File No. CT-2024-006

COMPETITION TRIBUNAL

IN THE MATTER OF the *Competition Act*, R.S.C. 1985, c. C-34 (the "**Act**");

AND IN THE MATTER OF an application by JAMP Pharma Corporation for an order pursuant to section 103.1 of the Act granting leave to bring an application under section 79 of the Act;

AND IN THE MATTER OF an application by JAMP Pharma Corporation for an order pursuant to sections 79 of the Act;

BETWEEN:

JAMP PHARMA CORPORATION

Applicant

– and –

JANSSEN INC.

Respondent

AFFIDAVIT OF GENIA RADEVA
(Pursuant to section 103.1 of the *Competition Act*)

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R18	Exhibit R18 - Update to OMH’s biosimilar policies publish July 17, 2024
R19	Exhibit R19 - Copy of RAMQ's list of reimbursable medications

1

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Respondent

AFFIDAVIT OF GENIA RADEVA

(Pursuant to section 103.1 of the *Competition Act*)

I, GENIA RADEVA, of the City of Boucherville, in the Province of Quebec, **MAKE OATH AND SAY**:

1. I am employed by JAMP Pharma Corporation ("**JAMP**") as Vice-President, Market Access, and as such I have personal knowledge of the matters herein deposed, except where I rely on information provided by other persons, in which case, I believe that information to be true.

2. This affidavit is sworn in support of an application being brought by JAMP for an order pursuant to section 103.1 of the Competition Act ("**Act**") for leave to bring an application against the Respondent under section 79 of the Act.

I. CURRICULUM VITAE

3. I was originally hired by JAMP in 2014 as Director Product Development. Since then I have served in a series of increasingly senior business roles. I was appointed to my current role in December 2022. My role includes oversight of a number of key business functions, including "market access", which refers to a set of tasks to ensure that a drug that has obtained regulatory approval is actually available to patients. These tasks include, among other things, negotiating with provincial drug plans and private insurers to ensure a drug is listed on the provinces' and the insurers' formularies, and the terms and conditions associated with those listings. I am a member of JAMP's executive committee and I report directly to Mr. Louis Pilon, who is the President and Chief Executive Officer of JAMP.

4. Prior to joining JAMP, I worked for other pharmaceutical companies. For approximately 7 years, I worked in technical roles as a formulation scientist and leading research and development efforts. In 2009 I began working in business roles, overseeing third party manufacturing processes and cost reduction initiatives, among other responsibilities.

5. I hold three university degrees: a Bachelor of Science degree from McGill University in Physiology and Mathematics; a Master of Science degree from Paris-Sud University in Biopharmacy and Pharmaceutical Technology; and a Master of Business Administration degree from HEC Montréal.

II. THE REGULATION AND ECONOMICS OF DRUGS IN CANADA AND THE PROVINCES

a. Payers, Provincial Drug Plans, Private Insurance and Out-of-Pocket Patients

6. Biologic drugs (including biosimilars) are typically paid for by public drug plans, private drug plans and/or patients (i.e., out-of-pocket).

7. Public drug plans consist of the provincial/territorial formularies. Drug companies make submissions to public drug plans requesting that their product be added as a benefit to the formulary. While each public drug program has its own specific submission requirements, they are fairly similar. When a drug is listed on the formulary, its cost will be paid by the public drug plan (and dispensed to a patient at a discounted price or for free).

8. There are significant differences in the approach of public drug plans to generic small molecule drugs as compared to biosimilars.

9. Generic small molecule drugs, which are considered “bioequivalent” to innovative small molecule drugs, are normally designated as “interchangeable” to their reference products. Hence, when a physician writes a prescription (for the brand or for the molecule), provincial drug plans generally require that a pharmacist when presented with that prescription dispense a lower cost generic version of the drug to the patient. These “automatic substitution” requirements result in a generic drug manufacturer capturing a significant share of a drug's sales volumes shortly after the launch of the first version of a generic drug.

10. For biosimilars, these interchangeability and automatic substitution rules do not apply. Instead, for a patient to be dispensed a biosimilar drug, a physician must write a prescription for a specific biosimilar drug; if a pharmacist is presented with a prescription for an originator's biologic drug, the pharmacist will dispense the originator's drug.

11. That said, public drug plans have instituted certain general and *ad hoc* policies to facilitate the uptake of lower cost biosimilars when they become available. These policies are aimed at reducing costs for public drug plans (and ultimately the public). For example, it is common for public drug plans to require that new patients be prescribed biosimilars, once available, rather than the innovative biologic drug. Additionally, it is common, after a period of time, for public drug plans to deploy switching policies that require physicians/patients to transition from the innovative biologic drug to a biosimilar (subject to medical exceptions).

12. Private drug plans are usually run by a private insurance company on behalf of a plan sponsor (such as an employer). Private drug plans tend to offer broader coverage than public drug plans. Private drug plans also tend to have mandatory generic substitution policies for small molecule drugs, as well as policies that tend to prefer biosimilars to innovative biologic drug products (which often mirror the policies of public drug plans). Nevertheless, private drug plans will, in certain cases, continue coverage for the innovative biologic drug if an agreement has been reached with its manufacturer.

13. Out-of-pocket spending on biologic drug products (and biosimilars) includes payment by uninsured patients and payment of copayments and deductibles by patients with private insurance. However, out-of-pocket expenses for biologics and biosimilars may be covered

by patient support programs operated by drug companies (discussed in more detail in the affidavit of Amélie Faubert).

b. Pricing and Expenditures on Biologics and Biosimilars

14. Biologics have quickly become a critical and large portion of total Canadian healthcare spending. I have attached to this affidavit as Exhibit "R1" a presentation published by the Patented Medicine Prices Review Board ("**PMPRB**") titled "*Biosimilars in Canada: Policies to Promote Switching and What It Means for Payers*." The presentation describes the significant sales of biologics in Canada (as of 2021, $11.1 billion annually), the growth of those sales (nearly tripling between 2012 to 2021), and that per capita, Canadians pay more than 21 of 25 OECD countries for biologics (about 167% more than the OECD median).

15. Biologics are usually many times more expensive than small molecule drugs. I have attached to the affidavit as Exhibit "R2", a report published by the Patented Medicine Prices Review Board titled "*Biologics in Canada. Part 1: Market Trends, 2018*" which describes how the share of total costs to Canadian payers of biologic medicines is more than 14 times biologic medicine's share of claims.

16. I have also attached to the affidavit as Exhibit "R3" a report by the Canadian Institute of Health Information titled "*Prescribed drug spending in Canada, 2023*" which describes how biologics account for 29.6% of public drug program spending in Canada while accounting for only 2.4% of claims (a ratio of more than 12:1). Finally, attached to the affidavit as Exhibit "R4" is a paper titled "Projected impact of biosimilar substitution

policies on drug use and costs in Ontario, Canada: a cross-sectional time series analysis" which states that in Ontario during 2018, the average annual cost of a biologic was $19,929.

17. As described in Exhibits R2 and R3, where available, biosimilars reduce the cost to public drug programs of biologics. Exhibit R1 includes, at page 11, estimates that in 2021 and 2022, just four biosimilars reduced the total healthcare costs to Canadians by about $823 million, and that if national uptake of those biosimilars equalled that in British Columbia, Canadians would have saved an additional $1.269 billion in 2021 and 2022. Similarly, Exhibit R4 estimates the potential savings to the Ontario healthcare system arising from biosimilars should certain switching policies be adopted. As can be seen in Table 3 of Exhibit R4, where all patients switch to a biosimilar at 50% of the cost of the originator, the authors estimate approximately $430 million in savings between 2018 to 2020 in Ontario alone.

c. Provinces Encourage Substitution Towards Biosimilars

18. As described above, public drug plans have instituted certain general and *ad hoc* policies to facilitate the uptake of lower cost biosimilars when they become available. I have attached to the affidavit as Exhibits the following printouts of provincial websites or copies of the province's biosimilar switching policies:

a. as Exhibit "R5", an extract of Ontario's website regarding its biosimilar policies;

b. as Exhibit "R6", a document describing Quebec's policy regarding biosimilars;

c. as Exhibit "R7", an extract of British Columbia's website regarding its biosimilar policies;

d. as Exhibit "R8", an extract of Alberta's website regarding its biosimilar policies;

e. as Exhibit "R9", an extract of Saskatchewan's website regarding its biosimilar policies;

f. as Exhibit "R10", a document describing Manitoba's policy regarding tiered reimbursement of biologics which favours biosimilars where available;

g. as Exhibit "R11", an extract of New Brunswick's website regarding its biosimilar policies;

h. as Exhibit "R12", an extract of Newfoundland and Labrador's website regarding its biosimilar policies;

i. as Exhibit "R13", an extract of Nova Scotia's website regarding its biosimilar policies;

j. as Exhibit "R14", an extract of Prince Edward Island's website regarding its biosimilar policies;

k. as Exhibit "R15", a document describing Yukon's policy regarding biosimilars; and

l. as Exhibit "R16", an extract of the Northwest Territories' website regarding its biosimilar policies.

19. As I understand from Exhibit R5, in Ontario, the Ontario Ministry of Health ("**OMH**") has enacted a policy to require the substitution of biosimilars for certain biologic drugs covered under the Ontario Drug Benefit ("**ODB**"). The requirements of the OMH policy vary from biologic to biologic.

20. I have attached as Exhibit "R17" a notice issued by the OMH on April 30, 2024 regarding switching between ustekinumab drugs. Exhibit R17 specifies that new patients that will be prescribed ustekinumab must be prescribed with a biosimilar version of Stelara (i.e., Jamteki and Wezlana, depending upon the indication).

21. I have attached as Exhibit "R18" an update to OMH's biosimilar policies publish July 17, 2024. I understand from this update that patients currently taking Stelara will have 6 months (from July 31, 2024 to January 31, 2025) to transition to a biosimilar of Stelara in order to receive ODB program coverage for their ustekinumab drug subject to certain exceptions.

22. As I understand from Exhibit R6, in Quebec, the Régie de l'assurance maladie du Québec ("**RAMQ**") has enacted a policy to require the substitution of biosimilars for certain biologic drugs covered under the Public Prescription Drug Insurance Plan ("**QPPDIP**").

23. I have attached as Exhibit "R19" a copy of RAMQ's list of reimbursable medications. Section 2 of Exhibit R19, describes that, subject to very limited exceptions such as patients who are pregnant and those under 18, a listed reference biologic is covered by the QPPDIP "until a biosimilar of this drug is marketed in Canada."

24. As I understand from Exhibit R7, in British Columbia, the provincial drug plan ("**BC PharmaCare**") enacted a policy to require the substitution of biosimilars for certain biologic drugs it covers. Generally, this policy requires:

    a. that during "transition periods" set by BC PharmaCare, physicians must switch patients taking certain listed biologics to available biosimilars; and

b. new patients that will be prescribed certain listed reference biologics must instead be prescribed a biosimilar of the prescribed reference drug.

25. At the top of Exhibit R7, BC PharmaCare stated that it will require patients using Stelara to substitute Jamteki by December 2, 2024.

26. As described in Exhibit R6, "[u]sing a biosimilar drug extends coverage to new treatments and improves patient access to more drugs." Also, in Exhibit R8, the use of biosimilars to replace originator biologics "means patients will continue receiving the same safe and effective treatment, but at a lower cost."

SWORN remotely by Genia Radeva, stated as being at the City of Boucherville, in the Province of Quebec, before me at the City of Toronto, in the Province of Ontario, on July 25, 2024, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely

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Genia Radeva

Signature numérique de Genia Radeva
Date : 2024.07.25 11:31:50 -04'00'

A Commissioner, etc.
Name: Arash Rouhi

Name: Genia Radeva

Exhibit “R1”

This is Exhibit “R1” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Patented Medicine Prices Review Board | Conseil d'examen du prix des médicaments brevetés

Canada

Biosimilars in Canada: Policies to Promote Switching and What It Means for Payers

Presentation to the 2023 Annual CAHSPR Conference

May/June 2023

Presented by: Yvonne Zhang, Senior Economist

NPDUIS, Policy and Economic Analysis Branch, Patented Medicine Prices Review Board

Disclosure: I have no actual or potential conflict of interest in relation to this topic or presentation.

Background and Objectives

- In Canada, sales of biologics topped $11 billion in 2021, placing Canada among the top-ranked countries in the Organization for Economic Co-operation and Development (OECD) in terms of per capita spending

- Given the strength of this market, biosimilars offer a significant opportunity for cost savings for Canadian payers

- This presentation compares the emerging Canadian market for biosimilars with our international counterparts

- The analysis delves more deeply into the market dynamics of biosimilars in Canada and assesses the impact of recent biosimilar switching initiatives, highlighting the potential for cost savings

Approach and Data Sources

- This study is part of the PMPRB's broader reporting in the *Biologics in Canada* chartbook series
- Data sources:
  - IQVIA's MIDAS® Database as of 2021 was used to compare the availability, uptake, and sales of biosimilars in Canada to the Organization for Economic Co-operation and Development (OECD) countries
  - The market dynamics of biosimilars in Canada up to 2022 and the potential for cost savings were drawn from IQVIA's Canadian Drugstore and Hospital Purchases Audit (CDH)
- Limitations:
  - IQVIA CDH data sourced from purchases made directly from the manufacturer or through a wholesaler and may include mark-ups. While MIDAS data is reported at various levels in the distribution chain, NPDUIS reporting is typically based on manufacturer ex-factory list prices. Cash discounts are not captured in these databases.

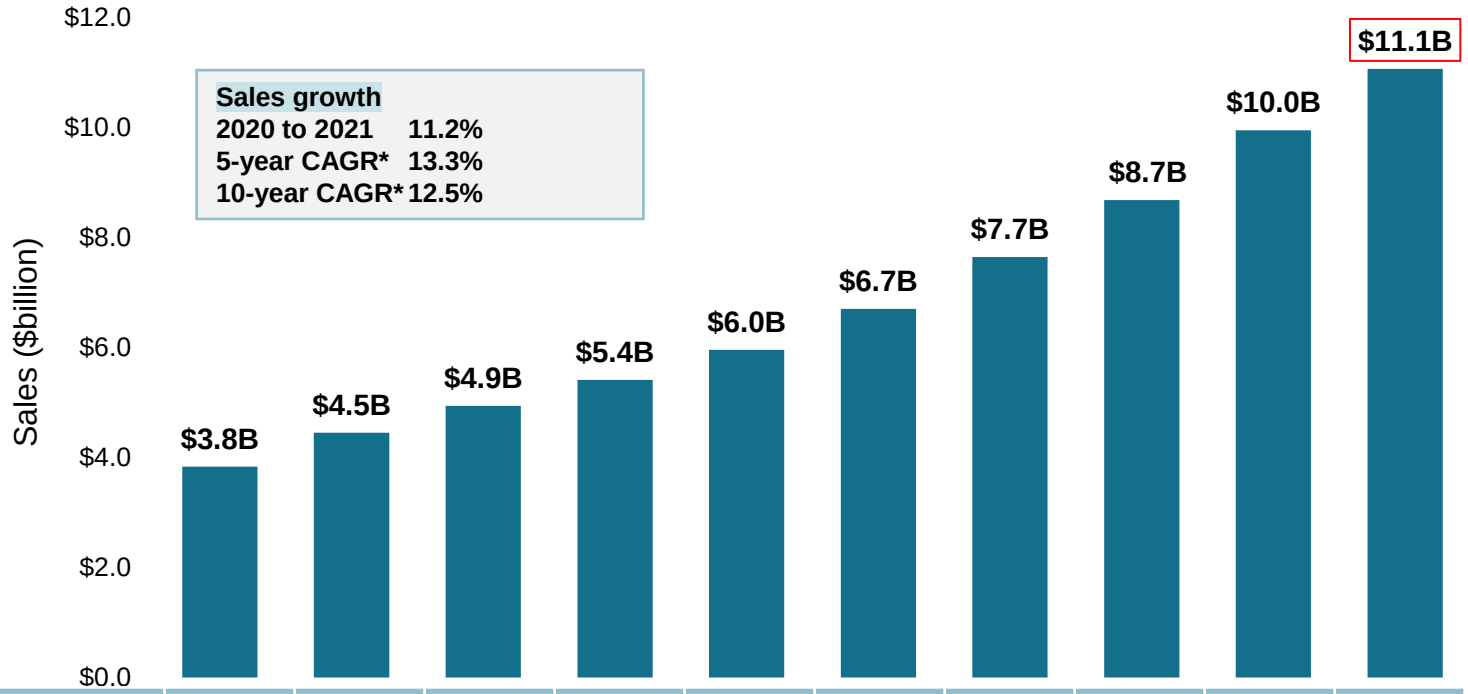
Overview

- Biologics market trends in Canada and international comparisons
- Biosimilar availability and uptake in Canada vs. other OECD countries
- Biosimilar uptake challenges and current policies
- Cost-saving opportunities from biosimilars

Biologic medicine sales nearly tripled over the last decade

- Biologic medicine sales in Canada nearly tripled over the last 10 years, rising from $3.8B in 2012 to $11.2B in 2021
- This represents a 10-year compound annual growth rate of 12.5%, with a 11.2% increase in the last year
- Sales of biologic medicines accounted for more than 1/3 of pharmaceutical spending in Canada in 2021 and sales per capita reached $290

Sales of biologic medicines in Canada, 2012 to 2021



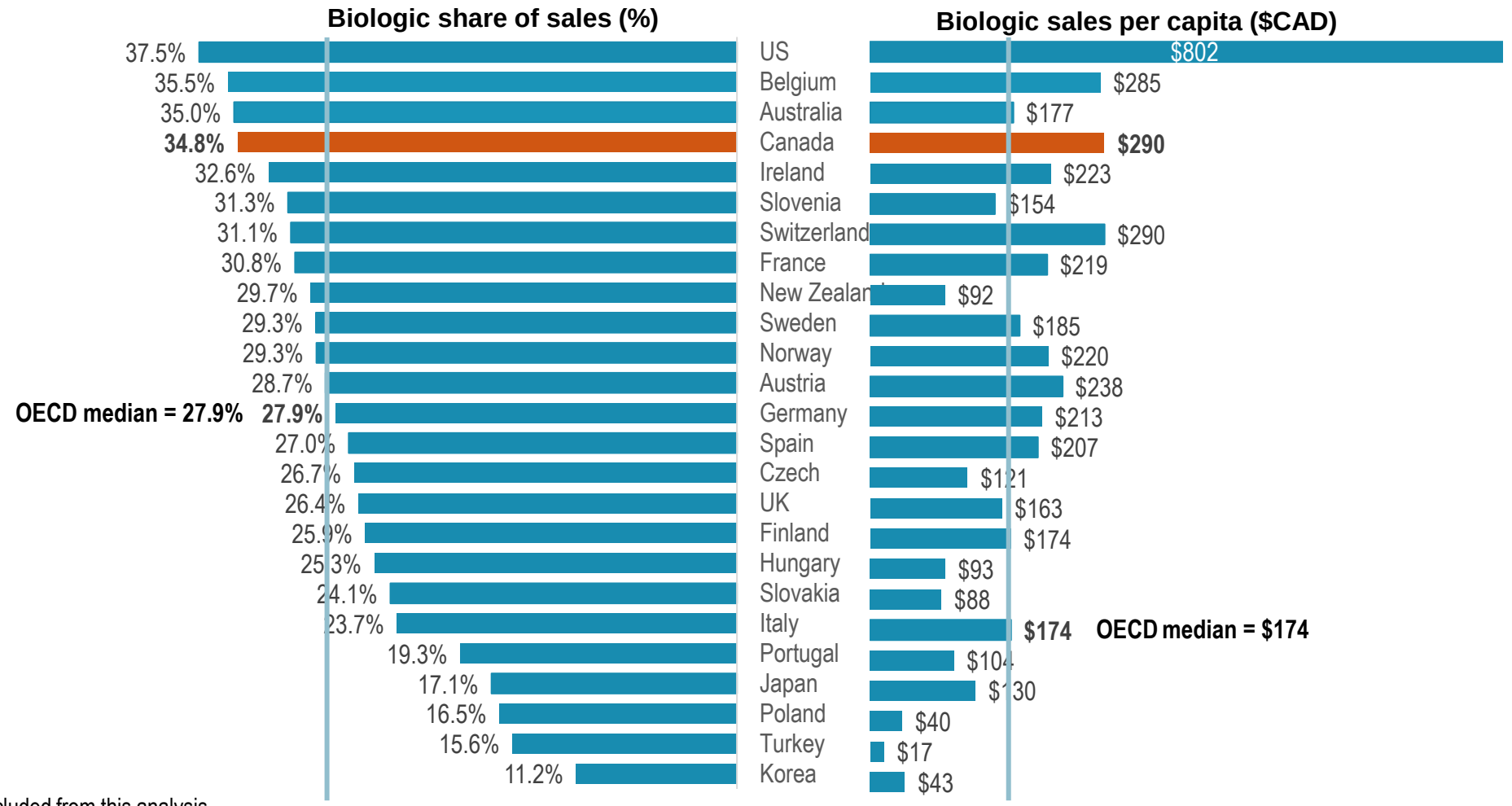
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Biologic share of pharmaceutical sales	19.9%	22.7%	24.1%	24.7%	25.9%	27.5%	30.1%	32.2%	33.9%	34.8%
Biologic sales per capita	$112	$129	$141	$153	$167	$185	$208	$233	$262	$290

Note: Includes all prescription biologics as per Health Canada's Drug Product Database (DPD) Schedule D and Prescription lists, as well as insulin biologics in Canada as of 2020.
Data source: MIDAS® Database, prescription retail and hospital markets, IQVIA. All rights reserved.

Canada placed among the top-ranked countries in the OECD for biologics spending

- In 2021, biologics accounted for 34.8% of pharmaceutical sales in Canada, the 4th-highest share in the OECD and exceeding the median of 27.9%
- Canada spends more on biologics per capita than most industrialized countries, with an average of $290 per person in 2021, well above the international median of $174

Biologic share of total sales and sales per capita, OECD*, 2021



* Countries with limited sales data were excluded from this analysis.

Note: Includes all prescription biologics as per Health Canada's Drug Product Database (DPD) Schedule D and Prescription lists, as well as insulin biologics in Canada as of 2020.

Data source: MIDAS® Database, prescription retail and hospital markets, IQVIA.

Availability of biosimilars in Canada has increased, without a major impact on overall costs

- Despite an increase in biosimilar approvals in Canada over recent years, Europe continues to lead with the highest in terms of the number of biosimilar approvals
- While the number of biosimilars has increased in Canada, their share of overall biologic sales remains modest, at 7.6% in 2021

Number of medicines* with biosimilars approved in Europe, the US, or Canada, as of 2021

Biologic Medicine	EMA (n=18)	FDA (n=12)	Health Canada (n=14)
Adalimumab	✓	✓	✓
Bevacizumab	✓	✓	✓
Enoxaparin Sodium	✓		✓
Epoetin Alfa	✓	✓	
Epoetin Zeta	✓		
Etanercept	✓	✓	✓
Filgrastim	✓	✓	✓
Follitropin Alfa	✓		
Infliximab	✓	✓	✓
Insulin Aspart	✓		✓
Insulin Glargine	✓	✓	✓
Insulin Lispro	✓		✓
Pegfilgrastim	✓	✓	✓
Ranibizumab	✓	✓	
Rituximab	✓	✓	✓
Somatropin	✓	✓	✓
Teriparatide	✓		✓
Trastuzumab	✓	✓	✓
% Biosimilar sales of overall biologics, 2021	15.1%	4.4%	7.6%

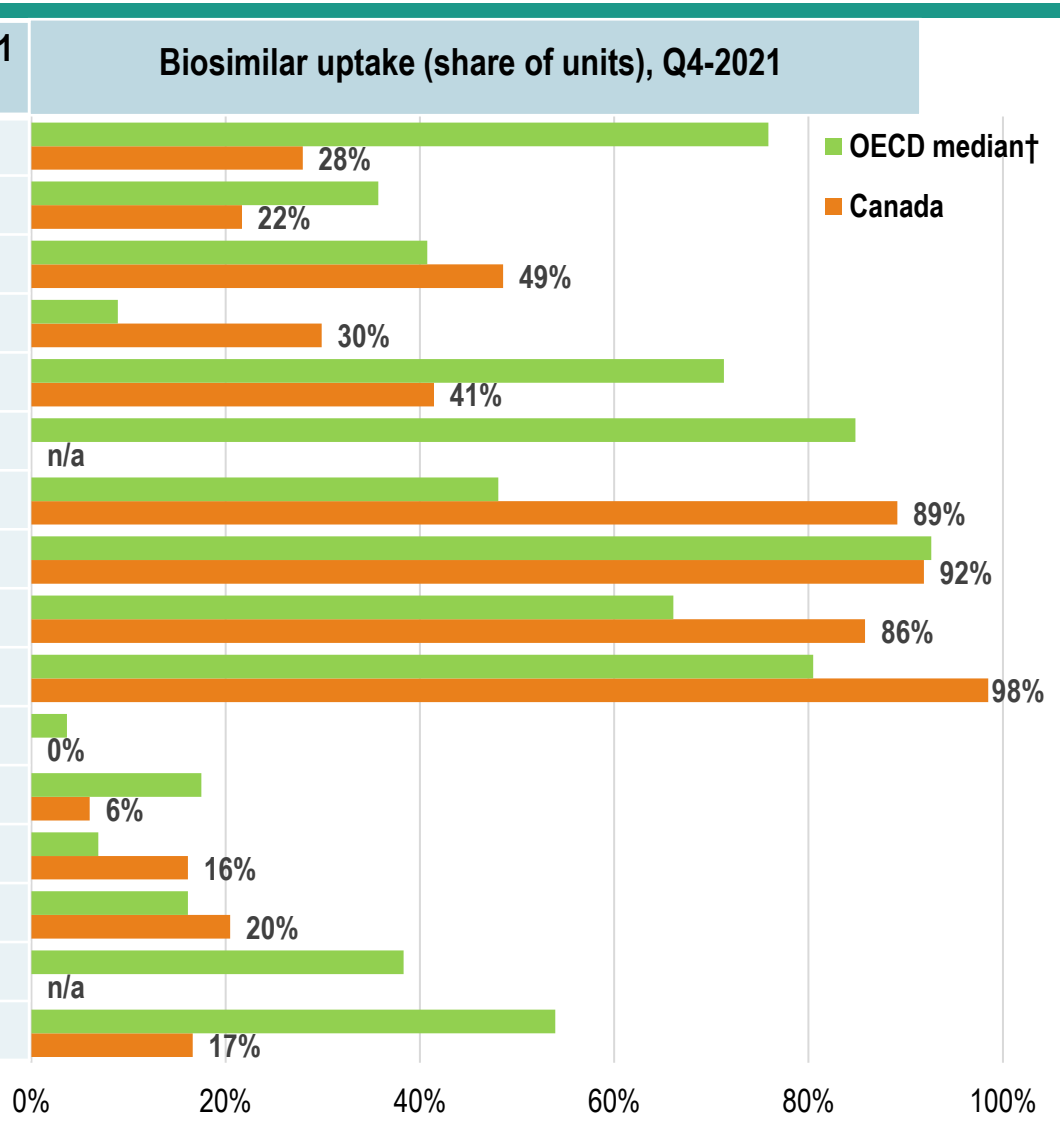
* Multiple biosimilar trade names referencing the same originator biologic are counted as one biosimilar medicine.

Data source: US Food and Drug Administration (FDA), European Medicines Agency (EMA), and Health Canada databases; MIDAS® Database, prescription retail and hospital markets, IQVIA (all rights reserved).

Biosimilar uptake in Canada is moderate compared to other OECD markets for high-selling products

- Canada demonstrates growing use of biosimilars
- Infliximab, the highest-selling biologic and one of the earliest with a biosimilar available in Canada, had a 28% biosimilar share in Canada in 2021, well below the OECD median of 76%
- Adalimumab, the 2nd top-selling biologic medicine in Canada, achieved a sizable uptake of 22% by 2021, with a median uptake of 36% in the OECD

Biologic medicine	Sales in Canada, 2021 ($million)
Infliximab	$1,262
Adalimumab	$969
Etanercept	$264
Insulin Glargine	$226
Rituximab	$222
Epoetin alfa*	$116
Trastuzumab‡	$110
Filgrastim*	$98
Bevacizumab‡	$98
Pegfilgrastim*	$98
Insulin Aspart	$92
Insulin Lispro	$80
Enoxaparin Sodium	$63
Somatropin	$45
Follitropin alfa*	$20
Teriparatide	$11



*Generally used to treat acute conditions.
‡ Mainly used for treatment of oncology indications and administrated in hospitals in Canada.
† Canada is excluded from the median.

Data source: MIDAS® Database, prescription retail and hospital markets, IQVIA (all rights reserved).

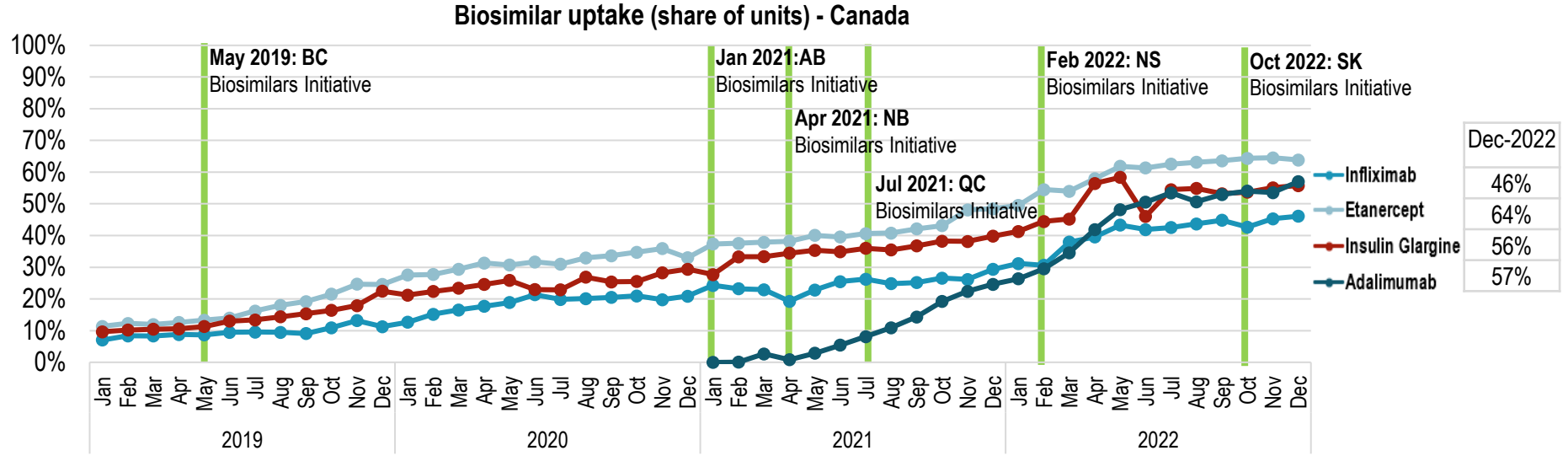
Many Canadian public drug plans have undertaken or announced initiatives to increase biosimilar uptake as of 2022

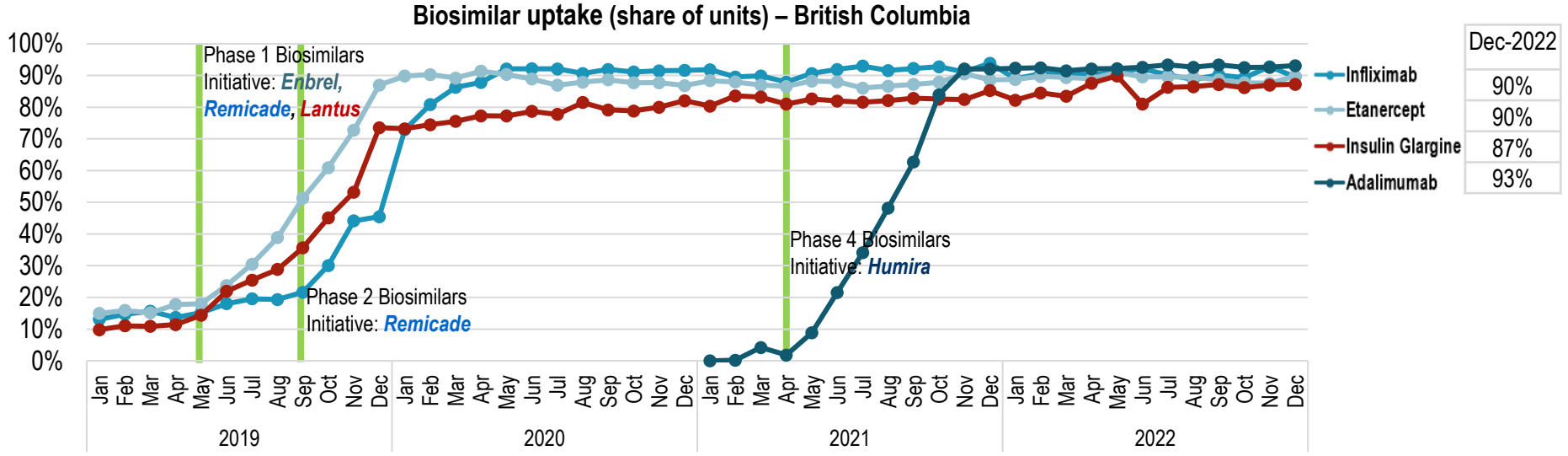
- Patient switching is a key factor in biosimilar uptake and reflects the polices in the relevant jurisdiction

Initiative	
British Columbia	In May 2019, British Columbia became the first Canadian province to initiate a switch to biosimilar medicines for patients covered under the PharmaCare program. Under the Phase 1 & 2 policy initiatives, patients using **Enbrel, Remicade, and Lantus** for specific indications are required to switch to the biosimilar. The switching policy expanded to Phase 3 & 4 in 2020 and 2021 to include **Rituxan and Humira**.
Alberta	Effective Jan. 2021, Alberta announced that all patients taking **Enbrel, Remicade, Lantus, Neupogen, Neulasta, Rituxan, and Copaxone** for indications ranging from rheumatoid arthritis to diabetes and multiple sclerosis are required to switch to the biosimilar. This policy has since been expanded to include **Humira, Lovenox, and Humalog**.
Saskatchewan	Effective Oct. 2022, Saskatchewan started to implement mandatory biosimilars switching. The policy affects medications including **Humira, Lovenox, Enbrel, Neupogen, Copaxone, Remicade, Rituxan, NovoRapid and Lantus.** The list will grow as more biosimilars for reference biologics become available.
New Brunswick	Effective Apr. 2021, New Brunswick only reimburses biosimilar versions of approved indications of **Humira, Enbrel, Remicade, Lantus, Humalog, Rituxan, Copaxone, and Lovenox**.
Ontario	Ontario announced their biosimilars switching policy coming into effect from March 31, 2023. This policy affects the following biologics: **Copaxone, Enbrel, Humira, Lantus, NovoRapid, Remicade and Rituxan**. This list will expand as more biosimilars for originator biologics become available in Canada
Quebec	Effective Jul. 2021, the Quebec government announced a non-medical switching policy to require patients covered by the Quebec public drug plan who are treated with biologics drugs to switch to biosimilar versions where available and on an ongoing basis.
Nova Scotia	Effective Feb. 2022, Nova Scotia began a non-medical biosimilar switching policy. Medications that require switching to biosimilars: **Humira, Enbrel, Remicade, Lantus, Humalog, NovoRapid and Rituxan**. The policy will apply to other medications on the Formulary as new biosimilar medications are approved.
the Northwest Territories	Effective Dec. 2021, the Government of the Northwest Territories launched a Biosimilars Initiative, individuals on originator biologics must switch to a biosimilar to maintain public coverage.
MB, PEI, NL,YT, NIHB	Planning to implement biosimilar switching strategies.

Implemented biosimilar initiatives show positive signs in terms of increased utilization

- Increase in uptake of biosimilars has been observed nationally, with gradual market penetration in recent years
- As ongoing biosimilar switching initiatives are implemented at the jurisdiction level and by payer, Canada offers a unique model to observe the impacts of variations in approach and timing of biosimilar uptake across jurisdictions
- In British Columbia, the first Canadian province to implement a biosimilar switching initiative, biosimilars now account for ~90% of these high-selling biologics markets

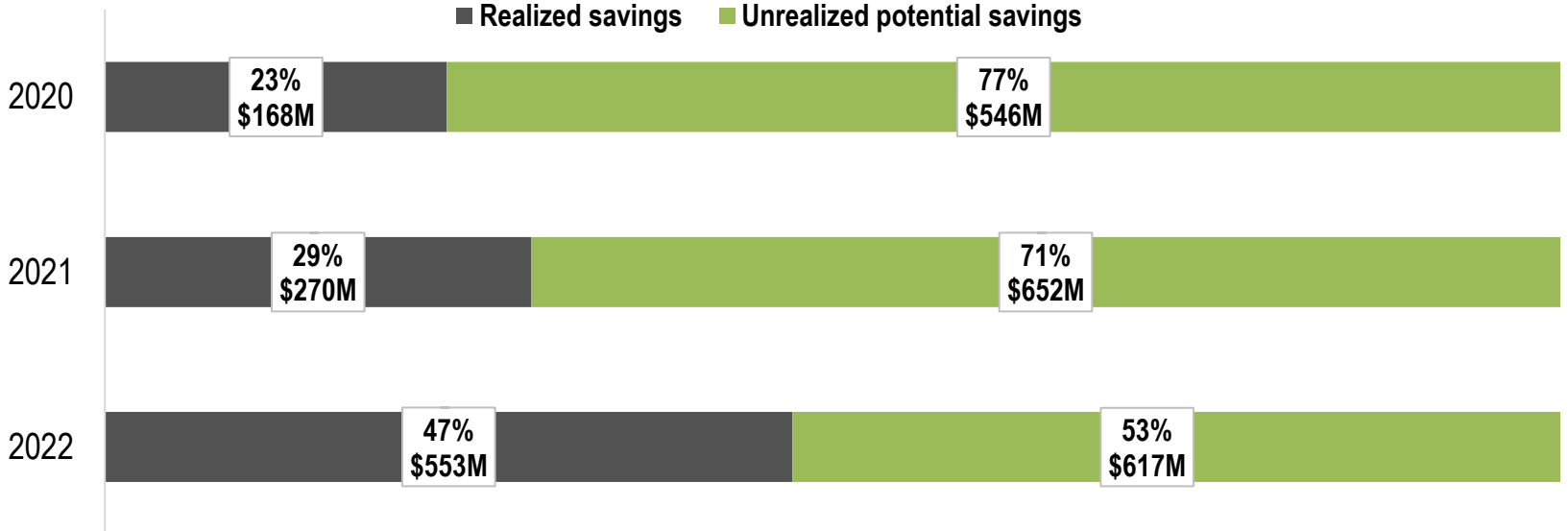




Data source: Canadian Drugstore and Hospital Purchases Audit (CDH) databases, IQVIA (all rights reserved).

Canadians are realizing a growing fraction of the potential savings from biosimilars

- National market penetration in line with the results seen in British Columbia may have significant cost implications for Canadian payers
- Biosimilars of four high-selling biologics targeted by the Biosimilars Initiative (infliximab, etanercept, insulin glargine 100IU and adalimumab) saved Canadians an estimated $990 million over 3 years (2020 – 2022)
- If national uptake for these biosimilars had followed the trends in British Columbia, additional savings of nearly $1.8 billion would have been attained from 2020 to 2022



Biologic medicine	Potential savings in 2020			Potential savings in 2021			Potential savings in 2022		
	Estimated actual savings	Unrealized savings	Total	Estimated actual savings	Unrealized savings	Total	Estimated actual savings	Unrealized savings	Total
Infliximab	$ 118.9M	$ 452.2M	$ 571.1M	$ 169.5M	$ 460.5M	$ 630.0M	$ 286.3M	$ 370.2M	$ 656.4M
Etanercept	$ 33.4M	$ 64.2M	$ 97.6M	$ 42.1M	$ 51.7M	$ 93.8M	$ 55.2M	$ 34.1M	$ 89.3M
Insulin glargine	$ 15.4M	$ 29.5M	$ 44.9M	$ 20.2M	$ 24.7M	$ 44.9M	$ 26.1M	$ 15.7M	$ 41.8M
Adalimumab	-	-	-	$ 38.3M	$ 115.5M	$ 153.8M	$ 185.1M	$ 197.5M	$ 382.5M
Savings	**$ 167.7M**	**$ 545.9M**	**$ 713.6M**	**$ 270.0M**	**$ 652.4M**	**$ 922.4M**	**$ 552.6M**	**$ 617.4M**	**$ 1,170.0M**

Data source: Canadian Drugstore and Hospital Purchases Audit (CDH) databases, IQVIA (all rights reserved).

Conclusions

- Biologics are a high-growth market segment in Canada, with sales tripling over the last decade
- Availability of biosimilars in Canada has increased recently, without a major impact on overall costs
- Biosimilars uptake for high-selling products in Canada is moderate compared to other OECD markets
- There are ongoing initiatives to encourage greater biosimilar uptake nationwide
- The potential savings offered by biosimilars are significant in Canada

National Prescription Drug Utilization Information System

THANK YOU

Patented Medicine Prices Review Board

Contact us at
pmprb.npduis-sniump.cepmb@pmprb-cepmb.gc.ca

Exhibit “R2”

This is Exhibit “R2” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Patented Medicine Prices Review Board
Conseil d'examen du prix des médicaments brevetés

CHARTBOOK

National Prescription Drug Utilization Information System

NPDUIS

Biologics in Canada

Part 1: Market Trends, 2018

Canada

Published by the Patented Medicine Prices Review Board
May 2020

Biologics in Canada. Part 1: Market Trends, 2018 is available in electronic format on the PMPRB website.

Une traduction de ce document est également disponible en français sous le titre : *Les médicaments biologiques au Canada. Partie 1 : tendances du marché, 2018*.

Patented Medicine Prices Review Board
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PMPRB Reporting

About the PMPRB

The Patented Medicine Prices Review Board (PMPRB) is an independent quasi-judicial body established by Parliament in 1987. The PMPRB has a dual regulatory and reporting mandate: to ensure that prices at which patentees sell their patented medicines in Canada are not excessive; and to report on pharmaceutical trends of all medicines and on research and development spending by patentees.

The NPDUIS Initiative

The National Prescription Drug Utilization Information System (NPDUIS) is a research initiative established by federal, provincial, and territorial Ministers of Health in September 2001. It is a partnership between the PMPRB and the Canadian Institute for Health Information (CIHI).

Pursuant to section 90 of the *Patent Act*, the PMPRB has the mandate to conduct analysis that provides decision makers with critical information and intelligence on price, utilization, and cost trends so that Canada's healthcare system has more comprehensive and accurate information on how medicines are being used and on sources of cost pressures.

The specific research priorities and methodologies for NPDUIS are established with the guidance of the NPDUIS Advisory Committee and reflect the priorities of the participating jurisdictions, as identified in the NPDUIS Research Agenda.

Disclaimer

NPDUIS operates independently of the regulatory activities of the Board of the PMPRB. The research priorities, data, statements, and opinions expressed or reflected in NPDUIS reports do not represent the position of the PMPRB with respect to any regulatory matter. NPDUIS reports do not contain information that is confidential or privileged under sections 87 and 88 of the *Patent Act*, and the mention of a medicine in a NPDUIS report is not and should not be understood as an admission or denial that the medicine is subject to filings under sections 80, 81, or 82 of the *Patent Act* or that its price is or is not excessive under section 85 of the *Patent Act*.

Although this information is based in part on data obtained from the NPDUIS Database of the Canadian Institute for Health Information (CIHI) and under license from IQVIA's MIDAS® Database, Payer Insights database, and Private Pay Direct Drug Plan database, the statements, findings, conclusions, views, and opinions expressed in this report are exclusively those of the PMPRB and are not attributable to CIHI or IQVIA.

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Introduction

Biologic medicines are an important segment of the global pharmaceutical market. In Canada, sales of biologics reached $7.7 billion in 2018, placing Canada among the top-ranked countries in the Organisation for Economic Co-operation and Development (OECD) in terms of per capita spending.

Given the high use and cost of biologics in Canada, biosimilars offer an opportunity for significant cost savings. However, despite being on the market for over a decade, the savings from biosimilars have yet to be fully realized.

This analysis examines the market dynamics of biologics in Canada and compares Canadian and international trends in sales, pricing, and biosimilar uptake.

This overview of the biologic space sets the stage for the second publication in this two-part chartbook series. *Biologics in Canada. Part 2: Biosimilar Savings, 2018* uses recent Canadian and international trends to expose the current and future cost savings that could be realized through increasing the uptake and/or lowering the prices of biosimilars in Canada.

Background

Biologics are a high-growth segment of the pharmaceutical market. Sales of biologic medicines in Canada have tripled over the last decade, increasing by 14.6% in the last year alone. Canadian approved biologics also demonstrated a strong growth internationally, with median OECD sales for these medicines almost doubling over the same time period.

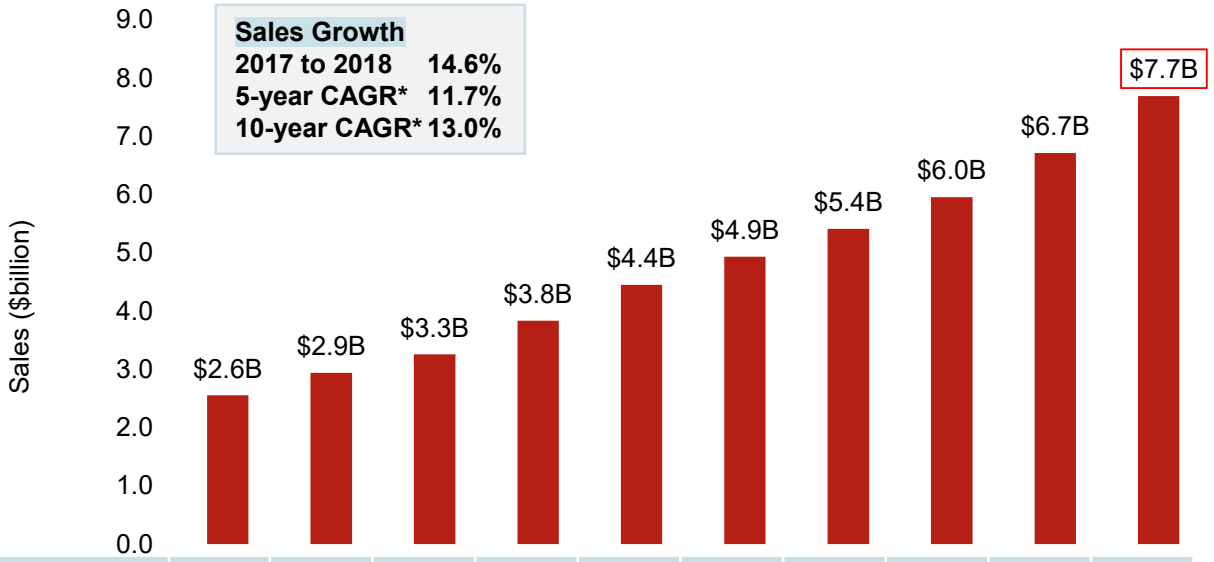
The first biosimilar was introduced in Canada in 2009. By 2018, a total of nine biologic medicines had one or more biosimilars approved for sale in Canada, offering the promise of lower prices and market competition. However, biosimilar sales only amounted to $146 million in 2018 or 1.9% of the $7.7 billion biologic market.

This is a complex market space, and while there has been a successful uptake of biosimilars in many other countries, Canada has lagged behind. One clear example of this is the billion dollar Canadian market for infliximab. In 2018, the originator biologic, Remicade, still accounted for the vast majority of infliximab sales although biosimilars had been available for a number of years.

Biologics are a class of medicines formed from living organisms or from their cells using advanced biotechnology processes. They are typically larger and more complex than chemically produced pharmaceutical drugs. In Canada, biologic drugs are listed in Schedule D of the *Food and Drugs Act*.

Health Canada defines a **biosimilar** as a biologic drug that is highly similar to a biologic drug that was already authorized for sale. There are no expected clinically meaningful differences in efficacy and safety between a biosimilar and the **originator or reference** biologic.

Sales of biologic medicines in Canada, 2009 to 2018



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Biologic share of pharmaceutical sales	13.5%	15.1%	17.2%	19.9%	22.7%	24.0%	24.7%	25.9%	27.4%	30.1%
Biologic sales per capita	$76	$86	$95	$110	$127	$139	$151	$164	$183	$208
Biosimilar sales ($million)	**<$0.1**	**$0.1**	**$0.9**	**$2.0 (0.1%)**	**$3.3 (0.1%)**	**$4.3 (0.1%)**	**$5.7 (0.1%)**	**$12.5 (0.2%)**	**$60.8 (0.9%)**	**$146.3 (1.9%)**

Note: Includes all prescription biologics and insulin biologics sold in Canada as of 2018.
* CAGR, compound annual growth rate.
Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018.

Methods and Limitations

This analysis focuses on biologic medicines with sales in the Canadian market as of 2018.

(1) List of Medicines

Biologic medicines were selected for analysis based on the following criteria:

- **Biologic (Schedule D)** as per Health Canada's Drug Product Database (DPD)

AND

- **Prescription biologic (Schedule-Prescription)** as per Health Canada's DPD

All insulin biologics were included in the analysis, regardless of whether they required a prescription in Canada.

Exclusions: To improve consistency in the analysis of international comparisons, certain therapeutic classes, such as sera and immunoglobulins and diagnostic agents were excluded from the sample analyzed.

(2) International Analysis

Biologics containing the same medicinal ingredients as those identified in the **List of Medicines** were included in the international analysis.

The international markets examined include the Organisation for Economic Co-operation and Development (OECD) members, with a focus on the seven countries the PMPRB currently considers in reviewing the prices of patented medicines (PMPRB7): France, Germany, Italy, Sweden, Switzerland, the United Kingdom, and the United States.

(3) Canadian Market Analysis

The results reported for the private and public drug plans in Canada reflect the biologics selected for this study. This selection may vary from other PMPRB reports.

Drug costs reported are the amounts accepted toward reimbursement and do not reflect off-invoice price rebates or price reductions resulting from confidential product listing agreements.

1. International Sales and Price Comparison

Biologic medicines account for a significant share of global pharmaceutical sales.

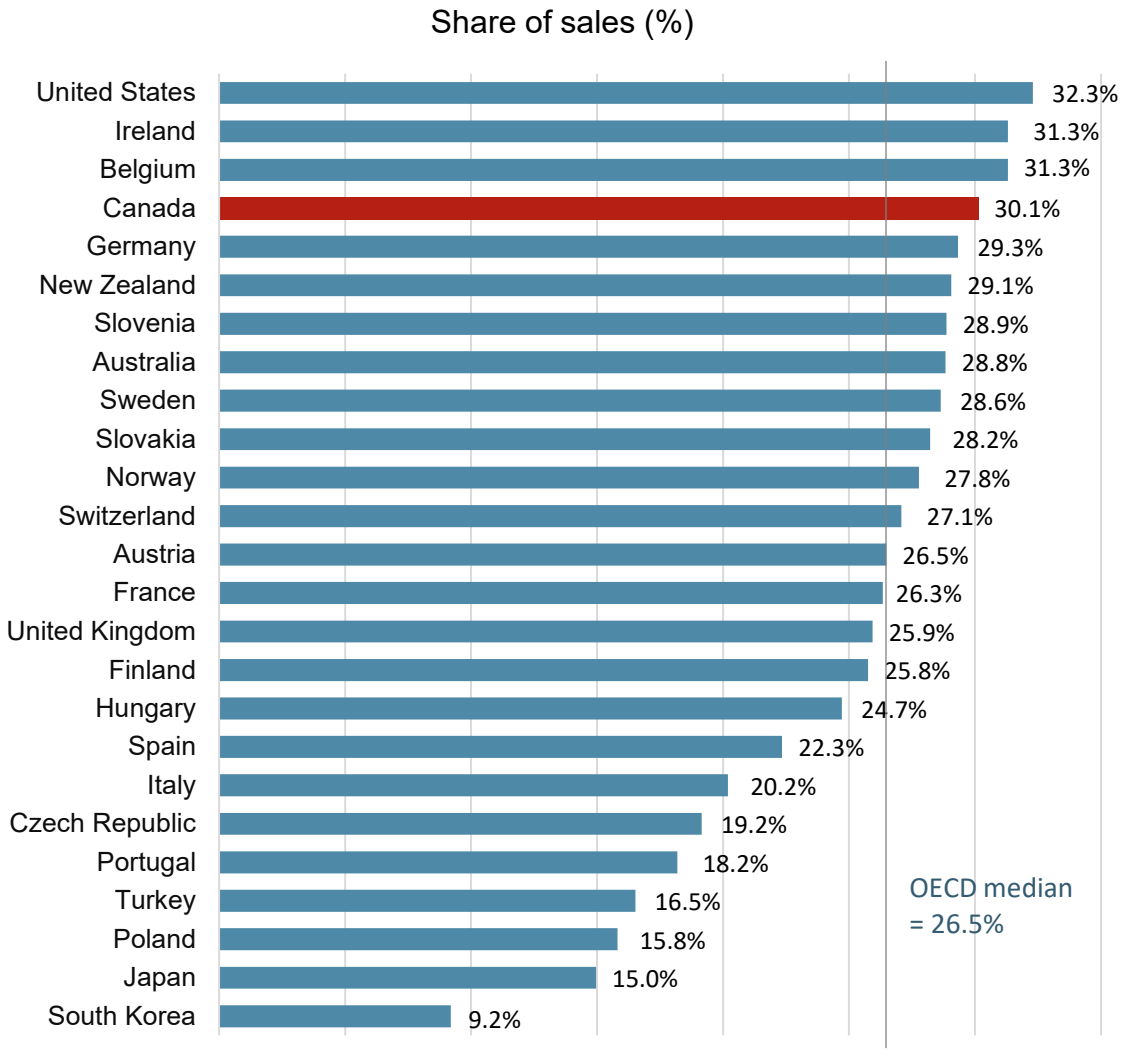
This section reports on the market dynamics of biologics approved in Canada, exploring domestic and international trends for these medicines.

The results primarily reflect the sales and use of originator biologics, as they make up almost the entire Canadian market.

Biologic medicines account for almost one third of the total pharmaceutical sales in Canada

The biologic medicines approved in Canada also made up a large share of pharmaceutical sales in international markets. The median OECD sales share of these medicines was 26.5% in 2018, slightly lower than in Canada, which ranked fourth among the OECD countries.

FIGURE 1.1 Biologic medicine share of total pharmaceutical sales, OECD, 2018



Note: The analysis includes all prescription biologics and insulin biologics sold in Canada as of 2018.

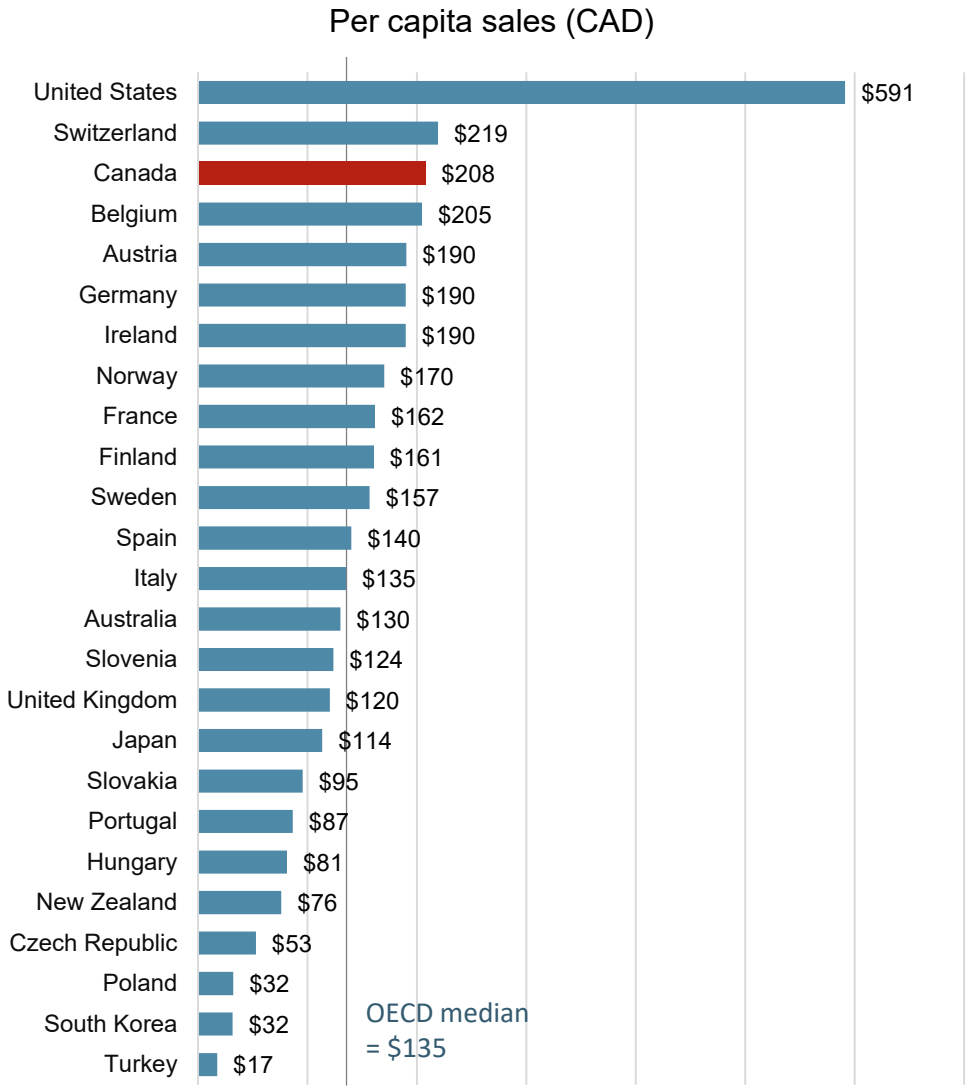
Countries with limited sales data were excluded from this analysis.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018.

Canada spends more on biologics per capita than almost all other industrialized countries

Canadians spent an average of $208 per person on biologic medicines in 2018. This represented the third highest per capita sales among the OECD countries, well above the international median of $135.

FIGURE 1.2 Per capita sales of biologic medicines, OECD, 2018



Note: The analysis includes all prescription biologics and insulin biologics sold in Canada as of 2018.

Countries with limited sales data were excluded from this analysis.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

Canadian prices for originator biologics are among the highest in the OECD

The average price of originator biologics in Canada was the fourth highest in the OECD in 2018. While average US prices were considerably higher than those of any other country, the international median price was 16% lower than the Canadian level.

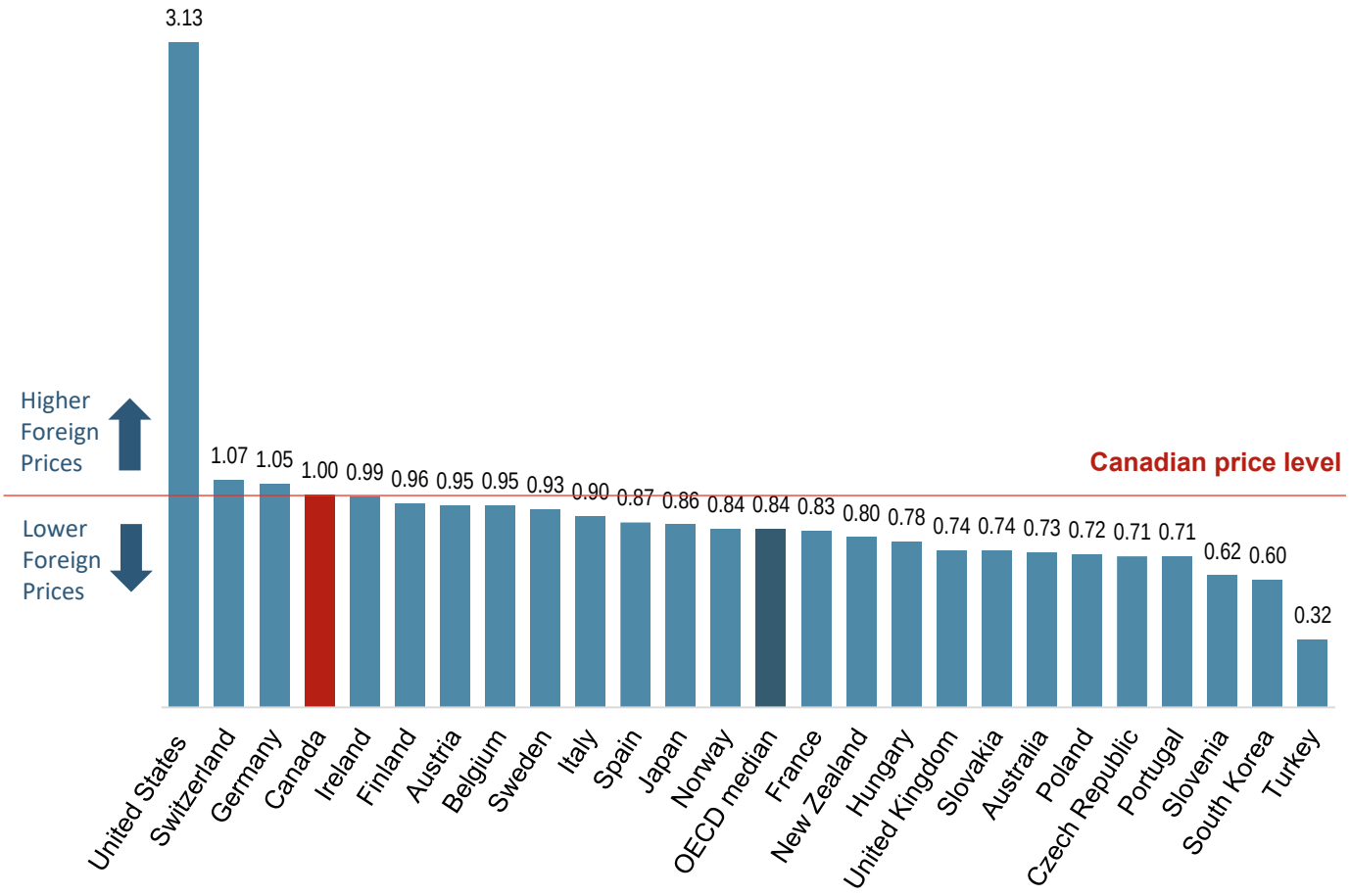
Note: The analysis includes all originator prescription biologics and insulin biologics sold in Canada as of 2018.

Countries with limited sales data were excluded from this analysis.

For details on how foreign-to-Canadian price ratios are calculated, see the reference documents section of the Analytical Studies page on the PMPRB website.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

FIGURE 1.3 Average bilateral foreign-to-Canadian price ratios for originator biologics, OECD, 2018



2. Biologic Market in Canada

Biologics are specialty medicines that generally have high treatment costs. This section explores the cost of these medicines to public and private payers in Canada.

The analysis of public payers focuses on the jurisdictions participating in the NPDUIS initiative: all of the provincial public plans (with the exception of Quebec), Yukon, and the Non-Insured Health Benefits (NIHB) Program. These plans together account for approximately one third of the total annual spending on prescription drugs in Canada.

Note that plan designs, reimbursement policies, and reporting practices, as well as variations in the demographic and disease profiles of the beneficiary populations, vary widely across jurisdictions and limit comparability of the results.

The 10 top-selling originator biologics account for over half of all biologic sales in Canada

In Canada, the sales of originator biologics are highly concentrated, with the 10 top-selling medicines accounting for 55% of biologic sales or 17% of the total pharmaceutical market in 2018.

TABLE 2.1 Market share for the 10 top-selling originator biologics in Canada, 2018

Originator biologic (medicine)	**Sales ($million)**	**Share of biologic sales**	**Share of pharmaceutical sales**
Remicade (infliximab)	$1,081	14.1%	**4.2%**
Humira (adalimumab)	$800	10.4%	3.1%
Eylea (aflibercept)	$493	6.4%	1.9%
Stelara (ustekinumab)	$338	4.4%	1.3%
Lucentis (ranibizumab)	$317	4.1%	1.2%
Enbrel (etanercept)	$291	3.8%	1.1%
Lantus (insulin glargine)	$273	3.5%	1.1%
Rituxan (rituximab)	$266	3.5%	1.0%
Keytruda (pembrolizumab)	$202	2.6%	0.8%
Herceptin (trastuzumab)	$186	2.4%	0.7%
Total	**$5,534**	**55.2%**	**16.6%**

Note: Sales are reported at the trade name level and include all indications.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

High-cost medicines account for 70% of biologic spending in Canada

Biologic medicines with average annual costs exceeding $10,000 made up $5.4 billion of the $7.7 billion in biologic sales in 2018.

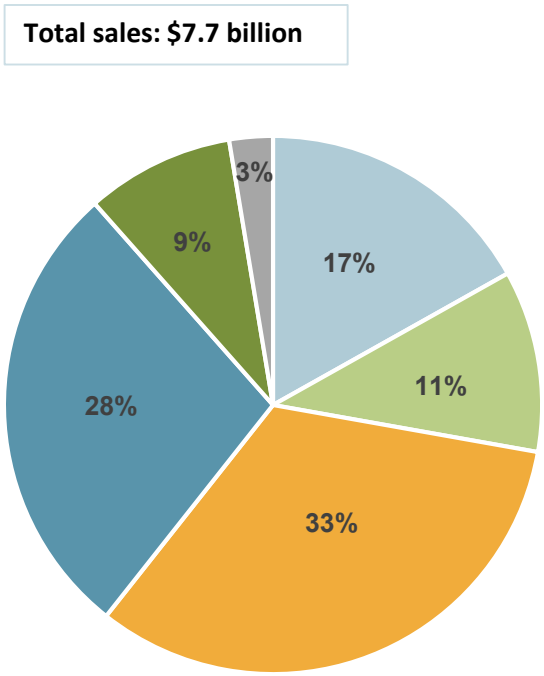
Note: Annual treatment costs are based on average annual per beneficiary costs for public and private plans.

* Expensive drugs for rare diseases (EDRDs) are defined as medicines having an FDA or EMA orphan designation and an annual treatment cost greater than $100,000 for non-oncology medicines or $7,500 per 28-day course of treatment for oncology medicines.

† Values may not add to total due to rounding.

Data source: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information; IQVIA Private Pay Direct Drug Plan Database, 2018; IQVIA MIDAS® Database, prescription retail and hospital markets, 2018 (all rights reserved).

FIGURE 2.1 Biologic medicine sales distribution by treatment cost, Canada, 2018



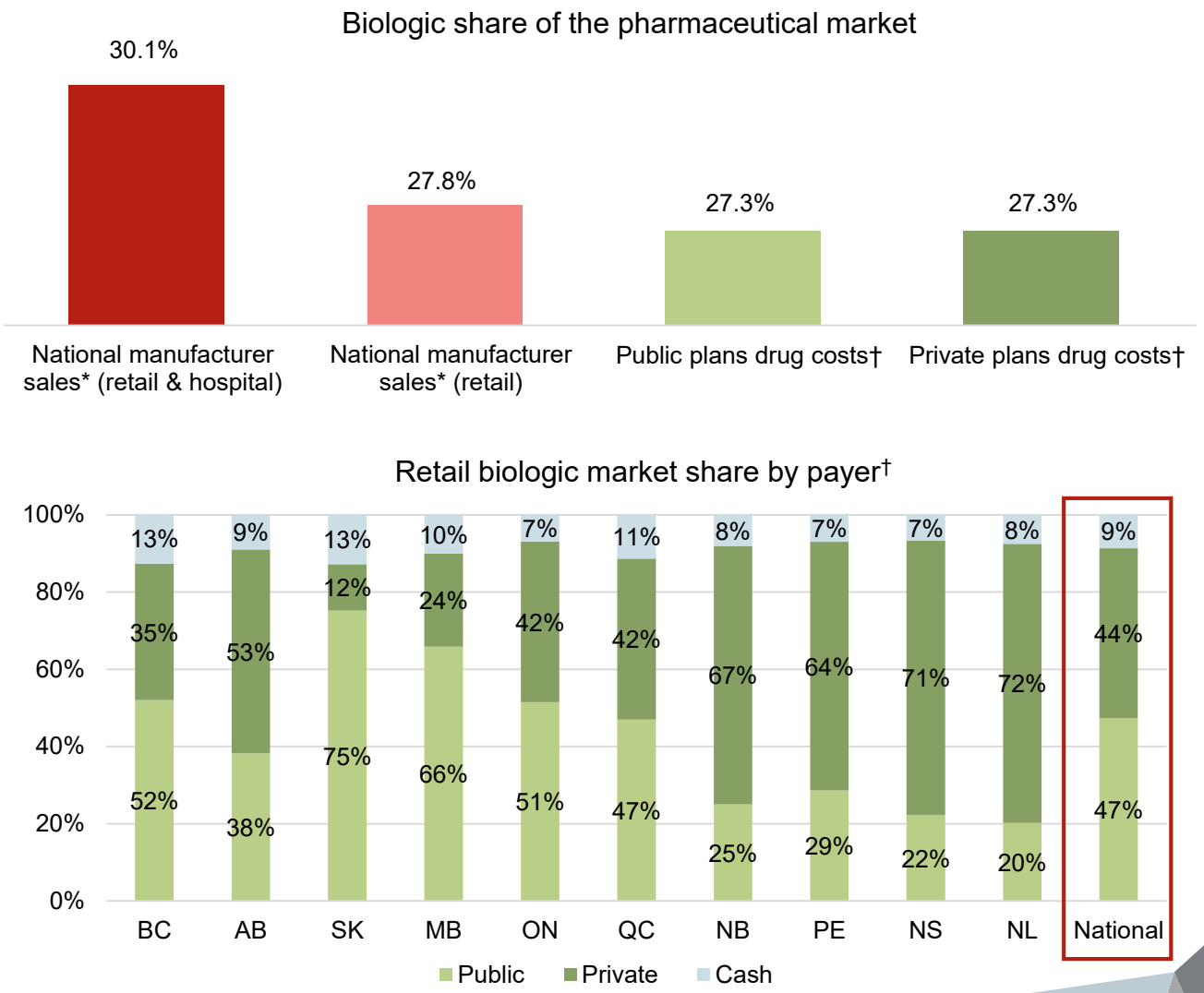
Treatment cost	Sales	Oncology	Other
<$5K	$1.3B	–	$1.3B
$5K to $10K	$0.8B	–	$0.8B
$10K to $20K	$2.5B	$0.3B	$2.3B
>$20K	$2.2B	$0.4B	$1.8B
EDRD*	$0.7B	$0.5B	$0.2B
NA	$0.2B	–	$0.2B
Total†	$7.7B	$1.2B	$6.5B

Biologics make up an important market segment for both public and private payers in Canada

Spending on biologic medicines made up 27.3% of the drug costs for both public and private plans with data reported in 2018.

The retail market for biologics in Canada is almost equally split between public and private payers. The variation across jurisdictions is influenced by individual plan designs.

FIGURE 2.2 Biologic medicine market shares by payer, Canada, 2018



* At manufacturer price levels.

† Drug costs include markups but exclude dispensing costs.

Data source:

National: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

Public plans: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.

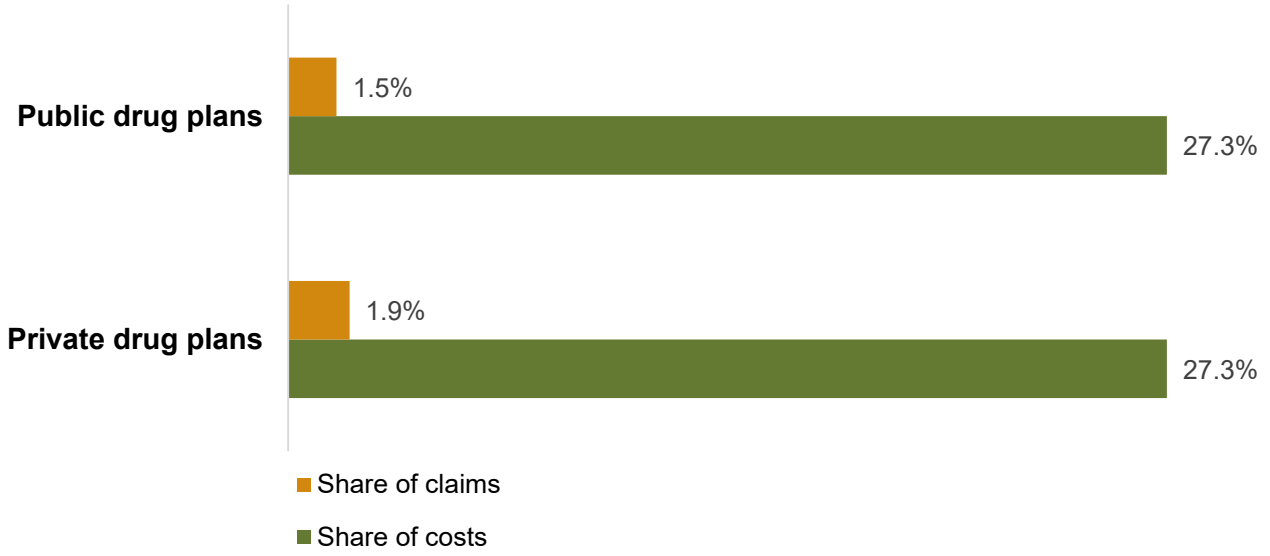
Private plans: IQVIA Private Pay Direct Drug Plan Database, 2018.

Market share by payer: IQVIA Payer Insights Database, 2018.

Biologics account for a disproportionately high share of drug plan costs compared to their share of claims

Although biologic medicines represented 27% of the total drug costs for Canadian public and private plans in 2018, their share of claims was much lower, at 1.5% and 1.9%, respectively. This is due, in part, to the high cost of biologics relative to other types of medicines. Also, because they are delivered by infusion or injection, many biologics may not be dispensed as frequently as other medicines.

FIGURE 2.3 Biologic medicine share of total claims and drug costs, Canadian public and private drug plans, 2018



Note: Drug costs include markups but exclude dispensing costs.

Data source:

Public plans: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.

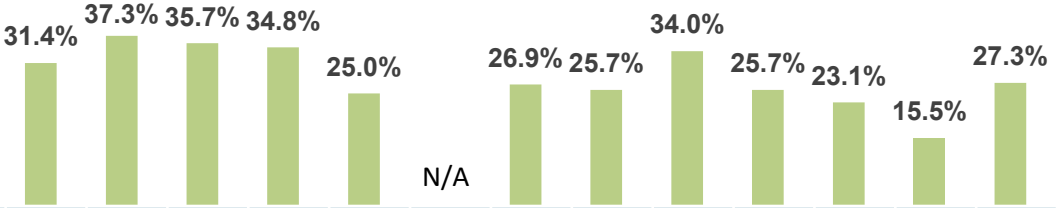
Private plans: IQVIA Private Pay Direct Drug Plan Database, 2018.

There is a marked variation in the biologic share of costs and claims across Canadian public and private drug plans

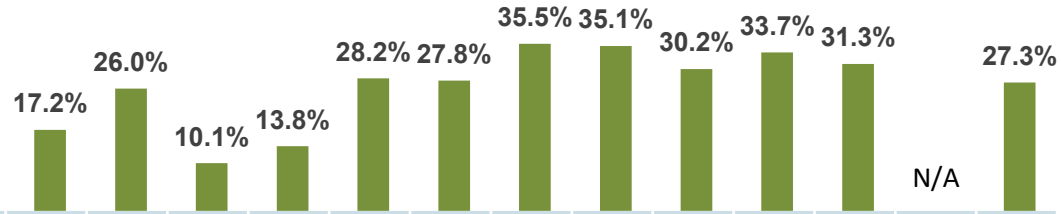
The variation among provinces is influenced, in part, by the types of public drug program offered in each jurisdiction and the medicines that they cover.

The biologic share of drug costs in the private market in each province is likely impacted by their coverage in the public drug programs.

FIGURE 2.4 Biologic medicine share of total drug costs and claims, Canadian public and private drug plans by jurisdiction, 2018



Biologic share of costs	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NIHB	Total
Biologic share of claims	1.5%	2.2%	3.1%	1.7%	1.3%	—	1.6%	2.3%	4.0%	2.1%	2.7%	1.5%	**1.5%**



Biologic share of costs	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NIHB	Total
Biologic share of claims	2.0%	2.5%	1.3%	1.5%	2.2%	1.5%	2.4%	2.9%	3.4%	2.6%	3.0%	—	**1.9%**

Data source:

Public plans: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.

Private plans: IQVIA Private Pay Direct Drug Plan Database, 2018.

3. Biosimilar Uptake and Pricing

An increasing number of biosimilars have entered the market in recent years. While European countries have experienced some success in terms of early market entry, price discounts, and uptake, Canada has lagged behind.

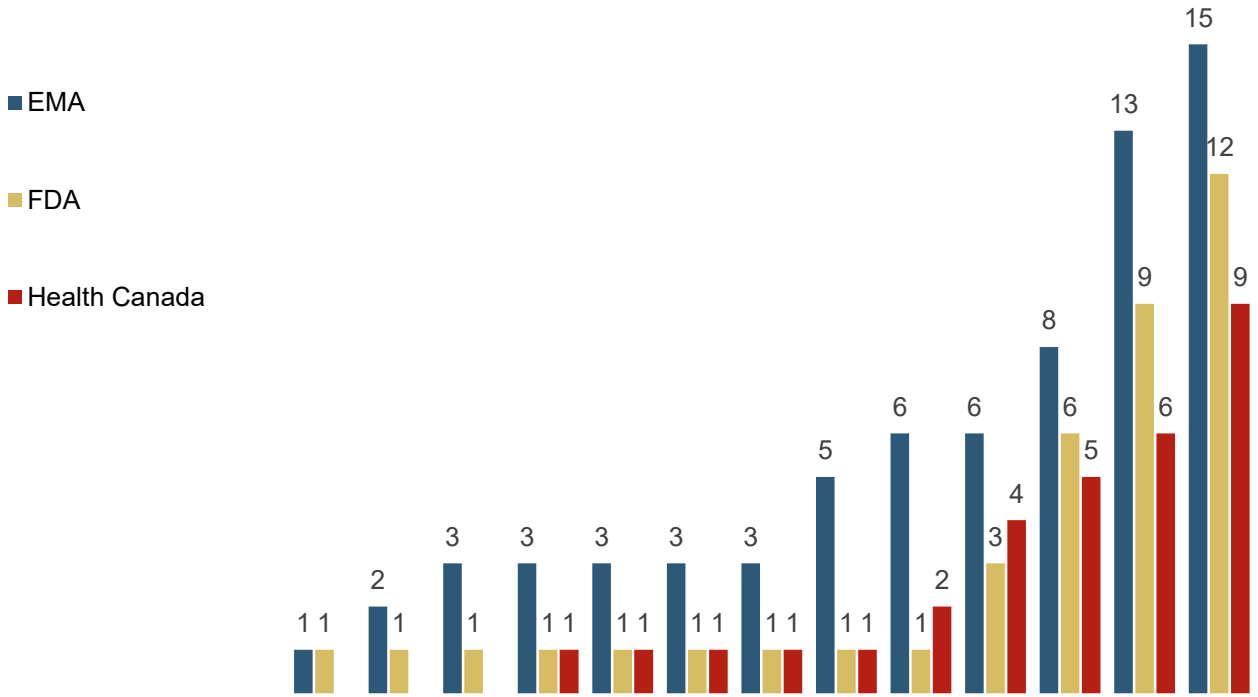
This section explores some of the differences between Canadian and international markets in terms of the number of biosimilar approvals, as well as uptake and pricing, based on publicly available information. It also looks more closely at the uptake of individual biosimilar medicines available in Canada.

The time between the approval and first sales of biosimilars medicines in a market is influenced by a variety of factors including the length of the remaining patent protection for the originator biologic and any relevant patent litigation, as well as the manufacturer's decision to launch a biosimilar and the timing of that decision.

An increasing number of biosimilars have received market approval in recent years

As of the end of 2018, biosimilars for 15 distinct biologic medicines were approved by the European Medicines Agency (EMA), the US Food and Drug Administration (FDA), or Health Canada, with the majority introduced to the market within the last four years.

FIGURE 3.1 Cumulative number of medicines* with biosimilars approved in Europe, the US, or Canada, 2006 to 2018



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Cumulative no. of medicines with approved biosimilars*	**1**	**2**	**3**	**3**	**3**	**3**	**3**	**5**	**6**	**6**	**9**	**14**	**15**

* All available trade names are counted as one biosimilar medicine (e.g., multiple biosimilar trade names referencing the same originator biologic).

Data source: US Food and Drug Administration, European Medicines Agency, and Health Canada databases.

Canada lags behind Europe in the number of biosimilars approved and marketed

By the end of 2018, Health Canada had approved biosimilars for 9 of the 15 biologic medicines, and 5 of these had recorded sales in Canada. By comparison, biosimilars for all 15 medicines were approved in Europe, and there were recorded sales for all but 2.

In 2019, biosimilars for trastuzumab and rituximab were approved by Health Canada and recorded first sales. In addition, first sales were recorded for three other biosimilar medicines: bevacizumab, insulin lispro, and pegfilgrastim.

TABLE 3.1 Initial biosimilar approvals and market availability in Europe, the US, and Canada as of Q4-2018

Medicine (originator biologic)						
	Approval	**First sales**	**Approval**	**First sales**	**Approval**	**First sales**
Infliximab (Remicade)	Sept-13	Q4-2013	Apr-16	Q4-2016	Jan-14	**Q1-2015**
Adalimumab (Humira)	Mar-17	Q4-2018	Sept-16		May-18	
Etanercept (Enbrel)	Jan-16	Q1-2016	Aug-16		Aug-16	**Q4-2016**
Trastuzumab (Herceptin)	Nov-17	Q2-2018	Dec-17			
Insulin glargine (Lantus)	Sept-14	Q2-2015	Dec-15*	Q4-2016	Sept-15	**Q1-2016**
Rituximab (MabThera/Rituxan)	Feb-17	Q2-2017	Nov-18			
Filgrastim (Neupogen)	Sept-08	Q4-2008	Mar-15	Q3-2015	Dec-15	**Q2-2016**
Bevacizumab (Avastin)	Jan-18		Sept-17		Apr-18	
Epoetin alfa (Eprex/Erypo)	Aug-07	Q4-2007	May-18	Q3-2018		
Insulin lispro (Humalog)	Jul-17	Q4-2017	Dec-17*	Q1-2018	Nov-17	
Enoxaparin† (Clexane/Lovenox)	Sept-16	Q1-2017	N/A	N/A		
Pegfilgrastim (Neulasta)	Sept-18	Q4-2018	Jun-18	Q3-2018	Apr-18	
Somatropin (Genotropin)	Apr-06	Q2-2006	May-06*	Q1-2007	Apr-09	**Q3-2009**
Teriparatide (Forsteo/Forteo)	Jan-17		*			
Follitropin alfa (GONAL-f)	Sept-13	Q2-2014				
Total	**15**	**13**	**12**	**7**	**9**	**5**

* Approved or will be approved via 505(b)(2) pathway in the United States.

† Lovenox was not approved under a Biologic License Application in the US. While generic versions of the originator medicine have been approved under the FDA's Abbreviated New Drug Application, they are not reflected in this analysis.

Data source: US Food and Drug Administration (FDA), European Medicines Agency (EMA), and Health Canada databases. IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

The prices of some biosimilars are markedly higher in Canada

Despite offering comparable discounts, prices of four of the five biosimilars sold in Canada were higher than in international markets in 2018. This was likely due to the variation in the prevailing originator prices.

For example, although Canada had a greater biosimilar discount for insulin glargine, the average price level in the OECD was 23% lower than the price in Canada in the last quarter of 2018.

TABLE 3.2 Prices and discount rates of biosimilars with sales as of Q4-2018

Medicine	Biosimilar price in Canada (CAD)	Foreign-to-Canadian price ratios		Biosimilar discount relative to price† of originator biologic		
		PMPRB7*	OECD	Canada	Median PMPRB7*	Median OECD
Infliximab	$535.95	1.09	0.83	45.8%	33.2%	35.5%
Adalimumab	–	–	–	–	26.4%	34.9%
Etanercept	$259.68	0.91	0.82	34.3%	31.1%	30.8%
Insulin glargine	$14.31	0.84	0.77	23.6%	16.6%	20.3%
Rituximab	–	–	–	–	27.5%	28.5%
Trastuzumab	–	–	–	–	25.9%	29.5%
Filgrastim	$166.41	0.61	0.37	21.0%	36.4%	51.4%
Epoetin alfa	–	–	–	–	34.6%	35.9%
Insulin lispro	–	–	–	–	17.3%	21.8%
Enoxaparin	–	–	–	–	22.9%	22.9%
Pegfilgrastim	–	–	–	–		28.0%
Somatropin	$262.42	1.70	1.01	‡	28.8%	37.6%
Follitropin alfa	–	–	–	–	16.9%	20.5%
Sales-weighted average		**0.85**	**0.61**	**30.0%**	**26.0%**	**30.7%**

Note: Prices and discounts are reported as sales-weighted averages of all available forms and strengths.

* France, Germany, Italy, Sweden, Switzerland, the United Kingdom, and the United States.

† The median discounts were calculated based on the price of the biosimilar as of Q4-2018 and the originator in the quarter before biosimilar introduction.

‡ Could not be calculated due to data limitations.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, Q4-2018.

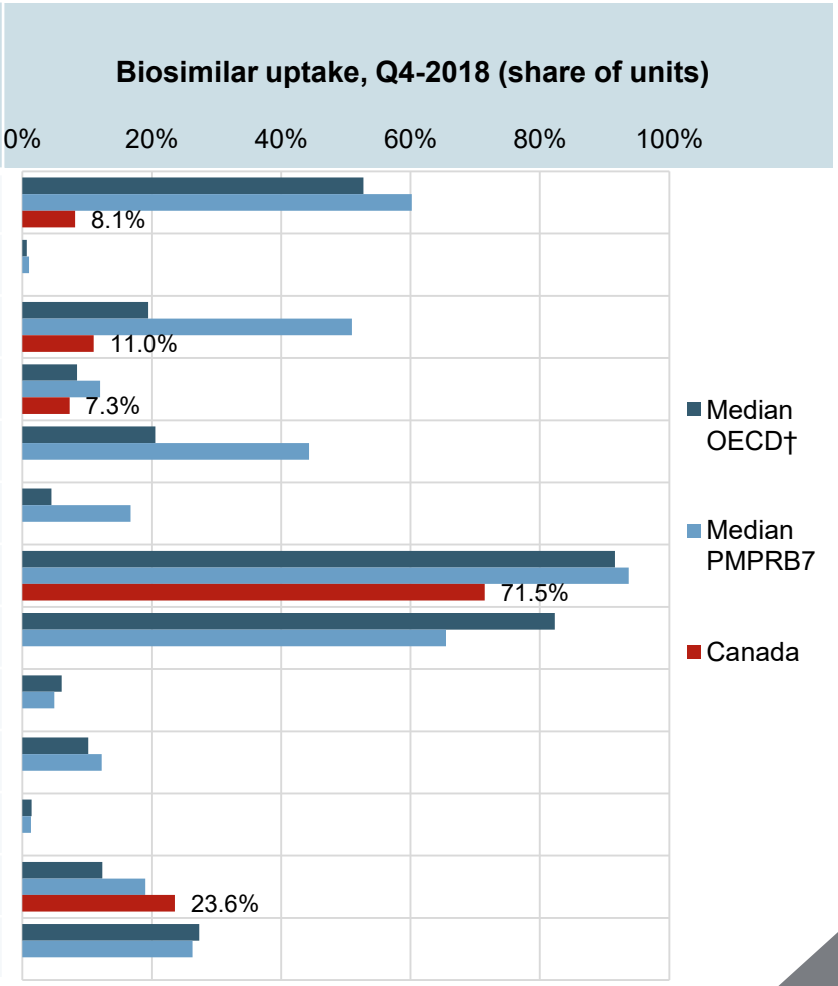
Biosimilar uptake in Canada is relatively modest compared to other OECD markets

At the end of 2018, only the somatropin biosimilar had outpaced international uptake. Even after considering the time of launch, the uptake of infliximab, etanercept, and insulin glargine biosimilars in Canada lagged behind other countries.

Filgrastim, with a biosimilar uptake of 71.5%, was much closer to the international norms. This medicine, which is prescribed for acute indications, is predominantly prescribed to treatment-naïve patients, which may account for its higher uptake.

FIGURE 3.2 Biosimilar share of units, by medicine, in Canada, OECD, and PMPRB7 as of Q4-2018

Biologic medicine	Sales in Canada, 2018 ($million)
Infliximab	$1,123
Adalimumab	$800
Etanercept	$309
Insulin glargine	$285
Rituximab	$266
Trastuzumab	$186
Filgrastim*	$133
Epoetin alfa*	$103
Insulin lispro	$77
Enoxaparin sodium*	$58
Pegfilgrastim*	$47
Somatropin	$43
Follitropin alfa*	$18



* Generally used to treat acute conditions.

† Canada is excluded from the median OECD value.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, 2018. All rights reserved.

Factors that may influence biosimilar uptake in Canada

Factor	Description
Interchangeability	**In Canada, as in most countries, biosimilars are not interchangeable with the reference biologic** ▪ The decision to prescribe a biosimilar or switch an existing patient to the biosimilar version rests primarily with the prescribing physician ▪ Not all biosimilars are approved for the same indication(s) as the originator biologic ▪ Payers can play a significant role by encouraging the use of biosimilars through preferential reimbursement policies
Payer policies	**Most Canadian public payers have implemented policies of reimbursing the biosimilar for naïve patients – with limited impact,** as nothing prevents the physician from prescribing a different brand-name medicine
Switching	**Switching from an ongoing biological treatment to an approved biosimilar has not been encouraged in Canada until recently** ▪ New initiatives include biosimilar switching policies in British Columbia and Alberta, and the biosimilar transition program offered by Green Shield
Maintaining market share	**Strategies/initiatives undertaken by the manufacturer of the originator biologic that may limit the uptake of biosimilars:** ▪ Free reference biologics reportedly offered to hospitals, where treatment is often initiated ▪ Exclusivity agreements with third-party infusion clinic networks ▪ Fees to specialists for administering the medicine ▪ Patient Support Programs: offer services like access to clinics and reimbursement navigation

4. Infliximab Case Study

Infliximab was one of the first biologic medicines with biosimilar sales in Canada.

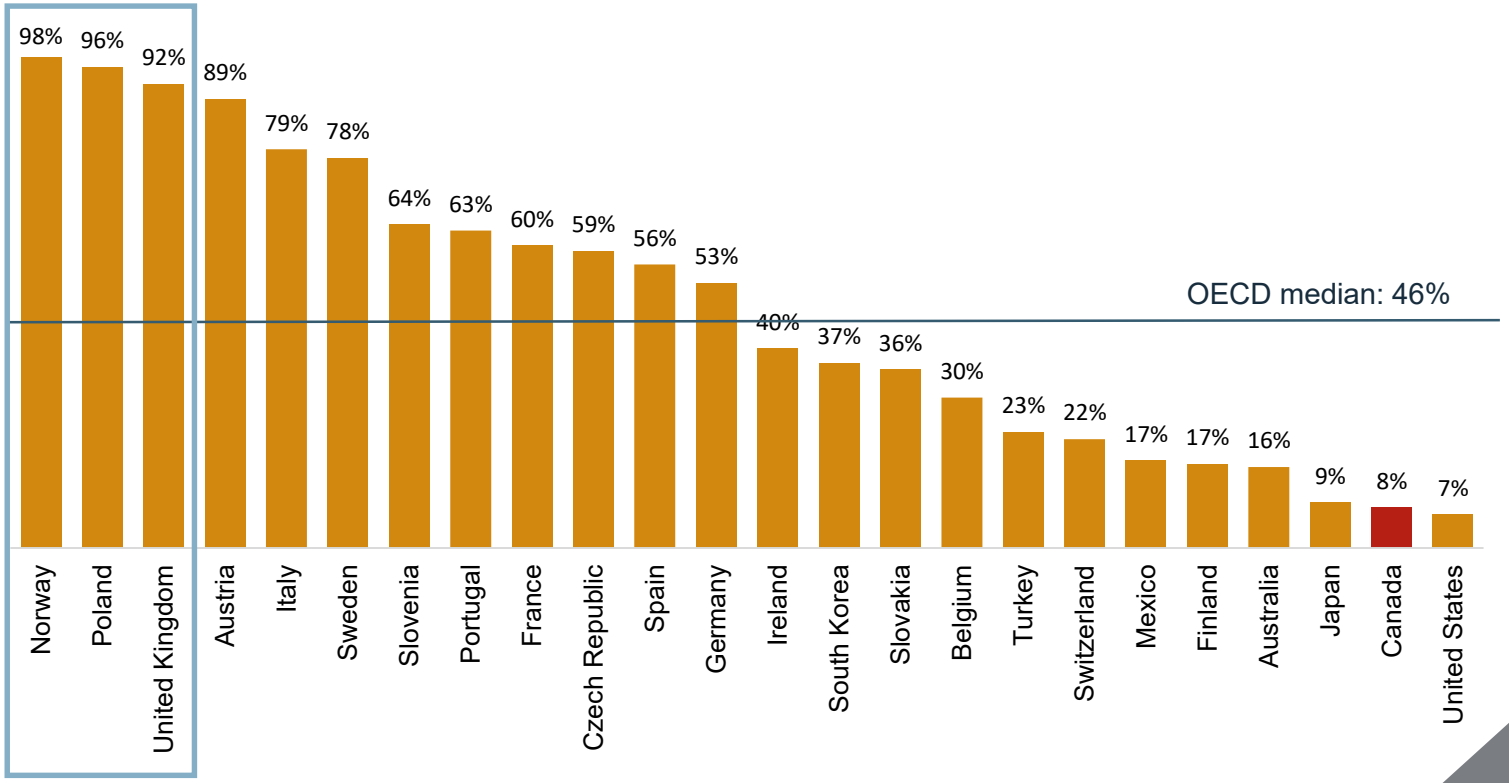
Although the biosimilar Inflectra was first sold in Canada in 2015, its uptake has been limited, and by the end of 2018 the originator biologic Remicade still maintained a significant market share. This analysis examines the relative use and costs of Remicade and Inflectra in Canadian public drug plans within the context of their therapeutic class of disease-modifying antirheumatic drugs (DMARDs).

This section also compares the overall Canadian experience with the policy-driven uptake of infliximab biosimilars in international markets. These policies include switching, which is a physician-driven decision to exchange one medicine for another during the course of treatment, and substitution, which is the practice of dispensing an alternate medicine at the pharmacy level without consulting the prescriber.

Canada lags well behind other OECD countries in terms of infliximab biosimilar uptake

The uptake of Inflectra in Canada was only 8% in 2018, well below the OECD median of 46% for infliximab biosimilars.

FIGURE 4.1 Uptake of infliximab biosimilars (share of units), OECD, Q4-2018

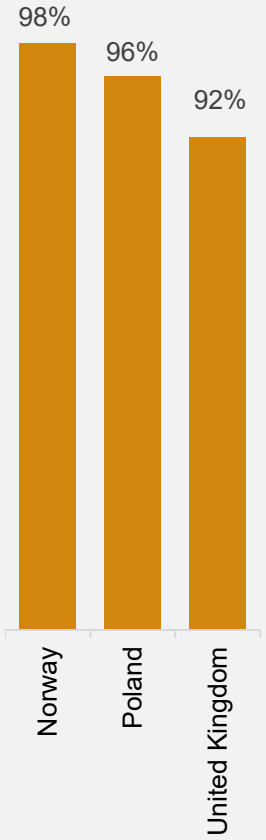


Note: Countries with limited data were excluded from the analysis.

Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, Q4-2018.

International success in biosimilar uptake is driven by high-impact policies and initiatives

The uptake of infliximab biosimilars in Norway, Poland, and the United Kingdom exceeded 90% in 2018, well above the OECD median.



Data source: IQVIA MIDAS® Database, prescription retail and hospital markets, Q4-2018. All rights reserved.

FIGURE 4.2 Select European biosimilar policies and initiatives for infliximab, Norway, Poland, and the United Kingdom, 2018

Norway	**National single-winner tender –** Physicians are required to prescribe the cheapest medicine (hospital use and some outpatient use products). **Switching –** This is allowed and common in practice. **Physician education –** The **NOR-SWITCH** study demonstrated that the infliximab biosimilar Remsima was not inferior to Remicade.
Poland	**Substitution** – Biosimilar substitution is allowed. **Tendering** – Patients are required to use the tender winning medicine. **Initiation –** Therapy-naïve patients with IBD should be initiated on the biosimilar. **Switching –** The Ministry of Health "takes the view that any exchange within the scope of drugs containing infliximab at any level of therapy is permissible."*
United Kingdom	**Initiation** – The treatment should be initiated with the cheapest available biologic medicine. **Switching** – Pilot switching programmes from Remicade to biosimilars of infliximab were found to be highly acceptable to patients and clinicians. **Guidance –** The National Health Service in England recommended that 9 out of 10 new patients should be initiated on the best value medicine within 3 months of a biosimilar launch, and at least 80% of existing patients should be switched to the best value biologic within 12 months.

* Medicines for Europe, Biosimilar Medicines Sector Group. 2019. *Positioning statements on physician-led switching for biosimilar medicines*. Brussels, Belgium.

Data source: International Policies on the Appropriate Use of Biosimilar Drugs, CADTH. Additional references were consulted for polices in Poland and the UK, see the Endnotes.

Only a small number of patients using Remicade switch to the biosimilar

Patients already established on treatments make up most of the biologic DMARD market.

While infliximab continued to account for 30% of the biologic DMARD patients and 45% of the drug costs for Canadian public plans in 2017/18, Inflectra only represented 1% of patients and 0.6% of costs.

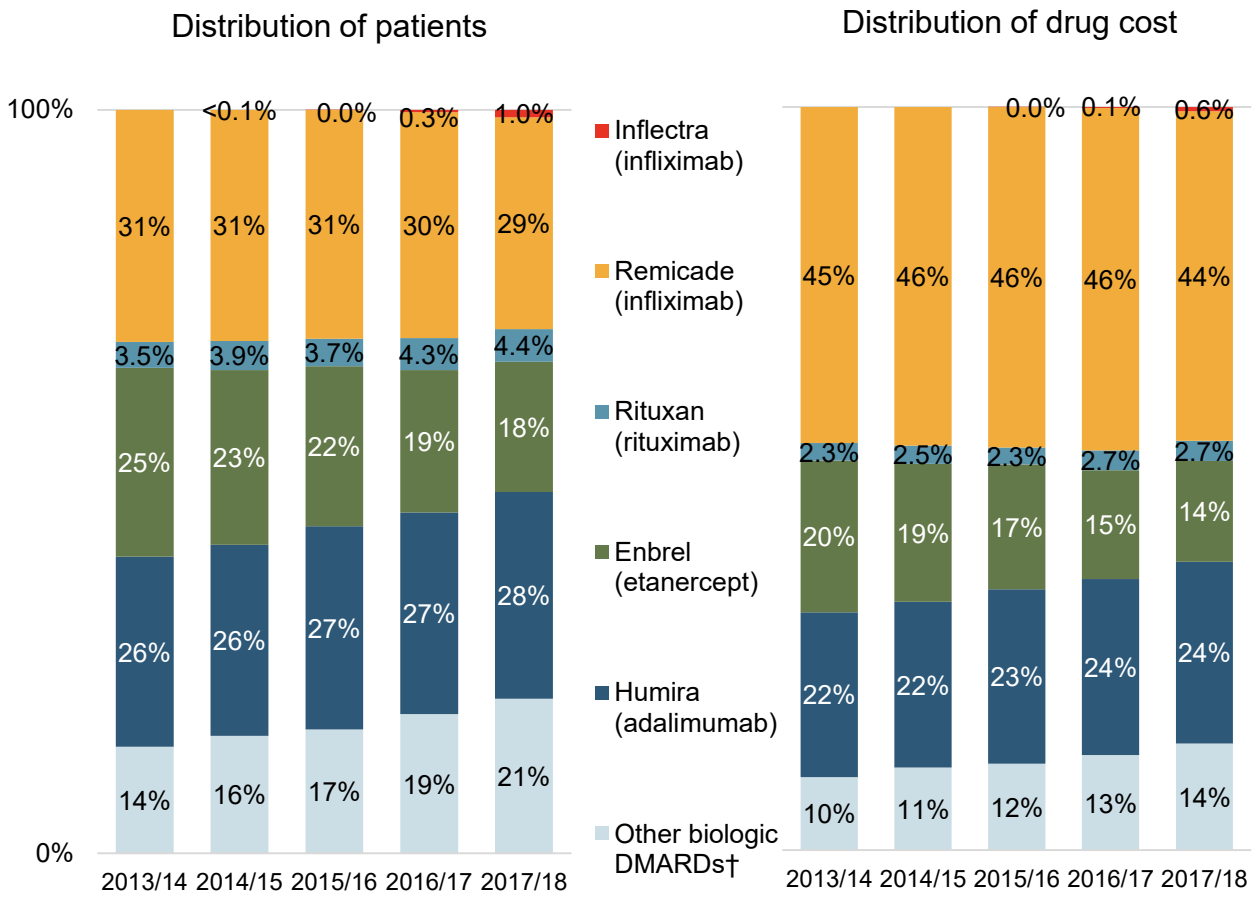
Note: Results apply to Canadian public drug plans participating in the NPDUIS initiative.

* Disease-modifying antirheumatic drugs are commonly used in the treatment of rheumatoid arthritis as well as other inflammatory conditions such as plaque psoriasis and inflammatory bowel disease.

† Includes Simponi, Orencia, Actemra, and Cimzia.

Data source: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.

FIGURE 4.3 Distribution of established patients on biologic DMARDs* before and after the introduction of Inflectra, Canadian public drug plans, 2013/14 to 2017/18

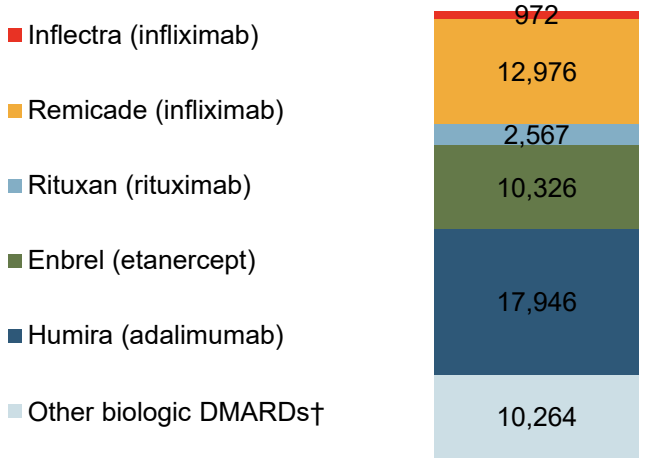


Switching patients to biosimilars could result in significant savings

Patients using biologic DMARDs made up less than 1% of the eligible beneficiaries in public plans in fiscal year 2017/18, but accounted for over 10% of all drug costs.

FIGURE 4.4 Distribution of patients on biologic DMARDs*, public drug plans, 2017/18

Number of beneficiaries using biologic DMARDs	55,051



All public plans	
Total no. of active beneficiaries (thousands)	**6,912.4**
Share of active beneficiaries using biologic DMARDs	**0.8%**
Drug cost for biologic DMARDs (millions)	**$1,019.6**
Share of total drug costs	**11.2%**

Note: Results apply to Canadian public drug plans participating in the NPDUIS initiative.

* Disease-modifying antirheumatic drugs (DMARDs) are commonly used in the treatment of rheumatoid arthritis as well as other inflammatory conditions such as plaque psoriasis and inflammatory bowel disease.

† Includes Simponi, Orencia, Actemra, and Cimzia.

Data source: National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.

Biosimilar Initiatives in Canada

Given the high cost of biologics in Canada, biosimilars offer the potential for important savings. Recently, Canadian payers have undertaken a number of initiatives to increase biosimilar uptake, which are outlined in the table below.

The second part in the *Biologics in Canada* chartbook series will explore the potential for increased biosimilar savings in more detail.

Payer		Initiative
Public payers	Quebec	Quebec only reimburses the lowest priced version of infliximab.
	Manitoba	New patients are required to try two Tier 1 medicines before being reimbursed for a Tier 2 medicine; Tier 1 biologic medicines have been determined to be the most cost-effective.
	British Columbia	In 2019, British Columbia became the first Canadian province to initiate a switch to biosimilar medicines for patients covered under the PharmaCare program. Under the policy, patients using Enbrel, Remicade, and Lantus for specific indications are required to switch to the biosimilar.
	Alberta	Alberta announced that all patients taking Enbrel, Remicade, Lantus, Neupogen, Neulasta, and Copaxone for indications ranging from rheumatoid arthritis to diabetes and multiple sclerosis will be required to switch to the biosimilar.
Private payers		Green Shield Canada (GSC) initiated a pilot program in 2018. The program targeted patients taking Remicade and Enbrel for three rheumatic conditions and reduced reimbursement to the biosimilar price. Under the program, the patient could switch to the biosimilar or remain on the biologic and pay the cost difference. Since then, GSC has opened its biosimilar transition program to any sponsor who wishes to take part.

Acknowledgments

This analysis was prepared by the Patented Medicine Prices Review Board (PMPRB) as part of the National Prescription Drug Utilization Information System (NPDUIS) initiative.

The PMPRB wishes to acknowledge and thank the members of the NPDUIS Advisory Committee for their expert oversight and guidance in the preparation of this chartbook. Please note that the statements, findings, and conclusions do not necessarily reflect those of the members or their organizations.

Appreciation goes to Jared Berger for leading this project, as well as to Jeffrey Menzies, Elena Lungu, and Tanya Potashnik and for their oversight in its development. The PMPRB also wishes to acknowledge Nevzeta Bosnic for providing direction in the development of the analysis; Patrick McConnell, Blake Wladyka, and Jun Yu for their contribution to the analysis; and the editorial staff Carol McKinley, Sarah Parker, and Shirin Paynter.

Endnotes

Additional references consulted for biosimilar policies and initiatives in Poland and the United Kingdom:

Moorkens E, Vulto AG, Huys I, et al. 2017. *Policies for biosimilar uptake in Europe: An overview.* PLoS ONE. 12(12): e0190147. https://doi.org/10.1371/journal.pone.0190147

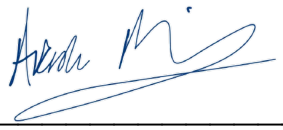
Braun J, Kudrin A. 2016. *Switching to biosimilar infliximab (CT-P13): Evidence of clinical safety, effectiveness and impact on public health*. Biologicals. 44(4): 257-266. https://doi.org/10.1016/j.biologicals.2016.03.006

Rémuzat C, Kapuśniak A, Caban A, et al. 2017. *Supply-side and demand-side policies for biosimilars: an overview in 10 European member states.* Journal of Market Access and Health Policy. 5(1). https://doi.org/10.1080/20016689.2017.1307315

National Health Service (NHS) England. 2018. *NHS set to save £150 million by switching to new versions of most costly drug.* Available: https://www.england.nhs.uk/2018/10/nhs-set-to-save-150-million-by-switching-to-new-versions-of-most-costly-drug/

Exhibit “R3”

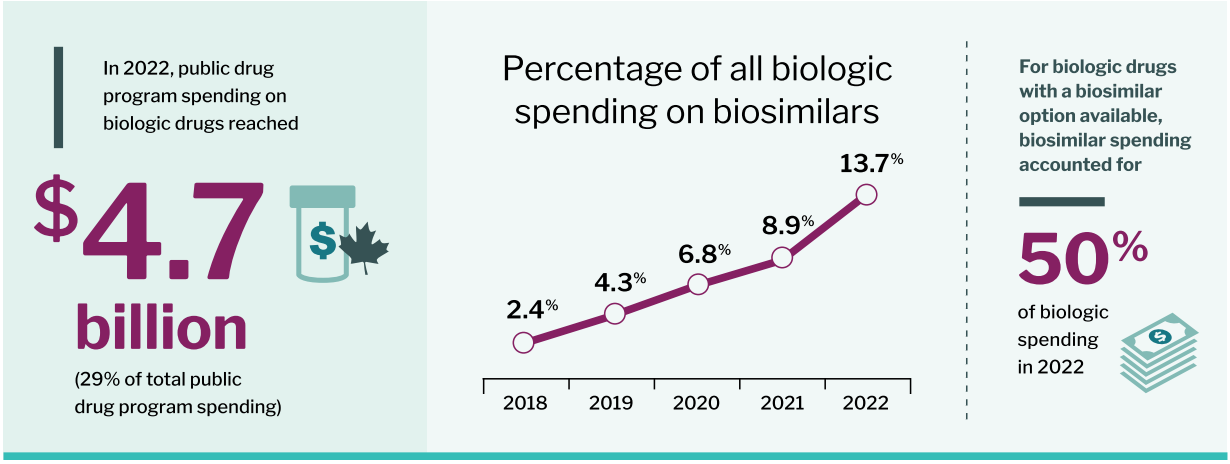
This is Exhibit “R3” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.



A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Prescribed drug spending in Canada, 2023



November 2, 2023 — Take an in-depth look at prescribed drug spending in Canada in 2022 and learn about how different drug classes contribute to current trends in total public drug program spending.

Key findings

Public drug program spending in Canada was $17.2 billion in 2022.

- Spending increased by 6.4% from 2021, compared with a 7.4% increase from 2020 to 2021.
- 43.3% of public drug program spending was for the 2.2% of beneficiaries for whom a drug program paid $10,000 or more.

A new drug to treat cystic fibrosis was the top contributor to increased spending.

- Trikafta (chemical name ivacaftor/tezacaftor/elexacaftor) was first marketed in Canada in 2021.
- Spending on Trikafta was $285 million in 2022 and represented roughly 25% of total growth in public drug program spending.

Spending on drugs to treat diabetes continued to grow.

- Spending on glucagon-like peptide 1 (GLP-1) analogues and sodium–glucose cotransporter 2 (SGLT2) inhibitors reached $868 million, representing 24% of total growth in public drug program spending.
- The largest contributor to the growth was increased spending on Ozempic (chemical name semaglutide). Spending on Ozempic — which makes up 95% of all spending on GLP-1 analogues — rose from $265 million in 2021 to $434 million in 2022.

Spending on biologic drugs continued to increase, but uptake of new biosimilar options has slowed this growth rate.

- Biologics accounted for $4.7 billion of public drug program spending (29.6% of total spending) and accounted for 2.4% of claims.
- In 2022, biosimilars accounted for 13.7% of all spending on biologics, compared with 8.9% in 2021.
- For biologic drugs with a biosimilar option available, biosimilar spending accounts for nearly half (49.8%) of biologic spending.
- All submitting jurisdictions saw increased biosimilar spending over the last year.

Featured material

Top drug classes

What are the top drug classes by total program spending and rate of use in Canada?

International comparisons of prescribed drug spending

How much do other countries spend, and how do their public drug programs' shares of total spending compare with Canada's?

Download data tables (XLSX) (/sites/default/files/document/prescribed-drug-spending-canada-international-comparisons-1985-2021-data-table-en.xlsx)

Methodology notes

Get definitions, data sources, limitations and revisions to help you understand and interpret the snapshot summary and data tables.

Download methodology notes (PDF) (/sites/default/files/document/prescribed-drug-spending-in-canada-2023-meth-notes-en.pdf)

Related resources

- National Prescription Drug Utilization Information System
- National Health Expenditure Trends
- Health spending
- Previous prescribed drug spending in Canada releases

Key links

Data tables: Prescribed drug spending (ZIP) (/sites/default/files/document/prescribed-drug-spending-in-canada-2023-data-tables-en.zip)

Other editions: Prescribed drug spending in Canada — Series (/en/prescribed-drug-spending-in-canada-series)

Contact:

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How to cite:

Canadian Institute for Health Information. Prescribed drug spending in Canada, 2023 (/en/prescribed-drug-spending-in-canada-2023). Accessed July 24, 2024.

Exhibit “R4”

This is Exhibit “R4” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

cmajOPEN 71 PUBLIC

Research

Projected impact of biosimilar substitution policies on drug use and costs in Ontario, Canada: a cross-sectional time series analysis

Tara Gomes MHSc PhD, Daniel McCormack MSc, Sophie A. Kitchen MSc, J. Michael Paterson MSc, Muhammad M. Mamdani PharmD MPH, Laurie Proulx BCom, Lorraine Bayliss ME, Mina Tadrous PharmD PhD

Abstract

Background: Several Canadian provinces have introduced reimbursement policies mandating substitution of innovator biologics with lower-cost biosimilars. We estimated the number of patients affected and cost implications if such policy changes were to be implemented in Ontario, Canada.

Methods: We conducted a cross-sectional time series analysis of Ontarians dispensed publicly funded biologics indicated for inflammatory diseases (rheumatic conditions, inflammatory bowel disease: infliximab, etanercept, adalimumab) between January 2018 and December 2019, and forecasted trends to Dec. 31, 2020. The primary source of data was pharmacy claims data for all biologics reimbursed by the public drug program. We modelled the number of patients affected and government expenditures (in nominal Canadian dollars) of several biosimilar policy options, including mandatory nonmedical biosimilar substitution, substitution in new users, introduction of a biosimilar for adalimumab, and price negotiations. In a secondary analysis, we included insulin glargine.

Results: In 2018, 14 089 individuals were prescribed a publicly funded biologic for inflammatory diseases. A mandatory nonmedical biosimilar substitution would potentially have affected 7209 patients and saved $238.6 million from 2018 to 2020. A new-user substitution would have affected 757 patients and saved $34.2 million. If an adalimumab biosimilar were to become available, 12 928 patients would be affected by a mandatory nonmedical substitution and the 3-year savings would increase to $645.9 million (all biosimilars priced at 25% of innovator biologics). Finally, an expanded nonmedical substitution policy including insulin glargine would affect 115 895 patients and save $288.7 million (not including adalimumab).

Interpretation: Policies designed to curb rising costs of biologics can have substantially different effects on patients and government expenditures. Such analyses warrant careful consideration of the balance between cost savings and effects on patients.

Biologic drugs have improved outcomes for individuals across a range of chronic medical conditions, including diabetes and rheumatic and gastrointestinal diseases.[1,2] However, unlike conventional small-molecule pharmaceuticals, biologics are derived from living organisms, are structurally more complex, and have substantially higher costs.[1] In 2018, biologics represented only 1.5% of Canadian public drug plan claims, but accounted for 27.3% of public drug costs.[3] In addition to their generally higher list prices, utilization of biologics has grown substantially in the past decade. In Ontario, the total number of people taking biologics increased by 462% between 2010 and 2019, and total annual spending on these products was anticipated to reach $1.4 billion by 2021.[4] Although biologics are improving outcomes for patients, their increasing use and high costs threaten the financial sustainability of public drug programs.

The recent expiration of patents for some biologic drugs has created opportunities for the approval of new, lower-cost "biosimilars" — biologic medicines that are highly similar to an existing innovator biologic drug, with no clinically meaningful

Competing interests: Muhammad Mamdani reports receiving honoraria from Neurocrine Biosciences, and reports being a one-time advisory board member for Roche. Laurie Proulx reports membershp of the executive of the Canadian Arthritis Patient Alliance. Tara Gomes reports receiving a grant from the Ontario Ministry of Health. No other competing interests were declared.

This article has been peer reviewed.

Correspondence to: Tara Gomes, tara.gomes@unityhealth.to

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differences in efficacy, safety or immunogenicity.[1,2] In 2010, Health Canada released a regulatory framework outlining the approval process for biosimilars.[5] By building on the foundation of research and development already established by innovator biologics, biosimilars offer an opportunity for substantial cost savings for public and private drug plans.[6,7] The first biosimilar was marketed more than a decade ago, but uptake of biosimilars has been modest in Canada relative to other Organisation for Economic Co-operation and Development countries.[8,9] Consequently, Canadian public and private drug plans have begun to implement policies aimed at expanding the use of biosimilars.

In 2019, the Canadian provincial governments of British Columbia (BC) and Alberta announced policies mandating nonmedical substitution with biosimilars among people with rheumatic conditions and inflammatory bowel disease (IBD).[7,10] It is estimated that these polices will save the BC and Alberta governments nearly $100 million each over the first 3 years of implementation.[7,11] Despite these anticipated cost savings, concerns have been raised regarding potential destabilization of well-managed disease when medications are switched.[12,13]

The objective of this study was to estimate the number of patients potentially affected by different biosimilar policy options and the cost implications of these policies in Ontario.

Methods

Design, setting and study population

We conducted a cross-sectional time series analysis of all Ontarians dispensed a publicly funded prescription for infliximab, etanercept or adalimumab, to manage rheumatic conditions (i.e., rheumatoid arthritis, juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, and severe plaque psoriasis) or IBD (i.e., ulcerative colitis, Crohn disease) between Jan. 1, 2018, and Dec. 31, 2019. We analyzed data by month and projected forward to forecast utilization up to Dec. 31, 2020.

Three people with lived experience of using biologics participated on the study team. Their engagement included meetings throughout the project, input on the study design, interpretation of results and manuscript content.

Data sources

We used the IQVIA Drug Information File to identify relevant drug identification numbers for biologics and to categorize biologics into innovators and biosimilars, and the Ontario Drug Benefit (ODB) Program database to capture prescriptions for biologics reimbursed by the public drug program. In Ontario, individuals are eligible for ODB if they are older than 65 years, reside in a long-term care home, receive income or disability support, or have drug costs that are high relative to their income. Prescription cost data in the ODB Program database include the total amount paid by the government, and copayments and deductibles paid by the patient.

We excluded individuals who newly received public coverage for biologics during the extended Ontario Health Insurance Program (OHIP+) drug program (which temporarily covered all children and youth) on Jan. 1, 2018, but subsequently appeared to lose coverage after changes to the program on Apr. 1, 2019, so as to ensure projected costs reflected the current OHIP+ program. We used the OHIP Registered Persons Database to determine the age and sex of individuals included in the study.

The data sets we used have been shown to be of high quality (Appendix 1, eTable 1, available at www.cmajopen.ca/content/9/4/E1055/suppl/DC1),[14] and were linked using unique encoded identifiers and analyzed at ICES.

Policy definitions and cost adjustments

We calculated total monthly costs for study biologics (infliximab, etanercept and adalimumab) in nominal Canadian dollars. This was calculated as the sum of the total paid by the Ontario Ministry of Health (i.e., the sum of the drug ingredient cost, compounding fee [if applicable], pharmacy markup and dispensing fee) and the copayments and deductibles paid by the patient. We adjusted these costs according to 2 potential reimbursement policy options, and 3 pricing considerations.

Reimbursement policy options

We considered 2 policy options that are aligned with those introduced elsewhere and that were found to be feasible and applicable within the Ontario public drug program.[7,10,15] Specifically, these were a mandatory nonmedical substitution, whereby any patient receiving an innovator biologic has therapy substituted with the relevant biosimilar; and an enforced biosimilar requirement among new users of biologics only.

We modelled the mandatory nonmedical substitution by identifying all innovator biologic prescriptions dispensed each month and multiplying the medication ingredient costs by an adjustment factor (calculated as the median price paid by the Ontario Ministry of Health for biosimilar prescriptions reimbursed over the study period as a proportion of the cost reimbursed for the innovator biologic) to reduce the cost to that of the relevant biosimilar (Table 1). We then calculated the new pharmacy markup (6% for claims above $1000 and 8% for claims below $1000, aligning with current markup policies) and added it to the adjusted costs, along with dispensing fees.

In contrast, when modelling the biosimilar requirement among new users only, we applied these adjusted costs only to people newly starting an innovator biologic in the month of interest, or to people who had previously started an innovator biologic during our study period. This will accumulate cost implications over time as we assumed that new users from earlier months continued using the biosimilar in future months.

Pricing and policy expansion considerations

We combined the 2 policy options above with 3 policy considerations. First, we modelled the impact of the introduction of a biosimilar for adalimumab (which did not have a marketed biosimilar in Canada during the study period). In this

Table 1: Adjustment factors for biologic prices

Biologic	Primary analysis: adjustment factor, %	Policy consideration #1: include insulin glargine, %	Policy consideration #2: include biosimilar for adalimumab, %	Policy consideration #3: negotiated price reductions below threshold, %
Etanercept	62.0	62.8	62.8	75, 50
Infliximab	53.2	53.2	53.2	75, 50
Adalimumab	NA	NA	60.0	75, 50
Insulin glargine	NA	75.0	NA	NA

Note: NA = not applicable.

analysis, we adjusted the price of the innovator to align with the price of the newly approved adalimumab biosimilar (60%; Table 1). Second, we modelled the implications of price negotiations across all biologics for IBD and rheumatic conditions, setting biosimilar cost thresholds at 25% and 50% of the innovator price. Finally, we modelled the impact of adding insulin glargine, a long-acting insulin, to the list of currently available innovator biologics with an assumed biosimilar cost of 75% of the innovator cost. These policy considerations were informed by previous policies introduced in BC (which include insulin and adalimumab) and Alberta (which includes adalimumab),[7,10] and through discussions with managers of public drug plans across Canada to establish estimates of cost thresholds.

Statistical analysis

We summarized patient- and prescription-level characteristics for all biologics indicated for rheumatic conditions or IBD dispensed in calendar year 2018 overall and stratified by biologic type. In the time series analysis, we modelled and forecasted monthly costs of biologics based on current trends (calendar years 2018/19), under each of the policy options and considerations up to Dec. 31, 2020, using a Holt–Winters exponential smoothing model with the additive method, selected to provide the optimal model fit.[16,17] To estimate the 3-year cost implications of each policy option, we summed the adjusted actual and forecasted costs from January 2018 to December 2020 in each model. We estimated the number of individuals affected by each policy option according to the real-world prescribing patterns in 2018. In 2 sensitivity analyses, we expanded our cohort definition to include Ontarians dispensed insulin glargine over the same study period, to align with similar policies introduced in BC, and replicated our primary analysis considering only costs to the public payer.

Analyses were conducted at ICES using SAS Enterprise Guide, version 7.1 (SAS Institute, Inc. Cary, NC) and used a type 1 error rate of 0.05 to determine statistical significance.

Ethics approval

The use of data in this project was authorized under section 45 of Ontario's *Personal Health Information Protection Act*, which does not require review by a Research Ethics Board.

Results

In 2018, 14 089 individuals received a publicly funded biologic indicated for rheumatic conditions or IBD (Table 2). Adalimumab was prescribed most frequently (n = 5782, 41.0%), followed by infliximab (n = 4558, 32.4%) and etanercept (n = 3872, 27.5%). Overall, 54.3% (n = 7656) of users of biologics were women and 61.8% (n = 8703) were younger than 65 years, although these patterns differed by drug. For example, 63.4% (n = 2454) of users of etanercept were women, and 58.3% (n = 2258) were older than 65 years.

Among biologics with a biosimilar available in Ontario, 84.1% (n = 3256) of users of etanercept and 86.7% (n = 3954) of users of infliximab were treated with an innovator. However, when we considered new use, 39.5% (n = 305) of people starting etanercept and 59.8% (n = 459) of those starting infliximab began on an innovator.

Overall, the cost of biologics in 2018 was $280 782 091, and the average cost of biologics per person was $19 929, ranging from $16 034 per person treated with etanercept to $27 272 per person treated with infliximab.

Trends in monthly costs

The monthly costs of biologics for rheumatic conditions and IBD increased over our study period, rising from $21 883 713 in January 2018 to $26 331 208 in December 2019 (Figure 1). Monthly costs were forecasted to reach $28 246 752 (95% confidence interval [CI] $26 984 908 to $29 508 595) by December 2020 if current trends continued. In the sensitivity analysis that considered only public payer costs, monthly costs and patterns were similar over time (rise from $21 682 705 to $25 678 079 from January 2018 to December 2019). Assuming current reimbursement policies for biologics indicated for IBD and rheumatic conditions remained the same in Ontario, we anticipated that these medications would cost a total of $925 266 759 from 2018 to 2020.

Policy impact

The impact of policies on the number of patients affected and the resulting cost savings varied considerably depending on the policy selected (Table 3 and Figure 2). The fewest patients

Table 2: Characteristics of biologics use among people with rheumatic or gastrointestinal conditions, 2018

Characteristic	No. (%)* of people prescribed a biologic			
	Any biologic *n* = 14 089	Etanercept *n* = 3872	Adalimumab *n* = 5782	Infliximab *n* = 4558
Sex				
Male	6433 (45.7)	1418 (36.6)	2664 (46.1)	2405 (52.8)
Female	7656 (54.3)	2454 (63.4)	3118 (53.9)	2153 (47.2)
Age, yr				
< 18	441 (3.1)	51 (1.3)	179 (3.1)	224 (4.9)
18–44	4310 (30.6)	456 (11.8)	1838 (31.8)	2049 (45.0)
45–64	3952 (28.1)	1107 (28.6)	1682 (29.1)	1195 (26.2)
≥ 65	5386 (38.2)	2258 (58.3)	2083 (36.0)	1090 (23.9)
Patients treated with any innovator biologics	12 928 (91.8)	3256 (84.1)	5782 (100)	3954 (86.7)
New users				
Biologics	3219	773	1708	767
Innovator biologics	2924 (90.8)	305 (39.5)	1708 (100)	459 (59.8)
Prescriptions dispensed				
Biologics	98 070	27 920	41 582	28 568
Innovator biologics	91 261 (93.1)	24 270 (86.9)	41 582 (100)	25 409 (88.9)
Total cost, $				
Biologics	280 782 091	62 083 387	94 391 665	124 307 040
Innovator biologics	268 348 355	57 336 774	94 391 665	116 619 916
Average no. biologic prescriptions/person	7.0	7.2	7.2	6.3
Average cost of biologics per person, $	19 929	16 034	16 325	27 272

*Unless otherwise specified.

were affected if only new users of etanercept and infliximab were required to use a biosimilar (*n* = 757 in 2018). This policy also led to the smallest percentage reduction in costs between 2018 and 2020 (3.7% reduction; $34 236 463 in savings over 3 years). We estimated that a policy mandating nonmedical substitution for all users of etanercept and infliximab innovators would affect 7209 patients upon implementation, and save $238 589 858 over 3 years (25.8% cost reduction). In policies including insulin glargine, the number of patients affected would be considerably higher, reaching 115 895 in 2018 for mandatory nonmedical substitution, and 23 680 for a new user substitution. The percentage price reductions are similar for these policies as for those focusing on etanercept and infliximab; however, the absolute cost savings over 3 years are higher ($288 733 259 and $45 341 592 for mandatory nonmedical substitution and new user substitution, respectively).

The impact of policies on costs varied depending on the availability of an adalimumab biosimilar and the degree of price negotiations, with the policy leading to the largest 3-year cost savings being a mandatory nonmedical substitution of 12 928 users of etanercept, infliximab and adalimumab innovators where prices are negotiated to 25% of the innovator cost (69.8% reduction; $645 879 599 over 3 years; Table 3).

Interpretation

In this population-based study, we found that policies designed to increase uptake of biosimilars differed substantially in their impact on patients and government costs. In 2018, infliximab, etanercept and adalimumab cost the Ontario public drug program $280.8 million, 95.6% of which was attributed to innovator biologics. Depending on the policy implemented and negotiated biosimilar prices, we estimated the potential 3-year (2018–2020) cost savings of biosimilar reimbursement policies to range between $34.2 million (3.7% savings; enforced new user substitution for etanercept and infliximab only) and $645.9 million (69.8% savings; mandatory nonmedical substitution for etanercept, infliximab and adalimumab, each priced at 25% of innovator biologics). Similarly, the number of patients affected by the policies ranged from 757 to 115 895 annually, depending on the policy selected.

Overall, the considerable cost savings and number of patients affected by the biosimilar policy changes examined in this study are within the range of estimates found in other jurisdictions, both nationally and internationally. In Canada, BC and Alberta estimated their biosimilar policies would affect between 40 and 60 patients per 10 000 population and save about $1500 and $3000 per patient, respectively.[7,10,11]

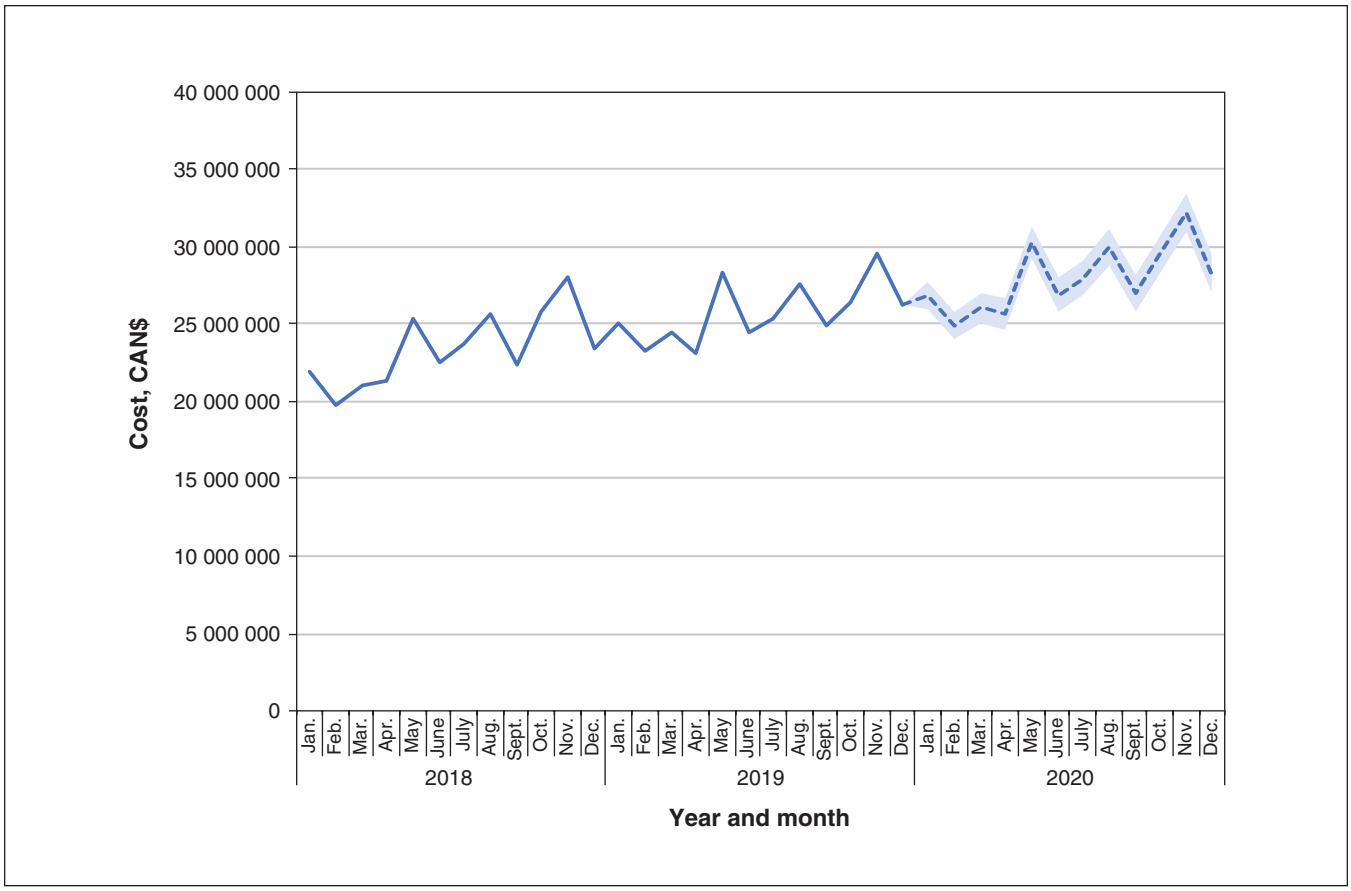

Figure 1: Forecasted trends in monthly biologics costs over time if current trends continue. Actual data are presented with a solid line from January 2018 to December 2019, with projected estimates presented with a dashed line for calendar year 2020. The shaded area indicates the 95% confidence intervals for these estimates.

Our analysis found that a nonmedical substitution policy for etanercept, infliximab and insulin glargine (which is most similar to BC and Alberta's policies) would affect about 80 patients per 10 000 population and save nearly $900 per patient in Ontario.

Although there have been many international studies examining the effect of biosimilars on the budget of public drug programs, primarily in Europe, many of these analyses are not directly comparable with this study owing to the variability of policies, product availability, populations studied and research methodology.[18] A recent systematic review compiled 15 international studies and found that nonmedical substitution of biosimilars for etanercept, infliximab or adalimumab resulted in a wide range of cost savings (about €7 to €13 739 per patient per year).[19] The variation between provincial estimates in Canada and international comparisons is likely a result of differences in the medications included in the biosimilar policies,[7] the prevalence of associated diseases,[20–22] and drug coverage before policy implementation.[23] However, this international research suggests that policies requiring nonmedical switches or automatic substitutions with biosimilars generally lead to rapid shifts in dispensing patterns and large cost reductions for public payers, but potentially increased costs related to health services utilization.[15,19,24]

Although cost considerations can be an important driver of policy change, the way in which biologics are dispensed introduces an additional layer of complexity for optimal reimbursement policy. For example, although biosimilars have been shown to be effective and safe,[25] some clinicians are concerned that substituting treatment for patients already stable on one therapy could cause anxiety among those who are experiencing benefit from their current medication and could destabilize their condition. This could both affect patient outcomes and incur costs to the health care system. This concern appears to be greater for patients with IBD, owing to uncertainty about destabilization of their condition and the more limited number of biologic options.[13,26]

A unique aspect of biologic provision is that some patient care and medication administration costs (e.g., infusion clinics, laboratory tests, patient support nurses) are funded by biologic drug manufacturers. In addition, drug manufacturers often assist patients with their copayments. Therefore, any policies introducing mandatory changes in therapy need to allow for scaling-up of these services for the corresponding biosimilars. This includes anticipating funding to provide clinical support to patients when undergoing a change in therapy, and identifying potential implications for the patient copayments and financial support often provided by innovator biologics manufacturers.

Table 3: Cost implications of different policy scenarios, 2018–2020*

Cost implications	No. patients affected (2018)†	Savings 2018, $	Savings 2019, $	Savings 2020, $	Total 3-year savings, $	% Reduction costs
Etanercept and infliximab only						
Everyone switches to currently available biosimilar	7209	75 711 829	79 753 211	83 124 819	238 589 858	–25.8
Only new users required to use currently available biosimilar	757	6 386 595	11 810 257	16 039 611	34 236 463	–3.7
Including adalimumab biosimilar†						
Everyone switches to biosimilar (adalimumab @ 60% innovator cost)	12 928	112 774 144	122 160 470	130 684 224	365 618 838	–39.5
Only new users are required to use biosimilar (adalimumab @ 60% innovator cost)	2443	14 456 007	28 967 204	42 164 844	85 588 055	–9.3
New cost thresholds for all biologics (etanercept, infliximab and adalimumab)†						
Everyone switches to biosimilar (all biologics @ 50% innovator cost)	12 928	133 002 041	143 605 795	153 276 509	429 884 345	–46.5
Only new users are required to use biosimilar (all biologics @ 50% innovator cost)	2443	17 273 891	34 758 620	50 939 083	102 971 594	–11.1
Everyone switches to biosimilar (all biologics @ 25% innovator cost)	12 928	199 861 495	215 784 478	230 233 627	645 879 599	–69.8
Only new users are required to use biosimilar (all biologics @ 25% innovator cost)	2443	25 965 104	52 250 289	76 614 092	154 829 485	–16.7
Etanercept, infliximab and insulin glargine†						
Everyone switches to currently available biosimilar	115 895	94 857 347	96 465 505	97 410 407	288 733 259	–25.3
Only new users required to use currently available biosimilar	23 680	8 541 779	15 386 458	21 413 355	45 341 592	–4.0

*Represents approximate numbers of people affected based on prevalence of new use of innovators or use of only innovators over the year.
†Secondary analysis.

Given the limited real-world evidence regarding the safety of mandatory nonmedical biosimilar substitution, particularly for patients with IBD, jurisdictions introducing these policies should monitor patient outcomes, including clinical consequences and costs, out-of-pocket expenses and quality of life.

Limitations

Although we used real-world data on publicly funded biologics to estimate the potential impacts of different biosimilar policies in Ontario, several limitations to this study merit discussion. In the absence of an available biosimilar for adalimumab, it would be possible that biologics prescribing could be channelled toward this product if a mandatory nonmedical substitution policy was introduced. Although we are unable to estimate the cost implications of such a change in clinical practice in our models, data after a similar policy change in BC suggest this did not occur.[27] Furthermore, in February 2021, adalimumab biosimilars became available on the Canadian market and were added to the Ontario public drug formulary in March 2021 at 60% of the price of the innovator. Therefore, all available innovator biologics now have a biosimilar available, thus reducing the potential for channelling.

The Ontario Public Drug Programs already has a policy requiring biosimilars among new users of infliximab or etanercept; however, when patients are started on medications in hospital or they receive their first dose at low cost from the manufacturer, these policies are circumvented. Therefore, although new-user policies are potentially more acceptable to patients, they may have limited effectiveness for public payers. As our model indicates, considerable additional savings could be achieved if the intended new-user biosimilar policy was fully enforceable, although it is not known whether this can be achieved when other factors remain outside government control.

Our study is limited to estimating the cost implications of biosimilar policy changes applied to the public drug program in Ontario, and therefore does not provide estimates of cost implications if similar policies were introduced by

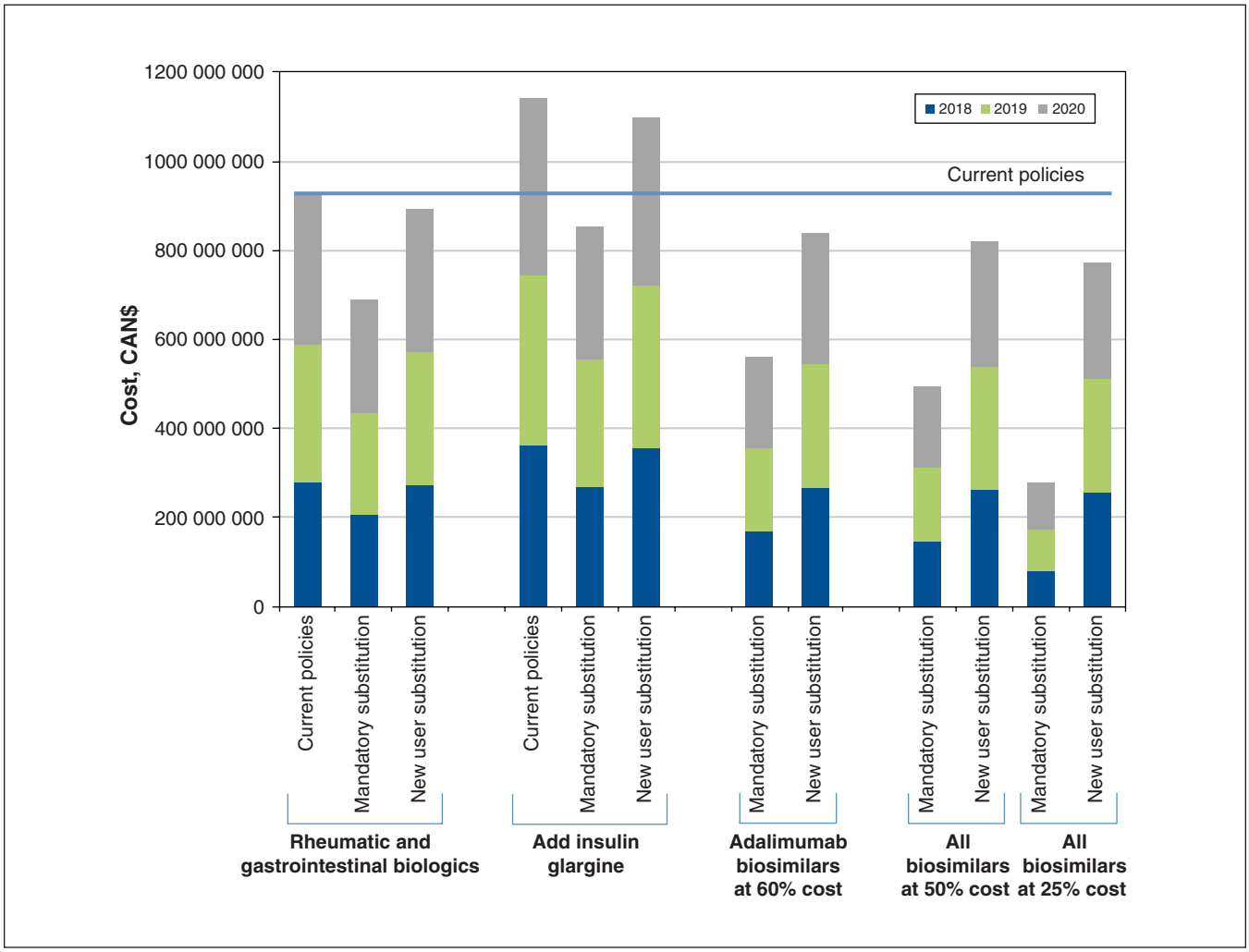

Figure 2: Expected 3-year costs of biologics after modelling different policy scenarios, 2018–2020.

private drug insurers who typically provide coverage to younger (i.e., < 65 yr) populations. However, younger patients with high drug costs are increasingly accessing Ontario's catastrophic drug program (Trillium), which means that drug policy decisions made by public drug programs will affect them.[28]

We were unable to incorporate negotiated price reductions (rebates) already implemented in Ontario as these are confidential; the cost savings reported here therefore used the list price of the medications. Hence, we determined 2 potential thresholds for price reductions (25% and 50% of innovator cost) through consultation with policy-makers across Canada. Although achieving price reductions as low as 25% of the innovator cost may be unlikely, this provides a wide array of cost implications that can inform future price negotiations by public drug programs in Canada.

Conclusion

In this large population-based study, we found that policies designed to address the rising costs of biologics differ substantially in their impact on patients and cost savings. Given the complexity of the supply chain for these medications, including the role of manufacturers in drug provision, careful consideration of the balance between cost savings and patient access is warranted. Plans for enacting specific initiatives should consider forming partnerships with key stakeholder groups to ensure that patient and provider perspectives are incorporated.

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Data sharing: The data set from this study is held securely in coded form at ICES. While data-sharing agreements prohibit ICES from making the data set publicly available, access may be granted to those who meet pre-specified criteria for confidential access, available at https://www.ices.on.ca/DAS.

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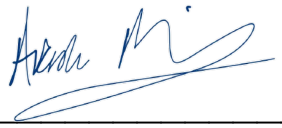
Disclaimer: The opinions, results and conclusions reported in this article are those of the authors and are independent from the funding sources. No endorsement by ICES or the Ontario Ministry of Health is intended or should be inferred.

Exhibit “R5”

This is Exhibit “R5” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.



A Commissioner for Taking Affidavits, etc.
Arash Rouhi

Ontario (https://www.ontario.ca/page/government-ontario)

Biosimilars

Learn more about Health Canada approved biosimilar drug treatments.

Overview

Starting on **March 31, 2023**, Ontario Drug Benefit (https://www.ontario.ca/page/get-coverage-prescription-drugs) (ODB) recipients who are on an originator biologic will begin to transition to a Health Canada approved biosimilar version of the drug.

A transition period will occur between **March 31, 2023** and **December 29, 2023** to allow ODB program recipients to switch from an originator biologic to a biosimilar version in order to maintain ODB program coverage for their biologic. ODB program recipients will be required to switch to a biosimilar version **before December 29, 2023** to maintain ODB program coverage for their biologic, unless an exception applies (https://www.ontario.ca/page/applying-exceptional-access-program) .

Biosimilar drugs

Biosimilar drugs are proven to be as safe and effective as the alternative higher priced originator biologic drugs and are able to treat many of the same conditions. Numerous studies show little to no difference in safety and efficacy when patients move to a biosimilar. Biosimilars have been used in the European Union for more than 15 years and Ontario is following a number of Canadian jurisdictions, including British Columbia, Alberta, New Brunswick, Quebec, Northwest Territories, Nova Scotia and Saskatchewan, to expand the use of biosimilar medications.

Biologic medicines have improved the treatment of many disabling and life-threatening diseases. Patients will continue receiving the same high-quality treatment, while allowing the government to fund more new drug therapies, bring innovation to the health care system and continue its work to deliver better, connected patient care.

Affected drugs

You may need to switch to the biosimilar drug to get coverage through the ODB program if you are taking:

- Copaxone®[1]
- Enbrel®
- Humalog®

- Humira®
- Lantus®
- NovoRapid®
- Remicade®
- Rituxan®

If you have a medical reason why you can't switch to the biosimilar, your specialist, doctor or nurse practitioner may request an exemption for you that will be considered on a case-by-case basis through the Exceptional Access Program (https://www.ontario.ca/page/exceptional-access-program) .

Your specialist, doctor or nurse practitioner will need to provide you with a new prescription for the biosimilar version of the drug that you will be using.

As new biosimilars are approved by Health Canada, and enter the Canadian market, additional biologic drugs may be included as part of this policy change.

Ask your specialist, doctor, nurse practitioner or pharmacist for more information about how the change will affect you.

ODB Program coverage

Drug	Originator biologic (Recipients must transition to the biosimilar version before December 29, 2023)	Biosimilars funded under ODB Program effective March 31, 2023	Indications (Transition for other indications funded on a case-by-case basis which may not appear on the below list also applies)
Adalimumab	Humira®	• Abrilada® • Amgevita® • Hadlima® • Hulio® • Hyrimoz® • Idacio®	• Ankylosing spondylitis • Crohn's disease • Hidradenitis suppurativa • Plaque psoriasis • Polyarticular juvenile idiopathic arthritis

		• Simlandi® • Yuflyma®	• Psoriatic arthritis • Rheumatoid arthritis • Ulcerative colitis • Uveitis
Etanercept	Enbrel®	• Brenzys® • Erelzi®	• Ankylosing spondylitis • Plaque psoriasis • Polyarticular juvenile idiopathic arthritis • Psoriatic arthritis • Rheumatoid arthritis
Glatiramer acetate	Copaxone®	Glatect®	Relapsing Remitting Multiple Sclerosis (RRMS)
Infliximab	Remicade®	• Avsola® • Inflectra® • Renflexis®	• Ankylosing spondylitis • Crohn’s disease • Plaque psoriasis • Psoriatic arthritis • Rheumatoid arthritis • Ulcerative colitis
Insulin aspart	NovoRapid®	• Kirsty® • Trurapi®	Diabetes (Type 1 and 2)

Insulin glargine	Lantus®	• Basaglar® • Semglee®	Diabetes (Type 1 and 2)
Insulin lispro	Humalog®[2]	Admelog®	Diabetes (Type 1 and 2)
Rituximab	Rituxan®	• Riabni® • Riximyo® • Ruxience® • Truxima™	• Rheumatoid arthritis • Granulomatosis with Polyangiitis (GPA or Wegener's Granulomatosis) • Microscopic Polyangiitis (MPA)

Originator biologics versus biosimilars

Biologics are medicines made from substances found in living things. They are often used to treat diseases such as cancer, immune system disorders and diabetes.

A biosimilar biologic drug is a highly similar but generally less expensive version of an originator biologic drug. When a company develops a new biologic drug, that company has the sole right to make and sell the drug for awhile. After that period ends, other companies can start making their own version. The biologic drug that other companies make is the biosimilar drug.

Health Canada (https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/biosimilar-biologic-drugs.html) does a lot of testing and has clearly said that biosimilars are just as safe and effective as the originator biologic drugs.

An originator biologic is the first version of a biologic drug. Originator biologic drugs include:

- Lantus®
- Enbrel®
- Remicade®

- Rituxan®
- Humalog®
- Humira®
- NovoRapid®

Once an originator biologic's market exclusivity ends, other manufacturers can start producing highly similar versions of originator biologics, called "biosimilar" drugs that work in the same way. These biosimilars do not have the same costs to bring the product to market and can be offered at a much lower cost.

This change will also impact you if you are taking Copaxone® (glatiramer), which is a non-biologic complex drug (NBCD). Copaxone® and Glatect® are both glatiramer acetate products manufactured and marketed by different companies. Glatiramer acetate is classified as a non-biologic complex drug (NBCD). Such as the case for biosimilars, Glatect® is a highly similar and more affordable version of the brand medication Copaxone®. Health Canada has conducted rigorous testing to ensure Glatect® is safe and effective.

Biosimilars are not identical to originator biologics. However, Health Canada conducts rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as the originator biologic. The Ontario government is confident in the safety and efficacy of biosimilars based on our experience over the past 10 years, as well as the experiences of many countries around the world.

Health Canada (https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/biosimilar-biologic-drugs.html) is responsible for ensuring the safety, efficacy, and quality of all drugs. For a biosimilar drug to be approved in Canada, Health Canada must find no meaningful differences in safety and effectiveness compared to the originator biologic. The biosimilars included in Ontario's expanded biosimilars policy have all been approved by Health Canada and are already in widespread use.

Process for switching

If you are using a biologic that is included in the policy:

- Make an appointment as soon as possible during the transition period, with your specialist, doctor or nurse practitioner. Your specialist, doctor or nurse practitioner is also receiving information on the policy change and may be reaching out to you.
- Discuss transitioning to the biosimilar with your specialist, doctor, nurse practitioner or pharmacist. Note that only your specialist, doctor or nurse practitioner will be able to write a new prescription for you.
- Your specialist, doctor or nurse practitioner will explain the transition process, discuss your options, write you a new prescription, and help enroll you in a patient support program, if applicable.

Infusion clinics

For ODB program recipients taking Remicade® or Rituxan®, as part of the biosimilar transition, you may have to go to a new infusion centre to receive your infliximab or rituximab infusion.

The Ministry of Health has been working closely with our health care partners to ensure that ODB Program recipients who require an infusion have access to an infusion clinic that can deliver the biosimilar. Infusion clinics in Ontario are ready to support ODB program recipients with their transition to a biosimilar.

At home

For ODB program recipients who are self-administering their biologic product at home but who are affiliated with a patient support program, you may need to be enrolled in a new patient support program associated with the biosimilar you will be using.

Preventing the nocebo effect

The nocebo effect occurs when a patient's negative expectations affect the treatment outcomes. A patient's mindset can impact their perceived symptoms and their sense of well-being.

To combat against a potential nocebo effect, you can:

- acknowledge the nocebo effect
- inform yourself about biosimilars
- discuss biosimilars with your specialist, doctor, nurse practitioner or pharmacist and what it means for you
- keep a neutral or positive outlook
- stay informed about the switch process

Patient support programs

Some biosimilar manufacturers provide patient support programs (PSP) and services, along with access to infusion centres, similar to those of the originator biologic drug. If applicable, specialists, doctors or nurse practitioners can help initiate the enrolment process into a PSP.

Abrilada®

Registering to the PfizerFlex Patient Support Program gives:

- live support for questions about the program or treatment

- reimbursement expertise
- experienced team members to help you access your medication as quickly as possible
- access to a reliable infusion/injection clinic network, staffed by qualified healthcare professionals
- practical tools to help you navigate your treatment plan

Contact the PfizerFlex Patient Support Program by:

- phone: 1-855-935-FLEX (3539) (toll-free)
- fax: 1-833-958-3539
- abrilada.ca (http://www.abrilada.ca/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Amgevita® and Avsola®

Amgen Biosimilar patients, living in Ontario, will receive the same level of support and services that Enbrel® patients have received through the Enliven program by Amgen Entrust Patient Support Services over the last 20+ years.

- phone: 1-877-936-2735 (toll-free)
- fax: 1-833-423-0252
- email:
  - amgevita@oneenliven.ca (mailto:amgevita@oneenliven.ca) (for Amgevita®)
  - avsola@oneenliven.ca (mailto:avsola@oneenliven.ca) (for Avsola®)
  - info@oneenliven.ca (mailto:info@oneenliven.ca) (for general inquiries)
- amgevita.ca (http://www.amgevita.ca/)
- avsola.ca (http://www.avsola.ca)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Brenzys®, Renflexis® and Hadlima®

The HARMONY BY ORGANON™ Patient Support Program provides eligible patients access to:

- a designated HARMONY BY ORGANON™ coordinator
- comprehensive reimbursement support and assistance with special authorization (SA) forms
- financial assistance, temporary bridging, and coverage of additional doses when applicable
- monitoring and lab testing support
- vaccination support

- paid subscription to the LyfeMD app, a lifestyle intervention-based program that focuses on nutrition, yoga, breathing, mindfulness, and physical activity programs

Additional services for HADLIMA® and BRENZYS®:

- coordination with patient's preferred pharmacy
- self-injection training options to help patients get started on treatment
- on-going injection support
- extended travel assistance program including a travel case and travel documentation

Additional services for RENFLEXIS®:

- infusion appointment coordination
- network of approximately 600 clinics across Canada

HARMONY BY ORGANON™ has a Patient Support Team and services to help create a personalized journey for those enrolled. We are an experienced partner that can help you support your patients through customized enrollment options and transition plans.

To enroll a patient in the HARMONY BY ORGANON™ Patient Support Program, please contact the Program by:

- phone: 1-866-556-5663
- fax: 1-866-240-4076
- email: info@harmonybyorganon.ca (mailto:info@harmonybyorganon.ca)

Hours of operation: Monday to Friday 8 a.m. to 8 p.m. EST

Erelzi®

The XPOSE® Patient Support Program provides services that are designed to help patients get quickly started with ERELZI® and support them throughout their treatment.

- A dedicated support team that is available to assist patients and Health Care Providers with reimbursement, paperwork, prescription renewal reminders, record keeping of patient documents and injection training services
- a seamless enrollment process flexible to Health Care Provider's preference
- provincially expert reimbursement navigation and adapted financial assistance
- injection services with tailored options for patient convenience
- continually updated clinical support services for patients
- services and support adapted to each patient category and age group
- health management support and education for physicians, nurses and pharmacists
- specific services to assist community pharmacists supporting patients on biosimilars

To enroll a patient or have any of your questions answered, please contact the XPOSE® Patient Support Program either through our toll-free number or email address and speak with your Case Worker and/or Field Case Manager.

- phone: 1-888-449-7673 (toll-free)
- fax: 1-844-449-7673
- email: xpose@sandozprogramsupport.ca (mailto:xpose@sandozprogramsupport.ca)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Glatect®

The Ally Patient Support Program has been designed to provide Canadian Multiple Sclerosis RRMS patients and their healthcare professionals, efficient, value-added service aimed at insuring rapid treatment onset and sustained medication compliance on GLATECT. The Ally Patient Support Program consists of:

- patient enrolment
- initial welcome call
- provision of no cost goods support program
- compliance and adherence monitoring through patient follow up calls by ALLY Program representatives to ensure patient program satisfaction and medication compliance
- patient self-injection training upon the first injection by a nurse or web-based questions (telephonic or by field registered nurses) and subsequent trainings as needed available upon request
- reimbursement navigation
- financial support
- reporting of adverse events, product complaints, medical information requests and other reportable safety information
- specialty pharmacy set up

Contact the program by:

- phone: 1-833-ALL-Y100 (255-9100) (1-833-255-9100) (toll-free)
- fax: 1-833-255-9544
- email: ally@patientassistance.ca (mailto:ally@patientassistance.ca)
- glatect.com/en/all-about-the-ally-program/ (https://glatect.com/en/all-about-the-ally-program/)

Hours of Operation: Monday to Friday, 8 a.m. to 8 p.m.

Hulio®

The Viatris Advocate™ patient support program offers patients prescribed Hulio®:

- a dedicated case manager
- pre-requisites diagnostic testing support
- injection training
- reimbursement navigation and financial assistance as needed
- flexible medication delivery services
- treatment adherence reminder calls

Contact the program by:

- phone: 1-844-485-4677 (toll-free)
- fax: 1-844-554-8546
- email: hulio@assistprogram.com (mailto:hulio@assistprogram.com)
- hulio.ca (http://www.hulio.ca/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m. EST

Hyrimoz®

The XPOSE® by Sandoz Patient Support Program provides services that are designed to help patients get quickly started with HYRIMOZ® and support them throughout their treatment through:

- a dedicated support team that is available to assist patients and health care providers with reimbursement, paperwork, prescription renewal reminders, record keeping of patient documents and injection training services
- a seamless enrollment process flexible to health care provider's preference
- provincially expert reimbursement navigation and adapted financial assistance
- injection services with tailored options for patient convenience
- continually updated clinical support services, including tuberculosis (TB) testing, fecal calprotectin, Therapeutic Drug Monitoring (TDM)
- services and support adapted to each patient category and age group
- health management support and education for physicians, nurses and pharmacists
- specific services to assist community pharmacists supporting patients on biosimilars

To enroll a patient or have any of your questions answered, please contact the XPOSE® by Sandoz Patient Support Program and speak with your Patient Care Specialist and/or Nurse Case Manager by:

- phone: 1-888-449-7673 (toll-free)
- fax: 1-844-449-7673
- email: xpose@sandozprogramsupport.ca (mailto:xpose@sandozprogramsupport.ca)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Idacio®

KabiCare is a responsive program, tailored to patients and health care providers offering high patient satisfaction through:

- single point of contact case managers
- reimbursement navigation
- financial assistance
- patient education nursing support as well as other services.

Contact the program by:

- phone: 1-888-304-2034 (toll-free)
- fax: 1-888-304-2014
- email: info@kabicare.ca (mailto:info@kabicare.ca)
- kabicare.ca (http://www.kabicare.ca)

Hours of operation: Monday to Friday 9 a.m. to 5 p.m.

Inflectra®

Registering to the PfizerFlex Patient Support Program gives:

- live support for questions about the program or treatment
- reimbursement expertise
- experienced team members to help you access your medication as quickly as possible
- access to a reliable infusion/injection clinic network, staffed by qualified healthcare professionals
- practical tools to help you navigate your treatment plan.

Contact the program by:

- phone: 1-855-935-3539 (toll-free)
- fax: 1-833-958-3539
- email: inflectra@pfizerflex.com (mailto:inflectra@pfizerflex.com)
- pfizerflex.ca (https://www.pfizerflex.ca/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Riximyo®

The XPOSE® by Sandoz Patient Support Program provides services that are designed to help patients get started quickly with RIXIMYO® and support them throughout their treatment through:

- a dedicated support team that is available to assist patients and health care providers with reimbursement, paperwork, prescription renewal reminders, record keeping of patient documents and infusion services
- a seamless enrollment process flexible to health care provider's preference
- provincially expert reimbursement navigation and adapted financial assistance
- a broad and open patient-centric network of infusion clinics
- continually updated clinical support services for patients
- health management support and education for physicians, nurses and pharmacists
- specific services to assist community pharmacists supporting patients on biosimilars

To enroll a patient or have any of your questions answered, please contact the XPOSE® by Sandoz Patient Support Program and speak with your Patient Care Specialist and/or Nurse Case Manager by:

- phone: 1-888-449-7673 (toll-free)
- fax: 1-844-449-7673
- email: xpose@sandozprogramsupport.ca (mailto:xpose@sandozprogramsupport.ca)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Ruxience®

Registering to the PfizerFlex Patient Support Program gives:

- live support for questions about the program or treatment
- reimbursement expertise
- experienced team members to help you access your medication as quickly as possible
- access to a reliable infusion/injection clinic network, staffed by qualified healthcare professionals
- practical tools to help you navigate your treatment plan

Contact the program by:

- phone: 1-855-935-3539 (toll-free)
- fax: 1-833-958-3539
- email: ruxience@pfizerflex.com (mailto:ruxience@pfizerflex.com)
- pfizerflex.ca (https://www.pfizerflex.ca/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Semglee® and Kirsty®

The Viatris Advocate™ program is a financial support program for individuals prescribed a Viatris insulin biosimilar which includes a bridging program and a copay of up to 25%* of the cost of the prescription.

*Based on reasonable upcharge, mark-up, and customary pharmacy fee.

Unique certification number: 00001001VI
Group: 37437
For more information, contact Viatris customer service by:

- phone: 1-800-575-1379 (toll-free)
- email: customerservice.ca@viatris.com (mailto:customerservice.ca@viatris.com)
- semglee.ca (https://www.semglee.ca/)
- kirsty.ca (http://www.kirsty.ca)

Hours of operation: Monday to Friday, 8:30 a.m. to 4:30 p.m. EST

Simlandi®

JAMP Care provides a comprehensive package of services including:

- dedicated local Nurse Field Case Managers, a single point of contact for enrollment support, injection training and help throughout the patient's journey
- laboratory and vaccination services, including:
  - routine blood work
  - tuberculosis (TB) skin test
  - Quantiferon Gold (GRA) TB test
  - Therapeutic Drug Monitorin (TDM)
  - fecal calprotectin
  - QuantON cal testing
  - Shingrix
  - more (like COVID-19)
- flexible and easy enrollment process
- fast reimbursement navigation support
- bridging (as needed)
- financial assistance (including Quebec)
- Auxita: The online and electronic medical record patient support platform

(https://partners.auxita.com/jamp)

- patient mobile first web app for faster service and communications
- clinical testing and vaccinations
- for patients:
  - medication delivery
  - educational materials
  - injection training at-home or in-clinic
  - welcome packages
  - print and online value-added tools
- Nurse Field Case Manager patient adherence and follow-ups with clinic
- pharmacy program trained support available as needed
- nutrition counselling available on demand

Contact the program by:

- phone: 1-855-310-5102 (toll-free)
- fax: 1-888-331-3432
- email: jampcare@supportprogram.com (mailto:jampcare@supportprogram.com)
- jampcare-support.ca/en/simland.html (https://www.jampcare-support.ca/en/simland.html)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Truxima®

Truxima® Teva Support Solutions® (Truxima® TSS) is a comprehensive program that provides personalized support to patients with rheumatoid arthritis, granulomatosis with polyangiitis (GPA, also known as Wegener's Granulomatosis) and microscopic polyangiitis (MPA) who have been prescribed Truxima®.

Through this simple and effective program, patients can speak directly with an expert case manager for advice and answers to a vast array of questions on related topics, such as product information, symptom management, instructions for the first infusion appointment, and treatment coverage.

Truxima® Teva Support Solutions® (Truxima® TSS) offers the following services to patients currently on Truxima®:

- unique point of contact
- reimbursement navigation
- financial assistance

- site-of-care coordination
- infusion appointment scheduling

Contact the program by:

- phone: 1-877-714-2469 (toll-free)
- fax: 1-833-981-2254
- email: tss.info@truximacanada.com (mailto:tss.info@truximacanada.com)
- tevacanada.com/en/canada/our-products/specialty-medicines/patient-support/ (https://www.tevacanada.com/en/canada/our-products/specialty-medicines/patient-support/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Yuflyma®

Celltrion Healthcare Canada offers CELLTRION CONNECT™, a patient-focused support program tailored to support patients and healthcare providers. The program provides:

- guidance with reimbursement navigation
- financial assistance
- injection and nurse support services
- pharmacy support services for patients throughout treatment

Contact the program by:

- phone: 1-855-966-1648 (toll-free)
- fax: 1-855-966-2223
- email: support@celltrionconnect.ca (mailto:support@celltrionconnect.ca)
- celltrionconnect.ca/en/yuflyma/ (https://celltrionconnect.ca/en/yuflyma/)

Hours of operation: Monday to Friday, 8 a.m. to 8 p.m.

Resources

For more information and reading materials, see the resources below.

- Arthritis Society Canada - Biologics and Biosimilars for the Treatment of Inflammatory Arthritis (http://www.arthritis.ca/biologic)
- Health Canada - Biosimilar biologic drugs in Canada: Fact Sheet (https://www.canada.ca/en/health-canada/services/drugs-health-products/biologics-radiopharmaceuticals-genetic-therapies/applications-

submissions/guidance-documents/fact-sheet-biosimilars.html)

- CADTH: Biosimilar Drugs: Your Questions Answered (cadth.ca) (https://cadth.ca/sites/default/files/pdf/biosimilar_drugs_patient_tool.pdf)
- Arthritis Consumer Experts Biosim Exchange (https://biosim.jointhealth.org/)
- Arthritis Consumer Experts: Biosimilars in Canada - What inflammatory arthritis patients need to know (https://jointhealth.org/pdfs/BiosimilarsinCanada_APRIL_EN.pdf)
- Canadian Digestive Health Foundation: Infographic on What's Health Canada Saying about Biosimilars (https://cdhf.ca/digestive-disorders/ulcerative-colitis/whats-health-canada-saying-about-biosimilars-infographic/)
- Canadian Digestive Health Foundation: What's Health Canada Saying about Biosimilars? (Youtube) (https://www.youtube.com/watch?v=1OeDtXWn3_8)
- Canadian Arthritis Patient Alliance (CAPA) - Questions you may wish to ask your healthcare provider about biosimilars (https://arthritispatient.ca/wp-content/uploads/2021/04/Questions-to-ask-your-Healthcare-Provider-about-Biosimilars-15Apr2021_En.pdf)
- Canadian Arthritis Patient Alliance (CAPA) - Better understanding biosimilar medications (YouTube) (https://youtu.be/Ez4L_18GZfU)
- Canadian Arthritis Patient Alliance (CAPA) - What is a biosimilar? (YouTube) (https://youtu.be/KCF3WUT-10U)

Contact

For any questions about how this policy applies to you, please contact your specialist, doctor, nurse practitioner or pharmacist.

For more information about the biosimilar policy, please contact the Ontario Public Drug Programs by:

- email: DrugProgramsDelivery@ontario.ca (mailto:DrugProgramsDelivery@ontario.ca)
- phone: 416-327-8109 or 1-866-811-9893 and pressing "1" for the Public Inquiries Officer

Related

Get coverage for prescription drugs (https://www.ontario.ca/page/get-coverage-prescription-drugs)

Updated: February 06, 2024
Published: January 15, 2024

Footnotes

- [1] ^ Glatect® and Copaxone® are non-biologic complex drugs (NBCDs); however, this funding policy regarding biosimilars will apply to their funding. As a result, on this webpage, references to an originator biologic include Copaxone® and references to a biosimilar include Glatect®.
- [2] ^ Humalog® 200 units/mL KwikPen® 200U/mL Inj Sol-Pref Pen 5x3mL Pk (DIN 02439611) is excluded from this funding policy regarding biosimilars as no biosimilar is available for this strength.

Exhibit “R6”

This is Exhibit “R6” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

SWITCHING FROM BIOLOGIC TO BIOSIMILAR DRUGS

What is changing?

By April 2022, biologic drugs will gradually be replaced with biosimilar drugs. If you are using a biologic drug, you can check with the healthcare professional who wrote your prescription or your pharmacist to discuss switching to a biosimilar drug. This change must be made before April 12, 2022.

Biosimilar drugs are safe and effective. They are authorized by Health Canada and evaluated by the Institut national d'excellence en santé et en services sociaux (INESSS) before being registered on the Régie d'assurance maladie du Québec (RAMQ)'s List of Medications.

Who is affected?

All patients currently using biologic drugs should switch to biosimilars, with the following exceptions:

- Pregnant women should be transitioned to biosimilars in the 12 months after childbirth.
- Pediatric patients should be transitioned to biosimilars in the 12 months after their 18th birthday.
- Patients who have experienced two or more therapeutic failures while being treated with a biologic drug for the same chronic disease.

How to make the transition?

You do not have to take any further action. Your healthcare professional will contact you in due course.

At your next routine appointment, discuss the transition to biosimilars with the healthcare professional who wrote your prescription. You will have time to discuss this since the change must be made by April 12, 2022.

The healthcare professional who wrote your prescription will walk you through the transition process, write a new prescription, and answer your questions.

In the meantime, go to Québec.ca/medicamentsbiosimilaires for more information.

Why is there a change?

As new treatments are developed, INESSS evaluates and recommends them to the Minister of Health for their addition to the List of Medications reimbursed by the RAMQ.

Since the introduction of biologic drugs in the 1980s, these treatments have become a significant part of Canada's drug budget. When patents for biologic drugs expire, other manufacturers can produce similar versions called biosimilar drugs, or simply biosimilar. These drugs produce the same effect at a much lower cost.

Using a biosimilar drug extends coverage to new treatments and improves patient access to more drugs.

What is the difference between a biologic drug and a biosimilar drug?

A biologic drug is a drug produced from living cells, such as animal cells, bacteria, or yeast. A biosimilar drug is a remarkably similar copy of a biologic drug.

When a biosimilar drug is marketed, the original brand biologic drug it is compared to is called the reference biologic drug. The term *innovator drug* is also synonymous with reference drug.

Biosimilar drugs are designed to be as safe and effective as the original biologic drug and to treat the same conditions.

Where can I get more information?

Visit Québec.ca/medicamentsbiosimilaires for detailed information or talk to your clinician.

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Exhibit “R7”

This is Exhibit “R7” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Biosimilars Initiative for patients

Last updated on May 30, 2024

Ustekinumab coverage is transitioning from Stelara to the biosimilar Jamteki on December 2, 2024. Patients will need a new prescription for Jamteki to maintain coverage. Special Authority coverage for Stelara will transfer to Jamteki.

Coverage for the insulin aspart originator (NovoRapid) was extended to November 30, 2024 for people using Medtronic, Tandem, Omnipod, and Ypsomed insulin pumps. Coverage policy may change with advance notice.

The Biosimilars Initiative was launched in 2019 to expand health care services in B.C. by switching patients from originator biologic drugs to biosimilar versions shown to be as safe and effective.

On this page:

The Initiative has successfully switched many PharmaCare patients to an equally safe and effective biosimilar drug approved by Health Canada. Biosimilars are less costly than originators, which means that B.C. can spend money in other areas of our health care system. For example, PharmaCare will be able to cover more drug options.

Each switch period is six months. During that time, patients should talk to their prescriber to get a prescription for the biosimilar in order to keep their PharmaCare coverage. After the switch period ends, PharmaCare only covers the biosimilar version(s).

How do I keep my coverage?

1. Make an appointment with your prescriber during the six-month switch period.
2. Your prescriber can explain the switch process, discuss your biosimilar option(s), and write you a new prescription. You may also want to talk to your pharmacist.
3. Make sure you have a new prescription before the end of the switch period.

Coverage of insulin aspart for patients using certain insulin pumps

Patients who had PharmaCare coverage for Humalog®, and using Omnipod®, Ypsomed, Tandem and Medtronic™ pumps must have switched to the insulin lispro biosimilar Admelog® by May 30, 2024 to keep their coverage.

Admelog® was approved by Health Canada for use with these pumps and is a regular PharmaCare benefit. Coverage for patients newly starting on insulin pumps is expected to expand over time as insulin pumps get approval for use with insulin aspart biosimilars Kirsty™ and Trurapi®.

Coverage extension of NovoRapid for patients using certain insulin pumps

INSULIN PUMP USERS ONLY: Coverage extension for insulin aspart (NovoRapid®)

Insulin pump	Rapid-acting insulin approved for compatible use	PharmaCare coverage	Conditions
• Omnipod® • Medtronic™ • Ypsomed • Tandem	NovoRapid® (insulin aspart originator—non-benefit)	Until November 30, 2024 (extended)	• type 1 diabetes • type 2 diabetes

Coverage is extended to **November 30, 2024** for:

- NovoRapid®, for patients using Omnipod®, Ypsomed, Tandem and Medtronic™ pumps

Health Canada has not yet approved these insulin pumps for use with the insulin biosimilars Trurapi® and Kirsty™, which are available in formulations that are regular PharmaCare benefits. PharmaCare anticipates Health Canada will approve these pumps for use with theses biosimilars by the end of the current extension.

The coverage extension to November 30, 2024 is automatic for people who had already qualified for the previous extension and still filling the originator insulin (to November 30, 2023), announced in May 2022, and doesn't require a Special Authority request.

Expand all | Collapse all

Common concerns

How can I make sure the switch goes well for me?

Your mindset can influence your symptoms and sense of well-being. The nocebo effect is when negative expectations lead to negative outcomes. Misinformation from a variety of sources can cause nocebo effect.

To combat a potential nocebo effect, you can:

- Acknowledge the nocebo effect
- Seek out more information on biosimilars
- Speak to your pharmacist or doctor about the switch and your biosimilar options

- Keep a neutral or positive outlook

What if I can't switch to a biosimilar?

Some patients cannot switch to a biosimilar for medical reasons. Your prescriber can help you determine if it is medically necessary for you to remain on the originator medication. If it is, they can submit a Special Authority request asking PharmaCare to consider continued coverage of the originator. Exceptional requests are considered on a case-by-case basis.

Can I still switch if the switch period has ended?

Yes, you can switch anytime, but coverage is not retroactive. You would be paying full price for the originator. If you would like to switch to the covered biosimilar, talk to your prescriber.

Originator biologics vs. biosimilars

Through biotechnology, biologic drugs are created from living organisms like yeast and bacteria. Biologics treat patients with serious chronic conditions, including some autoimmune diseases. The first version of a biologic developed is known as the "originator or reference drug." This is because they are the original version of a drug that a biosimilar is based on.

As patents expire for originator drugs, other manufacturers may produce new, similar versions. These new versions are called biosimilars. Since originator drugs are large and complex, biosimilars can be highly similar, but not identical. Many studies compare biosimilars to the originator drugs and find them to be as safe and effective. Originator drugs have already set the foundation of research and development for biosimilars, which means biosimilar drugs are more cost-effective to produce and lead to similar outcomes.

There are very small differences between different batches of an originator drug. This is because they are made using living organisms with some tiny natural differences. The same goes for the slight differences between a biosimilar and its originator drug, which are also not clinically meaningful.

Evidence and other reading

Drug decision summaries

- adalimumab
- enoxaparin
- etanercept for plaque psoriasis

- etanercept
- filgrastim

- infliximab
- insulin aspart & insulin lispro

- insulin glargine
- rituximab (Truxima)
- rituximab (Riximyo)
- rituximab (Ruxience)

Other resources

- Health Canada Fact Sheet: Biosimilars
- International Coalition of Medicines Regulatory Authorities Biosimilars Statement (PDF, 625KB)
- Arthritis Consumer Experts Biosimilars Exchange

- Arthritis Society: Biologics/Biosimilars for the Treatment of Inflammatory Arthritis
- Arthritis Society: Flourish - Biologics and Biosimilars
- Canadian Digestive Health Foundation

Additional reading

adalimumab

- CADTH: Switching from reference to biosimilar adalimumab for patients with various inflammatory conditions

etanercept

- Clinical study: Non-medical switch from originator etanercept to biosimilar (rheumatology)

infliximab

- Clinical study: Non-medical switch from originator infliximab to biosimilar (rheumatology)
- ECCO: Position Statement on the Use of Biosimilars for Inflammatory Bowel Disease
- Efficacious transition from reference infliximab to biosimilar infliximab in clinical practice
- NOR-SWITCH study: non-medical switching for all indications, originator infliximab to biosimilar

insulin aspart

- CADTH: Switching from Reference to Biosimilar Insulin Aspart for Patients with Diabetes Mellitus (Type 1 or 2)
- Efficacy and Safety of Insulin Aspart Biosimilar SAR341402 Versus Originator Insulin Aspart in People with Diabetes Treated for 26 Weeks with Multiple Daily Injections in Combination with Insulin Glargine: A Randomized Open-Label Trial (GEMELLI 1)
- Efficacy, Safety, and Immunogenicity of Insulin Aspart Biosimilar SAR341402 Compared with Originator Insulin Aspart in Adults with Diabetes (GEMELLI 1): A Subgroup Analysis by Prior Type of Mealtime Insulin
- Safety and Tolerability of Insulin Aspart Biosimilar SAR341402 Versus Originator Insulin Aspart (NovoLog) When Used in Insulin Pumps in Adults with Type 1 Diabetes: A Randomized, Open-Label Clinical Trial

insulin glargine

- Clinical study: Switching to Insulin Glargine Biosimilar
- Clinical study: Similar efficacy and safety between insulin glargine biosimilar and biologic (Lantus)

insulin lispro

- CADTH: Switching from Reference to Biosimilar Insulin Lispro for Patients with Diabetes Mellitus (Type 1 or 2)
- Efficacy and Safety of Biosimilar SAR342434 Insulin Lispro in Adults with Type 1 Diabetes Also Using Insulin Glargine-SORELLA 1 Study
- Efficacy and Safety of Biosimilar SAR342434 Insulin Lispro in Adults with Type 2 Diabetes, Also Using Insulin Glargine: SORELLA 2 Study
- Safety of Insulin Lispro and a Biosimilar Insulin Lispro When Administered Through an Insulin Pump

rituximab

- Efficacy and safety of switching from rituximab to biosimilar CT-P10 in rheumatoid arthritis
- Long-term efficacy and safety of biosimilar CT-P10 versus innovator rituximab in rheumatoid arthritis
- Comparison of biosimilar CT-P10 and innovator rituximab in patients with rheumatoid arthritis
- A phase I pharmacokinetics trial comparing PF-05280586 (a potential biosimilar) and rituximab in patients with active rheumatoid arthritis
- Comparative assessment of clinical response in patients with rheumatoid arthritis between PF-05280586, a proposed rituximab biosimilar, and rituximab
- Extension Study of PF-05280586, a Potential Rituximab Biosimilar, Versus Rituximab in Subjects With Active Rheumatoid Arthritis

- A randomised, double-blind trial to demonstrate bioequivalence of GP2013 and reference rituximab combined with methotrexate in patients with active rheumatoid arthritis

General

- Biosimilars in the EU: Information Guide for Healthcare Professionals
- Patient information: How Biologics and Biosimilars Work
- Drug Discontinuation in Studies Including a Switch from an Originator to a Biosimilar Monoclonal Antibody: A Systematic Literature Review
- Switching Reference Medicines to Biosimilars: A Systematic Literature Review of Clinical Outcomes

History of previous biosimilar listings

Since the Initiative was launched in May 2019, many PharmaCare-covered patients have successfully switched from an originator to an approved biosimilar:

- Phase One - 73% of patients transitioned
- Phase Two - 78% of patients transitioned
- Over 90% of PharmaCare patients taking infliximab, etanercept and insulin glargine are now taking biosimilars

Transition period (if applicable)	Drug (Originator)	Biosimilar(s)	Conditions include
filgrastim (Neupogen®) (January 31, 2017 to July 30, 2017)	filgrastim (Neupogen®)	Grastofil®	• prevention and treatment of neutropenia
Phase One (May 27, 2019 to November 25, 2019)	etanercept (Enbrel®)	Brenzys®	• ankylosing spondylitis • rheumatoid arthritis
		Erelzi®	• ankylosing spondylitis • psoriatic arthritis • rheumatoid arthritis

Transition period (if applicable)	Drug (Originator)	Biosimilar(s)	Conditions include
	infliximab (Remicade®)	Inflectra® Renflexis®	• ankylosing spondylitis • plaque psoriasis • psoriatic arthritis • rheumatoid arthritis
	insulin glargine (Lantus®)	Basaglar®	• diabetes (type 1 and 2)
Phase Two (September 5, 2019 to March 5, 2020)	infliximab (Remicade®)	Inflectra® Renflexis®	• Crohn's disease • ulcerative colitis
Rituximab Phase (August 20, 2020 to February 18, 2021)	rituximab (Rituxan®)	Truxima® Riximyo® Ruxience™	• granulomatosis with polyangiitis (GPA) • microscopic polyangiitis (MPA) • relapsing-remitting multiple sclerosis • rheumatoid arthritis
adalimumab (Humira®) and etanercept (Enbrel®) (April 7, 2021 to October 6, 2021)	adalimumab (Humira®)	Amgevita® Hadlima®* Hulio® Hyrimoz® Idacio® *Hadlima is currently not indicated for pediatric Crohn's disease.	• ankylosing spondylitis • Crohn's disease • hidradenitis suppurativa (for adults) • plaque psoriasis (for adults) • polyarticular juvenile idiopathic arthritis • psoriatic arthritis • rheumatoid arthritis • ulcerative colitis

Transition period (if applicable)	Drug (Originator)	Biosimilar(s)	Conditions include
	etanercept (Enbrel®)	Brenzys® Erelzi®	• plaque psoriasis (for adults)
insulin lispro (Humalog®) and insulin aspart (NovoRapid®) (November 30, 2021 to May 29, 2022 with extensions given to some patients using insulin pumps as compatibility was not initially approved by Health Canada)	insulin lispro (Humalog®)	Admelog®	• type 1 diabetes • type 2 diabetes
	insulin aspart (NovoRapid®)	Trurapi®	
enoxaparin (Lovenox®) Biosimilars listed March 22, 2022. No switching required. Existing PharmaCare patients taking Lovenox keep their currently approved coverage until it expires.	enoxaparin (Lovenox®, Lovenox® HP)	Inclunox®, Inclunox HP® Noromby®; Noromby HP® Redesca®, Redesca HP®	• prophylaxis and treatment of venous thromboembolism (VTE)
filgrastim (Neupogen®) Biosimilar listed March 22, 2022. This is the second filgrastim biosimilar, and no switching is required for most patients.	filgrastim (Neupogen®)	Nivestym™	• prevention and treatment of neutropenia
adalimumab (Humira®) Biosimilars listed August 18, 2022. No switching required.	adalimumab (Humira®)	Hulio® 20 mg/0.4 mL prefilled syringe Abrilada® Simlandi™*	• ankylosing spondylitis • Crohn's disease • hidradenitis suppurativa (for adults)

Transition period (if applicable)	Drug (Originator)	Biosimilar(s)	Conditions include
		Yuflyma™* *Simlandi and Yuflyma are high-concentration (100 mg/mL) doses. They are currently not indicated for pediatric Crohn's disease.	• plaque psoriasis (for adults) • polyarticular juvenile idiopathic arthritis • psoriatic arthritis • rheumatoid arthritis • ulcerative colitis
insulin aspart (NovoRapid®) Biosimilars listed January 24, 2023. No switching required for most patients.	insulin aspart (NovoRapid®)	Kirsty® 100 units/mL in a 3 mL pre-filled pen	• type 1 & 2 diabetes mellitus
enoxaparin (Elonox®) Biosimilar listed June 1, 2023.	Lovenox®, Lovenox® HP	Elonox®, Elonox® HP	• prophylaxis and treatment of venous thromboembolism (VTE)
Insulin glargine (Semglee®) Biosimilar listed on May 25, 2023. No switching required	insulin glargine (Lantus®)	Semglee®	• type 1 & 2 diabetes mellitus
Filgrastim (Nypozi) Biosimilar listed on May 14, 2024	filgrastim (Neupogen®)	Nypozi	• prevention and treatment of neutropenia
Ustekinumab (Jamteki™) (May 30, 2024 to December 2, 2024)	ustekinumab (Stelara®)	Jamteki™	• plaque psoriasis (PsO)

Note: On February 18, 2021, the PharmaCare formulary added Brenzys for the treatment of psoriatic arthritis and the biosimilar infliximab, and Avsola™ for the treatment of ankylosing spondylitis, plaque psoriasis, psoriatic arthritis, and rheumatoid arthritis.

PharmaCare resources

Biosimilars patient information sheets

- etanercept
- etanercept–plaque psoriasis
- insulin glargine
- rituximab
- infliximab

Contact

If you have questions, contact the Biosimilars team by:

- **Phone:** 1-844-915-5005 (Monday to Friday, 8:30 am to 4:30 pm)
- **Email:** Biosimilars.Initiative@gov.bc.ca

Did you find what you were looking for?

Yes No

The B.C. Public Service acknowledges the territories of First Nations around B.C. and is grateful to carry out our work on these lands. We acknowledge the rights, interests, priorities, and concerns of all Indigenous Peoples - First Nations, Métis, and Inuit - respecting and acknowledging their distinct cultures, histories, rights, laws, and governments.

Exhibit “R8”

This is Exhibit “R8” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

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67% of wildfires in Alberta are started by people. Learn what you can do to reduce the risk of wildfires and mitigate their impact.

Biosimilar drugs

Learn about Alberta's Biosimilar Initiative, the drugs affected and the process to switch from biologic to biosimilar drugs.

On this page:

Deadline date for switching

Patients currently taking an originator drug, for which there is a biosimilar version for their medical condition, must switch to the biosimilar prior to the switch date to maintain coverage through their Alberta government sponsored drug plan.

Overview

A biosimilar drug is a highly similar but less expensive version of the original biologic medication, known as an originator drug.

Alberta’s Biosimilar Initiative will expand the use of biosimilars by replacing the use of biologic drugs with their biosimilar versions whenever possible. This means patients will continue receiving the same safe and effective treatment, but at a lower cost.

Adult patients, except pregnant women, currently taking a biologic drug that has a biosimilar version for their medical condition must switch to the biosimilar drug prior to the switch date.

Under Alberta’s government sponsored drug plan, biologic drugs cost more than $262 million in the 2019-20 fiscal year, and were going up an average 13.9% per year. The originator biologic drugs Remicade, Humira and Enbrel were 3 of the top 4 drivers of drug spending in Alberta.

Switching to biosimilars is expected to save between $227 million and $380 million over 4 years once fully implemented. These savings can be invested into other health care services for Albertans.

Biologic drugs affected

Only the biosimilar versions of the originator biologics will be covered by Alberta government drug plans after the switch date.

Patients who are taking originator biologics for the health conditions noted must switch to the biosimilar version of the drug.

See the list of biologic drugs affected.

Switching to a biosimilar

Patients should contact their health care professional to discuss switching. Your health care professional can:

- answer questions about switching from an originator biologic drug to a biosimilar
- explain the process for switching
- discuss biosimilar options
- write a new prescription, if needed
- enrol you in a new patient support program, if needed

If you are unable to switch to the biosimilar version for medical reasons, your health care professional can help determine whether to request exceptional coverage of the originator biologic.

Alberta Blue Cross information:

- Biosimilar Initiative Exception Special Authorization Request form
- Biosimilar initiative patient information
- Health professional resources

Biologics and biosimilars

Biologics are drugs manufactured in, extracted from, or semi-synthesized from living cells through a highly complex manufacturing process.

A biosimilar is highly similar to the first biologic drug that was authorized for sale called an 'originator biologic.' Due to the complexity of biologic drugs and the natural variability that results from using living cells, it is not possible for a biosimilar to be identical to its originator biologic drug, nor is it possible for different lots or 'batches' of an originator biologic drug to be identical. These variations are not clinically meaningful.

Safety and effectiveness

The biosimilars included in Alberta's Biosimilars Initiative are approved by Health Canada.

Health Canada reviews and approves all drugs before they can be sold in Canada. Biosimilar drugs undergo a rigorous review process and must demonstrate they are highly similar to the biologic drug.

Biosimilars have been used in Canada, Australia, the United States, the United Kingdom and the European Union for more than 15 years. Many European nations have required patients to switch to biosimilars under publicly funded drug plans.

Patients and health care professionals can have confidence that biosimilars are effective and safe for each of their authorized indications. Numerous research studies collectively show little to no difference in safety and efficacy when patients switch to a biosimilar.

Research studies

Safety and effectiveness citations

"Patients and health care professionals can have confidence that biosimilars are effective and safe for each of their authorized indications. No differences are expected in efficacy and safety following a change in routine use between a biosimilar and its reference biologic drug in an authorized indication." – Biosimilar biologic drugs in Canada: Fact Sheet, 2019, Health Canada

"Over the past 10 years, the EU has approved the highest number of biosimilars worldwide, amassing considerable experience in their use and safety. The evidence acquired over 10 years of clinical experience shows that biosimilars approved through EMA can be used safely and effectively in all their approved indications as other biological medicines. Over the last 10 years, the EU monitoring

system for safety concerns has not identified any relevant difference in the nature, severity or frequency of adverse effects between biosimilars and their reference medicines." – Biosimilars in the EU: Information Guide for Healthcare Professionals, European Medicine Agency

"The council recommends formulary management policies, including requiring biosimilar substitution that support the use of biosimilars and encourage patients and prescribers to choose the most cost-effective therapies to ensure the sustainability of national pharmacare. Prescribers and patients should be better supported with information reinforcing the safety, efficacy and benefits of biosimilars." – A Prescription for Canada: Achieving Pharmacare for All, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019, Advisory Council on the Implementation of National Pharmacare

"More than 100 research studies exist on patients with inflammatory arthritis, gastrointestinal and skin disease who have successfully policy transitioned from a TNF inhibitor biologic originator to its TNF inhibitor biologic biosimilar."

"Like any medicine approved by Health Canada, biosimilars can be expected to be safe and effective treatment options when they are used appropriately in their approved indications."– Biosimilars in Canada: What inflammatory arthritis patients need to know, Arthritis Consumer Experts

"Are biosimilars safe and effective? Yes. Health Canada reviews and approves all drugs before they can be sold in Canada. Health Canada also has rules about how all drugs are manufactured. All companies selling drugs in Canada must follow the same rules for the manufacturing process and for ensuring the quality of their ingredients." – Biosimilar Drugs: Your questions answered, Canadian Agency for Drugs and Technologies in Health

"Do biosimilars work as well as reference biologic drugs? Yes, because reference biologic drugs and biosimilars work the same way. If you were taking a reference biologic drug and are now taking a biosimilar drug, you should expect to have the same results and the same side effects." – Biosimilars: What you need to know, Cancer Care Ontario

"Are biologics/ biosimilars safe? Health Canada is responsible for making sure that all new drugs, including biologics and biosimilars, are safe, effective and of high quality.
Health Canada evaluates all the information provided to confirm that the biosimilar and the original biologic drug are similar and that there are no clinically meaningful differences in safety and efficacy between them." – Arthritis Society

"Biosimilars are made with the same types of natural sources as the original biologic they were compared to — and provide the same treatment benefits." – Biosimilar Basics, U.S. Food and Drug Administration

Cost citations

"Biosimilars could offer yearly savings of $1.8 billion." – Patented Medicine Prices Review Board

"Manitoba and Alberta had the highest levels of biologic-related costs relative to total drug costs in 2016/17." – Compass Rx, 4th edition, Annual public drug plan expenditure report, Patented Medicine Prices Review Board

"We performed a retrospective analysis of Canadian drug purchases for filgrastim, infliximab and insulin glargine from July 2016 to June 2018…In total $1,048,663,876 Canadian dollars in savings could have been realized with 100% use of biosimilars over the originator products during this 2 year time period." Alberta's unrealized savings: $138,074,937 – Potential cost-savings from the use of the biosimilars filgrastim, infliximab and insulin glargine in Canada: a retrospective analysis, University of Saskatchewan, BMC Health Services Research

"The introduction of a biosimilar of rituximab to the Canadian market would generate significant savings." – The Canadian Journal of Hospital Pharmacy

Contact

To learn more about Alberta's Biosimilars Initiative, connect with Alberta Blue Cross:

Hours: 8 am to 8 pm (Monday to Friday), 9 am to 5 pm (weekends and holidays)
Phone: 1-800-661-6995 (General Alberta Biosimilar Initiatives)
Previous Seniors health benefits
Next Claim benefits through Alberta Blue Cross

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Exhibit “R9”

This is Exhibit “R9” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

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effective medication options. The Biosimilars Initiative supports patient access to public drug coverage and new drug benefits.

The Biosimilars Initiative means that patients are covered for a biosimilar version of their biologic medication where one is available.

Several public drug plans across Canada, including Alberta, British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, the Northwest Territories, Ontario, Quebec and Yukon have put in place similar policies to increase uptake of biosimilar drugs. Several countries have also put in place policies to encourage the use and transition to biosimilars.

Contact Us

Drug Plan and Extended Benefits Branch

Phone 1-800-667-7581 (306-787-3317 in Regina)

Email sk.biosimilars@health.gov.sk.ca

Fax 306-787-8679

1. Transitioning to a Biosimilar

Letters have been mailed to affected patients using the following reference biologic drugs:

There are no announced transition periods at this time.

You may be affected by this policy if:

1. You are starting or are already using a reference biologic drug on the list of drugs affected.
   AND
2. You receive Saskatchewan Drug Plan coverage for this medication.

To start using a biosimilar medication, you should:

- Check the list of drugs affected to see if you need to use a biosimilar to be eligible for Saskatchewan Drug Plan coverage of this medication.
- Follow up with the health care provider who prescribes your reference biologic at your next scheduled appointment. Contact their office if you do not have an appointment booked before the end of the announced transition period.
- Get a new prescription for a biosimilar version of your medication (a new prescription is required to start the biosimilar at your pharmacy or clinic)
  - If you are using a reference biologic insulin, you can also ask your pharmacist to help you transition to a biosimilar insulin.
- Discuss your questions about biosimilars with your doctor, nurse, or pharmacist

In some cases, you may have the option to enrol in a biosimilar patient support program. Your health care provider can help you with this.

If you receive Saskatchewan Drug Plan coverage of a reference biologic insulin affected by the Saskatchewan Biosimilars Initiative, you will need to start using a biosimilar insulin to keep your coverage of this medication. You can start using a biosimilar insulin by getting a new prescription for a biosimilar from your physician or nurse practitioner, or by asking your pharmacist to help you transition to a biosimilar. **More details for patients and health care providers.**

Exemption Request Form can be found in the Prescriber Forms section.

2. List of Drugs Affected

The List of drugs affected outlines the biologic drugs currently included in the Biosimilars Initiative. The Biosimilars Initiative will also apply to future reference biologics as new biosimilars are launched and listed on the Saskatchewan Formulary. Prescribers and patients will be notified of these changes in the future.

There are no announced transition periods at this time.

Please note that patients will continue to be able to access Saskatchewan Drug Plan coverage of their reference biologic medication if a suitable biosimilar format is not available.

Notes

- Coverage of Humalog® 200 units/mL will continue to be available for patients who need a higher concentration formula, as there is no equivalent biosimilar format at this time.
- NovoRapid® vials and Lantus® vials will remain covered at this time, until biosimilar(s) in a vial format are listed on the Saskatchewan Formulary. Existing vial users have ongoing coverage in place. Prescribers can request an exemption to the policy for new patients requiring a vial format.
- Coverage of NovoRapid® will continue to be available for patients who use insulin pumps while the biosimilar(s) undergo insulin pump certification.
- Admelog® is compatible with various insulin pump models from Insulet (Omnipod), Medtronic, Tandem, and Ypsomed.
- Individuals with questions about insulin compatibility with specific insulin pump models are encouraged to contact the insulin pump manufacturer.

Concluded Transition Periods

- March 31, 2024
- April 30, 2023

Biosimilar drugs are the next versions of the biologic drug to be made after the reference biologic's patent expires. Patients and health care professionals can be confident that biosimilars are as effective and safe as reference biologics.

- Biosimilars work in the same way as the reference biologic, but are less expensive.
- Patients can expect the same results from biosimilars as the reference biologic they are familiar with.

Biosimilars are regulated and monitored by Health Canada. Clinical studies show that biosimilars have the same efficacy and safety as the reference biologic drug.

4. Frequently Asked Questions

Biosimilars FAQs

5. Patient Support Programs

Note: Patient Support Program information has been provided to the Saskatchewan Drug Plan by the manufacturers and may not be available for all biologic products. Please contact the Patient Support Program or drug manufacturer directly for more information, or if you have questions about these services.

Patient Support Programs Information

6. Prescriber Forms

Problems are typically related to the type of browser you are using. The application form is in PDF format. Browsers such as Firefox or Google Chrome have their own built-in PDF viewer, which will not read a PDF form.

Read Adobe's explanation on how to change the PDF viewer within your Browser to Acrobat Reader, which will open a PDF formatted document.

You may also try this:

Right mouse click on the form you wish to open;
Select "save target as";
Save the form locally on your computer;
Use Acrobat Reader to open the form.

7. Resources and Studies

Download Biosimilars Policy Resources

Saskatchewan Biosimilars Initiative: Notice to Patients - Humalog® (insulin lispro)

Biosimilar Insulin Transition Fee (BITF) Pharmacy Policy and Billing Procedure

Letter to Health Care Providers - October 20, 2022

Letter to Health Care Providers - November 18, 2022

Letter to Health Care Providers - January 23, 2023

Letter to Health Care Providers - February 27, 2023

Letter to Health Care Providers - April 6, 2023

8. Contact Us

Patients should contact their doctor, nurse, or pharmacist with questions about their treatment or about biosimilar medications.

medSask is a drug information service available to support patients and health care providers with questions about their biologic drug treatment.

For general questions about the Saskatchewan Biosimilars Initiative, please contact the Saskatchewan Drug Plan by email: sk.biosimilars@health.gov.sk.ca or call **1-800-667-7581 (306-787-3317 in Regina)**

Exhibit “R10”

This is Exhibit “R10” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

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Manitoba
Health, Seniors and Active Living

Information for Health Care Professionals

Notice – Tiered Biologics Reimbursement Policy

Effective August 15, 2018

- This Notice is being sent to all pharmacies and healthcare providers that prescribe and/or dispense biologics.

- According to the Canadian Institute for Health Information report *"Prescribed Drug Spending in Canada, 2016: Focus on Public Programs"*, biologic drugs represented the class of drugs with the highest proportion of public drug program spending in 2015

- Effective August 15, 2018 Manitoba Health, Seniors and Active Living will be implementing a Tiered Biologics Reimbursement Policy.

- Tier 1 biologic products (for the indications noted) have been determined to be the most cost-effective agents which allows Pharmacare to achieve greater value for its publicly funded drug programs, treat more patients without increasing expenditures, and retain prescriber/patient choice.

- This Policy will ONLY apply to New Patients (biologic naïve) and Existing Patients that have previously been trialed and deemed unresponsive to biologic therapy as follows:
  - New Patients (biologic-naïve);
    - Select product from Tier 1 → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)
  - Existing Patients (ONLY those that have previously been trialed and deemed unresponsive to biologic therapy)
    - Currently on Tier 1* product → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)
    - Currently on Tier 2** product→ Fail → Select product from Tier 1 → Fail → Select second product from Tier 1 → Fail → Select any agent (Tier 1 or Tier 2)

*NOTE: *Patients will not be permitted to switch from Inflectra, Brenzys or Erelzi to another infliximab or etanerecept product listed in Tier 1 and/or 2 if previously trialed and deemed unresponsive to therapy.*

**NOTE: *Patients will not be permitted to switch from Remicade or Enbrel to another infliximab or etanerecept product listed in Tier 1 if previously trialed and deemed unresponsive to therapy.*

Special Requests (Case-By-Case)

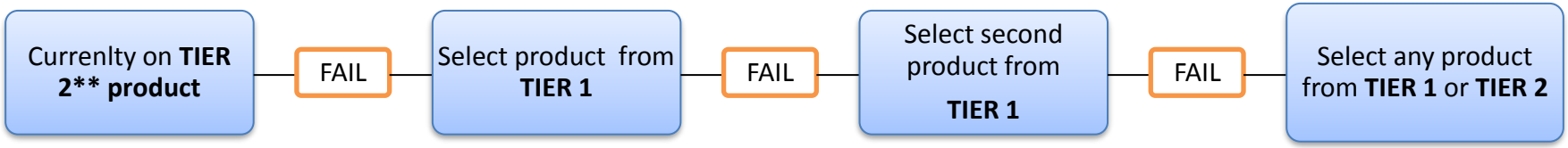
- To request special consideration for coverage on a case-by-case basis outside of this Policy, the clinician may write to the Provincial Drug Programs Review Committee (PDPRC), based upon the unique circumstances of the patient and alternative treatments tried.

- Additional information on the Provincial Drug Programs Review Process and requirements can be found at: https://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf.

Tiered Biologics Reimbursement Policy Flowsheet

New Patients (Biologic-Naïve):

Existing Patients:



**NOTE: Patients will not be permitted to switch from Inflectra, Brenzys or Erelzi to another infliximab or etanerecept product listed in Tier 1 and/or 2 if previously trialed and deemed unresponsive to therapy.*

***NOTE: Patients will not be permitted to switch from Remicade or Enbrel to another infliximab or etanerecept product listed in Tier 1 if previously trialed and deemed unresponsive to therapy.*

Tier 1							
Product Name	Generic Name	Rheumatoid Arthritis (RA)	Ankylosing Spondylitis (AS)	Plaque Psoriasis (PsO)	Psoriatic Arthritis (PsA)	Crohn's Disease (CD)	Ulcerative Colitis (UC)
Actemra	tocilizumab	X					
Brenzys	etanercept	X	X				
Cimzia	certolizumab pegol	X	X		X		
Cosentyx	secukinumab		X	X	X		
Entyvio	vedolizumab					X	X
Erelzi	etanercept	X	X				
Humira	adalimumab						X
Inflectra	infliximab	X	X	X	X	X	X
Orencia	abatacept	X					
Rituxan	rituximab	X					
Simponi	golimumab	X	X		X		X
Simponi IV	golimumab	X					
Taltz	ixekizumab			X			
Xeljanz	tofacitinib	X					
Tier 2							
Enbrel	etanercept	X	X	X	X		
Humira	adalimumab	X	X	X	X	X	
Kineret	anakinra	X					
Remicade	infliximab	X	X	X	X	X	X
Stelara	ustekinumab			X			

- Prescribing Criteria for all products noted above can be found on the online document: Part 3 Exception Drug Status EDS) here: https://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf
- For information on Health Canada's review and recommendations, please see: https://health-products.canada.ca/dpd-bdpp/index-eng.jsp
- For Common Drug Review's review and recommendations, please see: https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/reports

If your questions are not answered by reviewing this Notice posted at:
https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca

Dermatology (Plaque Psoriasis)

Tier 1
Cosentyx (secukinumab)
Inflectra (infliximab)
Taltz (ixekizumab)
Tier 2
Enbrel (etanercept)
Humira (adalimumab)
Remicade (infliximab)
Stelara (ustekinumab)

Gastroenterology (Crohn's Disease)

Tier 1
Entyvio (vedolizumab)
Inflectra (infliximab)
Tier 2
Humira (adalimumab)
Remicade (infliximab)

Gastroenterology (Ulcerative Colitis)

Tier 1
Entyvio (vedolizumab)
Humira (adalimumab)
Inflectra (infliximab)
Simponi (golimumab)
Tier 2
Remicade (infliximab)

Rheumatology (Ankylosing Spondylitis)

Tier 1
Brenzys (etanercept)
Cimzia (certolizumab pegol)
Cosentyx (secukinumab)
Erelzi (etanercept)
Inflectra (infliximab)
Simponi (golimumab)
Tier 2
Enbrel (etanercept)
Humira (adalimumab)
Remicade (infliximab)

Rheumatology (Psoriatic Arthritis)

Tier 1
Cimzia (certolizumab pegol)
Cosentyx (secukinumab)
Inflectra (infliximab)
Simponi (golimumab)
Tier 2
Enbrel (etanercept)
Humira (adalimumab)
Remicade (infliximab)

Rheumatology (Rheumatoid Arthritis)

Tier 1
Actemra (tocilizumab)
Brenzys (etanercept)
Cimzia (certolizumab pegol)
Erelzi (etanercept)
Inflectra (infliximab)
Orencia (abatacept)
Rituxan (rituximab)
Simponi (golimumab)
Simponi IV (golimumab)
Xeljanz (tofacitinib)
Tier 2
Enbrel (etanercept)
Humira (adalimumab)
Kineret (anakinra)
Remicade (infliximab)

Exhibit “R11”

This is Exhibit “R11” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Biosimilars Initiative - Information for Prescribers and Health Professionals

Overview

The New Brunswick Department of Health launched a Biosimilars Initiative in 2021 which involves switching patients from originator biologic drugs to their biosimilar versions. It is a result of the New Brunswick Drug Plans' evidence-informed strategy to better optimize our public resources, get the best value for new treatments and improve access to drugs for patients.

Biologics represent some of the largest drug expenditures for the New Brunswick Drug Plans. Increasing the use of biosimilars provides savings that will be used to cover new drugs and contribute to the sustainability of the public drug plans.

Patients who use certain originator biologics must switch to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans. The drugs included in the Biosimilars Initiative and the date by which patients must switch to a biosimilar brand are in the table below. Additional originator biologics will be added when their biosimilar brands are listed as benefits.

Biologic Drugs Included in the Biosimilars Initiative

Current Switch Period(s)

Drug	**Originator** (Switch from)	**Biosimilar** (Switch to)	**Indications**
Originator Coverage Ends on November 30, 2024			
Ustekinumab	Stelara	Jamteki Wezlana	Plaque Psoriasis
Originator Coverage Ends on July 31, 2024			
Insulin aspart	NovoRapid vial	Trurapi vial	Diabetes

Completed Switches to Biosimilars

Evidence for Biosimilar Switching

Leading regulators in the world, including the European Medicines Agency, the Food & Drug Administration in the United States and Health Canada, support well-controlled transitions to biosimilars. Patients need to know that transition policies have been safely and effectively implemented in many countries in Europe.

There are now more than 100 research studies on biosimilars in rheumatology, gastroenterology, dermatology and other diseases, which collectively show little to no clinical differences between biosimilars and their originators, either when used with treatment-naïve patients, or for patients switching to a biosimilar. The majority of switching studies also found that efficacy loss associated with switching to biosimilars was the same as is expected for patients who remain on the originator drug. There is no scientific reason to expect a different clinical outcome, but patient perspectives should be considered.

Frequently Asked Questions

1. Why was a Biosimilars Initiative implemented?

Biologic drugs account for some of the New Brunswick public drug plans' largest expenditures. Increasing the use of biosimilars will provide savings that will be used to cover new drugs and contribute to the sustainability of the public drug plans.

2. Has a Biosimilars Initiative that switches patients been done in other provinces?

Yes. Most provinces in Canada have implemented a Biosimilars Initiative. In addition, biosimilars switching has been performed extensively in Europe, where countries have had over 15 years of experience with biosimilars.

3. Does switching to a biosimilar impact patient outcomes?

Health Canada's approval process requires that studies demonstrate no clinically meaningful differences in immunogenicity between the biosimilar and the originator biologic. Health Canada indicates that patients and health care providers can be confident that biosimilars are effective and safe for each of their authorized indications, and that no differences in efficacy and safety are expected following a change in routine use between an originator biologic and its biosimilar in an authorized indication.

4. What is the process for switching patients?

Prescribers play an important role in the switching process. As a trusted and experienced information source, a prescriber may set the tone of the discussion, facilitate continuity of care, and empower the patient to understand and realize the best outcomes. The following steps may help patients with their switch to a biosimilar.

- Identify a patient using a biologic included in the Biosimilars Initiative.
- Discuss switching to a biosimilar with the patient. Appointments may be in-person or virtual (phone or video call).
- Initiate enrolment in the patient support program for the biosimilar (if applicable).
- Write your patient a new prescription, indicating the chosen biosimilar.

5. How do I identify patients using a biologic included in the Biosimilars Initiative?

To assist in identifying patients, prescribers may request a list of their patients who are using a biologic that is included in the initiative by submitting the Patient List Request Form.

6. Do I need to write a new prescription for a biosimilar?

Yes. After discussing the biosimilar switch with your patient, initiate enrolment in the patient support program (if applicable). Write a new prescription for your patient, indicating the change to the chosen biosimilar.

7. If the originator biologic requires special authorization (SA), do I need to submit a new request for the corresponding biosimilar?

No, SA requests do not need to be submitted for patients who are switching. When biosimilar brands are listed as benefits, they are added to existing SA approvals.

8. What if I can't see patients before the end of the switch period?

If you cannot prescribe a biosimilar for your patients by the end of the switch period, their originator biologic drug will no longer be covered by the New Brunswick Drug Plans. The coverage end date for each biologic is specified in the table above.

9. What if a patient cannot be switched to a biosimilar?

If a patient is unable to switch to a biosimilar during the switch period for medical reasons, you may submit an SA request for exceptional coverage of the originator biologic. The request must clearly indicate the medical reason why the patient cannot switch. Requests are reviewed on a case-by-case basis during the switch period. After the switch period is over, the originator biologic is delisted and requests for exceptional coverage are no longer considered.

10. Which biosimilars are covered?

Links to information on biosimilars and studies about switching are listed below under “Additional Information and Studies”.

Additional Information and Studies

Links to additional information and studies are listed below.

- Health Canada Fact Sheet: Biosimilars
- CADTH: Biosimilar Drugs – Your Questions Answered
- International Coalition of Medicines Regulatory Authorities Biosimilars Statement (PDF)
- Biosimilars in the EU: Information Guide for Healthcare Professionals
- The Arthritis Society: Biologics/Biosimilars for the Treatment of Inflammatory Arthritis

Arthritis Consumer Experts:

- “Biosim Exchange”
- Facts About Biosimilars
- Biosimilars in Canada – What inflammatory arthritis patients need to know

Arthritis Research Canada:

- Biosimilars – What you need to know
- Biosimilars Webinar – What you need to know

Canadian Digestive Health Foundation: Crohn’s Disease

- Video on Switching from a Biologic to a Biosimilar
- Infographic on What’s Health Canada Saying about Biosimilars?
- Video on What's Health Canada Saying about Biosimilars?

Canadian Digestive Health Foundation: Ulcerative Colitis

- Video on Switching from a Biologic to a Biosimilar
- Infographic on What’s Health Canada Saying about Biosimilars?
- Video on What's Health Canada Saying about Biosimilars?

General

- Cohen HP, Drugs, 2018: Switching Reference Medicines to Biosimilars: A Systemic Literature Review of Clinical Outcomes
- Edwards CJ et al. Switching to biosimilars: current perspectives in immune-mediated inflammatory diseases. Expert Opinion on Biological Therapy (2019)
- Moots et al. Switching between reference biologics and biosimilars for the treatment of rheumatology, gastroenterology, and dermatology inflammatory conditions: Considerations for the clinician.

Contact Information

If you have any questions about the Biosimilars Initiative, contact the NB Drug Plans.

Phone: 1-800-332-3691, Monday to Friday, 8am to 5pm

Email: info@nbdrugs-medicamentsnb.ca.

More Information

Patient Support Programs

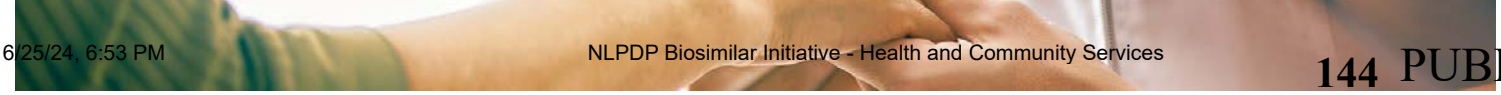
Patient List Request Form

Exhibit “R12”

This is Exhibit “R12” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi



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Contact information for Regional Health Authorities
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For Persons with Disabilities
For Seniors
Grants
HealthLine
Health Promotion and Wellness

Health and Community Services > Prescription Drug Program (NLPDP) > NLPDP Biosimilar Initiative

NLPDP Biosimilar Initiative

BIOSIMILARS INITIATIVE OVERVIEW

In March 2023, the Newfoundland and Labrador Prescription Drug Program (NLPDP) launched the **NLPDP Biosimilars Initiative**. Under this initiative, NLPDP beneficiaries using certain originator biologics are transitioned to a safe and effective biosimilar version, in order to maintain drug plan coverage. The NLPDP Biosimilars Initiative provides an evidence based opportunity to get the best value from medications funded under the program, without negatively affecting patient health outcomes.

Biologic drugs, commonly referred to as “Biologics”, are made using living organisms or their cells. An originator biologic drug is the first brand that is marketed. Biosimilars, are highly similar versions of the originator biologic that are marketed when the patent expires on the originator. Due to natural variations in the manufacturing process related to the use of living cells, biosimilars are highly similar but not identical to the originator. In fact, due to this manufacturing process, small variations also occur when comparing batches of the originator drug.

Health Canada has developed a robust, science-based regulatory framework for the authorization of biosimilars. This framework requires a biosimilar manufacturer to

Provider Information
Medical Claims History
Medical Services
Mental Health and Addictions
Mental Health Care and Treatment Act Forms
Nursing Homes and Personal Care Homes
Patient Connect NL
Primary Care Access Points HCS
Personal Health Information Act
Prescription Drug Program (NLPDP)
Prescription Drug Program Application Form
Prescription Monitoring Program
Provincial Laboratory Formulary
Public Health
Services in Your Region
Special Assistance Program – Medical

Drugs included in the NLPDP Biosimilars Initiative are identified in the table below.

When more than one biosimilar option exists for an originator, it is the patient's choice, in consultation with their health professional, which biosimilar option they will use.

Additional originator biologics will be added to the initiative as new biosimilar options are approved by Health Canada and listed as benefits of NLPDP.

Biologic*	Originator Biologic*	Funded Biosimilar(s)*	Originator coverage end date
Non-insulin Biologics			
adalimumab	Humira	Abrilada, Amgevita, Hadlima, Hulio, Hyrimoz, Idacio, Simlandi, Yuflyma	April 1, 2024
enoxaparin	Lovenox	Inclunox, Noromby, Redesca, Elonox	April 1, 2024
etanercept	Enbrel	Brenzys, Erelzi	April 1, 2024
glatiramer	Copaxone	Glatect	April 1, 2024
infliximab	Remicade	Avsola, Inflectra, Renflexis	April 1, 2024

Frequently Asked Questions (FAQ) ›
Publications ›
Forms and Applications
News Releases
About the Department ›
Links

Insulin aspart	NovoRapid	Kirsty, Trurapi	April 1, 2024
Insulin glargine	Lantus	Basaglar, Semglee	April 1, 2024
Insulin lispro	Humalog	Admelog	April 1, 2024

*As the first biosimilar(s) come to market for an originator biologic after the launch of this initiative, a 12-month transition period will apply. At the end of the 12-month transition period, funding and/or special authorizations for the originator biologic will end.

CONTACT INFORMATION

To learn more about the NLPDP Biosimilars Initiative, please visit our website or contact a representative at the Pharmaceutical Services Division:

- **Phone:** (709) 729-6507 or toll free 1-888-222-0533
- **Fax:** (709) 729-2851
- **Website:** gov.nl.ca/hcs/prescription/biosimilars/
- **Mail:**

  Pharmaceutical Services Division
  Department of Health and Community Services
  P.O. Box 8700, Confederation Building
  St. John's, NL
  A1B 4J6

100 Prince Philip Drive
St. John's, NL A1B 4J6

healthinfo@gov.nl.ca

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Honourable Tom Osborne
Mandate Letter
Minister's Office

Exhibit “R13”

This is Exhibit “R13” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Nova Scotia Pharmacare

Information for Prescribers about the Nova Scotia Biosimilar Initiative

The Government of Nova Scotia is expanding the use of biosimilar medications in Nova Scotia Pharmacare programs. As of 3 February 2023, some original biologic medications won't be covered by Pharmacare if a biosimilar version is approved and available, unless an exemption is granted.

Switching patients to biosimilars

To switch patients to biosimilars, prescribers need to:

- identify patients covered by Pharmacare programs who need to switch
- discuss the switch with patients as soon as possible and write new prescriptions if needed
- contact patient support programs to enroll patients, where available
- make sure that the biosimilar prescription includes the name of the patient support program that the patient is enrolled in, where available

Support for prescribers

Pharmacare can provide you with a list of your patients who may need to switch to a biosimilar medication. To receive this list, fill out the Patient List Request Form (PDF) (documents/biosimilars-patient-list-request-form.pdf) and email it to biologictherapies@novascotia.ca (mailto:biologictherapies@novascotia.ca) or fax it to 902-428-3400.

A clinical support staff member is available to help you organize, reduce administrative burden and provide education where needed. To contact the clinical support staff, email biologictherapies@novascotia.ca (mailto:biologictherapies@novascotia.ca).

Coverage criteria

The following changes to biosimilar coverage apply:

- exception status drug (ESD) requests don't need to be submitted for patients switching to a biosimilar medication
- coverage for biosimilars will be included in the existing approvals for Humira®, Enbrel®, Remicade® and Rituxan® (pharmacists can contact the Pharmacare office if coverage is not already in place)
- no ESD is required for biosimilar insulins included in the list of medications that require switching
- annual ESD renewal requests aren't required for continued coverage of biosimilars for patients

Exemptions

Prescribers can apply for an exemption if a patient can't switch to a biosimilar for clinical reasons. Fill out an Exception Status Drug Request Form (PDF) (https://novascotia.ca/dhw/pharmacare/documents/forms/Standard-Exception-Status-Drug-Request-Form.pdf) for patients who can't switch and provide detailed clinical rationale for the exception.

If this exemption is not approved or the patient doesn't qualify for an exemption, their coverage for the original biologic medication will end.

Medications that require switching to biosimilars

Drug	Originator (switch from)	Biosimilar (switch to)	Indications (if applicable)
Adalimumab	Humira®	Abrilada® Amgevita™ Hadlima® Hulio® Hyrimoz® Idacio® Simlandi™ Yuflyma™	ankylosing spondylitis plaque psoriasis psoriatic arthritis rheumatoid arthritis Crohn's disease adult ulcerative colitis polyarticular juvenile Idiopathic arthritis hidradenitis suppurativa non-infectious uveitis
Etanercept	Enbrel®	Brenzys® Erelzi®	ankylosing spondylitis plaque psoriasis psoriatic arthritis polyarticular juvenile idiopathic arthritis rheumatoid arthritis
Infliximab	Remicade®	Avsola™ Inflectra® Renflexis™	ankylosing spondylitis plaque psoriasis psoriatic arthritis rheumatoid arthritis Crohn's disease ulcerative colitis
Insulin glargine	Lantus®	Basaglar™ Semglee®	diabetes
Insulin lispro	Humalog®	Admelog®	diabetes
Insulin aspart	NovoRapid®	Trurapi® Kirsty®	diabetes
Rituximab	Rituxan®	Riximyo® Ruxience™ Truxima™	rheumatoid arthritis vasculitis auto-immune diseases
Ustekinumab	Stelara®	Jametki™ Wezlana™	plaque psoriasis

NovoRapid vials will be covered for those using insulin pumps, until compatibilities are established.

Lantus® cartridges will be covered for those 17 or younger who require ½ unit dosing.

The policy will apply to other medications on the Nova Scotia Formulary (https://novascotia.ca/dhw/pharmacare/formulary.asp) as new biosimilar medications are approved.

Resources

- Information for patients (information-for-patients-about-biosimilars.asp)
- Pharmacare Biosimilar Criteria for Coverage (PDF) (https://novascotia.ca/dhw/pharmacare/documents/Criteria-for-Exception-Status-Coverage.pdf)
- Exception Status Drug Request Form (PDF) (https://novascotia.ca/dhw/pharmacare/documents/forms/Standard-Exception-Status-Drug-Request-Form.pdf)
- Patient List Request Form (PDF) (documents/biosimilars-patient-list-request-form.pdf)

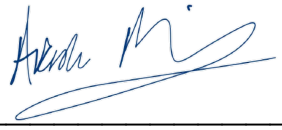
Contact information

Department of Health and Wellness Clinical Support Staff
biologictherapies@novascotia.ca (mailto:biologictherapies@novascotia.ca)

Pharmacare office
Toll-free phone: 1-800-563-8880 (tel:1-800-563-8880)
Phone: 902-496-7008 (tel:902-496-7008)
msi@medavie.ca (mailto:msi@medavie.ca)
Hours: Monday to Friday, 8am to 5pm

Exhibit “R14”

This is Exhibit “R14” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.



A Commissioner for Taking Affidavits, etc.

Arash Rouhi

PEI Biosimilar Initiative

Some drugs are made using living organisms or their cells. These drugs are called **biologics**. The first version of a biologic drug to be produced is called the **originator or reference** biologic.

Biosimilars are highly similar versions of originator biologic drugs. They are produced when the patent expires on the originator biologic drug. Biosimilars are less expensive drugs that are reviewed by Health Canada to ensure they work in the same way as the originator biologic drugs and are equally effective.

Through the PEI Biosimilar Initiative, coverage under PEI Pharmacare for certain biologic drugs will be replaced with coverage for biosimilar drugs.

If you are covered for any of the following originator drugs through PEI Pharmacare, you will need to switch to a biosimilar version before the end of the switching period for that drug to keep your coverage.

Drug	Originator brand name (switch from)	Biosimilar brand name (switch to)	Reimbursed conditions may include	End of switching period
Insulin aspart	NovoRapid®	Kirsty® Trurapi®	Diabetes	June 30, 2024
Insulin glargine	Lantus®	Basaglar® Semglee®	Diabetes	June 30, 2024
Insulin lispro	Humalog®	Admelog®	Diabetes	June 30, 2024
Adalimumab	Humira®	Abrilada® Amgevita® Hadlima® Hulio® Hyrimoz® Idacio® Simlandi™ Yuflyma™	Ankylosing spondylitis Crohn's disease Hidradenitis suppurativa Juvenile idiopathic arthritis Plaque psoriasis Psoriatic arthritis Rheumatoid arthritis Ulcerative colitis Uveitis	September 30, 2024
Etanercept	Enbrel®	Brenzys® Erelzi®	Ankylosing spondylitis Juvenile idiopathic arthritis Plaque psoriasis Psoriatic arthritis Rheumatoid arthritis	September 30, 2024
Glatiramer acetate (a non-biologic complex drug)	Copaxone®	Glatect™	Multiple sclerosis	September 30, 2024

Infliximab	Remicade®	Avsola® Inflectra® Renflexis®	Ankylosing spondylitis Crohn’s disease Plaque psoriasis Psoriatic arthritis Rheumatoid arthritis Ulcerative colitis	September 30, 2024
Rituximab	Rituxan®	Riabni™ Riximyo® Ruxience™ Truxima™	Rheumatoid Arthritis Granulomatosis with polyangiitis (GPA) Microscopic polyangiitis (MPA)	September 30, 2024

As new biosimilars become available, the Biosimilar Initiative will also apply to other originator biologics listed on the PEI Pharmacare formulary.

How to switch

To give you time to see your health care provider, the originator drugs and the biosimilar versions listed above will be covered until **the end of the switching periods.**

Once a switching period has ended, PEI Pharmacare will no longer cover the originator drugs listed above without an approved exemption.

If you use NovoRapid, Lantus or Humalog insulin:

You will need to switch to a biosimilar before June 30, 2024. Your pharmacist may be able to write your new prescription for the biosimilar. If they can’t, you will need to ask a physician or nurse practitioner to write the prescription for your biosimilar insulin before June 30, 2024.

If you use Copaxone, Enbrel, Humira, Remicade or Rituxan:

It is our goal that all patients are switched to a biosimilar by June 30, 2024. However, given the standard frequency of specialty prescriber appointments, the switching period for patients on Copaxone, Enbrel, Humira, Remicade and Rituxan is extended until September 30, 2024.

Your prescriber can help you switch to a biosimilar. They can also answer questions and, if needed, help you enroll in a biosimilar patient support program.

If your special authorization approval needs to be renewed during the switching period, you will need to be switched to a biosimilar at that time.

If you don't have an appointment with your prescriber before you special authorization needs to be renewed:

You or a healthcare provider must complete:

- the online biosimilar switching exemption form or
- the paper biosimilar switching exemption form

On this form, you will need to provide the name of the originator biologic you are taking, the name of your prescriber and the date of your appointment with your prescriber.

If your appointment is scheduled before September 30, 2024, the special authorization coverage for your originator biologic may be extended for 1 month following your appointment date.

Frequently Asked Questions

Is a biosimilar the same as a generic?

No. A generic drug is a simpler molecule and can copy exactly the original brand name medication.

Biologic drugs are made from live cells and are more complex than traditional drugs. Biosimilar drugs are highly similar to their originator biologic but not an exact copy.

Each batch of a biologic drug can have minor variations from the first biologic that was made. These minor changes can happen with each batch of an originator biologic and with the biosimilar copies, but do not change the effect or safety of the drug.

The biosimilar will work in the same way as the originator biologic.

Are biosimilars safe and effective compared to the originator biologic drug?

Yes, before a biosimilar drug is approved by Health Canada, the manufacturer must show that there are no meaningful differences in safety and effectiveness compared to the originator version. Patients and health care providers can have confidence that biosimilars are effective and safe.

What is the nocebo effect and how can I prevent it?

A person's mindset can impact their symptoms and their sense of well-being. When a person's negative expectations affect the treatment outcomes, this is called the nocebo effect. (When their positive expectations affect treatment outcomes, this is called the placebo effect.)

To prevent a nocebo effect, you can:

- recognize the possibility of the nocebo effect
- seek out more information on biosimilars (see Biosimilar Resources for Patients)
- speak to your doctor, nurse or pharmacist about the switch and discuss your options
- stay informed about the switch process
- keep a neutral or positive outlook

If I'm pregnant, can I delay my switch to a biosimilar until after delivery?

Yes. You or a healthcare provider can complete the online biosimilar switching exemption form or the paper biosimilar switching exemption form where you will need to provide your due date. You will need to switch to using a biosimilar within three months after delivery.

If my insulin pump is not yet shown to be compatible with a biosimilar version of the insulin I use in my pump, can I still get coverage for the originator?

Yes. You or healthcare provider can complete the online biosimilar switching exemption form or the paper biosimilar switching exemption form . You will need to provide the name of the originator insulin you are taking and the make and model of your insulin pump. You will need to switch to using a biosimilar once there is information available to confirm the compatibility of a biosimilar version of your insulin with your pump.

What if I have private coverage?

If you do not rely on PEI Pharmacare drug programs for coverage of your originator biologic, the Biosimilars Initiative will not directly affect you. However, as some private insurance plans have also been implementing biosimilar switch policies, you may wish to contact your private insurer for more information.

For more information

See Biosimilars Resources for Patients or Biosimilar Resources for Health Care Professionals

Email: pei-biosimilar-initiative@gov.pe.ca

Phone: 902-218-4653

Apply for a biosimilar switching exemption

Add a reminder

General Inquiries

Health PEI
PO Box 2000
Charlottetown, PE C1A 7N8

Phone: 902-368-6130
Fax: 902-368-6136

healthpei@gov.pe.ca

Your Health Privacy

Media Inquiries
Phone: 902-368-6135

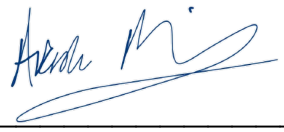
Health PEI Board of Directors

If you are experiencing a medical emergency, call 9-1-1 or go to the nearest emergency department.

If you are unsure what to do about a health issue or if you need health information, call 8-1-1.

Exhibit “R15”

This is Exhibit “R15” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.



A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Biosimilars

Unit: Extended Benefits	Effective date:
Branch: Insured Health Services	Last updated:
Policy number: EB021	Review date:

Purpose

This policy outlines which clients are required to transition from biologic originators to biosimilars and which are exempt from this transition. This policy applies to clients under Insured Health Services' Chronic Disease and Disability Benefits program and Pharmacare program (the Programs).

Policy

1. The Programs are the benefit of last resort. Clients must first access benefits from any other benefits plan for which they are eligible.
2. Biosimilars are safe, similar and effective alternatives to biologic originators.
3. Clients currently taking biologic originators must transition to biosimilars in accordance with the transition schedule located on Yukon government's biosimilar webpage (Yukon.ca/biosimilars), unless otherwise specified in this policy.
4. Clients must transition from biologic originators to biosimilars within six calendar months from the date on which the drug transition is announced.
5. The Director has the authority to approve or deny claims for biosimilar drugs based on emerging evidence and best practices.
6. The Programs will only cover biologic originators if the client meets one or more exception criteria (see **Exceptions** section below).

Exceptions

7. Pediatric clients with conditions for which there are no approved biosimilars will receive full coverage for biologic originators until they turn 18 years of age.
    - At 18 years of age, the client will have six months from their birth date to transition to a biosimilar to maintain full coverage. Refer to yukon.ca/biosimilars for information on which conditions are applicable.
8. Pregnant clients will receive full coverage for biologic originators until they are no longer pregnant.
    - Beginning on the date the pregnancy ends – whether through birth, miscarriage, or abortion – the client has six months to transition to a biosimilar to maintain full coverage.

Biosimilars

Unit: Extended Benefits	Effective date:
Branch: Insured Health Services	Last updated:
Policy number: EB021	Review date:

9. Clients that move to the Yukon and are enrolled into one of the Programs will receive full coverage for biologic originators for their first six months in the Programs.
    - After six months in the Programs, the client must transition to a biosimilar to maintain full coverage.
10. Clients who are unable to take biosimilars for medical reasons may have their prescriber submit a Request for Exception Drug Coverage form to the Programs for coverage of a biologic originator.
    - Clients must trial the biosimilar before requesting exception coverage. The trial must be documented by the prescriber and the request for exception must identify the results of the trial and why the patient cannot switch.
    - The Programs will review exception requests within five business days of receiving the request. Requests should be submitted as soon as possible to avoid uninterrupted coverage.

Definitions

Biologics: Drugs made in, taken from, or partly-made from living cells through a complex manufacturing process.

Biologic originators: The first versions of a biologic drug.

Biosimilars: Biologic drugs that are similar to but less expensive than the biologic originator drug. Biosimilars become available after the patent on the biologic originator drug expires. There are no expected efficacy and safety differences between a biosimilar and the biologic originator drug.

Client: A person eligible for and entitled to insured health services as defined in the *Health Care Insurance Plan Act*.

Director: The Director of the Yukon Health Care Insurance Plan, appointed as per section 4(1) of the *Health Care Insurance Plan Act*.

Pediatric clients: Clients under 18 years of age. Beginning on a client's 18th birthday, clients will be treated as adults.

Prescriber: A physician, nurse practitioner, or any other health care provider authorized to practice medicine and prescribe drugs in Canada.

Biosimilars

Unit: Extended Benefits	Effective date:
Branch: Insured Health Services	Last updated:
Policy number: EB021	Review date:

Program officer: Yukon government employees who specialize in one or more of the Programs and help clients through the application and claims process.

Authorities

- *Health Act*
- *Health Care Insurance Plan Act*
- Regulations Respecting Health Care Insurance Services
- Chronic Disease and Disability Benefits Regulations
- Pharmacare Plan Regulation

Related policies and other documents

- Extended Benefits for Clients with Outside Insurance

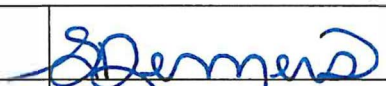
APPROVED BY:		Director, Insured Health Services
DATE:	yyyy/mm/dd 2022/6/10	

Exhibit “R16”

This is Exhibit “R16” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Health and Social Services

Biosimilar Initiative

> *All clients under the Extended Health Benefit and Métis Health Benefit programs are required to use a biosimilar version of the affected product. Products that have a biosimilar version are not covered under these programs other than by exception.*

On this page:

Overview

The Government of Northwest Territories (GNWT) is launching a Biosimilars Initiative to switch patients from originator biologic drugs to the biosimilar versions. A biosimilar drug is a highly similar but less expensive version of the original biologic medication, known as an originator drug. Expected savings from the implementation of this policy is to be reinvested to help fund coverage by increasing the medications that the supplementary health benefits programs cover in the future.

Health Canada confirms that patients and health-care providers can be confident that biosimilars are as effective and safe as their biologic reference drug. Other federal organizations also support the use of biosimilars.

The Biosimilars Initiative is an evidence-informed strategy to optimize public resources to get the best value for treatments and improve access to medications for patients. Increasing the uptake of biosimilar medicines will contribute to the sustainability of the public drug plans. Similar initiatives have been successfully implemented in British Columbia, Alberta, New Brunswick, and Quebec.

Biologic drugs make up some of largest drug costs incurred by the GNWT's publicly funded benefit programs and those costs are increasing at an unsustainable rate. In 2020-2021, GNWT's supplementary health benefit program spending on biologic drugs increased by 17.6% to $2.8 million.

Table 1: List of Current Originator Biologics and the corresponding Biosimilars eligible for coverage

Active Ingredient	Originator Biologic Product	Biosimilar Product	Health Condition
Adalimumab	Humira®	Amgevita® Hadlima® Hulio® Hyrimoz® Idacio®	Ankylosing spondylitis Crohn's disease Hidradenitis suppurativa Plaque psoriasis Polyarticular juvenile idiopathic arthritis Psoriatic arthritis Rheumatoid arthritis Ulcerative colitis Non-Infectious Uveitis
Enoxaparin	Lovenox®	Inclunox® Noromby® Redesca®	Thromboembolic disorders
Etanercept	Enbrel®	Brenzys® Erelzi®	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Polyarticular Juvenile Idiopathic Arthritis Rheumatoid Arthritis
Infliximab	Remicade®	Inflectra® Renflexis® Avsola®	Ankylosing spondylitis Plaque psoriasis Psoriatic arthritis Rheumatoid arthritis Crohn's disease Ulcerative colitis
Insulin glargine	Lantus®	Basaglar®	Diabetes
Insulin lispro	Humalog®	Admelog®	Diabetes
Insulin aspart	NovoRapid®	Trurapi®	Diabetes

Filgrastim	Neupogen®	Grastofil® Nivestym®	Neutropenia
Pegfilgrastim	Neulasta®	Lapelga® Fulphila® Nyvepria® Ziextenzo®	Neutropenia
Rituximab	Rituxan®	Truxima® Riximyo® Ruxience®	Rheumatoid arthritis Vasculitis Autoimmune diseases
Glatiramer[1]	Copaxone®	Glatect®	Multiple sclerosis

1 - Non-biologic complex drug

2 - To be Listed

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Biologic and Biosimilar Drugs

Biologics are drugs made in, taken from, or partly made from living cells through a complex manufacturing process. The first version of a biologic drug is called an **originator biologic** drug but may also be called an innovator or reference biologic.

Health Canada describes a biosimilar biologic drug, or **biosimilar**, as a biologic drug that is highly similar to an originator biologic drug that was already authorized for sale. There are no clinically meaningful differences in efficacy and safety between a biosimilar and the originator biologic drug previously authorized for sale.

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Biosimilars in Canada

How Health Canada regulates biosimilars

- Biosimilars are approved for sale just as any other drug - they must be evaluated and approved by Health Canada.
- Health Canada has developed a robust, science-based regulatory framework for authorizing the use and sale of biosimilars.
- Biosimilars are manufactured to the same regulatory standards as other biologic drugs and are authorized after a scientific evaluation by Health Canada.
- Rigorous standards for authorization mean that patients can have the same confidence in the quality, efficacy, and safety of a biosimilar as any other biologic drug.
- Health Canada will not approve a biosimilar for sale unless it is proven to have no clinically meaningful difference to the patient, as compared to the original biologic drug.
- For additional information about how Health Canada approves and regulates biosimilars, please refer to:

- Health Canada Biosimilars Biologic Drug Fact Sheet (https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/brgtherap/applic-demande/guides/Fact-Sheet-EN-2019-08-23.pdf)

Other Canadian Biosimilar Initiatives

- In 2019, British Columbia and Alberta implemented biosimilars policies to switch patients from originator biologics to their biosimilars. Tens of thousands of patients in each province were safely switched, including those living with inflammatory arthritis, inflammatory bowel disease, diabetes, and psoriasis. Both provinces have continued to apply their switching policies to new biosimilar medicines as they have become available.
- In May 2021, the Government of Quebec announced the province's intention to implement a biosimilar switching policy under its public prescription drug insurance plan. By April 13, 2022, all patients currently receiving biologic drug treatment will be switched to the corresponding biosimilar on their List of Medications covered by the basic prescription drug insurance plan.
- The New Brunswick Department of Health has also launched a Biosimilars Initiative which involves switching patients from originator biologic drugs to their biosimilar versions. Between April 21, 2021 and November 30, 2021, patients who use certain originator biologics must switch to a biosimilar brand to maintain their coverage under the New Brunswick Drug Plans.

Switching to Biosimilars

- Further to Canadian initiatives, many European countries have switched patients under their publicly funded plans from originators to biosimilars.
- There are now more than 75 research studies on biosimilars in rheumatology, gastroenterology, dermatology, and other neurological disorders, which collectively show little to no clinical differences between biosimilars and their biologic originators, either when used with patients who have never undergone treatment for the condition, or for patients switching to a biosimilar.
- The majority of switching studies also found that efficacy loss associated with switching to biosimilars was the same as is expected for patients who remain on the originator drug.

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Biosimilar Initiative (/en/services/biosimilar-initiative)

- Information for Patients (/en/services/biosimilar-initiative/information-patients)
- Provider Forms (/en/services/supplementary-health-benefits/provider-forms)
- What the experts are saying about biosimilars (/en/services/biosimilar-initiative/what-experts-are-saying-about-biosimilars)

Exhibit “R17”

This is Exhibit “R17” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Ontario

Ministry of Health
Health Programs & Delivery Division

Notice from the Executive Officer:

Funding of ustekinumab under the Ontario Drug Benefit Program

April 30, 2024

Jamteki™ (ustekinumab injection) and Wezlana™ (ustekinumab injection) are approved by Health Canada as biosimilar versions of Stelara® (ustekinumab injection) and Wezlana™ I.V. (ustekinumab for injection) is approved by Health Canada as a biosimilar version of Stelara® I.V. (ustekinumab for injection). The funding of these products is being aligned with the funding of other biosimilars under the Ontario Drug Benefit (ODB) Program's new start policy, which requires recipients initiating treatment on a biologic drug to start on a biosimilar. Biosimilars have similar efficacy and safety as originator biologics and present an opportunity to achieve better value for money for biologic drugs that will help to support the long-term sustainability and accessibility of Ontario's public drug programs.

As of the effective date of the April 2024 update to the ODB Formulary/Comparative Drug Index (Formulary), changes to the funding of ustekinumab under the ODB Program will be as follows:

Jamteki™ (ustekinumab injection) will be listed on the Formulary as a Limited Use (LU) benefit for the treatment of the following indications in accordance with the criteria set out on the Formulary:

- Plaque Psoriasis
- Psoriatic Arthritis

Wezlana™ (ustekinumab injection) and Wezlana™ I.V. (ustekinumab for injection) will be listed on the Formulary as LU benefits for the treatment of the following indications in accordance with the criteria set out on the Formulary:

- Plaque Psoriasis (Wezlana™)
- Psoriatic Arthritis (Wezlana™)
- Ulcerative Colitis (Wezlana™ and Wezlana™ I.V.)
- Crohn's Disease (Wezlana™ and Wezlana™ I.V.)

Prescribers should be informed and stay current with official indications for drug products in accordance with Health Canada's approved product monograph.

Details of the LU criteria will also be posted in the April 2024 Formulary update, which can be found on the ministry's website at:

Formulary / Comparative Drug Index (CDI) Edition 43 | Ontario Drug Benefit (ODB)
Formulary / Comparative Drug Index (CDI) and Monthly Formulary Updates | ontario.ca

Effective with the April 2024 Formulary update, Stelara® (ustekinumab injection) will be funded in accordance with the following LU criteria:

- LU Code: 419

  For the treatment of severe* plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**, but only for patients established on Stelara (ustekinumab) therapy prior to April 30, 2024.

  *Definition of severe plaque psoriasis:

  Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

  Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

  Dermatology Life Quality Index (DLQI) score of at least 10

  **Definition of failure, intolerance or contraindication to adequate trials of standard therapies:
  - 6 month trial of at least 3 topical agents including vitamin D analogues and steroids; AND
  - 12 week trial of phototherapy (unless not accessible); AND
  - 6 month trial of at least 2 systemic, oral agents used alone or in combination:
    - Methotrexate 15-30mg per week
    - Acitretin (could have been used with phototherapy)
    - Cyclosporine

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

- At least a 50% reduction in PASI, AND
- at least a 50% reduction in BSA involvement, AND
- at least a 5 point reduction in DLQI score

Approvals will only allow for standard dosing for Stelara® 45 mg to be administered at weeks 0, 4 and every 12 weeks thereafter. Alternatively, 90 mg may be used in patients with a body weight of over 100 kg. In patients weighing over 100 kg, both the 45 mg and 90 mg doses were shown to be efficacious. However, 90 mg was efficacious in a higher percentage of these patients. If the patient has not responded after 12 weeks of treatment, the physician should consider switching to an alternative biologic agent.

LU authorization: 1 year

Details of the changes to the funding of Stelara® (ustekinumab injection) will also be posted in the April 2024 Formulary update, which can be found on the ministry's website at:

Formulary / Comparative Drug Index (CDI) Edition 43 | Ontario Drug Benefit (ODB)
Formulary / Comparative Drug Index (CDI) and Monthly Formulary Updates | ontario.ca

To further inform healthcare providers and patients, we have also included a Frequently Asked Questions (FAQs) document for reference purposes.

Additional information:

For pharmacies:

Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other health care providers and the public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282.

Exhibit “R18”

This is Exhibit “R18” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

Ontario

Ministry of Health

Health Programs and Delivery Division

UPDATE - Biosimilar Policy: FAQs for Pharmacies

1. Why is coverage for biologic drugs changing?

Every year, the Ontario Drug Benefit (ODB) program covers new treatments to ensure that eligible recipients have access to new and innovative drug therapies. Currently, ODB program recipients have access to coverage for over 5,000 safe and effective medications through the ODB Formulary with another 1,000 that require approval through the Exceptional Access Program (EAP).

Biologic medicines have improved the treatment of many disabling and life-threatening diseases. A biosimilar is a biologic drug that is highly similar to an originator biologic drug that was already authorized for sale.

Expanding the use of biosimilar versions of biologic drugs ensures that ODB program recipients will continue receiving the same high-quality treatment, while allowing the government to fund more new drug therapies. This will encourage innovation in the health care system and support the delivery of better, connected patient care.

Biosimilars have been used in the European Union and a number of Canadian jurisdictions, including British Columbia, Alberta, New Brunswick, Quebec, Northwest Territories, Nova Scotia, Saskatchewan and Newfoundland and Labrador, have expanded the funding of biosimilar medications.

2. What is the difference between a biosimilar and generic product?

Generic drugs are made from chemical synthesis, while biosimilars are biologic drugs that are made from living organisms. Generic products are smaller molecules that can be synthesized chemically to be an exact chemical copy of its brand name or reference drug. Biologics are larger and more complex molecules that are made in living cells. Biosimilars, also referred to as subsequent entry biologics or follow-on biologics, are biologics that are similar to an originator biologic, and would enter the market after the patents or data protection rights for an originator biologic have expired. They are made in living cells, so while they are highly similar to their originator biologic, they are not identical. Due to the complexity of the larger molecules and variability of the living cells that are used to produce biologic drugs, there are batch-to-batch variabilities within the same brand.

Both generics and biosimilars undergo extensive Health Canada evaluations to confirm that there are no clinically meaningful differences in safety and efficacy between them and their original reference products. However, due to differences in manufacturing and the complexity of biologics, biosimilars are not designated as interchangeable with the innovator reference biologic.

3. What clinical evidence supports the claim that transitioning from an originator biologic to a corresponding biosimilar is safe and efficacious?

Biosimilar biologics must fulfill rigorous regulations and testing requirements imposed by Health Canada to prove they are as safe and effective as the originator biologic. Health Canada has definitively stated that its rigorous standards for authorization mean that patients and health care providers can have the same confidence in the quality, safety and efficacy of a biosimilar as the originator biologic.

Clinical trials and registry data findings are regularly reported at annual scientific meetings around the world that indicate that transitioning from an originator biologic to a biosimilar is safe and effective. There are now more than 100 research studies in rheumatology, gastroenterology, dermatology and other diseases, which collectively show little to no clinical differences between biosimilars and originator biologics.

The Ministry of Health will be carefully monitoring drug usage and feedback from ODB program recipients and healthcare practitioners both during and after the implementation of this funding policy regarding biosimilars.

4. Which biologic products are subject to the biosimilar policy starting on July 31, 2024?

Effective **July 31, 2024** Ontario will add four additional biologic drugs to the biosimilar policy: Lucentis® (Ranibizumab), Stelara® (Ustekinumab), Lovenox® (Enoxaparin), and Neupogen® (Filgrastim). This will involve listing biosimilar versions of the originator biologics on the Formulary and implementing funding rules for treatment-naïve recipients (the “New Start Rule”) and recipients who have already initiated therapy with the originator biologic (the “Transition Rule”). Under the New Start Rule, treatment-naïve recipients will be required to initiate therapy with a biosimilar version of a biologic in order to receive ODB program coverage for the biologic. Under the Transition Rule, treatment-experienced recipients will have 6 months (from July 31, 2024 to January 31, 2025) to transition to a biosimilar version of a biologic in order to receive ODB program coverage for the biologic, subject to certain exceptions. At the end of the 6-month period on January 31, 2025, the originator biologics will not be funded under the ODB program, subject to certain exceptions.
Transitioning from an originator biologic to a biosimilar version will require a new prescription from a prescriber.

ODB program recipients taking one of the originator biologics listed above are encouraged to speak to their healthcare professional to discuss this transition.

5. How long is the transition period?

The transition period is 6 months beginning July 31, 2024 until January 31, 2025.

6. Will other drug products be added to the biosimilar policy?

Yes. As new biosimilars or similar versions of non-biologic complex drugs (NBCDs) enter the Canadian market, additional drug products may be included as part of this policy framework.

7. What are the exceptions to the Transition Rule and how will they be applied?

Recipients who are pregnant during the transition period or who require palliative care during the transition period are temporarily exempt from the requirement to transition to a biosimilar version of an originator biologic. This only applies to existing and established ODB patients. These recipients may continue receiving ODB program coverage for the originator biologic, in accordance with the Limited Use clinical criteria and authorization periods on the Formulary, and as set out in Appendix "B" to the accompanying Executive Officer (EO) Notice. This exception may not apply if the biologic is not indicated for use in palliative care and/or pregnancy.

Recipients who require ODB program coverage for an originator biologic during or after the transition period may ask their prescriber to submit a request for a medically necessary exemption to the ministry's Exceptional Access Program (EAP). The request should include documentation confirming that the recipient has experienced an adverse reaction to two or more biosimilars (where available). Requests are assessed on a case-by-case basis.

8. How can prescribers submit Exceptional Access Program exemption requests?

For faster responses prescribers are encouraged to submit EAP requests through EAP's web-based portal, the Special Authorization Digital Information Exchange (SADIE), which can be found at www.ontario.ca/sadie. Requests may also be sent by fax to 1-866-811-9908 (toll-free) or 416-327-7526 (Toronto area). If authorized prescribers are unable to use SADIE or fax, EAP requests may be submitted by mail to the following address:

Exceptional Access Program
5700 Yonge Street — 3rd Floor
North York, Ontario M2M 4K5

Submission by mail may delay the receipt of the request by the ministry.

9. How can I help with the transition from the originator biologic to the biosimilar at the pharmacy level?

Health Canada recommends that a transition from an originator biologic to a biosimilar be undertaken by the prescriber after discussion with the patient.

Pharmacies can help the transition by educating ODB recipients when they fill their new prescription for a biosimilar or similar NBCD, and by answering any questions they may have. Pharmacies can also help by contacting the prescriber on the ODB program recipient's behalf to discuss the transition to the biosimilar product and obtaining a new prescription.

10. How should I approach patient discussions?

Pharmacies can help the transition by educating ODB recipients when they fill their new prescription for a biosimilar, and by answering any questions they may have.

Treatment-naïve patients started on a biosimilar tend to accept biosimilars without issues. Treatment-experienced, stable patients using an originator biologic may need more support.

As healthcare professionals, pharmacists are trusted to be a source of information, expertise, and experience. It's important when talking to patients, to set a neutral or positive tone for the transition. Some critical information patients need to know is that biosimilars:

- Are safe and effective;
- Work the same way as their current medication;
- Add no increased risk of adverse reactions;
- Don't involve major changes to their routines or dosing;
- May have additional services provided by a patient support program; and
- Are well-studied and have been used successfully around the world.

11. What is the support fee for pharmacies?

Pharmacies may claim a Biosimilar Patient Support Fee in the amount of $15 when assisting ODB program recipients on an originator biologic transition to the biosimilar alternative in accordance with the Transition Rule. This may include:

- When filling the first prescription for a biosimilar included in the biosimilar policy for a transitioning ODB program recipient. Along with filling the prescription, pharmacies are expected to provide recipients with the information they need to assist with their transition to a biosimilar, which could include educating the recipient on the safety and efficacy of the product and answering any questions they have; OR
- Contacting the prescriber on the ODB program recipient's behalf to discuss the transition to the biosimilar product and obtaining a new prescription (e.g., generating lists of patients on an originator biologic for physicians).

The fee can be claimed **once per recipient per transition to a biosimilar product**. For clarity, if a recipient transitions to more than one biosimilar version of a biologic, then only one Biosimilar Patient Support Fee is payable for the transitions.

Pharmacies also have the flexibility to submit a claim for a Biosimilar Patient Support Fee when they undertake activities to support a recipient's transition to a biosimilar, such as contacting a prescriber to obtain the ODB program recipient's first prescription for a biosimilar as part of their transition from the originator biologic, subject to any terms and conditions set out in the accompanying EO Notice. Where an ODB program recipient obtains their first prescription for the biosimilar directly from the prescriber *without* pharmacy involvement, the pharmacy may continue to submit a claim for the Biosimilar Patient Support Fee when filling the prescription for the first time. The purpose of the Biosimilar Patient Support Fee is to help ensure a smooth and timely transition for ODB program recipients to biosimilar products. The fee is only available once per recipient per transition to a biosimilar product.

For the latest phase of the Transition Rule, which is between July 31, 2024 to January 30, 2025, the Biosimilar Patient Support Fee for the 4 products included in this phase can be submitted for payment in respect of ODB program recipients transitioning to a biosimilar version from July 31, 2024 to January 30, 2026 (i.e., the claim submission window is the start of the transition period for these 4 products to 1 year after the end of the transition period). It is <u>not</u> eligible for payment in the following circumstances:

- Recipients who are new to the ODB program on or after July 31, 2024;
- Prescriptions for biosimilars that were dispensed prior to July 31, 2024,
- Subsequent prescriptions for a biosimilar product, after the recipient's initial transition to a biosimilar;
- Recipients who are not enrolled in the ODB program and pay out-of-pocket or are reimbursed by a third-party payer (e.g., private insurer); or
- Recipients who are treatment-naïve to the biologic originator or the biosimilar drug.

12. Some originator biologics have generic interchangeable versions. Can I claim a biosimilar support fee for transitioning patients from originators to the generic version instead of a biosimilar?

No, the Biosimilar Patient Support Fee can only be claimed when transitioning a recipient from an originator to a biosimilar.

13. What patient support programs are available for biosimilars?

Some biosimilar manufacturers are providing patient support programs (PSP) and services, along with access to infusion centres similar to those of the originator biologic. If applicable and appropriate, prescribers can help initiate the enrolment process into a PSP.

14. Where can I get more information?

For more information and reading materials, see the resources below.

For claims processing inquiries, call the ODB Pharmacy Help Desk at: 1-800-668-6641.

For any further inquiries regarding medical exemptions related to the biosimilars policy, please contact the Exceptional Access Program within the Ministry of Health by emailing the program at EAPFeedback@ontario.ca or by calling us at

416-327-8109 or 1-866-811-9893.

ADDITIONAL INFORMATION FOR HEALTH CARE PROFESSIONALS AND PATIENTS

- Health Canada—Biosimilar biologic drugs in Canada: Fact Sheet
- CADTH Biosimilar Drugs: Health care provider hand-out

Exhibit “R19”

This is Exhibit “R19” referred to in the Affidavit of Genia Radeva, sworn before me this 25th day of July, 2024.

A Commissioner for Taking Affidavits, etc.

Arash Rouhi

26 May 2022

LIST OF MEDICATIONS

Legal deposit — Bibliothèque et Archives nationales du Québec, 2022

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Québec, 24 May 2022

Schedule 1

List of Medications
26 May 2022

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Exceptional Medications
Supplies
Products for Extemporaneous Preparations
Vehicles, Solvents or Adjuvants

1. ESTABLISHING THE PRICE OF A DRUG

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

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

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

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

1.1. Guaranteed selling price

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

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

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

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

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

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

1.2. Price Payable

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

1.2.1. Actual purchase price

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

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

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

1.2.2. Lowest price

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

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

1.2.2.1. Lowest price method

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

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

1.2.2.2. Grouping of dosage forms and strengths

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

1.2.2.3. Exceptions to the lowest payable price

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

(1) not to replace a brand name drug that he or she has prescribed with a generic name drug;

(2) the reason, among the following, why there must not be any replacement, using for this purpose the Régie-supplied code corresponding to the reason given:

- the patient suffers from a documented allergy or intolerance to a non-medicinal ingredient present in the makeup of the less costly generic name drug, but absent in the brand name drug;

- the drug being prescribed is a brand name drug whose dosage form is essential to obtain the expected clinical results, and this drug is the only one appearing on the *List of Medications* in this form.

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

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

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

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

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

– they are highly toxic or have a narrow therapeutic index;

– their onset of action and absorption rate are clinically important;

– they have a particular pharmaceutical form or a particular use.

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

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

1.2.3. Maximum amount

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

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

1.2.4. Accredited drug wholesaler's mark-up

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

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

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

1.2.4.1. Maximum mark-up

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

For these drugs, the wholesaler's mark-up is limited to a maximum of $49. The products to which this measure applies are those whose guaranteed selling price for sales to wholesalers, for the smallest package size or its indivisible multiple, is $754 or more. The price appearing on the list is the guaranteed selling price for sales to pharmacists and does not include the wholesaler's mark-up.

Products for which the wholesaler's mark-up is limited to $49 are listed in Appendix III. This mark-up is limited to the same amount for the drugs mentioned in appendices IV.1 and IV.2.

1.2.4.2. Two guaranteed selling prices

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

If the difference between the guaranteed selling prices for sales to wholesalers and sales to pharmacists is equal to or greater than 5%, this difference constitutes the wholesaler's mark-up. The payable price is then the guaranteed selling price for sales to pharmacists, except in the case of expensive products, for which the mark-up is limited to $49. If the difference between the guaranteed selling prices for sales to wholesalers and sales to pharmacists is less than 5%, the payable price is the guaranteed selling price for sales to wholesalers, increased by the wholesaler's mark-up.

1.2.5. Conditions of supply

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

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

1.2.6. Payable price for drugs supplied by institutions

Under section 37 of the Pharmacy Act (chapter P-10), institutions are authorized to supply drugs to persons other than persons admitted or registered with them. In addition to the responsibilities entrusted to them under the Regulation respecting the application of the Hospital Insurance Act, 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.

2. BIOLOGIC DRUGS

2.1. Definitions

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

2.2. General rules

A reference biologic drug on the *List of Medications* is covered by the basic prescription drug insurance plan until a biosimilar of this drug is entered on the List.

An original biologic drug whose payment is allowed under the measure set out in item 6 of the List is covered by the basic prescription drug insurance plan until a biosimilar of this drug is marketed in Canada.

Unless otherwise indicated, the reference biologic drug referred to in the first or second paragraph is then no longer covered by the basic prescription drug insurance plan unless in the cases set out in item 2.3.

2.3. Maintaining coverage under the basic prescription drug insurance plan

Notwithstanding the first or second paragraph of item 2.2, the cost of a reference biologic drug is covered by the basic prescription drug insurance plan for an eligible person who has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before the date of the listing of the biosimilar or the date on which this drug was marketed, as the case may be, in the following cases:

(1) for a person eligible according to the previously stated rule, until the publication of the first update to the List (6) months after the date of the listing of the biosimilar, unless otherwise indicated on this List;

(2) for a pregnant woman, including the (12) months following delivery;

(3) for a person under the age of 18 for the remaining duration of their authorization, for a maximum of (12) months following the date of their 18th birthday or, in the absence of authorization, until the date of their 19th birthday;

(4) for a person having experienced a therapeutic failure with at least two other biologic drugs used to treat the same medical condition.

Notwithstanding subparagraph (1) of the first paragraph, the cost of Lovenox™ and Lovenox™ HP are no longer be covered under the basic plan as of 13 April 2022 for an eligible person.

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

2.4. Transition toward another biologic drug

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

3. EXTEMPORANEOUS PREPARATIONS

3.1. Definition

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

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

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

– A systemic-effect preparation manufactured from oral forms of drugs already appearing on the *List of Medications* and consisting of a single active substance.

– A mouthwash preparation resulting from the mixture
  - of two or more of the following drugs in non-injectable form: diphenhydramine hydro-chloride, erythromycin, hydroxyzine, ketoconazole, lidocaine, magnesium hydroxide / aluminum hydroxide, nystatin, sucralfate, tetracycline and a corticosteroid, in association, where applicable, with one or more vehicles, solvents or adjuvants or
  - of an oral form of tranexamic acid with one or more vehicles, solvents or adjuvants.

– A preparation for topical use composed of a mixture of a drug listed in Class 84:00 *Skin and Mucous Membrane Agents* of the *List of Medications* and of one or more of the following products for extemporaneous preparations: salicylic acid, sulfur and tar in association, where applicable, with one or more vehicles, solvents or adjuvants.

– A preparation for topical use composed of one or more of the following products: salicylic acid, erythromycin, sulfur, tar and hydrocortisone in a cream, ethanol, ointment, oil or lotion base, but not a preparation that is only hydrocortisone-based that has a concentration of less than 1%.

– An ophthalmic preparation containing:
  - amikacin, amphotericine B, cefazolin, ceftazidime, fluconazole, mitomycin, penicillin G, vancomycin or
  - tobramycin in concentrations of more than 3 mg/mL or
  - cyclosporine at a concentration of 1% or 2% or
  - interferon alpha-2b or
  - cysteamine.

– 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.

– A preparation for oral use of clomiphene citrate.

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

3.3. Payable price

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

4. EXCEPTIONAL MEDICATIONS

4.1. Classification of exceptional medications in the List of Medications

The exceptional medications are grouped together in appendices IV, IV.1 and IV.2 to the list.

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

(a) ensure that the cost of drugs classified as exceptional medications be covered by the basic plan only when used for the therapeutic indications recognized by the Institut national d'excellence en santé et en services sociaux.

(b) permit, on an exceptional basis, the payment of the cost of drugs where they:

– are considered effective for limited indications, since neither their effectiveness nor the cost of treatment warrants their regular and continuous use for other indications;

– offer no therapeutic advantages to warrant a higher cost than the cost of using products that have the same pharmacotherapeutic properties and that appear on the list, but where the latter are not tolerated, are contraindicated, or have been rendered ineffective by the patient's clinical condition.

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

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

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

4.2.1. Medications listed in appendices IV and IV.1

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

(1) in the case of persons whose coverage under the basic plan is provided by the Régie de l'assurance maladie du Québec, a prior request for authorization, duly completed in accordance with the form prescribed to that effect in the Regulation respecting the terms and conditions for the issuance of health insurance cards and the transmittal of statements of fees and claims (chapter A-29, r. 7.2) was sent to the Régie;

(2) in the case of persons whose basic plan coverage is provided by insurers transacting group insurance or by administrators of private-sector employee benefit plans, a prior request for authorization, if required under the applicable group insurance contract or employee benefit plan, was sent to the insurer or to the administrator of the employee benefit plan, according to the terms and conditions provided for in that contract or plan.

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

4.2.2. Medications listed in Appendix IV.1

The following exceptional medications indicated in Appendix IV.1 are insured under the basic plan where the payment indications set out in this appendix are fulfilled and where the following conditions are met:

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

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

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

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

a) a) in the case of rhumatoid arthritis and ankylosing spondylitis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 18 August 2017.

b) b) in the case of juvenile idiopathic arthritis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 1 February 2018.

c) c) in cases of moderate or severe psoriatic arthritis of the rheumatoid type or of a type other than rheumatoid or a severe form of chronic plaque psoriasis, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 19 August 2020.

(2) For the reimbursement of Neupogen™ Inj. Sol. 300 mcg/mL (1.0 mL) and Neupogen Inj. Sol. 300 mcg/mL (1.6 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of the employee benefit plan before 30 September 2020 without there having been an interruption in the pharmacological treatment.

(3) For the reimbursement of Remicade™, the eligible person must have begun a treatment for one of the therapeutic indications set out in Appendix IV.1 and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 19 August 2020.

(4) For the reimbursement of Forteo™ S.C. Inj. Sol. 250 mcg/mL (2.4 mL or 3 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 15 December 2021.

4.2.3. Medications listed in Appendix IV.2

The exceptional medications indicated in Appendix IV.2 are insured under the basic plan where the following conditions are fulfilled:

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

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

Biologic drugs indicated in Appendix IV.2 are insured under the basic plan where the eligible person is referred to in one of the cases set out in the first paragraph of item 2.3 and has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan for one of these products in the 12 months preceding the listing of the biosimilar. The date by which the person must have begun a treatment and received a reimbursement is set out in Appendix IV.1.

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

(1) For the reimbursement of Lovenox™ S.C. Inj. Sol. 100 mg/mL, Lovenox™ S.C. Inj. Sol. (syringe) 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL and 100 mg/1.0 mL and Lovenox™ HP S.C. Inj. Sol. (syringe) 120 mg/0.8 mL and 150 mg/1.0 mL, where the eligible person has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan for one of these products in the 12 months preceding 15 December 2021.

(2) For the reimbursement of NovoRapid™ FlexTouch™ S.C. Inj. Sol. 100 U/mL (3 mL) and NovoRapid™ Penfill™ S.C. Inj. Sol. 100 U/mL (3 mL), where the eligible person has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan for one of these products in the 12 months preceding 2 February 2022.

5. SUPPLIES

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

5.1. Payable price

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

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

6.1. Objective

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

6.2. Conditions, cases and circumstances

6.2.1. Conditions

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

That medication must:

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

or

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

or

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

or

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

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

(1) severity of the medical condition;

and

(2) chronicity, treatment of an acute infection, and palliative care.

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

6.2.1.1. Severity of the medical condition

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

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

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

or

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

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

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

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

(1) to treat a chronic medical condition or a complication or manifestation arising from the chronic medical condition provided its degree of severity satisfies subparagraph 1 or 2 of the second paragraph of section 6.2.1.1;

(2) to treat an acute severe infection;

(3) notwithstanding the degree of severity criteria in section 6.2.1.1, to provide for the administration of a medication required for final phase ambulatory palliative care in the case of a terminal illness.

6.3. Exclusions

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

(1) reference biologic drugs, except in the cases set out in item 2.3;

(2) medications prescribed for aesthetic or cosmetic purposes;

(3) medications prescribed to treat alopecia or baldness;

(4) medications prescribed to treat erectile dysfunction;

(5) medications prescribed 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;

(9) the Dexcom G6™ sensor and Dexcom G6™ transmitter prescribed for diabetes;

(10) the FreeStyle Libre™ sensor prescribed for diabetes, except for a request of payment authorization of an eligible person who has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 7 July 2021 and continues to fulfil the conditions set out in item 6.2.1;

(11) the Symdeko™, except for a request of payment authorization of an eligible person who has begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 29 September 2021 and continues to fulfil the conditions set out in item 6.2.1.

A request for payment authorization must also be denied regarding a medication for which the Minister has issued a notice of suspension or end of insurance coverage or which he or she has not re-entered on the List of medications.

Notwithstanding the second paragraph, the Minister may maintain the insurance coverage of that medication with respect to persons undergoing pharmacological treatment, where the eligible person continues to fulfil the conditions set out in item 6.2.1 and, if the drug is a reference biologic drug, where the eligible person is referred to in one of the cases set out in the first paragraph of item 2.3 in the following cases:

(1) For the reimbursement of Lantus™ S.C. Inj. Sol. 100U/mL (3 mL) and Lantus™ Solostar™ S.C. Inj. Sol. (3 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 18 August 2017;

(2) For the reimbursement of Copaxone™ S.C. Inj. Sol. (syr) 20 mg/mL (1 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 5 July 2018. This drug will no longer be covered under the basic prescription drug insurance plan as of 13 April 2022 except for those persons referred to in subparagraph (2) or (3) of item 2.3;

(3) For the reimbursement of Neupogen™ Inj. Sol. 300 mcg/mL (1.0 mL) and Neupogen™ Inj. Sol. 300 mcg/ml (1.6 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 30 Septembe 2020 without there having been an interruption in the pharmacological treatment;

(4) For the reimbursement of Enbrel™ S.C. Inj. Sol. (syr) 50 mg/mL and Enbrel™ SureClick™ S.C. Inj. Sol. 50 mg/mL, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 19 August 2020;

(5) For the reimbursement of Rituxan™ I.V. Perf. Sol. 10 mg/mL, the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 30 September 2020;

(6) For the reimbursement of Humira™ (syringe and pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL), the eligible person must have begun a treatment and received a reimbursement from the Régie or an insurer or via the administrator of an employee benefit plan before 3 March 2021.

6.4. Payable price

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

6.5. Payment authorization and duration of authorization

The prescriber must send:

(1) to the Régie de l'assurance maladie du Québec, in the case of persons whose basic plan coverage is provided by the Régie, a request for prior authorization on the duly completed form provided by the Régie;

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

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

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

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

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

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

8. PROTON PUMP INHIBITORS (PPI)

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

(1) for a maximum duration of 90 days of treatment, consecutive or not, per 12 month period beginning the date of the delivery of the PPI, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, with or without gastroesophageal reflux, Helicobacter pylori positive or a gastric or duodenal ulcer being predominant symptoms;

(2) for a maximum duration of 12 months of treatment, where code PP12 is indicated on the prescription, in the case of: secondary dyspepsia associated with the taking of non-steroidal anti-inflammatory drugs, cytoprotective prophylaxis, pregnancy, the wearing of a nasogastric tube or gastrojejunal tube, or a short bowel;

(3) for a maximum duration of 12 months of treatment, where code PP205 is indicated on the prescription, in the case of: uninvestigated dyspepsia or dyspepsia with no lesions identified during the investigation, functional dyspepsia responding to PPIs, eosinophilic gastroenteritis, a hypersensitive oesophagus or extradigestive symptoms responding to PPIs and recurring if usage is stopped, if the symptoms of gastroesophageal reflux reappear after the initial treatment provided for in paragraph 1 and are present at least three days per week;

(4) for a maximum duration of 24 months of treatment, where code PP999 is indicated on the prescription, in the case of: Barrett's esophagus, Zollinger-Ellison syndrome, an esophageal peptic stricture, eosinophilic esophagitis, Crohn's disease of the upper digestive tract, the taking of pancreatic enzymes not having the desired effectiveness due to their inactivation by gastric acidity, Cameron ulcers, neoplasic ulcers associated with chronic bleeding or the digestive hemorrhage of a lesion of the stomach or esophagus, antral vascular ectasia, recurring erosive esophagitis, a recurring idiopathic peptic ulcer in the absence of helicobacter pylori or the taking of anti-inflammatory drugs, a gastrostomy that leaks around the stoma or a Schatzki ring.

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

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

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

9.1. General rules

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

(1) For a person suffering from diabetes and being treated:

(a) with insulin or pregnant, 3 000 strips;

(b) with repaglinide or a sulfonylurea, 400 strips;

(c) with an antidiabetic other than insulin, repaglinide or a sulfonylurea or not being treated with an antidiabetic, 200 strips.

(2) for a person taking insulin not referred to in the 5th paragraph of item 9, 3 000 strips.

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

(1) has not attained the glycemic targets determined by his or her physician during three months or more;

(2) has an acute illness or a comorbidity or underwent a medical or surgical intervention that could have an impact on the person's glycemic control;

(3) is starting a new pharmacotherapy known for its hypoglycemic or hyperglycemic effects;

(4) presents risks of drug interactions that may have an impact on the person's glycemic control;

(5) his or her work or occupation requires, according to a legally authorized person involved in the care of this person, a tighter glycemic control for his or her own safety and for that of the public;

(6) has Type 2 diabetes, is not undergoing insulin therapy and is planning to become pregnant.

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

(1) a person referred to in the second paragraph;

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

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

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

(1) a case under investigation or a confirmed case of congenital disease of the category of innate metabolic errors, of gluconeogenesis disorder, or of another metabolic disease severely affecting the glucose reserves and requiring a dietary adjustment according to the glycemic measure;

(2) a case under investigation or a confirmed case of congenital or acquired disease characterized by hyperinsulinism;

(3) a case under investigation or a confirmed case of congenital or acquired endocrine disease characterized by an imbalance or deficiency in hormones participating in the regulation of glycemia;

(4) a case under investigation or a confirmed case of dumping syndrome causing postprandial hypoglycemia, despite an adjusted diet;

(5) a case where the person regularly takes a drug that modulates the action of hypoglycemic or hyperglycemic hormones and has an objectively supported and documented history of hypoglycemia.

9.2. Rules concerning users of certain continuous glucose measurement systems

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

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

APPENDIX I

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

	Manufacturer		Difference between pharmacist's GSP and wholesaler's GSP
	Ara Pharm	Ara Pharmaceuticals	3%
	Atlas	Laboratoire Atlas Inc.	5,66%, 5,65%, 5,71%, 5,7%
*	Bionime	Bionime Corporation	5,66%
	Cellchem	Cellchem Pharmaceuticals Inc.	6,5%
*	Covidien	Covidien	6%
*	Erfa	Erfa Canada 2012 Inc.	5%
	I-Sens	I-Sens, Inc.	5%
	Medelys	Medelys Laboratoires international inc.	5%
	Medisure	Medi + Sure	6,25%
	Medline	Medline Canada Corporation	2%
*	Nipro Diag	Nipro Diagnostics Inc.	6%
*	Pharmaris	Pharmaris Canada Inc.	8%
*	Purdue	Purdue Pharma	5%
*	Teligent	Teligent Canada Inc.	3%

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

APPENDIX II

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

FAMILIPRIX INC.

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

Mark-up 6.5%

Supply source code A

MCMAHON DISTRIBUTEUR PHARMACEUTIQUE INC.

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

Mark-up 6.5%

Supply source code F

AMERISOURCE BERGEN CANADA

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

Mark-up 6.5%

Supply source code H

SHOPPERS DRUG MART LIMITED

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

Mark-up 6.5%

Supply source code J

INNOMAR STRATEGIES INC.

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

Mark-up 6.5%

Supply source code N

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

McKesson Distribution Spécialisée Inc.

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

LE GROUPE JEAN COUTU (PJC) INC.

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

Mark-up 6.5%

Supply source code D

MCKESSON SERVICES PHARMACEUTIQUES

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

Mark-up 6.5%

Supply source code G

KOHL & FRISCH LIMITED

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

Mark-up 6.5%

Supply source code I

DISTRIBUTIONS PHARMAPLUS INC.

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

Mark-up 6.5%

Supply source code M

GMD DISTRIBUTION INC.

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

Mark-up 6.5%

Supply source code O

DEX Medical Distribution Inc.

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

Mark-up 6.5%

Supply source code Q

Andrew and David Wholesale Ltd.

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

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

Mark-up 6.5%

Supply source code R

LPG Inventory Solutions

Head office: **LPG Inventory Solutions**
40 Milburn Road
Hamilton, Ontario, Canada L8E 3L9

Mark-up 6.5%

Supply source code T

Nu-Quest Distribution Inc.

Head office: **Nu-Quest Distribution Inc.**
101-96, Clyde Ave
Mount Pearl, Terre-Neuve, Canada A1N 4S2

Mark-up 6.5%

Supply source code V

3615 Laird rd. # 18
Mississauga (Ontario) L5L 5Z8

Mark-up 6.5%

Supply source code S

Acre Distribution Inc.

Head office: **Acre Distribution Inc.**
250 Shields Court, Unit 3
Markham, Ontario, Canada L3R 9W7

Mark-up 6.5%

Supply source code U

APPENDIX III

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

Manufacturer	Brand name	Packaging
Pfizer	Abrilada (seringue) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Pfizer	Abrilada (stylo) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Roche	Actemra I.V. Perf. Sol. 20 mg/mL (20 mL)	1
Roche	Actemra S.C. Inj. Sol. (pen) 162 mg/0.9 mL	4
Roche	Actemra S.C. Inj.Sol (syr) 162 mg/0.9 mL	4
S. & N.	Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm²) Dressing More than 500 cm² (active surface)	6
ActavisPhm	ACT Temozolomide Caps. 250 mg	5
ActavisPhm	ACT Temozolomide Caps. 250 mg	20
Fresenius	Acyclovir Sodique I.V. Perf. Sol. 50 mg/mL (10 mL)	10
Fresenius	Acyclovir Sodique I.V. Perf. Sol. 50 mg/mL (20 mL)	10
Sterimax	Acyclovir sodique injectable I.V. Perf. Sol. 50 mg/mL (10 mL)	10
Sterimax	Acyclovir sodique injectable I.V. Perf. Sol. 50 mg/mL (20 mL)	10
Aurobindo	Acyclovir Sodium Injection I.V. Perf. Sol. 50 mg/mL (10 mL)	10
Aurobindo	Acyclovir Sodium Injection I.V. Perf. Sol. 50 mg/mL (20 mL)	10
Bayer	Adempas Tab. 0.5 mg	42
Bayer	Adempas Tab. 1 mg	42
Bayer	Adempas Tab. 1.5 mg	42
Bayer	Adempas Tab. 2 mg	42
Bayer	Adempas Tab. 2.5 mg	42
Novartis	Afinitor Tab. 2.5 mg	30
Novartis	Afinitor Tab. 5 mg	30
Novartis	Afinitor Tab. 10 mg	30
Roche	Alecensaro Caps. 150 mg	240
Takeda	Alunbrig Kit (solid oral) 90 mg (7 tab.) - 180 mg (21 tab.)	1
Takeda	Alunbrig Tab. 30 mg	28
Takeda	Alunbrig Tab. 90 mg	28
Takeda	Alunbrig Tab. 180 mg	28
Amgen	Amgevita (seringue) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Amgen	Amgevita (stylo) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Apotex	Apo-Abiraterone Tab. 500 mg	60
Apotex	Apo-Ambrisentan Tab. 5 mg	30
Apotex	Apo-Ambrisentan Tab. 10 mg	30
Apotex	Apo-Dasatinib Tab. 100 mg	30

Manufacturer	Brand name	Packaging
Apotex	Apo-Gefitinib Tab. 250 mg	30
Apotex	Apo-Lenalidomide Caps. 2.5 mg	21
Apotex	Apo-Lenalidomide Caps. 5 mg	28
Apotex	Apo-Lenalidomide Caps. 10 mg	28
Apotex	Apo-Lenalidomide Caps. 15 mg	21
Apotex	Apo-Lenalidomide Caps. 20 mg	21
Apotex	Apo-Lenalidomide Caps. 25 mg	21
Apotex	Apo-Linezolid Tab. 600 mg	30
Bo. Ing.	Aptivus Caps. 250 mg	120
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
Genzyme	Aubagio Tab. 14 mg	28
Biogen	Avonex Pen I.M. Inj. Sol. 30 mcg (6 MUI)	4
Biogen	Avonex PS I.M. Inj. Sol. 30 mcg (6 MUI)	4
Teligent	Baclofene injectable Inj. Sol. 2 mg/mL (5 mL)	10
Bayer	Betaseron Inj. Pd. 0.3 mg	15
Bayer	Betaseron Inj. Pd. 0.3 mg	45
Gilead	Biktarvy Tab. 50 mg -200 mg -25 mg	30
Biomed	Bio-Bosentan Tab. 62.5 mg	56
Biomed	Bio-Bosentan Tab. 125 mg	56
Organon	Brenzys (pen) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Organon	Brenzys (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
ViiV	Cabenuva Kit 200 mg/mL - 300 mg/mL	2 ml
ViiV	Cabenuva Kit 200 mg/mL - 300 mg/mL	3 ml
Ipsen	Cabometyx Tab. 20 mg	30
Ipsen	Cabometyx Tab. 40 mg	30
Ipsen	Cabometyx Tab. 60 mg	30
AZC	Calquence Caps. 100 mg	60
Gilead	Cayston Sol. Inh. 75 mg	84
Sterimax	Cefuroxime for injection USP Inj. Pd. 7.5 g	10
ViiV	Celsentri Tab. 150 mg	60
ViiV	Celsentri Tab. 300 mg	60
U.C.B.	Cimzia S.C. Inj. Sol. (pen) 200 mg/ml (1 ml)	2
U.C.B.	Cimzia S.C. Inj.Sol (syr) 200 mg/ml (1 ml)	2
Gilead	Complera Tab. 200 mg - 25 mg - 300 mg	30
Novartis	Cosentyx (stylo) S.C. Inj. Sol. 150 mg/mL (1 mL)	1

Manufacturer	Brand name	Packaging
Novartis	Cosentyx (stylo) S.C. Inj. Sol. 150 mg/mL (1 mL)	2
Novartis	Cosentyx (syringe) S.C. Inj. Sol. 150 mg/mL (1 mL)	1
Novartis	Cosentyx (syringe) S.C. Inj. Sol. 150 mg/mL (1 mL)	2
Roche	Cotellic Tab. 20 mg	63
AZC	COVID-19 Vaccine AstraZeneca (100 doses) I.M. Inj. Susp. 5 x 1010 viral particles (VP) / 0,5 ml	100 dose(s)
AZC	COVID-19 Vaccine AstraZeneca (80 doses) I.M. Inj. Susp. 5 x 1010 viral particles (VP) / 0,5 ml	80 dose(s)
Verity	Covishield I.M. Inj. Susp. 5 x 1010 viral particles (VP) / 0,5 ml	100 dose(s)
Avir	Cresemba Caps. 100 mg	14
Kyowa	Crysvita S.C. Inj. Sol. 10 mg/mL (1 mL)	1
Kyowa	Crysvita S.C. Inj. Sol. 20 mg/mL (1 mL)	1
Kyowa	Crysvita S.C. Inj. Sol. 30 mg/mL (1 mL)	1
RRDC	Cystadane Oral Pd. 1 g/1.7 mL	180 g
RRDC	Cystadrops Oph. Sol. 0.37 %	5 ml
Merck	Delstrigo Tab. 100 mg -300 mg -300 mg	30
Merck	Dificid Tab. 200 mg	20
ViiV	Dovato Tab. 50 mg-300 mg	30
SanofiAven	Dupixent S.C. Inj.Sol (syr) 150 mg/mL (2 mL)	2
SanofiAven	Dupixent S.C. Inj.Sol (syr) 175 mg/mL (1,14 mL)	2
Tolmar	Eligard Kit 22.5 mg	1
Tolmar	Eligard Kit 30 mg	1
Tolmar	Eligard Kit 45 mg	1
Takeda	Entyvio I.V. Perf. Pd. 300 mg	1
Takeda	Entyvio (stylo) S.C. Inj. Sol. 108 mg/0.68 mL	1
Takeda	Entyvio (stylo) S.C. Inj. Sol. 108 mg/0.68 mL	2
Takeda	Entyvio (syringe) S.C. Inj. Sol. 108 mg/0.68 mL	1
Takeda	Entyvio (syringe) S.C. Inj. Sol. 108 mg/0.68 mL	2
Paladin	Envarsus PA L.A. Tab. 4 mg	100
Gilead	Epclusa Tab. 400 mg -100 mg	28
Janss. Inc	Eprex Syringe 10 000 UI/1.0 mL	6
Sandoz	Erelzi SensoReady Pen S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Sandoz	Erelzi (syringe) S.C. Inj. Sol. 50 mg/mL (1 mL)	4
Roche	Erivedge Caps. 150 mg	28
Janss. Inc	Erleada Tab. 60 mg	120
Roche	Esbriet Caps. 267 mg	63
Roche	Esbriet Caps. 267 mg	270
Roche	Esbriet Tab. 801 mg	90
Roche	Evrysdi Oral Pd. 60 mg (0,75 mg/mL)	1
AZC	Evusheld Kit 150 mg/1,5 mL - 150 mg/1,5 mL	1

Manufacturer	Brand name	Packaging
Novartis	Extavia Inj. Pd. 0.3 mg	15
Bayer	Eylea Inj. Sol. 40 mg/mL (0,278 mL)	1
Bayer	Eylea Inj.Sol (syr) 40 mg/mL (0,177 mL)	1
AZC	Fasenra S.C. Inj.Sol (syr) 30 mg/mL (1 mL)	1
AZC	Fasenra Pen S.C. Inj. Sol. (pen) 30 mg/mL (1 mL)	1
AZC	Faslodex I.M. Inj. Sol. (syr.) 50 mg/mL (5 mL)	2
Takeda	Firazyr S.C. Inj.Sol (syr) 10 mg/mL (3 mL)	1
BGP Pharma	Fulphila S.C. Inj.Sol (syr) 10 mg/mL (0,6 mL)	1
Roche	Fuzeon S.C. Inj. Pd. 108 mg	60
Amicus	Galafold Caps. 123 mg	14
Sterimax	Ganciclovir pour injection I.V. Perf. Pd. 500 mg	25
Merck	Gardasil 9 I.M. Inj. Susp. 30mcg,40mcg,60mcg,40mcg, 20mcg/0,5 mL	10 dose(s)
Pfizer	Genotropin GoQuick Sty 12 mg	5
Gilead	Genvoya Tab. 150 mg -150 mg -200 mg -10 mg	30
Novartis	Gilenya Caps. 0.5 mg	28
Bo. Ing.	Giotrif Tab. 20 mg	28
Bo. Ing.	Giotrif Tab. 30 mg	28
Bo. Ing.	Giotrif Tab. 40 mg	28
Phmscience	Glatect S.C. Inj.Sol (syr) 20 mg/mL (1 mL)	30
Novartis	Gleevec Tab. 100 mg	120
Novartis	Gleevec Tab. 400 mg	30
Serono	Gonal-f S.C. Inj. Sol. (pen) 900 UI	1
Merck	Hadlima PushTouch (pen) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Merck	Hadlima (syringe) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Gilead	Harvoni Tab. 90 mg -400 mg	28
BGP Pharma	Hulio (seringue) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
BGP Pharma	Hulio (stylo) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Lilly	Humatrope Cartridge 24 mg	1
Sandoz	Hyrimoz (seringue) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Sandoz	Hyrimoz (stylo) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Pfizer	Ibrance Caps. 75 mg	21
Pfizer	Ibrance Caps. 100 mg	21
Pfizer	Ibrance Caps. 125 mg	21
Pfizer	Ibrance Tab. 75 mg	21
Pfizer	Ibrance Tab. 100 mg	21
Pfizer	Ibrance Tab. 125 mg	21
Fresenius	Idacio (seringue) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Fresenius	Idacio (stylo) S.C. Inj. Sol. 50 mg/mL (0.8 mL)	2
Janss. Inc	Imbruvica Caps. 140 mg	90

Manufacturer	Brand name	Packaging
Pfizer	Inlyta Tab. 1 mg	60
Pfizer	Inlyta Tab. 5 mg	60
Celgene	Inrebic Caps. 100 mg	120
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 175 mg/0.875 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 263 mg/1.315 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 350 mg/1.75 mL	1
Janss. Inc	Invega Trinza I.M. Inj. Susp. 3 months 525 mg/2.625 mL	1
AZC	Iressa Tab. 250 mg	30
Novartis	Jakavi Tab. 5 mg	56
Novartis	Jakavi Tab. 10 mg	56
Novartis	Jakavi Tab. 15 mg	56
Novartis	Jakavi Tab. 20 mg	56
Jamp	Jamp Abiraterone Tab. 250 mg	120
Jamp	Jamp Gefitinib Tab. 250 mg	30
Jamp	Jamp Lenalidomide Caps. 2.5 mg	21
Jamp	Jamp Lenalidomide Caps. 5 mg	28
Jamp	Jamp Lenalidomide Caps. 10 mg	28
Jamp	Jamp Lenalidomide Caps. 15 mg	21
Jamp	Jamp Lenalidomide Caps. 20 mg	21
Jamp	Jamp Lenalidomide Caps. 25 mg	21
Jamp	Jamp Pirfenidone Tab. 801 mg	90
ViiV	Juluca Tab. 50 mg -25 mg	30
Medison	Juxtapid Caps. 5 mg	28
Medison	Juxtapid Caps. 10 mg	28
Medison	Juxtapid Caps. 20 mg	28
Vertex	Kalydeco Kit (solid oral) 150 mg	56
Alexion	Kanuma I.V. Perf. Sol. 2 mg/mL (10 mL)	10 ml
Novartis	Kesimpta (pen) S.C. Inj. Sol. 20 mg/0.4 mL	1
SanofiAven	Kevzara S.C. Inj. Sol. (pen) 150 mg/1.14 mL	2
SanofiAven	Kevzara S.C. Inj. Sol. (pen) 200 mg/1.14 mL	2
SanofiAven	Kevzara S.C. Inj.Sol (syr) 150 mg/1.14 mL	2
SanofiAven	Kevzara S.C. Inj.Sol (syr) 200 mg/1.14 mL	2
Novartis	Kisqali Tab. 200 mg	21
Novartis	Kisqali Tab. 200 mg	42
Novartis	Kisqali Tab. 200 mg	63
Biomarin	Kuvan Tab. 100 mg	120
Apotex	Lapelga S.C. Inj.Sol (syr) 10 mg/mL (0,6 mL)	1
Genzyme	Lemtrada I.V. Perf. Sol. 10 mg/mL (1.2 mL)	1
Eisai	Lenvima Kit (solid oral) 4 mg : 4 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) 8 mg : 4 mg (10 caps.)	6

Manufacturer	Brand name	Packaging
Eisai	Lenvima Kit (solid oral) 10 mg : 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) 12 mg : 4 mg (15 caps.)	6
Eisai	Lenvima Kit (solid oral) 14 mg : 4 mg (5 caps.) and 10 mg (5 caps.)	6
Eisai	Lenvima Kit (solid oral) 20 mg : 10 mg (10 caps.)	6
Eisai	Lenvima Kit (solid oral) 24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)	6
Jamp	Linezolid Injection I.V. Perf. Sol. 2 mg/mL (300 mL)	10
Taiho	Lonsurf Tab. 15 mg - 6.14 mg	20
Taiho	Lonsurf Tab. 20 mg - 8.19 mg	20
Novartis	Lucentis Inj. Sol. 10 mg/mL (0,23ml)	1
Novartis	Lucentis Inj.Sol (syr) 10 mg/mL (0,165 ml)	1
AbbVie	Lupron Depot Kit 11.25 mg	1
AbbVie	Lupron Depot Kit 22.5 mg	1
AbbVie	Lupron Depot Kit 30 mg	1
AZC	Lynparza Tab. 100 mg	60
AZC	Lynparza Tab. 100 mg	120
AZC	Lynparza Tab. 150 mg	60
AZC	Lynparza Tab. 150 mg	120
Marcan	Mar-Abiraterone Tab. 250 mg	120
Marcan	Mar-Abiraterone Tab. 500 mg	60
Marcan	Mar-Trientine Caps. 250 mg	100
Serono	Mavenclad Tab. 10 mg	1
Serono	Mavenclad Tab. 10 mg	4
Serono	Mavenclad Tab. 10 mg	6
AbbVie	Maviret Kit (solid oral) 100 mg -40 mg	28
Novartis	Mayzent Tab. 0.25 mg	120
Novartis	Mayzent Tab. 2 mg	28
Novartis	Mekinist Tab. 0.5 mg	30
Novartis	Mekinist Tab. 2 mg	30
Genzyme	Myozyme I.V. Perf. Pd. 50 mg	1
Natco	Nat-Abiraterone Tab. 250 mg	120
Natco	NAT-Bosentan Tab. 62.5 mg	56
Natco	NAT-Bosentan Tab. 62.5 mg	60
Natco	NAT-Bosentan Tab. 125 mg	56
Natco	NAT-Bosentan Tab. 125 mg	60
Natco	Nat-Gefitinib Tab. 250 mg	30
Natco	NAT-Lenalidomide Caps. 2.5 mg	21
Natco	NAT-Lenalidomide Caps. 5 mg	28
Natco	NAT-Lenalidomide Caps. 10 mg	28
Natco	NAT-Lenalidomide Caps. 15 mg	21

Manufacturer	Brand name	Packaging
Natco	NAT-Lenalidomide Caps. 20 mg	21
Natco	NAT-Lenalidomide Caps. 25 mg	21
Bayer	Nexavar Tab. 200 mg	120
Bayer	Nimotop Tab. 30 mg	100
Pfizer	Nivestym Inj. sol. 300 mcg/mL (1.0 mL)	10
Pfizer	Nivestym Inj. sol. 300 mcg/mL (1.6mL)	10
Bayer	Nubeqa Tab. 300 mg	120
GSK	Nucala S.C. Inj. Pd. 100 mg	1
GSK	Nucala S.C. Inj. Sol. (pen) 100 mg/mL	1
GSK	Nucala S.C. Inj.Sol (syr) 100 mg/mL	1
Roche	Nutropin AQ NuSpin 20 Sty 20 mg	1
Pfizer	Nyvepria S.C. Inj.Sol (syr) 10 mg/mL (0,6 mL)	1
Intercept	Ocaliva Tab. 5 mg	30
Intercept	Ocaliva Tab. 10 mg	30
Roche	Ocrevus I.V. Perf. Sol. 30 mg/mL (10 mL)	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 10 mg	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 20 mg	1
Teva Can	Octréotide pour suspension injectable I.M. Inj. Susp. 30 mg	1
Gilead	Odefsey Tab. 200 mg - 25 mg - 25 mg	30
Bo. Ing.	Ofev Caps. 100 mg	60
Bo. Ing.	Ofev Caps. 150 mg	30
Bo. Ing.	Ofev Caps. 150 mg	60
Lilly	Olumiant Tab. 2 mg	30
Alnylam	Onpattro I.V. Perf. Sol. 2 mg/mL (5 mL)	1
Janss. Inc	Opsumit Tab. 10 mg	30
B.M.S.	Orencia S.C. Inj.Sol (syr) 125 mg/mL (1 mL)	4
Amgen	Otezla Tab. 30 mg	56
Allergan	Ozurdex Implant intravitreal 0.7 mg	1
Pfizer	Paxlovid Kit (solid oral) 150 mg - 100 mg	1
Phmscience	pms-Abiraterone Tab. 250 mg	120
Phmscience	pms-Abiraterone Tab. 500 mg	60
Phmscience	pms-Bosentan Tab. 62.5 mg	60
Phmscience	pms-Bosentan Tab. 125 mg	60
Phmscience	pms-Everolimus Tab. 2.5 mg	30
Phmscience	pms-Everolimus Tab. 5 mg	30
Phmscience	pms-Everolimus Tab. 10 mg	30
Celgene	Pomalyst Caps. 1 mg	21
Celgene	Pomalyst Caps. 2 mg	21

Manufacturer	Brand name	Packaging
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
Pfizer	Prevnar-13 I.M. Inj. Susp. 2,2 mcg/ 0,5 mL	10 dose(s)
Merck	Prevymis Tab. 240 mg	28
Merck	Prevymis Tab. 480 mg	28
Janss. Inc	Prezista Tab. 75 mg	480
Janss. Inc	Prezista Tab. 150 mg	240
Janss. Inc	Prezista Tab. 600 mg	60
Knight	Probuphine Kit (implants) 80 mg/implant	1
Horizon Ph	Procysbi L.A. Caps. 75 mg	250
Astellas	Prograf Caps. 5 mg	100
Roche	Pulmozyme Sol. Inh. 1 mg/mL (2.5 mL)	30
Organon	Puregon Cartridge 900 UI	1
Horizon	Quinsair Sol. Inh. 100 mg/mL (2.4 mL)	56
Mitsubushi	Radicava I.V. Perf. Sol. 0,3 mg/mL (100 mL)	2
Horizon	Ravicti Liq. 1.1 g/mL	25 ml
Serono	Rebif S.C. Inj. Sol. 22 mcg/0.5 mL (1,5 mL)	4
Serono	Rebif S.C. Inj. Sol. 44 mcg/0.5 mL (1,5 mL)	4
Dr Reddy's	Reddy-Abiraterone Tab. 250 mg	120
Dr Reddy's	Reddy-Dasatinib Tab. 50 mg	60
Dr Reddy's	Reddy-Dasatinib Tab. 70 mg	60
Dr Reddy's	Reddy-Dasatinib Tab. 100 mg	30
Dr Reddy's	Reddy-Lenalidomide Caps. 2.5 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 5 mg	28
Dr Reddy's	Reddy-Lenalidomide Caps. 10 mg	28
Dr Reddy's	Reddy-Lenalidomide Caps. 15 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 20 mg	21
Dr Reddy's	Reddy-Lenalidomide Caps. 25 mg	21
Ferring	Rekovelle Cartridge 72 mcg	1
Ferring	Rekovelle S.C. Inj. Sol. (pen) 72 mcg/2,16 mL	1
Janss. Inc	Remicade I.V. Perf. Pd. 100 mg	1
U.T.C.	Remodulin Inj. Sol. 1 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 2.5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 5 mg/mL	20 ml
U.T.C.	Remodulin Inj. Sol. 10 mg/mL	20 ml
Upjohn	Revatio Tab. 20 mg	90
Celgene	Revlimid Caps. 2.5 mg	21
Celgene	Revlimid Caps. 5 mg	28

Manufacturer	Brand name	Packaging
Celgene	Revlimid Caps. 10 mg	28
Celgene	Revlimid Caps. 15 mg	21
Celgene	Revlimid Caps. 20 mg	21
Celgene	Revlimid Caps. 25 mg	21
Novartis	Revolade Tab. 50 mg	14
Novartis	Revolade Tab. 50 mg	28
Roche	Rozlytrek Caps. 100 mg	30
Roche	Rozlytrek Caps. 200 mg	90
Serono	Saizen Cartridge 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 10 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 20 mg	1
Novartis	Sandostatin LAR I.M. Inj. Susp. 30 mg	1
Sandoz	Sandoz Abiraterone Tab. 250 mg	120
Sandoz	Sandoz Bosentan Tab. 62.5 mg	60
Sandoz	Sandoz Bosentan Tab. 125 mg	60
Sandoz	Sandoz Everolimus Tab. 2.5 mg	30
Sandoz	Sandoz Everolimus Tab. 5 mg	30
Sandoz	Sandoz Everolimus Tab. 10 mg	30
Sandoz	Sandoz Gefitinib Tab. 250 mg	30
Sandoz	Sandoz Lenalidomide Caps. 2.5 mg	21
Sandoz	Sandoz Lenalidomide Caps. 5 mg	28
Sandoz	Sandoz Lenalidomide Caps. 10 mg	28
Sandoz	Sandoz Lenalidomide Caps. 15 mg	21
Sandoz	Sandoz Lenalidomide Caps. 20 mg	21
Sandoz	Sandoz Lenalidomide Caps. 25 mg	21
Sandoz	Sandoz Pirfenidone Tab. 801 mg	90
Sandoz	Sandoz Pirfenidone Capsules Caps. 267 mg	270
Sandoz	Sandoz Posaconazole L.A. Tab. 100 mg	60
Sandoz	Sandoz Tacrolimus Caps. 5 mg	100
Amgen	Sensipar Tab. 90 mg	30
Valeant	Siliq (syringe) S.C. Inj. Sol. 140 mg/mL (1,5 mL)	2
Jamp	Simlandi (seringue) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Jamp	Simlandi (seringue) S.C. Inj. Sol. 100 mg/mL (0,8 mL)	1
Jamp	Simlandi (stylo) S.C. Inj. Sol. 100 mg/mL (0,4 mL)	2
Janss. Inc	Simponi S.C. Inj.Sol (App.) 50 mg/0.5 mL	1
Janss. Inc	Simponi S.C. Inj.Sol (syr) 50 mg/0.5 mL	1
Janss. Inc	Simponi I.V. I.V. Perf. Sol. 12.5 mg/mL (4 mL)	1
AbbVie	Skyrizi S.C. Inj.Sol (syr) 90 mg/mL (0.83 mL)	2
Alexion	Soliris I.V. Perf. Sol. 10 mg/mL (30 mL)	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 60 mg/0.3 mL	1

Manufacturer	Brand name	Packaging
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 90 mg/0.3 mL	1
Ipsen	Somatuline Autogel S.C. Inj.Sol (syr) 120 mg/0.5 mL	1
Gilead	Sovaldi Tab. 400 mg	28
B.M.S.	Sprycel Tab. 20 mg	60
B.M.S.	Sprycel Tab. 50 mg	60
B.M.S.	Sprycel Tab. 70 mg	60
B.M.S.	Sprycel Tab. 100 mg	30
Janss. Inc	Stelara S.C. Inj.Sol (syr) 45 mg/0.5 mL	1
Janss. Inc	Stelara S.C. Inj.Sol (syr) 90 mg/1 mL	1
Bayer	Stivarga Tab. 40 mg	84
Gilead	Stribild Tab. 150 mg -150 mg -200 mg -300 mg	30
Cheplaphar	Suprefact Depot 3 mois Implant 9.45 mg	1
Pfizer	Sutent Caps. 12.5 mg	28
Pfizer	Sutent Caps. 25 mg	28
Pfizer	Sutent Caps. 50 mg	28
Novartis	Tafinlar Caps. 50 mg	120
Novartis	Tafinlar Caps. 75 mg	120
AZC	Tagrisso Tab. 40 mg	30
AZC	Tagrisso Tab. 80 mg	30
Lilly	Taltz (pen) S.C. Inj. Sol. 80 mg/mL (1 mL)	1
Lilly	Taltz (syringe) S.C. Inj. Sol. 80 mg/mL (1 mL)	1
Roche	Tarceva Tab. 100 mg	30
Roche	Tarceva Tab. 150 mg	30
Taro	Taro-Bosentan Tab. 62.5 mg	60
Taro	Taro-Bosentan Tab. 125 mg	60
Taro	Taro-Dasatinib Tab. 50 mg	60
Taro	Taro-Dasatinib Tab. 70 mg	60
Taro	Taro-Dasatinib Tab. 100 mg	30
Taro	Taro-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
Akcea	Tegsedi S.C. Inj.Sol (syr) 189 mg/mL (1,5 mL)	4
Merck	Temodal Caps. 250 mg	5
Teva Can	Teva-Dasatinib Tab. 50 mg	60
Teva Can	Teva-Dasatinib Tab. 70 mg	60
Teva Can	Teva-Dasatinib Tab. 100 mg	30
Teva Can	Teva-Everolimus Tab. 2.5 mg	30
Teva Can	Teva-Everolimus Tab. 5 mg	30
Teva Can	Teva-Everolimus Tab. 10 mg	30

Manufacturer	Brand name	Packaging
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
BGP Pharma	Tobi Sol. Inh. 300 mg/5 mL	56
BGP Pharma	Tobi Podhaler Inh. Pd. 28 mg	224
Janss. Inc	Tracleer Tab. 62.5 mg	56
Janss. Inc	Tracleer Tab. 125 mg	56
Knight	Trelstar Kit 22.5 mg	1
Knight	Trelstar LA Kit 11.25 mg	1
Vertex	Trikafta Kit (solid oral) 100 mg - 50 mg - 75 mg - 150 mg	84
ViiV	Triumeq Tab. 50 mg - 600 mg - 300 mg	30
Gilead	Truvada Tab. 200mg- 300mg	30
Teva Innov	Truxima I.V. Perf. Sol. 10 mg/mL	50 ml
Pfizer	Tygacil I.V. Perf. Pd. 50 mg	10
Novartis	Tykerb Tab. 250 mg	70
Biogen	Tysabri I.V. Inj. Sol. 300mg/15ml	1
Janss. Inc	Uptravi Tab. 200 mcg	60
Janss. Inc	Uptravi Tab. 400 mcg	60
Janss. Inc	Uptravi Tab. 600 mcg	60
Janss. Inc	Uptravi Tab. 800 mcg	60
Janss. Inc	Uptravi Tab. 1000 mcg	60
Janss. Inc	Uptravi Tab. 1200 mcg	60
Janss. Inc	Uptravi Tab. 1400 mcg	60
Janss. Inc	Uptravi Tab. 1600 mcg	60
Roche	Valcyte Tab. 450 mg	60
Cheplaphar	Vesanoid Caps. 10 mg	100
Oméga	Vespides combines Inj. Pd. 3.9 mg	1
Pfizer	Vfend Tab. 200 mg	30
Cheplaphar	Visudyne I.V. Inj. Pd. 15 mg	1
ViiV	Vocabria Tab. 30 mg	30
GSK	Volibris Tab. 5 mg	30
GSK	Volibris Tab. 10 mg	30
Gilead	Vosevi Tab. 400 mg -100 mg -100 mg	28
Novartis	Votrient Tab. 200 mg	120
VPI	VPI-Amikacin Inj. Sol. 250 mg/mL (2 mL)	10
Pfizer	Vyndamax Caps. 61 mg	30
Pfizer	Vyndaqel Caps. 20 mg	120
Pfizer	Xalkori Caps. 200 mg	60
Pfizer	Xalkori Caps. 250 mg	60

Manufacturer	Brand name	Packaging
Pfizer	Xeljanz Tab. 5 mg	60
Pfizer	Xeljanz Tab. 10 mg	60
Pfizer	Xeljanz XR L.A. Tab. 11 mg	30
Astellas	Xospata Tab. 40 mg	90
Astellas	Xtandi Caps. 40 mg	120
GSK	Zejula Caps. 100 mg	56
GSK	Zejula Caps. 100 mg	84
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
Sandoz	Ziextenzo S.C. Inj.Sol (syr) 10 mg/mL (0,6 mL)	1
TerSera	Zoladex LA Implant 10.8 mg	1
Gilead	Zydelig Tab. 100 mg	60
Gilead	Zydelig Tab. 150 mg	60
Novartis	Zykadia Caps. 150 mg	150
Janss. Inc	Zytiga Tab. 250 mg	120
Janss. Inc	Zytiga Tab. 500 mg	60

APPENDIX IV

LIST OF EXCEPTIONAL MEDICATIONS
WITH RECOGNIZED INDICATIONS FOR PAYMENT

ABATACEPT, I.V. Perf. Pd.:

♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

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

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

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

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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

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

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

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

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

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

♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

ABIRATERONE ACETATE:

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

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

and

- who have never received docetaxel-based chemotherapy;

and
- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that abiraterone is not authorized after failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of prostate cancer.

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

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

and
- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

It must be noted that abiraterone is not authorized after failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of prostate cancer.

Abiraterone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 10 July 2019, insofar as the physician provides evidence of a beneficial clinical effect by the absence of disease progression.

ABOBOTULINUMTOXINA:

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

ACALABRUTINIB:

♦ as monotherapy, for first-line treatment of symptomatic chronic lymphocytic leukemia in persons:

- for whom fludarabin-based chemotherapy is not indicated due to the cytogenetic results or who are not eligible for fludarabin-based chemotherapy;

and
- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

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

The maximum duration of each authorization is four months.

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

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

The maximum duration of each authorization is four months.

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

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

★ 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 12months.

ADALIMUMAB - psoriatic arthritis, ulcerative colitis , Crohn's disease , ankylosing spondylitis, rhumatoid arthritis and plaque psoriasis:

♦ 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 agents must be:
  - methotrexate at a dose of 20 mg or more per week;

  or

  sulfasalazine at a dose of 2 000 mg per day.

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

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 40 mg every two weeks.

♦ for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a contraindication:

- in the presence of a Mayo score of 6 to 12 points;

and

- in the presence of a Mayo endoscopic subscore of at least 2 points.

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

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

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

and

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

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

♦ 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 at a dose 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 dose to 40 mg per week as of the 12th week of treatment, authorization will be given for a maximum period of three months. After 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 dose 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 dose to 40 mg per week as of the 12^{th} 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 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 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 persons suffering from a severe form of chronic plaque psoriasis:

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

and

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

and

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

and

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

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

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

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

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

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

or

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

or

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

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

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

ADALIMUMAB - juvenile idiopathic arthritis polyarticular:

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

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

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

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is an intolerance or a contraindication.

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

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

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

ADEFOVIR DIPIVOXIL:

♦ for treatment of chronic hepatitis B in persons:

- having a resistance to lamivudine as defined by one of the following:
  - a 1-log increase in HBV-DNA under treatment with lamivudine, confirmed by a second test one month later;
  - a laboratory trial showing resistance to lamivudine;
  - a 1-log increase in HBV-DNA under treatment with lamivudine, with viremia greater than 20 000 IU/m.
- with cirrhosis that is decompensated or at risk of decompensation, with a Child-Pugh score of > 6;
- after a liver transplant or where the graft is infected with the hepatitis B virus;
- infected with HIV but not being treated with antiretrovirals for that condition;
- not having a resistance to lamivudine and whose viral load is greater than 20 000 IU/mL (HBeAg-positive) or 2 000 IU/mL (HBeAg-negative) prior to the beginning of treatment.

AFATINIB DIMALEATE:

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

The maximum duration of each authorization is four months.

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

AFLIBERCEPT:

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

- optimal visual acuity after correction between 6/12 and 6/96;
- linear dimension of the lesion less than or equal to 12 disc areas;
- absence of significant permanent structural damage to the centre of the macula. The structural damage is defined by fibrosis, atrophy or a chronic disciform scar such that, according to the treating physician, it precludes a functional benefit;

- progression of the disease in the last three months, confirmed by retinal angiography, optical coherence tomography or recent changes in visual acuity.

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

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

♦ for treatment of a visual deficiency caused by diabetic macular edema. The eye to be treated must meet the following two criteria:

- optimal visual acuity after correction between 6/9 and 6/96;
- thickness of the central retina ≥ 250 µm.

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

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

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

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

- optimal visual acuity after correction between 6/12 and 6/96;
- thickness of the central retina ≥ 250 µm.

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

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

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

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

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

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

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

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

ALECTINIB HYDROCHLORIDE:

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

  - whose tumour shows a rearrangement of the ALK gene;

  and

  - who have never experienced failure with an ALK inhibitor;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is 4 months.

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

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

  - whose tumour shows a rearrangement of the ALK gene;

  and

  - whose cancer has progressed despite the administration of crizotinib, unless there is a serious intolerance;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

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

ALEMTUZUMAB:

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

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

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

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

ALGLUCOSIDASE ALFA:

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

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

- the presence of invasive ventilation;

and

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

The maximum duration of each authorization is six months.

ALIROCUMAB:

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

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

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

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

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

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

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

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

ALISKIREN:

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

- a thiazide diuretic;

and

- an angiotensin converting enzyme inhibitor (ACEI);

and

- an angiotensin II receptor antagonist (ARA).

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

ALITRETINOIN:

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

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

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

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

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

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

ALOGLIPTIN BENZOATE:

♦ for treatment of type-2 diabetic persons:

- as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;

or

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

or

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

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

ALOGLIPTIN BENZOATE / METFORMIN HYDROCHLORIDE:

♦ for treatment of type-2 diabetic persons:

- where a sulfonylurea is contraindicated, not tolerated or ineffective;

and

- where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

AMBRISENTAN:

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

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

AMPHETAMINE MIXED SALTS:

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

APALUTAMIDE:

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

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

and
- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

♦ in association with an androgen deprivation therapy (ADT), for treatment of metastatic castration-sensitive prostate cancer, in persons whose ECOG performance status is 0 or 1 and:

- who have not received an ADT for more than three years for a localized prostate cancer;
or
- who have not received an ADT for more than six months for a metastatic prostate cancer.

The maximum duration of each authorization is four months.

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

It must be noted that apalutamide is not authorized following failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if they have been administered to treat prostate cancer.

★ APIXABAN:

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

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

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

The maximum duration of the authorization is six months.

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

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

♦ for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

♦ for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

APOMORPHINE HYDROCHLORIDE:

♦ for treatment of moderate to severe “off” periods that are refractory to an optimized treatment, in patients suffering from Parkinson’s disease.

APREMILAST:

♦ for treatment of persons suffering from a severe form of chronic plaque psoriasis, before using a biological agent listed to treat this disease:

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

and

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

and

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

and

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

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

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

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

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

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

or

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

or

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

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

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

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

★ APREPITANT:

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

The first dose must be administrated the first day of a chemotherapy treatment, in association with dexamethasone and a 5-HT_3 receptor antagonist.

ATOMOXETINE HYDROCHLORIDE:

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

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

AXITINIB:

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

The maximum duration of each authorization is four months.

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

♦ as monotherapy, for the continuation of treatment of renal adenocarcinoma at the locally advanced unresectable or metastatic stage, in persons who have begun a treatment associating pembrolizumab and axitinib at a hospital, and for whom pembrolizumab had to be terminated due to a serious intolerance or a treatment duration of 24 months.

The maximum duration of each authorization is four months.

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

AZELAIC ACID:

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

AZTREONAM:

♦ for treatment of persons suffering from cystic fibrosis, chronically infected by *Pseudomonas aeruginosa*:

- where their condition deteriorates despite treatment with a formulation of tobramycin for inhalation;

or

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

or

- where they are allergic to tobramycin.

BARICITINIB:

♦ in association with methotrexate, for treatment of moderate or severe rheumatoid arthritis, unless there is a serious intolerance or contraindication to methotrexate.

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

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

- an elevated sedimentation rate;

and

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

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

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 baricitinib are given for 2 mg once per day.

BENRALIZUMAB:

♦ for treatment of severe eosinophilic asthma in adults:

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

and

- whose symptoms are not controlled despite optimal treatment. Optimal treatment is understood as the use of an inhaled corticosteroid at a dose equivalent to 1000 mcg of propionate fluticasone, a long-acting β_2 agonist, and the trial of a leukotriene receptor antagonist, an inhaled long-acting antimuscarinic or theophyllin;

and

- who have shown at least two exacerbations in the last year requiring the use of a systemic corticosteroid or an increase in the dose of this drug in the case of patients receiving it on an ongoing basis.

The physician must provide the number of exacerbations in the last year, as previously defined, along with the results of one of the following questionnaires:

- Asthma Control Questionnaire (ACQ);

or

- Asthma Control Test (ACT);

or

- St George's Respiratory Questionnaire (SGRQ);

or

- Asthma Quality of Life Questionnaire (AQLQ).

Upon the initial request, the physician must have previously ascertained the inhalation technique, compliance with the pharmacological treatment and the implementation of strategies aimed at reducing exposure to aeroallergens for which the person had obtained a positive skin test or positive *in vitro* reactivity test.

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

Upon the second request, the physician must provide information demonstrating the beneficial effects of the treatment, namely:

- a decrease of 0.5 point or more on the ACQ questionnaire;

or

- an increase of 3 points or more on the ACT questionnaire;

or

- a decrease of 4 points or more on the SGRQ questionnaire;

or

- an increase of 0.5 point or more on the AQLQ questionnaire.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of the continuation of the beneficial effects on one of the aforementioned questionnaires or proof of a decrease in the number of annual exacerbations as previously defined.

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

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

♦ for treatment of severe asthma requiring the use of an oral corticosteroid on an ongoing basis for at least three months, in adults with an eosinophil blood level of at least 150 cells/microlitre (0.15×10^9/l) at the time the benralizumab treatment is initiated or who had this level before having started the treatment with another medication targeting interleukin-5 (IL-5).

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

Upon the second request, the physician must confirm a decrease in the corticosteroid maintenance dose equivalent to 10 mg or more of prednisone or of at least 50 % compared to the one before the start of the benralizumab treatment.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must confirm the continuation of the decrease in the maintenance dose of the oral corticosteroid.

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

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

BISACODYL:

♦ for treatment of constipation related to a medical condition.

BOSENTAN:

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

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

BRIGATINIB:

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

- whose tumour shows a rearrangement in the ALK gene;

and

- who have never experienced failure with an ALK inhibitor;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

BRIVARACETAM:

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

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

BRODALUMAB:

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

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

and

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

and

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

and

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

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

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

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

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

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

or

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

or

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

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

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

BUPRENORPHINE:

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

BUPRENORPHINE HYDROCHLORIDE:

♦ for treatment of an opioid-use disorder in adults whose clinical condition is stabilized by a daily dose of 8 mg or less of buprenorphine administered sublingually.

BUROSUMAB:

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

For the initial request, the person must:

- have received a diagnosis confirmed by
  - a PHEX gene mutation
  or
  - a PHEX gene mutation in an immediate family member and a plasma fibroblast growth factor 23 (FGF23) level higher than normal;

and

- have a Thacher Rickets Severity Score (RSS) of 2 or more;

and

- be at least 12 months and under 18 years of age;

and

- have unfused growth plates.

When requesting continuation of treatment, the physician must:

- provide evidence of a beneficial clinical effect by the improvement of at least one point on the Radiographic Global Impression of Change (RGI-C) scale compared to the radiographs preceding the start of treatment;

and

- confirm that the growth plates are unfused. Radiological evidence will have to be provided on request.

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

The maximum duration of each authorization is 12 months.

CABERGOLINE:

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

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

CABOZANTINIB:

- as monotherapy, for treatment of locally advanced or metastatic renal adenocarcinoma, characterized by the presence of clear cells, in persons:

  - whose cancer has progressed despite the administration of at least one treatment targeting the VEGF receptor;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

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

- as monotherapy, for treatment of unresectable hepatocellular carcinoma, in persons having been treated with a tyrosine kinase inhibitor:

  - whose disease has progressed despite one or two systemic therapies for treatment of hepatocellular carcinoma;

  and

  - whose liver function is preserved, corresponding to Child-Pugh class A;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

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

CALCIPOTRIOL / BETAMETHASONE DIPROPIONATE:

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

CALCIUM carbonate, Oral foam:

- for persons unable to take tablets.

CALCIUM CITRATE, Oral Sol.:

- for persons unable to take tablets.

CALCIUM CITRATE / VITAMIN D, Oral Sol.:

- for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE:

- for persons unable to take tablets.

CALCIUM GLUCONATE / CALCIUM LACTATE / VITAMIN D:

- for persons unable to take tablets.

CANAGLIFLOZIN:

- for treatment of type-2 diabetic persons:

  - as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;

  or

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

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

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

CARBOXYMETHYLCELLULOSE SODIUM:

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

CARBOXYMETHYLCELLULOSE SODIUM / PURITE:

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

★ CASPOFUNGIN ACETATE:

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

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

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

★ CEFTOBIPROLE:

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

★ CEFTOLOZANE / TAZOBACTAM:

♦ for treatment of complicated urinary infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam.

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

♦ for treatment of complicated intra-abdominal infections, where the antibiogram demonstrates that at least one of the responsible pathogens is sensitive only to ceftolozane / tazobactam.

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

CERITINIB:

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

- whose tumour shows a rearrangement of the ALK gene;

and
- whose cancer has progressed despite the administration of crizotinib, unless there is a serious intolerance;

and
- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

CERTOLIZUMAB PEGOL:

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

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

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

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each.

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

  For moderate or severe psoriatic arthritis of rhumatoid type, unless there is a serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

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

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

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

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

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

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

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

♦ for treatment of moderate or severe psoriatic arthritis, of a type other than rhumatoid.
Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have three or more joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);

and

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

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

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

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

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

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

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

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

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

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

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

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

  or
  - a return to work.

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

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

CHORIOGONADOTROPIN ALFA:

♦ for women, as part of an assisted procreation activity.

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

CHORIONIC GONADOTROPIN:

- for women, as part of an assisted procreation activity.

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

- for spermatogenesis induction in men suffering from hypogonadotropic hypogonadism who wish to procreate. In the absence of spermatogenesis after a treatment of at least six months, continuation of the treatment in association with a gonadotropin is authorized.

CINACALCET HYDROCHLORIDE:

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

  - a corrected calcemia $\geq$ 2.54 mmol/L;

  or

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

  or

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

  or

  - symptomatic osteoarticular manifestations.

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

CLADRIBINE:

- as monotherapy, for treatment of persons suffering from remitting multiple sclerosis, whose EDSS score is equal to or less than 5.5 and:

  - who have had at least one relapse in the last year, one of which occurred while the person had been taking, for at least six months, one of the disease modifying agents included on the *List of Medications* for first-line treatment of this disease;

  or

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

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

CLINDAMYCIN PHOSPHATE, Vag. Cr.:

- for treatment of bacterial vaginosis during the first trimester of pregnancy.

- where intravaginal metronidazole is ineffective, contraindicated or poorly tolerated.

COBIMETINIB:

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

  The maximum duration of each authorization is four months.

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

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

★ CODEINE PHOSPHATE, Syr.:

♦ for treatment of pain in persons unable to take tablets.

COLESEVELAM HYDROCHLORIDE:

♦ for treatment of hypercholesterolemia, in persons at high risk of cardiovascular disease:

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

COLLAGENASE:

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

CRIZOTINIB:

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

- whose tumour shows a rearrangement of the ALK gene;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

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

- whose tumour shows a rearrangement of the ALK gene;

and

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

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

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

- whose tumour shows a rearrangement of the ROS1 gene;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

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

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

♦ for persons suffering from a vitamin B_{12} deficiency.

CYCLOSPORINE:

♦ for treatment of severe vernal keratoconjunctivitis.

CYSTEAMINE, Oph. Sol.:

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

CYSTEAMINE BITARTRATE:

♦ for the treatment of persons suffering from nephropathic cystinosis confirmed by the presence of a mutation in the CTNS gene.

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

★ DABIGATRAN ETEXILATE:

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

DABRAFENIB MESYLATE:

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

The maximum duration of each authorization is four months.

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

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

♦ in association with trametinib, for adjuvant treatment of a melanoma expressing a V600 mutation of the BRAF gene with regional lymph node involvement, or with in-transit or satellite metastases without lymph node involvement, in persons:

- whose melanoma has been completely resected;

and

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

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

The maximum duration of the treatment is 12 months.

DAPAGLIFLOZIN:

- for treatment of type-2 diabetic persons:

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

  or

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

  Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

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

  - with left ventricular systolic dysfunction (with ejection fraction ≤ 40 %);

  and

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

DAPAGLIFLOZIN / METFORMIN HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:

  - where a sulfonylurea is contraindicated, not tolerated or ineffective;

  and

  - where the optimal maximum dose of metformin has been stable for at least one month.

  Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

DARBEPOETIN ALFA:

- for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min).

- for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B_{12} deficiency:

  - in persons having a non-myeloid tumour treated with chemotherapy and whose hemoglobin rate is less than 100 g/L.

  The maximum duration of the initial authorization is three months. When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by an increase in the reticulocyte count of at least 40 x 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, darbepeotin alfa remains covered by the basic prescription drug insurance plan until 31 January 2008 insofar as the treatment was already underway on 1 October 2007 and that its cost was already covered under that plan as part of the recognized indications provided in the appendix hereto and that the physician provides evidence of a beneficial effect defined by an increase in the reticulocyte count of at least 40 x 10^9/L or an increase in the hemoglobin measurement of at least 10 g/L.

DAROLUTAMIDE:

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

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

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

DARUNAVIR, Tab. 600 mg:

♦ for treatment, in association with other antiretrovirals, of HIV-infected persons:

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

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

♦ for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed an absence of sensitivity to other protease inhibitors, coupled with a resistance to one or the other class of nucleoside reverse transcriptase inhibitors and non-nucleoside reverse transcriptase inhibitors, or to both, and:

- whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

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

and

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

DASATINIB:

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

The maximum duration of each authorization is six months.

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

♦ for treatment of chronic myeloid leukemia in the chronic phase in adults:

- for whom imatinib or nilotinib has failed or produced a sub-optimal response;

or

- who have serious intolerance to imatinib or nilotinib.

The maximum duration of each authorization is six months.

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

- for treatment of chronic myeloid leukemia in the accelerated phase in adults:

  - for whom imatinib has failed or produced a sub-optimal response;

  or

  - who have serious intolerance to imatinib.

  The maximum duration of each authorization is six months.

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

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

  The maximum duration of each authorization is six months.

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

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

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

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

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

- for prevention of bone events in persons suffering from castration-resistant prostate cancer with at least one bone metastasis.

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

DEXAMETHASONE, Intravitreal implant:

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

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

- for treatment of a visual deficiency due to diabetic macular edema in pseudophakic patients, where a treatment with an anti-VEGF is ineffective, contraindicated or not tolerated. The eye to be treated must also meet the following two criteria:

  - optimal visual acuity after correction between 6/15 and 6/60;
  - thickness of the central retina ≥ 300 µm.

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

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

DEXCOM G6 SENSOR:

- Persons suffering from type 1 diabetes, age two or over, who fulfil one or more of the following criteria:

  - non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient, despite optimal management of the disease;

  or

  - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;

  or

  - inability to recognize or signal hypoglycemia symptoms.

  The initial request is authorized for a period of 6 months to assess the capacity of patients to use Dexcom G6™ and wear the sensor.

  Requests for continuation of treatment are authorized for a maximum period of 12 months if the person shows optimum use of Dexcom G6™, i.e. at least 70 % of the time.

DEXCOM G6 TRANSMITTER:

- Persons suffering from type 1 diabetes, age two or over, who fulfil one or more of the following criteria:

  - non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient, despite optimal management of the disease;

  or

  - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemia management plan;

  or

  - inability to recognize or signal hypoglycemia symptoms.

  The initial request is authorized for a period of 6 months to assess the capacity of patients to use Dexcom G6™ and wear the sensor.

  Requests for continuation of treatment are authorized for a maximum period of 12 months if the person shows optimum use of Dexcom G6™, i.e. at least 70 % of the time.

DICLOFENAC SODIUM, Oph. Sol.:

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

DIMETHYL fumarate:

- for treatment of persons suffering from remitting multiple sclerosis 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 a local infection;

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

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

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

DRESSING, ANTIMICROBIAL – SILVER:

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

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

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

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

DRESSING, BORDERED ABSORPTIVE– GELLING FIBRE:

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

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

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

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

DRESSING, BORDERED 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 a local infection;

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

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

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

DRESSING, BORDERED MOISTURE-RETENTIVE– HYDROCOLLOID OR POLYURETHANE:

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

DRESSING, INTERFACE – POLYAMIDE OR SILICONE:

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

DRESSING, MOISTURE RETENTIVE – HYDROCOLLOID OR POLYURETHANE:

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

DRESSING, ODOUR-CONTROL – ACTIVATED CHARCOAL:

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

DULAGLUTIDE:

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

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

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

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

  Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

DUPILUMAB:

- for treatment of patients age 12 and over suffering from a moderate to severe form of chronic atopic dermatitis:

  - in the presence of a score greater than or equal to 16 on the Eczema Area and Severity Index (EASI);

  and

  - in the presence of a score greater than or equal to 8 on the Dermatology Life Quality Index (DLQI or cDLQI);

  and

  - where 10 % or more of the body surface area is affected;

and
- where the disease is insufficiently controlled despite the use of topical treatments including at least two medium- or high-potency topical corticosteroids and one topical calcineurin inhibitor;

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

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

Upon subsequent requests, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75 % in the EASI score compared to the basic level;

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

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

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

ECULIZUMAB:

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

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

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

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

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

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

EDARAVONE:

♦ for treatment of amyotrophic lateral sclerosis (ALS) in persons displaying each of the following:

- a definite or probable diagnosis of ALS according to the revised El Escorial diagnostic criteria;
- symptoms of the disease for less than two years;
- a score of at least 2 points on each item of the ALSFRS-R except for dyspnea, orthopnea and respiratory insufficiency, for which a score of four points is required;
- a forced vital capacity exceeding 80 % of the predicted value;
- no tracheotomy;
- a creatinine clearance exceeding 50 ml/min;
- an independent living status.

The maximum duration of each authorization is six months.

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

★ EDOXABAN:

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

Authorization is granted for a maximum of 12 months.

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

ELBASVIR / GRAZOPREVIR:

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis:

- who are suffering from HCV genotype 1 or 4 and who have never received an anti-HCV treatment;

or

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

or

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

or

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

Authorization is granted for a maximum period of 12 weeks.

♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis:

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

or

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

Authorization is granted for a maximum period of 16 weeks.

ELEXACAFTOR/TEZACAFTOR/IVACAFTOR AND IVACAFTOR (COMBINED PACKAGE):

♦ for treatment of cystic fibrosis, in persons:

- aged 12 years and older;

and

- with at least one ΔF508 mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene ;

and

- with a predicted forced expiratory volume in one second (FEV1) of 90 % or less;

and

- who have not received a lung transplant.

Upon the initial request, the physician must provide:

- the percentage of predicted forced expiratory volume in one second (FEV1);
- the respiratory domain score of the Cystic Fibrosis Questionnaire – Revised (CFQ-R);
- the number of pulmonary exacerbations requiring antibiotic therapy in the last 12 months.

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

Upon the first request for continuation of treatment, the physician must provide data to demonstrate the clinical benefits of the treatment, specifically:

- an improved predicted FEV1 value of 5 % or more compared to the pre-treatment value;

or

- an improved quality of life, demonstrated by an improvement of at least 4 points on the CFQ-R respiratory domain score compared to the pre-treatment value;

Upon subsequent requests for continuation of treatment, the physician must provide data to demonstrate the clinical benefits of the treatment, specifically:

- maintenance of an improved predicted FEV1 of at least 5 % compared to the pre-treatment value;

or

- maintenance of an improved quality of life, demonstrated by an improvement of at least 4 points on the CFQ-R respiratory domain score, compared to the pre-treatment value;

or

- a decreased frequency of pulmonary exacerbations requiring antibiotic therapy by at least 20 % compared to the pre-treatment assessment.

Subsequent requests for continuation of treatment are authorized for a maximum of 12 months.

It must be noted that in all cases, FEV1 should be measured when the patient's condition is stable, in the absence of a pulmonary exacerbation.

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

Authorizations are granted for two triple combination tablets (elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg) in the morning and one ivacaftor 150 mg tablet in the evening.

ELTROMBOPAG:

♦ for treatment of immune thrombocytopenia, in persons:

- having received a corticosteroid- or intravenous immunoglobulin-based treatment of appropriate duration unless there is a contraindication;

and

- with a platelet count:
  - ≤ 30 x 10^9/l;

  or
  - between 30 x 10^9/l and 50 x 10^9/l, with bleeding or a documented increased risk of bleeding.

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

When requesting continuation of treatment, the physician must provide evidence of a response defined by a clinically significant increase of platelet count. Subsequent authorizations are given for a maximum duration of 12 months.

EMPAGLIFLOZINE:

- for treatment of type-2 diabetic persons:

  - as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated;

  or

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

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

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

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

EMPAGLIFLOZINE / METFORMINE HYDROCHLORIDE:

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

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

ENFUVIRTIDE:

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

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

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

  - on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the enfuvirtide treatment began;

  or

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

  Authorizations will then have a maximum duration of 12 months.

- for treatment, in association with other antiretrovirals, of HIV-infected persons who are not concerned by the first paragraph of the previous statement:

  - whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL, while having been treated with an association of three or more antiretrovirals for at least three months and during the interval between the two viral load measurements;

  and

  - who previously received at least one other antiretroviral treatment that resulted in a documented virological failure after at least three months of treatment;

  and

- who have tried, since the beginning of their antiretroviral therapy, at least one non-nucleoside reverse transcriptase inhibitor (except in the presence of a resistance to that class), one nucleoside reverse transcriptase inhibitor and one protease inhibitor.

The maximum duration of the initial authorization is five months.

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

- on a recent viral load measurement, showing a reduction of at least 0.5 log compared with the viral load measurement obtained before the enfuvirtide treatment began;

or

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

Authorizations will then have a maximum duration of 12 months.

ENTRECTINIB:

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

- whose tumour shows a rearrangement of the ROS1 gene;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

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

ENZALUTAMIDE:

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

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

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

It must be noted that enzalutamide is not authorized after failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of prostate cancer.

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

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

and

- who have never received docetaxel-based chemotherapy;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

It must be noted that enzalutamide is not authorized after failure with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor if it was administered for treatment of prostate cancer.

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

- exposed to a high risk of developing metastases despite an androgenic privation treatment. High risk is defined by a prostate-specific antigen doubling time ≤ 10 months;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

♦ in association with an androgen deprivation therapy (ADT), for treatment of metastatic castration-sensitive prostate cancer, in persons whose ECOG performance status is 0 or 1:

- who have not received an ADT for more than three years for the treatment of localized prostate cancer;

or

- who have not received an ADT for more than six months for the treatment of metastatic prostate cancer.

The maximum duration of each authorization is four months.

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

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

★ EPLERENONE:

♦ for persons showing signs of heart failure and left ventricular systolic dysfunction (with ejection fraction ≤ 40 %) after an acute myocardial infarction, when initiation of eplerenone starts in the days following the infarction as a complement to standard therapy.

♦ for persons suffering from New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35 %), as a complement to standard therapy.

EPOETIN ALFA:

♦ for treatment of anemia related to severe chronic renal failure (creatinine clearance less than or equal to 35 mL/min).

♦ for treatment of chronic and symptomatic non-hemolytic anemia not caused by an iron, folic acid or vitamin B_{12} deficiency:

- in persons having a non-myeloid tumour treated with chemotherapy and whose hemoglobin rate less than 100 g/L;
- in non cancerous persons whose hemoglobin rate is less than 100 g/L.

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

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

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

ESLICARBAZEPINE ACETATE:

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

ESTRADIOL-17B :

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

ESTRADIOL-17B / NORETHINDRONE ACETATE:

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

ETANERCEPT (Enbrel), S.C. Inj. Pd.:

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

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

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

and

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

  for rheumatoid arthritis:
  - methotrexate at a dose of 20 mg or more per week;

  for psoriatic arthritis of the rheumatoid type:
  - methotrexate at a dose of 20 mg or more per week;

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

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

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

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

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

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

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

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

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

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is an intolerance or a contraindication.

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

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

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

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

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

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

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

- prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);

and

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

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

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

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

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

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

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

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

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

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

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

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

  or
  - a return to work.

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

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

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

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

and

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

and

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

and

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

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

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

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

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

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

or

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

or

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

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

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

ETANERCEPT:

♦ for treatment of moderate or severe rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

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

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

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

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

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

  or
  - a return to work.

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

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

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

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

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

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

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

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

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

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

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

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

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

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

and

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

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

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

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

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

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

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

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

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

- prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;
  or
  - sulfasalazine at a dose of 2 000 mg per day.

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

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

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

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

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

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

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

and

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

and

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

and

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

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

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

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

or

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

or

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

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

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

ETRAVIRINE:

♦ for treatment, in association with other antiretrovirals, of HIV-infected persons:

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

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

and

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

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

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

♦ for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, and:

- whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

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

and

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

EVEROLIMUS:

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

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

♦ in association with exemestane, for treatment of advanced or metastatic breast cancer, positive for hormone receptors but not over-expressing the HER2 receptor, in menopausal women:

- whose cancer has progressed despite administration of a non-steroid aromatase inhibitor (anastrozole or letrozole) administered in an adjuvant or metastatic context;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is four months.

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

- for treatment of well-differentiated, non-functional neuroendocrine tumours of lung or gastrointestinal origin that are unresectable and at an advanced or metastatic phase, in persons:

  - whose disease progressed in the six previous months;

  and

  - whose ECOG performance status is 0 or 1.

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

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

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

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

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

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

EVOLOCUMAB:

- for treatment of persons suffering from homozygous familial hypercholesterolemia (HoFH) confirmed by genotyping or by phenotyping:

  - where two hypolipemiants of different classes at optimal doses are not tolerated, are contraindicated or are ineffective;

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

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

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

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

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

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

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

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

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

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

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

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

FEBUXOSTAT:

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

FEDRATINIB :

♦ for treatment of splenomegaly associated with primary myelofibrosis, myelofibrosis secondary to polycythemia vera or essential thrombocythemia in persons with:

- a palpable spleen at 5 cm or more under the left costal margin, accompanied by basic imaging;

and

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

and

- an ECOG performance status ≤ 2.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the 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.

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

FESOTERODINE fumarate:

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

★ FIDAXOMICIN:

- for treatment of 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 x 10^9/L) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.

- in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 x 10^9/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.

- during chemotherapy undergone by children suffering from solid tumours.

- for treatment of persons suffering from severe medullary aplasia (neutrophil count below 0.5 x 10^9/L) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum.

- for treatment of persons suffering from congenital, hereditary, idiopathic or cyclic chronic neutropenia whose neutrophil count is below 0.5 x 10^9/L.

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

- to stimulate bone marrow in the recipient in the case of an autograft.

- as an adjunctive treatment for acute myeloid leukemia.

FINGOLIMOD HYDROCHLORIDE:

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

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

- for treatment, as monotherapy, of persons suffering from remitting multiple sclerosis whose EDSS score is under 7:

  - who have had at least one relapse in the last year, one of which occurred even though the person had been taking, for at least six months, one of the disease modifying agents included on the list of medications for first-line treatment of this disease;

  or

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

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

FLUCONAZOLE, Oral Susp.:

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

FOLLITROPIN ALPHA:

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

FOLLITROPIN BETA:

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

FOLLITROPIN DELTA:

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

FORMOTEROL FUMARATE DIHYDRATE / BUDESONIDE:

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

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

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:

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

  or

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

  or

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

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

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

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

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

FORMOTEROL FUMARATE DIHYDRATE / MOMETASONE FUROATE:

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

FREESTYLE LIBRE SENSOR:

- for self-monitoring of glycemia in diabetic persons aged 18 or over, who fulfil the following two criteria:

  - intensive insulin therapy (treatment by insulin pump or ≥ 3 insulin injections per day);

  and

  - frequent episodes of hypoglycemia in the last year, despite compliance with a glycemic management plan.

  The initial request is authorized for a period of 6 months to assess the ability of patients to use FreeStyle Libre™ and wear the sensor.

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

FREMANEZUMAB:

- for prophylactic treatment of migraines in persons with at least four days of migraines per month and a diagnosis established according to the criteria of the International Headache Society:

  - in the case of intolerance, contraindication or ineffectiveness with at least three appropriate prophylactic drugs, including at least one tricyclic antidepressant, an anticonvulsant and an antihypertensive drug.

  In the initial request, the physician must provide the number of migraines per month.

  The maximum duration of the initial authorization is 6 months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by a decrease of at least 50 % in the number of migraines per month, compared to the initial value.

  The maximum duration of subsequent authorizations is 12 months.

FULVESTRANT:

- for treatment of advanced or metastatic breast cancer, according to the recognized indication for palbociclib.

- for treatment of persons suffering from unresectable locally advanced or metastatic breast cancer, according to the recognized indication for ribociclib.

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.

GEFITINIB:

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

Themaximum duration of each authorization is four months.

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

★ GENTAMICIN sulfate:

♦ for treatment of bacterial endocarditis.

GILTERITINIB:

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

The maximum duration of each authorization is six months.

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

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

GLATIRAMER ACETATE - (GLATECT):

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

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

- the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord;

and

- the diameter of these lesions being 3 mm or more.

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

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

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

GLECAPREVIR / PIBRENTASVIR:

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C who have never received an anti-HCV treatment and who do not have decompensated cirrhosis.

Authorization is granted for a maximum period of eight weeks.

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

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

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

Authorization is granted for a maximum period of 16 weeks.

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

Authorization is granted for a maximum period of 12 weeks.

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

Authorization is granted for a maximum period of 16 weeks.

GLIMEPIRIDE:

♦ where another sulfonylurea is not tolerated or is ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

GLYCERIN, Supp.:

♦ for treatment of constipation related to a medical condition.

GLYCEROL PHENYLBUTYRATE:

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

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

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

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

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

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

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each.

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

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

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

or

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

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

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

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

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.

GONADOTROPINS:

♦ for women, as part of an assisted procreation activity.

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

♦ for spermatogenesis induction in men suffering from hypogonadotropic hypogonadism who wish to procreate, in association with a chorionic gonadotropin. The men must previously have been treated with a chorionic gonadotropin, as monotherapy, for at least six months.

★ GRANISETRON HYDROCHLORIDE:

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

♦ during a moderately or highly emetic radiotherapy treatment.

♦ in children during emetic chemotherapy or radiotherapy.

♦ during:

- a chemotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated and who are not receiving aprepitant or fosaprepitant;

or

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

GRASS POLLEN ALLERGENIC EXTRACT:

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

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

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

GUANFACINE HYDROCHLORIDE:

- 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:

- as monotherapy, for first-line treatment of symptomatic chronic lymphoid leukemia in persons:

  - for whom fludarabin-based chemotherapy is not indicated due to the cytogenetic results or who are not eligible for fludarabin-based chemotherapy;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

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

- for treatment of refractory or recurrent chronic lymphocytic leukemia in persons:

  - for whom fludarabin-based chemotherapy is not indicated due to the cytogenetic results or who are not eligible for fludarabin-based chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

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

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

- as monotherapy, for treatment of recurrent or refractory mantle-cell lymphoma, in persons:

- who have received at least one rituximab-based treatment;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

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

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

ICATIBANT ACETATE:

♦ for treatment of acute attacks of hereditary angioedema (HAE) with C1 esterase inhibitor deficiency in adults:

- whose diagnosis of HAE type I or II was confirmed by an antigen dosage or a functional dosage of the C1 esterase inhibitor below the lower limit of normal;

and

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

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

ICOSAPENT ETHYL :

♦ for secondary prevention of cardiovascular events, concomitantly with a statin, in patients:
- with a serum triglyceride level equal to or greater than 2.26 mmol/l;

and

- for whom use of a statin at the optimal dose, in association or not with ezetimibe, during at least 3 months, allowed for adequate control of the low-density lipoprotein cholesterol (LDL-C) levels.

IDELALISIB:

♦ as monotherapy, for the continuation of second-line or subsequent treatment of chronic lymphoid leukemia in persons whose disease has not progressed during an eight-cycle treatment combining idelalisib and rituximab.

The maximum duration of each authorization is six months.

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

IMATINIB MESYLATE:

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

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

♦ for treatment of adults suffering from refractory or recurrent acute lymphoblastic leukemia with a positive Philadelphia chromosome and for whom a stem cell transplant is foreseeable.

The maximum duration of each authorization is four months.

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

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

The maximum duration of each authorization is six months.

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

IMATINIB MESYLATE – gastrointestinal stromal tumour:

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

  The maximum duration of the authorization is 36 months.

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

  The maximum duration of each authorization is six months.

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

  An authorization for a daily dose of up to 800 mg may be obtained with evidence of disease progression, confirmed by imaging, after at least three months of treatment at a daily dose of 400 mg.

  When requesting continuation of treatment, the physician must provide evidence of a complete or partial response or of disease stabilization, confirmed by imaging.

IMIQUIMOD:

- for treatment of external genital and perianal condylomas, as well as condyloma acuminata.

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

INCOBOTULINUMTOXINA:

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

INDACATEROL ACETATE / GLYCOPYRRONIUM BROMIDE / MOMETASONE FUROATE:

- for treatment of asthma and other reversible obstructive airway diseases, in persons:

  - whose control of the disease is insufficient despite the use of an association of a long-acting β_2 agonist and an inhaled corticosteroid taken at an average or high dose;

  and

  - having experienced at least one exacerbation in the previous year. Exacerbation is understood as an aggravation of the asthma symptoms necessitating the medical care of a physician, an emergency room visit or hospitalization and requiring the use of an oral corticosteroid.

INDACATEROL ACETATE / MOMETASONE FUROATE:

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

INDACATEROL MALEATE / GLYCOPYRRONIUM BROMIDE:

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

  The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.
  It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

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

INFLIXIMAB (REMICADE):

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

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

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

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum 20 mg per dose) per week for at least three months, unless there is an intolerance or a contraindication.

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

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

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

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

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

INFLIXIMAB:

♦ 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 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 rheumatoid arthritis.

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

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

and

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

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

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

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

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

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

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

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

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

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

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

  or
  - a return to work.

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

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

♦ for treatment of moderate or severe psoriatic arthritis of the rheumatoid type:

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

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

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

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

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

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

♦ for treatment of moderate or severe psoriatic arthritis, of a type other than rhumatoid:

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

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

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

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

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

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

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

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

and

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

and

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

and

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

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

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

The initial request is authorized for a maximum four months.

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

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

or

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

or

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

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

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

- 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.

INOTERSEN:

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

  Upon initiation of treatment, the person:

  - must have received genetic confirmation of hATTR;

  and

  - must have a Neuropathy Impairment Score (NIS) of 5 to 130 points;

  and

  - must have an ambulatory condition corresponding to stage 1 or 2 on the Functional Ambulation Performance (FAP) scale or a stage 1, 2, 3a or 3b on the polyneuropathy disability (PND) scale;

  and

  - must not have cardiomyopathy that corresponds to class III or IV of the New York Heart Association (NYHA) Functional Classification.

  Authorizations are given for a maximum dose of 284 mg of inotersen by injection once every week.

  The maximum duration of each authorization is 6 months.

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

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

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 LISPRO / INSULIN LISPRO PROTAMINE:

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

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

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

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

  - the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord;

  and

  - the diameter of these lesions being 3 mm or more.

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

  Authorizations are given for 30 mcg once per week.

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

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

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

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

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

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

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

  Authorizations are given for 30 mcg once per week.

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

- Persons having experienced a documented first acute clinical episode of demyelinization are eligibile for continuation of payment of interferon beta-1a (Rebif™) until their condition changes to multiple sclerosis, insofar as its cost was already covered, under the basic prescription drug insurance plan, in the 365 days before 3 June 2013.

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

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

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

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

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

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

  Authorizations are given for 22 mcg three times per week.

INTERFERON BETA-1B:

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

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

  - the presence of at least one non-symptomatic hyperintense T2 lesion affecting at least two of the following four regions: periventricular, juxtacortical, infratentorial, or spinal cord;

  and

  - the diameter of these lesions being 3 mm or more.

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

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

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

- for treatment of persons suffering from remitting multiple sclerosis 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).

★ ISAVUCONAZOLE:

♦ for treatment of invasive aspergillosis.

♦ for treatment of invasive mucormycosis.

IVABRADINE HYDROCHLORIDE:

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

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

and

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

and

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

and

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

IVACAFTOR:

♦ for treatment of cystic fibrosis in persons:

- with the G551D mutation in the CFTR protein coding gene;

and

- whose pulmonary function is altered to the point of seriously impairing their activities of daily living and whose best value for forced expiratory volume in 1 second (FEV1) is deteriorating compared to the value from the two previous years.

The maximum duration of each authorization is 12 months.

When requesting continuation of treatment, the physician must provide evidence of the beneficial clinical effects defined by:

- an improvement or a stabilization of the FEV1;

and

- positive impacts on performing activities of daily living or a decrease in exacerbations (superinfections).

Authorizations are given for a dose of ivacaftor of 150 mg, twice a day.

IXEKIZUMAB:

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

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

and

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

and

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

and

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

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

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

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

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

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

or

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

or

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

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

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

♦ for the treatment of moderate or severe psoriatic arthritis of rheumatoid type:

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

and

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

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

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

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

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.2 in the HAQ score;
  - a return to work.

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

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

♦ for the treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:

- upon initiation of treatment, the person must have at least 3 joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);

and

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

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

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

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

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.2 in the HAQ score;
  - a return to work.

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

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

KETOROLAC TROMETHAMINE:

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

LACOSAMIDE:

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

LACTULOSE:

♦ for prevention and treatment of hepatic encephalopathy.

- for treatment of constipation related to a medical condition.

LANTHANUM CARBONATE HYDRATE:

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

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

LAPATINIB:

- in association with an aromatase inhibitor for first-line treatment in menopausal women suffering from a hormone receptor positive metastatic breast cancer with HER-2 overexpression:

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

  and

  - whose ECOG performance status is ≤ 2;

  The maximum duration of each authorization is four months.

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

- for treatment of metastatic breast cancer where the tumour over-expresses the HER2 receptor, in association with capecitabine, in persons whose breast cancer has progressed after administrating a taxane and an anthracycline, unless one of those drugs is contraindicated.

  In addition, the disease must be progressing despite treatment with trastuzumab administered at the metastatic stage, unless there is a contraindication. The ECOG performance status must be 0 or 1.

  The maximum duration of each authorization is four months.

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

Lapatinib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 3 June 2013, insofar as the physician provides evidence of a beneficial clinical effect by the absence of disease progression.

LEDIPASVIR / SOFOSBUVIR:

- as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 without decompensated cirrhosis, who have never received an anti-SCV treatement.

  Authorization is granted for a maximum period of eight weeks for persons without compensated cirrhosis and whose viral load (HCV-RNA) is less than 6 million UI/ml before treatment. Authorization is granted for a maximum period of 12 weeks for other persons.

- as monotherapy, for treatment of persons suffering from chronic hepatitis C genotype 1 without cirrhosis who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor.

  Authorization is granted for a maximum period of 12 weeks.

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

- with compensated cirrhosis and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

- with decompensated cirrhosis;

or

- who are waiting for an organ transplant or who have received a transplant.

Authorization is granted for a maximum period of 12 weeks.

♦ as monotherapy, for treatment of chronic hepatitis C genotype 1 in persons:

- with compensated cirrhosis and a contraindication or a serious intolerance to ribavirin and who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa administered alone or combined with a protease inhibitor;

or

- with decompensated cirrhosis and a contraindication or a serious intolerance to ribavirin;

or

- who are waiting for an organ transplant or who have received a transplant and who have a contraindication or a serious intolerance to ribavirin.

Authorization is granted for a maximum period of 24 weeks.

LENALIDOMIDE:

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

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

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

When requesting continuation of treatment:

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

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

  and
  - the maintenance of transfusion independence.

The duration of each authorization is six months.

♦ in association with dexamethasone, for first-line treatment of symptomatic multiple myeloma in persons:

- who are not candidates for a stem cell transplant;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of the initial authorization is four months.

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

The maximum duration for subsequent authorizations is six months.

- in association with dexamethasone, for second-line or subsequent treatment of refractory or recurrent multiple myeloma in persons whose ECOG performance status is ≤ 2.

  The maximum duration of the initial authorization is four months.

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

  The maximum duration for subsequent authorizations is six months.

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

- in association with dexamethasone, for continuation of treatment of recurrent multiple myeloma in persons:

  - whose disease has not progressed during or following a 18-cycle treatment combining carfilzomib, lenalidomide and dexamethasone;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is six months.

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

LENVATINIB, 10 mg, 14 mg, 20 mg, 24 mg:

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

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

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each autorization is four months.

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

LENVATINIB, 4 mg, 8 mg, 12 mg:

- as monotherapy, for treatment of unresectable hepatocellular carcinoma, in persons:

  - whose disease corresponds to BCLC stage B or C (*Barcelona Clinic Liver Cancer*);

  and

  - whose liver function is preserved, corresponding to Child-Pugh A;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is 4 months.

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

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

LETERMOVIR:

♦ for prophylactic treatment of a cytomegalovirus (CMV) infection in persons CMV-seropositive and who have undergone allogeneic hematopoietic stem cell transplant.

The treatment must have begun in the 28 days following the transplant and have ceased 100 days afterward at the latest.

LEVOFLOXACINE, Sol. Inh.:

♦ for treatment of persons suffering from cystic fibrosis who are chronically infected with *Pseudomonas aeruginosa*:

- whose condition deteriorates despite treatment with a formulation of tobramycin for inhalation;

or

- who are intolerant to a solution of tobramycin for inhalation;

or

- who are allergic to tobramycin.

LINAGLIPTIN:

♦ for treatment of type-2 diabetic persons:

- as monotherapy when metformin and a sulfonylurea are contraindicated or poorly tolerated;

or

- in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

LINAGLIPTIN / METFORMIN hydrochloride:

♦ for treatment of type-2 diabetic persons:

- where a sulfonylurea is contraindicated, not tolerated or ineffective;

and

- where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

★ LINEZOLID, I.V. Perf. Sol.:

♦ for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated and where linezolid cannot be used orally.

♦ for treatment of vancomycin-resistant proven enterococci infections, where linezolide cannot be used orally.

★ LINEZOLID, Tab.:

♦ for treatment of proven or presumed methicillin-resistant staphylococci infections, where vancomycin is ineffective, contraindicated or not tolerated.

♦ for treatment of vancomycin-resistant proven enterococci infections.

- for continuation of treatment of proven or presumed methicillin-resistant staphylococci infections initiated intravenously in a hospital.

LIRAGLUTIDE:

- in association with metformin, for treatment of type-2 diabetic persons whose glycemic control is inadequate and whose body mass index (BMI) is more than 30 kg/m^2 when a DPP-4 inhibitor is contraindicated, not tolerated or ineffective.

  Authorization of the initial request is for a maximum duration of 12 months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial effect defined by a reduction in the glycated hemoglobin ($HbA1_c$) of at least 0.5 % or by the attainment of a target value of 7 % or less.

  Authorization is given for a maximum daily dose of 1.8 mg.

  Ineffectiveness means the non-attainment of the $HbA1_c$ value adapted to the patient.

LISDEXAMFETAMINE DIMESYLATE:

- for treatment of persons with attention deficit disorder, with or without hyperactivity.

LOMITAPIDE MESYLATE:

- for treatment of adults suffering from homozygous familial hypercholesterolemia (HoFH) confirmed by genotyping or by phenotyping:

  - where two hypolipemiants of different classes at optimal doses are not tolerated, are contraindicated or are ineffective;

  and

  - in association with a low-density lipoprotein (LDL) apheresis treatment, unless acces to an apheresis centre is especially difficult.

  Phenotyping is defined by the following three factors:
  - a concentration in the low-density lipoprotein cholesterol (LDL-C) of more than 13 mmol/l before the beginning of a treatment;
  - the presence of xanthomas before age 10;
  - the confirmed presence in both parents of heterozygous familial hypercholesterolemia.

  The initial request is granted for a maximum period of four months.

  Upon subsequent requests, the physician must provide information making it possible to establish the beneficial effects of the treatment, that is, a decrease of at least 20 % in the LDL-C, compared to the basic levels.

  Authorizations for lomitapide are given for a maximum daily dose of 60 mg.

LURASIDONE HYDROCHLORIDE:

- for treatment of schizophrenia.

- for management of depressive episodes associated with bipolar I disorder.

MACITENTAN:

- for treatment of pulmonary arterial hypertension of WHO functional class III that is either idiopathic or associated with connectivitis and that is symptomatic despite the optimal conventional treatment.

Persons must be evaluated and followed up on by physicians working at designated centres specializing in the treatment of pulmonary arterial hypertension.

MAGNESIUM HYDROXIDE:

♦ for treatment of constipation related to a medical condition.

MAGNESIUM HYDROXYDE / ALUMINUM HYDROXYDE:

♦ as a phosphate binder in persons suffering from severe renal failure.

MARAVIROC:

♦ for treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively, and:

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
  - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

  or
  - in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;

and

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included a protease inhibitor and that resulted:
  - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

  or
  - in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

Where a therapy including a non-nucleoside reverse transcriptase inhibitor cannot be used because of a primary resistance to delavirdine, efavirenz or nevirapine, a trial of at least two therapies, each including a protease inhibitor, is necessary and must have resulted in the same conditions as those listed above.

♦ for first-line treatment, in association with other antiretrovirals, of HIV-infected persons for whom the tropism test carried out during the past three months showed the presence of a CCR5 tropic virus exclusively and for whom a laboratory test showed a resistance to at least one nucleoside reverse transcriptase inhibitor, one non-nucleoside reverse transcriptase inhibitor and one protease inhibitor, and:

- whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

- whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/µL;

and

- for whom the use of maraviroc is necessary for constituting an effective therapeutic regimen.

MEMANTINE HYDROCHLORIDE:

♦ as monotherapy for person suffering from Alzheimer's disease at the moderate or severe stage who are living at home, specifically, who do not live in a residential and long-term care centre that is either a public institution or a private institution under agreement.

Upon the initial request, the following elements must be present:

- an MMSE score of 3 to 14;

- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
  - intellectual function, including memory;
  - mood;
  - behaviour;
  - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
  - social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with memantine is six months from the beginning of treatment.

However, where memantine is used following treatment with a cholinesterase inhibitor, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by stabilization or improvement of symptoms in at least three of the following domains:
- intellectual function, including memory;
- mood;
- behaviour;
- autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
- social interaction, including the ability to carry on a conversation.

The maximum duration of the authorization is six months.

MEPOLIZUMAB:

♦ for treatment of severe eosinophilic asthma in adults presenting or having presented:

- an eosinophil blood level of at least 150 cells/microlitre (0.15 x 10^9/l) at the time the treatment with an agent targeting interleukin-5 (IL-5) is initiated or of at least 300 cells/microlitre (0.3 x 10^9/l) in the 12 months preceding the treatment with an agent targeting IL-5;

and

- symptoms that are not controlled despite optimal treatment. Optimal treatment is understood as the use of an inhaled corticosteroid at a dose equivalent to 1 000 mcg of propionate fluticasone, a long-acting β2 agonist, and the trial of a leukotriene receptor antagonist, an inhaled long-acting antimuscarinic or theophyllin;

and

- at least two exacerbations in the last year requiring the use of a systemic corticosteroid or an increase in the dose of this drug in the case of patients receiving it on an ongoing basis.

The physician must provide the number of exacerbations in the last year, as previously defined, along with the results of one of the following questionnaires:

- Asthma Control Questionnaire (ACQ);

or

- Asthma Control Test (ACT);

or

- St George's Respiratory Questionnaire (SGRQ);

or

- Asthma Quality of Life Questionnaire (AQLQ).

Upon the initial request, the physician must have previously ascertained the inhalation technique, compliance with the pharmacological treatment and the implementation of strategies aimed at reducing exposure to aeroallergens for which the person had obtained a positive skin test or positive in vitro reactivity test.

The initial authorization is for a maximum duration of eight months.

Upon the second request, the physician must provide information demonstrating the beneficial effects of the treatment, namely:

- a decrease of 0.5 point or more on the ACQ questionnaire;

or

- an increase of 3 points or more on the ACT questionnaire;

or

- a decrease of 4 points or more on the SGRQ questionnaire;

or

- an increase of 0.5 point or more on the AQLQ questionnaire.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of the continuation of the beneficial effects on one of the aforementioned questionnaires or proof of a decrease in the number of annual exacerbations as previously defined.

Requests for continuation of treatment are authorized for a maximum duration of 12 months.

Authorizations are given for a maximum dose of 100 mg every month.

♦ for treatment of severe asthma requiring the use of an oral corticosteroid on an ongoing basis for at least three months, in adults with an eosinophil blood level of at least 150 cells/microlitre (0.15×10^9/l) at the time the treatment with an agent targeting interleukin-5 (IL-5) is initiated or of at least 300 cells/microlitre (0.3×10^9/l) in the 12 months preceding the treatment with an agent targeting IL-5.

The initial authorization is for a maximum duration of eight months.

Upon the second request, the physician must confirm a decrease in the corticosteroid maintenance dose equivalent to 10 mg or more of prednisone or of at least 50 % compared to the one before the start of the mepolizumab treatment.

The second request will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must confirm the continuation of the decrease in the maintenance dose of the oral corticosteroid.

Requests for continuation of treatment are authorized for a maximum duration of 12 months.

Authorizations are given for a maximum dose of 100 mg every month.

METHYLPHENIDATE HYDROCHLORIDE, L.A. Caps. or L.A. Tab. (12 h):

♦ for treatment of persons with attention deficit disorder, with or without hyperactivity.

METRONIDAZOLE, Vag. Gel:

♦ for treatment of bacterial vaginosis during the second and third trimesters of pregnancy.

♦ for treatment of bacterial vaginosis where metronidazole administered orally is not tolerated.

★ MICAFUNGIN SODIUM:

♦ for prevention of fungal infections in persons who will undergo a hematopoietic stem cell transplant.

- for treatment of invasive candidosis in persons for whom treatment with fluconazole has failed or is contraindicated, or who are intolerant to such a treatment.

MIGALASTAT:

- for treatment of adults with a genetically confirmed diagnosis of Fabry disease carrying a mutation in the alpha galactosidase A coding gene that is recognized amenable to migalastat.

  Upon initiation of treatment, the person must:
  - show symptoms of the disease, including at least renal, cardiac or neurological impairment;

  and
  - not be receiving a concomitant treatment with an enzyme replacement therapy.

  When requesting continuation of treatment, the physician must provide information demonstrating the beneficial effects on the manifestations that justified the initiation of the treatment or the absence of progression of the disease.

  The maximum duration of each authorization is 24 months.

  Authorizations are given for a maximum dose of 123 mg every 2 days.

MINRAL OIL:

- for treatment of constipation related to a medical condition.

MIRABEGRON:

- for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

MODAFINIL:

- for symptomatic treatment of diurnal hypersomnolence accompanying narcolepsy or idiopathic or post-traumatic hypersomnia, where dexamphetamine sulfate or methylphenidate is ineffective, contraindicated or not tolerated.

- for adjunctive treatment of diurnal hypersomnolence secondary to sleep apnea or hypopnea syndrome that persists despite the use of a nasal continuous positive airway pressure device.

MULTIVITAMINS:

- for persons suffering from cystic fibrosis.

NAPROXEN / ESOMEPRAZOLE:

- for treatment of medical conditions requiring chronic use of a non-steroidal anti-inflammatory drug in persons with at least one of the following gastrointestinal complication risk factors:

  - person age 65 or over;
  - history of uncomplicated ulcer of the upper digestive tract;
  - comorbidity, i.e. a serious medical condition predisposing a person to an exacerbation of his/her clinical condition following the taking of a non-steroidal anti-inflammatory drug;
  - concomitant drugs predisposing a person to an exacerbated risk of gastrointestinal complications;
  - use of more than one non-steroidal anti-inflammatory drug.

NATALIZUMAB:

- for monotherapy treatment of persons suffering from remitting multiple sclerosis whose EDSS scale score is ≤ 5 before the treatment and in whom there has been a rapid evolution of the disease, defined as:

  - the occurrence of two or more incapacitating clinical episodes with partial recovery during the past year;

or

- the occurrence of two or more incapacitating clinical episodes with full recovery during the past year and:
  - the presence of at least one gadolinium-enhanced lesion on magnetic resonance imaging (MRI);
  or
  - an increase of two or more T2 hyperintense lesions in comparison with a previous MRI.

The maximum duration of the authorizations is one year. For continuation of treatment, the physician must provide evidence of a beneficial effect in comparison with the evaluation carried out before the treatment began, specifically:

- a reduction in the annual frequency of incapacitating episodes during the past year;

and

- a stabilization of the EDSS scale score or an increase of less than 2 points without the score exceeding 5.

An incapacitating episode means an episode during which a neurological examination confirms optical neuritis, posterior fossa syndrome (cerebral trunk and cervelet) or symptoms revealing that the spinal cord is affected (myelitis).

★ NETUPITANT / PALONOSETRON CHLORHYDRATE:

♦ In association with dexamethasone, for the prevention of nausea and vomiting, on the first day of a highly emetic chemotherapy treatment.

Authorizations are given for one dose per cycle of chemotherapy.

NILOTINIB:

♦ for first-line treatment of chronic myeloid leukemia in the chronic phase.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a hematologic response.

♦ for treatment of chronic myeloid leukemia (CML) in the chronic or accelerated phase in adults:

- for whom imatinib has failed or produced a sub-optimal response;

or

- who have serious intolerance to imatinib.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a hematologic response.

NINTEDANIB ESILATE:

♦ for treatment of idiopathic pulmonary fibrosis, in persons:

- whose forced vital capacity (FVC) is 50 % or more of the predicted value;

and

- whose carbon monoxide diffusing capacity is 30 % to 79 % of the predicted value corrected for hemoglobin;

and

- whose ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) is 0.70 or more.

The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration in the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10 % or more in absolute value, in the last 12 months.

Where FVC, expressed in a percentage of the predicted value, declines by 10 % or more in absolute value over a 12-month period, treatment must cease.

- for treatment of chronic fibrosing interstitial lung diseases with a progressive phenotype, other than idiopathic pulmonary fibrosis, in adults with:

  - pulmonary fibrosis confirmed by high-resolution CT scan or by a biopsy;

  and

  - a forced vital capacity (FVC) of 45% or more of the predicted value;

  and

  - a carbon monoxide diffusing capacity of 30% to 79% of the predicted value corrected for hemoglobin;

  and

  - a ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) of 0.70 or more.

  Upon the initial request, the physician must provide evidence of the progression of the disease defined by at least one of the following events occurring in the last 24 months:

  - a decline in FVC, expressed as a percentage of the predicted value, of at least 10% in relative value;
  - a decline in FVC, expressed as a percentage of the predicted value, of 5% to less than 10% in relative value and a worsening of the pulmonary symptoms;
  - a decline in FVC, expressed as a percentage of the predicted value, of 5% to less than 10% in relative value and an increase in the extent of the fibrosis confirmed by CT scan;
  - a worsening of the pulmonary symptoms and an increase in the extent of the pulmonary fibrosis confirmed by CT scan.

  The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of deterioration of the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10% or more in absolute value, in the last 12 months.

  Where FVC, expressed in a percentage of the predicted value, declines by 10% or more in absolute value over a 12-month period, treatment must be stopped.

NIRAPARIB TOSYLATE:

- as monotherapy, for maintenance treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, in persons:

  - who have received at least two platinum-salt chemotherapy protocols;

  and

  - whose disease has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;

  and

  - who obtained an objective tumour response with their last platinum-salt chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

It must be noted that a maintenance treatment with niraparib is not authorized following failure with a PARP inhibitor if it has been administered for the treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

- as monotherapy, for maintenance treatment of an advanced form (FIGO III or IV) of high-grade epithelial ovarian cancer, fallopian tube cancer or primary peritoneal cancer, in persons:

  - who obtained an objective tumour response with first-line platinum-based chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is six months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  The authorization will not be renewed for persons exhibiting a complete response (absence of clinical and radiological signs of the disease, accompanied by a normal CA-125 level) following 36 months of treatment with niraparib.

NITRAZEPAM:

- to control seizure disorders.

Nevertheless, nitrazepam tablets remain covered under the basic prescription drug insurance plan until 31 May 2016 for insured persons having used this drug in the 90 days preceding 1 June 2015.

NUTRITIONAL FORMULA – CASEIN-BASED (INFANTS AND CHILDREN):

- for infants and children who are allergic to complete milk proteins.

  In such cases, the maximum duration of the initial authorization is up to the age of 12 months. The results of an allergen skin test or of re-exposure to milk must be provided in order for utilization to continue.

- for infants and children suffering from galactomsemia and requiring a lactose-free diet.

- for infants and children suffering from persistent diarrhea or other severe gastrointestinal problems. The results of re-exposure to milk must be provided in order for utilization to continue.

NUTRITIONAL FORMULA – FAT EMULSION (INFANTS AND CHILDREN):

- to increase the caloric content of the diet or of other nutritional formulas in the presence of cardiac or metabolic disorders in children under age 4, and for whom the polymerized glucose nutritional formulas are not sufficient or not tolerated.

NUTRITIONAL FORMULA – FOLLOW-UP PREPARATION FOR PREMATURE INFANTS:

- for infants whose birth weight is less than or equal to 1 800 g or who are born after 34 weeks of pregnancy or less.

  In this case, the maximum duration of the authorization will be until one year corrected age, in other words, until one year after the expected date of birth.

NUTRITIONAL FORMULA – FRACTIONATED COCONUT OIL:

- for persons unable to effectively digest or absorb long-chain fatty foods.

NUTRITIONAL FORMULA – KETOGENIC:

- for treatment of children under the age of 18 suffering from refractory epilepsy despite the trial over an adequate period of at least two appropriate and well tolerated anticonvulsive drugs, used either as monotherapy or combined.

  Upon the initial request, the physician must provide the number of seizures per week. This initial request is authorized for a maximum period of four months.

  When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

  - a decrease of more than 50 % in the frequency of seizures since the beginning of treatment;

  or

  - a decrease in the severity of seizures.

  Requests for continuation of treatment are authorized for a maximum period of 12 months.

NUTRITIONAL FORMULA – 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 – POLYMERIC WITH RESIDUE (INTOLERANCE OR ALLERGY):

- For persons with a major intolerance or allergy to milk or soy proteins present in the polymeric nutritional formulas with residue appearing on the *List of Medications* and who meet at least one of the following criteria:
  - for enteral feeding.
  - for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
  - for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
  - for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – POLYMERIZED GLUCOSE:

- to increase the caloric content of the diet or of other nutritional formulas.

NUTRITIONAL FORMULA – PROTEIN:

- to increase the protein content of other nutritional formulas.

NUTRITIONAL FORMULA – RENAL FAILURE (CHILD):

- for enteral or oral feeding of children suffering from renal failure.

NUTRITIONAL FORMULA – SEMI-ELEMENTAL:

- for enteral feeding.
- for oral feeding in persons requiring monometric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.

- for persons suffering from cystic fibrosis.

NUTRITIONAL FORMULA – SEMI ELEMENTAL, VERY HIGH PROTEIN:

- for enteral feeding of persons requiring semi-elemental nutritional formulas as their source of nutrition in the presence of malabsorbtion, and whose nutritional needs in proteins have significantly increased.

NUTRITIONAL FORMULA – SKIM MILK / COCONUT OIL:

- for persons unable to effectively digest or absorb long-chain fatty foods.

OBETICHOLIC ACID:

- for treatment of primary biliary cholangitis:

  - in association with ursodiol in adults who do not adequately respond to it after a treatment lasting a minimum of 12 months;

  or

  - as monotherapy in adults with an intolerance to ursodiol.

  Upon the initial request, the person must have one of the following:

  - an alkaline phosphatase level of at least 1.67 times the upper limit of normal;
  - a total bilirubin level exceeding the upper limit of normal, but under twice this limit.

  The initial request is authorized for a maximum of 12 months.

  When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically, a reduction in the alcaline phosphatase level or the total bilirubin level compared to the values before the beginning of the treatment with obeticholic acid.

  Requests for the continuation of treatment are authorized for a period of 12 months.

OCRELIZUMAB:

- for treatment of persons suffering from primary progressive multiple sclerosis whose EDSS score is from 3.0 to 6.5;

  Authorizations, for the initial request and for requests for continuation of treatment, are for a maximum duration of one year. Upon subsequent requests, the physician must provide evidence that the EDSS score remains under 7.

- for treatment of persons suffering from remitting multiple sclerosis 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.

OFATUMUMAB:

- for treatment of persons suffering from remitting multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

  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 evidence of a beneficial clinical effect defined by the absence of deterioration. The EDSS score must remain under 7.

OLAPARIB:

- for maintenance treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, with a BRCA1 or BRCA2 mutation, in persons:

  - who have received at least two platinum-salt chemotherapy protocols;

  and

  - whose disease has progressed more than six months after the end of the next-to-last platinum-salt chemotherapy;

  and

  - who obtained an objective tumour response with their last platinum-salt chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  It must be noted that a maintenance treatment with olaparib is not authorized following the failure of a PARP inhibitor if it was administered for the treatment of ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

- as monotherapy for maintenance treatment of an advanced form (FIGO III or IV) of high-grade epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, with a BRCA1 or BRCA2 mutation, in persons:

  - who obtained an objective tumour response with first-line platinum-based chemotherapy;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is six months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  The authorization will not be renewed for persons who exhibited a complete response (absence of clinical and radiological signs of the disease, accompanied by a normal CA-125 level) following 24 months of treatment with olaparib.

- as monotherapy, for treatment of metastatic castration-resistant prostate cancer, in persons:

  - with a germinal or somatic *BRCA* gene mutation;

  and

  - whose disease has progressed during or following a treatment with an androgen synthesis inhibitor or a second-generation androgen receptor inhibitor;

  and

  - whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

OLODATEROL HYDROCHLORIDE / TIOTROPIUM MONOHYDRATED BROMIDE:

- for maintenance treatment of persons suffering from chronic obstructive pulmonary disease (COPD) for whom using a long-acting bronchodilator for at least 3 months has not allowed an adequate control of the symptoms of the disease.

  The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.

  It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

OMALIZUMAB:

- for treatment of persons suffering from moderate to severe idiopathic chronic urticaria, whose Urticaria Activity Score 7 (UAS7) is equal to or greater than 16, despite the use of antihistamines at optimized doses.

  When requesting the continuation of treatment, the physician must provide proof of a complete response lasting less than 12 weeks or of a partial response. A complete response means the attainment of a UAS7 score less than or equal to 6, while a partial response corresponds to a reduction of at least 9.5 points on the UAS7 score compared to the initial score, without attaining a value less than or equal to 6.

  Where the patient has a complete response lasting 12 or more weeks, the treatment must be stopped. For a subsequent request, the physician will have to provide information showing a relapse. A relapse is defined as the attainment of a UAS7 score equal to or greater than 16 following a complete response.

  Authorizations are given for a maximum of 24 weeks at a maximum dose of 300 mg every four weeks.

ONABOTULINUMTOXIN A:

- for treatment of cervical dystonia, blepharospasm, strabismus and other severe spasticity conditions.

- for treatment of adults suffering from severe axillary hyperhidrosis causing significant effects on the functional and psychosocial levels, where an aluminum chloride preparation of at least 20 % used for one month or more according to the recommendations to maximize its effect and tolerance has proven ineffective.

  In the initial request for authorization, the physician must document the above-mentioned effects. Authorization will then be granted for four months for a dose of 100 units of this drug.

  Upon subsequent requests, the physician must show evidence of a beneficial effect in the form of a decrease in sudation and an observed improvement on the functional and psychosocial levels.

★ ONDANSETRON:

- during the first day of a moderately or highly emetic chemotherapy treatment.

- during a moderately or highly emetic radiotherapy treatment.

- in children during emetic chemotherapy or radiotherapy.

- during:

  - a chemotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated and who are not receiving aprepitant or fosaprepitant;

  or

  - a radiotherapy treatment undergone by persons for whom the conventional antiemetic therapy is ineffective, contraindicated or poorly tolerated.

OSIMERTINIB:

- for treatment of unresectable locally advanced or metastatic non-small-cell lung cancer with an EGFR T790M mutation, in persons:

  - whose disease has progressed during or following a treatment with an EGFR tyrosine kinase inhibitor; and
  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

- for first-line treatment of persons suffering from a locally advanced unresectable or metastatic non-small-cell lung cancer, having an activating mutation of the EGFR tyrosine kinase, and whose ECOG performance status is ≤ 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

OXCARBAZEPINE:

- for treatment of epilepsy.

- for persons for whom carbamazepine is not tolerated or is contraindicated, or for whom treatment with carbamazepine has failed.

OXYBUTYNINE, Patch:

- for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

OXYBUTYNINE CHLORIDE, L.A. Tab.:

- for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

OXYCODONE, L.A. Tab.:

- when two other opiates are not tolerated, contraindicated or ineffective.

Long-acting oxycodone is covered under the basic prescription drug insurance plan for insured persons having used that medication from 1 March 2012 to 15 July 2012.

OXYHYDROXYDE SUCRO FERRIC:

- as a phosphate binder in persons suffering from severe renal failure where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphatemia.

  It must be noted that taking this medication concomitantly with sevelamer or lanthanum hydrate is not authorized.

PALBOCICLIB:

- in association with a non-steroidal aromatase inhibitor, for first-line treatment of unresectable locally advanced or metastatic breast cancer, positive for hormone receptors and without HER-2 receptor overexpression, in menopausal women whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  It must be noted that palbociclib is not authorized in cases of resistance to a non-steroidal aromatase inhibitor administered in a neoadjuvant or adjuvant context for breast cancer. Resistance is defined by a progression occurring during or within 12 months after taking of an aromatase inhibitor.

- in association with fulvestrant, for treatment of advanced or metastatic breast cancer, positive for the hormone receptors but not over-expressing the HER2 receptor, in women with an ECOG performance status of 0 or 1:

  - whose disease has progressed during an adjuvant endocrine treatment or in the 12 months following its discontinuation;

  or

  - whose metastatic disease has progressed during an endocrine treatment.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression.

  It must be noted that palbociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

PARAFFIN / MINERAL OIL:

- for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

PATISIRAN:

- for treatment of polyneuropathy in adults suffering from hereditary transthyretin-mediated amyloidosis (hATTR).

  Upon initiation of treatment, the person:

  - must have received genetic confirmation of hATTR;

  and

  - must have a Neuropathy Impairment Score (NIS) of 5 to 130 points;

  and

  - must have an ambulatory condition corresponding to stage 1 or 2 on the Functional Ambulation Performance (FAP) scale or to stage 1, 2, 3a or 3b on the polyneuropathy disability (PND) scale ;

  and

  - must not have cardiomyopathy that corresponds to class III or IV of the New York Heart Association (NYHA) Functional Classification.

  Authorizations are given for a maximum dose of 0.3 mg/kg of patisiran once every 3 weeks, up to a maximum dose of 30 mg.

  The maximum duration of each authorization is 6 months.

When requesting continuation of treatment, the physician must confirm that the patient has not reached stage 3 on the FAP scale or stage 4 on the PND scale. Renewal will not be authorized in presence of a stage 3 FAP or stage 4 PND disease.

It must be noted that patisiran is not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

PAZOPANIB HYDROCHLORIDE:

♦ for first-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

★ PEGFILGRASTIM:

♦ for treatment of persons undergoing cycles of moderately or highly myelosuppresive chemotherapy (≥ 40 percent risk of febrile neutropenia).

♦ for treatment of persons at risk of developing severe neutropenia during chemotherapy.

♦ in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below 0.5 X 10^9/l) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.

♦ in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 X 10^9/l) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.

PEGINTERFERON ALFA-2A:

♦ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is contraindicated:

- in the presence of hereditary hemolytic anemia (thalassemia and others);

or

- in the presence of severe renal failure (creatinine clearance less than or equal to 35 mL/min).

The initial request is authorized for a maximum of 20 weeks. The authorization will be renewed if the decrease in the HCV-RNA is greater than or equal to 1.8 log after 12 weeks of treatment. The authorization will then be given for a maximum of 12 weeks. The request will be renewed if the HCV-RNA is negative after 24 weeks of treatment. The total duration of treatment will be 48 weeks.

♦ for treatment of persons suffering from chronic hepatitis C for whom ribavirin is not tolerated:

- in persons who have developed severe anemia while taking ribavirin, despite a decrease in the dosage to 600 mg per day (Hb < 80 g/L or < 100 g/L if co-morbidity of the atherosclerotic heart disease type);

or

- in persons who have developed a severe intolerance to ribavirin: appearance of an allergy, of an incapacitating skin rash or of incapacitating dyspnea with effort.

The initial request is authorized for a maximum of 20 weeks. The authorization will be renewed if the decrease in the HCV-RNA is greater than or equal to 1.8 log after 12 weeks of treatment. The authorization will then be given for a maximum of 12 weeks. The request will be renewed if the HCV-RNA is negative after 24 weeks of treatment. The total duration of treatment will be 48 weeks.

- for treatment of HBeAg-negative chronic hepatitis B. The request is authorized for a maximum of 48 weeks.

PENTOXIFYLLINE:

- for treatment of persons suffering from serious and chronic peripheral vascular ailments, specifically:

  - in the case of venous insufficiency with cutaneous ulcer (or antecedents);
  - in the case of arterial insufficiency with cutaneous ulcer (or antecedents), gangrene, antecedents of amputation or pain at rest.

PERAMPANEL:

- for adjunctive treatment of persons suffering from refractory partial epilepsy, that is, following the failure of two appropriate and tolerated antiepileptic drugs (used either as monotherapy or in combination).

- as adjunctive treatment of persons suffering from refractory primary generalized tonic-clonic epilepsy seisures, i.e. following a failure with two appropriate and tolerated antiepileptic drugs (used as monotherapy or combined).

PIMECROLIMUS:

- for treatment of atopical dermatitis in children, where a topical corticosteroid treatment has failed.

PIOGLITAZONE HYDROCHLORIDE:

- for treatment of type-2 diabetic persons:

  - in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
  - in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective;
  - where metformin and a sulfonylurea cannot be used because of a contraindication or an intolerance to those drugs;
  - in association with metformin and a sulfonylurea where going to insulin therapy is indicated but the person is not in a position to receive it;
  - who are suffering from renal failure.

However, pioglitazone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

PIRFENIDONE:

- for treatment of idiopathic pulmonary fibrosis, in persons:

  - whose forced vital capacity (FVC) is 50 % or more of the predicted value;

  and

  - whose carbon monoxide diffusing capacity is 30 % to 79 % of the predicted value corrected for hemoglobin;

  and

  - whose ratio of forced expiratory volume in one second (FEV1) to the FVC (FEV1/FVC) is 0.70 or more.

The initial authorization and requests for continuation of treatment will be authorized for a maximum duration of 12 months.

Upon subsequent requests, the physician must provide proof of a beneficial clinical effect defined by the absence of deterioration in the patient's condition. Deterioration is understood as a decline in FVC, expressed in a percentage of the predicted value, of 10 % or more in absolute value, in the last 12 months.

Where FVC, expressed in a percentage of the predicted value, declines by 10 % or more in absolute value over a 12-month period, treatment must cease.

It must be noted that pirfenidone will not be authorized in association with nintedanib.

POLYETHYLENE GLYCOL:

♦ for treatment of constipation related to a medical condition.

POLYETHYLENE GLYCOL / SODIUM (sulfate) / SODIUM (bicarbonate) / SODIUM (chloride) / POTASSIUM (chloride):

♦ for treatment of constipation related to a medical condition.

POLYVINYL ALCOHOL:

♦ for treatment of keratoconjunctivitis sicca or other severe conditions accompanied by markedly reduced tear production.

POMALIDOMIDE:

♦ in association with dexamethasone, for third-line treatment or beyond of multiple myeloma in persons:

- whose disease was refractory to the last line of treatment received;

and

- whose disease has progressed during or following a treatment with bortezomib and with lenalidomide, unless there is a serious intolerance or a contraindication;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

Authorization is granted for a maximum daily dose of 4 mg.

It must be noted that pomalidomide will not be authorized in association with bortezomib.

★ POSACONAZOLE:

♦ for prevention of invasive fungal infections in persons having developed neutropenia following chemotherapy to treat acute myeloid leucemia or myelodysplastic syndrome.

♦ for treatment of invasive aspergillosis in persons for whom first-line treatment has failed or is contraindicated, or who are intolerant to such a treatment.

★ PRASUGREL:

♦ where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid, in persons for whom percutaneous coronary angioplasty has been performed.

The duration of the authorization will be 12 months.

PROGESTERONE, Vag. Gel (App.) and Vag. Tab. (eff.):

- for women, as part of an assisted procreation activity.

PROPRANOLOL HYDROCHLORIDE, Oral Sol.:

- for treatment of proliferating infantile hemangiomas requiring systematic treatment, that is, those entailing a life-threatening or functional risk, those which are ulcerated and painful or not responding to simple wound care and those associated with a risk of permanent scarring or disfigurement.

PSYLLIUM MUCILLOID:

- for treatment of constipation related to a medical condition.

- for treatment of chronic diarrhea.

QUANTITATIVE GLUCOSE BLOOD TEST (ORACLE):

- for glycemia measurement in diabetic persons with a visual impairment, that is, who are permanently incapable of reading, writing, or moving about in a unfamiliar environment or carrying out their everyday activities or their social roles.

However, the Oracle reactive quantitative blood glucose test strips remain covered for insured persons having used them in the three months preceding 3 February 2021.

QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST:

- to measure the international normalized ratio (INR) in persons who require long-term oral anticoagulation with a vitamin K antagonist and who perform this monitoring using a coagulometer that they own, according to one of the following options:

  - self-testing: the patient measures the INR and communicates the result to a healthcare professional who adjusts, or not, the dosage of the vitamin K antagonist;
  - self-management: the patient measures the INR, interprets the result and, if needed, adjusts the dosage of the vitamin K antagonist himself/herself according to an algorithm.

RANIBIZUMAB:

- for treatment of age-related macular degeneration in the presence of choroidal neovascularization. The eye to be treated must meet the following four criteria:

  - optimal visual acuity after correction between 6/12 and 6/96;
  - linear dimension of the lesion less than or equal to 12 disc areas;
  - absence of significant permanent structural damage to the centre of the macula. The structural damage is defined by fibrosis, atrophy or a chronic disciform scar such that, according to the treating physician, it precludes a functional benefit;
  - progression of the disease in the last three months, confirmed by retinal angiography, optical coherence tomography or recent changes in visual acuity.

  The initial request is authorized for a maximum of four months. Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. Authorizations will then be given for a maximum of 12 months.

  Authorizations are given for one dose per month,per eye. Ranibizumab will not be authorized concomitantly with aflibercept or verteporfin for treatment of the same eye.

However, ranibizumab remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the 12 months before 1 February 2010 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

- for treatment of visual deficiency caused by diabetic macular edema. The eye to be treated must meet the following two criteria:

  - optimal visual acuity after correction between 6/9 and 6/96;
  - thickness of the central retina ≥ 250 µm.

  The initial request is authorized for a maximum of four months.

  Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for a maximum period of 12 months.

  Authorizations are given for a maximum of one dose per month, per eye.

  It must be noted that ranibizumab will not be authorized concomitantly with aflibercept to treat the same eye.

- for treatment of visual deficiency due to macular edema secondary to central retinal vein occlusion. The eye to be treated must meet the following three criteria:

  - optimal visual acuity after correction between 6/12 and 6/96;
  - thickness of the central retina ≥ 250 µm;
  - absence of afferent pupillary defect.

  The initial request is authorized for a maximum of four months.

  Upon subsequent requests, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or an improvement of the visual acuity measured on the Snellen scale and a stabilization or an improvement of the macular edema assessed by optical coherence tomography. Requests for renewal will be authorized for a maximum period of 12 months. Authorizations are given for a maximum of one dose per month, per eye.

  It must be noted that ranibizumab will not be authorized concomitantly with aflibercept to treat the same eye.

- for treatment of visual deficiency due to choroidal neovascularization secondary to pathologic myopia.

  The eye to be treated must meet the following three criteria:

  - myopia of at least -6 diopters;
  - optimal visual acuity after correction between 6/9 and 6/96;
  - presence of intraretinal or subretinal fluid or presence of active leakage secondary to choroidal neovascularization, observed by retinal angiography or by optical coherence tomography.

  The initial request is authorized for a maximum duration of four months.

  When requesting continuation of treatment, the physician must provide information making it possible to establish a beneficial clinical effect, consisting in a stabilization or improvement of the medical condition shown by retinal angiography or by optical coherence tomography. The request for continuation of treatment will be authorized for a maximum of eight months.

  Authorizations are given for a maximum of one dose per month, per eye. The maximum total duration of treatment will be 12 months.

It must be noted that ranibizumab will not be authorized concomitantly with verteporfin for treatment of the same eye.

RASAGILINE MESYLATE:

♦ for persons suffering from Parkinson's disease with motor fluctuations, despite levodopa therapy.

REGORAFENIB monohydrate:

♦ as monotherapy, for treatment of an inoperable, reccurent or metastatic gastrointestinal stromal tumour in persons:

- whose disease has progressed despite the administration of a treatment with imatinib and sunitinib, unless there is a serious intolerance or a contraindication;
- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

♦ as monotherapy, for treatment of hepatocellular carcinoma refractory to sorafenib in persons:

- who tolerated an earlier treatment with sorafenib, tolerance defined as the administration of a dose greater than or equal to 400 mg per day for at least 20 of the last 28 days prior to stopping treatment with sorafenib;

and

- whose liver function is preserved, corresponding to Child-Pugh A;

and

- whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is 4 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

RIBAVIRIN:

♦ for treatment of persons suffering from chronic hepatitis C genotype 2 or 3 receiving a sofosbuvir-based treatment, according to the recognized payment indication. Authorization will be granted for a maximum period of 12 weeks for genotype 2 and 24 weeks for genotype 3.

♦ for treatment of persons suffering from chronic hepatitis C genotype 1 receiving the ledipasvir / sofosbuvir combination, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.

♦ for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis and receiving the association of sofosbuvir / velpatasvir, according to the recognized payment indication. Authorization is granted for a maximum period of 12 weeks.

♦ for treatment of persons suffering from chronic hepatitis C of genotype 1 or 4 who are receiving the association of elbasvir/grazoprevir, according to the recognized payment indication. Authorization is granted for a maximum period of 16 weeks.

RIBOCICLIB SUCCINATE:

♦ in association with a non-steroidal aromatase inhibitor, as an initial endocrine therapy for unresectable locally advanced or metastatic breast cancer, positive for hormone receptors and without HER-2 receptor overexpression, in women whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

Women in premenopause or perimenopause must receive a luteinizing hormone-releasing hormone (LHRH) agonist.

It must be noted that ribociclib is not authorized in cases of resistance to a non-steroidal aromatase inhibitor administered in a neoadjuvant or adjuvant context for breast cancer. Resistance is defined by a progression occurring during or within 12 months after taking of an aromatase inhibitor.

♦ in association with fulvestrant, for treatment of unresectable locally advanced or metastatic breast cancer, positive for the hormone receptors and without HER-2 receptor overexpression, in menopausal women whose ECOG performance status is 0 or 1, and:

- whose cancer has been newly diagnosed;

or

- whose cancer has progressed during or after treatment with endocrine therapy.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

It must be noted that ribociclib is not authorized following the failure of a CDK 4/6 inhibitor if it was administered for the treatment of breast cancer.

★ RIFAXIMIN:

♦ for the prevention of recurrences of hepatic encephalopathy in cirrhotic persons for whom lactulose taken optimally did not adequately prevent the occurrence of overt episodes.

Unless there is serious intolerance or a contraindication, lactulose must be administered concomitantly.

RILUZOLE:

♦ for treatment of amiotrophic lateral sclerosis in patients who have had symptoms of the disease for less than 5 years, whose vital capacity is more than 60 % of the predicted value and who have not undergone a tracheotomy.

Upon the initial request (new case), the physician must indicate the date on which symptoms of the disease began and the patient's vital capacity measurement, and must confirm that the patient has not undergone a tracheotomy. The maximum duration of the initial authorization is six months.

Upon subsequent requests, and for patients already being treated, the physician must confirm that the patient has not undergone a tracheotomy. The maximum duration of authorization is six months. No renewal will be authorized in the presence of a tracheotomy.

RIOCIGUAT:

♦ as monotherapy, for treatment of chronic thromboembolic pulmonary hypertension of WHO functional class II or III that is either inoperable or persistent, or recurrent after a surgical treatment.

Persons must be evaluated and followed up on by physicians working at currently designated centres specializing in the treatment of pulmonary arterial hypertension.

RISANKIZUMAB:

♦ for treatment of persons suffering from a severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;

and

- in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and

- where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
  - methotrexate at a dose of 15 mg or more per week;

  or
  - cyclosporine at a dose of 3 mg/kg or more per day;

  or
  - acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75 % in the PASI score compared to the base value;

or

- an improvement of at least 50 % in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for risankizumab are given for 150 mg (i.e. two 75 mg injections) on weeks 0 and 4, then every 12 weeks thereafter.

RISDIPLAM:

♦ for treatment of 5q spinal muscular atrophy confirmed by a genetic test showing a biallelic mutation or deletion of the *SMN1* gene.

Upon initiation of treatment, the person must:

- be aged 2 months and older;

and

- show two, three or four copies of the *SMN2* gene;

and

- show symptoms of the disease;

and

- do not depend on permanent ventilation. Permanent ventilation is defined by the use of respiratory assistance (invasive or non-invasive) for 16 hours or more per day, during more than 21 consecutive days, except where it is related to a reversible acute episode;

and

- have discontinued treatment with nusinersen, if applicable;

and

- not have been treated with onasemnogene abeparvovec.

Authorizations are given for a maximum dose of 5 mg per day. The maximum duration of each authorization is 12 months.

Persons treated with risdiplam cannot be treated with nusinersen afterwards.

When requesting continuation of treatment, the physician must provide information making it possible to establish the absence of significant deterioration of the motor functions, namely:

- the absence of permanent ventilation;

and

- the absence of exclusive nasogastric or gastrostomy feeding;

and

- a stabilization or improvement of the medical condition.

RITUXIMAB:

♦ for treatment of moderate or severe rheumatoid arthritis, in association with methotrexate, or with leflunomide in the case of intolerance or contraindication to methotrexate.

Upon the initial request:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment of sufficient duration with a tumour necrosis factor alpha inhibitor (anti-TNFα) included on the lists of medications as first-line biological treatment of rheumatoid arthritis, or with a biological agent having a different mechanism of action, included for the same purposes, when there is a serious intolerance or contraindication to anti-TNFα.

The initial authorization is given for a maximum period of six months.

When requesting continuation of treatment, the physician must provide information making it possible to establish a treatment response observed during the first six months after the last perfusion. A treatment response is defined by:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Administering a subsequent treatment is possible if the disease is still not in remission or if, following attainment of a remission, the disease is reactivated.

Requests for continuation of treatment are authorized for a minimum period of 12 months and a maximum of 2 treatments.

A treatment comprises 2 perfusions of rituximab of 1 000 mg each.

RITUXIMAB (granulomatosis with polyangiitis or microscopic polyangiitis):

♦ for treatment of adults with severe form of granulomatosis with polyangiitis or microscopic polyangiitis, which could lead to organ failure or be life-threatening.

RIVAROXABAN, 2,5 mg:

♦ for secondary prevention of cardiovascular events, in combination with low dose acetylsalicylic acid, in patients with coronary artery disease and peripheral artery disease.

★ RIVAROXABAN, 10 mg:

♦ for prevention of venous thromboembolism following a knee arthroplasty.

The maximum duration of the authorization is 14 days.

♦ for prevention of venous thromboembolism following a hip arthroplasty.

The maximum duration of the authorization is 35 days.

★ RIVAROXABAN, 15 mg and 20 mg:

♦ for the treatment of persons suffering from venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Authorizations are granted for a 15 mg dose twice a day during the first three weeks of treatment, followed by a daily dose of 20 mg.

The maximum duration of the authorization for the treatment of deep vein thrombosis is 6 months.

♦ for the prevention of stroke and systemic embolic event in persons with non-valvular atrial fibrillation requiring anticoagulant therapy.

RIVASTIGMINE:

♦ as monotherapy for persons suffering from Alzheimer's disease at the mild or moderate stage.

Upon the initial request, the following elements must be present:

- an MMSE score of 10 to 26, or as high as 27 or 28 if there is proper justification;
- medical confirmation of the degree to which the person is affected (intact domain, mildly, moderately or severely affected) in the following five domains:
  - intellectual function, including memory;
  - mood;
  - behaviour;
  - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
  - social interaction, including the ability to carry on a conversation.

The duration of an initial authorization for treatment with rivastigmine is six months from the beginning of treatment.

However, where the cholinesterase inhibitor is used following treatment with memantine, the concomitant use of both medications is authorized for one month.

Upon subsequent requests, the physician must provide evidence of a beneficial effect confirmed by each of the following elements:

- an MMSE score of 10 or more, unless there is proper justification;
- a maximum decrease of 3 points in the MMSE score per six-month period compared with the previous evaluation, or a greater decrease accompanied by proper justification;

- stabilization or improvement of symptoms in one or more of the following domains:
  - intellectual function, including memory;
  - mood;
  - behaviour;
  - autonomy in activities of daily living (ADL) and in instrumental activities of daily living (IADL);
  - social interaction, including the ability to carry on a conversation.

The maximum duration of authorization is 12 months.

ROSIGLITAZONE MALEATE:

♦ for treatment of type-2 diabetic persons:

- in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;
- in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective;
- where metformin and a sulfonylurea cannot be used because of a contraindication or an intolerance to those drugs;
- in association with metformin and a sulfonylurea where going to insulin therapy is indicated but the person is not in a position to receive it;
- who are suffering from renal failure.

However, rosiglitazone remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

For information purposes, the association of pioglitazone and insulin and the association of rosiglitazone and insulin increase the risk of congestive heart failure.

ROSIGLITAZONE MALEATE / METFORMIN HYDROCHLORIDE:

♦ for treatment of type-2 diabetic persons under treatment with metformin and a thiazolidinedione and whose daily doses have been stable for at least three months.

These persons must also fulfill the requirements of the recognized payment indication for thiazolidinediones.

However, the rosiglitazone / metformin association remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 1 October 2009 and if its cost was already covered under that plan as part of the indications provided in the appendix hereto.

ROTIGOTINE:

♦ in association with levodopa, for treatment of patients suffering from advanced-stage Parkinson's disease.

♦ for treatment of moderate to severe signs and symptoms associated with idiopathic restless legs syndrome, when another dopamine agonist is ineffective or when the oral route cannot be used.

RUFINAMIDE:

♦ for persons suffering from Lennox-Gastaut syndrome where at least three antiepileptics are contraindicated, not tolerated or ineffective.

The initial request is authorized for a maximum of three months.

Upon subsequent requests, the physician must provide information making it possible to establish a treatment response, i.e. a decrease in the number or intensity of convulsive seizures or quicker recovery after a postictal phase. Authorizations for subsequent requests will be granted for a period of 12 months.

RUXOLITINIB PHOSPHATE:

♦ for treatment of splenomegaly associated with primary myelofibrosis, myelofibrosis secondary to polycythemia vera or essential thrombocythemia in persons with:

- a palpable spleen at 5 cm or more under the left costal margin, accompanied by basic imaging;

and

- an intermediate-2 or high-risk disease according to the IPSS (International Prognostic Scoring System);

and

- an ECOG performance status ≤ 3.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by significant reduction of the splenomegaly, confirmed by imaging or by a physical examination, and by improvement of the symptomatology in patients who were initially symptomatic.

It must be noted that ruxolitinib is not authorized following the failure of janus kinase inhibitor used for treatment of splenomegaly associated with myelofibrosis.

♦ to control the hematocrit in persons suffering from polycythemia vera:

- whose disease is resistant to hydroxyurea;
  and
- whose ECOG performance status is ≤ 2.

Resistance to hydroxyurea is defined, following a treatment lasting at least three months at a minimum dose of 2 g daily or lasting at least three months at the highest effective dose that does not result in grade 3 or more hematologic, dermatologic or digestive toxicity, by:

- resorting to more than one phlebotomy over a three-month period to maintain hematocrit below 45 %;
  or
- a white blood cell count exceeding 10 x 109/l and a platelet count exceeding 400 x 109/l;
  or
- the presence of persistent symptoms associated with splenomegaly.

The first authorization is for a maximum duration of four months.

For the second authorization, the physician must provide evidence of a beneficial clinical effect through reduced use of phlebotomy to maintain the hematocrit below 45 %, an improvement of thrombocytosis and leukocytosis or an improvement of symptoms associated with splenomegaly. The second authorization is for a maximum duration of six months.

Upon subsequent requests, the physician must provide evidence of a maintained beneficial clinical effect on the frequency of phlebotomy procedures, white blood cells and platelets counts or symptoms associated with splenomegaly. Subsequent authorizations are for a maximum duration of six months.

SACUBITRIL / VALSARTAN:

♦ for persons suffering from New York Heart Association (NYHA) class II or III heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 40 %);

- in association with a beta blocker unless there is a contraindication or an intolerance;
  and
- as a replacement for a treatment that has been underway for at least four weeks with an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARA).

SALBUTAMOL SULFATE, Pd for Inh.:

- for treatment of persons having difficulty using an inhalation device other than the Diskus™ device or who are already receiving another drug through this device.

SALMETEROL XINAFOATE / FLUTICASONE PROPIONATE:

- for treatment of asthma and other reversible obstructive diseases of the respiratory tract in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

The associations of formoterol fumarate dihydrate / budesonide and salmeterol xinafoate / fluticasone propionate remain covered for persons insured with RAMQ who obtained a reimbursement in the 365 days preceding 1 October 2003.

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:

  - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is understood as a sustained and repeated aggravation of the symptoms requiring intensified pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or a hospitalization;

  or

  - who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

  or

  - whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12 % and 200 ml.

  The initial authorization is for a maximum duration of 12 months.

  For a subsequent request, for persons having obtained the treatment due to exacerbations, the authorization may be granted if the physician considers that the expected benefits outweigh the risks incurred. For persons having obtained the treatment due to an asthmatic component, the physician will have to provide proof of an improvement of the disease symptoms.

  It must be noted that this association (long-acting ß2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting ß2 agonist alone or with an association of a long-acting ß2 agonist and a long-acting antimuscarinic.

Nevertheless, the association of salmeterol xinafoate / fluticasone propionate remains covered under the basic prescription drug insurance plan for insured persons having used this drug in the 12 months preceding 24 March 2016.

SAPROPTERIN DIHYDROCHLORIDE:

♦ for women suffering from phenylketonuria who wish to procreate, a two-month trial period is authorized to determine those responding to sapropterine.

Thereafter, the physician will have to provide the following proof:

- a response to sapropterine defined by an average decrease of serum phenylalanine concentration of at least 30 %;

and

- a serum phenylalanine concentration greater than 360 µmol/l despite a low phenylalanine diet.

Authorization will be granted for the period during which the women actively attempt to procreate, up to the end of their pregnancy.

SARILUMAB:

♦ for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than 5 months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a period of 12 months.

Authorizations for sarilumab are given for a maximum dose of 200 mg every 2 weeks.

SAXAGLIPTIN:

♦ for treatment of type-2 diabetic persons:

- in association with metformin where a sulfonylurea is contraindicated, not tolerated or ineffective;

or
- in association with a sulfonylurea where metformin is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

SAXAGLIPTIN / METFORMIN HYDROCHLORIDE:

♦ for treatment of type-2 diabetic persons:

- where a sulfonylurea is contraindicated, not tolerated or ineffective;

and
- where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

SEBELIPASE ALFA:

♦ for treatment of persons suffering from the infantile form of lysosomal acid lipase deficiency (LAL-D), also known as Wolman disease.

Upon initiation of treatment, the person must:
- have shown clinical manifestations of LAL-D before the age of six months, including failure to thrive since birth;

and
- have received confirmation of LAL-D by enzymatic assay;

or
- have received genetic confirmation of a suppression or mutation of the gene associated with LAL-D.

The maximum duration of each authorization is 12 months.

Authorizations are given for a maximum dose of 5 mg/kg of sebelipase alfa once a week.

SECUKINUMAB:

♦ for persons suffering from a severe form of chronic plaque psoriasis:

- in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;

and
- in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

and
- where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;

and
- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a contraindication, these two agents must be:
  - methotrexate at a dose of 15 mg or more per week;

  or
  - cyclosporine at a dose of 3 mg/kg or more per day;

  or
  - acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75 % in the PASI score compared to the base value;

or

- an improvement of at least 50 % in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

Requests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for secukinumab are given for 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

♦ for treatment of moderate or severe psoriatic arthritis of rheumatoid type:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following four elements must be present:
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

  and
- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

  or
  - sulfasalazine at a dose of 2 000 mg per day.

The initial request is authorized for a maximum period of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for secukinumab are given for a maximum of 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

♦ for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid:

- prior to the beginning of treatment, the person must have at least three joints with active synovitis and a score of more than 1 on the Health Assessment Questionnaire (HAQ);

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is a serious intolerance or a contraindication, one of the two drugs must be:
  - methotrexate at a dose of 20 mg or more per week;

or
- sulfasalazine at a dose of 2 000 mg per day.

The initial request is authorized for a maximum period of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for secukinumab are given for a maximum of 300 mg on weeks 0, 1, 2, 3 and 4, then every month.

SELEXIPAG:

♦ for treatment of pulmonary arterial hypertension of WHO functional class III, whether idiopathic or associated with connectivitis, that is symptomatic despite optimal conventional treatment.

Persons must be evaluated and followed up on by physicians working at designated centres specializing in the treatment of pulmonary arterial hypertension.

SEMAGLUTIDE:

♦ for treatment of type-2 diabetic persons, in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective.

Authorization is given for a weekly maximum dose of 1 mg.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin (HbA1c) adapted to the patient.

SENNOSIDES A & B:

♦ for treatment of constipation related to a medical condition.

SEVELAMER carbonate:

♦ as a phosphate binder in persons suffering from severe renal failure where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphatemia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate or sucroferric oxyhydroxide.

SEVELAMER HYDROCHLORIDE:

♦ as a phosphate binder in persons suffering from severe renal failure where a calcium salt is contraindicated, is not tolerated, or does not make it possible to optimally control the hyperphosphatemia.

It must be noted that sevelamer will not be authorized concomitantly with lanthanum hydrate or sucroferric oxyhydroxide.

SILDENAFIL CITRATE:

♦ for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis and that is symptomatic despite the optimal conventional treatment.

The person must be evaluated and followed up on by physicians working at designated centres specializing in the treatment of pulmonary arterial hypertension.

Authorizations will be given for 20 mg three times per day.

SIPONIMOD (fumaric acid):

♦ for treatment of persons suffering from secondary progressive multiple sclerosis.

At the beginning of treatment, the person must:

- have an active disease characterized by at least one of the following:
  - a clinical episode in the last two years;
  - a new T2 lesion in the past year;
  - an increase in the volume of a T2 lesion in the last year;
  - a gadolinium-enhanced lesion on magnetic resonance imaging (MRI) in the past year.

  and
- have an EDSS score under 7.

Authorizations are given for a maximum dose of 2 mg per day.

The duration of each authorization is 12 months.

When requesting continuation of treatment, the physician must confirm that the EDSS score remain under 7.

SITAGLIPTIN:

♦ for treatment of type-2 diabetic persons:

- as monotherapy where metformin and a sulfonylurea are contraindicated or not tolerated;

or
- in association with metformin, where a sulfonylurea is contraindicated, not tolerated or ineffective.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

SITAGLIPTIN / METFORMIN HYDROCHLORIDE:

♦ for treatment of type-2 diabetic persons:

- where a sulfonylurea is contraindicated, not tolerated or ineffective;

and
- where the optimal maximum dose of metformin has been stable for at least one month.

Ineffectiveness means the non-attainment of the value of glycated hemoglobin ($HbA1_c$) adapted to the patient.

SODIUM PHOSPHATE MONOBASIC / SODIUM PHOSPHATE DIBASIC:

♦ for treatment of constipation related to a medical condition.

SOFOSBUVIR:

♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 2:

- who have never received an anti-HCV treatment;
  or
- who have a contraindication or a serious intolerance to pegylated interferon alfa;

or
- who have experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 12 weeks.

♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C genotype 3:

- who have a contraindication or a serious intolerance to pegylated interferon alfa;
  or
- who have already experienced therapeutic failure with an association of ribavirin / pegylated interferon alfa.

Authorization is granted for a maximum period of 24 weeks.

SOFOSBUVIR / VELPATASVIR:

♦ in association with ribavirin, for treatment of persons suffering from chronic hepatitis C with decompensated cirrhosis.

Authorization is granted for a maximum period of 12 weeks.

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C without decompensated cirrhosis

Authorization is granted for a maximum period of 12 weeks.

SOFOSBUVIR / VELPATASVIR / VOXILAPREVIR:

♦ as monotherapy, for treatment of persons suffering from chronic hepatitis C, without decompensated cirrhosis, infected by:

- genotype 1, 2, 3, 4, 5 or 6 and having experienced a therapeutic failure with a treatment containing a NS5A inhibitor;
  or
- genotype 1, 2, 3 or 4 and having experienced a therapeutic failure with a sofosbuvir-based treatment, but without a NS5A inhibitor.

Authorization is granted for a maximum period of 12 weeks.

SOMATOTROPIN:

♦ for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:

- unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

  The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

- excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
- excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys;
- excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).

- for treatment of growth hormone deficiency in persons whose bone growth has terminated and who meet the following criteria:

  - somatotropin serum or plasma level between 0 and 3 μg/mL in a pharmacological stimulation test.

    In persons who have a multiple hypophyseal hormone deficiency, and to confirm a deficiency acquired during childhood or adolescence, only one pharmacological stimulation test is necessary. In the case of an isolated growth hormone deficiency, a second test is required.

    The insulin hypoglycemia test is recommended. If this test is contraindicated, the glucagon test may be substituted for it.

  - in the case of adult onset, the deficiency must be secondary to a hypophyseal or hypothalamic disease, surgery, radiotherapy or trauma.

- for treatment of Turner's syndrome:

  - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or may be a mosaic;
  - excluded are girls whose bone age has reached 14 years;
  - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).

SOMATOTROPIN – Delayed growth and Turner's syndrome:

- for treatment of children and adolescents suffering from delayed growth due to insufficient secretion of endogenous growth hormone, where they meet the following criteria:

  - unterminated growth, a growth rate for their bone age below the 25th percentile (calculated over at least a 12-month period), and a somatotropin serum or plasma level below 8 μg/L in two pharmacological stimulation tests or between 8 and 10 μg/L if the tests are repeated twice at a 6-month interval.

    The 12-month observation period does not apply to children suffering from hypoglycemia secondary to growth hormone deficiency.

  - excluded are children and adolescents suffering from achondroplasia or delayed growth of a genetic or familial type;
  - excluded are children and adolescents whose bone age has reached 15 years for girls and 16 years for boys;
  - excluded are children and adolescents whose growth rate during treatment falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).

- for treatment of Turner's syndrome:

  - the syndrome must have been demonstrated by a karyotype compatible with this diagnosis (complete absence or structural anomaly of one of the X chromosomes). This karyotype may be homogeneous or may be a mosaic;
  - excluded are girls whose bone age has reached 14 years;
  - excluded are girls whose growth rate, during treatment, falls below 2 cm per year when evaluated on two consecutive visits (at a 3-month interval).

SOMATOTROPIN – Delayed growth due to renal insufficiency:

- for treatment of children and adolescents suffering from delayed growth related to chronic renal insufficiency until they undergo a kidney transplant, where they meet the following criteria:

- unterminated growth, a glomerular filtration rate ≤ 1.25 mL/s./1.73m² (75 mL/min./ 1.73m²), and a Z score (HSDS) ≤ a standard deviation of -2 (Z score = height compared to the average of normal values for their age and sex) or a Δ Z score (HSDS) < a standard deviation of 0 where their height is below the 10th percentile (based on observation periods of at least six months for children over the age of one and at least three months for children under the age of one);
- excluded are children and adolescents in whom, during treatment, no response (no increase in Δ of Z score (HSDS) in the first 12 months of treatment) is observed;
- excluded are children and adolescents in whom, during treatment, an ossification of the conjugative cartilages is observed or who have reached their final expected height;
- excluded are children and adolescents whose growth rate, evaluated on two consecutive visits (at a 3-month interval), falls below 2 cm per year during treatment.

SORAFENIB TOSYLATE:

♦ for treatment of advanced-stage hepatocellular carcinoma in persons:

- whose disease has progressed following a surgery or locoregional therapy, unless they do not qualify;

and

- whose liver function is preserved, corresponding to Child-Pugh A;

and

- whose ECOG performance status is ≤ 2.

The maximum duration of each authorization is 4 months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

It must be noted that sorafenib is not authorized following a failure of lenvatinib if it was administered to treat hepatocellular carcinoma.

STIRIPENTOL:

♦ for treatment of persons suffering from Dravet syndrome, in association with clobazam and valproate, if these latter drugs have not allowed for adequate control of the symptoms of the disease.

Before it can be concluded that these treatments are ineffective, the drugs must have been titrated optimally, unless there is a proper justification.

At the beginning of treatment and for each subsequent request, the treating physician must provide the monthly number of generalized seizures.

The initial authorization is for a maximum duration of four months.

The authorization will be renewed if it has been demonstrated that the treatment allowed for a reduction of approximately 50 % in the monthly frequency of generalized seizures.

Subsequent authorizations will be for maximum periods of 12 months.

SUNITINIB MALATE:

♦ for treatment of an inoperable, recurrent or metastatic gastrointestinal stromal tumour, in persons whose ECOG performance status is ≤ 2 and:

- who have not responded to an imatinib treatment (primary resistance);

or

- whose cancer has evolved after initially responding to imatinib (secondary resistance);

or

- who have a serious intolerance to imatinib.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

- for first-line treatment of a metastatic renal adenocarcinoma characterized by the presence of clear cells, in persons whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is three cycles (18 weeks).

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging.

- for treatment of unresectable and evolutive, well-differentiated pancreatic neuroendocrine tumours at an advanced or metastatic stage in persons whose ECOG performance status is 0 or 1.

  The initial authorization is for a maximum duration of four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging. Subsequent authorizations will be for maximum durations of six months.

  It must be noted that sunitinib will not be authorized in association with everolimus, nor will it be following failure with everolimus if it was administered to treat pancreatic neuroendocrine tumours.

TACROLIMUS, Top. Oint.:

- for treatment of atopic dermatitis in children, following failure of a treatment with a topical corticosteroid.

- for treatment of atopical dermatitis in adults, following failure of at least two treatments with a different topical corticosteroid of intermediate strength or greater, or following failure of at least two treatments on the face with a different low-strength topical corticosteroid.

TADALAFIL:

- for treatment of pulmonary arterial hypertension (WHO functional class III) that is either idiopathic or related to connectivitis and that is symptomatic despite the optimal conventional treatment.

  The persons must be evaluated and followed up on by physicians working at designated centres specializing in the treatment of pulmonary arterial hypertension.

  Authorizations will be given for 40 mg once per day.

TAFAMIDIS:

- for treatment of adults suffering from transthyretin amyloidosis cardiomyopathy (ATTR-CM).

  Upon initiation of treatment, the person must:
  - have confirmation of the absence of light chain amyloidosis;

  and
  - have a diagnosis confirmed by
    - bone scintigraphy or cardiac biopsy;

    or
    - a genetic test;

  and
  - have a medical history of heart failure including a previous hospitalization or clinical manifestations that required treatment with a diuretic;

  and

- not be suffering from class IV cardiac disease according to the criteria of the New York Heart Association (NYHA).

Authorizations are given for a maximum dose of 61 mg of tafamidis once per day.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must confirm that the patient's cardiomyopathy does not correspond to NYHA class IV. Renewal will not be authorized in the presence of NYHA class IV cardiomyopathy.

It must be noted that tafamidis and tamafidis meglumine are not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

TAFAMIDIS MEGLUMINE:

♦ for treatment of adults suffering from transthyretin amyloidosis cardiomyopathy (ATTR-CM).

Upon initiation of treatment, the person must:

- have confirmation of the absence of light chain amyloidosis;

and

- have a diagnosis confirmed by
  - bone scintigraphy or cardiac biopsy;

  or
  - a genetic test;

and

- have a medical history of heart failure including a previous hospitalization or clinical manifestations that required treatment with a diuretic;

and

- not be suffering from class IV cardiac disease according to the criteria of the New York Heart Association (NYHA).

Authorizations are given for a maximum dose of 80 mg of tafamidis meglumine once per day.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must confirm that the patient's cardiomyopathy does not correspond to NYHA class IV. Renewal will not be authorized in the presence of NYHA class IV cardiomyopathy.

It must be noted that tafamidis and tafamidis meglumine are not authorized in combination with another disease modifying drug used in the treatment of transthyretin amyloidosis.

TERIFLUNOMIDE:

♦ for treatment of persons suffering from remitting multiple sclerosis who have had one relapse in the last year and whose EDSS score is less than 7.

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 osteoporosis in menopausal women exposed to a high risk of fracture, specifically:

- whose a T-score measured at the hip, femoral neck or lumbar spine is less than or equal to -2.5;

and

- who have shown an inadequate response to antiresorptive therapy, defined by:
  - 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 in menopausal women with an history of osteoporotic fractures, despite continued taking of the antiresorptive therapy for at least 24 months.

The total duration of the authorization is 18 months.

TERIPARATIDE (biosimilar):

♦ for treatment of osteoporosis in menopausal women exposed to a high risk of fracture, specifically:

- whose a T-score measured at the hip, femoral neck or lumbar spine is less than or equal to -2.5;
and
- who have shown an inadequate response to antiresorptive therapy, defined by:
  - 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 in menopausal women with an history of osteoporotic fractures, despite continued taking of the antiresorptive therapy for at least 24 months.

The total duration of the authorization is 18 months.

THALIDOMIDE:

♦ in association with melphalan and prednisone, for first-line treatment of multiple myeloma, in persons who are not candidates for stem cell transplant.

The maximum duration of each authorization is six months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression according to the International Myeloma Working Group criteria.

It must be noted that thalidomide will not be authorized in association with bortezomib.

★ TICAGRELOR:

♦ where acute coronary syndrome occurs, for prevention of ischemic vascular manifestations, in association with acetylsalicylic acid.

The maximum duration of the authorization is 12 months.

★ TIGECYCLINE:

♦ for treatment of proven or presumed methicillin-resistant staphylococcus aureus (MRSA) polymicrobial complicated skin infections:

- necessitating antibiotherapy targeting simultaneously the MRSA and Gram-negative bacteria;
and
- where vancomycin in combination with another antibiotic is ineffective, contraindicated or not tolerated.

♦ for treatment of complicated intra-abdominal infections where first-line treatment has failed, is contraindicated or is not tolerated.

TIPRANAVIR:

♦ for treatment, in association with other antiretrovirals, of HIV-infected persons:

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included delavirdine, efavirenz or nevirapine, unless there is a primary resistance to one of those drugs, and that resulted:
  - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

  or
  - in serious intolerance to one of those agents, to the point of calling into question the continuation of the antiretroviral treatment;

and

- who have tried, since the beginning of their antiretroviral therapy, at least one therapy that included another protease inhibitor and that resulted:
  - in a documented virological failure, after at least three months of treatment with an association of several antiretroviral agents;

  or
  - in serious intolerance to at least three protease inhibitors, to the point of calling into question the continuation of the antiretroviral treatment.

Where a therapy including a non-nucleoside reverse transcriptase inhibitor cannot be used because of a primary resistance to delavirdine, efavirenz or nevirapine, a trial of at least two therapies, each including a protease inhibitor, is necessary and must have resulted in the same conditions as those listed above.

♦ for first line treatment, in association with other antiretrovirals, of HIV infected persons for whom a laboratory test showed an absence of sensitivity to other protease inhibitors, coupled with a resistance to one or the other class of nucleoside reverse transcriptase inhibitors and non-nucleoside reverse transcriptase inhibitors, or to both, and:

- whose current viral load and another dating back at least one month are greater than or equal to 500 copies/mL;

and

- whose current CD4 lymphocyte count and another dating back at least one month are less than or equal to 350/µL;

and

- for whom darunavir or tipranavir is necessary to establish an effective therapeutic regimen.

TIZANIDINE HYDROCHLORIDE:

♦ for treatment of spasticity where baclofen is ineffective, contraindicated or not tolerated.

TOBRAMYCIN SULFATE, Inh. Sol. and Inh. Pd.:

♦ for treatment of chronic *Pseudomonas aeruginosa* infections in persons suffering from cystic fibrosis, where deterioration of the person's clinical condition is observed despite the conventional treatment or where the person is allergic to preservatives.

TOCILIZUMAB, I.V. Perf. Sol.:

♦ for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a period of 12 months.

Authorizations for tocilizumab are given for a maximum dose of 8 mg/kg every four weeks.

♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication;

and

- the disease must still be active despite treatment with a biological response modulating agent titrated optimally during at least five months, unless there is intolerance or a contraindication.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20 % or more in the number of affected joints with limited movement.

Requests for continuation of treatment are authorized for a period of 12 months.

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant systemic manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have had one or more joints with active synovitis and one of the following three elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;
  - another sign of chronic inflammation, such as anemia, thrombocytosis, leukocytosis;

and

- at least one systemic illness among the following:
  - persistence of fever episodes (≥ 38°C);
  - typical skin eruption;
  - adenomegaly, hepatomegaly or splenomegaly;
  - serositis or serous effusion.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- two of the following elements or a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20 % or more in the number of affected joints with limited movement;

and

- disappearance of fever episodes.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for tocilizumab are given for doses of 12 mg/kg every two weeks for children weighing less than 30 kg, and 8 mg/kg every two weeks for children weighing 30 kg or more.

♦ for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- the person must, prior to the beginning of treatment, have five or more joints with active synovitis and one of the following two elements must be present:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20 % or more in the number of affected joints with limited movement.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for tocilizumab are given for doses of 10 mg/kg every four weeks for children weighing less than 30 kg, and 8 mg/kg every four weeks for children weighing 30 kg or more.

TOCILIZUMAB, S.C. Inj. Sol. (syr) and S.C. Inj. Sol. (pen):

♦ for treatment of moderate or severe rheumatoid arthritis.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have eight or more joints with active synovitis and one of the following five elements must be present:
  - a positive rheumatoid factor;
  - radiologically measured erosions;
  - a score of more than 1 on the Health Assessment Questionnaire (HAQ);
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with two disease-modifying anti-rheumatic drugs, used either concomitantly or not, for at least three months each. Unless there is serious intolerance or a serious contraindication, one of the two drugs must be methotrexate at a dose of 20 mg or more per week.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a period of 12 months.

Authorizations for tocilizumab S.C. Inj. Sol. are given for a maximum dose of 162 mg every week.

♦ For adjuvant treatment to corticotherapy, administered in decreasing doses, for persons suffering from giant-cell arteritis.

Authorization is granted for a maximum duration of 52 weeks per episode.

Authorization may be granted following any new episode of the disease, according to the treatment terms and conditions previously mentioned for a first episode, this for a maximum duration of 52 weeks.

♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant articular manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:
- prior to the beginning of treatment, the person must have five or more joints with active synovitis and one of the following two elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and
- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum 20 mg per dose) per week for at least three months, unless there is intolerance or a contraindication;

and
- the disease must still be active despite treatment with a biological response modulating agent titrated optimally during at least five months, unless there is intolerance or a contraindication.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20 % or more in the number of affected joints with limited movement.

Requests for continuation of treatment are authorized for a period of 12 months.

Authorizations for tocilizumab administered subcutaneously are given for doses of 162 mg every two weeks for children weighing less than 30 kg, and 162 mg every week for children weighing 30 kg or more.

♦ for treatment of moderate or severe systemic juvenile idiopathic arthritis, with predominant systemic manifestations.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- prior to the beginning of treatment, the person must have had one or more joints with active synovitis and one of the following three elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;
  - another sign of chronic inflammation, such as anemia, thrombocytosis, leukocytosis;

and
- at least one systemic illness among the following:
  - persistence of fever episodes (≥ 38°C);
  - typical skin eruption;
  - adenomegaly, hepatomegaly or splenomegaly;
  - serositis or serous effusion.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- two of the following elements or a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20% in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20% in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20% or more in the number of affected joints with limited movement;

and

- disappearance of fever episodes.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for tocilizumab administered subcutaneously are given for doses of 162 mg every two weeks for children weighing less than 30 kg, and 162 mg every week for children weighing 30 kg or more.

♦ for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular type.

Upon initiation of treatment or if the person has been receiving the drug for less than five months:

- the person must, prior to the beginning of treatment, have five or more joints with active synovitis and one of the following two elements:
  - an elevated C-reactive protein level;
  - an elevated sedimentation rate;

and

- the disease must still be active despite treatment with methotrexate at a dose of 15 mg/m^2 or more (maximum dose of 20 mg) per week for at least three months, unless there is intolerance or a contraindication.

The initial request is authorized for a maximum of five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following six elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the physician's overall assessment (visual analogue scale);
  - an improvement of at least 20 % in the person's or parent's overall assessment (visual analogue scale);
  - a decrease of 20% or more in the number of affected joints with limited movement.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for tocilizumab administered subcutaneously are given for doses of 162 mg every three weeks for children weighing less than 30 kg, and 162 mg every two weeks for children weighing 30 kg or more.

TOCOPHERYL ACETATE (DL-ALPHA):

♦ for prevention and treatment of neurological manifestations associated with malabsorption of vitamin E.

TOFACITINIB CITRATE:

♦ in association with methotrexate, for treatment of moderate or severe rheumatoid arthritis, unless there is a serious intolerance or 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.

♦ for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite a 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.

TRAMETINIB:

♦ in association with dabrafenib, for first-line or second-line treatment, following the failure of chemotherapy or immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

The maximum duration of each authorization is four months.

When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

It must be noted that trametinib, in association with dabrafenib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

- in association with dabrafenib, for adjuvant treatment of a melanoma expressing a V600 mutation of the BRAF gene with regional lymph node involvement, or with in-transit or satellite metastases without lymph node involvement, in persons:

  - whose melanoma has been completely resected;

  and

  - whose last resection was performed in the previous last 12 weeks;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease recurrence.

  The maximum duration of the treatment is 12 months.

- as monotherapy, for first-line or second-line treatment following a failure with chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an unresectable or metastatic melanoma with a BRAF V600 mutation, in persons:

  - with a contraindication or a serious intolerance to a BRAF inhibitor;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

  It must be noted that trametinib is not authorized after a BRAF inhibitor has failed if it was administered to treat a melanoma.

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.

TRIENTINE HYDROCHLORIDE :

- for treatment of persons suffering from Wilson's disease, where penicillamine is contraindicated or not tolerated.

TRIFLURIDINE / TIPIRACIL (HYDROCHLORIDE):

- as monotherapy, for treatment of metastatic colorectal cancer in persons with an ECOG performance status of 0 or 1 and for whom the following therapies have failed, unless there is a contraindication or a serious intolerance:

  - chemotherapy based on irinotecan and a fluoropyrimidine;

  and

  - chemotherapy based on oxaliplatin and a fluoropyrimidine;

  and

  - a treatment including bevacizumab;

  and

  - in the presence of a non-mutated RAS gene, a treatment including panitumumab or cetuximab.

  The maximum duration of each authorization four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect defined by the absence of disease progression, confirmed by imaging.

- as monotherapy, for treatment of metastatic gastric or gastroesophageal junction adenocarcinoma, in persons:

  - whose disease has progressed following at least two systemic treatments for advanced cancer, unless there is a contraindication or serious intolerance, including a fluoropyrimidine-, platinum-, taxane- or irinotecan-based chemotherapy. Persons having a positive HER2 status must also have received a therapy targeting the HER2 receptors, unless there is a contraindication or serious intolerance;

  and

  - whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

TROSPIUM CHLORIDE:

- for treatment of vesical hyperactivity in persons for whom at least one of the antimuscarinic agents indicated in the regular section of the List is poorly tolerated, contraindicated or ineffective.

USTEKINUMAB:

- for treatment of persons suffering from a severe form of chronic plaque psoriasis:

  - in the presence of a score greater than or equal to 15 on the Psoriasis Area and Severity Index (PASI) or of large plaques on the face, palms or soles or in the genital area;

  and

  - in the presence of a score greater than or equal to 15 on the Dermatology Quality of Life Index (DQLI) questionnaire;

  and

- where a phototherapy treatment of 30 sessions or more during three months has not made it possible to optimally control the disease, unless the treatment is contraindicated, not tolerated or not accessible or where a treatment of 12 sessions or more during one month has not provided significant improvement in the lesions;

and

- where a treatment with two systemic agents, used concomitantly or not, each for at least three months, has not made it possible to optimally control the disease. Except in the case of serious intolerance or a serious contraindication, these two agents must be:
  - methotrexate at a dose of 15 mg or more per week;

  or
  - cyclosporine at a dose of 3 mg/kg or more per day;

  or
  - acitretin at a dose of 25 mg or more per day.

The initial request is authorized for a maximum five months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- an improvement of at least 75 % in the PASI score compared to the base value;

or

- an improvement of at least 50 % in the PASI score and a decrease of at least five points on the DQLI questionnaire compared to the base values;

or

- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pre-treatment assessment and a decrease of at least five points on the DQLI questionnaire compared to the base value.

Requests for continuation of treatment are authorized for a maximum of 12 months.

Authorizations for ustekinumab are given for a dose of 45 mg in weeks 0 and 4, then every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

♦ for treatment of moderate or severe psoriatic arthritis:

- where a treatment with an anti-TNFαs appearing in the list of medications for treatment of that disease under certain conditions are contraindicated. In this case, the requirements for granting a first authorization for ustekinumab are the same as those for the initiation of anti-TNFα treatments excluding infliximab, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type;

or

- where treatment with an anti-TNFα appearing in the list of medications for treatment of that disease under certain conditions has not allowed for optimal control of the disease or was not tolerated. The anti-TNFα must have been used according to its recognized indications in the list for this pathology, taking into consideration whether or not the psoriatic arthritis is of the rheumatoid type.

The initial request is authorized for a maximum of seven months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

- a decrease of at least 20 % in the number of joints with active synovitis and one of the following four elements:
  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.2 in the HAQ score;
  - a return to work.

Requests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for ustekinumab are given for a dose of 45 mg in weeks 0 and 4, then every 12 weeks. A dose of 90 mg may be authorized for persons whose body weight is greater than 100 kg.

★ VALGANCICLOVIR HYDROCHLORIDE:

♦ for treatment of cytomegalovirus (CMV) retinitis in immunocompromised persons.

♦ for CMV-infection prophylaxis in D+R- persons having had a solid organ transplant and in D+R+ and D-R+ persons having had a lung transplant. The maximum duration of the authorization is 100 days.

♦ for CMV-infection prophylaxis in D+R-, D+R+ and D-R+ persons having had a solid organ transplant when receiving antilymphocyte antibodies. The maximum duration of each authorization is 100 days.

♦ for pre-emptive treatment (in the presence of documented CMV viral replication) of CMV infection in D+R-, D+R+ and D-R+ persons who have had a solid organ transplant. The maximum duration of the authorization is 100 days per episode.

VEDOLIZUMAB, I.V. Perf. Pd.:

♦ for treatment of adults suffering from moderate to severe ulcerative colitis that is still active despite treatment with corticosteroids and immunosuppressors, unless there is a serious intolerance or a contraindication:

- in the presence of a Mayo score of 6 to 12 points;

and

- in the presence of an endoscopic subscore (Mayo score) of at least 2 points.

The initial request is authorized for a maximum period of four months.

When requesting continuation of treatment, the physician must provide information making it possible to establish the beneficial effects of the treatment, specifically:

a decrease in the Mayo score of at least 3 points and of at least 30 %, or a decrease in the partial Mayo score of at least 2 points;

and

- a rectal bleeding subscore (Mayo score) of 0 or 1 point, or a decrease of this score of at least 1 point.

Requests for continuation of treatment are authorized for a maximum period of 12 months.

Authorizations for vedolizumab are given for a maximum of 300 mg on weeks 0, 2 and 6, then every eight weeks.

♦ for treatment of adults suffering from moderate or severe intestinal Crohn's disease that is still active despite a treatment with corticosteroids and immunosuppressors, unless there is a contraindication or a major intolerance to corticosteroids. An immunosuppressor must have been tried for at least eight weeks.

Upon the initial request, the physician must indicate the immunosuppressor used and the duration of treatment.

The initial authorization is given for a duration of three months and includes a maximum of three doses of 300 mg administered on weeks 0, 2 and 6.

Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. The request will then be authorized for 300 mg every eight weeks for a maximum duration of 12 months.

- for treatment of adults suffering from moderate or severe intestinal Crohn's disease that is still active despite a treatment with corticosteroids, unless there is a significant intolerance or a contraindication to corticosteroids, where immunosuppressors are contraindicated or not tolerated, or where they have been ineffective in the past during a similar episode after a treatment combined with corticosteroids.

  Upon the initial request, the physician must indicate the nature of the contraindication or intolerance, as well as the immunosuppressor used.

  The initial authorization is given for a duration of three months and includes a maximum of three doses of 300 mg administered on weeks 0, 2 and 6.

  Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. The request will then be authorized for 300 mg every eight weeks for a maximum duration of 12 months.

VEDOLIZUMAB, S.C. Inj. Sol.:

- for treatment of adults suffering from moderate or severe intestinal Crohn’s disease.

  Authorizations for vedolizumab solution for subcutaneous administration are given for patients who have previously received at least two doses of vedolizumab in powder form for intravenous infusion as induction treatment, according to one of the indications authorizing the reimbursement of vedolizumab in intravenous form for Crohn’s disease.

  The initial authorization is given for a period of six months.

  Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect. The request will be authorized for 108 mg every two weeks for a maximum duration of 12 months.

- for treatment of adults suffering from moderate or severe ulcerative colitis:

  Authorizations for vedolizumab in injectable solution form for subcutaneous administration are given for patients who have previously received at least two doses of vedolizumab in powder form for intravenous infusion as induction treatment, according to the indication authorizing the reimbursement of vedolizumab in intravenous form for ulcerative colitis.

  The initial request is authorized for a maximum period of six months.

  Upon subsequent requests, the physician must provide evidence of a beneficial clinical effect, 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.

  A request for subcutaneous vedolizumab will be authorized for 108 mg every two weeks.

VEMURAFENIB:

- in association with cobimetinib, for first-line or second-line treatment following a failure with chemotherapy or with immunotherapy targeting the PD-1 or the CTLA-4, of an inoperable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on physical examination.

It must be noted that vemurafenib, in association with cobimetinib, is not authorized following the failure of a treatment associating a BRAF inhibitor and a MEK inhibitor if it was administered to treat a melanoma.

- as monotherapy for treatment of unresectable or metastatic melanoma with a BRAF V600 mutation, in persons whose ECOG performance status is 0 or 1:

  - who have a contraindication or a serious intolerance to dabrafenib;

  or

  - who have a BRAF V600K mutation.

  The maximum duration of each autorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression, confirmed by imaging or based on a physical examination.

Vemurafenib remains covered by the basic prescription drug insurance plan for those insured persons having used this drug in the three months before 2 June 2014, insofar as the physician provides evidence of a beneficial effect by the absence of disease progression.

VENETOCLAX:

- as monotherapy, for continuation of treatment of chronic lymphocytic leukemia in persons whose disease has not progressed during a treatment of six cycles combining venetoclax and rituximab.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

  The first two authorizations are given for a maximum duration of seven cycles and the last one for six cycles, for a total of 20 cycles.

- as monotherapy, for the continuation of first-line treatment of chronic lymphocytic leukemia in persons whose disease has not progressed during a treatment of six cycles combining venetoclax and obinutuzumab.

  Authorization is given for a maximum duration of six cycles.

VERTEPORFIN:

- for treatment of age-related macular degeneration with neovascularization in persons where 50 % or more of the macular area is affected.

- for treatment of pathological myopia with neovascularization.

- for treatment of presumed ocular histoplasmosis syndrome with neovascularisation.

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg – 100 mcg:

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:

  - who have shown at least two exacerbations of the symptoms of the disease in the last year, despite regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is understood as a sustained and repeated aggravation of the symptoms requiring intensified pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or a hospitalization;

  or

  - who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

  or

- whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12 % and 200 ml.

The initial authorization is for a maximum duration of 12 months.

For a subsequent request, for persons having obtained the treatment due to exacerbations, authorization may be granted if the physician considers that the expected benefits outweigh the risks incurred. For persons having obtained the treatment due to an asthmatic component, the physician will have to provide proof of an improvement of the disease symptoms.

Authorizations are given for a maximum daily dose of 100 mcg of fluticasone furoate.

It must be noted that this association (long-acting ß2 agonist and inhaled corticosteroid) must not be used concomitantly with a long-acting ß2 agonist alone or with an association of a long-acting ß2 agonist and a long-acting antimuscarinic.

♦ for treatment of asthma and other reversible obstructive diseases of the respiratory tract, in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

VILANTEROL TRIFENATATE / FLUTICASONE FUROATE, 25 mcg – 200 mcg:

♦ for treatment of asthma and other reversible obstructive diseases of the respiratory tract, in persons whose control of the disease is insufficient despite the use of an inhaled corticosteroid.

VILANTEROL TRIFENATATE / UMECLIDINIUM BROMIDE:

♦ for maintenance treatment of persons suffering from chronic obstructive pulmonary disease (COPD) for whom using a long-acting bronchodilator for at least 3 months has not allowed for adequate control of the symptoms of the disease.

The initial authorization is given for a maximum duration of 6 months. For a subsequent request, the physician will have to provide proof of a beneficial clinical effect.

It must be noted that this association (long-acting ß2 agonist and long-acting antimuscarinic) must not be used concomitantly with a long-acting bronchodilator (long-acting ß2 agonist or long-acting antimuscarinic) alone or in association with an inhaled corticosteroid.

VILANTEROL TRIFENATATE / UMECLIDINIUM BROMIDE/ FLUTICASONE FUROATE:

♦ for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons:

- who have shown at least two exacerbations of the symptoms of the disease in the last year, despite regular use through inhalation of two long-acting bronchodilators in association. Exacerbation is understood as a sustained and repeated aggravation of the symptoms requiring intensified pharmacological treatment, for instance, the addition of oral corticosteroids, a precipitated medical visit or a hospitalization;

or

- who have shown at least one exacerbation of the symptoms of the disease in the last year that required hospitalization, despite regular use through inhalation of two long-acting bronchodilators in association;

or

- whose disease is associated with an asthmatic component, demonstrated by factors defined by a history of asthma or atopy during childhood, by a high blood eosinophilia or by an improvement in the FEV1 after bronchodilators of at least 12 % and 200 ml and whose symptoms are not well-controlled with an association of a long-acting β_2 agonist and an inhaled corticosteroid;

or

- who have already been receiving a long-acting β_2 agonist, a long-acting antimuscarinic as well as an inhaled corticosteroid for one year or less.

The initial authorization is for a maximum duration of 12 months.

For a subsequent request, the physician will have to provide proof of an improvement of the disease symptoms.

Authorizations are given for a maximum daily dose of 100 mcg of fluticasone furoate.

It must be noted that this association must not be used concomitantly with a long-acting β_2 agonist, a long-acting antimuscarinic or an inhaled corticosteroid, alone or in association.

- for maintenance treatment of moderate or severe chronic obstructive pulmonary disease (COPD) in persons who are already receiving a long-acting β_2 agonist, a long-acting antimuscarinic as well as an inhaled corticosteroid for more than one year.

  Authorizations are given for a maximum daily dose of 100 mcg of fluticasone furoate.

  It must be noted that this association must not be used concomitantly with a long-acting β_2 agonist, a long-acting antimuscarinic or an inhaled corticosteroid, alone or in association.

VISMODEGIB:

- for treatment of locally advanced or metastatic basal cell carcinoma in persons who are not eligible for surgery or radiotherapy and whose ECOG performance status is ≤ 2.

  The maximum duration of each authorization is four months.

  When requesting continuation of treatment, the physician must provide evidence of a beneficial clinical effect by the absence of disease progression.

★ VORICONAZOLE:

- for treatment of invasive aspergillosis.

- for treatment of candidemia in non-neutropenic persons for whom fluconazole and an amphotericin B formulation have failed, are not tolerated or are contraindicated.

ZOLEDRONIC ACID, I.V. Perf. Sol. 4 mg/5 mL:

- for treatment of hypercalcemia of tumoral origin.

- for prevention of bone events in persons having a solid tumour with at least one bone metastasis, or multiple myeloma with bone lesions.

Notwithstanding the payment indications set out above, zoledronic acid is covered by the basic prescription drug insurance plan for insured persons who used this drug during the 12-month period preceding 28 April 2004.

Persons referred to in the preceding paragraph who are insured by the Régie de l'assurance maladie du Québec are not required to submit the form entitled "Demande d'autorisation – médicament d'exception". The Régie de l'assurance maladie du Québec will cover the cost of this drug without other formalities, if it had already done so during the above-mentioned period.

ZOLEDRONIC ACID, I.V. Perf. Sol. 5 mg/100 mL:

- for treatment of Paget's disease.

- for treatment of postmenopausal osteoporosis in women who cannot receive an oral bisphosphonate because of serious intolerance or a contraindication.

APPENDIX IV.1

LIST OF EXCEPTIONAL MEDICATIONS WITH
RECOGNIZED INDICATIONS FOR PAYMENT THAT REMAIN COVERED FOR PERSONS
UNDERGOING TREATMENT

ADALIMUMAB (Humira):

S.C. Inj. Sol. 50 mg/mL (0,8 mL)

02258595	Humira (syringe)	AbbVie	2	1 428.48	714.2400
99100385	Humira (pen)	AbbVie	2	1 428.48	714.2400

The person must have begun a treatment and received a reimbursement before 3 March 2021.

- for treatment of moderate or severe rheumatoid arthritis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks. However, after 12 weeks of treatment with adalimumab in monotherapy, authorization may be given for 40 mg per week.

- for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks.

- for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks.

- for treatment of persons suffering from moderate or severe ankylosing spondylitis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - a decrease of 2.2 points or 50 % on the BASDAI scale, compared with the pre-treatment score;

  or

  - a decrease of 1.5 points or 43 % on the BASFI scale;

  or

  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks.

- for treatment of persons suffering from moderate or severe intestinal Crohn's disease, on condition that the physician provide evidence of a beneficial clinical effect.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks. However, if the medical condition justifies increasing the dose to 40 mg per week as of the 12th week of treatment, authorization will be given for a maximum period of three months. After this, the physician will have to provide evidence of the beneficial clinical effects obtained with this dosage, for the renewal of subsequent authorizations, lasting a maximum of 12 months.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - an improvement of at least 75 % in the PASI score compared to the base value;

  or

  - an improvement of at least 50 % in the PASI score and a decrease of at least 5 points on the DQLI questionnaire compared to the base values;

  or

  - a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment and a decrease of at least 5 points on the DQLI questionnaire compared to the base value.

  The maximum duration of each authorization for continuation of treatment is 12 months at 40 mg every two weeks.

- for treatment of persons suffering from moderate to severe ulcerative colitis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - a decrease in the Mayo score of at least 3 points and at least 30 %, or a decrease in the partial Mayo score of at least 2 points;

  and

  - a Mayo rectal bleeding subscore of 0 or 1 point, or a decrease in this subscore of at least 1 point.

  The maximum duration of each authorization for continuation of treatment is 12 months.

APPENDIX IV.1

ETANERCEPT (Enbrel):

S.C. Inj. Sol				50 mg/mL(1 mL)	
02274728	Enbrel (syr)	Amgen	4	1 437.13	359.2825
99100373	Enbrel SureClick	Amgen	4	1 437.13	359.2825

The person must have begun a treatment and received a reimbursement before 18 August 2017:

- for treatment of moderate or severe rheumatoid arthritis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

- for treatment of persons suffering from moderate or severe ankylosing spondylitis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - a decrease of 2.2 points or 50 % on the BASDAI scale, compared with the pre-treatment score;

  or

  - a decrease of 1.5 points or 43 % on the BASFI scale;

  or

  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

  The person must have begun a treatment and received a reimbursement before 1 February 2018:

- for treatment of moderate or severe juvenile idiopathic arthritis (juvenile rheumatoid arthritis and juvenile chronic arthritis) of the polyarticular or systemic type, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - an decrease of 0.13 in the Childhood Health Assessment Questionnaire (CHAQ) score or a return to school;
  - an improvement of at least 20 % in the 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 joints with limited movement.

  The maximum duration of each authorization for continuation of treatment is 12 months at 0.8 mg/kg (maximum dose of 50 mg) per week.

  The person must have begun a treatment and received a reimbursement before 19 August 2020:

- for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

- for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;

  a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg per week.

- for treatment of persons suffering from a severe form of chronic plaque psoriasis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - an improvement of at least 75 % in the PASI score compared to the base value;

  or

  - an improvement of at least 50 % in the PASI score and a decrease of at least 5 points on the DQLI questionnaire compared to the base values;

  or

  - a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment and a decrease of at least 5 points on the DQLI questionnaire compared to the base value.

  The maximum duration of each authorization for continuation of treatment is 12 months at 50 mg, twice per week.

FILGRASTIM (NEUPOGEN):

Inj. Sol.				300 mcg/mL (1,0 mL)	
01968017	Neupogen	Amgen	10	1 731.89	173.1890
Inj. Sol.				300 mcg/mL (1,6 mL)	
99001454	Neupogen	Amgen	10	2 771.02	277.1020

The person must have begun a treatment and received a reimbursement before 30 September 2020.

- for treatment of persons undergoing cycles of moderately or highly myelosuppressive chemotherapy (≥ 40 percent risk of febrile neutropenia).

- for treatment of persons at risk of developing severe neutropenia during chemotherapy.

- in subsequent cycles of chemotherapy, for treatment of persons having suffered from severe neutropenia (neutrophil count below 0.5 x 10^9/L) during the first cycles of chemotherapy and for whom a reduction in the antineoplastic dose is inappropriate.

- in subsequent cycles of curative chemotherapy, for treatment of persons having suffered from neutropenia (neutrophil count below 1.5 x 10^9/L) during the first cycles of chemotherapy and for whom a reduction in the dose or a delay in the chemotherapy administration plan is unacceptable.

- during chemotherapy undergone by children suffering from solid tumours.

- for treatment of persons suffering from severe medullary aplasia (neutrophil count below 0.5 x 10^9/L) and awaiting curative treatment by means of a bone marrow transplant or with antithymocyte serum.

- for treatment of persons suffering from chronic congenital, hereditary, idiopathic or cyclic neutropenia whose neutrophil count is below 0.5 x 10^9/L.

- for treatment of HIV-infected persons suffering from severe neutropenia (neutrophil count below 0.5 x 10^9/L).

- to stimulate bone marrow in the recipient toward an autograft.

- as an adjunctive treatment for acute myeloid leukemia.

GLARGINE INSULIN (100 U/mL (3 mL)):

Sol. Inj. S.C				100 U/mL (3 mL)	
02251930	Lantus	SanofiAven	5	88.12	
02294338	Lantus SoloStar	SanofiAven	5	88.12	

The person must have begun a treatment and received a reimbursement before 18 August 2017.

- for treatment of diabetes, where a prior trial of intermediate-acting insulin did not adequately control the glycemic profile without causing an episode of severe hypoglycemia or frequent episodes of hypoglycemia.

GLATIRAMER ACETATE:

S.C. Inj. Sol (syr)				20 mg/mL (1 mL)	
02245619	Copaxone	Teva Innov	30	1 296.00	43.2000

The person must have begun a treatment and received a reimbursement before 5 July 2018.

- for treatment of persons who have had a documented first acute clinical episode of demyelinization, on condition that the physician provide evidence of a beneficial clinical effect demonstrated by the absence of a new acute clinical episode.

  The maximum duration of each authorization for continuation of treatment is one year.

- for treatment of persons suffering from remitting multiple sclerosis, on condition that the physician provide evidence of a beneficial clinical effect demonstrated by the absence of deterioration. The EDSS score must remain under 7.

  The maximum duration of each authorization for continuation of treatment is one year.

INFLIXIMAB (REMICADE):

I.V. Perf. Pd				100 mg		
02244016	Remicade	Janss. Inc	1	940.00		

The person must have begun a treatment and received a reimbursement before 19 August 2020.

- for treatment of persons suffering from moderate or severe intestinal Crohn's disease, on condition that the physician provide evidence of a beneficial clinical effect. The maximum duration of each authorization is 12 months.

- for treatment of moderate or severe rheumatoid arthritis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20% in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at 3 mg/kg, with the possibility of increasing the dose to 5 mg/kg after 3 doses or on the 14th week.

- for treatment of persons suffering from moderate or severe ankylosing spondylitis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

  - a decrease of 2.2 points or 50 % on the BASDAI scale, compared with the pre-treatment score;

  or

  - a decrease of 1.5 points or 43 % on the BASFI scale;

  or

  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at a maximum of 5 mg/kg every 6 to 8 weeks.

- for treatment of moderate or severe psoriatic arthritis of the rheumatoid type, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;
  - a return to work.

  The maximum duration of each authorization for continuation of treatment is 12 months at a maximum of 5 mg/kg every 6 to 8 weeks.

- for treatment of moderate or severe psoriatic arthritis of a type other than rheumatoid, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically, a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

  - a decrease of 20 % or more in the C-reactive protein level;
  - a decrease of 20 % or more in the sedimentation rate;
  - a decrease of 0.20 in the HAQ score;

- a return to work.

The maximum duration of each authorization for continuation of treatment is 12 months at a maximum of 5 mg/kg every 6 to 8 weeks.

♦ for treatment of persons suffering from a severe form of chronic plaque psoriasis, on condition that the physician provide information demonstrating the beneficial effects of the treatment, specifically:

- an improvement of at least 75 % in the PASI score compared to the base value;

or

- an improvement of at least 50 % in the PASI score and a decrease of at least 5 points on the DQLI questionnaire compared to the base values;

or

- a significant improvement in lesions on the face, palms or soles or in the genital area compared to the pretreatment assessment and a decrease of at least 5 points on the DQLI questionnaire compared to the base value.

The maximum duration of each authorization for continuation of treatment is 12 months at a maximum of 5 mg/kg every 8 weeks.

RITUXIMAB (Rituxan):

I.V. Perf. Sol. 10 mg/mL

02241927	Rituxan	Roche	10 mL 50 mL	453.10 2 265.50	

The person must have begun a treatment and received a reimbursement before 30 September 2020.

♦ for treatment of moderate or severe rheumatoid arthritis, in association with methotrexate, or with leflunomide in the case of an intolerance or a contraindication to methotrexate, on condition that the physician provide information demonstrating a response to the treatment, observed in the first six months following the last perfusion. A treatment response is defined by a decrease of at least 20 % in the number of joints with active synovitis and one of the following:

- a decrease of 20 % or more in the C-reactive protein level;
- a decrease of 20 % or more in the sedimentation rate;
- a decrease of 0.20 in the HAQ score;
- a return to work.

Administering the subsequent treatment is possible if the disease is still not in remission or if, following the attainment of a remission, the disease is reactivated.

The duration of each authorization for continuation of treatment is a minimum period of 12 months, for a maximum of two treatments.

A treatment comprises 2 perfusions of rituximab of 1 000 mg each.

TERIPARATIDE (Forteo):

S.C. Inj. Sol.			250 mcg/mL(2.4 mL or 3 mL)		
02254689	Forteo	Lilly	1	809.73	

The person must have begun a treatment and received a reimbursement before 15 December 2021.

♦ for treatment of osteoporosis in menopausal women exposed to a high risk of fracture, specifically:

- whose a T-score measured at the hip, femoral neck or lumbar spine is less than or equal to -2.5;

and

- who have shown an inadequate response to antiresorptive therapy, defined by:
  - 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 in menopausal women with an history of osteoporotic fractures, despite continued taking of the antiresorptive therapy for at least 24 months.

The total duration of the authorization is 18 months.

APPENDIX IV.2

EXCEPTIONAL MEDICATIONS WHOSE INSURANCE COVERAGE IS MAINTAINED FOR PERSONS UNDERGOING A TREATMENT ACCORDING TO THE CONDITIONS SET OUT IN SECTION 4.2.3 OF THE *LIST OF MEDICATIONS*

ASPART INSULIN (NovoRapid)

S.C. Inj. Sol. 100 U/mL (3 mL)

02377209	NovoRapid Flex Touch	N.Nordisk	5	50.79	
02244353	NovoRapid Penfill	N.Nordisk	5	50.79	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 2 February 2022.

ENOXAPARIN (Lovenox)

S.C. Inj. Sol. 100 mg/mL

02236564	Lovenox	SanofiAven	3 ml	62.51	

S.C. Inj. Sol. (syr) 30 mg/0.3 mL

02012472	Lovenox	SanofiAven	10	62.90	6.2900

S.C. Inj. Sol. (syr) 40 mg/0.4 mL

02236883	Lovenox	SanofiAven	10	83.30	8.3300

S.C. Inj. Sol. (syr) 60 mg/0.6 mL

02378426	Lovenox	SanofiAven	10	124,97	12.4970

S.C. Inj. Sol. (syr) 80 mg/0.8 mL

02378434	Lovenox	SanofiAven	10	166.60	16.6600

S.C. Inj. Sol. (syr) 100 mg/1.0 mL

02378442	Lovenox	SanofiAven	10	208.28	20.8280

S.C. Inj. Sol. (syr) 120 mg/0.8 mL

02242692	Lovenox HP	SanofiAven	10	249.90	24.9900

S.C. Inj. Sol. (syr) — 150 mg/1.0 mL

02378469	Lovenox HP	SanofiAven	10	312.40	31.2400

The person must have begun a treatment and received a reimbursement in the 12 months preceding 15 December 2021.

HYMENOPTERA VENOM PROTEINS

Inj. Pd. — 1.1 mg

01948970	Guepe (Polistes Spp.)	Allergy	1	240.00	

Inj. Pd. — 3.3 mg

01948873	Vespides combines	Allergy	1	434.00	

The person must have begun a treatment and received a reimbursement in the 6 months preceding 15 February 2017.

LISPRO INSULIN (Humalog and Humalog KwikPen)

S.C. Inj. Sol. — 100 U/mL

02229704	Humalog	Lilly	10 ml	26.17	

S.C. Inj. Sol. — 100 U/mL (3 mL)

02229705	Humalog	Lilly	5	51.44	
02403412	Humalog KwikPen	Lilly	5	51.44	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 3 March 2021.

APPENDIX IV.2

QUANTITATIVE GLUCOSE BLOOD TEST

Strip

99101227	Dario	Auto. Cont.	100	66.00	
99101469	D360 Blood Glucose Test Strips	Ignite	50	34.23	
			100	63.90	
99101165	GlucoDr	Medihub	50	36.45	
99100332	iTest	Auto. Cont.	50	32.50	
			100	63.00	
99100497	Nova-Max	NovaBiomed	50	34.95	
			100	69.90	
99100479	On-Call Plus	Acon	25	17.50	
			50	33.50	
			100	63.00	
99101314	On Call Vivid	Lab. Paris	50	27.00	
			100	54.00	
99100714	TRUEtest	Nipro Diag	50	27.00	

The person must have begun a treatment and received a reimbursement in the 12 months preceding 3 February 2021.

LIST OF DRUGS FOR WHICH THE LOWEST PRICE METHOD DOES NOT APPLY

28:28
antimanic agents

lithium (carbonate)

36:26
diabetes mellitus

quantitative glucose blood test

36:88.40
sugar

semi-quantitative glucose test

36:88.92
urine and feces contents, miscellaneous

semi-quantitative acetone and glucose test

56:36
anti-inflammatory agents

5-aminosalicylic (acid)	Ent. Tab
5-aminosalicylic (acid)	L.A. Tab.

68:18
gonadotropins

leuporide (acetate)

68:20.08
insulins

insulin isophane (biosynthetic of human sequence)
lispro insulin
insulin cristal zinc (biosynthetic of human sequence)
insulins zinc cristalline and isophane (biosynthetic of human sequence)

68:36.04
thyroid agents

levothyroxine sodium

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

absorptive dressing – sodium chloride
absorptive dressing – gelling fibre
absorptive dressing – hydrophilic foam alone or in association
antimicrobial dressing – iodine
antimicrobial dressing - silver
bordered absorptive dressing – polyester and rayon fibre
bordered absorptive dressing – gelling fibre
bordered absorptive dressing – hydrophilic foam alone or in association
bordered antimicrobial dressing – silver
bordered moisture-retentive dressing – hydrocolloidal or polyurethane
dexcom G6 sensor
dexcom G6 transmitter
freestyle libre sensor
interface dressing – polyamide or silicone
methylphenidate hydrochloride — Co. L.A. (12 h)
moisture-retentive dressing – hydrocolloidal or polyurethane
odour-control dressing – activated charcoal

Legend

♦ **Symbols used in this list**

Ⓝ Drug subject to the Narcotic Control Regulations (C.R.C., ch. 1041).

Ⓟ Drug listed in Schedule F to the Food and Drugs Regulations (C.R.C., c. 870).

Ⓖ Controlled drug listed in Schedule G to the Food and Drugs Regulations (C.R.C., c. 870).

Ⓒ Drug subject to the Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217).

***** Drug about which the information has been changed since the previous edition.

+ Drug added since the previous edition was published.

suppl. The service cost for this product is the service cost applicable to nutritional formulas.

UE Drug considered unique and essential from an unrecognized manufacturer.

W Product withdrawn from the market by the manufacturer but covered by the Régie during the period for which this edition is valid.

LPM The lowest price method applies to drugs having this generic name, dosage form and strength.

➡ Identifies the price payable in conformity with the lowest price method.

⬆ Identifies the maximum price payable.

4:00
ANTIHISTAMINE DRUGS

4:04 first generation antihistamines

4:04.04 ethanolamine derivatives

4:04.16 piperazine derivatives

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

4:04.04
ETHANOLAMINE DERIVATIVES
DIPHENHYDRAMINE HYDROCHLORIDE
Inj. Sol. 50 mg/mL

00596612	*Diphenhydramine (chlorhydrate de)*	Sandoz	1 ml	4.04	

4:04.16
PIPERAZINE DERIVATIVES
FLUNARIZINE HYDROCHLORIDE P
Caps. 5 mg

02246082	*Flunarizine*	AA Pharma	60 100	43.22 72.03	0.7203 0.7203

8:00
ANTI-INFECTIVE AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:08
ANTHELMINTICS

MEBENDAZOLE Pr

Tab. 100 mg

00556734	*Vermox*	Janss. Inc	6	19.27	3.2117

PRAZIQUANTEL Pr

Tab. 600 mg

02230897	*Biltricide*	Bayer	6	34.68	5.7800

PYRANTEL PAMOATE

Oral Susp. 50 mg/mL

02412470	*Jamp-Pyrantel Pamoate Suspension*	Jamp	30 ml	20.00	0.6667

Tab. 125 mg

02380617	*Jamp-Pyrantel Pamoate*	Jamp	10	11.20	1.1200

8:12.02
AMINOGLYCOSIDES

AMIKACINE SULFATE Pr

Inj. Sol. 250 mg/mL (2 mL) **PPB**

02481073	*Amikacin Sulfate Injection*	Marcan	1	➡ 84.90	
02242971	*Amikacine (Sulfate d')*	Sandoz	1	➡ 84.90	
02486717	*Sulfate d'amikacine injection*	Oméga	1	➡ 84.90	
02506599	*VPI-Amikacin*	VPI	10	849.00	➡ 84.9000

TOBRAMYCIN SULFATE Pr

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	
99005069	*Tobramycine (sans preservatif)*	Sandoz	2 ml	➡ 4.45	
02241210	*Tobramycine (sulfate de)*	Sandoz	2 ml	➡ 4.45	
			30 ml	➡ 69.75	
02502372	*Tobramycine Injectable*	Sterimax	2 ml	➡ 4.45	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:12.06
CEPHALOSPORINS

CEFADROXIL MONOHYDRATE P

Caps. 500 mg **PPB**

02240774	*Apo-Cefadroxil*	Apotex	100	84.21	0.8421
02235134	*Novo-Cefadroxil*	Novopharm	100	84.21	0.8421
02311062	*Pro-Cefadroxil-500*	Pro Doc	100	84.21	0.8421

CEFAZOLIN (SODIUM) P

Inj. Pd. 1 g **PPB**

02108127	*Cefazoline*	Novopharm	10	32.30	3.2300
02297205	*Cefazoline for injection*	Apotex	10	32.30	3.2300
02237138	*Cefazoline for injection*	Fresenius	10	32.30	3.2300
02308959	*Cefazoline for injection*	Sandoz	10	32.30	3.2300
02437112	*Cefazoline for injection*	Sterimax	25	80.75	3.2300

Inj. Pd. 10 g **PPB**

02108135	*Cefazolin*	Teva Can	1	30.15	
02297213	*Cefazoline for injection*	Apotex	10	301.50	30.1500
02237140	*Cefazoline for injection*	Fresenius	10	301.50	30.1500
02308967	*Cefazoline for injection*	Sandoz	1	30.15	
02437120	*Cefazoline for injection*	Sterimax	10	301.50	30.1500

Inj. Pd. 500 mg **PPB**

02108119	*Cefazoline*	Novopharm	10	25.00	2.5000
02308932	*Cefazoline for injection*	Sandoz	10	25.00	2.5000
02437104	*Cefazoline pour injection*	Sterimax	25	62.50	2.5000

CEFEPIME HYDROCHLORIDE P

Inj. Pd. 2 g

02467518	*Apo-Cefepime*	Apotex	1 ml	30.20	

CEFIXIME P

Oral Susp. 100 mg/5 mL **PPB**

02468689	*Auro-Cefixime*	Aurobindo	50 ml	18.32	0.3664
00868965	*Suprax*	Odan	50 ml	18.32	0.3664

Tab. 400 mg **PPB**

02432773	*Auro-Cefixime*	Aurobindo	7	19.02	2.7172
			10	27.17	2.7172
00868981	*Suprax*	Odan	7	19.02	2.7172
			10	27.17	2.7172

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
CEFOTAXIME (SODIUM) P							
Inj. Pd.					1 g		
	02434091	*Cefotaxime sodique pour injection BP*	Sterimax	10	83.30		8.3300
Inj. Pd.					2 g		
	02434105	*Cefotaxime sodique pour injection BP*	Sterimax	10	166.86		16.6860
CEFPROZIL P							
Oral Susp.					125 mg/5 mL		
	02329204	*Taro-Cefprozil*	Sun Pharma	75 ml	12.37		0.1649
				100 ml	16.49		0.1649
Oral Susp.					250 mg/5 mL		
	02293579	*Taro-Cefprozil*	Sun Pharma	75 ml	24.71		0.3294
				100 ml	32.94		0.3294
Tab.					250 mg	**PPB**	
	02302179	*Sandoz Cefprozil*	Sandoz	100	43.32	➡	0.4332
*	02293528	*Taro-Cefprozil*	Sun Pharma	100	43.32	➡	0.4332
Tab.					500 mg	**PPB**	
	02347253	*Auro-Cefprozil*	Aurobindo	100	84.94	➡	0.8494
	02293536	*Ran-Cefprozil*	Ranbaxy	100	84.94	➡	0.8494
	02302187	*Sandoz Cefprozil*	Sandoz	100	84.94	➡	0.8494
CEFTAZIDIME PENTAHYDRATE P							
Inj. Pd.					1 g	**PPB**	
	02437848	*Ceftazidime for injection BP*	Sterimax	10	188.50	➡	18.8500
	00886971	*Ceftazidime pour injection*	Fresenius	1	➡ 18.85		
Inj. Pd.					2 g	**PPB**	
	02437856	*Ceftazidime for injection BP*	Sterimax	10	371.00	➡	37.1000
	00886955	*Ceftazidime pour injection*	Fresenius	1	➡ 37.10		
Inj. Pd.					6 g	**PPB**	
	02437864	*Ceftazidime for injection BP*	Sterimax	1	➡ 111.29		
	00886963	*Ceftazidime pour injection*	Fresenius	1	➡ 111.29		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

CEFTRIAXONE SODIUM P

Inj. Pd. 1 g **PPB**

02325616	*Ceftriaxone*	Sterimax	10	124.90	12.4900
02292874	*Ceftriaxone for injection*	Apotex	10	124.90	12.4900
02292270	*Ceftriaxone for injection*	Sandoz	10	124.90	12.4900
02250292	*Ceftriaxone sodium for injection*	Hospira	10	124.90	12.4900
02287633	*Ceftriaxone sodium for injection*	Novopharm	1	12.49	

Inj. Pd. 2 g **PPB**

02325624	*Ceftriaxone*	Sterimax	10	241.30	24.1300
02292882	*Ceftriaxone for injection*	Apotex	10	241.30	24.1300
02292289	*Ceftriaxone for injection*	Sandoz	10	241.30	24.1300
02250306	*Ceftriaxone sodium for injection*	Hospira	10	241.30	**W**

Inj. Pd. 10 g **PPB**

02325632	*Ceftriaxone*	Sterimax	1	153.00	
02292904	*Ceftriaxone for injection*	Apotex	1	153.00	
02287668	*Ceftriaxone sodium for injection*	Novopharm	1	153.00	
02292297	*Ceftriaxone sodium for injection*	Sandoz	1	153.00	

Inj. Pd. 250 mg **PPB**

02292866	*Ceftriaxone for injection*	Apotex	10	39.50	3.9500
02325594	*Ceftriaxone sodique pour injection BP*	Sterimax	10	39.50	3.9500
02250276	*Ceftriaxone sodium for injection*	Pfizer	10	39.50	3.9500

CEFUROXIME (SODIUM) P

Inj. Pd. 1.5 g **PPB**

02241639	*Cefuroxime for injection*	Fresenius	1	28.04	
02422301	*Cefuroxime for injection USP*	Sterimax	25	701.00	28.0400

Inj. Pd. 7.5 g

02422328	*Cefuroxime for injection USP*	Sterimax	10	1051.40	105.1400

Inj. Pd. 750 mg **PPB**

02241638	*Cefuroxime for injection*	Fresenius	1	14.01	
02422298	*Cefuroxime for injection USP*	Sterimax	25	350.25	14.0100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

CEFUROXIME AXETIL P

Oral Susp. 125 mg/5 mL

02212307	*Ceftin*	GSK	70 ml	11.57	0.1653
			100 ml	16.52	0.1652

Tab. 250 mg **PPB**

02244393	*Apo-Cefuroxime*	Apotex	100	72.36	0.7236
02344823	*Auro-Cefuroxime*	Aurobindo	60	43.42	0.7236

Tab. 500 mg **PPB**

02244394	*Apo-Cefuroxime*	Apotex	100	143.36	1.4336
02344831	*Auro-Cefuroxime*	Aurobindo	60	86.02	1.4336
02311453	*Pro-Cefuroxime*	Pro Doc	100	143.36	**W**

CEPHALEXIN MONOHYDRATE P

Caps. or Tab. 250 mg **PPB**

00768723	*Apo-Cephalex*	Apotex	100	8.66	0.0866
			1000	86.60	0.0866
02470578	*Auro-Cephalexin*	Aurobindo	100	8.66	0.0866
			500	43.30	0.0866
02494698	*Jamp Cephalexin*	Jamp	100	8.66	0.0866
00583413	*Novo-Lexin (Co.)*	Novopharm	100	8.66	0.0866
			1000	86.60	0.0866

Caps. or Tab. 500 mg **PPB**

00768715	*Apo-Cephalex*	Apotex	100	17.31	0.1731
			500	86.55	0.1731
02470586	*Auro-Cephalexin*	Aurobindo	100	17.31	0.1731
			500	86.55	0.1731
02495651	*Cephalexin*	Sivem	100	17.31	0.1731
			500	86.55	0.1731
00828866	*Cephalexin-500*	Pro Doc	500	86.55	0.1731
02494701	*Jamp Cephalexin*	Jamp	100	17.31	0.1731
			500	86.55	0.1731
00583421	*Novo-Lexin (Co.)*	Novopharm	100	17.31	0.1731
			500	86.55	0.1731

Oral Susp. 125 mg/5 mL **PPB**

02497743	*Auro-Cephalexin*	Aurobindo	100 ml	14.62	0.1462
			150 ml	21.93	0.1462
02469170	*Lupin-Cephalexin*	Lupin	100 ml	14.62	0.1462
			150 ml	21.93	0.1462
00342106	*Teva-Lexin 125*	Teva Can	100 ml	14.62	0.1462
			150 ml	21.93	0.1462

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			250 mg/5 mL	**PPB**	
02497751	*Auro-Cephalexin*	Aurobindo	100 ml	27.97	0.2797
			150 ml	41.96	0.2797
02469189	*Lupin-Cephalexin*	Lupin	100 ml	27.97	0.2797
			150 ml	41.96	0.2797
00342092	*Teva-Lexin 250*	Teva Can	100 ml	27.97	0.2797
			150 ml	41.96	0.2797

8:12.07
MISCELLANEOUS B-LACTAM ANTIBIOTICS

CEFOXITIN SODIUM P

Inj. Pd.				1 g	
02128187	*Cefoxitine*	Novopharm	1	10.60	

Inj. Pd.				2 g	
02128195	*Cefoxitine*	Novopharm	1	21.25	

ERTAPENEM SODIUM P

Inj. Pd.				1 g	**PPB**
02492148	*Ertapenem for injection*	Aurobindo	10	464.39	46.4390
02511150	*Ertapenem for injection*	Dr Reddy's	10	464.39	46.4390
02496127	*Ertapenem for injection*	Fresenius	10	464.39	46.4390
02490773	*Ertapenem for injection*	Juno	10	464.39	46.4390
02247437	*Invanz*	Merck	10	464.39	46.4390

IMIPENEM/ CILASTATIN P

I.V. Inj. Pd.				500 mg -500 mg	
00717282	*Primaxin*	Merck	25	609.50	24.3800

MEROPENEM P

Inj. Pd.				1 g	**PPB**
02378795	*Meropenem*	Sandoz	10	184.45	18.4450
02462893	*Meropenem pour Injection*	Aurobindo	10	184.45	18.4450
02493349	*Meropenem pour Injection*	Sterimax	10	184.45	18.4450
02415224	*Meropenem pour injection, USP*	Fresenius	1	18.45	
02421526	*Taro-Meropenem*	Sun Pharma	10	184.45	18.4450

Inj. Pd.				500 mg	**PPB**
02378787	*Meropenem*	Sandoz	10	92.22	9.2223
02462885	*Meropenem pour Injection*	Aurobindo	10	92.22	9.2223
02493330	*Méropénem pour injection*	Sterimax	10	92.22	9.2223
02415216	*Meropenem pour injection, USP*	Fresenius	1	9.22	
02421518	*Taro-Meropenem*	Sun Pharma	10	92.22	9.2223

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:12.12
MACROLIDES
AZITHROMYCIN F

I.V. Perf. Pd. — 500 mg **PPB**

02465604	*Azithromycine for injection*	Aurobindo	10	145.60	➡ 14.5600
02483890	*Azithromycine for injection*	Sterimax	10	145.60	➡ 14.5600
02239952	*Zithromax I.V.*	Pfizer	10	206.44	20.6440

Oral Susp. — 100 mg/5 mL **PPB**

02482363	*Auro-Azithromycin*	Aurobindo	15 ml	5.59	➡ 0.3726
02274388	*Azithromycin*	Phmscience	15 ml	5.59	➡ 0.3726
02418452	*pms-Azithromycin*	Phmscience	15 ml	5.59	➡ 0.3726
02332388	*Sandoz Azithromycin*	Sandoz	15 ml	5.59	➡ 0.3726
02223716	*Zithromax*	Pfizer	15 ml	16.17	1.0780

Oral Susp. — 200 mg/5 mL **PPB**

02482371	*Auro-Azithromycin*	Aurobindo	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
			37.5 ml	19.80	➡ 0.5280
02274396	*Azithromycin*	Phmscience	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02418460	*pms-Azithromycin*	Phmscience	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
02332396	*Sandoz Azithromycin*	Sandoz	15 ml	7.92	➡ 0.5280
			22.5 ml	11.88	➡ 0.5280
			37.5 ml	19.80	➡ 0.5280
02223724	*Zithromax*	Pfizer	15 ml	22.92	1.5280
			22.5 ml	34.37	1.5276

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				250 mg **PPB**	
02480700	*AG-Azithromycin*	Angita	6	5.65	0.9410
			100	94.10	0.9410
02415542	*Apo-Azithromycin Z*	Apotex	6	5.65	0.9410
			100	94.10	0.9410
02477610	*Azithromycin*	Altamed	6	5.65	0.9410
02330881	*Azithromycin*	Sanis	6	5.65	0.9410
			100	94.10	0.9410
02442434	*Azithromycin*	Sivem	6	5.65	0.9410
			100	94.10	0.9410
02452308	*Jamp-Azithromycin*	Jamp	6	5.65	0.9410
			100	94.10	0.9410
02452324	*Mar-Azithromycin*	Marcan	6	5.65	0.9410
			100	94.10	0.9410
02502038	*M-Azithromycin*	Mantra Ph.	6	5.65	0.9410
			100	94.10	0.9410
02267845	*Novo-Azithromycin*	Novopharm	6	5.65	0.9410
			30	28.23	0.9410
02479680	*NRA-Azithromycin*	Nora	6	5.65	0.9410
02261634	*pms-Azithromycin*	Phmscience	6	5.65	0.9410
			100	94.10	0.9410
02310600	*Pro-Azithromycine*	Pro Doc	6	5.65	0.9410
02275309	*Riva-Azithromycin*	Riva	6	5.65	0.9410
			100	94.10	0.9410
02265826	*Sandoz Azithromycin*	Sandoz	6	5.65	0.9410
			100	94.10	0.9410
02212021	*Zithromax*	Pfizer	6	29.28	4.8803
			30	146.41	4.8803
Tab.				600 mg	
02261642	*pms-Azithromycin*	Phmscience	30	180.00	6.0000

CLARITHROMYCINE F

Co. or Co. L.A.			250 mg / 500 mg L.A. **PPB**		
02403196	*ACT Clarithromycin XL*	ActavisPhm	60	49.46	0.8243
02274744	*Apo-Clarithromycin*	Apotex	100	41.22	0.4122
02413345	*Apo-Clarithromycin XL*	Apotex	100	82.43	0.8243
01984853	*Biaxin Bid*	BGP Pharma	100	161.27	1.6127
02324482	*Clarithromycin*	Pro Doc	100	41.22	0.4122
02466120	*Clarithromycin*	Sanis	100	41.22	0.4122
02442469	*Clarithromycin*	Sivem	100	41.22	0.4122
02471388	*M-Clarithromycin*	Mantra Ph.	100	41.22	0.4122
02247573	*pms-Clarithromycin*	Phmscience	100	41.22	0.4122
			250	103.04	0.4122
02361426	*Ran-Clarithromycin*	Ranbaxy	100	41.22	0.4122
			500	206.08	0.4122
02266539	*Sandoz Clarithromycin*	Sandoz	100	41.22	0.4122
02248804	*Teva Clarithromycin*	Teva Can	100	41.22	0.4122

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg/5 mL **PPB**		
02146908	*Biaxin*	BGP Pharma	55 ml	15.77	0.2867
			105 ml	30.09	0.2866
02408988	*Clarithromycin*	Sanis	55 ml	11.26	➡ 0.2047
			105 ml	21.49	➡ 0.2047
02390442	*Taro-Clarithromycin*	Taro	55 ml	11.26	➡ 0.2047
			105 ml	21.49	➡ 0.2047
Oral Susp.			250 mg/5 mL **PPB**		
02244641	*Biaxin*	BGP Pharma	105 ml	57.89	0.5513
02408996	*Clarithromycin*	Sanis	105 ml	41.98	➡ 0.3998
02390450	*Taro-Clarithromycin*	Taro	105 ml	41.98	➡ 0.3998
Tab.			500 mg **PPB**		
02274752	*Apo-Clarithromycin*	Apotex	100	83.18	➡ 0.8318
02126710	*Biaxin Bid*	BGP Pharma	100	326.62	3.2662
02324490	*Clarithromycin*	Pro Doc	100	83.18	➡ 0.8318
02466139	*Clarithromycin*	Sanis	100	83.18	➡ 0.8318
02442485	*Clarithromycin*	Sivem	100	83.18	➡ 0.8318
02471396	*M-Clarithromycin*	Mantra Ph.	100	83.18	➡ 0.8318
02247574	*pms-Clarithromycin*	Phmscience	100	83.18	➡ 0.8318
			250	207.95	➡ 0.8318
02361434	*Ran-Clarithromycin*	Ranbaxy	100	83.18	➡ 0.8318
			500	415.90	➡ 0.8318
02346532	*Riva-Clarithromycine*	Riva	100	83.18	➡ 0.8318
			250	207.95	➡ 0.8318
02266547	*Sandoz Clarithromycin*	Sandoz	100	83.18	➡ 0.8318
02248805	*Teva Clarithromycin*	Teva Can	100	83.18	➡ 0.8318
ERYTHROMYCIN Pr					
Ent. Tab.				250 mg	
00682020	*Erythro-Base*	AA Pharma	100	18.65	0.1865
SPIRAMYCIN Pr					
Caps.				250 mg	
01927825	*Rovamycine*	Odan	50	73.65	1.4730
Caps.				500 mg	
01927817	*Rovamycine*	Odan	50	143.99	2.8798

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:12.16
PENICILLINS
AMOXICILLIN Pr

Caps. 250 mg **PPB**

02352710	*Amoxicillin*	Sanis	100	6.72	0.0672
			1000	67.20	0.0672
00628115	*Apo-Amoxi*	Apotex	100	6.72	0.0672
			1000	67.20	0.0672
02388073	*Auro-Amoxicillin*	Aurobindo	100	6.72	0.0672
			500	33.60	0.0672
02433060	*Jamp-Amoxicillin*	Jamp	100	6.72	0.0672
			1000	67.20	0.0672
00406724	*Novamoxin*	Novopharm	100	6.72	0.0672
			1000	67.20	0.0672
02230243	*pms-Amoxicillin*	Phmscience	500	33.60	0.0672

Caps. 500 mg **PPB**

02477726	*AG-Amoxicillin*	Angita	100	13.08	0.1308
			500	65.40	0.1308
02352729	*Amoxicillin*	Sanis	100	13.08	0.1308
			500	65.40	0.1308
02401509	*Amoxicillin*	Sivem	100	13.08	0.1308
			500	65.40	0.1308
00628123	*Apo-Amoxi*	Apotex	100	13.08	0.1308
			500	65.40	0.1308
02388081	*Auro-Amoxicillin*	Aurobindo	100	13.08	0.1308
			500	65.40	0.1308
02433079	*Jamp-Amoxicillin*	Jamp	100	13.08	0.1308
			500	65.40	0.1308
00406716	*Novamoxin*	Novopharm	100	13.08	0.1308
			500	65.40	0.1308
02230244	*pms-Amoxicillin*	Phmscience	500	65.40	0.1308
00644315	*Pro-Amox-500*	Pro Doc	500	65.40	0.1308

Chew. Tab. 125 mg

02036347	*Novamoxin*	Novopharm	100	41.67	0.4167

Chew. Tab. 250 mg

02036355	*Teva-Amoxicillin*	Teva Can	100	61.38	0.6138

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Susp.			125 mg/5 mL **PPB**		
00628131	*Apo-Amoxi*	Apotex	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
02458586	*Auro-Amoxicillin*	Aurobindo	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
01934171	*Novamoxin*	Teva Can	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
00452149	*Novamoxin 125*	Novopharm	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
02230245	*pms-Amoxicillin*	Phmscience	100 ml	3.52	0.0352
			150 ml	5.28	0.0352
Oral Susp.			250 mg/5 mL **PPB**		
02352753	*Amoxicillin*	Sanis	75 ml	4.05	0.0540
			100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02352788	*Amoxicillin*	Sanis	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02401541	*Amoxicillin*	Sivem	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00628158	*Apo-Amoxi*	Apotex	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02458594	*Auro-Amoxicillin*	Aurobindo	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
01934163	*Novamoxin*	Teva Can	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00452130	*Novamoxin 250*	Novopharm	75 ml	4.05	0.0540
			100 ml	5.40	0.0540
			150 ml	8.10	0.0540
02230246	*pms-Amoxicillin*	Phmscience	100 ml	5.40	0.0540
			150 ml	8.10	0.0540
00644331	*Pro-Amox-250*	Pro Doc	100 ml	5.40	0.0540
			150 ml	8.10	0.0540

AMOXICILLIN/ POTASSIUM CLAVULANATE P

Oral Susp.			125 mg -31.25 mg/5 mL		
01916882	*Clavulin-125 F*	GSK	100 ml	9.50	0.0950
Oral Susp.			200 mg -28.5 mg/5 mL		
02238831	*Clavulin-200*	GSK	70 ml	9.39	0.1341
Oral Susp.			250 mg -62.5 mg/5 mL		
01916874	*Clavulin-250 F*	GSK	100 ml	18.72	0.1872
Oral Susp.			400 mg - 57 mg/5mL		
02238830	*Clavulin-400*	GSK	70 ml	17.95	0.2564

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			250 mg -125 mg	**PPB**	
02243350	*Apo-Amoxi Clav*	Apotex	100	49.34	0.4934
+ 02471671	*Auro-Amoxiclav*	Aurobindo	100	24.67	0.2467
* 02508249	*Jamp Amoxi Clav*	Jamp	100	24.67	0.2467
Tab.			500 mg -125 mg	**PPB**	
02243351	*Apo-Amoxi Clav*	Apotex	100	37.78	0.3778
+ 02471698	*Auro-Amoxiclav*	Aurobindo	100	37.78	0.3778
01916858	*Clavulin-500 F*	GSK	20	27.56	1.3780
02508257	*Jamp Amoxi Clav*	Jamp	100	37.78	0.3778
02482576	*Sandoz Amoxi-Clav*	Sandoz	100	37.78	0.3778
Tab.			875 mg -125 mg	**PPB**	
02510642	*AG-Amoxi Clav*	Angita	100	55.50	0.5550
02245623	*Apo-Amoxi Clav*	Apotex	100	55.50	0.5550
+ 02471701	*Auro-Amoxiclav*	Aurobindo	100	55.50	0.5550
02238829	*Clavulin-875*	GSK	20	41.34	2.0670
02508265	*Jamp Amoxi Clav*	Jamp	100	55.50	0.5550
02482584	*Sandoz Amoxi-Clav*	Sandoz	100	55.50	0.5550
AMPICILLIN P					
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) P					
Inj. Pd.				1 g **PPB**	
02227002	*Ampicilline pour injection*	Fresenius	1	3.60	
01933345	*Ampicilline Sodique*	Novopharm	1	3.60	
02462338	*Ampicilline sodique for injection*	Aurobindo	10	36.00	3.6000
Inj. Pd.				2 g **PPB**	
02226995	*Ampicillin for Injection*	Fresenius	1	7.20	
01933353	*Ampicilline Sodique*	Novopharm	1	7.20	
02462346	*Ampicilline sodique for injection*	Aurobindo	10	72.00	7.2000
Inj. Pd.				250 mg **PPB**	
02227029	*Ampicilline pour injection*	Fresenius	1	2.05	
00872644	*Ampicilline Sodique*	Novopharm	1	2.05	
02462303	*Ampicilline sodique for injection*	Aurobindo	10	20.50	2.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				500 mg **PPB**	
02227010	*Ampicilline pour injection*	Fresenius	1	➡ 2.15	
00872652	*Ampicilline Sodique*	Novopharm	1	➡ 2.15	
02462311	*Ampicilline sodique for injection*	Aurobindo	10	21.50	➡ 2.1500
CLOXACILLIN (SODIUM) P					
Caps.				250 mg **PPB**	
+ 02510731	*JAMP Cloxacillin*	Jamp	100	23.79	➡ 0.2379
* 00337765	*Teva-Cloxin*	Teva Can	100	23.79	➡ 0.2379
Caps.				500 mg **PPB**	
+ 02510758	*JAMP Cloxacillin*	Jamp	100	44.94	➡ 0.4494
* 00337773	*Teva-Cloxin*	Teva Can	100	44.94	➡ 0.4494
Inj. Pd.				2 g	
02367424	*Cloxacillin*	Sterimax	10	84.07	8.4070
Inj. Pd.				10 g	
02400081	*Cloxacilline pour injection*	Sterimax	1	36.55	
Inj. Pd.				500 mg	
02367408	*Cloxacillin*	Sterimax	10	52.44	5.2440
Oral Susp.				125 mg/5 mL	
00337757	*Teva-Cloxacillin Solution*	Teva Can	100 ml	6.06	0.0606
PENICILLIN G (BENZATHINE) P					
I.M. Inj. Susp.				1 2000 000 UI / 2 mL	
02291924	*Bicillin L-A*	Pfizer	10	406.96	40.6960
PENICILLIN G (SODIUM) P					
Inj. Pd.				1 000 000 U **PPB**	
01930672	*Penicilline G*	Novopharm	1	➡ 2.40	
* 02220261	*Penicilline G sodium for injection*	Fresenius	1	2.40	**W**
Inj. Pd.				5 000 000 U	
* 02220288	*Penicilline G sodium for injection*	Fresenius	1	5.10	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.			10 000 000 U **PPB**		
01930680	*Penicilline G*	Novopharm	1	➡ 8.90	
* 02220296	*Penicilline G sodium for injection*	Fresenius	1	8.90	**W**
PHENOXYMETHYLPENICILLIN (BASE OR POTASSIUM SALT) P					
Tab.			250 mg to 300 mg		
00642215	*Pen-VK*	AA Pharma	100	18.73	0.1873
			1000	187.30	0.1873
PIPERACILLIN SODIUM/ TABACTAM SODIUM P					
I.V. Perf. Pd.			2 g -0.25 g **PPB**		
02362619	*Piperacilline et Tazobactam*	Sterimax	10	41.70 ➡	4.1700
02308444	*Piperacilline et Tazobactam for injection*	Apotex	1	➡ 4.17	
02402068	*Piperacilline et Tazobactam for injection*	Aurobindo	10	41.70 ➡	4.1700
02299623	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	➡ 4.17	
02370158	*Piperacilline/Tazobactam*	Teva Can	10	41.70 ➡	4.1700
02401312	*Piperacilline-Tazobactam for injection*	Teligent	10	41.70 ➡	4.1700
I.V. Perf. Pd.			3 g -0.375 g **PPB**		
02362627	*Piperacilline et Tazobactam*	Sterimax	10	62.59 ➡	6.2590
02308452	*Piperacilline et Tazobactam for injection*	Apotex	1	➡ 6.26	
02402076	*Piperacilline et Tazobactam for injection*	Aurobindo	10	62.59 ➡	6.2590
02299631	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	➡ 6.26	
02370166	*Piperacilline/Tazobactam*	Teva Can	10	62.59 ➡	6.2590
02401320	*Piperacilline-Tazobactam for injection*	Teligent	10	62.59 ➡	6.2590
I.V. Perf. Pd.			4 g -0.5 g **PPB**		
02420430	*Jamp-PIP/TAZ*	Jamp	10	83.46 ➡	8.3458
02362635	*Piperacilline et Tazobactam*	Sterimax	10	83.46 ➡	8.3458
02308460	*Piperacilline et Tazobactam for injection*	Apotex	1	➡ 8.35	
02402084	*Piperacilline et Tazobactam for injection*	Aurobindo	10	83.46 ➡	8.3458
02299658	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	➡ 8.35	
02370174	*Piperacilline/Tazobactam*	Teva Can	10	83.46 ➡	8.3458
02401339	*Piperacilline-Tazobactam for injection*	Teligent	10	83.46 ➡	8.3458

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
I.V. Perf. Pd.					12 g - 1,5 g **PPB**		
	02377748	*Piperacilline et Tazobactam for injection*	Sterimax	1	36.33	➡	
	02330547	*Piperacilline sodique/ Tazobactam sodique*	Sandoz	1	36.33	➡	
I.V. Perf. Pd.					36 g - 4,5 g		
	02439131	*Piperacilline et Tazobactam for injection*	Sterimax	1	108.99		

8:12.18
QUINOLONES
CIPROFLOXACIN HYDROCHLORIDE

I.V. Perf. Sol.					2 mg/mL		
	02301903	*Ciprofloxacine Injection USP*	Pfizer	100 ml 200 ml	17.92 35.84		
L.A. Tab.					500 mg **PPB**		
*	02247916	*Cipro XL*	Bayer	50	144.81		**W**
	02416433	*pms-Ciprofloxacin XL*	Phmscience	100	173.77	➡	1.7377
L.A. Tab.					1000 mg		
*	02251787	*Cipro XL*	Bayer	50	144.81		**W**
Oral Susp.					500 mg/5 mL		
	02237514	*Cipro*	Bayer	100 ml	53.23		0.5323
Tab.					250 mg **PPB**		
	02247339	*ACT Ciprofloxacin*	ActavisPhm	100	44.54	➡	0.4454
	02381907	*Auro-Ciprofloxacin*	Aurobindo	100	44.54	➡	0.4454
				500	222.70	➡	0.4454
	02353318	*Ciprofloxacin*	Sanis	100	44.54	➡	0.4454
	02386119	*Ciprofloxacin*	Sivem	100	44.54	➡	0.4454
	02380358	*Jamp-Ciprofloxacin*	Jamp	100	44.54	➡	0.4454
	02379686	*Mar-Ciprofloxacin*	Marcan	100	44.54	➡	0.4454
	02317427	*Mint-Ciprofloxacine*	Mint	100	44.54	➡	0.4454
	02248437	*pms-Ciprofloxacin*	Phmscience	100	44.54	➡	0.4454
	02317796	*Pro-Ciprofloxacin*	Pro Doc	100	44.54	➡	0.4454
	02303728	*Ran-Ciproflox*	Ranbaxy	100	44.54	➡	0.4454
	02248756	*Sandoz Ciprofloxacin*	Sandoz	100	44.54	➡	0.4454

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				500 mg **PPB**	
02247340	*ACT Ciprofloxacin*	ActavisPhm	100	50.25	0.5025
02476592	*AG-Ciprofloxacin*	Angita	100	50.25	0.5025
02381923	*Auro-Ciprofloxacin*	Aurobindo	100	50.25	0.5025
			500	251.25	0.5025
02444887	*Bio-Ciprofloxacin*	Biomed	100	50.25	0.5025
			500	251.25	0.5025
02353326	*Ciprofloxacin*	Sanis	100	50.25	0.5025
02386127	*Ciprofloxacin*	Sivem	100	50.25	0.5025
02380366	*Jamp-Ciprofloxacin*	Jamp	100	50.25	0.5025
			500	251.25	0.5025
02379694	*Mar-Ciprofloxacin*	Marcan	100	50.25	0.5025
02423561	*Mint-Ciproflox*	Mint	100	50.25	0.5025
02317435	*Mint-Ciprofloxacine*	Mint	100	50.25	0.5025
02492008	*NRA-Ciprofloxacin*	Nora	100	50.25	0.5025
02248438	*pms-Ciprofloxacin*	Phmscience	100	50.25	0.5025
			500	251.25	0.5025
02445344	*Priva-Ciprofloxacin*	Pharmapar	100	50.25	0.5025
			500	251.25	0.5025
02317818	*Pro-Ciprofloxacin*	Pro Doc	100	50.25	0.5025
			500	251.25	0.5025
02303736	*Ran-Ciproflox*	Ranbaxy	100	50.25	0.5025
02251248	*Riva-Ciprofloxacin*	Riva	100	50.25	0.5025
			500	251.25	0.5025
02248757	*Sandoz Ciprofloxacin*	Sandoz	100	50.25	0.5025
Tab.				750 mg **PPB**	
02247341	*ACT Ciprofloxacin*	ActavisPhm	50	46.01	0.9201
02380374	*Jamp-Ciprofloxacin*	Jamp	50	46.01	0.9201
02379708	*Mar-Ciprofloxacin*	Marcan	50	46.01	0.9201
02423588	*Mint-Ciproflox*	Mint	50	46.01	0.9201
02317443	*Mint-Ciprofloxacine*	Mint	100	92.01	0.9201
02248439	*pms-Ciprofloxacin*	Phmscience	100	92.01	0.9201
02303744	*Ran-Ciproflox*	Ranbaxy	100	92.01	0.9201
02248758	*Sandoz Ciprofloxacin*	Sandoz	50	46.01	0.9201
LEVOFLOXACIN Pr					
Tab.				250 mg **PPB**	
02315424	*ACT Levofloxacin*	Teva Can	50	60.19	1.2038
02284707	*Apo-Levofloxacin*	Apotex	100	120.38	1.2038
02505797	*Mint-Levofloxacin*	Mint	100	120.38	1.2038
02492725	*Riva-Levofloxacin*	Riva	100	120.38	1.2038
02298635	*Sandoz Levofloxacin*	Sandoz	50	60.19	1.2038
Tab.				500 mg **PPB**	
02315432	*ACT Levofloxacin*	Teva Can	100	137.18	1.3718
02284715	*Apo-Levofloxacin*	Apotex	100	137.18	1.3718
02415879	*Levofloxacin*	Pro Doc	100	137.18	1.3718
02505819	*Mint-Levofloxacin*	Mint	100	137.18	1.3718
02492733	*Riva-Levofloxacin*	Riva	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
Tab.				750 mg **PPB**	
02315440	*ACT Levofloxacin*	Teva Can	50	133.02	2.6604
02325942	*Apo-Levofloxacin*	Apotex	100	266.04	2.6604
02505800	*Mint-Levofloxacin*	Mint	100	266.04	2.6604
02492741	*Riva-Levofloxacin*	Riva	100	266.04	2.6604
02298651	*Sandoz Levofloxacin*	Sandoz	50	133.02	2.6604
MOXIFLOXACIN HYDROCHLORIDE					
Tab.				400 mg **PPB**	
02478137	*AG-Moxifloxacin*	Angita	30	45.69	1.5230
02404923	*Apo-Moxifloxacin*	Apotex	30	45.69	1.5230
02432242	*Auro-Moxifloxacin*	Aurobindo	30	45.69	1.5230
			100	152.30	1.5230
02447266	*Bio-Moxifloxacin*	Biomed	30	45.69	1.5230
			100	152.30	1.5230
02443929	*Jamp-Moxifloxacin*	Jamp	30	45.69	1.5230
02447061	*Jamp-Moxifloxacin Tablets*	Jamp	100	152.30	1.5230
02447053	*Mar-Moxifloxacin*	Marcan	100	152.30	1.5230
02472791	*M-Moxifloxacin*	Mantra Ph.	100	152.30	1.5230
02462974	*Moxifloxacin*	Pro Doc	30	45.69	1.5230
02450976	*Riva-Moxifloxacin*	Riva	30	45.69	**W**
02383381	*Sandoz Moxifloxacin*	Sandoz	30	45.69	1.5230
02375702	*Teva-Moxifloxacin*	Teva Can	30	45.69	1.5230
NORFLOXACIN					
Tab.				400 mg	
02229524	*Norflox*	AA Pharma	100	185.86	1.8586

8:12.20
SULFONAMIDES

SULFASALAZINE

Ent. Tab.				500 mg	
00598488	*pms-Sulfasalazine-E.C.*	Phmscience	100	38.63	0.3863
Tab.				500 mg	
00598461	*pms-Sulfasalazine*	Phmscience	500	126.65	0.2533
TRIMETHOPRIM/ SULFAMETHOXAZOLE					
Oral Susp.				40 mg -200 mg/5 mL	
00726540	*Teva-Sulfamethoxazole*	Teva Can	100 ml	9.68	0.0968
			400 ml	38.72	0.0968
Tab.				20 mg -100 mg	
00445266	*Sulfatrim-PED*	AA Pharma	100	9.11	0.0911

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			80 mg -400 mg **PPB**		
00445274	*Sulfatrim*	AA Pharma	100	4.82	0.0482
00510637	*Teva-Sulfamethoxazole/ Trimethoprim*	Novopharm	100	4.82	0.0482
Tab.			160 mg -800 mg **PPB**		
00510645	*Novo-Trimel D.S.*	Novopharm	100	12.21	0.1221
			500	61.05	0.1221
00445282	*Sulfatrim-DS*	AA Pharma	500	61.05	0.1221

8:12.24
TETRACYCLINES
DOXYCYCLINE HYCLATE Pr
Caps. or Tab. 100 mg **PPB**

00740713	*Apo-Doxy*	Apotex	100	58.60	0.5860
			250	146.50	0.5860
00874256	*Apo-Doxy-Tabs*	Apotex	100	58.60	0.5860
00860751	*Doxycin (co.)*	Riva	100	58.60	0.5860
			300	175.80	0.5860
02351234	*Doxycycline (Caps.)*	Sanis	100	58.60	0.5860
			200	117.20	0.5860
02351242	*Doxycycline (Co.)*	Sanis	100	58.60	0.5860
00887064	*Doxytab*	Pro Doc	100	58.60	0.5860
00725250	*Novo-Doxilin*	Novopharm	100	58.60	0.5860
			200	117.20	0.5860
02158574	*Novo-Doxylin (Co.)*	Novopharm	100	58.60	0.5860

MINOCYCLINE HYDROCHLORIDE Pr
Caps. 50 mg

02153394	*Minocycline-50*	Pro Doc	100	11.01	**W**

Caps. 100 mg

02154366	*Minocycline-100*	Pro Doc	100	21.25	**W**

TETRACYCLINE HYDROCHLORIDE Pr
Caps. 250 mg

00580929	*Tetracycline*	AA Pharma	100	6.70	0.0670
			1000	67.00	0.0670

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
8:12.28							
MISCELLANEOUS ANTIBIOTICS							
CLINDAMYCIN HYDROCHLORIDE Pr							
Caps.					150 mg	**PPB**	
	02485109	*AG-Clindamycin*	Angita	100	22.17	➡	0.2217
	02436906	*Auro-Clindamycin*	Aurobindo	100	22.17	➡	0.2217
	02400529	*Clindamycin*	Sanis	100	22.17	➡	0.2217
	00030570	*Dalacin C*	Pfizer	100	85.97		0.8597
	02483734	*Jamp-Clindamycin*	Jamp	100	22.17	➡	0.2217
	02479923	*M-Clindamycin*	Mantra Ph.	100	22.17	➡	0.2217
+	02462656	*Med-Clindamycin*	GMP	100	22.17	➡	0.2217
	02493748	*NRA-Clindamycin*	Nora	100	22.17	➡	0.2217
	02468476	*Riva-Clindamycin*	Riva	100	22.17	➡	0.2217
	02241709	*Teva-Clindamycin*	Teva Can	100	22.17	➡	0.2217
Caps.					300 mg	**PPB**	
	02485117	*AG-Clindamycin*	Angita	100	44.34	➡	0.4434
	02436914	*Auro-Clindamycin*	Aurobindo	100	44.34	➡	0.4434
	02400537	*Clindamycin*	Sanis	100	44.34	➡	0.4434
	02182866	*Dalacin C*	Pfizer	100	172.71		1.7271
	02483742	*Jamp-Clindamycin*	Jamp	100	44.34	➡	0.4434
	02479931	*M-Clindamycin*	Mantra Ph.	100	44.34	➡	0.4434
+	02462664	*Med-Clindamycin*	GMP	100	44.34	➡	0.4434
	02241710	*Novo-Clindamycin*	Novopharm	100	44.34	➡	0.4434
	02493756	*NRA-Clindamycin*	Nora	100	44.34	➡	0.4434
	02468484	*Riva-Clindamycin*	Riva	100	44.34	➡	0.4434
CLINDAMYCIN PALMITATE HYDROCHLORIDE Pr							
Oral Susp.					75 mg/5 mL		
	00225851	*Dalacin C*	Pfizer	100 ml	31.52		0.3152
CLINDAMYCIN PHOSPHATE Pr							
Inj. Sol.					150 mg/mL	**PPB**	
	02230540	*Clindamycine Injection*	Sandoz	2 ml	➡ 6.50		
				4 ml	➡ 13.00		
				6 ml	➡ 18.50		
	00260436	*Dalacin C*	Pfizer	2 ml	6.88		
				4 ml	13.76		
				6 ml	18.75		
COLISTIMETHATE (SODIUM) Pr							
Inj. Pd.					150 mg	**PPB**	
	02244849	*Colistimethate*	Sterimax	1	➡ 30.42		
	02403544	*Colistimethate pour injection, USP*	Fresenius	1	➡ 30.42		
	00476420	*Coly-Mycin M Parenteral*	Erfa	1	➡ 30.42		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VANCOMYCIN HYDROCHLORIDE P					
Caps.				125 mg **PPB**	
02406497	*Gelules de chlorhydrate de vancomycine*	Strides	20	103.60	5.1800
02407744	*Jamp-Vancomycin*	Jamp	20	103.60	5.1800
00800430	*Vancocin*	Search Phm	20	103.60	5.1800
Caps.				250 mg **PPB**	
02406500	*Gelules de chlorhydrate de vancomycine*	Strides	20	207.20	10.3600
02407752	*Jamp-Vancomycin*	Jamp	20	207.20	10.3600
00788716	*Vancocin*	Search Phm	20	207.20	10.3600
I.V. Perf. Pd.				1 g **PPB**	
02139383	*Chlorhydrate de Vancomycine pour injection*	Fresenius	10	187.81	18.7810
02502607	*Chlorhydrate de Vancomycine pour injection*	Jamp	10	187.81	18.7810
02394634	*Chlorhydrate de Vancomycine pour injection USP*	Sandoz	10	187.81	18.7810
02420309	*Jamp-Vancomycin*	Jamp	10	187.81	18.7810
02342863	*Vancomycin for injection USP*	Sterimax	10	187.81	18.7810
I.V. Perf. Pd.				5 g **PPB**	
02139243	*Chlorhydrate de Vancomycine pour injection*	Fresenius	1	294.95	
02405822	*Chlorhydrate de Vancomycine pour injection*	Sterimax	1	294.95	
02420317	*Jamp-Vancomycin*	Jamp	1	294.95	
02394642	*Vancomycine*	Sandoz	1	294.95	
I.V. Perf. Pd.				10 g **PPB**	
02241807	*Chlorhydrate de Vancomycine pour injection*	Fresenius	1	589.90	
02420325	*Jamp-Vancomycin*	Jamp	1	589.90	
02405830	*Vancomycin for injection USP*	Sterimax	1	589.90	
I.V. Perf. Pd.				500 mg **PPB**	
02139375	*Chlorhydrate de Vancomycine pour injection*	Fresenius	10	98.67	9.8669
02502593	*Chlorhydrate de Vancomycine pour injection*	Jamp	10	98.67	9.8669
02394626	*Chlorhydrate de Vancomycine pour injection USP*	Sandoz	10	98.67	9.8669
02342855	*Vancomycin for injection USP*	Sterimax	10	98.67	9.8669

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:14.04
ALLYLAMINES
TERBINAFIN HYDROCHLORIDE F

Tab. — 250 mg **PPB**

02254727	*ACT Terbinafine*	ActavisPhm	30	23.14	0.7714
			100	77.14	0.7714
02239893	*Apo-Terbinafine*	Apotex	30	23.14	0.7714
			100	77.14	0.7714
02320134	*Auro-Terbinafine*	Aurobindo	28	21.60	0.7714
			100	77.14	0.7714
02357070	*Jamp-Terbinafine*	Jamp	30	23.14	0.7714
			100	77.14	0.7714
02031116	*Lamisil*	Novartis	28	102.27	3.6525
02240346	*Novo-Terbinafine*	Novopharm	28	21.60	0.7714
			100	77.14	0.7714
02294273	*pms-Terbinafine*	Phmscience	30	23.14	0.7714
			100	77.14	0.7714
02262924	*Riva-Terbinafine*	Riva	30	23.14	0.7714
			100	77.14	0.7714
02353121	*Terbinafine*	Sanis	30	23.14	0.7714
			100	77.14	0.7714
02385279	*Terbinafine*	Sivem	30	23.14	0.7714
			100	77.14	0.7714
02242735	*Terbinafine-250*	Pro Doc	30	23.14	0.7714
			100	77.14	0.7714

8:14.08
AZOLES
FLUCONAZOLE

Caps. — 150 mg **PPB**

02241895	*Apo-Fluconazole-150*	Apotex	1	3.93	
02462168	*Bio-Fluconazole*	Biomed	1	3.93	
02432471	*Jamp-Fluconazole*	Jamp	1	3.93	
02428792	*Mar-Fluconazole-150*	Marcan	1	3.93	
02433702	*Priva-Fluconazole*	Pharmapar	1	3.93	
02255510	*Riva-Fluconazole*	Riva	1	3.93	

FLUCONAZOLE F

I.V. Perf. Sol. — 2 mg/mL **PPB**

00891835	*Diflucan*	Pfizer	100 ml	37.56	
02388448	*Fluconazole*	Sandoz	100 ml	26.87	

Tab. — 50 mg **PPB**

02281260	*ACT Fluconazole*	ActavisPhm	50	64.52	1.2904
02237370	*Apo-Fluconazole*	Apotex	50	64.52	1.2904
02517396	*Fluconazole*	Sanis	50	64.52	1.2904
02245292	*Mylan-Fluconazole*	Mylan	50	64.52	1.2904
02236978	*Novo-Fluconazole*	Novopharm	100	129.04	1.2904
02245643	*pms-Fluconazole*	Phmscience	50	64.52	1.2904

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02281279	*ACT Fluconazole*	ActavisPhm	50	114.45	2.2890
02237371	*Apo-Fluconazole*	Apotex	50	114.45	2.2890
02517418	*Fluconazole*	Sanis	50	114.45	2.2890
02245293	*Mylan-Fluconazole*	Mylan	50	114.45	2.2890
02236979	*Novo-Fluconazole*	Novopharm	50	114.45	2.2890
02245644	*pms-Fluconazole*	Phmscience	50	114.45	2.2890
02310686	*Pro-Fluconazole*	Pro Doc	50	114.45	2.2890
ITRACONAZOLE P					
Caps.				100 mg **PPB**	
02462559	*Mint-Itraconazole*	Mint	30	112.27	3.7423
02047454	*Sporanox*	Janss. Inc	28	106.21	3.7932
			30	113.80	3.7932
Oral Sol.				10 mg/mL **PPB**	
02484315	*Jamp Itraconazole*	Jamp	150	61.67	0.4111
02495988	*Odan Itraconazole*	Odan	150 ml	61.67	0.4111
02231347	*Sporanox*	Janss. Inc	150 ml	115.28	0.7685
KETOCONAZOLE P					
Tab.				200 mg **PPB**	
02237235	*Apo-Ketoconazole*	Apotex	100	93.93	0.9393
02231061	*Novo-Ketoconazole*	Novopharm	100	93.93	0.9393
8:14.28					
POLYENES					
NYSTATIN P					
Oral Susp.				100 000 U/mL **PPB**	
02433443	*Jamp-Nystatin*	Jamp	100 ml	5.18	0.0518
			500 ml	25.90	0.0518
00792667	*pms-Nystatin*	Phmscience	100 ml	5.18	0.0518
			500 ml	25.90	0.0518
02194201	*ratio-Nystatin*	Ratiopharm	24 ml	1.24	0.0518
			48 ml	2.49	0.0518
			100 ml	5.18	0.0518
8:16.04					
ANTITUBERCULOSIS AGENTS					
ETHAMBUTOL HYDROCHLORIDE P					
Tab.				100 mg	
00247960	*Etibi*	Valeant	100	11.00	0.1100
Tab.				400 mg	
00247979	*Etibi*	Valeant	100	30.00	0.3000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ISONIAZID P					
Syr.				50 mg/5 mL	
00577812	*pdp-Isoniazid*	Pendopharm	500 ml	137.70	0.2754
Tab.				100 mg	
00577790	*pdp-Isoniazid*	Pendopharm	100	90.55	0.9055
Tab.				300 mg	
00577804	*pdp-Isoniazid*	Pendopharm	100	86.44	0.8644
PYRAZINAMIDE P					
Tab.				500 mg	
00618810	*PDP-Pyrazinamide*	Pendopharm	100	142.36	1.4236
RIFABUTIN P					
Caps.				150 mg	
02063786	*Mycobutin*	Pfizer	100	493.69	4.9369
RIFAMPIN P					
Caps.				150 mg	
00393444	*Rofact 150*	Valeant	100	60.38	0.6038
Caps.				300 mg	
00343617	*Rofact 300*	Valeant	100	95.03	0.9503

8:16.92
MISCELLANEOUS ANTIMYCOBACTERIALS
DAPSONE P

Tab.				100 mg **PPB**	
02041510	*Dapsone*	Jacobus	100	140.61	1.4061
02481227	*Mar-Dapsone*	Marcan	100	70.31	➡ 0.7031
02489058	*Riva-Dapsone*	Riva	100	70.31	➡ 0.7031

8:18.04
ADAMANTANES
AMANTADINE HYDROCHLORIDE P

Caps.				100 mg	
01990403	*PDP-Amantadine*	Pendopharm	100	52.52	0.5252

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr.				50 mg/5 mL	
02022826	*PDP-Amantadine*	Pendopharm	500 ml	54.90	0.1098

8:18.08
ANTIRETROVIRAL AGENTS

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	208.97 ➡	3.4828
02480956	*Mint-Abacavir*	Mint	60	208.97 ➡	3.4828
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
02497654	*Jamp Abacavir/Lamivudine*	Jamp	30	179.62 ➡	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 **PPB**	
02456877	*Mylan-Atazanavir*	Mylan	60	340.62 ➡	5.6770
02248610	*Reyataz*	B.M.S.	60	648.00	10.8000
02443791	*Teva-Atazanavir*	Teva Can	60	340.62 ➡	5.6770
Caps.				200 mg **PPB**	
02456885	*Mylan-Atazanavir*	Mylan	60	342.62 ➡	5.7103
02248611	*Reyataz*	B.M.S.	60	651.87	10.8645
02443813	*Teva-Atazanavir*	Teva Can	60	342.62 ➡	5.7103
Caps.				300 mg **PPB**	
02456893	*Mylan-Atazanavir*	Mylan	30	336.49 ➡	11.2163
02294176	*Reyataz*	B.M.S.	30	648.01	21.6003
02443821	*Teva-Atazanavir*	Teva Can	60	672.98 ➡	11.2163

BICTEGRAVIR SODIUM/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE

Tab.			50 mg -200 mg -25 mg		
02478579	*Biktarvy*	Gilead	30	1176.68	39.2227

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CABOTEGRAVIR SODIUM Pr					
Tab.				30 mg	
02497204	*Vocabria*	ViiV	30	795.47	26.5157
CABOTEGRAVIR/RILPIVIRINE (COMBINED PACKAGE) Pr					
Kit			200 mg/mL - 300 mg/mL		
02497220	*Cabenuva*	ViiV	2 ml	1209.37	
02497247	*Cabenuva*	ViiV	3 ml	2418.75	
DARUNAVIR Pr					
Tab.				75 mg	
02338432	*Prezista*	Janss. Inc	480	854.88	1.7810
Tab.				150 mg	
02369753	*Prezista*	Janss. Inc	240	854.88	3.5620
Tab.				800 mg **PPB**	
02487268	*Apo-Darunavir*	Apotex	30	293.08	9.7693
02486148	*Auro-Darunavir*	Aurobindo	30	293.08	9.7693
02522292	*M-Darunavir*	Mantra Ph.	30	293.08	9.7693
02393050	*Prezista*	Janss. Inc	30	586.15	19.5383
DOLUTEGRAVIR SODIUM Pr					
Tab.				50 mg	
02414945	*Tivicay*	ViiV	30	555.00	18.5000
DOLUTEGRAVIR SODIUM/ABACAVIR SULFATE/LAMIVUDINE Pr					
Tab.			50 mg - 600 mg - 300 mg		
02430932	*Triumeq*	ViiV	30	1216.99	40.5663
DOLUTEGRAVIR SODIUM/LAMIVUDINE Pr					
Tab.				50 mg-300 mg	
02491753	*Dovato*	ViiV	30	913.20	30.4400
DOLUTEGRAVIR SODIUM/RILPIVIRINE HYDROCHLORIDE Pr					
Tab.				50 mg -25 mg	
02475774	*Juluca*	ViiV	30	1046.10	34.8700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DORAVIRINE Pr					
Tab.				100 mg	
02481545	*Pifeltro*	Merck	30	499.50	16.6500
DORAVIRINE/LAMIVUDINE/TENOFOVIR DISOPROXIL (FUMARATE) Pr					
Tab.			100 mg -300 mg -300 mg		
02482592	*Delstrigo*	Merck	30	863.70	28.7900
EFAVIRENZ Pr					
Caps.				50 mg	
02239886	*Sustiva*	B.M.S.	30	35.41	1.1803
Caps.				200 mg	
02239888	*Sustiva*	B.M.S.	90	424.92	4.7213
Tab.				600 mg **PPB**	
02418428	*Auro-Efavirenz*	Aurobindo	30	114.09 ➡	3.8030
			500	1901.50 ➡	3.8030
02458233	*Jamp-Efavirenz*	Jamp	30	114.09 ➡	3.8030
02381524	*Mylan-Efavirenz*	Mylan	30	114.09 ➡	3.8030
02246045	*Sustiva*	B.M.S.	30	424.92	14.1640
02389762	*Teva-Efavirenz*	Teva Can	30	114.09 ➡	3.8030
EFAVIRENZ/ EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE Pr					
Tab.			600 mg - 200 mg - 300 mg **PPB**		
02468247	*Apo-Efavirenz-Emtricitabine-Tenofovir*	Apotex	30	339.90 ➡	11.3300
02478404	*Auro-Efavirenz-Emtricitabine-Tenofovir*	Aurobindo	30	339.90 ➡	11.3300
02461412	*Mylan-Efavirenz/ Emtricitabine/Tenofovir Disoproxil Fumarate*	Mylan	30	339.90 ➡	11.3300
02487284	*pms-Efavirenz-Emtricitabine-Tenofovir*	Phmscience	30	339.90 ➡	11.3300
02518716	*Riva-Efavirenz/ Emtricitabine/Tenofovir*	Riva	30	339.90 ➡	11.3300
02484676	*Sandoz Efavirenz-Emtricitabine-Tenofovir*	Sandoz	30	339.90 ➡	11.3300
02393549	*Teva-Efavirenz/ Emtricitabine/Tenofovir*	Teva Can	30	339.90 ➡	11.3300
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE Pr					
Tab.			150 mg -150 mg -200 mg -10 mg		
02449498	*Genvoya*	Gilead	30	1314.01	43.8003

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR DISOPROXIL (FUMARATE) P					
Tab.			150 mg -150 mg -200 mg -300 mg		
02397137	*Stribild*	Gilead	30	1320.00	44.0000
EMTRICITABINE/ RILPIVIRINE / TENOFOVIR DISOPROXIL (FUMARATE DE) P					
Tab.			200 mg - 25 mg - 300 mg		
02374129	*Complera*	Gilead	30	1176.68	39.2227
EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE P					
Tab.			200mg- 300mg **PPB**		
02496356	*AG-Emtricitabine/Tenofovir Disoproxil*	Angita	30	219.11 ➡	7.3035
02452006	*Apo-Emtricitabine-Tenofovir*	Apotex	30	219.11 ➡	7.3035
02487012	*Jamp Emtricitabine/ Tenofovir Disoproxil Fumarate*	Jamp	30	219.11 ➡	7.3035
02443902	*Mylan-Emtricitabine/ Tenofovir Disoproxil*	Mylan	30	219.11 ➡	7.3035
02461110	*pms-Emtricitabine-Tenofovir*	Phmscience	30	219.11 ➡	7.3035
02487853	*Sandoz Emtricitabine-Tenofovir*	Sandoz	30	219.11 ➡	7.3035
02399059	*Teva-Emtricitabine/ Tenofovir*	Teva Can	30	219.11 ➡	7.3035
02274906	*Truvada*	Gilead	30	783.06	26.1020
EMTRICITABINE/RILPIVIRINE HYDROCHLORIDE/TENOFOVIR ALAFENAMIDE HEMIFUMARATE P					
Tab.			200 mg - 25 mg - 25 mg		
02461463	*Odefsey*	Gilead	30	1176.68	39.2227
FOSAMPRENAVIR CALCIUM P					
Oral Susp.				50 mg/mL	
02261553	*Telzir*	ViiV	225 ml	129.27	0.5745
Tab.				700 mg	
02261545	*Telzir*	ViiV	60	471.52	7.8587
LAMIVUDINE P					
Oral Sol.				10 mg/mL	
02192691	*3TC*	ViiV	240 ml	72.93	0.3039

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg	**PPB**
02393239	*Apo-Lamivudine HBV*	Apotex	100	261.54	2.6154
02239193	*Heptovir*	GSK	60	273.50	4.5583
02512467	*Jamp Lamivudine HBV*	Jamp	100	261.54	2.6154
Tab.				150 mg	**PPB**
02192683	*3TC*	ViiV	60	279.05	4.6508
02369052	*Apo-Lamivudine*	Apotex	60	163.94	2.7323
02507110	*Jamp Lamivudine*	Jamp	60	163.94	2.7323
Tab.				300 mg	**PPB**
02247825	*3TC*	ViiV	30	279.05	9.3017
02369060	*Apo-Lamivudine*	Apotex	30	164.57	5.4857
02507129	*Jamp Lamivudine*	Jamp	30	164.57	5.4857
LAMIVUDINE/ ZIDOVUDIN P					
Tab.				150 mg -300mg	**PPB**
02375540	*Apo-Lamivudine-Zidovudine*	Apotex	100	261.03	2.6103
02414414	*Auro-Lamivudine/ Zidovudine*	Aurobindo	60	156.62	2.6103
			500	1305.15	2.6103
02239213	*Combivir*	ViiV	60	156.62	2.6103
02502801	*Jamp Lamivudine/ Zidovudine*	Jamp	60	156.62	2.6103
02387247	*Teva Lamivudine/ Zidovudine*	Teva Can	60	156.62	2.6103
LOPINAVIR/ RITONAVIR P					
Oral Sol.				80 mg - 20 mg/mL	
02243644	*Kaletra*	AbbVie	160 ml	345.28	2.1580
Tab.				100 mg -25 mg	
02312301	*Kaletra*	AbbVie	60	157.34	2.6223
Tab.				200 mg -50 mg	
02285533	*Kaletra*	AbbVie	120	644.19	5.3683
NELFINAVIR MESYLATE P					
Tab.				250 mg	
02238617	*Viracept*	ViiV	300	546.00	1.8200
Tab.				625 mg	
02248761	*Viracept*	ViiV	120	546.00	4.5500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NEVIRAPINE Pr					
Tab.				200 mg **PPB**	
02318601	*Auro-Nevirapine*	Aurobindo	60	74.08 ➡	1.2346
02405776	*Jamp-Nevirapine*	Jamp	60	74.08 ➡	1.2346
02387727	*Mylan-Nevirapine*	Mylan	60	74.08 ➡	1.2346
RALTEGRAVIR Pr					
Tab.				400 mg	
02301881	*Isentress*	Merck	60	690.00	11.5000
Tab.				600 mg	
02465337	*Isentress HD*	Merck	60	690.00	11.5000
RILPIVIRINE Pr					
Tab.				25 mg	
02370603	*Edurant*	Janss. Inc	30	413.91	13.7970
RITONAVIR Pr					
Tab.				100 mg	
02357593	*Norvir*	AbbVie	30	43.68	1.4560
TENOFOVIR DISOPROXIL FUMARATE Pr					
Tab.				300 mg **PPB**	
02451980	*Apo-Tenofovir*	Apotex	30	146.65 ➡	4.8883
02460173	*Auro-Tenofovir*	Aurobindo	30	146.65 ➡	4.8883
02479087	*Jamp-Tenofovir*	Jamp	30	146.65 ➡	4.8883
02512939	*Mint-Tenofovir*	Mint	30	146.65 ➡	4.8883
02452634	*Mylan-Tenofovir Disoproxil*	Mylan	30	146.65 ➡	4.8883
02472511	*NAT-Tenofovir*	Natco	30	146.65 ➡	4.8883
			500	2444.17 ➡	4.8883
02453940	*pms-Tenofovir*	Phmscience	30	146.65 ➡	4.8883
02515156	*Riva-Tenofovir*	Riva	30	146.65 ➡	4.8883
02512327	*Tenofovir*	Sanis	30	146.65 ➡	4.8883
02403889	*Teva-Tenofovir*	Teva Can	30	146.65 ➡	4.8883
02247128	*Viread*	Gilead	30	518.67	17.2890
ZIDOVUDIN Pr					
Caps.				100 mg **PPB**	
01946323	*Apo-Zidovudine*	Apotex	100	139.77 ➡	1.3977
01902660	*Retrovir*	ViiV	100	175.55	1.7555

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.				10 mg/mL	
01902644	*Retrovir*	ViiV	20 ml	16.70	
Syr.				10 mg/mL	
01902652	*Retrovir*	ViiV	240 ml	44.94	0.1873

8:18.20
INTERFERONS
INTERFERON ALFA-2B Pr

S.C. Inj. Pd.				10 millions UI	
02223406	*Intron A*	Merck	1 ml	123.35	

8:18.28
NEURAMINIDASE INHIBITORS
OSELTAMIVIR PHOSPHATE Pr

Caps.				30 mg **PPB**	
02497409	*Jamp Oseltamivir*	Jamp	10	5.24 ➡	0.5243
02497352	*Mar-Oseltamivir*	Marcan	10	5.24 ➡	0.5243
02497441	*Mint-Oseltamivir*	Mint	10	5.24 ➡	0.5243
02472635	*NAT-Oseltamivir*	Natco	10	5.24 ➡	0.5243
02504006	*Oseltamivir Phosphate Capsules*	Strides	10	5.24 ➡	0.5243
02304848	*Tamiflu*	Roche	10	19.50	1.9500
Caps.				45 mg **PPB**	
02497360	*Mar-Oseltamivir*	Marcan	10	8.07 ➡	0.8068
02472643	*NAT-Oseltamivir*	Natco	10	8.07 ➡	0.8068
02504014	*Oseltamivir Phosphate Capsules*	Strides	10	8.07 ➡	0.8068
02304856	*Tamiflu*	Roche	10	30.00	3.0000
Caps.				75 mg **PPB**	
02497425	*Jamp Oseltamivir*	Jamp	10	10.39 ➡	1.0393
02497379	*Mar-Oseltamivir*	Marcan	10	10.39 ➡	1.0393
02497476	*Mint-Oseltamivir*	Mint	10	10.39 ➡	1.0393
02457989	*NAT-Oseltamivir*	Natco	10	10.39 ➡	1.0393
02504022	*Oseltamivir Phosphate Capsules*	Strides	10	10.39 ➡	1.0393
02241472	*Tamiflu*	Roche	10	39.00	3.9000
Oral Susp.				6 mg/mL **PPB**	
02499894	*NAT-Oseltamivir*	Natco	65 ml	18.27 ➡	0.2811
02381842	*Tamiflu*	Roche	65 ml	19.50	0.3000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ZANAMIVIR P

Inh. Pd. (App.) — 5 mg/coque (4)

02240863	*Relenza*	GSK	5	36.54	

8:18.32
NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR P

Oral Susp. — 200 mg/5 mL

00886157	*Zovirax*	GSK	475 ml	117.56	0.2475

Tab. — 200 mg **PPB**

02207621	*Apo-Acyclovir*	Apotex	100	63.97	0.6397
02242784	*Mylan-Acyclovir*	Mylan	100	63.97	0.6397
02285959	*Novo-Acyclovir*	Novopharm	100	63.97	0.6397

Tab. — 400 mg **PPB**

02207648	*Apo-Acyclovir*	Apotex	100	127.00	1.2700
02242463	*Mylan-Acyclovir*	Mylan	100	127.00	1.2700
02285967	*Novo-Acyclovir*	Novopharm	100	127.00	1.2700

Tab. — 800 mg **PPB**

02207656	*Apo-Acyclovir*	Apotex	100	126.73	1.2673
02242464	*Mylan-Acyclovir*	Mylan	100	126.73	1.2673
02285975	*Novo-Acyclovir*	Novopharm	100	126.73	1.2673

ACYCLOVIR SODIUM P

I.V. Perf. Sol. — 25 mg/mL

02236916	*Acyclovir*	Pfizer	20 ml	58.41	

I.V. Perf. Sol. — 50 mg/mL (10 mL) **PPB**

02236926	*Acyclovir Sodique*	Fresenius	10	857.80	85.7800
02456524	*Acyclovir sodique injectable*	Sterimax	10	857.80	85.7800
02494558	*Acyclovir Sodium Injection*	Aurobindo	10	857.80	85.7800

I.V. Perf. Sol. — 50 mg/mL (20 mL) **PPB**

99106493	*Acyclovir Sodique*	Fresenius	10	1715.70	171.5700
99106293	*Acyclovir sodique injectable*	Sterimax	10	1715.70	171.5700
99113861	*Acyclovir Sodium Injection*	Aurobindo	10	1715.70	171.5700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ENTECAVIR Pr					
Tab.				0.5 mg	**PPB**
02396955	*Apo-Entecavir*	Apotex	30	165.00	5.5000
02448777	*Auro-Entecavir*	Aurobindo	30	165.00	5.5000
			100	550.00	5.5000
02282224	*Baraclude*	B.M.S.	30	660.00	22.0000
02453797	*Entecavir Tablets*	Strides	30	165.00	5.5000
02467232	*Jamp-Entecavir*	Jamp	30	165.00	5.5000
02485907	*Mint-Entecavir*	Mint	30	165.00	5.5000
02430576	*pms-Entecavir*	Phmscience	30	165.00	5.5000
FAMCICLOVIR Pr					
Tab.				125 mg	**PPB**
02305682	*ACT Famciclovir*	ActavisPhm	10	5.56	0.5564
02292025	*Apo-Famciclovir*	Apotex	30	16.69	0.5564
02229110	*Famvir*	Atnahs	10	27.15	2.7150
02278634	*Sandoz Famciclovir*	Sandoz	10	5.56	0.5564
Tab.				250 mg	**PPB**
02305690	*ACT Famciclovir*	ActavisPhm	30	22.62	0.7541
02292041	*Apo-Famciclovir*	Apotex	30	22.62	0.7541
02229129	*Famvir*	Atnahs	30	112.10	3.7367
02278103	*pms-Famciclovir*	Phmscience	30	22.62	0.7541
			100	75.41	0.7541
02278642	*Sandoz Famciclovir*	Sandoz	30	22.62	0.7541
			100	75.41	0.7541
Tab.				500 mg	**PPB**
02305704	*ACT Famciclovir*	ActavisPhm	21	28.22	1.3436
			100	134.36	1.3436
02292068	*Apo-Famciclovir*	Apotex	30	40.31	1.3436
02177102	*Famvir*	Atnahs	21	139.38	6.6371
02278650	*Sandoz Famciclovir*	Sandoz	21	28.22	1.3436
			100	134.36	1.3436
GANCICLOVIR SODIUM Pr					
I.V. Perf. Pd.				500 mg	**PPB**
02162695	*Cytovene*	Cheplaphar	5	210.19	42.0380
02475391	*Ganciclovir pour injection*	Sterimax	25	1050.95	42.0380

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

VALACYCLOVIR (HYDROCHLORIDE) P

Tab.				500 mg **PPB**	
02500582	*AG-Valacyclovir*	Angita	100	61.98	0.6198
02295822	*Apo-Valacyclovir*	Apotex	30	18.59	0.6198
			100	61.98	0.6198
02405040	*Auro-Valacyclovir*	Aurobindo	30	18.59	0.6198
			100	61.98	0.6198
02440598	*Jamp Valacyclovir*	Jamp	100	61.98	0.6198
02441454	*Jamp-Valacyclovir*	Jamp	100	61.98	0.6198
02351579	*Mylan-Valacyclovir*	Mylan	100	61.98	0.6198
02298457	*pms-Valacyclovir*	Phmscience	100	61.98	0.6198
02315173	*Pro-Valacyclovir*	Pro Doc	100	61.98	0.6198
02316447	*Riva-Valacyclovir*	Riva	100	61.98	0.6198
02347091	*Sandoz Valacyclovir*	Sandoz	90	55.78	0.6198
02357534	*Teva-Valacyclovir*	Teva Can	42	26.03	0.6198
			100	61.98	0.6198
02454645	*Valacyclovir*	Sanis	100	61.98	0.6198
02442000	*Valacyclovir*	Sivem	100	61.98	0.6198
02219492	*Valtrex*	GSK	30	93.56	3.1187

8:30.04
AMEBICIDES

PAROMOMYCINE SULFATE P

Caps.				250 mg	
02078759	*Humatin*	Erfa	100	236.74	2.3674

8:30.08
ANTIMALARIALS

ATOVAQUONE/ PROGUANIL (HYDROCHLORIDE) P

Tab.				62.5 mg - 25 mg	
02264935	*Malarone pediatrique*	GSK	12	17.77	1.4808

Tab.				250 mg - 100 mg **PPB**	
02466783	*Atovaquone et chlorhydrate de proguanil*	Glenmark	12	27.98	2.3315
			100	233.15	2.3315
02421429	*Atovaquone Proguanil*	Sanis	12	27.98	2.3315
02238151	*Malarone*	GSK	12	51.81	4.3175
02402165	*Mylan-Atovaquone/ Proguanil*	Mylan	100	233.15	2.3315
02380927	*Teva Atovaquone Proguanil*	Teva Can	12	27.98	2.3315

HYDROXYCHLOROQUIN SULFATE P

Tab.				200 mg **PPB**	
02246691	*Apo-Hydroxyquine*	Apotex	100	15.76	0.1576
02491427	*Jamp Hydroxychloroquine*	Jamp	100	15.76	0.1576
02424991	*Mint-Hydroxychloroquine*	Mint	100	15.76	0.1576
			500	78.80	0.1576
02511886	*NRA-Hydroxychloroquine*	Nora	100	15.76	0.1576
02017709	*Plaquenil*	SanofiAven	100	56.62	0.5662

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
MEFLOQUINE HYDROCHLORIDE P					
Tab.				250 mg	
02244366	*Mefloquine*	AA Pharma	8	29.56	3.6950
PRIMAQUINE PHOSPHATE P					
Tab.				26.3 mg	
02017776	*Primaquine*	SanofiAven	100	36.44	0.3644
QUININE SULFATE					
Caps.				200 mg **PPB**	
02445190	*Jamp-Quinine*	Jamp	100	23.90	0.2390
			500	119.50	0.2390
00021008	*Novo-Quinine*	Novopharm	100	23.90	0.2390
			500	119.50	0.2390
02311216	*Pro-Quinine-200*	Pro Doc	100	23.90	0.2390
00695440	*Quinine-Odan (Caps.)*	Odan	100	23.90	0.2390
			500	119.50	0.2390
Caps. or Tab.				300 mg **PPB**	
02254522	*Apo-Quinine (Caps.)*	Apotex	100	37.50	0.3750
02445204	*Jamp-Quinine (Caps.)*	Jamp	100	37.50	0.3750
			500	187.50	0.3750
00021016	*Novo-Quinine (Caps.)*	Novopharm	100	37.50	0.3750
			500	187.50	0.3750
02311224	*Pro-Quinine-300 (Caps.)*	Pro Doc	100	37.50	0.3750
00695459	*Quinine-Odan (Caps.)*	Odan	100	37.50	0.3750
			500	187.50	0.3750

8:30.92
MISCELLANEOUS ANTIPROTOZOALS

ATOVAQUONE P					
Oral Susp.				150 mg/mL	
02217422	*Mepron*	GSK	210 ml	504.15	2.4007
METRONIDAZOLE P					
I.V. Perf. Sol.				5 mg/mL	
00649074	*Metronidazole*	Pfizer	100 ml	14.58	
Tab.				250 mg	
00545066	*Metronidazole*	AA Pharma	500	31.40	0.0628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

8:36
URINARY ANTI-INFECTIVES

FOSFOMYCINE TROMETHAMIN F

Oral Pd. — 3 g **PPB**

02473801	*Jamp-Fosfomycin*	Jamp	1	➡ 11.70	
02240335	*Monurol sachet*	Paladin	1	13.00	

NITROFURANTIN MONOHYDRATE (MACROCRYSTALS) F

Caps. — 100 mg

02455676	*pms-Nitrofurantoin*	Phmscience	100	59.74	0.5974

NITROFURANTOIN F

Tab. — 50 mg

00319511	*Nitrofurantoin*	AA Pharma	100	16.70	0.1670

Tab. — 100 mg

00312738	*Nitrofurantoin*	AA Pharma	100	22.27	0.2227

NITROFURANTOIN (MACROCRYSTALS) F

Caps. — 50 mg

02231015	*Teva-Nitrofuratoin*	Teva Can	100	32.52	0.3252

Caps. — 100 mg

02231016	*Teva-Nitrofuratoin*	Teva Can	100	61.10	0.6110

TRIMETHOPRIM F

Tab. — 100 mg

02243116	*Trimethoprim*	AA Pharma	100	26.17	0.2617

Tab. — 200 mg

02243117	*Trimethoprim*	AA Pharma	100	52.73	0.5273

10:00
ANTINEOPLASTIC AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

10:00
ANTINEOPLASTIC AGENTS

BICALUTAMIDE Pr

Tab. 50 mg **PPB**

02296063	*Apo-Bicalutamide*	Apotex	30	38.07	1.2690
02325985	*Bicalutamide*	Accord	30	38.07	1.2690
			100	126.90	1.2690
02184478	*Casodex*	AZC	30	200.70	6.6900
02357216	*Jamp-Bicalutamide*	Jamp	30	38.07	1.2690
02270226	*Novo-Bicalutamide*	Novopharm	30	38.07	1.2690
			100	126.90	1.2690
02275589	*pms-Bicalutamide*	Phmscience	30	38.07	1.2690
			100	126.90	1.2690
02311038	*Pro-Bicalutamide-50*	Pro Doc	30	38.07	1.2690

BUSULFAN Pr

Tab. 2 mg

00004618	*Myleran*	Aspen	25	35.32	1.4128

CAPECITABINE Pr

Tab. 150 mg **PPB**

02426757	*ACH-Capecitabine*	Accord	60	27.45	0.4575
02434504	*Apo-Capecitabine*	Apotex	60	27.45	0.4575
02514982	*Capecitabine*	Sanis	60	27.45	0.4575
02421917	*Sandoz Capecitabine*	Sandoz	60	27.45	0.4575
02457490	*Taro-Capecitabine*	Taro	60	27.45	0.4575
02400022	*Teva-Capecitabine*	Teva Can	60	27.45	0.4575
02238453	*Xeloda*	Roche	60	109.80	1.8300

Tab. 500 mg **PPB**

02426765	*ACH-Capecitabine*	Accord	120	183.00	1.5250
02434512	*Apo-Capecitabine*	Apotex	120	183.00	1.5250
02514990	*Capecitabine*	Sanis	120	183.00	1.5250
02508028	*Mint-Capecitabine*	Mint	120	183.00	1.5250
02421925	*Sandoz Capecitabine*	Sandoz	120	183.00	1.5250
02457504	*Taro-Capecitabine*	Taro	120	183.00	1.5250
02238454	*Xeloda*	Roche	120	732.00	6.1000

CHLORAMBUCIL Pr

Tab. 2 mg

00004626	*Leukeran*	Aspen	25	33.30	1.3320

CYCLOPHOSPHAMIDE Pr

Tab. 25 mg

02241795	*Procytox*	Baxter	200	70.89	0.3545

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg	
02241796	*Procytox*	Baxter	100	47.73	0.4773
ETOPOSIDE Pr					
Caps.				50 mg	
00616192	*Vepesid*	Cheplaphar	20	656.42	32.8210
FLUDARABINE PHOPHATE Pr					
Tab.				10 mg	
02246226	*Fludara*	SanofiAven	15	574.97	38.3315
			20	766.63	38.3315
HYDROXYUREA Pr					
Caps.				500 mg **PPB**	
02247937	*Apo-Hydroxyurea*	Apotex	100	102.03 ➡	1.0203
00465283	*Hydrea*	B.M.S.	100	102.03 ➡	1.0203
02242920	*Mylan-Hydroxyurea*	Mylan	100	102.03 ➡	1.0203
INTERFERON ALFA-2B Pr					
S.C. Inj. Pd.				10 millions UI	
02223406	*Intron A*	Merck	1 ml	123.35	
MELPHALAN Pr					
Tab.				2 mg	
00004715	*Alkeran*	Aspen	50	74.18	1.4836
MERCAPTOPURINE Pr					
Tab.				50 mg **PPB**	
02415275	*Mercaptopurine*	Sterimax	25	71.53 ➡	2.8610
00004723	*Purinethol*	Novopharm	25	71.53 ➡	2.8610
METHOTREXATE Pr					
Inj. Sol.				25 mg/mL **PPB**	
02419173	*Jamp-Methotrexate*	Jamp	2 ml	➡ 6.24	
02398427	*Méthotrexate*	Sandoz	2 ml	➡ 6.24	
			20 ml	➡ 62.40	
02464365	*Methotrexate Injectable*	Accord	2 ml	➡ 6.24	
			20 ml	➡ 62.40	
02182777	*Methotrexate Sodium*	Pfizer	2 ml	➡ 6.24	
			20 ml	➡ 62.40	
02182955	*Methotrexate Sodium sans preservatif*	Pfizer	2 ml	11.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj.Sol (syr)				7.5 mg/0.3 mL	
02422166	*Methotrexate pour Injection BP*	Phmscience	1	5.60	
Inj.Sol (syr)				7.5 mg/0.75 mL	
02320029	*Metoject*	Medexus	1	28.08	
Inj.Sol (syr)				10 mg/0.4 ml	
02422174	*Methotrexate pour Injection BP*	Phmscience	1	7.00	
Inj.Sol (syr)				15 mg/0.6 ml	
02422182	*Methotrexate pour Injection BP*	Phmscience	1	8.40	
Inj.Sol (syr)				20 mg/0.8 ml	
02422190	*Methotrexate pour Injection BP*	Phmscience	1	11.20	
Inj.Sol (syr)				25 mg/mL	
02422204	*Methotrexate pour Injection BP*	Phmscience	1	12.20	
S.C. Inj.Sol (syr)				10 mg/0,2 mL	
02454831	*Metoject Subcutaneous*	Medexus	1	29.64	
S.C. Inj.Sol (syr)				12,5 mg/0,25 mL	
02454750	*Metoject Subcutaneous*	Medexus	1	31.20	
S.C. Inj.Sol (syr)				15 mg/0,3 mL **PPB**	
02491311	*Methotrexate Subcutaneous*	Accord	1	➡ 24.57	
02454858	*Metoject Subcutaneous*	Medexus	1	➡ 24.57	
S.C. Inj.Sol (syr)				17.5 mg/0.35 mL **PPB**	
02491338	*Methotrexate Subcutaneous*	Accord	1	➡ 24.00	
02454769	*Metoject Subcutaneous*	Medexus	1	➡ 24.00	
S.C. Inj.Sol (syr)				20 mg/0.4 mL **PPB**	
02491346	*Methotrexate Subcutaneous*	Accord	1	➡ 26.25	
02454866	*Metoject Subcutaneous*	Medexus	1	➡ 26.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			22.5 mg/0.45 mL	**PPB**	
02491354	*Methotrexate Subcutaneous*	Accord	1	➡ 26.25	
02454777	*Metoject Subcutaneous*	Medexus	1	➡ 26.25	
S.C. Inj.Sol (syr)			25 mg/0.5 mL	**PPB**	
02491362	*Methotrexate Subcutaneous*	Accord	1	➡ 29.25	
02454874	*Metoject Subcutaneous*	Medexus	1	➡ 29.25	
Tab.			2.5 mg	**PPB**	
02509067	*ACH-Methotrexate*	Accord	100	50.27	➡ 0.5027
02182963	*Apo-Methotrexate*	Apotex	100	50.27	➡ 0.5027
02170698	*pms-Methotrexate*	Phmscience	30	15.08	➡ 0.5027
			100	50.27	➡ 0.5027
Tab.			10 mg		
02182750	*Méthotrexate*	Pfizer	100	270.67	2.7067
NILUMAMID P					
Tab.			50 mg		
02221861	*Anandron*	Cheplaphar	90	165.31	1.8368
PROCARBAZINE HYDROCHLORIDE P					
Caps.			50 mg		
00012750	*Matulane*	Sigma-Tau	100		**UE**
TEMOZOLOMIDE P					
Caps.			5 mg	**PPB**	
02441160	*ACT Temozolomide*	ActavisPhm	5	19.50	➡ 3.9000
			20	78.00	➡ 3.9000
02443473	*Taro-Temozolomide*	Taro	5	19.50	➡ 3.9000
			20	78.00	➡ 3.9000
02241093	*Temodal*	Merck	5	19.50	➡ 3.9000
Caps.			20 mg	**PPB**	
02395274	*ACT Temozolomide*	ActavisPhm	5	78.00	➡ 15.6000
			20	312.00	➡ 15.6000
02443481	*Taro-Temozolomide*	Taro	5	78.00	➡ 15.6000
			20	312.00	➡ 15.6000
02241094	*Temodal*	Merck	5	78.00	➡ 15.6000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg **PPB**	
02395282	*ACT Temozolomide*	ActavisPhm	5	390.00	➡ 78.0000
			20	1560.00	➡ 78.0000
02443511	*Taro-Temozolomide*	Taro	5	390.02	78.0030
			20	1560.06	78.0030
02241095	*Temodal*	Merck	5	390.00	➡ 78.0000
Caps.				140 mg **PPB**	
02395290	*ACT Temozolomide*	ActavisPhm	5	546.00	➡ 109.2000
			20	2184.00	➡ 109.2000
02443538	*Taro-Temozolomide*	Taro	5	546.03	109.2050
02312794	*Temodal*	Merck	5	546.00	➡ 109.2000
Caps.				250 mg **PPB**	
02395312	*ACT Temozolomide*	ActavisPhm	5	975.00	➡ 195.0000
			20	3900.00	➡ 195.0000
02443554	*Taro-Temozolomide*	Taro	5	975.01	195.0020
02241096	*Temodal*	Merck	5	975.00	➡ 195.0000
THIOGUANINE Ⓟ					
Tab.				40 mg	
00282081	*Lanvis*	Aspen	25	102.93	4.1172
TRETINOIN Ⓟ					
Caps.				10 mg	
02145839	*Vesanoid*	Cheplaphar	100	1638.63	16.3863
TRIPTORELIN (AS PAMOATE) Ⓟ					
Kit				3.75 mg	
02240000	*Trelstar*	Knight	1	304.43	
Kit				11.25 mg	
02243856	*Trelstar LA*	Knight	1	932.12	
Kit				22.5 mg	
02412322	*Trelstar*	Knight	1	1650.00	

12:00
AUTONOMIC DRUGS

12:04	**parasympathomimetic agents**
12:08	**anticholinergic agents**
12:08.08	antimuscarinics / antispasmodics
12:12	**sympathomimetic agents**
12:12.04	alpha-adrenergic agonists
12:12.08	beta adrenergic agonists
12:12.12	alpha and beta adrenergic agonists
12:16	**sympatholytic agents**
12:16.04	alpha-adrenergic blocking agents
12:20	**skeletal muscle relaxants**
12:20.04	centrally acting skeletal muscle relaxants
12:20.08	direct-acting skeletal muscle relaxants
12:20.12	GABA-derivative skeletal muscle relaxants
12:20.92	skeletal muscle relaxants, miscellaneous
12:92	**Miscellaneous autonomic drugs**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

12:04
PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE P

Tab. — 10 mg

01947958	*Duvoid*	Paladin	100	25.98	0.2598

Tab. — 25 mg

01947931	*Duvoid*	Paladin	100	42.07	0.4207

Tab. — 50 mg

01947923	*Duvoid*	Paladin	100	55.26	0.5526

PILOCARPINE HYDROCHLORIDE P

Tab. — 5 mg **PPB**

02509571	*Jamp Pilocarpine*	Jamp	100	73.21	0.7321
02496119	*M-Pilocarpine*	Mantra Ph.	100	73.21	0.7321
02216345	*Salagen*	Amdipharm	100	73.21	0.7321

PYRIDOSTIGMINE BROMIDE P

L.A. Tab. — 180 mg

00869953	*Mestinon Supraspan*	Valeant	30	28.19	0.9397

Tab. — 60 mg **PPB**

00869961	*Mestinon*	Valeant	100	42.95	0.4295
02495643	*Riva-Pyridostigmine*	Riva	100	40.09	0.4009

12:08.08
ANTIMUSCARINICS / ANTISPASMODICS

ACLIDINIUM BROMIDE P

Inh. Pd. (App.) — 400 mcg

02409720	*Tudorza Genuair*	AZC	60	53.10	

GLYCOPYRROLATE

Inj. Sol. — 0.2 mg/mL **PPB**

02382857	*Glycopyrrolate injection*	Oméga	1 ml	3.98	
			2 ml	7.95	
02039508	*Glycopyrrolate injection*	Sandoz	2 ml	7.95	
02473879	*Glycopyrrolate injection*	Sterimax	1 ml	3.98	
02473887	*Glycopyrrolate injection*	Sterimax	20 ml	62.25	
02473895	*Glycopyrrolate injection*	Sterimax	2 ml	7.95	
02382849	*Glycopyrrolate Injection Multidose*	Oméga	20 ml	62.25	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GLYCOPYRRONIUM BROMIDE P					
Inh. Pd. (App.)				50 mcg/caps.	
* 02394936	*Seebri Breezhaler*	Covis	30	53.10	
HYOSCINE BUTYLBROMIDE					
Inj. Sol.				20 mg/mL	
02229868	*Butylbromure d'hyoscine*	Sandoz	1 ml	4.52	
IPRATROPIUM (BROMIDE) / SALBUTAMOL (SULFATE) P					
Sol. Inh.			0.2 mg -1 mg/mL (2.5 mL) **PPB**		
02483394	*Bromure d'ipratropium et salbutamol*	Juno	20	14.68 ➡	0.7340
02272695	*Teva-Combo Sterinebs*	Teva Can	20	14.68 ➡	0.7340
IPRATROPIUM BROMIDE P					
Nas. spray				0.03 %	
02239627	*pms-Ipratropium*	Phmscience	30 ml	22.70	
Oral aerosol				0.02 mg/dose	
02247686	*Atrovent HFA*	Bo. Ing.	200 dose(s)	18.92	
Sol. Inh.				0.125 mg/mL (2 mL)	
02231135	*pms-Ipratropium Polynebs*	Phmscience	20	13.18	0.6590
Sol. Inh.				0.25 mg/mL **PPB**	
02126222	*Apo-Ipravent*	Apotex	20 ml	➡ 6.31	
02231136	*pms-Ipratropium*	Phmscience	20 ml	➡ 6.31	
Sol. Inh.			0.25 mg/mL (1 mL) **PPB**		
02231244	*pms-Ipratropium Polynebs*	Phmscience	20	13.18 ➡	0.6590
99001446	*ratio-Ipratropium UDV*	Ratiopharm	20	13.18 ➡	0.6590
02216221	*Teva-Ipratropium Sterinebs*	Teva Can	20	13.18 ➡	0.6590
Sol. Inh.			0.25 mg/mL (2 mL) **PPB**		
02231245	*pms-Ipratropium Polynebs*	Phmscience	10	13.18 ➡	1.3180
99002795	*Teva-Ipratropium Sterinebs*	Teva Can	10	13.18 ➡	1.3180

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

SCOPOLAMINE HYDROBROMIDE

Inj. Sol. 0.4 mg/mL

02242810	*Scopolamine Hydrobromide Injection*	Oméga	1	5.55	

Inj. Sol. 0.6 mg/mL

02242811	*Scopolamine Hydrobromide Injection*	Oméga	1	6.00	

TIOTROPIUM MONOHYDRATED BROMIDE Pr

Inh. Pd. (App.) 18 mcg

02246793	*Spiriva Handihaler*	Bo. Ing.	30	51.90	

Sol. Inh. (App.) 2.5 mcg

02435381	*Spiriva Respimat*	Bo. Ing.	60 dose(s)	51.90	

UMECLIDINIUM (BROMIDE) Pr

Inh. Pd. 62.5 mcg

02423596	*Incruse Ellipta*	GSK	30 dose(s)	50.00	

12:12.04
ALPHA-ADRENERGIC AGONISTS

MIDODRINE HYDROCHLORIDE Pr

Tab. 2.5 mg **PPB**

+	02517701	*JAMP Midodrine*	Jamp	100	11.53	0.1153
*	02473984	*Mar-Midodrine*	Marcan	100	11.53	0.1153
*	02278677	*Midodrine*	Apotex	100	11.53	0.1153

Tab. 5 mg **PPB**

+	02517728	*JAMP Midodrine*	Jamp	100	19.21	0.1921
*	02473992	*Mar-Midodrine*	Marcan	100	19.21	0.1921
*	02278685	*Midodrine*	Apotex	100	19.21	0.1921

12:12.08
BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE DIHYDRATE Pr

Inh. Pd. 6 mcg /dose

02237225	*Oxeze Turbuhaler*	AZC	60 dose(s)	33.24	

Inh. Pd. 12 mcg/dose

02237224	*Oxeze Turbuhaler*	AZC	60 dose(s)	44.28	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FORMOTEROL (FUMARATE) P					
Inh. Pd.				12 mcg/caps.	
02230898	*Foradil & Aerolizer*	Novartis	60	46.48	0.7747
INDACATEROL (MALEATE) P					
Inh. Pd. (App.)				75 mcg	
02376938	*Onbrez Breezhaler*	Novartis	30	46.50	
SALBUTAMOL P					
Oral aerosol				100 mcg/dose **PPB**	
02232570	*Airomir*	Valeant	200 dose(s)	5.00	
02245669	*Apo-Salbutamol HFA*	Apotex	200 dose(s)	5.00	
02326450	*Novo-Salbutamol HFA*	Novopharm	200 dose(s)	5.00	
02419858	*Salbutamol HFA*	Sanis	200 dose(s)	5.00	
02241497	*Ventolin HFA*	GSK	200 dose(s)	6.00	
SALBUTAMOL SULFATE P					
Sol. Inh.				0.5 mg/mL (2.5mL)	
02208245	*pms-Salbutamol Polynebs*	Phmscience	20	3.49	0.1745
Sol. Inh.				1 mg/mL (2.5 mL) **PPB**	
02208229	*pms-Salbutamol Polynebs*	Phmscience	20	7.23	0.3615
01926934	*Teva-Salbutamol Sterinebs P.F.*	Teva Can	20	7.23	0.3615
02213419	*Ventolin Nebules P.F.*	GSK	20	11.50	0.5750
Sol. Inh.				2 mg/mL (2.5 mL) **PPB**	
02208237	*pms-Salbutamol Polynebs*	Phmscience	20	13.50	0.6750
02173360	*Teva-Salbutamol Sterinebs P.F.*	Teva Can	20	13.50	0.6750
02213427	*Ventolin Nebules P.F.*	GSK	20	13.50	0.6750
Sol. Inh.				5 mg/mL	
02213486	*Ventolin*	GSK	10 ml	2.30	
SALMETEROL XINAFOATE P					
Inh. Pd.				50 mcg/dose	
02231129	*Serevent Diskus*	GSK	60 dose(s)	52.64	
Inh. Pd. (App.)				50 mcg/coque (4)	
99000091	*Serevent & Diskhaler*	GSK	15	55.91	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

TERBUTALIN SULFATE Pr

Inh. Pd. 0.5 mg/dose

*	00786616	*Bricanyl Turbuhaler*	AZC	120 dose(s)	9.17	

12:12.12
ALPHA AND BETA ADRENERGIC AGONISTS

EPINEPHRINE

Inj. Sol. (App.) 0,15 mg/dose **PPB**

	02382059	*Allerject*	Kaleo	1	➡ 81.00	
	00578657	*EpiPen Jr.*	Pfizer	1	➡ 81.00	

Inj. Sol. (App.) 0,3 mg/dose **PPB**

	02382067	*Allerject*	Kaleo	1	➡ 81.00	
	02458446	*Emerade*	Bausch H.	1	➡ 81.00	
	00509558	*EpiPen*	Pfizer	1	➡ 81.00	

Inj. Sol. (App.) 0.5 mg/dose

	02458454	*Emerade*	Bausch H.	1	81.00	

EPINEPHRINE HYDROCHLORIDE

Inj. Sol. 1 mg/mL

	02435810	*Epinephrine*	Teligent	10	38.50	3.8500

12:16.04
ALPHA-ADRENERGIC BLOCKING AGENTS

ALFUZOSINE HYDROCHLORIDE Pr

L.A. Tab. 10 mg **PPB**

+	02519844	*Alfuzosin*	Sanis	100	26.01	➡	0.2601
	02447576	*Alfuzosin*	Sivem	100	26.01	➡	0.2601
	02315866	*Apo-Alfuzosin*	Apotex	100	26.01	➡	0.2601
	02443201	*Auro-Alfuzosin*	Aurobindo	100	26.01	➡	0.2601
	02304678	*Sandoz Alfuzosin*	Sandoz	100	26.01	➡	0.2601
	02245565	*Xatral*	SanofiAven	100	101.30		1.0130

DIHYDROERGOTAMINE MESYLATE Pr

Inj. Sol. 1 mg/mL

	00027243	*Dihydroergotamine*	Sterimax	1 ml	3.88	

Nas. spray 4 mg/mL

	02228947	*Migranal*	Sterimax	3	28.22	9.4067

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SILODOSINE Ⓟ					
Caps.				4 mg **PPB**	
+ 02478501	*Auro-Silodosin*	Aurobindo	30	11.18 ➡	0.3726
02517779	*pms-Silodosin*	Phmscience	30	11.18 ➡	0.3726
02475421	*Sandoz Silodosin*	Sandoz	30	11.18 ➡	0.3726
Caps.				8 mg **PPB**	
+ 02478528	*Auro-Silodosin*	Aurobindo	90	33.53 ➡	0.3726
02517787	*pms-Silodosin*	Phmscience	90	33.53 ➡	0.3726
02361671	*Rapaflo*	Actavis	30	13.15	0.4383
			90	39.45	0.4383
02475448	*Sandoz Silodosin*	Sandoz	100	37.26 ➡	0.3726
TAMSULOSIN HYDROCHLORIDE Ⓟ					
LA Tab or LA Caps				0.4 mg **PPB**	
02362406	*Apo-Tamsulosin CR*	Apotex	100	15.00 ➡	0.1500
			500	75.00 ➡	0.1500
02270102	*Flomax CR*	Bo. Ing.	30	18.00	0.6000
02281392	*Novo-Tamsulosin*	Novopharm	100	15.00 ➡	0.1500
02294265	*ratio-Tamsulosin*	Ratiopharm	100	15.00 ➡	0.1500
02319217	*Sandoz Tamsulosin*	Sandoz	100	15.00 ➡	0.1500
02340208	*Sandoz Tamsulosin CR*	Sandoz	100	15.00 ➡	0.1500
			500	75.00 ➡	0.1500
02413612	*Tamsulosin CR*	Pro Doc	30	4.50 ➡	0.1500
			500	75.00 ➡	0.1500
02427117	*Tamsulosin CR*	Sanis	100	15.00 ➡	0.1500
02429667	*Tamsulosin CR*	Sivem	100	15.00 ➡	0.1500
			500	75.00 ➡	0.1500
02368242	*Teva-Tamsulosin CR*	Teva Can	30	4.50 ➡	0.1500
			100	15.00 ➡	0.1500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

12:20.04
CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS
CYCLOBENZAPRINE HYDROCHLORIDE P

Tab.

				10 mg	PPB
02485419	*AG-Cyclobenzaprine*	Angita	100	10.22	0.1022
			500	51.10	0.1022
02177145	*Apo-Cyclobenzaprine*	Apotex	100	10.22	0.1022
			500	51.10	0.1022
02348853	*Auro-Cyclobenzaprine*	Aurobindo	100	10.22	0.1022
			500	51.10	0.1022
02287064	*Cyclobenzaprine*	Sanis	100	10.22	0.1022
			500	51.10	0.1022
02424584	*Cyclobenzaprine*	Sivem	100	10.22	0.1022
			500	51.10	0.1022
02220644	*Cyclobenzaprine-10*	Pro Doc	500	51.10	0.1022
02495422	*Flexeril*	Orimed	100	10.22	0.1022
			500	51.10	0.1022
02357127	*Jamp-Cyclobenzaprine*	Jamp	100	10.22	0.1022
			500	51.10	0.1022
02212048	*pms-Cyclobenzaprine*	Phmscience	100	10.22	0.1022
			500	51.10	0.1022
02242079	*Riva-Cyclobenzaprine*	Riva	100	10.22	0.1022
			500	51.10	0.1022
02080052	*Teva-Cyclobenzaprine*	Teva Can	100	10.22	0.1022
			500	51.10	0.1022

12:20.08
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
DANTROLENE (SODIUM) P

Caps.

				25 mg	
01997602	*Dantrium*	Par Phm	100	39.40	0.3940

12:20.12
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS
BACLOFEN P

Inj. Sol.

			0.05 mg/mL (1 mL)	PPB	
02413620	*Baclofen Injection*	Sterimax	5	30.01	6.0028
02457059	*Baclofene injectable*	Teligent	10	60.03	6.0028
02131048	*Lioresal Intrathecal*	Novartis	5	50.23	10.0460

Inj. Sol.

			0.5 mg/mL (20 mL)	PPB	
02413639	*Baclofen Injection*	Sterimax	1	90.32	
02457067	*Baclofene injectable*	Teligent	1	90.32	
02485508	*Baclofene Intrathecale*	Avir	1	90.32	
02131056	*Lioresal Intrathecal*	Novartis	1	150.54	

Inj. Sol.

			2 mg/mL (5 mL)	PPB	
02413647	*Baclofen Injection*	Sterimax	5	451.67	90.3340
02457075	*Baclofene injectable*	Teligent	10	903.34	90.3340
02131064	*Lioresal Intrathecal*	Novartis	5	752.79	150.5580

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			2 mg/mL (20 mL)	PPB	
99110593	*Baclofene injectable*	Teligent	1	➡ 361.34	
02485516	*Baclofene Intrathecale*	Avir	1	➡ 361.34	
Tab.				10 mg PPB	
02139332	*Apo-Baclofen*	Apotex	100	15.95	➡ 0.1595
			500	79.74	➡ 0.1595
02287021	*Baclofen*	Sanis	100	15.95	➡ 0.1595
			500	79.74	➡ 0.1595
02152584	*Baclofen-10*	Pro Doc	100	15.95	➡ 0.1595
02088398	*Mylan-Baclofen*	Mylan	100	15.95	➡ 0.1595
			500	79.74	➡ 0.1595
02063735	*pms-Baclofen*	Phmscience	100	15.95	➡ 0.1595
			500	79.74	➡ 0.1595
02242150	*Riva-Baclofen*	Riva	100	15.95	➡ 0.1595
			500	79.74	➡ 0.1595
Tab.				20 mg PPB	
02139391	*Apo-Baclofen*	Apotex	100	31.04	➡ 0.3104
02287048	*Baclofen*	Sanis	100	31.04	➡ 0.3104
02152592	*Baclofen-20*	Pro Doc	100	31.04	➡ 0.3104
02088401	*Mylan-Baclofen*	Mylan	100	31.04	➡ 0.3104
02063743	*pms-Baclofen*	Phmscience	100	31.04	➡ 0.3104
02242151	*Riva-Baclofen*	Riva	100	31.04	➡ 0.3104
			500	155.20	➡ 0.3104

12:20.92
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
ORPHENADRINE CITRATE

L.A. Tab.				100 mg	
02243559	*Sandoz Orphenadrine*	Sandoz	100	50.95	0.5095

12:92
MISCELLANEOUS AUTONOMIC DRUGS
NICOTINE [1]

Chewing gum				2 mg PPB	
80069513	*Nicorette Mint*	McNeil Co	105	26.49	0.2523
80000396	*Thrive*	GSK CONS	108	21.77	➡ 0.2016
Chewing gum				4 mg PPB	
80069471	*Nicorette Mint*	McNeil Co	105	26.49	➡ 0.2523
80000402	*Thrive*	GSK CONS	108	28.47	0.2636

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
Past. Or.				1 mg **PPB**	
80061161	*Nic-Hit*	Nic-Hit	20	3.70 ➡	0.1850
80007461	*Thrive*	GSK CONS	108	21.77 ➡	0.2016
Past. Or.				2 mg **PPB**	
80059877	*Nic-Hit*	Nic-Hit	20	4.00 ➡	0.2000
80007464	*Thrive*	GSK CONS	108	28.47 ➡	0.2636
Patch				7 mg/24 h **PPB**	
01943057	*Habitrol*	N.C.H.C.	7	18.75 ➡	2.6786
80044518	*Nicoderm*	McNeil Co	7	18.75 ➡	2.6786
Patch				14 mg/24 h **PPB**	
01943065	*Habitrol*	N.C.H.C.	7	18.75 ➡	2.6786
80044503	*Nicoderm*	McNeil Co	7	18.75 ➡	2.6786
Patch				21 mg/24 h **PPB**	
01943073	*Habitrol*	N.C.H.C.	7	18.75 ➡	2.6786
80044515	*Nicoderm*	McNeil Co	7	18.75 ➡	2.6786
VARENICLINE TARTRATE [7] F					
Tab.				0.5 mg **PPB**	
02419882	*Apo-Varenicline*	Apotex	56	51.73 ➡	0.9237
02291177	*Champix*	Pfizer	56	96.15	1.7170
02426226	*Teva-Varenicline*	Teva Can	56	51.73 ➡	0.9237
Tab.				0.5 mg et 1 mg **PPB**	
02435675	*Apo-Varenicline (kit)*	Apotex	53	➡ 48.57	
02298309	*Champix (Starter pack)*	Pfizer	53	91.01	
02426781	*Teva-Varenicline (starter pack)*	Teva Can	25	➡ 22.91	
Tab.				1 mg **PPB**	
02419890	*Apo-Varenicline*	Apotex	56	51.72 ➡	0.9235
02291185	*Champix*	Pfizer	56	96.16	1.7171
02426234	*Teva-Varenicline*	Teva Can	28	25.86 ➡	0.9235

7 The duration of reimbursements for varenicline stop-smoking treatments is initially limited to a total of 12 consecutive weeks per 12-month period. A 12-week extension will be authorized for persons having stopped smoking on the 12th week. The duration of reimbursements is then limited to a total of 24 consecutive weeks per 12 month period.

20:00
BLOOD FORMATION AND COAGULATION

20:04	**antianémique**
20:04.04	iron preparations
20:12	**antithrombotic agents**
20:12.04	anticoagulants
20:12.14	Platelet-reducing Agents
20:12.18	platelet-aggregation inhibitors
20:28	**antihemorrhagic agents**
20:28.16	hemostatics

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

20:04.04
IRON PREPARATIONS

FERRIC DERISOMALTOSIS P

I.V. Inj. Sol. — 100 mg (Fe)/mL

02477777	*Monoferric*	Pfizer	1 ml	45.00	
			5 ml	225.00	
			10 ml	450.00	

FERROUS SULFATE

Ped. Oral Sol. — 75 mg/mL(Fe-15 mg/mL) **PPB**

00762954	*Fer-in-Sol*	M.J.	50 ml	9.27	
02237385	*Ferodan*	Odan	50 ml	7.16	
80008309	*Jamp-Ferrous Sulfate*	Jamp	50 ml	7.16	
02232202	*Pediafer*	Exzell	50 ml	7.16	
02222574	*pms-Ferrous Sulfate*	Phmscience	50 ml	7.16	

Syr. or Oral Sol. — 150 mg/5 mL(Fe-30 mg/5 mL) **PPB**

00017884	*Fer-in-Sol*	M.J.	250 ml	12.61	0.0504
00758469	*Ferodan*	Odan	250 ml	6.80	0.0272
			500 ml	13.60	0.0272
80008295	*Jamp-Ferrous Sulfate*	Jamp	250 ml	6.80	0.0272
02242863	*Pediafer Sirop*	Exzell	250 ml	6.80	0.0272
00792675	*pms-Ferrous Sulfate*	Phmscience	250 ml	6.80	0.0272
			500 ml	13.60	0.0272

Tab. — 300 mg to 325 mg (Fe-60 mg to 65 mg) **PPB**

02246733	*Euro-Ferrous Sulfate*	Sandoz	1000	15.71	0.0157
00031100	*Jamp-Ferrous Sulfate*	Jamp	1000	15.71	0.0157
80057416	*M-Fer Sulfate*	Mantra Ph.	1000	15.71	0.0157
00586323	*pms-Ferrous Sulfate*	Phmscience	500	7.86	0.0157
			1000	15.71	0.0157

IRON (FERRIC GLUCONATE/ SUCROSE COMPLEX) P

I.V. Inj. Sol. — 12.5 mg (Ir)/mL (5 mL)

02243333	*Ferrlecit*	SanofiAven	10	241.33	24.1330

IRON-SUCROSE

I.V. Inj. Sol. — 20 mg (Fe)/mL (5 mL) **PPB**

02502917	*pms-Iron Sucrose*	Phmscience	10	275.00	27.5000
02243716	*Venofer*	Luitpold	10	275.00	27.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

20:12.04
ANTICOAGULANTS
DALTEPARINE SODIC Pr

Inj. Sol.				25 000 U/mL	
02231171	*Fragmin*	Pfizer	3.8 ml	151.32	
Inj.Sol (syr)				3500 UI/0,28 mL	
02430789	*Fragmin*	Pfizer	1	7.06	
S.C. Inj. Sol.				10 000 UI/mL	
02132664	*Fragmin*	Pfizer	1 ml	15.93	
S.C. Inj.Sol (syr)				2 500 UI/0.2 mL	
02132621	*Fragmin*	Pfizer	1	5.04	
S.C. Inj.Sol (syr)				5 000 UI/0.2 mL	
02132648	*Fragmin*	Pfizer	1	10.09	
S.C. Inj.Sol (syr)				7 500 UI/0.3 ml	
02352648	*Fragmin*	Pfizer	1	15.13	
S.C. Inj.Sol (syr)				10 000 UI/0.4 mL	
02352656	*Fragmin*	Pfizer	1	20.18	
S.C. Inj.Sol (syr)				12 500 UI/0.5 mL	
02352664	*Fragmin*	Pfizer	1	25.22	
S.C. Inj.Sol (syr)				15 000 UI/0.6 mL	
02352672	*Fragmin*	Pfizer	1	30.26	
S.C. Inj.Sol (syr)				16 500 UI/0,66 mL	
02494582	*Fragmin*	Pfizer	1 5	33.29 166.45	 33.2900
S.C. Inj.Sol (syr)				18 000 UI/0.72 mL	
02352680	*Fragmin*	Pfizer	1	36.32	

ENOXAPARIN Pr

S.C. Inj. Sol.				100 mg/mL	
02509121	*Redesca*	Valeo	3 ml	49.62	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				30 mg/ 0.3 mL	
02507501	*Inclunox*	Sandoz	10	49.62	4.9620
02506459	*Noromby*	Juno	10	49.62	4.9620
02509075	*Redesca*	Valeo	10	49.62	4.9620
S.C. Inj.Sol (syr)				40 mg/0.4 mL	
02507528	*Inclunox*	Sandoz	10	66.16	6.6160
02506467	*Noromby*	Juno	10	66.16	6.6160
02509083	*Redesca*	Valeo	10	66.16	6.6160
S.C. Inj.Sol (syr)				60 mg/0.6 mL	
02507536	*Inclunox*	Sandoz	10	99.24	9.9240
02506475	*Noromby*	Juno	10	99.24	9.9240
02509091	*Redesca*	Valeo	10	99.24	9.9240
S.C. Inj.Sol (syr)				80 mg/0.8 mL	
02507544	*Inclunox*	Sandoz	10	132.32	13.2320
02506483	*Noromby*	Juno	10	132.32	13.2320
02509105	*Redesca*	Valeo	10	132.32	13.2320
S.C. Inj.Sol (syr)				100 mg/1.0 mL	
02507552	*Inclunox*	Sandoz	10	165.40	16.5400
02506491	*Noromby*	Juno	10	165.40	16.5400
02509113	*Redesca*	Valeo	10	165.40	16.5400
S.C. Inj.Sol (syr)				120 mg/0.8 mL	
02507560	*Inclunox HP*	Sandoz	2	39.70	19.8480
02506505	*Noromby HP*	Juno	10	198.48	19.8480
02509148	*Redesca HP*	Valeo	10	198.48	19.8480
S.C. Inj.Sol (syr)				150 mg/1.0 mL	
02507579	*Inclunox HP*	Sandoz	2	49.62	24.8100
02506513	*Noromby HP*	Juno	10	248.10	24.8100
02509156	*Redesca HP*	Valeo	10	248.10	24.8100

FONDAPARINUX P

S.C. Inj.Sol (syr)				2.5 mg/0.5 mL **PPB**	
02245531	*Arixtra*	Aspen	1	➡ 9.86	
02406853	*Solution injectable de fondaparinux sodique*	Dr Reddy's	1	➡ 9.86	
S.C. Inj.Sol (syr)				7.5 mg/0.6 mL **PPB**	
02258056	*Arixtra*	Aspen	1	➡ 17.50	
02406896	*Solution injectable de fondaparinux sodique*	Dr Reddy's	1	➡ 17.50	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HEPARIN (SODIUM)					
Inj. Sol.				100 U/mL	
00727520	*Heparine Leo*	Leo	10 ml	4.26	0.4260
Inj. Sol.				1 000 U/mL	
00453811	*Heparine*	Leo	10 ml	5.01	0.5010
Inj. Sol.				10 000 U/mL	
02382326	*Heparine sodique injectable, USP*	Pfizer	1 ml	5.01	5.0100
NADROPARINE CALCIUM F					
S.C. Inj.Sol (syr)				2 850 U/0.3 mL	
02236913	*Fraxiparine*	Aspen	1	2.72	
S.C. Inj.Sol (syr)				3 800 U/0.4 mL	
02450623	*Fraxiparine*	Aspen	1	3.63	
S.C. Inj.Sol (syr)				5 700 U/0.6 mL	
02450631	*Fraxiparine*	Aspen	1	5.44	
S.C. Inj.Sol (syr)				9 500 U/1.0 mL	
02450658	*Fraxiparine*	Aspen	1	9.06	
S.C. Inj.Sol (syr)				11 400 U/0.6 mL	
02450674	*Fraxiparine Forte*	Aspen	1	10.87	
S.C. Inj.Sol (syr)				15 200 U/0.8 mL	
02450666	*Fraxiparine Forte*	Aspen	1	14.50	
S.C. Inj.Sol (syr)				19 000 U/1.0 mL	
02240114	*Fraxiparine Forte*	Aspen	1	18.12	
NICOUMALONE F					
Tab.				1 mg	
00010383	*Sintrom*	Paladin	100	27.33	**W**
Tab.				4 mg	
00010391	*Sintrom*	Paladin	100	85.91	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TINZAPARIN SODIUM P					
S.C. Inj. Sol.				10 000 UI/mL	
02167840	*Innohep*	Leo	2 ml	33.43	
S.C. Inj. Sol.				20 000 UI/mL (2 mL)	
02229515	*Innohep*	Leo	10	679.00	67.9000
S.C. Inj.Sol (syr)				2 500 UI/0.25 mL	
02229755	*Innohep*	Leo	10	42.15	4.2150
S.C. Inj.Sol (syr)				3 500 UI/0.35 mL	
02358158	*Innohep*	Leo	10	59.00	5.9000
S.C. Inj.Sol (syr)				4 500 UI/0.45 mL	
02358166	*Innohep*	Leo	10	75.80	7.5800
S.C. Inj.Sol (syr)				8 000 UI/0.4 mL	
02429462	*Innohep*	Leo	10	137.71	13.7710
S.C. Inj.Sol (syr)				10 000 UI/ 0.5 mL	
02231478	*Innohep*	Leo	10	167.70	16.7700
S.C. Inj.Sol (syr)				12 000 UI/0.6 mL	
02429470	*Innohep*	Leo	10	206.57	20.6570
S.C. Inj.Sol (syr)				14 000 UI/ 0.7 mL	
02358174	*Innohep*	Leo	10	241.00	24.1000
S.C. Inj.Sol (syr)				16 000 UI/0,8 mL	
02429489	*Innohep*	Leo	10	275.43	27.5430
S.C. Inj.Sol (syr)				18 000 UI/0.9 mL	
02358182	*Innohep*	Leo	10	309.85	30.9850
WARFARIN (SODIUM) P					
Tab.				1 mg **PPB**	
02242924	*Apo-Warfarin*	Apotex	100	7.80 ➡	0.0780
			500	39.00 ➡	0.0780
02242680	*Taro-Warfarin*	Taro	100	7.80 ➡	0.0780
			250	19.50 ➡	0.0780

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02242925	*Apo-Warfarin*	Apotex	100	8.25	0.0825
			500	41.25	0.0825
02242681	*Taro-Warfarin*	Taro	100	8.25	0.0825
			250	20.63	0.0825
Tab.				2.5 mg **PPB**	
02242926	*Apo-Warfarin*	Apotex	100	6.60	0.0660
			500	33.00	0.0660
02242682	*Taro-Warfarin*	Taro	100	6.60	0.0660
			250	16.50	0.0660
Tab.				3 mg **PPB**	
02245618	*Apo-Warfarin*	Apotex	100	10.23	0.1023
02242683	*Taro-Warfarin*	Taro	100	10.23	0.1023
Tab.				4 mg **PPB**	
02242927	*Apo-Warfarin*	Apotex	100	10.23	0.1023
			500	51.15	0.1023
02242684	*Taro-Warfarin*	Taro	100	10.23	0.1023
			250	25.58	0.1023
Tab.				5 mg **PPB**	
02242928	*Apo-Warfarin*	Apotex	100	6.62	0.0662
			500	33.10	0.0662
02242685	*Taro-Warfarin*	Taro	100	6.62	0.0662
			250	16.55	0.0662
Tab.				6 mg	
02242686	*Taro-Warfarin*	Taro	100	17.53	0.1753
Tab.				7.5 mg	
02242697	*Taro-Warfarin*	Taro	100	30.14	0.3014
Tab.				10 mg **PPB**	
02242929	*Apo-Warfarin*	Apotex	100	11.87	0.1187
02242687	*Taro-Warfarin*	Taro	100	11.87	0.1187

20:12.14
PLATELET-REDUCING AGENTS
ANAGRELIDE HYDROCHLORIDE Pr

Caps.				0.5 mg **PPB**	
02236859	*Agrylin*	Takeda	100	528.30	5.2830
02274949	*pms-Anagrelide*	Phmscience	100	263.61	2.6361

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

20:12.18
PLATELET-AGGREGATION INHIBITORS
CLOPIDOGREL BISULFATE F
Tab. 75 mg **PPB**

+	02431971	*AG-Clopidogrel*	Angita	100	26.31	➡	0.2631
				500	131.55	➡	0.2631
	02252767	*Apo-Clopidogrel*	Apotex	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02416387	*Auro-Clopidogrel*	Aurobindo	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02444895	*Bio-Clopidogrel*	Biomed	500	131.55	➡	0.2631
	02394820	*Clopidogrel*	Pro Doc	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02400553	*Clopidogrel*	Sanis	500	131.55	➡	0.2631
	02385813	*Clopidogrel*	Sivem	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02303027	*Co Clopidogrel*	Cobalt	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02415550	*Jamp-Clopidogrel*	Jamp	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02422255	*Mar-Clopidogrel*	Marcan	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02502283	*M-Clopidogrel*	Mantra Ph.	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02482037	*NRA-Clopidogrel*	Nora	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02238682	*Plavix*	SanofiAven	28	74.23		2.6511
				90	238.60		2.6511
	02348004	*Pms-Clopidogrel*	Phmscience	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02445336	*Priva-Clopidogrel*	Pharmapar	100	26.31	➡	0.2631
				500	131.55	➡	0.2631
	02379813	*Ran-Clopidogrel*	Ranbaxy	100	26.31	➡	0.2631
				500	131.55	➡	0.2631
	02388529	*Riva-Clopidogrel*	Riva	30	7.89	➡	0.2631
				500	131.55	➡	0.2631
	02359316	*Sandoz Clopidogrel*	Sandoz	100	26.31	➡	0.2631
				500	131.55	➡	0.2631
	02293161	*Teva Clopidogrel*	Teva Can	30	7.89	➡	0.2631
				500	131.55	➡	0.2631

20:28.16
HEMOSTATICS
TRANEXAMIC ACID F
Tab. 500 mg **PPB**

	02401231	*Acide Tranexamique*	Sterimax	100	29.67	➡	0.2967
	02064405	*Cyklokapron*	Pfizer	100	102.48		1.0248
	02496232	*Mar-Tranexamic Acid*	Marcan	100	29.67	➡	0.2967
+	02519194	*Tranexamic Acide*	Jamp	100	29.67	➡	0.2967

24:00
CARDIAC DRUGS

24:04	**cardiac drugs**
24:04.04	Antiarrhythmic Agents
24:04.08	cardiotonic agents
24:06	**antilipemic agents**
24:06.04	bile acid sequestrants
24:06.05	cholesterol absorption inhibitors
24:06.06	fibric acid derivatives
24:06.08	HMG-CoA reductase inhibitors
24:06.92	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
24:20	**alpha-adrenergics blocking agents**
24:24	**bêta-adrenergics blocking agents**
24:28	**calcium-channel blocking agents**
24:28.08	dihydropyridines
24:28.92	miscellaneous calcium-channel blocking agents
24:32	**renin-angiotensin system inhibitors**
24:32.04	angiotensin-converting enzyme inhibitors (ACEI)
24:32.08	angiotensin II receptor antagonists
24:32.20	aldosterone receptor antagonists

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

24:04.04
ANTIARRHYTHMIC AGENTS

AMIODARONE HYDROCHLORIDE Pr

Tab.				100 mg	
02292173	*pms-Amiodarone*	Phmscience	100	67.76	0.6776

Tab.				200 mg **PPB**	
02364336	*Amiodarone*	Sanis	100	37.06	0.3706
02385465	*Amiodarone*	Sivem	100	37.06	0.3706
02246194	*Apo-Amiodarone*	Apotex	100	37.06	0.3706
02242472	*pms-Amiodarone*	Phmscience	100	37.06	0.3706
02309661	*Pro-Amiodarone-200*	Pro Doc	100	37.06	0.3706
02247217	*Riva-Amiodarone*	Riva	100	37.06	0.3706
02243836	*Sandoz Amiodarone*	Sandoz	100	37.06	0.3706
02239835	*Teva-Amiodarone*	Teva Can	100	37.06	0.3706

DISOPYRAMIDE Pr

Caps.				100 mg	
02224801	*Rythmodan*	Cheplaphar	84	18.93	0.2254

FLECAINIDE ACETATE Pr

Tab.				50 mg **PPB**	
02459957	*Auro-Flecainide*	Aurobindo	100	13.89	0.1389
			1000	138.90	0.1389
02275538	*Flecainide*	Apotex	100	13.89	0.1389
02493705	*Jamp Flecainide*	Jamp	100	13.89	0.1389
			500	69.45	0.1389
02476177	*Mar-Flecainide*	Marcan	100	13.89	0.1389

Tab.				100 mg **PPB**	
02459965	*Auro-Flecainide*	Aurobindo	100	27.79	0.2779
			1000	277.90	0.2779
02275546	*Flecainide*	Apotex	100	27.79	0.2779
02493713	*Jamp Flecainide*	Jamp	100	27.79	0.2779
			500	138.95	0.2779
02476185	*Mar-Flecainide*	Marcan	100	27.79	0.2779

MEXILETINE HYDROCHLORIDE Pr

Caps.				100 mg	
02230359	*Novo-Mexiletine*	Novopharm	100	81.62	0.8162

Caps.				200 mg	
02230360	*Novo-Mexiletine*	Novopharm	100	109.30	1.0930

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

PROPAFENONE HYDROCHLORIDE Pr

Tab. 150 mg **PPB**

02243324	*Apo-Propafenone*	Apotex	100	29.65	0.2965
02457172	*Mylan-Propafenone*	Mylan	100	29.65	0.2965
02294559	*pms-Propafenone*	Phmscience	100	29.65	0.2965
02343053	*Propafenone*	Sanis	100	29.65	0.2965
00603708	*Rythmol*	BGP Pharma	100	94.10	0.9410

Tab. 300 mg **PPB**

02243325	*Apo-Propafenone*	Apotex	100	52.27	0.5227
02457164	*Mylan-Propafenone*	Mylan	100	52.27	0.5227
02294575	*pms-Propafenone*	Phmscience	100	52.27	0.5227
02343061	*Propafenone*	Sanis	100	52.27	0.5227
00603716	*Rythmol*	BGP Pharma	100	165.86	1.6586

24:04.08
CARDIOTONIC AGENTS

DIGOXIN Pr

Oral Sol. 0.05 mg/mL

02242320	*Toloxin*	Pendopharm	115 ml	42.45	0.3691

Tab. 0.0625 mg

02335700	*Toloxin*	Pendopharm	250	51.61	0.2064

Tab. 0.125 mg

02335719	*Toloxin*	Pendopharm	250	51.50	0.2060

MILRINONE LACTATE Pr

I.V. Inj. Sol. 1 mg/mL **PPB**

02470047	*Milrinone Lactate Injection*	Aurobindo	10 ml	39.78	
			20 ml	79.56	
02244622	*Milrinone Lactate Injection*	Fresenius	10 ml	39.78	
			20 ml	79.56	

24:06.04
BILE ACID SEQUESTRANTS

CHOLESTYRAMIN RESIN Pr

Oral Pd. 4 g/sac. **PPB**

02455609	*Cholestyramine-Odan*	Odan	30	11.08	0.3692
02478595	*Jamp-Cholestyramine*	Jamp	30	11.08	0.3692
02494531	*Jamp-Cholestyramine*	Jamp	30	11.08	0.3692
02210320	*Olestyr*	Phmscience	30	11.08	0.3692
00890960	*Olestyr sugar free*	Phmscience	30	11.08	0.3692

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
COLESTIPOL HYDROCHLORIDE Ⓟ					
Oral Pd.				5 g of colestipol/sac.	
00642975	*Colestid*	Pfizer	30	25.85	0.8617

24:06.05
CHOLESTEROL ABSORPTION INHIBITORS
EZETIMIBE Ⓟ

Tab.				10 mg **PPB**	
02425610	*ACH-Ezetimibe*	Accord	30	5.43	0.1811
			100	18.11	0.1811
02475898	*AG-Ezetimibe*	Angita	30	5.43	0.1811
			100	18.11	0.1811
02427826	*Apo-Ezetimibe*	Apotex	30	5.43	0.1811
			100	18.11	0.1811
02469286	*Auro-Ezetimibe*	Aurobindo	30	5.43	0.1811
			100	18.11	0.1811
02425211	*Bio-Ezetimibe*	Biomed	30	5.43	0.1811
			100	18.11	0.1811
02422549	*Ezetimibe*	Pro Doc	30	5.43	0.1811
			100	18.11	0.1811
02478544	*Ezetimibe*	Riva	30	5.43	0.1811
			100	18.11	0.1811
02431300	*Ezetimibe*	Sanis	100	18.11	0.1811
02429659	*Ezetimibe*	Sivem	30	5.43	0.1811
			100	18.11	0.1811
02247521	*Ezetrol*	Organon	30	52.20	1.7400
02460750	*GLN-Ezetimide*	Glenmark	100	18.11	0.1811
02423235	*Jamp-Ezetimibe*	Jamp	30	5.43	0.1811
			100	18.11	0.1811
02422662	*Mar-Ezetimibe*	Marcan	100	18.11	0.1811
			500	90.55	0.1811
02467437	*M-Ezetimibe*	Mantra Ph.	30	5.43	0.1811
			500	90.55	0.1811
02423243	*Mint-Ezetimibe*	Mint	100	18.11	0.1811
02481669	*NRA-Ezetimide*	Nora	30	5.43	0.1811
			100	18.11	0.1811
02416409	*pms-Ezetimibe*	Phmscience	30	5.43	0.1811
			100	18.11	0.1811
02425238	*Priva-Ezetimide*	Pharmapar	30	5.43	0.1811
			100	18.11	0.1811
02419548	*Ran-Ezetimibe*	Ranbaxy	100	18.11	0.1811
			500	90.55	0.1811
02416778	*Sandoz Ezetimibe*	Sandoz	30	5.43	0.1811
			100	18.11	0.1811
02354101	*Teva-Ezetimibe*	Teva Can	30	5.43	0.1811
			100	18.11	0.1811

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

24:06.06
FIBRIC ACID DERIVATIVES

BEZAFIBRATE Pr

L.A. Tab. — 400 mg **PPB**

*	02083523	*Bezalip S.R.*	Aralez	30	25.34	0.8448
*	02453312	*Jamp-Bezafibrate SR*	Jamp	30	25.34	0.8448

FENOFIBRATE (NANOCRYSTALIZED OR MICROCOATED OR MICRONIZED) Pr

Caps. or Tab. — 145 mg or 160 mg or 200 mg **PPB**

02246860	*Apo-Feno-Super (160 mg)*	AA Pharma	100	27.22	0.2722
02239864	*Feno-Micro (200 mg)*	AA Pharma	100	27.22	0.2722
02269082	*Lipidil EZ (145 mg)*	BGP Pharma	30	32.16	1.0720
02241602	*Lipidil Supra (160 mg)*	Fournier	30	37.27	1.2423
02390701	*Sandoz Fenofibrate E (145 mg)*	Sandoz	100	27.22	0.2722
02288052	*Sandoz Fenofibrate S (160 mg)*	Sandoz	90	24.50	0.2722
02454696	*Taro-Fenofibrate E (145 mg)*	Sun Pharma	100	27.22	0.2722

FENOFIBRATE (NANOCRYSTALLIZED) Pr

Tab. — 48 mg **PPB**

02269074	*Lipidil EZ*	BGP Pharma	30	12.56	0.4187
02390698	*Sandoz Fenofibrate E*	Sandoz	30	10.68	0.3560

GEMFIBROZIL Pr

Tab. — 600 mg

02142074	*Teva-Gemfibrozil*	Teva Can	100	51.57	0.5157

MICROCOATED FENOFIBRATE Pr

Tab. — 100 mg

02246859	*Apo-Feno-Super*	AA Pharma	100	54.06	0.5406

24:06.08
HMG-COA REDUCTASE INHIBITORS

AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM Pr

Tab. — 5 mg -10 mg **PPB**

02411253	*Apo-Amlodipine-Atorvastatin*	Apotex	100	58.02	0.5802
02273233	*Caduet*	Upjohn	90	67.96	0.7551
02404222	*pms-Amlodipine-Atorvastatin*	Phmscience	100	58.02	0.5802

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			5 mg - 20 mg	**PPB**	
02411261	*Apo-Amlodipine-Atorvastatin*	Apotex	100	68.42	0.6842
02273241	*Caduet*	Upjohn	90	77.32	0.8591
02404230	*pms-Amlodipine-Atorvastatin*	Phmscience	100	68.42	0.6842
Tab.			5 mg - 40 mg	**PPB**	
02411288	*Apo-Amlodipine-Atorvastatin*	Apotex	100	72.32	0.7232
02273268	*Caduet*	Upjohn	90	80.83	0.8981
Tab.			5 mg - 80 mg	**PPB**	
02411296	*Apo-Amlodipine-Atorvastatin*	Apotex	100	72.32	0.7232
02273276	*Caduet*	Upjohn	90	80.83	0.8981
Tab.			10 mg -10 mg	**PPB**	
02411318	*Apo-Amlodipine-Atorvastatin*	Apotex	100	61.25	0.6125
02273284	*Caduet*	Upjohn	90	82.75	0.9194
02404249	*pms-Amlodipine-Atorvastatin*	Phmscience	100	61.25	0.6125
Tab.			10 mg - 20 mg	**PPB**	
02411326	*Apo-Amlodipine-Atorvastatin*	Apotex	100	76.36	0.7636
02273292	*Caduet*	Upjohn	90	92.11	1.0234
02404257	*pms-Amlodipine-Atorvastatin*	Phmscience	100	76.36	0.7636
Tab.			10 mg - 40 mg	**PPB**	
02411334	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	0.8000
02273306	*Caduet*	Upjohn	90	95.62	1.0624
Tab.			10 mg - 80 mg	**PPB**	
02411342	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	0.8000
02273314	*Caduet*	Upjohn	90	95.62	1.0624

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
ATORVASTATINE CALCIUM Pr							
Tab.					10 mg **PPB**		
	02457741	*ACH-Atorvastatin*	Accord	90	15.69	➡	0.1743
	02478145	*AG-Atorvastatin*	Angita	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02295261	*Apo-Atorvastatin*	Apotex	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02476940	*Atorvastatin*	Altamed	500	87.15	➡	0.1743
	02506076	*Atorvastatin*	Angita	30	5.23	➡	0.1743
				500	87.15	➡	0.1743
	02496607	*Atorvastatin*	Nora	500	87.15	➡	0.1743
	02346486	*Atorvastatin*	Pro Doc	500	87.15	➡	0.1743
	02475022	*Atorvastatin*	Riva	30	5.23	➡	0.1743
				500	87.15	➡	0.1743
	02348705	*Atorvastatin*	Sanis	500	87.15	➡	0.1743
	02411350	*Atorvastatin-10*	Sivem	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02407256	*Auro-Atorvastatin*	Aurobindo	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02481189	*Bio-Atorvastatin*	Biomed	500	87.15	➡	0.1743
	02503387	*Jamp Atorvastatin*	Jamp	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02504197	*Jamp Atorvastatin Calcium*	Jamp	30	5.23	➡	0.1743
				500	87.15	➡	0.1743
	02391058	*Jamp-Atorvastatin*	Jamp	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02230711	*Lipitor*	Upjohn	90	155.69		1.7299
	02454017	*Mar-Atorvastatin*	Marcan	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02471167	*M-Atorvastatin*	Mantra Ph.	500	87.15	➡	0.1743
	02479508	*Mint-Atorvastatin*	Mint	500	87.15	➡	0.1743
	02392933	*Mylan-Atorvastatin*	Mylan	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02476517	*NRA-Atorvastatin*	Nora	500	87.15	➡	0.1743
	02399377	*pms-Atorvastatin*	Phmscience	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
	02477149	*pms-Atorvastatin*	Phmscience	100	17.43	➡	0.1743
				500	87.15	➡	0.1743
+	02507234	*pmsc-Atorvastatin*	Phmscience	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02482886	*Priva-Atorvastatin*	Pharmapar	500	87.15	➡	0.1743
	02417936	*Reddy-Atorvastatin*	Dr Reddy's	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02422751	*Riva-Atorvastatin*	Riva	30	5.23	➡	0.1743
				500	87.15	➡	0.1743
	02324946	*Sandoz Atorvastatin*	Sandoz	30	5.23	➡	0.1743
				500	87.15	➡	0.1743
	02313707	*Taro-Atorvastatin*	Sun Pharma	90	15.69	➡	0.1743
				500	87.15	➡	0.1743
	02310899	*Teva-Atorvastatin*	Teva Can	30	5.23	➡	0.1743
				500	87.15	➡	0.1743

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02457768	*ACH-Atorvastatin*	Accord	90	19.61	0.2179
02478153	*AG-Atorvastatin*	Angita	100	21.79	0.2179
			500	108.95	0.2179
02295288	*Apo-Atorvastatin*	Apotex	100	21.79	0.2179
			500	108.95	0.2179
02476959	*Atorvastatin*	Altamed	500	108.95	0.2179
02506084	*Atorvastatin*	Angita	30	6.54	0.2179
			500	108.95	0.2179
02496615	*Atorvastatin*	Nora	500	108.95	0.2179
02346494	*Atorvastatin*	Pro Doc	500	108.95	0.2179
02475030	*Atorvastatin*	Riva	30	6.54	0.2179
			500	108.95	0.2179
02348713	*Atorvastatin*	Sanis	500	108.95	0.2179
02411369	*Atorvastatin-20*	Sivem	100	21.79	0.2179
			500	108.95	0.2179
02407264	*Auro-Atorvastatin*	Aurobindo	90	19.61	0.2179
			500	108.95	0.2179
02481197	*Bio-Atorvastatin*	Biomed	500	108.95	0.2179
02503395	*Jamp Atorvastatin*	Jamp	100	21.79	0.2179
			500	108.95	0.2179
02504200	*Jamp Atorvastatin Calcium*	Jamp	30	6.54	0.2179
			500	108.95	0.2179
02391066	*Jamp-Atorvastatin*	Jamp	90	19.61	0.2179
			500	108.95	0.2179
02230713	*Lipitor*	Upjohn	90	194.62	2.1624
02454025	*Mar-Atorvastatin*	Marcan	100	21.79	0.2179
			500	108.95	0.2179
02471175	*M-Atorvastatin*	Mantra Ph.	500	108.95	0.2179
02479516	*Mint-Atorvastatin*	Mint	500	108.95	0.2179
02392941	*Mylan-Atorvastatin*	Mylan	90	19.61	0.2179
			500	108.95	0.2179
02476525	*NRA-Atorvastatin*	Nora	500	108.95	0.2179
02399385	*pms-Atorvastatin*	Phmscience	100	21.79	0.2179
			500	108.95	0.2179
02477157	*pms-Atorvastatin*	Phmscience	100	21.79	0.2179
			500	108.95	0.2179
+ 02507242	*pmsc-Atorvastatin*	Phmscience	90	19.61	0.2179
			500	108.95	0.2179
02482894	*Priva-Atorvastatin*	Pharmapar	500	108.95	0.2179
02417944	*Reddy-Atorvastatin*	Dr Reddy's	90	19.61	0.2179
			500	108.95	0.2179
02422778	*Riva-Atorvastatin*	Riva	30	6.54	0.2179
			500	108.95	0.2179
02324954	*Sandoz Atorvastatin*	Sandoz	30	6.54	0.2179
			500	108.95	0.2179
02313715	*Taro-Atorvastatin*	Sun Pharma	90	19.61	0.2179
			500	108.95	0.2179
02310902	*Teva-Atorvastatin*	Teva Can	30	6.54	0.2179
			500	108.95	0.2179

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02457776	*ACH-Atorvastatin*	Accord	90	21.08	0.2342
02478161	*AG-Atorvastatin*	Angita	100	23.42	0.2342
			500	117.10	0.2342
02295296	*Apo-Atorvastatin*	Apotex	100	23.42	0.2342
			500	117.10	0.2342
02476967	*Atorvastatin*	Altamed	500	117.10	0.2342
02506092	*Atorvastatin*	Angita	30	7.03	0.2342
			500	117.10	0.2342
02496623	*Atorvastatin*	Nora	500	117.10	0.2342
02346508	*Atorvastatin*	Pro Doc	500	117.10	0.2342
02475049	*Atorvastatin*	Riva	30	7.03	0.2342
			500	117.10	0.2342
02348721	*Atorvastatin*	Sanis	500	117.10	0.2342
02411377	*Atorvastatin-40*	Sivem	100	23.42	0.2342
			500	117.10	0.2342
02407272	*Auro-Atorvastatin*	Aurobindo	90	21.08	0.2342
			500	117.10	0.2342
02481200	*Bio-Atorvastatin*	Biomed	500	117.10	0.2342
02503409	*Jamp Atorvastatin*	Jamp	100	23.42	0.2342
			500	117.10	0.2342
02504219	*Jamp Atorvastatin Calcium*	Jamp	30	7.03	0.2342
			500	117.10	0.2342
02391074	*Jamp-Atorvastatin*	Jamp	90	21.08	0.2342
			500	117.10	0.2342
02230714	*Lipitor*	Upjohn	90	209.22	2.3247
02454033	*Mar-Atorvastatin*	Marcan	100	23.42	0.2342
			500	117.10	0.2342
02471183	*M-Atorvastatin*	Mantra Ph.	500	117.10	0.2342
02479524	*Mint-Atorvastatin*	Mint	500	117.10	0.2342
02392968	*Mylan-Atorvastatin*	Mylan	90	21.08	0.2342
			500	117.10	0.2342
02476533	*NRA-Atorvastatin*	Nora	500	117.10	0.2342
02399393	*pms-Atorvastatin*	Phmscience	100	23.42	0.2342
			500	117.10	0.2342
02477165	*pms-Atorvastatin*	Phmscience	100	23.42	0.2342
			500	117.10	0.2342
+ 02507250	*pmsc-Atorvastatin*	Phmscience	90	21.08	0.2342
			500	117.10	0.2342
02482908	*Priva-Atorvastatin*	Pharmapar	500	117.10	0.2342
02417952	*Reddy-Atorvastatin*	Dr Reddy's	90	21.08	0.2342
			500	117.10	0.2342
02422786	*Riva-Atorvastatin*	Riva	30	7.03	0.2342
			500	117.10	0.2342
02324962	*Sandoz Atorvastatin*	Sandoz	30	7.03	0.2342
			500	117.10	0.2342
02313723	*Taro-Atorvastatin*	Sun Pharma	90	21.08	0.2342
			500	117.10	0.2342
02310910	*Teva-Atorvastatin*	Teva Can	30	7.03	0.2342
			500	117.10	0.2342

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				80 mg **PPB**	
02457784	*ACH-Atorvastatin*	Accord	90	21.08	0.2342
02478188	*AG-Atorvastatin*	Angita	100	23.42	0.2342
02295318	*Apo-Atorvastatin*	Apotex	30	7.03	0.2342
			100	23.42	0.2342
02476975	*Atorvastatin*	Altamed	100	23.42	0.2342
02506106	*Atorvastatin*	Angita	30	7.03	0.2342
			100	23.42	0.2342
02496631	*Atorvastatin*	Nora	100	23.42	0.2342
02346516	*Atorvastatin*	Pro Doc	30	7.03	0.2342
			100	23.42	0.2342
02475057	*Atorvastatin*	Riva	30	7.03	0.2342
			100	23.42	0.2342
02348748	*Atorvastatin*	Sanis	100	23.42	0.2342
02411385	*Atorvastatin-80*	Sivem	100	23.42	0.2342
02407280	*Auro-Atorvastatin*	Aurobindo	90	21.08	0.2342
			500	117.10	0.2342
02481219	*Bio-Atorvastatin*	Biomed	100	23.42	0.2342
02503417	*Jamp Atorvastatin*	Jamp	100	23.42	0.2342
			500	117.10	0.2342
02504235	*Jamp Atorvastatin Calcium*	Jamp	30	7.03	0.2342
			100	23.42	0.2342
02391082	*Jamp-Atorvastatin*	Jamp	90	21.08	0.2342
			500	117.10	0.2342
02243097	*Lipitor*	Upjohn	30	69.74	2.3247
02454041	*Mar-Atorvastatin*	Marcan	100	23.42	0.2342
02471191	*M-Atorvastatin*	Mantra Ph.	90	21.08	0.2342
02392976	*Mylan-Atorvastatin*	Mylan	90	21.08	0.2342
02476541	*NRA-Atorvastatin*	Nora	100	23.42	0.2342
02399407	*pms-Atorvastatin*	Phmscience	100	23.42	0.2342
02477173	*pms-Atorvastatin*	Phmscience	100	23.42	0.2342
02507269	*pmsc-Atorvastatin*	Phmscience	90	21.08	0.2342
02482916	*Priva-Atorvastatin*	Pharmapar	500	117.10	0.2342
02417960	*Reddy-Atorvastatin*	Dr Reddy's	90	21.08	0.2342
			500	117.10	0.2342
02422794	*Riva-Atorvastatin*	Riva	30	7.03	0.2342
			90	21.08	0.2342
02324970	*Sandoz Atorvastatin*	Sandoz	30	7.03	0.2342
			100	23.42	0.2342
02313758	*Taro-Atorvastatin*	Sun Pharma	90	21.08	0.2342
			500	117.10	0.2342
02310929	*Teva-Atorvastatin*	Teva Can	30	7.03	0.2342
			90	21.08	0.2342

FLUVASTATINE SODIUM P

Caps.				20 mg	
02299224	*Teva Fluvastatin*	Teva Can	100	22.02	0.2202

Caps.				40 mg	
02299232	*Teva Fluvastatin*	Teva Can	100	30.92	0.3092

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				80 mg	
02250527	*Lescol XL*	Novartis	28	40.01	1.4289

LOVASTATINE F

Tab.				20 mg **PPB**	
02248572	*Co Lovastatin*	Cobalt	30	14.76	0.4919
			500	245.94	0.4919
02220172	*Lovastatin*	AA Pharma	100	49.19	0.4919
Tab.				40 mg **PPB**	
02248573	*Co Lovastatin*	Cobalt	30	26.96	0.8985
			100	89.85	0.8985
02220180	*Lovastatin*	AA Pharma	100	89.85	0.8985

PRAVASTATINE SODIUM F

Tab.				10 mg **PPB**	
02440644	*ACH-Pravastatin*	Accord	100	29.16	0.2916
02476142	*AG-Pravastatin*	Angita	100	29.16	0.2916
02243506	*Apo-Pravastatin*	Apotex	30	8.75	0.2916
			100	29.16	0.2916
02458977	*Auro-Pravastatin*	Aurobindo	100	29.16	0.2916
02446251	*Bio-Pravastatin*	Biomed	100	29.16	0.2916
02330954	*Jamp-Pravastatin*	Jamp	30	8.75	0.2916
			100	29.16	0.2916
02432048	*Mar-Pravastatin*	Marcan	100	29.16	0.2916
02317451	*Mint-Pravastatin*	Mint	30	8.75	0.2916
			100	29.16	0.2916
02476274	*M-Pravastatin*	Mantra Ph.	100	29.16	0.2916
02247655	*pms-Pravastatin*	Phmscience	100	29.16	0.2916
02356546	*Pravastatin*	Sanis	30	8.75	0.2916
			100	29.16	0.2916
02389703	*Pravastatin*	Sivem	30	8.75	0.2916
			100	29.16	0.2916
02243824	*Pravastatin-10*	Pro Doc	30	8.75	0.2916
02445379	*Priva-Pravastatin*	Pharmapar	100	29.16	0.2916
02284421	*Ran-Pravastatin*	Ranbaxy	30	8.75	0.2916
			100	29.16	0.2916
02468700	*Sandoz Pravastatin*	Sandoz	100	29.16	0.2916
02247008	*Teva-Pravastatin*	Novopharm	30	8.75	0.2916
			100	29.16	0.2916

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02440652	*ACH-Pravastatin*	Accord	100	34.40	0.3440
02476150	*AG-Pravastatin*	Angita	100	34.40	0.3440
02243507	*Apo-Pravastatin*	Apotex	30	10.32	0.3440
			100	34.40	0.3440
02458985	*Auro-Pravastatin*	Aurobindo	100	34.40	0.3440
02446278	*Bio-Pravastatin*	Biomed	100	34.40	0.3440
			500	172.00	0.3440
02330962	*Jamp-Pravastatin*	Jamp	30	10.32	0.3440
			100	34.40	0.3440
02432056	*Mar-Pravastatin*	Marcan	100	34.40	0.3440
02317478	*Mint-Pravastatin*	Mint	30	10.32	0.3440
			100	34.40	0.3440
02476282	*M-Pravastatin*	Mantra Ph.	30	10.32	0.3440
			100	34.40	0.3440
02247656	*pms-Pravastatin*	Phmscience	100	34.40	0.3440
02356554	*Pravastatin*	Sanis	30	10.32	0.3440
			100	34.40	0.3440
02389738	*Pravastatin*	Sivem	30	10.32	0.3440
			100	34.40	0.3440
02243825	*Pravastatin-20*	Pro Doc	30	10.32	0.3440
			100	34.40	0.3440
02445395	*Priva-Pravastatin*	Pharmapar	100	34.40	0.3440
			500	172.00	0.3440
02284448	*Ran-Pravastatin*	Ranbaxy	30	10.32	0.3440
			100	34.40	0.3440
02468719	*Sandoz Pravastatin*	Sandoz	100	34.40	0.3440
02247009	*Teva-Pravastatin*	Novopharm	30	10.32	0.3440
			100	34.40	0.3440

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02440660	*ACH-Pravastatin*	Accord	100	41.43	0.4143
02476169	*AG-Pravastatin*	Angita	100	41.43	0.4143
02243508	*Apo-Pravastatin*	Apotex	30	12.43	0.4143
			100	41.43	0.4143
02458993	*Auro-Pravastatin*	Aurobindo	100	41.43	0.4143
02446286	*Bio-Pravastatin*	Biomed	100	41.43	0.4143
			500	207.15	0.4143
02330970	*Jamp-Pravastatin*	Jamp	30	12.43	0.4143
			100	41.43	0.4143
02432064	*Mar-Pravastatin*	Marcan	100	41.43	0.4143
02317486	*Mint-Pravastatin*	Mint	30	12.43	0.4143
			100	41.43	0.4143
02476290	*M-Pravastatin*	Mantra Ph.	30	12.43	0.4143
			100	41.43	0.4143
02247657	*pms-Pravastatin*	Phmscience	100	41.43	0.4143
02356562	*Pravastatin*	Sanis	30	12.43	0.4143
			100	41.43	0.4143
02389746	*Pravastatin*	Sivem	30	12.43	0.4143
			100	41.43	0.4143
02243826	*Pravastatin-40*	Pro Doc	30	12.43	0.4143
			100	41.43	0.4143
02445409	*Priva-Pravastatin*	Pharmapar	100	41.43	0.4143
			500	207.15	0.4143
02284456	*Ran-Pravastatin*	Ranbaxy	30	12.43	0.4143
			100	41.43	0.4143
02468727	*Sandoz Pravastatin*	Sandoz	100	41.43	0.4143
02247010	*Teva-Pravastatin*	Novopharm	30	12.43	0.4143
			100	41.43	0.4143

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ROSUVASTATIN CALCIUM F					
Tab.				5 mg **PPB**	
02438917	*ACH-Rosuvastatin*	Accord	90	11.55	0.1283
			500	64.17	0.1283
02477033	*AG-Rosuvastatin*	Angita	100	12.83	0.1283
02500132	*AG-Rosuvastatin Calcium*	Angita	30	3.85	0.1283
			500	64.17	0.1283
02337975	*Apo-Rosuvastatin*	Apotex	30	3.85	0.1283
			500	64.17	0.1283
02442574	*Auro-Rosuvastatin*	Aurobindo	30	3.85	0.1283
			500	64.17	0.1283
02444968	*Bio-Rosuvastatin*	Biomed	90	11.55	0.1283
02265540	*Crestor*	AZC	30	38.70	1.2900
02498332	*Jamp Rosuvastatin Calcium*	Jamp	30	3.85	0.1283
			500	64.17	0.1283
02391252	*Jamp-Rosuvastatin*	Jamp	100	12.83	0.1283
			500	64.17	0.1283
02413051	*Mar-Rosuvastatin*	Marcan	100	12.83	0.1283
			500	64.17	0.1283
02399164	*Med-Rosuvastatin*	GMP	30	3.85	0.1283
			100	12.83	0.1283
02496534	*M-Rosuvastatin*	Mantra Ph.	500	64.17	0.1283
02477483	*NRA-Rosuvastatin*	Nora	500	64.17	0.1283
02378523	*pms-Rosuvastatin*	Phmscience	30	3.85	0.1283
			500	64.17	0.1283
02445417	*Priva-Rosuvastatin*	Pharmapar	100	12.83	0.1283
02505576	*PRZ-Rosuvastatin*	Pharmaris	90	11.55	0.1283
			500	64.17	0.1283
02380013	*Riva-Rosuvastatin*	Riva	30	3.85	0.1283
			100	12.83	0.1283
02496054	*Rosuvastatin*	Nora	500	64.17	0.1283
02381176	*Rosuvastatin*	Pro Doc	30	3.85	0.1283
			100	12.83	0.1283
02405628	*Rosuvastatin*	Sanis	100	12.83	0.1283
			500	64.17	0.1283
02411628	*Rosuvastatin*	Sivem	30	3.85	0.1283
			500	64.17	0.1283
02338726	*Sandoz Rosuvastatin*	Sandoz	30	3.85	0.1283
			500	64.17	0.1283
02382644	*Taro-Rosuvastatin*	Sun Pharma	100	12.83	0.1283
			500	64.17	0.1283
02354608	*Teva Rosuvastatin*	Teva Can	30	3.85	0.1283
			500	64.17	0.1283

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02438925	*ACH-Rosuvastatin*	Accord	90	12.18	0.1353
			500	67.67	0.1353
02477041	*AG-Rosuvastatin*	Angita	100	13.53	0.1353
			500	67.67	0.1353
02500140	*AG-Rosuvastatin Calcium*	Angita	30	4.06	0.1353
			500	67.67	0.1353
02337983	*Apo-Rosuvastatin*	Apotex	30	4.06	0.1353
			500	67.67	0.1353
02442582	*Auro-Rosuvastatin*	Aurobindo	30	4.06	0.1353
			500	67.67	0.1353
02444976	*Bio-Rosuvastatin*	Biomed	90	12.18	0.1353
			500	67.67	0.1353
02247162	*Crestor*	AZC	30	40.80	1.3600
02498340	*Jamp Rosuvastatin Calcium*	Jamp	30	4.06	0.1353
			500	67.67	0.1353
02391260	*Jamp-Rosuvastatin*	Jamp	100	13.53	0.1353
			500	67.67	0.1353
02413078	*Mar-Rosuvastatin*	Marcan	100	13.53	0.1353
			500	67.67	0.1353
02399172	*Med-Rosuvastatin*	GMP	30	4.06	0.1353
			100	13.53	0.1353
02496542	*M-Rosuvastatin*	Mantra Ph.	500	67.67	0.1353
02477491	*NRA-Rosuvastatin*	Nora	500	67.67	0.1353
02378531	*pms-Rosuvastatin*	Phmscience	30	4.06	0.1353
			500	67.67	0.1353
02445425	*Priva-Rosuvastatin*	Pharmapar	100	13.53	0.1353
			500	67.67	0.1353
02505584	*PRZ-Rosuvastatin*	Pharmaris	90	12.18	0.1353
			500	67.67	0.1353
02380056	*Riva-Rosuvastatin*	Riva	30	4.06	0.1353
			500	67.67	0.1353
02496089	*Rosuvastatin*	Nora	500	67.67	0.1353
02381184	*Rosuvastatin*	Pro Doc	30	4.06	0.1353
			500	67.67	0.1353
02405636	*Rosuvastatin*	Sanis	500	67.67	0.1353
02411636	*Rosuvastatin*	Sivem	30	4.06	0.1353
			500	67.67	0.1353
02338734	*Sandoz Rosuvastatin*	Sandoz	30	4.06	0.1353
			500	67.67	0.1353
02382652	*Taro-Rosuvastatin*	Sun Pharma	100	13.53	0.1353
			500	67.67	0.1353
02354616	*Teva Rosuvastatin*	Teva Can	30	4.06	0.1353
			500	67.67	0.1353

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02438933	*ACH-Rosuvastatin*	Accord	90	15.23	0.1692
			500	84.60	0.1692
02477068	*AG-Rosuvastatin*	Angita	100	16.92	0.1692
			500	84.60	0.1692
02500159	*AG-Rosuvastatin Calcium*	Angita	30	5.08	0.1692
02337991	*Apo-Rosuvastatin*	Apotex	30	5.08	0.1692
			500	84.60	0.1692
02442590	*Auro-Rosuvastatin*	Aurobindo	30	5.08	0.1692
			500	84.60	0.1692
02444984	*Bio-Rosuvastatin*	Biomed	90	15.23	0.1692
			500	84.60	0.1692
02247163	*Crestor*	AZC	30	51.00	1.7000
02498359	*Jamp Rosuvastatin Calcium*	Jamp	30	5.08	0.1692
			500	84.60	0.1692
02391279	*Jamp-Rosuvastatin*	Jamp	100	16.92	0.1692
			500	84.60	0.1692
02413086	*Mar-Rosuvastatin*	Marcan	100	16.92	0.1692
			500	84.60	0.1692
02399180	*Med-Rosuvastatin*	GMP	30	5.08	0.1692
			100	16.92	0.1692
02496550	*M-Rosuvastatin*	Mantra Ph.	500	84.60	0.1692
02477505	*NRA-Rosuvastatin*	Nora	500	84.60	0.1692
02378558	*pms-Rosuvastatin*	Phmscience	30	5.08	0.1692
			500	84.60	0.1692
02445433	*Priva-Rosuvastatin*	Pharmapar	100	16.92	0.1692
			500	84.60	0.1692
02505592	*PRZ-Rosuvastatin*	Pharmaris	90	15.23	0.1692
			500	84.60	0.1692
02380064	*Riva-Rosuvastatin*	Riva	30	5.08	0.1692
			500	84.60	0.1692
02496070	*Rosuvastatin*	Nora	500	84.60	0.1692
02381192	*Rosuvastatin*	Pro Doc	30	5.08	0.1692
			100	16.92	0.1692
02405644	*Rosuvastatin*	Sanis	500	84.60	0.1692
02411644	*Rosuvastatin*	Sivem	30	5.08	0.1692
			500	84.60	0.1692
02338742	*Sandoz Rosuvastatin*	Sandoz	30	5.08	0.1692
			500	84.60	0.1692
02382660	*Taro-Rosuvastatin*	Sun Pharma	100	16.92	0.1692
			500	84.60	0.1692
02354624	*Teva Rosuvastatin*	Teva Can	30	5.08	0.1692
			500	84.60	0.1692

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02438941	*ACH-Rosuvastatin*	Accord	90	17.91	0.1990
			500	99.50	0.1990
02477076	*AG-Rosuvastatin*	Angita	100	19.90	0.1990
02500167	*AG-Rosuvastatin Calcium*	Angita	30	5.97	0.1990
			500	99.50	0.1990
02338009	*Apo-Rosuvastatin*	Apotex	30	5.97	0.1990
			500	99.50	0.1990
02442604	*Auro-Rosuvastatin*	Aurobindo	30	5.97	0.1990
			500	99.50	0.1990
02444992	*Bio-Rosuvastatin*	Biomed	90	17.91	0.1990
02247164	*Crestor*	AZC	30	59.70	1.9900
02498367	*Jamp Rosuvastatin Calcium*	Jamp	30	5.97	0.1990
			500	99.50	0.1990
02391287	*Jamp-Rosuvastatin*	Jamp	100	19.90	0.1990
			500	99.50	0.1990
02413108	*Mar-Rosuvastatin*	Marcan	100	19.90	0.1990
			500	99.50	0.1990
02399199	*Med-Rosuvastatin*	GMP	30	5.97	0.1990
			100	19.90	0.1990
02496569	*M-Rosuvastatin*	Mantra Ph.	100	19.90	0.1990
02477513	*NRA-Rosuvastatin*	Nora	500	99.50	0.1990
02378566	*pms-Rosuvastatin*	Phmscience	30	5.97	0.1990
			500	99.50	0.1990
02505606	*PRZ-Rosuvastatin*	Pharmaris	90	17.91	0.1990
02380102	*Riva-Rosuvastatin*	Riva	30	5.97	0.1990
			100	19.90	0.1990
02381206	*Rosuvastatin*	Pro Doc	30	5.97	0.1990
			100	19.90	0.1990
02405652	*Rosuvastatin*	Sanis	100	19.90	0.1990
02411652	*Rosuvastatin*	Sivem	30	5.97	0.1990
			500	99.50	0.1990
02338750	*Sandoz Rosuvastatin*	Sandoz	30	5.97	0.1990
			100	19.90	0.1990
02382679	*Taro-Rosuvastatin*	Sun Pharma	100	19.90	0.1990
			500	99.50	0.1990
02354632	*Teva Rosuvastatin*	Teva Can	30	5.97	0.1990
			500	99.50	0.1990

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SIMVASTATIN F					
Tab.				5 mg **PPB**	
02480050	*AG-Simvastatin*	Angita	100	10.23	0.1023
02247011	*Apo-Simvastatin*	Apotex	100	10.23	0.1023
02405148	*Auro-Simvastatin*	Aurobindo	100	10.23	0.1023
02375591	*Jamp-Simvastatin*	Jamp	100	10.23	0.1023
02375036	*Mar-Simvastatin*	Marcan	100	10.23	0.1023
02372932	*Mint-Simvastatin*	Mint	100	10.23	0.1023
02469979	*Pharma-Simvastatin*	Phmscience	30	3.07	0.1023
			100	10.23	0.1023
02269252	*pms-Simvastatin*	Phmscience	30	3.07	0.1023
			100	10.23	0.1023
02329131	*Ran-Simvastatin*	Ranbaxy	100	10.23	0.1023
02284723	*Simvastatin*	Sanis	100	10.23	0.1023
02386291	*Simvastatin*	Sivem	100	10.23	0.1023
02250144	*Teva-Simvastatin*	Teva Can	30	3.07	0.1023
			100	10.23	0.1023
Tab.				10 mg **PPB**	
02480069	*AG-Simvastatin*	Angita	100	20.23	0.2023
02247012	*Apo-Simvastatin*	Apotex	30	6.07	0.2023
			100	20.23	0.2023
02405156	*Auro-Simvastatin*	Aurobindo	100	20.23	0.2023
			500	101.15	0.2023
02484455	*Bio-Simvastatin*	Biomed	100	20.23	0.2023
			500	101.15	0.2023
02375605	*Jamp-Simvastatin*	Jamp	30	6.07	0.2023
			500	101.15	0.2023
02375044	*Mar-Simvastatin*	Marcan	100	20.23	0.2023
			500	101.15	0.2023
02372940	*Mint-Simvastatin*	Mint	100	20.23	0.2023
02250152	*Novo-Simvastatin*	Novopharm	30	6.07	0.2023
			500	101.15	0.2023
02469987	*Pharma-Simvastatin*	Phmscience	100	20.23	0.2023
02269260	*pms-Simvastatin*	Phmscience	30	6.07	0.2023
			100	20.23	0.2023
02485745	*Priva-Simvastatin*	Pharmapar	100	20.23	0.2023
02329158	*Ran-Simvastatin*	Ranbaxy	30	6.07	0.2023
			100	20.23	0.2023
02284731	*Simvastatin*	Sanis	100	20.23	0.2023
02386305	*Simvastatin*	Sivem	30	6.07	0.2023
			100	20.23	0.2023
02247221	*Simvastatin-10*	Pro Doc	30	6.07	0.2023
			100	20.23	0.2023
00884332	*Zocor*	Organon	28	54.41	1.9432

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02480077	*AG-Simvastatin*	Angita	100	25.01	0.2501
02247013	*Apo-Simvastatin*	Apotex	30	7.50	0.2501
			100	25.01	0.2501
02405164	*Auro-Simvastatin*	Aurobindo	100	25.01	0.2501
			500	125.05	0.2501
02484463	*Bio-Simvastatin*	Biomed	100	25.01	0.2501
			500	125.05	0.2501
02375613	*Jamp-Simvastatin*	Jamp	30	7.50	0.2501
			500	125.05	0.2501
02375052	*Mar-Simvastatin*	Marcan	100	25.01	0.2501
			500	125.05	0.2501
02372959	*Mint-Simvastatin*	Mint	100	25.01	0.2501
02250160	*Novo-Simvastatin*	Novopharm	30	7.50	0.2501
			100	25.01	0.2501
02469995	*Pharma-Simvastatin*	Phmscience	100	25.01	0.2501
			500	125.05	0.2501
02269279	*pms-Simvastatin*	Phmscience	30	7.50	0.2501
			100	25.01	0.2501
02485753	*Priva-Simvastatin*	Pharmapar	100	25.01	0.2501
02329166	*Ran-Simvastatin*	Ranbaxy	30	7.50	0.2501
			100	25.01	0.2501
02284758	*Simvastatin*	Sanis	100	25.01	0.2501
02386313	*Simvastatin*	Sivem	30	7.50	0.2501
			100	25.01	0.2501
02247222	*Simvastatin-20*	Pro Doc	30	7.50	0.2501
			100	25.01	0.2501
00884340	*Zocor*	Organon	28	67.71	2.4182
Tab.				40 mg **PPB**	
02480085	*AG-Simvastatin*	Angita	100	25.01	0.2501
02247014	*Apo-Simvastatin*	Apotex	30	7.50	0.2501
			100	25.01	0.2501
02405172	*Auro-Simvastatin*	Aurobindo	100	25.01	0.2501
			500	125.05	0.2501
02484471	*Bio-Simvastatin*	Biomed	100	25.01	0.2501
02375621	*Jamp-Simvastatin*	Jamp	30	7.50	0.2501
			500	125.05	0.2501
02375060	*Mar-Simvastatin*	Marcan	100	25.01	0.2501
02372967	*Mint-Simvastatin*	Mint	100	25.01	0.2501
02470004	*Pharma-Simvastatin*	Phmscience	100	25.01	0.2501
02269287	*pms-Simvastatin*	Phmscience	30	7.50	0.2501
			100	25.01	0.2501
02485761	*Priva-Simvastatin*	Pharmapar	100	25.01	0.2501
02329174	*Ran-Simvastatin*	Ranbaxy	30	7.50	0.2501
			100	25.01	0.2501
02284766	*Simvastatin*	Sanis	100	25.01	0.2501
02386321	*Simvastatin*	Sivem	30	7.50	0.2501
			100	25.01	0.2501
02247223	*Simvastatin-40*	Pro Doc	30	7.50	0.2501
			100	25.01	0.2501
02250179	*Teva-Simvastatin*	Teva Can	30	7.50	0.2501
			100	25.01	0.2501
00884359	*Zocor*	Organon	28	67.71	2.4182

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				80 mg **PPB**	
02480093	*AG-Simvastatin*	Angita	100	25.00	0.2500
02247015	*Apo-Simvastatin*	Apotex	30	7.50	0.2500
			100	25.00	0.2500
02405180	*Auro-Simvastatin*	Aurobindo	30	7.50	0.2500
			100	25.00	0.2500
02375648	*Jamp-Simvastatin*	Jamp	100	25.00	0.2500
02375079	*Mar-Simvastatin*	Marcan	100	25.00	0.2500
02372975	*Mint-Simvastatin*	Mint	100	25.00	0.2500
02470012	*Pharma-Simvastatin*	Phmscience	30	7.50	0.2500
			100	25.00	0.2500
02269295	*pms-Simvastatin*	Phmscience	30	7.50	0.2500
			100	25.00	0.2500
02329182	*Ran-Simvastatin*	Ranbaxy	30	7.50	0.2500
			100	25.00	0.2500
02247224	*Simvastatin*	Pro Doc	30	7.50	0.2500
			100	25.00	0.2500
02284774	*Simvastatin*	Sanis	100	25.00	0.2500
02386348	*Simvastatin*	Sivem	30	7.50	0.2500
			100	25.00	0.2500
02250187	*Teva-Simvastatin*	Teva Can	30	7.50	0.2500
			100	25.00	0.2500

24:06.92
MISCELLANEOUS ANTILIPEMIC AGENTS
NIACIN

Tab.				500 mg **PPB**	
00557412	*Jamp-Niacin*	Jamp	100	4.50	0.0450
			500	22.50	0.0450
01939130	*Niacine*	Odan	100	7.50	0.0750

24:08.16
CENTRAL ALPHA-AGONISTS
CLONIDINE HYDROCHLORIDE Pr

Tab.				0.1 mg **PPB**	
02462192	*Mint-Clonidine*	Mint	100	6.79	0.0679
02515784	*Sandoz Clonidine*	Sandoz	100	6.79	0.0679
02046121	*Teva-Clonidine*	Teva Can	100	6.79	0.0679

Tab.				0.2 mg **PPB**	
02462206	*Mint-Clonidine*	Mint	100	12.12	0.1212
02515792	*Sandoz Clonidine*	Sandoz	100	12.12	0.1212
02046148	*Teva-Clonidine*	Teva Can	100	12.12	0.1212

METHYLDOPA Pr

Tab.				125 mg	
00360252	*Methyldopa*	AA Pharma	100	9.89	0.0989

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				250 mg	
00360260	*Methyldopa*	AA Pharma	100	14.33	0.1433
Tab.				500 mg	
00426830	*Methyldopa*	AA Pharma	100	25.37	0.2537

24:08.20
DIRECT VASODILATORS
DIAZOXIDE Pr

Caps.				100 mg	
00503347	*Proglycem*	Merck	100	161.41	1.6141

HYDRALAZINE HYDROCHLORIDE Pr

Tab.				10 mg **PPB**	
00441619	*Apo-Hydralazine*	Apotex	100	3.55	0.0355
02457865	*Jamp-Hydralazine*	Jamp	100	3.55	0.0355
02468778	*Mint-Hydralazine*	Mint	100	3.55	0.0355
Tab.				25 mg **PPB**	
00441627	*Apo-Hydralazine*	Apotex	100	6.09	0.0609
02457873	*Jamp-Hydralazine*	Jamp	100	6.09	0.0609
02468786	*Mint-Hydralazine*	Mint	100	6.09	0.0609

MINOXIDIL Pr

Tab.				2.5 mg	
00514497	*Loniten*	Pfizer	100	33.30	0.3330
Tab.				10 mg	
00514500	*Loniten*	Pfizer	100	73.42	0.7342

24:12.08
NITRATES AND NITRITES
GLYCERYL TRINITRATE

Patch				0.2 mg/h **PPB**	
02162806	*Minitran*	Valeant	30	13.39	0.4463
02407442	*Mylan-Nitro Patch 0.2*	Mylan	30	13.39	0.4463
01911910	*Nitro-Dur*	Dr Reddy's	30	13.39	0.4463
00584223	*Transderm-Nitro*	Novartis	30	18.77	0.6257
02230732	*Trinipatch*	Paladin	30	13.39	0.4463

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				0.4 mg/h **PPB**	
02163527	*Minitran*	Valeant	30	14.11 ➡	0.4703
02407450	*Mylan-Nitro Patch 0.4*	Mylan	30	14.11 ➡	0.4703
01911902	*Nitro-Dur*	Dr Reddy's	30	14.11 ➡	0.4703
00852384	*Transderm-Nitro*	Novartis	30	21.20	0.7067
02230733	*Trinipatch*	Paladin	30	14.11 ➡	0.4703
Patch				0.6 mg/h **PPB**	
02163535	*Minitran*	Valeant	30	14.11 ➡	0.4703
02407469	*Mylan-Nitro Patch 0.6*	Mylan	30	14.11 ➡	0.4703
01911929	*Nitro-Dur*	Dr Reddy's	30	14.11 ➡	0.4703
02046156	*Transderm-Nitro*	Novartis	30	21.20	0.7067
02230734	*Trinipatch*	Paladin	30	14.11 ➡	0.4703
Patch				0.8 mg/h **PPB**	
02407477	*Mylan-Nitro Patch 0.8*	Mylan	30	26.23 ➡	0.8743
02011271	*Nitro-Dur*	Dr Reddy's	30	26.23 ➡	0.8743
S.-Ling. Spray				0.4 mg **PPB**	
02243588	*Mylan-Nitro SL Spray*	Mylan	200 dose(s) ➡	8.42	
02231441	*Nitrolingual Pompe*	SanofiAven	200 dose(s)	13.37	
02238998	*Rho-Nitro*	Sandoz	200 dose(s) ➡	8.42	
GLYCERYL TRINITRATE (STABILIZED)					
S-Ling. Tab.				0.3 mg	
00037613	*Nitrostat*	Upjohn	100	3.37	
S-Ling. Tab.				0.6 mg	
00037621	*Nitrostat*	Upjohn	100	3.52	
ISOSORBIDE DINITRATE					
Tab.				10 mg	
00441686	*Isdn*	AA Pharma	100	3.65	0.0365
Tab.				30 mg	
00441694	*Isdn*	AA Pharma	100	8.57	0.0857

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ISOSORBIDE-5-MONONITRATE Pr

L.A. Tab. 60 mg **PPB**

02272830	*Apo-ISMN*	Apotex	100	35.23	0.3523
02126559	*Imdur*	AZC	30	20.55	0.6850
			100	68.50	0.6850
02301288	*pms-ISMN*	Phmscience	30	10.57	0.3523
			100	35.23	0.3523
02311321	*Pro-ISMN-60*	Pro Doc	100	35.23	0.3523

24:20
ALPHA-ADRENERGICS BLOCKING AGENTS

DOXAZOSIN MESYLATE Pr

Tab. 1 mg **PPB**

02240588	*Apo-Doxazosin*	Apotex	100	14.16	0.1416
02489937	*Jamp-Doxazosin*	Jamp	100	14.16	0.1416
02242728	*Novo-Doxazosin*	Novopharm	100	14.16	0.1416

Tab. 2 mg **PPB**

02240589	*Apo-Doxazosin*	Apotex	100	16.99	0.1699
02489945	*Jamp-Doxazosin*	Jamp	100	16.99	0.1699
02242729	*Novo-Doxazosin*	Novopharm	100	16.99	0.1699

Tab. 4 mg **PPB**

02240590	*Apo-Doxazosin*	Apotex	100	22.09	0.2209
02489953	*Jamp-Doxazosin*	Jamp	100	22.09	0.2209
02242730	*Novo-Doxazosin*	Novopharm	100	22.09	0.2209

PRAZOSIN HYDROCHLORIDE Pr

Tab. 1 mg

01934198	*Novo-Prazin*	Novopharm	100	13.71	0.1371

Tab. 2 mg

01934201	*Novo-Prazin*	Novopharm	100	18.62	0.1862

Tab. 5 mg

01934228	*Novo-Prazin*	Novopharm	100	25.60	0.2560

TERAZOSIN HYDROCHLORIDE Pr

Tab. 1 mg **PPB**

02234502	*Apo-Terazosin*	Apotex	100	18.35	0.1835
02243518	*pms-Terazosin*	Phmscience	100	18.35	0.1835
02230805	*Teva-Terazosin*	Teva Can	100	18.35	0.1835

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02234503	*Apo-Terazosin*	Apotex	100	23.33	0.2333
02243519	*pms-Terazosin*	Phmscience	100	23.33	0.2333
02237477	*Terazosin-2*	Pro Doc	100	23.33	0.2333
02230806	*Teva-Terazosin*	Teva Can	100	23.33	0.2333
Tab.				5 mg **PPB**	
02234504	*Apo-Terazosin*	Apotex	100	31.68	0.3168
02243520	*pms-Terazosin*	Phmscience	100	31.68	0.3168
02237478	*Terazosin-5*	Pro Doc	100	31.68	0.3168
02230807	*Teva-Terazosin*	Teva Can	100	31.68	0.3168
Tab.				10 mg **PPB**	
02234505	*Apo-Terazosin*	Apotex	100	46.37	0.4637
02243521	*pms-Terazosin*	Phmscience	100	46.37	0.4637
02230808	*Teva-Terazosin*	Teva Can	100	46.37	0.4637

24:24
BÊTA-ADRENERGICS BLOCKING AGENTS
ACEBUTOL HYDROCHLORIDE P

Tab.				100 mg **PPB**	
02164396	*Acebutolol-100*	Pro Doc	100	7.87	0.0787
02147602	*Apo-Acebutolol*	Apotex	100	7.87	0.0787
			500	39.33	0.0787
02204517	*Novo-Acebutolol*	Novopharm	100	7.87	0.0787
Tab.				200 mg **PPB**	
02164418	*Acebutolol-200*	Pro Doc	100	11.77	0.1177
02147610	*Apo-Acebutolol*	Apotex	100	11.77	0.1177
			500	58.85	0.1177
02204525	*Novo-Acebutolol*	Novopharm	100	11.77	0.1177
Tab.				400 mg **PPB**	
02164426	*Acebutolol-400*	Pro Doc	100	24.66	0.2466
02147629	*Apo-Acebutolol*	Apotex	100	24.66	0.2466
02204533	*Novo-Acebutolol*	Novopharm	100	24.66	0.2466

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ATENOLOL P					
Tab.				25 mg **PPB**	
02369176	*AG-Atenolol*	Angita	100	5.21	0.0521
02326701	*Atenolol*	Pro Doc	100	5.21	0.0521
			500	26.05	0.0521
02392194	*Bio-Atenolol*	Biomed	100	5.21	0.0521
02367556	*Jamp-Atenolol*	Jamp	100	5.21	0.0521
02371979	*Mar-Atenolol*	Marcan	100	5.21	0.0521
			500	26.05	0.0521
02368013	*Mint-Atenol*	Mint	100	5.21	0.0521
02246581	*pms-Atenolol*	Phmscience	100	5.21	0.0521
			500	26.05	0.0521
02373963	*Ran-Atenolol*	Ranbaxy	100	5.21	0.0521
02277379	*Riva-Atenolol*	Riva	100	5.21	0.0521
			500	26.05	0.0521
02266660	*Teva-Atenol*	Teva Can	100	5.21	0.0521
Tab.				50 mg **PPB**	
02369184	*AG-Atenolol*	Angita	100	11.07	0.1107
			500	55.35	0.1107
00773689	*Apo-Atenol*	Apotex	30	3.32	0.1107
			500	55.35	0.1107
02466465	*Atenolol*	Sanis	100	11.07	0.1107
			500	55.35	0.1107
02238316	*Atenolol*	Sivem	30	3.32	0.1107
			500	55.35	0.1107
00828807	*Atenolol-50*	Pro Doc	30	3.32	0.1107
			500	55.35	0.1107
02392178	*Bio-Atenolol*	Biomed	30	3.32	0.1107
			100	11.07	0.1107
02367564	*Jamp-Atenolol*	Jamp	30	3.32	0.1107
			500	55.35	0.1107
02371987	*Mar-Atenolol*	Marcan	30	3.32	0.1107
			500	55.35	0.1107
02368021	*Mint-Atenol*	Mint	30	3.32	0.1107
			500	55.35	0.1107
02237600	*pms-Atenolol*	Phmscience	30	3.32	0.1107
			500	55.35	0.1107
02267985	*Ran-Atenolol*	Ranbaxy	30	3.32	0.1107
			500	55.35	0.1107
02242094	*Riva-Atenolol*	Riva	30	3.32	0.1107
			500	55.35	0.1107
02039532	*Tenormin*	AZC	30	17.91	0.5970
* 02171791	*Teva-Atenolol*	Teva Can	100	11.07	0.1107
			500	55.35	0.1107

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					100 mg **PPB**		
	02369192	*AG-Atenolol*	Angita	100	18.21	➡	0.1821
	00773697	*Apo-Atenol*	Apotex	30	5.46	➡	0.1821
				100	18.21	➡	0.1821
	02466473	*Atenolol*	Sanis	100	18.21	➡	0.1821
	02238318	*Atenolol*	Sivem	30	5.46	➡	0.1821
				100	18.21	➡	0.1821
	00828793	*Atenolol-100*	Pro Doc	30	5.46	➡	0.1821
				100	18.21	➡	0.1821
	02392186	*Bio-Atenolol*	Biomed	30	5.46	➡	0.1821
				100	18.21	➡	0.1821
	02367572	*Jamp-Atenolol*	Jamp	30	5.46	➡	0.1821
				500	91.05	➡	0.1821
	02371995	*Mar-Atenolol*	Marcan	30	5.46	➡	0.1821
				500	91.05	➡	0.1821
	02368048	*Mint-Atenol*	Mint	30	5.46	➡	0.1821
				100	18.21	➡	0.1821
	02237601	*pms-Atenolol*	Phmscience	30	5.46	➡	0.1821
				500	91.05	➡	0.1821
	02267993	*Ran-Atenolol*	Ranbaxy	30	5.46	➡	0.1821
				500	91.05	➡	0.1821
	02242093	*Riva-Atenolol*	Riva	30	5.46	➡	0.1821
				500	91.05	➡	0.1821
	02039540	*Tenormin*	AZC	30	29.44		0.9813
*	02171805	*Teva-Atenolol*	Teva Can	100	18.21	➡	0.1821
				500	91.05	➡	0.1821

BISOPROLOL FUMARATE Pr

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					5 mg **PPB**		
+	02521156	*AG-Bisoprolol*	Angita	100	7.15	➡	0.0715
	02256134	*Apo-Bisoprolol*	Apotex	100	7.15	➡	0.0715
	02391589	*Bisoprolol*	Sanis	100	7.15	➡	0.0715
	02383055	*Bisoprolol*	Sivem	100	7.15	➡	0.0715
	02495562	*Bisoprolol*	Sivem	100	7.15	➡	0.0715
+	02518805	*Jamp Bisoprolol*	Jamp	100	7.15	➡	0.0715
	02465612	*Mint-Bisoprolol*	Mint	100	7.15	➡	0.0715
	02267470	*Novo-Bisoprolol*	Novopharm	100	7.15	➡	0.0715
	02302632	*pms-Bisoprolol*	Phmscience	100	7.15	➡	0.0715
	02306999	*Pro-Bisoprolol-5*	Pro Doc	100	7.15	➡	0.0715
	02471264	*Riva-Bisoprolol*	Riva	100	7.15	➡	0.0715
	02247439	*Sandoz Bisoprolol*	Sandoz	100	7.15	➡	0.0715
	02494035	*Sandoz Bisoprolol*	Sandoz	100	7.15	➡	0.0715

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
+ 02521164	*AG-Bisoprolol*	Angita	100	10.44	0.1044
02256177	*Apo-Bisoprolol*	Apotex	100	10.44	0.1044
02391597	*Bisoprolol*	Sanis	100	10.44	0.1044
02383063	*Bisoprolol*	Sivem	100	10.44	0.1044
02495570	*Bisoprolol*	Sivem	100	10.44	0.1044
+ 02518791	*Jamp Bisoprolol*	Jamp	100	10.44	0.1044
02465620	*Mint-Bisoprolol*	Mint	100	10.44	0.1044
02267489	*Novo-Bisoprolol*	Novopharm	100	10.44	0.1044
02302640	*pms-Bisoprolol*	Phmscience	100	10.44	0.1044
02307006	*Pro-Bisoprolol-10*	Pro Doc	100	10.44	0.1044
02471272	*Riva-Bisoprolol*	Riva	100	10.44	0.1044
02247440	*Sandoz Bisoprolol*	Sandoz	100	10.44	0.1044
02494043	*Sandoz Bisoprolol*	Sandoz	100	10.44	0.1044

CARVEDILOL Pr

Tab.				3.125 mg **PPB**	
02247933	*Apo-Carvedilol*	Apotex	100	24.31	0.2431
02418495	*Auro-Carvedilol*	Aurobindo	100	24.31	0.2431
			1000	243.10	0.2431
02324504	*Carvedilol*	Pro Doc	100	24.31	0.2431
02364913	*Carvedilol*	Sanis	100	24.31	0.2431
02248752	*Carvedilol*	Sivem	100	24.31	0.2431
02368897	*Jamp-Carvedilol*	Jamp	100	24.31	0.2431
02245914	*pms-Carvedilol*	Phmscience	100	24.31	0.2431
02252309	*ratio-Carvedilol*	Ratiopharm	100	24.31	0.2431
Tab.				6.25 mg **PPB**	
02247934	*Apo-Carvedilol*	Apotex	100	24.31	0.2431
02418509	*Auro-Carvedilol*	Aurobindo	100	24.31	0.2431
			1000	243.10	0.2431
02324512	*Carvedilol*	Pro Doc	100	24.31	0.2431
02364921	*Carvedilol*	Sanis	100	24.31	0.2431
02248753	*Carvedilol*	Sivem	100	24.31	0.2431
02368900	*Jamp-Carvedilol*	Jamp	100	24.31	0.2431
02245915	*pms-Carvedilol*	Phmscience	100	24.31	0.2431
02252317	*ratio-Carvedilol*	Ratiopharm	100	24.31	0.2431
Tab.				12.5 mg **PPB**	
02247935	*Apo-Carvedilol*	Apotex	100	24.31	0.2431
02418517	*Auro-Carvedilol*	Aurobindo	100	24.31	0.2431
			1000	243.10	0.2431
02324520	*Carvedilol*	Pro Doc	100	24.31	0.2431
02364948	*Carvedilol*	Sanis	100	24.31	0.2431
02248754	*Carvedilol*	Sivem	100	24.31	0.2431
02368919	*Jamp-Carvedilol*	Jamp	100	24.31	0.2431
02245916	*pms-Carvedilol*	Phmscience	100	24.31	0.2431
02252325	*ratio-Carvedilol*	Ratiopharm	100	24.31	0.2431

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					25 mg	**PPB**	
	02247936	*Apo-Carvedilol*	Apotex	100	24.31	➡	0.2431
	02418525	*Auro-Carvedilol*	Aurobindo	100	24.31	➡	0.2431
				1000	243.10	➡	0.2431
	02324539	*Carvedilol*	Pro Doc	100	24.31	➡	0.2431
	02364956	*Carvedilol*	Sanis	100	24.31	➡	0.2431
	02248755	*Carvedilol*	Sivem	100	24.31	➡	0.2431
	02368927	*Jamp-Carvedilol*	Jamp	100	24.31	➡	0.2431
	02245917	*pms-Carvedilol*	Phmscience	100	24.31	➡	0.2431
	02252333	*ratio-Carvedilol*	Ratiopharm	100	24.31	➡	0.2431
LABETALOL (HYDROCHLORIDE) Pr							
Tab.					100 mg	**PPB**	
	02243538	*Apo-Labetalol*	Apotex	100	19.83	➡	0.1983
	02489406	*Riva-Labetalol*	Riva	100	19.83	➡	0.1983
	02106272	*Trandate*	Paladin	100	26.00		0.2600
Tab.					200 mg	**PPB**	
	02243539	*Apo-Labetalol*	Apotex	100	35.04	➡	0.3504
	02489414	*Riva-Labetalol*	Riva	100	35.04	➡	0.3504
	02106280	*Trandate*	Paladin	100	45.95		0.4595
METOPROLOL TARTRATE Pr							
Co. or Co. L.A.					50 mg /100 mg L.A.	**PPB**	
	02481316	*AG-Metoprolol-L*	Angita	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	00618632	*Apo-Metoprolol 50 mg*	Apotex	100	6.24	➡	0.0624
				1000	62.38	➡	0.0624
	00749354	*Apo-Metoprolol L 50 mg*	Apotex	100	6.24	➡	0.0624
				1000	62.38	➡	0.0624
	02356821	*Jamp-Metoprolol-L*	Jamp	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	00658855	*Lopresor SR 100 mg*	Novartis	250	66.28		**W**
	02350394	*Metoprolol 50 mg*	Sanis	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	02351404	*Metoprolol SR*	Pro Doc	100	12.48	➡	0.1248
*	00648019	*Metoprolol-L*	Pro Doc	1000	62.38	➡	0.0624
	02442124	*Metoprolol-L*	Sivem	100	6.24	➡	0.0624
				1000	62.38	➡	0.0624
	02230803	*pms-Metoprolol-L*	Phmscience	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	02315319	*Riva-Metoprolol-L*	Riva	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	02303396	*Sandoz Metoprolol SR 100*	Sandoz	100	12.48		**W**
	00648035	*Teva-Metoprolol*	Teva Can	100	6.24	➡	0.0624
				500	31.19	➡	0.0624
	00842648	*Teva-Metoprolol*	Teva Can	100	6.24	➡	0.0624
				500	31.19	➡	0.0624

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Co. or Co. L.A.				100 mg / 200 mg L.A.	**PPB**		
	02481324	*AG-Metoprolol-L*	Angita	100	12.50	➡	0.1250
	00618640	*Apo-Metoprolol 100 mg*	Apotex	100	12.50	➡	0.1250
				1000	124.95	➡	0.1250
	00751170	*Apo-Metoprolol L 100 mg*	Apotex	100	12.50	➡	0.1250
				1000	124.95	➡	0.1250
	02356848	*Jamp-Metoprolol-L*	Jamp	100	12.50	➡	0.1250
				500	62.48	➡	0.1250
	02350408	*Metoprolol 100 mg*	Sanis	100	12.50	➡	0.1250
				500	62.48	➡	0.1250
*	00648027	*Metoprolol-L*	Pro Doc	1000	124.95	➡	0.1250
	02442132	*Metoprolol-L*	Sivem	100	12.50	➡	0.1250
				1000	124.95	➡	0.1250
	00842656	*Novo-Metoprol B 100 mg*	Novopharm	100	12.50	➡	0.1250
				500	62.48	➡	0.1250
	02230804	*pms-Metoprolol-L*	Phmscience	100	12.50	➡	0.1250
				500	62.48	➡	0.1250
	02315327	*Riva-Metoprolol-L*	Riva	100	12.50	➡	0.1250
				1000	124.95	➡	0.1250
	00648043	*Teva-Metoprolol*	Teva Can	100	12.50	➡	0.1250
				500	62.48	➡	0.1250
Tab.					25 mg	**PPB**	
	02481308	*AG-Metoprolol-L*	Angita	100	6.43	➡	0.0643
				500	32.15	➡	0.0643
	02246010	*Apo-Metoprolol*	Apotex	100	6.43	➡	0.0643
				1000	64.30	➡	0.0643
	02356813	*Jamp-Metoprolol-L*	Jamp	100	6.43	➡	0.0643
				500	32.15	➡	0.0643
*	02296713	*Metoprolol*	Pro Doc	1000	64.30	➡	0.0643
	02442116	*Metoprolol-L*	Sivem	100	6.43	➡	0.0643
				500	32.15	➡	0.0643
	02261898	*Novo-Metoprol*	Novopharm	100	6.43	➡	0.0643
	02248855	*pms-Metoprolol-L 25 mg*	Phmscience	100	6.43	➡	0.0643
				500	32.15	➡	0.0643
	02315300	*Riva-Metoprolol-L*	Riva	100	6.43	➡	0.0643
				500	32.15	➡	0.0643

NADOLOL Pr

Tab.					40 mg	**PPB**	
	02496380	*Mint-Nadolol*	Mint	100	23.75	➡	0.2375
	00782505	*Nadolol*	Apotex	100	23.75	➡	0.2375
Tab.					80 mg	**PPB**	
	02496399	*Mint-Nadolol*	Mint	100	34.10	➡	0.3410
	00782467	*Nadolol*	Apotex	100	34.10	➡	0.3410

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PINDOLOL Pr					
Tab.				5 mg **PPB**	
00755877	*Apo-Pindol*	Apotex	100	13.61	0.1361
00869007	*Novo-Pindol*	Novopharm	100	13.61	0.1361
			500	68.03	0.1361
00417270	*Visken*	Aralez	100	45.71	0.4571
Tab.				10 mg **PPB**	
* 00755885	*Apo-Pindol*	Apotex	100	23.23	**W**
			500	116.15	**W**
00869015	*Novo-Pindol*	Novopharm	100	23.23	0.2323
			500	116.15	0.2323
00443174	*Visken*	Aralez	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
PINDOLOL / HYDROCHLOROTHIAZIDE Pr					
Tab.				10 mg -25 mg	
00568627	*Viskazide 10/25*	Aralez	105	80.28	0.7646
PROPRANOLOL HYDROCHLORIDE Pr					
L.A. Caps or Tab.				20 mg /60 mg L.A. **PPB**	
02042231	*Inderal L.A. 60 mg*	Pfizer	100	44.93	0.4493
00740675	*Novo-Pranol 20 mg*	Novopharm	100	2.77	0.0277
			500	13.84	0.0277
L.A. Caps or Tab.				40 mg / 80 mg / 120 mg L.A. **PPB**	
02042266	*Inderal L.A. 120 mg*	Pfizer	100	78.02	0.7802
02042258	*Inderal L.A. 80 mg*	Pfizer	100	50.56	0.5056
00496499	*Teva-Propranolol*	Teva Can	100	11.42	0.1142
			1000	114.20	0.1142
L.A. Caps or Tab.				80 mg / 160 mg L.A. **PPB**	
02042274	*Inderal L.A. 160 mg*	Pfizer	100	92.27	0.9227
00496502	*Novo-Pranol 80 mg*	Novopharm	100	5.09	0.0509
			500	25.43	0.0509
Tab.				10 mg	
00496480	*Teva-Propranolol*	Teva Can	100	6.31	0.0631
			1000	63.10	0.0631

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SOTALOL HYDROCHLORIDE Ⓟ					
Tab.				80 mg **PPB**	
02210428	*Apo-Sotalol*	Apotex	100	29.66	0.2966
02368617	*Jamp-Sotalol*	Jamp	100	29.66	0.2966
			500	148.30	0.2966
02238326	*pms-Sotalol*	Phmscience	100	29.66	0.2966
			500	148.30	0.2966
Tab.				160 mg **PPB**	
02167794	*Apo-Sotalol*	Apotex	100	16.23	0.1623
02368625	*Jamp-Sotalol*	Jamp	100	16.23	0.1623
			500	81.15	0.1623
02238327	*pms-Sotalol*	Phmscience	100	16.23	0.1623
02272172	*Riva-Sotalol*	Riva	100	16.23	0.1623
TIMOLOL MALEATE Ⓟ					
Tab.				5 mg	
00755842	*Timol*	AA Pharma	100	16.49	0.1649
Tab.				10 mg	
00755850	*Timol*	AA Pharma	100	25.72	0.2572
Tab.				20 mg	
00755869	*Timol*	AA Pharma	100	50.05	0.5005
24:28.08					
DIHYDROPYRIDINES					
AMLODIPINE (BESYLATE) Ⓟ					
Tab.				2.5 mg **PPB**	
02490781	*Amlodipine*	Altamed	100	7.67	0.0767
02492199	*Amlodipine*	Jamp	100	7.67	0.0767
02326795	*Amlodipine*	Pro Doc	100	7.67	0.0767
02385783	*Amlodipine*	Sivem	100	7.67	0.0767
02419556	*Amlodipine Besylate*	Accord	100	7.67	0.0767
02392127	*Bio-Amlodipine*	Biomed	100	7.67	0.0767
02297477	*Co Amlodipine*	Cobalt	100	7.67	0.0767
02357186	*Jamp-Amlodipine*	Jamp	30	2.30	0.0767
			100	7.67	0.0767
02468018	*M-Amlodipine*	Mantra Ph.	100	7.67	0.0767
02371707	*Mar-Amlodipine*	Marcan	100	7.67	0.0767
			500	38.35	0.0767
02476452	*NRA-Amlodipine*	Nora	100	7.67	0.0767
02469022	*Pharma-Amlodipine*	Phmscience	100	7.67	0.0767
02295148	*pms-Amlodipine*	Phmscience	100	7.67	0.0767
02444445	*Priva-Amlodipine*	Pharmapar	100	7.67	0.0767
02331489	*Riva-Amlodipine*	Riva	100	7.67	0.0767
02330474	*Sandoz Amlodipine*	Sandoz	100	7.67	0.0767

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg **PPB**	
02369230	*AG-Amlodipine*	Angita	500	67.15	0.1343
02490803	*Amlodipine*	Altamed	250	33.58	0.1343
02429217	*Amlodipine*	Jamp	100	13.43	0.1343
			500	67.15	0.1343
02326809	*Amlodipine*	Pro Doc	500	67.15	0.1343
02331284	*Amlodipine*	Sanis	100	13.43	0.1343
			500	67.15	0.1343
02385791	*Amlodipine*	Sivem	100	13.43	0.1343
			500	67.15	0.1343
02419564	*Amlodipine Besylate*	Accord	100	13.43	0.1343
			250	33.58	0.1343
02273373	*Apo-Amlodipine*	Apotex	100	13.43	0.1343
			500	67.15	0.1343
02397072	*Auro-Amlodipine*	Aurobindo	100	13.43	0.1343
			250	33.58	0.1343
02392135	*Bio-Amlodipine*	Biomed	100	13.43	0.1343
			500	67.15	0.1343
02297485	*Co Amlodipine*	Cobalt	100	13.43	0.1343
			500	67.15	0.1343
02357194	*Jamp-Amlodipine*	Jamp	100	13.43	0.1343
			500	67.15	0.1343
02468026	*M-Amlodipine*	Mantra Ph.	500	67.15	0.1343
02371715	*Mar-Amlodipine*	Marcan	100	13.43	0.1343
			500	67.15	0.1343
02362651	*Mint-Amlodipine*	Mint	100	13.43	0.1343
			250	33.58	0.1343
02272113	*Mylan-Amlodipine*	Mylan	100	13.43	0.1343
			500	67.15	0.1343
00878928	*Norvasc*	Upjohn	100	129.99	1.2999
			250	324.97	1.2999
02476460	*NRA-Amlodipine*	Nora	250	33.58	0.1343
02469030	*Pharma-Amlodipine*	Phmscience	100	13.43	0.1343
			250	33.58	0.1343
02284065	*pms-Amlodipine*	Phmscience	100	13.43	0.1343
			500	67.15	0.1343
02444453	*Priva-Amlodipine*	Pharmapar	100	13.43	0.1343
			500	67.15	0.1343
02321858	*Ran-Amlodipine*	Ranbaxy	100	13.43	0.1343
			500	67.15	0.1343
02331497	*Riva-Amlodipine*	Riva	100	13.43	0.1343
			500	67.15	0.1343
02284383	*Sandoz Amlodipine*	Sandoz	100	13.43	0.1343
			500	67.15	0.1343
02250497	*Teva-Amlodipine*	Teva Can	100	13.43	0.1343
			500	67.15	0.1343

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02297493	*Act Amlodipine*	ActavisPhm	100	19.93	0.1993
			500	99.65	0.1993
02369249	*AG-Amlodipine*	Angita	500	99.65	0.1993
02490811	*Amlodipine*	Altamed	250	49.83	0.1993
02429225	*Amlodipine*	Jamp	100	19.93	0.1993
			500	99.65	0.1993
02326817	*Amlodipine*	Pro Doc	500	99.65	0.1993
02331292	*Amlodipine*	Sanis	500	99.65	0.1993
02385805	*Amlodipine*	Sivem	100	19.93	0.1993
			500	99.65	0.1993
02419572	*Amlodipine Besylate*	Accord	100	19.93	0.1993
			250	49.83	0.1993
02273381	*Apo-Amlodipine*	Apotex	100	19.93	0.1993
			500	99.65	0.1993
02397080	*Auro-Amlodipine*	Aurobindo	100	19.93	0.1993
			250	49.83	0.1993
02392143	*Bio-Amlodipine*	Biomed	100	19.93	0.1993
			500	99.65	0.1993
02357208	*Jamp-Amlodipine*	Jamp	100	19.93	0.1993
			500	99.65	0.1993
02468034	*M-Amlodipine*	Mantra Ph.	500	99.65	0.1993
02371723	*Mar-Amlodipine*	Marcan	100	19.93	0.1993
			500	99.65	0.1993
02362678	*Mint-Amlodipine*	Mint	100	19.93	0.1993
			250	49.83	0.1993
02272121	*Mylan-Amlodipine*	Mylan	100	19.93	0.1993
			500	99.65	0.1993
00878936	*Norvasc*	Upjohn	100	192.96	1.9296
			250	482.39	1.9296
02476479	*NRA-Amlodipine*	Nora	250	49.83	0.1993
02469049	*Pharma-Amlodipine*	Phmscience	100	19.93	0.1993
			250	49.83	0.1993
02284073	*pms-Amlodipine*	Phmscience	100	19.93	0.1993
			500	99.65	0.1993
02444461	*Priva-Amlodipine*	Pharmapar	100	19.93	0.1993
			500	99.65	0.1993
02321866	*Ran-Amlodipine*	Ranbaxy	100	19.93	0.1993
			500	99.65	0.1993
02331500	*Riva-Amlodipine*	Riva	100	19.93	0.1993
			500	99.65	0.1993
02284391	*Sandoz Amlodipine*	Sandoz	100	19.93	0.1993
			500	99.65	0.1993
02250500	*Teva-Amlodipine*	Teva Can	100	19.93	0.1993
			250	49.83	0.1993

AMLODIPINE (BESYLATE)/ ATORVASTATIN CALCIUM P

Tab.				5 mg -10 mg **PPB**	
02411253	*Apo-Amlodipine-Atorvastatin*	Apotex	100	58.02	0.5802
02273233	*Caduet*	Upjohn	90	67.96	0.7551
02404222	*pms-Amlodipine-Atorvastatin*	Phmscience	100	58.02	0.5802

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			5 mg - 20 mg	**PPB**	
02411261	*Apo-Amlodipine-Atorvastatin*	Apotex	100	68.42	➡ 0.6842
02273241	*Caduet*	Upjohn	90	77.32	0.8591
02404230	*pms-Amlodipine-Atorvastatin*	Phmscience	100	68.42	➡ 0.6842
Tab.			5 mg - 40 mg	**PPB**	
02411288	*Apo-Amlodipine-Atorvastatin*	Apotex	100	72.32	➡ 0.7232
02273268	*Caduet*	Upjohn	90	80.83	0.8981
Tab.			5 mg - 80 mg	**PPB**	
02411296	*Apo-Amlodipine-Atorvastatin*	Apotex	100	72.32	➡ 0.7232
02273276	*Caduet*	Upjohn	90	80.83	0.8981
Tab.			10 mg -10 mg	**PPB**	
02411318	*Apo-Amlodipine-Atorvastatin*	Apotex	100	61.25	➡ 0.6125
02273284	*Caduet*	Upjohn	90	82.75	0.9194
02404249	*pms-Amlodipine-Atorvastatin*	Phmscience	100	61.25	➡ 0.6125
Tab.			10 mg - 20 mg	**PPB**	
02411326	*Apo-Amlodipine-Atorvastatin*	Apotex	100	76.36	➡ 0.7636
02273292	*Caduet*	Upjohn	90	92.11	1.0234
02404257	*pms-Amlodipine-Atorvastatin*	Phmscience	100	76.36	➡ 0.7636
Tab.			10 mg - 40 mg	**PPB**	
02411334	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	➡ 0.8000
02273306	*Caduet*	Upjohn	90	95.62	1.0624
Tab.			10 mg - 80 mg	**PPB**	
02411342	*Apo-Amlodipine-Atorvastatin*	Apotex	100	80.00	➡ 0.8000
02273314	*Caduet*	Upjohn	90	95.62	1.0624
FELODIPIN F					
L.A. Tab.			2.5 mg	**PPB**	
02452367	*Apo-Felodipine*	Apotex	100	40.50	➡ 0.4050
02057778	*Plendil*	AZC	30	15.27	0.5090
L.A. Tab.			5 mg	**PPB**	
02452375	*Apo-Felodipine*	Apotex	100	33.98	➡ 0.3398
00851779	*Plendil*	AZC	30	20.40	0.6800
02280264	*Sandoz Felodipine*	Sandoz	100	33.98	➡ 0.3398

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				10 mg **PPB**	
02452383	*Apo-Felodipine*	Apotex	100	50.98	0.5098
00851787	*Plendil*	AZC	30	30.62	1.0207
02280272	*Sandoz Felodipine*	Sandoz	100	50.98	0.5098
NIFEDIPINE Pr					
Caps.				5 mg	
00725110	*Nifedipine*	AA Pharma	100	36.79	0.3679
L.A. Tab. (24 h)				30 mg **PPB**	
02155907	*Adalat XL*	Bayer	28	17.28	0.6171
			98	60.48	0.6171
02349167	*Mylan-Nifedipine Extended Release*	Mylan	100	61.71	0.6171
02421631	*Nifedipine ER*	Pro Doc	30	18.51	0.6170
			100	61.70	0.6170
02418630	*pms-Nifedipine ER*	Phmscience	30	18.51	0.6170
			100	61.70	0.6170
L.A. Tab. (24 h)				60 mg **PPB**	
02321149	*Mylan-Nifedipine Extended Release*	Mylan	100	93.74	0.9374
02421658	*Nifedipine ER*	Pro Doc	30	28.12	0.9373
			100	93.73	0.9373
02416301	*pms-Nifedipine ER*	Phmscience	30	28.12	0.9373
			100	93.73	0.9373
NIMODIPINE Pr					
Tab.				30 mg	
02325926	*Nimotop*	Bayer	100	988.00	9.8800

24:28.92
MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS
DILTIAZEM HYDROCHLORIDE Pr

L.A. Caps.				120 mg **PPB**	
02370441	*ACT Diltiazem T*	ActavisPhm	100	21.33	0.2133
02516101	*Diltiazem T*	Sanis	100	21.33	0.2133
02495376	*Jamp Diltiazem T*	Jamp	100	21.33	0.2133
02465353	*Mar-Diltiazem T*	Marcan	100	21.33	0.2133
02271605	*Novo-Diltiazem HCl ER*	Novopharm	100	21.33	0.2133
02245918	*Sandoz Diltiazem T*	Sandoz	100	21.33	0.2133
02231150	*Tiazac*	Valeant	100	83.49	0.8349

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				180 mg **PPB**	
02370492	*ACT Diltiazem T*	ActavisPhm	100	28.89	0.2889
02516128	*Diltiazem T*	Sanis	100	28.89	0.2889
02495384	*Jamp Diltiazem T*	Jamp	100	28.89	0.2889
02465361	*Mar-Diltiazem T*	Marcan	100	28.89	0.2889
02271613	*Novo-Diltiazem HCl ER*	Novopharm	100	28.89	0.2889
02245919	*Sandoz Diltiazem T*	Sandoz	100	28.89	0.2889
			500	144.45	0.2889
02231151	*Tiazac*	Valeant	100	112.48	1.1248
L.A. Caps.				240 mg **PPB**	
02370506	*ACT Diltiazem T*	ActavisPhm	100	38.32	0.3832
02516136	*Diltiazem T*	Sanis	100	38.32	0.3832
02495392	*Jamp Diltiazem T*	Jamp	100	38.32	0.3832
02465388	*Mar-Diltiazem T*	Marcan	100	38.32	0.3832
02271621	*Novo-Diltiazem HCl ER*	Novopharm	100	38.32	0.3832
02231152	*Tiazac*	Valeant	100	149.20	1.4920
L.A. Caps.				300 mg **PPB**	
02370514	*ACT Diltiazem T*	ActavisPhm	100	47.19	0.4719
02516144	*Diltiazem T*	Sanis	100	47.19	0.4719
02495406	*Jamp Diltiazem T*	Jamp	100	47.19	0.4719
02465396	*Mar-Diltiazem T*	Marcan	100	47.19	0.4719
02271648	*Novo-Diltiazem HCl ER*	Novopharm	100	47.19	0.4719
02245921	*Sandoz Diltiazem T*	Sandoz	100	47.19	0.4719
			500	235.95	0.4719
02231154	*Tiazac*	Valeant	100	183.75	1.8375
L.A. Caps.				360 mg **PPB**	
02370522	*ACT Diltiazem T*	ActavisPhm	100	57.78	0.5778
02516152	*Diltiazem T*	Sanis	100	57.78	0.5778
02495414	*Jamp Diltiazem T*	Jamp	100	57.78	0.5778
02465418	*Mar-Diltiazem T*	Marcan	100	57.78	0.5778
02271656	*Novo-Diltiazem HCl ER*	Novopharm	100	57.78	0.5778
02231155	*Tiazac*	Valeant	100	224.97	2.2497
L.A. Caps. (24 h)				120 mg **PPB**	
02370611	*ACT Diltiazem CD*	ActavisPhm	100	35.29	0.3529
			500	176.45	0.3529
02230997	*Apo-Diltiaz CD*	Apotex	100	35.29	0.3529
			500	176.45	0.3529
02097249	*Cardizem CD*	Valeant	100	129.79	1.2979
02400421	*Diltiazem CD*	Sanis	100	35.29	0.3529
02445999	*Diltiazem CD*	Sivem	100	35.29	0.3529
02484064	*Mar-Diltiazem CD*	Marcan	100	35.29	0.3529
02242538	*Novo-Diltiazem CD*	Novopharm	100	35.29	0.3529
			500	176.45	0.3529
02355752	*pms-Diltiazem CD*	Phmscience	100	35.29	0.3529
			500	176.45	0.3529
02243338	*Sandoz Diltiazem CD*	Sandoz	100	35.29	0.3529

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h)				180 mg **PPB**	
02370638	*ACT Diltiazem CD*	ActavisPhm	100	46.84	0.4684
			500	234.20	0.4684
02230998	*Apo-Diltiaz CD*	Apotex	100	46.84	0.4684
			500	234.20	0.4684
02097257	*Cardizem CD*	Valeant	100	172.28	1.7228
02400448	*Diltiazem CD*	Sanis	100	46.84	0.4684
02446006	*Diltiazem CD*	Sivem	100	46.84	0.4684
02231474	*Diltiazem-CD*	Pro Doc	100	46.84	0.4684
02484072	*Mar-Diltiazem CD*	Marcan	100	46.84	0.4684
02242539	*Novo-Diltiazem CD*	Novopharm	100	46.84	0.4684
			500	234.20	0.4684
02355760	*pms-Diltiazem CD*	Phmscience	100	46.84	0.4684
			500	234.20	0.4684
02243339	*Sandoz Diltiazem CD*	Sandoz	100	46.84	0.4684
L.A. Caps. (24 h)				240 mg **PPB**	
02370646	*ACT Diltiazem CD*	ActavisPhm	100	62.13	0.6213
			500	310.65	0.6213
02230999	*Apo-Diltiaz CD*	Apotex	100	62.13	0.6213
			500	310.65	0.6213
02097265	*Cardizem CD*	Valeant	100	228.51	2.2851
02400456	*Diltiazem CD*	Sanis	100	62.13	0.6213
02446014	*Diltiazem CD*	Sivem	100	62.13	0.6213
02231475	*Diltiazem-CD*	Pro Doc	100	62.13	0.6213
02484080	*Mar-Diltiazem CD*	Marcan	100	62.13	0.6213
02242540	*Novo-Diltiazem CD*	Novopharm	100	62.13	0.6213
			500	310.65	0.6213
02355779	*pms-Diltiazem CD*	Phmscience	100	62.13	0.6213
			500	310.65	0.6213
02243340	*Sandoz Diltiazem CD*	Sandoz	100	62.13	0.6213
L.A. Caps. (24 h)				300 mg **PPB**	
02370654	*ACT Diltiazem CD*	ActavisPhm	100	77.66	0.7766
02229526	*Apo-Diltiaz CD*	Apotex	100	77.66	0.7766
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
02484099	*Mar-Diltiazem CD*	Marcan	100	77.66	0.7766
02355787	*pms-Diltiazem CD*	Phmscience	100	77.66	0.7766
02243341	*Sandoz Diltiazem CD*	Sandoz	100	77.66	0.7766
02242541	*Teva-Diltiazem CD*	Novopharm	100	77.66	0.7766
L.A. Tab.				120 mg	
02256738	*Tiazac XC*	Valeant	90	71.39	0.7932
L.A. Tab.				180 mg	
02256746	*Tiazac XC*	Valeant	90	94.85	1.0539

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				240 mg	
02256754	*Tiazac XC*	Valeant	90	126.07	1.4008
L.A. Tab.				300 mg	
02256762	*Tiazac XC*	Valeant	90	125.82	1.3980
L.A. Tab.				360 mg	
02256770	*Tiazac XC*	Valeant	90	126.07	1.4008
Tab.				30 mg	
00771376	*Diltiaz*	AA Pharma	100	18.66	0.1866
Tab.				60 mg	
00771384	*Diltiaz*	AA Pharma	100	32.73	0.3273
VERAPAMIL HYDROCHLORIDE					
L.A. Tab.				120 mg **PPB**	
01907123	*Isoptin SR*	BGP Pharma	100	101.78	1.0178
02210347	*Mylan-Verapamil SR*	Mylan	100	50.78 ➡	0.5078
L.A. Tab.				180 mg **PPB**	
01934317	*Isoptin SR*	BGP Pharma	100	114.94	1.1494
02450488	*Mylan-Verapamil SR*	Mylan	100	52.04 ➡	0.5204
L.A. Tab.				240 mg **PPB**	
00742554	*Isoptin SR*	BGP Pharma	100	153.25	1.5325
02450496	*Mylan-Verapamil SR*	Mylan	100	50.75 ➡	0.5075
			500	253.75 ➡	0.5075
Tab.				80 mg **PPB**	
00782483	*Apo-Verap*	Apotex	100	27.35 ➡	0.2735
02237921	*Mylan-Verapamil*	Mylan	100	27.35 ➡	0.2735
Tab.				120 mg **PPB**	
00782491	*Apo-Verap*	Apotex	100	42.50 ➡	0.4250
02237922	*Mylan-Verapamil*	Mylan	100	42.50 ➡	0.4250

24:32.04
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEI)
BENAZEPRIL

Tab.				5 mg	
02290332	*Benazepril*	AA Pharma	100	55.77	0.5577

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg	
02290340	*Benazepril*	AA Pharma	100	65.95	0.6595
Tab.				20 mg	
02273918	*Benazepril*	AA Pharma	100	75.67	0.7567

CAPTOPRIL Pr

Tab.				12.5 mg	
01942964	*Novo-Captoril*	Novopharm	100	10.60	0.1060
Tab.				25 mg	
01942972	*Teva-Captoril*	Novopharm	100	15.00	0.1500
Tab.				50 mg	
01942980	*Teva-Captoril*	Novopharm	100	27.95	0.2795
Tab.				100 mg	
01942999	*Novo-Captoril*	Novopharm	100	51.98	0.5198

CILAZAPRIL Pr

Tab.				1 mg **PPB**	
02291134	*Apo-Cilazapril*	Apotex	100	15.57 ➡	0.1557
02283778	*Mylan-Cilazapril*	Mylan	100	15.57 ➡	0.1557
Tab.				2.5 mg **PPB**	
02291142	*Apo-Cilazapril*	Apotex	100	17.95 ➡	0.1795
01911473	*Inhibace*	Cheplaphar	100	73.23	0.7323
02283786	*Mylan-Cilazapril*	Mylan	100	17.95 ➡	0.1795
Tab.				5 mg **PPB**	
02291150	*Apo-Cilazapril*	Apotex	100	20.85 ➡	0.2085
01911481	*Inhibace*	Cheplaphar	100	85.08	0.8508
02283794	*Mylan-Cilazapril*	Mylan	100	20.85 ➡	0.2085

CILAZAPRIL/ HYDROCHLOROTHIAZIDE Pr

Tab.				5 mg -12.5 mg **PPB**	
02284987	*Apo-Cilazapril - HCTZ*	Apotex	100	41.70 ➡	0.4170
02181479	*Inhibace Plus*	Cheplaphar	28	23.82	0.8507
02313731	*Teva-Cilazapril/HCTZ*	Teva Can	100	41.70 ➡	0.4170

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ENALAPRIL MALEATE P

Tab. 2.5 mg **PPB**

02291878	*ACT Enalapril*	ActavisPhm	100	18.63	0.1863
02020025	*Apo-Enalapril*	Apotex	100	18.63	0.1863
02400650	*Enalapril*	Sanis	100	18.63	0.1863
02442957	*Enalapril*	Sivem	100	18.63	0.1863
02474786	*Jamp-Enalapril*	Jamp	100	18.63	0.1863
02459450	*Mar-Enalapril*	Marcan	100	18.63	0.1863
02311402	*Pro-Enalapril-2.5*	Pro Doc	100	18.63	0.1863
02352230	*Ran-Enalapril*	Ranbaxy	100	18.63	0.1863
02299933	*Sandoz Enalapril*	Sandoz	100	18.63	0.1863

Tab. 5 mg **PPB**

02291886	*ACT Enalapril*	ActavisPhm	100	22.03	0.2203
02019884	*Apo-Enalapril*	Apotex	100	22.03	0.2203
02400669	*Enalapril*	Sanis	100	22.03	0.2203
02442965	*Enalapril*	Sivem	100	22.03	0.2203
02474794	*Jamp-Enalapril*	Jamp	100	22.03	0.2203
			500	110.15	0.2203
02459469	*Mar-Enalapril*	Marcan	100	22.03	0.2203
			500	110.15	0.2203
02311410	*Pro-Enalapril-5*	Pro Doc	100	22.03	0.2203
02352249	*Ran-Enalapril*	Ranbaxy	100	22.03	0.2203
02299941	*Sandoz Enalapril*	Sandoz	100	22.03	0.2203
00708879	*Vasotec*	Organon	28	12.52	0.4471

Tab. 10 mg **PPB**

02291894	*ACT Enalapril*	ActavisPhm	30	7.94	0.2647
			500	132.33	0.2647
02019892	*Apo-Enalapril*	Apotex	100	26.47	0.2647
02400677	*Enalapril*	Sanis	100	26.47	0.2647
02442973	*Enalapril*	Sivem	100	26.47	0.2647
02474808	*Jamp-Enalapril*	Jamp	100	26.47	0.2647
			500	132.33	0.2647
02444771	*Mar-Enalapril*	Marcan	100	26.47	0.2647
			500	132.35	0.2647
02311429	*Pro-Enalapril-10*	Pro Doc	100	26.47	0.2647
02352257	*Ran-Enalapril*	Ranbaxy	100	26.47	0.2647
02299968	*Sandoz Enalapril*	Sandoz	100	26.47	0.2647
00670901	*Vasotec*	Organon	28	15.04	0.5371

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02291908	*ACT Enalapril*	ActavisPhm	100	31.95	0.3195
02019906	*Apo-Enalapril*	Apotex	100	31.95	0.3195
02400685	*Enalapril*	Sanis	100	31.95	0.3195
02442981	*Enalapril*	Sivem	100	31.95	0.3195
02474816	*Jamp-Enalapril*	Jamp	100	31.95	0.3195
			500	159.75	0.3195
02444798	*Mar-Enalapril*	Marcan	100	31.95	0.3195
			500	159.75	0.3195
02311437	*Pro-Enalapril-20*	Pro Doc	100	31.95	0.3195
02352265	*Ran-Enalapril*	Ranbaxy	100	31.95	0.3195
02299976	*Sandoz Enalapril*	Sandoz	100	31.95	0.3195
00670928	*Vasotec*	Organon	28	18.14	0.6479
ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE Pr					
Tab.				10 mg -25 mg **PPB**	
02352931	*Enalapril maleate/HCTZ*	AA Pharma	100	100.66	1.0066
00657298	*Vaseretic*	Organon	28	29.67	1.0596
LISINOPRIL Pr					
Tab.				5 mg **PPB**	
02217481	*Apo-Lisinopril*	Apotex	100	13.47	0.1347
			500	67.33	0.1347
02394472	*Auro-Lisinopril*	Aurobindo	100	13.47	0.1347
			500	67.33	0.1347
02361531	*Jamp-Lisinopril*	Jamp	100	13.47	0.1347
02386232	*Lisinopril*	Sivem	100	13.47	0.1347
02285061	*Novo-Lisinopril (Type P)*	Novopharm	30	4.04	0.1347
			100	13.47	0.1347
02285118	*Novo-Lisinopril (Type Z)*	Novopharm	30	4.04	0.1347
			100	13.47	0.1347
02310961	*Pro-Lisinopril-5*	Pro Doc	100	13.47	0.1347
02294230	*Ran-Lisinopril*	Ranbaxy	100	13.47	0.1347
			500	67.33	0.1347
02289199	*Sandoz Lisinopril*	Sandoz	30	4.04	0.1347
			100	13.47	0.1347
02049333	*Zestril*	AZC	100	55.94	0.5594

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02217503	*Apo-Lisinopril*	Apotex	100	16.19	0.1619
			500	80.93	0.1619
02394480	*Auro-Lisinopril*	Aurobindo	100	16.19	0.1619
			500	80.93	0.1619
02361558	*Jamp-Lisinopril*	Jamp	100	16.19	0.1619
			500	80.93	0.1619
02386240	*Lisinopril*	Sivem	100	16.19	0.1619
02285126	*Novo-Lisinopril (Type Z)*	Novopharm	30	4.86	0.1619
			100	16.19	0.1619
02310988	*Pro-Lisinopril-10*	Pro Doc	100	16.19	0.1619
02294249	*Ran-Lisinopril*	Ranbaxy	100	16.19	0.1619
			500	80.93	0.1619
02289202	*Sandoz Lisinopril*	Sandoz	30	4.86	0.1619
			100	16.19	0.1619
02049376	*Zestril*	AZC	100	67.23	0.6723
Tab.				20 mg **PPB**	
02217511	*Apo-Lisinopril*	Apotex	100	19.45	0.1945
			500	97.24	0.1945
02394499	*Auro-Lisinopril*	Aurobindo	100	19.45	0.1945
			500	97.24	0.1945
02361566	*Jamp-Lisinopril*	Jamp	100	19.45	0.1945
			500	97.24	0.1945
02386259	*Lisinopril*	Sivem	100	19.45	0.1945
02285134	*Novo-Lisinopril (Type Z)*	Novopharm	30	5.83	0.1945
			500	97.24	0.1945
02310996	*Pro-Lisinopril-20*	Pro Doc	100	19.45	0.1945
02294257	*Ran-Lisinopril*	Ranbaxy	100	19.45	0.1945
			500	97.24	0.1945
02289229	*Sandoz Lisinopril*	Sandoz	30	5.83	0.1945
			100	19.45	0.1945
02049384	*Zestril*	AZC	100	80.78	0.8078

LISINOPRIL HYDROCHLOROTHIAZIDE Pr

Tab.				10 mg -12.5 mg **PPB**	
02362945	*Lisinopril/HCTZ (Type Z)*	Sanis	30	6.25	0.2083
			100	20.83	0.2083
02302136	*Novo-Lisinopril/HCTZ (Type P)*	Novopharm	30	6.25	0.2083
			100	20.83	0.2083
02302365	*Sandoz Lisinopril HCT*	Sandoz	30	6.25	0.2083
			100	20.83	0.2083
02301768	*Teva-Lisinopril/HCTZ (Type Z)*	Novopharm	100	20.83	0.2083
02103729	*Zestoretic*	AZC	100	86.54	0.8654

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg -12.5 mg	**PPB**	
02362953	*Lisinopril/HCTZ (Type Z)*	Sanis	100	25.03 ➡	0.2503
02302144	*Novo-Lisinopril/HCTZ (Type P)*	Novopharm	100	25.03 ➡	0.2503
02302373	*Sandoz Lisinopril HCT*	Sandoz	30	7.51 ➡	0.2503
			100	25.03 ➡	0.2503
02301776	*Teva-Lisinopril/HCTZ (Type Z)*	Teva Can	30	7.51 ➡	0.2503
			100	25.03 ➡	0.2503
02045737	*Zestoretic*	AZC	100	104.00	1.0400
Tab.			20 mg -25 mg	**PPB**	
02362961	*Lisinopril/HCTZ (Type Z)*	Sanis	30	7.51 ➡	0.2503
			100	25.03 ➡	0.2503
02302152	*Novo-Lisinopril/HCTZ (Type P)*	Novopharm	100	25.03 ➡	0.2503
02301784	*Novo-Lisinopril/HCTZ (Type Z)*	Novopharm	30	7.51 ➡	0.2503
			100	25.03 ➡	0.2503
02302381	*Sandoz Lisinopril HCT*	Sandoz	30	7.51 ➡	0.2503
			100	25.03 ➡	0.2503
02045729	*Zestoretic*	AZC	100	104.00	1.0400
PERINDOPRIL ERBUMIN F					
Tab.				2 mg **PPB**	
02481677	*AG-Perindopril*	Angita	100	16.32 ➡	0.1632
02289261	*Apo-Perindopril*	Apotex	30	4.90 ➡	0.1632
			500	81.60 ➡	0.1632
02459817	*Auro-Perindopril*	Aurobindo	30	4.90 ➡	0.1632
			500	81.60 ➡	0.1632
02501309	*Bio-Perindopril*	Biomed	100	16.32 ➡	0.1632
02123274	*Coversyl*	Servier	30	18.88	0.6293
02477009	*Jamp-Perindopril*	Jamp	100	16.32 ➡	0.1632
02474824	*Mar-Perindopril*	Marcan	100	16.32 ➡	0.1632
			500	81.60 ➡	0.1632
02476762	*Mint-Perindopril*	Mint	100	16.32 ➡	0.1632
02482924	*M-Perindopril*	Mantra Ph.	100	16.32 ➡	0.1632
02489015	*NRA-Perindopril*	Nora	100	16.32 ➡	0.1632
02488949	*Perindopril Erbumine*	Pro Doc	30	4.90 ➡	0.1632
			100	16.32 ➡	0.1632
02481634	*Perindopril Erbumine*	Sanis	100	16.32 ➡	0.1632
			500	81.60 ➡	0.1632
02479877	*Perindopril Erbumine*	Sivem	30	4.90 ➡	0.1632
			100	16.32 ➡	0.1632
02470675	*pms-Perindopril*	Phmscience	30	4.90 ➡	0.1632
			500	81.60 ➡	0.1632
02483238	*Priva-Perindopril Erbumine*	Pharmapar	100	16.32 ➡	0.1632
02472015	*Riva-Perindopril*	Riva	30	4.90 ➡	0.1632
			100	16.32 ➡	0.1632
02470225	*Sandoz Perindopril Erbumine*	Sandoz	30	4.90 ➡	0.1632
			100	16.32 ➡	0.1632
02464985	*Teva-Perindopril*	Teva Can	100	16.32 ➡	0.1632

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				4 mg **PPB**	
02481685	*AG-Perindopril*	Angita	100	20.42	0.2042
02289288	*Apo-Perindopril*	Apotex	30	6.13	0.2042
			500	102.10	0.2042
02459825	*Auro-Perindopril*	Aurobindo	30	6.13	0.2042
			500	102.10	0.2042
02501317	*Bio-Perindopril*	Biomed	100	20.42	0.2042
02123282	*Coversyl*	Servier	30	23.60	0.7867
02477017	*Jamp-Perindopril*	Jamp	100	20.42	0.2042
02474832	*Mar-Perindopril*	Marcan	100	20.42	0.2042
			500	102.10	0.2042
02476770	*Mint-Perindopril*	Mint	100	20.42	0.2042
02482932	*M-Perindopril*	Mantra Ph.	100	20.42	0.2042
02489023	*NRA-Perindopril*	Nora	100	20.42	0.2042
02488957	*Perindopril Erbumine*	Pro Doc	30	6.13	0.2042
			100	20.42	0.2042
02481642	*Perindopril Erbumine*	Sanis	100	20.42	0.2042
			500	102.10	0.2042
02479885	*Perindopril Erbumine*	Sivem	30	6.13	0.2042
			100	20.42	0.2042
02470683	*pms-Perindopril*	Phmscience	30	6.13	0.2042
			500	102.10	0.2042
02483246	*Priva-Perindopril Erbumine*	Pharmapar	100	20.42	0.2042
02472023	*Riva-Perindopril*	Riva	30	6.13	0.2042
			100	20.42	0.2042
02470233	*Sandoz Perindopril Erbumine*	Sandoz	30	6.13	0.2042
			100	20.42	0.2042
02464993	*Teva-Perindopril*	Teva Can	100	20.42	0.2042

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				8 mg **PPB**	
02481693	*AG-Perindopril*	Angita	100	28.30	0.2830
02289296	*Apo-Perindopril*	Apotex	30	8.49	0.2830
			500	141.50	0.2830
02459833	*Auro-Perindopril*	Aurobindo	30	8.49	0.2830
			500	141.50	0.2830
02501325	*Bio-Perindopril*	Biomed	100	28.30	0.2830
02246624	*Coversyl*	Servier	30	33.05	1.1017
02477025	*Jamp-Perindopril*	Jamp	100	28.30	0.2830
02474840	*Mar-Perindopril*	Marcan	100	28.31	0.2831
			500	141.55	0.2831
02476789	*Mint-Perindopril*	Mint	100	28.30	0.2830
02482940	*M-Perindopril*	Mantra Ph.	100	28.30	0.2830
02489031	*NRA-Perindopril*	Nora	100	28.30	0.2830
02488965	*Perindopril Erbumine*	Pro Doc	30	8.49	0.2830
			100	28.30	0.2830
02481650	*Perindopril Erbumine*	Sanis	100	28.30	0.2830
02479893	*Perindopril Erbumine*	Sivem	30	8.49	0.2830
			100	28.30	0.2830
02470691	*pms-Perindopril*	Phmscience	30	8.49	0.2830
			500	141.50	0.2830
02483254	*Priva-Perindopril Erbumine*	Pharmapar	100	28.30	0.2830
02472031	*Riva-Perindopril*	Riva	30	8.49	0.2830
			100	28.30	0.2830
02470241	*Sandoz Perindopril Erbumine*	Sandoz	30	8.49	0.2830
			100	28.30	0.2830
02465000	*Teva-Perindopril*	Teva Can	100	28.30	0.2830

PERINDOPRIL ERBUMIN/INDAPAMIDE P

Tab.				4 mg -1.25 mg **PPB**	
02297574	*Apo-Perindopril-Indapamide*	Apotex	30	7.67	0.2557
02246569	*Coversyl Plus*	Servier	30	29.29	0.9763
02523035	*Perindopril Erbumine/ Indapamide*	Pro Doc	30	7.67	0.2557
			100	25.57	0.2557
02479834	*Perindopril Erbumine/ Indapamide*	Sivem	30	7.67	0.2557
			100	25.57	0.2557
02519720	*Perindopril/Indapamide*	Sanis	100	25.57	0.2557
02470438	*Sandoz Perindopril Erbumine/Indapamide*	Sandoz	30	7.67	0.2557
			100	25.57	0.2557
02464020	*Teva-Perindopril/ Indapamide*	Teva Can	100	25.57	0.2557

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			8 mg - 2.5 mg **PPB**		
02453061	*Apo-Perindopril-Indapamide*	Apotex	30	8.58	0.2859
			100	28.59	0.2859
02321653	*Coversyl Plus HD*	Servier	30	32.76	1.0920
02523043	*Perindopril Erbumine/ Indapamide HD*	Pro Doc	30	8.58	0.2859
			100	28.59	0.2859
02479842	*Perindopril Erbumine/ Indapamide HD*	Sivem	30	8.58	0.2859
02519739	*Perindopril/Indapamide*	Sanis	100	28.59	0.2859
02470446	*Sandoz Perindopril Erbumine/Indapamide HD*	Sandoz	30	8.58	0.2859
			100	28.59	0.2859
02464039	*Teva-Perindopril/ Indapamide*	Teva Can	100	28.59	0.2859

QUINAPRIL HYDROCHLORIDE P

Tab.			5 mg **PPB**		
01947664	*Accupril*	Pfizer	90	79.94	0.8882
02248499	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340550	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.			10 mg **PPB**		
01947672	*Accupril*	Pfizer	90	79.94	0.8882
02248500	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340569	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.			20 mg **PPB**		
01947680	*Accupril*	Pfizer	90	79.94	0.8882
02248501	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340577	*pms-Quinapril*	Phmscience	100	22.78	0.2278
Tab.			40 mg **PPB**		
01947699	*Accupril*	Pfizer	90	79.94	0.8882
02248502	*Apo-Quinapril*	Apotex	100	22.78	0.2278
02340585	*pms-Quinapril*	Phmscience	100	22.78	0.2278

QUINAPRIL HYDROCHLORIDE / HYDROCHLOROTHIAZIDE P

Tab.			10 mg -12.5 mg **PPB**		
02237367	*Accuretic*	Pfizer	28	24.86	0.8879
02408767	*Apo-Quinapril/HCTZ*	Apotex	28	13.40	0.4786
			90	43.07	0.4786
02473291	*Auro-Quinapril HCTZ*	Aurobindo	28	13.40	0.4786
			90	43.07	0.4786

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			20 mg -12.5 mg **PPB**		
02237368	*Accuretic*	Pfizer	28	24.86	0.8879
02408775	*Apo-Quinapril/HCTZ*	Apotex	28	13.40	0.4786
			90	43.07	0.4786
02473305	*Auro-Quinapril HCTZ*	Aurobindo	28	13.40	0.4786
			90	43.07	0.4786
Tab.			20 mg -25 mg **PPB**		
02237369	*Accuretic*	Pfizer	28	24.11	0.8611
02408783	*Apo-Quinapril/HCTZ*	Apotex	28	12.89	0.4602
			90	41.42	0.4602
02473321	*Auro-Quinapril HCTZ*	Aurobindo	28	12.89	0.4602
			90	41.42	0.4602
RAMIPRIL P					
Caps.			1.25 mg **PPB**		
02221829	*Altace*	Valeant	30	20.97	0.6990
02251515	*Apo-Ramipril*	Apotex	100	7.07	0.0707
02387387	*Auro-Ramipril*	Aurobindo	30	2.12	0.0707
			100	7.07	0.0707
02331101	*Jamp-Ramipril*	Jamp	30	2.12	0.0707
			100	7.07	0.0707
02420457	*Mar-Ramipril*	Marcan	30	2.12	0.0707
02469057	*Pharma-Ramipril*	Phmscience	30	2.12	0.0707
02295369	*pms-Ramipril*	Phmscience	30	2.12	0.0707
			100	7.07	0.0707
02310023	*Pro-Ramipril*	Pro Doc	30	2.12	0.0707
			100	7.07	0.0707
02308363	*Ramipril*	Sivem	100	7.07	0.0707
02310503	*Ran-Ramipril*	Ranbaxy	30	2.12	0.0707

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				2.5 mg **PPB**	
02477572	*AG-Ramipril*	Angita	100	8.17	0.0817
02221837	*Altace*	Valeant	30	24.20	0.8066
			100	80.66	0.8066
02251531	*Apo-Ramipril*	Apotex	30	2.45	0.0817
			500	40.83	0.0817
02387395	*Auro-Ramipril*	Aurobindo	30	2.45	0.0817
			500	40.83	0.0817
02331128	*Jamp-Ramipril*	Jamp	30	2.45	0.0817
			500	40.83	0.0817
02420465	*Mar-Ramipril*	Marcan	30	2.45	0.0817
			500	40.83	0.0817
02421305	*Mint-Ramipril*	Mint	100	8.17	0.0817
02486172	*NRA-Ramipril*	Nora	100	8.17	0.0817
			500	40.83	0.0817
02469065	*Pharma-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.83	0.0817
02247917	*pms-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.83	0.0817
02483416	*Priva-Ramipril*	Pharmapar	100	8.17	0.0817
02310066	*Pro-Ramipril*	Pro Doc	30	2.45	0.0817
			500	40.83	0.0817
02486512	*Ramipril*	Altamed	500	40.83	0.0817
02255316	*Ramipril*	Riva	30	2.45	0.0817
			500	40.83	0.0817
02374846	*Ramipril*	Sanis	100	8.17	0.0817
			500	40.83	0.0817
02287927	*Ramipril*	Sivem	30	2.45	0.0817
			500	40.83	0.0817
02310511	*Ran-Ramipril*	Ranbaxy	100	8.17	0.0817
			500	40.83	0.0817
02247945	*Teva-Ramipril*	Teva Can	30	2.45	0.0817
			500	40.83	0.0817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				5 mg **PPB**	
02477580	*AG-Ramipril*	Angita	100	8.17	0.0817
02221845	*Altace*	Valeant	30	24.20	0.8066
			100	80.66	0.8066
02251574	*Apo-Ramipril*	Apotex	30	2.45	0.0817
			500	40.83	0.0817
02387409	*Auro-Ramipril*	Aurobindo	30	2.45	0.0817
			500	40.83	0.0817
02331136	*Jamp-Ramipril*	Jamp	30	2.45	0.0817
			500	40.83	0.0817
02420473	*Mar-Ramipril*	Marcan	30	2.45	0.0817
			500	40.83	0.0817
02421313	*Mint-Ramipril*	Mint	100	8.17	0.0817
02486180	*NRA-Ramipril*	Nora	100	8.17	0.0817
			500	40.83	0.0817
02469073	*Pharma-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.83	0.0817
02247918	*pms-Ramipril*	Phmscience	30	2.45	0.0817
			500	40.83	0.0817
02483424	*Priva-Ramipril*	Pharmapar	100	8.17	0.0817
02310074	*Pro-Ramipril*	Pro Doc	30	2.45	0.0817
			500	40.83	0.0817
02486520	*Ramipril*	Altamed	500	40.83	0.0817
02255324	*Ramipril*	Riva	30	2.45	0.0817
			500	40.83	0.0817
02374854	*Ramipril*	Sanis	100	8.17	0.0817
			500	40.83	0.0817
02287935	*Ramipril*	Sivem	30	2.45	0.0817
			500	40.83	0.0817
02310538	*Ran-Ramipril*	Ranbaxy	100	8.17	0.0817
			500	40.83	0.0817
02247946	*Teva-Ramipril*	Teva Can	30	2.45	0.0817
			500	40.83	0.0817

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				10 mg **PPB**	
02477599	*AG-Ramipril*	Angita	100	10.34	0.1034
02221853	*Altace*	Valeant	30	30.65	1.0216
			100	102.16	1.0216
02251582	*Apo-Ramipril*	Apotex	30	3.10	0.1034
			500	51.70	0.1034
02387417	*Auro-Ramipril*	Aurobindo	30	3.10	0.1034
			500	51.70	0.1034
02331144	*Jamp-Ramipril*	Jamp	30	3.10	0.1034
			500	51.70	0.1034
02420481	*Mar-Ramipril*	Marcan	30	3.10	0.1034
			500	51.70	0.1034
02421321	*Mint-Ramipril*	Mint	100	10.34	0.1034
02486199	*NRA-Ramipril*	Nora	100	10.34	0.1034
			500	51.70	0.1034
02469081	*Pharma-Ramipril*	Phmscience	30	3.10	0.1034
			500	51.70	0.1034
02247919	*pms-Ramipril*	Phmscience	30	3.10	0.1034
			500	51.70	0.1034
02483432	*Priva-Ramipril*	Pharmapar	100	10.34	0.1034
02310104	*Pro-Ramipril*	Pro Doc	30	3.10	0.1034
			500	51.70	0.1034
02486539	*Ramipril*	Altamed	500	51.70	0.1034
02255332	*Ramipril*	Riva	30	3.10	0.1034
			500	51.70	0.1034
02374862	*Ramipril*	Sanis	100	10.34	0.1034
			500	51.70	0.1034
02287943	*Ramipril*	Sivem	30	3.10	0.1034
			500	51.70	0.1034
02310546	*Ran-Ramipril*	Ranbaxy	100	10.34	0.1034
			500	51.70	0.1034
02247947	*Teva-Ramipril*	Teva Can	30	3.10	0.1034
			500	51.70	0.1034
Caps.				15 mg **PPB**	
02281112	*Altace*	Valeant	30	33.68	1.1227
			100	112.27	1.1227
02325381	*Apo-Ramipril*	Apotex	30	17.57	0.5855
			100	58.55	0.5855
02440334	*Jamp-Ramipril*	Jamp	100	58.55	0.5855
02420503	*Mar-Ramipril*	Marcan	30	17.57	0.5855
			100	58.55	0.5855
02421348	*Mint-Ramipril*	Mint	100	58.55	0.5855

RAMIPRIL/ HYDROCHLOROTHIAZIDE P

Tab.				2.5 mg - 12.5 mg	**PPB**	
	02283131	*Altace HCT*	Valeant	28	8.37	0.2989
*	02449439	*Taro-Ramipril HCTZ*	Sun Pharma	100	14.95	0.1495

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.				5 mg -12.5 mg	PPB		
	02283158	*Altace HCT*	Valeant	28	10.72		0.3829
*	02449447	*Taro-Ramipril HCTZ*	Sun Pharma	100	20.11	➡	0.2011
Tab.				5 mg - 25 mg	PPB		
	02283174	*Altace HCT*	Valeant	28	10.72		0.3829
*	02449463	*Taro-Ramipril HCTZ*	Sun Pharma	100	19.15	➡	0.1915
Tab.				10 mg -12.5 mg	PPB		
	02283166	*Altace HCT*	Valeant	28	13.65		0.4875
	02342154	*pms-Ramipril-HCTZ*	Phmscience	30	3.95	➡	0.1317
				100	13.17	➡	0.1317
	02449455	*Ran-Ramipril HCTZ*	Ranbaxy	100	13.17	➡	0.1317
Tab.				10 mg -25 mg	PPB		
	02283182	*Altace HCT*	Valeant	28	13.65		0.4875
	02342170	*pms-Ramipril-HCTZ*	Phmscience	30	3.95	➡	0.1317
				100	13.17	➡	0.1317
	02449471	*Ran-Ramipril HCTZ*	Ranbaxy	100	13.17	➡	0.1317
SODIUM FOSINOPRIL P							
Tab.					10 mg	PPB	
	02266008	*Apo-Fosinopril*	Apotex	100	21.77	➡	0.2177
	02459388	*Fosinopril*	Sanis	100	21.77	➡	0.2177
	02303000	*Fosinopril-10*	Pro Doc	100	21.77	➡	0.2177
	02331004	*Jamp-Fosinopril*	Jamp	100	21.77	➡	0.2177
	02247802	*Teva-Fosinopril*	Teva Can	30	6.53	➡	0.2177
				100	21.77	➡	0.2177
Tab.					20 mg	PPB	
	02266016	*Apo-Fosinopril*	Apotex	100	26.19	➡	0.2619
	02459396	*Fosinopril*	Sanis	100	26.19	➡	0.2619
	02303019	*Fosinopril-20*	Pro Doc	100	26.19	➡	0.2619
	02331012	*Jamp-Fosinopril*	Jamp	100	26.19	➡	0.2619
	02247803	*Teva-Fosinopril*	Teva Can	30	7.86	➡	0.2619
				100	26.19	➡	0.2619
TRANDOLAPRIL P							
Caps.					0.5 mg	PPB	
	02471868	*Auro-Trandolapril*	Aurobindo	100	6.98	➡	0.0698
	02231457	*Mavik*	BGP Pharma	100	27.33		0.2733
	02357755	*pms-Trandolapril*	Phmscience	100	6.98	➡	0.0698
	02325721	*Sandoz Trandolapril*	Sandoz	100	6.98	➡	0.0698
	02415429	*Teva-Trandolapril*	Teva Can	100	6.98	➡	0.0698

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				1 mg **PPB**	
02471876	*Auro-Trandolapril*	Aurobindo	100	17.62	0.1762
02231459	*Mavik*	BGP Pharma	100	67.00	0.6700
02357763	*pms-Trandolapril*	Phmscience	100	17.62	0.1762
02325748	*Sandoz Trandolapril*	Sandoz	100	17.62	0.1762
02415437	*Teva-Trandolapril*	Teva Can	100	17.62	0.1762
02488698	*Trandolapril*	Pro Doc	100	17.62	0.1762
Caps.				2 mg **PPB**	
02471884	*Auro-Trandolapril*	Aurobindo	100	20.25	0.2025
02231460	*Mavik*	BGP Pharma	100	77.00	0.7700
02357771	*pms-Trandolapril*	Phmscience	100	20.25	0.2025
02325756	*Sandoz Trandolapril*	Sandoz	100	20.25	0.2025
02415445	*Teva-Trandolapril*	Teva Can	100	20.25	0.2025
02488701	*Trandolapril*	Pro Doc	100	20.25	0.2025
Caps.				4 mg **PPB**	
02471892	*Auro-Trandolapril*	Aurobindo	100	24.98	0.2498
02239267	*Mavik*	BGP Pharma	100	95.00	0.9500
02357798	*pms-Trandolapril*	Phmscience	100	24.98	0.2498
02325764	*Sandoz Trandolapril*	Sandoz	100	24.98	0.2498
02415453	*Teva-Trandolapril*	Teva Can	100	24.98	0.2498
02488728	*Trandolapril*	Pro Doc	100	24.98	0.2498

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ANGIOTENSIN II RECEPTOR ANTAGONISTS
CANDESARTAN CILEXETIL P

Tab.				8 mg **PPB**	
02484773	*AG-Candesartan*	Angita	100	22.58	0.2258
02500795	*AG-Candesartan*	Angita	100	22.58	0.2258
02365359	*Apo-Candesartan*	Apotex	30	6.77	0.2258
			100	22.58	0.2258
02239091	*Atacand*	AZC	30	35.52	1.1840
02445794	*Auro-Candesartan*	Aurobindo	90	20.32	0.2258
			500	112.90	0.2258
02377934	*Candesartan*	Pro Doc	30	6.77	0.2258
			100	22.58	0.2258
02388928	*Candesartan*	Sanis	100	22.58	0.2258
			500	112.90	0.2258
02388707	*Candesartan*	Sivem	30	6.77	0.2258
			100	22.58	0.2258
02379279	*Candesartan cilexetil*	Accord	30	6.77	0.2258
			100	22.58	0.2258
02386518	*Jamp-Candesartan*	Jamp	100	22.58	0.2258
02476916	*Mint-Candesartan*	Mint	100	22.58	0.2258
02391198	*pms-Candesartan*	Phmscience	30	6.77	0.2258
			100	22.58	0.2258
02380692	*Ran-Candesartan*	Ranbaxy	100	22.58	0.2258
02326965	*Sandoz Candesartan*	Sandoz	30	6.77	0.2258
			500	112.90	0.2258
02366312	*Teva Candesartan*	Teva Can	30	6.77	0.2258
			100	22.58	0.2258

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				16 mg **PPB**	
02484781	*AG-Candesartan*	Angita	100	22.58	0.2258
02500809	*AG-Candesartan*	Angita	100	22.58	0.2258
02365367	*Apo-Candesartan*	Apotex	30	6.77	0.2258
			100	22.58	0.2258
02239092	*Atacand*	AZC	30	35.52	1.1840
02445808	*Auro-Candesartan*	Aurobindo	90	20.32	0.2258
			500	112.90	0.2258
02377942	*Candesartan*	Pro Doc	30	6.77	0.2258
			100	22.58	0.2258
02388936	*Candesartan*	Sanis	100	22.58	0.2258
			500	112.90	0.2258
02388715	*Candesartan*	Sivem	30	6.77	0.2258
			100	22.58	0.2258
02379287	*Candesartan cilexetil*	Accord	30	6.77	0.2258
			100	22.58	0.2258
02386526	*Jamp-Candesartan*	Jamp	100	22.58	0.2258
02476924	*Mint-Candesartan*	Mint	100	22.58	0.2258
02391201	*pms-Candesartan*	Phmscience	30	6.77	0.2258
			100	22.58	0.2258
02380706	*Ran-Candesartan*	Ranbaxy	100	22.58	0.2258
02326973	*Sandoz Candesartan*	Sandoz	30	6.77	0.2258
			500	112.90	0.2258
02366320	*Teva Candesartan*	Teva Can	30	6.77	0.2258
			100	22.58	0.2258
Tab.				32 mg **PPB**	
02500817	*AG-Candesartan*	Angita	100	22.58	0.2258
02399105	*Apo-Candesartan*	Apotex	30	6.77	0.2258
			100	22.58	0.2258
02311658	*Atacand*	AZC	30	35.52	1.1840
02445816	*Auro-Candesartan*	Aurobindo	90	20.32	0.2258
			500	112.90	0.2258
02422069	*Candesartan*	Pro Doc	100	22.58	0.2258
02435845	*Candesartan*	Sanis	100	22.58	0.2258
02379295	*Candesartan cilexetil*	Accord	30	6.77	0.2258
			100	22.58	0.2258
02386534	*Jamp-Candesartan*	Jamp	100	22.58	0.2258
02391228	*pms-Candesartan*	Phmscience	30	6.77	0.2258
02380714	*Ran-Candesartan*	Ranbaxy	30	6.77	0.2258
02417340	*Sandoz Candesartan*	Sandoz	100	22.58	0.2258
02366339	*Teva Candesartan*	Teva Can	30	6.77	0.2258

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE Pr					
Tab.			16 mg -12.5 mg	**PPB**	
02244021	*Atacand Plus*	AZC	30	35.10	1.1700
02421038	*Auro-Candesartan HCT*	Aurobindo	100	21.56	0.2156
02392275	*Candesartan - HCTZ*	Pro Doc	30	6.47	0.2156
			100	21.56	0.2156
02394812	*Candesartan HCT*	Sivem	30	6.47	0.2156
			100	21.56	0.2156
02394804	*Candesartan/ HCTZ*	Sanis	100	21.56	0.2156
02473240	*Jamp-Candesartan HCT*	Jamp	30	6.47	0.2156
			100	21.56	0.2156
02391295	*pms-Candesartan-HCTZ*	Phmscience	30	6.47	0.2156
			100	21.56	0.2156
02327902	*Sandoz Candesartan Plus*	Sandoz	30	6.47	0.2156
			100	21.56	0.2156
02395541	*Teva Candesartan/ HCTZ*	Teva Can	30	6.47	0.2156
Tab.			32 mg - 12.5 mg	**PPB**	
02332922	*Atacand Plus*	AZC	30	35.10	1.1700
02421046	*Auro-Candesartan HCT*	Aurobindo	100	21.56	0.2156
02473259	*Jamp-Candesartan HCT*	Jamp	30	6.47	0.2156
			100	21.56	0.2156
02420732	*Sandoz Candesartan Plus*	Sandoz	100	21.56	0.2156
02395568	*Teva Candesartan/ HCTZ*	Teva Can	30	6.47	0.2156
Tab.			32 mg - 25 mg	**PPB**	
02332957	*Atacand Plus*	AZC	30	35.10	1.1700
02421054	*Auro-Candesartan HCT*	Aurobindo	100	24.43	0.2443
02473267	*Jamp-Candesartan HCT*	Jamp	30	7.33	0.2443
			100	24.43	0.2443
02420740	*Sandoz Candesartan Plus*	Sandoz	100	24.43	0.2443
EPROSARTAN (MESYLATE D')/ HYDROCHLOROTHIAZIDE Pr					
Tab.			600 mg - 12.5 mg		
02253631	*Teveten Plus*	BGP Pharma	28	30.34	1.0836
EPROSARTAN MESYLATE Pr					
Tab.				400 mg	
02240432	*Teveten*	BGP Pharma	28	19.81	0.7075
Tab.				600 mg	
02243942	*Teveten*	BGP Pharma	28	30.34	1.0836

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
IRBESARTAN Ⓟ					
Tab.				75 mg **PPB**	
02237923	*Avapro*	SanofiAven	90	107.33	1.1926
02365197	*Irbesartan*	Pro Doc	100	22.81	0.2281
02372347	*Irbesartan*	Sanis	100	22.81	0.2281
02385287	*Irbesartan*	Sivem	100	22.81	0.2281
02418193	*Jamp-Irbesartan*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
+ 02422980	*Mint-Irbesartan*	Mint	100	22.81	0.2281
02317060	*pms-Irbesartan*	Phmscience	100	22.81	0.2281
02406810	*Ran-Irbesartan*	Ranbaxy	100	22.81	0.2281
02328461	*Sandoz Irbesartan*	Sandoz	100	22.81	0.2281
02316390	*Teva-Irbesartan*	Teva Can	100	22.81	0.2281
Tab.				150 mg **PPB**	
02237924	*Avapro*	SanofiAven	90	107.33	1.1926
02365200	*Irbesartan*	Pro Doc	100	22.81	0.2281
02372371	*Irbesartan*	Sanis	100	22.81	0.2281
02385295	*Irbesartan*	Sivem	100	22.81	0.2281
02418207	*Jamp-Irbesartan*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
+ 02422999	*Mint-Irbesartan*	Mint	100	22.81	0.2281
02317079	*pms-Irbesartan*	Phmscience	100	22.81	0.2281
			500	114.05	0.2281
02406829	*Ran-Irbesartan*	Ranbaxy	100	22.81	0.2281
			500	114.05	0.2281
02328488	*Sandoz Irbesartan*	Sandoz	100	22.81	0.2281
			500	114.05	0.2281
02316404	*Teva-Irbesartan*	Teva Can	100	22.81	0.2281
Tab.				300 mg **PPB**	
02237925	*Avapro*	SanofiAven	90	107.33	1.1926
02365219	*Irbesartan*	Pro Doc	100	22.81	0.2281
02372398	*Irbesartan*	Sanis	100	22.81	0.2281
02385309	*Irbesartan*	Sivem	100	22.81	0.2281
02418215	*Jamp-Irbesartan*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
+ 02423006	*Mint-Irbesartan*	Mint	100	22.81	0.2281
02317087	*pms-Irbesartan*	Phmscience	100	22.81	0.2281
			500	114.05	0.2281
02406837	*Ran-Irbesartan*	Ranbaxy	100	22.81	0.2281
			500	114.05	0.2281
02328496	*Sandoz Irbesartan*	Sandoz	100	22.81	0.2281
			500	114.05	0.2281
02316412	*Teva-Irbesartan*	Teva Can	100	22.81	0.2281

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
IRBESARTAN/ HYDROCHLOROTHIAZIDE P					
Tab.			150 mg- 12.5 mg	**PPB**	
02241818	*Avalide*	SanofiAven	90	107.33	1.1926
02385317	*Irbesartan HCT*	Sivem	100	22.81	0.2281
02372886	*Irbesartan HCTZ*	Sanis	100	22.81	0.2281
02365162	*Irbesartan-HCTZ*	Pro Doc	100	22.81	0.2281
02418223	*Jamp-Irbesartan & HCTZ*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
02392992	*Mint-Irbesartan/ HCTZ*	Mint	100	22.81	0.2281
02328518	*pms-Irbesartan-HCTZ*	Phmscience	100	22.81	0.2281
02337428	*Sandoz Irbesartan HCT*	Sandoz	100	22.81	0.2281
			500	114.05	0.2281
02330512	*Teva-Irbesartan HCTZ*	Teva Can	100	22.81	0.2281
Tab.			300 mg- 12.5 mg	**PPB**	
02241819	*Avalide*	SanofiAven	90	107.33	1.1926
02385325	*Irbesartan HCT*	Sivem	100	22.81	0.2281
02372894	*Irbesartan HCTZ*	Sanis	100	22.81	0.2281
02365170	*Irbesartan-HCTZ*	Pro Doc	100	22.81	0.2281
02418231	*Jamp-Irbesartan & HCTZ*	Jamp	28	6.39	0.2281
			100	22.81	0.2281
02328526	*pms-Irbesartan-HCTZ*	Phmscience	100	22.81	0.2281
02337436	*Sandoz Irbesartan HCT*	Sandoz	100	22.81	0.2281
			500	114.05	0.2281
02330520	*Teva-Irbesartan HCTZ*	Teva Can	100	22.81	0.2281
Tab.			300 mg - 25 mg	**PPB**	
02385333	*Irbesartan HCT*	Sivem	100	21.84	0.2184
02372908	*Irbesartan HCTZ*	Sanis	100	21.84	0.2184
02365189	*Irbesartan-HCTZ*	Pro Doc	100	21.84	0.2184
02418258	*Jamp-Irbesartan & HCTZ*	Jamp	28	6.12	0.2184
			100	21.84	0.2184
02393026	*Mint-Irbesartan/ HCTZ*	Mint	100	21.84	0.2184
02328534	*pms-Irbesartan-HCTZ*	Phmscience	100	21.84	0.2184
02337444	*Sandoz Irbesartan HCT*	Sandoz	100	21.84	0.2184
			500	109.20	0.2184
02330539	*Teva-Irbesartan HCTZ*	Teva Can	100	21.84	0.2184
LOSARTAN POTASSIUM P					
Tab.			25 mg	**PPB**	
02403323	*Auro-Losartan*	Aurobindo	100	16.16	0.1616
02182815	*Cozaar*	Organon	100	117.07	1.1707
02398834	*Jamp-Losartan*	Jamp	30	4.85	0.1616
			100	16.16	0.1616
02388863	*Losartan*	Sanis	100	16.16	0.1616
02388790	*Losartan*	Sivem	100	16.16	0.1616
02309750	*pms-Losartan*	Phmscience	100	16.16	0.1616
02313332	*Sandoz Losartan*	Sandoz	100	16.16	0.1616
02380838	*Teva Losartan*	Teva Can	30	4.85	0.1616
			100	16.16	0.1616

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg **PPB**	
02403331	*Auro-Losartan*	Aurobindo	30	4.85	0.1616
			100	16.16	0.1616
02182874	*Cozaar*	Organon	30	35.12	1.1707
02398842	*Jamp-Losartan*	Jamp	30	4.85	0.1616
			100	16.16	0.1616
02388871	*Losartan*	Sanis	100	16.16	0.1616
02388804	*Losartan*	Sivem	30	4.85	0.1616
			100	16.16	0.1616
02309769	*pms-Losartan*	Phmscience	30	4.85	0.1616
			100	16.16	0.1616
02313340	*Sandoz Losartan*	Sandoz	30	4.85	0.1616
			100	16.16	0.1616
02357968	*Teva Losartan*	Teva Can	30	4.85	0.1616
			100	16.16	0.1616
Tab.				100 mg **PPB**	
02403358	*Auro-Losartan*	Aurobindo	30	4.85	0.1616
			100	16.16	0.1616
02182882	*Cozaar*	Organon	30	35.12	1.1707
02398850	*Jamp-Losartan*	Jamp	30	4.85	0.1616
			100	16.16	0.1616
02388898	*Losartan*	Sanis	100	16.16	0.1616
02388812	*Losartan*	Sivem	30	4.85	0.1616
			100	16.16	0.1616
02309777	*pms-Losartan*	Phmscience	30	4.85	0.1616
			100	16.16	0.1616
02313359	*Sandoz Losartan*	Sandoz	30	4.85	0.1616
			100	16.16	0.1616
02357976	*Teva Losartan*	Teva Can	30	4.85	0.1616
			100	16.16	0.1616
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE F					
Tab.				50 mg -12.5 mg **PPB**	
02371235	*Apo-Losartan/HCTZ*	Apotex	30	8.16	0.2719
			100	27.19	0.2719
02423642	*Auro-Losartan HCT*	Aurobindo	30	8.16	0.2719
			100	27.19	0.2719
02230047	*Hyzaar*	Organon	30	35.12	1.1707
02408244	*Jamp-Losartan HCTZ*	Jamp	30	8.16	0.2719
			100	27.19	0.2719
02388960	*Losartan/HCT*	Sivem	30	8.16	0.2719
			100	27.19	0.2719
02427648	*Losartan/HCTZ*	Sanis	30	8.16	0.2719
			100	27.19	0.2719
02389657	*Mint-Losartan / HCTZ*	Mint	30	8.16	0.2719
			100	27.19	0.2719
02392224	*pms-Losartan-HCTZ*	Phmscience	30	8.16	0.2719
			100	27.19	0.2719
02313375	*Sandoz Losartan HCT*	Sandoz	30	8.16	0.2719
			100	27.19	0.2719
02358263	*Teva Losartan/HCTZ*	Teva Can	30	8.16	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			100 mg - 12.5 mg **PPB**		
02423650	*Auro-Losartan HCT*	Aurobindo	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02297841	*Hyzaar*	Organon	30	35.02	1.1673
02388979	*Losartan/HCT*	Sivem	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02427656	*Losartan/HCTZ*	Sanis	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02389665	*Mint-Losartan / HCTZ*	Mint	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02392232	*pms-Losartan-HCTZ*	Phmscience	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02362449	*Sandoz Losartan HCT*	Sandoz	30	9.25	➡ 0.3082
			100	30.82	➡ 0.3082
02377144	*Teva Losartan/HCTZ*	Teva Can	30	9.25	**W**
Tab.			100 mg -25 mg **PPB**		
02371251	*Apo-Losartan/HCTZ*	Apotex	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02423669	*Auro-Losartan HCT*	Aurobindo	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02241007	*Hyzaar DS*	Organon	30	35.12	1.1707
02408252	*Jamp-Losartan HCTZ*	Jamp	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02388987	*Losartan/HCT*	Sivem	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02427664	*Losartan/HCTZ*	Sanis	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02389673	*Mint-Losartan / HCTZ DS*	Mint	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02392240	*pms-Losartan-HCTZ*	Phmscience	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02313383	*Sandoz Losartan HCT DS*	Sandoz	30	8.16	➡ 0.2719
			100	27.19	➡ 0.2719
02377152	*Teva Losartan/HCTZ*	Teva Can	30	8.16	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OLMESARTAN MEDOXOMIL P					
Tab.				20 mg **PPB**	
02456311	*ACH-Olmesartan*	Accord	30	8.29	0.2763
			90	24.87	0.2763
02442191	*Act Olmesartan*	ActavisPhm	30	8.29	0.2763
02453452	*Apo-Olmesartan*	Apotex	90	24.87	0.2763
02443864	*Auro-Olmesartan*	Aurobindo	30	8.29	0.2763
			100	27.63	0.2763
02469812	*GLN-Olmesartan*	Glenmark	30	8.29	0.2763
02461641	*Jamp-Olmesartan*	Jamp	30	8.29	0.2763
			100	27.63	0.2763
02499258	*NRA-Olmesartan*	Nora	90	24.87	0.2763
02488744	*Olmesartan*	Pro Doc	30	8.29	0.2763
			100	27.63	0.2763
02481057	*Olmesartan*	Sanis	100	27.63	0.2763
02318660	*Olmetec*	Organon	30	30.49	1.0163
02461307	*pms-Olmesartan*	Phmscience	30	8.29	0.2763
			100	27.63	0.2763
02443414	*Sandoz Olmesartan*	Sandoz	30	8.29	0.2763
			100	27.63	0.2763
Tab.				40 mg **PPB**	
02456338	*ACH-Olmesartan*	Accord	30	8.29	0.2763
			90	24.87	0.2763
02442205	*Act Olmesartan*	ActavisPhm	30	8.29	0.2763
02453460	*Apo-Olmesartan*	Apotex	90	24.87	0.2763
02443872	*Auro-Olmesartan*	Aurobindo	30	8.29	0.2763
			100	27.63	0.2763
02469820	*GLN-Olmesartan*	Glenmark	30	8.29	0.2763
02461668	*Jamp-Olmesartan*	Jamp	30	8.29	0.2763
			100	27.63	0.2763
02499266	*NRA-Olmesartan*	Nora	90	24.87	0.2763
02488752	*Olmesartan*	Pro Doc	30	8.29	0.2763
			100	27.63	0.2763
02481065	*Olmesartan*	Sanis	100	27.63	0.2763
02318679	*Olmetec*	Organon	30	30.49	1.0163
02461315	*pms-Olmesartan*	Phmscience	30	8.29	0.2763
			100	27.63	0.2763
02443422	*Sandoz Olmesartan*	Sandoz	30	8.29	0.2763
			100	27.63	0.2763

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE F

Tab. 20 mg -12.5 mg **PPB**

02468948	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443112	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453606	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476487	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475707	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508273	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509601	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319616	*Olmetec Plus*	Organon	30	30.49	1.0163

Tab. 40 mg - 12.5 mg **PPB**

02468956	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443120	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453614	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476495	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475715	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508281	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509636	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319624	*Olmetec Plus*	Organon	30	30.49	1.0163

Tab. 40 mg - 25 mg **PPB**

02468964	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443139	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453622	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476509	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475723	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508303	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509628	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319632	*Olmetec Plus*	Organon	30	30.49	1.0163

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TELMISARTAN P					
Tab.				40 mg **PPB**	
02484536	*AG-Telmisartan*	Angita	30	6.48	0.2161
			100	21.61	0.2161
02453568	*Auro-Telmisartan*	Aurobindo	30	6.48	0.2161
			100	21.61	0.2161
02522918	*Bio-Telmisartan*	Biomed	100	21.61	0.2161
02386755	*Jamp Telmisartan*	Jamp	30	6.48	0.2161
			100	21.61	0.2161
02240769	*Micardis*	Bo. Ing.	28	31.63	1.1296
02486369	*Mint-Telmisartan*	Mint	100	21.61	0.2161
02503794	*NRA-Telmisartan*	Nora	100	21.61	0.2161
02499622	*pms-Telmisartan*	Phmscience	100	21.61	0.2161
02375958	*Sandoz Telmisartan*	Sandoz	30	6.48	0.2161
			500	108.05	0.2161
02407485	*Telmisartan*	Accord	30	6.48	0.2161
			100	21.61	0.2161
02432897	*Telmisartan*	Phmscience	100	21.61	0.2161
02395223	*Telmisartan*	Pro Doc	30	6.48	0.2161
			100	21.61	0.2161
02388944	*Telmisartan*	Sanis	100	21.61	0.2161
02390345	*Telmisartan*	Sivem	30	6.48	0.2161
			100	21.61	0.2161
02320177	*Teva Telmisartan*	Teva Can	30	6.48	0.2161
			100	21.61	0.2161
Tab.				80 mg **PPB**	
02484544	*AG-Telmisartan*	Angita	30	6.48	0.2161
			100	21.61	0.2161
02453576	*Auro-Telmisartan*	Aurobindo	30	6.48	0.2161
			100	21.61	0.2161
02522926	*Bio-Telmisartan*	Biomed	100	21.61	0.2161
02386763	*Jamp Telmisartan*	Jamp	30	6.48	0.2161
			100	21.61	0.2161
02240770	*Micardis*	Bo. Ing.	28	31.63	1.1296
02486377	*Mint-Telmisartan*	Mint	100	21.61	0.2161
02503808	*NRA-Telmisartan*	Nora	100	21.61	0.2161
02499630	*pms-Telmisartan*	Phmscience	100	21.61	0.2161
02375966	*Sandoz Telmisartan*	Sandoz	30	6.48	0.2161
			500	108.05	0.2161
02407493	*Telmisartan*	Accord	30	6.48	0.2161
			100	21.61	0.2161
02432900	*Telmisartan*	Phmscience	100	21.61	0.2161
02395231	*Telmisartan*	Pro Doc	30	6.48	0.2161
			100	21.61	0.2161
02388952	*Telmisartan*	Sanis	100	21.61	0.2161
			500	108.05	0.2161
02390353	*Telmisartan*	Sivem	30	6.48	0.2161
			100	21.61	0.2161
02320185	*Teva Telmisartan*	Teva Can	30	6.48	0.2161
			100	21.61	0.2161

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TELMISARTAN/ HYDROCHLOROTHIAZIDE P					
Tab.			80 mg - 12.5 mg **PPB**		
02484560	*AG-Telmisartan-HCT*	Angita	30	6.29	0.2098
			100	20.98	0.2098
02456389	*Auro-Telmisartan HCTZ*	Aurobindo	30	6.29	0.2098
			100	20.98	0.2098
02389940	*Jamp Telmisartan-HCT*	Jamp	30	6.29	0.2098
			100	20.98	0.2098
02244344	*Micardis Plus*	Bo. Ing.	28	31.63	1.1296
02504146	*NRA-Telmisartan HCTZ*	Nora	100	20.98	0.2098
02401665	*pms-Telmisartan-HCTZ*	Phmscience	100	20.98	0.2098
02393557	*Sandoz Telmisartan HCT*	Sandoz	30	6.29	0.2098
			100	20.98	0.2098
02433214	*Telmisartan - HCTZ*	Phmscience	100	20.98	0.2098
02395525	*Telmisartan - HCTZ*	Pro Doc	30	6.29	0.2098
			100	20.98	0.2098
02390302	*Telmisartan HCTZ*	Sivem	30	6.29	0.2098
			100	20.98	0.2098
02395355	*Telmisartan/ HCTZ*	Sanis	100	20.98	0.2098
02419114	*Telmisartan/ Hydrochlorothiazide*	Accord	30	6.29	0.2098
			100	20.98	0.2098
02330288	*Teva Telmisartan HCTZ*	Teva Can	30	6.29	0.2098
			500	104.90	0.2098
Tab.			80 mg - 25 mg **PPB**		
02484579	*AG-Telmisartan-HCT*	Angita	30	6.29	0.2098
			100	20.98	0.2098
02456397	*Auro-Telmisartan HCTZ*	Aurobindo	30	6.29	0.2098
			100	20.98	0.2098
02389959	*Jamp Telmisartan-HCT*	Jamp	30	6.29	0.2098
			100	20.98	0.2098
02318709	*Micardis Plus*	Bo. Ing.	28	31.63	1.1296
02504138	*NRA-Telmisartan HCTZ*	Nora	100	20.98	0.2098
02401673	*pms-Telmisartan-HCTZ*	Phmscience	100	20.98	0.2098
02393565	*Sandoz Telmisartan HCT*	Sandoz	30	6.29	0.2098
			100	20.98	0.2098
02433222	*Telmisartan - HCTZ*	Phmscience	100	20.98	0.2098
02395533	*Telmisartan - HCTZ*	Pro Doc	30	6.29	0.2098
			100	20.98	0.2098
02390310	*Telmisartan HCTZ*	Sivem	30	6.29	0.2098
			100	20.98	0.2098
02395363	*Telmisartan/ HCTZ*	Sanis	100	20.98	0.2098
02419122	*Telmisartan/ Hydrochlorothiazide*	Accord	30	6.29	0.2098
			100	20.98	0.2098
02379252	*Teva Telmisartan HCTZ*	Teva Can	30	6.29	0.2098
			100	20.98	0.2098
TELMISARTAN/AMLODIPINE P					
Tab.			40 mg - 5 mg		
02371022	*Twynsta*	Bo. Ing.	28	19.09	0.6818

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg - 10 mg	
02371030	*Twynsta*	Bo. Ing.	28	19.09	0.6818
Tab.				80 mg -5 mg **PPB**	
02473488	*AA-Telmisartan-Amlodipine*	AA Pharma	100	54.72	0.5472
02371049	*Twynsta*	Bo. Ing.	28	15.32	0.5472
Tab.				80 mg - 10 mg **PPB**	
02473496	*AA-Telmisartan-Amlodipine*	AA Pharma	100	54.72	0.5472
02371057	*Twynsta*	Bo. Ing.	28	15.32	0.5472
VALSARTAN					
Tab.				40 mg **PPB**	
02414201	*Auro-Valsartan*	Aurobindo	30	6.63	0.2211
			100	22.11	0.2211
02270528	*Diovan*	Novartis	28	31.27	1.1168
02356740	*Sandoz Valsartan*	Sandoz	30	6.63	0.2211
			100	22.11	0.2211
02363062	*Taro-Valsartan*	Sun Pharma	100	22.11	0.2211
02356643	*Teva Valsartan*	Teva Can	30	6.63	0.2211
02367726	*Valsartan*	Pro Doc	30	6.63	0.2211
			100	22.11	0.2211
02366940	*Valsartan*	Sanis	100	22.11	0.2211
02384523	*Valsartan*	Sivem	30	6.63	0.2211
			100	22.11	0.2211
Tab.				80 mg **PPB**	
02414228	*Auro-Valsartan*	Aurobindo	100	21.59	0.2159
			500	107.95	0.2159
02244781	*Diovan*	Novartis	28	31.47	1.1239
02356759	*Sandoz Valsartan*	Sandoz	30	6.48	0.2159
			500	107.95	0.2159
02363100	*Taro-Valsartan*	Sun Pharma	100	21.59	0.2159
			500	107.95	0.2159
02356651	*Teva Valsartan*	Teva Can	30	6.48	0.2159
			100	21.59	0.2159
02367734	*Valsartan*	Pro Doc	30	6.48	0.2159
			100	21.59	0.2159
02366959	*Valsartan*	Sanis	100	21.59	0.2159
			500	107.95	0.2159
02384531	*Valsartan*	Sivem	30	6.48	0.2159
			100	21.59	0.2159

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				160 mg **PPB**	
02414236	*Auro-Valsartan*	Aurobindo	100	21.59	0.2159
			500	107.95	0.2159
02244782	*Diovan*	Novartis	28	31.47	1.1239
02356767	*Sandoz Valsartan*	Sandoz	30	6.48	0.2159
			500	107.95	0.2159
02363119	*Taro-Valsartan*	Sun Pharma	100	21.59	0.2159
			500	107.95	0.2159
02356678	*Teva Valsartan*	Teva Can	30	6.48	0.2159
			100	21.59	0.2159
02367742	*Valsartan*	Pro Doc	30	6.48	0.2159
			100	21.59	0.2159
02366967	*Valsartan*	Sanis	100	21.59	0.2159
			500	107.95	0.2159
02384558	*Valsartan*	Sivem	30	6.48	0.2159
			100	21.59	0.2159
Tab.				320 mg **PPB**	
02414244	*Auro-Valsartan*	Aurobindo	30	6.29	0.2098
			100	20.98	0.2098
02289504	*Diovan*	Novartis	28	31.47	1.1239
02356775	*Sandoz Valsartan*	Sandoz	30	6.29	0.2098
			100	20.98	0.2098
02356686	*Teva Valsartan*	Teva Can	30	6.29	0.2098
02367750	*Valsartan*	Pro Doc	100	20.98	0.2098
02366975	*Valsartan*	Sanis	100	20.98	0.2098
02384566	*Valsartan*	Sivem	30	6.29	0.2098
			100	20.98	0.2098

VALSARTAN/HYDROCHLOROTHIAZIDE Pr

Tab.				80 mg - 12.5 mg **PPB**	
02408112	*Auro-Valsartan HCT*	Aurobindo	30	6.64	0.2213
			100	22.13	0.2213
02241900	*Diovan-HCT*	Novartis	28	32.16	1.1486
02356694	*Sandoz Valsartan HCT*	Sandoz	30	6.64	0.2213
			500	110.65	0.2213
02356996	*Teva Valsartan/HCTZ*	Teva Can	30	6.64	0.2213
			50	11.07	0.2213
02367009	*Valsartan HCT*	Sanis	100	22.13	0.2213
02384736	*Valsartan HCT*	Sivem	30	6.64	0.2213
			100	22.13	0.2213
02367769	*Valsartan-HCTZ*	Pro Doc	30	6.64	0.2213
			100	22.13	0.2213

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			160 mg -12.5 mg **PPB**		
02408120	*Auro-Valsartan HCT*	Aurobindo	30	6.72	0.2240
			100	22.40	0.2240
02241901	*Diovan-HCT*	Novartis	28	32.10	1.1464
02356708	*Sandoz Valsartan HCT*	Sandoz	30	6.72	0.2240
			500	112.00	0.2240
02357003	*Teva Valsartan/HCTZ*	Teva Can	30	6.72	0.2240
			50	11.20	0.2240
02367017	*Valsartan HCT*	Sanis	100	22.40	0.2240
			500	112.00	0.2240
02384744	*Valsartan HCT*	Sivem	30	6.72	0.2240
			100	22.40	0.2240
02367777	*Valsartan-HCTZ*	Pro Doc	30	6.72	0.2240
			100	22.40	0.2240
Tab.			160 mg - 25 mg **PPB**		
02408139	*Auro-Valsartan HCT*	Aurobindo	30	6.71	0.2238
			100	22.38	0.2238
02246955	*Diovan-HCT*	Novartis	28	31.99	1.1425
02356716	*Sandoz Valsartan HCT*	Sandoz	30	6.71	0.2238
			500	111.90	0.2238
02357011	*Teva Valsartan/HCTZ*	Teva Can	30	6.71	0.2238
			50	11.19	0.2238
02367025	*Valsartan HCT*	Sanis	100	22.38	0.2238
			500	111.90	0.2238
02384752	*Valsartan HCT*	Sivem	30	6.71	0.2238
			100	22.38	0.2238
02367785	*Valsartan-HCTZ*	Pro Doc	30	6.71	0.2238
			100	22.38	0.2238
Tab.			320 mg - 12.5 mg **PPB**		
02408147	*Auro-Valsartan HCT*	Aurobindo	30	6.71	0.2235
			100	22.35	0.2235
02308908	*Diovan-HCT*	Novartis	28	31.49	1.1246
02356724	*Sandoz Valsartan HCT*	Sandoz	30	6.71	0.2235
			100	22.35	0.2235
02357038	*Teva Valsartan/HCTZ*	Teva Can	30	6.71	0.2235
02367033	*Valsartan HCT*	Sanis	30	6.71	0.2235
02384760	*Valsartan HCT*	Sivem	30	6.71	0.2235
Tab.			320 mg - 25 mg **PPB**		
02408155	*Auro-Valsartan HCT*	Aurobindo	30	6.69	0.2231
			100	22.31	0.2231
02308916	*Diovan-HCT*	Novartis	28	31.49	1.1246
02356732	*Sandoz Valsartan HCT*	Sandoz	30	6.69	0.2231
			100	22.31	0.2231
02357046	*Teva Valsartan/HCTZ*	Teva Can	30	6.69	0.2231
02367041	*Valsartan HCT*	Sanis	100	22.31	0.2231

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

24:32.20
ALDOSTERONE RECEPTOR ANTAGONISTS
SPIRONOLACTONE Ⓟ

Tab. 25 mg **PPB**

02488140	*Mint-Spironolactone*	Mint	500	34.60	➡ 0.0692
00613215	*Teva-Spironolactone*	Teva Can	500	34.60	➡ 0.0692

Tab. 100 mg **PPB**

02488159	*Mint-Spironolactone*	Mint	100	19.10	➡ 0.1910
00613223	*Teva-Spironolactone*	Teva Can	100	19.10	➡ 0.1910

28:00
CENTRAL NERVOUS SYSTEM AGENTS

28:08	**analgesics and antipyretics**
28:08.04	nonsteroidal anti- inflammatory agents
28:08.08	opiate agonists
28:08.12	opiate partial agonists
28:08.92	miscellaneous analgesics and antipyretics
28:10	**opiate antagonists**
28:10.92	miscellaneous antidotes
28:12	**anticonvulsants**
28:12.04	barbiturates
28:12.08	benzodiazepines
28:12.12	hydantoins
28:12.20	succinimides
28:12.92	miscellaneous anticonvulsants
28:16	**psychotropics**
28:16.04	antidepressants
28:16.08	antipsychotic agents
28:20	**cns stimulants**
28:20.04	amphetamines
28:20.92	cns stimulants, miscellaneous
28:24	**anxiolytics, sedatives and hypnotics**
28:24.08	benzodiazepines
28:24.92	miscellaneous anxiolytics, sedatives, hypnotics
28:28	**antimanic agents**
28:32	**antimigraine agents**
28:32.28	selective serotonin agonists
28:32.92	antimigraine agents, miscellaneous
28:36	**Antiparkinsonian Agents**
28:36.04	Adamantanes
28:36.08	Anticholinergic Agents
28:36.12	Catechol-O-Methyltransferase Inhibitors
28:36.16	Dopamine Precursors
28:36.20	Dopamine Receptor Agonists
28:36.32	Monoamine Oxydase B Inhibitors
28:36.92	Antiparkinsonian Agents, Miscellaneous
28:92	**miscellaneous Central Nervous System Agents**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

28:08.04
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS
ACETYLSALICYLIC ACID

Ent. Tab. — 325 mg **PPB**

02010526	*Jamp-AAS EC*	Jamp	500	13.98	➡	0.0280
02284529	*pms-ASA EC*	Phmscience	1000	27.96		**W**

Tab or EntTab or ChewTab — 80 mg or 81 mg **PPB**

02497115	*ASA 80 mg chewable*	Altamed	500	26.50	➡	0.0530
02427176	*ASA EC (80 mg)*	Sanis	500	26.50	➡	0.0530
02009013	*Asaphen*	Phmscience	100	5.30	➡	0.0530
			500	26.50	➡	0.0530
02238545	*Asaphen E.C.*	Phmscience	500	26.50	➡	0.0530
			1000	53.00	➡	0.0530
02280167	*Asatab*	Odan	100	5.30	➡	0.0530
			500	26.50	➡	0.0530
02515687	*Bio-ASA*	Biomed	500	26.50	➡	0.0530
02269139	*Jamp-A.A.S. (Chew. Tab.)*	Jamp	500	26.50	➡	0.0530
02283905	*Jamp-A.A.S. (Ent. Tab.)*	Jamp	1000	53.00	➡	0.0530
02427206	*Jamp-ASA 81 mg EC*	Jamp	300	15.90	➡	0.0530
			1000	53.00	➡	0.0530
02429950	*M-ASA 80 mg chewable*	Mantra Ph.	500	26.50	➡	0.0530
02311496	*Pro-AAS EC-80*	Pro Doc	1000	53.00	➡	0.0530
02311518	*Pro-AAS-80 (chewable)*	Pro Doc	500	26.50	➡	0.0530
02202352	*Rivasa (Co. Croq.)*	Riva	100	5.30	➡	0.0530
			500	26.50	➡	0.0530
02485222	*Rivasa 80 mg EC*	Riva	1000	53.00	➡	0.0530
02420279	*Rivasa 81 mg EC*	Riva	1000	53.00	➡	0.0530
02202360	*Rivasa FC (Co.)*	Riva	100	5.30	➡	0.0530
			1000	53.00	➡	0.0530

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CELECOXIB Pr					
Caps.				100 mg **PPB**	
02420155	*ACT Celecoxib*	ActavisPhm	100	12.79	0.1279
			500	63.95	0.1279
02437570	*AG-Celecoxib*	Angita	100	12.79	0.1279
			500	63.95	0.1279
02418932	*Apo-Celecoxib*	Apotex	100	12.79	0.1279
02445670	*Auro-Celecoxib*	Aurobindo	100	12.79	0.1279
			500	63.95	0.1279
02426382	*Bio-Celecoxib*	Biomed	100	12.79	0.1279
02239941	*Celebrex*	Upjohn	100	67.58	0.6758
02477661	*Celecoxib*	Altamed	100	12.79	0.1279
02424371	*Celecoxib*	Pro Doc	500	63.95	0.1279
02436299	*Celecoxib*	Sanis	100	12.79	0.1279
			500	63.95	0.1279
02429675	*Celecoxib*	Sivem	100	12.79	0.1279
02424533	*Jamp-Celecoxib*	Jamp	100	12.79	0.1279
			500	63.95	0.1279
02420058	*Mar-Celecoxib*	Marcan	100	12.79	0.1279
			500	63.95	0.1279
02495465	*M-Celecoxib*	Mantra Ph.	100	12.79	0.1279
			500	63.95	0.1279
02412497	*Mint-Celecoxib*	Mint	100	12.79	0.1279
02479737	*NRA-Celecoxib*	Nora	100	12.79	0.1279
02517116	*pmsc-Celecoxib*	Phmscience	100	12.79	0.1279
			500	63.95	0.1279
02355442	*pms-Celecoxib*	Phmscience	100	12.79	0.1279
			500	63.95	0.1279
02426366	*Priva-Celecoxib*	Pharmapar	100	12.79	0.1279
02412373	*Ran-Celecoxib*	Ranbaxy	100	12.79	0.1279
			500	63.95	0.1279
02425386	*Riva-Celecox*	Riva	100	12.79	0.1279
02442639	*SDZ Celecoxib*	Sandoz	100	12.79	0.1279
			500	63.95	0.1279

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				200 mg **PPB**	
02420163	*ACT Celecoxib*	ActavisPhm	100	25.58	0.2558
			500	127.90	0.2558
02437589	*AG-Celecoxib*	Angita	100	25.58	0.2558
			500	127.90	0.2558
02418940	*Apo-Celecoxib*	Apotex	100	25.58	0.2558
			500	127.90	0.2558
02445689	*Auro-Celecoxib*	Aurobindo	100	25.58	0.2558
			500	127.90	0.2558
02426390	*Bio-Celecoxib*	Biomed	100	25.58	0.2558
			500	127.90	0.2558
02239942	*Celebrex*	Upjohn	100	135.15	1.3515
02477688	*Celecoxib*	Altamed	500	127.90	0.2558
02424398	*Celecoxib*	Pro Doc	100	25.58	0.2558
			500	127.90	0.2558
02436302	*Celecoxib*	Sanis	100	25.58	0.2558
			500	127.90	0.2558
02429683	*Celecoxib*	Sivem	100	25.58	0.2558
			500	127.90	0.2558
02424541	*Jamp-Celecoxib*	Jamp	100	25.58	0.2558
			500	127.90	0.2558
02420066	*Mar-Celecoxib*	Marcan	100	25.58	0.2558
			500	127.90	0.2558
02495473	*M-Celecoxib*	Mantra Ph.	100	25.58	0.2558
			500	127.90	0.2558
02412500	*Mint-Celecoxib*	Mint	100	25.58	0.2558
02479745	*NRA-Celecoxib*	Nora	500	127.90	0.2558
02355450	*pms-Celecoxib*	Phmscience	100	25.58	0.2558
			500	127.90	0.2558
02426374	*Priva-Celecoxib*	Pharmapar	100	25.58	0.2558
			500	127.90	0.2558
02412381	*Ran-Celecoxib*	Ranbaxy	100	25.58	0.2558
			500	127.90	0.2558
02425394	*Riva-Celecox*	Riva	100	25.58	0.2558
			500	127.90	0.2558
02442647	*SDZ Celecoxib*	Sandoz	100	25.58	0.2558
			500	127.90	0.2558

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
DICLOFENAC POTASSIUM OR SODIUM Pr							
Tab - Ent.Tab or LA Tab				50 mg /50 mg L.A. /100 mg L.A.	**PPB**		
	00839183	*Apo-Diclo 50 mg*	Apotex	100	20.24	➡	0.2024
				500	101.20	➡	0.2024
	02091194	*Apo-Diclo SR 100 mg*	Apotex	100	40.48	➡	0.4048
	00870978	*Diclofenac-50*	Pro Doc	100	20.24	➡	0.2024
	02224127	*Diclofenac-SR 100 mg*	Pro Doc	100	40.48	➡	0.4048
	00808547	*Novo-Difenac 50 mg*	Novopharm	100	20.24	➡	0.2024
				500	101.20	➡	0.2024
	02048698	*Novo-Difenac SR 100 mg*	Novopharm	100	40.48	➡	0.4048
	02302624	*pms-Diclofenac 50 mg*	Phmscience	100	20.24	➡	0.2024
				500	101.20	➡	0.2024
	02239753	*pms-Diclofenac-K 50 mg*	Phmscience	100	20.24	➡	0.2024
				500	101.20	➡	0.2024
	02231505	*pms-Diclofenac-SR 100 mg*	Phmscience	100	40.48	➡	0.4048
				250	101.20	➡	0.4048
	02261960	*Sandoz Diclofenac 50 mg*	Sandoz	100	20.24	➡	0.2024
	02261774	*Sandoz Diclofenac Rapide 50 mg*	Sandoz	100	20.24	➡	0.2024
	02261944	*Sandoz Diclofenac SR 100 mg*	Sandoz	100	40.48	➡	0.4048
	02239355	*Teva-Diclofenac K*	Teva Can	100	20.24	➡	0.2024
	00514012	*Voltaren 50 mg*	Novartis	100	72.81		0.7281
	00881635	*Voltaren Rapide 50 mg*	Novartis	100	68.46		0.6846
	00590827	*Voltaren S.R. 100 mg*	Novartis	100	143.33		1.4333
DICLOFENAC SODIC/MISOPROSTOL Pr							
Tab.				50 mg - 200 mcg	**PPB**		
	01917056	*Arthrotec*	Pfizer	250	149.75		0.5990
	02413469	*pms-Diclofenac-Misoprostol*	Phmscience	250	78.73	➡	0.3149
Tab.				75 mg - 200 mcg	**PPB**		
	02229837	*Arthrotec 75*	Pfizer	250	203.81		0.8152
	02413477	*pms-Diclofenac-Misoprostol*	Phmscience	250	107.15	➡	0.4286
DICLOFENAC SODIUM Pr							
Ent.Tab.or L.A.Tab				25 mg / 75 mg L.A.	**PPB**		
	00839175	*Apo-Diclo 25 mg*	Apotex	100	7.73	➡	0.0773
	02162814	*Apo-Diclo S.R. 75 mg*	Apotex	100	23.19	➡	0.2319
*	02224119	*Diclofenac-SR 75 mg*	Pro Doc	100	23.19		**W**
	00808539	*Novo-Difenac 25 mg*	Novopharm	100	7.73	➡	0.0773
	02158582	*Novo-Difenac SR 75 mg*	Novopharm	100	23.19	➡	0.2319
	02302616	*pms-Diclofenac 25 mg*	Phmscience	100	7.73	➡	0.0773
	02231504	*pms-Diclofenac- SR 75 mg*	Phmscience	100	23.19	➡	0.2319
				500	115.95	➡	0.2319
	02261901	*Sandoz Diclofenac SR 75 mg*	Sandoz	100	23.19	➡	0.2319
	00782459	*Voltaren S.R. 75 mg*	Novartis	100	100.56		1.0056

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp.				50 mg **PPB**	
02231506	*pms-Diclofenac*	Phmscience	30	13.02	0.4339
02261928	*Sandoz Diclofenac*	Sandoz	30	13.02	0.4339
00632724	*Voltaren*	Novartis	30	32.79	1.0930
Supp.				100 mg **PPB**	
02231508	*pms-Diclofenac*	Phmscience	30	17.52	0.5840
02261936	*Sandoz Diclofenac*	Sandoz	30	17.52	0.5840
FLURBIPROFEN Pr					
Tab.				50 mg	
01912046	*Flurbiprofen*	AA Pharma	100	22.21	0.2221
Tab.				100 mg **PPB**	
01912038	*Flurbiprofen*	AA Pharma	100	30.39	0.3039
02100517	*Novo-Flurprofen*	Novopharm	100	30.39	0.3039
IBUPROFEN					
Oral Susp.				100 mg/5 mL	
02354799	*Europrofen*	Pendopharm	120 ml	6.49	0.0541
Tab.				200 mg **PPB**	
00441643	*Apo-Ibuprofen*	Apotex	1000	51.00	0.0510
02368072	*Ibuprofene tablets*	Jamp	100	5.10	0.0510
02272849	*Jamp - Ibuprofene*	Jamp	100	5.10	0.0510
Tab.				400 mg	
02401290	*Jamp - Ibuprofene*	Jamp	300	11.16	0.0372
INDOMETHACIN Pr					
Caps.				25 mg **PPB**	
02461811	*Mint-Indomethacin*	Mint	100	15.19	0.1519
00337420	*Teva-Indomethacin*	Teva Can	100	15.19	0.1519
			1000	151.90	0.1519
Caps.				50 mg **PPB**	
02499223	*Auro-Indomethacin*	Aurobindo	100	12.34	0.1234
			1000	123.40	0.1234
02461536	*Mint-Indomethacin*	Mint	100	12.34	0.1234
00337439	*Teva-Indomethacin*	Teva Can	100	12.34	0.1234
			500	61.70	0.1234

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp.				50 mg	
02231799	*Sandoz Indomethacine*	Sandoz	30	24.60	0.8200
Supp.				100 mg	
02231800	*Sandoz Indomethacine*	Sandoz	30	26.73	0.8910

KETOPROFEN Pr

Ent. Tab.				100 mg	
00842664	*Ketoprofen-E 100 mg*	AA Pharma	100	68.23	0.6823
L.A. Tab.				200 mg	
02172577	*Ketoprofen SR 200 mg*	AA Pharma	100	138.90	1.3890

MELOXICAM Pr

Tab.				7.5 mg **PPB**	
02250012	*ACT Meloxicam*	ActavisPhm	30	6.01	0.2003
			100	20.03	0.2003
02248973	*Apo-Meloxicam*	Apotex	100	20.03	0.2003
02390884	*Auro-Meloxicam*	Aurobindo	30	6.01	0.2003
			100	20.03	0.2003
02353148	*Meloxicam*	Sanis	100	20.03	0.2003
02258315	*Novo-Meloxicam*	Novopharm	30	6.01	0.2003
			100	20.03	0.2003
02248267	*pms-Meloxicam*	Phmscience	100	20.03	0.2003
Tab.				15 mg **PPB**	
02250020	*ACT Meloxicam*	ActavisPhm	100	23.10	0.2310
02248974	*Apo-Meloxicam*	Apotex	100	23.10	0.2310
02390892	*Auro-Meloxicam*	Aurobindo	30	6.93	0.2310
			100	23.10	0.2310
02353156	*Meloxicam*	Sanis	100	23.10	0.2310
02248268	*pms-Meloxicam*	Phmscience	100	23.10	0.2310
02258323	*Teva-Meloxicam*	Teva Can	30	6.93	0.2310
			100	23.10	0.2310

NAPROXEN Pr

Ent. Tab. or Tab.				250 mg **PPB**	
00522651	*Apo-Naproxen 250 mg*	Apotex	100	10.68	0.1068
02246699	*Apo-Naproxen EC*	Apotex	100	10.68	0.1068
02350750	*Naproxen*	Sanis	100	10.68	0.1068
			500	53.40	0.1068
02350785	*Naproxen EC*	Sanis	100	10.68	0.1068
00590762	*Naproxen-250*	Pro Doc	100	10.68	0.1068
02243312	*Novo-Naprox EC*	Novopharm	100	10.68	0.1068
00565350	*Teva-Naproxen*	Teva Can	100	10.68	0.1068
			500	53.40	0.1068

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Tab. or Tab.				500 mg **PPB**	
00592277	*Apo-Naproxen*	Apotex	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
02246701	*Apo-Naproxen EC*	Apotex	100	21.10 ➡	0.2110
02162423	*Naprosyn E*	Atnahs	100	98.82	0.9882
02350777	*Naproxen*	Sanis	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
02350807	*Naproxen EC*	Sanis	100	21.10 ➡	0.2110
00618721	*Naproxen-500*	Pro Doc	500	105.50 ➡	0.2110
00589861	*Novo-Naprox*	Novopharm	100	21.10 ➡	0.2110
			500	105.50 ➡	0.2110
02243314	*Novo-Naprox EC*	Novopharm	100	21.10 ➡	0.2110
02294710	*pms-Naproxen EC*	Phmscience	100	21.10 ➡	0.2110
02310953	*Pro-Naproxen EC*	Pro Doc	100	21.10 ➡	0.2110
Oral Susp.				25 mg/mL	
02162431	*Pediapharm Naproxen Suspension*	Pediapharm	474 ml	45.00	0.0949
Tab. or Ent. Tab.				375 mg **PPB**	
00600806	*Apo-Naproxen 375 mg*	Apotex	100	14.58 ➡	0.1458
			500	72.90 ➡	0.1458
02246700	*Apo-Naproxen EC 375 mg*	Apotex	100	14.58 ➡	0.1458
02162415	*Naprosyn E 375 mg*	Atnahs	100	54.79	0.5479
02350769	*Naproxen*	Sanis	100	14.58 ➡	0.1458
			500	72.90 ➡	0.1458
02350793	*Naproxen EC*	Sanis	100	14.58 ➡	0.1458
00655686	*Naproxen-375*	Pro Doc	100	14.58 ➡	0.1458
02294702	*pms-Naproxen EC*	Phmscience	100	14.58 ➡	0.1458
00627097	*Teva-Naproxen*	Teva Can	100	14.58 ➡	0.1458
			500	72.90 ➡	0.1458
02243313	*Teva-Naproxen-EC*	Teva Can	100	14.58 ➡	0.1458

PIROXICAM P

Caps.				10 mg	
00695718	*Novo-Pirocam*	Novopharm	100	22.13	0.2213
Caps.				20 mg	
00695696	*Novo-Pirocam*	Novopharm	100	37.11	0.3711

SULINDAC P

Tab.				150 mg	
00745588	*Novo-Sundac*	Novopharm	100	38.24	0.3824
Tab.				200 mg	
00745596	*Novo-Sundac*	Novopharm	100	39.20	0.3920

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

TIAPROFENIC ACID P

Tab. 200 mg

02179679	*Teva-Tiaprofenic*	Teva Can	100	34.37	0.3437

Tab. 300 mg

02179687	*Teva-Tiaprofenic*	Teva Can	100	32.57	0.3257

28:08.08
OPIATE AGONISTS
BASE AND CODEINE SULFATE N

L.A. Tab. 50 mg

02230302	*Codeine Contin*	Purdue	60	18.60	0.3100

L.A. Tab. 100 mg

02163748	*Codeine Contin*	Purdue	60	37.20	0.6200

L.A. Tab. 150 mg

02163780	*Codeine Contin*	Purdue	60	56.28	0.9380

L.A. Tab. 200 mg

02163799	*Codeine Contin*	Purdue	60	74.46	1.2410

CODEINE PHOSPHATE N

Tab. 30 mg **PPB**

02009757	*Codeine*	Riva	100	7.73	➡	0.0773
			500	38.65	➡	0.0773
00593451	*Teva-Codeine*	Teva Can	100	7.73	➡	0.0773
			500	38.65	➡	0.0773

FENTANYL N

Patch 12 mcg/h **PPB**

02341379	*pms-Fentanyl MTX*	Phmscience	5	11.14	➡	2.2280
02327112	*Sandoz Fentanyl Patch*	Sandoz	5	11.14	➡	2.2280
02311925	*Teva-Fentanyl*	Teva Can	5	11.14	➡	2.2280

Patch 25 mcg/h **PPB**

02341387	*pms-Fentanyl MTX*	Phmscience	5	18.28	➡	3.6560
02327120	*Sandoz Fentanyl Patch*	Sandoz	5	18.28	➡	3.6560
02282941	*Teva-Fentanyl*	Teva Can	5	18.28	➡	3.6560

Patch 37 mcg/h

02327139	*Sandoz Fentanyl Patch*	Sandoz	5	32.99	6.5980

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				50 mcg/h **PPB**	
02341395	*pms-Fentanyl MTX*	Phmscience	5	34.41	6.8820
02327147	*Sandoz Fentanyl Patch*	Sandoz	5	34.41	6.8820
02282968	*Teva-Fentanyl*	Teva Can	5	34.41	6.8820
Patch				75 mcg/h **PPB**	
02341409	*pms-Fentanyl MTX*	Phmscience	5	48.40	9.6800
02327155	*Sandoz Fentanyl Patch*	Sandoz	5	48.40	9.6800
02282976	*Teva-Fentanyl*	Teva Can	5	48.40	9.6800
Patch				100 mcg/h **PPB**	
02341417	*pms-Fentanyl MTX*	Phmscience	5	60.25	12.0500
02327163	*Sandoz Fentanyl Patch*	Sandoz	5	60.25	12.0500
02282984	*Teva-Fentanyl*	Teva Can	5	60.25	12.0500
HYDROMORPHONE HYDROCHLORIDE Ⓝ					
Inj. Sol.				2 mg/mL (1 mL) **PPB**	
02460602	*Chlorhydrate d'hydromorphone*	Sterimax	10	16.47	1.6470
02491699	*Chlorhydrate d'hydromorphone injectable*	Fresenius	25	41.18	1.6470
02145901	*Hydromorphone*	Sandoz	10	16.47	1.6470
Inj. Sol.				10 mg/mL **PPB**	
02460610	*Chlorhydrate d'hydromorphone HP 10*	Sterimax	1 ml	3.65	
			5 ml	18.23	
			50 ml	182.25	
02491680	*Chlorhydrate d'hydromorphone injectable*	Fresenius	1 ml	3.65	
			5 ml	18.23	
			50 ml	182.25	
02145928	*Hydromorphone HP 10*	Sandoz	1 ml	3.65	
			5 ml	18.23	
			50 ml	182.25	
Inj. Sol.				20 mg/mL	
02145936	*Hydromorphone HP 20*	Sandoz	50 ml	468.77	
Inj. Sol.				50 mg/mL **PPB**	
02469413	*Chlorhydrate d'hydromorphone HP 50*	Sterimax	1 ml	6.95	
			50 ml	347.63	
02146126	*Hydromorphone HP 50*	Sandoz	50 ml	347.63	
99003163	*Hydromorphone HP 50*	Sandoz	1 ml	21.13	
L.A. Caps. (12 h)				3 mg	
02125323	*Hydromorph Contin*	Purdue	60	36.14	0.6023

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (12 h)				4.5 mg	
02359502	*Hydromorph Contin*	Purdue	60	43.65	0.7275
L.A. Caps. (12 h)				6 mg	
02125331	*Hydromorph Contin*	Purdue	60	54.18	0.9030
L.A. Caps. (12 h)				9 mg	
02359510	*Hydromorph Contin*	Purdue	60	71.55	1.1925
L.A. Caps. (12 h)				12 mg	
02125366	*Hydromorph Contin*	Purdue	60	93.92	1.5653
L.A. Caps. (12 h)				18 mg	
02243562	*Hydromorph Contin*	Purdue	60	135.54	2.2590
L.A. Caps. (12 h)				24 mg	
02125382	*Hydromorph Contin*	Purdue	60	156.83	2.6138
L.A. Caps. (12 h)				30 mg	
02125390	*Hydromorph Contin*	Purdue	60	187.85	3.1308
Syr.				1 mg/mL	
01916386	*pms-Hydromorphone*	Phmscience	500 ml	32.60	0.0652
Tab.				1 mg **PPB**	
02364115	*Apo-Hydromorphone*	Apotex	100	9.50	0.0950
00705438	*Dilaudid*	Purdue	100	9.50	0.0950
00885444	*pms-Hydromorphone*	Phmscience	100	9.50	0.0950
02319403	*Teva Hydromorphone*	Teva Can	100	9.50	0.0950
Tab.				2 mg **PPB**	
02364123	*Apo-Hydromorphone*	Apotex	100	14.16	0.1416
00125083	*Dilaudid*	Purdue	100	14.16	0.1416
00885436	*pms-Hydromorphone*	Phmscience	100	14.16	0.1416
02319411	*Teva Hydromorphone*	Teva Can	100	14.16	0.1416
Tab.				4 mg **PPB**	
02364131	*Apo-Hydromorphone*	Apotex	100	22.40	0.2240
00125121	*Dilaudid*	Purdue	100	22.40	0.2240
00885401	*pms-Hydromorphone*	Phmscience	100	22.40	0.2240
02319438	*Teva Hydromorphone*	Teva Can	100	22.40	0.2240

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				8 mg **PPB**	
02364158	*Apo-Hydromorphone*	Apotex	100	35.28	0.3528
00786543	*Dilaudid*	Purdue	100	35.28	0.3528
00885428	*pms-Hydromorphone*	Phmscience	100	35.28	0.3528
02319446	*Teva Hydromorphone*	Teva Can	100	35.28	0.3528
METHADONE HYDROCHLORIDE Ⓝ					
Oral Sol.				1 mg/mL	
02247694	*Metadol*	Paladin	250 ml	25.18	0.1007
Oral Sol.				10 mg/mL **PPB**	
02495783	*Jamp Methadone Oral Concentrate*	Jamp	1000 ml	52.50	0.0525
02241377	*Metadol*	Paladin	100 ml	36.42	0.3642
02244290	*Metadol-D*	Paladin	100 ml	11.15	0.1115
			1000 ml	52.50	0.0525
02394596	*Methadose*	Mallinckro	1000 ml	52.50	0.0525
02394618	*Methadose (sans sucre)*	Mallinckro	1000 ml	52.50	0.0525
02495872	*Odan-Methadone*	Odan	1000 ml	52.50	0.0525
02495880	*Odan-Methadone (sans sucre)*	Odan	1000 ml	52.50	0.0525
02481979	*Sandoz Methadone*	Sandoz	1000 ml	52.50	0.0525
Tab.				1 mg	
02247698	*Metadol*	Paladin	100	16.73	0.1673
Tab.				5 mg	
02247699	*Metadol*	Paladin	100	55.75	0.5575
Tab.				10 mg	
02247700	*Metadol*	Paladin	100	89.21	0.8921
Tab.				25 mg	
02247701	*Metadol*	Paladin	100	167.26	1.6726
MORPHINE HYDROCHLORIDE OR SULFATE Ⓝ					
Caps. or Tab.				5 mg **PPB**	
02014203	*MS-IR*	Purdue	60	6.27	0.1045
00594652	*Statex*	Paladin	100	10.45	0.1045
Caps. or Tab.				10 mg **PPB**	
02014211	*MS-IR*	Purdue	60	9.69	0.1615
00594644	*Statex*	Paladin	100	16.15	0.1615

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.				2 mg/mL **PPB**	
02242484	*Morphine (sulfate de)*	Sandoz	1 ml	➡ 2.25	
02500701	*Morphine sulfate for injection*	Jamp	10	22.50	➡ 2.2500
02482681	*Sulfate de morphine injectable*	Fresenius	1 ml	➡ 2.25	
Inj. Sol.				10 mg/mL **PPB**	
00392588	*Morphine (sulfate de)*	Sandoz	1 ml	➡ 2.22	
02500728	*Morphine sulfate for injection*	Jamp	10	22.17	➡ 2.2172
02474980	*Morphine sulfate injection*	Sterimax	10	22.17	➡ 2.2172
02482746	*Sulfate de morphine injectable*	Fresenius	1 ml	➡ 2.22	
Inj. Sol.				50 mg/mL	
00617288	*Morphine H.P. 50*	Sandoz	1 ml 10 ml 50 ml	6.82 68.20 340.98	
L.A. Caps.				10 mg	
02019930	*M-Eslon*	Ethypharm	20 50	6.50 16.25	0.3250 0.3250
L.A. Caps.				15 mg	
02177749	*M-Eslon*	Ethypharm	20 50	3.88 9.69	0.1938 0.1938
L.A. Caps.				30 mg	
02019949	*M-Eslon*	Ethypharm	20 50	5.86 14.64	0.2928 0.2928
L.A. Caps.				60 mg	
02019957	*M-Eslon*	Ethypharm	20 50	10.32 25.80	0.5160 0.5160
L.A. Caps.				100 mg	
02019965	*M-Eslon*	Ethypharm	20 50	15.89 39.72	0.7944 0.7944
L.A. Caps.				200 mg	
02177757	*M-Eslon*	Ethypharm	50	73.12	1.4624
L.A. Caps. (24 h)				10 mg	
02242163	*Kadian*	BGP Pharma	100	36.38	0.3638

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps. (24 h)				20 mg	
02184435	*Kadian*	BGP Pharma	100	61.32	0.6132
L.A. Caps. (24 h)				50 mg	
02184443	*Kadian*	BGP Pharma	100	128.75	1.2875
L.A. Caps. (24 h)				100 mg	
02184451	*Kadian*	BGP Pharma	50	112.27	2.2454
L.A. Tab.				15 mg **PPB**	
02015439	*MS Contin*	Purdue	60	39.42	0.6570
02302764	*Novo-Morphine SR*	Novopharm	50	11.59	0.2317
02244790	*Sandoz Morphine SR*	Sandoz	100	23.17	0.2317
L.A. Tab.				30 mg **PPB**	
02014297	*MS Contin*	Purdue	60	59.46	0.9910
02302772	*Novo-Morphine SR*	Novopharm	50	17.50	0.3500
			100	35.00	0.3500
02244791	*Sandoz Morphine SR*	Sandoz	100	35.00	0.3500
L.A. Tab.				60 mg **PPB**	
02014300	*MS Contin*	Purdue	60	104.94	1.7490
02302780	*Novo-Morphine SR*	Novopharm	50	30.84	0.6167
			100	61.67	0.6167
02244792	*Sandoz Morphine SR*	Sandoz	100	61.67	0.6167
L.A. Tab.				100 mg **PPB**	
02014319	*MS Contin*	Purdue	60	160.02	2.6670
02302799	*Novo-Morphine SR*	Novopharm	50	47.01	0.9402
02478889	*Sandoz Morphine SR*	Sandoz	50	47.01	0.9402
L.A. Tab.				200 mg **PPB**	
02014327	*MS Contin*	Purdue	60	297.54	4.9590
02302802	*Novo-Morphine SR*	Novopharm	50	87.40	1.7480
02478897	*Sandoz Morphine SR*	Sandoz	50	87.40	1.7480
Supp.				20 mg	
* 00596965	*Statex*	Paladin	10	19.37	**W**
Supp.				30 mg	
* 00639389	*Statex*	Paladin	10	21.51	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syr.				1 mg/mL	
00614491	*Doloral 1*	Atlas	225 ml 500 ml	3.40 7.56	0.0151 0.0151
Syr.				5 mg/mL	
00614505	*Doloral 5*	Atlas	225 ml 500 ml	8.67 19.26	0.0385 0.0385
Tab.				20 mg	
02014238	*MS-IR*	Purdue	60	18.92	0.3154
Tab.				25 mg	
00594636	*Statex*	Paladin	100	22.50	0.2250
Tab.				30 mg	
02014254	*MS-IR*	Purdue	60	24.35	0.4058
Tab.				50 mg	
00675962	*Statex*	Paladin	100	34.50	0.3450
OXYCODONE HYDROCHLORIDE Ⓝ					
Supp.				10 mg	
00392480	*Supeudol*	Sandoz	12	27.12	2.2600
Supp.				20 mg	
00392472	*Supeudol*	Sandoz	12	34.44	2.8700
Tab.				5 mg **PPB**	
02319977	*pms-Oxycodone*	Phmscience	100	12.87	0.1287
00789739	*Supeudol*	Sandoz	100	12.87	0.1287
Tab.				10 mg **PPB**	
02240131	*Oxy IR*	Purdue	60	22.92	0.3820
02319985	*pms-Oxycodone*	Phmscience	100	18.96	0.1896
00443948	*Supeudol*	Sandoz	100	18.96	0.1896
Tab.				20 mg **PPB**	
02240132	*Oxy IR*	Purdue	60	39.96	0.6660
02319993	*pms-Oxycodone*	Phmscience	50	14.82	0.2964
02262983	*Supeudol 20*	Sandoz	50	14.82	0.2964

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

28:08.12
OPIATE PARTIAL AGONISTS

BUPRENORPHINE/NALOXONE Ⓝ

Film				2 mg - 0.5 mg	
02502313	*Suboxone*	Indivior	30	80.10	2.6700
Film				8 mg - 2 mg	
02502348	*Suboxone*	Indivior	30	141.90	4.7300
Film				12 mg - 3 mg	
02502356	*Suboxone*	Indivior	30	212.85	7.0950

BUTORPHANOL TARTRATE ◈

Nas. spray				10 mg/mL	
02242504	*Butorphanol*	AA Pharma	2.5 ml	56.53	

PENTAZOCINE HYDROCHLORIDE Ⓝ

Tab.				50 mg	
02137984	*Talwin*	SanofiAven	100	37.74	0.3774

28:08.92
MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Chew. Tab.				80 mg	
02017458	*Acetaminophene*	Riva	24	2.40	0.1000
Chew. Tab.				160 mg	
02017431	*Acetaminophene*	Riva	20	2.95	0.1475
Liq.				160 mg/5 mL **PPB**	
01958836	*Acetaminophene*	Trianon	100 ml	3.65 ➡	0.0365
01901389	*Jamp-Acetaminophen*	Jamp	100 ml	3.65 ➡	0.0365
00792691	*PDP-Acetaminophen solution*	Pendopharm	500 ml	18.25 ➡	0.0365
Ped. Oral Sol.				80 mg/mL **PPB**	
01935275	*Jamp-Acetaminophen*	Jamp	24 ml	➡ 2.87	
02027801	*Pediatrix*	Teva Can	500 ml	59.79 ➡	0.1196
Supp.				120 mg	
02230434	*Acet 120*	Pendopharm	12	6.44	0.5367

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Supp.				160 mg	
02230435	*Acet 160*	Pendopharm	12	7.73	0.6442
Supp.				325 mg	
02230436	*Acet 325*	Pendopharm	12	7.95	0.6625
Supp.				650 mg	
02230437	*Acet 650*	Pendopharm	12	9.13	0.7608
Tab.				325 mg **PPB**	
02022214	*Acetaminophene*	Riva	1000	11.40	0.0114
02252805	*Acetaminophene 325 mg*	Cellchem	500	5.70	0.0114
			1000	11.40	0.0114
02362198	*Acetaminophene Caplet 325*	Riva	1000	11.40	0.0114
01938088	*Jamp-Acetaminophen*	Jamp	1000	11.40	0.0114
00389218	*Novo-Gesic*	Novopharm	1000	11.40	0.0114
Tab.				500 mg **PPB**	
02255251	*Acetaminophen 500 mg extra strength easy to swallow*	Cellchem	100	1.49	0.0149
			1000	14.90	0.0149
02252813	*Acetaminophen 500 mg tablets Extra Strength*	Cellchem	500	7.45	0.0149
			1000	14.90	0.0149
02022222	*Acetaminophene*	Riva	1000	14.90	0.0149
02362201	*Acetaminophene Blason Shield 500*	Riva	1000	14.90	0.0149
02362228	*Acetaminophene Caplet 500*	Riva	1000	14.90	0.0149
01939122	*Jamp-Acetaminophen*	Jamp	1000	14.90	0.0149
02355299	*Jamp-Acetaminophen*	Jamp	1000	14.90	0.0149
00482323	*Novo-Gesic Forte*	Novopharm	1000	14.90	0.0149

ACETAMINOPHEN/ CODEINE PHOSPHATE Ⓝ

Elix.				160 mg -8 mg/5 mL	
00816027	*pms-Acetaminophene avec codeine*	Phmscience	500 ml	38.45	0.0769
Tab.				300 mg - 30 mg **PPB**	
00608882	*Teva-Emtec-30*	Teva Can	500	65.00	0.1300
00789828	*Triatec-30*	Riva	100	13.00	0.1300
			500	65.00	0.1300
Tab.				300 mg - 60 mg	
00621463	*Teva-Lenoltec No.4*	Teva Can	100	13.84	0.1384

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

28:10
OPIATE ANTAGONISTS

NALOXONE HYDROCHLORIDE P

Nas. spray — 4 mg/0.1 mL

99113725	*Narcan nasal spray*	Emergent	2	92.00	46.0000

NALOXONE HYDROCHLORIDE (FOR USER)

Inj. sol. — 0.4 mg/mL **PPB**

02455935	*Chlorhydrate de naloxone Injectable*	Oméga	1 ml	➡ 13.75	
02453258	*S.O.S Naloxone Hydrochloride Injection*	Sandoz	1 ml	➡ 13.75	

NALTREXONE HYDROCHLORIDE P

Tab. — 50 mg **PPB**

02444275	*Apo-Naltrexone*	Apotex	30	84.23 ➡	2.8075
02451883	*Comprimes de chlorhydrate de naltrexone*	Jamp	28	78.61 ➡	2.8075
02213826	*Revia*	Teva Can	50	140.38 ➡	2.8075

28:10.92
MISCELLANEOUS ANTIDOTES

BUPRENORPHINE/NALOXONE N

S-Ling. Tab. — 2 mg - 0.5 mg **PPB**

02453908	*ACT Buprenorphine/ Naloxone*	ActavisPhm	30	20.03 ➡	0.6675
02424851	*pms-Buprenorphine/ Naloxone*	Phmscience	30	20.03 ➡	0.6675
02295695	*Suboxone*	Indivior	28	74.76	2.6700

S-Ling. Tab. — 8 mg - 2 mg **PPB**

02453916	*ACT Buprenorphine/ Naloxone*	ActavisPhm	30	35.48 ➡	1.1825
02424878	*pms-Buprenorphine/ Naloxone*	Phmscience	30	35.48 ➡	1.1825
02295709	*Suboxone*	Indivior	28	132.44	4.7300

28:12.04
BARBITURATES

PHENOBARBITAL

Elix. — 25 mg/5 mL

00645575	*Phenobarb elixir*	Pendopharm	100 ml	14.24	0.1424

Tab. — 15 mg

00178799	*Phenobarb*	Pendopharm	500	69.95	0.1399

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				30 mg	
00178802	*Phenobarb*	Pendopharm	500	79.00	0.1580
Tab.				60 mg	
00178810	*Phenobarb*	Pendopharm	500	112.85	0.2257
Tab.				100 mg	
00178829	*Phenobarb*	Pendopharm	500	154.40	0.3088

PRIMIDONE P

Tab.				125 mg	
00399310	*Primidone*	AA Pharma	100	5.64	0.0564
Tab.				250 mg	
00396761	*Primidone*	AA Pharma	100	8.87	0.0887

28:12.08
BENZODIAZEPINES

CLOBAZAM ⊠

Tab.				10 mg **PPB**	
02244638	*Apo-Clobazam*	Apotex	30	6.59 ➡	0.2197
02238334	*Teva-Clobazam*	Teva Can	30	6.59 ➡	0.2197

CLONAZEPAM ⊠

Tab.				0.25 mg	
02179660	*pms-Clonazepam*	Phmscience	100	6.90	0.0690
Tab.				0.5 mg **PPB**	
02177889	*Apo-Clonazepam*	Apotex	500	20.90 ➡	0.0418
02239024	*Novo-Clonazepam*	Novopharm	100	4.18 ➡	0.0418
			500	20.90 ➡	0.0418
02207818	*pms-Clonazepam-R*	Phmscience	100	4.18 ➡	0.0418
			500	20.90 ➡	0.0418
02311593	*Pro-Clonazepam*	Pro Doc	500	20.90 ➡	0.0418
02242077	*Riva-Clonazepam*	Riva	100	4.18 ➡	0.0418
			500	20.90 ➡	0.0418
00382825	*Rivotril*	Roche	100	19.82	0.1982
Tab.				1 mg **PPB**	
02048728	*pms-Clonazepam*	Phmscience	100	14.87 ➡	0.1487
			500	74.35 ➡	0.1487
02311607	*Pro-Clonazepam*	Pro Doc	500	74.35 ➡	0.1487

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02177897	*Apo-Clonazepam*	Apotex	100	7.21 ➡	0.0721
			500	36.05 ➡	0.0721
02048736	*pms-Clonazepam*	Phmscience	100	7.21 ➡	0.0721
			500	36.05 ➡	0.0721
02311615	*Pro-Clonazepam*	Pro Doc	500	36.05 ➡	0.0721
02242078	*Riva-Clonazepam*	Riva	100	7.21 ➡	0.0721
			500	36.05 ➡	0.0721
00382841	*Rivotril*	Roche	100	34.17	0.3417
02239025	*Teva-Clonazepam*	Novopharm	100	7.21 ➡	0.0721

28:12.12
HYDANTOINS
PHENYTOIN Pr

Oral Susp.				30 mg/5 mL	
00023442	*Dilantin-30*	Upjohn	250 ml	10.10	0.0404
Oral Susp.				125 mg/5 mL **PPB**	
00023450	*Dilantin-125*	Upjohn	250 ml	11.93	0.0477
02250896	*Taro-Phenytoin*	Taro	237 ml	7.37 ➡	0.0311
Tab.				50 mg	
00023698	*Dilantin Infatabs*	Upjohn	100	7.35	0.0735

PHENYTOIN SODIUM Pr

Caps.				30 mg	
00022772	*Dilantin*	Upjohn	100	12.86	0.1286
Caps.				100 mg **PPB**	
02460912	*Apo-Phenytoin Sodium*	AA Pharma	1000	66.50 ➡	0.0665
00022780	*Dilantin*	Upjohn	100	6.71	0.0671
			1000	67.14	0.0671

28:12.20
SUCCINIMIDES
ETHOSUXIMIDE Pr

Caps.				250 mg	
00022799	*Zarontin*	Erfa	100	32.03	0.3203
Syr.				250 mg/5 mL	
00023485	*Zarontin*	Erfa	500 ml	32.00	0.0640

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

28:12.92
MISCELLANEOUS ANTICONVULSANTS
CARBAMAZEPINE Pr

L.A. Tab. — 200 mg **PPB**

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**

02231544	*pms-Carbamazepine CR*	Phmscience	100	18.59	0.1859
			500	92.94	0.1859
02261847	*Sandoz Carbamazepine CR*	Sandoz	100	18.59	0.1859
00755583	*Tegretol CR*	Novartis	100	66.16	0.6616

Oral Susp. — 100 mg/5 mL **PPB**

02367394	*Taro-Carbamazepine*	Taro	450 ml	24.32	0.0540
02194333	*Tegretol*	Novartis	450 ml	28.70	0.0638

Tab. — 200 mg **PPB**

02407515	*Taro-Carbamazepine*	Taro	100	7.95	0.0795
			500	39.75	0.0795
00010405	*Tegretol*	Novartis	100	31.26	0.3126
			500	156.30	0.3126
00782718	*Teva-Carbamazepine*	Teva Can	100	7.95	0.0795
			500	39.75	0.0795

DIVALPROEX SODIUM Pr

Ent. Tab. — 125 mg **PPB**

02239698	*Apo-Divalproex*	Apotex	100	7.24	0.0724
00596418	*Epival 125*	BGP Pharma	100	24.14	0.2414
02458926	*Mylan-Divalproex*	Mylan	100	7.24	0.0724

Ent. Tab. — 250 mg **PPB**

02239699	*Apo-Divalproex*	Apotex	100	13.01	0.1301
00596426	*Epival 250*	BGP Pharma	100	43.37	0.4337
			500	216.87	0.4337
02458934	*Mylan-Divalproex*	Mylan	100	13.01	0.1301
			500	65.05	0.1301

Ent. Tab. — 500 mg **PPB**

02239700	*Apo-Divalproex*	Apotex	100	26.04	0.2604
00596434	*Epival 500*	BGP Pharma	100	86.80	0.8680
			500	434.01	0.8680
02459019	*Mylan-Divalproex*	Mylan	100	26.04	0.2604
			500	130.20	0.2604

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GABAPENTIN P					
Caps.				100 mg **PPB**	
02477912	*AG-Gabapentin*	Angita	100	4.16	0.0416
02244304	*Apo-Gabapentin*	Apotex	100	4.16	0.0416
			500	20.80	0.0416
02321203	*Auro-Gabapentin*	Aurobindo	100	4.16	0.0416
			500	20.80	0.0416
02450143	*Bio-Gabapentin*	Biomed	100	4.16	0.0416
02416840	*Gabapentin*	Accord	100	4.16	0.0416
02353245	*Gabapentin*	Sanis	100	4.16	0.0416
			500	20.80	0.0416
02246314	*Gabapentin*	Sivem	100	4.16	0.0416
			500	20.80	0.0416
02361469	*Jamp-Gabapentin*	Jamp	100	4.16	0.0416
02391473	*Mar-Gabapentin*	Marcan	100	4.16	0.0416
			500	20.80	0.0416
02084260	*Neurontin*	Upjohn	100	41.51	0.4151
02243446	*pms-Gabapentin*	Phmscience	100	4.16	0.0416
			500	20.80	0.0416
02450097	*Priva-Gabapentin*	Pharmapar	100	4.16	0.0416
02310449	*Pro-Gabapentin*	Pro Doc	100	4.16	0.0416
			500	20.80	0.0416
02251167	*Riva-Gabapentin*	Riva	100	4.16	0.0416
			500	20.80	0.0416
02244513	*Teva-Gabapentin*	Teva Can	100	4.16	0.0416
			500	20.80	0.0416

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				300 mg **PPB**	
02477920	*AG-Gabapentin*	Angita	100	10.12	0.1012
			500	50.60	0.1012
02244305	*Apo-Gabapentin*	Apotex	100	10.12	0.1012
			500	50.60	0.1012
02321211	*Auro-Gabapentin*	Aurobindo	100	10.12	0.1012
			500	50.60	0.1012
02450151	*Bio-Gabapentin*	Biomed	100	10.12	0.1012
02416859	*Gabapentin*	Accord	100	10.12	0.1012
02353253	*Gabapentin*	Sanis	100	10.12	0.1012
			500	50.60	0.1012
02246315	*Gabapentin*	Sivem	100	10.12	0.1012
			500	50.60	0.1012
02361485	*Jamp-Gabapentin*	Jamp	100	10.12	0.1012
			500	50.60	0.1012
02391481	*Mar-Gabapentin*	Marcan	100	10.12	0.1012
			500	50.60	0.1012
02084279	*Neurontin*	Upjohn	100	101.00	1.0100
02243447	*pms-Gabapentin*	Phmscience	100	10.12	0.1012
			500	50.60	0.1012
02450100	*Priva-Gabapentin*	Pharmapar	100	10.12	0.1012
02310457	*Pro-Gabapentin*	Pro Doc	100	10.12	0.1012
			500	50.60	0.1012
02319063	*Ran-Gabapentin*	Ranbaxy	100	10.12	0.1012
			500	50.60	0.1012
02251175	*Riva-Gabapentin*	Riva	100	10.12	0.1012
			500	50.60	0.1012
02244514	*Teva-Gabapentin*	Teva Can	100	10.12	0.1012
			500	50.60	0.1012

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				400 mg **PPB**	
02477939	*AG-Gabapentin*	Angita	100	12.06	0.1206
02244306	*Apo-Gabapentin*	Apotex	100	12.06	0.1206
			500	60.30	0.1206
02321238	*Auro-Gabapentin*	Aurobindo	100	12.06	0.1206
			500	60.30	0.1206
02450178	*Bio-Gabapentin*	Biomed	100	12.06	0.1206
02416867	*Gabapentin*	Accord	100	12.06	0.1206
02353261	*Gabapentin*	Sanis	100	12.06	0.1206
			500	60.30	0.1206
02246316	*Gabapentin*	Sivem	100	12.06	0.1206
			500	60.30	0.1206
02361493	*Jamp-Gabapentin*	Jamp	100	12.06	0.1206
			500	60.30	0.1206
02391503	*Mar-Gabapentin*	Marcan	100	12.06	0.1206
			500	60.30	0.1206
02084287	*Neurontin*	Upjohn	100	120.35	1.2035
02243448	*pms-Gabapentin*	Phmscience	100	12.06	0.1206
			500	60.30	0.1206
02450119	*Priva-Gabapentin*	Pharmapar	100	12.06	0.1206
02310465	*Pro-Gabapentin*	Pro Doc	100	12.06	0.1206
02251183	*Riva-Gabapentin*	Riva	100	12.06	0.1206
			500	60.30	0.1206
02244515	*Teva-Gabapentin*	Teva Can	100	12.06	0.1206
			500	60.30	0.1206
Tab.				600 mg **PPB**	
02293358	*Apo-Gabapentin*	Apotex	100	18.09	0.1809
02428334	*Auro-Gabapentin*	Aurobindo	100	18.09	0.1809
02450186	*Bio-Gabapentin*	Biomed	100	18.09	0.1809
02392526	*Gabapentin*	Accord	100	18.09	0.1809
02431289	*Gabapentin*	Sanis	100	18.09	0.1809
02388200	*Gabapentin*	Sivem	100	18.09	0.1809
02410990	*Gabapentine tablets*	Glenmark	100	18.09	0.1809
02402289	*Jamp-Gabapentin*	Jamp	100	18.09	0.1809
02239717	*Neurontin*	Upjohn	100	181.65	1.8165
02255898	*pms-Gabapentin*	Phmscience	100	18.09	0.1809
02310473	*Pro-Gabapentin*	Pro Doc	100	18.09	0.1809
02248457	*Teva-Gabapentin*	Teva Can	100	18.09	0.1809
Tab.				800 mg **PPB**	
02293366	*Apo-Gabapentin*	Apotex	100	24.12	0.2412
02428342	*Auro-Gabapentin*	Aurobindo	100	24.12	0.2412
02450194	*Bio-Gabapentin*	Biomed	100	24.12	0.2412
02392534	*Gabapentin*	Accord	100	24.12	0.2412
02431297	*Gabapentin*	Sanis	100	24.12	0.2412
02388219	*Gabapentin*	Sivem	100	24.12	0.2412
02411008	*Gabapentine tablets*	Glenmark	100	24.12	0.2412
02402297	*Jamp-Gabapentin*	Jamp	100	24.12	0.2412
02239718	*Neurontin*	Upjohn	100	242.19	2.4219
02255901	*pms-Gabapentin*	Phmscience	100	24.12	0.2412
02310481	*Pro-Gabapentin*	Pro Doc	100	24.12	0.2412
02247346	*Teva-Gabapentin*	Teva Can	100	24.12	0.2412

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LAMOTRIGINE P					
Chew. Tab.				2 mg	
02243803	*Lamictal*	GSK	30	4.61	0.1537
Chew. Tab.				5 mg	
02240115	*Lamictal*	GSK	30	4.63	0.1543
Tab.				25 mg **PPB**	
02245208	*Apo-Lamotrigine*	Apotex	100	6.98	0.0698
02381354	*Auro-Lamotrigine*	Aurobindo	100	6.98	0.0698
			1000	69.80	0.0698
02142082	*Lamictal*	GSK	100	35.78	0.3578
02343010	*Lamotrigine*	Sanis	100	6.98	0.0698
02428202	*Lamotrigine*	Sivem	100	6.98	0.0698
02302969	*Lamotrigine-25*	Pro Doc	100	6.98	0.0698
02265494	*Mylan-Lamotrigine*	Mylan	100	6.98	0.0698
02248232	*Novo-Lamotrigine*	Novopharm	100	6.98	0.0698
02246897	*pms-Lamotrigine*	Phmscience	100	6.98	0.0698
Tab.				100 mg **PPB**	
02245209	*Apo-Lamotrigine*	Apotex	100	27.87	0.2787
02381362	*Auro-Lamotrigine*	Aurobindo	100	27.87	0.2787
			1000	278.70	0.2787
02142104	*Lamictal*	GSK	100	143.10	1.4310
02343029	*Lamotrigine*	Sanis	100	27.87	0.2787
02428210	*Lamotrigine*	Sivem	100	27.87	0.2787
02302985	*Lamotrigine-100*	Pro Doc	100	27.87	0.2787
02265508	*Mylan-Lamotrigine*	Mylan	100	27.87	0.2787
			500	139.35	0.2787
02248233	*Novo-Lamotrigine*	Novopharm	100	27.87	0.2787
02246898	*pms-Lamotrigine*	Phmscience	100	27.87	0.2787
Tab.				150 mg **PPB**	
02245210	*Apo-Lamotrigine*	Apotex	100	41.07	0.4107
02381370	*Auro-Lamotrigine*	Aurobindo	60	24.64	0.4107
			100	41.07	0.4107
02142112	*Lamictal*	GSK	60	125.83	2.0972
02343037	*Lamotrigine*	Sanis	100	41.07	0.4107
02428229	*Lamotrigine*	Sivem	100	41.07	0.4107
02302993	*Lamotrigine-150*	Pro Doc	100	41.07	0.4107
02265516	*Mylan-Lamotrigine*	Mylan	100	41.07	0.4107
02248234	*Novo-Lamotrigine*	Novopharm	100	41.07	0.4107
02246899	*pms-Lamotrigine*	Phmscience	100	41.07	0.4107

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LEVETIRACETAM P					
Tab.				250 mg **PPB**	
02274183	*ACT Levetiracetam*	ActavisPhm	100	32.10	0.3210
02485192	*AG-Levetiracetam*	Angita	120	38.52	0.3210
02285924	*Apo-Levetiracetam*	Apotex	100	32.10	0.3210
02375249	*Auro-Levetiracetam*	Aurobindo	100	32.10	0.3210
			500	160.50	0.3210
02403005	*Jamp-Levetiracetam*	Jamp	120	38.52	0.3210
02247027	*Keppra*	U.C.B.	120	96.00	0.8000
02399776	*Levetiracetam*	Accord	120	38.52	0.3210
02454653	*Levetiracetam*	Phmscience	120	38.52	0.3210
02353342	*Levetiracetam*	Sanis	100	32.10	0.3210
02442531	*Levetiracetam*	Sivem	100	32.10	0.3210
02442388	*Mint-Levetiracetam*	Mint	100	32.10	0.3210
02440202	*NAT-Levetiracetam*	Natco	120	38.52	0.3210
02499193	*NRA-Levetiracetam*	Nora	120	38.52	0.3210
02296101	*pms-Levetiracetam*	Phmscience	100	32.10	0.3210
02311372	*Pro-Levetiracetam-250*	Pro Doc	100	32.10	0.3210
02482274	*Riva-Levetiracetam*	Riva	100	32.10	0.3210
02461986	*Sandoz Levetiracetam*	Sandoz	100	32.10	0.3210
Tab.				500 mg **PPB**	
02274191	*ACT Levetiracetam*	ActavisPhm	100	39.11	0.3911
02485206	*AG-Levetiracetam*	Angita	120	46.93	0.3911
02285932	*Apo-Levetiracetam*	Apotex	100	39.11	0.3911
02375257	*Auro-Levetiracetam*	Aurobindo	100	39.11	0.3911
			500	195.54	0.3911
02403021	*Jamp-Levetiracetam*	Jamp	120	46.93	0.3911
02247028	*Keppra*	U.C.B.	120	117.00	0.9750
02399784	*Levetiracetam*	Accord	120	46.93	0.3911
02454661	*Levetiracetam*	Phmscience	120	46.93	0.3911
02353350	*Levetiracetam*	Sanis	100	39.11	0.3911
02442558	*Levetiracetam*	Sivem	100	39.11	0.3911
02442396	*Mint-Levetiracetam*	Mint	100	39.11	0.3911
02440210	*NAT-Levetiracetam*	Natco	120	46.93	0.3911
02499207	*NRA-Levetiracetam*	Nora	120	46.93	0.3911
02296128	*pms-Levetiracetam*	Phmscience	100	39.11	0.3911
02311380	*Pro-Levetiracetam-500*	Pro Doc	100	39.11	0.3911
02482282	*Riva-Levetiracetam*	Riva	100	39.11	0.3911
02461994	*Sandoz Levetiracetam*	Sandoz	100	39.11	0.3911

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				750 mg **PPB**	
02274205	*ACT Levetiracetam*	ActavisPhm	100	54.16	0.5416
02485214	*AG-Levetiracetam*	Angita	120	64.99	0.5416
02285940	*Apo-Levetiracetam*	Apotex	100	54.16	0.5416
02375265	*Auro-Levetiracetam*	Aurobindo	100	54.16	0.5416
			500	270.79	0.5416
02403048	*Jamp-Levetiracetam*	Jamp	120	64.99	0.5416
02247029	*Keppra*	U.C.B.	120	162.00	1.3500
02399792	*Levetiracetam*	Accord	120	64.99	0.5416
02454688	*Levetiracetam*	Phmscience	120	64.99	0.5416
02353369	*Levetiracetam*	Sanis	100	54.16	0.5416
02442566	*Levetiracetam*	Sivem	100	54.16	0.5416
02442418	*Mint-Levetiracetam*	Mint	100	54.16	0.5416
02440229	*NAT-Levetiracetam*	Natco	120	64.99	0.5416
02499215	*NRA-Levetiracetam*	Nora	120	64.99	0.5416
02296136	*pms-Levetiracetam*	Phmscience	100	54.16	0.5416
02311399	*Pro-Levetiracetam-750*	Pro Doc	100	54.16	0.5416
02482290	*Riva-Levetiracetam*	Riva	100	54.16	0.5416
02462001	*Sandoz Levetiracetam*	Sandoz	100	54.16	0.5416
Tab.				1000 mg	
02462028	*Sandoz Levetiracetam*	Sandoz	100	72.21	0.7221

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PREGABALIN Ⓟ					
Caps.				25 mg **PPB**	
02449838	*ACH-Pregabalin*	Accord	100	14.81	0.1481
02480727	*AG-Pregabalin*	Angita	100	14.81	0.1481
			500	74.05	0.1481
02394235	*Apo-Pregabalin*	Apotex	100	14.81	0.1481
02433869	*Auro-Pregabalin*	Aurobindo	100	14.81	0.1481
02435977	*Jamp-Pregabalin*	Jamp	100	14.81	0.1481
			500	74.05	0.1481
02268418	*Lyrica*	Upjohn	60	46.45	0.7742
02417529	*Mar-Pregabalin*	Marcan	100	14.81	0.1481
			500	74.05	0.1481
02423804	*Mint-Pregabalin*	Mint	100	14.81	0.1481
02467291	*M-Pregabalin*	Mantra Ph.	100	14.81	0.1481
			500	74.05	0.1481
02494841	*NAT-Pregabalin*	Natco	100	14.81	0.1481
			500	74.05	0.1481
02479117	*NRA-Pregabalin*	Nora	100	14.81	0.1481
			500	74.05	0.1481
02359596	*pms-Pregabalin*	Phmscience	100	14.81	0.1481
			500	74.05	0.1481
02474352	*Pregabalin*	Altamed	100	14.81	0.1481
			500	74.05	0.1481
02396483	*Pregabalin*	Pro Doc	100	14.81	0.1481
			500	74.05	0.1481
02405539	*Pregabalin*	Sanis	60	8.89	0.1481
			100	14.81	0.1481
02403692	*Pregabalin*	Sivem	100	14.81	0.1481
			500	74.05	0.1481
02392801	*Ran-Pregabalin*	Ranbaxy	100	14.81	0.1481
			500	74.05	0.1481
02377039	*Riva-Pregabalin*	Riva	100	14.81	0.1481
			500	74.05	0.1481
02390817	*Sandoz Pregabalin*	Sandoz	100	14.81	0.1481
			500	74.05	0.1481
02361159	*Teva Pregabalin*	Teva Can	60	8.89	0.1481

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				50 mg **PPB**	
02449846	*ACH-Pregabalin*	Accord	100	23.24	0.2324
02480735	*AG-Pregabalin*	Angita	100	23.24	0.2324
			500	116.20	0.2324
02394243	*Apo-Pregabalin*	Apotex	100	23.24	0.2324
02433877	*Auro-Pregabalin*	Aurobindo	100	23.24	0.2324
02435985	*Jamp-Pregabalin*	Jamp	100	23.24	0.2324
			500	116.20	0.2324
02268426	*Lyrica*	Upjohn	60	72.87	1.2145
02417537	*Mar-Pregabalin*	Marcan	100	23.24	0.2324
			500	116.20	0.2324
02423812	*Mint-Pregabalin*	Mint	100	23.24	0.2324
02467305	*M-Pregabalin*	Mantra Ph.	100	23.24	0.2324
			500	116.20	0.2324
02494868	*NAT-Pregabalin*	Natco	100	23.24	0.2324
			500	116.20	0.2324
02479125	*NRA-Pregabalin*	Nora	100	23.24	0.2324
			500	116.20	0.2324
02359618	*pms-Pregabalin*	Phmscience	100	23.24	0.2324
			500	116.20	0.2324
02474360	*Pregabalin*	Altamed	100	23.24	0.2324
			500	116.20	0.2324
02396505	*Pregabalin*	Pro Doc	100	23.24	0.2324
			500	116.20	0.2324
02405547	*Pregabalin*	Sanis	60	13.94	0.2324
			500	116.20	0.2324
02403706	*Pregabalin*	Sivem	100	23.24	0.2324
			500	116.20	0.2324
02392828	*Ran-Pregabalin*	Ranbaxy	100	23.24	0.2324
			500	116.20	0.2324
02377047	*Riva-Pregabalin*	Riva	100	23.24	0.2324
			500	116.20	0.2324
02390825	*Sandoz Pregabalin*	Sandoz	100	23.24	0.2324
			500	116.20	0.2324
02361175	*Teva Pregabalin*	Teva Can	60	13.94	0.2324

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				75 mg **PPB**	
02449854	*ACH-Pregabalin*	Accord	100	30.07	0.3007
02480743	*AG-Pregabalin*	Angita	100	30.07	0.3007
			500	150.35	0.3007
02394251	*Apo-Pregabalin*	Apotex	100	30.07	0.3007
02433885	*Auro-Pregabalin*	Aurobindo	100	30.07	0.3007
02435993	*Jamp-Pregabalin*	Jamp	100	30.07	0.3007
			500	150.35	0.3007
02268434	*Lyrica*	Upjohn	60	94.29	1.5715
02417545	*Mar-Pregabalin*	Marcan	100	30.07	0.3007
			500	150.35	0.3007
02424185	*Mint-Pregabalin*	Mint	100	30.07	0.3007
02467313	*M-Pregabalin*	Mantra Ph.	100	30.07	0.3007
			500	150.35	0.3007
02494876	*NAT-Pregabalin*	Natco	100	30.07	0.3007
			500	150.35	0.3007
02479133	*NRA-Pregabalin*	Nora	100	30.07	0.3007
			500	150.35	0.3007
02359626	*pms-Pregabalin*	Phmscience	100	30.07	0.3007
			500	150.35	0.3007
02474379	*Pregabalin*	Altamed	100	30.07	0.3007
			500	150.35	0.3007
02396513	*Pregabalin*	Pro Doc	100	30.07	0.3007
			500	150.35	0.3007
02405555	*Pregabalin*	Sanis	100	30.07	0.3007
			500	150.35	0.3007
02403714	*Pregabalin*	Sivem	100	30.07	0.3007
			500	150.35	0.3007
02392836	*Ran-Pregabalin*	Ranbaxy	100	30.07	0.3007
			500	150.35	0.3007
02377055	*Riva-Pregabalin*	Riva	100	30.07	0.3007
			500	150.35	0.3007
02390833	*Sandoz Pregabalin*	Sandoz	100	30.07	0.3007
			500	150.35	0.3007
02361183	*Teva Pregabalin*	Teva Can	60	18.04	0.3007
			100	30.07	0.3007

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				150 mg **PPB**	
02449870	*ACH-Pregabalin*	Accord	100	41.45	0.4145
02480751	*AG-Pregabalin*	Angita	100	41.45	0.4145
			500	207.25	0.4145
02394278	*Apo-Pregabalin*	Apotex	100	41.45	0.4145
			500	207.25	0.4145
02433907	*Auro-Pregabalin*	Aurobindo	100	41.45	0.4145
02436000	*Jamp-Pregabalin*	Jamp	100	41.45	0.4145
			500	207.25	0.4145
02268450	*Lyrica*	Upjohn	60	129.98	2.1663
02417561	*Mar-Pregabalin*	Marcan	100	41.45	0.4145
			500	207.25	0.4145
02424207	*Mint-Pregabalin*	Mint	100	41.45	0.4145
02467321	*M-Pregabalin*	Mantra Ph.	100	41.45	0.4145
			500	207.25	0.4145
02494884	*NAT-Pregabalin*	Natco	100	41.45	0.4145
			500	207.25	0.4145
02479168	*NRA-Pregabalin*	Nora	100	41.45	0.4145
			500	207.25	0.4145
02359634	*pms-Pregabalin*	Phmscience	100	41.45	0.4145
			500	207.25	0.4145
02474387	*Pregabalin*	Altamed	100	41.45	0.4145
			500	207.25	0.4145
02396521	*Pregabalin*	Pro Doc	100	41.45	0.4145
			500	207.25	0.4145
02405563	*Pregabalin*	Sanis	100	41.45	0.4145
02403722	*Pregabalin*	Sivem	100	41.45	0.4145
			500	207.25	0.4145
02392844	*Ran-Pregabalin*	Ranbaxy	100	41.45	0.4145
			500	207.25	0.4145
02377063	*Riva-Pregabalin*	Riva	100	41.45	0.4145
			500	207.25	0.4145
02390841	*Sandoz Pregabalin*	Sandoz	100	41.45	0.4145
			500	207.25	0.4145
02361205	*Teva Pregabalin*	Teva Can	60	24.87	0.4145
			100	41.45	0.4145

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				300 mg **PPB**	
02449900	*ACH-Pregabalin*	Accord	100	41.45	0.4145
02480778	*AG-Pregabalin*	Angita	100	41.45	0.4145
02394294	*Apo-Pregabalin*	Apotex	100	41.45	0.4145
02436019	*Jamp-Pregabalin*	Jamp	100	41.45	0.4145
02268485	*Lyrica*	Upjohn	60	129.98	2.1663
02417618	*Mar-Pregabalin*	Marcan	100	41.45	0.4145
02494906	*NAT-Pregabalin*	Natco	100	41.45	0.4145
			500	207.25	0.4145
02479192	*NRA-Pregabalin*	Nora	100	41.45	0.4145
02359642	*pms-Pregabalin*	Phmscience	100	41.45	0.4145
02396548	*Pregabalin*	Pro Doc	100	41.45	0.4145
02405598	*Pregabalin*	Sanis	60	24.87	0.4145
			100	41.45	0.4145
02403730	*Pregabalin*	Sivem	100	41.45	0.4145
02392860	*Ran-Pregabalin*	Ranbaxy	100	41.45	0.4145
			500	207.25	0.4145
02377071	*Riva-Pregabalin*	Riva	100	41.45	0.4145
02390868	*Sandoz Pregabalin*	Sandoz	100	41.45	0.4145
02361248	*Teva Pregabalin*	Teva Can	60	24.87	0.4145

TOPIRAMATE P

Sprinkle caps.				15 mg	
02239907	*Topamax*	Janss. Inc	60	65.11	1.0852
Sprinkle caps.				25 mg	
02239908	*Topamax*	Janss. Inc	60	68.34	1.1390
Tab.				25 mg **PPB**	
02475936	*AG-Topiramate*	Angita	100	24.33	0.2433
02279614	*Apo-Topiramate*	Apotex	100	24.33	0.2433
02345803	*Auro-Topiramate*	Aurobindo	60	14.60	0.2433
			100	24.33	0.2433
02287765	*GLN-Topiramate*	Glenmark	100	24.33	0.2433
02435608	*Jamp-Topiramate*	Jamp	100	24.33	0.2433
02432099	*Mar-Topiramate*	Marcan	100	24.33	0.2433
02315645	*Mint-Topiramate*	Mint	100	24.33	0.2433
02263351	*Mylan-Topiramate*	Mylan	100	24.33	0.2433
02248860	*Novo-Topiramate*	Novopharm	100	24.33	0.2433
02262991	*pms-Topiramate*	Phmscience	100	24.33	0.2433
			500	121.65	0.2433
02313650	*Pro-Topiramate*	Pro Doc	100	24.33	0.2433
02431807	*Sandoz Topiramate Tablets*	Sandoz	100	24.33	0.2433
02230893	*Topamax*	Janss. Inc	100	113.93	1.1393
02395738	*Topiramate*	Accord	100	24.33	0.2433
02356856	*Topiramate*	Sanis	100	24.33	0.2433
02389460	*Topiramate*	Sivem	100	24.33	0.2433
Tab.				50 mg	
02312085	*pms-Topiramate*	Phmscience	100	75.95	0.7595

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02475944	*AG-Topiramate*	Angita	100	45.83	0.4583
02279630	*Apo-Topiramate*	Apotex	100	45.83	0.4583
02345838	*Auro-Topiramate*	Aurobindo	60	27.50	0.4583
			100	45.83	0.4583
02287773	*GLN-Topiramate*	Glenmark	100	45.83	0.4583
02435616	*Jamp-Topiramate*	Jamp	100	45.83	0.4583
02432102	*Mar-Topiramate*	Marcan	100	45.83	0.4583
02315653	*Mint-Topiramate*	Mint	100	45.83	0.4583
02263378	*Mylan-Topiramate*	Mylan	100	45.83	0.4583
02248861	*Novo-Topiramate*	Novopharm	60	27.50	0.4583
02263009	*pms-Topiramate*	Phmscience	100	45.83	0.4583
02313669	*Pro-Topiramate*	Pro Doc	100	45.83	0.4583
02431815	*Sandoz Topiramate Tablets*	Sandoz	100	45.83	0.4583
02230894	*Topamax*	Janss. Inc	60	129.54	2.1590
02395746	*Topiramate*	Accord	100	45.83	0.4583
02356864	*Topiramate*	Sanis	100	45.83	0.4583
02389487	*Topiramate*	Sivem	100	45.83	0.4583
Tab.				200 mg **PPB**	
02279649	*Apo-Topiramate*	Apotex	100	67.48	0.6748
02345846	*Auro-Topiramate*	Aurobindo	60	40.49	0.6748
			100	67.48	0.6748
02287781	*GLN-Topiramate*	Glenmark	100	67.48	0.6748
02435624	*Jamp-Topiramate*	Jamp	100	67.48	0.6748
02432110	*Mar-Topiramate*	Marcan	100	67.48	0.6748
02315661	*Mint-Topiramate*	Mint	100	67.48	0.6748
02263386	*Mylan-Topiramate*	Mylan	100	67.48	0.6748
02248862	*Novo-Topiramate*	Novopharm	60	40.49	0.6748
02263017	*pms-Topiramate*	Phmscience	100	67.48	0.6748
02313677	*Pro-Topiramate*	Pro Doc	100	67.48	0.6748
02431823	*Sandoz Topiramate Tablets*	Sandoz	100	67.48	0.6748
02230896	*Topamax*	Janss. Inc	60	205.08	3.4180
02395754	*Topiramate*	Accord	100	67.48	0.6748
02356872	*Topiramate*	Sanis	100	67.48	0.6748
VALPROATE SODIUM Pr					
Syr.				250 mg/5 mL **PPB**	
00443832	*Depakene*	BGP Pharma	240 ml	22.78	0.0949
02236807	*pms-Valproic acid*	Phmscience	450 ml	17.05	0.0379
VALPROIC ACID Pr					
Caps.				250 mg **PPB**	
02238048	*Apo-Valproic*	Apotex	100	29.05	0.2905
02230768	*pms-Valproic acid*	Phmscience	100	29.05	0.2905
Ent. Caps.				500 mg	
02229628	*pms-Valproic Acid E.C.*	Phmscience	100	63.56	0.6356

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VIGABATRIN P					
Oral Pd.				500 mg/sac.	
02068036	*Sabril*	Lundb Inc	50	44.35	0.8870
Tab.				500 mg	
02065819	*Sabril*	Lundb Inc	100	88.70	0.8870

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ANTIDEPRESSANTS
AMITRIPTYLINE HYDROCHLORIDE P

Tab.				10 mg **PPB**	
00370991	*Amitriptyline-10*	Pro Doc	1000	43.50 ➡	0.0435
02403137	*Apo-Amitriptyline*	Apotex	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
00335053	*Elavil*	AA Pharma	100	6.64	0.0664
			1000	66.40	0.0664
02435527	*Jamp-Amitriptyline Tablets*	Jamp	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
02429861	*Mar-Amitriptyline*	Marcan	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
00654523	*pms-Amitriptyline*	Phmscience	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
02490110	*Priva-Amitriptyline*	Pharmapar	100	4.35 ➡	0.0435
02326043	*Teva-Amitriptyline*	Teva Can	100	4.35 ➡	0.0435
			1000	43.50 ➡	0.0435
Tab.				25 mg **PPB**	
00371009	*Amitriptyline-25*	Pro Doc	1000	82.90 ➡	0.0829
02403145	*Apo-Amitriptyline*	Apotex	100	8.29 ➡	0.0829
			1000	82.90 ➡	0.0829
00335061	*Elavil*	AA Pharma	100	12.11	0.1211
			1000	121.10	0.1211
02435535	*Jamp-Amitriptyline Tablets*	Jamp	100	8.29 ➡	0.0829
			1000	82.90 ➡	0.0829
02429888	*Mar-Amitriptyline*	Marcan	100	8.29 ➡	0.0829
			1000	82.90 ➡	0.0829
00654515	*pms-Amitriptyline*	Phmscience	100	8.29 ➡	0.0829
			1000	82.90 ➡	0.0829
02490129	*Priva-Amitriptyline*	Pharmapar	100	8.29 ➡	0.0829
02326051	*Teva-Amitriptyline*	Teva Can	100	8.29 ➡	0.0829
			1000	82.90 ➡	0.0829

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg **PPB**	
00456349	*Amitriptyline-50*	Pro Doc	100	15.40	0.1540
			1000	154.00	0.1540
02403153	*Apo-Amitriptyline*	Apotex	100	15.40	0.1540
			1000	154.00	0.1540
00335088	*Elavil*	AA Pharma	100	23.47	0.2347
			1000	234.70	0.2347
02435543	*Jamp-Amitriptyline Tablets*	Jamp	100	15.40	0.1540
			1000	154.00	0.1540
02429896	*Mar-Amitriptyline*	Marcan	100	15.40	0.1540
			1000	154.00	0.1540
00654507	*pms-Amitriptyline*	Phmscience	100	15.40	0.1540
			1000	154.00	0.1540
02490137	*Priva-Amitriptyline*	Pharmapar	100	15.40	0.1540
02326078	*Teva-Amitriptyline*	Teva Can	100	15.40	0.1540
			1000	154.00	0.1540
Tab.				100 mg	
02468409	*pms-Amitriptyline*	Phmscience	100	27.72	0.2772

BUPROPION HYDROCHLORIDE Pr

L.A. Tab.				100 mg **PPB**	
02391562	*Bupropion SR*	Sanis	60	9.28	**W**
02275074	*Odan Bupropion SR*	Odan	30	4.64	0.1547
			60	9.28	0.1547
02325373	*pms-Bupropion SR*	Phmscience	60	9.28	0.1547
L.A. Tab.				150 mg **PPB**	
02391570	*Bupropion SR*	Sanis	60	13.78	**W**
02275082	*Odan Bupropion SR*	Odan	30	6.89	0.2297
			60	13.78	0.2297
02313421	*pms-Bupropion SR*	Phmscience	100	22.97	0.2297
02237825	*Wellbutrin SR*	Valeant	60	51.02	0.8503
L.A. Tab. (24 h)				150 mg **PPB**	
02439654	*Act Bupropion XL*	ActavisPhm	90	13.17	0.1463
			500	73.15	0.1463
02382075	*Mylan-Bupropion XL*	Mylan	90	13.17	0.1463
			500	73.15	0.1463
02475804	*Taro-Bupropion XL*	Sun Pharma	90	13.17	0.1463
			500	73.15	0.1463
02275090	*Wellbutrin XL*	Valeant	90	47.45	0.5272

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab. (24 h)				300 mg **PPB**	
02439662	*Act Bupropion XL*	ActavisPhm	90	26.34	0.2927
			500	146.33	0.2927
02382083	*Mylan-Bupropion XL*	Mylan	90	26.34	0.2927
			500	146.33	0.2927
02475812	*Taro-Bupropion XL*	Sun Pharma	90	26.34	0.2927
			500	146.35	0.2927
02275104	*Wellbutrin XL*	Valeant	90	94.91	1.0546
CITALOPRAM HYDROMIDE P					
Tab.				10 mg **PPB**	
02374617	*AG-Citalopram*	Angita	100	7.15	0.0715
02448475	*Bio-Citalopram*	Biomed	100	7.15	0.0715
02430517	*Citalopram*	Jamp	100	7.15	0.0715
02445719	*Citalopram*	Sanis	100	7.15	0.0715
02387948	*Citalopram*	Sivem	100	7.15	0.0715
02325047	*Citalopram-10*	Pro Doc	100	7.15	0.0715
02370085	*Jamp-Citalopram*	Jamp	100	7.15	0.0715
02371871	*Mar-Citalopram*	Marcan	100	7.15	0.0715
02370077	*Mint-Citalopram*	Mint	100	7.15	0.0715
02429691	*Mint-Citalopram*	Mint	100	7.15	0.0715
02409003	*NAT-Citalopram*	Natco	100	7.15	0.0715
			500	35.75	0.0715
02312336	*Novo-Citalopram*	Novopharm	100	7.15	0.0715
02477637	*NRA-Citalopram*	Nora	100	7.15	0.0715
02270609	*pms-Citalopram*	Phmscience	100	7.15	0.0715
02440237	*Priva-Citalopram*	Pharmapar	100	7.15	0.0715
02303256	*Riva-Citalopram*	Riva	100	7.15	0.0715

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02248050	*ACT Citalopram*	ActavisPhm	100	12.00	0.1200
			250	30.00	0.1200
02339390	*AG-Citalopram*	Angita	30	3.60	0.1200
			500	60.00	0.1200
02246056	*Apo-Citalopram*	Apotex	30	3.60	0.1200
			500	60.00	0.1200
02275562	*Auro-Citalopram*	Aurobindo	30	3.60	0.1200
			500	60.00	0.1200
02448491	*Bio-Citalopram*	Biomed	30	3.60	0.1200
			100	12.00	0.1200
02459914	*CCP-Citalopram*	Cellchem	100	12.00	0.1200
02239607	*Celexa*	Lundbeck	30	39.95	1.3317
			100	133.17	1.3317
02430541	*Citalopram*	Jamp	30	3.60	0.1200
			500	60.00	0.1200
02353660	*Citalopram*	Sanis	100	12.00	0.1200
			500	60.00	0.1200
02387956	*Citalopram*	Sivem	30	3.60	0.1200
			500	60.00	0.1200
02257513	*Citalopram-20*	Pro Doc	30	3.60	0.1200
			500	60.00	0.1200
02313405	*Jamp-Citalopram*	Jamp	30	3.60	0.1200
			500	60.00	0.1200
02371898	*Mar-Citalopram*	Marcan	100	12.00	0.1200
			500	60.00	0.1200
02304686	*Mint-Citalopram*	Mint	30	3.60	0.1200
			500	60.00	0.1200
02429705	*Mint-Citalopram*	Mint	30	3.60	0.1200
			500	60.00	0.1200
02409011	*NAT-Citalopram*	Natco	30	3.60	0.1200
			100	12.00	0.1200
02293218	*Novo-Citalopram*	Novopharm	30	3.60	0.1200
			100	12.00	0.1200
02477645	*NRA-Citalopram*	Nora	30	3.60	0.1200
			500	60.00	0.1200
02248010	*pms-Citalopram*	Phmscience	30	3.60	0.1200
			500	60.00	0.1200
02285622	*Ran-Citalo*	Ranbaxy	100	12.00	0.1200
			500	60.00	0.1200
02303264	*Riva-Citalopram*	Riva	30	3.60	0.1200
			500	60.00	0.1200
02248170	*Sandoz Citalopram*	Sandoz	30	3.60	0.1200
			500	60.00	0.1200
Tab.				30 mg	
02296152	*CTP 30*	Sunovion	100	62.80	0.6280

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				40 mg **PPB**	
02248051	*ACT Citalopram*	ActavisPhm	100	12.00	0.1200
02339404	*AG-Citalopram*	Angita	30	3.60	0.1200
			100	12.00	0.1200
02246057	*Apo-Citalopram*	Apotex	30	3.60	0.1200
			100	12.00	0.1200
02275570	*Auro-Citalopram*	Aurobindo	30	3.60	0.1200
			100	12.00	0.1200
02448513	*Bio-Citalopram*	Biomed	30	3.60	0.1200
			100	12.00	0.1200
02459922	*CCP-Citalopram*	Cellchem	100	12.00	0.1200
02239608	*Celexa*	Lundbeck	30	39.95	1.3317
02430568	*Citalopram*	Jamp	30	3.60	0.1200
			100	12.00	0.1200
02353679	*Citalopram*	Sanis	30	3.60	0.1200
			100	12.00	0.1200
02387964	*Citalopram*	Sivem	30	3.60	0.1200
			100	12.00	0.1200
02257521	*Citalopram-40*	Pro Doc	30	3.60	0.1200
			100	12.00	0.1200
02313413	*Jamp-Citalopram*	Jamp	30	3.60	0.1200
			100	12.00	0.1200
02371901	*Mar-Citalopram*	Marcan	100	12.00	0.1200
02304694	*Mint-Citalopram*	Mint	30	3.60	0.1200
			100	12.00	0.1200
02429713	*Mint-Citalopram*	Mint	30	3.60	0.1200
			100	12.00	0.1200
02409038	*NAT-Citalopram*	Natco	30	3.60	0.1200
			100	12.00	0.1200
02293226	*Novo-Citalopram*	Novopharm	30	3.60	0.1200
			100	12.00	0.1200
02477653	*NRA-Citalopram*	Nora	30	3.60	0.1200
			500	60.00	0.1200
02248011	*pms-Citalopram*	Phmscience	30	3.60	0.1200
			100	12.00	0.1200
02440253	*Priva-Citalopram*	Pharmapar	30	3.60	0.1200
			100	12.00	0.1200
02303272	*Riva-Citalopram*	Riva	30	3.60	0.1200
			100	12.00	0.1200
02248171	*Sandoz Citalopram*	Sandoz	30	3.60	0.1200
			100	12.00	0.1200

CLOMIPRAMINE HYDROCHLORIDE Ⓡ

Caps. or Tab.				25 mg **PPB**	
00324019	*Anafranil*	Apotex	100	34.17	0.3417
02497506	*Taro-Clomipramine*	Taro	90	30.75	0.3417
Caps. or Tab.				50 mg **PPB**	
00402591	*Anafranil*	Apotex	100	62.91	0.6291
02497514	*Taro-Clomipramine*	Taro	90	56.62	0.6291

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg	
00330566	*Anafranil*	Apotex	100	29.49	0.2949

DESIPRAMINE HYDROCHLORIDE F

Tab.				10 mg	
02216248	*Desipramine*	AA Pharma	100	38.80	0.3880
Tab.				25 mg	
02216256	*Desipramine*	AA Pharma	100	38.80	0.3880
Tab.				100 mg	
02216280	*Desipramine*	AA Pharma	100	90.93	0.9093

DOXEPIN HYDROCHLORIDE F

Caps.				10 mg	
00024325	*Sinequan*	AA Pharma	100	34.24	0.3424
Caps.				25 mg	
00024333	*Sinequan*	AA Pharma	100	42.01	0.4201
Caps.				50 mg	
00024341	*Sinequan*	AA Pharma	100	77.93	0.7793

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DULOXETINE P					
L.A. Caps.				30 mg **PPB**	
02475308	*AG-Duloxetine*	Angita	100	48.13	0.4813
02440423	*Apo-Duloxetine*	Apotex	30	14.44	0.4813
			100	48.13	0.4813
02436647	*Auro-Duloxetine*	Aurobindo	30	14.44	0.4813
			100	48.13	0.4813
02301482	*Cymbalta*	Lilly	28	51.17	1.8275
02452650	*Duloxetine*	Pro Doc	30	14.44	0.4813
			100	48.13	0.4813
02495082	*Duloxetine*	Riva	30	14.44	0.4813
			100	48.13	0.4813
02490889	*Duloxetine*	Sanis	100	48.13	0.4813
02453630	*Duloxetine*	Sivem	30	14.44	0.4813
			100	48.13	0.4813
02437082	*Duloxetine DR*	Teva Can	30	14.44	0.4813
			100	48.13	0.4813
02496496	*Jamp Duloxetine*	Jamp	100	48.13	0.4813
			500	240.65	0.4813
02451913	*Jamp-Duloxetine*	Jamp	30	14.44	0.4813
			100	48.13	0.4813
02446081	*Mar-Duloxetine*	Marcan	100	48.13	0.4813
02473208	*M-Duloxetine*	Mantra Ph.	100	48.13	0.4813
02438984	*Mint-Duloxetine*	Mint	100	48.13	0.4813
02482126	*NRA-Duloxetine*	Nora	30	14.44	0.4813
			100	48.13	0.4813
02429446	*pms-Duloxetine*	Phmscience	30	14.44	0.4813
			100	48.13	0.4813
02490412	*Priva-Duloxetine*	Pharmapar	30	14.44	0.4813
			100	48.13	0.4813
02438259	*Ran-Duloxetine*	Ranbaxy	100	48.13	0.4813
02451077	*Riva-Duloxetine*	Riva	30	14.44	0.4813
			100	48.13	0.4813
02439948	*Sandoz Duloxetine*	Sandoz	30	14.44	0.4813
			100	48.13	0.4813
02456753	*Teva-Duloxetine*	Teva Can	30	14.44	0.4813
			100	48.13	0.4813

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				60 mg **PPB**	
02475316	*AG-Duloxetine*	Angita	100	97.69	0.9769
02440431	*Apo-Duloxetine*	Apotex	30	29.31	0.9769
			100	97.69	0.9769
02436655	*Auro-Duloxetine*	Aurobindo	30	29.31	0.9769
			100	97.69	0.9769
02301490	*Cymbalta*	Lilly	28	102.33	3.6546
02452669	*Duloxetine*	Pro Doc	30	29.31	0.9769
			100	97.69	0.9769
02495090	*Duloxetine*	Riva	30	29.31	0.9769
			100	97.69	0.9769
02490897	*Duloxetine*	Sanis	100	97.69	0.9769
02453649	*Duloxetine*	Sivem	30	29.31	0.9769
			100	97.69	0.9769
02437090	*Duloxetine DR*	Teva Can	30	29.31	0.9769
			100	97.69	0.9769
02496518	*Jamp Duloxetine*	Jamp	100	97.69	0.9769
02451921	*Jamp-Duloxetine*	Jamp	30	29.31	0.9769
			100	97.69	0.9769
02446103	*Mar-Duloxetine*	Marcan	100	97.69	0.9769
			500	488.44	0.9769
02473216	*M-Duloxetine*	Mantra Ph.	500	488.44	0.9769
02438992	*Mint-Duloxetine*	Mint	100	97.69	0.9769
02482134	*NRA-Duloxetine*	Nora	30	29.31	0.9769
			100	97.69	0.9769
02429454	*pms-Duloxetine*	Phmscience	30	29.31	0.9769
			100	97.69	0.9769
02490420	*Priva-Duloxetine*	Pharmapar	30	29.31	0.9769
			100	97.69	0.9769
02438267	*Ran-Duloxetine*	Ranbaxy	100	97.69	0.9769
			500	488.44	0.9769
02451085	*Riva-Duloxetine*	Riva	30	29.31	0.9769
			100	97.69	0.9769
02439956	*Sandoz Duloxetine*	Sandoz	30	29.31	0.9769
			100	97.69	0.9769
02456761	*Teva-Duloxetine*	Teva Can	30	29.31	0.9769
			90	87.92	0.9769

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUOXETINE HYDROCHLORIDE Pr					
Caps.				10 mg **PPB**	
02485052	*AG-Fluoxetine*	Angita	100	34.04	0.3404
02216353	*Apo-Fluoxetine*	Apotex	100	34.04	0.3404
02385627	*Auro-Fluoxetine*	Aurobindo	100	34.04	0.3404
02448424	*Bio-Fluoxetine*	Biomed	100	34.04	0.3404
02242177	*Co Fluoxetine*	Cobalt	100	34.04	0.3404
02393441	*Fluoxetine*	Accord	100	34.04	0.3404
02490595	*Fluoxetine*	Altamed	100	34.04	0.3404
02286068	*Fluoxetine*	Sanis	100	34.04	0.3404
02374447	*Fluoxetine*	Sivem	100	34.04	0.3404
02401894	*Jamp-Fluoxetine*	Jamp	100	34.04	0.3404
02380560	*Mint-Fluoxetine*	Mint	100	34.04	0.3404
02503875	*NRA-Fluoxetine*	Nora	100	34.04	0.3404
02177579	*pms-Fluoxetine*	Phmscience	100	34.04	0.3404
02448416	*Priva-Fluoxetine*	Pharmapar	100	34.04	0.3404
02314991	*Pro-Fluoxetine*	Pro Doc	100	34.04	0.3404
02018985	*Prozac*	Lilly	100	165.96	1.6596
02305461	*Riva-Fluoxetine*	Riva	100	34.04	0.3404
02479486	*Sandoz Fluoxetine*	Sandoz	100	34.04	0.3404
02216582	*Teva-Fluoxetine*	Teva Can	100	34.04	0.3404
Caps.				20 mg **PPB**	
02485060	*AG-Fluoxetine*	Angita	100	33.11	0.3311
02216361	*Apo-Fluoxetine*	Apotex	100	33.11	0.3311
			500	165.55	0.3311
02385635	*Auro-Fluoxetine*	Aurobindo	100	33.11	0.3311
			500	165.55	0.3311
02448432	*Bio-Fluoxetine*	Biomed	100	33.11	0.3311
02242178	*Co Fluoxetine*	Cobalt	100	33.11	0.3311
			500	165.55	0.3311
02490609	*Fluoxetine*	Altamed	100	33.11	0.3311
02286076	*Fluoxetine*	Sanis	100	33.11	0.3311
			500	165.55	0.3311
02374455	*Fluoxetine*	Sivem	100	33.11	0.3311
			500	165.55	0.3311
02383241	*Fluoxetine BP*	Accord	100	33.11	0.3311
02386402	*Jamp-Fluoxetine*	Jamp	100	33.11	0.3311
02380579	*Mint-Fluoxetine*	Mint	100	33.11	0.3311
			500	165.55	0.3311
02503883	*NRA-Fluoxetine*	Nora	100	33.11	0.3311
02177587	*pms-Fluoxetine*	Phmscience	100	33.11	0.3311
			500	165.55	0.3311
02448408	*Priva-Fluoxetine*	Pharmapar	100	33.11	0.3311
02315009	*Pro-Fluoxetine*	Pro Doc	100	33.11	0.3311
			500	165.55	0.3311
00636622	*Prozac*	Lilly	100	169.65	1.6965
02305488	*Riva-Fluoxetine*	Riva	100	33.11	0.3311
			500	165.55	0.3311
02479494	*Sandoz Fluoxetine*	Sandoz	100	33.11	0.3311
			500	165.55	0.3311
02216590	*Teva-Fluoxetine*	Teva Can	100	33.11	0.3311
			500	165.55	0.3311

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				40 mg	
02464640	*pms-Fluoxetine*	Phmscience	100	66.22	0.6622
Caps.				60 mg	
02464659	*pms-Fluoxetine*	Phmscience	100	99.33	0.9933
Oral Sol.				20 mg/5 mL **PPB**	
02231328	*Fluoxetine*	Apotex	120 ml	37.01	0.3084
02459361	*Odan-Fluoxetine*	Odan	120 ml	37.01	0.3084
FLUVOXAMINE MALEATE P					
Tab.				50 mg **PPB**	
02255529	*ACT Fluvoxamine*	ActavisPhm	100	21.05	0.2105
02231329	*Apo-Fluvoxamine*	Apotex	100	21.05	0.2105
02236753	*Fluvoxamine-50*	Pro Doc	100	21.05	0.2105
01919342	*Luvox*	BGP Pharma	30	25.90	0.8633
Tab.				100 mg **PPB**	
02255537	*ACT Fluvoxamine*	ActavisPhm	100	37.83	0.3783
02231330	*Apo-Fluvoxamine*	Apotex	100	37.83	0.3783
02236754	*Fluvoxamine-100*	Pro Doc	100	37.83	0.3783
01919369	*Luvox*	BGP Pharma	30	46.58	1.5527
IMIPRAMINE HYDROCHLORIDE P					
Tab.				10 mg	
00360201	*Imipramine*	AA Pharma	100	13.97	0.1397
Tab.				25 mg	
00312797	*Imipramine*	AA Pharma	100	25.20	0.2520
Tab.				50 mg	
00326852	*Imipramine*	AA Pharma	100	49.18	0.4918
Tab.				75 mg	
00644579	*Imipramine*	AA Pharma	100	64.34	0.6434

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L-TRYPTOPHANE P					
Caps. or Tab.				500 mg **PPB**	
02248540	*Apo-Tryptophan (Caps.)*	Apotex	100	35.63	0.3563
02248538	*Apo-Tryptophan (Tab.)*	Apotex	100	35.63	0.3563
02240334	*ratio-Tryptophan*	Ratiopharm	100	35.63	0.3563
02240333	*Teva-Tryptophan*	Teva Can	100	35.63	0.3563
00718149	*Tryptan (Caps)*	Valeant	100	67.86	0.6786
02029456	*Tryptan (Co.)*	Valeant	100	67.86	0.6786
Tab.				1 g **PPB**	
02248539	*Apo-Tryptophan (Tab.)*	Apotex	100	71.26	0.7126
02237250	*ratio-Tryptophan*	Ratiopharm	100	71.26	0.7126
			250	178.15	0.7126
00654531	*Tryptan (Co.)*	Valeant	100	135.72	1.3572
Tab.				250 mg	
02239326	*Tryptan (Co.)*	Valeant	100	33.93	0.3393
Tab.				750 mg **PPB**	
02458721	*Apo-Tryptophan*	Apotex	100	98.89	0.9889
02239327	*Tryptan (Co.)*	Valeant	100	101.79	1.0179
MIRTAZAPINE P					
Tab. Oral Disint. or Tab.				15 mg **PPB**	
02286610	*Apo-Mirtazapine*	Apotex	30	2.92	0.0974
02411695	*Auro-Mirtazapine*	Aurobindo	30	2.92	0.0974
			100	9.74	0.0974
02299801	*Auro-Mirtazapine OD*	Aurobindo	30	2.92	0.0974
02496666	*Mirtazapine*	Sivem	30	2.92	0.0974
			100	9.74	0.0974
02256096	*Mylan-Mirtazapine*	Mylan	100	9.74	0.0974
02273942	*pms-Mirtazapine*	Phmscience	100	9.74	0.0974
02312778	*Pro-Mirtazapine*	Pro Doc	100	9.74	0.0974
02248542	*Remeron RD*	Organon	30	12.22	0.4073
02250594	*Sandoz Mirtazapine*	Sandoz	50	4.87	0.0974

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				30 mg **PPB**	
02286629	*Apo-Mirtazapine*	Apotex	100	19.50	0.1950
02411709	*Auro-Mirtazapine*	Aurobindo	30	5.85	0.1950
			100	19.50	0.1950
02299828	*Auro-Mirtazapine OD*	Aurobindo	30	5.85	0.1950
02368579	*Jamp-Mirtazapine*	Jamp	100	19.50	0.1950
02370689	*Mirtazapine*	Sanis	100	19.50	0.1950
02496674	*Mirtazapine*	Sivem	30	5.85	0.1950
			100	19.50	0.1950
02256118	*Mylan-Mirtazapine*	Mylan	100	19.50	0.1950
02259354	*Novo-Mirtazapine*	Novopharm	30	5.85	0.1950
			100	19.50	0.1950
02248762	*pms-Mirtazapine*	Phmscience	30	5.85	0.1950
			100	19.50	0.1950
02312786	*Pro-Mirtazapine*	Pro Doc	100	19.50	0.1950
02243910	*Remeron*	Organon	30	38.86	1.2953
02248543	*Remeron RD*	Organon	30	24.43	0.8143
02250608	*Sandoz Mirtazapine*	Sandoz	100	19.50	0.1950
Tab. Oral Disint. or Tab.				45 mg **PPB**	
02286637	*Apo-Mirtazapine*	Apotex	30	8.78	0.2925
02411717	*Auro-Mirtazapine*	Aurobindo	30	8.78	0.2925
			100	29.25	0.2925
02299836	*Auro-Mirtazapine OD*	Aurobindo	30	8.78	0.2925
02496682	*Mirtazapine*	Sivem	30	8.78	0.2925
02256126	*Mylan-Mirtazapine*	Mylan	100	29.25	0.2925
02248544	*Remeron RD*	Organon	30	36.66	1.2220
MOCLOBÉMID P					
Tab.				100 mg	
02232148	*Moclobemide*	AA Pharma	100	34.00	0.3400
Tab.				150 mg	
00899356	*Manerix*	Valeant	60	13.25	0.2208
Tab.				300 mg	
02166747	*Manerix*	Valeant	60	26.01	0.4335
NORTRIPTYLINE HYDROCHLORIDE P					
Caps.				10 mg	
00015229	*Aventyl*	AA Pharma	100	25.70	0.2570
Caps.				25 mg	
00015237	*Aventyl*	AA Pharma	100	51.93	0.5193

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PAROXÉTINE HYDROCHLORIDE Ⓕ					
Tab.				10 mg **PPB**	
02475537	*AG-Paroxetine*	Angita	100	30.46	0.3046
+ 02510480	*AG-Paroxetine*	Angita	100	30.46	0.3046
02240907	*Apo-Paroxetine*	Apotex	100	30.46	0.3046
02383276	*Auro-Paroxetine*	Aurobindo	100	30.46	0.3046
02444909	*Bio-Paroxetine*	Biomed	100	30.46	0.3046
02507773	*JAMP Paroxetine*	Jamp	100	30.46	0.3046
02368862	*Jamp-Paroxetine*	Jamp	30	9.14	0.3046
			100	30.46	0.3046
02411946	*Mar-Paroxetine*	Marcan	30	9.14	0.3046
			100	30.46	0.3046
02421372	*Mint-Paroxetine*	Mint	100	30.46	0.3046
02467402	*M-Paroxetine*	Mantra Ph.	100	30.46	0.3046
02479753	*NRA-Paroxetine*	Nora	100	30.46	0.3046
02477823	*Paroxetine*	Altamed	100	30.46	0.3046
02282844	*Paroxetine*	Sanis	100	30.46	0.3046
02388227	*Paroxetine*	Sivem	100	30.46	0.3046
02248913	*Paroxetine-10*	Pro Doc	100	30.46	0.3046
02027887	*Paxil*	GSK	30	47.25	1.5750
02247750	*pms-Paroxetine*	Phmscience	30	9.14	0.3046
			100	30.46	0.3046
02444313	*Priva-Paroxetine*	Pharmapar	100	30.46	0.3046
02248559	*Riva-Paroxetine*	Riva	100	30.46	0.3046
			250	76.15	0.3046
02248556	*Teva-Paroxetine*	Teva Can	30	9.14	0.3046
			100	30.46	0.3046

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				20 mg **PPB**	
02475545	*AG-Paroxetine*	Angita	100	32.50	0.3250
+ 02510499	*AG-Paroxetine*	Angita	100	32.50	0.3250
02240908	*Apo-Paroxetine*	Apotex	100	32.50	0.3250
			500	162.50	0.3250
02383284	*Auro-Paroxetine*	Aurobindo	100	32.50	0.3250
			500	162.50	0.3250
02444917	*Bio-Paroxetine*	Biomed	100	32.50	0.3250
			500	162.50	0.3250
02507781	*JAMP Paroxetine*	Jamp	100	32.50	0.3250
			500	162.50	0.3250
02368870	*Jamp-Paroxetine*	Jamp	30	9.75	0.3250
			500	162.50	0.3250
02411954	*Mar-Paroxetine*	Marcan	100	32.50	0.3250
			500	162.50	0.3250
02421380	*Mint-Paroxetine*	Mint	100	32.50	0.3250
02467410	*M-Paroxetine*	Mantra Ph.	100	32.50	0.3250
02479761	*NRA-Paroxetine*	Nora	100	32.50	0.3250
			500	162.50	0.3250
02477831	*Paroxetine*	Altamed	500	162.50	0.3250
02282852	*Paroxetine*	Sanis	100	32.50	0.3250
			500	162.50	0.3250
02388235	*Paroxetine*	Sivem	100	32.50	0.3250
			500	162.50	0.3250
02248914	*Paroxetine-20*	Pro Doc	30	9.75	0.3250
			500	162.50	0.3250
01940481	*Paxil*	GSK	100	168.07	1.6807
02247751	*pms-Paroxetine*	Phmscience	100	32.50	0.3250
			500	162.50	0.3250
02444321	*Priva-Paroxetine*	Pharmapar	100	32.50	0.3250
			500	162.50	0.3250
02248560	*Riva-Paroxetine*	Riva	100	32.50	0.3250
			500	162.50	0.3250
02248557	*Teva-Paroxetine*	Teva Can	30	9.75	0.3250
			500	162.50	0.3250

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				30 mg **PPB**	
02475553	*AG-Paroxetine*	Angita	100	34.53	0.3453
+ 02510510	*AG-Paroxetine*	Angita	100	34.53	0.3453
02240909	*Apo-Paroxetine*	Apotex	100	34.53	0.3453
02383292	*Auro-Paroxetine*	Aurobindo	100	34.53	0.3453
02444925	*Bio-Paroxetine*	Biomed	100	34.53	0.3453
02507803	*JAMP Paroxetine*	Jamp	100	34.53	0.3453
02368889	*Jamp-Paroxetine*	Jamp	30	10.36	0.3453
			100	34.53	0.3453
02411962	*Mar-Paroxetine*	Marcan	30	10.36	0.3453
			100	34.53	0.3453
02421399	*Mint-Paroxetine*	Mint	100	34.53	0.3453
02467429	*M-Paroxetine*	Mantra Ph.	100	34.53	0.3453
02479788	*NRA-Paroxetine*	Nora	100	34.53	0.3453
02477858	*Paroxetine*	Altamed	100	34.53	0.3453
02282860	*Paroxetine*	Sanis	100	34.53	0.3453
02388243	*Paroxetine*	Sivem	100	34.53	0.3453
02248915	*Paroxetine-30*	Pro Doc	100	34.53	0.3453
01940473	*Paxil*	GSK	30	53.59	1.7863
02247752	*pms-Paroxetine*	Phmscience	30	10.36	0.3453
			100	34.53	0.3453
02444348	*Priva-Paroxetine*	Pharmapar	100	34.53	0.3453
02248561	*Riva-Paroxetine*	Riva	100	34.53	0.3453
			250	86.33	0.3453
02248558	*Teva-Paroxetine*	Teva Can	30	10.36	0.3453
			100	34.53	0.3453

PHENELZINE SULFATE Pr

Tab.				15 mg	
00476552	*Nardil*	Erfa	60	22.22	0.3703

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SERTRALINE HYDROCHLORIDE P					
Caps.				25 mg **PPB**	
02477882	*AG-Sertraline*	Angita	100	15.16	0.1516
02238280	*Apo-Sertraline*	Apotex	100	15.16	0.1516
02390906	*Auro-Sertraline*	Aurobindo	100	15.16	0.1516
02445042	*Bio-Sertraline*	Biomed	100	15.16	0.1516
02357143	*Jamp-Sertraline*	Jamp	100	15.16	0.1516
02399415	*Mar-Sertraline*	Marcan	100	15.16	0.1516
02402378	*Mint-Sertraline*	Mint	100	15.16	0.1516
02240485	*Novo-Sertraline*	Novopharm	100	15.16	0.1516
02488434	*NRA-Sertraline*	Nora	100	15.16	0.1516
02244838	*pms-Sertraline*	Phmscience	100	15.16	0.1516
02445352	*Priva-Sertraline*	Pharmapar	100	15.16	0.1516
02248496	*Riva-Sertraline*	Riva	100	15.16	0.1516
			250	37.90	0.1516
02245159	*Sandoz Sertraline*	Sandoz	100	15.16	0.1516
02469626	*Sertraline*	Jamp	100	15.16	0.1516
02353520	*Sertraline*	Sanis	100	15.16	0.1516
02386070	*Sertraline*	Sivem	100	15.16	0.1516
02241302	*Sertraline-25*	Pro Doc	100	15.16	0.1516
02132702	*Zoloft*	Upjohn	100	83.18	0.8318
Caps.				50 mg **PPB**	
02477890	*AG-Sertraline*	Angita	100	30.32	0.3032
02238281	*Apo-Sertraline*	Apotex	100	30.32	0.3032
			250	75.80	0.3032
02390914	*Auro-Sertraline*	Aurobindo	100	30.32	0.3032
			250	75.80	0.3032
02445050	*Bio-Sertraline*	Biomed	100	30.32	0.3032
02357151	*Jamp-Sertraline*	Jamp	100	30.32	0.3032
			250	75.80	0.3032
02399423	*Mar-Sertraline*	Marcan	100	30.32	0.3032
			250	75.80	0.3032
02402394	*Mint-Sertraline*	Mint	100	30.32	0.3032
02240484	*Novo-Sertraline*	Novopharm	100	30.32	0.3032
			250	75.80	0.3032
02488442	*NRA-Sertraline*	Nora	100	30.32	0.3032
02244839	*pms-Sertraline*	Phmscience	100	30.32	0.3032
			250	75.80	0.3032
02445360	*Priva-Sertraline*	Pharmapar	100	30.32	0.3032
02248497	*Riva-Sertraline*	Riva	100	30.32	0.3032
			250	75.80	0.3032
02245160	*Sandoz Sertraline*	Sandoz	100	30.32	0.3032
02469634	*Sertraline*	Jamp	100	30.32	0.3032
02353539	*Sertraline*	Sanis	100	30.32	0.3032
			250	75.80	0.3032
02386089	*Sertraline*	Sivem	100	30.32	0.3032
02241303	*Sertraline-50*	Pro Doc	250	75.80	0.3032
01962817	*Zoloft*	Upjohn	100	166.34	1.6634
			250	415.86	1.6634

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg **PPB**	
02477904	*AG-Sertraline*	Angita	100	33.03	0.3303
02238282	*Apo-Sertraline*	Apotex	100	33.03	0.3303
			250	82.58	0.3303
02390922	*Auro-Sertraline*	Aurobindo	100	33.03	0.3303
			250	82.58	0.3303
02445069	*Bio-Sertraline*	Biomed	100	33.03	0.3303
02357178	*Jamp-Sertraline*	Jamp	100	33.03	0.3303
			250	82.58	0.3303
02399431	*Mar-Sertraline*	Marcan	100	33.03	0.3303
			250	82.58	0.3303
02402408	*Mint-Sertraline*	Mint	100	33.03	0.3303
02488450	*NRA-Sertraline*	Nora	100	33.03	0.3303
02244840	*pms-Sertraline*	Phmscience	100	33.03	0.3303
			250	82.58	0.3303
02445387	*Priva-Sertraline*	Pharmapar	100	33.03	0.3303
02248498	*Riva-Sertraline*	Riva	100	33.03	0.3303
			250	82.58	0.3303
02245161	*Sandoz Sertraline*	Sandoz	100	33.03	0.3303
02469642	*Sertraline*	Jamp	100	33.03	0.3303
02353547	*Sertraline*	Sanis	100	33.03	0.3303
			250	82.58	0.3303
02386097	*Sertraline*	Sivem	100	33.03	0.3303
02241304	*Sertraline-100*	Pro Doc	100	33.03	0.3303
			250	82.58	0.3303
02240481	*Teva-Sertraline*	Teva Can	100	33.03	0.3303
01962779	*Zoloft*	Upjohn	100	174.66	1.7466

TRANYLCYPROMINE SULFATE Pr

Tab.				10 mg	
01919598	*Parnate*	GSK	100	36.05	0.3605

TRAZODONE HYDROCHLORIDE Pr

Tab.				50 mg **PPB**	
02147637	*Apo-Trazodone*	Apotex	100	5.54	0.0554
02442809	*Jamp Trazodone*	Jamp	100	5.54	0.0554
			500	27.68	0.0554
01937227	*pms-Trazodone*	Phmscience	100	5.54	0.0554
			500	27.68	0.0554
02144263	*Teva-Trazodone*	Teva Can	100	5.54	0.0554
			500	27.68	0.0554
02348772	*Trazodone*	Sanis	100	5.54	0.0554
			500	27.68	0.0554
02164353	*Trazodone-50*	Pro Doc	100	5.54	0.0554
			250	13.84	0.0554

Tab.				75 mg	
02237339	*pms-Trazodone*	Phmscience	100	33.66	0.3366

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02147645	*Apo-Trazodone*	Apotex	100	9.89	0.0989
02442817	*Jamp Trazodone*	Jamp	100	9.89	0.0989
			500	49.45	0.0989
01937235	*pms-Trazodone*	Phmscience	100	9.89	0.0989
			500	49.45	0.0989
02144271	*Teva-Trazodone*	Teva Can	100	9.89	0.0989
			500	49.45	0.0989
02348780	*Trazodone*	Sanis	100	9.89	0.0989
02164361	*Trazodone-100*	Pro Doc	100	9.89	0.0989
Tab.				150 mg **PPB**	
02147653	*Apo-Trazodone D*	Apotex	100	14.53	0.1453
02442825	*Jamp Trazodone*	Jamp	100	14.53	0.1453
02144298	*Teva-Trazodone*	Teva Can	100	14.53	0.1453
02348799	*Trazodone*	Sanis	100	14.53	0.1453
02164388	*Trazodone-150 D*	Pro Doc	100	14.53	0.1453
TRIMIPRAMINE Pr					
Caps.				75 mg	
02070987	*Trimipramine*	AA Pharma	100	74.60	0.7460
Tab.				12.5 mg	
00740799	*Trimip*	AA Pharma	100	21.56	0.2156

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VENLAFAXINE CHLORHYDRATE P					
L.A. Caps.				37.5 mg **PPB**	
02304317	*ACT Venlafaxine XR*	Teva Can	100	9.13	0.0913
			500	45.65	0.0913
02331683	*Apo-Venlafaxine XR*	Apotex	100	9.13	0.0913
			500	45.65	0.0913
02452839	*Auro-Venlafaxine XR*	Aurobindo	100	9.13	0.0913
			500	45.65	0.0913
02237279	*Effexor XR*	Upjohn	90	75.51	0.8390
02471280	*M-Venlafaxine XR*	Mantra Ph.	100	9.13	0.0913
			500	45.65	0.0913
02278545	*pms-Venlafaxine XR*	Phmscience	100	9.13	0.0913
			500	45.65	0.0913
02273969	*ratio-Venlafaxine XR*	Ratiopharm	100	9.13	0.0913
			500	45.65	0.0913
02310317	*Sandoz Venlafaxine XR*	Sandoz	100	9.13	0.0913
02380072	*Taro-Venlafaxine XR*	Sun Pharma	100	9.13	0.0913
			500	45.65	0.0913
02275023	*Teva-Venlafaxine XR*	Teva Can	100	9.13	0.0913
02516535	*Venlafaxine XR*	Jamp	100	9.13	0.0913
			500	45.65	0.0913
02339242	*Venlafaxine XR*	Pro Doc	100	9.13	0.0913
			500	45.65	0.0913
02489678	*Venlafaxine XR*	Riva	100	9.13	0.0913
			500	45.65	0.0913
02354713	*Venlafaxine XR*	Sanis	100	9.13	0.0913
02385929	*Venlafaxine XR*	Sivem	100	9.13	0.0913

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				75 mg **PPB**	
02304325	*ACT Venlafaxine XR*	Teva Can	100	18.25	0.1825
			500	91.25	0.1825
02331691	*Apo-Venlafaxine XR*	Apotex	100	18.25	0.1825
			500	91.25	0.1825
02452847	*Auro-Venlafaxine XR*	Aurobindo	100	18.25	0.1825
			500	91.25	0.1825
02237280	*Effexor XR*	Upjohn	90	151.01	1.6779
02471299	*M-Venlafaxine XR*	Mantra Ph.	100	18.25	0.1825
			500	91.25	0.1825
02278553	*pms-Venlafaxine XR*	Phmscience	100	18.25	0.1825
			500	91.25	0.1825
02273977	*ratio-Venlafaxine XR*	Ratiopharm	100	18.25	0.1825
			500	91.25	0.1825
02310325	*Sandoz Venlafaxine XR*	Sandoz	100	18.25	0.1825
			500	91.25	0.1825
02380080	*Taro-Venlafaxine XR*	Sun Pharma	100	18.25	0.1825
			500	91.25	0.1825
02275031	*Teva-Venlafaxine XR*	Teva Can	100	18.25	0.1825
			500	91.25	0.1825
02516543	*Venlafaxine XR*	Jamp	100	18.25	0.1825
			500	91.25	0.1825
02339250	*Venlafaxine XR*	Pro Doc	100	18.25	0.1825
			500	91.25	0.1825
02489686	*Venlafaxine XR*	Riva	100	18.25	0.1825
			500	91.25	0.1825
02354721	*Venlafaxine XR*	Sanis	100	18.25	0.1825
			500	91.25	0.1825
02385937	*Venlafaxine XR*	Sivem	100	18.25	0.1825
			500	91.25	0.1825

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				150 mg **PPB**	
02304333	*ACT Venlafaxine XR*	Teva Can	100	19.27	0.1927
			500	96.35	0.1927
02331705	*Apo-Venlafaxine XR*	Apotex	100	19.27	0.1927
			500	96.35	0.1927
02452855	*Auro-Venlafaxine XR*	Aurobindo	100	19.27	0.1927
			500	96.35	0.1927
02237282	*Effexor XR*	Upjohn	90	159.72	1.7747
02471302	*M-Venlafaxine XR*	Mantra Ph.	500	96.35	0.1927
02278561	*pms-Venlafaxine XR*	Phmscience	100	19.27	0.1927
			500	96.35	0.1927
02273985	*ratio-Venlafaxine XR*	Ratiopharm	100	19.27	0.1927
			500	96.35	0.1927
02310333	*Sandoz Venlafaxine XR*	Sandoz	100	19.27	0.1927
			500	96.35	0.1927
02380099	*Taro-Venlafaxine XR*	Sun Pharma	100	19.27	0.1927
			500	96.35	0.1927
02275058	*Teva-Venlafaxine XR*	Teva Can	100	19.27	0.1927
			500	96.35	0.1927
02516551	*Venlafaxine XR*	Jamp	100	19.27	0.1927
			500	96.35	0.1927
02339269	*Venlafaxine XR*	Pro Doc	100	19.27	0.1927
			500	96.35	0.1927
02489694	*Venlafaxine XR*	Riva	100	19.27	0.1927
			500	96.35	0.1927
02354748	*Venlafaxine XR*	Sanis	100	19.27	0.1927
			500	96.35	0.1927
02385945	*Venlafaxine XR*	Sivem	100	19.27	0.1927
			500	96.35	0.1927

VORTIOXETINE (HYDROBROMIDE) P

Tab.				5 mg	
02432919	*Trintellix*	Lundbeck	28	78.81	2.8148
Tab.				10 mg	
02432927	*Trintellix*	Lundbeck	28	82.56	2.9484
Tab.				20 mg	
02432943	*Trintellix*	Lundbeck	28	89.63	3.2011

28:16.08
ANTIPSYCHOTIC AGENTS

ARIPIPRAZOLE P

I.M. Inj. Pd.				300 mg	
02420864	*Abilify Maintena*	Otsuka Can	1	456.18	
I.M. Inj. Pd.				400 mg	
02420872	*Abilify Maintena*	Otsuka Can	1	456.18	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02322374	*Abilify*	Otsuka Can	30	87.42	2.9140
02471086	*Apo-Aripiprazole*	Apotex	30	24.28	0.8092
			100	80.92	0.8092
02488000	*Aripiprazole*	Pro Doc	30	24.28	0.8092
			100	80.92	0.8092
02506688	*Aripiprazole*	Sanis	100	80.92	0.8092
02460025	*Auro-Aripiprazole*	Aurobindo	30	24.28	0.8092
			100	80.92	0.8092
02483556	*Mint-Aripiprazole*	Mint	30	24.28	0.8092
			100	80.92	0.8092
02466635	*pms-Aripiprazole*	Phmscience	30	24.28	0.8092
			100	80.92	0.8092
02479346	*Riva-Aripiprazole*	Riva	30	24.28	0.8092
02473658	*Sandoz Aripiprazole*	Sandoz	30	24.28	0.8092
			100	80.92	0.8092
02464144	*Teva-Aripiprazole*	Teva Can	30	24.28	0.8092
			100	80.92	0.8092
Tab.				5 mg **PPB**	
02322382	*Abilify*	Otsuka Can	30	98.40	3.2800
02471094	*Apo-Aripiprazole*	Apotex	30	27.14	0.9046
			100	90.46	0.9046
02488019	*Aripiprazole*	Pro Doc	30	27.14	0.9046
			100	90.46	0.9046
02506718	*Aripiprazole*	Sanis	100	90.46	0.9046
02460033	*Auro-Aripiprazole*	Aurobindo	30	27.14	0.9046
			100	90.46	0.9046
02483564	*Mint-Aripiprazole*	Mint	30	27.14	0.9046
			100	90.46	0.9046
02466643	*pms-Aripiprazole*	Phmscience	30	27.14	0.9046
			100	90.46	0.9046
02479354	*Riva-Aripiprazole*	Riva	30	27.14	0.9046
02473666	*Sandoz Aripiprazole*	Sandoz	30	27.14	0.9046
			100	90.46	0.9046
02464152	*Teva-Aripiprazole*	Teva Can	30	27.14	0.9046
			100	90.46	0.9046

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02322390	*Abilify*	Otsuka Can	30	113.40	3.7800
02471108	*Apo-Aripiprazole*	Apotex	30	32.26	1.0754
			100	107.54	1.0754
02488027	*Aripiprazole*	Pro Doc	30	32.26	1.0754
02506726	*Aripiprazole*	Sanis	100	107.54	1.0754
02460041	*Auro-Aripiprazole*	Aurobindo	30	32.26	1.0754
			100	107.54	1.0754
02483572	*Mint-Aripiprazole*	Mint	30	32.26	1.0754
			100	107.54	1.0754
02466651	*pms-Aripiprazole*	Phmscience	30	32.26	1.0754
			100	107.54	1.0754
02479362	*Riva-Aripiprazole*	Riva	30	32.26	1.0754
02473674	*Sandoz Aripiprazole*	Sandoz	30	32.26	1.0754
			100	107.54	1.0754
02464160	*Teva-Aripiprazole*	Teva Can	30	32.26	1.0754
			100	107.54	1.0754
Tab.				15 mg **PPB**	
02322404	*Abilify*	Otsuka Can	30	113.40	3.7800
02471116	*Apo-Aripiprazole*	Apotex	30	38.08	1.2692
			100	126.92	1.2692
02488035	*Aripiprazole*	Pro Doc	30	38.08	1.2692
02506734	*Aripiprazole*	Sanis	100	126.92	1.2692
02460068	*Auro-Aripiprazole*	Aurobindo	30	38.08	1.2692
			100	126.92	1.2692
02483580	*Mint-Aripiprazole*	Mint	30	38.08	1.2692
			100	126.92	1.2692
02466678	*pms-Aripiprazole*	Phmscience	30	38.08	1.2692
			100	126.92	1.2692
02479370	*Riva-Aripiprazole*	Riva	30	38.08	1.2692
02473682	*Sandoz Aripiprazole*	Sandoz	30	38.08	1.2692
			100	126.92	1.2692
02464179	*Teva-Aripiprazole*	Teva Can	30	38.08	1.2692
			100	126.92	1.2692
Tab.				20 mg **PPB**	
02322412	*Abilify*	Otsuka Can	30	113.40	3.7800
02471124	*Apo-Aripiprazole*	Apotex	30	30.05	1.0017
			100	100.17	1.0017
02488043	*Aripiprazole*	Pro Doc	30	30.05	1.0017
02506750	*Aripiprazole*	Sanis	100	100.17	1.0017
02460076	*Auro-Aripiprazole*	Aurobindo	30	30.05	1.0017
			100	100.17	1.0017
02483599	*Mint-Aripiprazole*	Mint	30	30.05	1.0017
			100	100.17	1.0017
02466686	*pms-Aripiprazole*	Phmscience	30	30.05	1.0017
			100	100.17	1.0017
02479389	*Riva-Aripiprazole*	Riva	30	30.05	1.0017
02473690	*Sandoz Aripiprazole*	Sandoz	30	30.05	1.0017
			100	100.17	1.0017
02464187	*Teva-Aripiprazole*	Teva Can	30	30.05	1.0017

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				30 mg **PPB**	
02322455	*Abilify*	Otsuka Can	30	113.40	3.7800
02471132	*Apo-Aripiprazole*	Apotex	30	30.05	1.0017
			100	100.17	1.0017
02488051	*Aripiprazole*	Pro Doc	30	30.05	1.0017
02506785	*Aripiprazole*	Sanis	100	100.17	1.0017
02460084	*Auro-Aripiprazole*	Aurobindo	30	30.05	1.0017
			100	100.17	1.0017
02483602	*Mint-Aripiprazole*	Mint	30	30.05	1.0017
			100	100.17	1.0017
02466694	*pms-Aripiprazole*	Phmscience	30	30.05	1.0017
			100	100.17	1.0017
02479397	*Riva-Aripiprazole*	Riva	30	30.05	1.0017
02473704	*Sandoz Aripiprazole*	Sandoz	30	30.05	1.0017
			100	100.17	1.0017
02464195	*Teva-Aripiprazole*	Teva Can	30	30.05	1.0017
			100	100.17	1.0017

CHLORPROMAZINE HYDROCHLORIDE P

Tab.				25 mg	
00232823	*Novo-Chlorpromazine*	Novopharm	100	13.65	0.1365
			500	68.25	0.1365
Tab.				50 mg	
00232807	*Novo-Chlorpromazine*	Novopharm	100	15.65	0.1565
			500	78.25	0.1565
Tab.				100 mg	
00232831	*Novo-Chlorpromazine*	Novopharm	100	32.00	0.3200
			500	160.00	0.3200

CLOZAPIN P

Tab.				25 mg **PPB**	
02248034	*AA-Clozapine*	AA Pharma	100	65.94	0.6594
00894737	*Clozaril*	HLS	100	94.20	0.9420
02247243	*Gen-Clozapine*	Mylan	100	65.94	0.6594
Tab.				50 mg **PPB**	
02458748	*AA-Clozapine*	AA Pharma	100	131.88	1.3188
02305003	*Gen-Clozapine*	Mylan	100	131.88	1.3188
Tab.				100 mg **PPB**	
02248035	*AA-Clozapine*	AA Pharma	100	264.46	2.6446
00894745	*Clozaril*	HLS	100	377.80	3.7780
02247244	*Gen-Clozapine*	Mylan	100	264.46	2.6446

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
02458756	*AA-Clozapine*	AA Pharma	100	528.92 ➡	5.2892
02305011	*Gen-Clozapine*	Mylan	100	528.92 ➡	5.2892
FLUPENTIXOL DECANOATE Pr					
I.M. Inj. Sol.				20 mg/mL	
02156032	*Fluanxol Depot 2%*	Lundbeck	1 ml	7.18	
I.M. Inj. Sol.				100 mg/mL	
02156040	*Fluanxol Depot 10%*	Lundbeck	1 ml	35.93	
FLUPENTIXOL DIHYDROCHLORIDE Pr					
Tab.				0.5 mg	
02156008	*Fluanxol*	Lundbeck	100	24.83	0.2483
Tab.				3 mg	
02156016	*Fluanxol*	Lundbeck	100	53.62	0.5362
FLUPHENAZINE HYDROCHLORIDE Pr					
Tab.				1 mg	
00405345	*Fluphenazine*	AA Pharma	100	17.39	0.1739
Tab.				2 mg	
00410632	*Fluphenazine*	AA Pharma	100	22.52	0.2252
Tab.				5 mg	
00405361	*Fluphenazine*	AA Pharma	100	17.20	0.1720
HALOPERIDOL Pr					
I.M. Inj. Sol.				5 mg/mL **PPB**	
00808652	*Haloperidol*	Sandoz	1 ml	➡ 3.96	
02366010	*Haloperidol Injection*	Oméga	1 ml	➡ 3.96	
02406411	*Haloperidol Injection, USP*	Fresenius	1 ml	➡ 3.96	
Tab.				0.5 mg	
00363685	*Teva-Haloperidol*	Teva Can	100	13.62	0.1362
Tab.				1 mg	
00363677	*Teva-Haloperidol*	Teva Can	100	20.46	0.2046

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg	
00363669	*Teva-Haloperidol*	Teva Can	100	30.58	0.3058
Tab.				5 mg	
00363650	*Teva-Haloperidol*	Teva Can	100	48.77	0.4877
Tab.				10 mg	
00713449	*Teva-Haloperidol*	Teva Can	100	70.95	0.7095
Tab.				20 mg	
00768820	*Teva-Haloperidol*	Teva Can	100	117.28	1.1728
HALOPERIDOL (DECANOATE) Pr					
I.M. Inj. Sol.				50 mg/mL	
02239639	*Haloperidol-LA Omega*	Oméga	5 ml	28.03	
I.M. Inj. Sol.				100 mg/mL **PPB**	
02130300	*Haloperidol LA*	Sandoz	5 ml	➡ 55.40	
02239640	*Haloperidol-LA Omega*	Oméga	1 ml	➡ 11.08	
			5 ml	➡ 55.40	
LOXAPINE SUCCINATE Pr					
Tab.				2.5 mg	
02242868	*Xylac*	Pendopharm	100	23.95	0.2395
Tab.				10 mg	
02230838	*Xylac*	Pendopharm	100	29.99	0.2999
Tab.				25 mg	
02230839	*Xylac*	Pendopharm	100	46.49	0.4649
METHOTRIMEPRAZINE Pr					
Inj. Sol.				25 mg/mL	
01927698	*Nozinan*	SanofiAven	1 ml	3.25	
Tab.				2 mg	
02238403	*Methoprazine*	AA Pharma	100	6.85	0.0685

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OLANZAPINE Ⓟ					
Tab.				2.5 mg **PPB**	
02487608	*AG-Olanzapine FC*	Angita	100	17.72	0.1772
02281791	*Apo-Olanzapine*	Apotex	100	17.72	0.1772
02417243	*Jamp-Olanzapine FC*	Jamp	100	17.72	0.1772
02410141	*Mint-Olanzapine*	Mint	100	17.72	0.1772
02311968	*Olanzapine*	Pro Doc	100	17.72	0.1772
02372819	*Olanzapine*	Sanis	100	17.72	0.1772
02385864	*Olanzapine*	Sivem	100	17.72	0.1772
02303116	*pms-Olanzapine*	Phmscience	100	17.72	0.1772
02337126	*Riva-Olanzapine*	Riva	100	17.72	0.1772
			500	88.60	0.1772
02310341	*Sandoz Olanzapine*	Sandoz	100	17.72	0.1772
02276712	*Teva-Olanzapine*	Teva Can	100	17.72	0.1772
02229250	*Zyprexa*	Lilly	28	49.03	1.7511
Tab.				7.5 mg **PPB**	
02281813	*Apo-Olanzapine*	Apotex	100	53.16	0.5316
02417278	*Jamp-Olanzapine FC*	Jamp	100	53.16	0.5316
02410176	*Mint-Olanzapine*	Mint	30	15.95	0.5316
			100	53.16	0.5316
02311984	*Olanzapine*	Pro Doc	100	53.16	0.5316
02372835	*Olanzapine*	Sanis	100	53.16	0.5316
02385880	*Olanzapine*	Sivem	100	53.16	0.5316
02303167	*pms-Olanzapine*	Phmscience	100	53.16	0.5316
02337142	*Riva-Olanzapine*	Riva	100	53.16	0.5316
			500	265.80	0.5316
02310376	*Sandoz Olanzapine*	Sandoz	100	53.16	0.5316
02276739	*Teva-Olanzapine*	Teva Can	100	53.16	0.5316
02229277	*Zyprexa*	Lilly	28	147.09	5.2532

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				5 mg **PPB**	
02327562	*ACT Olanzapine ODT*	Teva Can	30	10.63	0.3544
02487616	*AG-Olanzapine FC*	Angita	100	35.44	0.3544
02487667	*AG-Olanzapine ODT*	Angita	30	10.63	0.3544
02281805	*Apo-Olanzapine*	Apotex	100	35.44	0.3544
02360616	*Apo-Olanzapine ODT*	Apotex	30	10.63	0.3544
02448726	*Auro-Olanzapine ODT*	Aurobindo	30	10.63	0.3544
02417251	*Jamp-Olanzapine FC*	Jamp	100	35.44	0.3544
02406624	*Jamp-Olanzapine ODT*	Jamp	30	10.63	0.3544
02410168	*Mint-Olanzapine*	Mint	100	35.44	0.3544
02436965	*Mint-Olanzapine ODT*	Mint	30	10.63	0.3544
02311976	*Olanzapine*	Pro Doc	100	35.44	0.3544
02372827	*Olanzapine*	Sanis	100	35.44	0.3544
02385872	*Olanzapine*	Sivem	100	35.44	0.3544
02338645	*Olanzapine ODT*	Pro Doc	30	10.63	0.3544
02352974	*Olanzapine ODT*	Sanis	30	10.63	0.3544
02343665	*Olanzapine ODT*	Sivem	30	10.63	0.3544
02303159	*pms-Olanzapine*	Phmscience	100	35.44	0.3544
02303191	*pms-Olanzapine ODT*	Phmscience	30	10.63	0.3544
02414090	*Ran-Olanzapine ODT*	Ranbaxy	28	9.92	0.3544
02337134	*Riva-Olanzapine*	Riva	100	35.44	0.3544
			500	177.20	0.3544
02310368	*Sandoz Olanzapine*	Sandoz	100	35.44	0.3544
02327775	*Sandoz Olanzapine ODT*	Sandoz	30	10.63	0.3544
02276720	*Teva-Olanzapine*	Teva Can	100	35.44	0.3544
02229269	*Zyprexa*	Lilly	28	98.06	3.5021
02243086	*Zyprexa Zydis*	Lilly	28	100.09	3.5746

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				10 mg **PPB**	
02327570	*ACT Olanzapine ODT*	Teva Can	30	21.26	0.7088
02487632	*AG-Olanzapine FC*	Angita	100	70.88	0.7088
02487675	*AG-Olanzapine ODT*	Angita	30	21.26	0.7088
02281821	*Apo-Olanzapine*	Apotex	100	70.88	0.7088
			500	354.40	0.7088
02360624	*Apo-Olanzapine ODT*	Apotex	30	21.26	0.7088
02448734	*Auro-Olanzapine ODT*	Aurobindo	30	21.26	0.7088
02417286	*Jamp-Olanzapine FC*	Jamp	100	70.88	0.7088
02406632	*Jamp-Olanzapine ODT*	Jamp	30	21.26	0.7088
02410184	*Mint-Olanzapine*	Mint	100	70.88	0.7088
02436973	*Mint-Olanzapine ODT*	Mint	30	21.26	0.7088
02311992	*Olanzapine*	Pro Doc	100	70.88	0.7088
02372843	*Olanzapine*	Sanis	100	70.88	0.7088
02385899	*Olanzapine*	Sivem	100	70.88	0.7088
02338653	*Olanzapine ODT*	Pro Doc	30	21.26	0.7088
02352982	*Olanzapine ODT*	Sanis	30	21.26	0.7088
02343673	*Olanzapine ODT*	Sivem	30	21.26	0.7088
02303175	*pms-Olanzapine*	Phmscience	100	70.88	0.7088
02303205	*pms-Olanzapine ODT*	Phmscience	30	21.26	0.7088
02414104	*Ran-Olanzapine ODT*	Ranbaxy	28	19.85	0.7088
02337150	*Riva-Olanzapine*	Riva	100	70.88	0.7088
			500	354.40	0.7088
02310384	*Sandoz Olanzapine*	Sandoz	100	70.88	0.7088
02327783	*Sandoz Olanzapine ODT*	Sandoz	30	21.26	0.7088
02276747	*Teva-Olanzapine*	Teva Can	100	70.88	0.7088
			500	354.40	0.7088
02229285	*Zyprexa*	Lilly	28	196.12	7.0043
02243087	*Zyprexa Zydis*	Lilly	28	200.00	7.1429

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				15 mg **PPB**	
02327589	*ACT Olanzapine ODT*	Teva Can	30	31.89	1.0631
02487683	*AG-Olanzapine ODT*	Angita	30	31.89	1.0631
02281848	*Apo-Olanzapine*	Apotex	100	106.31	1.0631
02360632	*Apo-Olanzapine ODT*	Apotex	30	31.89	1.0631
02448742	*Auro-Olanzapine ODT*	Aurobindo	30	31.89	1.0631
02417294	*Jamp-Olanzapine FC*	Jamp	100	106.31	1.0631
02406640	*Jamp-Olanzapine ODT*	Jamp	30	31.89	1.0631
02410192	*Mint-Olanzapine*	Mint	30	31.89	1.0631
			100	106.31	1.0631
02436981	*Mint-Olanzapine ODT*	Mint	30	31.89	1.0631
02312018	*Olanzapine*	Pro Doc	100	106.31	1.0631
02372851	*Olanzapine*	Sanis	100	106.31	1.0631
02385902	*Olanzapine*	Sivem	100	106.31	1.0631
02338661	*Olanzapine ODT*	Pro Doc	30	31.89	1.0631
02352990	*Olanzapine ODT*	Sanis	30	31.89	1.0631
02343681	*Olanzapine ODT*	Sivem	30	31.89	1.0631
02303183	*pms-Olanzapine*	Phmscience	100	106.31	1.0631
02303213	*pms-Olanzapine ODT*	Phmscience	30	31.89	1.0631
02414112	*Ran-Olanzapine ODT*	Ranbaxy	28	29.77	1.0631
02337169	*Riva-Olanzapine*	Riva	100	106.31	1.0631
			500	531.55	1.0631
02310392	*Sandoz Olanzapine*	Sandoz	100	106.31	1.0631
02327791	*Sandoz Olanzapine ODT*	Sandoz	30	31.89	1.0631
02276755	*Teva-Olanzapine*	Teva Can	100	106.31	1.0631
02238850	*Zyprexa*	Lilly	28	294.17	10.5061
02243088	*Zyprexa Zydis*	Lilly	28	299.91	10.7111
Tab. Oral Disint. or Tab.				20 mg **PPB**	
02327597	*ACT Olanzapine ODT*	Teva Can	30	42.41	1.4137
02487691	*AG-Olanzapine ODT*	Angita	30	42.41	1.4137
02333015	*Apo-Olanzapine*	Apotex	100	141.37	1.4137
02360640	*Apo-Olanzapine ODT*	Apotex	30	42.41	1.4137
02448750	*Auro-Olanzapine ODT*	Aurobindo	30	42.41	1.4137
02417308	*Jamp-Olanzapine FC*	Jamp	100	141.37	1.4137
02406659	*Jamp-Olanzapine ODT*	Jamp	30	42.41	1.4137
02421704	*Olanzapine*	Pro Doc	100	141.37	1.4137
02425114	*Olanzapine ODT*	Pro Doc	30	42.41	1.4137
02343703	*Olanzapine ODT*	Sivem	30	42.41	1.4137
02367483	*pms-Olanzapine*	Phmscience	100	141.37	1.4137
02414120	*Ran-Olanzapine ODT*	Ranbaxy	28	39.58	1.4137
02327805	*Sandoz Olanzapine ODT*	Sandoz	30	42.41	1.4137
02359707	*Teva-Olanzapine*	Teva Can	100	141.37	1.4137
02238851	*Zyprexa*	Lilly	28	392.23	14.0082
02243089	*Zyprexa Zydis*	Lilly	28	395.84	14.1371

PALIPERIDONE PALMITATE P

I.M. Inj. Susp. 1 month				50 mg/0.5 mL	
02354217	*Invega Sustenna*	Janss. Inc	1	304.10	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M. Inj. Susp. 1 month				75 mg/0.75 mL	
02354225	*Invega Sustenna*	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month				100 mg/1.0 mL	
02354233	*Invega Sustenna*	Janss. Inc	1	456.18	
I.M. Inj. Susp. 1 month				150 mg/1.5 mL	
02354241	*Invega Sustenna*	Janss. Inc	1	608.22	
I.M. Inj. Susp. 3 months				175 mg/0.875 mL	
02455943	*Invega Trinza*	Janss. Inc	1	912.30	
I.M. Inj. Susp. 3 months				263 mg/1.315 mL	
02455986	*Invega Trinza*	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months				350 mg/1.75 mL	
02455994	*Invega Trinza*	Janss. Inc	1	1368.54	
I.M. Inj. Susp. 3 months				525 mg/2.625 mL	
02456001	*Invega Trinza*	Janss. Inc	1	1824.66	
PERICYAZINE Pr					
Caps.				5 mg	
01926780	*Neuleptil*	Erfa	100	18.84	0.1884
Caps.				10 mg	
01926772	*Neuleptil*	Erfa	100	29.85	0.2985
Oral Sol.				10 mg/mL	
01926756	*Neuleptil*	Erfa	100 ml	32.84	0.3284
PERPHENAZINE Pr					
Tab.				2 mg	
00335134	*Perphenazine*	AA Pharma	100	6.39	0.0639
Tab.				4 mg	
00335126	*Perphenazine*	AA Pharma	100	7.73	0.0773

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				8 mg	
00335118	*Perphenazine*	AA Pharma	100	8.49	0.0849
Tab.				16 mg	
00335096	*Perphenazine*	AA Pharma	100	12.74	0.1274

PIMOZIDE Pr

Tab.				2 mg	
00313815	*Orap*	AA Pharma	100	22.79	**W**
Tab.				4 mg	
02245433	*Pimozide*	AA Pharma	100	41.36	0.4136

PROCHLORPERAZINE Pr

Supp.				10 mg	
00789720	*Sandoz Prochlorperazine*	Sandoz	10	19.10	1.9100

PROCHLORPERAZINE MALEATE Pr

Tab.				5 mg	
00886440	*Prochlorazine*	AA Pharma	100	16.59	0.1659
Tab.				10 mg	
00886432	*Prochlorazine*	AA Pharma	100	20.25	0.2025

QUETIAPINE (FUMARATE) Pr

L.A. Tab.				50 mg **PPB**	
02450860	*ACH-Quetiapine Fumarate XR*	Accord	60	15.01	0.2501
02457229	*Apo-Quetiapine XR*	Apotex	60	15.01	0.2501
02510677	*NRA-Quetiapine XR*	Nora	60	15.01	0.2501
02516616	*Quetiapine Fumarate XR*	Sanis	100	25.01	0.2501
02417782	*Quetiapine XR*	Pro Doc	100	25.01	0.2501
02417359	*Quetiapine XR*	Sivem	60	15.01	0.2501
			100	25.01	0.2501
02407671	*Sandoz Quetiapine XRT*	Sandoz	60	15.01	0.2501
			100	25.01	0.2501
02300184	*Seroquel XR*	AZC	60	58.80	0.9800
02395444	*Teva-Quetiapine XR*	Teva Can	60	15.01	0.2501

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				150 mg **PPB**	
02450879	*ACH-Quetiapine Fumarate XR*	Accord	60	29.56	0.4926
02457237	*Apo-Quetiapine XR*	Apotex	60	29.56	0.4926
02510685	*NRA-Quetiapine XR*	Nora	60	29.56	0.4926
02516624	*Quetiapine Fumarate XR*	Sanis	100	49.26	0.4926
02417790	*Quetiapine XR*	Pro Doc	100	49.26	0.4926
02417367	*Quetiapine XR*	Sivem	60	29.56	0.4926
			100	49.26	0.4926
02407698	*Sandoz Quetiapine XRT*	Sandoz	60	29.56	0.4926
			100	49.26	0.4926
02321513	*Seroquel XR*	AZC	60	115.80	1.9300
02395452	*Teva-Quetiapine XR*	Teva Can	60	29.56	0.4926
L.A. Tab.				200 mg **PPB**	
02450887	*ACH-Quetiapine Fumarate XR*	Accord	60	39.97	0.6661
02457245	*Apo-Quetiapine XR*	Apotex	60	39.97	0.6661
02510693	*NRA-Quetiapine XR*	Nora	60	39.97	0.6661
02516632	*Quetiapine Fumarate XR*	Sanis	100	66.61	0.6661
02417804	*Quetiapine XR*	Pro Doc	100	66.61	0.6661
02417375	*Quetiapine XR*	Sivem	60	39.97	0.6661
			100	66.61	0.6661
02407701	*Sandoz Quetiapine XRT*	Sandoz	60	39.97	0.6661
			100	66.61	0.6661
02300192	*Seroquel XR*	AZC	60	157.20	2.6200
02395460	*Teva-Quetiapine XR*	Teva Can	60	39.97	0.6661
L.A. Tab.				300 mg **PPB**	
02450895	*ACH-Quetiapine Fumarate XR*	Accord	60	58.66	0.9776
02457253	*Apo-Quetiapine XR*	Apotex	60	58.66	0.9776
02510707	*NRA-Quetiapine XR*	Nora	60	58.66	0.9776
02516640	*Quetiapine Fumarate XR*	Sanis	100	97.76	0.9776
02417812	*Quetiapine XR*	Pro Doc	100	97.76	0.9776
02417383	*Quetiapine XR*	Sivem	60	58.66	0.9776
			100	97.76	0.9776
02407728	*Sandoz Quetiapine XRT*	Sandoz	60	58.66	0.9776
			100	97.76	0.9776
02300206	*Seroquel XR*	AZC	60	231.60	3.8600
02395479	*Teva-Quetiapine XR*	Teva Can	60	58.66	0.9776

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				400 mg **PPB**	
02450909	*ACH-Quetiapine Fumarate XR*	Accord	60	79.62	1.3270
02457261	*Apo-Quetiapine XR*	Apotex	60	79.62	1.3270
02510715	*NRA-Quetiapine XR*	Nora	60	79.62	1.3270
02516659	*Quetiapine Fumarate XR*	Sanis	100	132.70	1.3270
02417820	*Quetiapine XR*	Pro Doc	100	132.70	1.3270
02417391	*Quetiapine XR*	Sivem	60	79.62	1.3270
			100	132.70	1.3270
02407736	*Sandoz Quetiapine XRT*	Sandoz	60	79.62	1.3270
			100	132.70	1.3270
02300214	*Seroquel XR*	AZC	60	314.40	5.2400
02395487	*Teva-Quetiapine XR*	Teva Can	60	79.62	1.3270
Tab.				25 mg **PPB**	
02316080	*ACT Quetiapine*	ActavisPhm	100	4.94	0.0494
			500	24.70	0.0494
02475979	*AG-Quetiapine*	Angita	100	4.94	0.0494
			500	24.70	0.0494
02313901	*Apo-Quetiapine*	Apotex	100	4.94	0.0494
			500	24.70	0.0494
02501635	*Apo-Quetiapine Fumarate*	Apotex	100	4.94	0.0494
02390205	*Auro-Quetiapine*	Aurobindo	100	4.94	0.0494
			500	24.70	0.0494
02447193	*Bio-Quetiapine*	Biomed	100	4.94	0.0494
02390140	*Jamp Quetiapine Fumarate*	Jamp	100	4.94	0.0494
			500	24.70	0.0494
02330415	*Jamp-Quetiapine*	Jamp	100	4.94	0.0494
			500	24.70	0.0494
02399822	*Mar-Quetiapine*	Marcan	100	4.94	0.0494
			500	24.70	0.0494
02438003	*Mint-Quetiapine*	Mint	100	4.94	0.0494
02439158	*NAT-Quetiapine*	Natco	100	4.94	0.0494
02486237	*NRA-Quetiapine*	Nora	500	24.70	0.0494
02296551	*pms-Quetiapine*	Phmscience	100	4.94	0.0494
			500	24.70	0.0494
02447088	*Priva-Quetiapine*	Pharmapar	100	4.94	0.0494
02317346	*Pro-Quetiapine*	Pro Doc	500	24.70	0.0494
02387794	*Quetiapine*	Accord	100	4.94	0.0494
02353164	*Quetiapine*	Sanis	100	4.94	0.0494
			500	24.70	0.0494
02317893	*Quetiapine*	Sivem	100	4.94	0.0494
			500	24.70	0.0494
02397099	*Ran-Quetiapine*	Ranbaxy	100	4.94	0.0494
			500	24.70	0.0494
02316692	*Riva-Quetiapine*	Riva	100	4.94	0.0494
			500	24.70	0.0494
02313995	*Sandoz Quetiapine*	Sandoz	100	4.94	0.0494
			500	24.70	0.0494
02236951	*Seroquel*	AZC	100	51.35	0.5135
02284235	*Teva-Quetiapine*	Teva Can	100	4.94	0.0494
			500	24.70	0.0494

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02316099	*ACT Quetiapine*	ActavisPhm	100	13.18	0.1318
			500	65.90	0.1318
02475987	*AG-Quetiapine*	Angita	100	13.18	0.1318
02313928	*Apo-Quetiapine*	Apotex	100	13.18	0.1318
			500	65.90	0.1318
02501643	*Apo-Quetiapine Fumarate*	Apotex	100	13.18	0.1318
02390213	*Auro-Quetiapine*	Aurobindo	100	13.18	0.1318
			500	65.90	0.1318
02447207	*Bio-Quetiapine*	Biomed	100	13.18	0.1318
02390159	*Jamp Quetiapine Fumarate*	Jamp	100	13.18	0.1318
			500	65.90	0.1318
02330423	*Jamp-Quetiapine*	Jamp	100	13.18	0.1318
			500	65.90	0.1318
02399830	*Mar-Quetiapine*	Marcan	100	13.18	0.1318
			500	65.90	0.1318
02438011	*Mint-Quetiapine*	Mint	100	13.18	0.1318
02439166	*NAT-Quetiapine*	Natco	100	13.18	0.1318
02296578	*pms-Quetiapine*	Phmscience	100	13.18	0.1318
			500	65.90	0.1318
02317354	*Pro-Quetiapine*	Pro Doc	100	13.18	0.1318
02387808	*Quetiapine*	Accord	100	13.18	0.1318
02353172	*Quetiapine*	Sanis	100	13.18	0.1318
			500	65.90	0.1318
02317907	*Quetiapine*	Sivem	100	13.18	0.1318
			500	65.90	0.1318
02397102	*Ran-Quetiapine*	Ranbaxy	100	13.18	0.1318
			500	65.90	0.1318
02316706	*Riva-Quetiapine*	Riva	100	13.18	0.1318
			500	65.90	0.1318
02314002	*Sandoz Quetiapine*	Sandoz	100	13.18	0.1318
			500	65.90	0.1318
02236952	*Seroquel*	AZC	100	137.00	1.3700
02284243	*Teva-Quetiapine*	Teva Can	100	13.18	0.1318
			500	65.90	0.1318
Tab.				150 mg **PPB**	
02439174	*NAT-Quetiapine*	Natco	100	96.56	0.9656
02387816	*Quetiapine tablets*	Accord	100	96.56	0.9656
02284251	*Teva-Quetiapine*	Teva Can	100	96.56	0.9656

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
02316110	*ACT Quetiapine*	ActavisPhm	100	26.47	0.2647
			500	132.35	0.2647
02475995	*AG-Quetiapine*	Angita	100	26.47	0.2647
02313936	*Apo-Quetiapine*	Apotex	100	26.47	0.2647
			500	132.35	0.2647
02501651	*Apo-Quetiapine Fumarate*	Apotex	100	26.47	0.2647
02390248	*Auro-Quetiapine*	Aurobindo	100	26.47	0.2647
			500	132.35	0.2647
02447223	*Bio-Quetiapine*	Biomed	100	26.47	0.2647
02390167	*Jamp Quetiapine Fumarate*	Jamp	100	26.47	0.2647
02330458	*Jamp-Quetiapine*	Jamp	100	26.47	0.2647
02399849	*Mar-Quetiapine*	Marcan	100	26.47	0.2647
			500	132.35	0.2647
02438046	*Mint-Quetiapine*	Mint	100	26.47	0.2647
02439182	*NAT-Quetiapine*	Natco	100	26.47	0.2647
02296594	*pms-Quetiapine*	Phmscience	100	26.47	0.2647
			500	132.35	0.2647
02317362	*Pro-Quetiapine*	Pro Doc	100	26.47	0.2647
02387824	*Quetiapine*	Accord	100	26.47	0.2647
02353199	*Quetiapine*	Sanis	100	26.47	0.2647
			500	132.35	0.2647
02317923	*Quetiapine*	Sivem	100	26.47	0.2647
02397110	*Ran-Quetiapine*	Ranbaxy	100	26.47	0.2647
			500	132.35	0.2647
02316722	*Riva-Quetiapine*	Riva	100	26.47	0.2647
			500	132.35	0.2647
02314010	*Sandoz Quetiapine*	Sandoz	100	26.47	0.2647
02236953	*Seroquel*	AZC	100	275.20	2.7520
02284278	*Teva-Quetiapine*	Teva Can	30	7.94	0.2647
			100	26.47	0.2647

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				300 mg **PPB**	
02316129	*ACT Quetiapine*	ActavisPhm	100	38.63	0.3863
			500	193.15	0.3863
02476002	*AG-Quetiapine*	Angita	100	38.63	0.3863
02313944	*Apo-Quetiapine*	Apotex	100	38.63	0.3863
02501678	*Apo-Quetiapine Fumarate*	Apotex	100	38.63	0.3863
02390256	*Auro-Quetiapine*	Aurobindo	100	38.63	0.3863
			500	193.15	0.3863
02447258	*Bio-Quetiapine*	Biomed	100	38.63	0.3863
02390175	*Jamp Quetiapine Fumarate*	Jamp	100	38.63	0.3863
02330466	*Jamp-Quetiapine*	Jamp	100	38.63	0.3863
02399857	*Mar-Quetiapine*	Marcan	100	38.63	0.3863
			500	193.15	0.3863
02438054	*Mint-Quetiapine*	Mint	100	38.63	0.3863
02439190	*NAT-Quetiapine*	Natco	100	38.63	0.3863
02296608	*pms-Quetiapine*	Phmscience	100	38.63	0.3863
			500	193.15	0.3863
02317370	*Pro-Quetiapine*	Pro Doc	100	38.63	0.3863
02387832	*Quetiapine*	Accord	100	38.63	0.3863
02353202	*Quetiapine*	Sanis	100	38.63	0.3863
			500	193.15	0.3863
02317931	*Quetiapine*	Sivem	100	38.63	0.3863
02397129	*Ran-Quetiapine*	Ranbaxy	100	38.63	0.3863
			500	193.15	0.3863
02316730	*Riva-Quetiapine*	Riva	100	38.63	0.3863
			500	193.15	0.3863
02314029	*Sandoz Quetiapine*	Sandoz	100	38.63	0.3863
02244107	*Seroquel*	AZC	100	401.45	4.0145
02284286	*Teva-Quetiapine*	Teva Can	30	11.59	0.3863
			100	38.63	0.3863

RISPERIDONE F

I.M. Inj. Pd.				12.5 mg	
02298465	*Risperdal Consta*	Janss. Inc	1	75.41	
I.M. Inj. Pd.				25 mg	
02255707	*Risperdal Consta*	Janss. Inc	1	156.09	
I.M. Inj. Pd.				37.5 mg	
02255723	*Risperdal Consta*	Janss. Inc	1	234.16	
I.M. Inj. Pd.				50 mg	
02255758	*Risperdal Consta*	Janss. Inc	1	312.20	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0.25 mg **PPB**	
02369079	*AG-Risperidone*	Angita	100	10.36	0.1036
02282119	*Apo-Risperidone*	Apotex	100	10.36	0.1036
			500	51.80	0.1036
02359529	*Jamp-Risperidone*	Jamp	100	10.36	0.1036
			500	51.80	0.1036
02371766	*Mar-Risperidone*	Marcan	100	10.36	0.1036
02359790	*Mint-Risperidon*	Mint	100	10.36	0.1036
02282690	*Novo-Risperidone*	Novopharm	60	6.22	0.1036
			100	10.36	0.1036
02252007	*pms-Risperidone*	Phmscience	100	10.36	0.1036
			500	51.80	0.1036
02312700	*Pro-Risperidone*	Pro Doc	100	10.36	0.1036
02328305	*Ran-Risperidone*	Ranbaxy	100	10.36	0.1036
			500	51.80	0.1036
02356880	*Risperidone*	Sanis	100	10.36	0.1036
02283565	*Riva-Risperidone*	Riva	100	10.36	0.1036
02303655	*Sandoz Risperidone*	Sandoz	100	10.36	0.1036
Tab.				0.5 mg **PPB**	
02369087	*AG-Risperidone*	Angita	100	17.35	0.1735
02282127	*Apo-Risperidone*	Apotex	100	17.35	0.1735
			500	86.75	0.1735
02359537	*Jamp-Risperidone*	Jamp	100	17.35	0.1735
			500	86.75	0.1735
02371774	*Mar-Risperidone*	Marcan	100	17.35	0.1735
02359804	*Mint-Risperidon*	Mint	100	17.35	0.1735
02264188	*Novo-Risperidone*	Novopharm	60	10.41	0.1735
			100	17.35	0.1735
02252015	*pms-Risperidone*	Phmscience	100	17.35	0.1735
			500	86.75	0.1735
02312719	*Pro-Risperidone*	Pro Doc	100	17.35	0.1735
02328313	*Ran-Risperidone*	Ranbaxy	100	17.35	0.1735
			500	86.75	0.1735
02356899	*Risperidone*	Sanis	100	17.35	0.1735
02283573	*Riva-Risperidone*	Riva	100	17.35	0.1735
02303663	*Sandoz Risperidone*	Sandoz	100	17.35	0.1735

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1 mg **PPB**	
02369095	*AG-Risperidone*	Angita	100	23.97	0.2397
02282135	*Apo-Risperidone*	Apotex	100	23.97	0.2397
			500	119.85	0.2397
02359545	*Jamp-Risperidone*	Jamp	60	14.38	0.2397
			500	119.85	0.2397
02371782	*Mar-Risperidone*	Marcan	100	23.97	0.2397
02359812	*Mint-Risperidon*	Mint	100	23.97	0.2397
02264196	*Novo-Risperidone*	Novopharm	60	14.38	0.2397
			100	23.97	0.2397
02252023	*pms-Risperidone*	Phmscience	100	23.97	0.2397
			500	119.85	0.2397
02312727	*Pro-Risperidone*	Pro Doc	100	23.97	0.2397
02328321	*Ran-Risperidone*	Ranbaxy	100	23.97	0.2397
			500	119.85	0.2397
02356902	*Risperidone*	Sanis	100	23.97	0.2397
			500	119.85	0.2397
02283581	*Riva-Risperidone*	Riva	100	23.97	0.2397
			500	119.85	0.2397
02279800	*Sandoz Risperidone*	Sandoz	100	23.97	0.2397
			500	119.85	0.2397
Tab.				2 mg **PPB**	
02369117	*AG-Risperidone*	Angita	100	47.95	0.4795
02282143	*Apo-Risperidone*	Apotex	100	47.95	0.4795
			500	239.75	0.4795
02359553	*Jamp-Risperidone*	Jamp	60	28.77	0.4795
			500	239.75	0.4795
02371790	*Mar-Risperidone*	Marcan	100	47.95	0.4795
02359820	*Mint-Risperidon*	Mint	100	47.95	0.4795
02252031	*pms-Risperidone*	Phmscience	100	47.95	0.4795
			500	239.75	0.4795
02312735	*Pro-Risperidone*	Pro Doc	100	47.95	0.4795
02328348	*Ran-Risperidone*	Ranbaxy	100	47.95	0.4795
			500	239.75	0.4795
02356910	*Risperidone*	Sanis	100	47.95	0.4795
			500	239.75	0.4795
02283603	*Riva-Risperidone*	Riva	100	47.95	0.4795
			500	239.75	0.4795
02279819	*Sandoz Risperidone*	Sandoz	100	47.95	0.4795
			500	239.75	0.4795
02264218	*Teva-Risperidone*	Novopharm	60	28.77	0.4795
			100	47.95	0.4795

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				3 mg **PPB**	
02369125	*AG-Risperidone*	Angita	100	71.80	0.7180
02282151	*Apo-Risperidone*	Apotex	100	71.80	0.7180
02359561	*Jamp-Risperidone*	Jamp	60	43.08	0.7180
			100	71.80	0.7180
02371804	*Mar-Risperidone*	Marcan	100	71.80	0.7180
02359839	*Mint-Risperidon*	Mint	100	71.80	0.7180
02252058	*pms-Risperidone*	Phmscience	100	71.80	0.7180
			500	359.00	0.7180
02312743	*Pro-Risperidone*	Pro Doc	100	71.80	0.7180
02328364	*Ran-Risperidone*	Ranbaxy	100	71.80	0.7180
02356929	*Risperidone*	Sanis	100	71.80	0.7180
			250	179.50	0.7180
02283611	*Riva-Risperidone*	Riva	100	71.80	0.7180
			250	179.50	0.7180
02279827	*Sandoz Risperidone*	Sandoz	100	71.80	0.7180
			250	179.50	0.7180
02264226	*Teva-Risperidone*	Novopharm	60	43.08	0.7180
			100	71.80	0.7180
Tab.				4 mg **PPB**	
02369133	*AG-Risperidone*	Angita	100	95.74	0.9574
02282178	*Apo-Risperidone*	Apotex	100	95.74	0.9574
02359588	*Jamp-Risperidone*	Jamp	60	57.44	0.9574
			100	95.74	0.9574
02371812	*Mar-Risperidone*	Marcan	100	95.74	0.9574
02359847	*Mint-Risperidon*	Mint	100	95.74	0.9574
02252066	*pms-Risperidone*	Phmscience	100	95.74	0.9574
02312751	*Pro-Risperidone*	Pro Doc	100	95.74	0.9574
02328372	*Ran-Risperidone*	Ranbaxy	100	95.74	0.9574
02356937	*Risperidone*	Sanis	100	95.74	0.9574
02283638	*Riva-Risperidone*	Riva	60	57.44	0.9574
			100	95.74	0.9574
02279835	*Sandoz Risperidone*	Sandoz	100	95.74	0.9574
02264234	*Teva-Risperidone*	Novopharm	100	95.74	0.9574

RISPERIDONE TARTRATE Pr

Oral Sol.				1 mg/mL **PPB**	
02454319	*Jamp-Risperidone*	Jamp	30 ml	13.99	0.4663
02279266	*pms-Risperidone*	Phmscience	30 ml	13.99	0.4663
02236950	*Risperdal*	Janss. Inc	30 ml	16.56	0.5520

TRIFLUOPERAZINE HYDROCHLORIDE Pr

Tab.				1 mg	
00345539	*Trifluoperazine*	AA Pharma	100	13.40	0.1340
Tab.				2 mg	
00312754	*Trifluoperazine*	AA Pharma	100	17.93	0.1793

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				5 mg	
00312746	*Trifluoperazine*	AA Pharma	100	23.75	0.2375
Tab.				10 mg	
00326836	*Trifluoperazine*	AA Pharma	100	28.46	0.2846
Tab.				20 mg	
00595942	*Trifluoperazine*	AA Pharma	100	56.92	0.5692

ZIPRASIDONE Pr

Caps.				20 mg **PPB**	
02449544	*Auro-Ziprasidone*	Aurobindo	60	81.89	1.3648
			100	136.48	1.3648
02298597	*Zeldox*	Upjohn	60	81.89	1.3648

Caps.				40 mg **PPB**	
02449552	*Auro-Ziprasidone*	Aurobindo	60	93.80	1.5633
			100	156.33	1.5633
02298600	*Zeldox*	Upjohn	60	93.80	1.5633

Caps.				60 mg **PPB**	
02449560	*Auro-Ziprasidone*	Aurobindo	60	93.80	1.5633
			100	156.33	1.5633
02298619	*Zeldox*	Upjohn	60	93.80	1.5633

Caps.				80 mg **PPB**	
02449579	*Auro-Ziprasidone*	Aurobindo	60	93.80	1.5633
			100	156.33	1.5633
02298627	*Zeldox*	Upjohn	60	93.80	1.5633

ZUCLOPENTHIXOL ACETATE Pr

I.M. Inj. Sol.				50 mg/mL	
02230405	*Clopixol-acuphase*	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DECANOATE Pr

I.M. Inj. Sol.				200 mg/mL	
02230406	*Clopixol depot*	Lundbeck	1 ml	14.91	

ZUCLOPENTHIXOL DIHYDROCHLORIDE Pr

Tab.				10 mg	
02230402	*Clopixol*	Lundbeck	100	38.35	0.3835

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				25 mg	
02230403	*Clopixol*	Lundbeck	100	95.88	0.9588

28:20.04
AMPHETAMINES
DEXAMPHETAMINE SULFATE ◈

L.A. Caps.				10 mg **PPB**	
02448319	*ACT Dextroamphetamine SR*	ActavisPhm	100	80.96 ➡	0.8096
01924559	*Dexedrine*	Paladin	100	81.71	0.8171
L.A. Caps.				15 mg **PPB**	
02448327	*ACT Dextroamphetamine SR*	ActavisPhm	100	98.98 ➡	0.9898
01924567	*Dexedrine*	Paladin	100	100.05	1.0005
Tab.				5 mg **PPB**	
01924516	*Dexedrine*	Paladin	100	56.89	0.5689
02443236	*Dextroamphetamine*	AA Pharma	100	50.81 ➡	0.5081

28:20.92
CNS STIMULANTS, MISCELLANEOUS
METHYLPHENIDATE HYDROCHLORIDE ◈

L.A. Tab.				20 mg **PPB**	
02266687	*Apo-Methylphenidate SR*	Apotex	100	28.20 ➡	0.2820
00632775	*Ritalin SR*	Novartis	100	53.06	0.5306
02320312	*Sandoz Methylphenidate SR*	Sandoz	100	28.20 ➡	0.2820
Tab.				5 mg **PPB**	
02273950	*Apo-Methylphenidate*	Apotex	100	9.47 ➡	0.0947
02234749	*pms-Methylphenidate*	Phmscience	100	9.47 ➡	0.0947
Tab.				10 mg **PPB**	
02249324	*Apo-Methylphenidate*	Apotex	100	22.16 ➡	0.2216
			500	110.80 ➡	0.2216
00584991	*pms-Methylphenidate*	Phmscience	100	22.16 ➡	0.2216
			500	110.80 ➡	0.2216
Tab.				20 mg **PPB**	
02249332	*Apo-Methylphenidate*	Apotex	100	27.35 ➡	0.2735
00585009	*pms-Methylphenidate*	Phmscience	100	27.35 ➡	0.2735
00005614	*Ritalin*	Novartis	100	50.35	0.5035

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

28:24.08
BENZODIAZEPINES

ALPRAZOLAM ☒

Tab.				0.25 mg **PPB**	
02349191	*Alprazolam*	Sanis	100	6.09	**W**
			1000	60.90	**W**
01908189	*Alprazolam-0.25*	Pro Doc	100	6.09	0.0609
00865397	*Apo-Alpraz*	Apotex	100	6.09	0.0609
			1000	60.90	0.0609
01913484	*Teva-Alprazolam*	Teva Can	1000	60.90	0.0609
00548359	*Xanax*	Upjohn	100	18.97	0.1897

Tab.				0.5 mg **PPB**	
02349205	*Alprazolam*	Sanis	100	7.28	**W**
			1000	72.80	**W**
01908170	*Alprazolam-0.5*	Pro Doc	1000	72.80	0.0728
00865400	*Apo-Alpraz*	Apotex	100	7.28	0.0728
			1000	72.80	0.0728
01913492	*Teva-Alprazolam*	Teva Can	1000	72.80	0.0728
00548367	*Xanax*	Upjohn	100	22.67	0.2267

Tab.				1 mg **PPB**	
02248706	*Alprazolam-1*	Pro Doc	100	20.92	0.2092
02243611	*Apo-Alpraz*	Apotex	100	20.92	0.2092
00723770	*Xanax*	Upjohn	100	40.81	0.4081

Tab.				2 mg **PPB**	
02243612	*Apo-Alpraz TS*	Apotex	100	37.18	0.3718
00813958	*Xanax TS*	Upjohn	100	72.55	0.7255

BROMAZEPAM ☒

Tab.				3 mg **PPB**	
02177161	*Apo-Bromazepam*	Apotex	100	7.76	0.0776
02230584	*Teva-Bromazepam*	Teva Can	100	7.76	0.0776
			500	38.80	0.0776

Tab.				6 mg **PPB**	
02177188	*Apo-Bromazepam*	Apotex	100	11.34	0.1134
02230585	*Teva-Bromazepam*	Teva Can	100	11.34	0.1134
			500	56.70	0.1134

CHLORDIAZEPOXIDE HYDROCHLORIDE ☒

Caps.				5 mg	
00522724	*Chlordiazepoxide*	AA Pharma	100	6.79	0.0679

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				10 mg	
00522988	*Chlordiazepoxide*	AA Pharma	100	10.70	0.1070
Caps.				25 mg	
00522996	*Chlordiazepoxide*	AA Pharma	100	16.58	0.1658
DIAZEPAM ☒					
Rectal Gel				5 mg/mL	
02238162	*Diastat 1 mL (5 mg)*	Valeant	2	142.18	71.0900
99113825	*Diastat 2 mL (10 mg)*	Valeant	2	142.18	71.0900
99113826	*Diastat 3 mL (15 mg)*	Valeant	2	142.18	71.0900
Tab.				2 mg	
00405329	*Diazepam*	AA Pharma	100	5.08	0.0508
Tab.				5 mg **PPB**	
00362158	*Diazepam*	AA Pharma	100	6.50	0.0650
00013285	*Valium*	Roche	100	15.63	0.1563
Tab.				10 mg	
00405337	*Diazepam*	AA Pharma	100	8.67	0.0867
FLURAZEPAM HYDROCHLORIDE ☒					
Caps.				15 mg	
00521698	*Flurazepam*	AA Pharma	100	11.66	0.1166
Caps.				30 mg	
00521701	*Flurazepam*	AA Pharma	100	13.64	0.1364
LORAZEPAM ☒					
Inj. Sol.				4 mg/mL	
02243278	*Lorazepam Injection*	Sandoz	1 ml	21.20	
Tab.				0.5 mg **PPB**	
00655740	*Apo-Lorazepam*	Apotex	500	17.95	0.0359
00711101	*Novo-Lorazem*	Novopharm	100	3.59	0.0359
			1000	35.90	0.0359
00728187	*pms-Lorazepam*	Phmscience	100	3.59	0.0359
			1000	35.90	0.0359
00655643	*Pro-Lorazepam*	Pro Doc	500	17.95	0.0359

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				1 mg **PPB**	
00655759	*Apo-Lorazepam*	Apotex	1000	44.70	0.0447
02041421	*Ativan*	Pfizer	1000	44.70	0.0447
00728195	*pms-Lorazepam*	Phmscience	100	4.47	0.0447
			1000	44.70	0.0447
00655651	*Pro-Lorazepam*	Pro Doc	1000	44.70	0.0447
00637742	*Teva-Lorazepam*	Novopharm	100	4.47	0.0447
			1000	44.70	0.0447
Tab.				2 mg **PPB**	
00655767	*Apo-Lorazepam*	Apotex	100	6.99	0.0699
			1000	69.90	0.0699
02041448	*Ativan*	Pfizer	1000	69.90	0.0699
00728209	*pms-Lorazepam*	Phmscience	100	6.99	0.0699
			1000	69.90	0.0699
00655678	*Pro-Lorazepam*	Pro Doc	100	6.99	0.0699
00637750	*Teva-Lorazepam*	Novopharm	100	6.99	0.0699
			1000	69.90	0.0699
MIDAZOLAM ⊠					
Inj. Sol.				1 mg/mL **PPB**	
02242904	*Midazolam*	Fresenius	2 ml	1.56	
			5 ml	3.90	
			10 ml	5.80	
02240285	*Midazolam*	Sandoz	2 ml	1.56	
			5 ml	3.90	
			10 ml	5.80	
Inj. Sol.				5 mg/mL **PPB**	
02242905	*Midazolam*	Fresenius	1 ml	4.10	
			2 ml	8.20	
			10 ml	25.30	
02240286	*Midazolam*	Sandoz	1 ml	4.10	
			2 ml	8.20	
			10 ml	25.30	
OXAZEPAM ⊠					
Tab.				10 mg **PPB**	
00402680	*Apo-Oxazepam*	Apotex	100	3.50	0.0350
			1000	35.00	0.0350
00497754	*Oxazepam-10*	Pro Doc	1000	35.00	0.0350
00568392	*Riva-Oxazepam*	Riva	100	3.50	0.0350
			500	17.50	0.0350

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					15 mg **PPB**		
	00402745	*Apo-Oxazepam*	Apotex	100	5.50	➡	0.0550
				1000	55.00	➡	0.0550
	00497762	*Oxazepam-15*	Pro Doc	1000	55.00	➡	0.0550
	00568406	*Riva-Oxazepam*	Riva	100	5.50	➡	0.0550
				500	27.50	➡	0.0550
Tab.					30 mg **PPB**		
	00402737	*Apo-Oxazepam*	Apotex	100	7.50	➡	0.0750
				1000	75.00	➡	0.0750
	00497770	*Oxazepam-30*	Pro Doc	1000	75.00	➡	0.0750
	00568414	*Riva-Oxazepam*	Riva	100	7.50	➡	0.0750
				500	37.50	➡	0.0750

TEMAZEPAM ⊠

Caps.					15 mg		
	00604453	*Restoril*	AA Pharma	100	19.85		0.1985
Caps.					30 mg		
	00604461	*Restoril*	AA Pharma	100	23.87		0.2387

28:24.92
MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRON HYDROCHLORIDE P

Tab.					10 mg **PPB**		
	02211076	*Apo-Buspirone*	Apotex	100	27.13	➡	0.2713
	02500213	*Auro-Buspirone*	Aurobindo	100	27.13	➡	0.2713
				1000	271.30	➡	0.2713
	02447851	*Buspirone*	Sanis	100	27.13	➡	0.2713
	02223163	*Buspirone-10*	Pro Doc	100	27.13	➡	0.2713
	02509911	*Jamp Buspirone*	Jamp	100	27.13	➡	0.2713
+	02519054	*Mint-Buspirone*	Mint	100	27.13	➡	0.2713
	02231492	*Novo-Buspirone*	Novopharm	100	27.13	➡	0.2713
	02230942	*pms-Buspirone*	Phmscience	100	27.13	➡	0.2713

HYDROXYZINE HYDROCHLORIDE P

Caps.					10 mg **PPB**		
	00646059	*Hydroxyzine*	AA Pharma	100	11.43		0.1143
	00738824	*Novo-Hydroxyzin*	Novopharm	100	3.32	➡	0.0332
Caps.					25 mg **PPB**		
	00646024	*Hydroxyzine*	AA Pharma	100	14.59		0.1459
	00738832	*Novo-Hydroxyzin*	Novopharm	100	5.38	➡	0.0538

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				50 mg **PPB**	
00646016	*Hydroxyzine*	AA Pharma	100	21.18	0.2118
00738840	*Teva-Hydroxyzin*	Teva Can	100	7.50	➡ 0.0750
Syr.				10 mg/5 mL	
00024694	*Atarax*	Erfa	473 ml	19.04	0.0403

PROMETHAZINE HYDROCHLORIDE

Tab.				50 mg	
00575186	*Histantil*	Phmscience	100	16.64	0.1664

28:28
ANTIMANIC AGENTS

LITHIUM CARBONATE P

Caps.				150 mg	
02242837	*Apo-Lithium Carbonate*	Apotex	100	6.67	0.0667
00461733	*Carbolith*	Valeant	100	11.41	0.1141
02013231	*Lithane*	Erfa	100	10.58	0.1058
02216132	*pms-Lithium carbonate*	Phmscience	100	6.67	0.0667
			1000	66.70	0.0667
Caps.				300 mg	
02242838	*Apo-Lithium Carbonate*	Apotex	100	6.57	0.0657
00236683	*Carbolith*	Valeant	100	8.86	0.0886
			1000	88.61	0.0886
00406775	*Lithane*	Erfa	1000	105.40	0.1054
02216140	*pms-Lithium carbonate*	Phmscience	100	6.57	0.0657
			1000	65.70	0.0657
Caps.				600 mg	
02011239	*Carbolith*	Valeant	100	17.00	0.1700
02216159	*pms-Lithium carbonate*	Phmscience	100	16.23	0.1623

LITHIUM CITRATE P

Syr.				300 mg/5 mL	
* 02074834	*pms-Lithium Citrate*	Phmscience	500 ml	34.37	**W**

28:32.28
SELECTIVE SEROTONIN AGONISTS

ALMOTRIPTAN MALATE P

Tab.				6.25 mg	
02398435	*Mylan-Almotriptan*	Mylan	6	42.26	7.0433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				12.5 mg **PPB**	
02424029	*Almotriptan*	Pro Doc	6	14.09	2.3478
02466821	*Almotriptan*	Sanis	6	14.09	2.3478
02398443	*Mylan-Almotriptan*	Mylan	6	14.09	2.3478
02405334	*Sandoz Almotriptan*	Sandoz	6	14.09	2.3478
02434849	*Teva-Almotriptan*	Teva Can	6	14.09	2.3478
ELETRIPTAN (HYDROBROMIDE) F					
Tab.				20 mg **PPB**	
02386054	*Apo-Eletriptan*	Apotex	6	15.70	2.6167
02479451	*Auro-Eletriptan*	Aurobindo	6	15.70	2.6167
02489961	*Eletriptan*	Pro Doc	6	15.70	2.6167
02511266	*Eletriptan*	Sanis	6	15.70	2.6167
02493683	*Jamp Eletriptan*	Jamp	6	15.70	2.6167
02434342	*pms-Eletriptan*	Phmscience	6	15.70	2.6167
			30	78.50	2.6167
02256290	*Relpax*	Upjohn	6	79.18	13.1967
02382091	*Teva-Eletriptan*	Teva Can	6	15.70	2.6167
Tab.				40 mg **PPB**	
02386062	*Apo-Eletriptan*	Apotex	6	15.70	2.6167
02479478	*Auro-Eletriptan*	Aurobindo	6	15.70	2.6167
02489988	*Eletriptan*	Pro Doc	6	15.70	2.6167
02511274	*Eletriptan*	Sanis	6	15.70	2.6167
02493691	*Jamp Eletriptan*	Jamp	6	15.70	2.6167
02256304	*Relpax*	Upjohn	6	79.18	13.1967
02382105	*Teva-Eletriptan*	Teva Can	6	15.70	2.6167
NARATRIPTAN HYDROCHLORIDE F					
Tab.				1 mg **PPB**	
02237820	*Amerge*	GSK	2	26.53	13.2650
02365499	*Apo-Naratriptan*	Apotex	6	36.86	6.1433
02314290	*Teva-Naratriptan*	Teva Can	8	49.15	6.1433
Tab.				2.5 mg **PPB**	
02237821	*Amerge*	GSK	6	83.86	13.9767
02322323	*Sandoz Naratriptan*	Sandoz	9	55.29	6.1433
02314304	*Teva-Naratriptan*	Teva Can	8	49.15	6.1433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
RIZATRIPTAN BENZOATE P					
Tab. Oral Disint. or Tab.				5 mg **PPB**	
02492482	*AG-Rizatriptan ODT*	Angita	6	22.23	3.7050
02393468	*Apo-Rizatriptan*	Apotex	6	22.23	3.7050
02458764	*CCP-Rizatriptan*	Cellchem	6	22.23	3.7050
02380455	*Jamp-Rizatriptan*	Jamp	6	22.23	3.7050
02429233	*Jamp-Rizatriptan IR*	Jamp	6	22.23	3.7050
02465086	*Jamp-Rizatriptan ODT*	Jamp	6	22.23	3.7050
02379651	*Mar-Rizatriptan*	Marcan	6	22.23	3.7050
			30	111.15	3.7050
02462788	*Mar-Rizatriptan ODT*	Marcan	6	22.23	3.7050
02240518	*Maxalt RPD*	Organon	12	171.57	14.2975
02379198	*Mylan-Rizatriptan ODT*	Mylan	6	22.23	3.7050
02436604	*NAT-Rizatriptan ODT*	Natco	6	22.23	3.7050
02393360	*pms-Rizatriptan RDT*	Phmscience	6	22.23	3.7050
02442906	*Rizatriptan ODT*	Sanis	6	22.23	3.7050
02446111	*Rizatriptan ODT*	Sivem	6	22.23	3.7050
02415798	*Rizatriptan RDT*	Pro Doc	6	22.23	3.7050
02351870	*Sandoz Rizatriptan ODT*	Sandoz	6	22.23	3.7050
02396661	*Teva-Rizatriptan ODT*	Teva Can	6	22.23	3.7050
Tab. Oral Disint. or Tab.				10 mg **PPB**	
02381702	*ACT Rizatriptan*	Teva Can	6	22.23	3.7050
			12	44.46	3.7050
02492490	*AG-Rizatriptan ODT*	Angita	6	22.23	3.7050
02393476	*Apo-Rizatriptan*	Apotex	6	22.23	3.7050
02458772	*CCP-Rizatriptan*	Cellchem	6	22.23	3.7050
02380463	*Jamp-Rizatriptan*	Jamp	6	22.23	3.7050
			30	111.15	3.7050
02429241	*Jamp-Rizatriptan IR*	Jamp	6	22.23	3.7050
			12	44.46	3.7050
02465094	*Jamp-Rizatriptan ODT*	Jamp	6	22.23	3.7050
02379678	*Mar-Rizatriptan*	Marcan	6	22.23	3.7050
			12	44.46	3.7050
02462796	*Mar-Rizatriptan ODT*	Marcan	6	22.23	3.7050
02240521	*Maxalt*	Organon	12	171.57	14.2975
02240519	*Maxalt RPD*	Organon	12	171.57	14.2975
02379201	*Mylan-Rizatriptan ODT*	Mylan	6	22.23	3.7050
02436612	*NAT-Rizatriptan ODT*	Natco	6	22.23	3.7050
02489384	*NRA-Rizatriptan ODT*	Nora	6	22.23	3.7050
02393379	*pms-Rizatriptan RDT*	Phmscience	6	22.23	3.7050
02516756	*Rizatriptan*	Sanis	12	44.46	3.7050
02442914	*Rizatriptan ODT*	Sanis	6	22.23	3.7050
02446138	*Rizatriptan ODT*	Sivem	6	22.23	3.7050
02415801	*Rizatriptan RDT*	Pro Doc	6	22.23	3.7050
02351889	*Sandoz Rizatriptan ODT*	Sandoz	6	22.23	3.7050
02396688	*Teva-Rizatriptan ODT*	Teva Can	6	22.23	3.7050
SUMATRIPTAN (HEMISULFATE) P					
Nas. spray				20 mg	
02230420	*Imitrex*	GSK	2	27.31	13.6550

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SUMATRIPTAN SUCCINATE Pr					
Kit				6 mg/0.5 mL	
02212188	*Imitrex Stat Dose*	GSK	1	81.32	
S.C. Inj. Sol.				6 mg/0.5 mL **PPB**	
99000598	*Imitrex Stat Dose*	GSK	2	73.24	36.6200
02361698	*Taro-Sumatriptan*	Taro	2	66.35	33.1750
Tab.				50 mg **PPB**	
02268388	*Apo-Sumatriptan*	Apotex	6	16.64	2.7732
02212153	*Imitrex DF*	GSK	6	83.86	13.9767
02268914	*Mylan-Sumatriptan*	Mylan	6	16.64	2.7732
02256436	*pms-Sumatriptan*	Phmscience	6	16.64	2.7732
			30	83.20	2.7732
02263025	*Sandoz Sumatriptan*	Sandoz	6	16.64	2.7732
02324652	*Sumatriptan*	Pro Doc	6	16.64	2.7732
02286521	*Sumatriptan*	Sanis	6	16.64	2.7732
02385570	*Sumatriptan DF*	Sivem	6	16.64	2.7732
02286823	*Teva-Sumatriptan DF*	Teva Can	6	16.64	2.7732
Tab.				100 mg **PPB**	
02257904	*ACT Sumatriptan*	ActavisPhm	6	18.33	3.0549
02268396	*Apo-Sumatriptan*	Apotex	6	18.33	3.0549
02212161	*Imitrex DF*	GSK	6	92.38	15.3967
02268922	*Mylan-Sumatriptan*	Mylan	6	18.33	3.0549
02239367	*Novo-Sumatriptan*	Novopharm	6	18.33	3.0549
02286831	*Novo-Sumatriptan DF*	Novopharm	6	18.33	3.0549
			50	152.75	3.0549
02256444	*pms-Sumatriptan*	Phmscience	6	18.33	3.0549
			30	91.65	3.0549
02263033	*Sandoz Sumatriptan*	Sandoz	6	18.33	3.0549
02324660	*Sumatriptan*	Pro Doc	6	18.33	3.0549
02286548	*Sumatriptan*	Sanis	6	18.33	3.0549
02385589	*Sumatriptan DF*	Sivem	6	18.33	3.0549
ZOLMITRIPTAN Pr					
Nas. spray				5 mg	
02248993	*Zomig*	AZC	6	83.10	13.8500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				2.5 mg **PPB**	
02481030	*Auro-Zolmitriptan*	Aurobindo	6	10.52	1.7532
			30	52.60	1.7532
02458780	*CCP-Zolmitriptan*	Cellchem	6	10.52	1.7532
02421623	*Jamp-Zolmitriptan*	Jamp	6	10.52	1.7532
02477106	*Jamp-Zolmitriptan*	Jamp	6	10.52	1.7532
02428237	*Jamp-Zolmitriptan ODT*	Jamp	6	10.52	1.7532
02399458	*Mar-Zolmitriptan*	Marcan	6	10.52	1.7532
02419521	*Mint-Zolmitriptan*	Mint	6	10.52	1.7532
02419513	*Mint-Zolmitriptan ODT*	Mint	6	10.52	1.7532
02421534	*NAT-Zolmitriptan*	Natco	6	10.52	1.7532
			100	175.32	1.7532
02489392	*NRA-Zolmitriptan*	Nora	6	10.52	1.7532
02324229	*pms-Zolmitriptan*	Phmscience	6	10.52	1.7532
			30	52.60	1.7532
02324768	*pms-Zolmitriptan ODT*	Phmscience	6	10.52	1.7532
02362988	*Sandoz Zolmitriptan*	Sandoz	3	5.26	1.7532
			6	10.52	1.7532
02362996	*Sandoz Zolmitriptan ODT*	Sandoz	2	3.51	1.7532
			6	10.52	1.7532
02313960	*Teva Zolmitriptan*	Teva Can	6	10.52	1.7532
02342545	*Teva Zolmitriptan OD*	Teva Can	6	10.52	1.7532
02442655	*Zolmitriptan*	Sanis	6	10.52	1.7532
02442671	*Zolmitriptan ODT*	Sanis	6	10.52	1.7532
02238660	*Zomig*	AZC	6	83.10	13.8500
02243045	*Zomig Rapimelt*	AZC	6	83.10	13.8500

28:32.92
ANTIMIGRAINE AGENTS, MISCELLANEOUS
PIZOTIFEN MALATE

Tab.				1 mg	
00511552	*Sandomigran DS*	Paladin	100	62.83	0.6283

28:36.04
ADAMANTANES
AMANTADINE HYDROCHLORIDE

Caps.				100 mg	
01990403	*PDP-Amantadine*	Pendopharm	100	52.52	0.5252

Syr.				50 mg/5 mL	
02022826	*PDP-Amantadine*	Pendopharm	500 ml	54.90	0.1098

28:36.08
ANTICHOLINERGIC AGENTS
BENZTROPINE MESYLATE

Tab.				1 mg	
00706531	*PDP-Benztropine*	Pendopharm	1000	52.20	0.0522

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

TRIHEXYPHENIDYL HYDROCHLORIDE Pr

Tab. 2 mg

00545058	*Trihexyphenidyl*	AA Pharma	100	3.76	0.0376

Tab. 5 mg

00545074	*Trihex*	AA Pharma	100	6.81	0.0681

28:36.12
CATECHOL-O-METHYLTRANSFERASE INHIBITORS

ENTACAPONE Pr

Tab. 200 mg **PPB**

02321459	*Apo-Entacapone*	Apotex	100	40.10	➡	0.4010
02243763	*Comtan*	Sandoz	100	151.92		1.5192
02380005	*Sandoz Entacapone*	Sandoz	100	40.10	➡	0.4010
02375559	*Teva Entacapone*	Teva Can	100	40.10	➡	0.4010

28:36.16
DOPAMINE PRECURSORS

LEVODOPA/ CARBIDOPA Pr

L.A. Tab. 100 mg -25 mg **PPB**

02272873	*Levocarb CR*	AA Pharma	100	37.07	➡	0.3707
02421488	*pms-Levocarb CR*	Phmscience	100	37.07	➡	0.3707

L.A. Tab. 200 mg -50 mg **PPB**

02245211	*Levocarb CR*	AA Pharma	100	67.56	➡	0.6756
02421496	*pms-Levocarb CR*	Phmscience	100	67.56	➡	0.6756
			500	337.80	➡	0.6756

Tab. 100 mg -10 mg **PPB**

02195933	*Apo-Levocarb*	Apotex	100	11.74	➡	0.1174
02244494	*Novo-Levocarbidopa*	Novopharm	100	11.74	➡	0.1174

Tab. 100 mg -25 mg **PPB**

02195941	*Apo-Levocarb*	Apotex	100	17.53	➡	0.1753
			500	87.65	➡	0.1753
02244495	*Novo-Levocarbidopa*	Novopharm	100	17.53	➡	0.1753
			500	87.65	➡	0.1753
02311178	*Pro-Levocarb-100/25*	Pro Doc	100	17.53	➡	0.1753
			500	87.65	➡	0.1753

28:36.20
DOPAMINE RECEPTOR AGONISTS

BROMOCRIPTIN MESYLATE Pr

Caps. 5 mg

02230454	*Bromocriptine*	AA Pharma	100	152.51	1.5251

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					2.5 mg		
	02087324	*Bromocriptine*	AA Pharma	100	101.88		1.0188

PRAMIPEXOLE DIHYDROCHLORIDE [F]

Tab.					0.25 mg **PPB**		
	02297302	*Act Pramipexole*	ActavisPhm	100	19.50	➡	0.1950
	02292378	*Apo-Pramipexole*	Apotex	100	19.50	➡	0.1950
	02424061	*Auro-Pramipexole*	Aurobindo	100	19.50	➡	0.1950
				500	97.50	➡	0.1950
*	02237145	*Mirapex*	Bo. Ing.	100	105.13		1.0513
	02325802	*Pramipexole*	Pro Doc	100	19.50	➡	0.1950
	02309122	*Pramipexole*	Sivem	100	19.50	➡	0.1950
	02315262	*Sandoz Pramipexole*	Sandoz	100	19.50	➡	0.1950
Tab.					0.5 mg **PPB**		
	02297310	*Act Pramipexole*	ActavisPhm	100	40.18	➡	0.4018
	02292386	*Apo-Pramipexole*	Apotex	100	40.18	➡	0.4018
	02424088	*Auro-Pramipexole*	Aurobindo	100	40.18	➡	0.4018
				500	200.90	➡	0.4018
	02325810	*Pramipexole*	Pro Doc	100	40.18	➡	0.4018
	02309130	*Pramipexole*	Sivem	100	40.18	➡	0.4018
	02315270	*Sandoz Pramipexole*	Sandoz	100	40.18	➡	0.4018
Tab.					1 mg **PPB**		
	02297329	*Act Pramipexole*	ActavisPhm	100	39.01	➡	0.3901
	02292394	*Apo-Pramipexole*	Apotex	100	39.01	➡	0.3901
	02424096	*Auro-Pramipexole*	Aurobindo	100	39.01	➡	0.3901
				500	195.05	➡	0.3901
	02325829	*Pramipexole*	Pro Doc	100	39.01	➡	0.3901
	02309149	*Pramipexole*	Sivem	100	39.01	➡	0.3901
	02315289	*Sandoz Pramipexole*	Sandoz	100	39.01	➡	0.3901
Tab.					1.5 mg **PPB**		
	02297337	*Act Pramipexole*	ActavisPhm	100	39.01	➡	0.3901
	02292408	*Apo-Pramipexole*	Apotex	100	39.01	➡	0.3901
	02424118	*Auro-Pramipexole*	Aurobindo	100	39.01	➡	0.3901
				500	195.05	➡	0.3901
	02325837	*Pramipexole*	Pro Doc	100	39.01	➡	0.3901
	02309157	*Pramipexole*	Sivem	100	39.01	➡	0.3901
	02315297	*Sandoz Pramipexole*	Sandoz	100	39.01	➡	0.3901

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ROPINIROLE HYDROCHLORIDE P

Tab. 0.25 mg **PPB**

02316846	*ACT Ropinirole*	ActavisPhm	100	7.09	0.0709
02337746	*Apo-Ropinirole*	Apotex	100	7.09	0.0709
02352338	*Jamp-Ropinirole*	Jamp	100	7.09	0.0709
02326590	*pms-Ropinirole*	Phmscience	100	7.09	0.0709
02314037	*Ran-Ropinirole*	Ranbaxy	100	7.09	0.0709
02353040	*Ropinirole*	Sanis	100	7.09	0.0709

Tab. 1 mg **PPB**

02316854	*ACT Ropinirole*	ActavisPhm	100	28.38	0.2838
02337762	*Apo-Ropinirole*	Apotex	100	28.38	0.2838
02352346	*Jamp-Ropinirole*	Jamp	100	28.38	0.2838
02326612	*pms-Ropinirole*	Phmscience	100	28.38	0.2838
02314053	*Ran-Ropinirole*	Ranbaxy	100	28.38	0.2838
02353059	*Ropinirole*	Sanis	100	28.38	0.2838

Tab. 2 mg **PPB**

02316862	*ACT Ropinirole*	ActavisPhm	100	31.22	0.3122
02337770	*Apo-Ropinirole*	Apotex	100	31.22	0.3122
02352354	*Jamp-Ropinirole*	Jamp	100	31.22	0.3122
02326620	*pms-Ropinirole*	Phmscience	100	31.22	0.3122
02314061	*Ran-Ropinirole*	Ranbaxy	100	31.22	0.3122

Tab. 5 mg **PPB**

02316870	*ACT Ropinirole*	ActavisPhm	100	85.96	0.8596
02337800	*Apo-Ropinirole*	Apotex	100	85.96	0.8596
02314088	*Ran-Ropinirole*	Ranbaxy	100	85.96	0.8596

28:36.32
MONOAMINE OXYDASE B INHIBITORS

SELEGILINE HYDROCHLORIDE P

Tab. 5 mg **PPB**

02230641	*Selegiline*	AA Pharma	100	50.21	0.5021
02068087	*Teva-Selegiline*	Teva Can	60	30.13	0.5021

28:36.92
ANTIPARKINSONIAN AGENTS, MISCELLANEOUS

ETHOPROPAZINE HYDROCHLORIDE P

Tab. 50 mg

01927744	*Parsitan*	Erfa	100	19.53	0.1953

LEVODOPA/ BENSERAZIDE HYDROCHLORIDE P

Caps. 50 mg -12.5 mg

00522597	*Prolopa 50/12.5*	Roche	100	27.87	0.2787

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				100 mg -25 mg	
00386464	*Prolopa 100/25*	Roche	100	45.88	0.4588

LÉVODOPA/ CARBIDOPA/ ENTACAPONE P

Tab.				50 mg - 12.5 mg - 200 mg	
02305933	*Stalevo*	Sandoz	100	160.05	1.6005
Tab.				75 mg - 18.75 mg - 200 mg	
02337827	*Stalevo*	Sandoz	100	160.05	1.6005
Tab.				100 mg - 25 mg - 200 mg	
02305941	*Stalevo*	Sandoz	100	160.05	1.6005
Tab.				125 mg - 31.25 mg - 200 mg	
02337835	*Stalevo*	Sandoz	100	160.05	1.6005
Tab.				150 mg - 37.5 mg - 200 mg	
02305968	*Stalevo*	Sandoz	100	160.05	1.6005

28:92
MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

BETAHISTINE DIHYDROCHLORIDE P

Tab.				16 mg	**PPB**	
02449153	*Auro-Betahistine*	Aurobindo	100	11.06	➡	0.1106
02466449	*Betahistine*	Sanis	100	11.06	➡	0.1106
02280191	*Novo-Betahistine*	Novopharm	100	11.06	➡	0.1106
02330210	*pms-Betahistine*	Phmscience	100	11.06	➡	0.1106
02243878	*Serc*	BGP Pharma	100	45.99		0.4599
Tab.				24 mg	**PPB**	
02449161	*Auro-Betahistine*	Aurobindo	100	16.59	➡	0.1659
02466457	*Betahistine*	Sanis	100	16.59	➡	0.1659
02280205	*Novo-Betahistine*	Novopharm	100	16.59	➡	0.1659
02330237	*pms-Betahistine*	Phmscience	100	16.59	➡	0.1659
02247998	*Serc*	BGP Pharma	100	68.97		0.6897

TETRABENAZINE P

Tab.				25 mg	**PPB**	
02407590	*Apo-Tetrabenazine*	Apotex	100	180.03	➡	1.8003
02410338	*Comprimes de tetrabenazine*	Sterimax	112	201.63	➡	1.8003
02199270	*Nitoman*	Valeant	112	699.92		6.2493
02402424	*pms-Tetrabenazine*	Phmscience	100	180.03	➡	1.8003

36:00
DIAGNOSTIC AGENTS

36:26 **diabetes mellitus**

36:88 **urine and feces contents**

36:88.12 ketones

36:88.40 sugar

36:88.92 urine and feces contents, miscellaneous

36:92 **other**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
36:26					
DIABETES MELLITUS					
QUANTITATIVE GLUCOSE BLOOD TEST					
Strip					
99002884	*Accu-Chek Advantage*	Roche SD	50	40.80	
			100	71.25	
99100214	*Accu-Chek Aviva*	Roche SD	50	40.80	
			100	71.25	
99004364	*Accu-Chek Compact*	Roche SD	51	41.62	
			102	72.68	
99101387	*Accu-Chek Guide*	Roche SD	50	34.07	
			100	68.13	
99100791	*Accu-Chek Mobile*	Roche SD	100	71.25	
99100834	*Bionime Rightest GS100*	Bionime	50	23.00	
			100	45.00	
99101011	*Bravo*	DEXmedical	100	39.99	
99101275	*CareSens N*	I-Sens	100	50.00	
99100096	*Contour*	Ascensia	50	40.81	
			100	69.89	
99100849	*Contour NEXT*	Ascensia	100	69.89	
99101233	*Fora Test N'GO*	TaiDoc	50	25.00	
99100478	*FreeStyle Lite*	Ab Diabete	50	37.00	
			100	69.00	
99100928	*FreeStyle Precision*	Abbott	100	68.90	
99101090	*GE200*	Bionime	50	26.00	
			100	51.00	
99101184	*Medi+Sure*	Medisure	50	34.00	
			100	68.00	
99100787	*OneTouch Verio*	Lifescan	100	69.43	
99113794	*Rapid Response Gluco-MD*	BTNX	50	34.50	
99101313	*Spirit Blood Glucose Test Strips*	Ara Pharm	100	50.00	
99101186	*SureTest*	Skymed	50	25.00	
99100413	*TrueTrack*	Nipro Diag	50	22.78	
			100	39.57	
99004240	*Ultra*	Lifescan	50	39.75	
			100	69.43	
QUANTITATIVE KETONE BLOOD TEST					
Strip				**PPB**	
99100929	*FreeStyle Precision (Cetone)*	Abbott	10	15.06	
99100850	*Nova Max Plus (Ketone)*	NovaBiomed	10	14.99	
99004879	*Precision Xtra (Cetone)*	Ab Diabete	10	15.06	
36:88.12					
KETONES					
QUALITATIVE ACETONE TEST					
Strip					
00035092	*Ketostix*	Ascensia	50	6.06	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
36:88.40					
SUGAR					
SEMI-QUANTITATIVE GLUCOSE TEST					
Strip					
00035130	*Diastix*	Ascensia	50	5.44	
36:88.92					
URINE AND FECES CONTENTS, MISCELLANEOUS					
SEMI-QUANTITATIVE ACETONE AND GLUCOSE TEST					
Strip					
00035149	*Keto-Diastix*	Ascensia	100	13.03	
36:92					
OTHER					
QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST DONE BY PHARMACIST					
Strip				**12**	
99101324	*CoaguChek XS PT Test*	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000
			48	297.60	6.2000
99113493	*CoaguChek XS PT Test PST*	Roche Diag	6	37.20	6.2000
			24	148.80	6.2000

12 A strip is reimbursable where it is used to measure the international normalized ratio (INR) in persons for whom a community-based pharmacist has taken charge of adjusting the dose of a vitamin K antagonist in order to attain therapeutic targets. In addition, one strip per day is reimbursable per person.

40:00
ELECTROLYTIC, CALORIC AND WATER BALANCE

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE

40:08
ALKALINIZING AGENTS
CITRIC ACID/ SODIUM CITRATE

Oral Sol. 334 mg -500 mg/5 mL

	00721344	*Dicitrate*	Pendopharm	500 ml	22.33		0.0447

SODIUM BICARBONATE

Tab. 500 mg **PPB**

	80030520	*Jamp-Sodium Bicarbonate*	Jamp	500	34.20	➡	0.0684
	80022194	*Sandoz Sodium Bicarbonate*	Sandoz	500	34.20	➡	0.0684

40:12
REPLACEMENT PREPARATIONS
CALCIUM CARBONATE

Tab. 500 mg **PPB**

	80103904	*AG-Calcium 500 mg*	Angita	500	10.80	➡	0.0216
	80076097	*Alta-Cal*	Altamed	500	10.80	➡	0.0216
	80066648	*Bio-Calcium*	Biomed	500	10.80	➡	0.0216
	80067139	*Caicium Tablet*	Cellchem	60	1.30	➡	0.0216
*	80062015	*Calcium*	Sanis	500	10.80		**W**
	80003773	*Calcium 500*	Trianon	100	2.16	➡	0.0216
				500	10.80	➡	0.0216
	02237352	*Euro-Cal*	Sandoz	500	10.80	➡	0.0216
	02246040	*Jamp-Calcium*	Jamp	500	10.80	➡	0.0216
				1000	21.60	➡	0.0216
	80055526	*MCal 500 mg*	Mantra Ph.	500	10.80	➡	0.0216
	80001408	*Novo-Calcium*	Novopharm	500	10.80	➡	0.0216
	00618098	*Nu-Cal*	Odan	100	2.16	➡	0.0216
				500	10.80	➡	0.0216
	80039952	*Opus Cal 500*	Opus	500	10.80	➡	0.0216
	80001122	*Pharma-Cal 500 mg*	Pendopharm	500	10.80	➡	0.0216
				1000	21.60	➡	0.0216
	80079608	*Pro-Cal-500*	Pro Doc	500	10.80	➡	0.0216

CALCIUM CARBONATE/VITAMIN D

Caps. or Tab. 500 mg - 800 UI **PPB**

	80105524	*AG-Calcium D 800*	Angita	60	7.20	➡	0.1200
	80015972	*Calcite 500 + D 800*	Riva	30	3.60	➡	0.1200
				500	60.00	➡	0.1200
	80083458	*Calcium 500 Vitamine D800*	Altamed	60	7.20	➡	0.1200
				500	60.00	➡	0.1200
	80015847	*Cal-Os D*	Jamp	60	7.20	➡	0.1200
				500	60.00	➡	0.1200
	80024378	*LiquiCal-D*	Mayaka	100	12.00	➡	0.1200
	80028413	*Liqui-Jamp Plus*	Jamp	120	14.40	➡	0.1200
	80019533	*MCal D800*	Mantra Ph.	60	7.20	➡	0.1200
				500	60.00	➡	0.1200
	80079933	*Vitamin D + Calcium*	Cellchem	60	7.20	➡	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chew. Tab.			500 mg - 800 UI		
80058042	*Calcia Plus*	Medexus	60	7.20	0.1200
Tab.			500 mg - 125 UI and 200 UI **PPB**		
80004143	*Biocal-D*	Biomed	500	14.45	0.0289
80017196	*Cal-500-D*	Pro Doc	500	14.45	0.0289
80004966	*Calcite D 500*	Riva	100	2.89	0.0289
80004968	*Calcium D 500*	Trianon	100	2.89	0.0289
			500	14.45	0.0289
02237351	*Euro-Cal-D*	Sandoz	500	14.45	0.0289
02246041	*Jamp-Calcium+Vitamin D 125 U.I.*	Jamp	100	2.89	0.0289
			500	14.45	0.0289
80007304	*O-Calcium 500 mg with Vitamin D*	Novopharm	100	2.89	0.0289
			500	14.45	0.0289
80067149	*Osteo Tablet*	Cellchem	60	1.73	0.0289
80004281	*pms-Calcium 500 + D 125 UI*	Phmscience	500	14.45	0.0289

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Chew. Tab.orCaps.			500 mg - 400 UI et 500 UI **PPB**		
80103511	*AG-Calcium Carbonate + Vitamin D 500 mg + 400 UI*	Angita	60	7.20	0.1200
			500	60.00	0.1200
80101376	*AG-Calcium D 400 Croq.*	Angita	60	7.20	0.1200
80101377	*AG-Calcium D 400 foncé*	Angita	60	7.20	0.1200
			500	60.00	0.1200
80066647	*Bio-Calcium-D*	Biomed	60	7.20	0.1200
			500	60.00	0.1200
80012594	*Biocal-D Forte*	Biomed	60	7.20	0.1200
			500	60.00	0.1200
80090977	*Bio-Cal-D3*	Biomed	500	60.00	0.1200
80088060	*Bio-Cal-D3 Forte*	Biomed	60	7.20	0.1200
			500	60.00	0.1200
80000159	*Calcia 400*	Medexus	60	7.20	0.1200
80004963	*Calcite 500 + D 400*	Riva	60	7.20	0.1200
			500	60.00	0.1200
80004969	*Calcium 500 + D 400*	Trianon	60	7.20	0.1200
			500	60.00	0.1200
80083997	*Calcium 500 + Vitamine D400*	Altamed	60	7.20	0.1200
80066082	*Calcium 500 Vitamine D400*	Altamed	60	7.20	0.1200
			500	60.00	0.1200
80066089	*Calcium 500 Vitamine D400 UI*	Altamed	60	7.20	0.1200
			500	60.00	0.1200
80053666	*Calcium/Vit D*	Sanis	60	7.20	0.1200
			500	60.00	0.1200
80002901	*Carbocal D 400 (Co. croq)*	Sandoz	60	7.20	0.1200
02245511	*Carbocal D 400 (Co.)*	Sandoz	60	7.20	0.1200
			500	60.00	0.1200
80004545	*Carbocal D 400 (Co.)*	Sandoz	60	7.20	0.1200
			500	60.00	0.1200
80012435	*Jamp-Calcium + Vitamin D 500 UI*	Jamp	500	60.00	0.1200
80002122	*Jamp-Calcium + Vitamine D 400 UI*	Jamp	60	7.20	0.1200
			500	60.00	0.1200
80025065	*Jamp-Calcium + Vitamine D 400 UI Pink*	Jamp	60	7.20	0.1200
			500	60.00	0.1200
80002623	*Jamp-Calcium+Vitamin D 400 UI Chewable*	Jamp	60	7.20	0.1200
			300	36.00	0.1200
80025360	*J-Cal-D 400*	Jamp	60	7.20	0.1200
			500	60.00	0.1200
80000408	*LiquiCal D 400*	Mayaka	100	12.00	0.1200
80021961	*Liqui-Jamp*	Jamp	100	12.00	0.1200
			120	14.40	0.1200
80013329	*MCal D400*	Mantra Ph.	60	7.20	0.1200
			500	60.00	0.1200
80009412	*MCal D400 chewable*	Mantra Ph.	60	7.20	0.1200
80020974	*Opus Cal D-400*	Opus	60	7.20	0.1200
			500	60.00	0.1200
80040634	*Opus Cal D-400 Bleu Fonce*	Opus	60	7.20	0.1200
			500	60.00	0.1200
80001248	*Pharma-Cal D 400 UI*	Phmscience	60	7.20	0.1200
			500	60.00	0.1200
80059293	*Pharma-Cal D 400 UI Dark*	Phmscience	60	7.20	0.1200
			500	60.00	0.1200
80008566	*Pro-Cal-D 400*	Pro Doc	60	7.20	0.1200
			500	60.00	0.1200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
80021369	*Px-Calcium 500 mg + D 400 UI*	Phoenix	60	7.20	0.1200
			500	60.00	0.1200
80048609	*Px-Calcium 500 mg + D 400 UI*	Phoenix	60	7.20	0.1200
			500	60.00	0.1200
80019198	*ratio-Calcium Vit D*	Ratiopharm	60	7.20	0.1200
			500	60.00	0.1200
80065914	*Riva-Cal D400*	Riva	60	7.20	0.1200
			500	60.00	0.1200

Tab. or Chew. Tab.orCaps. 500 mg - 1 000 UI **PPB**

80105522	*AG-Calcium D 1000 Croq.*	Angita	60	7.20	0.1200
80101375	*AG-Calcium D 1000 Yellow*	Angita	30	3.60	0.1200
			500	60.00	0.1200
80027407	*Bio-CAL-D3 +*	Biomed	30	3.60	0.1200
			500	60.00	0.1200
80025501	*Calcite 500 + D 1000*	Riva	30	3.60	0.1200
			500	60.00	0.1200
80066093	*Calcium 500 Vitamine D1000*	Altamed	30	3.60	0.1200
			500	60.00	0.1200
80018540	*Cal-Os D 1000*	Jamp	30	3.60	0.1200
			500	60.00	0.1200
80027625	*Carbocal D 1000*	Sandoz	30	3.60	0.1200
			500	60.00	0.1200
80027787	*Jamp-Calcium+Vitamine D 1000 UI (Co. Croq.)*	Jamp	60	7.20	0.1200
80025051	*LiquiCal-D*	Mayaka	100	12.00	0.1200
80028899	*Liqui-Jamp Fort*	Jamp	120	14.40	0.1200
80019536	*MCal D1000*	Mantra Ph.	60	7.20	0.1200
			500	60.00	0.1200
80050701	*MCal D1000 chewable*	Mantra Ph.	60	7.20	0.1200
80039162	*Opus Cal D-1000*	Opus	30	3.60	0.1200
			500	60.00	0.1200
80055435	*Px-Calcium 500 mg + D 1000 UI*	Phoenix	60	7.20	0.1200
			500	60.00	0.1200
80072757	*Riva-Cal D1000*	Riva	30	3.60	0.1200
			500	60.00	0.1200

CALCIUM CITRATE/VITAMIN D

Chew. Tab. 500 mg -400 UI **PPB**

80101373	*AG-Calcium Cit.D 400 Croq.*	Angita	60	7.20	0.1200
80000281	*Ci-Cal D 400*	Sandoz	60	7.20	0.1200
80003262	*Jamp Calci-Os*	Jamp	60	7.20	0.1200

Chew. Tab. 500 mg - 1 000 UI

80029083	*Jamp-Calcium Citrate + Vitamine D 1000 UI*	Jamp	60	7.20	0.1200

Tab. 250 mg - 200 U.I. **PPB**

80013612	*Ci-Cal D 200*	Sandoz	360	21.60	**W**
80015811	*Jamp-Calcium Citrate & Vitamin D 200 IU*	Jamp	120	7.20	0.0600
			360	21.60	0.0600

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.			250 mg - 500 UI		
80025304	*Jamp-Calcium Citrate + Vitamine D 500 UI*	Jamp	60 360	3.60 21.60	0.0600 0.0600

ELECTROLYTE (REPLACEMENT)/ DEXTROSE

Oral Pd.			4.9 g/sac. to 5.1 g/sac. **PPB**		
01931563	*Gastrolyte*	SanofiAven	10	7.01 ➡	0.7010
80027403	*Jamp Rehydralyte*	Jamp	10	7.01 ➡	0.7010

MAGNESIUM GLUCOHEPTONATE

Oral Sol.			500 mg/5 mL (Mg-25 mg/5 mL) **PPB**		
80009357	*Jamp-Magnesium*	Jamp	500 ml	9.95 ➡	0.0199
			2000 ml	39.80 ➡	0.0199
80004109	*Magnesium-Odan*	Odan	500 ml	9.95 ➡	0.0199
			2000 ml	39.80 ➡	0.0199
80072191	*M-Magnesium*	Mantra Ph.	500 ml	9.95 ➡	0.0199
00026697	*Rougier Magnesium*	Teva Can	500 ml	9.95 ➡	0.0199
			2000 ml	39.80 ➡	0.0199
99100788	*Rougier Magnesium sugar free*	Teva Can	500 ml	9.95 ➡	0.0199
			2000 ml	39.80 ➡	0.0199

MAGNESIUM GLUCONATE

Tab.			500 mg (Mg - 28 mg to 30 mg) **PPB**		
80089349	*Bio-Magnesium*	Biomed	100	10.88 ➡	0.1088
80009539	*Jamp-Magnesium*	Jamp	100	10.88 ➡	0.1088
00555126	*Maglucate*	Pendopharm	100	10.88 ➡	0.1088
80062929	*M-Magnesium Gluconate 500 mg*	Mantra Ph.	100	10.88 ➡	0.1088

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
POTASSIUM CHLORIDE					
L.A. Tab.			20 mmol (en K+)	**PPB**	
80106713	*AG-K20*	Angita	500	99.75	0.1995
80026265	*Bio-POTASSIUM K20*	Biomed	100	19.95	0.1995
			500	99.75	0.1995
02242261	*Euro-K 20*	Sandoz	100	19.95	0.1995
			500	99.75	0.1995
80013007	*Jamp-K 20*	Jamp	100	19.95	0.1995
			500	99.75	0.1995
80040412	*K-20 Potassium*	Altamed	500	99.75	0.1995
80025624	*M-K20 L.A.*	Mantra Ph.	100	19.95	0.1995
			500	99.75	0.1995
80071412	*M-K20 Soluble*	Mantra Ph.	100	19.95	0.1995
			500	99.75	0.1995
80004415	*Odan K-20*	Odan	100	19.95	0.1995
			500	99.75	0.1995
80028233	*Opus K-20*	Opus	500	99.75	0.1995
80040416	*Pharma-K20*	Phmscience	100	19.95	0.1995
			500	99.75	0.1995
80040926	*PX K-20*	Phoenix	500	99.75	0.1995
02243975	*Riva-K 20 SR*	Riva	100	19.95	0.1995
			500	99.75	0.1995
LA Caps or LA Tab			8 mmol (en K+)	**PPB**	
80106826	*AG-K8*	Angita	500	21.60	0.0432
80084446	*Alta-K8*	Altamed	500	21.60	0.0432
			1000	43.20	0.0432
00602884	*Apo-K*	Apotex	1000	74.86	0.0749
02246734	*Euro-K 600*	Sandoz	500	21.60	0.0432
80013005	*Jamp-K 8*	Jamp	500	21.60	0.0432
			1000	43.20	0.0432
80062704	*Jamp-Potassium Chloride ER*	Jamp	100	4.32	0.0432
02042304	*Micro-K*	Paladin	100	7.92	0.0792
80035346	*M-K8 L.A.*	Mantra Ph.	500	21.60	0.0432
80044745	*Opus K-8*	Opus	1000	43.20	0.0432
02244068	*Riva-K 8 SR*	Riva	100	4.32	0.0432
			500	21.60	0.0432
Oral Sol.			6.65 mmol/5 mL (en K+)		
02238604	*pms-Potassium Chloride*	Phmscience	500 ml	5.10	0.0102
POTASSIUM CITRATE					
Eff. Tab.			25 mmol (en K+)	**PPB**	
80011428	*Euro-K 975*	Sandoz	30	14.28	0.4760
80033602	*Jamp-K Effervescent*	Jamp	30	14.28	0.4760
02085992	*K-Lyte*	WellSpring	30	14.28	0.4760

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.			10 mmol (en K+) **PPB**		
80023817	*Jamp-K-Citrate*	Jamp	100	15.45 ➡	0.1545
02243768	*K-Citra*	Seaford	100	15.45 ➡	0.1545
Oral Sol.			10 mmol/5 mL (en K+)		
80011529	*K-Citra 10 Solution*	Seaford	450 ml	19.97	0.0444

SODIUM CHLORIDE

I.V. Inj. Sol.			234 mg/mL [11]		
99100498			30 ml		
Sol. Inh.			70 mg/mL (4 mL)		
80029758	*Nebusal 7 %*	Sterimax	60	53.00	0.8833

40:18.18
POTASSIUM-REMOVING AGENTS
CALCIUM POLYSTYRENE SULPHONATE

Oral Pd.			Exchange capacity: 1.6 mmol de k/g		
02017741	*Resonium Calcium*	SanofiAven	300 g	92.50	

POLYSTYRENE SODIUM SULFONATE Pr

Oral Pd.			Exchange capacity: 1 mmol de k/g **PPB**		
02497557	*Jamp Sodium Polystyrene Sulfonate*	Jamp	454 g	➡ 29.42	
02026961	*Kayexalate*	SanofiAven	454 g	➡ 29.42	
02473941	*Odan-Sodium polystyrene sulfonate*	Odan	454 g	➡ 29.42	
00755338	*Solystat*	Pendopharm	454 g	➡ 29.42	
Oral Susp.			Exchange capacity: 1 mmol de k/4mL **PPB**		
02473968	*Odan-Sodium polystyrene sulfonate*	Odan	500 ml	52.19 ➡	0.1044
00769541	*Solystat*	Pendopharm	500 ml	52.19 ➡	0.1044

40:20
CALORIC AGENTS
LEVOCARNITINE Pr

I.V. Inj. Sol.				1 g/5 mL	
02144344	*Carnitor*	Leadiant	5 ml	71.19	

11 Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Oral Sol.					100 mg/mL **PPB**		
	02144336	*Carnitor*	Leadiant	118 ml	44.95	➡	0.3809
	02492105	*Odan Levocarnitine*	Odan	118 ml	44.95	➡	0.3809
Tab.					330 mg		
	02144328	*Carnitor*	Leadiant	90	176.72		1.9636

40:28.08
LOOP DIURETICS
ETHACRYNIC ACID Pr

Tab.					25 mg		
	02258528	*Edecrin*	Valeant	100	30.96		0.3096

FUROSEMIDE Pr

Inj. Sol.					10 mg/mL **PPB**		
	00527033	*Furosemide*	Sandoz	4 ml	3.46	➡	
	02384094	*Furosemide pour injection USP*	Teligent	2 ml	1.30	➡	
	02382539	*Furosemide SDZ*	Sandoz	2 ml	1.30	➡	
				4 ml	3.46	➡	
Oral Sol.					10 mg/mL		
	02224720	*Lasix*	SanofiAven	120 ml	36.99		0.3083
Tab.					20 mg **PPB**		
	00396788	*Apo-Furosemide*	Apotex	1000	20.90	➡	0.0209
	02351420	*Furosemide (Sanis)*	Sanis	1000	20.90	➡	0.0209
	00496723	*Furosemide-20*	Pro Doc	1000	20.90	➡	0.0209
	02466759	*Mint-Furosemide*	Mint	1000	20.90	➡	0.0209
	00337730	*Teva-Furosemide*	Novopharm	100	2.09	➡	0.0209
				1000	20.90	➡	0.0209
Tab.					40 mg **PPB**		
	00362166	*Apo-Furosemide*	Apotex	1000	32.18	➡	0.0322
	02351439	*Furosemide (Sanis)*	Sanis	1000	32.18	➡	0.0322
	02466767	*Mint-Furosemide*	Mint	1000	32.18	➡	0.0322
	02247494	*pms-Furosemide*	Phmscience	500	16.09	➡	0.0322
*	00397792	*Pro-Furosemide*	Pro Doc	1000	32.18	➡	0.0322
	00337749	*Teva-Furosemide*	Novopharm	100	3.22	➡	0.0322
				1000	32.18	➡	0.0322

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				80 mg **PPB**	
00707570	*Apo-Furosemide*	Apotex	100	6.54	0.0654
02351447	*Furosemide (Sanis)*	Sanis	100	6.54	0.0654
00667080	*Furosemide-80*	Pro Doc	100	6.54	0.0654
			500	32.70	0.0654
02466775	*Mint-Furosemide*	Mint	100	6.54	0.0654
00765953	*Teva-Furosemide*	Novopharm	100	6.54	0.0654
Tab.				500 mg	
02224755	*Lasix Special*	SanofiAven	20	52.47	2.6235

40:28.16
POTASSIUM-SPARING DIURETICS
AMILORIDE HYDROCHLORIDE P

Tab.				5 mg	
02249510	*Midamor*	AA Pharma	100	27.17	0.2717

40:28.20
THIAZIDE DIURETICS
HYDROCHLOROTHIAZIDE P

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
02486962	*Hydrochlorothiazide*	Pro Doc	1000	15.65	0.0157
02360594	*Hydrochlorothiazide*	Sanis	100	1.57	0.0157
			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
02360608	*Hydrochlorothiazide*	Sanis	100	2.17	0.0217
			1000	21.68	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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE Pr

Tab. 20 mg -12.5 mg **PPB**

02468948	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443112	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453606	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476487	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475707	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508273	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509601	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319616	*Olmetec Plus*	Organon	30	30.49	1.0163

Tab. 40 mg - 12.5 mg **PPB**

02468956	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443120	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453614	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476495	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475715	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508281	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509636	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319624	*Olmetec Plus*	Organon	30	30.49	1.0163

Tab. 40 mg - 25 mg **PPB**

02468964	*ACH-Olmesartan HCTZ*	Accord	30	9.06	0.3019
			90	27.17	0.3019
02443139	*Act Olmesartan HCT*	Teva Can	30	9.06	0.3019
02453622	*Apo-Olmesartan/HCTZ*	Apotex	90	27.17	0.3019
02476509	*Auro-Olmesartan HCTZ*	Aurobindo	30	9.06	0.3019
			100	30.19	0.3019
02475723	*GLN-Olmesartan HCTZ*	Glenmark	30	9.06	0.3019
02508303	*NRA-Olmesartan HCTZ*	Nora	30	9.06	0.3019
			90	27.17	0.3019
02509628	*Olmesartan HCTZ*	Sanis	90	27.17	0.3019
02319632	*Olmetec Plus*	Organon	30	30.49	1.0163

40:28.24
THIAZIDE-LIKE DIURETICS

CHLORTHALIDONE Pr

Tab. 50 mg

00360279	*Chlorthalidone*	AA Pharma	100	12.42	0.1242

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

INDAPAMIDE Pr

Tab. 1.25 mg **PPB**

02245246	*Apo-Indapamide*	Apotex	100	7.45	0.0745
02240067	*Mylan-Indapamide*	Mylan	100	7.45	0.0745

Tab. 2.5 mg **PPB**

02223678	*Apo-Indapamide*	Apotex	100	11.82	0.1182
02153483	*Mylan-Indapamide*	Mylan	100	11.82	0.1182
02188910	*Tria-Indapamide*	Trianon	30	3.55	0.1182

METOLAZONE Pr

Tab. 2.5 mg

00888400	*Zaroxolyn*	SanofiAven	100	16.14	0.1614

40:28.92
DIURETICS, MISCELLANEOUS

AMILORIDE HYDROCHLORIDE HYDROCHLOROTHIAZIDE Pr

Tab. 5 mg -50 mg **PPB**

00784400	*Amilzide*	AA Pharma	1000	83.78	0.0838
01937219	*Novamilor*	Novopharm	100	8.38	0.0838
			1000	83.78	0.0838

SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE Pr

Tab. 25 mg -25 mg

00613231	*Teva-Spironolactone/HCTZ*	Teva Can	100	8.58	0.0858

Tab. 50 mg -50 mg

00657182	*Novo-Spirozine-50*	Novopharm	100	22.36	0.2236

TRIAMTERENE/ HYDROCHLOROTHIAZIDE Pr

Tab. 50 mg -25 mg **PPB**

00441775	*Apo-Triazide*	Apotex	100	6.08	0.0608
			1000	60.80	0.0608
00532657	*Novo-Triamzide*	Novopharm	100	6.08	0.0608
			1000	60.80	0.0608

48:00
RESPIRATORY TRACT AGENTS

48:10 **anti-inflammatory agents**
48:10.24 leukotriene modifiers
48:24 **mucolytic agents**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

48:10.24
LEUKOTRIENE MODIFIERS
MONTELUKAST SODIUM P

Chew. Tab. 4 mg **PPB**

02377608	*Apo-Montelukast*	Apotex	30	8.27	➡	0.2758
02442353	*Jamp-Montelukast*	Jamp	30	8.27	➡	0.2758
02399865	*Mar-Montelukast*	Marcan	30	8.27	➡	0.2758
02408627	*Mint-Montelukast*	Mint	30	8.27	➡	0.2758
02379821	*Montelukast*	Pro Doc	30	8.27	➡	0.2758
02382458	*Montelukast*	Sivem	30	8.27	➡	0.2758
			100	27.58	➡	0.2758
02354977	*pms-Montelukast*	Phmscience	30	8.27	➡	0.2758
			100	27.58	➡	0.2758
02330385	*Sandoz Montelukast*	Sandoz	100	27.58	➡	0.2758
02243602	*Singulair*	Organon	30	42.00		1.4000
02355507	*Teva Montelukast*	Teva Can	30	8.27	➡	0.2758

Chew. Tab. 5 mg **PPB**

02377616	*Apo-Montelukast*	Apotex	30	9.25	➡	0.3082
02442361	*Jamp-Montelukast*	Jamp	30	9.25	➡	0.3082
02399873	*Mar-Montelukast*	Marcan	30	9.25	➡	0.3082
02408635	*Mint-Montelukast*	Mint	30	9.25	➡	0.3082
02379848	*Montelukast*	Pro Doc	30	9.25	➡	0.3082
02382466	*Montelukast*	Sivem	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02354985	*pms-Montelukast*	Phmscience	30	9.25	➡	0.3082
			100	30.82	➡	0.3082
02330393	*Sandoz Montelukast*	Sandoz	100	30.82	➡	0.3082
02238216	*Singulair*	Organon	30	46.36		1.5453
02355515	*Teva Montelukast*	Teva Can	30	9.25	➡	0.3082

Gran. 4 mg/packet **PPB**

02358611	*Sandoz Montelukast*	Sandoz	30	35.70	➡	1.1900
02247997	*Singulair*	Organon	30	42.00		1.4000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02482835	*AG-Montelukast*	Angita	30	12.69	0.4231
02374609	*Apo-Montelukast*	Apotex	30	12.69	0.4231
			90	38.08	0.4231
02401274	*Auro-Montelukast*	Aurobindo	30	12.69	0.4231
			90	38.08	0.4231
02445735	*Bio-Montelukast*	Biomed	30	12.69	0.4231
			100	42.31	0.4231
02391422	*Jamp-Montelukast*	Jamp	30	12.69	0.4231
			100	42.31	0.4231
02399997	*Mar-Montelukast*	Marcan	30	12.69	0.4231
02408643	*Mint-Montelukast*	Mint	100	42.31	0.4231
02488183	*M-Montelukast*	Mantra Ph.	30	12.69	0.4231
02379856	*Montelukast*	Pro Doc	30	12.69	0.4231
			100	42.31	0.4231
02379333	*Montelukast*	Sanis	30	12.69	0.4231
02382474	*Montelukast*	Sivem	30	12.69	0.4231
			100	42.31	0.4231
02379236	*Montélukast sodique*	Accord	30	12.69	0.4231
			100	42.31	0.4231
02489821	*NRA-Montelukast*	Nora	30	12.69	0.4231
02373947	*pms-Montelukast FC*	Phmscience	30	12.69	0.4231
			100	42.31	0.4231
02440350	*Priva-Montelukast FC*	Pharmapar	30	12.69	0.4231
02389517	*Ran-Montelukast*	Ranbaxy	30	12.69	0.4231
			100	42.31	0.4231
02398826	*Riva-Montelukast FC*	Riva	30	12.69	0.4231
02328593	*Sandoz Montelukast*	Sandoz	100	42.31	0.4231
02238217	*Singulair*	Organon	30	68.23	2.2743
02355523	*Teva Montelukast*	Teva Can	30	12.69	0.4231

48:24
MUCOLYTIC AGENTS
ACETYLCYSTEINE

Sol.				200 mg/mL **PPB**		
* 02243098	*Acetylcysteine*	Sandoz	10 ml		7.00	
			30 ml		21.00	
+ 02459906	*Acetylcysteine solution*	Teligent	10 ml		7.00	

52:00
E. N. T. AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

52:02
ANTIALLERGIC AGENTS
CROMOGLICATE (SODIUM)

Oph. Sol. — 2 % **PPB**

02009277	*Cromolyn*	Pendopharm	5 ml	➡ 4.75	
			10 ml	➡ 9.50	
02230621	*Opticrom*	Allergan	10 ml	9.98	

LODOXAMIDE TROMETHAMIDE P

Oph. Sol. — 0.1 %

00893560	*Alomide*	Novartis	10 ml	10.73	

52:04.04
ANTIBIOTICS
CIPROFLOXACIN HYDROCHLORIDE P

Oph. Oint. — 0.3 %

02200864	*Ciloxan*	Novartis	3.5 g	10.15	

Oph. Sol. — 0.3 % **PPB**

01945270	*Ciloxan*	Novartis	5 ml	10.15	
02387131	*Sandoz Ciprofloxacin*	Sandoz	5 ml	➡ 7.05	

ERYTHROMYCIN P

Oph. Oint. — 0.5 %

02326663	*Erythromycin*	Sterigen	3.5 g	15.40	

FUSIDIC (ACID) P

Oph. Sol. — 1 %

02243862	*Fucithalmic*	Amdipharm	5 g	10.00	

OFLOXACINE P

Oph. Sol. — 0.3 %

02143291	*Ocuflox*	Allergan	5 ml	12.23	

TOBRAMYCIN P

Oph. Oint. — 0.3 %

00614254	*Tobrex*	Novartis	3.5 g	8.65	

Oph. Sol. — 0.3 % **PPB**

02241755	*Sandoz Tobramycin*	Sandoz	5 ml	➡ 6.81	
00513962	*Tobrex 0.3%*	Novartis	5 ml	8.72	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

52:04.20
ANTIVIRALS

TRIFLURIDINE Pr

Oph. Sol.				1 %	
* 00687456	*Viroptic*	Valeant	7.5 ml	22.79	**W**

52:08.08
CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE Pr

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	

BUDESONIDE Pr

Nas. spray				64 mcg/dose	**PPB**
02241003	*Mylan-Budesonide AQ*	Mylan	120 dose(s)	10.12	
02231923	*Rhinocort Aqua*	McNeil Co	120 dose(s)	10.59	
Nas. spray				100 mcg/dose	
02230648	*Mylan-Budesonide AQ*	Mylan	165 dose(s)	12.74	

CICLESONIDE Pr

Nas. spray				50 mcg/dose	
02303671	*Omnaris*	Covis	120 dose(s)	21.95	

DEXAMETHASONE Pr

Oph. Oint.				0.1 %	
00042579	*Maxidex*	Novartis	3.5 g	8.74	
Oph. Susp. or Oph. Sol.				0.1 %	**PPB**
02023865	*Dexamethasone*	Stulln	5 ml	8.06	
00042560	*Maxidex*	Novartis	5 ml	8.06	

FLUOROMETHOLONE Pr

Oph. Susp.				0.1 %	**PPB**
00247855	*FML*	Allergan	5 ml	15.29	
			10 ml	30.58	
00432814	*Sandoz Fluorometholone*	Sandoz	5 ml	8.09	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FLUOROMETHOLONE ACETATE P					
Oph. Susp.				0.1 %	
00756784	*Flarex*	Novartis	5 ml	9.10	
FLUTICASONE FUROATE P					
Nas. spray				27.5 mcg/dose	
02298589	*Avamys*	GSK	120 dose(s)	20.73	
FLUTICASONE PROPIONATE P					
Nas. spray				50 mcg/dose **PPB**	
02294745	*Apo-Fluticasone*	Apotex	120 dose(s)	21.97	
02296071	*ratio-Fluticasone*	Ratiopharm	120 dose(s)	21.97	
02453738	*Teva-Fluticasone*	Teva Can	120 dose(s)	21.97	
MOMETASONE FUROATE MONOHYDRATE P					
Nas. spray				50 mcg/dose **PPB**	
02403587	*Apo-Mometasone*	Apotex	140 dose(s)	10.42	
02238465	*Nasonex*	Organon	140 dose(s)	10.42	
02449811	*Sandoz Mometasone*	Sandoz	140 dose(s)	10.42	
02475863	*Teva-Mometasone*	Teva Can	140 dose(s)	10.42	
PREDNISOLONE ACETATE P					
Oph. Susp.				0.12 %	
00299405	*Pred Mild*	Allergan	10 ml	17.96	
Oph. Susp.				1 % **PPB**	
00700401	*ratio-Prednisolone*	Teva Can	5 ml	8.50	
			10 ml	17.00	
01916203	*Sandoz Prednisolone*	Sandoz	5 ml	8.50	
			10 ml	17.00	
TRIAMCINOLONE ACETONIDE					
Nas Spray				55 mcg/dose	
02417510	*Nasacort Allergie 24H*	SanofiAven	120 dose(s)	15.60	
TRIAMCINOLONE ACETONIDE P					
Nas. spray				55 mcg/dose **PPB**	
02437635	*Apo-Triamcinolone AQ*	Apotex	120 dose(s)	18.00	
02213834	*Nasacort AQ*	SanofiAven	120 dose(s)	18.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

52:16
LOCAL ANESTHETICS
LIDOCAINE HYDROCHLORIDE

Oral Top. Jel. 2 %

01968823	*Lidodan Visqueuse*	Odan	50 ml	10.75	0.2150
			100 ml	21.50	0.2150

52:24
MYDRIATICS
ATROPINE SULFATE P

Oph. Sol. 1 % **PPB**

02023695	*Atropine*	Stulln	15 ml	➡ 8.24	
00035017	*Isopto Atropine*	Alcon	5 ml	➡ 3.14	

CYCLOPENTOLATE HYDROCHLORIDE P

Oph. Sol. 1 % **PPB**

00252506	*Cyclogyl*	Alcon	15 ml	➡ 12.66	
00626627	*Odan-Cyclopentolate*	Odan	10 ml	➡ 8.44	

PHENYLEPHRINE HYDROCHLORIDE

Oph. Sol. 2.5 %

00465763	*Mydfrin 2.5%*	Alcon	5 ml	5.08	

TROPICAMIDE P

Oph. Sol. 0.5 %

00000981	*Mydriacyl*	Alcon	15 ml	13.13	

Oph. Sol. 1 % **PPB**

00001007	*Mydriacyl*	Alcon	15 ml	➡ 16.90	
00622885	*Odan-Tropicamide*	Odan	10 ml	➡ 11.27	

52:40.04
ALFA-ADRENERGIC AGONISTS
BRIMONIDINE TARTRATE P

Oph. Sol. 0.15 % **PPB**

02248151	*Alphagan P*	Allergan	5 ml	11.55	
			10 ml	23.10	
02301334	*Brimonidine P*	AA Pharma	5 ml	➡ 8.66	
			10 ml	➡ 17.33	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oph. Sol.				0.2 % **PPB**	
02236876	*Alphagan*	Allergan	5 ml	16.50	
			10 ml	33.00	
+ 02507811	*Med-Brimonidine*	GMP	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02246284	*pms-Brimonidine*	Phmscience	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02515350	*Riva-Brimonidine*	Riva	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02305429	*Sandoz Brimonidine*	Sandoz	5 ml	➡ 5.78	
			10 ml	➡ 11.55	
02515377	*Solution ophtalmique de tartrate de brimonidine*	Teligent	5 ml	➡ 5.78	

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE Pr

Oph. Sol.				0.2 % - 0.5 %	
02248347	*Combigan*	Allergan	10 ml	40.12	

BRINZOLAMIDE/BRIMONIDINE (TARTRATE) Pr

Oph. Susp.				1 % - 0.2 %	
02435411	*Simbrinza*	Novartis	10 ml	44.39	

52:40.08
BETA-ADRENERGIC BLOCKING AGENTS

BETOXALOL HYDROCHLORIDE Pr

Oph. Susp.				0.25 %	
01908448	*Betoptic S*	Novartis	5 ml	11.50	
			10 ml	23.00	

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE Pr

Oph. Sol.				0.2 % - 0.5 %	
02248347	*Combigan*	Allergan	10 ml	40.12	

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE Pr

Oph. Sol.				2 % -0.5 % **PPB**	
02299615	*Apo-Dorzo-Timop*	Apotex	10 ml	➡ 19.89	
02240113	*Cosopt*	Elvium	10 ml	54.84	
02489635	*Dorzolamide and timolol eye drops bp*	Teligent	10 ml	19.89	
02457539	*Jamp Dorzolamide-Timolol*	Jamp	10 ml	➡ 19.89	
02437686	*Med-Dorzolamide-Timolol*	GMP	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	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

LATANOPROST/ TIMOLOL MALEATE Pr

Oph. Sol.			0.005 % - 0.5 %	**PPB**	
02436256	*ACT Latanoprost/Timolol*	ActavisPhm	2.5 ml	➡ 11.07	
02453770	*Jamp-Latanoprost/Timolol*	Jamp	2.5 ml	➡ 11.07	
02489368	*Latanoprost and timolol ophthalmic solution*	Teligent	2.5 ml	➡ 11.07	
02454505	*Med-Latanoprost-Timolol*	GMP	2.5 ml	➡ 11.07	
02514516	*M-Latanoprost-Timolol*	Mantra Ph.	2.5 ml	➡ 11.07	
02246619	*Xalacom*	Upjohn	2.5 ml	30.99	

TIMOLOL MALEATE Pr

Oph. Sol.				0.25 %	
02166712	*Sandoz Timolol*	Sandoz	10 ml	9.68	

Oph. Sol.				0.5 % **PPB**	
00755834	*Apo-Timop*	Apotex	10 ml	➡ 12.14	
02447800	*Jamp-Timolol*	Jamp	5 ml	➡ 6.07	
02166720	*Sandoz Timolol*	Sandoz	5 ml	➡ 6.07	
			10 ml	➡ 12.14	
00451207	*Timoptic*	Elvium	10 ml	33.39	

Oph. Sol. Gel				0.25 %	
02242275	*Timolol Maleate-EX*	Sandoz	5 ml	12.23	

Oph. Sol. Gel				0.5 % **PPB**	
02242276	*Timolol Maleate-EX*	Sandoz	5 ml	➡ 13.45	
02171899	*Timoptic-XE*	Elvium	5 ml	21.54	

TRAVOPROST/ TIMOLOL (MALEATE OF) Pr

Oph. Sol.			0.004 % - 0.5 %	**PPB**	
02415305	*Apo-Travoprost-Timop*	Apotex	5 ml	➡ 44.21	
02278251	*DuoTrav PQ*	Novartis	5 ml	56.70	
02413817	*Sandoz Travoprost/Timolol PQ*	Sandoz	2.5 ml	➡ 24.90	
			5 ml	➡ 44.21	

52:40.12
CARBONIC ANHYDRASE INHIBATORS

ACETAZOLAMIDE Pr

Tab.				250 mg	
00545015	*Acetazolamide 250 mg*	AA Pharma	100	12.62	0.1262

BRINZOLAMIDE Pr

Oph. Susp.				1 %	
02238873	*Azopt*	Novartis	5 ml	16.42	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

DORZOLAMIDE (HYDROCHLORIDE) Pr

Oph. Sol.				2 % **PPB**	
02453347	*Jamp-Dorzolamide*	Jamp	5 ml	➡ 6.56	
02316307	*Sandoz Dorzolamide*	Sandoz	5 ml	➡ 6.56	
02216205	*Trusopt*	Elvium	5 ml	17.94	

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE Pr

Oph. Sol.				2 % -0.5 % **PPB**	
02299615	*Apo-Dorzo-Timop*	Apotex	10 ml	➡ 19.89	
02240113	*Cosopt*	Elvium	10 ml	54.84	
02489635	*Dorzolamide and timolol eye drops bp*	Teligent	10 ml	19.89	
02457539	*Jamp Dorzolamide-Timolol*	Jamp	10 ml	➡ 19.89	
02437686	*Med-Dorzolamide-Timolol*	GMP	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	

METHAZOLAMIDE Pr

Tab.				50 mg	
02245882	*Methazolamide*	AA Pharma	100	49.13	0.4913

52:40.20
MIOTICS

PILOCARPINE HYDROCHLORIDE Pr

Oph. Sol.				2 %	
00000868	*Isopto Carpine*	Novartis	15 ml	3.70	

Oph. Sol.				4 %	
00000884	*Isopto Carpine*	Novartis	15 ml	4.19	

52:40.28
PROSTAGLANDIN ANALOGS

BIMATOPROST Pr

Oph. Sol.				0.01 %	
02324997	*Lumigan RC*	Allergan	5 ml 7.5 ml	54.05 81.08	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

LATANOPROST P

Oph. Sol. 0.005 % **PPB**

02296527	*Apo-Latanoprost*	Apotex	2.5 ml	9.08	
02453355	*Jamp-Latanoprost*	Jamp	2.5 ml	9.08	
02489570	*Latanoprost ophthalmic solution*	Teligent	2.5 ml	9.08	
02426935	*Med-Latanoprost*	GMP	2.5 ml	9.08	
02513285	*M-Latanoprost*	Mantra Ph.	2.5 ml	9.08	
02341085	*Riva-Latanoprost*	Riva	2.5 ml	9.08	
02367335	*Sandoz Latanoprost*	Sandoz	2.5 ml	9.08	
02254786	*Teva-Latanoprost*	Teva Can	2.5 ml	9.08	
02231493	*Xalatan*	Upjohn	2.5 ml	27.38	

LATANOPROST/ TIMOLOL MALEATE P

Oph. Sol. 0.005 % - 0.5 % **PPB**

02436256	*ACT Latanoprost/Timolol*	ActavisPhm	2.5 ml	11.07	
02453770	*Jamp-Latanoprost/Timolol*	Jamp	2.5 ml	11.07	
02489368	*Latanoprost and timolol ophthalmic solution*	Teligent	2.5 ml	11.07	
02454505	*Med-Latanoprost-Timolol*	GMP	2.5 ml	11.07	
02514516	*M-Latanoprost-Timolol*	Mantra Ph.	2.5 ml	11.07	
02246619	*Xalacom*	Upjohn	2.5 ml	30.99	

TRAVOPROST P

Oph. Sol. 0.003 %

02457997	*Izba*	Novartis	5 ml	19.70	

Oph. Sol. 0.004 % **PPB**

02415739	*Apo-Travoprost Z*	Apotex	5 ml	19.70	
02413167	*Sandoz Travoprost*	Sandoz	5 ml	19.70	
02318008	*Travatan Z*	Novartis	5 ml	55.40	

TRAVOPROST/ TIMOLOL (MALEATE OF) P

Oph. Sol. 0.004 % - 0.5 % **PPB**

02415305	*Apo-Travoprost-Timop*	Apotex	5 ml	44.21	
02278251	*DuoTrav PQ*	Novartis	5 ml	56.70	
02413817	*Sandoz Travoprost/Timolol PQ*	Sandoz	2.5 ml	24.90	
			5 ml	44.21	

52:40.92
ANTIGLAUCOMA AGENTS, MISCELLANEOUS

DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE P

Oph. Sol. 2 % - 0.5 % (0.2mL)

02258692	*Cosopt sans preservateur*	Elvium	60	28.41	0.4735

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

52:92
MISCELLANEOUS EENT DRUGS

ANETHOLE TRITHIONE

Tab.				25 mg	
02240344	*Sialor*	Phmscience	60	54.00	0.9000

APRACLONIDINE (HYDROCHLORIDE) Pr

Oph. Sol.				0.5 %	
02076306	*Iopidine*	Novartis	5 ml	22.26	

BRINZOLAMIDE/TIMOLOL MALEATE Pr

Oph. Susp.				1 % -0.5 %	
02331624	*Azarga*	Novartis	5 ml	20.40	

56:00
GASTRO-INTESTINAL DRUGS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

56:08
ANTIDIARRHEA AGENTS

DIPHENOXYLATE HYDROCHLORHYDE/ ATROPINE SULFATE Ⓝ

Tab. 2.5 mg -0.025 mg

00036323	*Lomotil*	Pfizer	250	110.33	0.4413

LOPERAMIDE HYDROCHLORIDE

Tab. 2 mg **PPB**

02256452	*Jamp-Loperamide*	Jamp	120	11.42	➡	0.0952
02225182	*Loperamide-2*	Pro Doc	500	47.58	➡	0.0952
02228351	*pms-Loperamide*	Phmscience	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
02238211	*Riva-Loperamide*	Riva	100	9.52	➡	0.0952
			500	47.58	➡	0.0952
02132591	*Teva-Loperamide*	Teva Can	100	9.52	➡	0.0952
			500	47.58	➡	0.0952

56:14
CHOLELITHOLYTIC AGENTS

URSODIOL Ⓟ

Tab. 250 mg **PPB**

02505363	*AG-Ursodiol*	Angita	100	38.18	➡	0.3818
02426900	*GLN-Ursodiol*	Glenmark	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02472392	*Jamp-Ursodiol*	Jamp	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02273497	*pms-Ursodiol C*	Phmscience	100	38.18	➡	0.3818
			500	190.90	➡	0.3818
02238984	*Urso*	Aptalis	100	131.42		1.3142
02515520	*Ursodiol C*	Sanis	100	38.18	➡	0.3818

Tab. 500 mg **PPB**

02505371	*AG-Ursodiol*	Angita	100	72.42	➡	0.7242
02426919	*GLN-Ursodiol*	Glenmark	100	72.42	➡	0.7242
02472406	*Jamp-Ursodiol*	Jamp	100	72.42	➡	0.7242
02273500	*pms-Ursodiol C*	Phmscience	100	72.42	➡	0.7242
02245894	*Urso DS*	Aptalis	100	249.27		2.4927
02515539	*Ursodiol C*	Sanis	100	72.42	➡	0.7242

56:16
DIGESTANTS

LACTASE

Chew. Tab. 3 000 U

02017512	*Lactomax*	Sterimax	100	9.75	0.0975

Tab. 3 000 U

02239139	*Jamp-Lactase Enzyme Regular*	Jamp	100	9.75	0.0975

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				9000 U **PPB**	
80070358	*Jamp-Lactase Enzyme*	Jamp	50	12.19	0.2438
80017813	*LactoMax Ultra*	Sterimax	50	12.19	0.2438
Tab. or Chew. Tab.				4 500 U **PPB**	
80084265	*Alta-Lactase Extra Fort*	Altamed	80	9.75	0.1219
80018706	*Jamp-Lactase Enzyme*	Jamp	80	9.75	0.1219
02239140	*Jamp-Lactase Enzyme Extra strenght*	Jamp	80	9.75	0.1219
02224909	*Lactomax Extra Strong*	Sterimax	80	9.75	0.1219
PANCRELIPASE (LIPASE-AMYLASE-PROTEASE)					
Caps.				8 000 U -30 000 U -30 000 U	
00263818	*Cotazym*	Organon	100	18.66	0.1866
Ent. Caps.				4 200 U -17 500 U -10 000 U	
00789445	*Pancrease MT 4*	Vivus	100	37.96	0.3796
Ent. Caps.				8 000 U -30 000 U -30 000 U	
00502790	*Cotazym ECS 8*	Organon	500	168.40	0.3368
Ent. Caps.				10 000 U - 11 200 U - 730 U	
02200104	*Creon 10 Minimicrospheres*	BGP Pharma	100	27.23	0.2723
Ent. Caps.				10 500 U -43 750 U -25 000 U	
00789437	*Pancrease MT 10*	Vivus	100	94.93	0.9493
Ent. Caps.				16 800 U -70 000 U -40 000 U	
00789429	*Pancrease MT 16*	Vivus	100	151.88	1.5188
Ent. Caps.				20 000 U -55 000 U -55 000 U	
00821373	*Cotazym ECS 20*	Organon	100	88.30	0.8830
Ent. Caps.				25 000 U - 25 500 U - 1600 U	
01985205	*Creon 25 Minimicrospheres*	BGP Pharma	100	85.07	0.8507
Ent. Caps.				35 000 U - 35 700 U - 2 240 U	
02494639	*Creon Minimicrospheres 35*	BGP Pharma	100	95.31	0.9531

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Ent. Gran.			5 000 U -5 100 U -320 U/100 mg		
02445158	*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)*	Nestlé H.S	100	17.03	0.1703
Tab.			20 880 U -113 400 U -112 500 U		
02241933	*Viokace (20 880 USP unites de lipase)*	Nestlé H.S	100	34.06	0.3406

56:22.08
ANTIHISTAMINES
DIMENHYDRINATE

I.M. Inj. Sol.				50 mg/mL	
00392537	*Dimenhydrinate*	Sandoz	1 ml 5 ml	1.08 4.30	

PROCHLORPERAZINE [F]

Supp.				10 mg	
00789720	*Sandoz Prochlorperazine*	Sandoz	10	19.10	1.9100

PROCHLORPERAZINE MALEATE [F]

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 [F]

L.A. Tab.			10 mg -10 mg	**PPB**		
02413248	*Apo-Doxylamine/B6*	Apotex	100	64.02	➡	0.6402
			500	320.10	➡	0.6402
00609129	*Diclectin*	Duchesnay	100	127.20		1.2720
			300	381.61		1.2720
02406187	*pms-Doxylamine-Pyridoxine*	Phmscience	100	64.02	➡	0.6402
			500	320.10	➡	0.6402

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

NABILONE ⓝ

Caps. 0.5 mg **PPB**

02393581	*ACT Nabilone*	ActavisPhm	50	38.78	0.7756
			100	77.56	0.7756
02256193	*Cesamet*	Valeant	50	155.13	3.1026
02380900	*pms-Nabilone*	Phmscience	100	77.56	0.7756
02384884	*Teva Nabilone*	Teva Can	50	38.78	0.7756

Caps. 1 mg **PPB**

02393603	*ACT Nabilone*	ActavisPhm	50	77.57	1.5513
			100	155.13	1.5513
00548375	*Cesamet*	Valeant	50	310.25	6.2050
02380919	*pms-Nabilone*	Phmscience	100	155.13	1.5513
02384892	*Teva Nabilone*	Teva Can	50	77.57	1.5513

56:28.12
HISTAMINE H2-ANTAGONISTS

FAMOTIDINE Pr

Tab. 20 mg **PPB**

02509970	*AG-Famotidine*	Angita	100	26.57	0.2657
02507749	*Jamp Famotidine*	Jamp	100	26.57	0.2657
02022133	*Novo-Famotidine*	Novopharm	100	26.57	0.2657
			500	132.85	0.2657

Tab. 40 mg **PPB**

02509989	*AG-Famotidine*	Angita	100	48.33	0.4833
02507757	*Jamp Famotidine*	Jamp	100	48.33	0.4833
02022141	*Teva-Famotidine*	Novopharm	100	48.33	0.4833

NIZATIDINE Pr

Caps. 150 mg

00778338	*Axid*	Pendopharm	100	83.92	0.8392

RANITIDINE HYDROCHLORIDE Pr

Oral Sol. 150 mg/10 mL

02280833	*Apo-Ranitidine*	Apotex	300 ml	44.40	0.1480

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				150 mg **PPB**	
02484501	*AG-Ranitidine*	Angita	100	11.97	0.1197
00733059	*Apo-Ranitidine*	Apotex	500	59.85	0.1197
02463717	*Jamp-Ranitidine*	Jamp	100	11.97	0.1197
			500	59.85	0.1197
02443708	*Mar-Ranitidine*	Marcan	500	59.85	0.1197
02473534	*M-Ranitidine*	Mantra Ph.	500	59.85	0.1197
02242453	*pms-Ranitidine*	Phmscience	100	11.97	0.1197
			500	59.85	0.1197
02353016	*Ranitidine*	Sanis	100	11.97	0.1197
			500	59.85	0.1197
02336480	*Ran-Ranitidine*	Ranbaxy	100	11.97	0.1197
			500	59.85	0.1197
02243229	*Sandoz Ranitidine*	Sandoz	100	11.97	0.1197
			500	59.85	0.1197
Tab.				300 mg **PPB**	
00733067	*Apo-Ranitidine*	Apotex	100	22.53	0.2253
02463725	*Jamp-Ranitidine*	Jamp	100	22.53	0.2253
02443716	*Mar-Ranitidine*	Marcan	100	22.53	0.2253
02473542	*M-Ranitidine*	Mantra Ph.	100	22.53	0.2253
02242454	*pms-Ranitidine*	Phmscience	30	6.76	0.2253
			100	22.53	0.2253
02353024	*Ranitidine*	Sanis	100	22.53	0.2253
02336502	*Ran-Ranitidine*	Ranbaxy	100	22.53	0.2253
			500	112.65	0.2253
02243230	*Sandoz Ranitidine*	Sandoz	100	22.53	0.2253

56:28.28
PROSTAGLANDINS
DICLOFENAC SODIC/MISOPROSTOL P
Tab. 50 mg - 200 mcg **PPB**

01917056	*Arthrotec*	Pfizer	250	149.75	0.5990
02413469	*pms-Diclofenac-Misoprostol*	Phmscience	250	78.73	0.3149

Tab. 75 mg - 200 mcg **PPB**

02229837	*Arthrotec 75*	Pfizer	250	203.81	0.8152
02413477	*pms-Diclofenac-Misoprostol*	Phmscience	250	107.15	0.4286

MISOPROSTOL P
Tab. 100 mcg

02244022	*Misoprostol*	AA Pharma	100	26.36	0.2636

Tab. 200 mcg

02244023	*Misoprostol*	AA Pharma	100	43.89	0.4389

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

56:28.32
PROTECTANTS
SUCRALFATE

Oral Susp. — 1 g/5 mL

02103567	*Sulcrate Plus*	Aptalis	500 ml	49.42	0.0988

Tab. — 1 g **PPB**

02045702	*Novo-Sucralate*	Novopharm	100	13.09	0.1309
			500	65.44	0.1309
02100622	*Sulcrate*	Aptalis	100	54.41	0.5441

56:28.36
PROTON-PUMP INHIBITORS
DEXLANSOPRAZOLE

L.A. Caps. — 30 mg

02354950	*Dexilant*	Takeda	90	32.65	0.3628

L.A. Caps. — 60 mg

02354969	*Dexilant*	Takeda	90	32.65	0.3628

ESOMEPRAZOLE (MAGNESIUM TRIHYDRATED)

L.A. Tab. — 20 mg **PPB**

	02339099	*Apo-Esomeprazole*	Apotex	30	16.50	0.3628
				100	55.00	0.3628
	02394839	*Esomeprazole*	Pro Doc	30	16.50	0.3628
	02442493	*Esomeprazole*	Sivem	30	16.50	0.3628
+	02520109	*M-Esomeprazole*	Mantra Ph.	100	55.00	0.3628
	02479419	*MYL-Esomeprazole*	Mylan	100	55.00	0.3628
	02244521	*Nexium*	AZC	30	56.07	0.3628
	02423979	*Ran-Esomeprazole*	Ranbaxy	30	16.50	0.3628
				100	55.00	0.3628
	02460920	*Sandoz Esomeprazole*	Sandoz	30	16.50	0.3628
				100	55.00	0.3628
	02423855	*TEVA Esomeprazole*	Teva Can	30	16.50	0.3628
				100	55.00	0.3628

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
LA Tab or LA Caps					40 mg **PPB**		
	02339102	*Apo-Esomeprazole*	Apotex	30	16.50	↑	0.3628
				500	275.00	↑	0.3628
	02394847	*Esomeprazole*	Pro Doc	30	16.50	↑	0.3628
				500	275.00	↑	0.3628
	02431173	*Esomeprazole*	Sanis	100	55.00	↑	0.3628
	02442507	*Esomeprazole*	Sivem	30	16.50	↑	0.3628
				100	55.00	↑	0.3628
+	02520117	*M-Esomeprazole*	Mantra Ph.	100	55.00	↑	0.3628
	02479427	*MYL-Esomeprazole*	Mylan	100	55.00	↑	0.3628
	02244522	*Nexium*	AZC	30	56.07	↑	0.3628
				100	186.90	↑	0.3628
	02379171	*pms-Esomeprazole DR (Caps. L.A.)*	Phmscience	30	16.50	↑	0.3628
				100	55.00	↑	0.3628
	02423987	*Ran-Esomeprazole*	Ranbaxy	30	16.50	↑	0.3628
				100	55.00	↑	0.3628
*	02460939	*Sandoz Esomeprazole*	Sandoz	100	55.00	↑	0.3628
				500	275.00	↑	0.3628
	02423863	*TEVA Esomeprazole*	Teva Can	30	16.50	↑	0.3628
				100	55.00	↑	0.3628

LANSOPRAZOLE h

LA Tab or LA Caps					15 mg **PPB**		
	02293811	*Apo-Lansoprazole*	Apotex	100	36.28	→	0.3628
	02433001	*Lansoprazole*	Phmscience	100	36.28	→	0.3628
	02357682	*Lansoprazole*	Sanis	100	36.28	→	0.3628
	02385767	*Lansoprazole*	Sivem	100	36.28	→	0.3628
	02489805	*M-Lansoprazole*	Mantra Ph.	100	36.28	→	0.3628
	02353830	*Mylan-Lansoprazole*	Mylan	100	36.28	→	0.3628
	02395258	*pms-Lansoprazole*	Phmscience	100	36.28	→	0.3628
	02165503	*Prevacid*	BGP Pharma	30	60.00	↑	0.3628
				100	200.00	↑	0.3628
	02249464	*Prevacid FasTab*	BGP Pharma	30	60.00	↑	0.3628
	02422808	*Riva-Lansoprazole*	Riva	100	36.28	→	0.3628
	02385643	*Sandoz Lansoprazole*	Sandoz	100	36.28	→	0.3628
	02402610	*Taro-Lansoprazole*	Sun Pharma	100	36.28	→	0.3628
	02280515	*Teva-Lansoprazole*	Teva Can	30	10.88	→	0.3628
				100	36.28	→	0.3628

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LA Tab or LA Caps				30 mg **PPB**	
02293838	*Apo-Lansoprazole*	Apotex	100	36.27	0.3627
			500	181.33	0.3627
02433028	*Lansoprazole*	Phmscience	100	36.27	0.3627
02366282	*Lansoprazole*	Pro Doc	100	36.27	0.3627
			500	181.33	0.3627
02357690	*Lansoprazole*	Sanis	100	36.27	0.3627
			500	181.33	0.3627
02410389	*Lansoprazole*	Sivem	100	36.27	0.3627
			500	181.33	0.3627
02489813	*M-Lansoprazole*	Mantra Ph.	100	36.27	0.3627
02353849	*Mylan-Lansoprazole*	Mylan	100	36.27	0.3627
02395266	*pms-Lansoprazole*	Phmscience	100	36.27	0.3627
02165511	*Prevacid*	BGP Pharma	30	60.00	0.3628
			100	200.00	0.3628
02249472	*Prevacid FasTab*	BGP Pharma	30	60.00	0.3628
02422816	*Riva-Lansoprazole*	Riva	100	36.27	0.3627
02385651	*Sandoz Lansoprazole*	Sandoz	100	36.27	0.3627
02402629	*Taro-Lansoprazole*	Sun Pharma	100	36.27	0.3627
02280523	*Teva-Lansoprazole*	Teva Can	100	36.27	0.3627
			500	181.33	0.3627

OMEPRAZOLE (BASE OR MAGNESIUM) Pr

LA Tab or LA Caps				20 mg **PPB**	
02245058	*Apo-Omeprazole (caps.)*	Apotex	100	22.87	0.2287
			500	114.35	0.2287
02449927	*Bio-Omeprazole*	Biomed	100	22.87	0.2287
02420198	*Jamp-Omeprazole DR (co.)*	Jamp	28	6.40	0.2287
			500	114.35	0.2287
00846503	*Losec (caps.)*	Cheplaphar	30	33.00	0.3628
02190915	*Losec (tab.)*	Cheplaphar	30	68.61	0.3628
			100	228.70	0.3628
02439549	*NAT-Omeprazole DR*	Natco	100	22.87	0.2287
			500	114.35	0.2287
02295415	*Novo-Omeprazole*	Teva Can	100	22.87	0.2287
			500	114.35	0.2287
02501880	*NRA-Omeprazole*	Nora	100	22.87	0.2287
02490692	*Omeprazole*	Altamed	100	22.87	0.2287
02348691	*Omeprazole*	Sanis	100	22.87	0.2287
			500	114.35	0.2287
02339927	*Omeprazole (caps.)*	Pro Doc	100	22.87	0.2287
			500	114.35	0.2287
02416549	*Omeprazole Magnesium (co.)*	Accord	100	22.87	0.2287
02504294	*Omeprazole Magnesium DR*	Sanis	100	22.87	0.2287
02411857	*Omeprazole-20*	Sivem	100	22.87	0.2287
			500	114.35	0.2287
02320851	*pms-Omeprazole (caps.)*	Phmscience	100	22.87	0.2287
			500	114.35	0.2287
02402416	*Riva-Omeprazole DR (co.)*	Riva	100	22.87	0.2287
			500	114.35	0.2287
02296446	*Sandoz Omeprazole (Caps.)*	Sandoz	100	22.87	0.2287
			500	114.35	0.2287

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PANTOPRAZOLE (MAGNESIUM OR SODIUM) P					
Ent. Tab.				40 mg **PPB**	
02481588	*AG-Pantoprazole Sodium*	Angita	100	20.16	0.2016
			500	100.80	0.2016
02292920	*Apo-Pantoprazole*	Apotex	100	20.16	0.2016
			500	100.80	0.2016
02415208	*Auro-Pantoprazole*	Aurobindo	100	20.16	0.2016
			500	100.80	0.2016
02445867	*Bio-Pantoprazole*	Biomed	500	100.80	0.2016
02392623	*Jamp Pantoprazole Sodium*	Jamp	30	6.05	0.2016
			500	100.80	0.2016
02357054	*Jamp-Pantoprazole*	Jamp	30	6.05	0.2016
			500	100.80	0.2016
02416565	*Mar-Pantoprazole*	Marcan	100	20.16	0.2016
			500	100.80	0.2016
02417448	*Mint-Pantoprazole*	Mint	100	20.16	0.2016
			500	100.80	0.2016
02467372	*M-Pantoprazole*	Mantra Ph.	30	6.05	0.2016
			500	100.80	0.2016
02471825	*NRA-Pantoprazole*	Nora	500	100.80	0.2016
02229453	*Pantoloc*	Takeda	100	204.16	0.3628
02469138	*Pantoprazole*	Altamed	100	20.16	0.2016
			500	100.80	0.2016
02498723	*Pantoprazole*	Nora	500	100.80	0.2016
02437945	*Pantoprazole*	Phmscience	100	20.16	0.2016
			500	100.80	0.2016
02318695	*Pantoprazole*	Pro Doc	100	20.16	0.2016
			500	100.80	0.2016
02431327	*Pantoprazole*	Riva	30	6.05	0.2016
			500	100.80	0.2016
02370808	*Pantoprazole*	Sanis	100	20.16	0.2016
			500	100.80	0.2016
02428180	*Pantoprazole-40*	Sivem	100	20.16	0.2016
			500	100.80	0.2016
02307871	*pms-Pantoprazole*	Phmscience	100	20.16	0.2016
			500	100.80	0.2016
02425378	*Priva-Pantoprazole*	Pharmapar	500	100.80	0.2016
02305046	*Ran-Pantoprazole*	Ranbaxy	100	20.16	0.2016
			500	100.80	0.2016
02316463	*Riva-Pantoprazole*	Riva	100	20.16	0.2016
			500	100.80	0.2016
02301083	*Sandoz Pantoprazole*	Sandoz	30	6.05	0.2016
			500	100.80	0.2016
02267233	*Tecta*	Takeda	30	22.50	0.3628
02285487	*Teva-Pantoprazole*	Teva Can	100	20.16	0.2016
			500	100.80	0.2016

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

RABEPRAZOLE SODIUM Pr

Ent. Tab. — 10 mg **PPB**

02243796	*Pariet*	Janss. Inc	100	65.00	0.3628
02310805	*pms-Rabeprazole EC*	Phmscience	100	6.69	0.0669
02315181	*Pro-Rabeprazole*	Pro Doc	100	6.69	0.0669
02385449	*Rabeprazole*	Sivem	100	6.69	0.0669
02356511	*Rabeprazole EC*	Sanis	100	6.69	0.0669
02298074	*Ran-Rabeprazole*	Ranbaxy	100	6.69	0.0669
02314177	*Sandoz Rabeprazole*	Sandoz	100	6.69	0.0669
02296632	*Teva-Rabeprazole Sodium*	Teva Can	100	6.69	0.0669

Ent. Tab. — 20 mg **PPB**

02243797	*Pariet*	Janss. Inc	100	130.00	0.3628
02310813	*pms-Rabeprazole EC*	Phmscience	100	13.38	0.1338
02385457	*Rabeprazole*	Sivem	30	4.01	0.1338
			100	13.38	0.1338
02356538	*Rabeprazole EC*	Sanis	100	13.38	0.1338
02298082	*Ran-Rabeprazole*	Ranbaxy	100	13.38	0.1338
02314185	*Sandoz Rabeprazole*	Sandoz	30	4.01	0.1338
			100	13.38	0.1338
02296640	*Teva-Rabeprazole EC*	Teva Can	30	4.01	0.1338
			100	13.38	0.1338

56:32
PROKINETIC AGENTS

DOMPERIDONE MALEATE Pr

Tab. — 10 mg **PPB**

02103613	*Apo-Domperidone*	Apotex	500	21.40	0.0428
02445034	*Bio-Domperidone*	Biomed	500	21.40	0.0428
02350440	*Domperidone*	Sanis	500	21.40	0.0428
02238341	*Domperidone*	Sivem	500	21.40	0.0428
02236857	*Domperidone-10*	Pro Doc	500	21.40	0.0428
02369206	*Jamp-Domperidone*	Jamp	500	21.40	0.0428
02403870	*Mar-Domperidone*	Marcan	500	21.40	0.0428
02236466	*pms-Domperidone*	Phmscience	500	21.40	0.0428
02445328	*Priva-Domperidone*	Pharmapar	500	21.40	0.0428
02462834	*PRZ-Domperidone*	Pharmaris	500	21.40	0.0428
02268078	*Ran-Domperidone*	Ranbaxy	500	21.40	0.0428
01912070	*Teva-Domperidone*	Ratiopharm	500	21.40	0.0428

METOCLOPRAMIDE HYDROCHLORIDE Pr

Inj. Sol. — 5 mg/mL **PPB**

02185431	*Chlorhydrate de metoclopramide injection*	Sandoz	2 ml	6.79	
02243563	*Metoclopramide Omega*	Oméga	2 ml	6.79	
02510790	*pms-Metoclopramide Hydrochloride Injection*	Phmscience	2 ml	6.79	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Sol.				1 mg/mL	
02230433	*Metonia*	Pendopharm	500 ml	31.25	0.0625
Tab.				5 mg **PPB**	
02517795	*Mar-Metoclopramide*	Marcan	100	5.14 ➡	0.0514
02230431	*Metonia*	Pendopharm	100	5.14 ➡	0.0514

56:36
ANTI-INFLAMMATORY AGENTS
5-AMINOSALICYLIC ACID P

Ent. Tab.				1 g	
02399466	*Pentasa*	Ferring	60	66.83	1.1138
Ent. Tab.				400 mg	
02171929	*Teva-5-ASA*	Teva Can	100	31.11	0.3111
			500	155.55	0.3111
Ent. Tab.				500 mg	
02099683	*Pentasa*	Ferring	100	55.69	0.5569
02112787	*Salofalk*	Aptalis	150	81.96	0.5464
			500	273.23	0.5465
L.A. Tab.				1.2 g	
02297558	*Mezavant*	Takeda	120	186.77	1.5564
Rect. Susp.				2 g	
02112795	*Salofalk (58,2 mL)*	Aptalis	7	25.76	3.6800
Rect. Susp.				4 g **PPB**	
02153556	*Pentasa (100 mL)*	Ferring	1	➡ 4.46	
02112809	*Salofalk (58,2 mL)*	Aptalis	7	43.68	6.2400
Supp.				1 g **PPB**	
02474018	*Mezera*	Avir	30	43.20 ➡	1.4400
02153564	*Pentasa*	Ferring	28	44.80	1.6000
02242146	*Salofalk*	Aptalis	30	48.00	1.6000
Supp.				500 mg	
02112760	*Salofalk*	Aptalis	30	34.19	1.1397

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OLSALAZINE SODIUM P					
Caps.				250 mg	
02063808	*Dipentum*	Search Phm	100	49.93	0.4993
56:92					
GI DRUGS, MISCELLANEOUS					
LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCINE P					
Kit (solid oral)			30 mg-2 x 500 mg-500 mg **PPB**		
02470780	*Apo-Lansoprazole-Amoxicillin-Clarithromycin Hp-PAC*	Apotex	7	67.91	9.7014
02238525		BGP Pharma	7	67.91	9.7014

64:00
HEAVY METALS ANTAGONISTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

64:00
HEAVY METALS ANTAGONISTS
DEFEROXAMINE MESYLATE Pf

Inj. Pd. 500 mg

01981242	*Desferal*	Novartis	1	13.97	

PENICILLAMINE Pf

Caps. 250 mg

00016055	*Cuprimine*	Valeant	100	85.00	0.8500

68:00
HORMONES AND SYNTHETIC SUBSTITUTES

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

68:04
ADRENALS

BECLOMETHASONE DIPROPIONATE

Oral aerosol — 50 mcg/dose

02242029	*Qvar*	Valeant	200 dose(s)	29.28	

Oral aerosol — 100 mcg/dose

02242030	*Qvar*	Valeant	200 dose(s)	58.56	

BUDESONIDE

Inh. Pd. — 100 mcg/dose

00852074	*Pulmicort Turbuhaler*	AZC	200 dose(s)	30.90	

Inh. Pd. — 200 mcg/dose

00851752	*Pulmicort Turbuhaler*	AZC	200 dose(s)	63.16	

Inh. Pd. — 400 mcg/dose

00851760	*Pulmicort Turbuhaler*	AZC	200 dose(s)	93.00	

Sol. Inh. — 0.125 mg/mL (2 mL) **PPB**

02229099	*Pulmicort nebuamp*	AZC	20	8.57	0.4285
02494264	*Taro-Budesonide*	Taro	20	4.57	0.2285
02465949	*Teva-Budesonide*	Teva Can	20	4.57	0.2285

Sol. Inh. — 0.25 mg/mL (2 mL) **PPB**

01978918	*Pulmicort nebuamp*	AZC	20	17.14	0.8570
02494272	*Taro-Budesonide*	Taro	20	12.86	0.6430

Sol. Inh. — 0.5 mg/mL (2mL) **PPB**

01978926	*Pulmicort nebuamp*	AZC	20	34.28	1.7140
02494280	*Taro-Budesonide*	Taro	20	18.24	0.9120
02465957	*Teva-Budesonide*	Teva Can	20	18.24	0.9120

CICLESONIDE

Oral aerosol — 100 mcg/dose

02285606	*Alvesco*	Covis	120 dose(s)	44.15	

Oral aerosol — 200 mcg/dose

02285614	*Alvesco*	Covis	120 dose(s)	72.81	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

CORTISONE ACETATE Pr

Tab. 25 mg

00280437	*Cortisone Acetate-ICN*	Valeant	100	30.66	0.3066

DEXAMETHASONE Pr

Elix. 0.5 mg/5 mL

01946897	*pms-Dexamethasone*	Phmscience	100 ml	49.37	0.4937

Tab. 0.5 mg **PPB**

02261081	*Apo-Dexamethasone*	Apotex	100	15.64	0.1564
01964976	*pms-Dexamethasone*	Phmscience	100	15.64	0.1564

Tab. 2 mg

02279363	*pms-Dexamethasone*	Phmscience	100	42.36	0.4236

Tab. 4 mg **PPB**

02250055	*Apo-Dexamethasone*	Apotex	100	30.46	0.3046
01964070	*pms-Dexamethasone*	Phmscience	100	30.46	0.3046

DEXAMETHASONE SODIUM PHOSPHATE Pr

Inj. Sol. 4 mg/mL **PPB**

00664227	*Dexamethasone*	Sandoz	5 ml	8.03	
01977547	*Dexamethasone*	Sterimax	5 ml	8.03	
02204266	*Dexamethasone Omega*	Oméga	5 ml	8.03	

Inj. Sol. 10 mg/mL **PPB**

00874582	*Dexamethasone*	Sandoz	1 ml	4.23	
02204274	*Dexamethasone Omega*	Oméga	1 ml	4.23	
			10 ml	12.83	
02387743	*Dexamethasone Omega Unidose*	Oméga	1 ml	4.23	
00783900	*pms-Dexamethasone*	Phmscience	10 ml	12.83	

FLUDROCORTISONE ACETATE Pr

Tab. 0.1 mg

02086026	*Florinef*	Paladin	100	23.96	0.2396

FLUTICASONE FUROATE Pr

Inh. Pd. 100 mcg

02446561	*Arnuity Ellipta*	GSK	30 dose(s)	34.70	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inh. Pd.				200 mcg	
02446588	*Arnuity Ellipta*	GSK	30 dose(s)	69.40	

FLUTICASONE PROPIONATE Pr

Inh. Pd.				55 mcg/dose	
02467895	*Aermony Respiclick*	Teva Can	60 dose(s)	16.96	
Inh. Pd.				100 mcg/coque	
02237245	*Flovent Diskus*	GSK	60 dose(s)	22.61	
Inh. Pd.				113 mcg/dose	
02467909	*Aermony Respiclick*	Teva Can	60 dose(s)	30.96	
Inh. Pd.				232 mcg/dose	
02467917	*Aermony Respiclick*	Teva Can	60 dose(s)	48.15	
Inh. Pd.				250 mcg/coque	
02237246	*Flovent Diskus*	GSK	60 dose(s)	38.05	
Inh. Pd.				500 mcg/coque	
02237247	*Flovent Diskus*	GSK	60 dose(s)	64.20	
Oral aerosol				50 mcg/dose	
02244291	*Flovent HFA*	GSK	120 dose(s)	22.61	
Oral aerosol				125 mcg/dose	
02244292	*Flovent HFA*	GSK	120 dose(s)	38.05	
Oral aerosol				250 mcg/dose **PPB**	
02510987	*Apo-Fluticasone HFA*	Apotex	120 dose(s)	➡ 45.02	
02244293	*Flovent HFA*	GSK	120 dose(s)	76.11	
02503131	*pms-Fluticasone HFA*	Phmscience	120 dose(s)	➡ 45.02	

HYDROCORTISONE Pr

Tab.				10 mg	
00030910	*Cortef*	Pfizer	100	21.85	0.2185
Tab.				20 mg	
00030929	*Cortef*	Pfizer	100	39.44	0.3944

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HYDROCORTISONE SODIUM SUCCINATE Pr					
Inj. Pd.				1 g	
00030635	*Solu-Cortef*	Pfizer	1	14.02	
Inj. Pd.				100 mg	
00030600	*Solu-Cortef*	Pfizer	1	4.45	
Inj. Pd.				250 mg	
00030619	*Solu-Cortef*	Pfizer	1	7.53	
Inj. Pd.				500 mg	
00030627	*Solu-Cortef*	Pfizer	1	8.36	
METHYLPREDNISOLONE Pr					
Tab.				4 mg	
00030988	*Medrol*	Pfizer	100	32.93	0.3293
Tab.				16 mg	
00036129	*Medrol*	Pfizer	100	95.03	0.9503
METHYLPREDNISOLONE ACETATE Pr					
Inj. Susp.				20 mg/mL	
01934325	*Depo-Medrol*	Pfizer	5 ml	10.76	
Inj. Susp.				40 mg/mL	
01934333	*Depo-Medrol*	Pfizer	2 ml	9.11	
			5 ml	16.45	
00030759	*Depo-Medrol (sans preservatif)*	Pfizer	1 ml	6.36	
Inj. Susp.				80 mg/mL	
00030767	*Depo-Medrol*	Pfizer	1 ml	9.11	
METHYLPREDNISOLONE SODIUM SUCCINATE Pr					
Inj. Pd.				1 g **PPB**	
02241229	*Methylprednisolone*	Novopharm	1	➡ 31.00	
02367971	*Solu-Medrol*	Pfizer	1	66.57	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				40 mg **PPB**	
02231893	*Methylprednisolone*	Novopharm	1	➡ 3.60	
02367947	*Solu-Medrol*	Pfizer	1	7.30	
Inj. Pd.				125 mg	
02367955	*Solu-Medrol*	Pfizer	1	17.33	
Inj. Pd.				500 mg **PPB**	
02231895	*Methylprednisolone*	Novopharm	1	➡ 18.60	
02367963	*Solu-Medrol*	Pfizer	1	42.81	
MOMETASON FUROATE Pr					
Inh. Pd.				200 mcg/dose	
02243595	*Asmanex Twisthaler*	Organon	60 dose(s)	32.00	
Inh. Pd.				400 mcg/dose	
02243596	*Asmanex Twisthaler*	Organon	30 dose(s)	32.00	
			60 dose(s)	64.00	
PREDNISOLONE SODIUM PHOSPHATE Pr					
Oral Sol.				5 mg/5 mL **PPB**	
02230619	*Pediapred*	SanofiAven	120 ml	12.70	0.1058
02245532	*pms-Prednisolone*	Phmscience	120 ml	10.80	➡ 0.0900
PREDNISONE Pr					
Tab.				1 mg	
00271373	*Winpred*	AA Pharma	100	10.66	0.1066
Tab.				5 mg **PPB**	
00312770	*Apo-Prednisone*	Apotex	100	2.20	➡ 0.0220
			1000	21.95	➡ 0.0220
00021695	*Teva-Prednisone*	Teva Can	100	2.20	➡ 0.0220
			1000	21.95	➡ 0.0220
Tab.				50 mg **PPB**	
00550957	*Apo-Prednisone*	Apotex	100	17.35	➡ 0.1735
00232378	*Teva-Prednisone*	Teva Can	100	17.35	➡ 0.1735
TRIAMCINOLONE ACETONIDE Pr					
Inj. Susp.				10 mg/mL	
01999761	*Kenalog-10*	B.M.S.	5 ml	15.71	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Susp.				40 mg/mL **PPB**	
01999869	*Kenalog-40*	B.M.S.	1 ml	7.29	
			5 ml	25.52	
01977563	*Triamcinolone*	Sterimax	1 ml	➡ 4.77	
			5 ml	➡ 23.85	

TRIAMCINOLONE HEXACETONIDE Pr

Inj. Susp.				20 mg/mL (1 mL)	
02470632	*Trispan*	Medexus	10	180.00	18.0000

68:08
ANDROGENS

DANAZOL Pr

Caps.				50 mg	
02018144	*Cyclomen*	SanofiAven	100	78.72	0.7872
Caps.				100 mg	
02018152	*Cyclomen*	SanofiAven	100	116.79	1.1679
Caps.				200 mg	
02018160	*Cyclomen*	SanofiAven	100	186.61	1.8661

TESTOSTERONE ◈

Patch				2.5 mg/24 h	
02239653	*Androderm*	Actavis	60	118.43	1.9738
Top. Jel.				1% (2.5 g) **PPB**	
02245345	*AndroGel*	BGP Pharma	30	65.13	2.1710
02463792	*Taro-Testosterone Gel*	Taro	30	50.18	➡ 1.6727
Top. Jel.				1 % (5.0 g) **PPB**	
02245346	*AndroGel*	BGP Pharma	30	115.17	3.8390
02463806	*Taro-Testosterone Gel*	Taro	30	88.73	➡ 2.9577
02280248	*Testim 1%*	Paladin	30	88.73	➡ 2.9577

TESTOSTERONE CYPIONATE ◈

Oily Inj. Sol.				100 mg/mL **PPB**	
00030783	*Depo-Testosterone*	Pfizer	10 ml	24.45	
02496003	*Taro-Testosterone Cypionate*	Taro	10 ml	➡ 20.78	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

TESTOSTERONE ENANTHATE ◈
Oily Inj. Sol. 200 mg/mL

00029246	*Delatestryl*	Valeant	5 ml	24.42	

TESTOSTERONE UNDECANOATE ◈
Caps. 40 mg **PPB**

02322498	*pms-Testosterone*	Phmscience	100	47.00	➡ 0.4700
			120	56.40	➡ 0.4700
02421186	*Taro-Testosterone*	Taro	60	28.20	➡ 0.4700
			120	56.40	➡ 0.4700

68:12
CONTRACEPTIVES

ETHINYLESTRADIOL DESOGESTREL P
Tab. 0.025 mg/0.1 mg-0.025 mg/0.125 mg-0.025 mg/0.15 mg

02272903	*Linessa 21*	Aspen	1	12.40	
02257238	*Linessa 28*	Aspen	1	12.40	

Tab. 0.030 mg -0.15 mg **PPB**

02317192	*Apri 21*	Teva Can	1	➡ 7.77	
02317206	*Apri 28*	Teva Can	1	➡ 7.77	
02396491	*Freya 21*	Mylan	1	➡ 7.77	
02396610	*Freya 28*	Mylan	1	➡ 7.77	
02042487	*Marvelon 21*	Organon	1	12.95	
02042479	*Marvelon 28*	Organon	1	12.95	
02410249	*Mirvala 21*	Apotex	1	➡ 7.77	
02410257	*Mirvala 28*	Apotex	1	➡ 7.77	

ETHINYLESTRADIOL/ DROSPIRENONE P
Tab. 0.02 mg -3 mg **PPB**

02462060	*Comprimes de drospirenone et d'ethinylestradiol*	Glenmark	3	➡ 30.18	
02415380	*Mya*	Apotex	1	➡ 10.06	
02321157	*Yaz*	Bayer	1	11.84	

Tab. 0.03 mg - 3 mg **PPB**

02421437	*Comprimes de drospirenone et d'ethinylestradiol 21*	Glenmark	3	27.03	➡ 9.0100
02421445	*Comprimes de drospirenone et d'ethinylestradiol 28*	Glenmark	3	27.03	➡ 9.0100
02261723	*Yasmin 21*	Bayer	1	11.84	
02261731	*Yasmin 28*	Bayer	1	11.84	
02410788	*Zamine 21*	Apotex	1	➡ 9.01	
02410796	*Zamine 28*	Apotex	1	➡ 9.01	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ETHINYLESTRADIOL/ ETONOGESTREL P

Vaginal ring — 2.6 mg -11.4 mg **PPB**

02520028	*Haloette*	Search Phm	1	12.54	
			3	37.62	
02253186	*Nuvaring*	Organon	1	12.54	
			3	37.62	

ETHINYLESTRADIOL/ LEVONORGESTREL - ETHINYLESTRADIOL P

Tab. — 0.03 mg - 0.15 mg (84 co.)/0.01 mg (7 co.)

02346176	*Seasonique*	Teva Can	1	52.66	

ETHINYLESTRADIOL/ NORELGESTROMIN P

Patch (3) — 0.60 mg - 6 mg

02248297	*Evra*	Janss. Inc	1	14.95	

ETHINYLESTRADIOL/ NORETHINDRONE P

Tab. — 0.035 mg -0.5 mg

02187086	*Brevicon 0.5/35 (21)*	Pfizer	1	10.92	
02187094	*Brevicon 0.5/35 (28)*	Pfizer	1	10.92	

Tab. — 0.035 mg -0.5 mg -0.035 mg -1 mg -0.035 mg -0.5 mg

02187108	*Synphasic 21*	Pfizer	1	10.35	
02187116	*Synphasic 28*	Pfizer	1	10.35	

Tab. — 0.035 mg -1 mg

02189054	*Brevicon 1/35 (21)*	Pfizer	1	10.92	
02189062	*Brevicon 1/35 (28)*	Pfizer	1	10.92	
02197502	*Select 1/35 (21)*	Pfizer	1	7.37	
02199297	*Select 1/35 (28)*	Pfizer	1	7.37	

ETHINYLESTRADIOL/ NORETHINDRONE ACETATE P

Tab. — 0.02 mg -1 mg

00315966	*Minestrin 1/20 (21)*	Warner	1	12.73	
00343838	*Minestrin 1/20 (28)*	Warner	1	12.73	

Tab. — 0.03 mg -1.5 mg

00297143	*Loestrin 1.5/30 (21)*	Warner	1	12.73	
00353027	*Loestrin 1.5/30 (28)*	Warner	1	12.73	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ETHINYLOESTRADIOL NORGESTIMATE P

Tab. 0.035 mg -0.180 mg -0.035 mg -0.215 mg -0.035 mg -0.25 mg **PPB**

02508087	*Tri-Cira (21)*	Apotex	1	➡ 12.69	
02508095	*Tri-Cira (28)*	Apotex	1	➡ 12.69	
02486296	*Tri-Jordyna 21*	Glenmark	3	38.07	➡ 12.6896
02486318	*Tri-Jordyna 28*	Glenmark	3	38.07	➡ 12.6896

ETHYNYLOESTRADIOL/ LEVONORGESTREL P

Tab. 0.020 mg -0.10 mg **PPB**

02236974	*Alesse 21*	Pfizer	1	12.70	
02236975	*Alesse 28*	Pfizer	1	12.70	
02387875	*Alysena 21*	Apotex	1	➡ 7.62	
			3	22.86	➡ 7.6200
02387883	*Alysena 28*	Apotex	1	➡ 7.62	
			3	22.86	➡ 7.6200
02298538	*Aviane 21*	Teva Can	1	➡ 7.62	
02298546	*Aviane 28*	Teva Can	1	➡ 7.62	

Tab. 0.03 mg -0.05 mg -0.04 mg -0.075 mg -0.03 mg -0.125 mg

00707600	*Triquilar 21*	Bayer	1	14.52	
00707503	*Triquilar 28*	Bayer	1	14.52	

Tab. 0.03 mg -0.15 mg **PPB**

02042320	*Min-Ovral 21*	Pfizer	1	12.13	
02042339	*Min-Ovral 28*	Pfizer	1	12.13	
02387085	*Ovima 21*	Apotex	1	➡ 7.28	
02387093	*Ovima 28*	Apotex	1	➡ 7.28	
02295946	*Portia 21*	Teva Can	1	➡ 7.28	
02295954	*Portia 28*	Teva Can	1	➡ 7.28	

Tab. (91) 0.03 mg -0.15 mg **PPB**

02398869	*Indayo*	Mylan	1	➡ 45.96	
02296659	*Seasonale*	Teva Can	1	54.06	

ETONOGESTREL P

Implant 68 mg

02499509	*Nexplanon*	Merck	1	285.00	

LEVONORGESTREL P

Intra-Uter. Sys. 19.5 mg

02459523	*Kyleena*	Bayer	1	326.06	

Intra-Uter. Sys. 52 mg

02243005	*Mirena*	Bayer	1	326.06	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LEVONORGESTREL					
Tab.				0.75 mg	
02371189	*Option 2*	Teva Can	2	8.77	4.3850
Tab.				1.5 mg **PPB**	
02433532	*Backup Plan Onestep*	Apotex	1	➡ 8.60	
02425009	*Contingency One*	Mylan	1	➡ 8.60	
02293854	*Plan B*	Paladin	1	➡ 8.60	
NORETHINDRONE Pr					
Tab. (28)				0.35 mg **PPB**	
02441306	*Jencycla*	Lupin	1	➡ 10.99	
02410303	*Movisse*	Mylan	1	➡ 10.99	
ULIPRISTAL ACETATE Pr					
Tab.				30 mg	
02436329	*Ella*	Allergan	1	25.94	
68:16.04					
ESTROGENS					
CONJUGATED ESTROGENS (BIOLOGICS) Pr					
Vag. Cr.				0.625 mg/g	
02043440	*Premarin*	Pfizer	30 g	22.53	
ESTRADIOL-17B Pr					
Tab.				0.5 mg **PPB**	
02225190	*Estrace*	Acerus	100	13.44	0.1344
02449048	*Lupin-Estradiol*	Lupin	100	10.74	➡ 0.1074
Tab.				1 mg **PPB**	
02148587	*Estrace*	Acerus	100	25.97	0.2597
02449056	*Lupin-Estradiol*	Lupin	100	20.78	➡ 0.2078
Tab.				2 mg **PPB**	
02148595	*Estrace*	Acerus	100	45.86	0.4586
02449064	*Lupin-Estradiol*	Lupin	100	36.66	➡ 0.3666
Top. Jel.				0.06 %	
* 02238704	*Estrogel*	Organon	80 g	24.35	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Vag. Tab (App.)				10 mcg	
02325462	*Vagifem 10*	N.Nordisk	18	42.07	
Vaginal ring				2 mg	
02168898	*Estring*	Paladin	1	62.77	

ESTRONE Pr

Vag. Cr.				1 mg/g	
00727369	*Estragyn vaginal cream*	Search Phm	45 g	15.55	

68:16.08
ANTIESTROGENS

ANASTROZOLE Pr

Tab.				1 mg	**PPB**	
02351218	*Anastrozole*	Accord	30	28.57	➡	0.9522
02395649	*Anastrozole*	Pro Doc	30	28.57	➡	0.9522
02442736	*Anastrozole*	Sanis	30	28.57	➡	0.9522
02374420	*Apo-Anastrozole*	Apotex	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02224135	*Arimidex*	AZC	30	152.75		5.0917
02392488	*Bio-Anastrozole*	Biomed	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02458799	*CCP-Anastrozole*	Cellchem	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02339080	*Jamp-Anastrozole*	Jamp	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02379562	*Mar-Anastrozole*	Marcan	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02393573	*Mint-Anastrozole*	Mint	30	28.57	➡	0.9522
02417855	*Nat-Anastrozole*	Natco	30	28.57	➡	0.9522
			100	95.22	➡	0.9522
02320738	*pms-Anastrozole*	Phmscience	30	28.57	➡	0.9522
02392259	*Riva-Anastrozole*	Riva	30	28.57	➡	0.9522
02338467	*Sandoz Anastrozole*	Sandoz	30	28.57	➡	0.9522
02365650	*Taro-Anastrozole*	Taro	30	28.57	➡	0.9522
02394898	*Teva-Anastrozole*	Teva Can	30	28.57	➡	0.9522

EXEMESTANE Pr

Tab.				25 mg	**PPB**	
02390183	*ACT Exemestane*	ActavisPhm	30	38.84	➡	1.2947
02242705	*Aromasin*	Pfizer	30	155.35		5.1783
02407841	*Med-Exemestane*	GMP	30	38.84	➡	1.2947
02408473	*Teva-Exemestane*	Teva Can	30	38.84	➡	1.2947

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LETROZOLE Pr					
Tab.				2.5 mg **PPB**	
02374439	*AG-Letrozole*	Angita	30	41.34	1.3780
02358514	*Apo-Letrozole*	Apotex	30	41.34	1.3780
02392496	*Bio-Letrozole*	Biomed	30	41.34	1.3780
			100	137.80	1.3780
02459884	*CCP-Letrozole*	Cellchem	30	41.34	1.3780
02231384	*Femara*	Novartis	30	163.96	5.4653
02373009	*Jamp-Letrozole*	Jamp	30	41.34	1.3780
			100	137.80	1.3780
02338459	*Letrozole*	Accord	30	41.34	1.3780
02402025	*Letrozole*	Pro Doc	30	41.34	1.3780
02504472	*Letrozole*	Sanis	30	41.34	1.3780
02373424	*Mar-Letrozole*	Marcan	30	41.34	1.3780
02508109	*Mint-Letrozole*	Mint	30	41.34	1.3780
02421585	*Nat-Letrozole*	Natco	30	41.34	1.3780
			100	137.80	1.3780
02520486	*NRA-Letrozole*	Nora	30	41.34	1.3780
02309114	*pms-Letrozole*	Phmscience	30	41.34	1.3780
02398656	*Riva-Letrozole*	Riva	30	41.34	1.3780
02344815	*Sandoz Letrozole*	Sandoz	30	41.34	1.3780
02343657	*Teva-Letrozole*	Teva Can	30	41.34	1.3780

68:16.12
ESTROGEN AGONIST-ANTAGONISTS

RALOXIFENE HYDROCHLORIDE Pr

Tab.				60 mg **PPB**	
02358840	*ACT Raloxifene*	ActavisPhm	30	13.75	0.4583
			100	45.83	0.4583
02279215	*Apo-Raloxifene*	Apotex	100	45.83	0.4583
02239028	*Evista*	Lilly	28	46.15	1.6482

TAMOXIFEN CITRATE Pr

Tab.				10 mg **PPB**	
00812404	*Apo-Tamox*	Apotex	100	17.50	0.1750
00851965	*Novo-Tamoxifen*	Novopharm	100	17.50	0.1750
Tab.				20 mg **PPB**	
00812390	*Apo-Tamox*	Apotex	100	35.00	0.3500
02048485	*Nolvadex-D*	AZC	30	11.05	0.3683
00851973	*Novo-Tamoxifen*	Novopharm	30	10.50	0.3500
			100	35.00	0.3500

68:18
GONADOTROPINS

BUSERELIN ACETATE Pr

Implant				6.3 mg	
02228955	*Suprefact Depot*	Cheplaphar	1	733.47	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Implant				9.45 mg	
02240749	*Suprefact Depot 3 mois*	Cheplaphar	1	1083.76	
Nas. spray				1 mg/mL	
02225158	*Suprefact*	Cheplaphar	10 ml	69.35	
S.C. Inj. Sol.				1 mg/mL	
02225166	*Suprefact*	Cheplaphar	5.5 ml	51.76	
DEGARELIX ACETATE Pr					
S.C. Inj. Sol.				80 mg	
02337029	*Firmagon*	Ferring	1	255.00	
S.C. Inj. Sol.				120 mg	
02337037	*Firmagon*	Ferring	2	690.00	
GONADORELIN Pr					
Inj. Pd.				0.8 mg	
02046210	*Lutrepulse*	Ferring	1	115.00	
GOSERELINE ACETATE Pr					
Implant				3.6 mg	
02049325	*Zoladex*	TerSera	1	390.50	
Implant				10.8 mg	
02225905	*Zoladex LA*	TerSera	1	1113.00	
LEUPORIDE ACETATE Pr					
Kit				3.75 mg	
00884502	*Lupron Depot*	AbbVie	1	336.23	
Kit				5 mg/mL	
* 00727695	*Lupron*	AbbVie	14	189.41	**W**
Kit				7.5 mg	
02248239	*Eligard*	Tolmar	1	310.72	
00836273	*Lupron Depot*	AbbVie	1	387.97	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Kit				11.25 mg	
02239834	*Lupron Depot*	AbbVie	1	1008.68	
Kit				22.5 mg	
02248240	*Eligard*	Tolmar	1	891.00	
02230248	*Lupron Depot*	AbbVie	1	1071.00	
Kit				30 mg	
02248999	*Eligard*	Tolmar	1	1285.20	
02239833	*Lupron Depot*	AbbVie	1	1428.00	
Kit				45 mg	
02268892	*Eligard*	Tolmar	1	1450.00	
NAFARELIN ACETATE Pr					
Nas. spray				2 mg/mL	
02188783	*Synarel*	Pfizer	8 ml	283.56	

68:20.02
ALPHA-GLUCOSIDASE INHIBITORS
ACARBOSE Pr

Tab.				50 mg	**PPB**	
02493780	*Acarbose*	Strides	100	13.48	➡	0.1348
02190885	*Glucobay*	Bayer	120	29.76		0.2480
02494078	*Mar-Acarbose*	Marcan	120	16.18	➡	0.1348
Tab.				100 mg	**PPB**	
02493799	*Acarbose*	Strides	100	18.66	➡	0.1866
02190893	*Glucobay*	Bayer	120	41.15		0.3429
02494086	*Mar-Acarbose*	Marcan	120	22.39	➡	0.1866

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

68:20.04
BIGUANIDES
METFORMIN HYDROCHLORIDE F
Tab. 500 mg **PPB**

02257726	*ACT Metformin*	ActavisPhm	100	2.47	0.0247
			500	12.35	0.0247
02494418	*AG-Metformin*	Angita	500	12.35	0.0247
02438275	*Auro-Metformin*	Aurobindo	100	2.47	0.0247
			500	12.35	0.0247
02099233	*Glucophage*	SanofiAven	100	21.31	0.2131
			500	106.53	0.2131
02380196	*Jamp-Metformin*	Jamp	100	2.47	0.0247
			500	12.35	0.0247
99113737	*Jamp-Metformin Blackberry*	Jamp	360	8.89	0.0247
			500	12.35	0.0247
02353377	*Metformin*	Sanis	360	8.89	0.0247
			500	12.35	0.0247
02385341	*Metformin FC*	Sivem	100	2.47	0.0247
			500	12.35	0.0247
02520303	*pmsc-Metformin*	Phmscience	500	12.35	0.0247
02223562	*pms-Metformin*	Phmscience	100	2.47	0.0247
			500	12.35	0.0247
02314908	*Pro-Metformin*	Pro Doc	500	12.35	0.0247
02269031	*Ran-Metformin*	Ranbaxy	100	2.47	0.0247
			500	12.35	0.0247
02242974	*ratio-Metformin*	Ratiopharm	100	2.47	0.0247
			500	12.35	0.0247
02239081	*Riva-Metformin*	Riva	100	2.47	0.0247
			500	12.35	0.0247
02246820	*Sandoz Metformin FC*	Sandoz	100	2.47	0.0247
			500	12.35	0.0247

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				850 mg **PPB**	
02257734	*ACT Metformin*	ActavisPhm	100	3.39	0.0339
			500	16.95	0.0339
02494442	*AG-Metformin*	Angita	500	16.95	0.0339
02438283	*Auro-Metformin*	Aurobindo	100	3.39	0.0339
			500	16.95	0.0339
02162849	*Glucophage*	SanofiAven	100	30.80	0.3080
02380218	*Jamp-Metformin*	Jamp	100	3.39	0.0339
			500	16.95	0.0339
99113738	*Jamp-Metformin Blackberry*	Jamp	100	3.39	0.0339
			500	16.95	0.0339
02353385	*Metformin*	Sanis	100	3.39	0.0339
			500	16.95	0.0339
02385368	*Metformin FC*	Sivem	100	3.39	0.0339
			500	16.95	0.0339
02520311	*pmsc-Metformin*	Phmscience	100	3.39	0.0339
			500	16.95	0.0339
02242589	*pms-Metformin*	Phmscience	100	3.39	0.0339
			500	16.95	0.0339
02314894	*Pro-Metformin*	Pro Doc	500	16.95	0.0339
02269058	*Ran-Metformin*	Ranbaxy	100	3.39	0.0339
02242931	*ratio-Metformin*	Ratiopharm	100	3.39	0.0339
			500	16.95	0.0339
02242783	*Riva-Metformin*	Riva	100	3.39	0.0339
			500	16.95	0.0339
02246821	*Sandoz Metformin FC*	Sandoz	100	3.39	0.0339
			500	16.95	0.0339

68:20.08
INSULINS
ASPART INSULIN

S.C. Inj. Sol.				100 U/mL	
02245397	*NovoRapid*	N.Nordisk	10 ml	25.37	

S.C. Inj. Sol.				100 U/mL (3 mL)	
02506564	*Trurapi*	SanofiAven	5	45.00	
02506572	*Trurapi SoloSTAR*	SanofiAven	5	45.00	

GLARGINE INSULIN

S.C. Inj. Sol.				100 U/mL	
02245689	*Lantus*	SanofiAven	10 ml	58.07	

S.C. Inj. Sol.				100 U/mL (3 mL)	
02444844	*Basaglar*	Lilly	5	69.64	
02461528	*Basaglar KwikPen (80 U)*	Lilly	5	69.64	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol. (pen)			300 U/mL (1.5 mL)		
02441829	*Toujeo SoloStar*	SanofiAven	3 5	66.42 110.70	
S.C. Inj. Sol. (pen)			300 U/mL (3mL)		
02493373	*Toujeo DoubleStar*	SanofiAven	3	132.84	
INSULIN CRISTAL ZINC (BIOSYNTHETIC OF HUMAN SEQUENCE)					
S.C. Inj. Sol.				100 U/mL	
00586714	*Humulin R*	Lilly	10 ml	17.12	
02024233	*Novolin ge Toronto*	N.Nordisk	10 ml	18.39	
S.C. Inj. Sol.			100 U/mL (3 mL)		
01959220	*Humulin R*	Lilly	5	35.50	
02415089	*Humulin R KwikPen*	Lilly	5	35.50	
02024284	*Novolin ge Toronto Penfill*	N.Nordisk	5	36.75	
S.C. Inj. Sol.			500 U/mL (3 mL)		
02466864	*Entuzity KwikPen*	Lilly	2	71.00	
INSULIN DEGLUDEC					
S.C. Inj. Sol.			100 U/mL (3 mL)		
02467879	*Tresiba FlexTouch*	N.Nordisk	5	98.69	
S.C. Inj. Sol.			200 U/mL (3 mL)		
02467887	*Tresiba FlexTouch*	N.Nordisk	3	118.42	
INSULIN DETEMIR					
S.C. Inj. Sol.			100 U/mL (3 mL)		
02412829	*Levemir FlexTouch*	N.Nordisk	5	98.69	
02271842	*Levemir Penfill*	N.Nordisk	5	98.69	
INSULIN GLULISINE					
S.C. Inj. Sol.				100 U/mL	
02279460	*Apidra*	SanofiAven	10 ml	24.50	
S.C. Inj. Sol.			100 U/mL (3 mL)		
02279479	*Apidra*	SanofiAven	5	48.45	
02294346	*Apidra Solostar*	SanofiAven	5	49.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
INSULIN ISOPHANE (BIOSYNTHETIC OF HUMAN SEQUENCE)					
S.C. Inj. Susp.				100 U/mL	
00587737	*Humulin N*	Lilly	10 ml	17.12	
02024225	*Novolin ge NPH*	N.Nordisk	10 ml	18.39	
S.C. Inj. Susp.				100 U/mL (3 mL)	
01959239	*Humulin N*	Lilly	5	35.50	
02403447	*Humulin N KwikPen*	Lilly	5	34.89	
02024268	*Novolin ge NPH Penfill*	N.Nordisk	5	36.75	
INSULINS ZINC CRISTALLINE AND ISOPHANE BIOSYNTHETIC OF HUMAN SEQUENCE					
S.C. Inj. Susp.				30 U -70 U/mL	
00795879	*Humulin 30/70*	Lilly	10 ml	17.12	
02024217	*Novolin ge 30/70*	N.Nordisk	10 ml	18.39	
S.C. Inj. Susp.				30 U -70 U/mL (3 mL)	
01959212	*Humulin 30/70*	Lilly	5	35.50	
02025248	*Novolin ge 30/70 Penfill*	N.Nordisk	5	36.75	
S.C. Inj. Susp.				40 U -60 U/mL (3 mL)	
02024314	*Novolin ge 40/60 Penfill*	N.Nordisk	5	36.75	
S.C. Inj. Susp.				50 U -50 U/mL(3 mL)	
02024322	*Novolin ge 50/50 Penfill*	N.Nordisk	5	36.75	
LISPRO INSULIN					
S.C. Inj. Sol.				100 U/mL	
02469901	*Admelog*	SanofiAven	10 ml	22.70	
S.C. Inj. Sol.				100 U/mL (3 mL)	
02469898	*Admelog*	SanofiAven	5	45.00	
02469871	*Admelog SoloSTAR*	SanofiAven	5	45.00	
S.C. Inj. Sol.				200 U/mL (3 mL)	
02439611	*Humalog KwikPen*	Lilly	5	102.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

68:20.16
MEGLITINIDES
REPAGLINIDE P

Tab. 0.5 mg **PPB**

02321475	*ACT Repaglinide*	ActavisPhm	100	8.08	0.0808
02424258	*Auro-Repaglinide*	Aurobindo	100	8.08	0.0808
			1000	80.80	0.0808
02239924	*GlucoNorm*	N.Nordisk	90	24.86	0.2762
			100	27.62	0.2762
02354926	*Jamp Repaglinide*	Jamp	100	8.08	0.0808
02415968	*Repaglinide*	Pro Doc	100	8.08	0.0808
02357453	*Sandoz Repaglinide*	Sandoz	100	8.08	0.0808

Tab. 1 mg **PPB**

02321483	*ACT Repaglinide*	ActavisPhm	100	8.40	0.0840
02424266	*Auro-Repaglinide*	Aurobindo	100	8.40	0.0840
			1000	84.00	0.0840
02239925	*GlucoNorm*	N.Nordisk	90	25.87	0.2874
			100	28.74	0.2874
02354934	*Jamp Repaglinide*	Jamp	100	8.40	0.0840
02415976	*Repaglinide*	Pro Doc	100	8.40	0.0840
02357461	*Sandoz Repaglinide*	Sandoz	100	8.40	0.0840

Tab. 2 mg **PPB**

02321491	*ACT Repaglinide*	ActavisPhm	100	8.73	0.0873
02424274	*Auro-Repaglinide*	Aurobindo	100	8.73	0.0873
			1000	87.30	0.0873
02239926	*GlucoNorm*	N.Nordisk	90	26.85	0.2983
			100	29.83	0.2983
02354942	*Jamp Repaglinide*	Jamp	100	8.73	0.0873
02415984	*Repaglinide*	Pro Doc	100	8.73	0.0873
02357488	*Sandoz Repaglinide*	Sandoz	100	8.73	0.0873

68:20.20
SULFONYLUREAS
GLICLAZIDE P

L.A. Tab. 30 mg **PPB**

02297795	*Apo-Gliclazide MR*	Apotex	100	9.31	0.0931
02242987	*Diamicron MR*	Servier	60	8.43	0.1405
02423286	*Mint-Gliclazide MR*	Mint	100	9.31	0.0931
02438658	*Mylan-Gliclazide MR*	Mylan	100	9.31	0.0931
02461323	*Sandoz Gliclazide MR*	Sandoz	60	5.59	0.0931
			100	9.31	0.0931
02463571	*Taro-Gliclazide MR*	Sun Pharma	100	9.31	0.0931

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
L.A. Tab.					60 mg **PPB**		
	02407124	*Apo-Gliclazide MR*	Apotex	100	6.32	➡	0.0632
	02356422	*Diamicron MR*	Servier	60	15.17		0.2528
	02423294	*Mint-Gliclazide MR*	Mint	100	6.32	➡	0.0632
	02461331	*Sandoz Gliclazide MR*	Sandoz	60	3.79	➡	0.0632
				100	6.32	➡	0.0632
	02439328	*Taro-Gliclazide MR*	Sun Pharma	100	6.32	➡	0.0632
Tab.					80 mg **PPB**		
	02245247	*Apo-Gliclazide*	Apotex	100	9.31	➡	0.0931
				500	46.55	➡	0.0931
	00765996	*Diamicron*	Servier	60	22.35		0.3725
	02287072	*Gliclazide*	Sanis	100	9.31	➡	0.0931
*	02248453	*Gliclazide-80*	Pro Doc	60	5.59		**W**
				100	9.31		**W**
	02238103	*Novo-Gliclazide*	Novopharm	100	9.31	➡	0.0931
				500	46.55	➡	0.0931

GLYBURIDE Ⓟ

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Tab.					2.5 mg **PPB**		
	01913654	*Apo-Glyburide*	Apotex	100	3.21	➡	0.0321
				500	16.03	➡	0.0321
	01959352	*Glyburide*	Pro Doc	100	3.21	➡	0.0321
				500	16.03	➡	0.0321
	02350459	*Glyburide*	Sanis	100	3.21	➡	0.0321
				500	16.03	➡	0.0321
+	01913670	*Teva-Glyburide*	Teva Can	100	3.21	➡	0.0321
				500	16.03	➡	0.0321
Tab.					5 mg **PPB**		
	01913662	*Apo-Glyburide*	Apotex	100	5.73	➡	0.0573
				500	28.65	➡	0.0573
	02485664	*Glyburide*	Pro Doc	500	28.65	➡	0.0573
	02350467	*Glyburide*	Sanis	100	5.73	➡	0.0573
				500	28.65	➡	0.0573
	02236734	*pms-Glyburide*	Phmscience	30	1.72	➡	0.0573
				500	28.65	➡	0.0573
+	01913689	*Teva-Glyburide*	Teva Can	100	5.73	➡	0.0573
				500	28.65	➡	0.0573

68:22.12
GLYCOGENOLYTIC AGENTS

GLUCAGON Ⓟ

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
Inj. Pd.					1 mg		
	02333619	*GlucaGen*	Paladin	1	77.10		
	02333627	*GlucaGen HypoKit*	Paladin	1	77.10		
	02243297	*Glucagon*	Lilly	1	85.67		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Nasal Powder				3 mg	
02492415	*Baqsimi*[25]	Lilly	1	131.60	

68:24
PARATHYROID
CALCITONIN SALMON (SYNTHETIC) P

Inj. Sol.				200 U/mL	
01926691	*Calcimar Solution*	SanofiAven	2 ml	46.04	

68:28
PITUITARY
DESMOPRESSIN ACETATE P

Inj. Sol.			4 mcg/mL (1mL)	**PPB**	
02513579	*Bipazen*	KVR	10	90.00	9.0000
00873993	*DDAVP*	Ferring	10	100.60	10.0600
Nas. Sol.				0.1 mg/mL	
00402516	*DDAVP*	Ferring	2.5 ml	47.20	
Nas. spray				10 mcg/dose	
02242465	*Desmopressin*	AA Pharma	25 dose(s)	35.40	
			50 dose(s)	70.80	
Tab. or Tab. Oral Disint.			0.1 mg or 0.06 mg	**PPB**	
00824305	*DDAVP*	Ferring	30	39.65	1.3217
02284995	*DDAVP Melt*	Ferring	30	29.73	0.9910
02284030	*Desmopressin*	Apotex	100	33.03	0.3303
02304368	*pms-Desmopressin*	Phmscience	100	33.03	0.3303
Tab. or Tab. Oral Disint.			0.2 mg ou 0.12 mg	**PPB**	
00824143	*DDAVP*	Ferring	30	79.30	2.6432
			100	264.32	2.6432
02285002	*DDAVP Melt*	Ferring	30	59.47	1.9823
02284049	*Desmopressin*	Apotex	100	66.07	0.6607
02304376	*pms-Desmopressin*	Phmscience	100	66.07	0.6607

68:32
PROGESTINS
DIENOGEST P

Tab.				2 mg **PPB**	
02493055	*Aspen-Dienogest*	Aspen	28	28.65	1.0231
02498189	*JAMP Dienogest*	Jamp	28	28.65	1.0231
02374900	*Visanne*	Bayer	28	55.00	1.9643

25 The cost of this product is covered by the basic plan only for persons receiving insulin.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

MEDROXYPROGESTERONE ACETATE Pr

I.M. Inj. Susp. 150 mg/mL

00585092	*Depo-Provera*	Pfizer	1 ml	26.98	

Tab. 2.5 mg **PPB**

02244726	*Apo-Medroxy*	Apotex	100	4.16	0.0416
02221284	*Novo-Medrone*	Novopharm	100	4.16	0.0416

Tab. 5 mg **PPB**

02244727	*Apo-Medroxy*	Apotex	100	8.23	0.0823
02221292	*Novo-Medrone*	Novopharm	100	8.23	0.0823
00030937	*Provera*	Pfizer	100	26.25	0.2625

Tab. 10 mg **PPB**

02277298	*Apo-Medroxy*	Apotex	100	16.70	0.1670
02221306	*Novo-Medrone*	Novopharm	100	16.70	0.1670

Tab. 100 mg

02267640	*Apo-Medroxy*	Apotex	100	120.57	1.2057

MEGESTROL ACETATE Pr

Tab. 40 mg

02195917	*Megestrol*	AA Pharma	100	133.40	1.3340

MICRONIZED PROGESTERONE Pr

Caps. 100 mg **PPB**

*	02493578	*Auro-Progesterone*	Aurobindo	30	20.65	0.6884
				100	68.84	0.6884
*	02476576	*pms-Progesterone*	Phmscience	30	9.03	0.3011
				100	30.11	0.3011
*	02166704	*Prometrium*	Organon	30	9.03	0.3011
*	02463113	*Reddy-Progesterone*	Dr Reddy's	30	9.03	0.3011
				100	30.11	0.3011
*	02439913	*Teva-Progesterone*	Teva Can	30	9.03	0.3011
				100	30.11	0.3011

Caps. 200 mg

*	02480247	*pms-Progesterone*	Phmscience	30	37.17	1.2391
				100	123.91	1.2391

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PROGESTERONE P					
Oily Inj. Sol.				50 mg/mL	
02446820	*ACT Progesterone Injection*	ActavisPhm	10 ml	58.61	
68:36.04					
THYROID AGENTS					
LEVOTHYROXINE (SODIUM) P					
Tab.				0.025 mg	
02172062	*Synthroid*	BGP Pharma	90 1000	6.97 71.09	0.0774 0.0711
Tab.				0.05 mg	
02213192 02172070	*Eltroxin* *Synthroid*	Aspen BGP Pharma	500 90 1000	13.70 4.21 42.53	0.0274 0.0468 0.0425
Tab.				0.075 mg	
02172089	*Synthroid*	BGP Pharma	90 1000	7.52 76.75	0.0836 0.0768
Tab.				0.088 mg	
02172097	*Synthroid*	BGP Pharma	90 1000	7.52 76.75	0.0836 0.0768
Tab.				0.1 mg	
02213206 02172100	*Eltroxin* *Synthroid*	Aspen BGP Pharma	500 90 1000	16.82 5.58 56.61	0.0336 0.0620 0.0566
Tab.				0.112 mg	
02171228	*Synthroid*	BGP Pharma	90 1000	7.96 81.04	0.0884 0.0810
Tab.				0.125 mg	
02172119	*Synthroid*	BGP Pharma	90 1000	8.09 82.41	0.0899 0.0824
Tab.				0.137 mg	
02233852	*Synthroid*	BGP Pharma	90 1000	14.14 157.07	0.1571 0.1571

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				0.15 mg	
02213214	*Eltroxin*	Aspen	500	18.66	0.0373
02172127	*Synthroid*	BGP Pharma	90	5.99	0.0666
			1000	60.82	0.0608
Tab.				0.175 mg	
02172135	*Synthroid*	BGP Pharma	90	8.64	0.0960
			1000	88.06	0.0881
Tab.				0.2 mg	
02213222	*Eltroxin*	Aspen	500	19.74	0.0395
02172143	*Synthroid*	BGP Pharma	90	6.41	0.0712
			1000	64.81	0.0648
Tab.				0.3 mg	
02172151	*Synthroid*	BGP Pharma	90	8.82	0.0980

LIOTHYRONINE (SODIUM) Pr

Tab.				5 mcg **PPB**	
01919458	*Cytomel*	Pfizer	100	122.74	1.2274
02494337	*Teva-Liothyronine*	Teva Can	100	109.06	➡ 1.0906
Tab.				25 mcg **PPB**	
01919466	*Cytomel*	Pfizer	100	133.41	1.3341
02494345	*Teva-Liothyronine*	Teva Can	100	118.54	➡ 1.1854

68:36.08
ANTITHYROID AGENTS

METHIMAZOL Pr

Tab.				5 mg **PPB**	
02490625	*Jamp Methimazole*	Jamp	100	15.31	➡ 0.1531
02480107	*Mar-Methimazole*	Marcan	100	15.31	➡ 0.1531
00015741	*Tapazole*	Paladin	100	24.73	0.2473

PROPYLTHIOURACIL Pr

Tab.				50 mg	
00010200	*Propyl-Thyracil*	Paladin	100	21.40	**W**
Tab.				100 mg	
00010219	*Propyl-Thyracil*	Paladin	100	33.50	**W**

84:00
SKIN AND MUCOUS MEMBRANE AGENTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

84:04.04
ANTIBIOTICS

BACITRACIN

Top. Oint. — 500 U/g

02351714	*Bacitracin*	Jamp	450 g	44.72	0.0994

CLINDAMYCIN PHOSPHATE Pr

Top. Sol. — 1 % **PPB**

02483769	*Clindamycin phosphate topical solution USP*	Teligent	30 ml	6.78	
			60 ml	9.15	
02266938	*Taro-Clindamycin*	Taro	30 ml	6.78	
			60 ml	9.15	

FUSIDIC (ACID) Pr

Top. Cr. — 2 %

00586668	*Fucidin*	Leo	30 g	17.78	0.5927

METRONIDAZOLE Pr

Top. Cr. — 1 %

02156091	*Noritate*	Valeant	45 g	24.03	0.5340

Top. Jel. — 1 %

02297809	*Metrogel*	Galderma	55 g	33.00	0.6000

MUPIROCIN

Top. Oint. — 2 %

02279983	*Taro-Mupirocin*	Taro	15 g	6.19	0.4125
			30 g	12.38	0.4125

POLYMYXIN B SULFATE/ BACITRACIN (ZINC)

Top. Oint. — 10 000 U -500 U/g **PPB**

00621366	*Bioderm*	Odan	15 g	5.04	0.3360
			30 g	10.08	0.3360
02357569	*Jampolycin*	Jamp	15 g	5.04	0.3360

SODIUM FUSIDATE Pr

Top. Oint. — 2 %

00586676	*Fucidin*	Leo	30 g	17.78	0.5927

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

84:04.08
ANTIFUNGALS

CICLOPIROX OLAMINE P

Lot. 1 %

02221810	*Loprox*	Valeant	60 ml	18.13	

Top. Cr. 1 %

02221802	*Loprox*	Valeant	60 g	18.10	0.3017

CLOTRIMAZOLE

Top. Cr. 10 mg/g

00812382	*Clotrimaderm*	Taro	20 g	4.20	0.2100
			30 g	6.30	0.2100
			50 g	9.00	0.1800
			500 g	44.20	0.0884

Vag. Cr. (App.) 1 %

00812366	*Clotrimaderm*	Taro	50 g	9.06	

Vag. Cr. (App.) 2 %

00812374	*Clotrimaderm*	Taro	25 g	9.06	

KETOCONAZOLE P

Top. Cr. 2 %

02245662	*Ketoderm*	Taro	30 g	9.50	0.3167

NYSTATIN

Top. Cr. 100 000 U/g **PPB**

00716871	*Nyaderm*	Taro	454 g	28.60	➡ 0.0630
* 02194236	*ratio-Nystatin*	Ratiopharm	15 g	0.95	**W**
			30 g	1.89	**W**

Top. Oint. 100 000 U/g

02194228	*ratio-Nystatin*	Ratiopharm	30 g	2.71	0.0903

TERBINAFIN HYDROCHLORIDE P

Top. Cr. 1 %

02031094	*Lamisil*	Novartis	30 g	14.83	0.4943

Top. vap. 1 %

02238703	*Lamisil*	Novartis	30 ml	14.65	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TERCONAZOL P					
Vag. Cr. (App.)				0.4 %	
02247651	*Taro-Terconazole*	Taro	45 g	28.59	
84:04.12					
SCABICIDES AND PEDICULICIDES					
DIMETICONE					
Sol.				50% P/P	
02373785	*Nyda*	Pediapharm	50 ml	22.42	
ISOPROPYL MYRISTATE					
Top. Sol.				50 %	
02279592	*Resultz*	Aralez	120 ml 240 ml	11.50 22.42	
PERMETHRIN					
Cr. Rinse				1 %	
02231480	*Kwellada-P Creme rinse*	Medtech	50 ml 200 ml	8.75 34.97	
Lot.				5 %	
02231348	*Kwellada-P Lotion*	Medtech	100 ml	50.53	
Top. Cr.				5 %	
02219905	*Nix*	GSK CONS	30 g	14.04	0.4680
PYRETHRINS/ PIPERONYL BUTOXYDE					
Shamp.				0.33 % -3 % à 4 %	
02125447	*R & C Shampoo with conditioner*	Medtech	50 ml 200 ml	5.55 22.19	
84:04.92					
LOCAL ANTI-INFECTIVES, MISCELLANEOUS					
SULFADIAZINE (SILVER) P					
Top. Cr.				1 %	
00323098	*Flamazine*	S. & N.	20 g 50 g 500 g	4.86 10.96 66.01	0.2430 0.2192 0.1320

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

84:06
ANTI-INFLAMMATORY AGENTS

AMCINONIDE

Lot. — 0.1 %

02247097	*ratio-Amcinonide*	Teva Can	20 ml	4.54	
			60 ml	13.63	

Top. Cr. — 0.1 % **PPB**

02247098	*ratio-Amcinonide*	Ratiopharm	15 g	2.86	0.1907
			30 g	5.73	0.1910
			60 g	11.45	0.1908
02246714	*Taro-Amcinonide*	Taro	15 g	2.86	0.1907
			30 g	5.73	0.1910
			60 g	11.45	0.1908

Top. Oint. — 0.1 %

02247096	*ratio-Amcinonide*	Teva Can	15 g	4.73	0.3153
			30 g	9.45	0.3150
			60 g	15.00	0.2500

BECLOMETHASONE DIPROPIONATE

Top. Cr. — 0.025 %

02089602	*Propaderm*	Valeant	45 g	19.13	0.4251
			120 g	51.01	0.4251

BETAMETHASONE DIPROPIONATE

Lot. — 0.05 % **PPB**

00417246	*Diprosone*	Organon	75 ml	14.85	
00809187	*ratio-Topisone*	Ratiopharm	30 ml	5.94	
			75 ml	14.85	

Top. Cr. — 0.05 % **PPB**

00323071	*Diprosone*	Organon	50 g	10.23	0.2046
00804991	*ratio-Topisone*	Ratiopharm	15 g	3.07	0.2046
			50 g	10.23	0.2046
01925350	*Taro-Sone*	Taro	50 g	10.23	0.2046

Top. Oint. — 0.05 % **PPB**

00344923	*Diprosone*	Organon	50 g	10.76	0.2152
00805009	*ratio-Topisone*	Ratiopharm	15 g	3.23	0.2152
			50 g	10.76	0.2152
			450 g	96.84	0.2152

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BETAMETHASONE DIPROPIONATE/ GLYCOL BASE Pr					
Lot.				0.05 %	
01927914	*Teva-Topilene*	Teva Can	30 ml 60 ml	8.09 16.18	
Top. Cr.				0.05 %	
00849650	*Teva-Topilene*	Teva Can	15 g 50 g	7.78 25.93	0.5186 0.5186
Top. Oint.				0.05 % **PPB**	
00629367	*Diprolene*	Organon	50 g	25.93 ➡	0.5186
00849669	*Teva-Topilene*	Teva Can	15 g	7.78 ➡	0.5186
			50 g	25.93 ➡	0.5186
BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID Pr					
Lot.				0.05 % -2 %	
* 02245688	*ratio-Topisalic*	Teva Can	30 ml 60 ml	10.57 21.14	
Top. Oint.				0.05 % -3 %	
00578436	*Diprosalic Pommade*	Organon	50 g	34.96	0.6992
BETAMETHASONE DISODIUM PHOSPHATE Pr					
Rect. Sol.				5 mg/ 100 mL	
02060884	*Betnesol*	Paladin	100 ml	8.79	
BETAMETHASONE VALERATE Pr					
Lot.				0.05 %	
00653209	*ratio-Ectosone*	Teva Can	60 ml	11.40	
Lot.				0.1 %	
00750050	*ratio-Ectosone*	Teva Can	60 ml	15.00	
Scalp Lot.				0.1 % **PPB**	
00716634	*Betaderm*	Taro	75 ml	6.39 ➡	
00653217	*ratio-Ectosone*	Ratiopharm	30 ml	2.56 ➡	
			75 ml	6.39 ➡	
00027944	*Valisone*	Valeant	75 ml	6.40	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				0.05 % **PPB**	
00716618	*Betaderm*	Taro	454 g	27.06	0.0596
02357860	*Celestoderm V/2*	Valeant	450 g	26.80	0.0596
Top. Cr.				0.1 % **PPB**	
00716626	*Betaderm*	Taro	454 g	40.36	0.0889
02357844	*Celestoderm V*	Valeant	450 g	40.00	0.0889
Top. Oint.				0.05 % **PPB**	
00716642	*Betaderm*	Taro	454 g	27.06	0.0596
02357879	*Celestoderm V/2*	Valeant	450 g	26.80	0.0596
Top. Oint.				0.1 % **PPB**	
00716650	*Betaderm*	Taro	454 g	40.36	0.0889
02357852	*Celestoderm V*	Valeant	450 g	40.00	0.0889
BUDESONIDE P					
Rect. Sol.				0.02 mg/mL	
02052431	*Entocort*	AZC	115 ml	8.24	
CLOBETASOL PROPIONATE P					
Scalp Lot.				0.05 % **PPB**	
02213281	*Dermovate Capillaire*	Taro	60 ml	34.11	
02216213	*Mylan-Clobetasol*	Mylan	60 ml	11.94	
02232195	*pms-Clobetasol*	Phmscience	60 ml	11.94	
02245522	*Taro-Clobetasol*	Taro	60 ml	11.94	
01910299	*Teva-Clobetasol*	Teva Can	20 ml	3.98	
			60 ml	11.94	
Top. Cr.				0.05 % **PPB**	
02213265	*Dermovate*	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
02024187	*Mylan-Clobetasol*	Mylan	50 g	11.40	0.2279
02309521	*pms-Clobetasol*	Phmscience	50 g	11.40	0.2279
02245523	*Taro-Clobetasol*	Taro	15 g	3.42	0.2279
			50 g	11.40	0.2279
			454 g	103.47	0.2279
01910272	*Teva-Clobetasol*	Teva Can	15 g	3.42	0.2279
			50 g	11.40	0.2279
			450 g	102.56	0.2279

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				0.05 % **PPB**	
02213273	*Dermovate*	Taro	15 g	10.23	0.6820
			50 g	32.56	0.6512
02026767	*Mylan-Clobetasol*	Mylan	50 g	11.40	0.2279
02309548	*pms-Clobetasol*	Phmscience	50 g	11.40	0.2279
02245524	*Taro-Clobetasol*	Taro	15 g	3.42	0.2279
			50 g	11.40	0.2279
01910280	*Teva-Clobetasol*	Teva Can	15 g	3.42	0.2279
			50 g	11.40	0.2279
			450 g	102.56	0.2279
CLOBETASONE BUTYRATE					
Top. Cr.				0.05 %	
02214415	*Spectro Eczemacare medicated cream*	GSK CONS	30 g	11.45	0.3817
DESONIDE Pr					
Top. Cr.				0.05 %	
02229315	*PDP-Desonide*	Pendopharm	15 g	3.92	0.2613
			60 g	15.66	0.2610
Top. Oint.				0.05 %	
02229323	*PDP-Desonide*	Pendopharm	60 g	15.66	0.2610
DESOXIMETASONE Pr					
Emol. Top. Cr.				0.05 %	
02221918	*Topicort Doux*	Valeant	20 g	9.08	0.4540
			60 g	22.97	0.3828
Emol. Top. Cr.				0.25 %	
02221896	*Topicort*	Valeant	20 g	13.08	0.6540
			60 g	34.59	0.5765
Top. Jel.				0.05 %	
02221926	*Topicort*	Valeant	60 g	26.82	0.4470
Top. Oint.				0.25 %	
02221934	*Topicort*	Valeant	60 g	34.59	0.5765
FLUOCINOLONE ACETONIDE Pr					
Top. Oint.				0.025 %	
02162512	*Synalar Regulier*	Valeant	60 g	25.85	0.4308

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Topical oil				0.01 %	
00873292	*Derma-Smoothe/FS*	Hill	118 ml	29.15	

FLUOCINONIDE F

Emol. Top. Cr.				0.05 % **PPB**	
02163152	*Lidemol Cream Emollient*	Valeant	30 g	5.94	0.1980
			100 g	19.80	0.1980
00598933	*Tiamol*	Taro	25 g	4.95	0.1980
			100 g	19.80	0.1980
Top. Cr.				0.05 % **PPB**	
02161923	*Lidex Cream*	Valeant	60 g	14.27	0.2378
			400 g	95.12	0.2378
00716863	*Lyderm*	Taro	15 g	3.57	0.2378
			60 g	14.27	0.2378
			400 g	95.12	0.2378
Top. Jel.				0.05 % **PPB**	
02161974	*Lidex Gel*	Valeant	60 g	18.46	**W**
02236997	*Lyderm*	Taro	60 g	18.45	0.3075
Top. Oint.				0.05 % **PPB**	
02161966	*Lidex Ointment*	Valeant	60 g	18.21	0.3035
02236996	*Lyderm*	Taro	60 g	18.21	0.3035

HYDROCORTISONE

Lot.				1 % **PPB**	
80057191	*Jamp-Hydrocortisone Lotion 1 %*	Jamp	60 ml	7.15	
			150 ml	17.87	
80066168	*M-HC 1% lotion*	Mantra Ph.	60 ml	7.15	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				1 % **PPB**	
80078409	*Alta-HC 1 %*	Altamed	15 g	1.48	0.0987
			30 g	4.50	0.1500
80073687	*Cell Hydrocortisone*	Cellchem	15 g	1.48	0.0987
80061697	*Cortivera Plus*	Vanc Phm	15 g	1.48	0.0987
00192597	*Emo-Cort*	GSK	45 g	7.42	0.1649
02412926	*Euro-Hydrocortisone*	Sandoz	15 g	3.00	0.2000
			30 g	4.50	0.1500
			45 g	4.45	0.0989
			454 g	39.00	0.0859
80057189	*Jamp-Hydrocortisone Cream 1 %*	Jamp	30 g	4.50	0.1500
			45 g	4.45	0.0988
			454 g	39.00	0.0859
80066164	*M-HC 1%*	Mantra Ph.	45 g	4.45	0.0988
			454 g	17.70	0.0390
80066167	*M-HC 1% Protection*	Mantra Ph.	30 g	4.50	0.1500

HYDROCORTISONE Pr

Top. Cr.				2.5 %	
02469421	*Sandoz Hydrocortisone*	Sandoz	45 g	14.95	0.3322
			225 g	74.75	0.3322

HYDROCORTISONE

Top. Oint.				1 % **PPB**	
00716693	*Cortoderm*	Taro	454 g	17.70	0.0390
80057193	*Jamp-Hydrocortisone 1%*	Jamp	454 g	17.70	0.0390

HYDROCORTISONE ACETATE Pr

Rect. Oint. (App.)				0.5 % to 0.75 % **PPB**	
02128446	*Anodan-HC*	Odan	15 g	5.78	0.3850
			30 g	11.55	0.3850
02209764	*Egozinc-HC*	Phmscience	15 g	5.78	0.3850
			30 g	11.55	0.3850
02387239	*JampZinc - HC*	Jamp	15 g	5.78	0.3850
			30 g	11.55	0.3850
Supp.				10 mg	
02236399	*Anodan-HC*	Odan	12	11.41	0.9506
			24	22.81	0.9506

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

HYDROCORTISONE ACETATE

Top. Cr. — 1 % **PPB**

00716839	*Hyderm*	Taro	15 g	3.20	0.2133
			500 g	18.20	0.0364
80057178	*Jamp-HC Creme 1%*	Jamp	15 g	2.09	0.1392
			500 g	18.20	0.0364
80066165	*M-HC Acetate 1%*	Mantra Ph.	15 g	2.09	0.1392
			500 g	18.20	0.0364

HYDROCORTISONE ACETATE/ UREA

Lot. — 1 % -10 % **PPB**

00681997	*Dermaflex HC*	Paladin	150 ml	12.75	
80061502	*Jamp-Hydrocortisone Acetate 1 % Urea 10 % Lotion*	Jamp	150 ml	12.75	

Top. Cr. — 1 % -10 % **PPB**

00681989	*Dermaflex HC*	Paladin	120 g	14.77	0.1231
			225 g	27.70	0.1231
80061501	*Jamp-Hydrocortisone Acetate 1 % Urea 10 % Cream*	Jamp	120 g	14.77	0.1231
			225 g	27.70	0.1231
80073645	*M-HC 1% Urea 10% cream*	Mantra Ph.	120 g	14.77	0.1231

MOMETASON FUROATE Pr

Lot. — 0.1 % **PPB**

00871095	*Elocom*	Organon	75 ml	32.09	
02266385	*Taro-Mometasone Lotion*	Taro	30 ml	9.37	
			75 ml	23.43	

Top. Cr. — 0.1 % **PPB**

00851744	*Elocom*	Organon	15 g	9.45	0.6300
			50 g	29.80	0.5960
02367157	*Taro-Mometasone*	Taro	15 g	7.89	0.5260
			50 g	26.31	0.5262

Top. Oint. — 0.1 % **PPB**

00851736	*Elocom*	Organon	50 g	28.77	0.5754
02248130	*ratio-Mometasone*	Ratiopharm	15 g	3.38	0.2252
			50 g	11.26	0.2252

TRIAMCINOLONE ACETONIDE Pr

Oral Top. Oint. — 0.1 %

01964054	*Oracort*	Taro	7.5 g	6.83	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Cr.				0.1 % **PPB**	
02194058	*Aristocort R*	Valeant	30 g	3.90	0.1300
			500 g	26.65	0.0533
00716960	*Triaderm*	Taro	500 g	25.32	0.0506
Top. Cr.				0.5 %	
02194066	*Aristocort C*	Valeant	15 g	17.28	1.1520
			50 g	57.60	1.1520
Top. Oint.				0.1 %	
02194031	*Aristocort R*	Valeant	30 g	3.90	0.1300

84:28
KERATOLYTIC AGENTS
UREA

Top. Cr.				20 % and 22 % **PPB**	
80023775	*JamUrea 20*	Jamp	225 g	10.78	0.0479
80079151	*M-Urea 20*	Mantra Ph.	100 g	4.79	0.0479
			225 g	10.78	0.0479
80079885	*Urea Cream*	Cellchem	50 g	2.40	0.0479
00396125	*Urisec*	Odan	120 g	5.75	0.0479
			225 g	11.69	0.0520
			454 g	21.75	0.0479

84:32
KERATOPLASTIC AGENTS
TAR (MINERAL)/ SALICYLIC ACID

Top. Jel.				10 % -3 %	
00510335	*Targel S.A.*	Odan	100 g	15.35	0.1535

84:92
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS
ACITRETINE Pr

Caps.				10 mg **PPB**	
02468840	*Mint-Acitretin*	Mint	30	38.90	1.2965
02070847	*Soriatane*	Aralez	30	38.90	1.2965
02466074	*Taro-Acitretin*	Taro	30	38.90	1.2965
Caps.				25 mg **PPB**	
02468859	*Mint-Acitretin*	Mint	30	68.31	2.2770
02070863	*Soriatane*	Aralez	30	68.31	2.2770
02466082	*Taro-Acitretin*	Taro	30	68.31	2.2770

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CALCIPOTRIOL P					
Top. Oint.				50 mcg/g	
01976133	*Dovonex*	Leo	100 g	73.37	0.7337
			120 g	88.04	0.7337
CALCITRIOL P					
Top. Oint.				3 mcg/g	
02338572	*Silkis*	Galderma	60 g	40.80	0.6800
FLUOROURACIL P					
Top. Cr.				5 %	
00330582	*Efudex*	Valeant	40 g	32.00	0.8000
HYDROCOLLOIDAL GEL					
Top. Jel.					
00921084	*DuoDERM Gel*	Convatec	30 g	6.64	0.2213
HYDROGEL					
Top. Jel.					
99100795	*Cutimed Gel*	BSN Med	15 g	2.95	0.1967
			25 g	3.93	0.1572
99100365	*Nu-Gel*	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 P					
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PROPYLENE GLYCOL/ CARBOXYMETHYLCELLULOSE					
Top. Jel.				20 % -3 %	
00907936	*Intrasite*	S. & N.	8 g	2.73	0.3413
			15 g	3.70	0.2467
			25 g	5.74	0.2296
ZINC OXIDE					
Band.				7,5 cm X 6 m	
01907603	*Viscopaste PB7*	S. & N.	1	8.80	

86:00
SMOOTH MUSCLE RELAXANTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

86:12
GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNINE CHLORIDE P

Tab. 2.5 mg

02240549	*pms-Oxybutynin*	Phmscience	100	13.72	0.1372

Tab. 5 mg **PPB**

02163543	*Apo-Oxybutynin*	Apotex	100	9.86	0.0986
			500	49.30	0.0986
02230394	*Novo-Oxybutynin*	Novopharm	100	9.86	0.0986
			500	49.30	0.0986
02350238	*Oxybutynin*	Sanis	100	9.86	0.0986
			500	49.30	0.0986
02240550	*pms-Oxybutynin*	Phmscience	100	9.86	0.0986
			500	49.30	0.0986
02299364	*Riva-Oxybutynin*	Riva	100	9.86	0.0986
			500	49.30	0.0986

PROPIVERINE (CHLORHYDRATE) P

Tab. 5 mg

02460289	*Mictoryl Pediatric*[21]	Duchesnay	28	10.36	0.3700

SOLIFENACIN SUCCINATE P

Tab. 5 mg **PPB**

02446375	*Auro-Solifenacin*	Aurobindo	30	9.12	0.3041
			100	30.41	0.3041
02516519	*Bio-Solifenacin*	Biomed	30	9.12	0.3041
02424339	*Jamp-Solifenacin*	Jamp	30	9.12	0.3041
			100	30.41	0.3041
02417723	*pms-Solifenacin*	Phmscience	30	9.12	0.3041
			100	30.41	0.3041
02493039	*PRZ-Solifenacin*	Pharmaris	90	27.37	0.3041
02437988	*Ran-Solifenacin*	Ranbaxy	100	30.41	0.3041
			500	152.05	0.3041
02399032	*Sandoz Solifenacin*	Sandoz	30	9.12	0.3041
			100	30.41	0.3041
02458144	*Solifenacin*	Pro Doc	30	9.12	0.3041
			100	30.41	0.3041
02458241	*Solifenacin*	Sanis	30	9.12	0.3041
			100	30.41	0.3041
02397900	*Teva-Solifenacin*	Teva Can	30	9.12	0.3041
			100	30.41	0.3041
02277263	*Vesicare*	Astellas	30	45.00	1.5000
			90	135.00	1.5000

21 Reimbursement of the cost of this product is authorized for persons under 18 years of age.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02446383	*Auro-Solifenacin*	Aurobindo	30	9.12	0.3041
			100	30.41	0.3041
02516527	*Bio-Solifenacin*	Biomed	30	9.12	0.3041
02424347	*Jamp-Solifenacin*	Jamp	30	9.12	0.3041
			100	30.41	0.3041
02417731	*pms-Solifenacin*	Phmscience	30	9.12	0.3041
			100	30.41	0.3041
02493047	*PRZ-Solifenacin*	Pharmaris	90	27.37	0.3041
02437996	*Ran-Solifenacin*	Ranbaxy	100	30.41	0.3041
			500	152.05	0.3041
02399040	*Sandoz Solifenacin*	Sandoz	30	9.12	0.3041
			100	30.41	0.3041
02458152	*Solifenacin*	Pro Doc	30	9.12	0.3041
			100	30.41	0.3041
02458268	*Solifenacin*	Sanis	30	9.12	0.3041
			100	30.41	0.3041
02397919	*Teva-Solifenacin*	Teva Can	30	9.12	0.3041
			100	30.41	0.3041
02277271	*Vesicare*	Astellas	30	45.00	1.5000
			90	135.00	1.5000
TOLTERODINE L-TARTRATE					
L.A. Caps.				2 mg **PPB**	
02244612	*Detrol LA*	Upjohn	30	56.76	1.8920
			90	170.28	1.8920
02413140	*Sandoz Tolterodine LA*	Sandoz	30	14.73	0.4910
			100	49.10	0.4910
02412195	*Teva-Tolterodine LA*	Teva Can	30	14.73	0.4910
			100	49.10	0.4910
L.A. Caps.				4 mg **PPB**	
02244613	*Detrol LA*	Upjohn	30	56.76	1.8920
			90	170.28	1.8920
02413159	*Sandoz Tolterodine LA*	Sandoz	30	14.73	0.4910
			100	49.10	0.4910
02412209	*Teva-Tolterodine LA*	Teva Can	30	14.73	0.4910
			100	49.10	0.4910
Tab.				1 mg **PPB**	
02239064	*Detrol*	Upjohn	60	56.76	0.9460
02496836	*Jamp Tolterodine*	Jamp	60	14.73	0.2455
			100	24.55	0.2455
02423308	*Mint-Tolterodine*	Mint	100	24.55	0.2455
02299593	*Teva-Tolterodine*	Teva Can	60	14.73	0.2455

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				2 mg **PPB**	
02239065	*Detrol*	Upjohn	60	56.76	0.9460
02496844	*Jamp Tolterodine*	Jamp	60	14.73	0.2455
			100	24.55	0.2455
02423316	*Mint-Tolterodine*	Mint	100	24.55	0.2455
02299607	*Teva-Tolterodine*	Teva Can	60	14.73	0.2455

86:16
RESPIRATORY SMOOTH MUSCLE RELAXANTS
THEOPHYLLINE Pr

Alcohol free Sol.					80 mg/15 mL	
*	01966219	*Theolair*	Valeant	500 ml	9.81	**W**
Elix.					80 mg/15 mL	
	00627410	*Theophylline*	Atlas	500 ml	1.76	0.0035
L.A. Tab.					100 mg	
	00692689	*Theo LA*	AA Pharma	100	16.24	0.1624
L.A. Tab.					200 mg	
	00692697	*Theo LA*	AA Pharma	100	18.05	0.1805
L.A. Tab.					400 mg	
	02360101	*Theo ER*	AA Pharma	100	33.62	0.3362
L.A. Tab.					600 mg	
	02360128	*Theo ER*	AA Pharma	100	40.72	0.4072

88:00
VITAMINS

88:08	vitamin b complex
88:16	vitamin d
88:24	vitamin k
88:28	multivitamins

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

88:08
VITAMIN B COMPLEX
CYANOCOBALAMIN

Inj. Sol. — 1 mg/mL **PPB**

01987003	*Cyanocobalamine*	Sterimax	10 ml	2.78	
02413795	*Cyanocobalamine Injectable, USP*	Mylan	10 ml	2.78	
02420147	*Jamp-Cyanocobalamin*	Jamp	10 ml	2.78	
00521515	*Vitamine B 12*	Sandoz	10 ml	3.06	

FOLIC ACID

Inj. Sol. — 5 mg/mL

02139480	*Acide folique injectable, USP*	Fresenius	10 ml	16.40	

Tab. — 1 mg **PPB**

80000695	*Euro-Folic*	Sandoz	100	1.49	0.0149
80053274	*Jamp-Folic Acid*	Jamp	500	7.45	0.0149
80061488	*M-Folique 1 mg*	Mantra Ph.	500	7.45	0.0149

FOLIC ACID P

Tab. — 5 mg **PPB**

02285673	*Euro-Folic*	Sandoz	1000	19.80	0.0198
02366061	*Jamp Folic Acid*	Jamp	1000	19.80	0.0198

NIACIN

Tab. — 500 mg **PPB**

00557412	*Jamp-Niacin*	Jamp	100	4.50	0.0450
			500	22.50	0.0450
01939130	*Niacine*	Odan	100	7.50	0.0750

PYRIDOXINE HYDROCHLORIDE

Tab. — 25 mg **PPB**

80002890	*Jamp Vitamin B6*	Jamp	1000	18.30	0.0183
80056458	*M-B6 25 mg*	Mantra Ph.	500	9.15	0.0183
80049803	*Opus Vitamine B6*	Opus	500	9.15	0.0183
			1000	18.30	0.0183

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

THIAMINE HYDROCHLORIDE

Inj. Sol. 100 mg/mL

02193221	*Thiamiject*	Oméga	10 ml	11.88	

Tab. 50 mg **PPB**

02245506	*Euro-B1*	Sandoz	500	35.00	➡	0.0700
80009633	*Jamp-Vitamin B1*	Jamp	500	35.00	➡	0.0700
80054199	*M-B1 50 mg*	Mantra Ph.	500	35.00	➡	0.0700
80049777	*Opus Vitamine B1*	Opus	500	35.00	➡	0.0700

Tab. 100 mg **PPB**

80106545	*AG-Vitamine B1*	Angita	500	64.68	➡	0.1294
80009588	*Jamp-Vitamin B1*	Jamp	500	64.68	➡	0.1294
80054205	*M-B1 100 mg*	Mantra Ph.	500	64.68	➡	0.1294
80049780	*Opus Vitamine B1*	Opus	500	64.68	➡	0.1294

88:16
VITAMIN D

ALFACALCIDOL Pr

Caps. 0.25 mcg

00474517	*One-Alpha*	Cheplaphar	100	42.45	0.4245

Caps. 1 mcg

00474525	*One-Alpha*	Cheplaphar	100	127.07	1.2707

I.V. Inj. Sol. 2 mcg/mL

02242502	*One-Alpha*	Cheplaphar	0.5 ml 1 ml	7.99 15.98	

Oral Sol. 2 mcg/mL

02240329	*One-Alpha*	Cheplaphar	20 ml	99.66	4.9830

CALCITRIOL Pr

Caps. 0.25 mcg **PPB**

02495899	*Calcitriol Capsules*	Strides	100	23.41	➡	0.2341
02431637	*Calcitriol-Odan*	Odan	100	23.41	➡	0.2341
00481823	*Rocaltrol*	Search Phm	100	69.60		0.6960
02485710	*Taro-Calcitriol*	Taro	90	21.07	➡	0.2341

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				0.50 mcg **PPB**	
02495902	*Calcitriol Capsules*	Strides	100	37.23	0.3723
02431645	*Calcitriol-Odan*	Odan	100	37.23	0.3723
00481815	*Rocaltrol*	Search Phm	100	110.69	1.1069
02485729	*Taro-Calcitriol*	Taro	90	33.51	0.3723
CHOLECALCIFEROL					
Caps.				2 000 UI	
02442256	*Luxa-D*	Orimed	100	6.93	0.0693
Caps. or Tab.				10 000 UI **PPB**	
02498944	*AG-Vitamin D*	Angita	60	12.60	0.2100
			250	52.50	0.2100
00821772	*D-Tabs*	Riva	60	12.60	0.2100
			250	52.50	0.2100
02253178	*Euro D 10 000*	Sandoz	60	12.60	0.2100
02379007	*Jamp-Vitamine D*	Jamp	60	12.60	0.2100
			500	105.00	0.2100
02449099	*Jamp-Vitamine D*	Jamp	100	21.00	0.2100
02417685	*Vidextra*	Orimed	60	12.60	0.2100
02417995	*Vitamine D 10 000*	Pro Doc	60	12.60	0.2100
			250	52.50	0.2100
ERGOCALCIFEROL					
Caps.				50 000 U	
02237450	*D-Forte*	Sandoz	100	19.86	0.1986
Oral Sol.				8 288 UI/mL **PPB**	
80003615	*Erdol*	Odan	60 ml	12.80	
80020776	*Jamp-D2-Dol*	Jamp	60 ml	12.80	
VITAMIN D					
Caps.				800 UI **PPB**	
80003010	*Euro D 800*	Sandoz	100	6.00	0.0600
80007769	*Jamp-Vitamine D*	Jamp	500	30.00	0.0600
80039160	*Opus D-800*	Opus	500	30.00	0.0600

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps. or Tab.				400 UI PPB	
80090840	*Bio-Vitamine D3 400*	Biomed	500	15.00	0.0300
02242651	*Euro D 400*	Sandoz	100	3.00	0.0300
			500	15.00	0.0300
80006629	*Jamp-Vitamine D (Caps.)*	Jamp	500	15.00	0.0300
02240624	*Jamp-Vitamine D (Co.)*	Jamp	500	15.00	0.0300
80055196	*M-D400 Gel*	Mantra Ph.	500	15.00	0.0300
80039163	*Opus D-400*	Opus	500	15.00	0.0300
80005560	*Riva-D*	Riva	100	3.00	0.0300
			500	15.00	0.0300
80105615	*Riva-D Gelcaps 400*	Riva	500	15.00	0.0300
80063895	*Vit D 400 gel*	Altamed	500	15.00	0.0300
Caps. or Tab.				1 000 UI PPB	
80089250	*Bio-Vitamine D3*	Biomed	500	35.00	0.0700
80007766	*D-Gel-1000*	Jamp	500	35.00	0.0700
80003707	*Euro-D 1000*	Sandoz	500	35.00	0.0700
80055204	*M-D1000 Gel*	Mantra Ph.	500	35.00	0.0700
80027592	*Opus D-1000*	Opus	500	35.00	0.0700
80051562	*Riva-D 1000*	Riva	500	35.00	0.0700
80106651	*Riva-D Gelcaps 1000*	Riva	500	35.00	0.0700
80063899	*Vit D 1000 gel*	Altamed	500	35.00	0.0700
80068574	*Vitamin D3 Softgel*	Cellchem	100	7.00	0.0700
80100940	*Vitamine D 1000*	Angita	500	35.00	0.0700
Oral Sol.				400 UI/dose PPB	
80001869	*Baby Ddrops*	D Drops	90 dose(s)	9.90	
00762881	*D-VI-SOL*	M.J.	50 dose(s)	5.50	
80019649	*Jamp-D3-Dol*	Jamp	90 dose(s)	9.90	
80003038	*Jamp-Vitamine D*	Jamp	50 dose(s)	5.50	
80004595	*PediaVIT D*	Exzell	50	5.50	
80077066	*Pediavit Vitamine D3*	Exzell	60 dose(s)	6.60	

88:24
VITAMIN K
PHYTONADIONE P

I.M. Inj. Sol.				2 mg/mL	
00781878	*Vitamine K 1*	Sandoz	0.5 ml	5.30	
I.M. Inj. Sol.				10 mg/mL	
00804312	*Vitamine K 1*	Sandoz	1 ml	5.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

88:28
MULTIVITAMINS
VITAMINS A, D AND C

Oral Sol. 750 U -400 U -30 mg/mL **PPB**

80056252	*Pediavit Multi*	Exzell	50 ml	➡ 9.36	
00762903	*Tri-Vi-Sol*	M.J.	50 ml	➡ 9.36	

Oral Sol. 1 500 U -400 U -30 mg/mL **PPB**

80008471	*Jamp-Vitamins A-D-C*	Jamp	50 ml	➡ 9.36	
02229790	*Pediavit*	Euro-Pharm	50 ml	➡ 9.36	

92:00
UNCLASSIFIED THERAPEUTIC AGENTS

92:00.02 other miscellaneous

92:08 5-alfa-Reductase inhibitors

92:12 Antidotes

92:16 Antigout Agents

92:24 Bone Resorption Inhibitors

92:28 Cariostatic Agents

92:36 Disease-Modifying Antirheumatic Agents

92:40 Gonadotropin-releasing Hormone Antagonists

92:44 Immunosuppressive Agents

92:92 Other Miscellaneous Therapeutic Agents

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

92:00
UNCLASSIFIED THERAPEUTIC AGENTS

ALBUMINE DILUENT

Sol. 0.03 %

02283735	*Diluent albumin*	ALK-Abello	4.5 ml 9 ml	1.82 2.04	

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED

Inj. Sol. Maintenance Treatment (10 mL)

99101105	*Monovalent*	Allergo	1	245.00	
99101113	*Polyvalent*	Allergo	1	245.00	

Inj. Sol. Complete Treatment Set (10 mL)

99101106	*Monovalent*	Allergo	4	245.00	
99101114	*Polyvalent*	Allergo	4	245.00	

ALLERGENIC EXTRACTS, AQUEOUS, GLYCERINATED, STANDARDIZED

Inj. Sol. Maintenance Treatment (10 mL)

99113892	*Monovalent*	Stallergen	1	245.00	
02247757	*Monovalent non-Pollen*	Oméga	1	265.00	
99101107	*Monovalent standardise*	Allergo	1	245.00	
99100062	*Monovalent-Acariens*	Oméga	1	265.00	
99101109	*Monovalent-Acariens standardise*	Allergo	1	245.00	
99100063	*Monovalent-Chat*	Oméga	1	265.00	
99101111	*Monovalent-Chat standardise*	Allergo	1	245.00	
02247754	*Monovalent-Pollen*	Oméga	1	265.00	
99113896	*Polyvalent*	Stallergen	1	245.00	
99100067	*Polyvalent - Pollen*	Oméga	1	265.00	
99100068	*Polyvalent - Pollens - Acariens*	Oméga	1	265.00	
99100066	*Polyvalent non-Pollen*	Oméga	1	265.00	
99101118	*Polyvalent standardise*	Allergo	1	245.00	
99100064	*Polyvalent-Acariens*	Oméga	1	265.00	
99101120	*Polyvalent-Acariens standardise*	Allergo	1	245.00	
99100065	*Polyvalent-Chat*	Oméga	1	265.00	
99101122	*Polyvalent-Chats standardise*	Allergo	1	245.00	
99101115	*Polyvalent-Pollens-Acariens standardise*	Allergo	1	245.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Complete Treatment Set (10 mL)		
99113893	*Monovalent*	Stallergen	4	245.00	
99100074	*Monovalent non-Pollen*	Oméga	4	265.00	
99101108	*Monovalent standardise*	Allergo	4	245.00	
99100061	*Monovalent-Acariens*	Oméga	3	265.00	
99101110	*Monovalent-Acariens standardise*	Allergo	4	245.00	
99100073	*Monovalent-Chat*	Oméga	3	265.00	
99101112	*Monovalent-Chat standardise*	Allergo	4	245.00	
99100075	*Monovalent-Pollen*	Oméga	4	265.00	
99113895	*Polyvalent*	Stallergen	4	245.00	
99100079	*Polyvalent - Pollen*	Oméga	4	265.00	
99100080	*Polyvalent - Pollens - Acariens*	Oméga	4	265.00	
99100078	*Polyvalent non-Pollen*	Oméga	4	265.00	
99101117	*Polyvalent Pollens Acariens standardisé*	Allergo	4	245.00	
99101119	*Polyvalent standardise*	Allergo	4	245.00	
99100076	*Polyvalent-Acariens*	Oméga	3	265.00	
99101121	*Polyvalent-Acariens standardise*	Allergo	4	245.00	
99100077	*Polyvalent-Chat*	Oméga	4	265.00	
99101123	*Polyvalent-Chats standardise*	Allergo	4	245.00	

ALLERGENIC EXTRACTS,AQUEOUS, GLYCERINATED, NON STANDARDIZED AND STANDARDIZED

Inj. Sol.			Maintenance Treatment (10 mL)		
99101124	*Polyvalent-Pollens non stand.-Acariens stand.*	Allergo	1	245.00	
Inj. Sol.			Complete Treatment Set (10 mL)		
99101125	*Polyvalent-Pollens non stand.-Acariens stand.*	Allergo	4	245.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ALLERGENS (ALUM-PRECIPITATED EXTRACTS OF)

Inj. Sol.			Maintenance Treatment (5 mL)		
99101143	*Presaisonnier - Arbres, Graminees et Herbes a poux*	Allergo	1	265.00	
99101147	*Presaisonnier - Graminees et Herbes a poux*	Allergo	1	265.00	
99101149	*Presaisonnier - Herbes a poux*	Allergo	1	265.00	
99101141	*Presaisonnier- Arbres*	Allergo	1	265.00	
99101151	*Presaisonnier- Arbres et Graminees*	Allergo	1	265.00	
99101155	*Presaisonnier- Arbres et Graminees*	Allergo	3	265.00	88.3333
99100070	*Presaisonnier- Arbres, Graminees, Herbe a poux*	Oméga	3	278.00	92.6667
99100071	*Presaisonnier- Graminees et Herbe a poux*	Oméga	3	278.00	92.6667
99100072	*Presaisonnier- Herbe a poux*	Oméga	3	278.00	92.6667
99113924	*Presaisonnier Monovalent*	Stallergen	1	265.00	
99113932	*Presaisonnier Polyvalent*	Stallergen	1	265.00	
99101145	*Presaisonnier-Graminees*	Allergo	1	265.00	
00889784	*Suspal- Monovalent-Acariens*	Oméga	1	278.00	
00889792	*Suspal- Polyvalent-Acariens*	Oméga	1	278.00	
00861367	*Suspal-Monovalent*	Oméga	1	278.00	
00861375	*Suspal-Polyvalent*	Oméga	1	278.00	

Inj. Sol.			Maintenance Treatment (10 mL)		
99113934	*Perennial Monovalent*	Stallergen	1	278.00	
99113925	*Perennial Polyvalent*	Stallergen	1	278.00	
99113928	*Presaisonnier Monovalent*	Stallergen	1	278.00	
99113930	*Presaisonnier Polyvalent*	Stallergen	1	278.00	
00908614	*Suspal- Monovalent-Acariens*	Oméga	1	278.00	
00889814	*Suspal- Polyvalent-Acariens*	Oméga	1	278.00	
00861332	*Suspal-Monovalent*	Oméga	1	278.00	
00861359	*Suspal-Polyvalent*	Oméga	1	278.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Complete Treatment Set (5 mL)		
99101144	*Presaisonnier - Arbres, Graminees et Herbes a poux*	Allergo	3	265.00	
99101148	*Presaisonnier - Graminees et Herbes a poux*	Allergo	3	265.00	
99101150	*Presaisonnier - Herbes a poux*	Allergo	3	265.00	
99101142	*Presaisonnier- Arbres*	Allergo	3	265.00	
99101153	*Presaisonnier- Arbres et Graminees*	Allergo	3	265.00	
99113923	*Presaisonnier Monovalent*	Stallergen	4	265.00	
99113931	*Presaisonnier Polyvalent*	Stallergen	4	265.00	
99101146	*Presaisonnier-Graminees*	Allergo	3	265.00	
00889822	*Suspal- Monovalent-Acariens*	Oméga	3	278.00	
99000458	*Suspal- Polyvalent-Acariens*	Oméga	3	278.00	
00861286	*Suspal-Monovalent*	Oméga	3	278.00	
00861405	*Suspal-Polyvalent*	Oméga	3	278.00	
Inj. Sol.			Complete Treatment Set (8 mL)		
99113913	*Presaisonnier- Arbres*	Oméga	1	278.00	
99100625	*Presaisonnier- Arbres et Graminees*	Oméga	1	278.00	278.0000
99100083	*Presaisonnier- Arbres, Graminees, Herbe a poux*	Oméga	1	278.00	
99100082	*Presaisonnier- Graminees et Herbe a poux*	Oméga	1	278.00	278.0000
99113914	*Presaisonnier- Gramines*	Oméga	1	278.00	
99113915	*Presaisonnier- Herbe a poux*	Oméga	1	278.00	
Inj. Sol.			Complete Treatment Set (10 mL)		
99113921	*Perennial Monovalent*	Stallergen	4	278.00	
99113926	*Perennial Polyvalent*	Stallergen	4	278.00	
99113927	*Presaisonnier Monovalent*	Stallergen	4	278.00	
99113929	*Presaisonnier Polyvalent*	Stallergen	4	278.00	
00889849	*Suspal- Monovalent-Acariens*	Oméga	3	278.00	
00889857	*Suspal- Polyvalent-Acariens*	Oméga	3	278.00	
00861308	*Suspal-Monovalent*	Oméga	3	278.00	
00861316	*Suspal-Polyvalent*	Oméga	3	278.00	
ALLERGENS (AQUEOUS EXTRACTS OF)					
Inj. Sol.			Maintenance Treatment (5 mL)		
00861170	*Monovalent*	Oméga	1	265.00	
99000415	*Monovalent-Acariens*	Oméga	1	265.00	
00861189	*Polyvalent*	Oméga	1	265.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Sol.			Maintenance Treatment (10 mL)		
00861227	*Monovalent*	Oméga	1	265.00	
99000431	*Monovalent-Acariens*	Oméga	1	265.00	
00861251	*Polyvalent*	Oméga	1	265.00	
Inj. Sol.			Complete Treatment Set (5 mL)		
00861073	*Monovalent*	Oméga	3	265.00	
00889733	*Monovalent-Acariens*	Oméga	3	265.00	
02247756	*Polyvalent*	Oméga	3	265.00	
00889741	*Polyvalent-Acariens*	Oméga	3	265.00	
Inj. Sol.			Complete Treatment Set (10 mL)		
00861138	*Monovalent*	Oméga	3	265.00	
00889768	*Monovalent-Acariens*	Oméga	3	265.00	
00861162	*Polyvalent*	Oméga	3	265.00	
00889776	*Polyvalent-Acariens*	Oméga	3	265.00	
HYMENOPTERA VENOM					
Inj. Pd.				1.3 mg	
99100021	*Venin d'abeille (apis mellifera)*	Oméga	1	634.40	
Inj. Pd.				120 mcg	
00541435	*Venin d'abeille (apis mellifera)*	Oméga	6	414.80	69.1333
HYMENOPTERA VENOM PROTEIN					
Inj. Pd.				1.1 mg	
99100226	*Frelon a tete blanche*	ALK-Abello	1	350.00	
99100227	*Frelon Jaune*	ALK-Abello	1	350.00	
99100225	*Honey Bee Venom*	ALK-Abello	1	350.00	
99100229	*Wasp Venon*	ALK-Abello	1	350.00	
99100228	*Yellow Jacket Venom*	ALK-Abello	1	350.00	
Inj. Pd.				1.3 mg	
99100017	*Guepe (Polistes Spp.)*	Oméga	1	634.40	
99100018	*Guepe de l'est (vespula maculifrons)*	Oméga	1	634.40	
Inj. Pd.				3.3 mg	
99100230	*Vespides combines*	ALK-Abello	1	625.00	
Inj. Pd.				3.9 mg	
99100026	*Vespides combines*	Oméga	1	1122.40	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				120 mcg	
99004038	*Frelon a tete blanche*	ALK-Abello	6	160.05	26.6750
99100270	*Frelon a tete jaune*	Oméga	6	414.80	69.1333
99004011	*Frelon Jaune*	ALK-Abello	6	160.05	26.6750
99004046	*Guepe*	ALK-Abello	6	171.79	28.6317
99100278	*Guepe (Polistes Spp.)*	Oméga	6	414.80	69.1333
99100279	*Guepe a taches blanches dolichovespula maculata*	Oméga	6	414.80	69.1333
99100280	*Guepe de l'est (vespula maculifrons)*	Oméga	6	414.80	69.1333
99004054	*Guepe jaune*	ALK-Abello	6	162.19	27.0317
99004062	*Venin d'abeille*	ALK-Abello	6	119.51	19.9183
01948911	*Venin d'abeille (apis mellifera)*	Allergy	6	105.00	17.5000
Inj. Pd.				360 mcg	
99004070	*Vespides combines*	ALK-Abello	6	308.37	51.3950
99100281	*Vespides combines*	Oméga	6	741.76	123.6267
Inj. Pd.				550 mcg	
99100266	*Frelon a tete blanche*	Oméga	1	317.20	
99100267	*Frelon a tete jaune*	Oméga	1	317.20	
99100268	*Guepe (Polistes Spp.)*	Oméga	1	317.20	
99100269	*Guepe de l'est (vespula maculifrons)*	Oméga	1	317.20	
99100282	*Venin d'abeille (apis mellifera)*	Oméga	1	317.20	
Inj. Pd.				1 650 mcg	
99100284	*Vespides combines*	Oméga	1	561.20	

92:00.02
OTHER MISCELLANEOUS
ZINC OXIDE/ ICHTHAMMOL

Band.				7,5 cm X 6 m	
01948466	*Ichthopaste*	S. & N.	1	7.02	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

92:08
5-ALFA-REDUCTASE INHIBITORS
DUTASTERIDE Pr
Caps. 0.5 mg **PPB**

02412691	*ACT Dutasteride*	ActavisPhm	30	9.08	0.3027
			100	30.27	0.3027
02404206	*Apo-Dutasteride*	Apotex	30	9.08	0.3027
			100	30.27	0.3027
02469308	*Auro-Dutasteride*	Aurobindo	30	9.08	0.3027
			100	30.27	0.3027
02247813	*Avodart*	GSK	30	48.12	1.6040
02421712	*Dutasteride*	Pro Doc	30	9.08	0.3027
			100	30.27	0.3027
02443058	*Dutasteride*	Sanis	30	9.08	0.3027
			100	30.27	0.3027
02429012	*Dutasteride*	Sivem	30	9.08	0.3027
			100	30.27	0.3027
02484870	*Jamp-Dutasteride*	Jamp	30	9.08	0.3027
			90	27.24	0.3027
02416298	*Med-Dutasteride*	GMP	30	9.08	0.3027
			90	27.24	0.3027
02428873	*Mint-Dutasteride*	Mint	30	9.08	0.3027
02393220	*pms-Dutasteride*	Phmscience	30	9.08	0.3027
			100	30.27	0.3027
02490587	*Priva-Dutasteride*	Pharmapar	30	9.08	0.3027
02427753	*Riva-Dutasteride*	Riva	30	9.08	0.3027
			90	27.24	0.3027
02424444	*Sandoz Dutasteride*	Sandoz	30	9.08	0.3027
			100	30.27	0.3027
02408287	*Teva-Dutasteride*	Teva Can	30	9.08	0.3027
			100	30.27	0.3027

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FINASTERIDE Pr					
Tab.				5 mg **PPB**	
02374404	*AG-Finasteride*	Angita	30	12.41	0.4138
			100	41.38	0.4138
02365383	*Apo-Finasteride*	Apotex	30	12.41	0.4138
02405814	*Auro-Finasteride*	Aurobindo	30	12.41	0.4138
			100	41.38	0.4138
02355043	*Finasteride*	Accord	30	12.41	0.4138
			100	41.38	0.4138
02350270	*Finasteride*	Pro Doc	30	12.41	0.4138
02445077	*Finasteride*	Sanis	30	12.41	0.4138
			100	41.38	0.4138
02447541	*Finasteride*	Sivem	30	12.41	0.4138
			100	41.38	0.4138
02357224	*Jamp-Finasteride*	Jamp	30	12.41	0.4138
			100	41.38	0.4138
02389878	*Mint-Finasteride*	Mint	30	12.41	0.4138
			100	41.38	0.4138
02348500	*Novo-Finasteride*	Teva Can	30	12.41	0.4138
			100	41.38	0.4138
02310112	*pms-Finasteride*	Phmscience	30	12.41	0.4138
			100	41.38	0.4138
02010909	*Proscar*	Organon	30	53.98	1.7993
02455013	*Riva-Finasteride*	Riva	30	12.41	0.4138
			100	41.38	0.4138
02322579	*Sandoz Finasteride*	Sandoz	30	12.41	0.4138
			100	41.38	0.4138

92:12
ANTIDOTES
FOLINIC ACID Pr

Tab.				5 mg **PPB**	
02170493	*Leucovorin*	Pfizer	24	133.90	5.5793
			100	557.93	5.5793
02496828	*Mint-Leucovorin*	Mint	24	88.26	3.6776
			100	367.76	3.6776
02493357	*Riva Leucovorin*	Riva	24	88.26	3.6776

92:16
ANTIGOUT AGENTS
ALLOPURINOL Pr

Tab.				100 mg **PPB**	
00555681	*Allopurinol-100*	Pro Doc	100	7.80	0.0780
			1000	78.00	0.0780
02402769	*Apo-Allopurinol*	Apotex	100	7.80	0.0780
			1000	78.00	0.0780
02421593	*Jamp-Allopurinol*	Jamp	100	7.80	0.0780
			1000	78.00	0.0780
02396327	*Mar-Allopurinol*	Marcan	100	7.80	0.0780
			1000	78.00	0.0780
00402818	*Zyloprim*	AA Pharma	100	7.80	0.0780
			1000	78.00	0.0780

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				200 mg **PPB**	
02130157	*Allopurinol-200*	Pro Doc	100	13.00	0.1300
			500	65.00	0.1300
02402777	*Apo-Allopurinol*	Apotex	100	13.00	0.1300
			500	65.00	0.1300
02421607	*Jamp-Allopurinol*	Jamp	100	13.00	0.1300
			500	65.00	0.1300
02396335	*Mar-Allopurinol*	Marcan	100	13.00	0.1300
			500	65.00	0.1300
00479799	*Zyloprim*	AA Pharma	100	13.00	0.1300
			500	65.00	0.1300
Tab.				300 mg **PPB**	
00555703	*Allopurinol-300*	Pro Doc	100	21.25	0.2125
			500	106.25	0.2125
02402785	*Apo-Allopurinol*	Apotex	100	21.25	0.2125
			500	106.25	0.2125
02421615	*Jamp-Allopurinol*	Jamp	100	21.25	0.2125
			500	106.25	0.2125
02396343	*Mar-Allopurinol*	Marcan	100	21.25	0.2125
			500	106.25	0.2125
00402796	*Zyloprim*	AA Pharma	100	21.25	0.2125
			500	106.25	0.2125
COLCHICINE Ⓟ					
Tab.				0.6 mg **PPB**	
00572349	*Colchicine*	Odan	100	25.65	0.2565
			500	128.25	0.2565
02373823	*Jamp-Colchicine*	Jamp	100	25.65	0.2565
			500	128.25	0.2565
02402181	*pms-Colchicine*	Phmscience	100	25.65	0.2565
00287873	*Sandoz Colchicine*	Sandoz	100	25.65	0.2565

92:24
BONE RESORPTION INHIBITORS
ALENDRONATE MONOSODIUM Ⓟ

Tab.				5 mg **PPB**	
02381478	*Alendronate monosodique*	Accord	28	21.33	0.7617
02248727	*Apo-Alendronate*	Apotex	30	22.85	0.7617
			100	76.17	0.7617
02248251	*Teva-Alendronate*	Teva Can	30	22.85	0.7617
			100	76.17	0.7617

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02381486	*Alendronate monosodique*	Accord	28	12.06 ➡	0.4308
02248728	*Apo-Alendronate*	Apotex	30	12.92 ➡	0.4308
			100	43.08 ➡	0.4308
02388545	*Auro-Alendronate*	Aurobindo	100	43.08 ➡	0.4308
02288087	*Sandoz Alendronate*	Sandoz	30	12.92 ➡	0.4308
			90	38.77 ➡	0.4308
02247373	*Teva-Alendronate*	Teva Can	30	12.92 ➡	0.4308
			100	43.08 ➡	0.4308
Tab.				70 mg **PPB**	
02485184	*AG-Alendronate*	Angita	4	8.41 ➡	2.1014
02352966	*Alendronate*	Sanis	4	8.41 ➡	2.1014
			50	105.07 ➡	2.1014
02299712	*Alendronate*	Sivem	4	8.41 ➡	2.1014
			50	105.07 ➡	2.1014
02381494	*Alendronate monosodique*	Accord	4	8.41 ➡	2.1014
02303078	*Alendronate-70*	Pro Doc	4	8.41 ➡	2.1014
02248730	*Apo-Alendronate*	Apotex	4	8.41 ➡	2.1014
			100	210.14 ➡	2.1014
02388553	*Auro-Alendronate*	Aurobindo	4	8.41 ➡	2.1014
02245329	*Fosamax*	Organon	4	38.62	9.6550
02385031	*Jamp-Alendronate*	Jamp	4	8.41 ➡	2.1014
02394871	*Mint-Alendronate*	Mint	4	8.41 ➡	2.1014
02261715	*Novo-Alendronate*	Novopharm	4	8.41 ➡	2.1014
			50	105.07 ➡	2.1014
02284006	*pms-Alendronate FC*	Phmscience	4	8.41 ➡	2.1014
			30	63.04 ➡	2.1014
02270889	*Riva-Alendronate*	Riva	4	8.41 ➡	2.1014
			50	105.07 ➡	2.1014
02288109	*Sandoz Alendronate*	Sandoz	4	8.41 ➡	2.1014
			30	63.04 ➡	2.1014

ALENDRONATE/CHOLECALCIFEROL Pr

Tab.				70 mg - 140 mcg (5 600 UI) **PPB**	
02454475	*Apo-Alendronate/Vitamin D3*	Apotex	4	4.87 ➡	1.2174
02314940	*Fosavance*	Organon	4	18.17	4.5425
02429160	*Sandoz Alendronate/ Cholecalciferol*	Sandoz	4	4.87 ➡	1.2174

DISODIC CLODRONATE Pr

Caps.				400 mg	
02245828	*Clasteon*	Sunovion	120	145.00	1.2083

ETIDRONATE DISODIUM Pr

Tab.				200 mg	
02248686	*ACT Etidronate*	ActavisPhm	100	35.68	0.3568

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ETIDRONATE DISODIUM/ CALCIUM CARBONATE P

Tab. 400 mg - Ca+500 mg (14 tab. - 76 tab.)

02263866	*Co Etidrocal*	Cobalt	90	19.99	0.2221

PAMIDRONATE DISODIUM P

I.V. Perf. Sol. 30 mg **PPB**

02244550	*Pamidronate Disodique pour injection*	Pfizer	1	30.32	
02246597	*Pamidronate Disodium Injection*	Fresenius	1	30.32	
02249669	*Pamidronate Disodium Omega*	Oméga	1	30.32	

I.V. Perf. Sol. 60 mg **PPB**

02244551	*Pamidronate Disodique pour injection*	Pfizer	1	90.36	
02246598	*Pamidronate Disodium Injection*	Fresenius	1	90.36	
02249677	*Pamidronate Disodium Omega*	Oméga	1	90.36	

I.V. Perf. Sol. 90 mg **PPB**

02244552	*Pamidronate Disodique pour injection*	Pfizer	1	90.95	
02246599	*Pamidronate Disodium Injection*	Fresenius	1	90.95	
02249685	*Pamidronate Disodium Omega*	Oméga	1	90.95	

RISEDRONATE SODIUM P

Tab. 5 mg

02298376	*Teva-Risedronate*	Teva Can	30	31.58	1.0527

Tab. 30 mg

02298384	*Novo-Risedronate*	Novopharm	30	177.00	5.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				35 mg **PPB**	
02246896	*Actonel*	Warner	4	39.05	9.7625
02353687	*Apo-Risedronate*	Apotex	4	7.91	1.9787
02406306	*Auro-Risedronate*	Aurobindo	4	7.91	1.9787
			28	55.40	1.9787
02368552	*Jamp-Risedronate*	Jamp	4	7.91	1.9787
02298392	*Novo-Risedronate*	Novopharm	4	7.91	1.9787
			30	59.36	1.9787
02302209	*pms-Risedronate*	Phmscience	4	7.91	1.9787
			30	59.36	1.9787
02347474	*Risedronate*	Pro Doc	4	7.91	1.9787
02370255	*Risedronate*	Sanis	4	7.91	1.9787
02411407	*Risedronate-35*	Sivem	4	7.91	1.9787
			30	59.36	1.9787
02341077	*Riva-Risedronate*	Riva	4	7.91	1.9787
			30	59.36	1.9787
02327295	*Sandoz Risedronate*	Sandoz	4	7.91	1.9787
			30	59.36	1.9787

92:28
CARIOSTATIC AGENTS
SODIUM FLUORIDE

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Chew. Tab.				2.2 mg (F-1 mg)	
00575569	*Fluor-A-Day*	Phmscience	120	6.09	0.0508

92:36
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
LEFLUNOMIDE ℞

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				10 mg **PPB**	
02256495	*Apo-Leflunomide*	Apotex	30	79.30	2.6433
02241888	*Arava*	SanofiAven	30	299.70	9.9900
02415828	*Leflunomide*	Pro Doc	30	79.30	2.6433
02351668	*Leflunomide*	Sanis	30	79.30	2.6433
02261251	*Novo-Leflunomide*	Novopharm	30	79.30	2.6433
			100	264.33	2.6433
02288265	*pms-Leflunomide*	Phmscience	30	79.30	2.6433
02283964	*Sandoz Leflunomide*	Sandoz	30	79.30	2.6433
Tab.				20 mg **PPB**	
02256509	*Apo-Leflunomide*	Apotex	30	79.30	2.6433
02241889	*Arava*	SanofiAven	30	304.24	10.1413
02415836	*Leflunomide*	Pro Doc	30	79.30	2.6433
02351676	*Leflunomide*	Sanis	30	79.30	2.6433
02261278	*Novo-Leflunomide*	Novopharm	30	79.30	2.6433
			100	264.33	2.6433
02288273	*pms-Leflunomide*	Phmscience	30	79.30	2.6433
02283972	*Sandoz Leflunomide*	Sandoz	30	79.30	2.6433

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

92:40
GONADOTROPIN-RELEASING HORMONE ANTAGONISTS

CETRORELIX P

S.C. Inj. Pd. 0.25 mg

02247766	*Cetrotide*	Serono	1	90.00	

GANIRELIX P

S.C. Inj.Sol (syr) 250 mcg/0.5 mL

02245641	*Orgalutran*	Organon	1	94.71	

92:44
IMMUNOSUPPRESSIVE AGENTS

AZATHIOPRINE P

Tab. 50 mg **PPB**

02242907	*Apo-Azathioprine*	Apotex	100	24.05	0.2405
02243371	*Azathioprine-50*	Pro Doc	100	24.05	0.2405
00004596	*Imuran*	Aspen	100	94.53	0.9453
02236819	*Teva-Azathioprine*	Teva Can	100	24.05	0.2405
			500	120.23	0.2405

CYCLOSPORINE P

Caps. 10 mg

02237671	*Neoral*	Novartis	60	37.43	0.6238

Caps. 25 mg

02495805	*Cyclosporine Capsules*	Strides	30	29.85	0.9950
02150689	*Neoral*	Novartis	30	43.50	1.4500
02247073	*Sandoz Cyclosporine*	Sandoz	30	29.85	0.9950

Caps. 50 mg

02495821	*Cyclosporine Capsules*	Strides	30	58.20	1.9400
02150662	*Neoral*	Novartis	30	84.81	2.8270
02247074	*Sandoz Cyclosporine*	Sandoz	30	58.20	1.9400

Caps. 100 mg

02495813	*Cyclosporine Capsules*	Strides	30	116.44	3.8813
02150670	*Neoral*	Novartis	30	169.68	5.6560
02242821	*Sandoz Cyclosporine*	Sandoz	30	116.44	3.8813

Oral Sol. 100 mg/mL

02150697	*Neoral*	Novartis	50 ml	251.38	5.0276

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
MYCOPHENOLATE MOFETIL							
Caps.					250 mg	**PPB**	
	02352559	*Apo-Mycophenolate*	Apotex	100	37.12	➡	0.3712
	02192748	*Cellcept*	Roche	100	206.20		2.0620
	02386399	*Jamp-Mycophenolate*	Jamp	100	37.12	➡	0.3712
	02383780	*Mofetilmycophenolate*	Accord	100	37.12	➡	0.3712
	02457369	*Mycophenolate Mofetil*	Sanis	100	37.12	➡	0.3712
	02320630	*Sandoz Mycophenolate Mofetil*	Sandoz	50	18.56	➡	0.3712
				100	37.12	➡	0.3712
*	02364883	*Teva-Mycophenolate*	Teva Can	100	37.12	➡	0.3712
Oral Susp.					200 mg/mL	**PPB**	
	02242145	*Cellcept*	Roche	175 ml	288.68		
	02522233	*Mar-Mycophenolate*	Marcan	175 ml	➡ 244.70		
Tab.					500 mg	**PPB**	
	02352567	*Apo-Mycophenolate*	Apotex	50	37.12	➡	0.7423
	02237484	*Cellcept*	Roche	50	206.20		4.1240
	02380382	*Jamp-Mycophenolate*	Jamp	50	37.12	➡	0.7423
	02378574	*Mofetilmycophenolate*	Accord	50	37.12	➡	0.7423
	02457377	*Mycophenolate Mofetil*	Sanis	50	37.12	➡	0.7423
	02389754	*Ran-Mycophenolate*	Ranbaxy	50	37.12	➡	0.7423
				100	74.23	➡	0.7423
	02313855	*Sandoz Mycophenolate Mofetil*	Sandoz	50	37.12	➡	0.7423
*	02348675	*Teva-Mycophenolate*	Teva Can	50	37.12	➡	0.7423
MYCOPHÉNOLATE SODIUM							
Ent. Tab.					180 mg	**PPB**	
	02372738	*Apo-Mycophenolic Acid*	Apotex	120	119.87	➡	0.9989
	02511673	*Mar-Mycophenolic Acid*	Marcan	120	119.87	➡	0.9989
	02518538	*Mycophenolic Acid*	Jamp	120	119.87	➡	0.9989
	02264560	*Myfortic*	Novartis	120	239.72		1.9977
Ent. Tab.					360 mg	**PPB**	
	02372746	*Apo-Mycophenolic Acid*	Apotex	120	239.72	➡	1.9977
	02511681	*Mar-Mycophenolic Acid*	Marcan	120	239.72	➡	1.9977
	02518511	*Mycophenolic Acid*	Jamp	120	239.72	➡	1.9977
	02264579	*Myfortic*	Novartis	120	479.44		3.9953
SIROLIMUS							
Oral Sol.					1 mg/mL		
	02243237	*Rapamune*	Pfizer	60 ml	451.16		7.5193
Tab.					1 mg		
	02247111	*Rapamune*	Pfizer	100	751.96		7.5196

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TACROLIMUS P					
Caps.				0.5 mg **PPB**	
02243144	*Prograf*	Astellas	100	197.00	1.9700
02416816	*Sandoz Tacrolimus*	Sandoz	100	147.75	1.4775
Caps.				1 mg **PPB**	
02175991	*Prograf*	Astellas	100	249.95	2.4995
02416824	*Sandoz Tacrolimus*	Sandoz	100	189.00	1.8900
Caps.				5 mg **PPB**	
02175983	*Prograf*	Astellas	100	1249.85	12.4985
02416832	*Sandoz Tacrolimus*	Sandoz	100	946.50	9.4650
L.A. Caps.				0.5 mg	
02296462	*Advagraf*	Astellas	50	98.50	1.9700
L.A. Caps.				1 mg	
02296470	*Advagraf*	Astellas	50	124.97	2.4994
L.A. Caps.				3 mg	
02331667	*Advagraf*	Astellas	50	374.91	7.4982
L.A. Caps.				5 mg	
02296489	*Advagraf*	Astellas	50	624.92	12.4984
L.A. Tab.				0.75 mg	
02485877	*Envarsus PA*	Paladin	100	200.00	2.0000
L.A. Tab.				1 mg	
02485885	*Envarsus PA*	Paladin	100	250.00	2.5000
L.A. Tab.				4 mg	
02485893	*Envarsus PA*	Paladin	100	1000.00	10.0000

92:92
OTHER MISCELLANEOUS THERAPEUTIC AGENTS
BÉTAINE ANHYDROUS P

Oral Pd.				1 g/1.7 mL	
02238526	*Cystadane*	RRDC	180 g	839.93	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BUPROPION HYDROCHLORIDE P					
L. A tab				150 mg	
02238441	*Zyban*[4]	Valeant	100	84.86	0.8486
CYPROTERONE ACETATE P					
I.M. Inj. Pd.				100 mg/mL	
00704423	*Androcur Depot*	Bayer	3 ml	78.85	
Tab.				50 mg **PPB**	
00704431	*Androcur*	Bayer	60	84.00 ➡	1.4000
02245898	*Cyproterone*	AA Pharma	100	140.00 ➡	1.4000
02390760	*Med-Cyproterone*	GMP	60	84.00 ➡	1.4000
			100	140.00 ➡	1.4000
02395797	*Riva-Cyproterone*	Riva	60	84.00 ➡	1.4000
LACTOSE					
Tab.				100 mg	
00501190	*Placebo*	Odan	100	14.95	0.1495
LANREOTIDE (AS ACETATE) P					
S.C. Inj.Sol (syr)				60 mg/0.3 mL	
02283395	*Somatuline Autogel*	Ipsen	1	1102.00	
S.C. Inj.Sol (syr)				90 mg/0.3 mL	
02283409	*Somatuline Autogel*	Ipsen	1	1470.00	
S.C. Inj.Sol (syr)				120 mg/0.5 mL	
02283417	*Somatuline Autogel*	Ipsen	1	1840.00	
OCTREOTIDE (ACETATE) P					
I.M. Inj. Susp.				10 mg **PPB**	
02503751	*Octréotide pour suspension injectable*	Teva Can	1	➡ 990.70	
02239323	*Sandostatin LAR*	Novartis	1	1211.00	
I.M. Inj. Susp.				20 mg **PPB**	
02503778	*Octréotide pour suspension injectable*	Teva Can	1	➡ 1279.94	
02239324	*Sandostatin LAR*	Novartis	1	1615.40	

4 *The duration of reimbursements for anti-smoking treatments with this drug is limited to 12 consecutive weeks per 12-month period.*

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.M. Inj. Susp.				30 mg **PPB**	
02503786	*Octréotide pour suspension injectable*	Teva Can	1	➡ 1642.14	
02239325	*Sandostatin LAR*	Novartis	1	2022.00	
Inj. Sol.				50 mcg/mL	
00839191	*Sandostatin*	Novartis	1 ml	5.05	
Inj. Sol.				100 mcg/mL	
00839205	*Sandostatin*	Novartis	1 ml	9.54	
Inj. Sol.				200 mcg/mL	
* 02049392	*Sandostatin*	Novartis	5 ml	91.75	**W**
SODIUM PENTOSAN POLYSULFATE P					
Caps.				100 mg	
02029448	*Elmiron*	Janss. Inc	100	131.40	1.3140

EXCEPTIONAL MEDICATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

EXCEPTIONAL MEDICATIONS

ABATACEPT Pr

I.V. Perf. Pd. — 250 mg

02282097	*Orencia*	B.M.S.	1	459.61	

S.C. Inj.Sol (syr) — 125 mg/mL (1 mL)

02402475	*Orencia*	B.M.S.	4	1378.83	344.7075

ABIRATERONE ACETATE Pr

Tab. — 250 mg **PPB**

02491397	*Apo-Abiraterone*	Apotex	60	459.38	7.6563
02502305	*Jamp Abiraterone*	Jamp	120	918.76	7.6563
02503980	*Mar-Abiraterone*	Marcan	120	918.76	7.6563
02494132	*Nat-Abiraterone*	Natco	120	918.76	7.6563
02492601	*pms-Abiraterone*	Phmscience	120	918.76	7.6563
02477114	*Reddy-Abiraterone*	Dr Reddy's	120	918.76	7.6563
02486393	*Sandoz Abiraterone*	Sandoz	120	918.76	7.6563
02371065	*Zytiga*	Janss. Inc	120	3400.00	28.3333

Tab. — 500 mg **PPB**

02491400	*Apo-Abiraterone*	Apotex	60	918.75	15.3125
02503999	*Mar-Abiraterone*	Marcan	60	918.75	15.3125
02501503	*pms-Abiraterone*	Phmscience	60	918.75	15.3125
02457113	*Zytiga*	Janss. Inc	60	3400.00	56.6667

ABOBOTULINUMTOXINA Pr

Inj. Pd. — 300 U

02460203	*Dysport Therapeutic*	Ipsen	1	385.56	

Inj. Pd. — 500 U

02456117	*Dysport Therapeutic*	Ipsen	1	642.60	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ABSORPTIVE DRESSING - GELLING FIBRE						
Dressing			100 cm² to 200 cm² (active surface)			
	99003481	*3M Tegaderm High Integrity Alginate Dressing (10x10-100 cm²)*	3M Canada	10	38.97	3.8970
	99100285	*3M Tegaderm High Integrity Alginate Dressing (10x20-200 cm²)*	3M Canada	1	7.53	
	00920223	*Algosteril (10 cm x 10 cm - 100 cm²)*	Erfa	16	68.00	4.2500
	00921092	*Algosteril (10 cm x 20 cm - 200 cm²)*	Erfa	16	105.50	6.5938
	99101009	*Aquacel Extra hydrofiber (10 cm x 10 cm - 100 cm²)*	Convatec	10	38.00	3.8000
	99100975	*Aquacel Foam (10 cm x 10 cm - 100 cm²)*	Convatec	10	38.00	3.8000
	99101232	*Aquacel Foam (10 cm x 20 cm - 200 cm²)*	Convatec	5	38.00	7.6000
	99001772	*Aquacel hydrofiber (10 cm x 10 cm - 100 cm²)*	Convatec	10	61.44	6.1440
	99100153	*Biatain Alginate (10 cm x 10 cm - 100 cm²)*	Coloplast	10	34.20	3.4200
*	99101342	*Biosorb (10 cm x 10 cm - 100 cm²)*	KCI	10	37.60	**W**
	99101377	*Exufiber (10 cm x 10 cm - 100 cm²)*	Mölnlycke	10	35.20	3.5200
	00898643	*Kaltostat (10 cm x 20 cm - 200 cm²)*	Convatec	10	85.60	8.5600
	99101217	*Kendall calcium alginate dressing (10.2cm x 14cm-143 cm²)*	Covidien	10	13.48	1.3475
	99101224	*Kendall Pans. sup. alg. calcium (10.2 cmx10.2 cm - 104 cm²)*	Covidien	10	13.48	1.3475
	99101216	*Kendall pans.a l'alginate calcium (10,2cmx10,2cm-104 cm²)*	Covidien	10	13.48	1.3475
	99100656	*Maxorb Extra (10,2 cm x 10,2 cm - 104 cm²)*	Medline	100	134.75	1.3475
	99003007	*Melgisorb Plus (10 cm x 10 cm - 100 cm²)*	Mölnlycke	10	36.46	3.6460
				50	182.33	3.6466
	99003023	*Melgisorb Plus (10 cm x 20 cm - 200 cm²)*	Mölnlycke	10	68.49	6.8490
				50	342.47	6.8494
*	99100004	*Nu-Derm Alginate (10 cm x 10 cm - 100 cm²)*	KCI	50	205.44	**W**
*	99100005	*Nu-Derm Alginate (10 cm x 20 cm - 200 cm²)*	KCI	25	188.92	**W**
	99100467	*Versiva XC Non-Adhesive (11 cm x 11 cm - 121 cm²)*	Convatec	10	51.79	5.1790

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			201 cm² to 500 cm² (active surface)			
	99003279	*Algisite M (15 cm x 20 cm - 300 cm²)*	S. & N.	10	100.28	10.0280
	99101010	*Aquacel Extra hydrofiber (15 cm x 15 cm - 225 cm²)*	Convatec	5	46.58	9.3160
	99100932	*Aquacel Foam (15 cm x 15 cm - 225 cm²)*	Convatec	5	46.91	9.3820
	99100931	*Aquacel Foam (15 cm x 20 cm - 300 cm²)*	Convatec	5	62.55	12.5100
	99100934	*Aquacel Foam (20 cm x 20 cm - 400 cm²)*	Convatec	5	83.40	16.6800
	99001764	*Aquacel hydrofiber (15 cm x 15 cm - 225 cm²)*	Convatec	5	65.35	13.0700
	99100891	*Biatain Alginate (15 cm x 15 cm - 225 cm²)*	Coloplast	10	87.75	8.7750
*	99101343	*Biosorb (15 cm x 15 cm - 225 cm²)*	KCI	5	46.70	**W**
	99101378	*Exufiber (15 cm x 15 cm - 225 cm²)*	Mölnlycke	10	87.75	8.7750
	99101218	*Kendall calcium alginate dressing (10.2xm x 20.3cm-207 cm²)*	Covidien	5	13.20	2.6400
	99101219	*Kendall calcium alginate dressing (15.2cm x 25.4cm-386 cm²)*	Covidien	10	26.40	2.6400
	99100657	*Maxorb Extra (10,2 cm x 20,3 cm - 207 cm²)*	Medline	50	235.00	4.7000
	99100468	*Versiva XC Non-Adhesive (15 cm x 15 cm - 225 cm²)*	Convatec	5	52.49	10.4980
	99100472	*Versiva XC Non-Adhesive (20 cm x 20 cm - 400 cm²)*	Convatec	5	96.72	19.3440

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)			
	00920266	*Algosteril (5 cm x 5 cm - 25 cm²)*	Erfa	10	17.04	1.7040
	99101133	*Aquacel Extra hydrofiber (5 cm x 5 cm - 25 cm²)*	Convatec	10	17.67	1.7670
	99100937	*Aquacel Foam (5 cm x 5 cm - 25 cm²)*	Convatec	10	16.50	1.6500
	99001780	*Aquacel hydrofiber (5 cm x 5 cm - 25 cm²)*	Convatec	10	24.97	2.4970
	99100156	*Biatain Alginate (5 cm x 5 cm - 25 cm²)*	Coloplast	30	52.50	1.7500
*	99101345	*Biosorb (5 cm x 5 cm - 25 cm²)*	KCI	10	17.00	**W**
	99101380	*Exufiber (5 cm x 5 cm - 25 cm²)*	Mölnlycke	10	16.85	1.6850
	00898627	*Kaltotstat (5 cm x 5 cm - 25 cm²)*	Convatec	10	19.02	1.9020
	00898635	*Kaltotstat (7.5 cm x 12 cm - 90 cm²)*	Convatec	10	55.57	5.5570
	99101221	*Kendall calcium alginate dressing (5.1 cm x 5.1 cm-26cm²)*	Covidien	10	8.40	0.8400
	99100658	*Maxorb Extra (5,1 cm x 5,1 cm - 26 cm²)*	Medline	100	160.50	1.6050
	99003066	*Melgisorb Plus (5 cm x 5 cm - 25 cm²)*	Mölnlycke	5	8.92	1.7840
				50	89.23	1.7846
*	99100006	*Nu-Derm Alginate (5 cm x 5 cm - 25 cm²)*	KCI	50	94.33	**W**
	99100466	*Versiva XC Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)*	Convatec	10	33.95	3.3950
Dressing			More than 500 cm² (active surface)			
	99100888	*Aquacel Burn hydrofiber (23 cm x 30 cm - 690 cm²)*	Convatec	5	220.00	44.0000
	99101220	*Kendall calcium alginate dressing (30.5cm x 61cm-1860 cm²)*	Covidien	5	220.00	44.0000

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Strip				30 cm to 90 cm		
	99003260	*Algisite M 30 cm*	S. & N.	5	24.81	4.9620
	00921157	*Algosteril (30 cm)*	Erfa	10	49.97	4.9970
	99100955	*Aquacel Hydrofiber (1 cm x 45 cm)*	Convatec	5	33.93	6.7860
	99001705	*Aquacel hydrofiber (2 cm x 45 cm)*	Convatec	5	41.60	8.3200
	99100155	*Biatain Alginate (44 cm ou 1" X 17 1/2")*	Coloplast	6	41.22	6.8700
*	99101344	*Biosorb (2 cm x 45 cm)*	KCI	5	33.10	**W**
	99100100	*Calcium Alginate Dressing 30 cm*	Covidien	1	4.17	
	99100101	*Calcium Alginate Dressing 60 cm*	Covidien	1	5.97	
	99100102	*Calcium Alginate Dressing 90 cm*	Covidien	1	10.50	
	99101379	*Exufiber (2 cm x 45 cm)*	Mölnlycke	5	33.91	6.7820
	00898899	*Kaltostat 40 cm*	Convatec	5	35.49	7.0980
	99100659	*Maxorb Extra Post-op Rope (30,5 cm)*	Medline	20	80.35	4.0175
	99003015	*Melgisorb Plus 45 cm*	Mölnlycke	5	21.51	4.3020
				50	215.18	4.3036
*	99100003	*Nu-Derm Alginate 30 cm*	KCI	25	133.11	**W**

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION						
Dressing				100 cm² to 200 cm² (active surface)		
	99100193	*3M Tegaderm Foam Dressing (nonadhesive) (10cm x 10cm-100cm²)*	3M Canada	1	4.41	
	99100537	*Allevyn Gentle (10 cm x 10 cm - 100 cm²)*	S. & N.	10	49.50	4.9500
	99100475	*Allevyn Gentle (10 cm x 20 cm - 200 cm²)*	S. & N.	10	100.05	10.0050
	00907863	*Allevyn Non-Adhesive (10 cm x 10 cm - 100 cm²)*	S. & N.	1	5.02	
	00920738	*Allevyn Non-Adhesive (10 cm x 20 cm - 200 cm²)*	S. & N.	1	10.01	
	99100135	*Biatain (10 cm x 10 cm - 100 cm²)*	Coloplast	10	39.50	3.9500
	99100601	*Biatain (10 cm x 20 cm - 200 cm²)*	Coloplast	5	39.50	7.9000
	99100298	*Biatain Soft-Hold (10 cm x 10 cm - 100 cm²)*	Coloplast	5	19.75	3.9500
	99100600	*Biatain Soft-Hold (10 cm x 20 cm - 200 cm²)*	Coloplast	5	39.50	7.9000
	99002787	*Combiderm Non-Adhesive (13 cm x 13 cm - 169 cm²)*	Convatec	10	54.88	5.4880
	99100794	*Cutimed Cavity (10 cm x 10 cm - 100 cm²)*	BSN Med	10	37.44	3.7440
	99100744	*Cutimed Siltec (10 cm x 10 cm - 100 cm²)*	BSN Med	10	37.44	3.7440
	99100745	*Cutimed Siltec (10 cm x 20 cm - 200 cm²)*	BSN Med	10	79.00	7.9000
	99101206	*Cutimed Siltec Plus (10 cm x 10 cm - 100 cm²)*	BSN Med	10	37.44	3.7440
	99101207	*Cutimed Siltec Plus (10 cm x 20 cm - 200 cm²)*	BSN Med	10	79.00	7.9000
	99004801	*Kendall Hydrophilic Foam Dressing (10 cm x 10 cm - 100 cm²)*	Covidien	50	94.88	1.8976
	99101188	*Kendall Hydrophilic Foam Dressing(12.7 cm x 12.7 cm-161 cm²)*	Covidien	10	14.61	1.4610
	99003244	*Mepilex (10 cm x 10 cm - 100 cm²)*	Mölnlycke	5	24.70	4.9400
	99003252	*Mepilex (10 cm x 20 cm - 179 cm²)*	Mölnlycke	5	46.70	9.3400
	99101382	*Mepilex XT (10 cm x 10 cm - 100 cm²)*	Mölnlycke	5 10	19.35 38.70	3.8700 3.8700
	99101383	*Mepilex XT (10 cm x 20 cm - 178,6 cm²)*	Mölnlycke	5 10	34.60 69.20	6.9200 6.9200
	99100664	*Optifoam Basic (10,2 cm x 12,7 cm - 130 cm²)*	Medline	100	146.10	1.4610
	99100666	*Optifoam Non-Adhesive (10,2 cm x 10,2 cm - 104 cm²)*	Medline	100	230.56	2.3056
	99100889	*Tegaderm 3M-Foam Dressing (non adhesive) 10 x 20-200 cm²*	3M Canada	5	39.50	7.9000
*	99101349	*Tielle non adhesif (10 cm x 10 cm - 100 cm²)*	KCI	10	39.50	**W**

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99100708	*UrgoTul Absorb Non-Adhesif (10 cm x 10 cm - 100 cm²)*	Urgo	10	35.32	3.5320

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			201 cm² to 500 cm² (active surface)		
99100196	*3M Tegaderm Foam Dressing (nonadhesive) (20cm x 20cm-400cm²)*	3M Canada	30	492.37	16.4123
99100536	*Allevyn Gentle (15 cm x 15 cm - 225 cm²)*	S. & N.	10	95.60	9.5600
99100535	*Allevyn Gentle (20 cm x 20 cm - 400 cm²)*	S. & N.	10	170.00	17.0000
99002949	*Allevyn Non-Adhesive (15 cm x 15 cm - 225 cm²)*	S. & N.	1	9.69	
00907855	*Allevyn Non-Adhesive (20 cm x 20 cm - 400 cm²)*	S. & N.	1	17.22	
99100571	*Biatain (15 cm x 15 cm - 225 cm²)*	Coloplast	5	44.50	8.9000
99100603	*Biatain (20 cm x 20 cm - 400 cm²)*	Coloplast	5	79.00	15.8000
99100572	*Biatain Soft-Hold (15 cm x 15 cm - 225 cm²)*	Coloplast	5	44.50	8.9000
99005034	*Combiderm Non-Adhesive (15 cm x 25 cm - 375 cm²)*	Convatec	1	11.16	
99100793	*Cutimed Cavity (15 cm x 15 cm - 225 cm²)*	BSN Med	5	41.51	8.3020
99100746	*Cutimed Siltec (15 cm x 15 cm - 225 cm²)*	BSN Med	10	83.04	8.3040
99100747	*Cutimed Siltec (20 cm x 20 cm - 400 cm²)*	BSN Med	5	71.10	14.2200
99101208	*Cutimed Siltec Plus (15 cm x 15 cm - 225 cm²)*	BSN Med	10	83.04	8.3040
99101209	*Cutimed Siltec Plus (20 cm x 20 cm - 400 cm²)*	BSN Med	5	71.10	14.2200
99101187	*Kendall Hydrophilic Foam Dressing(10.2 cm x 20.3 cm-207 cm²)*	Covidien	10	33.60	3.3600
99101189	*Kendall Hydrophilic Foam Dressing(15.2 cm x 15.2 cm-231 cm²)*	Covidien	10	33.60	3.3600
99101190	*Kendall Hydrophilic Foam Dressing(20.3 cm x 20.3 cm-412 cm²)*	Covidien	10	33.60	3.3600
99100602	*Mepilex (15 cm x 15 cm - 225 cm²)*	Mölnlycke	5	47.00	9.4000
99003538	*Mepilex (20 cm x 20 cm - 400 cm²)*	Mölnlycke	5	92.60	18.5200
99101384	*Mepilex XT (15 cm x 15 cm - 225 cm²)*	Mölnlycke	5 10	40.95 81.90	8.1900 8.1900
99101385	*Mepilex XT (20 cm x 20 cm - 400 cm²)*	Mölnlycke	5 10	72.80 145.60	14.5600 14.5600
99100667	*Optifoam Non-Adhesive (15,2 cm x 15,2 cm - 231 cm²)*	Medline	100	443.45	4.4345
* 99101350	*Tielle non adhesif (15 cm x 15 cm - 225 cm²)*	KCI	10	85.18	**W**
* 99101351	*Tielle non adhesif (17,5 cm x 17,5 cm - 306 cm²)*	KCI	5	54.70	**W**
* 99101276	*Tielle non-adhesive (21 cm x 22 cm - 462 cm²)*	KCI	5	80.00	**W**
99100709	*UrgoTul Absorb Non-Adhesif (15 cm x 15 cm - 225 cm²)*	Urgo	10	74.48	7.4480

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)		
99100570	*Allevyn Gentle (5 cm x 5 cm - 25 cm²)*	S. & N.	1	1.75	
00920711	*Allevyn Non-Adhesive (5 cm x 5 cm - 25 cm²)*	S. & N.	1	1.78	
99100599	*Biatain (5 cm x 7 cm - 35 cm²)*	Coloplast	10	13.83	1.3830
99004534	*Combiderm Non-Adhesive (7.5 cm x 7.5 cm - 56 cm²)*	Convatec	10	33.54	3.3540
99100743	*Cutimed Siltec (5 cm x 6 cm - 30 cm²)*	BSN Med	10	17.07	1.7070
99101210	*Cutimed Siltec Plus (5 cm x 6 cm - 30 cm²)*	BSN Med	10	17.07	1.7070
99004852	*Kendall Hydrophilic Foam Dressing (5 cm x 5 cm - 25 cm²)*	Covidien	25	36.25	1.4500
99101191	*Kendall Hydrophilic Foam Dressing (7.6 cm x 7.6 cm - 58 cm²)*	Covidien	10	5.10	0.5100
99100665	*Optifoam Basic (7,6 cm x 7,6 cm - 58 cm²)*	Medline	200	102.05	0.5103
Dressing			More than 500 cm² (active surface)		
99100195	*3M Tegaderm Foam Dressing (nonadhesive) (10cm x 60cm-600cm²)*	3M Canada	1	25.78	
99100604	*Mepilex (20 cm x 50 cm - 1 000 cm²)*	Mölnlycke	2	86.00	43.0000
99101386	*Mepilex XT (20 cm x 50 cm - 1000 cm²)*	Mölnlycke	2	86.00	43.0000
Dressing			Sacrum or triangular		
99101388	*Biatain Silicone Sacrum (15 cm x 19 cm - 222 cm²)*	Coloplast	5	52.50	10.5000
99101389	*Biatain Silicone Sacrum (25 cm x 25 cm - 405 cm²)*	Coloplast	5	67.50	13.5000
Thin dr.			100 cm² to 200 cm² (active surface)		
99100749	*Cutimed Siltec L (10 cm x 10 cm - 100 cm²)*	BSN Med	10	34.20	3.4200
99100133	*Mepilex Lite (10 cm x 10 cm - 100 cm²)*	Mölnlycke	1	3.54	
Thin dr.			201 cm² to 500 cm² (active surface)		
99100750	*Cutimed Siltec L (15 cm x 15 cm - 225 cm²)*	BSN Med	10	57.31	5.7310
99100134	*Mepilex Lite (15 cm x 15 cm - 225 cm²)*	Mölnlycke	1	6.37	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.			Less than 100 cm² (active surface)		
99100748	*Cutimed Siltec L (5 cm x 6 cm - 30 cm²)*	BSN Med	10	12.99	1.2990
99100132	*Mepilex Lite (6.8 cm x 8.5 cm - 58 cm²)*	Mölnlycke	1	2.11	
Thin dr.			More than 500 cm² (active surface)		
99100605	*Mepilex Lite (20 cm x 50 cm - 1 000 cm²)*	Mölnlycke	4	154.76	38.6900
ABSORPTIVE DRESSING - SODIUM CHLORIDE					
Dressing			100 cm² to 200 cm² (active surface)		
00899496	*Mesalt (10 cm x 10 cm - 100 cm²)*	Mölnlycke	30	27.29	0.9097
Dressing			201 cm² to 500 cm² (active surface)		
99004712	*Curity Sodium Chloride Dressing (15 cm x 17 cm - 225 cm²)*	Covidien	96	202.04	2.1046
Dressing			Less than 100 cm² (active surface)		
00899429	*Mesalt (5 cm x 5 cm - 25 cm²)*	Mölnlycke	30	21.25	0.7083
00899518	*Mesalt (7.5 cm X 7.5 cm - 56 cm²)*	Mölnlycke	30	22.99	0.7663
Strip				1 m	
00920525	*Mesalt (1 m)*	Mölnlycke	10	44.70	4.4700
ACALABRUTINIB [F]					
Caps.				100 mg	
02491788	*Calquence*	AZC	60	8158.50	135.9750
ACAMPROSATE [F]					
L.A. Tab.				333 mg	
02293269	*Campral*	Mylan	84	67.20	0.8000
ADALIMUMAB - JUVENILE IDIOPATHIC ARTHRITIS POLYARTICULAR [F]					
S.C. Inj. Sol.			50 mg/mL (0,4 mL)		
99113962	*Abrilada (seringue)*	Pfizer	2	471.27	235.6350
99113852	*Amgevita (seringue)*	Amgen	1	235.64	
99113885	*Hyrimoz (seringue)*	Sandoz	2	471.27	235.6350

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.			50 mg/mL (0.8 mL)		
99113963	*Abrilada (seringue)*	Pfizer	2	942.54	471.2700
99113964	*Abrilada (stylo)*	Pfizer	2	942.54	471.2700
99113853	*Amgevita (seringue)*	Amgen	2	942.54	471.2700
99113854	*Amgevita (stylo)*	Amgen	2	942.54	471.2700
99113856	*Hulio (seringue)*	BGP Pharma	2	942.54	471.2700
99113855	*Hulio (stylo)*	BGP Pharma	2	942.54	471.2700
99113886	*Hyrimoz (seringue)*	Sandoz	2	942.54	471.2700
99113887	*Hyrimoz (stylo)*	Sandoz	2	942.54	471.2700
99113969	*Idacio (seringue)*	Fresenius	2	942.54	471.2700
99113968	*Idacio (stylo)*	Fresenius	2	942.54	471.2700
S.C. Inj. Sol.			100 mg/mL (0,4 mL)		
99113965	*Simlandi (seringue)*	Jamp	2	942.54	471.2700
99113967	*Simlandi (stylo)*	Jamp	2	942.54	471.2700
99113972	*Yuflyma (seringue)*	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
99113973	*Yuflyma (stylo)*	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
S.C. Inj. Sol.			100 mg/mL (0,8 mL)		
99113971	*Simlandi (seringue)*	Jamp	1	942.54	

ADALIMUMAB-PSORIATIC ARTHRITIS, ULCERATIVE COLITIS , CROHN'S DISEASE , ANKYLOSING SPONDYLITIS, RHUMATOID ARTHRITIS AND PLAQUE PSORIASIS F

S.C. Inj. Sol.			50 mg/mL (0,4 mL)		
02511061	*Abrilada (seringue)*	Pfizer	2	471.27	235.6350
02459310	*Amgevita (seringue)*	Amgen	1	235.64	
02505258	*Hyrimoz (seringue)*	Sandoz	2	471.27	235.6350
S.C. Inj. Sol.			50 mg/mL (0.8 mL)		
02511053	*Abrilada (seringue)*	Pfizer	2	942.54	471.2700
02511045	*Abrilada (stylo)*	Pfizer	2	942.54	471.2700
02459299	*Amgevita (seringue)*	Amgen	2	942.54	471.2700
02459302	*Amgevita (stylo)*	Amgen	2	942.54	471.2700
02473097	*Hadlima (syringe)*	Merck	2	942.54	471.2700
02473100	*Hadlima PushTouch (pen)*	Merck	2	942.54	471.2700
02502399	*Hulio (seringue)*	BGP Pharma	2	942.54	471.2700
02502402	*Hulio (stylo)*	BGP Pharma	2	942.54	471.2700
02492164	*Hyrimoz (seringue)*	Sandoz	2	942.54	471.2700
02492156	*Hyrimoz (stylo)*	Sandoz	2	942.54	471.2700
02502682	*Idacio (seringue)*	Fresenius	2	942.54	471.2700
02502674	*Idacio (stylo)*	Fresenius	2	942.54	471.2700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.			100 mg/mL (0,4 mL)		
02523949	*Simlandi (seringue)*	Jamp	2	942.54	471.2700
02523957	*Simlandi (stylo)*	Jamp	2	942.54	471.2700
02523760	*Yuflyma (seringue)*	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
02523779	*Yuflyma (stylo)*	Celltrion	1	471.27	
			2	942.54	471.2700
			4	1885.08	471.2700
			6	2827.62	471.2700
S.C. Inj. Sol.			100 mg/mL (0,8 mL)		
02523965	*Simlandi (seringue)*	Jamp	1	942.54	

ADEFOVIR DIPIVOXIL P

Tab.				10 mg **PPB**	
02420333	*AA-Adefovir*	AA Pharma	30	547.55	➡ 18.2517
02247823	*Hepsera*	Gilead	30	696.73	23.2243

AFATINIB DIMALEATE P

Tab.				20 mg	
02415666	*Giotrif*	Bo. Ing.	28	1736.00	62.0000
Tab.				30 mg	
02415674	*Giotrif*	Bo. Ing.	28	1736.00	62.0000
Tab.				40 mg	
02415682	*Giotrif*	Bo. Ing.	28	1736.00	62.0000

AFLIBERCEPT P

Inj. Sol.			40 mg/mL (0,278 mL)		
02415992	*Eylea*	Bayer	1	1418.00	
Inj.Sol (syr)			40 mg/mL (0,177 mL)		
02505355	*Eylea*	Bayer	1	1418.00	

ALECTINIB HYDROCHLORIDE P

Caps.				150 mg	
02458136	*Alecensaro*	Roche	240	10119.99	42.1666

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ALEMTUZUMAB Pr					
I.V. Perf. Sol.				10 mg/mL (1.2 mL)	
02418320	*Lemtrada*	Genzyme	1	9970.00	
ALGLUCOSIDASE ALFA Pr					
I.V. Perf. Pd.				50 mg	
02284863	*Myozyme*	Genzyme	1	840.31	
ALIROCUMAB Pr					
S.C. Inj. Sol.				75 mg/mL	
02453819	*Praluent (stylo)*	SanofiAven	2	512.42	256.2100
S.C. Inj. Sol.				150 mg/mL	
02453835	*Praluent (stylo)*	SanofiAven	2	512.42	256.2100
ALISKIREN Pr					
Tab.				150 mg	
02302063	*Rasilez*	Noden	28	32.31	1.1539
Tab.				300 mg	
02302071	*Rasilez*	Noden	28	32.31	1.1539
ALITRETINOINE Pr					
Caps.				30 mg **PPB**	
02477440	*Hanzema*	Dr Reddy's	30	509.60	➡ 16.9868
02337649	*Toctino*	Janss. Inc	30	532.71	17.7570
ALOGLIPTIN BENZOATE Pr					
Tab.				6.25 mg	
02417189	*Nesina*	Takeda	28	58.80	2.1000
Tab.				12.5 mg	
02417197	*Nesina*	Takeda	28	58.80	2.1000
Tab.				25 mg	
02417200	*Nesina*	Takeda	28	58.80	2.1000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ALOGLIPTIN BENZOATE/ METFORMIN HYDROCHLORIDE P

Tab. 12.5 mg - 500 mg

02417219	*Kazano*	Takeda	56	64.12	1.1450

Tab. 12.5 mg - 850 mg

02417227	*Kazano*	Takeda	56	64.12	1.1450

Tab. 12.5 mg - 1000 mg

02417235	*Kazano*	Takeda	56	64.12	1.1450

AMBRISENTAN P

Tab. 5 mg **PPB**

02475375	*Apo-Ambrisentan*	Apotex	30	3189.86	➡	106.3287
02307065	*Volibris*	GSK	30	3600.00		120.0000

Tab. 10 mg **PPB**

02475383	*Apo-Ambrisentan*	Apotex	30	3189.86	➡	106.3287
02307073	*Volibris*	GSK	30	3600.00		120.0000

AMPHETAMINE (MIXED SALTS) ◈

L.A. Caps. 5 mg **PPB**

02439239	*ACT Amphetamine XR*	ActavisPhm	100	53.72	➡	0.5372
02248808	*Adderall XR*	Takeda	100	205.78		2.0578
02445492	*Apo-Amphetamine XR*	Apotex	100	53.72	➡	0.5372
02440369	*pms-Amphetamines XR*	Phmscience	100	53.72	➡	0.5372
02457288	*Sandoz Amphetamine XR*	Sandoz	100	53.72	➡	0.5372

L.A. Caps. 10 mg **PPB**

02439247	*ACT Amphetamine XR*	ActavisPhm	100	61.05	➡	0.6105
02248809	*Adderall XR*	Takeda	100	233.86		2.3386
02445506	*Apo-Amphetamine XR*	Apotex	100	61.05	➡	0.6105
02440377	*pms-Amphetamines XR*	Phmscience	100	61.05	➡	0.6105
02457296	*Sandoz Amphetamine XR*	Sandoz	100	61.05	➡	0.6105

L.A. Caps. 15 mg **PPB**

02439255	*ACT Amphetamine XR*	ActavisPhm	100	68.38	➡	0.6838
02248810	*Adderall XR*	Takeda	100	261.94		2.6194
02445514	*Apo-Amphetamine XR*	Apotex	100	68.38	➡	0.6838
02440385	*pms-Amphetamines XR*	Phmscience	100	68.38	➡	0.6838
02457318	*Sandoz Amphetamine XR*	Sandoz	100	68.38	➡	0.6838

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				20 mg **PPB**	
02439263	*ACT Amphetamine XR*	ActavisPhm	100	75.72	0.7572
02248811	*Adderall XR*	Takeda	100	290.01	2.9001
02445522	*Apo-Amphetamine XR*	Apotex	100	75.72	0.7572
02440393	*pms-Amphetamines XR*	Phmscience	100	75.72	0.7572
02457326	*Sandoz Amphetamine XR*	Sandoz	100	75.72	0.7572
L.A. Caps.				25 mg **PPB**	
02439271	*ACT Amphetamine XR*	ActavisPhm	100	83.05	0.8305
02248812	*Adderall XR*	Takeda	100	318.09	3.1809
02445530	*Apo-Amphetamine XR*	Apotex	100	83.05	0.8305
02440407	*pms-Amphetamines XR*	Phmscience	100	83.05	0.8305
02457334	*Sandoz Amphetamine XR*	Sandoz	100	83.05	0.8305
L.A. Caps.				30 mg **PPB**	
02439298	*ACT Amphetamine XR*	ActavisPhm	100	90.38	0.9038
02248813	*Adderall XR*	Takeda	100	346.18	3.4618
02445549	*Apo-Amphetamine XR*	Apotex	100	90.38	0.9038
02440415	*pms-Amphetamines XR*	Phmscience	100	90.38	0.9038
02457342	*Sandoz Amphetamine XR*	Sandoz	100	90.38	0.9038
ANTIMICROBIAL DRESSING - IODINE					
Paste					
99100098	*Iodosorb*	S. & N.	5 g	8.49	
			10 g	16.99	
			17 g	28.86	
Top. Oint.					
99100099	*Iodosorb*	S. & N.	10 g	13.72	
			20 g	27.44	
			40 g	54.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ANTIMICROBIAL DRESSING - SILVER					
Dressing			100 cm² to 200 cm² (active surface)		
99100348	*3M - Tegaderm Ag Mesh (10 cm x 12.7 cm - 127cm²)*	3M Canada	1	5.24	
99100349	*3M Tegaderm Ag Mesh (10 cm x 20 cm - 200 cm²)*	3M Canada	1	7.94	
99100852	*3M Tegaderm- Alginate Ag silver dressing 10,2 x 12,7-129 cm²*	3M Canada	10	59.70	5.9700
99100559	*Allevyn Ag Gentle (10 cm x 10 cm - 100 cm²)*	S. & N.	10	74.10	7.4100
99100456	*Allevyn Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)*	S. & N.	10	74.10	7.4100
99100953	*Aquacel Ag Extra (10 cm x 10 cm - 100 cm²)*	Convatec	10	63.90	6.3900
99100998	*Aquacel Ag Foam (10 cm x 10 cm - 100 cm²)*	Convatec	10	65.00	6.5000
99101228	*Aquacel Ag+Extra (10 cm x 10 cm - 100 cm²)*	Convatec	10	65.00	6.5000
99100324	*Biatain Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)*	Coloplast	5	33.25	6.6500
99100325	*Biatain Ag Non-Adhesive (10 cm x 20 cm - 200 cm²)*	Coloplast	5	66.50	13.3000
99100541	*Biatain Alginate Ag (10 cm x 10 cm - 100 cm²)*	Coloplast	10	52.50	5.2500
99101452	*Exufiber Ag+ (10 cm x 10 cm - 100 cm²)*	Mölnlycke	10	64.70	6.4700
99100545	*Melgisorb Ag (10 cm x 10 cm - 100 cm²)*	Mölnlycke	10	59.74	5.9740
99100366	*Mepilex Ag (10 cm x 10 cm - 100 cm²)*	Mölnlycke	5	34.33	6.8660
99100367	*Mepilex Ag (10 cm x 20 cm - 179 cm²)*	Mölnlycke	5	64.67	12.9340
99100663	*Optifoam Ag Non-Adhesive (10 cm x 10 cm - 100 cm²)*	Medline	100	453.00	4.5300
99100288	*Silvercel (10 cm x 20 cm - 200 cm²)*	KCl	5	80.44	16.0880
99100289	*Silvercel (11 cm x 11 cm - 121 cm²)*	KCl	10	96.00	9.6000
99101346	*Silvercel non adherent (10 cm x 20 cm- 200 cm²)*	KCl	5	64.99	12.9980
99101347	*Silvercel non adherent (11 cm x 11 cm- 121 cm²)*	KCl	10	78.64	7.8640
99100562	*UrgoCell Ag Absorb Non-Adhesif (10 cm x 10 cm -100 cm²)*	Urgo	10	83.27	8.3270

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² to 500 cm² (active surface)			
99100350	*3M Tegaderm Ag Mesh (20 cm x 20 cm - 400 cm²)*	3M Canada	1	15.52	
99100560	*Allevyn Ag Gentle (15 cm x 15 cm - 225 cm²)*	S. & N.	10	157.50	15.7500
99100561	*Allevyn Ag Gentle (20 cm x 20 cm - 400 cm²)*	S. & N.	10	280.40	28.0400
99100457	*Allevyn Ag Non-Adhesif (20 cm x 20 cm - 400 cm²)*	S. & N.	10	283.96	28.3960
99100455	*Allevyn Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)*	S. & N.	10	159.50	15.9500
99100326	*Aquacel AG (14.5 cm x 14.5 cm - 210 cm²)*	Convatec	5	93.02	18.6040
99100954	*Aquacel Ag Extra (15 cm x 15 cm - 225 cm²)*	Convatec	5	73.13	14.6260
99101000	*Aquacel Ag Foam (15 cm x 15 cm - 225 cm²)*	Convatec	5	74.70	14.9400
99101001	*Aquacel Ag Foam (15 cm x 20 cm - 300 cm²)*	Convatec	5	99.60	19.9200
99101005	*Aquacel Ag Foam (20 cm x 20 cm - 400 cm²)*	Convatec	5	132.80	26.5600
99101229	*Aquacel Ag+Extra (15 cm x 15 cm - 225 cm²)*	Convatec	5	74.70	14.9400
99100595	*Biatain Ag Non-Adhesive (15 cm x 15 cm - 225 cm²)*	Coloplast	5	74.81	14.9620
99100329	*Biatain Ag Non-Adhesive (20 cm x 20 cm - 400 cm²)*	Coloplast	5	124.80	24.9600
99101381	*Exufiber Ag+ (15 cm x 15 cm - 225 cm²)*	Mölnlycke	10	148.10	14.8100
99100543	*Melgisorb Ag (15 cm x 15 cm - 225 cm²)*	Mölnlycke	10	102.29	10.2290
99100368	*Mepilex Ag (15 cm x 15 cm - 225 cm²)*	Mölnlycke	5	77.06	15.4120
99100369	*Mepilex Ag (20 cm x 20 cm - 400 cm²)*	Mölnlycke	5	124.83	24.9660
99100825	*UrgoCell Ag Absorb Non-Adhesif (15 cm x 20 cm -300 cm²)*	Urgo	10	194.40	19.4400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		Less than 100 cm² (active surface)			
99100347	*3M Tegaderm Ag Mesh (5 cm x 5 cm - 25 cm²)*	3M Canada	1	2.55	
99100851	*3M Tegaderm- Alginate Ag silver dressing 5.1 x 5,1-26cm²*	3M Canada	10	27.50	2.7500
99100557	*Allevyn Ag Gentle (5 cm x 5 cm - 25 cm²)*	S. & N.	10	43.02	4.3020
99100450	*Allevyn Ag Non-Adhesive (5 cm x 5 cm - 25 cm²)*	S. & N.	10	43.02	4.3020
99100338	*Aquacel AG (9.5 cm x 9.5 cm - 90 cm²)*	Convatec	10	102.78	10.2780
99100974	*Aquacel Ag Extra (5 cm x 5 cm - 25 cm²)*	Convatec	10	28.34	2.8340
99101006	*Aquacel Ag Foam (5 cm x 5 cm - 25 cm²)*	Convatec	10	28.38	2.8380
99101231	*Aquacel Ag+Extra (5 cm x 5 cm - 25 cm²)*	Convatec	10	28.38	2.8380
99100594	*Biatain Ag Non-Adhesive (5 cm x 7 cm - 35 cm²)*	Coloplast	5	11.64	2.3280
99101454	*Exufiber Ag+ (5 cm x 5 cm - 25 cm²)*	Mölnlycke	10	28.00	2.8000
99100544	*Melgisorb Ag (5 cm x 5 cm - 25 cm²)*	Mölnlycke	10	27.75	2.7750
99100287	*Silvercel (5 cm x 5 cm - 25 cm²)*	KCI	10	31.70	3.1700
99101348	*Silvercel non adherent (5 cm x 5 cm- 25 cm²)*	KCI	10	28.36	2.8360
Dressing		More than 500 cm² (active surface)			
99100235	*Acticoat (20 cm x 40 cm - 600 cm2)*	S. & N.	1	66.28	
99100236	*Acticoat (40 cm x 40 cm - 1 600 cm²)*	S. & N.	1	130.27	
99100593	*Acticoat Flex 3 (40 cm x 40 cm - 1 600 cm²)*	S. & N.	6	781.62	130.2700
99100328	*Aquacel AG (19.5 cm x 29.5 cm - 575 cm²)*	Convatec	5	224.00	44.8000
99100973	*Aquacel Ag Extra (20 cm x 30 cm - 600 cm²)*	Convatec	5	233.70	46.7400
99101230	*Aquacel Ag+Extra (20 cm x 30 cm - 600 cm²)*	Convatec	5	233.70	46.7400
99101453	*Exufiber Ag+ (20 cm x 30 cm - 600 cm²)*	Mölnlycke	5	233.00	46.6000
99100596	*Mepilex Ag (20 cm x 50 cm - 1 000 cm²)*	Mölnlycke	2	106.20	53.1000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum or triangular		
99100451	*Allevyn Ag Adhesive Sacrum (17 cm x 17 cm - 123 cm²)*	S. & N.	10	151.40	15.1400
99100452	*Allevyn Ag Adhesive Sacrum (23 cm x 23 cm - 237 cm²)*	S. & N.	10	244.30	24.4300
99101094	*Aquacel Ag Foam (17 cm x 20 cm - 115 cm²)*	Convatec	5	60.95	12.1900
99100247	*Biatain Ag Adhesive (sacrum 23 cm x 23 cm - 200 cm²)*	Coloplast	5	100.00	20.0000
99100800	*Mepilex Border Sacrum Ag (23 cm x 23 cm - 239 cm²)*	Mölnlycke	1	22.87	
99100801	*Mepilex Border Sacrum Ag (18 cm x 18 cm - 121 cm²)*	Mölnlycke	1	13.09	
APALUTAMIDE P					
Tab.				60 mg	
02478374	*Erleada*	Janss. Inc	120	3401.40	28.3450
APIXABAN P					
Tab.				2.5 mg	
02377233	*Eliquis*	B.M.S.	60	96.00	1.6000
Tab.				5 mg	
02397714	*Eliquis*	B.M.S.	60 180	96.00 288.00	1.6000 1.6000
APOMORPHINE HYDROCHLORIDE P					
S.C. Inj. Sol. (pen)				10 mg/mL (3 mL)	
02459132	*Movapo*	Paladin	5	214.76	42.9520
S-Ling. Film				10 mg	
+ 02500264	*Kynmobi*	Sunovion	30	258.00	8.6000
S-Ling. Film				15 mg	
+ 02500272	*Kynmobi*	Sunovion	30	258.00	8.6000
S-Ling. Film				20 mg	
+ 02500280	*Kynmobi*	Sunovion	30	258.00	8.6000
S-Ling. Film				25 mg	
+ 02500299	*Kynmobi*	Sunovion	30	258.00	8.6000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S-Ling. Film				30 mg	
+ 02500302	*Kynmobi*	Sunovion	30	258.00	8.6000

APREMILAST Pr

Tab.		10 mg (4 co.) - 20 mg (4 co.) - 30 mg (19 co.)			
02434318	*Otezla (Starter parck)*	Amgen	27	510.41	
Tab.				30 mg	
02434334	*Otezla*	Amgen	56	1058.63	18.9041

APREPITANT Pr

Caps.				80 mg	
02298791	*Emend*	Merck	2	60.36	30.1800
Caps.				125 mg	
02298805	*Emend*	Merck	6	181.08	30.1800
Caps.		125mg (1 caps.) and 80mg (2 caps.)			
02298813	*Emend Tri-Pack*	Merck	3	90.54	

ATOMOXETINE HYDROCHLORIDE Pr

Caps.				10 mg **PPB**	
02318024	*Apo-Atomoxetine*	Apotex	30	15.32	0.5106
02396904	*Atomoxetine*	Pro Doc	30	15.32	0.5106
02467747	*Atomoxetine*	Sanis	30	15.32	0.5106
02445883	*Atomoxetine*	Sivem	30	15.32	0.5106
02471485	*Auro-Atomoxetine*	Aurobindo	30	15.32	0.5106
			100	51.06	0.5106
02314541	*Novo-Atomoxetine*	Teva Can	30	15.32	0.5106
02381028	*pms-Atomoxetine*	Phmscience	30	15.32	0.5106
02405962	*Riva-Atomoxetine*	Riva	30	15.32	0.5106
			100	51.06	0.5106
02386410	*Sandoz Atomoxetine*	Sandoz	30	15.32	0.5106
02262800	*Strattera*	Lilly	28	72.80	2.6000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				18 mg **PPB**	
02318032	*Apo-Atomoxetine*	Apotex	30	17.24	0.5748
02396912	*Atomoxetine*	Pro Doc	30	17.24	0.5748
02467755	*Atomoxetine*	Sanis	30	17.24	0.5748
02445905	*Atomoxetine*	Sivem	30	17.24	0.5748
02471493	*Auro-Atomoxetine*	Aurobindo	30	17.24	0.5748
			100	57.48	0.5748
02314568	*Novo-Atomoxetine*	Teva Can	30	17.24	0.5748
02381036	*pms-Atomoxetine*	Phmscience	30	17.24	0.5748
02405970	*Riva-Atomoxetine*	Riva	30	17.24	0.5748
			100	57.48	0.5748
02386429	*Sandoz Atomoxetine*	Sandoz	30	17.24	0.5748
02262819	*Strattera*	Lilly	28	83.44	2.9800
Caps.				25 mg **PPB**	
02318040	*Apo-Atomoxetine*	Apotex	30	19.26	0.6420
			100	64.20	0.6420
02396920	*Atomoxetine*	Pro Doc	30	19.26	0.6420
02467763	*Atomoxetine*	Sanis	30	19.26	0.6420
02445913	*Atomoxetine*	Sivem	30	19.26	0.6420
02471507	*Auro-Atomoxetine*	Aurobindo	30	19.26	0.6420
			100	64.20	0.6420
02314576	*Novo-Atomoxetine*	Teva Can	30	19.26	0.6420
02381044	*pms-Atomoxetine*	Phmscience	30	19.26	0.6420
			100	64.20	0.6420
02405989	*Riva-Atomoxetine*	Riva	30	19.26	0.6420
			100	64.20	0.6420
02386437	*Sandoz Atomoxetine*	Sandoz	30	19.26	0.6420
02262827	*Strattera*	Lilly	28	92.12	3.2900
Caps.				40 mg **PPB**	
02318059	*Apo-Atomoxetine*	Apotex	30	22.11	0.7369
			100	73.69	0.7369
02396939	*Atomoxetine*	Pro Doc	30	22.11	0.7369
02467771	*Atomoxetine*	Sanis	30	22.11	0.7369
02445948	*Atomoxetine*	Sivem	30	22.11	0.7369
02471515	*Auro-Atomoxetine*	Aurobindo	30	22.11	0.7369
			100	73.69	0.7369
02381052	*pms-Atomoxetine*	Phmscience	30	22.11	0.7369
			100	73.69	0.7369
02405997	*Riva-Atomoxetine*	Riva	30	22.11	0.7369
			100	73.69	0.7369
02386445	*Sandoz Atomoxetine*	Sandoz	30	22.11	0.7369
02262835	*Strattera*	Lilly	28	105.00	3.7500
02314584	*Teva-Atomoxetine*	Teva Can	30	22.11	0.7369

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				60 mg **PPB**	
02318067	*Apo-Atomoxetine*	Apotex	30	24.28	0.8092
02396947	*Atomoxetine*	Pro Doc	30	24.28	0.8092
02467798	*Atomoxetine*	Sanis	30	24.28	0.8092
02445956	*Atomoxetine*	Sivem	30	24.28	0.8092
02471523	*Auro-Atomoxetine*	Aurobindo	30	24.28	0.8092
			100	80.92	0.8092
02381060	*pms-Atomoxetine*	Phmscience	30	24.28	0.8092
			100	80.92	0.8092
02406004	*Riva-Atomoxetine*	Riva	30	24.28	0.8092
			100	80.92	0.8092
02386453	*Sandoz Atomoxetine*	Sandoz	30	24.28	0.8092
02262843	*Strattera*	Lilly	28	116.48	4.1600
02314592	*Teva-Atomoxetine*	Teva Can	30	24.28	0.8092
AXITINIB Pr					
Tab.				1 mg	
02389630	*Inlyta*	Pfizer	60	1116.00	18.6000
Tab.				5 mg	
02389649	*Inlyta*	Pfizer	60	5580.00	93.0000
AZELAIC ACID Pr					
Top. Jel.				15 %	
02270811	*Finacea*	Leo	50 g	30.00	0.6000
AZTREONAM Pr					
Sol. Inh.				75 mg	
02329840	*Cayston*	Gilead	84	3561.51	42.3989
BARICITINIB Pr					
Tab.				2 mg	
02480018	*Olumiant*	Lilly	30	1385.79	46.1930
BENRALIZUMAB Pr					
S.C. Inj. Sol. (pen)				30 mg/mL (1 mL)	
02496135	*Fasenra Pen*	AZC	1	3876.92	
S.C. Inj.Sol (syr)				30 mg/mL (1 mL)	
02473232	*Fasenra*	AZC	1	3876.92	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BISACODYL					
Ent. Tab.				5 mg **PPB**	
00545023	*Apo-Bisacodyl*	Apotex	1000	40.50	0.0405
02273411	*Bisacodyl-Odan*	Odan	100	4.05	0.0405
			1000	40.50	0.0405
02246039	*Jamp-Bisacodyl*	Jamp	100	4.05	0.0405
Supp.				5 mg **PPB**	
02458845	*Bisacodyl*	Cellchem	10	4.27	0.4267
02410893	*Bisacodyl Suppository 5 mg*	Jamp	3	1.28	0.4267
Supp.				10 mg **PPB**	
02458853	*Bisacodyl*	Cellchem	10	4.21	0.4206
02361450	*Bisacodyl Suppository*	Jamp	100	42.06	0.4206
BORDERED ABSORPTIVE DRESSING - GELLING FIBRE					
Dressing			100 cm² to 200 cm² (active surface)		
99101213	*Aquacel Foam (10 cm x 25 cm - 120 cm²)*	Convatec	5	40.50	8.1000
			10	81.00	8.1000
99101214	*Aquacel Foam (10 cm x 30 cm - 150 cm²)*	Convatec	5	50.62	10.1240
			10	101.24	10.1240
99100944	*Aquacel Foam (17.5 cm x 17.5 cm - 182 cm²)*	Convatec	10	112.08	11.2080
+ 99113984	*Aquacel Foam Pro (15 cm x 15 cm - 121 cm²)*	Convatec	10	81.67	8.1670
99100469	*Versiva XC Adhesive (14cm x 14cm - 100 cm²)*	Convatec	10	70.51	7.0510
99100470	*Versiva XC Adhesive (19 cm x 19 cm - 196 cm²)*	Convatec	5	69.15	13.8300
Dressing			201 cm² to 500 cm² (active surface)		
99100942	*Aquacel Foam (21 cm x 21 cm - 289 cm²)*	Convatec	5	77.02	15.4040
99100943	*Aquacel Foam (25 cm x 30 cm - 456 cm²)*	Convatec	5	121.52	24.3040
99100471	*Versiva XC Adhesive (22 cm x 22 cm - 289 cm²)*	Convatec	5	93.49	18.6980

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)			
	99100976	*Aquacel Foam (10 cm x 10 cm - 49 cm²)*	Convatec	10	41.70	4.1700
	99101212	*Aquacel Foam (10 cm x 20 cm - 90 cm²)*	Convatec	5	38.25	7.6500
				10	76.50	7.6500
	99100977	*Aquacel Foam (12.5 cm x 12. 5 cm - 72 cm²)*	Convatec	10	61.20	6.1200
	99101185	*Aquacel Foam (8 cm x 8 cm - 30 cm²)*	Convatec	10	25.50	2.5500
+	99113979	*Aquacel Foam Pro (10 cm x 10 cm - 42,25 cm²)*	Convatec	10	35.90	3.5900
+	99113983	*Aquacel Foam Pro (8 cm x 8 cm - 25 cm²)*	Convatec	10	21.25	2.1250
	99100464	*Versiva XC Adhesive (10 cm x 10 cm - 49 cm²)*	Convatec	10	41.68	4.1680
Dressing					Sacrum	
	99100945	*Aquacel Foam (16.9 cm x 20 cm - 115 cm²)*	Convatec	5	43.00	8.6000
+	99113981	*Aquacel Foam Pro (20 cm x 16,9 cm - 114,65 cm²)*	Convatec	5	42.99	8.5980
+	99113982	*Aquacel Foam Pro (24 cm x 21,5 cm - 168,04 cm²)*	Convatec	5	63.01	12.6020
	99100465	*Versiva XC - Sacrum (21 cm x 25 cm - 218 cm²)*	Convatec	5	90.62	18.1240

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BORDERED ABSORPTIVE DRESSING - HYDROPHILIC FOAM ALONE OR IN ASSOCIATION						
Dressing				100 cm² to 200 cm² (active surface)		
	99100199	*3M Tegaderm Foam Adhesive Dressing (14.3cm x 14.3cm-100 cm²)*	3M Canada	1	6.87	
	99100854	*3M Tegaderm- Foam adhesive dressing 19cm x 22,2 cm-188cm²*	3M Canada	5	55.00	11.0000
	99001667	*Allevyn Adhesive (12.5 cm x 12.5 cm - 100 cm²)*	S. & N.	10	58.65	5.8650
	99004585	*Allevyn Adhesive (12.5 cm x 22.5 cm - 200 cm²)*	S. & N.	10	110.18	11.0180
	99100476	*Allevyn Gentle Border (12.5 cm x 12.5 cm - 100 cm²)*	S. & N.	10	59.00	5.9000
	99100139	*Biatain Adhesive (18 cm x 18 cm - 196 cm²)*	Coloplast	5	52.92	10.5840
	99100654	*Biatain Silicone (15 cm x 15 cm - 104 cm²)*	Coloplast	5	32.75	6.5500
	99100742	*Biatain Silicone (17,5 cm x 17,5 cm - 156 cm²)*	Coloplast	5	48.95	9.7900
	99005026	*Combiderm ACD (15 cm x 25 cm - 200 cm²)*	Convatec	1	12.00	
	99100752	*Cutimed Siltec B (15 cm x 15 cm - 100 cm²)*	BSN Med	10	58.00	5.8000
	99100753	*Cutimed Siltec B (17,5 cm x 17,5 cm - 144 cm²)*	BSN Med	5	43.61	8.7220
	99004321	*Mepilex Border (15 cm x 15 cm - 121 cm²)*	Mölnlycke	1	7.96	
	99004348	*Mepilex Border (15 cm x 20 cm - 168 cm²)*	Mölnlycke	1	11.77	
	99110093	*Mepilex Border Flex (15 cm x 15 cm - 120 cm²)*	Mölnlycke	10	74.10	7.4100
	99109793	*Mepilex Border Flex (15 cm x 20 cm - 175 cm²)*	Mölnlycke	10	108.10	10.8100
	99100661	*Optifoam (15,2 cm x 15,2 cm - 131 cm²)*	Medline	100	440.30	4.4030
*	99004623	*Tielle (15 cm x 15 cm - 121 cm²)*	KCI	10	88.48	**W**
*	99001799	*Tielle (15 cm x 20 cm - 176 cm²)*	KCI	5	63.31	**W**
*	99001675	*Tielle (18 cm x 18 cm - 196 cm²)*	KCI	5	56.13	**W**
*	99100012	*Tielle Plus (15 cm x 15 cm - 121 cm²)*	KCI	10	88.48	**W**
*	99004895	*Tielle Plus (15 cm x 20 cm - 176 cm²)*	KCI	5	64.35	**W**
	99101337	*UrgoTul Absorb Border (15 cm x 20 cm - 141 cm²)*	Urgo	10	87.20	8.7200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing		201 cm² to 500 cm² (active surface)			
99001659	*Allevyn Adhesive (17,5 cm x 17,5 cm - 225 cm2)*	S. & N.	1	11.72	
99001896	*Allevyn Adhesive (22.5 cm x 22.5 cm - 400 cm²)*	S. & N.	1	22.41	
99100477	*Allevyn Gentle Border (17.5 cm x 17.5 cm - 225 cm²)*	S. & N.	10	118.00	11.8000
99004526	*Combiderm ACD (20 cm x 20 cm - 225 cm²)*	Convatec	5	51.54	10.3080
99100754	*Cutimed Siltec B (22,5 cm x 22,5 cm - 272 cm²)*	BSN Med	5	66.86	13.3720

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)			
	99100198	*3M Tegaderm Foam Adhesive Dressing (10 cm x 11 cm - 46 cm²)*	3M Canada	1	4.41	
	99100197	*3M Tegaderm Foam Adhesive Dressing (8.8 cm x 8.8 cm-25 cm²)*	3M Canada	1	2.68	
	99100853	*3M Tegaderm- Foam adhesive dressing 14,3 x 15,6 - 86 cm²*	3M Canada	5	25.00	5.0000
	99001713	*Allevyn Adhesive (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	24.14	2.4140
	99100474	*Allevyn Gentle Border (10 cm x 10 cm - 56 cm²)*	S. & N.	10	49.00	4.9000
	99100612	*Biatain Adhesif (10 cm x 10 cm - 28,3 cm²)*	Coloplast	10	27.10	2.7100
	99100613	*Biatain Adhesif (7,5 cm x 7,5 cm - 12,6 cm²)*	Coloplast	10	12.10	1.2100
	99100137	*Biatain Adhesive (12.5 cm x 12.5 cm - 64 cm²)*	Coloplast	10	44.80	4.4800
	99100820	*Biatain Silicone (10 cm x 10 cm - 36 cm²)*	Coloplast	10	32.00	3.2000
	99101375	*Biatain Silicone (10 cm x 20 cm - 85,3 cm²)*	Coloplast	5	35.00	7.0000
	99100653	*Biatain Silicone (12,5 cm x 12,5 cm - 64 cm²)*	Coloplast	10	52.00	5.2000
	99004968	*Combiderm ACD (10 cm x 10 cm - 49 cm²)*	Convatec	1	3.20	
	99001853	*Combiderm ACD (13 cm x 13 cm - 81 cm²)*	Convatec	10	45.83	4.5830
	99101205	*Cutimed Siltec B (10 cm x 22,5 cm - 99 cm²)*	BSN Med	10	87.12	8.7120
	99100751	*Cutimed Siltec B (12,5 cm x 12,5 cm - 64 cm²)*	BSN Med	10	52.00	5.2000
	99004313	*Mepilex Border (10 cm x 10 cm - 42 cm²)*	Mölnlycke	1	4.55	
	99100445	*Mepilex Border (10 cm x 20 cm - 96 cm²)*	Mölnlycke	5	44.17	8.8340
	99100355	*Mepilex Border (12.5 cm x 12.5 cm - 72 cm²)*	Mölnlycke	5	29.45	5.8900
	99100606	*Mepilex Border (7,5 cm x 7,5 cm - 25 cm²)*	Mölnlycke	5	11.90	2.3800
	99109593	*Mepilex Border Flex (10 cm x 10 cm - 41 cm²)*	Mölnlycke	10	36.00	3.6000
	99109693	*Mepilex Border Flex (12,5 cm x 12,5 cm - 71 cm²)*	Mölnlycke	10	62.40	6.2400
	99109893	*Mepilex Border Flex (7,5 cm x 7,5 cm - 20 cm²)*	Mölnlycke	10	17.50	1.7500
	99100660	*Optifoam (10,2 cm x 10,2 cm - 40 cm²)*	Medline	100	243.10	2.4310
*	99001683	*Tielle (11 cm x 11 cm - 49 cm²)*	KCI	10	54.78	**W**
*	99100538	*Tielle (7 cm x 9 cm - 15 cm²)*	KCI	10	16.78	**W**
*	99004887	*Tielle Plus (11 cm x 11 cm - 49 cm²)*	KCI	10	55.07	**W**
	99101310	*UrgoTul Absorb Border (10 cm x 10 cm - 36 cm²)*	Urgo	10	31.50	3.1500

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
	99101309	*UrgoTul Absorb Border (15 cm x 15 cm - 93 cm²)*	Urgo	10	61.80	6.1800
Dressing				Sacrum or triangular		
	99004259	*Allevyn Sacrum (17 cm x 17 cm - 123 cm²)*	S. & N.	1	9.39	
	99002957	*Allevyn Sacrum (23 cm x 23 cm - 237 cm²)*	S. & N.	1	17.05	
	99101315	*Biatain adhesif (Sacrum 23 cm x 23 cm - 123 cm²)*	Coloplast	5	46.35	9.2700
	99005018	*Combiderm ACD (Triangular 15 cm x 18 cm - 96 cm²)*	Convatec	1	8.62	
	99100105	*Combiderm ACD (Triangular 20 cm x 22.5 cm - 216 cm²)*	Convatec	1	14.39	
	99100447	*Mepilex Border Sacrum (16 cm x 20 cm - 120 cm²)*	Mölnlycke	10	95.80	9.5800
	99100448	*Mepilex Border Sacrum (22 cm x 25 cm - 240 cm²)*	Mölnlycke	10	139.60	13.9600
*	99100001	*Tielle Plus (Sacrum 15 cm x 15 cm - 70 cm²)*	KCl	10	63.33	**W**
	99101316	*UrgoTul Absorb Border (Sacrum) (20 cm x 20 cm - 154 cm²)*	Urgo	10	137.50	13.7500
Thin dr.				100 cm² to 200 cm² (active surface)		
	99100887	*Allevyn Gentle Border Lite (15 cm x 15 cm - 146 cm²)*	S. & N.	10	59.95	5.9950
	99101328	*Foam Lite Convatec (15 cm x 15 cm - 121 cm²)*	Convatec	10	49.70	4.9700
	99100297	*Mepilex Border Lite (15 cm x 15 cm - 121 cm²)*	Mölnlycke	5	24.88	4.9760

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.			Less than 100 cm² (active surface)		
99100886	*Allevyn Gentle Border Lite (10 cm x 10 cm - 52 cm²)*	S. & N.	10	36.83	3.6830
99100885	*Allevyn Gentle Border Lite (5.5 cm x 12 cm - 27 cm²)*	S. & N.	10	25.69	2.5690
99100884	*Allevyn Gentle Border Lite (7,5 cm x 7.5 cm - 23 cm²)*	S. & N.	10	20.15	2.0150
99100952	*Biatain Silicone Lite (10 cm x 10 cm - 36 cm²)*	Coloplast	10	24.80	2.4800
99100890	*Biatain Silicone Lite (12.5 cm x 12.5 cm - 64 cm²)*	Coloplast	10	27.80	2.7800
99101211	*Biatain silicone lite (7,5 cm x 7,5 cm - 20 cm²)*	Coloplast	10	17.50	1.7500
99101327	*Foam Lite Convatec (10 cm x 10 cm - 42,25 cm²)*	Convatec	10	40.00	4.0000
99101893	*Foam Lite Convatec (10 cm x 20 cm - 97,5 cm²)*	Convatec	10	82.51	8.2510
99101329	*Foam Lite Convatec (5,5 cm x 12 cm - 24 cm²)*	Convatec	10	22.50	2.2500
99101326	*Foam Lite Convatec (8cm x 8 cm - 25 cm²)*	Convatec	10	23.67	2.3670
99100296	*Mepilex Border Lite (10 cm x 10 cm - 42 cm²)*	Mölnlycke	5	14.94	2.9880
99100293	*Mepilex Border Lite (4 cm x 5 cm - 6 cm²)*	Mölnlycke	10	13.89	1.3890
99100294	*Mepilex Border Lite (5 cm x 12.5 cm - 21 cm²)*	Mölnlycke	5	10.68	2.1360
99100295	*Mepilex Border Lite (7.5 cm x 7.5 cm - 20 cm²)*	Mölnlycke	5	8.90	1.7800

BORDERED ABSORPTIVE DRESSING - POLYESTER AND RAYON FIBRE

Dressing			100 cm² to 200 cm² (active surface)		
00920509	*Alldress (15 cm x 15 cm - 100 cm²)*	Mölnlycke	10	28.80	2.8800
00920495	*Alldress (15 cm x 20 cm - 150 cm²)*	Mölnlycke	10	36.70	3.6700

Dressing			Less than 100 cm² (active surface)		
00920487	*Alldress (10 cm x 10 cm - 25 cm²)*	Mölnlycke	10	23.80	2.3800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BORDERED ANTIMICROBIAL DRESSING - SILVER					
Dressing			100 cm² to 200 cm² (active surface)		
99100453	*Allevyn Ag Adhesive (12.5 cm x 12.5 cm - 100 cm²)*	S. & N.	10	118.19	11.8190
99100564	*Allevyn Ag Gentle Border (12.5 cm x 12.5 cm - 100 cm²)*	S. & N.	10	118.19	11.8190
99101002	*Aquacel Ag Foam (17.5 cm x 17.5 cm - 182 cm²)*	Convatec	10	220.52	22.0520
99100597	*Biatain Ag Adhesive (18 cm x 18 cm - 169 cm²)*	Coloplast	5	92.95	18.5900
99113835	*Biatain Silicone Ag (10 cm x 30 cm - 140 cm²)*	Coloplast	5	77.15	15.4300
99101274	*Biatain silicone Ag (15 cm x 15 cm - 110 cm²)*	Coloplast	5	65.16	13.0320
99101277	*Biatain silicone Ag (17,5 cm x 17,5 cm - 168 cm²)*	Coloplast	5	99.89	19.9780
99100799	*Mepilex Border Ag (10 cm x 25 cm - 99 cm²)*	Mölnlycke	1	15.67	
99100712	*Mepilex Border Ag (15 cm x 15 cm - 121 cm²)*	Mölnlycke	1	13.87	
99100713	*Mepilex Border Ag (15 cm x 20 cm - 168 cm²)*	Mölnlycke	1	19.86	
Dressing			201 cm² to 500 cm² (active surface)		
99100454	*Allevyn Ag Adhesive (17.5 cm x 17.5 cm - 225 cm²)*	S. & N.	10	276.70	27.6700
99100565	*Allevyn Ag Gentle Border (17.5 cm x 17.5 cm - 225 cm²)*	S. & N.	10	276.70	27.6700
99101007	*Aquacel Ag Foam (21 cm x 21 cm - 289 cm²)*	Convatec	5	177.74	35.5480
99101008	*Aquacel Ag Foam (25 cm x 30 cm - 456 cm²)*	Convatec	5	280.44	56.0880

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)		
99100449	*Allevyn Ag Adhesive (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	53.00	5.3000
99100563	*Allevyn Ag Gentle Border (7.5 cm x 7.5 cm - 25 cm²)*	S. & N.	10	53.00	5.3000
99101003	*Aquacel Ag Foam (10 cm x 10 cm - 49 cm²)*	Convatec	10	81.88	8.1880
99101091	*Aquacel Ag Foam (12.5 cm x 12.5 cm - 72 cm²)*	Convatec	10	120.31	12.0310
99101092	*Aquacel Ag Foam (8 cm x 8 cm - 32 cm²)*	Convatec	10	53.47	5.3470
99100245	*Biatain Ag Adhesive (12.5 cm x 12.5 cm - 64 cm²)*	Coloplast	5	35.20	7.0400
99100598	*Biatain Ag Adhesive (7,5 cm x 7,5 cm - 12,6 cm²)*	Coloplast	5	13.20	2.6400
99100926	*Biatain Silicone Ag (10 cm x 10 cm - 30 cm²)*	Coloplast	5	24.75	4.9500
99113834	*Biatain Silicone Ag (10 cm x 20 cm - 85 cm²)*	Coloplast	5	68.20	13.6400
99100927	*Biatain Silicone Ag (12,5 cm x 12,5 cm - 64 cm²)*	Coloplast	5	50.55	10.1100
99100710	*Mepilex Border Ag (10 cm x 10 cm - 42 cm²)*	Mölnlycke	1	6.94	
99100798	*Mepilex Border Ag (10 cm x 20 cm - 96 cm²)*	Mölnlycke	1	13.88	
99100711	*Mepilex Border Ag (7,5 cm x 7,5 cm - 25 cm²)*	Mölnlycke	1	4.67	
99100662	*Optifoam Ag Adhesive (10 cm x 10 cm - 40 cm²)*	Medline	100	433.00	4.3300
Dressing			Sacrum or triangular		
99113837	*Biatain Silicone Ag (25 cm x 25 cm - 289 cm²)*	Coloplast	5	146.20	29.2400
99113836	*Biatain Silicone Ag Sacrum (15 cm x 19 cm - 153 cm²)*	Coloplast	5	78.55	15.7100

BORDERED MOISTURE-RETENTIVE DRESSING - HYDROCOLLOIDAL OR POLYURETHANE

Dressing			100 cm² to 200 cm² (active surface)		
00800961	*3M Tegaderm Hydrocolloid Dressing (17 cm x 20 cm - 187 cm²)*	3M Canada	1	6.50	
00907707	*DuoDERM CGF Border (14 cm x 14 cm - 100 cm²)*	Convatec	1	4.39	
Dressing			201 cm² to 500 cm² (active surface)		
00907715	*DuoDERM CGF Border (20 cm x 20 cm - 225 cm²)*	Convatec	1	11.35	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Less than 100 cm² (active surface)		
00801038	*3M Tegaderm Hydrocolloid Dressing (10 cm x 12 cm - 50 cm²)*	3M Canada	1	2.99	
00801003	*3M Tegaderm Hydrocolloid Dressing (13 cm x 15 cm - 94 cm²)*	3M Canada	1	4.00	
00907804	*DuoDERM CGF Border (10 cm x 10 cm - 36 cm²)*	Convatec	1	2.31	
Dressing				Sacrum	
99100855	*Tegaderm 3M-Pansement hydrocolloide 16,1cm x 17,1cm-172cm²*	3M Canada	6	54.81	9.1350
Thin dr.			100 cm² to 200 cm² (active surface)		
99100292	*3M Tegaderm Hydrocolloid Thin Dressing (17cm x 20cm-187cm²)*	3M Canada	1	5.61	
Thin dr.			Less than 100 cm² (active surface)		
99100291	*3M Tegaderm Hydrocolloid Thin Dressing (13 cm x 15 cm-94cm²)*	3M Canada	1	3.38	
99100857	*3M Tegaderm- Hydrocolloid thin dressing 10cm x 12cm-63cm²*	3M Canada	10	19.56	1.9560

BOSENTAN P

Tab.				62.5 mg **PPB**	
02466538	*Bio-Bosentan*	Biomed	56	898.50	16.0446
02467984	*NAT-Bosentan*	Natco	56	898.50	16.0446
			60	962.68	16.0446
02383012	*pms-Bosentan*	Phmscience	60	962.68	16.0446
02386275	*Sandoz Bosentan*	Sandoz	60	962.68	16.0446
02483130	*Taro-Bosentan*	Taro	60	962.68	16.0446
02244981	*Tracleer*	Janss. Inc	56	3594.00	64.1786

Tab.				125 mg **PPB**	
02466546	*Bio-Bosentan*	Biomed	56	898.50	16.0446
02467992	*NAT-Bosentan*	Natco	56	898.50	16.0446
			60	962.68	16.0446
02383020	*pms-Bosentan*	Phmscience	60	962.68	16.0446
02386283	*Sandoz Bosentan*	Sandoz	60	962.68	16.0446
02483149	*Taro-Bosentan*	Taro	60	962.68	16.0446
02244982	*Tracleer*	Janss. Inc	56	3594.00	64.1786

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BRIGATINIB P					
Kit (solid oral)			90 mg (7 tab.) - 180 mg (21 tab.)		
02479230	*Alunbrig*	Takeda	1	9435.00	
Tab.				30 mg	
02479206	*Alunbrig*	Takeda	28	3145.00	112.3214
Tab.				90 mg	
02479214	*Alunbrig*	Takeda	28	9435.00	336.9643
Tab.				180 mg	
02479222	*Alunbrig*	Takeda	28	9435.00	336.9643
BRIVARACÉTAM P					
Tab.				10 mg	
02452936	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				25 mg	
02452944	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				50 mg	
02452952	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				75 mg	
02452960	*Brivlera*	U.C.B.	60	259.20	4.3200
Tab.				100 mg	
02452979	*Brivlera*	U.C.B.	60	259.20	4.3200
BRODALUMAB P					
S.C. Inj. Sol.			140 mg/mL (1,5 mL)		
02473623	*Siliq (syringe)*	Valeant	2	1290.00	645.0000
BUPRENORPHINE N					
S.C. Inj.Sol (syr)			100 mg/0,5 mL		
02483084	*Sublocade*	Indivior	1	550.00	
S.C. Inj.Sol (syr)			300 mg/1,5 mL		
02483092	*Sublocade*	Indivior	1	550.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
BUPRENORPHINE HYDROCHLORIDE Ⓝ					
Kit (implants)				80 mg/implant	
02474921	*Probuphine*	Knight	1	1495.00	
BUROSUMAB Ⓟ					
S.C. Inj. Sol.				10 mg/mL (1 mL)	
02483629	*Crysvita*	Kyowa	1	4992.29	
S.C. Inj. Sol.				20 mg/mL (1 mL)	
02483637	*Crysvita*	Kyowa	1	9984.58	
S.C. Inj. Sol.				30 mg/mL (1 mL)	
02483645	*Crysvita*	Kyowa	1	14976.87	
CABERGOLINE Ⓟ					
Tab.				0.5 mg **PPB**	
02455897	*Apo-Cabergoline*	Apotex	8	89.86	➡ 11.2325
02242471	*Dostinex*	Paladin	8	105.72	13.2150
CABOZANTINIB Ⓟ					
Tab.				20 mg	
02480824	*Cabometyx*	Ipsen	30	8799.90	293.3300
Tab.				40 mg	
02480832	*Cabometyx*	Ipsen	30	8799.90	293.3300
Tab.				60 mg	
02480840	*Cabometyx*	Ipsen	30	8799.90	293.3300
CALCIPOTRIOL/ BETAMETHASONE DIPROPIONATE Ⓟ					
Top. Foam				50 mcg/g -0.5 mg/g	
02457393	*Enstilar*	Leo	60 g	84.22	
Top. Jel.				50 mcg/g -0.5 mg/g	
02319012	*Dovobet Gel*	Leo	80 g	112.29	1.4036

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.			50 mcg/g -0.5 mg/g **PPB**		
02244126	*Dovobet*	Leo	120 g	151.60	1.2633
02427419	*Teva-Betamethasone/ Calcipotriol*	Teva Can	60 g	75.27 ➡	1.2545
			120 g	150.54 ➡	1.2545
CALCIUM CARBONATE					
Oral foam				500 mg/6 g	
80057859	*Pluscal*	Medelys	180 g	13.50	
CALCIUM CITRATE					
Oral Sol.			500 mg/15 mL **PPB**		
80068122	*Jamp-Calcium Citrate liq*	Jamp	450 ml	32.50 ➡	0.0722
80054756	*MCal Citrate liquide*	Mantra Ph.	450 ml	32.50 ➡	0.0722
CALCIUM CITRATE/VITAMIN D					
Oral Sol.			500 mg - 400 UI/15 mL		
80007347	*Jamp Calcium Citrate Liq. D400*	Jamp	450 ml	34.50	0.0767
Oral Sol.			500 mg - 1000 UI/15 mL **PPB**		
80106657	*AG-Calcium Citrate Liquid D 1000*	Angita	450 ml	34.50 ➡	0.0767
80068124	*Jamp-Calcium Citrate liq D1000*	Jamp	450 ml	34.50 ➡	0.0767
80049201	*MCal Citrate liquide D1000*	Mantra Ph.	450 ml	34.50 ➡	0.0767
CALCIUM GLUCONATE/CALCIUM LACTATE					
Oral Sol.			100 mg/5 mL **PPB**		
80104220	*Gluco Cal*	Altamed	350 ml	15.60 ➡	0.0446
80096222	*Jamp Lactogluconate Calcium*	Jamp	350 ml	15.60 ➡	0.0446
99100833	*SoluCAL (all flavours)*	Orimed	350 ml	15.60 ➡	0.0446
			1500 ml	66.06 ➡	0.0440
CALCIUM GLUCONATE/CALCIUM LACTATE/VITAMIN D					
Oral Sol.			500 mg - 400 UI/25 mL **PPB**		
80094870	*Jamp Lactogluconate Calcium + Vitamine D 400*	Jamp	350 ml	16.33 ➡	0.0467
99100830	*SoluCAL D (all flavours)*	Orimed	350 ml	16.33 ➡	0.0467
			1500 ml	69.99 ➡	0.0467

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Sol.			500 mg - 1000 UI/25ml **PPB**		
80094869	*Jamp Lactogluconate Calcium + Vitamine D 1000*	Jamp	350 ml	16.33	0.0467
99101332	*Solucal D+1000 (all flavours)*	Orimed	350 ml	16.33	0.0467
			700 ml	32.69	0.0467
CANAGLIFLOZINE					
Tab.				100 mg	
02425483	*Invokana*	Janss. Inc	30	78.53	2.6177
Tab.				300 mg	
02425491	*Invokana*	Janss. Inc	30	78.53	2.6177
CARBOXYMETHYLCELLULOSE SODIUM					
Oph. Sol.				0.5 % (0.4 mL)	
02049260	*Refresh plus*	Allergan	30	8.85	0.2950
Oph. Sol.				1 % (0.4 mL)	
00870153	*Refresh Celluvisc*	Allergan	30	9.58	0.3193
CARBOXYMETHYLCELLULOSE SODIUM/ PURITE					
Oph. Sol.				0.5 %	
02231008	*Refresh tears*	Allergan	15 ml	6.25	
CASPOFUNGIN ACETATE					
I.V. Inj. Pd.				50 mg **PPB**	
02244265	*Cancidas*	Merck	1	222.00	
02486989	*Caspofongine pour injection*	Fresenius	1	166.50	
02460947	*Caspofongine pour injection*	Juno	1	166.50	
I.V. Inj. Pd.				70 mg **PPB**	
02244266	*Cancidas*	Merck	1	222.00	
02486997	*Caspofongine pour injection*	Fresenius	1	166.50	
02460955	*Caspofongine pour injection*	Juno	1	166.50	
CEFTOBIPROLE					
I.V. Perf. Pd.				500 mg	
02446685	*Zevtera*	Avir	1	58.40	
			10	584.00	58.4000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CEFTOLOZANE/TAZOBACTAM Pr					
I.V. Inj. Pd.				1 g - 0.5 g	
02446901	*Zerbaxa*	Merck	10	1366.30	136.6300
CERITINIB Pr					
Caps.				150 mg	
02436779	*Zykadia*	Novartis	150	7800.00	52.0000
CERTOLIZUMAB PEGOL Pr					
S.C. Inj. Sol. (pen)				200 mg/ml (1 ml)	
02465574	*Cimzia*	U.C.B.	2	1262.56	631.2800
S.C. Inj.Sol (syr)				200 mg/ml (1 ml)	
02331675	*Cimzia*	U.C.B.	2	1262.56	631.2800
CHORIOGONADOTROPIN ALFA Pr					
S.C. Inj. Sol. (pen)				250 mcg/0.5 mL	
02371588	*Ovidrel*	Serono	1	72.00	
S.C. Inj.Sol (syr)				250 mcg	
02262088	*Ovidrel*	Serono	1	72.00	
CINACALCET HYDROCHLORIDE Pr					
Tab.				30 mg **PPB**	
02452693	*Apo-Cinacalcet*	Apotex	30	82.25 ➡	2.7418
02478900	*Auro-Cinacalcet*	Aurobindo	30	82.25 ➡	2.7418
02500094	*Jamp Cinacalcet*	Jamp	30	82.25 ➡	2.7418
02480298	*Mar-Cinacalcet*	Marcan	30	82.25 ➡	2.7418
02481987	*M-Cinacalcet*	Mantra Ph.	30	82.25 ➡	2.7418
02434539	*Mylan-Cinacalcet*	Mylan	30	82.25 ➡	2.7418
02499355	*Priva-Cinacalcet*	Pharmapar	30	82.25 ➡	2.7418
02257130	*Sensipar*	Amgen	30	323.52	10.7840
02441624	*Teva-Cinacalcet*	Teva Can	30	82.25 ➡	2.7418

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				60 mg **PPB**	
02452707	*Apo-Cinacalcet*	Apotex	30	149.99	4.9995
02478919	*Auro-Cinacalcet*	Aurobindo	30	149.99	4.9995
02500108	*Jamp Cinacalcet*	Jamp	30	149.99	4.9995
02480301	*Mar-Cinacalcet*	Marcan	30	149.99	4.9995
02481995	*M-Cinacalcet*	Mantra Ph.	30	149.99	4.9995
02434547	*Mylan-Cinacalcet*	Mylan	30	149.99	4.9995
02499363	*Priva-Cinacalcet*	Pharmapar	30	149.99	4.9995
02257149	*Sensipar*	Amgen	30	589.81	19.6603
02441632	*Teva-Cinacalcet*	Teva Can	30	149.99	4.9995
Tab.				90 mg **PPB**	
02452715	*Apo-Cinacalcet*	Apotex	30	218.26	7.2752
02478943	*Auro-Cinacalcet*	Aurobindo	30	218.26	7.2752
02500116	*Jamp Cinacalcet*	Jamp	30	218.26	7.2752
02480328	*Mar-Cinacalcet*	Marcan	30	218.26	7.2752
02482002	*M-Cinacalcet*	Mantra Ph.	30	218.26	7.2752
02434555	*Mylan-Cinacalcet*	Mylan	30	218.26	7.2752
02499371	*Priva-Cinacalcet*	Pharmapar	30	218.26	7.2752
02257157	*Sensipar*	Amgen	30	858.43	28.6143
02441640	*Teva-Cinacalcet*	Teva Can	30	218.26	7.2752
CLADRIBINE Pr					
Tab.				10 mg	
02470179	*Mavenclad*	Serono	1	3082.70	
			4	12330.80	3082.7000
			6	18496.20	3082.7000
CLINDAMYCIN PHOSPHATE Pr					
Vag. Cr.				20 mg/g	
02060604	*Dalacin*	Paladin	40 g	26.26	
COBIMETINIB Pr					
Tab.				20 mg	
02452340	*Cotellic*	Roche	63	7567.00	120.1111
CODEINE PHOSPHATE N					
Syr.				25 mg/5 mL	
00050024	*Codeine*	Atlas	500 ml	19.43	0.0389
			2000 ml	62.71	0.0314

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
COLESEVELAM (CHLORHYDRATE DE) F					
Tab.				625 mg **PPB**	
02494051	*Apo-Colesevelam*	Apotex	180	160.13	0.8896
02373955	*Lodalis*	Valeant	180	198.00	1.1000
COLLAGENASE F					
Top. Oint.				250 U/g	
02063670	*Santyl*	S. & N.	30 g	87.50	2.9167
CRIZOTINIB F					
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**	
80106052	*AG-Vitamin B12 ER*	Angita	500	52.50	0.1050
80075338	*Alta-B12*	Altamed	500	52.50	0.1050
80025207	*Beduzil*	Orimed	500	52.50	0.1050
80091185	*Bio-Vitamine B12*	Biomed	500	52.50	0.1050
80061573	*Euro-B12 LA*	Sandoz	500	52.50	0.1050
80021427	*Jamp-Vitamin B12 L.A.*	Jamp	500	52.50	0.1050
80042834	*M-B12 1200 mcg L.A.*	Mantra Ph.	500	52.50	0.1050
80062941	*Opus Vitamine B12 L.A.*	Opus	500	52.50	0.1050
L.A. Tab.				1500 mcg	
80043158	*Beduzil 1500*	Orimed	500	52.50	0.1050
Oral Sol.				200 mcg/mL	
80026092	*Jamp-Vitamine B12*	Jamp	350 ml	12.50	0.0357
CYCLOSPORINE F					
Oph. Sol.				0,1 % (0,3 mL)	
02484137	*Verkazia*	Santen	30	110.00	3.6667
CYSTEAMINE F					
Oph. Sol.				0.37 %	
02485605	*Cystadrops*	RRDC	5 ml	1986.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
CYSTEAMINE BITARTRATE Pr					
L.A. Caps.				25 mg	
02464705	*Procysbi*	Horizon Ph	60	621.00	10.3500
L.A. Caps.				75 mg	
02464713	*Procysbi*	Horizon Ph	250	7762.50	31.0500
DABIGATRAN ETEXILATE Pr					
Caps.				110 mg	
02312441	*Pradaxa*	Bo. Ing.	60	96.00	1.6000
Caps.				150 mg **PPB**	
02468913	*Apo-Dabigatran*	Apotex	60	75.24	1.2540
02358808	*Pradaxa*	Bo. Ing.	60	96.00	1.6000
DABRAFÉNIB MESYLATE Pr					
Caps.				50 mg	
02409607	*Tafinlar*	Novartis	120	5066.67	42.2223
Caps.				75 mg	
02409615	*Tafinlar*	Novartis	120	7600.00	63.3333
DAPAGLIFLOZINE Pr					
Tab.				5 mg	
02435462	*Forxiga*	AZC	30	73.50	2.4500
Tab.				10 mg	
02435470	*Forxiga*	AZC	30	73.50	2.4500
DAPAGLIFLOZINE/METFORMINE (HYDROCHLORIDE) Pr					
Tab.				5 mg -850 mg	
02449935	*Xigduo*	AZC	60	73.50	1.2250
Tab.				5 mg -1000 mg	
02449943	*Xigduo*	AZC	60	73.50	1.2250

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DARBEPOETINE ALFA P					
Syringe				10 mcg/0.4 mL	
02392313	*Aranesp*	Amgen	4	107.20	26.8000
Syringe				20 mcg/0.5 mL	
02392321	*Aranesp*	Amgen	4	214.40	53.6000
Syringe				30 mcg/0.3 mL	
02392348	*Aranesp*	Amgen	4	321.60	80.4000
Syringe				40 mcg/0.4 mL	
02391740	*Aranesp*	Amgen	4	428.80	107.2000
Syringe				50 mcg/0.5 mL	
02391759	*Aranesp*	Amgen	4	536.00	134.0000
Syringe				60 mcg/0.3 mL	
02392356	*Aranesp*	Amgen	4	643.20	160.8000
Syringe				80 mcg/0.4 mL	
02391767	*Aranesp*	Amgen	4	857.60	214.4000
Syringe				100 mcg/0.5 mL	
02391775	*Aranesp*	Amgen	4	1072.00	268.0000
Syringe				130 mcg/0.65 mL	
02391783	*Aranesp*	Amgen	4	1393.60	348.4000
Syringe				150 mcg/0.3 mL	
02391791	*Aranesp*	Amgen	4	1608.00	402.0000
Syringe				200 mcg/0.4 mL	
02391805	*Aranesp*	Amgen	1	536.00	
Syringe				300 mcg/0.6 mL	
02391821	*Aranesp*	Amgen	1	828.00	
Syringe				500 mcg/1.0 mL	
02392364	*Aranesp*	Amgen	1	1380.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DAROLUTAMIDE Pr					
Tab.				300 mg	
02496348	*Nubeqa*	Bayer	120	3401.28	28.3440
DARUNAVIR Pr					
Tab.				600 mg **PPB**	
02487241	*Apo-Darunavir*	Apotex	60	438.81 ➡	7.3135
02486121	*Auro-Darunavir*	Aurobindo	60	438.81 ➡	7.3135
02522284	*M-Darunavir*	Mantra Ph.	60	438.81 ➡	7.3135
02324024	*Prezista*	Janss. Inc	60	877.62	14.6270
DASATINIB Pr					
Tab.				20 mg **PPB**	
02470705	*Apo-Dasatinib*	Apotex	30	290.14 ➡	9.6713
02514737	*Reddy-Dasatinib*	Dr Reddy's	60	580.28 ➡	9.6713
02293129	*Sprycel*	B.M.S.	60	2195.08	36.5847
02499282	*Taro-Dasatinib*	Taro	60	580.28 ➡	9.6713
02478307	*Teva-Dasatinib*	Teva Can	60	580.28 ➡	9.6713
Tab.				50 mg **PPB**	
02470713	*Apo-Dasatinib*	Apotex	30	583.93 ➡	19.4642
02514745	*Reddy-Dasatinib*	Dr Reddy's	60	1167.85 ➡	19.4642
02293137	*Sprycel*	B.M.S.	60	4390.13	73.1688
02499304	*Taro-Dasatinib*	Taro	60	1167.85 ➡	19.4642
02478315	*Teva-Dasatinib*	Teva Can	60	1167.85 ➡	19.4642
Tab.				70 mg **PPB**	
02481499	*Apo-Dasatinib*	Apotex	30	643.53 ➡	21.4511
02514753	*Reddy-Dasatinib*	Dr Reddy's	60	1287.07 ➡	21.4511
02293145	*Sprycel*	B.M.S.	60	4841.45	80.6908
02499312	*Taro-Dasatinib*	Taro	60	1287.07 ➡	21.4511
02478323	*Teva-Dasatinib*	Teva Can	60	1287.07 ➡	21.4511
Tab.				100 mg **PPB**	
02470721	*Apo-Dasatinib*	Apotex	30	1167.06 ➡	38.9021
02514788	*Reddy-Dasatinib*	Dr Reddy's	30	1167.06 ➡	38.9021
02320193	*Sprycel*	B.M.S.	30	4390.13	146.3377
02499339	*Taro-Dasatinib*	Taro	30	1167.06 ➡	38.9021
02478358	*Teva-Dasatinib*	Teva Can	30	1167.06 ➡	38.9021
DENOSUMAB Pr					
Inj. Sol.				120 mg/1.7 mL	
02368153	*Xgeva*	Amgen	1	538.45	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				60 mg/mL	
02343541	*Prolia*	Amgen	1	330.00	

DEXAMETHASONE Pr
Implant intravitreal — 0.7 mg

02363445	*Ozurdex*	Allergan	1	1295.00	

DEXCOM G6 SENSOR Pr
Sensor

99113874	*Dexcom G6*	Dexcom	3	299.00	99.6667

DEXCOM G6 TRANSMITTER Pr
Transmitter

99113875	*Dexcom G6*	Dexcom	1	29.00	

DICLOFENAC SODIUM Pr
Oph. Sol. — 0.1 % **PPB**

02441020	*Apo-Diclofenac Ophtalmic*	Apotex	5 ml	➡ 6.20	
02475065	*Diclofenac*	Stulln	15 ml	➡ 18.60	
02475197	*Mint-Diclofenac*	Mint	5 ml	➡ 6.20	
02454807	*Sandoz Diclofenac Ophtha*	Sandoz	5 ml	➡ 6.20	
			10 ml	➡ 12.40	
01940414	*Voltaren Ophtha*	Novartis	5 ml	12.60	
			10 ml	25.21	

DIMETHYL FUMARATE Pr
L.A. Caps. — 120 mg **PPB**

02495341	*ACH-Dimethyl Fumarate*	Accord	14	61.97 ➡	4.4264
02505762	*Apo-Dimethyl Fumarate*	Apotex	14	61.97 ➡	4.4264
			56	247.88 ➡	4.4264
02494809	*GLN-Dimethyl Fumarate*	Glenmark	14	61.97 ➡	4.4264
02516047	*Jamp Dimethyl Fumarate*	Jamp	56	247.88 ➡	4.4264
02502690	*Mar-Dimethyl Fumarate*	Marcan	56	247.88 ➡	4.4264
02497026	*pms-Dimethyl Fumarate*	Phmscience	14	61.97 ➡	4.4264
			56	247.88 ➡	4.4264
02513781	*Sandoz Dimethyl Fumarate*	Sandoz	56	247.88 ➡	4.4264
02404508	*Tecfidera*	Biogen	14	178.36	12.7396
			56	713.42	12.7396

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				240 mg **PPB**	
02495368	*ACH-Dimethyl Fumarate*	Accord	56	486.57	8.6888
02505770	*Apo-Dimethyl Fumarate*	Apotex	56	486.57	8.6888
02494817	*GLN-Dimethyl Fumarate*	Glenmark	60	521.33	8.6888
02516055	*Jamp Dimethyl Fumarate*	Jamp	56	486.57	8.6888
02502704	*Mar-Dimethyl Fumarate*	Marcan	56	486.57	8.6888
02497034	*pms-Dimethyl Fumarate*	Phmscience	56	486.57	8.6888
02513803	*Sandoz Dimethyl Fumarate*	Sandoz	56	486.57	8.6888
02420201	*Tecfidera*	Biogen	56	1426.85	25.4795
DIPHENHYDRAMINE HYDROCHLORIDE					
Caps. or Tab.				25 mg **PPB**	
02257548	*Jamp-Diphenhydramine*	Jamp	250	13.35	0.0534
			500	26.70	0.0534
02239029	*Nadryl 25*	Riva	100	5.34	0.0534
00757683	*pdp-Diphenhydramine*	Pendopharm	100	5.34	0.0534
Tab.				50 mg **PPB**	
02257556	*Jamp-Diphenhydramine*	Jamp	100	7.04	0.0704
			500	35.20	0.0704
00757691	*pdp-Diphenhydramine*	Pendopharm	100	7.04	0.0704
			500	35.20	0.0704
DIPYRIDAMOLE/ ACETYLSALICYLIC ACID P					
Caps.				200 mg L.A. - 25 mg	
02471051	*Taro-Dipyridamole/ASA*	Taro	60	39.94	0.6656
DOCUSATE CALCIUM					
Caps.				240 mg	
02283255	*Jamp-Docusate Calcium*	Jamp	250	20.40	0.0816

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DOCUSATE SODIUM					
Caps.				100 mg **PPB**	
02500019	*AG-Docusate Sodium*	Angita	1000	25.00	0.0250
02465329	*Alta-Docusate Sodium*	Altamed	1000	25.00	0.0250
00716731	*Docusate Sodique*	Taro	100	2.50	0.0250
			1000	25.00	0.0250
02326086	*Docusate sodium*	Pro Doc	1000	25.00	0.0250
02426838	*Docusate sodium*	Sanis	1000	25.00	0.0250
02247385	*Euro-Docusate*	Sandoz	1000	25.00	0.0250
02376121	*Jamp Docusate S Oblong*	Jamp	1000	25.00	0.0250
02245946	*Jamp-Docusate Sodium*	Jamp	1000	25.00	0.0250
02437317	*M-Docusate Sodium*	Mantra Ph.	1000	25.00	0.0250
00703494	*pms-Docusate Sodium*	Phmscience	100	2.50	0.0250
			1000	25.00	0.0250
00870196	*ratio-Docusate Sodium*	Ratiopharm	1000	25.00	0.0250
00514888	*Selax*	Odan	1000	25.00	0.0250
Caps.				200 mg	
02029529	*Soflax*	Phmscience	500	41.95	0.0839
Syr.				20 mg/5 mL **PPB**	
02238283	*Docusate de Sodium*	Atlas	225 ml	4.95	0.0220
			500 ml	5.95	0.0119
00703508	*pms-Docusate Sodium*	Phmscience	500 ml	5.95	0.0119
00870226	*ratio-Docusate Sodium*	Ratiopharm	500 ml	5.95	0.0119
Syr.				50 mg/mL	
02283220	*Jamp-Docusate Sodium*	Jamp	500 ml	429.19	0.8584

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DONEPEZIL HYDROCHLORIDE Pr					
Tab. or Tab. Oral Disint.				5 mg **PPB**	
02397617	*ACT Donepezil ODT*	ActavisPhm	28	12.84	0.4586
02432684	*AG-Donepezil*	Angita	100	45.86	0.4586
02362260	*Apo-Donepezil*	Apotex	100	45.86	0.4586
02232043	*Aricept*	Pfizer	28	132.23	4.7223
			30	141.67	4.7223
02269457	*Aricept RDT*	Pfizer	28	133.50	4.7679
02400561	*Auro-Donepezil*	Aurobindo	30	13.76	0.4586
			100	45.86	0.4586
02412853	*Bio-Donepezil*	Biomed	30	13.76	0.4586
			100	45.86	0.4586
02402645	*Donepezil*	Accord	100	45.86	0.4586
02416417	*Donepezil*	Pro Doc	100	45.86	0.4586
02475278	*Donepezil*	Riva	100	45.86	0.4586
02426846	*Donepezil*	Sanis	100	45.86	0.4586
02420597	*Donepezil*	Sivem	100	45.86	0.4586
02416948	*Jamp-Donepezil Tablets*	Jamp	30	13.76	0.4586
			100	45.86	0.4586
02402092	*Mar-Donepezil*	Marcan	30	13.76	0.4586
			100	45.86	0.4586
02467453	*M-Donepezil*	Mantra Ph.	100	45.86	0.4586
02408600	*Mint-Donepezil*	Mint	100	45.86	0.4586
02439557	*NAT-Donepezil*	Natco	100	45.86	0.4586
02322331	*pms-Donepezil*	Phmscience	100	45.86	0.4586
02446669	*Priva-Donepezil*	Pharmapar	100	45.86	0.4586
			500	229.30	0.4586
02381508	*Ran-Donepezil*	Ranbaxy	100	45.86	0.4586
			500	229.30	0.4586
02328666	*Sandoz Donepezil*	Sandoz	100	45.86	0.4586
02340607	*Teva-Donepezil*	Teva Can	100	45.86	0.4586

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. or Tab. Oral Disint.				10 mg **PPB**	
02397625	*ACT Donepezil ODT*	ActavisPhm	28	12.84	0.4586
02432692	*AG-Donepezil*	Angita	100	45.86	0.4586
02362279	*Apo-Donepezil*	Apotex	100	45.86	0.4586
02232044	*Aricept*	Pfizer	28	132.23	4.7223
			30	141.67	4.7223
02269465	*Aricept RDT*	Pfizer	28	133.50	4.7679
02400588	*Auro-Donepezil*	Aurobindo	30	13.76	0.4586
			100	45.86	0.4586
02412861	*Bio-Donepezil*	Biomed	30	13.76	0.4586
			100	45.86	0.4586
02402653	*Donepezil*	Accord	100	45.86	0.4586
02416425	*Donepezil*	Pro Doc	100	45.86	0.4586
02475286	*Donepezil*	Riva	100	45.86	0.4586
02426854	*Donepezil*	Sanis	100	45.86	0.4586
02420600	*Donepezil*	Sivem	100	45.86	0.4586
02416956	*Jamp-Donepezil Tablets*	Jamp	30	13.76	0.4586
			250	114.65	0.4586
02402106	*Mar-Donepezil*	Marcan	30	13.76	0.4586
			100	45.86	0.4586
02467461	*M-Donepezil*	Mantra Ph.	100	45.86	0.4586
02408619	*Mint-Donepezil*	Mint	100	45.86	0.4586
02439565	*NAT-Donepezil*	Natco	100	45.86	0.4586
02322358	*pms-Donepezil*	Phmscience	100	45.86	0.4586
02446677	*Priva-Donepezil*	Pharmapar	100	45.86	0.4586
			500	229.30	0.4586
02381516	*Ran-Donepezil*	Ranbaxy	100	45.86	0.4586
			500	229.30	0.4586
02328682	*Sandoz Donepezil*	Sandoz	100	45.86	0.4586
02340615	*Teva-Donepezil*	Teva Can	30	13.76	0.4586
			100	45.86	0.4586

DORNASE ALFA P

Sol. Inh.				1 mg/mL (2.5 mL)	
02046733	*Pulmozyme*	Roche	30	1130.66	37.6887

DULAGLUTIDE P

S.C. Inj. Sol.				0.75 mg/0.5 mL	
02448599	*Trulicity*	Lilly	4	168.28	42.0700

S.C. Inj. Sol.				1.5 mg/0.5 mL	
02448602	*Trulicity*	Lilly	4	168.28	42.0700

DUPILUMAB P

S.C. Inj.Sol (syr)				150 mg/mL (2 mL)	
02470365	*Dupixent*	SanofiAven	2	1876.71	938.3550

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)			175 mg/mL (1,14 mL)		
02492504	*Dupixent*	SanofiAven	2	1876.71	938.3550
ECULIZUMAB Pr					
I.V. Perf. Sol.			10 mg/mL (30 mL)		
02322285	*Soliris*	Alexion	1	6742.00	
EDARAVONE Pr					
I.V. Perf. Sol.			0,3 mg/mL (100 mL)		
02475472	*Radicava*	Mitsubushi	2	920.00	
EDOXABAN Pr					
Tab.				15 mg	
02458640	*Lixiana*	Servier	30	85.20	2.8400
Tab.				30 mg	
02458659	*Lixiana*	Servier	30	85.20	2.8400
Tab.				60 mg	
02458667	*Lixiana*	Servier	30	85.20	2.8400
ELBASVIR/GRAZOPREVIR Pr					
Tab.				50 mg -100 mg	
02451131	*Zepatier*	Merck	28	18674.32	666.9400
ELEXACAFTOR/TEZACAFTOR/IVACAFTOR AND IVACAFTOR (COMBINED PACKAGE) Pr					
Kit (solid oral)			100 mg - 50 mg - 75 mg - 150 mg		
02517140	*Trikafta*	Vertex	84	23520.00	
ELTROMBOPAG Pr					
Tab.				25 mg	
02361825	*Revolade*	Novartis	14 28	735.00 1470.00	52.5000 52.5000
Tab.				50 mg	
02361833	*Revolade*	Novartis	14 28	1470.00 2940.00	105.0000 105.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
EMPAGLIFLOZIN / METFORMIN HYDROCHLORIDE P					
Tab.				5 mg - 500 mg	
02456575	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				5 mg - 850 mg	
02456583	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				5 mg -1000 mg	
02456591	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				12.5 mg - 500 mg	
02456605	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				12.5 mg - 850 mg	
02456613	*Synjardy*	Bo. Ing.	60	81.00	1.3500
Tab.				12.5 mg - 1000 mg	
02456621	*Synjardy*	Bo. Ing.	60	81.00	1.3500
EMPAGLIFLOZINE P					
Tab.				10 mg	
02443937	*Jardiance*	Bo. Ing.	30 90	78.53 235.59	2.6177 2.6177
Tab.				25 mg	
02443945	*Jardiance*	Bo. Ing.	30 90	78.53 235.59	2.6177 2.6177
ENFUVIRTIDE P					
S.C. Inj. Pd.				108 mg	
02247725	*Fuzeon*	Roche	60	2385.60	39.7600
ENTRECTINIB P					
Caps.				100 mg	
02495007	*Rozlytrek*	Roche	30	1430.00	47.6667
Caps.				200 mg	
02495015	*Rozlytrek*	Roche	90	8580.00	95.3333

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ENZALUTAMIDE Pr					
Caps.				40 mg	
02407329	*Xtandi*	Astellas	120	3401.40	28.3450
EPLERENONE Pr					
Tab.				25 mg **PPB**	
02323052	*Inspra*	Upjohn	30	76.69	2.5563
02471442	*Mint-Eplerenone*	Mint	90	185.36 ➡	2.0595
Tab.				50 mg **PPB**	
02323060	*Inspra*	Upjohn	30	76.69	2.5563
02471450	*Mint-Eplerenone*	Mint	90	185.36 ➡	2.0595
EPOETIN ALFA Pr					
Syringe				1 000 UI/0.5 mL	
02231583	*Eprex*	Janss. Inc	6	85.50	14.2500
Syringe				2 000 UI/0.5 mL	
02231584	*Eprex*	Janss. Inc	6	171.00	28.5000
Syringe				3 000 UI/0.3 mL	
02231585	*Eprex*	Janss. Inc	6	256.50	42.7500
Syringe				4 000 UI/0.4 mL	
02231586	*Eprex*	Janss. Inc	6	342.00	57.0000
Syringe				5 000 UI/0.5 mL	
02243400	*Eprex*	Janss. Inc	6	427.50	71.2500
Syringe				6 000 UI/0.6 mL	
02243401	*Eprex*	Janss. Inc	6	513.00	85.5000
Syringe				8 000 UI/0.8 mL	
02243403	*Eprex*	Janss. Inc	6	684.00	114.0000
Syringe				10 000 UI/1.0 mL	
02231587	*Eprex*	Janss. Inc	6	803.70	133.9500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Syringe				20 000 UI/0.5 mL	
02243239	*Eprex*	Janss. Inc	1	278.52	
Syringe				30 000 UI/0.75 mL	
02288680	*Eprex*	Janss. Inc	1	357.19	
Syringe				40 000 UI/mL (1 mL)	
02240722	*Eprex*	Janss. Inc	1	417.77	
EPOPROSTENOL SODIUM P					
Inj. Pd.				0.5 mg **PPB**	
02397447	*Caripul*	Janss. Inc	1	➡ 17.18	
02230845	*Flolan*	GSK	1	18.13	
Inj. Pd.				1.5 mg **PPB**	
02397455	*Caripul*	Janss. Inc	1	➡ 34.45	
02230848	*Flolan*	GSK	1	36.26	
ERLOTINIB (HYDROCHLORIDE) P					
Tab.				100 mg **PPB**	
02461870	*Apo-Erlotinib*	Apotex	30	396.00	➡ 13.2000
02483920	*NAT-Erlotinib*	Natco	30	396.00	➡ 13.2000
02454386	*pms-Erlotinib*	Phmscience	30	396.00	➡ 13.2000
02269015	*Tarceva*	Roche	30	1600.00	53.3333
02377705	*Teva-Erlotinib*	Teva Can	30	396.00	➡ 13.2000
Tab.				150 mg **PPB**	
02461889	*Apo-Erlotinib*	Apotex	30	594.00	➡ 19.8000
02483939	*NAT-Erlotinib*	Natco	30	594.00	➡ 19.8000
02454394	*pms-Erlotinib*	Phmscience	30	594.00	➡ 19.8000
02269023	*Tarceva*	Roche	30	2400.00	80.0000
02377713	*Teva-Erlotinib*	Teva Can	30	594.00	➡ 19.8000
ESLICARBAZEPINE ACETATE P					
Tab.				200 mg	
02426862	*Aptiom*	Sunovion	30	286.80	9.5600
Tab.				400 mg	
02426870	*Aptiom*	Sunovion	30	286.80	9.5600
Tab.				600 mg	
02426889	*Aptiom*	Sunovion	60	573.60	9.5600

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				800 mg	
02426897	*Aptiom*	Sunovion	30	286.80	9.5600

ESTRADIOL-17B Pr

Patch			0.025 mg/24 h (4) and (8) **PPB**		
02247499	*Climara-25*	Bayer	4	19.67	4.9175
02245676	*Estradot*	Novartis	8	20.04	2.5050
02243722	*Oesclim 25*	Search Phm	8	19.28	➡ 2.4100
Patch				0.0375 mg/24 h	
02243999	*Estradot*	Novartis	8	20.04	2.5050
Patch			0.05 mg/24 h (4) and (8) **PPB**		
02231509	*Climara -50*	Bayer	4	21.01	5.2525
02244000	*Estradot*	Novartis	8	21.44	2.6800
02243724	*Oesclim 50*	Search Phm	8	19.85	2.4813
02246967	*Sandoz Estradiol Derm 50*	Sandoz	8	16.80	➡ 2.1000
Patch			0.075 mg/24 h (4) et (8) **PPB**		
02247500	*Climara-75*	Bayer	4	22.40	5.6000
02244001	*Estradot*	Novartis	8	23.00	2.8750
02246968	*Sandoz Estradiol Derm 75*	Sandoz	8	17.90	➡ 2.2375
Patch			0.1 mg/24 h (4) et (8) **PPB**		
02244002	*Estradot*	Novartis	8	23.88	2.9850
02246969	*Sandoz Estradiol Derm 100*	Sandoz	8	18.70	➡ 2.3375

ESTRADIOL-17B/ NORETHINDRONE ACETATE Pr

Patch			0.05 mg -0.14 mg/24 h		
02241835	*Estalis 140/50*	Novartis	8	23.95	2.9938
Patch			0.05 mg -0.25 mg/24 h		
02241837	*Estalis 250/50*	Novartis	8	23.95	2.9938

ETANERCEPT Pr

S.C. Inj. Sol.			50 mg/mL (0,5 mL)		
02462877	*Erelzi (syringe)*	Sandoz	4	482.00	120.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj. Sol.				50 mg/mL (1 mL)	
02455331	*Brenzys (pen)*	Organon	4	964.00	241.0000
02455323	*Brenzys (syringe)*	Organon	4	964.00	241.0000
02462869	*Erelzi (syringe)*	Sandoz	4	964.00	241.0000
02462850	*Erelzi SensoReady Pen*	Sandoz	4	964.00	241.0000
ETANERCEPT (ENBREL) Pr					
S.C. Inj. Pd.				25 mg	
02242903	*Enbrel*	Amgen	4	728.55	182.1375
ETRAVIRINE Pr					
Tab.				100 mg	
02306778	*Intelence*	Janss. Inc	120	671.40	5.5950
Tab.				200 mg	
02375931	*Intelence*	Janss. Inc	60	654.00	10.9000
EVEROLIMUS Pr					
Tab.				2.5 mg **PPB**	
02369257	*Afinitor*	Novartis	30	5580.00	186.0000
02504677	*pms-Everolimus*	Phmscience	30	1519.91	➡ 50.6637
02492911	*Sandoz Everolimus*	Sandoz	30	1519.91	➡ 50.6637
02463229	*Teva-Everolimus*	Teva Can	30	1519.91	➡ 50.6637
Tab.				5 mg **PPB**	
02339501	*Afinitor*	Novartis	30	5580.00	186.0000
02504685	*pms-Everolimus*	Phmscience	30	1519.91	➡ 50.6637
02492938	*Sandoz Everolimus*	Sandoz	30	1519.91	➡ 50.6637
02463237	*Teva-Everolimus*	Teva Can	30	1519.91	➡ 50.6637
Tab.				10 mg **PPB**	
02339528	*Afinitor*	Novartis	30	5580.00	186.0000
02504693	*pms-Everolimus*	Phmscience	30	1519.91	➡ 50.6637
02492946	*Sandoz Everolimus*	Sandoz	30	1519.91	➡ 50.6637
02463253	*Teva-Everolimus*	Teva Can	30	1519.91	➡ 50.6637
EVOLOCUMAB Pr					
S.C. Inj. Sol. (pen)				140 mg/mL (1 mL)	
02446057	*Repatha*	Amgen	2	503.82	251.9100
S.C.Inj.Sol. (mini-doser)				120 mg/mL (3.5 mL)	
02459779	*Repatha*	Amgen	1	545.80	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FEBUXOSTAT Pr					
Tab.				80 mg **PPB**	
02490870	*Jamp-Febuxostat*	Jamp	30	11.93	➡ 0.3975
02473607	*Mar-Febuxostat*	Marcan	100	39.75	➡ 0.3975
02466198	*Teva-Febuxostat*	Teva Can	100	39.75	➡ 0.3975
02357380	*Uloric*	Takeda	30	47.70	1.5900
FEDRATINIB Pr					
Caps.				100 mg	
+ 02502445	*Inrebic*	Celgene	120	10127.16	84.3930
FESOTERODINE FUMARATE Pr					
L.A. Tab.				4 mg	
02380021	*Toviaz*	Pfizer	30	45.00	1.5000
L.A. Tab.				8 mg	
02380048	*Toviaz*	Pfizer	30	45.00	1.5000
FIDAXOMICIN Pr					
Tab.				200 mg	
02387174	*Dificid*	Merck	20	1584.00	79.2000
FILGRASTIM Pr					
Inj. sol.				300 mcg/mL (1.0 mL)	
02485591	*Nivestym*	Pfizer	10	1443.10	144.3100
Inj. sol.				300 mcg/mL (1.6mL)	
02485656	*Nivestym*	Pfizer	10	2309.00	230.9000
Inj.Sol (syr)				600 mcg/mL (0,5 mL)	
02441489	*Grastofil*	Apotex	1	144.31	
			10	1443.10	144.3100
02485575	*Nivestym*	Pfizer	1	144.31	
			10	1443.10	144.3100
Inj.Sol (syr)				600 mcg/mL (0,8 mL)	
02454548	*Grastofil*	Apotex	1	230.90	
			10	2309.00	230.9000
02485583	*Nivestym*	Pfizer	1	230.90	
			10	2309.00	230.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FINGOLIMOD HYDROCHLORIDE Ⓟ					
Caps.				0.5 mg **PPB**	
02469936	*Apo-Fingolimod*	Apotex	28	608.66	21.7380
02365480	*Gilenya*	Novartis	28	2384.62	85.1650
02487772	*Jamp Fingolimod*	Jamp	30	652.14	21.7380
02474743	*Mar-Fingolimod*	Marcan	30	652.14	21.7380
02469715	*Mylan-Fingolimod*	Mylan	28	608.66	21.7380
02469782	*pms-Fingolimod*	Phmscience	28	608.66	21.7380
02482606	*Sandoz Fingolimod*	Sandoz	28	608.66	21.7380
02469618	*Taro-Fingolimod*	Taro	28	608.66	21.7380
02469561	*Teva-Fingolimod*	Teva Can	30	652.14	21.7380
FLUCONAZOLE Ⓟ					
Oral Susp.				50 mg/5 mL	
02024152	*Diflucan*	Pfizer	35 ml	33.65	0.9614
FOLLITROPIN ALFA Ⓟ					
Inj. Pd.				75 UI	
02248154	*Gonal-f*	Serono	1	70.88	
S.C. Inj. Sol. (pen)				300 UI	
02270404	*Gonal-f*	Serono	1	283.50	
S.C. Inj. Sol. (pen)				450 UI	
02270390	*Gonal-f*	Serono	1	425.25	
S.C. Inj. Sol. (pen)				900 UI	
02270382	*Gonal-f*	Serono	1	850.50	
FOLLITROPIN BETA Ⓟ					
Cartridge				300 UI	
02243948	*Puregon*	Organon	1	291.00	
Cartridge				600 UI	
99100718	*Puregon*	Organon	1	582.00	
Cartridge				900 UI	
99100637	*Puregon*	Organon	1	873.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
FOLLITROPIN DELTA Pr					
Cartridge				12 mcg	
02474093	*Rekovelle*	Ferring	1	178.00	
Cartridge				36 mcg	
02474085	*Rekovelle*	Ferring	1	536.00	
Cartridge				72 mcg	
02474077	*Rekovelle*	Ferring	1	1073.00	
S.C. Inj. Sol. (pen)				12 mcg/0,36 mL	
02487462	*Rekovelle*	Ferring	1	178.00	
S.C. Inj. Sol. (pen)				36 mcg/1,08 mL	
02487470	*Rekovelle*	Ferring	1	536.00	
S.C. Inj. Sol. (pen)				72 mcg/2,16 mL	
02487489	*Rekovelle*	Ferring	1	1073.00	
FORMOTEROL FUMARATE DIHYDRATE/ BUDESONIDE Pr					
Inh. Pd.				6 mcg -100 mcg/dose	
02245385	*Symbicort 100 Turbuhaler*	AZC	120 dose(s)	62.50	
Inh. Pd.				6 mcg -200 mcg/dose	
02245386	*Symbicort 200 Turbuhaler*	AZC	120 dose(s)	81.25	
FORMOTEROL FUMARATE DIHYDRATE/MOMETASONE FUROATE Pr					
Oral aerosol				5 mcg - 100 mcg	
02361752	*Zenhale*	Organon	120 dose(s)	78.00	
Oral aerosol				5 mcg - 200 mcg	
02361760	*Zenhale*	Organon	120 dose(s)	96.00	
FREESTYLE LIBRE SENSOR Pr					
Sensor					
99101399	*FreeStyle Libre*	Ab Diabete	1	89.00	

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
FREMANEZUMAB P							
S.C. Inj.Sol (syr)				150 mg/mL (1,5 mL)			
*	02497859	*Ajovy*	Teva Innov	1	535.72		
FULVESTRANT P							
I.M. Inj. Sol. (syr.)				50 mg/mL (5 mL)	**PPB**		
	02248624	*Faslodex*	AZC	2	1153.11		576.5550
+	02486792	*Fulvestrant Injectable*	Accord	2	582.90	➡	291.4500
	02483610	*Fulvestrant Injectable*	Sandoz	2	582.90	➡	291.4500
	02460130	*Teva-Fulvestrant Injection*	Teva Can	2	582.90	➡	291.4500
GALANTAMINE HYDROBROMIDE P							
L.A. Caps.					8 mg **PPB**		
	02425157	*Auro-Galantamine ER*	Aurobindo	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02443015	*Galantamine ER*	Sanis	100	114.75	➡	1.1475
	02339439	*Mylan-Galantamine ER*	Mylan	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02398370	*pms-Galantamine ER*	Phmscience	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
L.A. Caps.					16 mg **PPB**		
	02425165	*Auro-Galantamine ER*	Aurobindo	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02416581	*Galantamine ER*	Pro Doc	30	34.43	➡	1.1475
	02443023	*Galantamine ER*	Sanis	100	114.75	➡	1.1475
	02339447	*Mylan-Galantamine ER*	Mylan	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02398389	*pms-Galantamine ER*	Phmscience	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
L.A. Caps.					24 mg **PPB**		
	02425173	*Auro-Galantamine ER*	Aurobindo	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02443031	*Galantamine ER*	Sanis	100	114.75	➡	1.1475
	02339455	*Mylan-Galantamine ER*	Mylan	30	34.43	➡	1.1475
				100	114.75	➡	1.1475
	02398397	*pms-Galantamine ER*	Phmscience	30	34.43	➡	1.1475
				100	114.75	➡	1.1475

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GEFITINIB Pr					
Tab.				250 mg **PPB**	
02468050	*Apo-Gefitinib*	Apotex	30	1869.15 ➡	62.3050
02248676	*Iressa*	AZC	30	2199.00	73.3000
02500663	*Jamp Gefitinib*	Jamp	30	1869.15 ➡	62.3050
02491796	*Nat-Gefitinib*	Natco	30	1869.15 ➡	62.3050
02487748	*Sandoz Gefitinib*	Sandoz	30	1869.15 ➡	62.3050
GENTAMICIN SULFATE Pr					
Inj. Sol.				40 mg/mL	
02242652	*Gentamicine Injection*	Sandoz	2 ml	15.56	
GILTÉRITINIB Pr					
Tab.				40 mg	
02495058	*Xospata*	Astellas	90	25805.70	286.7300
GLATIRAMER ACETATE - (GLATECT) Pr					
S.C. Inj.Sol (syr)				20 mg/mL (1 mL)	
02460661	*Glatect*	Phmscience	30	972.00	32.4000
GLECAPREVIR/PIBRENTASVIR Pr					
Kit (solid oral)				100 mg -40 mg	
02467550	*Maviret*	AbbVie	28	20000.00	714.2857
GLIMEPIRIDE Pr					
Tab.				1 mg	
02269589	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857
Tab.				2 mg	
02269597	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857
Tab.				4 mg	
02269619	*Sandoz Glimepiride*	Sandoz	30	11.57	0.3857
GLYCERIN [5]					
Supp.					
99100357			12		

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
GOLIMUMAB P					
I.V. Perf. Sol.				12.5 mg/mL (4 mL)	
02417472	*Simponi I.V.*	Janss. Inc	1	826.86	
S.C. Inj.Sol (App.)				50 mg/0.5 mL	
02324784	*Simponi*	Janss. Inc	1	1447.00	
S.C. Inj.Sol (syr)				50 mg/0.5 mL	
02324776	*Simponi*	Janss. Inc	1	1447.00	
GONADOTROPIN (CHORIONIC) P					
Inj. Pd.				10 000 U **PPB**	
02247459	*Chorionic Gonadotropin*	Fresenius	1	➡ 72.00	
02182904	*Pregnyl*	Organon	1	➡ 72.00	
GONADOTROPINS P					
Inj. Pd.				75 UI	
02283093	*Menopur*	Ferring	5	275.00	55.0000
GRANISETRON HYDROCHLORIDE P					
Tab.				1 mg **PPB**	
02308894	*Apo-Granisetron*	Apotex	10	45.00	➡ 4.5000
02472686	*Jamp Granisetron*	Jamp	10	45.00	➡ 4.5000
02452359	*Nat-Granisetron*	Natco	10	45.00	➡ 4.5000
GRASS POLLEN ALLERGEN EXTRACT P					
S-Ling. Tab.				100 IR	
02381885	*Oralair*	Stallergen	3	3.78	1.2600
S-Ling. Tab.				300 IR	
02381893	*Oralair*	Stallergen	30	114.00	3.8000
			90	342.00	3.8000
S-Ling. Tab.				2800 UAB	
02418304	*Grastek*	ALK-Abello	30	114.00	3.8000

	CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE		UNIT PRICE
GUANFACINE HYDROCHLORIDE P							
L.A. Tab.					1 mg **PPB**		
*	02523728	*Apo-Guanfacine XR*	Apotex	30	46.13	➡	1.5375
				100	153.75	➡	1.5375
	02409100	*Intuniv XR*	Takeda	100	300.00		3.0000
	02523558	*Jamp Guanfacine XR*	Jamp	100	153.75	➡	1.5375
L.A. Tab.					2 mg **PPB**		
*	02523736	*Apo-Guanfacine XR*	Apotex	30	56.12	➡	1.8707
				100	187.07	➡	1.8707
	02409119	*Intuniv XR*	Takeda	100	365.00		3.6500
	02523566	*Jamp Guanfacine XR*	Jamp	100	187.07	➡	1.8707
L.A. Tab.					3 mg **PPB**		
*	02523744	*Apo-Guanfacine XR*	Apotex	30	66.11	➡	2.2038
				100	220.38	➡	2.2038
	02409127	*Intuniv XR*	Takeda	100	430.00		4.3000
	02523574	*Jamp Guanfacine XR*	Jamp	100	220.38	➡	2.2038
L.A. Tab.					4 mg **PPB**		
*	02523752	*Apo-Guanfacine XR*	Apotex	30	76.11	➡	2.5369
				100	253.69	➡	2.5369
	02409135	*Intuniv XR*	Takeda	100	495.00		4.9500
	02523582	*Jamp Guanfacine XR*	Jamp	100	253.69	➡	2.5369
HYDROXYPROPYLMETHYLCELLULOSE							
Oph. Sol.					0.5 %		
	00000809	*Isopto Tears*	Alcon	15 ml	4.16		
Oph. Sol.					1 %		
	00000817	*Isopto Tears*	Alcon	15 ml	4.70		
HYDROXYPROPYLMETHYLCELLULOSE/ DEXTRAN 70							
Oph. Sol.					0.3 % -0.1 %		
	00743445	*Tears Naturale II*	Alcon	15 ml	5.10		
IBRUTINIB P							
Caps.					140 mg		
	02434407	*Imbruvica*	Janss. Inc	90	8158.50		90.6500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

ICATIBANT ACETATE P

S.C. Inj.Sol (syr) — 10 mg/mL (3 mL)

02425696	*Firazyr*	Takeda	1	2700.00	

ICOSAPENT ETHYL P

Caps. — 1 g

+ 02495244	*Vascepa*	HLS	120	294.00	2.4500

IDELALISIB P

Tab. — 100 mg

02438798	*Zydelig*	Gilead	60	5121.00	85.3500

Tab. — 150 mg

02438801	*Zydelig*	Gilead	60	5121.00	85.3500

IMATINIB MESYLATE P

Tab. — 100 mg **PPB**

02490986	*ACH-Imatinib*	Accord	120	624.95	5.2079
02355337	*Apo-Imatinib*	Apotex	30	156.24	5.2079
02253275	*Gleevec*	Novartis	120	3182.21	26.5184
02504596	*Imatinib*	Sanis	30	156.24	5.2079
02495066	*Jamp Imatinib*	Jamp	120	624.95	5.2079
02492334	*Mint-Imatinib*	Mint	120	624.95	5.2079
02397285	*NAT-Imatinib*	Natco	30	156.24	5.2079
02431114	*pms-Imatinib*	Phmscience	120	624.95	5.2079
02399806	*Teva-Imatinib*	Teva Can	120	624.95	5.2079

Tab. — 400 mg **PPB**

02490994	*ACH-Imatinib*	Accord	30	624.94	20.8314
02355345	*Apo-Imatinib*	Apotex	30	624.94	20.8314
02253283	*Gleevec*	Novartis	30	3182.21	106.0737
02504618	*Imatinib*	Sanis	30	624.94	20.8314
02495074	*Jamp Imatinib*	Jamp	30	624.94	20.8314
02492342	*Mint-Imatinib*	Mint	30	624.94	20.8314
02397293	*NAT-Imatinib*	Natco	30	624.94	20.8314
02431122	*pms-Imatinib*	Phmscience	30	624.94	20.8314
02399814	*Teva-Imatinib*	Teva Can	30	624.94	20.8314

IMATINIB MESYLATE - GASTRO INTESTINAL STROMAL TUMOUR P

Tab. — 100 mg

99100983	*Gleevec*	Novartis	120	3182.21	26.5184

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				400 mg	
99100982	*Gleevec*	Novartis	30	3182.21	106.0737
IMIQUIMOD					
Top. Cr.				5 % **PPB**	
02239505	*Aldara P*	Valeant	7.5 g	287.52	
02482983	*Taro-Imiquimod Pump*	Taro	7.5 g	➡ 244.39	
INCOBOTULINUMTOXINA					
Inj. Pd.				50 U	
02371081	*Xeomin*	Merz	1	165.00	
Inj. Pd.				100 U	
02324032	*Xeomin*	Merz	1	330.00	
INDACATEROL (ACETATE)/GLYCOPYRRONIUM (BROMIDE)/MOMETASONE (FUROATE)					
Inh. Pd. (App.)				150 mcg - 50 mcg - 160 mcg	
02501244	*Enerzair Breezhaler*	Valeo	30	102.83	
INDACATEROL (ACETATE)/MOMETASONE (FUROATE)					
Inh. Pd. (App.)				150 mcg - 80 mcg	
* 02498685	*Atectura Breezhaler*	Valeo	30	32.19	
Inh. Pd. (App.)				150 mcg - 160 mcg	
* 02498707	*Atectura Breezhaler*	Valeo	30	35.53	
Inh. Pd. (App.)				150 mcg - 320 mcg	
* 02498693	*Atectura Breezhaler*	Valeo	30	35.53	
INDACATEROL (MALEATE)/ GLYCOPYRRONIUM (BROMIDE)					
Inh. Pd. (App.)				110 mcg - 50 mcg/caps.	
* 02418282	*Ultibro Breezhaler*	Covis	30	77.49	
INFLIXIMAB					
I.V. Perf. Pd.				100 mg	
02496933	*Avsola*	Amgen	1	493.00	
02419475	*Inflectra*	Pfizer	1	525.00	
02470373	*Renflexis*	Organon	1	493.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
INFLIXIMAB (REMICADE) P					
I.V. Perf. Pd.				100 mg	
02244016	*Remicade*	Janss. Inc	1	940.00	
INOTERSEN P					
S.C. Inj.Sol (syr)				189 mg/mL (1,5 mL)	
02481383	*Tegsedi*	Akcea	4	32173.95	8043.4874
INSULIN ASPART/ INSULIN ASPART PROTAMINE					
S.C. Inj. Susp.				30 % - 70 % (3 mL)	
02265435	*NovoMix30*	N.Nordisk	5	52.20	
INSULIN LISPRO/ INSULIN LISPRO PROTAMINE					
S.C. Inj. Susp.				25 % - 75 % (3mL)	
02240294	*Humalog Mix 25*	Lilly	5	51.44	
02403420	*Humalog Mix 25 KwikPen*	Lilly	5	51.44	
INTERFACE DRESSING - POLYAMIDE OR SILICONE					
Dressing				100 cm² to 200 cm² (active surface)	
99100353	*3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 20 cm-150cm²*	3M Canada	1	5.23	
99100239	*Mepitel (10 cm x 18 cm - 180 cm²)*	Mölnlycke	1	7.40	
Dressing				201 cm² to 500 cm² (active surface)	
99100354	*3M Tegaderm Non-Adherent Contact Layer 20 cm x 25 cm-500 cm²*	3M Canada	1	15.84	
Dressing				Less than 100 cm² (active surface)	
99100352	*3M Tegaderm Non-Adherent Contact Layer 7.5 cm x 10 cm-75 cm²*	3M Canada	1	3.39	
99100237	*Mepitel (5 cm X 7.5 cm - 38 cm²)*	Mölnlycke	1	3.48	
99100238	*Mepitel (7.5 cm x 10 cm - 75 cm²)*	Mölnlycke	1	4.52	
Dressing				More than 500 cm² (active surface)	
99100240	*Mepitel (20 cm x 30 cm - 600 cm²)*	Mölnlycke	1	21.36	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
INTERFERON BETA-1A P					
I.M. Inj. Sol.				30 mcg (6 MUI)	
99100763	*Avonex Pen*	Biogen	4	1409.85	352.4625
02269201	*Avonex PS*	Biogen	4	1409.85	352.4625
S.C. Inj. Sol.				22 mcg/0.5 mL (1,5 mL)	
02318253	*Rebif*	Serono	4	1434.74	358.6850
S.C. Inj. Sol.				44 mcg/0.5 mL (1,5 mL)	
02318261	*Rebif*	Serono	4	1746.62	436.6550
S.C. Inj.Sol (syr)				22 mcg (6 MUI)	
02237319	*Rebif*	Serono	3	358.69	119.5633
S.C. Inj.Sol (syr)				44 mcg (12 MUI)	
02237320	*Rebif*	Serono	3	436.66	145.5533
INTERFERON BETA-1B P					
Inj. Pd.				0.3 mg	
02169649	*Betaseron*	Bayer	15	1490.39	99.3593
			45	4471.17	99.3593
02337819	*Extavia*	Novartis	15	1490.39	99.3593
ISAVUCONAZOLE P					
Caps.				100 mg	
02483971	*Cresemba*	Avir	14	1103.62	78.8300
I.V. Perf. Pd.				200 mg	
02483998	*Cresemba*	Avir	1	400.00	
IVABRADINE HYDROCHLORIDE P					
Tab.				5 mg	
02459973	*Lancora*	Servier	56	47.63	0.8505
Tab.				7.5 mg	
02459981	*Lancora*	Servier	56	87.18	1.5568

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
IVACAFTOR Ⓟ					
Kit (solid oral)				150 mg	
02397412	*Kalydeco*	Vertex	56	23520.00	
IXEKIZUMAB Ⓟ					
S.C. Inj. Sol.				80 mg/mL (1 mL)	
02455102	*Taltz (pen)*	Lilly	1	1519.00	
02455110	*Taltz (syringe)*	Lilly	1	1519.00	
KETOROLAC TROMETHAMINE Ⓟ					
Oph. Sol.				0.45 % (0.4 mL)	
02369362	*Acuvail*	Allergan	30	7.25	0.2417
			60	14.50	0.2417
Oph. Sol.				0.5 % **PPB**	
01968300	*Acular*	Allergan	5 ml	16.80	
			10 ml	33.60	
02245821	*Ketorolac*	AA Pharma	5 ml	➡ 12.98	
			10 ml	➡ 25.96	
LACOSAMIDE Ⓟ					
Tab.				50 mg **PPB**	
02489287	*ACH-Lacosamide*	Accord	60	37.88	➡ 0.6313
02501910	*AG-Lacosamide*	Angita	100	63.13	➡ 0.6313
02475332	*Auro-Lacosamide*	Aurobindo	60	37.88	➡ 0.6313
02488388	*Jamp-Lacosamide*	Jamp	100	63.13	➡ 0.6313
02512874	*Lacosamide*	Sanis	60	37.88	➡ 0.6313
02487802	*Mar-Lacosamide*	Marcan	60	37.88	➡ 0.6313
02490544	*Mint-Lacosamide*	Mint	60	37.88	➡ 0.6313
02499568	*NRA-Lacosamide*	Nora	60	37.88	➡ 0.6313
02478196	*Pharma-Lacosamide*	Phmscience	60	37.88	➡ 0.6313
02474670	*Sandoz Lacosamide*	Sandoz	60	37.88	➡ 0.6313
02472902	*Teva-Lacosamide*	Teva Can	60	37.88	➡ 0.6313
02357615	*Vimpat*	U.C.B.	60	139.20	2.3200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				100 mg **PPB**	
02489295	*ACH-Lacosamide*	Accord	60	52.50	0.8750
02501929	*AG-Lacosamide*	Angita	100	87.50	0.8750
02475340	*Auro-Lacosamide*	Aurobindo	60	52.50	0.8750
02488396	*Jamp-Lacosamide*	Jamp	100	87.50	0.8750
02512882	*Lacosamide*	Sanis	60	52.50	0.8750
02487810	*Mar-Lacosamide*	Marcan	60	52.50	0.8750
02490552	*Mint-Lacosamide*	Mint	60	52.50	0.8750
02499576	*NRA-Lacosamide*	Nora	60	52.50	0.8750
02478218	*Pharma-Lacosamide*	Phmscience	60	52.50	0.8750
02474689	*Sandoz Lacosamide*	Sandoz	60	52.50	0.8750
02472910	*Teva-Lacosamide*	Teva Can	60	52.50	0.8750
02357623	*Vimpat*	U.C.B.	60	199.20	3.3200
Tab.				150 mg **PPB**	
02489309	*ACH-Lacosamide*	Accord	60	70.58	1.1763
02501937	*AG-Lacosamide*	Angita	100	117.63	1.1763
02475359	*Auro-Lacosamide*	Aurobindo	60	70.58	1.1763
02488418	*Jamp-Lacosamide*	Jamp	100	117.63	1.1763
02512890	*Lacosamide*	Sanis	60	70.58	1.1763
02487829	*Mar-Lacosamide*	Marcan	60	70.58	1.1763
02490560	*Mint-Lacosamide*	Mint	60	70.58	1.1763
02499584	*NRA-Lacosamide*	Nora	60	70.58	1.1763
02478226	*Pharma-Lacosamide*	Phmscience	60	70.58	1.1763
02474697	*Sandoz Lacosamide*	Sandoz	60	70.58	1.1763
02472929	*Teva-Lacosamide*	Teva Can	60	70.58	1.1763
02357631	*Vimpat*	U.C.B.	60	259.20	4.3200
Tab.				200 mg **PPB**	
02489317	*ACH-Lacosamide*	Accord	60	87.00	1.4500
02501945	*AG-Lacosamide*	Angita	100	145.00	1.4500
02475367	*Auro-Lacosamide*	Aurobindo	60	87.00	1.4500
02488426	*Jamp-Lacosamide*	Jamp	100	145.00	1.4500
02512904	*Lacosamide*	Sanis	60	87.00	1.4500
02487837	*Mar-Lacosamide*	Marcan	60	87.00	1.4500
02490579	*Mint-Lacosamide*	Mint	60	87.00	1.4500
02499592	*NRA-Lacosamide*	Nora	60	87.00	1.4500
02478234	*Pharma-Lacosamide*	Phmscience	60	87.00	1.4500
02474700	*Sandoz Lacosamide*	Sandoz	60	87.00	1.4500
02472937	*Teva-Lacosamide*	Teva Can	60	87.00	1.4500
02357658	*Vimpat*	U.C.B.	60	319.20	5.3200

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

LACTULOSE

Syr. or Oral Sol. — 667 mg/mL **PPB**

02242814	*Apo-Lactulose*	Apotex	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02295881	*Jamp-Lactulose*	Jamp	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02412268	*Lactulose*	Sanis	500 ml	7.25	0.0145
02247383	*Pharma-Lactulose*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
00703486	*pms-Lactulose*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
02469391	*pms-Lactulose-Pharma*	Phmscience	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145
00854409	*ratio-Lactulose*	Ratiopharm	500 ml	7.25	0.0145
			1000 ml	14.50	0.0145

LANTHANUM CARBONATE HYDRATE [F]

Chew. Tab. — 250 mg **PPB**

02287145	*Fosrenol*	Takeda	90	96.38	1.0709
02498731	*Nat-Lanthanum*	Natco	90	92.06	1.0229

Chew. Tab. — 500 mg **PPB**

02287153	*Fosrenol*	Takeda	90	192.74	2.1416
02498758	*Nat-Lanthanum*	Natco	90	184.13	2.0459

Chew. Tab. — 750 mg **PPB**

02287161	*Fosrenol*	Takeda	90	290.06	3.2229
02498766	*Nat-Lanthanum*	Natco	90	277.07	3.0786

Chew. Tab. — 1000 mg **PPB**

02287188	*Fosrenol*	Takeda	90	384.56	4.2729
02498774	*Nat-Lanthanum*	Natco	90	367.34	4.0815

LAPATINIB [F]

Tab. — 250 mg

02326442	*Tykerb*	Novartis	70	1645.00	23.5000

LEDIPASVIR/SOFOSBUVIR [F]

Tab. — 90 mg -400 mg

02432226	*Harvoni*	Gilead	28	22333.33	797.6189

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

LENALIDOMIDE P

Caps. 2.5 mg **PPB**

02507927	*Apo-Lenalidomide*	Apotex	21	1729.88	82.3750
02506130	*Jamp Lenalidomide*	Jamp	21	1729.88	82.3750
02493837	*NAT-Lenalidomide*	Natco	21	1729.88	82.3750
02484714	*Reddy-Lenalidomide*	Dr Reddy's	21	1729.88	82.3750
02459418	*Revlimid*	Celgene	21	6919.50	329.5000
02518562	*Sandoz Lenalidomide*	Sandoz	21	1729.88	82.3750

Caps. 5 mg **PPB**

02507935	*Apo-Lenalidomide*	Apotex	28	2380.00	85.0000
02506149	*Jamp Lenalidomide*	Jamp	28	2380.00	85.0000
02493845	*NAT-Lenalidomide*	Natco	28	2380.00	85.0000
02483017	*Reddy-Lenalidomide*	Dr Reddy's	28	2380.00	85.0000
02304899	*Revlimid*	Celgene	28	9520.00	340.0000
02518570	*Sandoz Lenalidomide*	Sandoz	28	2380.00	85.0000

Caps. 10 mg **PPB**

02507943	*Apo-Lenalidomide*	Apotex	28	2527.00	90.2500
02506157	*Jamp Lenalidomide*	Jamp	28	2527.00	90.2500
02493861	*NAT-Lenalidomide*	Natco	28	2527.00	90.2500
02483025	*Reddy-Lenalidomide*	Dr Reddy's	28	2527.00	90.2500
02304902	*Revlimid*	Celgene	28	10108.00	361.0000
02518589	*Sandoz Lenalidomide*	Sandoz	28	2527.00	90.2500

Caps. 15 mg **PPB**

02507951	*Apo-Lenalidomide*	Apotex	21	2005.50	95.5000
02506165	*Jamp Lenalidomide*	Jamp	21	2005.50	95.5000
02493888	*NAT-Lenalidomide*	Natco	21	2005.50	95.5000
02483033	*Reddy-Lenalidomide*	Dr Reddy's	21	2005.50	95.5000
02317699	*Revlimid*	Celgene	21	8022.00	382.0000
02518597	*Sandoz Lenalidomide*	Sandoz	21	2005.50	95.5000

Caps. 20 mg **PPB**

02507978	*Apo-Lenalidomide*	Apotex	21	2115.75	100.7500
02506173	*Jamp Lenalidomide*	Jamp	21	2115.75	100.7500
02493896	*NAT-Lenalidomide*	Natco	21	2115.75	100.7500
02483041	*Reddy-Lenalidomide*	Dr Reddy's	21	2115.75	100.7500
02440601	*Revlimid*	Celgene	21	8463.00	403.0000
02518600	*Sandoz Lenalidomide*	Sandoz	21	2115.75	100.7500

Caps. 25 mg **PPB**

02507986	*Apo-Lenalidomide*	Apotex	21	2226.00	106.0000
02506181	*Jamp Lenalidomide*	Jamp	21	2226.00	106.0000
02493918	*NAT-Lenalidomide*	Natco	21	2226.00	106.0000
02483068	*Reddy-Lenalidomide*	Dr Reddy's	21	2226.00	106.0000
02317710	*Revlimid*	Celgene	21	8904.00	424.0000
02518619	*Sandoz Lenalidomide*	Sandoz	21	2226.00	106.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LENVATINIB Pr					
Kit (solid oral)			4 mg : 4 mg (5 caps.)		
02484056	*Lenvima*	Eisai	6	977.15	162.8575
Kit (solid oral)			8 mg : 4 mg (10 caps.)		
02468220	*Lenvima*	Eisai	6	1954.29	325.7150
Kit (solid oral)			10 mg : 10 mg (5 caps.)		
02450321	*Lenvima*	Eisai	6	2149.20	358.2000
Kit (solid oral)			12 mg : 4 mg (15 caps.)		
02484129	*Lenvima*	Eisai	6	2931.44	488.5725
Kit (solid oral)			14 mg : 4 mg (5 caps.) and 10 mg (5 caps.)		
02450313	*Lenvima*	Eisai	6	3312.60	552.1000
Kit (solid oral)			20 mg : 10 mg (10 caps.)		
02450305	*Lenvima*	Eisai	6	4969.20	828.2000
Kit (solid oral)			24 mg : 4 mg (5 caps.) and 10 mg (10 caps.)		
02450291	*Lenvima*	Eisai	6	6625.20	1104.2000
LETERMOVIR Pr					
I.V. Perf. Sol.			20 mg/mL (12 mL)		
02469367	*Prevymis*	Merck	1	238.72	
I.V. Perf. Sol.			20 mg/mL (24 mL)		
02469405	*Prevymis*	Merck	1	469.09	
Tab.				240 mg	
02469375	*Prevymis*	Merck	28	6684.05	238.7160
Tab.				480 mg	
02469383	*Prevymis*	Merck	28	6684.05	238.7160
LEVOFLOXACIN Pr					
Sol. Inh.			100 mg/mL (2.4 mL)		
02442302	*Quinsair*	Horizon	56	3611.37	64.4887

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
LINAGLIPTIN/METFORMIN HYDROCHLORIDE Pr					
Tab.				2.5 mg - 500 mg	
02403250	*Jentadueto*	Bo. Ing.	60	71.02	1.1837
Tab.				2.5 mg - 850 mg	
02403269	*Jentadueto*	Bo. Ing.	60	71.02	1.1837
Tab.				2.5 mg - 1 000 mg	
02403277	*Jentadueto*	Bo. Ing.	60	71.02	1.1837
LINAGLIPTINE Pr					
Tab.				5 mg	
02370921	*Trajenta*	Bo. Ing.	30	67.50	2.2500
			90	202.50	2.2500
LINEZOLID Pr					
I.V. Perf. Sol.				2 mg/mL (300 mL) **PPB**	
02481278	*Linezolid Injection*	Jamp	10	887.40	➡ 88.7400
02243685	*Zyvoxam*	Pfizer	1	99.91	
Tab.				600 mg **PPB**	
02426552	*Apo-Linezolid*	Apotex	30	1111.50	➡ 37.0500
02422689	*Sandoz Linezolid*	Sandoz	20	741.00	➡ 37.0500
LIRAGLUTIDE Pr					
S.C. Inj. Sol.				6 mg/mL (3 mL)	
02351064	*Victoza*	N.Nordisk	2	136.98	
			3	205.47	
LISDEXAMFETAMINE (DIMESYLATE) ◈					
Caps.				10 mg	
02439603	*Vyvanse*	Takeda	100	201.00	2.0100
Caps.				20 mg	
02347156	*Vyvanse*	Takeda	100	224.00	2.2400
Caps.				30 mg	
02322951	*Vyvanse*	Takeda	100	251.00	2.5100

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Caps.				40 mg	
02347164	*Vyvanse*	Takeda	100	278.00	2.7800
Caps.				50 mg	
02322978	*Vyvanse*	Takeda	100	305.00	3.0500
Caps.				60 mg	
02347172	*Vyvanse*	Takeda	100	331.00	3.3100
LOMITAPIDE (MESYLATE) P					
Caps.				5 mg	
02420341	*Juxtapid*	Medison	28	29120.00	1040.0000
Caps.				10 mg	
02420376	*Juxtapid*	Medison	28	29120.00	1040.0000
Caps.				20 mg	
02420384	*Juxtapid*	Medison	28	29120.00	1040.0000
LURASIDONE HYDROCHLORIDE P					
Tab.				20 mg	
02422050	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				40 mg	
02387751	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				60 mg	
02413361	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				80 mg	
02387778	*Latuda*	Sunovion	30	107.10	3.5700
Tab.				120 mg	
02387786	*Latuda*	Sunovion	30	107.10	3.5700
MACITENTAN P					
Tab.				10 mg	
02415690	*Opsumit*	Janss. Inc	30	3495.00	116.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
MAGNESIUM HYDROXIDE					
Oral Susp.				400 mg/5 mL	
00468401	*Lait de Magnesie*	Atlas	500 ml	2.49	0.0050
MAGNESIUM HYDROXIDE/ ALUMINUM HYDROXIDE [5]					
Oral Susp.				200 mg - 200 mg/5 mL	
99002574			500 ml		
Oral Susp.				300 mg -600 mg/5 mL	
99002442			350 ml		
Tab.				100 mg -184 mg	
99002868			50		
Tab.				200 mg -200 mg	
99100716			36		
Tab.				300 mg -600 mg	
99002450			40		
MARAVIROC P					
Tab.				150 mg	
02299844	*Celsentri*	ViiV	60	990.00	16.5000
Tab.				300 mg	
02299852	*Celsentri*	ViiV	60	990.00	16.5000

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
MEMANTINE HYDROCHLORIDE P					
Tab.				10 mg **PPB**	
02324067	*ACT Memantine*	ActavisPhm	30	13.26	0.4420
			100	44.20	0.4420
02366487	*Apo-Memantine*	Apotex	100	44.20	0.4420
02260638	*Ebixa*	Lundbeck	30	70.10	2.3367
02443082	*Memantine*	Sanis	100	44.20	0.4420
02446049	*Memantine*	Sivem	30	13.26	0.4420
			100	44.20	0.4420
02321130	*pms-Memantine*	Phmscience	30	13.26	0.4420
			100	44.20	0.4420
02348950	*Riva-Memantine*	Riva	30	13.26	0.4420
			100	44.20	0.4420
02375532	*Sandoz Memantine FCT*	Sandoz	100	44.20	0.4420
MEPOLIZUMAB P					
S.C. Inj. Pd.				100 mg	
02449781	*Nucala*	GSK	1	1938.46	
S.C. Inj. Sol. (pen)				100 mg/mL	
02492989	*Nucala*	GSK	1	1938.46	
S.C. Inj.Sol (syr)				100 mg/mL	
02492997	*Nucala*	GSK	1	1938.46	
METHYLPHENIDATE HYDROCHLORIDE ◈					
L.A. Caps.				10 mg	
02277166	*Biphentin*	Elvium	100	67.45	0.6745
L.A. Caps.				15 mg	
02277131	*Biphentin*	Elvium	100	96.57	0.9657
L.A. Caps.				20 mg	
02277158	*Biphentin*	Elvium	100	124.68	1.2468
L.A. Caps.				30 mg	
02277174	*Biphentin*	Elvium	100	171.18	1.7118
L.A. Caps.				40 mg	
02277182	*Biphentin*	Elvium	100	218.15	2.1815

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Caps.				50 mg	
02277190	*Biphentin*	Elvium	50	132.20	2.6440
L.A. Caps.				60 mg	
02277204	*Biphentin*	Elvium	50	156.20	3.1240
L.A. Caps.				80 mg	
02277212	*Biphentin*	Elvium	50	202.86	4.0572
L.A. Tab. (12 h)				18 mg	
02441934	*ACT Methylphenidate ER*	Teva Can	100	50.99	0.5099
02452731	*Apo-Methylphenidate ER*	Apotex	100	50.99	0.5099
02247732	*Concerta*	Janss. Inc	100	203.64	2.0364
02315068	*Novo-Methylphenidate ER-C*	Teva Can	100	50.99	0.5099
L.A. Tab. (12 h)				27 mg	
02441942	*ACT Methylphenidate ER*	Teva Can	100	58.84	0.5884
02452758	*Apo-Methylphenidate ER*	Apotex	100	58.84	0.5884
02250241	*Concerta*	Janss. Inc	100	235.01	2.3501
02315076	*Novo-Methylphenidate ER-C*	Teva Can	100	58.84	0.5884
L.A. Tab. (12 h)				36 mg	
02441950	*ACT Methylphenidate ER*	Teva Can	100	68.63	0.6863
02452766	*Apo-Methylphenidate ER*	Apotex	100	68.63	0.6863
02247733	*Concerta*	Janss. Inc	100	266.38	2.6638
02315084	*Novo-Methylphenidate ER-C*	Teva Can	100	68.63	0.6863
L.A. Tab. (12 h)				54 mg	
02441969	*ACT Methylphenidate ER*	Teva Can	100	82.40	0.8240
02330377	*Apo-Methylphenidate ER*	Apotex	100	82.40	0.8240
02247734	*Concerta*	Janss. Inc	100	329.12	3.2912
02315092	*Novo-Methylphenidate ER-C*	Teva Can	100	82.40	0.8240
METRONIDAZOLE P					
Vag. Jel.				0.75 %	
02125226	*Nidagel*	Valeant	70 g	18.62	
MICAFUNGIN SODIUM P					
I.V. Perf. Pd.				50 mg	
02294222	*Mycamine*	Astellas	1	98.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
I.V. Perf. Pd.				100 mg	
02311054	*Mycamine*	Astellas	1	196.00	

MIGALASTAT Pr

Caps.				123 mg	
02468042	*Galafold*	Amicus	14	23800.00	1700.0000

MINERAL OIL

Liq.				100 %	
00704172	*Huile Minerale*	Atlas	250 ml	2.15	0.0086
			500 ml	3.11	0.0062
Liq. (Rect.)					
00107875	*Fleet Huileux*	CB Fleet	130 ml	5.59	

MIRABEGRON Pr

L.A. Tab.				25 mg	
02402874	*Myrbetriq*	Astellas	30	43.80	1.4600
			90	131.40	1.4600
L.A. Tab.				50 mg	
02402882	*Myrbetriq*	Astellas	30	43.80	1.4600
			90	131.40	1.4600

MODAFINIL Pr

Tab.				100 mg	**PPB**	
02285398	*Apo-Modafinil*	Apotex	100	31.71	➡	0.3171
02430487	*Auro-Modafinil*	Aurobindo	30	9.51	➡	0.3171
			100	31.71	➡	0.3171
02503727	*Jamp Modafinil*	Jamp	100	31.71	➡	0.3171
02432560	*Mar-Modafinil*	Marcan	100	31.71	➡	0.3171
02420260	*Teva-Modafinil*	Teva Can	30	9.51	➡	0.3171

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
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
00899666	*DuoDERM CGF (10 cm x 10 cm - 100 cm²)*	Convatec	5	21.70	4.3400
			20	86.82	4.3410
99004984	*DuoDERM Signal (14 cm x 14 cm - 188 cm²)*	Convatec	1	8.15	
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
00899674	*DuoDERM CGF (15 cm x 15 cm - 225 cm²)*	Convatec	1	9.50	
00801046	*DuoDERM CGF (15 cm x 20 cm - 300 cm²)*	Convatec	1	12.65	
00899682	*DuoDERM CGF (20 cm x 20 cm - 400 cm²)*	Convatec	1	16.87	
99004992	*DuoDERM Signal (20 cm x 20 cm - 388 cm²)*	Convatec	1	16.36	
Dressing			Less than 100 cm² (active surface)		
99100608	*Comfeel Plus Ulcer (4 cm x 6 cm - 24 cm²)*	Coloplast	30	20.16	0.6720
99004976	*DuoDERM Signal (10 cm x 10 cm - 94 cm²)*	Convatec	1	4.09	
Dressing			More than 500 cm² (active surface)		
00800988	*DuoDERM CGF (20 cm x 30 cm - 600 cm2)*	Convatec	1	17.92	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Dressing			Sacrum or triangular		
99100148	*Comfeel Plus Triangle (18 cm x 20 cm - 180 cm²)*	Coloplast	5	46.75	9.3500
00907758	*DuoDERM CGF Border (Triangular 15 cm x 18 cm - 99 cm²)*	Convatec	1	5.43	
00907782	*DuoDERM CGF Border (Triangular 20 cm x 23 cm - 270 cm²)*	Convatec	1	11.17	
99100108	*DuoDERM Signal (Sacrum 20 cm x 23 cm - 258 cm²)*	Convatec	1	14.13	
99100107	*DuoDERM Signal (Triangular 15 cm x 18 cm - 216 cm²)*	Convatec	1	10.65	
99100106	*DuoDERM Signal (Triangular 20 cm x 23 cm - 322 cm²)*	Convatec	1	16.33	
Thin dr.			100 cm² to 200 cm² (active surface)		
99100290	*3M Tegaderm Hydrocolloid Thin Dressing (10cm x 10cm-100 cm²)*	3M Canada	1	3.10	
99100143	*Comfeel Plus Clear (10 cm x 10 cm - 100 cm²)*	Coloplast	10	28.10	2.8100
99101135	*Comfeel Plus Clear (5 cm x 25 cm - 125 cm²)*	Coloplast	10	36.20	3.6200
99100147	*Comfeel Plus Clear (9 cm x 14 cm - 126 cm²)*	Coloplast	10	36.60	3.6600
99000261	*DuoDERM CGF Extra Thin (10 cm x 10 cm - 100 cm²)*	Convatec	1 10	3.00 30.00	 3.0000
00920029	*DuoDERM CGF Extra Thin (10 cm x 15 cm - 118 cm²)*	Convatec	1	3.82	
00920088	*DuoDERM CGF Extra Thin (5 cm x 20 cm - 100 cm²)*	Convatec	1	3.24	
99100655	*Exuderm OdorShield (10 cm x 10 cm - 100 cm²)*	Medline	10	21.28	2.1280
Thin dr.			201 cm² to 500 cm² (active surface)		
99100144	*Comfeel Plus Clear (15 cm x 15 cm - 225 cm²)*	Coloplast	5	27.30	5.4600
99101136	*Comfeel Plus Clear (9 cm x 25 cm - 225 cm²)*	Coloplast	5	27.25	5.4500
00908134	*DuoDERM CGF Extra Thin (15 cm x 15 cm - 225 cm²)*	Convatec	1	5.77	
Thin dr.			Less than 100 cm² (active surface)		
99101134	*Comfeel Plus Clear (5 cm x 15 cm - 75 cm²)*	Coloplast	10	26.20	2.6200
99100146	*Comfeel Plus Clear (5 cm x 7 cm - 35 cm²)*	Coloplast	10	15.80	1.5800
00920010	*DuoDERM CGF Extra Thin (7.5 cm x 7.5 cm - 56 cm²)*	Convatec	1	2.60	
00920231	*DuoDERM CGF Extra-Thin (5 cm x 10 cm - 50 cm²)*	Convatec	1	1.96	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Thin dr.				Sacrum	
00920037	*DuoDERM CGF Extra-Thin (Sacrum 15 cm x 18 cm - 216 cm²)*	Convatec	1	8.43	
99100652	*Exuderm OdorShield Sacral (15,2 cm x 16,3 cm - 271 cm²)*	Medline	5	36.79	7.3580
MULTIVITAMINS [5]					
Caps. or Tab.					
99002493			1		
Chew. Tab.					
99002507			1		
NAPROXEN/ESOMEPRAZOLE					
Tab.			375 mg - 20 mg **PPB**		
02458608	*Mylan-Naproxen/ Esomeprazole MR*	Mylan	60	46.92 ➡	0.7820
02361701	*Vimovo*	AZC	60	55.20	0.9200
Tab.			500 mg - 20 mg **PPB**		
02443449	*Mylan-Naproxen/ Esomeprazole MR*	Mylan	60	46.92 ➡	0.7820
02361728	*Vimovo*	AZC	60	55.20	0.9200
NATALIZUMAB					
I.V. Inj. Sol.				300mg/15ml	
02286386	*Tysabri*	Biogen	1	2451.32	
NETUPITANT/PALONOSETRON CHLORHYDRATE					
Caps.				300 mg - 0,5 mg	
02468735	*Akynzeo*	Elvium	1	135.00	
NILOTINIB					
Caps.				150 mg	
02368250	*Tasigna*	Novartis	112	3054.72	27.2743
Caps.				200 mg	
02315874	*Tasigna*	Novartis	112	3947.17	35.2426

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
NINTEDANIB ESILATE P					
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
NIRAPARIB TOSYLATE P					
Caps.				100 mg	
02489783	*Zejula*	GSK	56	7379.96	131.7850
			84	11069.94	131.7850
NITRAZEPAM ⊠					
Tab.				5 mg	
00511528	*Mogadon*	AA Pharma	100	15.34	0.1534
Tab.				10 mg	
00511536	*Mogadon*	AA Pharma	100	22.96	0.2296
NUTRITIONAL FORMULA - FAT EMULSION (INFANTS AND CHILDREN)					
Liq.				89 mL suppl.	
99100401	*Microlipid*	Nestlé H.S	48	141.12	**W**
NUTRITIONAL FORMULA - CASEIN HYDROLYSATE (INFANTS AND CHILDREN)					
Liq.				237 mL suppl.	
99100206	*Alimentum*	Abbott	1	1.41	
Ped. Oral Pd.				454 g suppl.	
99100532	*Nutramigen A+*	M.J.	1	16.53	
99100533	*Pregestimil A+*	M.J.	1	17.72	
Ped. Oral Pd.				561 g suppl.	
99101338	*Nutramigen A+ LGG*	M.J.	561 g	20.42	
NUTRITIONAL FORMULA - FRACTIONATED COCONUT OIL					
Liq.				suppl.	
99100217	*Medium chain triglycerides*	Nestlé H.S	946 ml	32.23	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

NUTRITIONAL FORMULA - HIGH PROTEIN SEMI-ELEMENTAL

Liq.				1 L suppl.	
99002922	*Peptamen 1.5*	Nestlé H.S	1	38.36	
99100826	*Peptamen AF*	Nestlé H.S	1	38.08	
99101178	*Vital Peptide 1.5 Cal*	Abbott	1	28.88	

Liq.				1.5 L suppl.	
99100094	*Peptamen avec Prebio 1*	Nestlé H.S	1	39.90	

Liq.			220 mL à 250 mL suppl.		
99101181	*PediaSure Peptide 1 Cal*	Abbott	1	2.49	
00908444	*Peptamen*	Nestlé H.S	1	6.65	
99003031	*Peptamen 1.5*	Nestlé H.S	1	9.59	
99100309	*Peptamen AF*	Nestlé H.S	1	9.77	
99004631	*Peptamen avec Prebio 1*	Nestlé H.S	1	6.65	
99000296	*Peptamen Junior*	Nestlé H.S	1	6.65	
99100789	*Peptamen Junior 1.5*	Nestlé H.S	1	9.98	
99101182	*Vital Peptide 1 Cal*	Abbott	1	4.39	
99101183	*Vital Peptide 1.5 Cal*	Abbott	1	6.35	

NUTRITIONAL FORMULA - KETOGENIC F

Liq.			237 mL at 250 mL suppl.		
99113795	*KetoCal 4:1 (all flavours)*	Nutricia	27	145.00	5.3704
99113796	*KetoVie 4:1 chocolat*	Ajinomoto	30	176.50	5.8833
99113797	*KetoVie 4:1 vanille*	Ajinomoto	30	162.92	5.4307

Oral Pd.				300 g suppl.	
99113792	*KetoCal 4:1*	Nutricia	6	180.00	30.0000

NUTRITIONAL FORMULA - KETOGENIC (SEMI-ELEMENTAL)

Liq.				250 mL suppl.	
99113949	*KetoVie Peptide 4:1*	Ajinomoto	30	267.07	8.9023

NUTRITIONAL FORMULA - MONOMERIC

Oral Pd.			48.7 g/sachet suppl.		
99000229	*Vivonex Pediatrique*	Nestlé H.S	6	39.42	6.5700

Oral Pd.			79.5 g/ sac. suppl.		
00921017	*Vivonex Plus*	Nestlé H.S	6	39.39	6.5650

Oral Pd.			80 g/sac. suppl.		
00861464	*Tolerex*	Nestlé H.S	6	23.40	3.9000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Oral Pd.				80.4 g/sac. suppl.	
00895229	*Vivonex T.E.N.*	Nestlé H.S	10	65.60	6.5600
NUTRITIONAL FORMULA - MONOMERIC WITH IRON (INFANTS OR CHILDREN)					
Liq.				237 mL suppl.	
99100463	*Neocate Splash*	Nutricia	27	178.76	6.6207
Ped. Oral Pd.				400 g suppl.	
99100892	*Neocate avec DHA et ARA*	Nutricia	4	199.28	49.8198
99004402	*Neocate Junior*	Nutricia	4	191.23	47.8075
99100790	*Neocate Junior with fibers*	Nutricia	4	184.00	46.0000
99100715	*PurAmino A+*	M.J.	1	51.66	
99101278	*PurAmino A+ Junior*	M.J.	1	47.22	
NUTRITIONAL FORMULA - POLYMERIC LOW RESIDUE - SPECIFIC USE					
Oral Pd.				400 g suppl.	
99100792	*Modulen IBD*	Nestlé H.S	1	27.10	
NUTRITIONAL FORMULA - POLYMERIC LOW-RESIDUE					
Liq.				1 L suppl.	
99100395	*Isosource 2.0*	Nestlé H.S	1	9.42	
99100244	*Novasource Renal*	Nestlé H.S	1	8.38	
Liq.				1.5 L suppl.	
99000164	*Isosource 1.2*	Nestlé H.S	1	7.50	
99002000	*Isosource 1.5*	Nestlé H.S	1	10.75	
99003570	*Osmolite 1.0 cal*	Abbott	1	8.01	
99004216	*Osmolite 1.2 cal*	Abbott	1	8.08	
Liq.			235 mL at 250 mL suppl.		
00898708	*Boost 1.5*	Nestlé H.S	1	1.45	
99000512	*Isosource 1.2*	Nestlé H.S	1	1.12	
00907766	*Isosource 1.5*	Nestlé H.S	1	1.77	
99003546	*Novasource Renal*	Nestlé H.S	1	1.92	
99003406	*Nutren Junior*	Nestlé H.S	1	1.54	
99004224	*Osmolite 1.2 cal*	Abbott	1	1.25	
99000474	*Pediasure*	Abbott	1	1.56	
99001543	*Promote*	Abbott	1	1.36	
99003554	*Resource 2.0*	Nestlé H.S	1	1.92	
99004690	*TwoCal HN*	Abbott	1	2.32	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE					
Liq.				1 L suppl.	
99003635	*Compleat*	Nestlé H.S	1	7.45	
99003597	*Jevity 1.2 cal*	Abbott	1	8.06	
99100393	*Jevity 1.5 Cal*	Abbott	1	10.07	
99100703	*Nepro*	Abbott	1	8.01	
99100462	*TwoCal HN*	Abbott	1	9.84	
Liq.				1.5 L suppl.	
99004496	*Isosource Fibres 1.0 HP*	Nestlé H.S	1	12.15	
99000202	*Isosource Fibres 1.2*	Nestlé H.S	1	10.29	
99004127	*Isosource Fibres 1.5*	Nestlé H.S	1	10.53	
99100645	*Jevity 1 cal*	Abbott	1	10.63	
99003600	*Jevity 1.2 cal*	Abbott	1	12.09	
99100402	*Jevity 1.5 Cal*	Abbott	1	15.10	
99100042	*Resource pour diabetiques*	Nestlé H.S	1	9.79	
Liq.				235 mL at 250 mL suppl.	
99000504	*Compleat*	Nestlé H.S	1	1.90	
99004658	*Compleat Pediatrique*	Nestlé H.S	1	2.42	
00920347	*Glucerna 1.0 Cal*	Abbott	1	1.57	
99000180	*Isosource Fibres 1.0 HP*	Nestlé H.S	1	1.98	
00801194	*Isosource Fibres 1.2*	Nestlé H.S	1	1.72	
99004135	*Isosource Fibres 1.5*	Nestlé H.S	1	1.75	
99000482	*Jevity 1 cal*	Abbott	1	1.65	
99003392	*Jevity 1.2 cal*	Abbott	1	1.89	
99100417	*Jevity 1.5 Cal*	Abbott	1	2.38	
99100702	*Nepro*	Abbott	1	1.90	
99003414	*Nutren Junior Fibres avec Prebio*	Nestlé H.S	1	1.54	
99001381	*Pediasure avec fibres*	Abbott	1	1.56	
99005050	*Pediasure Plus avec fibres*	Abbott	1	2.35	
99100216	*Resource Essentiels Jeunesse 1.5*	Nestlé H.S	1	2.17	
99002019	*Resource pour diabetiques*	Nestlé H.S	1	1.63	
99002647	*Suplena*	Abbott	1	2.00	
Oral Pd.				85 g/sac. suppl.	
99003236	*Scandishake Aromatisee*	Aptalis	4	11.81	2.9525
NUTRITIONAL FORMULA - POLYMERIC WITH RESIDUE (INTOLERANCE OR ALLERGY)					
Liq.				250 mL suppl.	
99113857	*Compleat 1.5*	Nestlé H.S	24	64.60	2.6917
99113858	*Compleat 1.5 Pediatrique*	Nestlé H.S	24	88.40	3.6833
NUTRITIONAL FORMULA - POLYMERIZED GLUCOSE					
Oral Pd.				454 g suppl.	
99101093	*SolCarb*	Medica	6	59.94	9.9900

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
NUTRITIONAL FORMULA - POST-DISCHARGE PRETERM FORMULA (INFANTS)					
Ped. Oral Pd.				363 g suppl.	
99100122	*Enfamil Enfacare A+*	M.J.	1	14.45	
99100123	*Similac Neosure*	Abbott	1	14.41	
NUTRITIONAL FORMULA - PROTEIN					
Oral Pd.				227 g suppl.	
99003783	*Beneprotein*	Nestlé H.S	6	91.86	15.3100
NUTRITIONAL FORMULA RENAL FAILURE (CHILD)					
Pd.				400 g	
99113884	*Renastart*	Vitaflo	6	237.78	39.6300
NUTRITIONAL FORMULA - SEMI-ELEMENTAL HYPERPROTEINATED					
Liq.				1 L suppl.	
99101234	*Peptamen Intense Hyperproteine*	Nestlé H.S	1	32.95	
Liq.				250 mL suppl.	
99101235	*Peptamen Intense Hyperproteine*	Nestlé H.S	1	8.24	
NUTRITIONAL FORMULA - SKIM MILK/ COCONUT OIL					
Oral Pd.				410 g suppl.	
00881201	*Portagen*	M.J.	1	20.22	
OBESTICHOLIC ACID Pr					
Tab.				5 mg	
02463121	*Ocaliva*	Intercept	30	2958.90	98.6301
Tab.				10 mg	
02463148	*Ocaliva*	Intercept	30	2958.90	98.6301
OCRELIZUMAB Pr					
I.V. Perf. Sol.				30 mg/mL (10 mL)	
02467224	*Ocrevus*	Roche	1	8150.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
ODOUR-CONTROL DRESSING - ACTIVATED CHARCOAL					
Dressing			100 cm² to 200 cm² (active surface)		
99001802	*Actisorb Silver (10.5 cm x 10.5 cm - 110 cm²)*	KCI	50	95.12	1.9024
99001810	*Actisorb Silver (10.5 cm x 19 cm - 200 cm²)*	KCI	50	212.90	4.2580
Dressing			Less than 100 cm² (active surface)		
99100103	*Actisorb Silver (6.5 cm x 9.5 cm - 62 cm²)*	KCI	1	2.70	
OFATUMUMAB Ⓡ					
S.C. Inj. Sol.				20 mg/0.4 mL	
02511355	*Kesimpta (pen)*	Novartis	1	2208.33	
OLAPARIB Ⓡ					
Tab.				100 mg	
02475200	*Lynparza*	AZC	60	3953.55	65.8925
			120	7907.10	65.8925
Tab.				150 mg	
02475219	*Lynparza*	AZC	60	3953.55	65.8925
			120	7907.10	65.8925
OLODATEROL HYDROCHLORIDE/TIOTROPIUM BROMIDE MONOHYDRATE Ⓡ					
Sol. Inh. (App.)				2,5 mcg - 2,5 mcg	
02441888	*Inspiolto Respimat*	Bo. Ing.	60 dose(s)	60.90	
OMALIZUMAB Ⓡ					
S.C. Inj. Pd.				150 mg	
02260565	*Xolair*	Novartis	1	618.00	
ONABOTULINUMTOXINA Ⓡ					
Inj. Pd.				50 U	
99100741	*Botox*	Allergan	1	178.50	
Inj. Pd.				100 U	
01981501	*Botox*	Allergan	1	357.00	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				200 U	
99100646	*Botox*	Allergan	1	714.00	

ONDANSETRON P

Oral Sol.			4 mg/5 mL	**PPB**	
02490617	*Jamp-Ondansetron*	Jamp	50 ml	56.80	1.1360
02291967	*Ondansetron*	Apotex	50 ml	56.80	1.1360
02229639	*Zofran*	Novartis	50 ml	96.61	1.9322
Tab. Oral Disint. or Tab.				4 mg **PPB**	
02296349	*ACT Ondansetron*	Teva Can	10	25.56	2.5556
02369370	*AG-Ondansetron*	Angita	100	255.56	2.5556
02288184	*Apo-Ondansetron*	Apotex	10	25.56	2.5556
			30	76.67	2.5556
02511282	*Auro-Ondansetron ODT*	Aurobindo	10	25.56	2.5556
02458810	*CCP-Ondansetron*	Cellchem	30	76.67	2.5556
			100	255.56	2.5556
02313685	*Jamp-Ondansetron*	Jamp	10	25.56	2.5556
			100	255.56	2.5556
02371731	*Mar-Ondansetron*	Marcan	10	25.56	2.5556
			30	76.67	2.5556
02305259	*Mint-Ondansetron*	Mint	10	25.56	2.5556
			30	76.67	2.5556
02487330	*Mint-Ondansetron ODT*	Mint	10	25.56	2.5556
02297868	*Mylan-Ondansetron*	Mylan	10	25.56	2.5556
			100	255.56	2.5556
02417839	*NAT-Ondansetron*	Natco	10	25.56	2.5556
			30	76.67	2.5556
02421402	*Ondansetron*	Sanis	100	255.56	2.5556
02481723	*Ondansetron ODT*	Sandoz	10	25.56	2.5556
02389983	*Ondissolve ODF*	Takeda	10	32.72	3.2720
02258188	*pms-Ondansetron*	Phmscience	10	25.56	2.5556
			100	255.56	2.5556
02274310	*Sandoz Ondansetron*	Sandoz	10	25.56	2.5556
			100	255.56	2.5556
02444674	*VPI-Ondansetron ODT*	VPI	10	25.56	2.5556
02213567	*Zofran*	Novartis	10	126.60	12.6600
02239372	*Zofran ODT*	Novartis	10	123.71	12.3710

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab. Oral Disint. or Tab.				8 mg **PPB**	
02296357	*ACT Ondansetron*	Teva Can	10	40.88	4.0880
02369389	*AG-Ondansetron*	Angita	100	408.80	4.0880
02288192	*Apo-Ondansetron*	Apotex	10	40.88	4.0880
			30	122.64	4.0880
02511290	*Auro-Ondansetron ODT*	Aurobindo	10	40.88	4.0880
02458802	*CCP-Ondansetron*	Cellchem	30	122.64	4.0880
			100	408.80	4.0880
02313693	*Jamp-Ondansetron*	Jamp	10	40.88	4.0880
			100	408.80	4.0880
02371758	*Mar-Ondansetron*	Marcan	10	40.88	4.0880
			30	122.64	4.0880
02305267	*Mint-Ondansetron*	Mint	10	40.88	4.0880
			30	122.64	4.0880
02487349	*Mint-Ondansetron ODT*	Mint	10	40.88	4.0880
02297876	*Mylan-Ondansetron*	Mylan	10	40.88	4.0880
			100	408.80	4.0880
02417847	*NAT-Ondansetron*	Natco	10	40.88	4.0880
			30	122.64	4.0880
02325160	*Ondansetron*	Pro Doc	10	40.88	4.0880
02421410	*Ondansetron*	Sanis	100	408.80	4.0880
02481731	*Ondansetron ODT*	Sandoz	10	40.88	4.0880
02389991	*Ondissolve ODF*	Takeda	10	49.93	4.9930
02258196	*pms-Ondansetron*	Phmscience	10	40.88	4.0880
			100	408.80	4.0880
02274329	*Sandoz Ondansetron*	Sandoz	10	40.88	4.0880
			100	408.80	4.0880
02444682	*VPI-Ondansetron ODT*	VPI	10	40.88	4.0880
02213575	*Zofran*	Novartis	10	193.22	19.3220
02239373	*Zofran ODT*	Novartis	10	188.77	18.8770
OSIMERTINIB Pr					
Tab.				40 mg	
02456214	*Tagrisso*	AZC	30	8840.29	294.6764
Tab.				80 mg	
02456222	*Tagrisso*	AZC	30	8840.29	294.6764
OXCARBAZEPINE Pr					
Oral Susp.				60 mg/mL	
02244673	*Trileptal*	Novartis	250 ml	77.45	0.3098
Tab.				150 mg **PPB**	
02284294	*Apo-Oxcarbazepine*	Apotex	100	62.09	0.6209
02440717	*Jamp-Oxcarbazepine*	Jamp	100	62.09	0.6209

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				300 mg **PPB**	
02284308	*Apo-Oxcarbazepine*	Apotex	100	72.42	0.7242
02440725	*Jamp-Oxcarbazepine*	Jamp	100	72.42	0.7242
02242068	*Trileptal*	Novartis	50	42.60	0.8520
Tab.				600 mg **PPB**	
02284316	*Apo-Oxcarbazepine*	Apotex	100	144.84	1.4484
02440733	*Jamp-Oxcarbazepine*	Jamp	100	144.84	1.4484
02242069	*Trileptal*	Novartis	50	85.20	1.7040
OXYBUTYNIN P					
Patch				36 mg	
02254735	*Oxytrol*	Actavis	8	51.82	6.4775
OXYBUTYNINE CHLORIDE P					
L.A. Tab.				5 mg	
02243960	*Ditropan XL*	Janss. Inc	100	183.30	1.8330
L.A. Tab.				10 mg	
02243961	*Ditropan XL*	Janss. Inc	100	183.30	1.8330
OXYCODONE N					
L.A. Tab.				5 mg	
02366746	*Apo-Oxycodone CR*	Apotex	100	34.02	0.3402
L.A. Tab.				10 mg **PPB**	
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**	
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
L.A. Tab.				40 mg **PPB**	
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**	
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
OXYHYDROXYDE SUCRO FERRIC F					
Chew. Tab.				500 mg (Fe)	
02471574	*Velphoro*	Vifor	90	378.32	4.2036
PALBOCICLIB F					
Caps.				75 mg	
02453150	*Ibrance*	Pfizer	21	5332.16	253.9124
Caps.				100 mg	
02453169	*Ibrance*	Pfizer	21	5332.16	253.9124
Caps.				125 mg	
02453177	*Ibrance*	Pfizer	21	5332.16	253.9124
Tab.				75 mg	
02493535	*Ibrance*	Pfizer	21	5332.16	253.9124
Tab.				100 mg	
02493543	*Ibrance*	Pfizer	21	5332.16	253.9124
Tab.				125 mg	
02493551	*Ibrance*	Pfizer	21	5332.16	253.9124
PARAFFIN/MINERAL OIL					
Oph. Oint.				57.3 % - 42.5 %	
00210889	*Lacrilube*	Allergan	3.5 g	6.98	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PATISIRAN					
I.V. Perf. Sol.				2 mg/mL (5 mL)	
02489252	*Onpattro*	Alnylam	1	10502.41	
PAZOPANIB HYDROCHLORIDE					
Tab.				200 mg	
02352303	*Votrient*	Novartis	120	4129.20	34.4100
PEGFILGRASTIM					
S.C. Inj.Sol (syr)				10 mg/mL (0,6 mL)	
02484153	*Fulphila*	BGP Pharma	1	1375.00	
02474565	*Lapelga*	Apotex	1	1375.00	
02506238	*Nyvepria*	Pfizer	1	1375.00	
02497395	*Ziextenzo*	Sandoz	1	1375.00	
PEGINTERFERON ALFA-2A					
S.C. Inj. Sol.				180 mcg/0.5 mL	
02248077	*Pegasys*	Roche	1	395.84	
PENTOXIFYLLINE					
L.A. Tab.				400 mg	
02230090	*Pentoxifylline SR*	AA Pharma	100	58.46	0.5846
PERAMPANEL					
Tab.				2 mg	
02404516	*Fycompa*	Eisai	7	66.15	9.4500
Tab.				4 mg	
02404524	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				6 mg	
02404532	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				8 mg	
02404540	*Fycompa*	Eisai	28	264.60	9.4500
Tab.				10 mg	
02404559	*Fycompa*	Eisai	28	264.60	9.4500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				12 mg	
02404567	*Fycompa*	Eisai	28	264.60	9.4500

PHENYLBUTYRATE GLYCEROL F

Liq.				1.1 g/mL	
02453304	*Ravicti*	Horizon	25 ml	1200.00	48.0000

PIMECROLIMUS F

Top. Cr.				1 %	
02247238	*Elidel*	Valeant	30 g	62.94	2.0980
			60 g	125.89	2.0982

PIOGLITAZONE HYDROCHLORIDE F

Tab.				15 mg **PPB**	
02302861	*ACT Pioglitazone*	Teva Can	100	50.00	0.5000
02302942	*Apo-Pioglitazone*	Apotex	100	50.00	0.5000
02397307	*Jamp-Pioglitazone*	Jamp	90	45.00	0.5000
02326477	*Mint-Pioglitazone*	Mint	100	50.00	0.5000
02391600	*Pioglitazone*	Accord	90	45.00	0.5000
02303124	*pms-Pioglitazone*	Phmscience	100	50.00	0.5000
02312050	*Pro-Pioglitazone*	Pro Doc	90	45.00	0.5000
02297906	*Sandoz Pioglitazone*	Sandoz	90	45.00	0.5000
Tab.				30 mg **PPB**	
02302888	*ACT Pioglitazone*	Teva Can	100	70.00	0.7000
02302950	*Apo-Pioglitazone*	Apotex	100	70.00	0.7000
02365529	*Jamp-Pioglitazone*	Jamp	90	63.00	0.7000
02326485	*Mint-Pioglitazone*	Mint	100	70.00	0.7000
02339587	*Pioglitazone*	Accord	90	63.00	0.7000
02303132	*pms-Pioglitazone*	Phmscience	100	70.00	0.7000
02312069	*Pro-Pioglitazone*	Pro Doc	90	63.00	0.7000
02297914	*Sandoz Pioglitazone*	Sandoz	90	63.00	0.7000
Tab.				45 mg **PPB**	
02302896	*ACT Pioglitazone*	Teva Can	100	105.00	1.0500
02302977	*Apo-Pioglitazone*	Apotex	100	105.00	1.0500
02365537	*Jamp-Pioglitazone*	Jamp	90	94.50	1.0500
02326493	*Mint-Pioglitazone*	Mint	100	105.00	1.0500
02339595	*Pioglitazone*	Accord	90	94.50	1.0500
02303140	*pms-Pioglitazone*	Phmscience	100	105.00	1.0500
02312077	*Pro-Pioglitazone*	Pro Doc	90	94.50	1.0500
02297922	*Sandoz Pioglitazone*	Sandoz	90	94.50	1.0500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

PIRFENIDONE F

Caps. 267 mg **PPB**

02393751	*Esbriet*	Roche	63	820.89	13.0300
			270	3518.10	13.0300
02509938	*Jamp Pirfenidone*	Jamp	63	422.86	6.7120
			270	1812.24	6.7120
02488833	*Sandoz Pirfenidone Capsules*	Sandoz	270	1812.24	6.7120

Tab. 267 mg **PPB**

02464489	*Esbriet*	Roche	21	273.63	13.0300
			270	3518.10	13.0300
02514702	*Jamp Pirfenidone*	Jamp	90	604.08	6.7120
02488507	*Sandoz Pirfenidone*	Sandoz	21	140.95	6.7120
			270	1812.24	6.7120

Tab. 801 mg **PPB**

02464500	*Esbriet*	Roche	90	3518.10	39.0900
02514710	*Jamp Pirfenidone*	Jamp	90	1812.24	20.1360
02488515	*Sandoz Pirfenidone*	Sandoz	90	1812.24	20.1360

POLYETHYLENE GLYCOL

Oral Pd. 1 g/g **PPB**

02460297	*Comfilax*	Cellchem	238 g	5.93	
			510 g	12.70	
02374137	*Emolax*	Jamp	510 g	12.70	
99113714	*Emolax (30 packs of 17 grams)*	Jamp	510 g	12.70	0.0249
02453193	*Lax-A-Day Pharma*	Phmscience	510 g	12.70	
02450070	*M-Peg 3350*	Mantra Ph.	510 g	12.70	
02358034	*Peg 3350*	Medisca	255 g	6.35	
			510 g	14.74	
02346672	*Relaxa*	Pediapharm	510 g	12.70	
99101166	*Relaxa (30 packs of 17 grams)*	Pediapharm	510 g	12.70	0.0249

POLYETHYLENE GLYCOL/ SODIUM SULFATE/ SODIUM BICARBONATE/ SODIUM CHLORIDE/ POTASSIUM CHLORIDE

Oral Pd. 0.851 g - 0.082 g - 0.024 g - 0.021 g - 0.011 g / g **PPB**

02378329	*Jamplyte (280g)*	Jamp	1	16.45	
99100717	*PegLyte (280 g)*	Pendopharm	1	16.45	

POLYVINYL ALCOHOL

Oph. Sol. 1.4 % (0.4 mL)

02138670	*Refresh*	Allergan	30	9.95	0.3317

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
POMALIDOMIDE Pr					
Caps.				1 mg	
02419580	*Pomalyst*	Celgene	21	10500.00	500.0000
Caps.				2 mg	
02419599	*Pomalyst*	Celgene	21	10500.00	500.0000
Caps.				3 mg	
02419602	*Pomalyst*	Celgene	21	10500.00	500.0000
Caps.				4 mg	
02419610	*Pomalyst*	Celgene	21	10500.00	500.0000
POSACONAZOLE Pr					
L.A. Tab.				100 mg **PPB**	
02424622	*Posanol*	Merck	60	2556.18	➡ 42.6030
02496259	*Sandoz Posaconazole*	Sandoz	60	2556.18	➡ 42.6030
Oral Susp.				40 mg/mL	
02293404	*Posanol*	Merck	1	981.18	
PRASUGREL Pr					
Tab.				10 mg	
02502429	*Jamp Prasugrel*	Jamp	30	50.04	1.6680
PROGESTERONE Pr					
Vag. gel (App.)				8 %	
02241013	*Crinone*	Serono	18	144.00	
Vag. Tab. (eff.)				100 mg	
02334992	*Endometrin*	Ferring	21	84.00	4.0000
PROPRANOLOL HYDROCHLORIDE Pr					
Oral Sol.				3.75 mg/mL	
02457857	*Hemangiol*	Pierre Fab	120 ml	273.70	2.2808

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
PSYLLIUM MUCILLOID [5]					
Oral Pd.					
99002876			1 g		
QUANTITATIVE GLUCOSE BLOOD TEST (ORACLE)					
Strip					
99100516	*Oracle*	TremHarr	50	36.45	
			100	72.90	
QUANTITATIVE PROTHROMBIN-TIME BLOOD TEST					
Strip					
99100333	*CoaguChek XS PT Test*	Roche Diag	6	37.20	
			24	148.80	
			48	297.60	
99113393	*CoaguChek XS PT Test PST*	Roche Diag	6	37.20	
			24	148.80	
RANIBIZUMAB Pr					
Inj. Sol.			10 mg/mL (0,23ml)		
02296810	*Lucentis*	Novartis	1	1575.00	
Inj.Sol (syr)			10 mg/mL (0,165 ml)		
02425629	*Lucentis*	Novartis	1	1575.00	
RASAGILINE MESYLATE Pr					
Tab.			0.5 mg **PPB**		
02404680	*Apo-Rasagiline*	Apotex	100	360.50	➡ 3.6050
02284642	*Azilect*	Teva Innov	30	210.00	7.0000
02491974	*Jamp Rasagiline*	Jamp	30	108.15	➡ 3.6050
			100	360.50	➡ 3.6050
02418436	*Teva-Rasagiline*	Teva Can	30	108.15	➡ 3.6050
Tab.			1 mg **PPB**		
02404699	*Apo-Rasagiline*	Apotex	100	360.50	➡ 3.6050
02284650	*Azilect*	Teva Innov	30	210.00	7.0000
02491982	*Jamp Rasagiline*	Jamp	30	108.15	➡ 3.6050
			100	360.50	➡ 3.6050
02418444	*Teva-Rasagiline*	Teva Can	30	108.15	➡ 3.6050

5 Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
RÉGORAFENIB (MONOHYDRATE DE) Pr					
Tab.				40 mg	
02403390	*Stivarga*	Bayer	84	6100.08	72.6200
RIBAVIRINE Pr					
Tab.				200 mg	
02439212	*Ibavyr*	Pendopharm	100	725.00	7.2500
RIBOCICLIB SUCCINATE Pr					
Tab.				200 mg	
02473569	*Kisqali*	Novartis	21	1777.65	84.6500
			42	3555.30	84.6500
			63	5332.95	84.6500
RIFAXIMINE Pr					
Tab.				550 mg	
02410702	*Zaxine*	Salix	60	460.65	7.6775
RILUZOLE Pr					
Tab.				50 mg **PPB**	
02352583	*Apo-Riluzole*	Apotex	60	206.17	3.4361
02390299	*Mylan-Riluzole*	Mylan	60	206.17	3.4361
02242763	*Rilutek*	SanofiAven	60	585.84	9.7640
RIOCIGUAT Pr					
Tab.				0.5 mg	
02412764	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				1 mg	
02412772	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				1.5 mg	
02412799	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				2 mg	
02412802	*Adempas*	Bayer	42	1795.50	42.7500
Tab.				2.5 mg	
02412810	*Adempas*	Bayer	42	1795.50	42.7500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

RISANKIZUMAB P

S.C. Inj.Sol (syr) — 90 mg/mL (0.83 mL)

02487454	*Skyrizi*	AbbVie	2	4935.00	

RISDIPLAM P

Oral Pd. — 60 mg (0,75 mg/mL)

02514931	*Evrysdi*	Roche	1	11638.35	

RITUXIMAB P

I.V. Perf. Sol. — 10 mg/mL

02513447	*Riabni*	Amgen	10 ml	297.00	
			50 ml	1485.00	
02498316	*Riximyo*	Sandoz	10 ml	297.00	
			50 ml	1485.00	
02495724	*Ruxience*	Pfizer	10 ml	297.00	
			50 ml	1485.00	
02478382	*Truxima*	Teva Innov	10 ml	297.00	
02478390	*Truxima*	Teva Innov	50 ml	1485.00	

RITUXIMAB (GRANULOMATOSIS WITH POLYANGIITIS OR MICROSCOPIC POLYANGIITIS) P

I.V. Perf. Sol. — 10 mg/mL

99113950	*Truxima*	Teva Innov	10 ml	297.00	
99113952	*Truxima*	Teva Innov	50 ml	1485.00	

RIVAROXABAN P

Tab. — 2.5 mg

02480808	*Xarelto*	Bayer	100	142.00	1.4200

Tab. — 10 mg

02316986	*Xarelto*	Bayer	50	142.00	2.8400

Tab. — 15 mg

02378604	*Xarelto*	Bayer	90	255.60	2.8400

Tab. — 20 mg

02378612	*Xarelto*	Bayer	90	255.60	2.8400

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

RIVASTIGMINE P

Caps. 1.5 mg **PPB**

02336715	*Apo-Rivastigmine*	Apotex	100	65.13	0.6513
02242115	*Exelon*	Novartis	56	136.50	2.4375
02485362	*Jamp Rivastigmine*	Jamp	56	36.47	0.6513
			100	65.13	0.6513
02401614	*Med-Rivastigmine*	GMP	56	36.47	0.6513
			100	65.13	0.6513
02416999	*Rivastigmine*	Pro Doc	100	65.13	0.6513
02324563	*Sandoz Rivastigmine*	Sandoz	56	36.47	0.6513
			100	65.13	0.6513

Caps. 3 mg **PPB**

02336723	*Apo-Rivastigmine*	Apotex	100	65.13	0.6513
02242116	*Exelon*	Novartis	56	136.50	2.4375
02485370	*Jamp Rivastigmine*	Jamp	56	36.47	0.6513
			100	65.13	0.6513
02401622	*Med-Rivastigmine*	GMP	56	36.47	0.6513
			100	65.13	0.6513
02417006	*Rivastigmine*	Pro Doc	100	65.13	0.6513
02324571	*Sandoz Rivastigmine*	Sandoz	56	36.47	0.6513
			100	65.13	0.6513

Caps. 4.5 mg **PPB**

02336731	*Apo-Rivastigmine*	Apotex	100	65.13	0.6513
02242117	*Exelon*	Novartis	56	136.50	2.4375
02485389	*Jamp Rivastigmine*	Jamp	56	36.47	0.6513
			100	65.13	0.6513
02401630	*Med-Rivastigmine*	GMP	56	36.47	0.6513
			100	65.13	0.6513
02417014	*Rivastigmine*	Pro Doc	100	65.13	0.6513
02324598	*Sandoz Rivastigmine*	Sandoz	56	36.47	0.6513
			100	65.13	0.6513

Caps. 6 mg **PPB**

02336758	*Apo-Rivastigmine*	Apotex	100	65.13	0.6513
02242118	*Exelon*	Novartis	56	136.50	2.4375
02485397	*Jamp Rivastigmine*	Jamp	56	36.47	0.6513
			100	65.13	0.6513
02401649	*Med-Rivastigmine*	GMP	56	36.47	0.6513
			100	65.13	0.6513
02417022	*Rivastigmine*	Pro Doc	100	65.13	0.6513
02324601	*Sandoz Rivastigmine*	Sandoz	56	36.47	0.6513
			100	65.13	0.6513

Oral Sol. 2 mg/mL

02245240	*Exelon*	Novartis	120 ml	153.02	1.2752

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				4.6 mg/24H **PPB**	
02302845	*Exelon Patch 5*	Novartis	30	131.63	4.3877
02423413	*Mylan-Rivastigmine Patch 5*	Mylan	30	119.32	3.9773
02479540	*Rivastigmine Patch*	Strides	30	119.32	3.9773
02426293	*Sandoz Rivastigmine Patch 5*	Sandoz	30	119.32	3.9773
Patch				9.5 mg/24H **PPB**	
02302853	*Exelon Patch 10*	Novartis	30	131.63	4.3877
02423421	*Mylan-Rivastigmine Patch 10*	Mylan	30	119.32	3.9773
02479559	*Rivastigmine Patch*	Strides	30	119.32	3.9773
02426307	*Sandoz Rivastigmine Patch 10*	Sandoz	30	119.32	3.9773
ROSIGLITAZONE MALEATE Pr					
Tab.				2 mg	
02403366	*Rosiglitazone*	AA Pharma	100	103.16	1.0316
Tab.				4 mg	
02403374	*Rosiglitazone*	AA Pharma	100	161.88	1.6188
Tab.				8 mg	
02403382	*Rosiglitazone*	AA Pharma	100	231.50	2.3150
ROTIGOTINE Pr					
Patch				1 mg/24 h	
02403897	*Neupro*	U.C.B.	30	106.20	3.5400
Patch				2 mg/24 h	
02403900	*Neupro*	U.C.B.	30	106.20	3.5400
Patch				3 mg/24 h	
02403919	*Neupro*	U.C.B.	30	195.00	6.5000
Patch				4 mg/24 h	
02403927	*Neupro*	U.C.B.	30	195.00	6.5000
Patch				6 mg/24 h	
02403935	*Neupro*	U.C.B.	30	218.10	7.2700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Patch				8 mg/24 h	
02403943	*Neupro*	U.C.B.	30	218.10	7.2700

RUFINAMIDE Pr

Tab.				100 mg	
02369613	*Banzel*	Eisai	30	21.54	0.7180
Tab.				200 mg	
02369621	*Banzel*	Eisai	120	172.36	1.4363
Tab.				400 mg	
02369648	*Banzel*	Eisai	120	375.58	3.1298

RUXOLITINIB PHOSPHATE Pr

Tab.				5 mg	
02388006	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				10 mg	
02434814	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				15 mg	
02388014	*Jakavi*	Novartis	56	4602.74	82.1918
Tab.				20 mg	
02388022	*Jakavi*	Novartis	56	4602.74	82.1918

SACUBITRIL/VALSARTAN Pr

Tab.				24.3 mg - 25.7 mg	
02446928	*Entresto*	Novartis	30	108.60	3.6200
Tab.				48.6 mg - 51.4 mg	
02446936	*Entresto*	Novartis	60	217.20	3.6200
Tab.				97.2 mg - 102.8 mg	
02446944	*Entresto*	Novartis	60	217.20	3.6200

SALBUTAMOL SULFATE Pr

Inh. Pd.				200 mcg/coque	
02243115	*Ventolin Diskus*	GSK	60 dose(s)	9.40	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

SALMETEROL XINAFOATE/ FLUTICASONE PROPIONATE Pr

Inh. Pd. 50 mcg-100 mcg/coque **PPB**

02240835	*Advair 100 Diskus*	GSK	60 dose(s)	75.79	
02494507	*pms-Fluticasone Propionate/Salmeterol*	Phmscience	60 dose(s)	➡ 42.41	
02495597	*Wixela Inhub*	Mylan	60 dose(s)	➡ 42.41	

Inh. Pd. 50 mcg-250 mcg/coque **PPB**

02240836	*Advair 250 Diskus*	GSK	60 dose(s)	90.69	
02494515	*pms-Fluticasone Propionate/Salmeterol*	Phmscience	60 dose(s)	➡ 50.76	
02495600	*Wixela Inhub*	Mylan	60 dose(s)	➡ 50.76	

Inh. Pd. 50 mcg-500 mcg/coque **PPB**

02240837	*Advair 500 Diskus*	GSK	60 dose(s)	128.74	
02494523	*pms-Fluticasone Propionate/Salmeterol*	Phmscience	60 dose(s)	➡ 72.06	
02495619	*Wixela Inhub*	Mylan	60 dose(s)	➡ 72.06	

Oral aerosol 25 mcg -125 mcg/dose

02245126	*Advair 125*	GSK	120 dose(s)	90.69	

Oral aerosol 25 mcg -250 mcg/dose

02245127	*Advair 250*	GSK	120 dose(s)	128.74	

SAPROPTERIN DIHYDROCHLORIDE Pr

Tab. 100 mg

02350580	*Kuvan*	Biomarin	120	3960.00	33.0000

SARILUMAB Pr

S.C. Inj. Sol. (pen) 150 mg/1.14 mL

02472961	*Kevzara*	SanofiAven	2	1400.00	700.0000

S.C. Inj. Sol. (pen) 200 mg/1.14 mL

02472988	*Kevzara*	SanofiAven	2	1400.00	700.0000

S.C. Inj.Sol (syr) 150 mg/1.14 mL

02460521	*Kevzara*	SanofiAven	2	1400.00	700.0000

S.C. Inj.Sol (syr) 200 mg/1.14 mL

02460548	*Kevzara*	SanofiAven	2	1400.00	700.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SAXAGLIPTIN Pr					
Tab.				2.5 mg **PPB**	
02507471	*Apo-Saxagliptin*	Apotex	30	37.95 ➡	1.2650
			100	126.50 ➡	1.2650
02375842	*Onglyza*	AZC	30	69.00	2.3000
02468603	*Sandoz Saxagliptin*	Sandoz	30	37.95 ➡	1.2650
Tab.				5 mg **PPB**	
02507498	*Apo-Saxagliptin*	Apotex	30	45.59 ➡	1.5195
			100	151.95 ➡	1.5195
02333554	*Onglyza*	AZC	30	69.00	2.3000
			100	230.00	2.3000
02468611	*Sandoz Saxagliptin*	Sandoz	30	45.59 ➡	1.5195
			100	151.95 ➡	1.5195
SAXAGLIPTIN/METFORMIN HYDROCHLORIDE Pr					
Tab.				2.5 mg - 500 mg	
02389169	*Komboglyze*	AZC	60	76.20	1.2700
Tab.				2.5 mg - 850 mg	
02389177	*Komboglyze*	AZC	60	76.20	1.2700
Tab.				2.5 mg - 1 000 mg	
02389185	*Komboglyze*	AZC	60	76.20	1.2700
SEBELIPASE ALFA Pr					
I.V. Perf. Sol.				2 mg/mL (10 mL)	
02469596	*Kanuma*	Alexion	10 ml	8546.00	
SECUKINUMAB Pr					
S.C. Inj. Sol.				150 mg/mL (1 mL)	
99101215	*Cosentyx (stylo)*	Novartis	1	772.50	
			2	1545.00	772.5000
02438070	*Cosentyx (syringe)*	Novartis	1	772.50	
			2	1545.00	772.5000
SELEXIPAG Pr					
Tab.				200 mcg	
02451158	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				400 mcg	
02451166	*Uptravi*	Janss. Inc	60	3850.00	64.1667

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				600 mcg	
02451174	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				800 mcg	
02451182	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1000 mcg	
02451190	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1200 mcg	
02451204	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1400 mcg	
02451212	*Uptravi*	Janss. Inc	60	3850.00	64.1667
Tab.				1600 mcg	
02451220	*Uptravi*	Janss. Inc	60	3850.00	64.1667
SEMAGLUTIDE Pr					
S.C. Inj. Susp.				1.34 mg/mL (1.5 mL)	
02471477	*Ozempic*	N.Nordisk	1	195.06	
S.C. Inj. Susp.				1.34 mg/mL (3 mL)	
02471469	*Ozempic*	N.Nordisk	1	195.06	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

SENNOSIDES A & B

Tab. 8.6 mg **PPB**

80103747	*AG-Sennosides coated*	Angita	500	23.19	0.0464
80064362	*Alta-Senna*	Altamed	1000	46.38	0.0464
80019511	*Bio-Sennosides*	Biomed	500	23.19	0.0464
02247389	*Euro-Senna*	Sandoz	1000	46.38	0.0464
80009595	*Jamp-Senna*	Jamp	100	4.64	0.0464
			500	23.19	0.0464
80009182	*Jamp-Sennosides Coated*	Jamp	500	23.19	0.0464
02068109	*Lax-A Senna*	Pendopharm	1000	46.38	0.0464
80079884	*M-Senna 8.6 mg*	Mantra Ph.	500	23.19	0.0464
80054498	*M-Sennosides 8.6 mg*	Mantra Ph.	500	23.19	0.0464
80038814	*Opus Senna*	Opus	1000	46.38	0.0464
80047592	*Opus Sennosides Enrobe*	Opus	1000	46.38	0.0464
00896411	*pms-Sennosides*	Phmscience	100	4.64	0.0464
			500	23.19	0.0464
80079605	*Riva-Senna*	Riva	100	4.64	0.0464
			1000	46.38	0.0464
80110688	*Senna*	Jamp	100	4.64	0.0464
			500	23.19	0.0464
80061813	*SennAce*	Vanc Phm	500	23.19	0.0464
80069737	*Sennalax*	Cellchem	60	2.78	0.0464
80054167	*Sennosides*	Altamed	1000	46.38	0.0464

Tab. 12 mg **PPB**

80009183	*Jamp-Sennosides Coated*	Jamp	500	27.75	0.0555
80055641	*M-Sennosides 12 mg*	Mantra Ph.	500	27.75	0.0555
00896403	*pms-Sennosides*	Phmscience	100	5.55	0.0555
			500	27.75	0.0555
80069733	*Sennalax Forte*	Cellchem	60	3.33	0.0555

SEVELAMER CARBONATE Pr

Oral Pd. 2.4 g

02485567	*Renvela*	SanofiAven	90	341.12	3.7902

Oral Pd. 800 mg

02485559	*Renvela*	SanofiAven	90	113.71	1.2634

Tab. 800 mg **PPB**

02461501	*Accel-Sevelamer*	Accel	180	227.42	1.2634
02354586	*Renvela*	SanofiAven	180	227.42	1.2634

SEVELAMER HYDROCHLORIDE Pr

Tab. 800 mg

02244310	*Renagel*	SanofiAven	180	277.36	1.5409

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SILDENAFIL CITRATE Pr					
Tab.				20 mg **PPB**	
02469669	*Jamp-Sildenafil R*	Jamp	30	88.86	2.9620
			90	266.58	2.9620
02412179	*pms-Sildenafil R*	Phmscience	90	266.58	2.9620
			100	296.20	2.9620
02319500	*ratio-Sildenafil R*	Ratiopharm	100	296.20	2.9620
02279401	*Revatio*	Upjohn	90	962.75	10.6972
SIPONIMOD (FUMARIC ACID) Pr					
Tab.				0.25 mg	
02496429	*Mayzent*	Novartis	120	2679.42	22.3285
Tab.				2 mg	
02496437	*Mayzent*	Novartis	28	2500.82	89.3150
SITAGLIPTIN Pr					
Tab.				25 mg	
02388839	*Januvia*	Merck	30	78.53	2.6177
Tab.				50 mg	
02388847	*Januvia*	Merck	30	78.53	2.6177
Tab.				100 mg	
02303922	*Januvia*	Merck	30	78.53	2.6177
			100	261.77	2.6177
SITAGLIPTIN/METFORMIN HYDROCHLORIDE Pr					
L.A. Tab.				50 mg -500 mg	
02416786	*Janumet XR*	Merck	60	82.20	1.3700
L.A. Tab.				50 mg -1000 mg	
02416794	*Janumet XR*	Merck	60	82.20	1.3700
L.A. Tab.				100 mg-1000 mg	
02416808	*Janumet XR*	Merck	30	82.20	2.7400
Tab.				50 mg -500 mg	
02333856	*Janumet*	Merck	60	82.20	1.3700

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Tab.				50 mg -850 mg	
02333864	*Janumet*	Merck	60	82.20	1.3700
Tab.				50 mg -1000 mg	
02333872	*Janumet*	Merck	60	82.20	1.3700
SODIUM PHOSPHATE MONOBASIC/ SODIUM PHOSPHATE DIBASIC					
Ped. Rect. Sol.				160 mg -60 mg/mL **PPB**	
00108065	*Fleet Pediatrique*	CB Fleet	65 ml	3.90	
99101425	*Lax-A Nema Pediatric*	Pendopharm	67 ml	➡ 2.66	
Rect. Sol.				160 mg -60 mg/mL	
02096900	*Lax-A NEMA*	Pendopharm	130 ml	2.99	
SOFOSBUVIR P					
Tab.				400 mg	
02418355	*Sovaldi*	Gilead	28	18333.33	654.7618
SOFOSBUVIR/VELPATASVIR P					
Tab.				400 mg -100 mg	
02456370	*Epclusa*	Gilead	28	20000.00	714.2857
SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR P					
Tab.				400 mg -100 mg -100 mg	
02467542	*Vosevi*	Gilead	28	20000.00	714.2857
SOMATOTROPHIN P					
Cartridge				5 mg	
02325063	*Omnitrope*	Sandoz	1	139.50	
			5	697.50	139.5000
Cartridge				6 mg	
02243077	*Humatrope*	Lilly	1	261.00	
02350122	*Saizen*	Serono	1	261.00	
Cartridge				10 mg	
02325071	*Omnitrope*	Sandoz	1	279.00	
			5	1395.00	279.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Cartridge				12 mg	
02243078	*Humatrope*	Lilly	1	334.80	
02350130	*Saizen*	Serono	1	334.80	
Cartridge				15 mg	
02459647	*Omnitrope*	Sandoz	1	418.50	
			5	2092.50	418.5000
Cartridge				20 mg	
02350149	*Saizen*	Serono	1	778.88	
Cartridge				24 mg	
02243079	*Humatrope*	Lilly	1	1120.08	
Inj. Pd.				5 mg	
02237971	*Saizen*	Serono	1	139.50	
S.C. Inj.Sol (syr)				0.6 mg	
02401762	*Genotropin MiniQuick*	Pfizer	7	117.18	16.7400
S.C. Inj.Sol (syr)				0.8 mg	
02401770	*Genotropin MiniQuick*	Pfizer	7	156.24	22.3200
S.C. Inj.Sol (syr)				1 mg	
02401789	*Genotropin MiniQuick*	Pfizer	7	195.30	27.9000
S.C. Inj.Sol (syr)				1.2 mg	
02401797	*Genotropin MiniQuick*	Pfizer	7	234.36	33.4800
S.C. Inj.Sol (syr)				1.4 mg	
02401800	*Genotropin MiniQuick*	Pfizer	7	273.42	39.0600
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

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Sty				5 mg	
02399091	*Nutropin AQ NuSpin 5*	Roche	1	139.50	
Sty				5.3 mg	
02401703	*Genotropin GoQuick*	Pfizer	5	739.35	147.8700
Sty				10 mg	
02376393	*Nutropin AQ NuSpin 10*	Roche	1	279.00	
Sty				12 mg	
02401711	*Genotropin GoQuick*	Pfizer	5	1674.00	334.8000
Sty				20 mg	
02399083	*Nutropin AQ NuSpin 20*	Roche	1	778.88	

SOMATOTROPHIN - DELAYED GROWTH AND TURNER'S SYNDROME P

Sty				5 mg	
02334852	*Norditropin Nordiflex*	N.Nordisk	1	139.50	
Sty				10 mg	
02334860	*Norditropin Nordiflex*	N.Nordisk	1	279.00	
Sty				15 mg	
02334879	*Norditropin Nordiflex*	N.Nordisk	1	418.50	

SOMATOTROPHIN - DELAYED GROWTH RELATED TO RENAL FAILURE P

Cartridge				6 mg	
99101243	*Saizen*	Serono	1	261.00	
Cartridge				10 mg	
99101242	*Nutropin AQ NuSpin 10*	Roche	1	279.00	
Cartridge				12 mg	
99101245	*Saizen*	Serono	1	334.80	
Cartridge				20 mg	
99101246	*Saizen*	Serono	1	778.88	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Inj. Pd.				5 mg	
99101244	*Saizen*	Serono	1	139.50	
Sty				5 mg	
99101238	*Nutropin AQ NuSpin 5*	Roche	1	139.50	
Sty				20 mg	
99101240	*Nutropin AQ NuSpin 20*	Roche	1	778.88	
SORAFENIB TOSYLATE P					
Tab.				200 mg	
02284227	*Nexavar*	Bayer	120	5521.06	46.0088
STIRIPENTOL P					
Caps.				250 mg	
02398958	*Diacomit*	Biocodex	60	353.90	5.8983
Caps.				500 mg	
02398966	*Diacomit*	Biocodex	60	706.70	11.7783
Oral Pd.				250 mg/sachet	
02398974	*Diacomit*	Biocodex	60	353.90	5.8983
SUNITINIB (MALATE) P					
Caps.				12.5 mg	
02280795	*Sutent*	Pfizer	28	1768.27	63.1525
Caps.				25 mg	
02280809	*Sutent*	Pfizer	28	3536.52	126.3043
Caps.				50 mg	
02280817	*Sutent*	Pfizer	28	7073.05	252.6089
TACROLIMUS P					
Top. Oint.				0.03 %	
02244149	*Protopic*	Leo	30 g 60 g	64.50 129.00	2.1500 2.1500

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
Top. Oint.				0.1 %	
02244148	*Protopic*	Leo	30 g 60 g	69.00 138.00	2.3000 2.3000
TADALAFIL Pr					
Tab.				20 mg **PPB**	
02338327	*Adcirca*	Lilly	56	680.81	12.1573
02421933	*Apo-Tadalafil PAH*	Apotex	60	607.37	➡ 10.1228
TAFAMIDIS Pr					
Caps.				61 mg	
02517841	*Vyndamax*	Pfizer	30	16028.40	534.2800
TAFAMIDIS MEGLUMINE Pr					
Caps.				20 mg	
02495732	*Vyndaqel*	Pfizer	120	16028.40	133.5700
TERIFLUNOMIDE Pr					
Tab.				14 mg	
02416328	*Aubagio*	Genzyme	28	1426.82	50.9579
TERIPARATIDE Pr					
S.C. Inj. Sol.			250 mcg/mL (2.4 mL or 3 mL)		
02486423	*Teva-Teriparatide injectable*	Teva Can	1	565.26	
TERIPARATIDE (BIOSIMILAR) Pr					
S.C. Inj. Sol.			250 mcg/mL (2.4 mL)		
02495589	*Osnuvo*	Avir	1	565.26	
THALIDOMIDE Pr					
Caps.				50 mg	
02355191	*Thalomid*	Celgene	28	825.13	29.4689
Caps.				100 mg	
02355205	*Thalomid*	Celgene	28	1650.26	58.9379
Caps.				200 mg	
02355221	*Thalomid*	Celgene	28	3300.64	117.8800

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TICAGRELOR Pr					
Tab.				90 mg	
02368544	*Brilinta*	AZC	60	88.80	1.4800
TIGECYCLINE Pr					
I.V. Perf. Pd.				50 mg **PPB**	
02409356	*Tigecycline*	Apotex	10	714.23	➡ 71.4225
02285401	*Tygacil*	Pfizer	10	802.50	80.2500
TIPRANAVIR Pr					
Caps.				250 mg	
02273322	*Aptivus*	Bo. Ing.	120	990.00	8.2500
TIZANIDINE HYDROCHLORIDE Pr					
Tab.				4 mg	
02259893	*Tizanidine*	AA Pharma	100	36.86	0.3686
TOBRAMYCIN SULFATE Pr					
Inh. Pd.				28 mg	
02365154	*Tobi Podhaler*	BGP Pharma	224	2880.36	
Sol. Inh.				300 mg/5 mL **PPB**	
02389622	*Teva-Tobramycin*	Teva Can	56	1533.36	➡ 27.3814
02239630	*Tobi*	BGP Pharma	56	2880.36	51.4350
TOCILIZUMAB Pr					
I.V. Perf. Sol.				20 mg/mL (4 mL)	
02350092	*Actemra*	Roche	1	179.20	
I.V. Perf. Sol.				20 mg/mL (10 mL)	
02350106	*Actemra*	Roche	1	448.00	
I.V. Perf. Sol.				20 mg/mL (20 mL)	
02350114	*Actemra*	Roche	1	896.00	
S.C. Inj. Sol. (pen)				162 mg/0.9 mL	
02483327	*Actemra*	Roche	4	1420.00	355.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
S.C. Inj.Sol (syr)				162 mg/0.9 mL	
02424770	*Actemra*	Roche	4	1420.00	355.0000
TOCOPHERYL ACETATE (DL-ALPHA) [5]					
Caps.				100 UI	
99002396			100		
Caps.				200 UI	
99002418			100		
Caps.				400 UI	
99002426			100		
Chew. Tab.				200 UI	
99100202			90		
Oral Sol.				50 UI/mL	
99002469			25 ml		
TOFACITINIB CITRATE Pr					
L.A. Tab.				11 mg	
02470608	*Xeljanz XR*	Pfizer	30	1385.79	46.1930
Tab.				5 mg	
02423898	*Xeljanz*	Pfizer	60	1385.79	23.0965
Tab.				10 mg	
02480786	*Xeljanz*	Pfizer	60	2540.62	42.3436
TRAMETINIB Pr					
Tab.				0.5 mg	
02409623	*Mekinist*	Novartis	30	2175.00	72.5000
Tab.				2 mg	
02409658	*Mekinist*	Novartis	30	8700.00	290.0000

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TREPROSTINIL SODIUM P					
Inj. Sol.				1 mg/mL	
02246552	*Remodulin*	U.T.C.	20 ml	900.00	
Inj. Sol.				2.5 mg/mL	
02246553	*Remodulin*	U.T.C.	20 ml	2250.00	
Inj. Sol.				5 mg/mL	
02246554	*Remodulin*	U.T.C.	20 ml	4500.00	
Inj. Sol.				10 mg/mL	
02246555	*Remodulin*	U.T.C.	20 ml	9000.00	
TRETINOIN P					
Top. Cr.				0.01 %	
00657204	*Stieva-A*	GSK	25 g	7.30	0.2920
Top. Cr.				0.025 %	
00578576	*Stieva-A*	GSK	25 g	7.30	0.2920
Top. Cr.				0.05 % **PPB**	
00443794	*Retin-A*	Valeant	30 g	10.36	0.3453
00518182	*Stieva-A*	GSK	25 g	5.15	➡ 0.2060
Top. Jel.				0.01 %	
01926462	*Vitamin A Acid Gel Doux*	Valeant	25 g	7.41	0.2964
Top. Jel.				0.025 %	
01926470	*Vitamin A Acid Gel*	Valeant	25 g	7.41	0.2964
Top. Jel.				0.05 %	
01926489	*Vitamin A Acid Gel*	Valeant	25 g	7.41	0.2964
TRIENTINE (HYDROCHLORIDE) H					
Caps.				250 mg	
+ 02504855	*Mar-Trientine*	Marcan	100	2000.00	20.0000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

TRIFLURIDINE/TIPIRACIL HYDROCHLORIDE Pr

Tab. 15 mg - 6.14 mg

02472104	*Lonsurf*	Taiho	20	1525.00	76.2500

Tab. 20 mg - 8.19 mg

02472112	*Lonsurf*	Taiho	20	1525.00	76.2500

TROSPIUM CHLORIDE Pr

Tab. 20 mg **PPB**

02488353	*Mar-Trospium*	Marcan	60	36.65	➡ 0.6108
02275066	*Trosec*	Sunovion	60	36.65	➡ 0.6108

USTEKINUMAB Pr

S.C. Inj.Sol (syr) 45 mg/0.5 mL

02320673	*Stelara*	Janss. Inc	1	4311.72	

S.C. Inj.Sol (syr) 90 mg/1 mL

02320681	*Stelara*	Janss. Inc	1	4311.72	

VALGANCICLOVIR HYDROCHLORIDE Pr

Oral Susp. 50 mg/mL

02306085	*Valcyte*	Roche	100 ml	253.98	2.5398

Tab. 450 mg **PPB**

02435179	*Auro-Valganciclovir*	Aurobindo	60	348.19	➡ 5.8031
			100	580.31	➡ 5.8031
02495457	*Mint-Valganciclovir*	Mint	60	348.19	➡ 5.8031
02413825	*Teva-Valganciclovir*	Teva Can	60	348.19	➡ 5.8031
02245777	*Valcyte*	Roche	60	1371.49	22.8582

VEDOLIZUMAB Pr

I.V. Perf. Pd. 300 mg

02436841	*Entyvio*	Takeda	1	3290.00	

S.C. Inj. Sol. 108 mg/0.68 mL

02497867	*Entyvio (stylo)*	Takeda	1	822.50	
			2	1645.00	822.5000
02497875	*Entyvio (syringe)*	Takeda	1	822.50	
			2	1645.00	822.5000

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
VEMURAFENIB P					
Tab.				240 mg	
02380242	*Zelboraf*	Roche	56	1911.59	34.1355
VENETOCLAX P					
Tab.				10 mg	
02458039	*Venclexta*	AbbVie	2	13.60	6.8000
Tab.				50 mg	
02458047	*Venclexta*	AbbVie	1	33.99	33.9900
Tab.				100 mg	
02458055	*Venclexta*	AbbVie	1 120	67.99 8158.50	67.9875 67.9875
VERTEPORFIN P					
I.V. Inj. Pd.				15 mg	
02242367	*Visudyne*	Cheplaphar	1	1703.10	
VILANTEROL TRIFENATATE / UMECLIDINIUM BROMURE / FLUTICASONE FUORATE P					
Inh. Pd. (App.)				25 mcg - 62.5 mcg - 100 mcg/dose	
02474522	*Trelegy Ellipta*	GSK	30 dose(s)	132.20	
VILANTEROL TRIFENATATE/FLUTICASONE FUROATE P					
Inh. Pd.				25 mcg - 100 mcg/dose	
02408872	*Breo Ellipta*	GSK	30 dose(s)	82.20	
Inh. Pd.				25 mcg -200 mcg/dose	
02444186	*Breo Ellipta*	GSK	30 dose(s)	116.90	
VILANTEROL TRIFENATATE/UMECLIDINIUM BROMURE P					
Inh. Pd. (App.)				25 mcg - 62,5 mcg/dose	
02418401	*Anoro Ellipta*	GSK	30 dose(s)	63.00	
VISMODEGIB P					
Caps.				150 mg	
02409267	*Erivedge*	Roche	28	8238.26	294.2236

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

VORICONAZOLE Pr

I.V. Perf. Pd. 200 mg **PPB**

02256487	*Vfend*	Pfizer	1	145.55	
02477696	*Voriconazole pour injection*	Jamp	1	➡ 136.58	

Tab. 50 mg **PPB**

02399245	*Sandoz Voriconazole*	Sandoz	30	95.87	➡ 3.1957
02396866	*Teva-Voriconazole*	Teva Can	30	95.87	➡ 3.1957
02256460	*Vfend*	Pfizer	30	370.53	12.3510

Tab. 200 mg **PPB**

02399253	*Sandoz Voriconazole*	Sandoz	30	383.33	➡ 12.7777
02396874	*Teva-Voriconazole*	Teva Can	30	383.33	➡ 12.7777
02256479	*Vfend*	Pfizer	30	1481.49	49.3830

ZOLEDRONIC ACID Pr

I.V. Perf. Sol. 4 mg/5 mL **PPB**

02422425	*Acide zoledronique pour injection*	Dr Reddy's	5 ml	➡ 134.61	
02434458	*Acide zoledronique pour injection*	Fresenius	5 ml	➡ 134.61	
02444739	*Acide zoledronique pour injection*	Juno	5 ml	➡ 134.61	
02472805	*Acide zoledronique pour injection*	Marcan	5 ml	➡ 134.61	
02415186	*Acide zoledronique pour injection*	Taro	5 ml	➡ 134.61	
02407639	*Acide zoledronique pour injection*	Teva Can	5 ml	➡ 134.61	
02401606	*Acide zoledronique-Z*	Sandoz	5 ml	➡ 134.61	
02482525	*Jamp-Zoledronic Acid*	Jamp	5 ml	➡ 134.61	
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 Reddy's	1	➡ 335.40	
02269198	*Aclasta*	Novartis	1	668.60	
02415100	*Injection d'acide zoledronique*	Taro	1	➡ 335.40	

SUPPLIES

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

SUPPLIES [6]

AEROSOL HOLDING CHAMBER

99002116			1		

AEROSOL HOLDING CHAMBER AND MASK

99002124			1		

DISPOSABLE NEEDLE FOR AUTO-INJECTOR

99002108			1		

DISPOSABLE NEEDLE FOR SYRINGE OF METHOTREXATE

99101194			1		

DISPOSABLE NEEDLE WITH SAFETY DEVICE FOR INSULIN AUTO-INJECTOR [9]

99100517			1		

DISPOSABLE SYRINGE (WITHOUT NEEDLE)

				1.0 cc	
99002337			1		
				2.0 cc	
99002531			1		
				3 cc	
99002175			1		
				5 cc	
99002183			1		
				10 cc	
99002191			1		

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9 This type of supply is reimbursable for persons carrying a blood-borne infection.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
99100668			1	20 cc	
* 99100669			1	30 cc at 50 cc	

DISPOSABLE SYRINGE WITH NEEDLE FOR INSULIN

99002132			1	0.25 cc	
99002140			1	0.3 cc	
99002159			1	0.5 cc	
99002167			1	1.0 cc	

DISPOSABLE SYRINGE WITH NEEDLE(S)

99002345			1	1.0 cc	
99002558			1	2.0 cc	
99002205			1	3 cc	
99002213			1	5 cc	
99002221			1	10 cc	

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DISPOSABLE SYRINGE WITH RETRACTABLE NEEDLE [13]					
				3 cc	
99101335			1		
HEPARIN (SODIUM)					
Flush. sol. (syr.)				10 U/mL (3 and 5 mL)	
99113757	*BD Posiflush heparine*	B-D	3 ml 5 ml	0.68 0.67	
Flush. sol. (syr.)				100 U/mL (3 and 5 mL)	
99113759	*BD Posiflush heparine*	B-D	3 ml 5 ml	0.69 0.70	
MASK FOR AEROSOL HOLDING CHAMBER					
99003643			1		
SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF A COVID-19 VACCINE (WITH A GOVERNMENT-SUPPLIED SYRINGE) [24]					
99113862			1		
SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF A VACCINE [23]					
99113726			1		
SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF AN EMERGENCY DRUG [23]					
99113729			1		
SET OF SUPPLIES NECESSARY FOR THE ADMINISTRATION OF EVUSHELD [26]					
99113978			1		

13 Syringes and retractable needles are reimbursable only where billed for the administration of naloxone hydrochloride.

24 Maximum price reimbursable: 0,25. No excess amount may be charged to the insured person, even if the purchase price exceeds this maximum reimbursable price.

23 Maximum price reimbursable: 0,50. No excess amount may be charged to the insured person, even if the purchase price exceeds this maximum reimbursable price.

26 Maximum price reimbursable: 0,75. No excess amount may be charged to the insured person, even if the purchase price exceeds this maximum reimbursable price. Reimbursement of these supplies is allowed only when the treatment is administered in a pharmacy.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SODIUM CHLORIDE					
Flush. sol.				0.9 % **PPB**	
99100499	*BD Saline SP NaCl 0.9 %*	B-D	3 ml	0.90	
			5 ml	0.95	
			10 ml	1.00	
99100894	*Chlorure de Sodium*	MedXL	3 ml	➡ 0.85	
			5 ml	➡ 0.90	
			10 ml	➡ 0.95	

PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

PRODUCTS FOR EXTEMPORANEOUS PREPARATIONS [6]

AMPHOTERICIN B P

Inj. Pd. 50 mg

99100416			20 ml		

CLOMIFENE CITRATE P

Pd.

99113918			1 g		

COLLOIDAL SULFUR

00901725			50 g		

CYCLOSPORINE P

Inj. Sol.

99100387			1		

CYSTEAMINE P

Pd.

99113753			1 g		

DIPHENHYDRAMINE HYDROCHLORIDE P

Liq. oral

99113920			1 ml		

ERYTHROMYCIN P

Pd. (external use)

99100163			2 g		

HYDROCORTISONE

00900761			5 g		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
HYDROCORTISONE ACETATE P					
00906689			10 g		
LIQUOR CARBONIS DETERGENS					
00903256			500 ml		
METHADONE HYDROCHLORIDE N					
00907561	*Methadone*		1	1 g à 100 g	
MITOMYCINE P Inj. Pd.					
99004518			1		
NIFEDIPINE P Pd.					
99113740			1 g		
PRECIPITATED SULFUR					
00901733			500 g		
SALICYLIC ACID					
00901164			50 g		
SODIUM BENZOATE - ACTIVE INGREDIENT Pd.					
99101236			100 g		
SUBLIMED SULFUR					
00896217			125 g		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
TAR (MINERAL)					
00897361			25 g		
TAR (WOOD)					
00908169			100 ml		
VANCOMYCIN HYDROCHLORIDE Pd.					
99100176			1 g		

VEHICLES, SOLVENTS OR ADJUVANTS

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE

VEHICLES, SOLVENTS OR ADJUVANTS [6]

ANHYDROUS SODIUM CITRATE

99002779			100 g		

ARTIFICIEL

Oph. Sol.

00921270			15 ml		

BASES/ EMULSIONS [22]

99101014			1		

CARBOXYMETHYLCELLULOSE SODIUM

00897175			100 g		

CASSETTE OR BAG FOR ADMINISTRATION DEVICE

99002248			1		

CHLOROFORM

99002752			100 ml		

CITRIC ACID

Pd.

99001500			50 g		

DEXTROSE

Inj. Sol. 5 %

99002256			500 ml 1000 ml		

6 Where no price is indicated, pharmacists may purchase the product of their choice. The product thus obtained is considered insured and the price payable by the Régie is the pharmacist's cost price.

22 The quantity and actual acquisition price must be indicated in grams or millilitres according to the product used.

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
DEXTROSE (MINI-BAGS)					
Inj. Sol.				5 %	
00921289			25 ml 50 ml 100 ml 250 ml		
DISPOSABLE NEEDLE FOR SYRINGUES					
99005077			100		
DISTILLED WATER					
00906719			4550 ml		
ELASTOMERIC INFUSOR (CONTINUOUS)					
99002280			1		
ELASTOMERIC INFUSOR (INTERMITENT)					
99002272			1		
EMPTY BAG FOR IV SOLUTIONS					
Bag					
99002299			1		
ETHANOL					
Liq.				95 %	
99002388			750 ml		
GELATIN (EMPTY CAPSULE)					
Caps.					
99001519			1		
GLYCERIN [5]					
00903159			100 ml		

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CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
GLYCINE/ SODIUM CHLORIDE					
				94 mg -73.3 mg	
02443651	*Flolan (diluant pour)*	GSK	50 ml	10.36	
HYDRATED LANOLIN					
00902659			450 g		
LACTOSE					
00900834			500 g		
LIDOCAINE HYDROCHLORIDE					
Inj. Sol.				1 % (2 mL à 5 mL)	
99101013			1		
MAGNESIUM HYDROXIDE / ALUMINUM HYDROXIDE					
Oral Susp.					
99003376			1 ml		
MAGNESIUM HYDROXIDE/ ALUMINIUM HYDROXIDE/ SIMETHICONE					
Oral Susp.					
99100243			1 ml		
METHYLCELLULOSE					
00902365			100 g		
Pd.				1 500 cps	
99001527			500 g		
MICROCRYSTALLINE CELLULOSE					
Pd.					
99113917			1 g		
MINERAL OIL					
00906654			500 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
OILY VEHICLE					
99101192			500 ml		
PROPYLENE GLYCOL					
00903353			500 ml		
PURIFIED WATER (DISTILLED, DEMINERALIZED OR OTHERS)					
99101431			1 ml		
SIMPLE SYRUP					
00905038			500 ml		
SODIUM BENZOATE - ADJUVANT Pd.					
99001535			100 g		
SODIUM BICARBONATE Pd.					
99100058			100 g		
SODIUM CHLORIDE Inj. Sol.				0.9 %	
99002310			500 ml 1000 ml		
SODIUM CHLORIDE (SMALL VOLUMES) Inj. Sol.				0.9 %	
99002329			5 ml 10 ml 20 ml 50 ml		
SODIUM CHLORIDE INHALATION THERAPY				0.9 %	
99101482			3 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
SODIUM CHLORURE MINI-SAC					
Inj. Sol.				0.9 %	
00921300			25 ml 50 ml 100 ml 250 ml		
SOFT WHITE PARAFFIN					
00902691			450 g		
SOFT YELLOW PARAFFIN					
00902683			454 g		
SORBITOL					
99000555			100 g		
STERILE SYRINGE CAP					
99100673			25		
STERILE WATER FOR INJECTION					
99100407			250 ml 500 ml 1000 ml 2000 ml		
STERILE WATER FOR INJECTION (SMALL VOLUMES)					
99002264			5 ml 10 ml 20 ml 50 ml		
STERILE WATER FOR IRRIGATION					
99101432			1 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
STERILE WATER INHALATION THERAPY					
00920282			3 ml 5 ml		
SWEET ALMOND OIL					
00907448			100 ml		
SWEETENERS (VARIOUS FLAVOURS)					
99002353			500 ml		
SYRINGE FOR ADMINISTRATION DEVICE					
99002302			1		
TRAGACANTH Pd.					
99002361			100 g		
VEHICLES FOR ORAL SUSPENSIONS Oral Susp.				250 ml à 473 ml	
99101222			1		
WATER FOR INJECTION (INHALATION THERAPY)					
00905178 00905186			2 ml 10 ml 30 ml 50 ml 5 ml		
WATER FOR INJECTION/ BENZYL ALCOHOL 0.9%					
00906077			30 ml		

CODE	BRAND NAME	MANUFACTURER	SIZE	COST OF PKG. SIZE	UNIT PRICE
WATER FOR INJECTION/ BENZYL ALCOHOL 1.5 %					
00402257			30 ml 50 ml		
WATER FOR INJECTION/ PARABENS					
00905445			30 ml		
XANTHAN GUM					
99002760			100 g		

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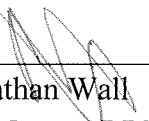

Jonathan Wall
Goodmans LLP

File No. CT-2024-006

COMPETITION TRIBUNAL

IN THE MATTER OF the *Competition Act*, R.S.C. 1985, c. C-34 (the "**Act**");

AND IN THE MATTER OF an application by JAMP Pharma Corporation for an order pursuant to section 103.1 of the Act granting leave to bring an application under section 79 of the Act;

AND IN THE MATTER OF an application by JAMP Pharma Corporation for an order pursuant to sections 79 of the Act;

BETWEEN:

JAMP PHARMA CORPORATION

Applicant

– and –

JANSSEN INC.

Respondent

AFFIDAVIT OF GENIA RADEVA
(Pursuant to section 103.1 of the *Competition Act*)

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