Annexe I

N° Poste	LIBELLE	PRESENTATION TYPE	QUANTITE DEMANDEE
1	ASPARAGINASE (L) # PDRE INJ 10000 U.I	**BT/1**	**1 500**
2	DIAZEPAM COMP 5 MG	**BT/50**	**11 000**
3	DIAZEPAM * AMP INJ 10 MG/2 ML	**BT/4**	**24 000**
4	FLUMAZENIL #* AMP INJ 0,5 MG/5 ML	**BT/1**	**4 800**
5	ASCORBIQUE ACIDE # AMP INJ 500 MG	**BT/20**	**15 000**
6	FLUPHENAZINE DECANOATE # AMP INJ 25 MG	**BT/5**	**55 000**
7	MELPHALAN # COMP 2 MG	**BT/50**	**900**
8	VINCRISTINE # FL INJ 1 MG	**BT/1**	**18 000**
9	VINBLASTINE # FL INJ 10 MG	**BT/1**	**2 500**
10	AMPHOTERICINE B #* FL INJ 50 MG	**BT/1**	**3 600**
11	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE COMP 600MG/200MG/245MG-300MG	**BT/30**	**1 400**
12	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE COMP 200MG/300MG	**BT/30**	**450**
13	MELPHALAN # FL INJ 50 MG	**BT/1**	**2 100**
14	COLISTINE FL INJ 1 MU. I	**BT/1**	**56 000**