

FAB LOCALE 2ème passage CTSP 01/11/2017

| N° | Médicament | DCI | Dosage | Forme | Présentation | Titulaire | Avis CTSP |
|----|---------------|------------------------------------|----------------------|--------------------------------|--------------|-------------|----------------|
| 1 | FIBREX ENFANT | PARACETAMOL+PHENIRAMINE+VITAMINE C | 280 mg/ 10 mg/100 mg | Granulés pour solution buvable | B/8 SACHETS | PHARMACARE | Avis favorable |
| 2 | FIBREX ADULTE | PARACETAMOL+PHENIRAMINE+VITAMINE C | 500 mg/25 mg/200 mg | Poudre pour solution orale | B/8 SACHETS | PHARMACARE | Avis favorable |
| 3 | BOSACLIN | BOSENTAN (MONOHYDRATE) | 62.5 mg | Comprimé pelliculé | B/60 | TAHA PHARMA | Avis favorable |

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|----|------------|--------------|--------|----------------------------|--------------|---------------------|--|
| 1 | X-BACK | CELECOXIB | 200 mg | Gélule | B/10 | PHILADELPHIA PHARMA | surseoir, demander une étude de bioéquivalence |
| 2 | X-BACK | CELECOXIB | 200 mg | Gélule | B/20 | PHILADELPHIA PHARMA | surseoir, demander une étude de bioéquivalence |
| 3 | X-BACK | CELECOXIB | 200 mg | Gélule | B/30 | PHILADELPHIA PHARMA | surseoir, demander une étude de bioéquivalence |
| 4 | INICOX 2 | CELECOXIB | 200 mg | Gélule | B/20 | GALPHARMA | avis favorable s/r d'une baisse de prix |
| 5 | INICOX 2 | CELECOXIB | 200 mg | Gélule | B/30 | GALPHARMA | avis favorable s/r d'une baisse de prix |
| 6 | MEDIPREX | ESCITALOPRAM | 10 mg | Comprimé pelliculé sécable | B/15 | MEDIS | avis favorable |
| 7 | MEDIPREX | ESCITALOPRAM | 10 mg | Comprimé pelliculé sécable | B/30 | MEDIS | avis favorable |
| 8 | ALZHECEPT | DONEPEZIL | 5mg | Comprimé pelliculé | B/30 | TAHA PHARMA | avis favorable s/r d'une baisse de prix |
| 9 | ALZHECEPT | DONEPEZIL | 10 mg | Comprimé pelliculé | B/30 | TAHA PHARMA | avis favorable s/r d'une baisse de prix |
| 10 | APYREX | PARACETAMOL | 500 mg | Comprimé pelliculé sécable | B/16 | TERIAK | avis favorable |

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| 11 | DOLIPRANE EXTRA | PARACETAMOL+CAFEINE | 500 mg/65 mg | Comprimé pelliculé | B/16 | WINTHROP PHARMA TUNISIE | avis favorable |
| 12 | DAFALGAN | PARACETAMOL | 1 gr | Comprimé pelliculé | B/8 | IPS (Industrie Pharmaceutique) | avis favorable |
| 13 | STOPALGIC | PARACETAMOL | 1000 mg | Comprimé | B/8 | MEDIS | avis favorable |
| 14 | STOPALGIC CODE 300/25 | PARACETAMOL+CODEINE | 300mg/25g | Comprimé | B/16 | MEDIS | avis favorable s/r de changer le nom de la spécialité |
| 15 | STOPALGIC CODE 600/50 | PARACETAMOL+CODEINE | 600mg/50mg | Comprimé | B/12 | MEDIS | avis favorable s/r de changer le nom de la spécialité |
| 16 | STOPALGIC EXTRA | PARACETAMOL+CAFEINE | | Comprimé pelliculé | B/14 | MEDIS | avis favorable |
| 17 | APHRODIS | TADALAFIL | 10 mg | Comprimé pelliculé | B/16 | PHARMACARE | surseoir, demander l'interêt de la présentation |
| 18 | APHRODIS | TADALAFIL | 20 mg | Comprimé pelliculé | B/8 | PHARMACARE | avis favorable |
| 19 | HUMOXAT | PAROXETINE | 20 mg | Comprimé pelliculé sécable | B/30 | SAIPH | avis favorable |
| 20 | Z ZOLE | ALBENDAZOLE | 0,04 | Suspension buvable | B/4 sachets/5ml | OPALIA PHARMA | surseoir, demander l'interêt de la présentation |
| 21 | UNISIA | CANDESARTAN CILEXETIL + AMLODIPINE | 8 mg /2.5 mg | Comprimé | B/30 | IBN AL BAYTAR | avis défavorable |
| 22 | UNISIA | CANDESARTAN CILEXETIL + AMLODIPINE | 8 mg / 5 mg | Comprimé | B/30 | IBN AL BAYTAR | avis favorable |

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| N° | Médicament | DCI | Dosage | Forme Pharmaceutique | Présentation | TITULAIRE | Avis |
|----|------------------|-----------------------|-------------|----------------------|---------------|-------------------------|------------|
| 1 | APOKINON | APOMORPHINE | 30MG | SOLUTION INJECTABLE | B/1 STYLO/3ML | AGUETTANT | NON TRAITE |
| 2 | APOKINON | APOMORPHINE | 30MG | SOLUTION INJECTABLE | B/5 STYLO/3ML | AGUETTANT | NON TRAITE |
| 3 | SPILOTO RESPIMAT | TIOTROPIUM+OLODATEROL | 2,5µG/2,5µG | SOLUTION A INHALER | B/1FL | BOEHRINGER ING.INT.GmbH | NON TRAITE |

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| 4 | TOPOTECAN KABI | TOPOTECAN | 1mg/ml | PDRE PREP INJ | B/ 1 flacon | FRESENIUS KABI ONCOLOGY PLC | NON TRAITE |
| 5 | DROPERIDOL AGUETTANT | DROPERIDOL | 1.25 mg/ml | SOLUTION INJECTABLE | B/10/Ampou les/1ml | AGUETTANT | NON TRAITE |
| 6 | HIZENTRA | IMMUNOGLOBULINE HUMAINE POLYVALENTE | 2 gr | SOLUTION INJECTABLE | FL/10ML | CSL Behring AG | NON TRAITE |
| 7 | HIZENTRA | IMMUNOGLOBULINE HUMAINE POLYVALENTE | 1 gr | SOLUTION INJECTABLE | FL/5ML | CSL Behring AG | NON TRAITE |
| 8 | HIZENTRA | IMMUNOGLOBULINE HUMAINE POLYVALENTE | 4 gr | SOLUTION INJECTABLE | FL/4ML | CSL Behring AG | NON TRAITE |
| 9 | ZALTRAP | AFLIBERCEPT | 25mg/ml | SOLUTION INJECTABLE | Fl/4ml | SANOFI AVENTIS | NON TRAITE |
| 10 | ZALTRAP | AFLIBERCEPT | 25mg/ml | SOLUTION INJECTABLE | Fl/4ml | SANOFI AVENTIS | NON TRAITE |
| 11 | PHENYLEPHRINE AGUETTANT | PHENYLEPHRINE | 50µg/ml | sol inj | B/10 SERINGUES/1 OML | AGUETTANT | NON TRAITE |
| 12 | ROTATEQ | | | SOL BUVABLE | B/1 UNIDOSE | MSD | NON TRAITE |
| 13 | TACROLIMUS HEXAL | TACROLIMUS | 1mg | GELULE | B/100 | HEXAL AG | NON TRAITE |
| 14 | TACROLIMUS HEXAL | TACROLIMUS | 5mg | GELULE | B/100 | HEXAL AG | NON TRAITE |
| 15 | METFORMINE MYLAN PHARMA | METFORMINE | 850 MG | Comprimé pelliculé | B/90 | MYLAN S.A.S | NON TRAITE |
| 16 | METFORMINE MYLAN PHARMA | METFORMINE | 850 MG | Comprimé pelliculé | B/30 | MYLAN S.A.S | NON TRAITE |
| 17 | ENANTYUM | DEXKETOPROFENE | 25 mg | Granulés pour solution buvable | B/20 sachets | MENARINI S.A ESPAGNE | NON TRAITE |
| 18 | ENANTYUM | DEXKETOPROFENE | 25 mg | Comprimé pelliculé | B/20 | MENARINI S.A ESPAGNE | NON TRAITE |
| 19 | ENANTYUM | DEXKETOPROFENE | 50 mg/2 ml | Solution injectable | B/6/2ml | MENARINI S.A ESPAGNE | NON TRAITE |
| 20 | LUTINUS | PROGESTERONE | 100 MG | Comprime gynecologique | Boite de 21 cp vaginaux avec a | FERRING ARZNEIMITTEL GmbH | NON TRAITE |

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| 21 | VIRAFERONPEG | PEGINTERFERON ALPHA 2B | 80mcg/0.5ml | Pdre p.prep.injectable | B/1stylo pré-remplie + 1aig +2 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 22 | VIRAFERONPEG | PEGINTERFERON ALPHA 2B | 120mcg/0.5ml | Pdre p.prep.injectable | B/1stylo pré-remplie + 1aig +2 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 23 | VIRAFERONPEG | PEGINTERFERON ALPHA 2B | 100mcg/0.5ml | Pdre p.prep.injectable | B/1stylo pré-remplie + 1aig +2 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 24 | REBETOL | RIBAVIRINE | 200 mg | Gélule | B/168 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 25 | REBETOL | RIBAVIRINE | 200 mg | Gélule | B/140 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 26 | REBETOL | RIBAVIRINE | 200 mg | Gélule | B/84 | Merck Sharp & Dohme Ltd R.U | NON TRAITE |
| 27 | FOSFOCINE | FOSFOCINE | 1 GR | PDRE SOL PERF | B/1FL | SANOFI AVENTIS France | NON TRAITE |
| 28 | FOSFOCINE | FOSFOCINE | 4 GR | PDRE SOL PERF | B/1FL | SANOFI AVENTIS France | NON TRAITE |
| 29 | INFASURF | CALFACTANT | 35MG/ML | SUSP INTRATECHALE | B/1FL/3ML | JPI Arabie Saoudite | NON TRAITE |
| 30 | INFASURF | CALFACTANT | 35MG/ML | SUSP INTRATECHALE | B/1FL/6ML | JPI Arabie Saoudite | NON TRAITE |
| 31 | LIDOCAINE ADRENALINE AGUETTANT | LIDOCAINE+ADRENALINE | 10MG/ML+0,05MG /ML | SOL UTION INJECTABLE | B/10 AMPOULES | AGUETTANT | NON TRAITE |
| 32 | LIDOCAINE ADRENALINE AGUETTANT | LIDOCAINE+ADRENALINE | 20MG/ML+0,05MG /ML | SOL UTION INJECTABLE | B/10 AMPOULES | AGUETTANT | NON TRAITE |

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| 33 | XOLAIR | OMALIZUMAB | 150MG | POUDRE SUSP INJ | B/1FLPOUDR E+ SOLVANT/2 ML | NOVARTIS | NON TRAITE |
| 34 | MAG 2 SANS SUCRE | MAGNESIUM | 122 mg | SOLUTION BUvable | B/30 AMPOULES | COOPER | NON TRAITE |
| 35 | URSOBILANE | ACIDE URODESoxyCHOLIQUE | 300 mg | Gélules | B/60 | ESTEDI SL Espagne | NON TRAITE |
| 36 | COSENTYX | SEKINUMAB | 15MG/ML | SERINGUE PRE-REMPLEIE | B/2 | NOVARTIS EUROPHARM R,U | NON TRAITE |
| 37 | COSENTYX | SEKINUMAB | 15MG/ML | STYLOS PRE-REMPLEIE | B/2 | NOVARTIS EUROPHARM R,U | NON TRAITE |
| 38 | ENTEROGERMINA | BACILLUS CLAUSII | 4MILLIARDS | susp Buv | B/5 amp/10 ml | SANOFI Italie | NON TRAITE |
| 39 | ENTEROGERMINA | BACILLUS CLAUSII | 6MILLIARDS | P P susp Buv | B/10 SACHETS | SANOFI Italie | NON TRAITE |
| 40 | FONCITRIL | ACIDE CITRIQUE+CITRATE MONOPOTASSIQUE+CITRATE MONOSODIQUE | | GRANULES SUSP BUvable | B/30 SACHETS | SERP MONACO | NON TRAITE |
| 41 | ZINFORO | CEFTAROLINE FOSAMIL | 600MG | PDRE SOL PERF | B/10FL | ASTRA ZENECA | NON TRAITE |
| 42 | IMBRUVICA | IRBUTINIB | 140MG | GELULE | B/90 | JANSSEN | NON TRAITE |
| 43 | JARDIANCE | EMPAGLIFLOZINE | 10mg | Comprim2 | B/30 | BoeHRINGER ING.INT.GmbH | NON TRAITE |
| 44 | JARDIANCE | EMPAGLIFLOZINE | 25mg | Comprim2 | B/30 | BoeHRINGER ING.INT.GmbH | NON TRAITE |
| 45 | GIOTRIF | AFATINIB | 20 mg | Comprimé pelliculé | B/28 | BOEHRINGER ING.INT.GmbH | NON TRAITE |
| 46 | GIOTRIF | AFATINIB | 30 mg | Comprimé pelliculé | B/28 | BOEHRINGER ING.INT.GmbH | NON TRAITE |
| 47 | GIOTRIF | AFATINIB | 40 mg | Comprimé pelliculé | B/28 | BOEHRINGER ING.INT.GmbH | NON TRAITE |
| 48 | GIOTRIF | AFATINIB | 50 mg | Comprimé pelliculé | B/28 | BOEHRINGER ING.INT.GmbH | NON TRAITE |
| 49 | EPIXX | LEVITERACETAM | 250MG | COMPRIME | B/50 | ABDI IBRAHIM | NON TRAITE |
| 50 | EPIXX | LEVITERACETAM | 500MG | COMPRIME | B/50 | ABDI IBRAHIM | NON TRAITE |

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| 51 | TOUJEO SOLOSTAR | INSULINE GLARGINE | 300UI/ML | SOL INJ | B/3 STylos préremplis | SANOFI AVENTIS DEUTSCHLAND | NON TRAITE |
| 52 | RISONEL | MOMETASONE | 0,0005 | SUSP NASAL | B/1FL/140D OSES | ABDI IBRAHIM | NON TRAITE |

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|----|------------|------------------|------------|------------------------|---------------|----------------------------|--|
| 1 | EFIENT | PRASUGEL | 5MG | COMPRIME PELLICULE | B/28 | DAICHI SANKYO GMBH | avis favorable s/r d'une baisse de prix |
| 2 | EFIENT | PRASUGEL | 10MG | COMPRIME PELLICULE | B/28 | DAICHI SANKYO GMBH | avis favorable s/r d'une baisse de prix |
| 3 | SURVENTA | BERACTANT | 100mg/4 ML | SUSPENSION INTRACHEALE | FL/4ML | ABBVIE-CANADA | avis favorable s/r d'une baisse de prix |
| 4 | SURVENTA | BERACTANT | 200MG/8 ML | SUSPENSION INTRACHEALE | FL/8ML | ABBVIE-CANADA | avis favorable s/r d'une baisse de prix |
| 5 | NOVOEIGHT | TUROCTOGOG ALPHA | 3000UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | Avis défavorable |
| 6 | NOVOEIGHT | TUROCTOGOG ALPHA | 2000UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | Avis défavorable |
| 7 | NOVOEIGHT | TUROCTOGOG ALPHA | 1500UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | Avis défavorable |
| 8 | NOVOEIGHT | TUROCTOGOG ALPHA | 1000UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | surseoir, demander un complément d'information |
| 9 | NOVOEIGHT | TUROCTOGOG ALPHA | 500UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | surseoir, demander un complément d'information |
| 10 | NOVOEIGHT | TUROCTOGOG ALPHA | 250UI/ML | LYOPHILISAT+SOLVANT | B/1FL+SOLVANT | NOVO-NORDISK DANEMARK | surseoir, demander un complément d'information |
| 11 | LUCENTIS | RANIBIZUMAB | 10MG/ML | Solution injectable | B/1FL/0,23ML | NOVARTIS PHARMA SCHWEIZ AG | avis favorable s/r d'une baisse de prix |

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| 12 | STRUCTOFLEX | GLUCOSAMINE | 650MG | GELULE | B/60 | PIERRE FABRE France | avis favorable s/r d'une baisse de prix |
| 13 | LIVAZO | PITAVASTATINE | 2MG | COMPRIME | B/28 | ALGORITHM-LIBAN | avis défavorable |
| 14 | LIVAZO | PITAVASTATINE | 4MG | COMPRIME | B/28 | ALGORITHM-LIBAN | avis défavorable |
| 15 | VICTOZA | LIRAGLUTIDE | 6mg/ml | SOLUTION INJECTABLE | B/2 STYLOS | NOVO NORDISK | surseoir, demander un complément d'information |
| 16 | NOVORAPID FLEXPEN | INSULINE ANALOGUE | 100UI/ML | SOLUTION INJECTABLE | B/5 STYLOS PRE-REMPLES | NOVO NORDISK | avis favorable |
| 17 | LEVEMIR FLEXPEN | INSULINE ANALOGUE | 100UI/ML | SOLUTION INJECTABLE | B/5 STYLOS PRE-REMPLES | NOVO NORDISK | avis favorable |
| 18 | TRAJENTA | LINAGLEPTINE | 5MG | COMPRIME PELLICULE | B/28 | BOEHRINGER ING.INT.GmbH | surseoir, demander un complément d'information |
| 19 | JENTADUETO | LINAGLEPTINE+METFORMINE | 2,5/850MG | COMPRIME PELLICULE | B/56 | BOEHRINGER ING.INT.GmbH | surseoir, demander un complément d'information |
| 20 | JENTADUETO | LINAGLEPTINE+METFORMINE | 2,5/1000MG | COMPRIME PELLICULE | B/56 | BOEHRINGER ING.INT.GmbH | surseoir, demander un complément d'information |
| 21 | EMEND | APREPITANT | 125 mg+80mg | GELULE | B/3 | MSD UK | avis favorable s/r d'une baisse de prix |
| 22 | ENTEROGERMINA | BACILLUS CLAUSII | 2 MILLIARDS | GELULE | B/12 | SANOFI Italie | surseoir, demander un complément d'information |
| 23 | OPDIVO | NIVOLUMAB | 10mg/ml | SOLUTION PERF | B/1FL/10ML | BMS-UK | surseoir, demander un complément d'information |
| 24 | SMOFKABIVEN E | SOLUTION ACIDES AMINES | 1600Kcal | EMULSION PERFUSION | B/4 POUCHES | FRESENIUS KABI France | surseoir pour le prochain CTSP |
| 25 | SMOFKABIVEN E | SOLUTION ACIDES AMINES | 1100Kcal | EMULSION PERFUSION | B/4 POUCHES | FRESENIUS KABI France | surseoir pour le prochain CTSP |

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| 26 | SMOFKABIVEN E | SOLUTION ACIDES AMINES | 2200Kcal | EMULSION PERFUSION | B/4 POUCHES | FRESENIUS KABI France | surseoir pour le prochain CTSP |
| 27 | BICALUTAMIDE ACCORD | BICALUTAMIDE | 50 mg | comprimé pelliculé | B/28 | Accord Healthcare RU | NON TRAITE |
| 28 | AMVISC PLUS | HYALURONATE DE SODIUM | 0,016 | PREP.VISOCOELASTIQUE | B/1 SERINGUE/0. 8ML | BAUSCH LOMB USA | NON TRAITE |
| 29 | EPIRUBICIN MYLAN | EPIRUBICIN | 2mg/ml | sol,perfusion | B/1FL/5ML | MYLAN SAS France | NON TRAITE |
| 30 | EPIRUBICIN MYLAN | EPIRUBICIN | 2mg/ml | sol,perfusion | B/1FL/25ML | MYLAN SAS France | NON TRAITE |
| 31 | EPIRUBICIN MYLAN | EPIRUBICIN | 2mg/ml | sol,perfusion | B/1FL/100M L | MYLAN SAS France | NON TRAITE |
| 32 | DECOSAL | XYLOMETAZOLINE HYDROCHLORIDE 0.1% | 0,001 | SPRAY NASAL | B/1 FL/10ML | API JORDAN | NON TRAITE |
| 33 | PENTASA | MESALAZINE | 1 GR | COMPRIME | B/60 | FERRING GMBH GERMANY | NON TRAITE |
| 34 | PIPERACILLINE TAZOBACTAM MYLAN | PIPERACILLINE+ TAZOBACTAM | 4GR/500MG | PDRE SOL PERF | B/1FL | MYLAN SAS France | NON TRAITE |
| 35 | PIPERACILLINE TAZOBACTAM MYLAN | PIPERACILLINE+ TAZOBACTAM | 2GR/250MG | PDRE SOL PERF | B/1FL | MYLAN SAS France | NON TRAITE |
| 36 | SEROPLEX | ESCITALOPRAM | 20mg/ml | solution buvable | FL/15ML | H,LUNDBECK A/S DANEMARK | NON TRAITE |
| 37 | INLYTA | AXITINIB | 5MG | COMPRIME | B/28 | PFZER Allemagne | NON TRAITE |
| 38 | INLYTA | AXITINIB | 5MG | COMPRIME | B/56 | PFZER Allemagne | NON TRAITE |
| 39 | INLYTA | AXITINIB | 1MG | COMPRIME | B/28 | PFZER Allemagne | NON TRAITE |
| 40 | INLYTA | AXITINIB | 1MG | COMPRIME | B/56 | PFZER Allemagne | NON TRAITE |

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| 41 | ACTHEANE | ACTAEA RACEMOSA/ARNICA MONTANA/GLONOINUM/LACHESIS MUTUS/SANGUINARIA CANADENSIS | | COMPRIME | B/120 | BOIRON | NON TRAITE |
| 42 | FOSTER | BECLOMETHASONE | | PDRE INHAL | FL/120 DOSES | CHIESI Italie | NON TRAITE |
| 43 | ALDACTONE | SPIRONOLACTONE | 25MG | COMPRIME | B/30 | PFIZERFRANCE | NON TRAITE |
| 44 | ALDACTONE | SPIRONOLACTONE | 50MG | COMPRIME | B/30 | PFIZERFRANCE | NON TRAITE |
| 45 | ALDACTONE | SPIRONOLACTONE | 75MG | COMPRIME | B/30 | PFIZERFRANCE | NON TRAITE |
| 46 | RAPIFEN | ALFENTANYL | 1MG/2ML | AMPOULE | B/5/2ML | JANSSEN CILAG | NON TRAITE |
| 47 | ALYOSTAL PRICK-TEST CONTRÔLE POSITIF | HISTAMINE HCL | | SOLUTION AQUEUSE | FL/3ML | STALLERGENE SA | NON TRAITE |
| 48 | ALYOSTAL PRICK-TEST TEMOIN NEGATIF | TEMOIN NEGATIF | | SOLUTION AQUEUSE | FL/3ML | STALLERGENE SA | NON TRAITE |
| 49 | ALYOSTAL PRICK | EXTRAIT ALLERGENIQUE | | SOLUTION AQUEUSE | FL/3ML | STALLERGENE SA | NON TRAITE |
| 50 | FRAGOR | DELAPRIL+MANIDIPINE | 30MG/10MG | COMPRIME | B/28 | CHIESI Italie | NON TRAITE |
| 51 | ATROPINE SULFATE AGUETTANT | SULFATE DATROPINE | 0,5mg/5ml | solution injectable | B/10 | AGUETTANT | NON TRAITE |
| 52 | PABAL | CARBETOCINE | 100mcg/ml | solution injectable | B/5 FL | FERRING GMBH GERMANY | NON TRAITE |
| 53 | MINIRIN RHINYLE | ACETATE DE DESMOPRESSINE | 0,1MG/ML | SOLUTION NASALE | FL/2,5ML | FERRING GMBH GERMANY | NON TRAITE |
| 54 | DUOPLAVIN | CLOPIDOGREL/ACIDE ACETYSALISILIQUE | 75/100 MG | COMPRIME | B/28 | SANOFI AVENTIS France | NON TRAITE |
| 55 | OLOPAT | OLOPATADINE | 0,001 | COLLYRE | B/1FL/5ML | JAMJOURM PHARMACEUTIC ALS | NON TRAITE |
| 56 | AUGMENTIN SR | AMOXICILLINE ACIDE CLAVULANIQUE | 1000/62,5mg | COMPRIME | B/28 | GSK | NON TRAITE |

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| 57 | ACTEMRA | TOCILIZUMAB | 180 MG/ML | SOL INJ | B/4 | ROCHE PHARMA | NON TRAITE |
| 58 | ORFADIN | NITISINONE | 20mg | GELULES | B/60 | SOBI APL-PHARMA | NON TRAITE |
| 59 | ORFADIN | NITISINONE | 4mg/ml | SUSP BUVALE | B/1FL | SOBI APL-PHARMA | NON TRAITE |
| 60 | EKLIRA GENUAIR | BROMURE D'ACLIDINIUM | 322 µg | P,P,INHALATION | B/1 FL/60 DOSES | ASTRA ZENECA SUEDE | NON TRAITE |