LISTE DES MEDICAMENTS, CONSOMMABLES MEDICAUX ET DISPOSITIFS MEDICAUX ADMIS A LA PRISE EN CHARGE PAR L’ASSURANCE MALADIE OBLIGATOIRE AU NIVEAU DES OFFICINES DE PHARMACIE CONVENTIONNEES

OCTOBRE 2014
## LISTE DES MEDICAMENTS ET CONSOMMABLES AMO DU SECTEUR PRIVE PHARMACEUTIQUE (OFFICINES)

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<td>FEZOMIN C BTE/30 GELU</td>
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<td>FIL A PEAU</td>
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<td>FIL DE LIN SERTI DEC3.5</td>
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<td>FIL NON RESORBABLE (Polyamide) N°2/0dec3 serti ACT 90cm OU (Polyester) N°1dec4 serti ACT 75cm OU Prolene N°2/0 OU Polyester, serti, aiguille (fil suture N°2/0 dec3,5-75cm) UNITE / 1</td>
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<td>FIL NON RESORBABLE pour ligature du col de l’utérus (fil suture N°7 bobine)</td>
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<td>INSUMAN BASAL 100UI/ML FL/10ML</td>
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<td>KLACIN BID 1000MG COMP B/10</td>
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<td>KONTROL BAIN DE BOUCHE</td>
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<td>LAINO SAVON SOUFFRE 1 UNITE</td>
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<td>LARITEM 40/240 COMP BTE 12 COMP</td>
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<td>LEVO BD 1,5MG COMP BTE/1</td>
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<td>LEVO DENK 250MG COMP BTE/10</td>
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<td>LEVOTOP 500MG COMP BTE/10</td>
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<td>LEXOMIL 6MG COMP BTE/30</td>
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<td>LIBRAX COMP BTE/30</td>
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<td>LIDOCAINE + ADRENALINE 2%/ 1/20000 FL / 20ML</td>
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<td>LIDOCAINE 2% GEL ORAL TUBE</td>
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<td>LIDOCAINE 2% INJ FL / 20ML</td>
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<td>LIDOCAINE 2% PPM INJ</td>
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<td>LIN 1NR4 DEC75 BTE/1</td>
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<td>LINA-CAST 2 BANDE PLATREE BTE/1 (5CM x 3,6M)</td>
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<td>LINCOCINE 250MG/5ML SIROP FL / 60ML</td>
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<td>LINMOX 500MG GEL BTE/12</td>
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<td>LIPOSIC GEL OPHT T/10G</td>
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<td>LISTERINE BAIN DE BOUCHE BB FL/250ML</td>
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<td>LOMEXIN 2% CREM T/15G</td>
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<td>LONGIFENE 25MG COMP BTE/25</td>
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<td>LOVENOX 4000UI ANTI XA SER 0,4 (LOVENOX 40MG) BTE/2</td>
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<td>LRJ 30MG COLLY FL/10ML</td>
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<td>L-THYROXYNE 150 µg/ml GOUTTE FLC/15 ML</td>
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<td>LUBENTYL EMUL BLANC POT/250G</td>
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<td>LUBENTYL MAGNESIE EMUL POT/260G</td>
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<td>LUCIDRIL 250MG BTE/60 COMP</td>
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<td>LUDIOMIL 25 MG COMP BTE/50</td>
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<td>LUFANTER 40/240MG COMP BTE/12 (ADULTE ET ENFANT DE PLUS DE 15 ANS)</td>
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<td>LUFANTER PEDIATRIQUE 20/120MG COMP DISPERSIBLE BTE/6</td>
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<td>LUFANTER SUPPO BTE/6</td>
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<td>LUFANTER SUSP BUVDU /60ML</td>
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<td>LUGOL FAIBLE UGC</td>
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<td>LUGOL FORT UGC</td>
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<td>LUMART PLUS 120/20MG COMP BTE/24</td>
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<td>LUMART PLUS 120/20MG COMP BTE/12</td>
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<td>LUMART PLUS 120/20MG COMP BTE/6</td>
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<td>LUMARTEM 180MG/1080MG SIROP FL/60ML</td>
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<td>LUMATE FORTE 40MG/240MG COMP BTE/12</td>
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<td>LUMIGAN 0,3mg/ml COLLY F/3ML</td>
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<td>LUMIRELAX 500 MG COMP BTE/20</td>
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<td>LUMITER 15/90MG SUSP BUVDU/60ML</td>
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<td>LUMITER 20MG/120MG COMP BTE/24</td>
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<td>LUTENYL 5MG COMP BTE/10</td>
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<td>PARODONTAX PATE / 1 TUBE</td>
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<td>PEDIAKID IMMUNO FORT SIROP</td>
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<td>PILO 2% COLLY</td>
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<td>PINKOO GRIPPE WATER / EAU DIGESTIVE ET TONIQ SIROP FL/120ML</td>
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<td>PIPRAM FORT 400MG BTE/10</td>
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<td>VERMOX FL/30ML SIROP</td>
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<td>VERUMAL FL/13ML SIROP</td>
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<td>VIBROCIL GEL NASAL T/12G</td>
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<td>VIBROCIL GOUTTES FL/15ML</td>
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<td>VIBROCIL SPRAY FL/10ML AER</td>
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<td>VISCOF-S SIROP FL/200ML</td>
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<td>VISIODIS COLLY FL/10ML</td>
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<td>VISIODOSE UNID 0,4ML COLLY BTE/10</td>
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<td>VIT B12 GERDA 1000µG/4ML INJ BTE/6</td>
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<td>VITA DERMACID CREM</td>
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<td>VITA FORCE SACHET S/250G</td>
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<td>VITABACT FL/10ML COLLY</td>
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<td>VITACIC COLLYRE FL/5ML</td>
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<td>VITAMINE + MINERAUX CRE PL/10</td>
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<td>XYLOCAINE VISQUEUSE 2% TBE/100G</td>
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## MATERIEL D’OSTEOSYNTHESE

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INFORMATION TRES IMPORTANTE :
La convention sectorielle entre la CANAM et les officines pharmaceutiques stipule à son ARTICLE 21: *Dans le cadre de l’Assurance maladie, le pharmacien ne peut délivrer en une fois une quantité de médicaments correspondant à une durée de traitement supérieure à un mois (28 ou 30 jours selon le conditionnement) et par exception à 45 jours pour les épisodes de maladie reconnus comme tels par les protocoles thérapeutiques.*