

## DRUGS

| Drug name  |  |  |  |
|--|--|--|--|
| Abraxane 5mg/ml  |  |  |  |
| ACTILYSE 50MG 2 VIALS  |  |  |  |
| ADCETRIS 50MG 1 VIAL   |  |  |  |
| ALVOCADE 3.5MG   |  |  |  |
| BINOCRIT 10000UI/1ML   |  |  |  |
| BINOCRIT 4000 UI/0.4ML SOLUTION FOR INJ PACK OF 6 PREFILLED SYRINGES |  |  |  |
| BINOCRIT 40000UI/1ML   |  |  |  |
| BOSENTAN ARROW 125MG   |  |  |  |
| CAELYX 2MG/ML 1X10 ML VIAL   |  |  |  |
| CELLCEPT 500MG TAB   |  |  |  |
| CEREZYME 400 UI  |  |  |  |
| CERTICAN TABLET 0.5 MG 6X10  |  |  |  |
| <b>CINNORA 40MG/0.8 ML</b>   |  |  |  |
| CLAIRYG 50MG/ML 5G/100ML   |  |  |  |
| COSENTYX 150MG /ML SOLUTION FOR INJ X2 PREFILLED PEN                 |  |  |  |
| CYRAMZA INJ 100MG 10ML   |  |  |  |
| CYRAMZA INJ 100MG 10ML   |  |  |  |
| CYRAMZA INJ 500MG 50ML   |  |  |  |
| DARZALEX 1X400MG VIAL  |  |  |  |
| DOCETAXEL EBEWE 20MG/2ML   |  |  |  |
| DOCETAXEL EBEWE 80MG/8ML   |  |  |  |
| DOCETAXEL EBEWE 80MG/8ML   |  |  |  |
| DOCETAXEL GP PHARM 20MG/0.5ML x 1 VIAL                               |  |  |  |
| DOCETAXEL GP PHARM 80MG/2ML x 1 VIAL                                 |  |  |  |
| EBETAXEL 150MG/25 ML   |  |  |  |
| EBETREXAT 15MG/1.5ML   |  |  |  |
| EMGALITY EPFS 100MG  |  |  |  |
| ETOPOSIDE EBEWE 100MG  |  |  |  |
| EVEROLIMUS ARROW 5MG   |  |  |  |
| EYLEA 40MG/ML SOLUTION FOR INJECTION 1 VIAL                          |  |  |  |
| GEMCITABINE EBEWE 200MG/20 ML  |  |  |  |
| GONAL -F PEN 2- 300IU  |  |  |  |
| GONAL -F PEN 2- 900 IU   |  |  |  |
| HUMALOG 100U/ML 3ML X 5 PEND   |  |  |  |
| HUMALOG MIX25 100U/ML X 5 PEND                                       |  |  |  |
| HUMALOG MIX50 100U/ML X 5 PEND                                       |  |  |  |
| HUMIRA 80MG /0.8 ML  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| HYRIMOZ 40MG  |  |  |  |
| IBRANCE 125 MG X 21 CAP                               |  |  |  |
| IMBRUVICA 140MG 30 TAB                                |  |  |  |
| IMBRUVICA 420 MG 30 TAB                               |  |  |  |
| IMFINZI INJ 120 MG VI 1X10ML                          |  |  |  |
| IMFINZI INJ 500 MG VI 1X10ML                          |  |  |  |
| IMFINZI INJ 500 MG VI 1X10ML                          |  |  |  |
| INSULATARD 100IU/ML 10ML                              |  |  |  |
| KADCYLA POWDER 100MG/15ML VIAL                        |  |  |  |
| KADCYLA VIAL 20ML 160MG                               |  |  |  |
| KISQALI FCT 200MG 3X21                                |  |  |  |
| LANTUS 100IU/ML 1*10ML SOLUTION FOR INJECTION IN VIAL |  |  |  |
| LANTUS SOLOSTAR 100IU/ML                              |  |  |  |
| LONSURF 15MG/ 6.14MG                                  |  |  |  |
| LONSURF 20MG/8.19 MG                                  |  |  |  |
| LORBRENA 100MG X 30 TAB                               |  |  |  |
| LUCENTIS 10MG/ML                                      |  |  |  |
| MYFORTIC 360MG 120TAB                                 |  |  |  |
| MYFORTIC 360MG 120TAB                                 |  |  |  |
| MYOZYME 50 MG INJPO                                   |  |  |  |
| NEXAVAR 200MG   |  |  |  |
| NINLARO 4MG   |  |  |  |
| NOVOEIGHT 500IU                                       |  |  |  |
| NOVOMIX 30FLEXPEN 100IU/ML 5X3 ML                     |  |  |  |
| NOVORAPID FLEXPEN 100U/ML 5X3 ML PREFILLED PEN        |  |  |  |
| OPDIVO SINJ 100MG                                     |  |  |  |
| OPDIVO SINJ 40MG                                      |  |  |  |
| OTEZLA 30MG TABLETS                                   |  |  |  |
| PERJETA 420MG/14ML VIAL                               |  |  |  |
| PLEGRIDY 125 MCG                                      |  |  |  |
| PRAXBIND 50MG/ML 2 VIALS                              |  |  |  |
| REBIF 44MCG (12 MIU) 12                               |  |  |  |
| REMICADE 1X100 MG VIAL                                |  |  |  |
| RIXATHON 500 MG 2 VIALS OF 50ML                       |  |  |  |
| SIMPONI 1*50MG AUTOINJ                                |  |  |  |
| STELARA IV 1 X130 MG VIAL                             |  |  |  |
| STIVANT 100MG   |  |  |  |
| STIVANT 400MG   |  |  |  |
| STRATTERA CAP 10MG                                    |  |  |  |
| STRATTERA CAP 18MG                                    |  |  |  |
| STRATTERA CAP 25MG                                    |  |  |  |
| STRATTERA CAP 40MG                                    |  |  |  |
| STRATTERA CAP 60MG                                    |  |  |  |
| SULIQUA 100UNITS/ML + 33MCG/ML                        |  |  |  |

|  |  |  |  |
|--|--|--|--|
| SULIQUA 100UNITS/ML + 50MCG/ML           |  |  |  |
| SYNAGIS 100 MG/1ML                       |  |  |  |
| SYNAGIS 50 MG/0.5ML                      |  |  |  |
| TAGRISSO TAB 80 MG BL 3*10               |  |  |  |
| TASIGNA 150 MG X 112 CAP                 |  |  |  |
| TAXOTERE 20MG/ML 1 VIAL                  |  |  |  |
| TAXOTERE 80MG/4ML 1 VIAL                 |  |  |  |
| TECENTRIQ VIAL 20 ML 1200MG              |  |  |  |
| TEMODAL 100 MG 5CAP                      |  |  |  |
| TEMODAL 20MG 5CAP                        |  |  |  |
| TEMODAL 250 MG 5CAP                      |  |  |  |
| TOUJEO 300UNITS/ML SOLOSTAR              |  |  |  |
| TRACTOCILE SOL FOR INJ 7.5MG/ML          |  |  |  |
| TRAJENTA 5MG                             |  |  |  |
| TRESIBA FLEXTOUCH 100U/ML                |  |  |  |
| TYSARBI 300MG 15ML 1 VIAL                |  |  |  |
| UPTRAVI 1000MCG 60 TAB                   |  |  |  |
| UPTRAVI 1200 MCG 60 TAB                  |  |  |  |
| UPTRAVI 1400MCG 60 TAB                   |  |  |  |
| UPTRAVI 1600MCG 60 TAB                   |  |  |  |
| VERZENIO TAB 100MG                       |  |  |  |
| VERZENIO TAB 200MG                       |  |  |  |
| VORICONAZOLE 200mg COMPRIME              |  |  |  |
| VORICONAZOLE 200mg POUDRE POUR SOLUTION  |  |  |  |
| XALKORI 250MG X 60CAP                    |  |  |  |
| XOLAIR 150MG 1 VIAL POWDER + SOL FOR INJ |  |  |  |
| YERVOY SINJ 50MG                         |  |  |  |
| ZARZIO 30 MU /0.5ML                      |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DR**

|   |  |  |  |
|---|--|--|--|
| ALECENSA HARD CAPSULE 150G                                      |  |  |  |
| APIDRA 100IU 1X10ML SOLUTION FOR INJ IN VIAL                    |  |  |  |
| APIDRA SOLOSTAR 100IU/ML 5 PREFILLED PEN X 3ML SOLUTION FOR INJ |  |  |  |
| AVASTIN VIAL 16ML 400MG   |  |  |  |
| AVASTIN VIAL 4ML 100MG  |  |  |  |
| DOCETAXEL EBEWE 80MG/8ML 1 VIAL                                 |  |  |  |

|  |  |  |  |
|--|--|--|--|
| GEMCITABIN EBEWE 200MG/20 ML<br>CONCENTRATE FOR SOLUTION 1VIAL |  |  |  |
| LYMPARZA TAB 150MG   |  |  |  |
| MAVENCLAD TABS 10MG  |  |  |  |
| OZEMPIC 0.25MG 1PC   |  |  |  |
| TEICO MEDIS 200  |  |  |  |





|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**UGS FROM FEBRUARY 4, 2022 TILL**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |









|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |