Annexe I

N° Poste	LIBELLE	PRESENTATION TYPE	QUANTITE DEMANDEE
1	ASPARAGINASE (L) # PDRE INJ 10000 U.I	**BT/1**	**3 500**
2	DIAZEPAM COMP 5 MG	**BT/50**	**17 000**
3	DIAZEPAM * AMP INJ 10 MG/2 ML	**BT/4**	**13 000**
4	FLUMAZENIL #* AMP INJ 0,5 MG/5 ML OU 1 MG/10 ML	**BT/1**	**1 200**
5	ASCORBIQUE ACIDE # AMP INJ 500 MG	**BT/20**	**7 000**
6	FLUPHENAZINE DECANOATE # AMP INJ 25 MG	**BT/5**	**52 000**
7	MELPHALAN # COMP 2 MG	**BT/50**	**1 600**
8	VINCRISTINE # FL INJ 1 MG	**BT/1**	**12 000**
9	VINBLASTINE # FL INJ 10 MG	**BT/1**	**2 600**
10	AMPHOTERICINE B #* FL INJ 50 MG	**BT/1**	**6 900**
11	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE COMP 600MG/200MG/245MG-300MG	**BT/30**	**1 000**
12	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE COMP 200MG/300MG	**BT/30**	**210**
13	LOPINAVIR/RITONAVIR # COMP 200/50 MG/MG	**BT/120**	**2 300**