine</i>	Mint	56	36.47	➡	0.6513
02333280	<i>Mylan-Rivastigmine</i>	Mylan	100	65.14		W
02305984	<i>Novo-Rivastigmine</i>	Novopharm	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02306034	<i>pms-Rivastigmine</i>	Phmscience	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02416999	<i>Rivastigmine</i>	Pro Doc	100	65.14	➡	0.6514
02324563	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.14	➡	0.6514

Caps.



 3 mg **PPB**

02336723	<i>Apo-Rivastigmine</i>	Apotex	100	65.14	➡	0.6514
02427575	<i>Auro-Rivastigmine</i>	Aurobindo	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02242116	<i>Exelon</i>	Novartis	56	136.50		2.4375
02401622	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02406993	<i>Mint-Rivastigmine</i>	Mint	56	36.47	➡	0.6513
02332817	<i>Mylan-Rivastigmine</i>	Mylan	100	65.14		W
02305992	<i>Novo-Rivastigmine</i>	Novopharm	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02306042	<i>pms-Rivastigmine</i>	Phmscience	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02417006	<i>Rivastigmine</i>	Pro Doc	100	65.14	➡	0.6514
02324571	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.14	➡	0.6514

Caps.

 4.5 mg **PPB**

02336731	<i>Apo-Rivastigmine</i>	Apotex	100	65.14	➡	0.6514
02427583	<i>Auro-Rivastigmine</i>	Aurobindo	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02242117	<i>Exelon</i>	Novartis	56	136.50		2.4375
02401630	<i>Med-Rivastigmine</i>	GMP	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02407000	<i>Mint-Rivastigmine</i>	Mint	56	36.47	➡	0.6513
02332825	<i>Mylan-Rivastigmine</i>	Mylan	100	65.14		W
02306018	<i>Novo-Rivastigmine</i>	Novopharm	56	36.47	➡	0.6513
			100	65.14	➡	0.6514
02306050	<i>pms-Rivastigmine</i>	Phmscience	60	39.08	➡	0.6513
			100	65.14	➡	0.6514
02417014	<i>Rivastigmine</i>	Pro Doc	100	65.14	➡	0.6514
02324598	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47	➡	0.6513
			100	65.14	➡	0.6514

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.					
			6 mg PPB		
02336758	<i>Apo-Rivastigmine</i>	Apotex	100	65.14 ➡	0.6514
02427591	<i>Auro-Rivastigmine</i>	Aurobindo	60	39.08 ➡	0.6513
			100	65.14 ➡	0.6514
02242118	<i>Exelon</i>	Novartis	56	136.50	2.4375
02401649	<i>Med-Rivastigmine</i>	GMP	56	36.47 ➡	0.6513
			100	65.14 ➡	0.6514
02407019	<i>Mint-Rivastigmine</i>	Mint	56	36.47 ➡	0.6513
02332833	<i>Mylan-Rivastigmine</i>	Mylan	100	65.14	W
02306026	<i>Novo-Rivastigmine</i>	Novopharm	56	36.47 ➡	0.6513
			100	65.14 ➡	0.6514
02417022	<i>Rivastigmine</i>	Pro Doc	100	65.14 ➡	0.6514
02324601	<i>Sandoz Rivastigmine</i>	Sandoz	56	36.47 ➡	0.6513
			100	65.14 ➡	0.6514
Oral Sol.					
			2 mg/mL		
02245240	<i>Exelon</i>	Novartis	120 ml	153.02	1.2752
Patch					
			4.6 mg/24H PPB		
* 02302845	<i>Exelon Patch 5</i>	Novartis	30	131.63	4.3877
+ 02423413	<i>Mylan-Rivastigmine Patch 5</i>	Mylan	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>	Novartis	30	131.63	4.3877
+ 02423421	<i>Mylan-Rivastigmine Patch 10</i>	Mylan	30	119.32 ➡	3.9773
+ 02426307	<i>Sandoz Rivastigmine Patch 10</i>	Sandoz	30	119.32 ➡	3.9773
ROSIGLITAZONE MALEATE 					
Tab.					
			2 mg		
02241112	<i>Avandia</i>	GSK	60	76.76	1.2793
Tab.					
			4 mg		
02241113	<i>Avandia</i>	GSK	100	200.73	2.0073
Tab.					
			8 mg		
02241114	<i>Avandia</i>	GSK	60	172.24	2.8707
ROSIGLITAZONE MALEATE/ METFORMIN HYDROCHLORIDE 					
Tab.					
			2 mg - 500 mg		
02247086	<i>Avandamet</i>	GSK	100	112.40	1.1240

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.				2 mg - 1000 mg	
02248440	<i>Avandamet</i>	GSK	100	122.76	1.2276

Tab.				4 mg - 500 mg	
02247087	<i>Avandamet</i>	GSK	100	153.33	1.5333

Tab.				4 mg - 1000 mg	
02248441	<i>Avandamet</i>	GSK	100	167.31	1.6731

RUFINAMIDE

Tab.				100 mg	
02369613	<i>Banzel</i>	Eisai	30	21.54	0.7180

Tab.				200 mg	
02369621	<i>Banzel</i>	Eisai	30	43.09	1.4363

Tab.				400 mg	
02369648	<i>Banzel</i>	Eisai	120	375.58	3.1298

RUXOLITINIB PHOSPHATE

Tab.				5 mg	
02388006	<i>Jakavi</i>	Novartis	56	4602.74	82.1918

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	
+ 02446928	<i>Entresto</i>	Novartis	30	108.60	3.6200

Tab.				48.6 mg - 51.4 mg	
+ 02446936	<i>Entresto</i>	Novartis	60	217.20	3.6200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.			97.2 mg - 102.8 mg		
+ 02446944	Entresto	Novartis	60	217.20	3.6200

SALBUTAMOL SULFATE 

Inh. Pd.			200 mcg/coque		
02243115	Ventolin Diskus	GSK	60 dose(s)	11.57	

SALMETEROL XINAFOATE/ FLUTICASONE PROPIONATE 

Inh. Pd.			50 mcg-100 mcg/coque		
02240835	Advair 100 Diskus	GSK	60 dose(s)	75.79	

Inh. Pd.			50 mcg-250 mcg/coque		
02240836	Advair 250 Diskus	GSK	60 dose(s)	90.69	

Inh. Pd.			50 mcg-500 mcg/coque		
02240837	Advair 500 Diskus	GSK	60 dose(s)	128.74	

Oral aerosol			25 mcg -125 mcg/dose		
02245126	Advair 125	GSK	120 dose(s)	90.69	

Oral aerosol			25 mcg -250 mcg/dose		
02245127	Advair 250	GSK	120 dose(s)	128.74	

SAPROTERIN DIHYDROCHLORIDE 

Tab.			100 mg		
02350580	Kuvan	Biomarin	120	3960.00	33.0000

SAXAGLIPTIN 

Tab.			2.5 mg		
02375842	Onglyza	AZC	30	69.00	2.3000

Tab.			5 mg		
02333554	Onglyza	AZC	30	69.00	2.3000
			100	230.00	2.3000

SAXAGLIPTIN/METFORMIN HYDROCHLORIDE 

Tab.			2.5 mg - 500 mg		
02389169	Komboglyze	AZC	60	76.20	1.2700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.		2.5 mg - 850 mg			
02389177	<i>Komboglyze</i>	AZC	60	76.20	1.2700

Tab.		2.5 mg - 1 000 mg			
02389185	<i>Komboglyze</i>	AZC	60	76.20	1.2700

SECUKINUMAB

S.C. Inj. Sol.		150 mg/mL (1 mL)			
02438070	<i>Cosentyx</i>	Novartis	2	1545.00	772.5000
99101215	<i>Cosentyx (stylo)</i>	Novartis	2	1545.00	772.5000

SENNOSIDES A & B

Liq.		8.5 mg/5 mL PPB			
80024394	<i>Jamp-Sennaquil</i>	Jamp	250 ml	7.96	➡ 0.0318
00367729	<i>Senokot</i>	Purdue	250 ml	7.96	➡ 0.0318

Tab.		8.6 mg PPB			
80019511	<i>Bio-Sennosides</i>	Biomed	500	23.20	➡ 0.0464
02247389	<i>Euro-Senna</i>	Euro-Pharm	1000	46.40	➡ 0.0464
80009595	<i>Jamp-Senna</i>	Jamp	100	4.64	➡ 0.0464
			500	23.20	➡ 0.0464
80009182	<i>Jamp-Sennosides Coated</i>	Jamp	500	23.20	➡ 0.0464
80043280	<i>M-Senna 8.6 mg</i>	Mantra Ph.	500	23.20	➡ 0.0464
80054498	<i>M-Sennosides 8.6 mg</i>	Mantra Ph.	500	23.20	➡ 0.0464
80038814	<i>Opus Senna</i>	Opus	1000	46.40	➡ 0.0464
80047592	<i>Opus Sennosides Enrobe</i>	Opus	1000	46.40	➡ 0.0464
02298090	<i>phl-Sennosides</i>	Pharmel	100	4.64	➡ 0.0464
			1000	46.40	➡ 0.0464
00896411	<i>pms-Sennosides</i>	Phmscience	100	4.64	➡ 0.0464
			1000	46.40	➡ 0.0464
01949292	<i>Riva-Senna</i>	Riva	100	4.64	➡ 0.0464
			1000	46.40	➡ 0.0464
80061813	<i>SennAce</i>	Vanc Phm	500	23.20	➡ 0.0464
02068109	<i>Sennatab</i>	Phmscience	1000	46.40	➡ 0.0464
80054167	<i>Sennosides</i>	Altamed	1000	46.40	➡ 0.0464

Tab.		12 mg PPB			
80009183	<i>Jamp-Sennosides Coated</i>	Jamp	500	27.75	➡ 0.0555
80055641	<i>M-Sennosides 12 mg</i>	Mantra Ph.	500	27.75	➡ 0.0555
02298104	<i>phl-Sennosides</i>	Pharmel	100	6.73	➡ 0.0673
			1000	55.50	➡ 0.0555
00896403	<i>pms-Sennosides</i>	Phmscience	100	6.73	➡ 0.0673
			1000	55.50	➡ 0.0555

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SEVELAMER CARBONATE

Tab.

				800 mg	
02354586	<i>Renvela</i>	SanofiAven	180	269.83	1.4991

SEVELAMER HYDROCHLORIDE

Tab.

				800 mg	
02244310	<i>Renagel</i>	SanofiAven	180	277.36	1.5409

SILDENAFIL CITRATE

Tab.

				20 mg	PPB	
02418118	<i>Apo-Sildenafil R</i>	Apotex	100	577.65	➡	5.7765
02412179	<i>pms-Sildenafil R</i>	Phmscience	90	519.89	➡	5.7765
			100	577.65	➡	5.7765
02319500	<i>ratio-Sildenafil R</i>	Ratiopharm	100	577.65	➡	5.7765
02279401	<i>Revatio</i>	Pfizer	90	962.75		10.6972

SIMEPREVIR SODIUM

Caps.

				150 mg	
02416441	<i>Galaxos</i>	Janss. Inc	28	12167.40	434.5500

SITAGLIPTIN

Tab.

				25 mg	
02388839	<i>Januvia</i>	Merck	30	78.53	2.6177

Tab.

				50 mg	
02388847	<i>Januvia</i>	Merck	30	78.53	2.6177

Tab.

				100 mg	
02303922	<i>Januvia</i>	Merck	30	78.53	2.6177
			100	261.78	2.6178

SITAGLIPTIN/METFORMIN HYDROCHLORIDE

L.A. Tab.

				50 mg -500 mg	
02416786	<i>Janumet XR</i>	Merck	60	82.20	1.3700

L.A. Tab.

				50 mg -1000 mg	
02416794	<i>Janumet XR</i>	Merck	60	82.20	1.3700

L.A. Tab.

				100 mg-1000 mg	
02416808	<i>Janumet XR</i>	Merck	30	82.20	2.7400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

				50 mg -500 mg	
02333856	<i>Janumet</i>	Merck	60	82.20	1.3700

Tab.

				50 mg -850 mg	
02333864	<i>Janumet</i>	Merck	60	82.20	1.3700

Tab.

				50 mg -1000 mg	
02333872	<i>Janumet</i>	Merck	60	82.20	1.3700

SODIUM PHOSPHATE MONOBASIC/ SODIUM PHOSPHATE DIBASIC

Ped. Rect. Sol.

				160 mg -60 mg/mL	
00108065	<i>Fleet Pediatric</i>	McNeil Co	65 ml	2.86	

Rect. Sol.

				16 g -6 g/100 mL	PPB
02096900	<i>Enemol</i>	Pendopharm	130 ml	2.66	
00009911	<i>Fleet</i>	McNeil Co	130 ml	3.07	

SOFOBUVIR 

Tab.

				400 mg	
02418355	<i>Sovaldi</i>	Gilead	28	18333.33	654.7618

SOFOBUVIR/VELPATASVIR 

Tab.

				400 mg -100 mg	
+ 02456370	<i>Epclusa</i>	Gilead	28	20000.00	714.2857

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SOLIFENACIN SUCCINATE

Tab.

5 mg **PPB**

02422239	<i>ACT Solifenacin</i>	ActavisPhm	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02446375	<i>Auro-Solifenacin</i>	Aurobindo	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02424339	<i>Jamp-Solifenacin</i>	Jamp	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02428911	<i>Med-Solifenacin</i>	GMP	30	12.67	➡	0.4223
			90	38.01	➡	0.4223
02443171	<i>Mint-Solifenacin</i>	Mint	90	38.01	➡	0.4223
02417723	<i>pms-Solifenacin</i>	Phmscience	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02437988	<i>Ran-Solifenacin</i>	Ranbaxy	100	42.23	➡	0.4223
			500	211.15	➡	0.4223
02399032	<i>Sandoz Solifenacin</i>	Sandoz	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02458144	<i>Solifenacin</i>	Pro Doc	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02458241	<i>Solifenacin</i>	Sanis	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02397900	<i>Teva-Solifenacin</i>	Teva Can	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02277263	<i>Vesicare</i>	Astellas	30	45.00		1.5000
			90	135.00		1.5000

Tab.

10 mg **PPB**

02422247	<i>ACT Solifenacin</i>	ActavisPhm	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02446383	<i>Auro-Solifenacin</i>	Aurobindo	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02424347	<i>Jamp-Solifenacin</i>	Jamp	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02428938	<i>Med-Solifenacin</i>	GMP	30	12.67	➡	0.4223
			90	38.01	➡	0.4223
02443198	<i>Mint-Solifenacin</i>	Mint	90	38.01	➡	0.4223
02417731	<i>pms-Solifenacin</i>	Phmscience	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02437996	<i>Ran-Solifenacin</i>	Ranbaxy	100	42.23	➡	0.4223
			500	211.15	➡	0.4223
02399040	<i>Sandoz Solifenacin</i>	Sandoz	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02458152	<i>Solifenacin</i>	Pro Doc	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02458268	<i>Solifenacin</i>	Sanis	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02397919	<i>Teva-Solifenacin</i>	Teva Can	30	12.67	➡	0.4223
			100	42.23	➡	0.4223
02277271	<i>Vesicare</i>	Astellas	30	45.00		1.5000
			90	135.00		1.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SOMATOTROPHIN

Cartr. or Inj. Pd. or Sty

				5 mg	PPB	
00745626	<i>Humatrope</i>	Lilly	1	➡	139.50	
02399091	<i>Nutropin AQ NuSpin 5</i>	Roche	1	➡	139.50	
02325063	<i>Omnitrope</i>	Sandoz	1	➡	139.50	
			5		697.50	➡ 139.5000
02237971	<i>Saizen</i>	Serono	1	➡	139.50	

Cartridge

				6 mg	PPB	
02243077	<i>Humatrope</i>	Lilly	1	➡	261.00	
02350122	<i>Saizen</i>	Serono	1	➡	261.00	

Cartridge

				24 mg		
02243079	<i>Humatrope</i>	Lilly	1		1120.08	

Cartridge or Sty

				10 mg	PPB	
02376393	<i>Nutropin AQ NuSpin 10</i>	Roche	1	➡	279.00	
02249002	<i>Nutropin AQ Pen</i>	Roche	1	➡	279.00	
02325071	<i>Omnitrope</i>	Sandoz	1	➡	279.00	
			5		1395.00	➡ 279.0000

Cartridge or Sty

				12 mg	PPB	
02401711	<i>Genotropin GoQuick</i>	Pfizer	5		1674.00	➡ 334.8000
02243078	<i>Humatrope</i>	Lilly	1	➡	334.80	
02350130	<i>Saizen</i>	Serono	1	➡	334.80	

Cartridge or Sty

				20 mg	PPB	
02399083	<i>Nutropin AQ NuSpin 20</i>	Roche	1	➡	778.88	
02350149	<i>Saizen</i>	Serono	1	➡	778.88	

Inj. Pd.

				3.33 mg		
02215136	<i>Saizen</i>	Serono	1		135.45	

Inj. Pd.



				8.8 mg		
02272083	<i>Saizen</i>	Serono	1		348.03	



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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				1 mg	
02401789	Genotropin MiniQuick	Pfizer	7	195.30	27.9000
S.C. Inj.Sol (syr)				1.2 mg	
02401797	Genotropin MiniQuick	Pfizer	7	234.36	33.4800
S.C. Inj.Sol (syr)				1.4 mg	
02401800	Genotropin MiniQuick	Pfizer	7	273.42	39.0600
S.C. Inj.Sol (syr)				1.6 mg	
02401819	Genotropin MiniQuick	Pfizer	7	312.48	44.6400
S.C. Inj.Sol (syr)				1.8 mg	
02401827	Genotropin MiniQuick	Pfizer	7	351.54	50.2200
S.C. Inj.Sol (syr)				2 mg	
02401835	Genotropin MiniQuick	Pfizer	7	390.60	55.8000
Sty				5.3 mg	
02401703	Genotropin GoQuick	Pfizer	5	739.35	147.8700
SOMATOTROPHIN - DELAYED GROWTH 					
Sty				5 mg	
02334852	Norditropin Nordiflex	N.Nordisk	1	139.50	
Sty				10 mg	
02334860	Norditropin Nordiflex	N.Nordisk	1	279.00	
Sty				15 mg	
02334879	Norditropin Nordiflex	N.Nordisk	1	418.50	
SOMATOTROPHIN - DELAYED GROWTH RELATED TO RENAL FAILURE 					
Cartridge				6 mg	
99101243	Saizen	Serono	1	261.00	
Cartridge				12 mg	
99101245	Saizen	Serono	1	334.80	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cartridge or Sty			10 mg		
99101242	<i>Nutropin AQ NuSpin 10</i>	Roche	1	279.00	
99101241	<i>Nutropin AQ Pen</i>	Roche	1	279.00	
Cartridge or Sty			20 mg PPB		
99101240	<i>Nutropin AQ NuSpin 20</i>	Roche	1	➡ 778.88	
99101246	<i>Saizen</i>	Serono	1	➡ 778.88	
Inj. Pd.			3.33 mg		
99101247	<i>Saizen</i>	Serono	1	135.45	
Inj. Pd.			8.8 mg		
99101248	<i>Saizen</i>	Serono	1	348.03	
Inj. Pd. or Sty			5 mg PPB		
99101238	<i>Nutropin AQ NuSpin 5</i>	Roche	1	➡ 139.50	
99101244	<i>Saizen</i>	Serono	1	➡ 139.50	
STIRIPENTOL 					
Caps.			250 mg		
02398958	<i>Diacomit</i>	Biocodex	60	353.90	5.8983
Caps.			500 mg		
02398966	<i>Diacomit</i>	Biocodex	60	706.70	11.7783
Oral Pd.			250 mg/sachet		
02398974	<i>Diacomit</i>	Biocodex	60	353.90	5.8983
Oral Pd.			500 mg/sachet		
02398982	<i>Diacomit</i>	Biocodex	60	706.70	11.7783
SUNITINIB (MALATE) 					
Caps.			12.5 mg		
02280795	<i>Sutent</i>	Pfizer	28	1768.27	63.1525
Caps.			25 mg		
02280809	<i>Sutent</i>	Pfizer	28	3536.52	126.3043
Caps.			50 mg		
02280817	<i>Sutent</i>	Pfizer	28	7073.05	252.6089

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TACROLIMUS

Top. Oint.

				0.03 %	
02244149	<i>Protopic</i>	Leo	30 g	64.50	2.1500
			60 g	129.00	2.1500

Top. Oint.

				0.1 %	
02244148	<i>Protopic</i>	Leo	30 g	69.00	2.3000
			60 g	138.00	2.3000

TADALAFIL

Tab.

				20 mg	PPB	
02338327	<i>Adcirca</i>	Lilly	56	680.81		12.1573
02421933	<i>Apo-Tadalafil PAH</i>	Apotex	60	607.37	➡	10.1228

TEMOZOLOMIDE

Caps.

				5 mg	PPB	
02441160	<i>ACT Temozolomide</i>	ActavisPhm	5	19.50	➡	3.9000
			20	78.00	➡	3.9000
02443473	<i>Taro-Temozolomide</i>	Taro	5	19.50	➡	3.9000
			20	78.00	➡	3.9000
02241093	<i>Temodal</i>	Merck	5	19.50	➡	3.9000
			20	78.00	➡	3.9000

Caps.

				20 mg	PPB	
02395274	<i>ACT Temozolomide</i>	ActavisPhm	5	78.00	➡	15.6000
			20	312.00	➡	15.6000
02443481	<i>Taro-Temozolomide</i>	Taro	5	78.00	➡	15.6000
			20	312.00	➡	15.6000
02241094	<i>Temodal</i>	Merck	5	78.00	➡	15.6000
			20	312.00	➡	15.6000

Caps.

				100 mg	PPB	
02395282	<i>ACT Temozolomide</i>	ActavisPhm	5	390.00	➡	78.0000
			20	1560.00	➡	78.0000
02443511	<i>Taro-Temozolomide</i>	Taro	5	390.02		78.0040
			20	1560.06		78.0030
02241095	<i>Temodal</i>	Merck	5	390.00	➡	78.0000
			20	1560.00	➡	78.0000

Caps.

				140 mg	PPB	
02395290	<i>ACT Temozolomide</i>	ActavisPhm	5	546.03	➡	109.2060
			20	2184.10	➡	109.2050
02443538	<i>Taro-Temozolomide</i>	Taro	5	546.03	➡	109.2060
02312794	<i>Temodal</i>	Merck	5	546.03	➡	109.2060

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. 250 mg PPB					
02395312	<i>ACT Temozolomide</i>	ActavisPhm	5	975.00	➡ 195.0000
			20	3900.04	➡ 195.0020
02443554	<i>Taro-Temozolomide</i>	Taro	5	975.01	195.0020
02241096	<i>Temodal</i>	Merck	5	975.00	➡ 195.0000

TERIFLUNOMIDE 

Tab. 14 mg					
02416328	<i>Aubagio</i>	Genzyme	28	1426.82	50.9579

TERIPARATIDE 

S.C. Inj. Sol. 250 mcg/mL (2.4 mL or 3 mL)					
02254689	<i>Forteo</i>	Lilly	1	809.73	

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

Caps. 200 mg					
02355221	<i>Thalomid</i>	Celgene	28	3300.64	117.8800

TICAGRELOR 

Tab. 90 mg					
02368544	<i>Brilinta</i>	AZC	60	88.80	1.4800

TIGECYCLINE 

I.V. Perf. Pd. 50 mg PPB					
02409356	<i>Tigecycline</i>	Apotex	10	714.23	➡ 71.4230
02285401	<i>Tygacil</i>	Pfizer	10	802.50	80.2500

TIPRANAVIR 

Caps. 250 mg					
02273322	<i>Aptivus</i>	Bo. Ing.	120	990.00	8.2500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TIZANIDINE HYDROCHLORIDE 

Tab.

 4 mg **PPB**

02259893	<i>Apo-Tizanidine</i>	AA Pharma	100	36.86	➡ 0.3686
02272059	<i>Mylan-Tizanidine</i>	Mylan	150	55.29	➡ 0.3686
02239170	<i>Zanaflex</i>	Paladin	150	112.76	W

TOBRAMYCIN SULFATE 

Inh. Pd.

28 mg

02365154	<i>Tobi Podhaler</i>	Novartis	224	2880.36	
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Sol. Inh.

 300 mg/5 mL **PPB**

02443368	<i>Solution de Tobramycine pour Inhalation</i>	Sandoz	56	1533.36	➡ 27.3814
02389622	<i>Teva-Tobramycin</i>	Teva Can	56	1533.36	➡ 27.3814
02239630	<i>Tobi</i>	Novartis	56	2880.36	51.4350

TOCILIZUMAB 

I.V. Perf. Sol.

20 mg/mL (4 mL)

02350092	<i>Actemra</i>	Roche	1	179.20	
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I.V. Perf. Sol.

20 mg/mL (10 mL)

02350106	<i>Actemra</i>	Roche	1	448.00	
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I.V. Perf. Sol.

20 mg/mL (20 mL)

02350114	<i>Actemra</i>	Roche	1	896.00	
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S.C. Inj. Sol (syr)

162 mg/0.9 mL

02424770	<i>Actemra</i>	Roche	4	1420.00	355.0000
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TOCOPHERYL ACETATE (DL-ALPHA) ⁵

Caps.

100 UI

99002396			100		
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Caps.

200 UI

99002418			100		
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Caps.

400 UI

99002426			100		
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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
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Chew. Tab.

200 UI

99100202			90		
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Oral Sol.

50 UI/mL

99002469			25 ml		
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TOFACITINIB 

Tab.

5 mg

02423898	<i>Xeljanz</i>	Pfizer	60	1385.79	23.0965
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TOLTERODINE L-TARTRATE 

L.A. Caps.

2 mg **PPB**

02244612	<i>Detrol LA</i>	Pfizer	30	56.76	1.8920
			90	170.28	1.8920
02404184	<i>Mylan-Tolterodine ER</i>	Mylan	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911
02413140	<i>Sandoz Tolterodine LA</i>	Sandoz	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911
02412195	<i>Teva-Tolterodine LA</i>	Teva Can	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911

L.A. Caps.

4 mg **PPB**

02244613	<i>Detrol LA</i>	Pfizer	30	56.76	1.8920
			90	170.28	1.8920
02404192	<i>Mylan-Tolterodine ER</i>	Mylan	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911
02413159	<i>Sandoz Tolterodine LA</i>	Sandoz	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911
02412209	<i>Teva-Tolterodine LA</i>	Teva Can	30	14.73	➡ 0.4910
			100	49.11	➡ 0.4911

Tab.

1 mg **PPB**

02369680	<i>Apo-Tolterodine</i>	Apotex	100	24.55	➡ 0.2455
02239064	<i>Detrol</i>	Pfizer	60	56.76	0.9460
02423308	<i>Mint-Tolterodine</i>	Mint	100	24.55	➡ 0.2455
02299593	<i>Teva-Tolterodine</i>	Teva Can	60	14.73	➡ 0.2455

Tab.

2 mg **PPB**

02369699	<i>Apo-Tolterodine</i>	Apotex	100	24.55	➡ 0.2455
			500	122.75	➡ 0.2455
02239065	<i>Detrol</i>	Pfizer	60	56.76	0.9460
02423316	<i>Mint-Tolterodine</i>	Mint	100	24.55	➡ 0.2455
02299607	<i>Teva-Tolterodine</i>	Teva Can	60	14.73	➡ 0.2455

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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TRAMETINIB

Tab.

02409623	Mekinist	Novartis	30	0.5 mg 2175.00	72.5000
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Tab.

02409658	Mekinist	Novartis	30	2 mg 8700.00	290.0000
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TRANDOLAPRIL/ VERAPAMIL HYDROCHLORIDE

Tab.

02240946	Tarka	BGP Pharma	100	2 mg -240 mg 172.30	1.7230
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Tab.

02238097	Tarka	BGP Pharma	100	4 mg -240 mg 191.21	1.9121
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TRAVOPROST/ TIMOLOL (MALEATE OF)

Oph. Sol.

02278251	DuoTrav PQ	Alcon	5 ml	0.004 % - 0.5 % PPB 62.22	
02413817	Sandoz Travoprost/Timolol PQ	Sandoz	2.5 ml	24.90	
			5 ml	49.80	

TREPROSTINIL SODIUM

Inj. Sol.

02246552	Remodulin	U.T.C.	20 ml	1 mg/mL 900.00	
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Inj. Sol.

02246553	Remodulin	U.T.C.	20 ml	2.5 mg/mL 2250.00	
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Inj. Sol.

02246554	Remodulin	U.T.C.	20 ml	5 mg/mL 4500.00	
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Inj. Sol.

02246555	Remodulin	U.T.C.	20 ml	10 mg/mL 9000.00	
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TRETINOIN

Top. Cr.

00897329	Retin-A	Valeant	30 g	0.01 % PPB 10.68	0.3560
00657204	Stieva-A	GSK	25 g	7.30	0.2920

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr. 0.025 % PPB					
00897310	<i>Retin-A</i>	Valeant	30 g	10.68	0.3560
00578576	<i>Stieva-A</i>	GSK	25 g	7.30 ➡	0.2920
Top. Cr. 0.05 % PPB					
00443794	<i>Retin-A</i>	Valeant	30 g	10.36	0.3453
00518182	<i>Stieva-A</i>	GSK	25 g	7.30 ➡	0.2920
Top. Cr. 0.1 %					
00662348	<i>Stieva-A Forte</i>	GSK	25 g	7.30	0.2920
Top. Jel. 0.01 %					
01926462	<i>Vitamin A Acid Gel Doux</i>	Valeant	25 g	7.41	0.2964
Top. Jel. 0.025 % PPB					
00443816	<i>Retin-A</i>	Janss. Inc	30 g	10.36	0.3453
01926470	<i>Vitamin A Acid Gel</i>	Valeant	25 g	7.41 ➡	0.2964
Top. Jel. 0.05 %					
01926489	<i>Vitamin A Acid Gel</i>	Valeant	25 g	7.41	0.2964
TROSPIMUM CHLORIDE 					
Tab. 20 mg					
02275066	<i>Trosec</i>	Sunovion	60	45.57	0.7595
UROFOLLITROPIN 					
Inj. Pd. 75 UI					
02268140	<i>Bravelle</i>	Ferring	5	265.00	53.0000
USTEKINUMAB 					
Syringe 45 mg/0.5 mL					
02320673	<i>Stelara</i>	Janss. Inc	1	4311.72	
Syringe 90 mg/1 mL					
02320681	<i>Stelara</i>	Janss. Inc	1	4311.72	
VALGANCICLOVIR HYDROCHLORIDE 					
Oral Susp. 50 mg/mL					
02306085	<i>Valcyte</i>	Roche	100 ml	253.98	2.5398

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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Tab.

450 mg **PPB**

02393824	<i>Apo-Valganciclovir</i>	Apotex	60	348.19	➡	5.8032
02435179	<i>Auro-Valganciclovir</i>	Aurobindo	60	348.19	➡	5.8032
			100	580.31	➡	5.8031
02413825	<i>Teva-Valganciclovir</i>	Teva Can	60	348.19	➡	5.8032
02245777	<i>Valcyte</i>	Roche	60	1371.49		22.8582

VEMURAFENIB

Tab.

240 mg

02380242	<i>Zelboraf</i>	Roche	56	1911.59		34.1355
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VERTEPORFIN

I.V. Inj. Pd.

15 mg

02242367	<i>Visudyne</i>	Novartis	1	1703.10		
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VILANTEROL TRIFENATATE/FLUTICASONE FUROATE

Inh. Pd.

25 mcg - 100 mcg/dose

02408872	<i>Breo Ellipta</i>	GSK	30 dose(s)	82.20		
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Inh. Pd.

25 mcg -200 mcg/dose

02444186	<i>Breo Ellipta</i>	GSK	30 dose(s)	116.90		
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VILANTEROL TRIFENATATE/UMECLIDINIUM BROMURE

Inh. Pd. (App.)

25 mcg - 62,5 mcg/dose

02418401	<i>Anoro Ellipta</i>	GSK	30 dose(s)	63.00		
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VORICONAZOLE

I.V. Perf. Pd.

200 mg

02256487	<i>Vfend</i>	Pfizer	1	145.55		145.5500
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Tab.

50 mg **PPB**

02409674	<i>Apo-Voriconazole</i>	Apotex	30	95.87	➡	3.1957
02399245	<i>Sandoz Voriconazole</i>	Sandoz	30	95.87	➡	3.1957
02396866	<i>Teva-Voriconazole</i>	Teva Can	30	95.87	➡	3.1957
02256460	<i>Vfend</i>	Pfizer	30	370.53		12.3510

Tab.

200 mg **PPB**

02409682	<i>Apo-Voriconazole</i>	Apotex	30	383.33	➡	12.7777
02399253	<i>Sandoz Voriconazole</i>	Sandoz	30	383.33	➡	12.7777
02396874	<i>Teva-Voriconazole</i>	Teva Can	30	383.33	➡	12.7777
02256479	<i>Vfend</i>	Pfizer	30	1481.49		49.3830

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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ZANAMIVIR

Inh. Pd. (App.)

5 mg/coque (4)

02240863	Relenza	GSK	5	36.54	
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ZOLEDRONIC ACID

I.V. Perf. Sol.

4 mg/5 mL

PPB

02413701	Acide zoledronique	Oméga	5 ml	➡	134.61	
02422425	Acide zoledronique pour injection	Dr Reddys	5 ml	➡	134.61	
02434458	Acide zoledronique pour injection	Fresenius	5 ml	➡	134.61	
02421550	Acide zoledronique pour injection	Hospira	5 ml	➡	134.61	
02444739	Acide zoledronique pour injection	MDA	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	
02403056	pms-Zoledronic Acid	Phmscience	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 Reddys	1	➡	335.40	
02408082	Acide zoledronique injectable	Teva Can	1	➡	335.40	
02269198	Aclasta	Novartis	1		668.60	
02415100	Injection d'acide zoledronique	Taro	1	➡	335.40	

SUPPLIES

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SUPPLIES ⁶

AEROSOL HOLDING CHAMBER

99002116			1		
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AEROSOL HOLDING CHAMBER AND MASK

99002124			1		
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DISPOSABLE NEEDLE FOR AUTO-INJECTOR

99002108			1		
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DISPOSABLE NEEDLE FOR SYRINGE OF METHOTREXATE

99101194			1		
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DISPOSABLE NEEDLE WITH SAFETY DEVICE FOR INSULIN AUTO-INJECTOR ⁹

99100517			1		
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DISPOSABLE SYRINGE (WITHOUT NEEDLE)

99002337			1	1.0 cc	
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99002531			1	2.0 cc	
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99002175			1	3 cc	
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99002183			1	5 cc	
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99002191			1	10 cc	
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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
				20 cc	
99100668			1		
				30 cc	
99100669			1		
DISPOSABLE SYRINGE WITH NEEDLE FOR INSULIN					
				0.25 cc	
99002132			1		
				0.3 cc	
99002140			1		
				0.5 cc	
99002159			1		
				1.0 cc	
99002167			1		
DISPOSABLE SYRINGE WITH NEEDLE(S)					
				1.0 cc	
99002345			1		
				2.0 cc	
99002558			1		
				3 cc	
99002205			1		
				5 cc	
99002213			1		
				10 cc	
99002221			1		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DISPOSABLE SYRINGE WITH RETRACTABLE NEEDLE 13

				3 cc	
+ 99101335			1		

MASK FOR AEROSOL HOLDING CHAMBER

99003643			1		
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SODIUM CHLORIDE

Flush. sol.

				0.9 % PPB	
99100499	BD Saline SP NaCl 0.9 %	B-D	3 ml	➡ 0.90	
			5 ml	➡ 0.95	
			10 ml	➡ 1.00	
99100894	Chlorure de Sodium	MedXL	10 ml	➡ 0.95	

13 Syringes and retractable needles are reimbursable only where billed for the administration of naloxone hydrochloride.

**PRODUCTS FOR EXTEMPORANEOUS
PREPARATIONS**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS ⁶

AMPHOTERICIN B

Inj. Pd.

99100416			20 ml	50 mg	
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COLLOIDAL SULFUR

00901725			50 g		
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CYCLOSPORINE

Inj. Sol.

99100387			1		
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ERYTHROMYCIN

Pd. (external use)

99100163			2 g		
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HYDROCORTISONE

00900761			5 g		
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HYDROCORTISONE ACETATE

00906689			10 g		
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LIQUOR CARBONIS DETERGENS

00903256			500 ml		
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METHADONE HYDROCHLORIDE

00907561	Methadone		1	1 g à 100 g	
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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.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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MITOMYCINE 

Inj. Pd.

99004518			1		
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PRECIPITATED SULFUR

00901733			500 g		
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SALICYLIC ACID

00901164			50 g		
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SODIUM BENZOATE - ACTIVE INGREDIENT

Pd.

99101236			100 g		
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SUBLIMED SULFUR

00896217			125 g		
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TAR (MINERAL)

00897361			25 g		
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TAR (WOOD)

00908169			100 ml		
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VANCOMYCIN HYDROCHLORIDE 

Pd.

99100176			1 g		
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VEHICLES, SOLVENTS OR ADJUVANTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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VEHICLES, SOLVENTS OR ADJUVANTS ⁶

ANHYDROUS SODIUM CITRATE

99002779			100 g		
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ARTIFICIEL

Oph. Sol.

00921270			15 ml		
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BASES/ EMULSIONS

				50 g to 500 g	
99101014			1		

CARBOXYMETHYLCELLULOSE SODIUM

00897175			100 g		
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CASSETTE OR BAG FOR ADMINISTRATION DEVICE

99002248			1		
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CHLOROFORM

99002752			100 ml		
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CITRIC ACID

Pd.

99001500			50 g		
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DEXTROSE

Inj. Sol.

				5 %	
99002256			500 ml 1000 ml		

⁶ Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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DEXTROSE (MINI-BAGS)

Inj. Sol.

5 %

00921289			25 ml 50 ml 100 ml 250 ml		
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DISPOSABLE NEEDLE FOR SYRINGUES

99005077			100		
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DISTILLED WATER

00906719			4550 ml		
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ELASTOMERIC INFUSOR (CONTINUOUS)

99002280			1		
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ELASTOMERIC INFUSOR (INTERMITENT)

99002272			1		
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EMPTY BAG FOR IV SOLUTIONS

Bag

99002299			1		
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ETHANOL

Liq.

95 %

99002388			750 ml		
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GELATIN (EMPTY CAPSULE)

Caps.

99001519			1		
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GLYCERIN ⁵

00903159			100 ml		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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GLYCINE/ SODIUM CHLORIDE

				94 mg -73.3 mg	
02230857	<i>Flolan (diluant pour)</i>	GSK	50 ml	10.36	

HYDRATED LANOLIN

00902659			450 g		
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LACTOSE

00900834			500 g		
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LIDOCAINE HYDROCHLORIDE

				1 % (2 mL à 5 mL)	
99101013			1		

MAGNESIUM HYDROXIDE / ALUMINUM HYDROXIDE

99003376			1 ml		

MAGNESIUM HYDROXIDE/ ALUMINIUM HYDROXIDE/ SIMETHICONE

				400 mg - 400 mg - 40 mg/5 mL	
99100243			350 ml		

METHYLCELLULOSE

00902365			100 g		
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				1 500 cps	
99001527			500 g		

MINERAL OIL

00906654			500 ml		
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OILY VEHICLE

99101192			500 ml		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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PROPYLENE GLYCOL

00903353			500 ml		
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SIMPLE SYRUP

00905038			500 ml		
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SODIUM BENZOATE - ADJUVANT

Pd.

99001535			100 g		
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SODIUM BICARBONATE

Pd.

99100058			100 g		
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SODIUM CHLORIDE

Inj. Sol.

99002310			500 ml 1000 ml	0.9 %	
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SODIUM CHLORIDE (SMALL VOLUMES)

Inj. Sol.

99002329			5 ml 10 ml 20 ml 50 ml	0.9 %	
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SODIUM CHLORIDE INHALATION THERAPY

00801267			3 ml	0.9 %	
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SODIUM CHLORURE MINI-SAC

Inj. Sol.

00921300			25 ml 50 ml 100 ml 250 ml	0.9 %	
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SOFT WHITE PARAFFIN

00902691			450 g		
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SOFT YELLOW PARAFFIN

00902683			454 g		
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SORBITOL

99000555			100 g		
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STERILE SYRINGE CAP

99100673			25		
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STERILE WATER FOR INJECTION

99100407			250 ml 500 ml 1000 ml 2000 ml		
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STERILE WATER FOR INJECTION (SMALL VOLUMES)

99002264			5 ml 10 ml 20 ml 50 ml		
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STERILE WATER INHALATION THERAPY

00920282			3 ml 5 ml		
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SWEET ALMOND OIL

00907448			100 ml		
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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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SWEETENERS (VARIOUS FLAVOURS)

99002353			500 ml		
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SYRINGE FOR ADMINISTRATION DEVICE

99002302			1		
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TRAGACANTH

Pd.

99002361			100 g		
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VEHICLES FOR ORAL SUSPENSIONS

Oral Susp.

250 ml à 473 ml

99101222			1		
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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		
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WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %

00402257			30 ml 50 ml		
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WATER FOR INJECTION/ PARABENS

00905445			30 ml		
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XANTHAN GUM

99002760			100 g		
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