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Liste des médicaments à usage humain admis à la vente dans le Grand-Duché de Luxembourg.

(Annexe de l'arrêté ministériel du 13 janvier 1988 publié au Mémorial, Recueil Administratif et Economique B N° 7 du 8 février 1988, page 260)

260^e MODIFICATION (18 décembre 2007)

A) LES MEDICAMENTS SUIVANTS A USAGE HUMAIN SONT AJOUTES A LA LISTE DES PRODUITS ADMIS A LA VENTE.

RR	ADROVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*2 CPR.SS BLIST.
RR	ADROVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*4 CPR.SS BLIST.
RR	ADROVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*12 CPR.SS BLIST.
RR	ADROVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*40 CPR.SS BLIST.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*14 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*20 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*28 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*30 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*50 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*56 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*60 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*90 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*100 CPR.
R	BIPRETERAX	CPR.PELLIC.	5 MG 125 MG	PO	1*500 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*14 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*20 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*28 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*30 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*50 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*56 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*90 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*100 CPR.
R	COVERSYL PLUS	CPR.PELLIC.	5 MG 125 MG	PO	1*500 CPR.
H	DIFLUCAN	SOL.P.PERF.	200 MG/100 ML	IV	1*1 FLEXBAG 100 ML
H	DIFLUCAN	SOL.P.PERF.	400 MG/200 ML	IV	1*1 FLEXBAG 200 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	1000 UI/0.5 ML	IVSC	1*1 SER.PRER. 0.5 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	1000 UI/0.5 ML	IVSC	1*6 SER.PRER. 0.5 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	2000 UI/1 ML	IVSC	1*1 SER.PRER. 1 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	2000 UI/1 ML	IVSC	1*6 SER.PRER. 1 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	3000 UI/0.3 ML	IVSC	1*1 SER.PRER. 0.3 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	3000 UI/0.3 ML	IVSC	1*6 SER.PRER. 0.3 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	4000 UI/0.4 ML	IVSC	1*1 SER.PRER. 0.4 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	4000 UI/0.4 ML	IVSC	1*6 SER.PRER. 0.4 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	5000 UI/0.5 ML	IVSC	1*1 SER.PRER. 0.5 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	5000 UI/0.5 ML	IVSC	1*6 SER.PRER. 0.5 ML
C	EPOETIN ALFA HEXAL	SOLINJ.	6000 UI/0.6 ML	IVSC	1*1 SER.PRER. 0.6 ML

C	RR	EPOETIN ALFA HEXAL	SOLINJ.	6000 UI/0.6 ML	IVSC	1*6 SER.PRER. 0.6 ML
C	RR	EPOETIN ALFA HEXAL	SOLINJ.	8000 UI/0.8 ML	IVSC	1*1 SER.PRER. 0.8 ML
C	RR	EPOETIN ALFA HEXAL	SOLINJ.	8000 UI/0.8 ML	IVSC	1*6 SER.PRER. 0.8 ML
C	RR	EPOETIN ALFA HEXAL	SOLINJ.	10000 UI/1 ML	IVSC	1*1 SER.PRER. 1 ML
C	RR	EPOETIN ALFA HEXAL	SOLINJ.	10000 UI/1 ML	IVSC	1*6 SER.PRER. 1 ML
RR	RR	FOSAVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*2 CPR.
RR	RR	FOSAVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*4 CPR.
RR	RR	FOSAVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*12 CPR.
RR	RR	FOSAVANCE 70/5600	CPR.	70 MG 5600 UI	PO	1*40 CPR.
P	P	GAVISCON INSTANT	PDRE		PO	1*16 SACH.
P	P	GAVISCON INSTANT	PDRE		PO	1*20 SACH.
P	P	GAVISCON INSTANT	PDRE		PO	1*24 SACH.
H	RR	GRANISETRON JENSEN PHARMACEUTICAL SERVIC	SOL.P.PERF.	1 MG/1ML	IV	1*32 SACH.
H	RR	GRANISETRON JENSEN PHARMACEUTICAL SERVIC	SOL.P.PERF.	1 MG/1ML	IV	1*1 AMP. 3 ML
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*5 AMP. 3 ML
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*1 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*2 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*4 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*5 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*7 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*10 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*14 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*15 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*20 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*21 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*28 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*30 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*40 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*50 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*60 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*70 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*90 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	1*100 CPR.SS BLIST.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	2*10 CPR.SS BLIST.U.D.
R	R	HISTALOS	CPR.PELLIC.	5 MG	PO	10*10 CPR.SS BLIST.U.D.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*7 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*10 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*14 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*20 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*28 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*30 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*40 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*50 CPR.SEC.
P	P	HYPERPOLL	CPRA SUCER	10 MG	BU	1*56 CPR.SEC.

P	KETOSHAMP	SHAMP.	20 MG/1 G	TO	1*1 FL. 60 ML
P	KETOSHAMP	SHAMP.	20 MG/1 G	TO	1*1 FL. 120 ML
S	MATRIFEN-100	SYST.THERAP.TD	11 MG	TO	1*1 PATCH
S	MATRIFEN-100	SYST.THERAP.TD	11 MG	TO	1*3 PATCHS
S	MATRIFEN-100	SYST.THERAP.TD	11 MG	TO	1*5 PATCHS
S	MATRIFEN-100	SYST.THERAP.TD	11 MG	TO	1*10 PATCHS
S	MATRIFEN-100	SYST.THERAP.TD	11 MG	TO	1*20 PATCHS
S	MATRIFEN-12	SYST.THERAP.TD	1,38 MG	TO	1*1 PATCH
S	MATRIFEN-12	SYST.THERAP.TD	1,38 MG	TO	1*3 PATCHS
S	MATRIFEN-12	SYST.THERAP.TD	1,38 MG	TO	1*5 PATCHS
S	MATRIFEN-12	SYST.THERAP.TD	1,38 MG	TO	1*10 PATCHS
S	MATRIFEN-12	SYST.THERAP.TD	1,38 MG	TO	1*20 PATCHS
S	MATRIFEN-25	SYST.THERAP.TD	2,75 MG	TO	1*1 PATCH
S	MATRIFEN-25	SYST.THERAP.TD	2,75 MG	TO	1*3 PATCHS
S	MATRIFEN-25	SYST.THERAP.TD	2,75 MG	TO	1*5 PATCHS
S	MATRIFEN-25	SYST.THERAP.TD	2,75 MG	TO	1*10 PATCHS
S	MATRIFEN-25	SYST.THERAP.TD	2,75 MG	TO	1*20 PATCHS
S	MATRIFEN-50	SYST.THERAP.TD	5,5 MG	TO	1*1 PATCH
S	MATRIFEN-50	SYST.THERAP.TD	5,5 MG	TO	1*3 PATCHS
S	MATRIFEN-50	SYST.THERAP.TD	5,5 MG	TO	1*5 PATCHS
S	MATRIFEN-50	SYST.THERAP.TD	5,5 MG	TO	1*10 PATCHS
S	MATRIFEN-50	SYST.THERAP.TD	5,5 MG	TO	1*20 PATCHS
S	MATRIFEN-75	SYST.THERAP.TD	8,25 MG	TO	1*1 PATCH
S	MATRIFEN-75	SYST.THERAP.TD	8,25 MG	TO	1*3 PATCHS
S	MATRIFEN-75	SYST.THERAP.TD	8,25 MG	TO	1*5 PATCHS
S	MATRIFEN-75	SYST.THERAP.TD	8,25 MG	TO	1*10 PATCHS
S	MATRIFEN-75	SYST.THERAP.TD	8,25 MG	TO	1*20 PATCHS
H	RR	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 2 ML
H	RR	SOLINJ.	2 MG/1 ML	IMIV	1*25 AMP. 2 ML
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*14 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*20 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*28 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*30 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*50 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*56 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*60 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*90 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*100 CPR.
R	PREDONIUM	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*500 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*14 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*20 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*28 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*30 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*50 CPR.

R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*56 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*60 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*90 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*100 CPR.
R	PRETERAX	CPR.PELLIC.	2,5 MG 0,625 MG	PO	1*500 CPR.
R	PRIORIX TETRA	PDRE P.PREP.INJ.		SC	1*1 FL.VERRE+1*1 AMP.SOLV. 0,5 ML
R	PRIORIX TETRA	PDRE P.PREP.INJ.		SC	1*10 FL.VERRE+1*10 AMP.SOLV. 0,5 ML
R	PRIORIX TETRA	PDRE P.PREP.INJ.		SC	1*100 FL.VERRE+1*100 AMP.SOLV. 0,5 ML
RR	RISPERDAL	CPR.PELLIC.	1 MG	PO	1*100 CPR.U.D.
RR	RISPERDAL	CPR.PELLIC.	2 MG	PO	1*100 CPR.U.D.
RR	RISPERDAL	CPR.PELLIC.	3 MG	PO	1*100 CPR.SEC.U.D.
RR	RISPERDAL	CPR.PELLIC.	4 MG	PO	1*100 CPR.U.D.
RR	RISPERDAL	CPR.PELLIC.	6 MG	PO	1*100 CPR.U.D.
R	TYPHIM VI	SOLINJ.	0,025 MG/0,5 ML	IMSC	1*1 SER.SANS AIGUILLE 0,5 ML
R	TYPHIM VI	SOLINJ.	0,025 MG /0,5 ML	IMSC	1*1 SER.SANS AIGUILLE 0,5 ML+1*1 AIGUILLE
R	TYPHIM VI	SOLINJ.	0,025 MG /0,5 ML	IMSC	1*1 SER.SANS AIGUILLE 0,5 ML+1*2 AIGUILLES

B) LES MEDICAMENTS SUIVANTS A USAGE HUMAIN SONT SUPPRIMES DE LA LISTE DES PRODUITS ADMIS A LA VENTE.

B1) LES MEDICAMENTS SUIVANTS A USAGE HUMAIN SONT SUPPRIMES SANS EFFET IMMEDIAT.

H	R	BSS PLUS ALCON	SOL.	CO	1*6 FL. 480 ML+1*6 FL. 20 ML
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B2) LES MEDICAMENTS SUIVANTS A USAGE HUMAIN SONT SUPPRIMES AVEC EFFET IMMEDIAT.

H	RR	AMINOPLASMAL E	SOL.P.PERF.	12,5 PC	IV	1*6 FL.VERRE 1000 ML
H	RR	AMINOPLASMAL E	SOL.P.PERF.	12,5 PC	IV	1*10 FL.VERRE 500 ML
H	RR	AMINOPLASMAL-10 PC XE BRAUN	SOL.P.PERF.		IV	1*1 SOL.P.PERF. 500 ML
H	RR	AMINOPLASMAL-10 PC XE BRAUN	SOL.P.PERF.		IV	1*1 SOL.P.PERF. 1000 ML
RR		BECLOMETHASONE NASAL-GLAXO WELLCOME	AER.	50 MCG/100 MG	IH	1*200 D.
RR		BECLOMETHASONE-GLAXO WELLCOME	AER.	50 MCG/1 D.	IH	1*200 D.
RR		BECLOMETHASONE-GLAXO WELLCOME	AER.	250 MCG/1 D.	IH	1*80 D.
H	R	BSS PLUS ALCON	SOL.		CO	1*6 FL. 240 ML+1*6 FL. 10 ML
RR		CISPLATINUM-EUROGENERICS	PDRE P.PREP.INJ.	10 MG	IV	1*1 VIAL
H	RR	CYTA-CELL	SOL.P.PERF.	20 MG/1 ML	IVIMSCIC	1*10 FL. 2 ML
H	RR	CYTA-CELL	SOL.P.PERF.	20 MG/1 ML	IVIMSCIC	1*10 FL. 5 ML
H	RR	CYTA-CELL	SOL.P.PERF.	50 MG/1 ML	IV	1*1 FL. 20 ML
H	RR	CYTA-CELL	SOL.P.PERF.	50 MG/1 ML	IV	1*1 FL. 80 ML
H	RR	CYTA-CELL	SOL.P.PERF.	100 MG/1 ML	IV	1*1 FL. 10 ML
H	RR	CYTA-CELL	SOL.P.PERF.	100 MG/1 ML	IV	1*1 FL. 50 ML
H	RR	DOXO-CELL	SOLINJ.	10 MG/5 ML	IV	1*1 FL.VERRE 5 ML
H	RR	DOXO-CELL	SOLINJ.	50 MG/25 ML	IV	1*1 FL.VERRE 5 ML
H	RR	DOXO-CELL	SOLINJ.	150 MG/75 ML	IV	1*1 FL.VERRE 5 ML
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*1 VIAL
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*5 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*6 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*10 VIALS

H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*12 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*20 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*24 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*40 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*48 VIALS
H	RR	EPI-CELL	SOLINJ.	2 MG/1 ML	IV	1*50 VIALS
RR	RR	FRINGANOR-100	CPR.DISP.	100 MG	PO	1*50 CPR.SS BLIST.
RR	RR	FRINGANOR-100	CPR.DISP.	100 MG	PO	1*60 CPR.SS BLIST.
RR	RR	FRINGANOR-100	CPR.DISP.	100 MG	PO	1*100 CPR.SS BLIST.
RR	RR	FRINGANOR-100	CPR.DISP.	100 MG	PO	1*120 CPR.SS BLIST.
RR	RR	FRINGANOR-100	CPR.DISP.	100 MG	PO	1*200 CPR.SS BLIST.
RR	RR	FRINGANOR-200	CPR.DISP.	200 MG	PO	1*50 CPR.SS BLIST.
RR	RR	FRINGANOR-200	CPR.DISP.	200 MG	PO	1*60 CPR.SS BLIST.
RR	RR	FRINGANOR-200	CPR.DISP.	200 MG	PO	1*100 CPR.SS BLIST.
RR	RR	FRINGANOR-200	CPR.DISP.	200 MG	PO	1*120 CPR.SS BLIST.
RR	RR	FRINGANOR-200	CPR.DISP.	200 MG	PO	1*200 CPR.SS BLIST.
RR	RR	FRINGANOR-25	CPR.DISP.	25 MG	PO	1*20 CPR.SS BLIST.
RR	RR	FRINGANOR-25	CPR.DISP.	25 MG	PO	1*50 CPR.SS BLIST.
RR	RR	FRINGANOR-25	CPR.DISP.	25 MG	PO	1*60 CPR.SS BLIST.
RR	RR	FRINGANOR-25	CPR.DISP.	25 MG	PO	1*42 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*20 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*50 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*60 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*100 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*120 CPR.SS BLIST.
RR	RR	FRINGANOR-50	CPR.DISP.	50 MG	PO	1*200 CPR.SS BLIST.
S	S	MORPHINE HCL-EG	CPR.LIB.PROL.	10 MG	PO	1*10 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	30 MG	PO	1*10 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	30 MG	PO	1*30 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	60 MG	PO	1*10 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	60 MG	PO	1*30 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	100 MG	PO	1*10 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	100 MG	PO	1*30 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	200 MG	PO	1*10 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	200 MG	PO	1*30 CPR.SS BLIST.
S	S	MORPHINE HYDROCHLORATE-EG	CPR.LIB.PROL.	150 MG	PO	1*30 CPR.SS BLIST.
RR	RR	QUOMEM	CPR.LIB.PROL.	150 MG	PO	1*40 CPR.SS BLIST.
RR	RR	QUOMEM	CPR.LIB.PROL.	150 MG	PO	1*50 CPR.SS BLIST.
RR	RR	QUOMEM	CPR.LIB.PROL.	150 MG	PO	1*60 CPR.SS BLIST.
RR	RR	QUOMEM	CPR.LIB.PROL.	150 MG	PO	1*100 CPR.SS BLIST.
RR	RR	RANITIDINE-GLAXO WELLCOME	SOLINJ.	50 MG/2 ML	IMIV	1*5 AMP. 2 ML
RR	RR	SALMETEROL	SUSP.	25 MCG/1 D.	IH	1*120 D.

C) LES MODIFICATIONS SUIVANTES SONT APPORTEES AU LIBELLE DES MEDICAMENTS A USAGE HUMAIN.

C	RR	AXURA	GTES	10 MG/1 G	PO	1*1 FL. 20 G
AU LIEU DE	C	RR AXURA	SOL.BUV.	10 MG/1 G	PO	1*1 FL. 20 G
C	RR	AXURA	GTES	10 MG/1 G	PO	1*1 FL. 50 G
AU LIEU DE	C	RR AXURA	SOL.BUV.	10 MG/1 G	PO	1*1 FL. 50 G
C	RR	AXURA	GTES	10 MG/1 G	PO	1*1 FL. 100 G
AU LIEU DE	C	RR AXURA	SOL.BUV.	10 MG/1 G	PO	1*1 FL. 100 G
H	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 2 ML
AU LIEU DE	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 2 ML
H	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 4 ML
AU LIEU DE	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 4 ML
H	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*25 AMP. 2 ML
AU LIEU DE	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*25 AMP. 2 ML
H	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*25 AMP. 4 ML
AU LIEU DE	RR	ONDANSETRON SIGMA-TAU	SOLINJ.	2 MG/1 ML	IMIV	1*25 AMP. 4 ML
H	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*1 AMP. 2 ML
AU LIEU DE	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*1 AMP. 2 ML
H	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*1 AMP. 4 ML
AU LIEU DE	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*1 AMP. 4 ML
H	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 2 ML
AU LIEU DE	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 2 ML

H	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 4 ML
A	U	LIEU D E				
	RR	ONDANSETRON-IPS	SOLINJ.	2 MG/1 ML	IMIV	1*5 AMP. 4 ML
D) LES MEDICAMENTS SUIVANTS A USAGE HUMAIN SONT ACTUELLEMENT HORS MARCHÉ (COMMERCIALISATION INTERROMPUE, MAIS AMM EN VIGUEUR).						
	RR	KENACORT-A	PATE	1 MG/1 G	GI	1*1 TUBE 10 G
	P	MUCOMYST ORAL	PDRE	200 MG	PO	1*30 SACH.
G) L'AUTORISATION DE MISE SUR LE MARCHÉ DES MÉDICAMENTS À USAGE HUMAIN A ÉTÉ SUSPENDUE PAR LE MINISTRE DE LA SANTÉ.						
	RR	MESULID	CPR.	100 MG	PO	1*14 CPR.SS BLIST.
	RR	MESULID	CPR.	100 MG	PO	1*30 CPR.SS BLIST.
	RR	MESULID	CPR.	100 MG	PO	1*30 CPR.U.D.
	RR	MESULID	CPR.	100 MG	PO	1*60 CPR.SS BLIST.
	RR	MESULID	CPR.	100 MG	PO	1*60 CPR.U.D.
	R	MESULID	GRAN.	100 MG	PO	1*14 SACH.
	R	MESULID	GRAN.	100 MG	PO	1*30 SACH.
	R	MESULID	GRAN.	100 MG	PO	1*60 SACH.