

LOIS, DECRETS, ORDONNANCES ET REGLEMENTS WETTEN, DECRETEN, ORDONNANTIES EN VERORDENINGEN

MINISTERE DES AFFAIRES SOCIALES, DE LA SANTE PUBLIQUE ET DE L'ENVIRONNEMENT

F. 2001 — 909

[C — 2001/22213]

26 MARS 2001. — Arrêté ministériel modifiant la liste jointe à l'arrêté royal du 2 septembre 1980 fixant les conditions dans lesquelles l'assurance obligatoire contre la maladie et l'invalidité intervient dans le coût des spécialités pharmaceutiques et produits assimilés, en application de l'article 35*bis* de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994

Le Ministre des Affaires sociales,

Vu la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, notamment l'article 35*bis*, inséré par la loi du 2 janvier 2001;

Vu l'arrêté royal du 2 septembre 1980 fixant les conditions dans lesquelles l'assurance obligatoire contre la maladie et l'invalidité intervient dans le coût des spécialités pharmaceutiques et produits assimilés, tel qu'il a été modifié jusqu'à ce jour;

Vu l'arrêté royal du 7 mai 1991 fixant l'intervention personnelle des bénéficiaires dans le coût des fournitures pharmaceutiques remboursables dans le cadre de l'assurance obligatoire soins de santé et indemnités, notamment les articles 2 et 2*bis*, modifiés par les arrêtés royaux du 2 septembre 1992, 11 avril 1994, 9 janvier 1998, 2 décembre 1998, 20 décembre 1999, 1^{er} mars 2000 et 21 mars 2001;

Vu l'arrêté ministériel du 20 mars 2001 modifiant l'arrêté ministériel du 29 décembre 1989 relatif aux prix des médicaments remboursables;

Vu l'avis de l'Inspecteur des Finances, donné le 23 février 2001;

Vu l'accord du Ministre du Budget, donné le 1^{er} mars 2001;

Vu l'avis n° 31.360/1 du Conseil d'Etat, donné le 8 mars 2001, en application de l'article 84, alinéa 1^{er}, 2°, des lois coordonnées sur le Conseil d'Etat;

Vu l'urgence notamment motivée par la circonstance que :

— l'arrêté doit permettre de réaliser en 2001 encore les économies nécessaires;

— la mesure, conformément à l'article 35*bis* de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, doit être exécutée le 1^{er} avril 2001;

MINISTERIE VAN SOCIALE ZAKEN, VOLKSGEZONDHEID EN LEEFMILIEU

N. 2001 — 909

[C — 2001/22213]

26 MAART 2001. — Ministerieel besluit tot wijziging van de lijst, gevoegd bij het koninklijk besluit van 2 september 1980 tot vaststelling van de voorwaarden waaronder de verplichte ziekte- en invaliditeitsverzekering tegemoetkomt in de kosten van de farmaceutische specialiteiten en daarmee gelijkgestelde producten, met toepassing van artikel 35*bis* van de wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen, gecoördineerd op 14 juli 1994

De Minister van Sociale Zaken,

Gelet op de wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen, gecoördineerd op 14 juli 1994, inzonderheid op artikel 35*bis*, ingevoegd bij de wet van 2 januari 2001;

Gelet op het koninklijk besluit van 2 september 1980 tot vaststelling van de voorwaarden waaronder de verplichte ziekte- en invaliditeitsverzekering tegemoetkomt in de kosten van de farmaceutische specialiteiten en daarmee gelijkgestelde producten, zoals tot op heden gewijzigd;

Gelet op het koninklijk besluit van 7 mei 1991 tot vaststelling van het persoonlijk aandeel van de rechthebbenden in de kosten van de in het raam van de verplichte verzekering voor geneeskundige verzorging en uitkeringen vergoedbare farmaceutische verstrekkingen, inzonderheid op de artikelen 2 en 2*bis*, gewijzigd bij de koninklijke besluiten van 2 september 1992, 11 april 1994, 9 januari 1998, 2 december 1998, 20 december 1999, 1 maart 2000 en 21 maart 2001;

Gelet op het ministerieel besluit van 20 maart 2001 tot wijziging van het ministerieel besluit van 29 december 1989 betreffende de prijzen van de terugbetaalde geneesmiddelen;

Gelet op het advies van de Inspecteur van Financiën, gegeven op 23 februari 2001;

Gelet op de akkoordbevinding van de Minister van Begroting van 1 maart 2001;

Gelet op het advies nr. 31.360/1 van de Raad van State, gegeven op 8 maart 2001, met toepassing van artikel 84, eerste lid, 2°, van de gecoördineerde wetten op de Raad van State;

Gelet op het verzoek om spoedbehandeling, gemotiveerd door de omstandigheid dat :

— het besluit moet toelaten om nog in 2001 de nodige besparingen te verwezenlijken;

— de maatregel volgens artikel 35*bis* van de wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen, gecoördineerd op 14 juli 1994 op 1 april 2001 moet uitgevoerd worden;

— dans l'intérêt des assurés sociaux, toutes les parties concernées et, notamment les firmes pharmaceutiques, les organismes assureurs, les pharmaciens dispensateurs et les offices de tarification, doivent être préalablement informées, dans un délai raisonnable, des modifications de bases de remboursement qui doivent intervenir,

Arrête :

Article 1^{er}. En application de l'article 35bis de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, l'inscription des spécialités énumérées ci-après est modifiée comme suit, à l'annexe I de l'arrêté royal du 2 septembre 1980 :

1° au chapitre I^{er} :

— in het belang van de sociaal verzekerden, alle betrokken partijen en met name de farmaceutische bedrijven, de verzekeringsinstellingen, de apothekers-verstrekkers en de tarifieringsdiensten, binnen een redelijke termijn in kennis moeten worden gesteld van de wijzigingen in de vergoedingsbases die moeten worden aangebracht,

Besluit :

Artikel 1. Met toepassing van artikel 35bis van de wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen, gecoördineerd op 14 juli 1994, wordt in de bijlage I van het koninklijk besluit van 2 september 1980 de inschrijving van de volgende specialiteiten gewijzigd als volgt :

1° in hoofdstuk I :

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-15	ABUTOPHAR Unicophar				
1434-471	compr. 30 x 400 mg	G	520,-	78	130
1434-489	compr. 100 x 400 mg	G	1.138,-	171	284
B-6	ADALAT Bayer				
0016-782	caps. 100 x 10 mg	R	545,-	186	240
0700-146	* pr. caps. 1 x 10 mg	R	3,98	+ 0,76	+ 0,76
0700-146	** pr. caps. 1 x 10 mg	R	3,27		
A-25	ADRIBLASTINA Pharmacia & Upjohn				
0016-261	fl. inj. 5 x 10 mg + solv.		3.626,-	0	0
A-25	ADRIBLASTINA RTU 50 Pharmacia & Upjohn				
0251-454	fl. inj. 1 x 50 mg/25 ml		3.626,-	0	0
B-27	ALDACTONE Searle				
0100-974	compr. 50 x 25 mg	R	392,-	134	173
0100-966	compr. 30 x 100 mg	R	774,-	264	341
0863-290	compr. 50 x 100 mg	R	1.107,-	299	410
0700-351	* pr. compr. 1 x 25 mg	R	5,72	+ 1,10	+ 1,10
0700-369	* pr. compr. 1 x 100 mg	R	16,94	+ 3,24	+ 3,24
0700-351	** pr. compr. 1 x 25 mg	R	4,70		
0700-369	** pr. compr. 1 x 100 mg	R	13,92		
A-24	ALEXAN Heinrich Mack Nachf.				
0804-617	vial inj. 10 x 100 mg/5 ml	R	1.468,-	220	220
0315-564	vial inj. 1 x 500 mg/10 ml	R	885,-	158	158
0700-427	* pr. vial inj. 1 x 100 mg/5 ml	R	128,60	+ 24,50	+ 24,50
0739-433	* pr. vial inj. 1 x 500 mg/10 ml	R	646,-	+ 123,00	+ 123,00
0739-441	* pr. vial inj. 1 x 1 g/20 ml	R	1.163,-	+ 222,00	+ 222,00
0744-110	* pr. vial inj. 1 x 2 g/40 ml	R	2.007,-	+ 327,00	+ 327,00
0700-427	** pr. vial inj. 1 x 100 mg/5 ml	R	105,60		
0739-433	** pr. vial inj. 1 x 500 mg/10 ml	R	531,-		
0739-441	** pr. vial inj. 1 x 1 g/20 ml	R	955,-		
0744-110	** pr. vial inj. 1 x 2 g/40 ml	R	1.720,-		
B-68	ALLOPURINOL EG Eurogenerics				
0016-832	compr. 90 x 300 mg	G	782,-	117	195
B-68	ALPURIC EOS Healthcare				
1226-067	caps. 90 x 300 mg	R	782,-	266	344
0744-425	* pr. caps. 1 x 300 mg	R	6,34	+ 1,22	+ 1,22
0744-425	** pr. caps. 1 x 300 mg	R	5,21		
B-28	AMICHLOR Boss Pharma				
1305-689	compr. 20 x 50 mg/5 mg	R	154,-	52	67
1305-671	compr. 50 x 50 mg/5 mg	R	307,-	105	136
1320-308	compr. 100 x 50 mg/5 mg	R	615,-	209	271
0741-215	* pr. compr. 1 x 50 mg/5 mg	R	4,49	+ 0,85	+ 0,85
0741-215	** pr. compr. 1 x 50 mg/5 mg	R	3,69		
B-28	AMILOPHAR 50/5 mg Unicophar				
1488-766	compr. 30 x 50 mg/5 mg	G	175,-	26	44
1488-774	compr. 60 x 50 mg/5 mg	G	280,-	42	70
1488-782	compr. 120 x 50 mg/5 mg	G	560,-	84	140
B-11	AMIODARONE EG Eurogenerics				
0468-702	compr. 60 x 200 mg	G	610,-	91	152

I = Aandeel van de rechthebbenden bedoeld in artikel 37, §1 en §19, van de bij het koninklijk besluit van 14.7.94 gecoördineerde wet, die recht hebben op een verhoogde verzekeringstegemoetkoming.

I = Intervention des bénéficiaires visés à l'article 37, §1er et §19, de la loi coordonnée par l'arrêté royal du 14.7.94 qui ont droit à une intervention majorée de l'assurance.

II = Aandeel van de andere rechthebbenden.

II = Intervention des autres bénéficiaires.

Critérium		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-11		AMIODARONE MERCK 200 mg Merck				
	1555-671	compr. 28 x 200 mg	G	360,-	54	90
	1537-059	compr. 60 x 200 mg	G	610,-	91	152
B-107		AMOXI-250 S.M.B.				
	0868-604	sir. 80 ml 250 mg/5 ml	R	260,-	89	115
	0700-724	* pr. sir. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
	0700-724	** pr. sir. 1 x 250 mg/5 ml	R	9,75		
B-107		AMOXI-500 S.M.B.				
	0868-612	caps. 16 x 500 mg	R	454,-	154	199
	0433-730	pulv. or. 16 x 500 mg	R	454,-	154	199
	0700-732	* pr. caps. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0734-467	* pr. pulv. or. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0700-732	** pr. caps. 1 x 500 mg	R	17,-		
	0734-467	** pr. pulv. or. 1 x 500 mg	R	17,-		
B-107		AMOXICILLINE BC Biochemie				
	1525-500	compr. sol. 16 x 500 mg	G	454,-	68	113
	1525-518	compr. sol. 8 x 1 g	G	454,-	68	113
B-107		AMOXICILLINE EG Eurogenerics				
	0613-364	caps. 16 x 500 mg	G	454,-	68	113
	1373-158	compr. 8 x 1 g	G	454,-	68	113
	0671-297	pulv. pr. sir. 80 ml 250 mg/5 ml	G	260,-	39	65
B-107		AMOXICILLINE-RATIOPHARM 500 mg				
		Dispersible Tabs Ratiopharm				
	1543-289	compr. 16 x 500 mg	G	459,-	69	115
B-107		AMOXICILLINE-RATIOPHARM 750 mg				
		Dispersible Tabs Ratiopharm				
	1543-297	compr. 16 x 750 mg	C	600,-	90	150
B-107		AMOXICLAV BC 125 mg Biochemie				
	1541-440	pulv. pr. susp. or. 60 ml 125 mg/31,25 mg/5 ml	G	144,-	22	36
	1541-457	pulv. pr. susp. or. 100 ml 125 mg/31,25 mg/5 ml	G	217,-	33	54
	0764-209	* pr. susp. or. 1 x 125 mg/31,25 mg/5 ml	G	7,05		
	0764-209	** pr. susp. or. 1 x 125 mg/31,25 mg/5 ml	G	5,75		
B-107		AMOXICLAV BC 250 mg Biochemie				
	1541-549	pulv. pr. susp. or. 60 ml 250 mg/62,5 mg/5 ml	G	261,-	39	65
	1541-465	pulv. pr. susp. or. 100 ml 250 mg/62,5 mg/5 ml	G	394,-	59	98
	0764-217	* pr. susp. or. 1 x 250 mg/62,5 mg/5 ml	G	12,75		
	0764-217	** pr. susp. or. 1 x 250 mg/62,5 mg/5 ml	G	10,45		
B-107		AMOXICLAV BC 500 mg Biochemie				
	1541-556	compr. 16 x 500 mg/125 mg	G	642,-	96	160
B-107		AMOXIPHAR Unicophar				
	1226-075	sir. 80 ml 250 mg/5 ml	G	260,-	39	65
B-107		AMOXIPHAR 500 Unicophar				
	1218-726	caps. 16 x 500 mg	G	454,-	68	113
B-107		AMOXIPHAR DISPERSIBLE 250 Unicophar				
	1539-055	compr. 16 x 250 mg	G	260,-	39	65

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-107	1539-063	AMOXIPHAR DISPERSIBLE 375 Unicophar compr. 16 x 375 mg	C	357,-	54	89
B-107	1539-089	AMOXIPHAR DISPERSIBLE 500 Unicophar compr. 16 x 500 mg	G	454,-	68	113
B-107	1539-071	AMOXIPHAR DISPERSIBLE 750 Unicophar compr. 16 x 750 mg	C	680,-	102	170
B-107	0688-176	AMOXYPEN Farmabel caps. 16 x 500 mg	R	454,-	154	199
	0290-254	pulv. or. 16 x 500 mg	R	458,-	156	201
	0688-184	pulv. pr. sir. 80 ml 250 mg/5 ml	R	260,-	89	115
	0733-931	* pr. caps. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0700-708	* pr. pulv. or. 1 x 500 mg	R	20,88	+ 4,00	+ 4,00
	0733-949	* pr. sir. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
	0733-931	** pr. caps. 1 x 500 mg	R	17,-		
	0700-708	** pr. pulv. or. 1 x 500 mg	R	17,13		
	0733-949	** pr. sir. 1 x 250 mg/5 ml	R	9,75		
B-116	0700-781	AMUKIN Bristol-Myers Squibb ** pr. fl. inj. 1 x 500 mg/2 ml	R	361,50		
B-55	0605-139	ASACOL Byk Belga compr. 100 x 400 mg		1.871,-	250	375
	0490-599	compr. 300 x 400 mg		3.940,-	250	375
	1014-778	supp. 120 x 250 mg		2.374,-	250	375
	1014-794	supp. 120 x 500 mg		3.915,-	250	375
B-15	1395-615	ATEBLOC Boss Pharma compr. 28 x 100 mg	C	526,-	79	131
	1395-623	compr. 56 x 100 mg	C	842,-	126	210
B-15	1541-424	ATENOLOL BC 50 mg Biochemie compr. 28 x 50 mg	G	335,-	50	84
	1541-432	compr. 56 x 50 mg	G	536,-	80	134
B-15	1541-408	ATENOLOL BC 100 mg Biochemie compr. 28 x 100 mg	G	603,-	90	151
	1541-416	compr. 56 x 100 mg	G	916,-	137	229
B-15	1334-697	ATENOLOL EG 25 mg Eurogenerics compr. 28 x 25 mg	G	176,-	26	44
	1334-705	compr. 56 x 25 mg	G	282,-	42	70
B-15	1334-713	ATENOLOL EG 50 mg Eurogenerics compr. 28 x 50 mg	G	335,-	50	84
	1334-721	compr. 56 x 50 mg	G	536,-	80	134
B-15	1396-472	ATENOLOL EG 100 mg Eurogenerics compr. 28 x 100 mg	G	603,-	90	151
	1384-353	compr. 56 x 100 mg	G	916,-	137	229
B-15	1537-067	ATENOLOL MERCK 50 mg Merck compr. 28 x 50 mg	G	335,-	50	84
	1537-083	compr. 56 x 50 mg	G	536,-	80	134
B-15	1537-075	ATENOLOL MERCK 100 mg Merck compr. 28 x 100 mg	G	603,-	90	151
	1537-091	compr. 56 x 100 mg	G	916,-	137	229
B-15	1334-739	ATENOLOL/CHLOORTALIDON EG 100/25 mg Eurogenerics compr. 28 x 100 mg/25 mg	G	646,-	97	161
	1334-747	compr. 56 x 100 mg/25 mg	G	952,-	143	238

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-15	1525-617	ATENOLOL/CHLORTALIDON BC 50/12,5 mg Biochemie compr. 56 x 50 mg/12,5 mg	G	580,-	87	145
B-15	1525-625	ATENOLOL/CHLORTALIDON BC 100/25 mg Biochemie compr. 56 x 100 mg/25 mg	G	952,-	143	238
B-15	1457-514	ATENOLOL-RATIOPHARM 50 mg Ratiopharm compr. 28 x 50 mg	G	335,-	50	84
B-15	1457-522	ATENOLOL-RATIOPHARM 100 mg Ratiopharm compr. 28 x 100 mg	G	603,-	90	151
B-15	1542-521	ATENOTOP Topgen compr. 56 x 100 mg	C	842,-	126	210
B-15	1373-323	ATEPHAR 25 Unicophar compr. 30 x 25 mg	G	189,-	28	47
	1373-331	compr. 60 x 25 mg	G	302,-	45	75
	1384-312	compr. 90 x 25 mg	G	452,-	68	113
B-15	1373-349	ATEPHAR 50 Unicophar compr. 30 x 50 mg	G	359,-	54	90
	1373-356	compr. 60 x 50 mg	G	571,-	86	143
	1378-827	compr. 90 x 50 mg	G	837,-	126	209
B-15	1373-364	ATEPHAR 100 Unicophar compr. 30 x 100 mg	G	602,-	90	150
	1373-372	compr. 60 x 100 mg	G	882,-	132	220
	1378-819	compr. 90 x 100 mg	G	1.117,-	168	279
B-15	1317-882	ATHENOL S.M.B. compr. 28 x 100 mg	G	575,-	86	144
	1317-890	compr. 56 x 100 mg	G	832,-	125	208
B-107	0033-548	AUGMENTIN Beecham pulv. pr. sir. 80 ml 125 mg/31,25 mg/5 ml	R	180,-	61	79
	0034-637	pulv. pr. sir. 80 ml 250 mg/62,5 mg/5 ml	R	326,-	111	143
	0727-396	* pr. sir. 1 x 125 mg/31,25 mg/5 ml	R	8,19	+ 1,56	+ 1,56
	0727-404	* pr. sir. 1 x 250 mg/62,5 mg/5 ml	R	14,88	+ 2,81	+ 2,81
	0727-396	** pr. sir. 1 x 125 mg/31,25 mg/5 ml	R	6,75		
	0727-404	** pr. sir. 1 x 250 mg/62,5 mg/5 ml	R	12,19		
B-107	0029-025	AUGMENTIN 500 Beecham compr. 16 x 500 mg/125 mg	R	594,-	202	261
	0727-388	* pr. compr. 1 x 500 mg/125 mg	R	27,06	+ 5,19	+ 5,19
	0727-388	** pr. compr. 1 x 500 mg/125 mg	R	22,25		
B-212	0291-963	AURORIX Roche compr. sec. 100 x 150 mg		1.977,-	250	375
B-80	1559-657	BACLOFEN MERCK Merck compr. 50 x 10 mg	G	310,-	46	77
	1559-673	compr. 50 x 25 mg	G	714,-	107	178
B-107	1462-514	BACTIMED 3DDD Pharma caps. 16 x 500 mg	R	381,-	130	168
	0760-173	* pr. caps. 1 x 500 mg	R	17,38	+ 3,31	+ 3,31
	0760-173	** pr. caps. 1 x 500 mg	R	14,31		
B-131	0022-277	BACTRIM FORTE Roche compr. 10 x 160 mg/800 mg	R	144,-	50	64
	0022-269	compr. 30 x 160 mg/800 mg	R	311,-	106	137
	0701-383	* pr. compr. 1 x 160 mg/800 mg	R	7,57	+ 1,43	+ 1,43
	0701-383	** pr. compr. 1 x 160 mg/800 mg	R	6,20		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van terugbetaling	I	II
---	Code	-----	---	----		
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-28		BELIDRAL Sintesa				
	1077-916	compr. 28 x 50 mg/5 mg	R	218,-	75	96
	1077-924	compr. 56 x 50 mg/5 mg	R	468,-	159	206
	1077-932	compr. 112 x 50 mg/5 mg	R	699,-	238	308
	0740-811	* pr. compr. 1 x 50 mg/5 mg	R	4,55	+ 0,87	+ 0,87
	0740-811	** pr. compr. 1 x 50 mg/5 mg	R	3,74		
A-25		BLEOMYCINE Aventis Pharma				
	0025-825	amp. inj. 1 x 15 mg	R	1.090,-	129	129
	0701-979	* pr. amp. inj. 1 x 15 mg	R	826,-	+ 157,00	+ 157,00
	0701-979	** pr. amp. inj. 1 x 15 mg	R	678,-		
B-15		BLOKIUUM-50 Sintesa				
	1255-264	compr. 30 x 50 mg	R	359,-	122	158
	1255-272	compr. 60 x 50 mg	R	574,-	195	252
	0745-281	* pr. compr. 1 x 50 mg	R	6,98	+ 1,34	+ 1,34
	0745-281	** pr. compr. 1 x 50 mg	R	5,73		
B-15		BLOKIUUM-100 Sintesa				
	1255-298	compr. 30 x 100 mg	R	645,-	220	284
	1255-306	compr. 60 x 100 mg	R	1.030,-	272	375
	0745-653	* pr. compr. 1 x 100 mg	R	12,55	+ 2,40	+ 2,40
	0745-653	** pr. compr. 1 x 100 mg	R	10,32		
B-88		BONEFOS UCB				
	1115-104	caps. 30 x 400 mg		2.892,-	250	375
	1327-550	compr. 30 x 400 mg		2.892,-	250	375
	1115-096	caps. 100 x 400 mg		7.624,-	250	375
	1327-568	compr. 100 x 400 mg		7.624,-	250	375
	1327-576	compr. 50 x 800 mg		7.624,-	250	375
B-63		BREXINE Christiaens Pharma				
	0382-663	compr. 30 x 20 mg	R	701,-	238	308
	0382-671	pulv. or. 30 x 20 mg	R	701,-	238	308
	0739-151	* pr. compr. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0739-169	* pr. pulv. or. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0739-151	** pr. compr. 1 x 20 mg	R	14,-		
	0739-169	** pr. pulv. or. 1 x 20 mg	R	14,-		
B-63		BREXINE-DRYFIZ Christiaens Pharma				
	1461-805	compr. 30 x 20 mg	R	701,-	238	308
	0747-964	* pr. compr. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0747-964	** pr. compr. 1 x 20 mg	R	14,-		
B-60		BRUFEN Knoll				
	0027-565	drag. 100 x 200 mg	R	278,-	95	122
	0702-134	* pr. drag. 1 x 200 mg	R	2,03	+ 0,39	+ 0,39
	0702-134	** pr. drag. 1 x 200 mg	R	1,67		
B-60		BRUFEN 400 Knoll				
	0104-596	drag. 100 x 400 mg	R	426,-	145	187
	0702-159	* pr. drag. 1 x 400 mg	R	3,11	+ 0,59	+ 0,59
	0702-159	** pr. drag. 1 x 400 mg	R	2,55		
B-60		BRUFEN FORTE Knoll				
	0867-556	drag. 30 x 600 mg	R	244,-	83	107
	0702-167	* pr. drag. 1 x 600 mg	R	5,93	+ 1,14	+ 1,14
	0702-167	** pr. drag. 1 x 600 mg	R	4,87		
B-55		BUDENOFALK Codali				
	1556-398	caps. 50 x 3 mg		2.956,-	250	375
	1556-406	caps. 100 x 3 mg		4.494,-	250	375
B-150		CALCISORB 3M Pharma				
	0029-322	pulv. or. 100 x 5 g		1.760,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-88	1232-339	CALSYNAR 50 Aventis Pharma ser. 15 x 50 I.U./0,5 ml		2.106,-	250	375
	1278-431	ser. 30 x 50 I.U./0,5 ml		3.135,-	250	375
B-88	1232-347	CALSYNAR 100 Aventis Pharma ser. 15 x 100 I.U./ml		3.135,-	250	375
	1278-423	ser. 30 x 100 I.U./ml		4.781,-	250	375
A-23	1182-476	CARBOPLATINE 50 DAVID BULL Faulding sol. I.V. 1 x 5 ml 10 mg/ml		2.281,-	0	0
A-23	1149-871	CARBOPLATINE 150 DAVID BULL Faulding fl. I.V./perf. lyoph. 1 x 15 ml 10 mg/ml		5.424,-	0	0
A-23	1149-889	CARBOPLATINE 450 DAVID BULL Faulding fl. I.V./perf. lyoph. 1 x 45 ml 10 mg/ml		13.979,-	0	0
A-23	1484-823	CARBOPLATINE 150 mg FAULDING Faulding fl. I.V./perf. 1 x 15 ml 10 mg/ml		5.424,-	0	0
A-23	1484-831	CARBOPLATINE 450 mg FAULDING Faulding fl. I.V./perf. 1 x 45 ml 10 mg/ml		13.979,-	0	0
A-23	1287-671	CARBOPLATINUM 50 mg Pharmacia & Upjohn vial 1 x 5 ml 10 mg/ml		2.281,-	0	0
A-23	1287-697	CARBOPLATINUM 150 mg Pharmacia & Upjohn vial 1 x 15 ml 10 mg/ml		5.425,-	0	0
A-23	1287-705	CARBOPLATINUM 450 mg Pharmacia & Upjohn vial 1 x 45 ml 10 mg/ml		13.977,-	0	0
A-23	1226-091	CARBOSIN 50 mg OPG Pharmachemie vial I.V. 1 x 5 ml 10 mg/ml		2.281,-	0	0
A-23	1226-083	CARBOSIN 150 mg OPG Pharmachemie vial I.V. 1 x 15 ml 10 mg/ml		5.424,-	0	0
A-23	1226-109	CARBOSIN 500 mg OPG Pharmachemie vial I.V. 1 x 50 ml 10 mg/ml		15.489,-	0	0
B-60	0444-166	CATAFLAM Novartis Pharma drag. 30 x 50 mg	R	323,-	110	143
	0734-137	* pr. drag. 1 x 50 mg	R	7,87	+ 1,50	+ 1,50
	0734-137	** pr. drag. 1 x 50 mg	R	6,47		
B-111	0818-906	CECLOR Lilly caps. 15 x 250 mg	R	360,-	122	158
	0482-299	caps. 15 x 500 mg	R	575,-	196	254
	0664-136	gran. pr. susp. or. 60 ml 250 mg /5 ml	R	282,-	96	124
	1152-115	gran. pr. susp. or. 100 ml 250 mg /5 ml	R	422,-	143	185
	0702-605	* pr. caps. 1 x 250 mg	R	17,47	+ 3,33	+ 3,33
	0736-116	* pr. caps. 1 x 500 mg	R	28,-	+ 5,33	+ 5,33
	0732-222	* pr. susp. or. 1 x 250 mg/5 ml	R	15,40	+ 2,90	+ 2,90
	0702-605	** pr. caps. 1 x 250 mg	R	14,40		
	0736-116	** pr. caps. 1 x 500 mg	R	23,-		
	0732-222	** pr. susp. or. 1 x 250 mg/5 ml	R	12,65		
B-24	0101-816	CHLORTALIDONE EG Eurogenerics compr. 75 x 100 mg	G	360,-	54	90

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-45	1464-098	CIMEPHAR 200 Unicophar compr. 100 x 200 mg	G	901,-	135	225
B-45	1421-759	CIMEPHAR 400 Unicophar compr. 56 x 400 mg	G	959,-	144	240
B-45	1421-767	CIMEPHAR 800 Unicophar compr. 28 x 800 mg	G	959,-	144	240
B-45	1525-609	CIMETIDINE BC Biochemie compr. eff. 30 x 800 mg	G	999,-	150	250
B-45	1464-064	CIMETIDINE EG 200 mg Eurogenerics compr. 100 x 200 mg	G	901,-	135	225
B-45	1464-072	CIMETIDINE EG 400 mg Eurogenerics compr. 56 x 400 mg	G	959,-	144	240
B-45	1464-080	CIMETIDINE EG 800 mg Eurogenerics compr. 28 x 800 mg	G	959,-	144	240
B-45	1517-903	CIMETIDINE MERCK 200 mg Merck compr. 100 x 200 mg	G	901,-	135	225
B-45	1517-598	CIMETIDINE MERCK 400 mg Merck compr. 60 x 400 mg	G	999,-	150	250
B-45	1517-606	CIMETIDINE MERCK 800 mg Merck compr. 30 x 800 mg	G	999,-	150	250
B-45	1463-819	CIMETIDINE-RATIOPHARM 400 Ratiopharm compr. 56 x 400 mg	G	959,-	144	240
B-45	1463-827	CIMETIDINE-RATIOPHARM 800 Ratiopharm compr. 28 x 800 mg	G	959,-	144	240
B-45	1464-155	CIMETIMED 400 Ethimed compr. 56 x 400 mg	G	940,-	141	235
B-45	1464-163	CIMETIMED 800 Ethimed compr. 28 x 800 mg	G	940,-	141	235
B-125	1359-611	CIPROXINE 500 Bayer compr. 20 x 500 mg		1.911,-	250	375
A-23	0743-476	CISPLATINE EKEKA AHP Pharma * pr. fl. I.V. pulv. 1 x 10 mg	R	517,-	+ 99,00	+ 99,00
	0743-484	* pr. fl. I.V. sol. 1 x 10 mg	R	517,-	+ 99,00	+ 99,00
	0743-492	* pr. fl. I.V. pulv. 1 x 50 mg	R	1.986,-	+ 323,00	+ 323,00
	0743-500	* pr. fl. I.V. sol. 1 x 50 mg	R	1.986,-	+ 323,00	+ 323,00
	0743-476	** pr. fl. I.V. pulv. 1 x 10 mg	R	425,-		
	0743-484	** pr. fl. I.V. sol. 1 x 10 mg	R	425,-		
	0743-492	** pr. fl. I.V. pulv. 1 x 50 mg	R	1.699,-		
	0743-500	** pr. fl. I.V. sol. 1 x 50 mg	R	1.699,-		
B-107	0107-235	CLAMOXYL Beecham caps. 16 x 500 mg	R	454,-	154	199
	0107-201	pulv. or. 16 x 250 mg	R	260,-	89	115
	0107-219	pulv. or. 16 x 500 mg	R	458,-	156	201
	0107-359	sir 80 ml 250 mg/5 ml	R	260,-	89	115
	0703-165	* pr. caps. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0703-173	* pr. pulv. or. 1 x 250 mg	R	11,88	+ 2,25	+ 2,25
	0703-181	* pr. pulv. or. 1 x 500 mg	R	20,88	+ 4,00	+ 4,00
	0703-207	* pr. sir. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
	0703-165	** pr. caps. 1 x 500 mg	R	17,-		
	0703-173	** pr. pulv. or. 1 x 250 mg	R	9,75		
	0703-181	** pr. pulv. or. 1 x 500 mg	R	17,13		
	0703-207	** pr. sir. 1 x 250 mg/5 ml	R	9,75		

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-107	CLAMOXYL 500 mg "TABS" Beecham				
1000-967	compr. 16 x 500 mg	R	454,-	154	199
0713-222	* pr. compr. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
0713-222	** pr. compr. 1 x 500 mg	R	17,-		
B-107	CLAMOXYL 1 G "TABS" Beecham				
1100-239	compr. 8 x 1 g	R	454,-	154	199
0741-504	* pr. compr. 1 x 1 g	R	41,38	+ 7,87	+ 7,87
0741-504	** pr. compr. 1 x 1 g	R	34,-		
B-55	CLAVERSAL Tramedico				
0664-102	compr. 300 x 250 mg		2.407,-	250	375
0600-239	supp. 120 x 250 mg		2.374,-	250	375
0668-384	supp. 60 x 500 mg		2.374,-	250	375
B-55	CLAVERSAL FOAM Tramedico				
1181-296	a,rosol rect. 14 dos. 1 g/dos.		1.874,-	250	375
B-107	CLAVUCID 125 Yamanouchi				
0812-784	pulv. or. 16 x 125 mg/31,25 mg	R	180,-	61	79
0727-412	* pr. pulv. or. 1 x 125 mg/31,25 mg	R	8,19	+ 1,56	+ 1,56
0727-412	** pr. pulv. or. 1 x 125 mg/31,25 mg	R	6,75		
B-107	CLAVUCID 250 Yamanouchi				
0047-456	pulv. or. 16 x 250 mg/62,5 mg	R	326,-	111	143
0263-681	pulv. pr. sir. 80 ml 250 mg/62,5 mg/5 ml	R	326,-	111	143
0727-420	* pr. pulv. or. 1 x 250 mg/62,5 mg	R	14,88	+ 2,81	+ 2,81
0737-734	* pr. sir. 1 x 250 mg/62,5 mg/5 ml	R	14,88	+ 2,81	+ 2,81
0727-420	** pr. pulv. or. 1 x 250 mg/62,5 mg	R	12,19		
0737-734	** pr. sir. 1 x 250 mg/62,5 mg/5 ml	R	12,19		
B-107	CLAVUCID 500 Yamanouchi				
0057-307	pulv. or. 16 x 500 mg/125 mg	R	594,-	202	261
0466-086	compr. 16 x 500 mg/125 mg	R	594,-	202	261
0727-438	* pr. pulv. or. 1 x 500 mg/125 mg	R	27,06	+ 5,19	+ 5,19
0736-645	* pr. compr. 1 x 500 mg/125 mg	R	27,06	+ 5,19	+ 5,19
0727-438	** pr. pulv. or. 1 x 500 mg/125 mg	R	22,25		
0736-645	** pr. compr. 1 x 500 mg/125 mg	R	22,25		
B-33	CLEXANE Aventis Pharma				
0278-192	s. inj. 10 x 40 mg/0,4 ml		1.945,-	250	375
1027-697	s. inj. 10 x 80 mg/0,8 ml		2.548,-	250	375
1027-705	s. inj. 10 x 100 mg/ml		2.850,-	250	375
B-118	CLIFORDIN Knoll				
1484-567	compr. 10 x 100 mg	C	314,-	47	78
B-118	CLIFORDIN DISPERSAL Knoll				
1484-575	compr. 10 x 100 mg	C	314,-	47	78
B-55	COLAZIDE AstraZeneca				
1531-383	caps. 130 x 750 mg		1.802,-	250	375
1531-391	caps. 260 x 750 mg		2.647,-	250	375
B-55	COLITOFALK Codali				
0664-094	drag. 200 x 250 mg		1.736,-	250	375
0305-870	drag. 100 x 500 mg		2.009,-	250	375
1065-028	drag. 300 x 500 mg		4.424,-	250	375
0079-228	supp. 120 x 250 mg		2.374,-	250	375
0305-904	supp. 120 x 500 mg		3.915,-	250	375
B-55	COLITOFALK LAVEMENT Codali				
0430-983	lav. 7 x 4 g/60 g		1.883,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-56		CONTRAMAL Continental Pharma				
	1224-195	amp. I.V./I.M. 5 x 100 mg/2 ml	R	283,-	96	125
	1070-382	amp. I.V./I.M. 10 x 100 mg/2 ml	R	510,-	173	224
	1070-390	caps. 30 x 50 mg	R	373,-	127	164
	1070-408	caps. 60 x 50 mg	R	671,-	229	296
	1070-358	gtt. 1 x 10 ml 100 mg/ml	R	249,-	84	109
	1070-366	gtt. 3 x 10 ml 100 mg/ml	R	671,-	229	296
	1426-121	gtt. 50 ml 100 mg/ml	R	994,-	276	375
	1070-374	supp. 15 x 100 mg	R	373,-	127	164
	0743-948	* pr. amp. I.V./I.M. 1 x 100 mg/2 ml	R	37,20	+ 7,10	+ 7,10
	0743-799	* pr. caps. 1 x 50 mg	R	8,17	+ 1,55	+ 1,55
	0743-963	* pr. gtt. 1 x 1 ml 100 mg/ml	R	14,52	+ 2,76	+ 2,76
	0743-955	* pr. supp. 1 x 100 mg	R	18,13	+ 3,47	+ 3,47
	0743-948	** pr. amp. I.V./I.M. 1 x 100 mg/2 ml	R	30,60		
	0743-799	** pr. caps. 1 x 50 mg	R	6,70		
	0743-963	** pr. gtt. 1 x 1 ml 100 mg/ml	R	11,92		
	0743-955	** pr. supp. 1 x 100 mg	R	14,93		
B-11		CORDARONE Sanofi-Synthélabo				
	0106-971	compr. 20 x 200 mg	R	255,-	86	112
	0106-989	compr. 60 x 200 mg	R	610,-	207	268
	0703-587	* pr. compr. 1 x 200 mg	R	7,42	+ 1,41	+ 1,41
	0703-587	** pr. compr. 1 x 200 mg	R	6,10		
Cx-5		CORONAIR Boss Pharma				
	0069-443	caps. 50 x 75 mg	R	187,-	186	186
	0069-518	caps. 100 x 75 mg	R	300,-	297	297
	0703-611	* pr. caps. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0703-611	** pr. caps. 1 x 75 mg	R	1,80		
B-3		CORVATARD Therabel				
	1286-939	compr. 80 x 8 mg		1.691,-	250	375
B-131		CO-TRIMOXAZOLE EG Eurogenerics				
	0468-710	compr. 10 x 160 mg/800 mg	G	144,-	22	36
	0468-728	compr. 30 x 160 mg/800 mg	G	311,-	47	78
B-131		COTRIM FORTE-RATIOPHARM 800/160 Ratiopharm				
	1457-530	compr. 10 x 800 mg/160 mg	G	144,-	22	36
	1457-548	compr. 30 x 800 mg/160 mg	G	311,-	47	78
B-222		CURATODERM Boots Healthcare				
	1313-279	pom. - zalf 150 g 4 µg/g		3.115,-	250	375
A-54		CYMEVENE Roche				
	0640-169	fl. lyoph. pr. perf. 2 x 500 mg		3.150,-	0	0
	1249-234	caps. 180 x 250 mg		22.402,-	0	0
A-24		CYTARABINE 10% 5 ml FAULDING Faulding				
	1389-535	fl. 5 x 500 mg/5 ml	C	2.386,-	0	0
A-24		CYTARABINE 10% 20 ml FAULDING Faulding				
	1389-493	fl. 1 x 2 g/20 ml	C	1.939,-	0	0
A-24		CYTOSAR Pharmacia & Upjohn				
	0032-672	fl. inj. 1 x 100 mg + solv.	R	220,-	42	42
	1349-513	vial inj. 1 x 100 mg/5 ml	R	220,-	42	42
	0703-868	* pr. fl. inj. 1 x 100 mg + solv.	R	161,-	+ 30,00	+ 30,00
	0746-842	* pr. vial inj. 1 x 100 mg/5 ml	R	161,-	+ 30,00	+ 30,00
	0703-868	** pr. fl. inj. 1 x 100 mg + solv.	R	132,-		
	0746-842	** pr. vial inj. 1 x 100 mg/5 ml	R	132,-		

Critérium		Benaming en verpakkingen	Opmer- kingen	Basis van te- gemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Obser- vations	Base de remboursement		
A-24		CYTOSAR 500 mg Pharmacia & Upjohn				
	0811-166	vial inj. 1 x 500 mg + solv.	R	885,-	158	158
	1349-521	vial inj. 1 x 500 mg/25 ml	R	885,-	158	158
	0703-876	* pr. vial inj. 1 x 500 mg + solv.	R	646,-	+ 123,00	+ 123,00
	0746-859	* pr. vial inj. 1 x 500 mg/25 ml	R	646,-	+ 123,00	+ 123,00
	0703-876	** pr. vial inj. 1 x 500 mg + solv.	R	531,-		
	0746-859	** pr. vial inj. 1 x 500 mg/25 ml	R	531,-		
A-24		CYTOSAR 1 g Pharmacia & Upjohn				
	0730-358	* pr. vial inj. 1 x 1 g	R	1.163,-	+ 222,00	+ 222,00
	0746-867	* pr. vial inj. lyoph. 1 x 1 g/10 ml	R	1.163,-	+ 222,00	+ 222,00
	0730-358	** pr. vial inj. 1 x 1 g	R	955,-		
	0746-867	** pr. vial inj. lyoph. 1 x 1 g/10 ml	R	955,-		
A-24		CYTOSAR 2 g Pharmacia & Upjohn				
	0746-875	* pr. vial inj. lyoph. 1 x 2 g/20 ml	R	2.006,-	+ 328,00	+ 328,00
	0746-875	** pr. vial inj. lyoph. 1 x 2 g/20 ml	R	1.719,-		
A-28		DACARBAZINE 200 mg MEDAC OPG Pharmachemie				
	1531-490	fl. inj. pulv. 10 x 200 mg	C	3.033,-	0	0
A-28		DACARBAZINE 1000 mg MEDAC OPG Pharmachemie				
	1531-524	fl. inj. pulv. 1 x 1000 mg	C	1.713,-	0	0
B-118		DAGRAMYCINE Asta Medica				
	0861-005	caps. 10 x 100 mg	R	360,-	123	159
	0600-247	pulv. or. 10 x 100 mg/2 g	R	360,-	123	159
	0703-900	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0730-366	* pr. pulv. or. 1 x 100 mg/2 g	R	26,30	+ 5,00	+ 5,00
	0703-900	** pr. caps. 1 x 100 mg	R	21,60		
	0730-366	** pr. pulv. or. 1 x 100 mg/2 g	R	21,60		
A-35		DESPERAL Novartis Pharma				
	0034-926	amp. inj. 10 x 500 mg		1.803,-	0	0
B-166		DEXAGENTA-POS Ursapharm				
	1515-170	coll. 5 ml	C	161,-	24	40
A-12		DIAMICRON Servier				
	0108-936	compr. 20 x 80 mg	R	168,-	32	32
	0109-017	compr. 60 x 80 mg	R	466,-	89	89
	0704-817	* pr. compr. 1 x 80 mg	R	5,67	+ 1,08	+ 1,08
	0704-817	** pr. compr. 1 x 80 mg	R	4,67		
B-60		DICLOFEMED 100 Ethimed				
	1400-589	compr. ret. 30 x 100 mg	G	481,-	72	120
B-60		DICLOFENAC BC 50 mg Biochemie				
	1541-390	compr. enter. 50 x 50 mg	G	478,-	72	119
B-60		DICLOFENAC RETARD BC 100 mg Biochemie				
	1541-374	compr. 30 x 100 mg	G	573,-	86	143
B-60		DICLOFENAC EG Eurogenerics				
	1395-631	amp. I.M. 6 x 75 mg	G	217,-	33	54
	0491-167	compr. 30 x 25 mg	G	177,-	27	44
	0491-175	compr. 100 x 25 mg	G	472,-	71	118
	0491-183	compr. 50 x 50 mg	G	478,-	72	119
	1395-649	supp. 12 x 100 mg	G	211,-	32	53
B-60		DICLOFENAC-RATIOPHARM 75 Ratiopharm				
	1526-284	amp. I.M. 6 x 75 mg/3 ml	G	216,-	32	54
B-60		DICLOPHAR 25 Unicophar				
	1389-030	compr. enter. 30 x 25 mg	G	177,-	27	44
	1389-048	compr. enter. 100 x 25 mg	G	478,-	72	119

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-60	1389-055	DICLOPHAR 50 Unicophar compr. enter. 50 x 50 mg	G	478,-	72	119
B-60	1389-063	DICLOPHAR 100 Unicophar supp. 10 x 100 mg	G	176,-	26	44
B-60	1430-610	DICLOTOP 100 Topgen compr. ret. 30 x 100 mg	G	482,-	72	120
B-88	0817-759	DIDRONEL Procter & Gamble Pharm. compr. 60 x 200 mg		2.188,-	250	375
B-134	0286-559	DIFLUCAN Pfizer caps. 10 x 200 mg		4.556,-	250	375
	1509-363	fl. 1.400 mg pulv. pr. susp. or. 200 mg/5 ml		3.306,-	250	375
B-6	1457-555	DILTIAZEM-RATIOPHARM 60 Ratiopharm compr. 50 x 60 mg	G	341,-	51	85
	1457-563	compr. 100 x 60 mg	G	545,-	82	136
B-6	1524-131	DILTIPHAR 60 Unicophar compr. 30 x 60 mg	G	204,-	31	51
	1517-168	compr. 100 x 60 mg	G	545,-	82	136
	1517-176	compr. 200 x 60 mg	G	982,-	147	245
B-60	0495-515	DIPARENE UCB compr. 20 x 250 mg	G	202,-	30	50
	0495-523	compr. 50 x 250 mg	G	406,-	61	101
	0495-531	compr. 30 x 500 mg	G	487,-	73	122
A-30	0729-780	DIPRIVAN 1% AstraZeneca * pr. amp. I.V. 1 x 200 mg/20 ml	R	239,80	+ 45,80	+ 45,80
	0733-642	* pr. vial I.V. 1 x 500 mg/50 ml	R	648,-	+ 123,00	+ 123,00
	0744-672	* pr. ser. 1 x 500 mg/50 ml	R	648,-	+ 123,00	+ 123,00
	0729-780	** pr. amp. I.V. 1 x 200 mg/20 ml	R	197,-		
	0733-642	** pr. vial I.V. 1 x 500 mg/50 ml	R	532,-		
	0744-672	** pr. ser. 1 x 500 mg/50 ml	R	532,-		
Cx-5	0817-908	DIPYRIDAN Aventis Pharma drag. 100 x 75 mg	R	300,-	297	297
	0705-459	* pr. drag. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0705-459	** pr. drag. 1 x 75 mg	R	1,80		
Cx-9	0092-114	DITROPAN Synthélabo Belgium compr. 30 x 5 mg	R	208,-	206	206
	0092-189	compr. 100 x 5 mg	R	556,-	551	551
	0729-293	* pr. compr. 1 x 5 mg	R	4,06	+ 0,77	+ 0,77
	0729-293	** pr. compr. 1 x 5 mg	R	3,33		
B-29	0732-255	DOBUTREX Lilly * pr. fl. inj. 1 x 250 mg/20 ml	R	328,-	+ 63,00	+ 63,00
	0732-255	** pr. fl. inj. 1 x 250 mg/20 ml	R	270,-		
B-68	1480-698	DOCALLOPU Docpharma compr. 90 x 300 mg	G	638,-	96	159
B-107	1480-714	DOCAMOXICI Docpharma caps. 16 x 500 mg	G	243,-	36	61
	1487-156	sir. 80 ml 250 mg/5 ml	G	239,-	36	60
B-15	1487-123	DOCATENO 50 Docpharma compr. 56 x 50 mg	G	467,-	70	117
B-15	1487-149	DOCATENO 100 Docpharma compr. 56 x 100 mg	G	674,-	101	168

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-111		DOCCEFACLO 250 Docpharma				
	1533-900	susp. or. 60 ml 250 mg /5 ml	G	279,-	42	70
	1533-892	susp. or. 100 ml 250 mg /5 ml	G	415,-	62	104
B-111		DOCCEFACLO 500 Docpharma				
	1533-884	compr. 15 x 500 mg	G	565,-	85	141
B-45		DOCCIMETI 400 Docpharma				
	1487-057	compr. 56 x 400 mg	G	843,-	126	211
B-45		DOCCIMETI 800 Docpharma				
	1487-065	compr. 28 x 800 mg	G	843,-	126	211
B-118		DOCDOXYCY Docpharma				
	1480-672	compr. 10 x 100 mg	G	198,-	30	49
B-118		DOCDOXYCY DISPERS 100 Docpharma				
	1523-919	compr. 10 x 100 mg	G	289,-	43	72
B-118		DOCDOXYCY DISPERS 200 Docpharma				
	1523-935	compr. 10 x 200 mg	C	424,-	64	106
B-23		DOCINDAPA 2,5 Docpharma				
	1524-024	compr. 60 x 2,5 mg	G	435,-	65	109
B-63		DOCPIROXI DISPERS Docpharma				
	1480-664	compr. sec. 30 x 20 mg	G	583,-	87	146
B-72		DOCSULPIRI Docpharma				
	1480-706	compr. 12 x 200 mg	G	285,-	43	71
B-72		DOGMATIL Synthélabo Belgium				
	0040-766	compr. 12 x 200 mg	R	321,-	109	141
	0705-590	* pr. compr. 1 x 200 mg	R	19,50	+ 3,75	+ 3,75
	0705-590	** pr. compr. 1 x 200 mg	R	16,-		
B-60		DOLOFIN Eos Healthcare				
	1026-632	caps. 30 x 400 mg	R	162,-	55	71
	1024-926	caps. 100 x 400 mg	R	426,-	145	187
	0741-199	* pr. caps. 1 x 400 mg	R	3,11	+ 0,59	+ 0,59
	0741-199	** pr. caps. 1 x 400 mg	R	2,55		
B-56		DOLZAM Zambon				
	1169-317	amp. I.V./I.M. 5 x 100 mg/2 ml	R	283,-	96	125
	1169-309	amp. I.V./I.M. 10 x 100 mg/2 ml	R	510,-	173	224
	1169-275	caps. 20 x 50 mg	R	249,-	84	109
	1269-570	caps. 30 x 50 mg	R	373,-	127	164
	1169-283	caps. 60 x 50 mg	R	671,-	229	296
	1169-291	gtt. 1 x 10 ml 100 mg/ml	R	249,-	84	109
	1207-885	gtt. 3 x 10 ml 100 mg/ml	R	671,-	229	296
	1414-937	gtt. 5 x 10 ml 100 mg/ml	R	994,-	276	375
	1169-325	supp. 15 x 100 mg	R	373,-	127	164
	0743-807	* pr. amp. I.V./I.M. 1 x 100 mg/2 ml	R	37,20	+ 7,10	+ 7,10
	0743-815	* pr. caps. 1 x 50 mg	R	8,17	+ 1,55	+ 1,55
	0743-823	* pr. gtt. 1 x 1 ml 100 mg/ml	R	14,52	+ 2,76	+ 2,76
	0744-003	* pr. supp. 1 x 100 mg	R	18,13	+ 3,47	+ 3,47
	0743-807	** pr. amp. I.V./I.M. 1 x 100 mg/2 ml	R	30,60		
	0743-815	** pr. caps. 1 x 50 mg	R	6,70		
	0743-823	** pr. gtt. 1 x 1 ml 100 mg/ml	R	11,92		
	0744-003	** pr. supp. 1 x 100 mg	R	14,93		
B-118		DOPHAR Unicophar				
	1226-117	caps. 10 x 100 mg	G	356,-	53	89
B-118		DOPHAR DISP 100 Unicophar				
	1380-641	compr. 10 x 100 mg	G	356,-	53	89

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-118		DORYX Faulding				
	1350-248	caps. 10 x 100 mg	R	360,-	123	159
	0746-602	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0746-602	** pr. caps. 1 x 100 mg	R	21,60		
B-118		DOXY-100 S.M.B.				
	0861-013	caps. 10 x 100 mg	G	358,-	54	89
B-118		DOXYCYCLINE 3DDD DISPERS 3DDD Pharma				
	1373-414	compr. 10 x 100 mg	G	360,-	54	90
B-118		DOXYCYCLINE EG Eurogenerics				
	0607-366	caps. 10 x 100 mg	G	356,-	53	89
	1334-580	compr. 10 x 100 mg	G	360,-	54	90
	1334-598	compr. 10 x 200 mg	G	572,-	86	143
B-118		DOXYCYCLINE RATIOPHARMA 100 Ratiopharma				
	1513-654	caps. 10 x 100 mg	G	328,-	49	82
B-118		DOXYCYMED 100 Ethimed				
	1400-571	compr. 10 x 100 mg	G	298,-	45	74
B-118		DOXYFIM Wolfs				
	0607-374	compr. 10 x 100 mg	R	360,-	123	159
	0731-018	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0731-018	** pr. compr. 1 x 100 mg	R	21,60		
B-118		DOXYLETS 100 S.M.B.				
	0891-259	caps. 10 x 100 mg	R	360,-	123	159
	0728-147	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0728-147	** pr. caps. 1 x 100 mg	R	21,60		
B-118		DOXYLETS 200 S.M.B.				
	0891-267	caps. 10 x 200 mg	R	572,-	195	252
	0743-617	* pr. caps. 1 x 200 mg	R	41,80	+ 7,90	+ 7,90
	0743-617	** pr. caps. 1 x 200 mg	R	34,30		
B-118		DOXYMYCINE Rhône-Poulenc Rorer				
	0831-222	caps. 10 x 100 mg	R	360,-	123	159
	0861-112	compr. 10 x 100 mg	R	360,-	123	159
	0705-749	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0705-756	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0705-749	** pr. caps. 1 x 100 mg	R	21,60		
	0705-756	** pr. compr. 1 x 100 mg	R	21,60		
B-118		DOXYTAB Farmabel				
	1526-615	compr. 10 x 100 mg	R	360,-	123	159
	0264-119	caps. 10 x 100 mg	R	360,-	123	159
	0264-101	dos. or. 10 x 100 mg	R	360,-	123	159
	1464-106	pulv. or. 10 x 200 mg	R	572,-	195	252
	0762-484	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0736-249	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0733-733	* pr. dos. or. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0760-207	* pr. pulv. or. 1 x 200 mg	R	41,80	+ 7,90	+ 7,90
	0762-484	** pr. compr. 1 x 100 mg	R	21,60		
	0736-249	** pr. caps. 1 x 100 mg	R	21,60		
	0733-733	** pr. dos. or. 1 x 100 mg	R	21,60		
	0760-207	** pr. pulv. or. 1 x 200 mg	R	34,30		
A-28		DTIC-DOME 200 Bayer				
	0838-128	fl. inj. pulv. 12 x 200 mg		4.531,-	0	0
B-56		DUROGESIC 25 µg/h Janssen-Cilag				
	1278-332	syst. 5		1.666,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-56	1278-308	DUROGESIC 50 µg/h Janssen-Cilag syst. 5		2.886,-	250	375
B-56	1278-324	DUROGESIC 75 µg/h Janssen-Cilag syst. 5		3.963,-	250	375
B-56	1278-316	DUROGESIC 100 µg/h Janssen-Cilag syst. 5		4.927,-	250	375
Cx-10	0014-845	DUSPATALIN Solvay Pharma drag. 40 x 135 mg	R	285,-	282	282
	1082-346	drag. 120 x 135 mg	R	598,-	592	592
	0705-913	* pr. drag. 1 x 135 mg	R	3,64	+ 0,69	+ 0,69
	0705-913	** pr. drag. 1 x 135 mg	R	2,99		
B-28	1549-930	DYAZIDE Biochemie compr. 112 x 50 mg/25 mg	G	745,-	112	186
B-118	1375-328	DYBAMED DISPERS 3DDD Pharma compr. 10 x 100 mg	C	314,-	47	78
B-73	1225-747	EFEKOR 75 Wyeth compr. 56 x 75 mg		2.183,-	250	375
A-26	0808-816	ELDISINE Lilly amp. lyoph. I.V. 1 x 5 mg		4.547,-	0	0
A-24	1156-207	EMTHEXATE OPG Pharmachemie fl. inj. lyoph. 1 x 5 mg	R	101,-	19	19
	1156-199	vial 1 x 5 mg/2 ml	R	101,-	19	19
	0706-143	* pr. fl. inj. lyoph. 1 x 5 mg	R	74,-	+ 14,00	+ 14,00
	0742-676	* pr. vial 1 x 5 mg/2 ml	R	74,-	+ 14,00	+ 14,00
	0729-053	* pr. vial 1 x 50 mg/2 ml	R	501,-	+ 96,00	+ 96,00
	0729-061	* pr. vial 1 x 250 mg/10 ml	R	1.590,-	+ 251,00	+ 251,00
	0729-079	* pr. vial 1 x 500 mg/20 ml	R	2.898,-	+ 498,00	+ 498,00
	0729-087	* pr. vial 1 x 1 g/40 ml	R	4.987,-	+ 895,00	+ 895,00
	0729-095	* pr. vial 1 x 5 g/50 ml	R	21.177,-	+3979,00	+3979,00
	0706-143	** pr. fl. inj. lyoph. 1 x 5 mg	R	60,-		
	0742-676	** pr. vial 1 x 5 mg/2 ml	R	60,-		
	0729-053	** pr. vial 1 x 50 mg/2 ml	R	412,-		
	0729-061	** pr. vial 1 x 250 mg/10 ml	R	1.306,-		
	0729-079	** pr. vial 1 x 500 mg/20 ml	R	2.611,-		
	0729-087	** pr. vial 1 x 1 g/40 ml	R	4.700,-		
	0729-095	** pr. vial 1 x 5 g/50 ml	R	20.890,-		
B-55	1344-365	ENTOCORT AstraZeneca caps. 100 x 3 mg		4.494,-	250	375
A-23	0040-121	ESTRACYT Pharmacia & Upjohn fl. inj. 10 x 300 mg		4.016,-	0	0
	0040-006	caps. 40 x 140 mg		3.327,-	0	0
	0040-147	caps. 100 x 140 mg		6.884,-	0	0
B-131	0040-659	EUSAPRIM FORTE Glaxo Wellcome compr. 10 x 160 mg/800 mg	R	144,-	50	64
	0040-667	compr. 30 x 160 mg/800 mg	R	311,-	106	137
	0706-853	* pr. compr. 1 x 160 mg/800 mg	R	7,57	+ 1,43	+ 1,43
	0706-853	** pr. compr. 1 x 160 mg/800 mg	R	6,20		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-27		FARLUTAL Pharmacia & Upjohn				
	0040-907	compr. 50 x 100 mg	R	1.548,-	238	238
	0022-798	compr. 40 x 250 mg	R	2.499,-	402	402
	0022-889	compr. 30 x 500 mg	R	3.200,-	535	535
	0706-937	* pr. compr. 1 x 100 mg	R	27,66	+ 5,14	+ 5,14
	0728-063	* pr. compr. 1 x 250 mg	R	58,30	+ 9,75	+ 9,75
	0728-071	* pr. compr. 1 x 500 mg	R	100,43	+ 17,30	+ 17,30
	0706-937	** pr. compr. 1 x 100 mg	R	22,72		
	0728-063	** pr. compr. 1 x 250 mg	R	51,13		
	0728-071	** pr. compr. 1 x 500 mg	R	90,87		
A-25		FARMORUBICINE Pharmacia & Upjohn				
	0070-243	fl. pulv. inj. 1 x 50 mg		4.405,-	0	0
A-25		FARMORUBICINE CytoVial Pharmacia & Upjohn				
	1405-232	vial 1 x 50 mg/25 ml		4.405,-	0	0
A-25		FARMORUBICINE READY TO USE Pharmacia & Upjohn				
	1388-024	fl. I.V. 1 x 50 mg/25 ml		4.405,-	0	0
B-63		FELDENE Pfizer				
	0084-145	amp. I.M. 6 x 20 mg/ml	R	300,-	102	132
	0808-394	caps. 30 x 10 mg	R	368,-	125	162
	0808-402	caps. 60 x 10 mg	R	589,-	200	259
	0808-410	caps. 30 x 20 mg	R	701,-	238	308
	0867-630	supp. 12 x 20 mg	R	324,-	111	143
	0730-382	* pr. amp. I.M. 1 x 20 mg/ml	R	36,50	+ 7,00	+ 7,00
	0706-986	* pr. caps. 1 x 10 mg	R	7,17	+ 1,36	+ 1,36
	0706-994	* pr. caps. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0707-000	* pr. supp. 1 x 20 mg	R	19,75	+ 3,75	+ 3,75
	0730-382	** pr. amp. I.M. 1 x 20 mg/ml	R	30,-		
	0706-986	** pr. caps. 1 x 10 mg	R	5,88		
	0706-994	** pr. caps. 1 x 20 mg	R	14,-		
	0707-000	** pr. supp. 1 x 20 mg	R	16,17		
B-63		FELDENE Dispersal Pfizer				
	0841-577	compr. sec. 30 x 20 mg	R	701,-	238	308
	0730-044	* pr. compr. sec. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0730-044	** pr. compr. sec. 1 x 20 mg	R	14,-		
B-63		FELDENE LYOTABS Pfizer				
	1199-058	compr. 30 x 20 mg	R	701,-	238	308
	0744-144	* pr. compr. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0744-144	** pr. compr. 1 x 20 mg	R	14,-		
B-132		FLAGYL Aventis Pharma				
	0103-275	compr. 20 x 500 mg	R	164,-	56	72
	0707-182	* pr. zak-sac pr. perf. I.V. 100 ml 5 mg/ml	R	201,-	+ 38,00	+ 38,00
	0707-190	* pr. compr. 1 x 500 mg	R	6,-	+ 1,10	+ 1,10
	0707-182	** pr. zak-sac pr. perf. I.V. 100 ml 5 mg/ml	R	165,-		
	0707-190	** pr. compr. 1 x 500 mg	R	4,90		
B-175		FLAGYL Aventis Pharma				
	0111-708	ov. 10 x 500 mg	R	105,-	36	46
	0707-208	* pr. ov. 1 x 500 mg	R	7,70	+ 1,40	+ 1,40
	0707-208	** pr. ov. 1 x 500 mg	R	6,30		

Critérium		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-107		FLEMOXIN SOLUTAB Yamanouchi				
	0012-047	compr. 16 x 250 mg	R	260,-	89	115
	0012-054	compr. 16 x 500 mg	R	459,-	156	202
	1238-161	compr. 8 x 1 g	R	454,-	154	199
	0707-265	* pr. compr. 1 x 250 mg	R	11,88	+ 2,25	+ 2,25
	0707-273	* pr. compr. 1 x 500 mg	R	20,94	+ 4,00	+ 4,00
	0744-680	* pr. compr. 1 x 1 g	R	41,38	+ 7,87	+ 7,87
	0707-265	** pr. compr. 1 x 250 mg	R	9,75		
	0707-273	** pr. compr. 1 x 500 mg	R	17,19		
	0744-680	** pr. compr. 1 x 1 g	R	34,-		
B-107		FLEMOXIN SUSPENS. Yamanouchi				
	1027-614	pulv. pr. susp. or. 80 ml 250 mg/5 ml	R	260,-	89	115
	0740-456	* pr. susp. or. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
	0740-456	** pr. susp. or. 1 x 250 mg/5 ml	R	9,75		
B-99		FLIXOTIDE - a,rosol Glaxo Wellcome				
	1086-636	a,rosol 120 dos. 250 µg/dos.		1.852,-	250	375
B-99		FLIXOTIDE DISKUS Glaxo Wellcome				
	1221-548	dos. pulv. 60 x 500 mcg/dos.		1.852,-	250	375
B-99		FLIXOTIDE - rotadisk Glaxo Wellcome				
	1086-651	dos. pulv. 60 x 500 mcg/dos.		1.852,-	250	375
B-23		FLUDEX Servier				
	0041-368	compr. 20 x 2,5 mg	R	207,-	71	92
	0041-442	compr. 60 x 2,5 mg	R	498,-	170	219
	0707-489	* pr. compr. 1 x 2,5 mg	R	6,07	+ 1,15	+ 1,15
	0707-489	** pr. compr. 1 x 2,5 mg	R	4,98		
B-73		FLUOXETINE EG Eurogenerics				
	1531-375	caps. 28 x 20 mg	G	1.118,-	168	279
B-73		FONTEX Lilly				
	1540-061	caps. 28 x 20 mg	R	1.240,-	344	468
	0763-110	* pr. caps. 1 x 20 mg	R	36,04	+ 6,85	+ 6,85
	0763-110	** pr. caps. 1 x 20 mg	R	29,61		
B-33		FRAGMIN 2.500 I.U./ml Pharmacia & Upjohn				
	1051-218	vial I.V. 10 x 4 ml 2.500 I.U./ml		3.627,-	250	375
B-33		FRAGMIN 5.000 I.U./0,2 ml Pharmacia & Upjohn				
	0278-259	s. S.C. 10 x 0,2 ml 25.000 I.U./ml		2.011,-	250	375
B-33		FRAGMIN 7.500 I.U./0,3 ml Pharmacia & Upjohn				
	1457-407	s. inj. 10 x 7.500 I.U./0,3 ml		2.699,-	250	375
B-33		FRAGMIN 7.500 I.U./0,75 ml Pharmacia & Upjohn				
	1284-538	s. S.C. 10 x 0,75 ml 10.000 I.U./ml		2.699,-	250	375
B-33		FRAGMIN 10.000 I.U./0,4 ml Pharmacia & Upjohn				
	1486-125	s. inj. 5 x 10.000 I.U./0,4 ml		2.011,-	250	375
B-33		FRAGMIN 10.000 I.U./ml Pharmacia & Upjohn				
	0278-267	s. I.V./S.C. 10 x 1 ml 10.000 I.U./ml		3.627,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-33	1486-141	FRAGMIN 12.500 I.U./0,5 ml Pharmacia & Upjohn s. inj. 5 x 12.500 I.U./0,5 ml		2.371,-	250	375
B-33	1486-166	FRAGMIN 15.000 I.U./0,6 ml Pharmacia & Upjohn s. inj. 5 x 15.000 I.U./0,6 ml		2.699,-	250	375
B-33	1486-182	FRAGMIN 18.000 I.U./0,72 ml Pharmacia & Upjohn s. inj. 5 x 18.000 I.U./0,72 ml		3.155,-	250	375
B-33	0431-569	FRAXIPARINE Choay s. inj. 10 x 15.000 U.AXa IC/0,6 ml		2.011,-	250	375
	0321-604	s. inj. 10 x 20.000 U.AXa IC/0,8 ml		2.548,-	250	375
	0468-264	s. inj. 10 x 25.000 U.AXa IC/ml		3.088,-	250	375
B-25	1309-129	FURODUR Boss Pharma compr. 50 x 40 mg	R	302,-	102	132
	0744-151	* pr. compr. 1 x 40 mg	R	4,40	+ 0,84	+ 0,84
	0744-151	** pr. compr. 1 x 40 mg	R	3,62		
B-25	1373-422	FUROPHAR 40 Unicophar compr. 10 x 40 mg	G	73,-	11	18
	1373-430	compr. 50 x 40 mg	G	291,-	44	73
B-25	1530-369	FUROSEMIDE BC Biochemie compr. 50 x 40 mg	G	302,-	45	75
B-25	0017-301	FUROSEMIDE EG Eurogenerics compr. 50 x 40 mg	G	291,-	44	73
B-25	1559-897	FUROSEMIDE PHARMACHEMIE 40 Pharmachemie compr. 10 x 40 mg	G	73,-	11	18
	1559-905	compr. 50 x 40 mg	G	291,-	44	73
B-25	1463-835	FUROSEMID-RATIOPHARM 40 Ratiopharm compr. 50 x 40 mg	G	278,-	42	69
B-166	0809-004	GARASONE Schering-Plough coll. 5 ml	R	184,-	63	81
	0707-869	* pr. coll. 5 ml	R	134,-	+ 26,00	+ 26,00
	0707-869	** pr. coll. 5 ml	R	110,-		
A-13	0321-612	GLUCOPHAGE Merck compr. 60 x 500 mg	R	176,-	33	33
	0708-081	* pr. compr. 1 x 500 mg	R	2,13	+ 0,42	+ 0,42
	0708-081	** pr. compr. 1 x 500 mg	R	1,75		
A-13	0044-057	GLUCOPHAGE 850 Merck compr. 100 x 850 mg	R	352,-	67	67
	0708-099	* pr. compr. 1 x 850 mg	R	2,57	+ 0,49	+ 0,49
	0708-099	** pr. compr. 1 x 850 mg	R	2,11		
B-119	1244-524	HELICLAR Abbott compr. 21 x 500 mg		1.809,-	250	375
B-107	0115-170	HICONCIL Bristol-Myers Squibb caps. 16 x 500 mg	R	454,-	154	199
	0047-613	pulv. pr. susp. or. 80 ml 250 mg/5 ml	R	260,-	89	115
	0708-503	* pr. caps. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0708-511	* pr. susp. or. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
	0708-503	** pr. caps. 1 x 500 mg	R	17,-		
	0708-511	** pr. susp. or. 1 x 250 mg/5 ml	R	9,75		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-60	1303-262	IBUPHAR-200 Unicophar drag. 100 x 200 mg	G	278,-	42	69
B-60	1303-270	IBUPHAR-400 Unicophar drag. 30 x 400 mg	G	162,-	24	40
	1303-288	drag. 100 x 400 mg	G	426,-	64	106
B-60	1547-330	IBUPHAR 600 mg Unicophar compr. 30 x 600 mg	G	244,-	37	61
B-60	1541-564	IBUPROFEN BC Biochemie compr. 30 x 600 mg	G	244,-	37	61
B-60	1132-885	IBUPROFENE EG Eurogenerics drag. 30 x 400 mg	G	162,-	24	40
	0092-502	drag. 100 x 400 mg	G	426,-	64	106
B-60	1414-333	IBUPROFENE EG 600 mg Eurogenerics compr. 30 x 600 mg	G	244,-	37	61
	1430-636	compr. 50 x 600 mg	G	345,-	52	86
A-28	1266-733	IMMUCYST Pasteur Mérieux M.S.D. fl. lyoph. 3 x 27 mg + solv.		2.358,-	0	0
A-29	0014-399	IMURAN Glaxo Wellcome compr. 100 x 50 mg		1.830,-	0	0
B-23	1111-434	INDAPAMIDE EG Eurogenerics drag. 20 x 2,5 mg	G	207,-	31	52
	1111-426	drag. 60 x 2,5 mg	G	498,-	75	124
B-23	1537-158	INDAPAMIDE MERCK 2,5 mg Merck compr. 20 x 2,5 mg	G	207,-	31	52
	1537-166	compr. 60 x 2,5 mg	G	498,-	75	124
B-9	0115-790	INDERAL AstraZeneca compr. 50 x 40 mg	R	187,-	64	83
	0048-942	compr. 100 x 40 mg	R	300,-	102	132
	0709-196	* pr. compr. 1 x 40 mg	R	2,19	+ 0,42	+ 0,42
	0709-196	** pr. compr. 1 x 40 mg	R	1,80		
B-14	0048-751	INDERAL RETARD AstraZeneca caps. 28 x 160 mg	R	407,-	139	180
	0861-138	caps. 56 x 160 mg	R	651,-	222	287
	0709-204	* pr. caps. 1 x 160 mg	R	8,48	+ 1,63	+ 1,63
	0709-204	** pr. caps. 1 x 160 mg	R	6,96		
B-33	1414-515	INNOHEP 4.500 Leo s. S.C. 10 x 4.500 I.U. aXa/0,45 ml		1.866,-	250	375
B-33	1414-523	INNOHEP 10.000 Leo s. S.C. 10 x 10.000 I.U. aXa/0,5 ml		3.627,-	250	375
B-33	1414-531	INNOHEP 14.000 Leo s. S.C. 10 x 14.000 I.U. aXa/0,7 ml		4.920,-	250	375
B-33	1414-549	INNOHEP 18.000 Leo s. S.C. 10 x 18.000 I.U. aXa/0,9 ml		6.214,-	250	375
B-33	1064-278	INNOHEP 20.000 Leo fl. S.C. 10 x 20.000 I.U. aXa/2 ml		5.621,-	250	375
B-56	1400-316	KAPANOL 50 mg Glaxo Wellcome compr. 60 x 50 mg		2.185,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-56		KAPANOL 100 mg Glaxo Wellcome				
	1224-237	compr. 20 x 100 mg	R	1.507,-	456	605
	0749-457	* pr. compr. 1 x 100 mg	R	66,70	+ 12,70	+ 12,70
	0749-457	** pr. compr. 1 x 100 mg	R	54,80		
B-100		KETOTIPHAR Unicophar				
	1434-505	sir. 200 ml 1 mg/5 ml	G	404,-	61	101
B-134		LAMISIL Novartis Pharma				
	0292-169	compr. 14 x 250 mg		1.758,-	250	375
	0292-177	compr. 56 x 250 mg		4.763,-	250	375
B-25		LASIX Aventis Pharma				
	0117-580	compr. 12 x 40 mg	R	87,-	30	39
	0117-572	compr. 50 x 40 mg	R	291,-	100	129
	0710-376	* pr. compr. 1 x 40 mg	R	4,26	+ 0,80	+ 0,80
	0710-376	** pr. compr. 1 x 40 mg	R	3,50		
A-28		LASTET Asta Medica				
	1524-222	amp. I.V. 10 x 100 mg		5.491,-	0	0
	1524-198	caps. 40 x 25 mg		4.795,-	0	0
	1524-206	caps. 20 x 50 mg		4.795,-	0	0
	1524-214	caps. 10 x 100 mg		4.795,-	0	0
A-24		LEDERTREXATE CONCENTRATE Lederle				
	0746-099	* pr. fl. inj. 1 x 1 g/10 ml	R	4.987,-	+ 895,00	+ 895,00
	0746-099	** pr. fl. inj. 1 x 1 g/10 ml	R	4.700,-		
A-24		LEDERTREXATE SODIUM Lederle				
	0710-590	* pr. fl. inj. 1 x 50 mg	R	501,-	+ 96,00	+ 96,00
	0710-590	** pr. fl. inj. 1 x 50 mg	R	412,-		
A-24		LEDERTREXATE SP FORTE Lederle				
	0731-828	* pr. fl. inj. 1 x 50 mg/2 ml	R	501,-	+ 96,00	+ 96,00
	0731-844	* pr. fl. inj. 1 x 500 mg/20 ml	R	2.898,-	+ 498,00	+ 498,00
	0731-851	* pr. fl. inj. 1 x 1 g/40 ml	R	4.987,-	+ 895,00	+ 895,00
	0731-828	** pr. fl. inj. 1 x 50 mg/2 ml	R	412,-		
	0731-844	** pr. fl. inj. 1 x 500 mg/20 ml	R	2.611,-		
	0731-851	** pr. fl. inj. 1 x 1 g/40 ml	R	4.700,-		
A-24		LEDERTREXATE 500 Lederle				
	0710-608	* pr. fl. pr. sol. inj. 1 x 500 mg	R	2.898,-	+ 498,00	+ 498,00
	0710-608	** pr. fl. pr. sol. inj. 1 x 500 mg	R	2.611,-		
A-33		LEDERVORIN CALCIUM 50 Lederle				
	0734-186	* pr. fl. inj. 1 x 5 ml 10 mg/ml	R	590,-	+ 113,00	+ 113,00
	0734-186	** pr. fl. inj. 1 x 5 ml 10 mg/ml	R	485,-		
A-33		LEDERVORIN CALCIUM 100 Lederle				
	0734-194	* pr. fl. inj. 1 x 10 ml 10 mg/ml	R	1.179,-	+ 224,00	+ 224,00
	0734-194	** pr. fl. inj. 1 x 10 ml 10 mg/ml	R	968,-		
B-80		LIORESAL Novartis Pharma				
	0063-354	compr. 50 x 10 mg	R	312,-	106	137
	0063-362	compr. 50 x 25 mg	R	717,-	245	316
	0710-715	* pr. compr. 1 x 10 mg	R	4,54	+ 0,88	+ 0,88
	0710-723	* pr. compr. 1 x 25 mg	R	10,48	+ 1,98	+ 1,98
	0710-715	** pr. compr. 1 x 10 mg	R	3,74		
	0710-723	** pr. compr. 1 x 25 mg	R	8,60		
Cx-11		LOBIONE Aventis Pharma				
	0831-826	compr. 100 x 6 mg	R	375,-	372	372
	0710-756	* pr. compr. 1 x 6 mg	R	2,74	+ 0,52	+ 0,52
	0710-756	** pr. compr. 1 x 6 mg	R	2,25		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-118		LOGAMICYL Rhône-Poulenc Rorer				
	0315-598	caps. 10 x 100 mg	R	360,-	123	159
	0739-474	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0739-474	** pr. caps. 1 x 100 mg	R	21,60		
B-15		LOPRESOR Novartis Pharma				
	0054-635	compr. 30 x 100 mg	R	290,-	98	127
	0118-513	compr. 100 x 100 mg	R	768,-	261	338
	0710-939	* pr. compr. 1 x 100 mg	R	5,60	+ 1,07	+ 1,07
	0710-939	** pr. compr. 1 x 100 mg	R	4,60		
B-119		MACLAR Abbott				
	1244-540	compr. 60 x 500 mg		4.441,-	250	375
B-162		MARTIGENTA Ciba Vision				
	1318-351	coll. 5 ml 3 mg/ml	C	150,-	22	37
A-27		MEDROXYPROGESTERONE ACETAAT PHARMACHEMIE OPG Pharmachemie				
	1481-332	compr. 100 x 100 mg	R	2.499,-	402	402
	1481-340	compr. 30 x 250 mg	R	2.030,-	312	312
	1481-357	compr. 30 x 500 mg	R	3.200,-	535	535
	0761-031	* pr. compr. 1 x 100 mg	R	23,32	+ 3,90	+ 3,90
	0761-049	* pr. compr. 1 x 250 mg	R	62,57	+ 10,10	+ 10,10
	0761-056	* pr. compr. 1 x 500 mg	R	100,43	+ 17,30	+ 17,30
	0761-031	** pr. compr. 1 x 100 mg	R	20,45		
	0761-049	** pr. compr. 1 x 250 mg	R	53,-		
	0761-056	** pr. compr. 1 x 500 mg	R	90,87		
A-27		MEGACE Bristol-Myers Squibb				
	1182-591	compr. 30 x 160 mg		2.292,-	0	0
B-107		MERCK-AMOXICILLINE 500 mg Merck				
	1517-473	caps. 16 x 500 mg	G	454,-	68	113
B-15		MERCK-ATENOLOL/CHLORTALIDONE 50/12,5 mg Merck				
	1537-109	compr. 28 x 50 mg/12,5 mg	G	363,-	54	91
	1537-117	compr. 56 x 50 mg/12,5 mg	G	580,-	87	145
B-15		MERCK-ATENOLOL/CHLORTALIDONE 100/25 mg Merck				
	1537-133	compr. 28 x 100 mg/25 mg	G	646,-	97	161
	1537-125	compr. 56 x 100 mg/25 mg	G	952,-	143	238
B-63		MERCK-PIROXICAM 10 mg Merck				
	1555-705	caps. 30 x 10 mg	G	368,-	55	92
	1555-713	caps. 60 x 10 mg	G	589,-	88	147
B-63		MERCK-PIROXICAM 20 mg Merck				
	1537-208	caps. 30 x 20 mg	G	700,-	105	175
B-45		MERCK-RANITIDINE 150 mg Merck				
	1517-556	compr. 56 x 150 mg	G	959,-	144	240
B-45		MERCK-RANITIDINE 300 mg Merck				
	1517-564	compr. 28 x 300 mg	G	959,-	144	240
	1517-572	compr. 56 x 300 mg	G	1.478,-	222	369
A-13		METFORMAX Menarini				
	1517-192	compr. 40 x 850 mg	R	176,-	34	34
	1517-200	compr. 120 x 850 mg	R	423,-	80	80
	0762-179	* pr. compr. 1 x 850 mg	R	2,57	+ 0,49	+ 0,49
	0762-179	** pr. compr. 1 x 850 mg	R	2,11		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-24		METHOBLASTINE FORTE 50 Ready To Use Pharmacia & Upjohn				
	0744-698	* pr. fl. inj. 2 ml 25 mg/ml	R	501,-	+ 96,00	+ 96,00
	0744-698	** pr. fl. inj. 2 ml 25 mg/ml	R	412,-		
A-24		METHOBLASTINE FORTE 500 Ready To Use Pharmacia & Upjohn				
	0744-771	* pr. fl. inj. 20 ml 25 mg/ml	R	2.898,-	+ 498,00	+ 498,00
	0744-771	** pr. fl. inj. 20 ml 25 mg/ml	R	2.611,-		
A-24		METHOBLASTINE FORTE 1.000 Ready To Use Pharmacia & Upjohn				
	0744-789	* pr. fl. inj. 40 ml 25 mg/ml	R	4.987,-	+ 895,00	+ 895,00
	0744-789	** pr. fl. inj. 40 ml 25 mg/ml	R	4.700,-		
B-83		METHYLPREDNISOLONE DAVID BULL Faulding				
	1205-053	fl. inj. 1 x 500 mg + solv.		1.899,-	250	375
	1205-061	fl. inj. 1 x 1 g + solv.		3.102,-	250	375
B-15		METOPHAR 50 mg Unicophar				
	1524-149	compr. 100 x 50 mg	C	421,-	63	105
B-15		METOPHAR 100 mg Unicophar				
	1524-156	compr. 30 x 100 mg	G	290,-	43	72
	1517-184	compr. 100 x 100 mg	G	768,-	115	192
	1524-164	compr. 200 x 100 mg	G	1.215,-	182	304
B-132		METRONIDAZOL Vascumed				
	0741-678	* pr. sac-zak perf. 100 ml 5 mg/ml	R	223,-	+ 43,00	+ 43,00
	0741-678	** pr. sac-zak perf. 100 ml 5 mg/ml	R	184,-		
B-132		METRONIDAZOLE PHARMAFLEX Braun				
	0733-717	* pr. sac-zak perf. 100 ml 5 mg/ml	R	223,-	+ 43,00	+ 43,00
	0733-717	** pr. sac-zak perf. 100 ml 5 mg/ml	R	184,-		
B-88		MIACALCIC Novartis Pharma				
	1167-154	amp. ser. 15 x 50 I.U./0,5 ml		2.106,-	250	375
	1277-086	amp. ser. 30 x 50 I.U./0,5 ml		3.250,-	250	375
	1172-758	amp. ser. 15 x 100 I.U./ml		3.135,-	250	375
	1261-460	amp. ser. 30 x 100 I.U./ml		4.781,-	250	375
B-118		MINO-50 Lederle				
	0093-013	compr. 20 x 50 mg	R	394,-	134	173
	1074-087	compr. 42 x 50 mg	R	744,-	254	328
	0729-566	* pr. compr. 1 x 50 mg	R	12,93	+ 2,47	+ 2,47
	0729-566	** pr. compr. 1 x 50 mg	R	10,62		
B-118		MINOCYCLINE BC 50 mg Biochemie				
	1544-279	compr. 20 x 50 mg	G	394,-	59	98
	1544-287	compr. 42 x 50 mg	G	662,-	99	165
A-25		MITOMYCIN C Christiaens Pharma				
	0057-679	fl. inj. 10 x 2 mg		2.542,-	0	0
	0827-600	fl. inj. 3 x 10 mg		3.120,-	0	0
	0856-054	fl. inj. 2 x 20 mg		3.775,-	0	0
B-28		MODURETIC Merck Sharp & Dohme				
	0895-557	compr. 28 x 50 mg/5 mg	R	164,-	56	72
	0895-565	compr. 56 x 50 mg/5 mg	R	262,-	89	115
	0895-573	compr. 112 x 50 mg/5 mg	R	524,-	179	231
	0711-994	* pr. compr. 1 x 50 mg/5 mg	R	3,42	+ 0,64	+ 0,64
	0711-994	** pr. compr. 1 x 50 mg/5 mg	R	2,80		
B-56		MORPHIPHAR 10 Unicophar				
	1395-656	compr. 30 x 10 mg	G	325,-	49	81

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-56	1395-664	MORPHIPHAR 30 Unicophar compr. 30 x 30 mg	G	775,-	116	194
B-56	1395-672	MORPHIPHAR 60 Unicophar compr. 30 x 60 mg	G	1.247,-	187	312
B-56	1395-680	MORPHIPHAR 100 Unicophar compr. 30 x 100 mg	G	1.778,-	250	375
B-107	0119-792	MOXALINE Bristol-Myers Squibb caps. 16 x 500 mg	G	454,-	68	113
	0057-802	pulv. pr. susp. or. 80 ml 250 mg/5 ml	G	260,-	39	65
B-107	1399-088	MOXITOP Topgen ESV caps. 16 x 500 mg	G	245,-	37	61
B-56	0099-630	MS CONTIN 10 mg Asta Medica compr. 14 x 10 mg	R	199,-	68	88
	1391-721	compr. 30 x 10 mg	R	375,-	128	166
	0739-417	* pr. compr. 1 x 10 mg	R	9,13	+ 1,74	+ 1,74
	0739-417	** pr. compr. 1 x 10 mg	R	7,50		
B-56	0099-663	MS CONTIN 30 mg Asta Medica compr. 14 x 30 mg	R	474,-	161	208
	1391-739	compr. 30 x 30 mg	R	915,-	286	378
	0658-617	compr. 56 x 30 mg	R	1.320,-	371	503
	0734-541	* pr. compr. 1 x 30 mg	R	19,75	+ 3,77	+ 3,77
	0734-541	** pr. compr. 1 x 30 mg	R	16,23		
B-56	0099-721	MS CONTIN 60 mg Asta Medica compr. 14 x 60 mg	R	938,-	284	377
	1391-747	compr. 30 x 60 mg	R	1.496,-	451	601
	0658-625	compr. 56 x 60 mg	R	2.248,-	603	728
	0734-558	* pr. compr. 1 x 60 mg	R	37,29	+ 6,12	+ 6,12
	0734-558	** pr. compr. 1 x 60 mg	R	32,16		
B-56	0099-747	MS CONTIN 100 mg Asta Medica compr. 14 x 100 mg	R	1.299,-	364	494
	1391-754	compr. 30 x 100 mg	R	2.157,-	586	711
	0739-037	* pr. compr. 1 x 100 mg	R	66,67	+ 10,86	+ 10,86
	0739-037	** pr. compr. 1 x 100 mg	R	57,10		
B-56	1169-564	MS CONTIN 200 mg Asta Medica compr. 14 x 200 mg		2.055,-	250	375
B-100	1470-749	NA-CROMOGLYCAAT EG 20 mg/2 ml Eurogenerics amp. pr. inhal. 48 x 20 mg/2 ml	G	543,-	81	136
B-60	1079-821	NAPROFLAM EOS Healthcare compr. 30 x 250 mg	R	268,-	91	118
	1558-675	compr. 30 x 500 mg	R	487,-	166	215
	0741-553	* pr. compr. 1 x 250 mg	R	6,53	+ 1,24	+ 1,24
	0741-561	* pr. compr. 1 x 500 mg	R	11,87	+ 2,23	+ 2,23
	0741-553	** pr. compr. 1 x 250 mg	R	5,37		
	0741-561	** pr. compr. 1 x 500 mg	R	9,73		
B-60	1434-513	NAPROPHAR 250 mg Unicophar compr. 30 x 250 mg	G	292,-	44	73
B-60	1434-521	NAPROPHAR 500 mg Unicophar compr. 30 x 500 mg	G	487,-	73	122
	1470-756	compr. 60 x 500 mg	G	779,-	117	195

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-60	NAPROSYNE Roche				
0063-032	compr. 20 x 250 mg	R	202,-	69	89
0063-016	compr. 50 x 250 mg	R	405,-	138	178
0829-440	compr. 30 x 500 mg	R	487,-	166	215
0059-352	supp. 12 x 500 mg	R	218,-	75	96
0712-398	* pr. compr. 1 x 250 mg	R	5,92	+ 1,12	+ 1,12
0712-406	* pr. compr. 1 x 500 mg	R	11,87	+ 2,23	+ 2,23
0712-414	* pr. supp. 1 x 500 mg	R	13,25	+ 2,58	+ 2,58
0712-398	** pr. compr. 1 x 250 mg	R	4,86		
0712-406	** pr. compr. 1 x 500 mg	R	9,73		
0712-414	** pr. supp. 1 x 500 mg	R	10,92		
B-60	NAPROXENE EG Eurogenerics				
0468-751	compr. 50 x 250 mg	G	406,-	61	101
0468-769	compr. 30 x 500 mg	G	487,-	73	122
0468-777	supp. 12 x 500 mg	G	218,-	33	54
B-27	NEFROTONE Boss Pharma				
1402-841	compr. 50 x 25 mg	R	392,-	134	173
1402-858	compr. 100 x 25 mg	R	627,-	213	276
1402-866	compr. 50 x 100 mg	R	1.107,-	299	410
0748-889	* pr. compr. 1 x 25 mg	R	4,57	+ 0,88	+ 0,88
0748-897	* pr. compr. 1 x 100 mg	R	16,94	+ 3,24	+ 3,24
0748-889	** pr. compr. 1 x 25 mg	R	3,76		
0748-897	** pr. compr. 1 x 100 mg	R	13,92		
A-29	NEORAL-SANDIMMUN Novartis Pharma				
1174-671	caps. 50 x 25 mg		2.483,-	0	0
1174-689	caps. 50 x 50 mg		4.299,-	0	0
1174-663	caps. 50 x 100 mg		7.338,-	0	0
1174-655	sol. b. 50 ml 100 mg/ml		7.171,-	0	0
B-160	NEOTIGASON Roche				
0669-663	caps. 30 x 25 mg		2.330,-	250	375
B-6	NIFEDIPINE RATIOPHARM 10 Ratiopharm				
1463-959	caps. 50 x 10 mg	G	341,-	51	85
1463-967	caps. 100 x 10 mg	G	545,-	82	136
B-56	NOCEPTIN Christiaens Pharma				
1303-163	compr. 30 x 10 mg	R	341,-	116	150
1303-171	compr. 30 x 30 mg	R	814,-	277	358
1303-189	compr. 30 x 60 mg	R	1.375,-	390	528
1303-197	compr. 30 x 100 mg	R	1.960,-	549	674
0745-471	* pr. compr. 1 x 10 mg	R	8,30	+ 1,57	+ 1,57
0745-448	* pr. compr. 1 x 30 mg	R	19,80	+ 3,77	+ 3,77
0745-455	* pr. compr. 1 x 60 mg	R	39,13	+ 7,44	+ 7,44
0745-463	* pr. compr. 1 x 100 mg	R	60,30	+ 9,67	+ 9,67
0745-471	** pr. compr. 1 x 10 mg	R	6,80		
0745-448	** pr. compr. 1 x 30 mg	R	16,27		
0745-455	** pr. compr. 1 x 60 mg	R	32,13		
0745-463	** pr. compr. 1 x 100 mg	R	50,73		
B-126	NORFLOPHAR 400 mg Unicophar				
1552-140	compr. 6 x 400 mg	G	272,-	41	68
1552-157	compr. 20 x 400 mg	G	732,-	110	183
B-126	NORFLOXACIN-RATIOPHARM Ratiopharm				
1526-235	compr. 6 x 400 mg	G	272,-	41	68
1526-243	compr. 20 x 400 mg	G	732,-	110	183
B-107	NOVABRITINE Bencard				
0121-665	caps. 16 x 500 mg	R	454,-	154	199
0122-036	pulv. pr. sir. 80 ml 250 mg/5 ml	R	260,-	89	115
0713-180	* pr. caps. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
0713-214	* pr. sir. 1 x 250 mg/5 ml	R	11,88	+ 2,25	+ 2,25
0713-180	** pr. caps. 1 x 500 mg	R	17,7		
0713-214	** pr. sir. 1 x 250 mg/5 ml	R	9,75		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Basé de remboursement		
B-107		NOVABRITINE 500 mg "TABS" Bencard				
	1075-647	compr. 16 x 500 mg	R	454,-	154	199
	0700-690	* pr. compr. 1 x 500 mg	R	20,69	+ 3,94	+ 3,94
	0700-690	** pr. compr. 1 x 500 mg	R	17,-		
B-107		NOVABRITINE 1 G "TABS" Bencard				
	1100-247	compr. 8 x 1 g	R	454,-	154	199
	0741-512	* pr. compr. 1 x 1 g	R	41,38	+ 7,87	+ 7,87
	0741-512	** pr. compr. 1 x 1 g	R	34,-		
A-28		NOVANTRONE Lederle				
	0802-926	fl. inj. 1 x 20 mg/10 ml		9.416,-	0	0
	0802-918	fl. inj. 1 x 25 mg/12,5 ml		11.673,-	0	0
B-168		NYOLOL Ciba Vision				
	1300-052	coll. 5 ml 2,5 mg/ml	R	213,-	73	94
	1300-060	coll. 5 ml 5 mg/ml	R	229,-	78	101
	0746-016	* pr. coll. 5 ml 2,5 mg/ml	R	156,-	+ 29,00	+ 29,00
	0746-024	* pr. coll. 5 ml 5 mg/ml	R	167,-	+ 32,00	+ 32,00
	0746-016	** pr. coll. 5 ml 2,5 mg/ml	R	128,-		
	0746-024	** pr. coll. 5 ml 5 mg/ml	R	137,-		
A-26		ONCOVIN Lilly				
	0063-669	amp. inj. 1 x 1 mg/ml	R	679,-	129	129
	0827-634	amp. inj. 1 x 2 mg/2 ml	R	1.144,-	140	140
	0713-511	* pr. amp. inj. 1 x 1 mg/ml	R	495,-	+ 95,00	+ 95,00
	0713-529	* pr. amp. inj. 1 x 2 mg/2 ml	R	892,-	+ 170,00	+ 170,00
	0713-511	** pr. amp. inj. 1 x 1 mg/ml	R	407,-		
	0713-529	** pr. amp. inj. 1 x 2 mg/2 ml	R	733,-		
B-85		ORIMETEN Novartis Pharma				
	0824-698	compr. div. 100 x 250 mg		2.196,-	250	375
B-88		OSTAC Roche				
	1187-897	caps. 60 x 400 mg		5.122,-	250	375
	1187-905	caps. 120 x 400 mg		8.657,-	250	375
A-60		OXYGENE MEDICAL GAZEUX AIR LIQUIDE MEDICAL (150 bars) Air Liquide Médical GASVORMIGE MEDISCHE ZUURSTOF AIR LIQUIDE MEDICAL (150 bars)				
	4000-063	B50 - 7,85 m ³ (150 bars)	M	1.927,-	0	0
A-60		OXYGENE MEDICAL GAZEUX AIR LIQUIDE MEDICAL (200 bars) Air Liquide Médical GASVORMIGE MEDISCHE ZUURSTOF AIR LIQUIDE MEDICAL (200 bars)				
	4000-121	B50 - 10,5 m ³ (200 bars)	M	2.445,-	0	0
A-60		OXYGENE MEDICAL GAZEUX BTG BTG - GTB GASVORMIGE MEDISCHE ZUURSTOF BTG				
	4000-857	B50 - 10,610 m ³	M	2.466,-	0	0
A-60		OXYGENE MEDICAL GAZEUX VIVISOL BTG - GTB GASVORMIGE MEDISCHE ZUURSTOF VIVISOL				
	4000-717	B50 - 10,610 m ³	M	2.466,-	0	0
A-60		OXYGENE MEDICAL GAZEUX FLERON (150 bars) Fl,ron GASVORMIGE MEDISCHE ZUURSTOF FLERON (150 bars)				
	4000-196	B50 - 7,85 m ³ (150 bars)	M	1.927,-	0	0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-60	4000-253	OXYGENE MEDICAL GAZEUX FLERON (200 bars) Fl,ron GASVORMIGE MEDISCHE ZUURSTOF FLERON (200 bars) B50 - 10,5 m³ (200 bars)	M	2.445,-	0	0
A-60	4000-436	OXYGENE MEDICAL GAZEUX HOEK LOOS (200 bars) Hoek Loos GASVORMIGE MEDISCHE ZUURSTOF HOEK LOOS (200 bars) B50 - 11 m³ (200 bars)	M	2.542,-	0	0
A-60	4000-493	OXYGENE MEDICAL GAZEUX BOC CYLINDER Ijsfabriek Strombeek GASVORMIGE MEDISCHE ZUURSTOF BOC CYLINDER cyl. 50 l - 7,50 m³	M	1.834,-	0	0
A-60	4000-543	OXYGENE MEDICAL GAZEUX IJSFABRIEK STROMBEEK Ijsfabriek Strombeek GASVORMIGE MEDISCHE ZUURSTOF IJSFABRIEK STROMBEEK cyl. 50 l - 7,50 m³	M	1.834,-	0	0
A-60	4000-600	OXYGENE MEDICAL GAZEUX INDUGAS Ijsfabriek Strombeek GASVORMIGE MEDISCHE ZUURSTOF INDUGAS cyl. 50 l - 7,50 m³	M	1.834,-	0	0
A-60	4000-642	OXYGENE MEDICAL GAZEUX MESSER BELGIUM Messer Belgium GASVORMIGE MEDISCHE ZUURSTOF MESSER BELGIUM 10,6 m³ 99,5% vol.	M	2.464,-	0	0
A-23	1174-184	PARAPLATIN Bristol-Myers Squibb sol. I.V. 1 x 5 ml 10 mg/ml		2.281,-	0	0
	0056-283	fl. I.V. lyoph. 1 x 150 mg		5.424,-	0	0
	1174-192	sol. I.V. 1 x 15 ml 10 mg/ml		5.424,-	0	0
	1174-200	sol. I.V. 1 x 45 ml 10 mg/ml		13.978,-	0	0
A-28	0274-720	PARONAL Christiaens Pharma fl. I.V. 5 x 10.000 U.		7.329,-	0	0
A-40	0435-586	PENTACARINAT Aventis Pharma fl. lyoph. I.V./I.M. 5 x 300 mg		5.121,-	0	0
B-55	0683-334	PENTASA Ferring compr. 180 x 250 mg		1.904,-	250	375
	0683-342	compr. 360 x 250 mg		2.810,-	250	375
	0287-706	compr. 90 x 500 mg		1.904,-	250	375
	0287-698	compr. 300 x 500 mg		5.432,-	250	375
Cx-5	0125-054	PERSANTINE 75 Boehringer Ingelheim drag. 50 x 75 mg	R	187,-	186	186
	0811-356	drag. 100 x 75 mg	R	300,-	297	297
	0714-550	* pr. drag. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0714-550	** pr. drag. 1 x 75 mg	R	1,80		
C-12	0013-185	PHARMALGEN BEE - VIAL ALK Belgium fl. pulv. inj. 4 + solv.		2.099,-	375	625
C-12	0013-193	PHARMALGEN WASP - VIAL ALK Belgium fl. pulv. inj. 4 + solv.		3.038,-	375	625
B-63	1395-698	PIROMED DISPERS 3DDD Pharma compr. sec. 30 x 20 mg	C	611,-	92	153

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-63	1549-922	PIROXICAM BC 20 mg Biochemie compr. disp. 30 x 20 mg	G	700,-	105	175
B-63	1524-180	PIROXICAM EG Eurogenerics amp. I.M. 6 x 20 mg/ml	G	300,-	45	75
	1173-749	caps. 30 x 20 mg	G	700,-	105	175
	1173-756	compr. dis. 30 x 20 mg	G	700,-	105	175
B-63	1463-876	PIROXICAM-RATIOPHARM Ratiopharm amp. I.M. 6 x 20 mg/ml	G	300,-	45	75
	1457-571	compr. 30 x 10 mg	G	368,-	55	92
	1457-589	compr. 30 x 20 mg	G	700,-	105	175
	1457-597	supp. 12 x 20 mg	G	324,-	49	81
B-63	1524-172	PIROXIPHAR 10 mg Unicophar caps. 30 x 10 mg	G	368,-	55	92
	1534-783	caps. 60 x 10 mg	G	589,-	88	147
B-63	1464-122	PIROXIPHAR 20 Unicophar supp. 10 x 20 mg	G	270,-	40	67
B-63	1408-582	PIROXIPHAR DISP 20 Unicophar compr. disp. 30 x 20 mg	G	700,-	105	175
B-63	1464-130	PIROXITOP Topgen ESV compr. sec. 30 x 20 mg	G	590,-	88	147
B-63	1464-148	PIROXYMED Ethimed compr. sec. 30 x 20 mg	G	579,-	87	145
A-23	0715-094	PLATINOL Bristol-Myers Squibb * pr. fl. I.V. lyoph. 1 x 10 mg	R	517,-	+ 99,00	+ 99,00
	0715-102	* pr. fl. I.V. 1 x 10 mg/20 ml	R	517,-	+ 99,00	+ 99,00
	0725-945	* pr. fl. I.V. lyoph. 1 x 50 mg	R	1.986,-	+ 323,00	+ 323,00
	0715-110	* pr. fl. I.V. 1 x 50 mg/100 ml	R	1.986,-	+ 323,00	+ 323,00
	0715-094	** pr. fl. I.V. lyoph. 1 x 10 mg	R	425,-		
	0715-102	** pr. fl. I.V. 1 x 10 mg/20 ml	R	425,-		
	0725-945	** pr. fl. I.V. lyoph. 1 x 50 mg	R	1.699,-		
	0715-110	** pr. fl. I.V. 1 x 50 mg/100 ml	R	1.699,-		
A-23	0715-128	PLATISTINE Pharmacia & Upjohn * pr. fl. I.V. lyoph. 1 x 10 mg	R	517,-	+ 99,00	+ 99,00
	0715-136	* pr. fl. I.V. lyoph. 1 x 50 mg	R	1.986,-	+ 323,00	+ 323,00
	0715-128	** pr. fl. I.V. lyoph. 1 x 10 mg	R	425,-		
	0715-136	** pr. fl. I.V. lyoph. 1 x 50 mg	R	1.699,-		
A-23	0742-833	PLATOSIN OPG Pharmachemie * pr. fl. inj. 1 x 10 mg/20 ml	R	517,-	+ 99,00	+ 99,00
	0742-841	* pr. fl. inj. 1 x 50 mg/100 ml	R	1.986,-	+ 323,00	+ 323,00
	0742-833	** pr. fl. inj. 1 x 10 mg/20 ml	R	425,-		
	0742-841	** pr. fl. inj. 1 x 50 mg/100 ml	R	1.699,-		
C-12	0854-893	POLLINEX Stallergènes fl. s. inj. 3 x 0,5 ml		1.920,-	375	625
C-12	0480-509	POLLINEX-S Stallergènes s. inj. 3 x 2.000 U. NOON/0,5 ml		1.920,-	375	625
B-63	1534-775	POLYDENE Farmabel compr. sec. 30 x 20 mg	R	701,-	238	308
	0762-880	* pr. compr. sec. 1 x 20 mg	R	17,03	+ 3,27	+ 3,27
	0762-880	** pr. compr. sec. 1 x 20 mg	R	14,-		
B-60	0257-600	POLYFLAM Farmabel compr. 50 x 50 mg	R	478,-	163	210
	0734-442	* pr. compr. 1 x 50 mg	R	6,98	+ 1,32	+ 1,32
	0734-442	** pr. compr. 1 x 50 mg	R	5,74		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-29		PROGRAFT Fujisawa				
	1402-312	caps. 50 x 1 mg		5.654,-	0	0
	1402-320	caps. 50 x 5 mg		25.318,-	0	0
B-9		PROPRANOLOL EG Eurogenerics				
	0468-801	compr. 100 x 40 mg	G	300,-	45	75
B-14		PROPRANOLOL RETARD EG Eurogenerics				
	0468-819	caps. 56 x 160 mg	G	646,-	97	161
B-9		PROPRAPHAR Unicophar				
	1309-798	compr. 100 x 40 mg	C	301,-	45	75
B-14		PROPRAPHAR RETARD Unicophar				
	1314-772	caps. 28 x 160 mg	C	356,-	53	89
	1314-780	caps. 56 x 160 mg	C	568,-	85	142
A-27		PROVERA Pharmacia & Upjohn				
	0069-732	compr. 50 x 100 mg	R	1.548,-	238	238
	0839-100	compr. 40 x 250 mg	R	2.499,-	402	402
	0604-066	compr. 25 x 400 mg		2.670,-	0	0
	0602-151	susp. or. 100 ml 500 mg/5 ml		2.696,-	0	0
	0716-019	* pr. compr. 1 x 100 mg	R	27,66	+ 5,14	+ 5,14
	0728-188	* pr. compr. 1 x 250 mg	R	58,30	+ 9,75	+ 9,75
	0716-019	** pr. compr. 1 x 100 mg	R	22,72		
	0728-188	** pr. compr. 1 x 250 mg	R	51,13		
B-73		PROZAC Lilly				
	1096-791	caps. 28 x 20 mg	R	1.240,-	344	468
	0734-798	* pr. caps. 1 x 20 mg	R	36,04	+ 6,85	+ 6,85
	0734-798	** pr. caps. 1 x 20 mg	R	29,61		
B-99		PULMICORT AstraZeneca				
	0391-292	dos. pr. nebul. 20 x 2 ml 0,5 mg/ml		2.383,-	250	375
B-45		RANIPHAR Unicophar				
	1555-333	compr. 60 x 150 mg	G	999,-	150	250
	1555-333	compr. 60 x 150 mg	G	999,-	150	250
	1555-341	compr. 30 x 300 mg	G	999,-	150	250
	1555-341	compr. 30 x 300 mg	G	999,-	150	250
	1559-970	compr. 60 x 300 mg	G	1.544,-	232	375
	1559-970	compr. 60 x 300 mg	G	1.544,-	232	375
B-45		RANITIDINE BC				
	1525-534	compr. 60 x 150 mg	G	999,-	150	250
	1544-261	compr. 120 x 150 mg	G	1.544,-	232	375
	1525-542	compr. 30 x 300 mg	G	999,-	150	250
	1525-559	compr. 60 x 300 mg	G	1.544,-	232	375
B-45		RANITIDINE EG Eurogenerics				
	1414-390	compr. 56 x 150 mg	G	929,-	139	232
	1414-408	compr. 28 x 300 mg	G	929,-	139	232
A-33		REFOLINON 50 Pharmacia & Upjohn				
	0747-295	* pr. fl. lyoph. I.V./I.M. 1 x 50 mg	R	590,-	+ 113,00	+ 113,00
	0747-295	** pr. fl. lyoph. I.V./I.M. 1 x 50 mg	R	485,-		
A-33		REFOLINON 100 Pharmacia & Upjohn				
	0747-303	* pr. fl. lyoph. I.V./I.M. 1 x 100 mg	R	1.180,-	+ 224,00	+ 224,00
	0747-303	** pr. fl. lyoph. I.V./I.M. 1 x 100 mg	R	969,-		

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
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Critère	Dénomination et conditionnements	Observations	Base de remboursement		
A-33	RESCUVOLIN OPG Pharmachemie				
1183-003	vial sol. inj. 1 x 5 mg/ml	R	127,-	24	24
0743-716	* pr. vial sol. inj. 1 x 5 mg/ml	R	93,-	+ 17,00	+ 17,00
0743-393	* pr. vial sol. inj. 1 x 15 mg/3 ml	R	247,-	+ 47,00	+ 47,00
0742-858	* pr. fl. lyoph. inj. 1 x 15 mg	R	247,-	+ 47,00	+ 47,00
0760-694	* pr. vial sol. inj. 1 x 25 mg/ml	R	348,-	+ 66,00	+ 66,00
0760-728	* pr. vial sol. inj. 1 x 50 mg/2 ml	R	590,-	+ 113,00	+ 113,00
0743-419	* pr. vial sol. inj. 1 x 50 mg/10 ml	R	590,-	+ 112,00	+ 112,00
0742-866	* pr. fl. lyoph. inj. 1 x 50 mg	R	590,-	+ 112,00	+ 112,00
0760-702	* pr. vial sol. inj. 1 x 100 mg/4 ml	R	1.180,-	+ 224,00	+ 224,00
0743-401	* pr. vial sol. inj. 1 x 100 mg/20 ml	R	1.179,-	+ 225,00	+ 225,00
0743-716	** pr. vial sol. inj. 1 x 5 mg/ml	R	76,-		
0743-393	** pr. vial sol. inj. 1 x 15 mg/3 ml	R	203,-		
0742-858	** pr. fl. lyoph. inj. 1 x 15 mg	R	203,-		
0760-694	** pr. vial sol. inj. 1 x 25 mg/ml	R	285,-		
0760-728	** pr. vial sol. inj. 1 x 50 mg/2 ml	R	485,-		
0743-419	** pr. vial sol. inj. 1 x 50 mg/10 ml	R	485,-		
0742-866	** pr. fl. lyoph. inj. 1 x 50 mg	R	485,-		
0760-702	** pr. vial sol. inj. 1 x 100 mg/4 ml	R	969,-		
0743-401	** pr. vial sol. inj. 1 x 100 mg/20 ml	R	968,-		
A-22	RHESUMAN Berna				
0615-096	s. inj. 1 x 300 mcg/2 ml		1.903,-	0	0
A-22	RhoGAM Ortho				
0807-081	vial inj. 1 x 300 mcg		1.836,-	0	0
B-65	RIDAURA Yamanouchi				
0861-179	compr. 60 x 3 mg		2.065,-	250	375
B-220	RISPERDAL Janssen-Cilag				
1493-618	compr. 60 x 1 mg		1.896,-	250	375
1101-567	compr. 60 x 2 mg		3.399,-	250	375
1101-575	compr. 20 x 3 mg		2.063,-	250	375
1101-583	compr. 60 x 3 mg		4.903,-	250	375
1334-499	sol. b. 100 ml 1 mg/ml		2.899,-	250	375
B-160	ROACCUTANE Roche				
0891-721	caps. 30 x 20 mg		2.183,-	250	375
B-8	RYTMONORM Knoll				
0869-669	compr. 100 x 300 mg		1.843,-	250	375
A-29	SANDIMMUN Novartis Pharma				
0861-187	amp. pr. perf. 10 x 250 mg/5 ml		5.154,-	0	0
B-50	SANDOSTATINE Novartis Pharma				
0613-182	amp. inj. s.c. 20 x 0,1 mg/ml		8.483,-	250	375
0380-493	amp. inj. s.c. 10 x 0,5 mg/ml		18.595,-	250	375
B-50	SANDOSTATINE Long Acting Repeatable 20 mg Novartis Pharma				
1395-060	fl. I.M. 20 mg + 2 x 2 ml solv.		45.511,-	250	375
B-50	SANDOSTATINE Long Acting Repeatable 30 mg Novartis Pharma				
1395-052	fl. I.M. 30 mg + 2 x 2 ml solv.		61.303,-	250	375
B-15	SECTRAL Aventis Pharma				
0079-624	compr. 28 x 400 mg	R	486,-	165	213
0812-909	compr. 70 x 400 mg	R	972,-	279	376
0716-837	* pr. compr. 1 x 400 mg	R	10,13	+ 1,94	+ 1,94
0716-837	** pr. compr. 1 x 400 mg	R	8,33		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-15		SELOKEN AstraZeneca				
	0079-707	compr. 30 x 100 mg	R	290,-	98	127
	0079-673	compr. 100 x 100 mg	R	768,-	261	338
	0716-894	* pr. compr. 1 x 100 mg	R	5,60	+ 1,07	+ 1,07
	0716-894	** pr. compr. 1 x 100 mg	R	4,60		
B-88		SKELID Sanofi-Synthélabo				
	1163-336	compr. 28 x 200 mg		5.025,-	250	375
B-56		SKENAN 10 mg Upsamedica				
	1340-066	caps. 14 x 10 mg	R	199,-	68	88
	0760-298	* pr. caps. 1 x 10 mg	R	10,36	+ 2,00	+ 2,00
	0760-298	** pr. caps. 1 x 10 mg	R	8,50		
B-56		SKENAN 30 mg Upsamedica				
	1340-074	caps. 14 x 30 mg	R	474,-	161	208
	0760-264	* pr. caps. 1 x 30 mg	R	24,71	+ 4,72	+ 4,72
	0760-264	** pr. caps. 1 x 30 mg	R	20,29		
B-56		SKENAN 60 mg Upsamedica				
	1340-082	caps. 14 x 60 mg	R	938,-	284	377
	0760-272	* pr. caps. 1 x 60 mg	R	48,93	+ 9,28	+ 9,28
	0760-272	** pr. caps. 1 x 60 mg	R	40,21		
B-56		SKENAN 100 mg Upsamedica				
	1340-090	caps. 14 x 100 mg	R	1.299,-	364	494
	0760-280	* pr. caps. 1 x 100 mg	R	77,21	+ 14,72	+ 14,72
	0760-280	** pr. caps. 1 x 100 mg	R	63,43		
B-56		SKENAN 200 mg Upsamedica				
	1555-721	caps. 14 x 200 mg		2.055,-	250	375
B-63		SOLICAM 10 mg S.M.B.				
	1477-751	caps. 14 x 10 mg	C	150,-	22	37
	1337-583	caps. 28 x 10 mg	C	300,-	45	75
	1337-591	caps. 56 x 10 mg	C	550,-	82	137
B-63		SOLICAM 20 mg S.M.B.				
	1477-777	caps. 14 x 20 mg	C	285,-	43	71
	1337-609	caps. 28 x 20 mg	C	571,-	86	143
	1337-617	caps. 56 x 20 mg	C	1.038,-	156	259
B-83		SOLU-MEDROL 500 mg Pharmacia & Upjohn				
	0081-232	fl. inj. 1 x 500 mg + solv.		1.899,-	250	375
B-83		SOLU-MEDROL 1.000 mg Pharmacia & Upjohn				
	0081-240	fl. inj. 1 x 1 g + solv.		3.102,-	250	375
B-50		SOMATULINE PROLONGED RELEASE Ipsen				
	1375-112	fl. I.M. 1 x 2 ml 20 mg/ml		19.218,-	250	375
B-14		SOTALEX Bristol-Myers Squibb				
	0081-406	compr. 56 x 160 mg	R	441,-	150	194
	0717-546	* pr. compr. 1 x 160 mg	R	5,75	+ 1,09	+ 1,09
	0717-546	** pr. compr. 1 x 160 mg	R	4,71		
B-14		SOTALOL BC 160 mg Biochemie				
	1530-377	compr. 56 x 160 mg	G	441,-	66	110
B-14		SOTALOL MERCK 160 mg Merck				
	1560-929	compr. 56 x 160 mg	G	441,-	66	110
Cx-10		SPASMONAL Trenker				
	0380-501	compr. 40 x 135 mg	R	285,-	282	282
	0398-644	compr. 120 x 135 mg	R	598,-	592	592
	0738-880	* pr. compr. 1 x 135 mg	R	3,64	+ 0,69	+ 0,69
	0738-880	** pr. compr. 1 x 135 mg	R	2,99		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-27		SPIRONOLACTONE BC Biochemie				
	1525-567	compr. 50 x 25 mg	G	393,-	59	98
	1525-575	compr. 30 x 100 mg	G	775,-	116	194
	1525-583	compr. 50 x 100 mg	G	1.019,-	153	255
B-27		SPIRONOLACTONE EG Eurogenerics				
	1057-942	compr. 50 x 25 mg	G	392,-	59	98
	1057-959	compr. 30 x 100 mg	G	774,-	116	193
	1149-608	compr. 50 x 100 mg	G	1.019,-	153	255
B-134		SPORANOX Janssen-Cilag				
	1380-633	caps. 28 x 100 mg		2.580,-	250	375
B-88		STEOCALCIN Christiaens Pharma				
	1485-960	ser. 15 x 100 I.U./ml		3.135,-	250	375
	1485-978	ser. 30 x 100 I.U./ml		4.781,-	250	375
B-6		SULAR-20 AstraZeneca				
	1304-278	compr. 56 x 20 mg		1.849,-	250	375
B-72		SULPIPHAR Unicophar				
	1256-932	compr. 12 x 200 mg	G	321,-	48	80
B-72		SULPIRIDE EG Eurogenerics				
	0017-780	compr. 12 x 200 mg	G	321,-	48	80
B-20		SURAZEM 240 mg Pharmacia & Upjohn				
	1163-328	caps. 90 x 240 mg		1.718,-	250	375
B-8		TAMBOCOR 3M Pharma				
	0829-796	compr. 100 x 100 mg		2.228,-	250	375
B-125		TAVANIC Aventis Pharma				
	1445-170	compr. 10 x 500 mg		1.835,-	250	375
B-15		TENORMIN-100 AstraZeneca				
	1181-270	compr. 28 x 100 mg	R	603,-	205	266
	1181-288	compr. 56 x 100 mg	R	965,-	280	376
	0718-874	* pr. compr. 1 x 100 mg	R	12,57	+ 2,39	+ 2,39
	0718-874	** pr. compr. 1 x 100 mg	R	10,34		
B-15		TENORMIN MINOR 25 AstraZeneca				
	1208-628	compr. 28 x 25 mg	R	176,-	60	78
	1193-333	compr. 56 x 25 mg	R	282,-	96	124
	0745-091	* pr. compr. 1 x 25 mg	R	3,68	+ 0,70	+ 0,70
	0745-091	** pr. compr. 1 x 25 mg	R	3,02		
B-15		TENORMIN MITIS 50 AstraZeneca				
	0829-457	compr. 28 x 50 mg	R	335,-	114	148
	0015-032	compr. 56 x 50 mg	R	536,-	182	236
	0718-890	* pr. compr. 1 x 50 mg	R	6,98	+ 1,34	+ 1,34
	0718-890	** pr. compr. 1 x 50 mg	R	5,73		
B-6		TILDIEM Synthelabo Belgium				
	0817-924	compr. 50 x 60 mg	R	341,-	116	150
	0817-932	compr. 100 x 60 mg	R	545,-	186	240
	0719-427	* pr. compr. 1 x 60 mg	R	3,98	+ 0,76	+ 0,76
	0719-427	** pr. compr. 1 x 60 mg	R	3,27		
B-168		TIMOLOL CHAUVIN Chauvin Benelux				
	1545-409	coll. 5 ml 2,5 mg/ml	G	254,-	38	63
	1545-417	coll. 5 ml 5 mg/ml	G	272,-	41	68
B-168		TIMOLOL FALCON Alcon Couvreur				
	1350-404	coll. 5 ml 2,5 mg/ml	G	221,-	33	55
	1350-396	coll. 5 ml 5 mg/ml	G	237,-	36	59

Critérium		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-168		TIMOPTOL Merck Sharp & Dohme				
	0089-763	coll. 5 ml 2,5 mg/ml	R	254,-	86	111
	0089-748	coll. 5 ml 5 mg/ml	R	272,-	93	120
	0719-435	* pr. coll. 5 ml 2,5 mg/ml	R	185,-	+ 35,00	+ 35,00
	0719-443	* pr. coll. 5 ml 5 mg/ml	R	199,-	+ 37,00	+ 37,00
	0719-435	** pr. coll. 5 ml 2,5 mg/ml	R	152,-		
	0719-443	** pr. coll. 5 ml 5 mg/ml	R	163,-		
A-24		TOMUDEX AstraZeneca				
	1265-453	fl. lyoph. I.V. 3 x 2 mg		17.982,-	0	0
B-45		TOPCIMET 400 Topgen				
	1439-587	compr. 56 x 400 mg	G	789,-	118	197
B-45		TOPCIMET 800 Topgen				
	1439-595	compr. 28 x 800 mg	G	789,-	118	197
B-118		TOPDOXY Topgen ESV				
	1416-478	compr. 10 x 100 mg	G	198,-	30	49
B-60		TOPROXEN Topgen				
	1549-666	compr. 30 x 500 mg	G	480,-	72	120
B-140		TRACRIUM Glaxo Wellcome				
	0732-701	* pr. amp. I.V. 1 x 25 mg/2,5 ml	R	120,30	+ 22,90	+ 22,90
	0733-782	* pr. amp. I.V. 1 x 50 mg/5 ml	R	229,-	+ 43,60	+ 43,60
	0732-701	** pr. amp. I.V. 1 x 25 mg/2,5 ml	R	98,80		
	0733-782	** pr. amp. I.V. 1 x 50 mg/5 ml	R	188,20		
B-56		TRADONAL Asta Medica				
	1280-395	amp. I.V./I.M. 10 x 100 mg/2 ml	C	445,-	67	111
	1280-346	caps. 30 x 50 mg	C	325,-	49	81
	1280-353	caps. 60 x 50 mg	C	586,-	88	146
	1280-361	gtt. 1 x 10 ml 100 mg/ml	C	217,-	33	54
	1280-379	gtt. 1 x 30 ml 100 mg/ml	C	586,-	88	146
	1280-387	supp. 15 x 100 mg	C	325,-	49	81
B-56		TRADONAL RETARD 200 mg Asta Medica				
	1531-425	caps. 60 x 200 mg		1.972,-	250	375
B-56		TRAMALGIC Christiaens Pharma				
	1430-602	amp. inj. 10 x 100 mg/2 ml	G	486,-	73	121
	1395-722	caps. 30 x 50 mg	C	325,-	49	81
	1395-730	caps. 60 x 50 mg	C	568,-	85	142
	1430-594	gtt. 3 x 10 ml 100 mg/ml	G	639,-	96	160
B-56		TRAMAPHAR 50 mg Unicophar				
	1488-824	caps. 30 x 50 mg	G	355,-	53	89
	1532-449	caps. 60 x 50 mg	G	639,-	96	160
B-118		UNIDOX SOLUTAB Yamanouchi				
	0464-230	compr. 10 x 100 mg	R	360,-	123	159
	0736-678	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0736-678	** pr. compr. 1 x 100 mg	R	21,60		
B-27		URACTONE 25 Prospa				
	1390-269	compr. 50 x 25 mg	R	392,-	134	173
	0747-600	* pr. compr. 1 x 25 mg	R	5,72	+ 1,10	+ 1,10
	0747-600	** pr. compr. 1 x 25 mg	R	4,70		
B-27		URACTONE 100 mg Prospa				
	0852-269	compr. 30 x 100 mg	R	774,-	264	341
	0852-277	compr. 50 x 100 mg	R	1.107,-	299	410
	0720-326	* pr. compr. 1 x 100 mg	R	16,94	+ 3,24	+ 3,24
	0720-326	** pr. compr. 1 x 100 mg	R	13,92		
B-52		URSOCHOL 300 Zambon				
	1413-053	compr. 100 x 300 mg		2.676,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-52	1556-414	URSOFALK Codali caps. 100 x 250 mg		2.297,-	250	375
B-124	0744-219	VANCOCIN 1000 Lilly ** pr. fl. I.V. lyoph. 1 x 1.000 mg	R	1.022,-		
B-124	0720-706	VANCOCIN CP Lilly ** pr. fl. I.V. lyoph. 1 x 500 mg	R	568,-		
A-28	0198-077	VEPESID Bristol-Myers Squibb fl. I.V. 10 x 100 mg/5 ml		5.491,-	0	0
	0198-085	caps. 10 x 100 mg		4.795,-	0	0
A-27	1155-381	VERAPLEX OPG Pharmachemie compr. 100 x 100 mg	G	2.196,-	0	0
	1155-399	compr. 30 x 250 mg	G	1.799,-	0	0
	1155-407	compr. 30 x 500 mg	G	2.790,-	0	0
C-19	0852-103	VERMOX 500 Janssen-Cilag compr. 50 x 500 mg		2.162,-	375	625
B-118	1182-427	VIBRACARE Pfizer compr. 10 x 100 mg	R	360,-	123	159
	0743-542	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0743-542	** pr. compr. 1 x 100 mg	R	21,60		
B-118	0135-947	VIBRAMYCINE Pfizer caps. 10 x 100 mg	R	360,-	123	159
	0721-076	* pr. caps. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0721-076	** pr. caps. 1 x 100 mg	R	21,60		
B-118	0867-713	VIBRATAB Pfizer compr. 10 x 100 mg	R	360,-	123	159
	0728-196	* pr. compr. 1 x 100 mg	R	26,30	+ 5,00	+ 5,00
	0728-196	** pr. compr. 1 x 100 mg	R	21,60		
A-26	1149-954	VINCRISTINE DAVID BULL Faulding vial 5 x 1 mg/ml	R	2.280,-	359	359
	1149-962	vial 5 x 2 mg/2 ml	R	3.791,-	647	647
	0742-163	* pr. vial 1 x 1 mg/ml	R	423,80	+ 69,60	+ 69,60
	0742-171	* pr. vial 1 x 2 mg/2 ml	R	717,20	+ 125,80	+ 125,80
	0742-163	** pr. vial 1 x 1 mg/ml	R	366,40		
	0742-171	** pr. vial 1 x 2 mg/2 ml	R	659,80		
A-26	1183-086	VINCRISTINE SULF. LEDERLE 1 mg Lederle fl. pulv. inj. 1 x 1 mg	R	679,-	129	129
	0497-537	fl. sol. inj. 1 x 1 mg	R	679,-	129	129
	0743-450	* pr. fl. pulv. inj. 1 x 1 mg	R	495,-	+ 95,00	+ 95,00
	0743-468	* pr. fl. sol. inj. 1 x 1 mg	R	495,-	+ 95,00	+ 95,00
	0743-450	** pr. fl. pulv. inj. 1 x 1 mg	R	407,-		
	0743-468	** pr. fl. sol. inj. 1 x 1 mg	R	407,-		
A-26	1183-094	VINCRISTINE SULF. LEDERLE 2 mg Lederle fl. pulv. inj. 1 x 2 mg	R	1.144,-	140	140
	0497-545	fl. sol. inj. 1 x 2 mg	R	1.144,-	140	140
	0743-666	* pr. fl. pulv. inj. 1 x 2 mg	R	892,-	+ 170,00	+ 170,00
	0743-674	* pr. fl. sol. inj. 1 x 2 mg	R	892,-	+ 170,00	+ 170,00
	0743-666	** pr. fl. pulv. inj. 1 x 2 mg	R	733,-		
	0743-674	** pr. fl. sol. inj. 1 x 2 mg	R	733,-		

Criterion	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming			
---	Code	-----	---	----	I	II
Critère	Dénomination et conditionnements	Observations	Base de remboursement			
B-60	VOLTAREN Novartis Pharma					
	0098-574 amp. inj. 6 x 75 mg/3 ml	R	217,-	74	95	
	0098-624 compr. ent,r. 30 x 25 mg	R	177,-	61	78	
	0098-616 compr. enter. 100 x 25 mg	R	478,-	163	210	
	0817-940 compr. ent,r. 50 x 50 mg	R	478,-	163	210	
	0098-640 supp. 12 x 100 mg	R	211,-	72	93	
	0721-332 * pr. amp. inj. 1 x 75 mg/3 ml	R	26,33	+ 5,00	+ 5,00	
	0721-340 * pr. compr. ent,r. 1 x 25 mg	R	3,49	+ 0,67	+ 0,67	
	0721-357 * pr. compr. ent,r. 1 x 50 mg	R	6,98	+ 1,32	+ 1,32	
	0721-365 * pr. supp. 1 x 100 mg	R	12,83	+ 2,42	+ 2,42	
	0721-332 ** pr. amp. inj. 1 x 75 mg/3 ml	R	21,67			
	0721-340 ** pr. compr. ent,r. 1 x 25 mg	R	2,87			
	0721-357 ** pr. compr. ent,r. 1 x 50 mg	R	5,74			
	0721-365 ** pr. supp. 1 x 100 mg	R	10,50			
B-60	VOLTAREN RETARD Novartis Pharma					
	0861-443 compr. 30 x 100 mg	R	573,-	195	252	
	0721-373 * pr. compr. 1 x 100 mg	R	13,93	+ 2,67	+ 2,67	
	0721-373 ** pr. compr. 1 x 100 mg	R	11,43			
A-28	VUMON Bristol-Myers Squibb					
	0198-093 amp. I.V. 10 x 50 mg/5 ml		2.171,-	0	0	
B-100	ZADITEN Novartis Pharma					
	0808-998 sir. 200 ml 1 mg/5 ml	R	404,-	138	178	
	0721-456 * pr. sir. 1 x 1 mg/5 ml	R	7,38	+ 1,40	+ 1,40	
	0721-456 ** pr. sir. 1 x 1 mg/5 ml	R	6,05			
B-45	ZANTAC Glaxo Wellcome					
	0861-344 compr. 56 x 150 mg	R	1.039,-	276	380	
	1432-871 compr. 112 x 150 mg	R	1.633,-	503	633	
	0857-524 compr. 28 x 300 mg	R	1.039,-	276	380	
	1432-863 compr. 56 x 300 mg	R	1.633,-	503	633	
	0726-745 * pr. compr. 1 x 150 mg	R	13,29	+ 2,26	+ 2,26	
	0728-899 * pr. compr. 1 x 300 mg	R	26,57	+ 4,54	+ 4,54	
	0726-745 ** pr. compr. 1 x 150 mg	R	10,91			
	0728-899 ** pr. compr. 1 x 300 mg	R	21,82			
B-45	ZANTAC 150 GRANULES Glaxo Wellcome					
	1432-905 sachet/zakje 112 x 150 mg		1.891,-	250	375	
B-45	ZANTAC 150 SOLUBLE Glaxo Wellcome					
	1432-889 compr. 112 x 150 mg		1.891,-	250	375	
B-45	ZANTAC 300 GRANULES Glaxo Wellcome					
	1432-913 sachet/zakje 56 x 300 mg		1.891,-	250	375	
B-45	ZANTAC 300 SOLUBLE Glaxo Wellcome					
	1432-897 compr. 56 x 300 mg		1.891,-	250	375	
B-126	ZOROXIN Merck Sharp & Dohme					
	0894-980 compr. 6 x 400 mg	R	272,-	93	120	
	0855-049 compr. 20 x 400 mg	R	732,-	250	323	
	0721-555 * pr. compr. 1 x 400 mg	R	26,75	+ 5,10	+ 5,10	
	0721-555 ** pr. compr. 1 x 400 mg	R	21,95			
B-68	ZYLORIC-300 Glaxo Wellcome					
	0099-457 compr. 30 x 300 mg	R	326,-	111	143	
	0866-236 compr. 90 x 300 mg	R	781,-	266	344	
	0721-589 * pr. compr. 1 x 300 mg	R	6,33	+ 1,21	+ 1,21	
	0721-589 ** pr. compr. 1 x 300 mg	R	5,20			
B-72	ZYPREXA Lilly					
	1302-892 compr. 28 x 5 mg		2.713,-	250	375	
	1302-900 compr. 56 x 7,5 mg		7.023,-	250	375	
	1302-926 compr. 28 x 10 mg		5.034,-	250	375	
	1302-918 compr. 56 x 10 mg		7.818,-	250	375	

2° au chapitre III-A:
a) sous 1):

2° in hoofdstuk III-A,
a) sub 1):

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-185 1480-490	CLINOLEIC 20% Baxter fl. 1.000 ml	M	1.851,-	250	375
B-182	GLUCOSE 5% Braun				
0827-394	fl. 100 ml	M/R	81,-	27	35
0864-439	fl. 150 ml	M/R	85,-	29	37
0014-787	fl. 250 ml	M/R	87,-	29	38
0804-401	fl. 500 ml	M/R	98,-	34	43
0804-419	fl. 1.000 ml	M/R	120,-	41	53
0722-744	* pr. fl. 100 ml	R	59,-	+ 11,00	+ 11,00
0722-751	* pr. fl. 150 ml	R	62,-	+ 12,00	+ 12,00
0722-769	* pr. fl. 250 ml	R	63,-	+ 12,00	+ 12,00
0722-777	* pr. fl. 500 ml	R	72,-	+ 13,00	+ 13,00
0722-785	* pr. fl. 1.000 ml	R	88,-	+ 16,00	+ 16,00
0722-744	** pr. fl. 100 ml	R	48,-		
0722-751	** pr. fl. 150 ml	R	51,-		
0722-769	** pr. fl. 250 ml	R	52,-		
0722-777	** pr. fl. 500 ml	R	59,-		
0722-785	** pr. fl. 1.000 ml	R	72,-		
B-185 1204-874	IVELIP 20% Clintec fl. 1.000 ml	M	1.738,-	250	375
B-182	GLUCOSE 5% (PO 5) Povite				
0664-318	fl. 100 ml	M/R	82,-	28	36
0848-705	fl. 250 ml	M/R	88,-	29	38
0069-294	fl. 500 ml	M/R	102,-	34	44
0070-151	fl. 1.000 ml	M/R	123,-	42	55
0732-164	* pr. fl. 100 ml	R	60,-	+ 12,00	+ 12,00
0723-924	* pr. fl. 250 ml	R	64,-	+ 12,00	+ 12,00
0723-932	* pr. fl. 500 ml	R	74,-	+ 14,00	+ 14,00
0723-940	* pr. fl. 1.000 ml	R	90,-	+ 17,00	+ 17,00
0732-164	** pr. fl. 100 ml	R	49,-		
0723-924	** pr. fl. 250 ml	R	53,-		
0723-932	** pr. fl. 500 ml	R	61,-		
0723-940	** pr. fl. 1.000 ml	R	74,-		

b) sous 2):

b) sub 2):

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-182	GLUCOSE 5% Baxter (MINIBAG PLUS)				
1227-214	zak - sac 50 ml	M/R	70,-	23	30
1227-222	zak - sac 100 ml	M/R	83,-	28	37
0744-383	* pr. zak - sac 50 ml	R	51,-	+ 10,00	+ 10,00
0744-391	* pr. zak - sac 100 ml	R	61,-	+ 11,00	+ 11,00
0744-383	** pr. zak - sac 50 ml	R	42,-		
0744-391	** pr. zak - sac 100 ml	R	50,-		

Criterion	Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-182		GLUCOSE 5% Baxter (polypropyl.)				
	1150-713	zak - sac 150 ml	M/R	89,-	30	39
	1150-721	zak - sac 250 ml	M/R	90,-	30	39
	1150-739	zak - sac 500 ml	M/R	102,-	34	44
	1150-747	zak - sac 1.000 ml	M/R	125,-	43	55
	0742-262	* pr. zak - sac 150 ml	R	65,-	+ 12,00	+ 12,00
	0742-270	* pr. zak - sac 250 ml	R	66,-	+ 12,00	+ 12,00
	0742-320	* pr. zak - sac 500 ml	R	74,-	+ 15,00	+ 15,00
	0742-338	* pr. zak - sac 1.000 ml	R	91,-	+ 18,00	+ 18,00
	0742-262	** pr. zak - sac 150 ml	R	53,-		
	0742-270	** pr. zak - sac 250 ml	R	54,-		
	0742-320	** pr. zak - sac 500 ml	R	61,-		
	0742-338	** pr. zak - sac 1.000 ml	R	75,-		
B-182		GLUCOSE 5% Baxter-Viaflex				
	0886-002	zak - sac 50 ml	M/R	70,-	23	30
	0886-242	zak - sac 100 ml (ADB0087)	M/R	83,-	28	37
	0833-426	zak - sac 150 ml (ADB0061)	M/R	89,-	30	39
	0018-101	zak - sac 250 ml (ADB0062)	M/R	90,-	30	39
	0018-887	zak - sac 500 ml (ADB0063)	M/R	102,-	34	44
	0018-895	zak - sac 1.000 ml (ADB0064)	M/R	125,-	43	55
	0738-914	* pr. zak - sac 50 ml	R	51,-	+ 10,00	+ 10,00
	0724-542	* pr. zak - sac 100 ml	R	61,-	+ 11,00	+ 11,00
	0724-559	* pr. zak - sac 150 ml	R	65,-	+ 12,00	+ 12,00
	0724-567	* pr. zak - sac 250 ml	R	66,-	+ 12,00	+ 12,00
	0724-575	* pr. zak - sac 500 ml	R	74,-	+ 15,00	+ 15,00
	0724-583	* pr. zak - sac 1.000 ml	R	91,-	+ 18,00	+ 18,00
	0738-914	** pr. zak - sac 50 ml	R	42,-		
	0724-542	** pr. zak - sac 100 ml	R	50,-		
	0724-559	** pr. zak - sac 150 ml	R	53,-		
	0724-567	** pr. zak - sac 250 ml	R	54,-		
	0724-575	** pr. zak - sac 500 ml	R	61,-		
	0724-583	** pr. zak - sac 1.000 ml	R	75,-		
B-189		6% HETASTARCH EN 0,9% CHLORURE DE SODIUM Baxter				
	1480-391	6% HETASTARCH IN 0,9% NATRIUMCHLORIDE zak - sac 500 ml	G/M	479,-	72	120
B-184		CLINOMEL N4-550 Baxter				
	1550-920	zak - sac 1 l	M	1.933,-	250	375
	1550-938	zak - sac 1,5 l	M	2.104,-	250	375
	1550-946	zak - sac 2 l	M	2.294,-	250	375
B-184		CLINOMEL N5-800 Baxter				
	1550-953	zak - sac 1 l	M	1.958,-	250	375
	1550-961	zak - sac 1,5 l	M	2.133,-	250	375
	1550-979	zak - sac 2 l	M	2.326,-	250	375
B-184		CLINOMEL N6-900 Baxter				
	1550-987	zak - sac 1 l	M	1.985,-	250	375
	1550-995	zak - sac 1,5 l	M	2.161,-	250	375
	1551-001	zak - sac 2 l	M	2.358,-	250	375
B-184		CLINOMEL N7-1000 Baxter				
	1551-019	zak - sac 1 l	M	2.002,-	250	375
	1551-027	zak - sac 1,5 l	M	2.182,-	250	375
	1551-035	zak - sac 2 l	M	2.379,-	250	375
B-182		GLUCOSE 5% Bieffe Medital				
	0740-977	* pr. zak - sac 100 ml	R	58,-	+ 12,00	+ 12,00
	0740-985	* pr. zak - sac 250 ml	R	63,-	+ 12,00	+ 12,00
	0740-993	* pr. zak - sac 500 ml	R	71,-	+ 14,00	+ 14,00
	0741-009	* pr. zak - sac 1.000 ml	R	87,-	+ 17,00	+ 17,00
	0740-977	** pr. zak - sac 100 ml	R	48,-		
	0740-985	** pr. zak - sac 250 ml	R	51,-		
	0740-993	** pr. zak - sac 500 ml	R	58,-		
	0741-009	** pr. zak - sac 1.000 ml	R	72,-		

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
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Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-182	GLUCOSE 5% Braun				
0824-367	fl. 250 ml	M/R	77,-	27	34
0804-484	fl. 500 ml	M/R	90,-	30	39
0804-492	fl. 1.000 ml	M/R	108,-	37	48
0725-036	* pr. fl. 250 ml	R	56,-	+ 11,00	+ 11,00
0725-044	* pr. fl. 500 ml	R	66,-	+ 12,00	+ 12,00
0725-051	* pr. fl. 1.000 ml	R	79,-	+ 15,00	+ 15,00
0725-036	** pr. fl. 250 ml	R	46,-		
0725-044	** pr. fl. 500 ml	R	54,-		
0725-051	** pr. fl. 1.000 ml	R	65,-		
B-182	GLUCOSE 5% FLEX-FLAC Braun				
0094-698	zak - sac 100 ml	M/R	81,-	27	35
0827-501	zak - sac 250 ml	M/R	87,-	29	38
0827-519	zak - sac 500 ml	M/R	98,-	34	43
0827-527	zak - sac 1.000 ml	M/R	120,-	41	53
0728-667	* pr. zak - sac 100 ml	R	59,-	+ 11,00	+ 11,00
0725-499	* pr. zak - sac 250 ml	R	63,-	+ 12,00	+ 12,00
0725-507	* pr. zak - sac 500 ml	R	72,-	+ 13,00	+ 13,00
0725-515	* pr. zak - sac 1.000 ml	R	88,-	+ 16,00	+ 16,00
0728-667	** pr. zak - sac 100 ml	R	48,-		
0725-499	** pr. zak - sac 250 ml	R	52,-		
0725-507	** pr. zak - sac 500 ml	R	59,-		
0725-515	** pr. zak - sac 1.000 ml	R	72,-		
B-182	GLUCOSE 5% MINIPLAC Braun				
1414-374	zak - sac 50 ml	M/R	70,-	23	30
1414-382	zak - sac 100 ml	M/R	83,-	28	37
0748-947	* pr. zak - sac 50 ml	R	51,-	+ 10,00	+ 10,00
0748-954	* pr. zak - sac 100 ml	R	61,-	+ 11,00	+ 11,00
0748-947	** pr. zak - sac 50 ml	R	42,-		
0748-954	** pr. zak - sac 100 ml	R	50,-		
B-184	CLINIMIX N17G35E Clintec				
1328-301	1.000 ml + 1.000 ml	M	1.745,-	250	375
B-182	GLUCOSE 5% Dirinco				
1457-456	zak - sac 100 ml	C/M	77,-	12	19
1457-464	zak - sac 250 ml	C/M	82,-	12	20
1457-472	zak - sac 500 ml	C/M	94,-	14	23
1457-480	zak - sac 1.000 ml	C/M	114,-	17	28
B-184	COMPLEVEN Fresenius Kabi				
1579-366	zak-sac 2.500 ml	M	2.379,-	250	375
B-184	KABIVEN 8 gN Fresenius Kabi				
1573-435	zak-sac 1.540 ml	M	2.156,-	250	375
B-184	KABIVEN 11 gN Fresenius Kabi				
1573-443	zak-sac 2.053 ml	M	2.352,-	250	375
B-184	KABIVEN 14 gN Fresenius Kabi				
1573-450	zak-sac 2.566 ml	M	2.379,-	250	375
B-182	GLUCOSE 5% Fresenius Kabi				
0762-500	* pr. fl. 50 ml	R	48,-	+ 9,00	+ 9,00
0737-155	* pr. fl. 100 ml	R	56,-	+ 11,00	+ 11,00
0737-163	* pr. fl. 250 ml	R	61,-	+ 11,00	+ 11,00
0737-171	* pr. fl. 500 ml	R	68,-	+ 14,00	+ 14,00
0737-189	* pr. fl. 1.000 ml	R	84,-	+ 16,00	+ 16,00
0762-500	** pr. fl. 50 ml	R	39,-		
0737-155	** pr. fl. 100 ml	R	46,-		
0737-163	** pr. fl. 250 ml	R	50,-		
0737-171	** pr. fl. 500 ml	R	56,-		
0737-189	** pr. fl. 1.000 ml	R	69,-		

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-182	GLUCOSE 5% Maco-Pharma				
0737-254	* pr. zak - sac 50 ml	R	48,-	+ 9,00	+ 9,00
0737-262	* pr. zak - sac 100 ml	R	59,-	+ 11,00	+ 11,00
0737-270	* pr. zak - sac 150 ml	R	61,-	+ 12,00	+ 12,00
0737-288	* pr. zak - sac 250 ml	R	63,-	+ 12,00	+ 12,00
0737-296	* pr. zak - sac 500 ml	R	71,-	+ 14,00	+ 14,00
0737-304	* pr. zak - sac 1.000 ml	R	87,-	+ 17,00	+ 17,00
0737-254	** pr. zak - sac 50 ml	R	39,-		
0737-262	** pr. zak - sac 100 ml	R	48,-		
0737-270	** pr. zak - sac 150 ml	R	50,-		
0737-288	** pr. zak - sac 250 ml	R	52,-		
0737-296	** pr. zak - sac 500 ml	R	58,-		
0737-304	** pr. zak - sac 1.000 ml	R	72,-		
B-182	GLUCOSE 5% (IF 5) Intraflex				
0617-951	zak - sac 100 ml	M/R	82,-	28	36
0864-751	zak - sac 250 ml	M/R	88,-	29	38
0864-769	zak - sac 500 ml	M/R	102,-	34	44
0864-777	zak - sac 1.000 ml	M/R	123,-	42	55
0741-694	* pr. zak - sac 50 ml	R	51,-	+ 10,00	+ 10,00
0731-489	* pr. zak - sac 100 ml	R	60,-	+ 12,00	+ 12,00
0725-333	* pr. zak - sac 250 ml	R	64,-	+ 12,00	+ 12,00
0725-341	* pr. zak - sac 500 ml	R	74,-	+ 14,00	+ 14,00
0725-358	* pr. zak - sac 1.000 ml	R	90,-	+ 17,00	+ 17,00
0741-694	** pr. zak - sac 50 ml	R	42,-		
0731-489	** pr. zak - sac 100 ml	R	49,-		
0725-333	** pr. zak - sac 250 ml	R	53,-		
0725-341	** pr. zak - sac 500 ml	R	61,-		
0725-358	** pr. zak - sac 1.000 ml	R	74,-		

3° au chapitre IV-B):

3° in hoofdstuk IV-B):

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
A-4	1446-293 CREON FORTE Solvay Pharma caps. 100 x 300 mg	M	2.107,-	0	0
A-7	0019-554 ANDROCUR Schering compr. 50 x 50 mg	R	1.634,-	258	258
	0726-190 * pr. compr. 1 x 50 mg	R	29,78	+ 5,08	+ 5,08
	0726-190 ** pr. compr. 1 x 50 mg	R	24,46		
A-7	1373-398 CYPROPLEX 50 Pharmachemie compr. 100 x 50 mg	G	2.118,-	0	0
B-194	0019-554 ANDROCUR Schering compr. 50 x 50 mg	R	1.634,-	503	633
	0726-190 * pr. compr. 1 x 50 mg	R	29,78	+ 5,08	+ 5,08
	0726-190 ** pr. compr. 1 x 50 mg	R	24,46		
B-194	1373-380 CYPROPLEX 50 Pharmachemie compr. 50 x 50 mg	G	1.478,-	222	369
	1373-398 compr. 100 x 50 mg	G	2.118,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van terugbetaling		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-92	0869-131	PARLODEL 5 mg Novartis Pharma caps. 100 x 5 mg		2.349,-	250	375
B-92	0810-952	PARLODEL 10 mg Novartis Pharma caps. 100 x 10 mg		3.718,-	250	375
B-76	1394-550	MIRAPEXIN Pharmacia & Upjohn compr. 100 x 0,7 mg		5.933,-	250	375
B-76	0869-131	PARLODEL 5 mg Novartis Pharma caps. 100 x 5 mg		2.349,-	250	375
B-76	0810-952	PARLODEL 10 mg Novartis Pharma caps. 100 x 10 mg		3.718,-	250	375
B-76	0315-671	PERMAX Lilly compr. 100 x 0,25 mg		2.126,-	250	375
	0315-689	compr. 100 x 1 mg		6.288,-	250	375
B-76	1372-077	REQUIP 1 mg SmithKline Beecham Pharma compr. 84 x 1 mg		1.949,-	250	375
B-76	1372-085	REQUIP 2 mg SmithKline Beecham Pharma compr. 84 x 2 mg		2.874,-	250	375
B-76	1372-093	REQUIP 5 mg SmithKline Beecham Pharma compr. 84 x 5 mg		5.479,-	250	375
B-45	0085-357	TAGAMET SmithKline Beecham Pharma compr. 100 x 200 mg	R	1.369,-	387	524
	0197-905	compr. 56 x 400 mg	R	1.482,-	446	594
	0815-035	compr. 28 x 800 mg	R	1.482,-	446	594
	0726-315	* pr. compr. 1 x 200 mg	R	11,66	+ 2,22	+ 2,22
	0726-323	* pr. compr. 1 x 400 mg	R	23,29	+ 4,42	+ 4,42
	0727-222	* pr. compr. 1 x 800 mg	R	46,57	+ 8,86	+ 8,86
	0726-315	** pr. compr. 1 x 200 mg	R	9,57		
	0726-323	** pr. compr. 1 x 400 mg	R	19,13		
	0727-222	** pr. compr. 1 x 800 mg	R	38,25		
B-45	1172-501	TAGAMET effervescens SmithKline Beecham Pharma compr. eff. 56 x 400 mg		1.706,-	250	375
B-45	0483-248	TAGAMET 800 S SmithKline Beecham Pharma compr. sol. 28 x 800 mg	R	1.482,-	446	594
	0737-437	* pr. compr. sol. 1 x 800 mg	R	46,57	+ 8,86	+ 8,86
	0737-437	** pr. compr. sol. 1 x 800 mg	R	38,25		
B-92	0033-381	DANATROL Sanofi-Synthélabo caps. 100 x 100 mg		2.165,-	250	375
	0033-399	caps. 100 x 200 mg		3.854,-	250	375
A-1	0263-350	TICLID Sanofi-Synthélabo drag. 60 x 250 mg		1.698,-	0	0
C-25	0263-350	TICLID Sanofi-Synthélabo drag. 60 x 250 mg		1.698,-	375	625
B-217	0263-350	TICLID Sanofi-Synthélabo drag. 60 x 250 mg		1.698,-	250	375
B-177	0095-620	HEXABRIX 200 Codali 1 fl. inj. 200 ml		2.202,-	250	375
B-177	0808-469	HEXABRIX 320 Codali 1 fl. inj. 100 ml		1.993,-	250	375
	0022-939	1 fl. inj. 200 ml		3.274,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-177		HEXABRIX 350 Codali				
	1077-940	1 fl. inj. 150 ml		2.844,-	250	375
	1077-957	1 fl. inj. 200 ml		3.544,-	250	375
A-33		ELVORINE Lederle				
	1169-606	compr. 10 x 7,5 mg		2.350,-	0	0
A-33		LEDERVORIN CALCIUM 15 Lederle				
	0809-327	compr. 10 x 15 mg		2.350,-	0	0
A-33		REFOLINON 15 Pharmacia & Upjohn				
	1373-455	compr. 10 x 15 mg		2.350,-	0	0
A-33		RESCUVOLIN OPG Pharmachemie				
	1129-071	compr. 50 x 5 mg		3.001,-	0	0
	0857-532	compr. 10 x 15 mg		2.350,-	0	0
	1129-089	compr. 10 x 25 mg		3.001,-	0	0
B-21		ACCUPRIL 40 mg Warner Lambert				
	1578-129	compr. 56 x 40 mg		2.539,-	250	375
B-21		CAPOTEN Bristol-Myers Squibb				
	0803-619	compr. 45 x 25 mg	R	674,-	229	296
	1572-486	compr. 60 x 25 mg	R	899,-	289	379
	0803-627	compr. 45 x 50 mg	R	1.057,-	282	387
	1572-494	compr. 60 x 50 mg	R	1.272,-	355	482
	0321-620	compr. 30 x 100 mg	R	1.314,-	369	500
	1451-954	compr. 60 x 100 mg	R	1.881,-	533	658
	0726-604	* pr. compr. 1 x 25 mg	R	10,93	+ 2,09	+ 2,09
	0726-612	* pr. compr. 1 x 50 mg	R	17,47	+ 3,33	+ 3,33
	0739-755	* pr. compr. 1 x 100 mg	R	28,87	+ 4,58	+ 4,58
	0726-604	** pr. compr. 1 x 25 mg	R	8,98		
	0726-612	** pr. compr. 1 x 50 mg	R	14,35		
	0739-755	** pr. compr. 1 x 100 mg	R	24,08		
B-21		CAPTACE Boss Pharma				
	1559-954	compr. 45 x 25 mg	C	588,-	88	147
	1559-962	compr. 45 x 50 mg	C	940,-	141	235
B-21		CAPTOPHAR Unicophar				
	1545-318	compr. 30 x 25 mg	G	449,-	67	112
	1545-334	compr. 30 x 50 mg	G	650,-	97	162
B-21		CAPTOPRIL BC Biochemie				
	1530-393	compr. 45 x 25 mg	G	674,-	101	168
	1530-385	compr. 45 x 50 mg	G	975,-	146	244
B-21		DOCCAPTOPRI 25 Docpharma				
	1524-008	compr. 30 x 25 mg	G	411,-	62	103
	1524-016	compr. 60 x 25 mg	G	622,-	93	155
B-21		DOCCAPTOPRI 50 Docpharma				
	1523-976	compr. 30 x 50 mg	G	607,-	91	152
	1523-992	compr. 60 x 50 mg	G	789,-	118	197
B-21		DOCCAPTOPRI 100 Docpharma				
	1487-107	compr. 30 x 100 mg	G	762,-	114	190
	1523-950	compr. 60 x 100 mg	G	1.026,-	154	256
B-21		MERCK-CAPTOPRIL Merck				
	1517-549	compr. 45 x 25 mg	G	670,-	100	167
	1517-507	compr. 100 x 25 mg	G	1.005,-	151	251
	1517-523	compr. 45 x 50 mg	G	897,-	135	224
	1517-499	compr. 100 x 50 mg	G	1.274,-	191	318
B-21		NOVATEC Merck Sharp & Dohme				
	1373-489	compr. 56 x 20 mg		1.742,-	250	375

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-21 1373-497	RENITEC Merck Sharp & Dohme compr. 56 x 20 mg		1.742,-	250	375
B-21 1184-027	ZESTRIL AstraZeneca compr. 56 x 20 mg		1.742,-	250	375
B-21 1373-505	CO-RENITEC Merck Sharp & Dohme compr. 56 x 20 mg/12,5 mg		1.808,-	250	375
B-21 1415-264	ZESTORETIC AstraZeneca compr. 56 x 20 mg/12,5 mg		1.808,-	250	375
B-22 0819-177	LONNOTEN Pharmacia & Upjohn compr. 100 x 10 mg		2.484,-	250	375
B-201 1265-412	H-B-VAX II 40 µg Pasteur Mérieux MSD fl. I.M. 1 x 40 µg/ml	M	2.858,-	250	375
B-54 1480-722	DOCMETOCLO Docpharma sol. or. 200 ml 5 mg/5 ml	G	111,-	17	28
B-54 1113-257	METOCLOPRAMIDE EG Eurogenerics caps. 30 x 10 mg	G	181,-	27	45
B-54 0889-006	MOVISTAL S.M.B. sol. b. 200 ml 5 mg/5 ml	R	114,-	39	50
0711-960	* pr. sol. b. 1 x 5 mg/5 ml	R	2,08	+ 0,40	+ 0,40
0711-960	** pr. sol. b. 1 x 5 mg/5 ml	R	1,70		
B-54 0676-296	PRIMPERAN Synthélabo Belgium compr. 30 x 10 mg	R	181,-	61	79
0676-395	sol. b. 200 ml 5 mg/5 ml	R	114,-	39	50
0715-664	* pr. compr. 1 x 10 mg	R	4,40	+ 0,83	+ 0,83
0715-672	* pr. sol. b. 1 x 5 mg/5 ml	R	2,08	+ 0,40	+ 0,40
0715-664	** pr. compr. 1 x 10 mg	R	3,60		
0715-672	** pr. sol. b. 1 x 5 mg/5 ml	R	1,70		
B-178 0012-500	OMNIPAQUE 240 Nycomed 200 ml 240 mg I/ml		3.163,-	250	375
B-178 0012-930	OMNIPAQUE 300 Nycomed 100 ml 300 mg I/ml		2.136,-	250	375
B-178 0013-144	OMNIPAQUE 350 Nycomed 100 ml 350 mg I/ml		2.356,-	250	375
0859-678	200 ml 350 mg I/ml		4.186,-	250	375
A-10 0493-379	GENOTONORM Pharmacia & Upjohn vial inj. 1 x 16 I.U.	M	7.881,-	0	0
A-10 1481-290	GENOTONORM 36 I.U. Pharmacia & Upjohn fl. S.C. 1 x 36 I.U.	M	15.561,-	0	0
A-10 0288-027	GENOTONORM KABIVIAL Pharmacia & Upjohn vial I.M./S.C. 1 x 4 I.U.	M	2.473,-	0	0
0288-035	vial I.M./S.C. 1 x 16 I.U.	M	7.881,-	0	0
A-10 0288-043	GENOTONORM KABIVIAL zonder bewaarmiddel - sans conservateur Pharmacia & Upjohn vial I.M./S.C. 1 x 4 I.U.	M	2.473,-	0	0
A-10 0669-432	HUMATROPE Lilly fl. lyoph. inj. 1 x 4 I.U. + solv.	M	2.473,-	0	0
0288-423	fl. lyoph. inj. 1 x 16 I.U. + solv.	M	7.881,-	0	0
1238-286	fl. lyoph. inj. 1 x 18 I.U. + solv.	M	8.820,-	0	0
1238-294	fl. lyoph. inj. 1 x 36 I.U. + solv.	M	15.561,-	0	0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van terugbetaling		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-10	0664-243	NORDITROPIN Novo Nordisk fl. inj. 1 x 12 I.U. + solv.	M	6.009,-	0	0
A-10	1027-424	NORDITROPIN PENSET 12 Novo Nordisk fl. inj. 1 x 12 I.U. + solv.	M	6.009,-	0	0
A-10	1085-893	NORDITROPIN PENSET 24 Novo Nordisk fl. inj. 1 x 24 I.U. + solv.	M	11.625,-	0	0
A-10	0480-533	SAIZEN Serono amp. lyoph. inj. 1 x 4 I.U. + solv.	M	2.473,-	0	0
A-10	1096-957	ZOMACTON Ferring fl. inj. 1 x 4 I.U. + solv.	M	2.473,-	0	0
	1096-965	fl. inj. 1 x 12 I.U. + solv.	M	6.009,-	0	0
	1096-973	fl. inj. 1 x 18 I.U. + solv.	M	8.820,-	0	0
B-239	0493-379	GENOTONORM Pharmacia & Upjohn vial inj. 1 x 16 I.U.	M	7.881,-	250	375
B-239	1481-290	GENOTONORM 36 I.U. Pharmacia & Upjohn fl. S.C. 1 x 36 I.U.	M	15.561,-	250	375
B-239	0288-035	GENOTONORM KABIVIAL Pharmacia & Upjohn vial I.M./S.C. 1 x 16 I.U.	M	7.881,-	250	375
B-239	0288-423	HUMATROPE Lilly fl. lyoph. inj. 1 x 16 I.U. + solv.	M	7.881,-	250	375
	1238-286	fl. lyoph. inj. 1 x 18 I.U. + solv.	M	8.820,-	250	375
	1238-294	fl. lyoph. inj. 1 x 36 I.U. + solv.	M	15.561,-	250	375
B-239	0664-243	NORDITROPIN Novo Nordisk fl. inj. 1 x 12 I.U. + solv.	M	6.009,-	250	375
B-239	1027-424	NORDITROPIN PENSET 12 Novo Nordisk fl. inj. 1 x 12 I.U. + solv.	M	6.009,-	250	375
B-239	1085-893	NORDITROPIN PENSET 24 Novo Nordisk fl. inj. 1 x 24 I.U. + solv.	M	11.625,-	250	375
A-28	0227-660	INTRONA Schering-Plough vial 6 x 3.000.000 I.U./ml		5.951,-	0	0
	1414-556	pen - stylo 6 x 3.000.000 I.U./1,2 ml		5.951,-	0	0
	0076-547	vial 1 x 5.000.000 I.U./ml		2.125,-	0	0
	0227-678	vial 6 x 5.000.000 I.U./ml		10.789,-	0	0
	1414-564	pen - stylo 6 x 5.000.000 I.U./1,2 ml		10.789,-	0	0
	0076-554	vial 1 x 10.000.000 I.U./ml		3.858,-	0	0
	0227-686	vial 6 x 10.000.000 I.U./ml		20.438,-	0	0
	1414-572	pen - stylo 6 x 10.000.000 I.U./1,2 ml		20.438,-	0	0
	1063-452	vial 2 x 10.000.000 I.U./2 ml		6.260,-	0	0
	1063-460	vial 2 x 25.000.000 I.U./2,5 ml		17.097,-	0	0
	0076-596	vial 1 x 30.000.000 I.U./ml		10.415,-	0	0

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
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Critère	Dénomination et conditionnements	Observations	Base de remboursement		
B-203	INTRONA Schering-Plough				
0227-660	vial 6 x 3.000.000 I.U./ml		5.951,-	250	375
1414-556	pen - stylo 6 x 3.000.000 I.U./1,2 ml		5.951,-	250	375
0076-547	vial 1 x 5.000.000 I.U./ml		2.125,-	250	375
0227-678	vial 6 x 5.000.000 I.U./ml		10.789,-	250	375
1414-564	pen - stylo 6 x 5.000.000 I.U./1,2 ml		10.789,-	250	375
0076-554	vial 1 x 10.000.000 I.U./ml		3.858,-	250	375
0227-686	vial 6 x 10.000.000 I.U./ml		20.438,-	250	375
1414-572	pen - stylo 6 x 10.000.000 I.U./1,2 ml		20.438,-	250	375
1063-452	vial 2 x 10.000.000 I.U./2 ml		6.260,-	250	375
1063-460	vial 2 x 25.000.000 I.U./2,5 ml		17.097,-	250	375
0076-596	vial 1 x 30.000.000 I.U./ml		10.415,-	250	375
A-16	AMIKACINE FAULDING Faulding				
1389-550	fl. inj. 5 x 500 mg/2 ml	G/M	1.989,-	0	0
A-16	AMUKIN Bristol-Myers Squibb				
0018-911	fl. inj. 2 x 500 mg/2 ml	M/R	1.134,-	138	138
1289-602	fl. inj. 2 x 1 g/4 ml	M	2.164,-	0	0
0700-781	* pr. fl. inj. 1 x 500 mg/2 ml	R	440,-	+ 84,00	+ 84,00
A-16	MAXIPIME Bristol-Myers Squibb				
1143-429	fl. I.V.-I.M. 3 x 1 g	M	2.155,-	0	0
1143-437	fl. I.V.-I.M. 3 x 2 g	M	3.878,-	0	0
A-16	VANOCOCIN CP Lilly				
0884-445	fl. I.V. lyoph. 1 x 500 mg	M/R	947,-	140	140
0720-706	* pr. fl. I.V. lyoph. 1 x 500 mg	R	691,-	+ 132,00	+ 132,00
A-16	VANOCOCIN 1000 Lilly				
1211-143	fl. I.V. lyoph. 1 x 1.000 mg	M/R	1.433,-	195	195
0744-219	* pr. fl. I.V. lyoph. 1 x 1.000 mg	R	1.244,-	+ 237,00	+ 237,00
B-116	AMIKACINE FAULDING Faulding				
1389-550	fl. inj. 5 x 500 mg/2 ml	G	1.989,-	250	375
B-116	AMUKIN Bristol-Myers Squibb				
0018-911	fl. inj. 2 x 500 mg/2 ml	R	1.134,-	308	421
1289-602	fl. inj. 2 x 1 g/4 ml		2.164,-	250	375
0700-781	* pr. fl. inj. 1 x 500 mg/2 ml	R	440,-	+ 84,00	+ 84,00
B-111	CEFUROXIM MERCK 250 mg Merck				
1550-862	fl. I.V.-I.M. 1 x 250 mg	G	83,-	12	21
1550-870	fl. I.V.-I.M. 5 x 250 mg	G	369,-	55	92
B-111	CEFUROXIM MERCK 750 mg Merck				
1550-888	fl. I.V.-I.M. 1 x 750 mg	G	249,-	37	62
B-111	CEFUROXIM MERCK 1500 mg Merck				
1550-896	fl. I.V.-I.M. 1 x 1500 mg	G	452,-	68	113
B-119	DALACIN C Pharmacia & Upjohn				
0032-912	amp. inj. 3 x 900 mg/6 ml		1.830,-	250	375
B-112	MAXIPIME Bristol-Myers Squibb				
1143-429	fl. I.V.-I.M. 3 x 1 g		2.155,-	250	375
1143-437	fl. I.V.-I.M. 3 x 2 g		3.878,-	250	375
B-112	ROCEPHINE Roche				
0073-924	amp. pr. perf. 1 x 2 g		1.731,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-169		OPHTHALIN Ciba Vision				
	1524-313	s. inj. 1 x 0,5 ml 10 mg/ml		3.055,-	250	375
	1524-321	s. inj. 1 x 1 ml 10 mg/ml		5.877,-	250	375
B-169		PROVISC Alcon-Couvreur				
	1090-059	s. inj. 1 x 0,4 ml 10 mg/ml		3.097,-	250	375
	1090-067	s. inj. 1 x 0,55 ml 10 mg/ml		3.364,-	250	375
	1087-881	s. inj. 1 x 0,85 ml 10 mg/ml		4.991,-	250	375
B-169		VISCOAT Alcon-Couvreur				
	1204-825	s. inj. 1 x 0,55 ml 10 mg/ml		3.803,-	250	375
B-169		HEALON Pharmacia & Upjohn				
	0079-343	s. inj. 1 x 0,4 ml 10 mg/ml		3.149,-	250	375
	1119-650	s. inj. 1 x 0,55 ml 10 mg/ml		3.803,-	250	375
A-27		CASODEX AstraZeneca				
	1196-997	compr. 28 x 50 mg		6.243,-	0	0
A-27		DECAPEPTYL S.R. Ipsen				
	0676-882	s. I.M. 1 x 3,75 mg + solv.		7.139,-	0	0
A-27		DECAPEPTYL S.R. 11,25 mg Ipsen				
	1428-143	fl. lyoph. i.m. 1 x 11,25 mg + solv.		14.839,-	0	0
A-27		EULEXIN Schering-Plough				
	1499-839	compr. 84 x 250 mg	R	5.114,-	899	899
	0084-277	compr. div. 100 x 250 mg	R	6.013,-	1070	1070
	0764-845	* pr. compr. 1 x 250 mg	R	57,99	+ 10,39	+ 10,39
	0728-949	* pr. compr. div. 1 x 250 mg	R	57,43	+ 10,40	+ 10,40
	0764-845	** pr. compr. 1 x 250 mg	R	54,57		
	0728-949	** pr. compr. div. 1 x 250 mg	R	54,56		
A-27		FLUTAMIDE MERCK 250 mg Merck				
	1560-911	compr. 100 x 250 mg	G	5.173,-	0	0
A-27		FLUTAPLEX 250 Pharmachemie				
	1365-410	compr. 50 x 250 mg	G	2.792,-	0	0
	1365-428	compr. 100 x 250 mg	G	4.991,-	0	0
	1384-320	compr. 200 x 250 mg	G	8.030,-	0	0
A-27		LUCRIN DEPOT Abbott				
	0282-905	fl. I.M. 1 x 3,75 mg + solv.		7.139,-	0	0
A-27		LUCRIN TRI-DEPOT 11,25 mg Abbott				
	1413-863	fl. pulv. 1 x 11,25 mg + solv.		14.767,-	0	0
A-27		SUPREFACT NASAL Aventis Pharma				
	0432-971	fl. 1 x 100 dos. 0,1 mg/dos.		2.130,-	0	0
	0895-946	fl. 4 x 100 dos. 0,1 mg/dos.		7.337,-	0	0
A-27		ZOLADEX AstraZeneca				
	0603-159	s. inj. s.c. 1 x 3,6 mg		7.139,-	0	0
A-27		ZOLADEX LONG ACTING AstraZeneca				
	1278-480	s. S.C. 1 x 10,8 mg		17.393,-	0	0
B-92		DECAPEPTYL S.R. Ipsen				
	0676-882	s. I.M. 1 x 3,75 mg + solv.		7.139,-	250	375
B-92		GYNO-LUCRIN DEPOT Abbott				
	1423-912	fl. I.M. 1 x 3,75 mg + solv.		7.139,-	250	375
B-92		SUPREFACT NASAL Aventis Pharma				
	0432-971	fl. 1 x 100 dos. 0,1 mg/dos.		2.130,-	250	375
	0895-946	fl. 4 x 100 dos. 0,1 mg/dos.		7.337,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-92	0321-638	SYNAREL Continental Pharma dos. nas. 1 x 100 dos. 0,2 mg/dos.		5.601,-	250	375
B-92	0603-159	ZOLADEX AstraZeneca s. inj. s.c. 1 x 3,6 mg		7.139,-	250	375
B-92	0432-971	SUPREFACT NASAL Aventis Pharma fl. 1 x 100 dos. 0,1 mg/dos.		2.130,-	250	375
	0895-946	fl. 4 x 100 dos. 0,1 mg/dos.		7.337,-	250	375
B-92	0676-882	DECAPEPTYL S.R. Ipsen s. I.M. 1 x 3,75 mg + solv.		7.139,-	250	375
B-92	1423-912	GYNO-LUCRIN DEPOT (ex PRAMETIL) Abbott fl. I.M. 1 x 3,75 mg + solv.		7.139,-	250	375
B-92	0603-159	ZOLADEX AstraZeneca s. inj. s.c. 1 x 3,6 mg		7.139,-	250	375
B-201	0064-527	VARILRIX SK Beecham Biologicals 1 dos. inj. + solv.		1.842,-	250	375
B-178	1082-825	ULTRAVIST 240 Schering fl. inj. 100 ml		1.774,-	250	375
	1082-833	fl. inj. 200 ml		3.163,-	250	375
B-178	1280-494	ULTRAVIST 300 Schering fl. inj. 75 ml		1.772,-	250	375
	0833-327	fl. inj. 100 ml		2.136,-	250	375
	1082-841	fl. inj. 150 ml		2.942,-	250	375
	1082-858	fl. inj. 200 ml		3.792,-	250	375
B-178	0833-699	ULTRAVIST 370 Schering fl. inj. 100 ml		2.472,-	250	375
	0083-964	fl. inj. 200 ml		4.406,-	250	375
B-122	0428-706	FUCIDIN Leo compr. 36 x 250 mg		2.215,-	250	375
A-55	1464-049	ACICLOVIR EG 800 mg Eurogenerics compr. 35 x 800 mg	G	4.015,-	0	0
A-55	0889-071	ZOVIRAX 200 Glaxo Wellcome compr. 25 x 200 mg	R	1.350,-	179	179
	0729-228	* pr. compr. 1 x 200 mg	R	45,72	+ 8,72	+ 8,72
	0729-228	** pr. compr. 1 x 200 mg	R	37,56		
A-55	1003-615	ZOVIRAX 400 Glaxo Wellcome susp. or. 200 ml 400 mg/5 ml		2.782,-	0	0
A-55	0458-133	ZOVIRAX 800 Glaxo Wellcome compr. 35 x 800 mg	R	4.646,-	810	810
	0735-167	* pr. compr. 1 x 800 mg	R	126,17	+ 22,49	+ 22,49
	0735-167	** pr. compr. 1 x 800 mg	R	117,97		
B-135	1464-015	ACICLOVIR EG 200 mg Eurogenerics compr. 25 x 200 mg	G	1.231,-	185	308
B-135	1464-049	ACICLOVIR EG 800 mg Eurogenerics compr. 35 x 800 mg	G	4.015,-	250	375
B-135	0889-071	ZOVIRAX 200 Glaxo Wellcome compr. 25 x 200 mg	R	1.350,-	381	516
	0729-228	* pr. compr. 1 x 200 mg	R	45,72	+ 8,72	+ 8,72
	0729-228	** pr. compr. 1 x 200 mg	R	37,56		
B-135	1003-615	ZOVIRAX 400 Glaxo Wellcome susp. or. 200 ml 400 mg/5 ml		2.782,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-135		ZOVIRAX 800 Glaxo Wellcome				
	0458-133	compr. 35 x 800 mg	R	4.646,-	1060	1185
	0735-167	* pr. compr. 1 x 800 mg	R	126,17	+ 22,49	+ 22,49
	0735-167	** pr. compr. 1 x 800 mg	R	117,97		
B-92		KRYPTOCUR Aventis Pharma				
	0862-292	spray nas. 2 x 100 dos. 0,2 mg/dos.		5.329,-	250	375
B-92		DIMETROSE Piette				
	0607-416	caps. 10 x 2,5 mg		4.301,-	250	375
B-45		PEPCIDINE Merck Sharp & Dohme				
	0605-857	compr. 56 x 20 mg		2.144,-	250	375
	0605-865	compr. 28 x 40 mg		2.144,-	250	375
B-45		PEPCIDINE RAPIDSOLV Merck Sharp & Dohme				
	1178-656	compr. 56 x 20 mg		2.144,-	250	375
	1178-664	compr. 28 x 40 mg		2.144,-	250	375
B-77		ELDEPRYL Asta Medica				
	0610-899	compr. 60 x 5 mg		2.093,-	250	375
C-6		IMODIUM Janssen-Cilag				
	0049-130	caps. 60 x 2 mg	R	453,-	312	312
	0433-276	caps. 200 x 2 mg	R	1.135,-	513	705
	0709-089	* pr. caps. 1 x 2 mg	R	4,41	+ 0,84	+ 0,84
	0709-089	** pr. caps. 1 x 2 mg	R	3,62		
C-6		LOMIPHAR Unicophar				
	1430-735	caps. 60 x 2 mg	G	453,-	226	226
	1561-257	caps. 200 x 2 mg	G	1.043,-	375	521
C-6		LOPERAMIDE BC Biochemie				
	1541-580	caps. 60 x 2 mg	G	453,-	226	226
	1541-531	caps. 200 x 2 mg	G	1.044,-	375	522
C-6		LOPERAMIDE EG Eurogenerics				
	1125-293	caps. 60 x 2 mg	G	453,-	226	226
	1272-905	caps. 200 x 2 mg	G	1.043,-	375	521
B-223		IMODIUM Janssen-Cilag				
	0049-130	caps. 60 x 2 mg	R	453,-	154	199
	0433-276	caps. 200 x 2 mg	R	1.135,-	308	422
	0709-089	* pr. caps. 1 x 2 mg	R	4,41	+ 0,84	+ 0,84
	0709-089	** pr. caps. 1 x 2 mg	R	3,62		
B-223		LOMIPHAR Unicophar				
	1430-735	caps. 60 x 2 mg	G	453,-	68	113
	1561-257	caps. 200 x 2 mg	G	1.043,-	156	261
B-223		LOPERAMIDE BC Biochemie				
	1541-580	caps. 60 x 2 mg	G	453,-	68	113
	1541-531	caps. 200 x 2 mg	G	1.044,-	157	261
B-223		LOPERAMIDE EG Eurogenerics				
	1125-293	caps. 60 x 2 mg	G	453,-	68	113
	1272-905	caps. 200 x 2 mg	G	1.043,-	156	261

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-28		ROFERON A Roche				
	0298-380	ser. I.M./S.C. 6 x 3.000.000 I.U.		5.951,-	0	0
	1015-049	ser. I.M./S.C. 1 x 4.500.000 I.U.		1.713,-	0	0
	1015-056	ser. I.M./S.C. 6 x 4.500.000 I.U.		8.313,-	0	0
	1170-679	ser. I.M./S.C. 1 x 6.000.000 I.U.		2.154,-	0	0
	1170-687	ser. I.M./S.C. 6 x 6.000.000 I.U.		10.959,-	0	0
	1015-064	ser. I.M./S.C. 1 x 9.000.000 I.U.		3.033,-	0	0
	1015-072	ser. I.M./S.C. 6 x 9.000.000 I.U.		16.234,-	0	0
	0639-807	ser. I.M./S.C. 1 x 18.000.000 I.U.		5.634,-	0	0
	0298-398	ser. I.M./S.C. 6 x 18.000.000 I.U.		31.843,-	0	0
B-203		ROFERON A Roche				
	0298-380	ser. I.M./S.C. 6 x 3.000.000 I.U.		5.951,-	250	375
	1015-049	ser. I.M./S.C. 1 x 4.500.000 I.U.		1.713,-	250	375
	1015-056	ser. I.M./S.C. 6 x 4.500.000 I.U.		8.313,-	250	375
	1170-679	ser. I.M./S.C. 1 x 6.000.000 I.U.		2.154,-	250	375
	1170-687	ser. I.M./S.C. 6 x 6.000.000 I.U.		10.959,-	250	375
	1015-064	ser. I.M./S.C. 1 x 9.000.000 I.U.		3.033,-	250	375
	1015-072	ser. I.M./S.C. 6 x 9.000.000 I.U.		16.234,-	250	375
	0639-807	ser. I.M./S.C. 1 x 18.000.000 I.U.		5.634,-	250	375
	0298-398	ser. I.M./S.C. 6 x 18.000.000 I.U.		31.843,-	250	375
B-88		CALSYNAR INTRANASAL Aventis Pharma				
	1082-031	fl. monodos. 14 x 100 I.U./dos.		2.831,-	250	375
B-88		MIACALCIC Novartis Pharma				
	0659-953	spray nas. 14 dos. 100 I.U./dos.		2.831,-	250	375
B-45		PANAXID Lilly				
	0669-416	caps. 56 x 150 mg		2.144,-	250	375
	0669-408	caps. 28 x 300 mg		2.144,-	250	375
B-179		DOTAREM Codali				
	0444-117	fl. I.V. 10 ml		2.228,-	250	375
	1121-482	ser. I.V. 15 ml		3.015,-	250	375
	0444-125	fl. I.V. 15 ml		3.015,-	250	375
	1121-490	ser. I.V. 20 ml		3.557,-	250	375
	0444-133	fl. I.V. 20 ml		3.557,-	250	375
B-179		MAGNEVIST Schering				
	0245-639	fl. I.V. 10 ml		2.228,-	250	375
	1414-580	ser. I.V. 10 ml		2.228,-	250	375
	0245-621	fl. I.V. 15 ml		3.015,-	250	375
	1414-598	ser. I.V. 15 ml		3.015,-	250	375
	0666-750	fl. I.V. 20 ml		3.557,-	250	375
	1414-606	ser. I.V. 20 ml		3.557,-	250	375
	1430-586	fl. I.V. 30 ml		4.666,-	250	375
B-179		OMNISCAN Nycomed				
	1182-732	fl. I.V. 10 ml 0,5 mmol/ml		2.160,-	250	375
	1182-740	fl. I.V. 15 ml 0,5 mmol/ml		2.924,-	250	375
	1182-757	fl. I.V. 20 ml 0,5 mmol/ml		3.450,-	250	375
B-48		LOGASTRIC Bio-Therabel				
	1305-663	caps. 56 x 10 mg		2.055,-	250	375
	0670-703	caps. 28 x 20 mg		2.240,-	250	375
	1221-316	caps. 28 x 40 mg		3.718,-	250	375
B-48		LOGASTRIC-MUPS Bio-Therabel				
	1526-060	compr. 28 x 20 mg		2.240,-	250	375
	1526-078	compr. 28 x 40 mg		3.718,-	250	375
B-48		LOSEC AstraZeneca				
	1303-379	caps. 56 x 10 mg		2.055,-	250	375
	0670-695	caps. 28 x 20 mg		2.240,-	250	375
	1211-226	caps. 28 x 40 mg		3.718,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-48		LOSEC-MUPS AstraZeneca				
	1523-679	compr. 28 x 20 mg		2.240,-	250	375
	1523-661	compr. 28 x 40 mg		3.718,-	250	375
A-3		HAEMATE P Aventis Behring				
	1378-801	fl. 250 I.U.		5.802,-	0	0
	1378-793	fl. 500 I.U.		11.211,-	0	0
	1378-785	fl. 1.000 I.U.		22.027,-	0	0
A-50		HELIXATE Aventis Behring				
	1371-459	fl. 250 I.U.		7.214,-	0	0
	1371-475	fl. 500 I.U.		14.035,-	0	0
	1371-483	fl. 1.000 I.U.		27.676,-	0	0
A-3		HEMOPIL M Baxter				
	1328-319	fl. 250 I.U.		5.802,-	0	0
	1328-327	fl. 500 I.U.		11.211,-	0	0
	1328-335	fl. 1.000 I.U.		22.027,-	0	0
A-50		KOGENATE Bayer				
	1357-706	fl. 250 I.U.		7.214,-	0	0
	1357-714	fl. 500 I.U.		14.035,-	0	0
	1357-722	fl. 1.000 I.U.		27.676,-	0	0
A-3		MONOCLATE-P Aventis Behring				
	1015-783	fl. 250 I.U.		5.802,-	0	0
	1015-809	fl. 500 I.U.		11.211,-	0	0
	1015-817	fl. 1.000 I.U.		22.027,-	0	0
A-50		RECOMBINATE Baxter				
	1182-765	fl. 250 I.U.		7.214,-	0	0
	1182-781	fl. 500 I.U.		14.035,-	0	0
	1182-799	fl. 1.000 I.U.		27.676,-	0	0
A-50		REFACTO AHP Pharma				
	1443-175	fl. 250 I.U.		7.214,-	0	0
	1443-183	fl. 500 I.U.		14.035,-	0	0
	1443-191	fl. 1.000 I.U.		27.676,-	0	0
A-50		BENEFIX Baxter				
	1524-339	fl. 250 I.U.		8.581,-	0	0
	1524-347	fl. 500 I.U.		16.770,-	0	0
	1524-354	fl. 1.000 I.U.		33.147,-	0	0
A-3		MONONINE Aventis Behring				
	1027-663	fl. 250 I.U.		5.912,-	0	0
	1027-671	fl. 500 I.U.		11.431,-	0	0
	1027-689	fl. 1.000 I.U.		22.469,-	0	0
A-3		HAEMATE P Aventis Behring				
	1378-801	fl. 250 I.U. (550 I.U. vWF)		5.802,-	0	0
	1378-793	fl. 500 I.U. (1.100 I.U. vWF)		11.211,-	0	0
	1378-785	fl. 1.000 I.U. (2.200 I.U. vWF)		22.027,-	0	0
A-45		CHOLSTAT 0,3 Fournier Pharma				
	1437-979	compr. 98 x 0,3 mg		3.612,-	0	0
A-45		LESCOL 40 Novartis Pharma				
	1309-244	caps. 98 x 40 mg		2.593,-	0	0
A-45		LIPITOR 10 Warner Lambert				
	1361-526	compr. 84 x 10 mg		3.131,-	0	0
A-45		LIPITOR 20 Warner Lambert				
	1361-534	compr. 28 x 20 mg		1.981,-	0	0
	1361-542	compr. 84 x 20 mg		4.680,-	0	0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-45	1430-131	LIPOBAY 0,3 Bayer compr. 98 x 0,3 mg		3.612,-	0	0
A-45	0377-242	PRAVASINE 20 mg Bristol-Myers Squibb compr. 28 x 20 mg		1.788,-	0	0
	1450-212	compr. 98 x 20 mg		4.299,-	0	0
A-45	1450-204	PRAVASINE 40 mg Bristol-Myers Squibb compr. 28 x 40 mg		2.626,-	0	0
	1450-196	compr. 98 x 40 mg		6.645,-	0	0
A-45	0676-601	ZOCOR 20 mg Merck Sharp & Dohme compr. 28 x 20 mg		1.969,-	0	0
	1391-077	compr. 84 x 20 mg		4.650,-	0	0
A-45	1414-853	ZOCOR 40 mg Merck Sharp & Dohme compr. 28 x 40 mg		2.916,-	0	0
	1432-855	compr. 98 x 40 mg		7.456,-	0	0
B-41	1437-979	CHOLSTAT 0,3 Fournier Pharma compr. 98 x 0,3 mg		3.612,-	250	375
B-41	1309-244	LESCOL 40 Novartis Pharma caps. 98 x 40 mg		2.593,-	250	375
B-41	1361-526	LIPITOR 10 Warner Lambert compr. 84 x 10 mg		3.131,-	250	375
B-41	1361-534	LIPITOR 20 Warner Lambert compr. 28 x 20 mg		1.981,-	250	375
	1361-542	compr. 84 x 20 mg		4.680,-	250	375
B-41	1430-131	LIPOBAY 0,3 Bayer compr. 98 x 0,3 mg		3.612,-	250	375
B-41	0377-242	PRAVASINE 20 mg Bristol-Myers Squibb compr. 28 x 20 mg		1.788,-	250	375
	1450-212	compr. 98 x 20 mg		4.299,-	250	375
B-41	1450-204	PRAVASINE 40 mg Bristol-Myers Squibb compr. 28 x 40 mg		2.626,-	250	375
	1450-196	compr. 98 x 40 mg		6.645,-	250	375
B-41	0676-601	ZOCOR 20 mg Merck Sharp & Dohme compr. 28 x 20 mg		1.969,-	250	375
	1391-077	compr. 84 x 20 mg		4.650,-	250	375
B-41	1414-853	ZOCOR 40 mg Merck Sharp & Dohme compr. 28 x 40 mg		2.916,-	250	375
	1432-855	compr. 98 x 40 mg		7.456,-	250	375
B-92	0114-629	METRODIN Serono amp. inj. 3 x 75 I.U. + solv.		2.228,-	250	375
B-92	1201-169	METRODIN HIGH PURITY 75 Serono amp. lyoph. S.C./I.M. 3 x 75 I.U. + solv.		2.228,-	250	375
B-193	0676-213	PREPULSID 10 Janssen-Cilag compr. sec. 100 x 10 mg		1.957,-	250	375
	1436-179	compr. eff. - bruistab. 100 x 10 mg		1.957,-	250	375
B-193	1082-940	PREPULSID 20 Janssen-Cilag compr. sec. 50 x 20 mg		1.957,-	250	375
B-193	0676-213	PREPULSID 10 Janssen-Cilag compr. sec. 100 x 10 mg		1.957,-	250	375
	1436-179	compr. eff. - bruistab. 100 x 10 mg		1.957,-	250	375

Code	Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming	I	II
Code	Dénomination et conditionnements	Observations	Base de remboursement		
B-193	PREPULSID 10 Janssen-Cilag compr. sec. 100 x 10 mg compr. eff. - bruistab. 100 x 10 mg		1.957,- 1.957,-	250 250	375 375
B-92	H.R.F. Wyeth fl. inj. pulv. 6 x 0,5 mg		13.162,-	250	375
B-178	OPTIJECT 300 Mallinckrodt s. 100 ml (injecteur ,lectrique - injectie-automaat)		2.136,-	250	375
	s. 125 ml (injecteur ,lectrique - injectie-automaat)		2.571,-	250	375
B-178	OPTIJECT 350 Mallinckrodt s. 100 ml (injecteur ,lectrique - injectie-automaat)		2.427,-	250	375
	s. 125 ml (injecteur ,lectrique - injectie-automaat)		2.936,-	250	375
B-178	OPTIRAY 240 Codali fl. inj. 100 ml fl. inj. 200 ml		1.717,- 3.043,-	250 250	375 375
B-178	OPTIRAY 300 Codali fl. inj. 100 ml fl. inj. 200 ml		2.136,- 3.881,-	250 250	375 375
B-178	OPTIRAY 350 Codali fl. inj. 100 ml fl. inj. 200 ml		2.427,- 4.461,-	250 250	375 375
B-178	XENETIX 250 Codali fl. inj. 100 ml fl. inj. 200 ml fl. inj. 500 ml		1.831,- 3.279,- 7.480,-	250 250 250	375 375 375
B-178	XENETIX 300 Codali fl. inj. 100 ml fl. inj. 200 ml fl. inj. 500 ml		2.136,- 3.792,- 8.669,-	250 250 250	375 375 375
B-178	XENETIX 350 Codali fl. inj. 100 ml fl. inj. 150 ml fl. inj. 200 ml fl. inj. 500 ml		2.356,- 3.443,- 4.186,- 9.703,-	250 250 250 250	375 375 375 375
B-200	ZOPFRAN Glaxo Wellcome compr. 9 x 8 mg supp. 5 x 16 mg		5.449,- 4.560,-	250 250	375 375
A-54	FOSCAVIR AstraZeneca fl. I.V. 250 ml 24 mg/ml fl. I.V. 500 ml 24 mg/ml		2.379,- 3.923,-	0 0	0 0
A-25	ZAVEDOS Pharmacia & Upjohn caps. 1 x 5 mg caps. 1 x 10 mg caps. 1 x 25 mg		1.997,- 3.451,- 7.980,-	0 0 0	0 0 0
A-5	SABRIL Aventis Pharma compr. 50 x 500 mg compr. 100 x 500 mg		2.192,- 3.271,-	0 0	0 0
A-43	NEUPOGEN 30 Amgen fl. S.C./I.V. 5 x 300 µg ser. S.C./I.V. 5 x 300 µg		20.825,- 20.825,-	0 0	0 0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-43		NEUPOGEN 48 Amgen				
	0383-059	fl. S.C./I.V. 5 x 480 µg		29.164,-	0	0
	1132-877	ser. S.C./I.V. 5 x 480 µg		29.164,-	0	0
B-207		IDOPAMIL Therabel Pharma				
	1083-716	compr. 90 x 100 mg		1.908,-	250	375
B-207		SCANDINE Zambon				
	1015-908	compr. 90 x 100 mg		1.908,-	250	375
B-200		KYTRIL Roche				
	1250-661	compr. 10 x 1 mg		4.704,-	250	375
B-211		CORONAIR Boss Pharma				
	0069-443	caps. 50 x 75 mg	R	187,-	64	83
	0069-518	caps. 100 x 75 mg	R	300,-	102	132
	0703-611	* pr. caps. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0703-611	** pr. caps. 1 x 75 mg	R	1,80		
B-211		DIPYPHAR Unicophar				
	1373-406	drag. 100 x 75 mg	G	300,-	45	75
B-211		DIPYRIDAMOLE EG Eurogenerics				
	0094-037	drag. 100 x 75 mg	G	300,-	45	75
B-211		DIPYRIDAN Aventis Pharma				
	0817-908	drag. 100 x 75 mg	R	300,-	102	132
	0705-459	* pr. drag. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0705-459	** pr. drag. 1 x 75 mg	R	1,80		
B-211		DOCDIPYRI Docpharma				
	1480-730	drag. 100 x 75 mg	G	287,-	43	72
B-211		PERSANTINE 75 Boehringer Ingelheim				
	0125-054	drag. 50 x 75 mg	R	187,-	64	83
	0811-356	drag. 100 x 75 mg	R	300,-	102	132
	0714-550	* pr. drag. 1 x 75 mg	R	2,19	+ 0,42	+ 0,42
	0714-550	** pr. drag. 1 x 75 mg	R	1,80		
A-43		LEUCOMAX Novartis Pharma				
	1089-606	fl. lyoph. S.C./I.V. 1 x 150 µg + solv.		2.673,-	0	0
	1089-614	fl. lyoph. S.C./I.V. 5 x 150 µg + solv.		11.792,-	0	0
	1089-622	fl. lyoph. S.C./I.V. 1 x 300 µg + solv.		4.695,-	0	0
	1089-630	fl. lyoph. S.C./I.V. 5 x 300 µg + solv.		21.900,-	0	0
	1089-648	fl. lyoph. S.C./I.V. 1 x 400 µg + solv.		5.784,-	0	0
	1089-663	fl. lyoph. S.C./I.V. 5 x 400 µg + solv.		27.349,-	0	0
B-48		DAKAR 15 Aventis Pharma				
	1345-404	caps. 56 x 15 mg		2.055,-	250	375
B-48		DAKAR 30 Aventis Pharma				
	1089-531	caps. 28 x 30 mg		2.240,-	250	375
B-200		NOVABAN Novartis Pharma				
	1097-047	compr. 5 x 5 mg		4.646,-	250	375
A-31		MILUPA PKU 2 Milupa				
	0829-333	pulv. or. 500 g	M	2.703,-	0	0
A-31		PHENYLDON A.M. Nutricia				
	0641-787	pulv. or. 500 g	M	2.377,-	0	0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-43	1308-899	GRANOCYTE 13 Aventis Pharma fl. lyoph. S.C./I.V. 5 x 105 µg + solv.		8.551,-	0	0
A-43	1308-873	GRANOCYTE 34 Aventis Pharma fl. lyoph. S.C./I.V. 5 x 263 µg + solv.		20.825,-	0	0
C-26	0324-921	COMFEEL PLAQUE BISEAUTE Coloplast COMFEEL ULCUS WONDVERBAND 5 x (20 x 20 cm)		2.269,-	375	625
C-26	0443-762	COMFEEL PLUS PLAQUE TRANSPARENTE Coloplast COMFEEL PLUS TRANSPARANT VERBAND 10 x (9 x 14 cm)		1.831,-	375	625
	0443-770	5 x (15 x 20 cm)		2.050,-	375	625
C-26	1508-142	INTRASITE GEL Smith & Nephew 10 x 25 g		2.104,-	375	625
A-5	1089-010	LAMICTAL Glaxo Wellcome compr. 90 x 50 mg		2.463,-	0	0
	1089-002	compr. 90 x 100 mg		3.924,-	0	0
A-5	1487-370	LAMICTAL Dispersible Glaxo Wellcome compr. 90 x 50 mg		2.463,-	0	0
	1297-092	compr. 30 x 200 mg		3.152,-	0	0
A-28	1115-369	TAXOL Bristol-Myers Squibb fl. I.V./perf. 1 x 30 mg/5 ml		5.903,-	0	0
A-28	1352-509	TAXOL 100 Bristol-Myers Squibb fl. I.V./perf. 1 x 100 mg/17 ml		18.852,-	0	0
B-221	0307-595	IMITREX Glaxo Wellcome amp. s.c. 2 x 6 mg/0,5 ml		2.115,-	250	375
A-15	1197-474	PULMOZYME Roche amp. pr. neb. 30 x 2,5 mg/2,5 ml		27.459,-	0	0
A-24	1197-375	FLUDARA Schering fl I.V. 5 x 50 mg		28.289,-	0	0
B-48	1444-215	PANTOZOL 20 Byk compr. 56 x 20 mg		2.055,-	250	375
B-48	1206-440	PANTOZOL 40 Byk compr. 28 x 40 mg		2.240,-	250	375
B-48	1444-157	ZURCALE 20 Exel Pharma compr. 56 x 20 mg		2.055,-	250	375
B-48	1206-465	ZURCALE 40 Exel Pharma compr. 28 x 40 mg		2.240,-	250	375
B-179	1114-750	ENDOREM Guerbet amp. I.V. 1 x 8 ml 11,2 mg/ml		7.261,-	250	375
B-179	1478-122	MULTIHANCE Byk Belga vial i.v. 10 ml 529 mg/ml		2.411,-	250	375
	1478-528	vial i.v. 15 ml 529 mg/ml		3.278,-	250	375
	1478-536	vial i.v. 20 ml 529 mg/ml		3.873,-	250	375
B-224	1356-583	APROVEL Sanofi Pharma compr. 28 x 300 mg		1.742,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-224	1530-336	COAPROVEL 300/12,5 mg Sanofi Pharma compr. 28 x 300 mg/12,5 mg		1.742,-	250	375
B-224	1415-397	CO-DIOVANE Novartis Pharma compr. 56 x 80 mg/12,5 mg		1.808,-	250	375
B-224	1333-293	DIOVANE 80 Novartis Pharma caps. 56 x 80 mg		1.742,-	250	375
B-224	1478-940 1522-978	MICARDIS Boehringer Ingelheim compr. 28 x 80 mg compr. 56 x 80 mg		1.743,- 2.551,-	250 250	375 375
B-227	1380-021	AVONEX Biogen fl. I.M. 4 x 30 µg/ml + solv.		34.938,-	250	375
B-227	1507-854	BETAFERON Schering fl. S.C. 15 x 0,25 mg/ml + ser. solv.		37.405,-	250	375
B-227	1485-986	REBIF Serono ser. S.C. 12 x 22 µg/0,5 ml		36.671,-	250	375
A-20	1378-280	COMBIVIR Glaxo Wellcome compr. 60 x 150 mg/300 mg		16.550,-	0	0
A-20	1294-495 1294-511	CRIXIVAN Merck Sharp & Dohme caps. 360 x 200 mg caps. 180 x 400 mg		12.715,- 12.715,-	0 0	0 0
A-20	1256-072 1256-064	EPIVIR Glaxo Wellcome compr. 60 x 150 mg sol. b. 240 ml 10 mg/ml		8.330,- 2.862,-	0 0	0 0
A-20	1099-159 1099-167	HIVID-ROCHE Roche compr. 120 x 0,375 mg compr. 60 x 0,750 mg		5.046,- 5.046,-	0 0	0 0
A-20	1284-264	INVIRASE Roche caps. 270 x 200 mg		12.519,-	0	0
A-20	1466-549 1318-203	NORVIR Abbott 4 fl. caps. 84 x 100 mg fl. sol. or. 5 x 90 ml 80 mg/ml		11.711,- 12.715,-	0 0	0 0
A-20	1291-095 0016-741 0613-430 1319-946 1253-855 1029-602	RETROVIR Glaxo Wellcome fl. I.V. 5 x 20 ml 10 mg/ml caps. 100 x 100 mg caps. 40 x 250 mg compr. 42 x 200 mg compr. 60 x 300 mg sol. or. 200 ml 10 mg/ml		3.152,- 7.141,- 7.141,- 6.770,- 11.325,- 1.744,-	0 0 0 0 0 0	0 0 0 0 0 0
A-20	1373-620 1373-661	VIRACEPT Roche compr. 270 x 250 mg pulv. or. 144 g 50 mg/g		14.564,- 2.014,-	0 0	0 0
A-20	1077-890 1077-908	VIDEX d.d.i. Bristol-Myers Squibb compr. 60 x 100 mg pulv. pr. sol. or. 1 x 2 g		4.488,- 1.758,-	0 0	0 0
A-20	1370-659	VIRAMUNE Boehringer Ingelheim compr. 60 x 200 mg		9.090,-	0	0
A-20	1317-791 1317-809	ZERIT Bristol-Myers Squibb caps. 56 x 30 mg caps. 56 x 40 mg		7.557,- 8.035,-	0 0	0 0

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-53		DIFLUCAN Pfizer				
	0286-559	caps. 10 x 200 mg		4.556,-	0	0
	1509-363	fl. 1.400 mg pr. susp. or. 200 mg/5 ml		3.306,-	0	0
A-52		SANDOSTATINE Novartis Pharma				
	0613-182	amp. inj. s.c. 20 x 0,1 mg/ml		8.483,-	0	0
	0380-493	amp. inj. s.c. 10 x 0,5 mg/ml		18.595,-	0	0
A-52		SANDOSTATINE Long Acting Repeatable 20 mg Novartis Pharma				
	1395-060	fl. I.M. 20 mg + 2 x 2 ml solv.		45.511,-	0	0
A-52		SANDOSTATINE Long Acting Repeatable 30 mg Novartis Pharma				
	1395-052	fl. I.M. 30 mg + 2 x 2 ml solv.		61.303,-	0	0
A-52		SOMATULINE PROLONGED RELEASE Ipsen				
	1375-112	fl. I.M. 1 x 2 ml 20 mg/ml		19.218,-	0	0
A-28		TAXOTERE Aventis Pharma				
	1232-354	fl. I.V. 1 x 20 mg/0,5 ml + solv.		7.337,-	0	0
	1232-362	fl. I.V. 1 x 80 mg/2 ml + solv.		28.167,-	0	0
A-5		TALOXIA TABS Schering-Plough				
	1243-922	compr. 100 x 400 mg		5.218,-	0	0
	1243-930	compr. 100 x 600 mg		7.105,-	0	0
A-5		TALOXIA SUSP Schering-Plough				
	1243-948	susp. or. 230 ml 600 mg/5 ml		3.749,-	0	0
A-40		WELLVONE Glaxo Wellcome				
	1272-202	compr. 189 x 250 mg		17.074,-	0	0
B-178		IOMERON-250 Bracco-Byk				
	1177-229	fl. inj. 100 ml		1.831,-	250	375
	1233-055	fl. inj. 200 ml		3.279,-	250	375
B-178		IOMERON-300 Bracco-Byk				
	1177-252	fl. inj. 100 ml		2.136,-	250	375
	1177-245	fl. inj. 200 ml		3.792,-	250	375
B-178		IOMERON-350 Bracco-Byk				
	1177-278	fl. inj. 100 ml		2.356,-	250	375
	1177-286	fl. inj. 200 ml		4.186,-	250	375
B-178		IOMERON-400 Bracco-Byk				
	1177-328	fl. inj. 100 ml		2.636,-	250	375
	1177-302	fl. inj. 200 ml		4.728,-	250	375
C-27		ACETYLCYSTEINE EG Eurogenerics				
	1286-293	compr. eff. 30 x 600 mg	G	502,-	251	251
C-27		ACETYPHAR Unicophar				
	1328-087	pulv. or. 30 x 600 mg	C	438,-	219	219
C-27		LYSOMUCIL 600 Zambon				
	1014-422	compr. eff. 30 x 600 mg	R	502,-	347	347
	1501-493	gran. sach. 30 x 600 mg	R	502,-	347	347
	0734-814	* pr. compr. eff. 1 x 600 mg	R	12,23	+ 2,30	+ 2,30
	0762-153	* pr. gran. sach. 1 x 600 mg	R	12,23	+ 2,30	+ 2,30
	0734-814	** pr. compr. eff. 1 x 600 mg	R	10,03		
	0762-153	** pr. gran. sach. 1 x 600 mg	R	10,03		
C-27		LYSOX 600 Menarini				
	1524-305	gran. sach. 30 x 600 mg	R	502,-	347	347
	0762-146	* pr. gran. sach. 1 x 600 mg	R	12,23	+ 2,30	+ 2,30
	0762-146	** pr. gran. sach. 1 x 600 mg	R	10,03		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
B-135		FAMVIR 250 mg SmithKline Beecham Pharma				
	1270-263	compr. 42 x 250 mg		6.144,-	250	375
B-135		FAMVIR 500 mg SmithKline Beecham Pharma				
	1320-324	compr. 21 x 500 mg		5.878,-	250	375
B-231		PYLORID Glaxo Wellcome				
	1222-256	compr. 56 x 400 mg		1.822,-	250	375
A-56		CEREZYME Genzyme				
	1433-432	fl. 200 U.I.		37.339,-	0	0
A-29		CELLCEPT Roche				
	1223-148	caps. 300 x 250 mg		16.345,-	0	0
	1223-155	compr. 150 x 500 mg		16.345,-	0	0
A-54		VISTIDE Pharmacia & Upjohn				
	1384-379	vial inj. 1 x 5 ml 75 mg/ml		33.680,-	0	0
A-18		MYCOBUTIN Pharmacia & Upjohn				
	1236-702	caps. 100 x 150 mg		12.547,-	0	0
B-238		RILUTEK Aventis Pharma				
	1281-104	compr. 56 x 50 mg		12.804,-	250	375
A-28		ARIMIDEX AstraZeneca				
	1217-488	compr. 28 x 1 mg		5.071,-	0	0
A-28		AROMASIN Pharmacia & Upjohn				
	1537-364	compr. 30 x 25 mg		5.407,-	0	0
A-28		FEMARA Novartis Pharma				
	1295-393	compr. 30 x 2,5 mg		5.407,-	0	0
A-28		VESANOID Roche				
	1358-365	caps. 100 x 10 mg		9.754,-	0	0
A-27		MERCK-TAMOXIFEN Merck				
	1537-240	compr. 60 x 20 mg	G	1.796,-	0	0
	1560-010	compr. 100 x 20 mg	G	2.504,-	0	0
A-27		NOLVADEX 10 AstraZeneca				
	1197-789	compr. 28 x 10 mg	R	686,-	131	131
	1197-771	compr. 98 x 10 mg	R	1.564,-	242	242
	0713-032	* pr. compr. 1 x 10 mg	R	14,32	+ 2,61	+ 2,61
	0713-032	** pr. compr. 1 x 10 mg	R	11,76		
A-27		NOLVADEX-D 20 AstraZeneca				
	1197-797	compr. 56 x 20 mg	R	1.920,-	290	290
	0713-040	* pr. compr. 1 x 20 mg	R	31,59	+ 5,05	+ 5,05
	0713-040	** pr. compr. 1 x 20 mg	R	26,46		
A-27		TAMIZAM Zambon				
	0485-565	compr. 100 x 10 mg	R	1.756,-	260	260
	0485-573	compr. 60 x 20 mg	R	2.028,-	311	311
	1277-573	compr. 90 x 20 mg	R	2.601,-	420	420
	0733-998	* pr. compr. 1 x 10 mg	R	16,11	+ 2,52	+ 2,52
	0735-522	* pr. compr. 1 x 20 mg	R	27,-	+ 4,54	+ 4,54
	0733-998	** pr. compr. 1 x 10 mg	R	13,24		
	0735-522	** pr. compr. 1 x 20 mg	R	23,81		

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-27		TAMOPLEX Pharmachemie				
	0674-192	compr. 30 x 10 mg	R	737,-	140	140
	0674-184	compr. 100 x 10 mg	R	1.653,-	262	262
	0383-257	compr. 28 x 20 mg	R	1.153,-	141	141
	0383-281	compr. 84 x 20 mg	R	2.226,-	349	349
	0733-410	* pr. compr. 1 x 10 mg	R	15,11	+ 2,53	+ 2,53
	0739-565	* pr. compr. 1 x 20 mg	R	24,61	+ 4,03	+ 4,03
	0733-410	** pr. compr. 1 x 10 mg	R	12,41		
	0739-565	** pr. compr. 1 x 20 mg	R	21,19		
A-27		TAMOXASTA 20 Asta Medica				
	1402-882	compr. 100 x 20 mg	R	2.846,-	468	468
	0748-483	* pr. compr. 1 x 20 mg	R	26,69	+ 4,54	+ 4,54
	0748-483	** pr. compr. 1 x 20 mg	R	23,82		
A-27		TAMOXIFEN EG Eurogenerics				
	1281-336	compr. 60 x 20 mg	G	1.796,-	0	0
A-27		TAMOXIFEN PHARMACHEMIE Pharmachemie				
	1402-601	compr. 84 x 20 mg	G	1.966,-	0	0
A-27		TAMOXIFEN-RATIOPHARM Ratiopharm				
	1463-850	compr. 60 x 20 mg	G	1.796,-	0	0
B-92		SOSTILAR Pharmacia & Upjohn				
	1179-910	compr. 8 x 0,5 mg		2.239,-	250	375
B-92		GONAL-F 75 Serono				
	1317-866	amp. lyoph. S.C. 1 x 75 I.U. + solv.		1.788,-	250	375
	1317-874	amp. lyoph. S.C. 3 x 75 I.U. + solv.		4.343,-	250	375
B-92		PUREGON 50 I.U. Organon				
	1295-492	amp. lyoph. S.C./I.M. 3 x 50 I.U.		3.147,-	250	375
	1295-500	amp. lyoph. S.C./I.M. 5 x 50 I.U.		4.742,-	250	375
B-92		PUREGON 100 I.U. Organon				
	1295-518	amp. lyoph. S.C./I.M. 3 x 100 I.U.		5.902,-	250	375
	1295-526	amp. lyoph. S.C./I.M. 5 x 100 I.U.		9.116,-	250	375
A-5		NEURONTIN Warner Lambert				
	1325-448	caps. 90 x 300 mg		2.457,-	0	0
	1325-463	caps. 90 x 400 mg		3.152,-	0	0
A-5		TOPAMAX Janssen-Cilag				
	1356-633	compr. 60 x 50 mg		1.857,-	0	0
	1356-641	compr. 60 x 100 mg		3.162,-	0	0
A-5		TOPAMAX capsules met granulaat Janssen-Cilag				
	1573-682	caps. 60 x 50 mg		1.857,-	0	0
A-57		IMMUKINE Boehringer Ingelheim				
	1008-051	vials 6 x 0,10 mg/0,5 ml		26.069,-	0	0
B-135		ZELITREX 500 Glaxo Wellcome				
	1253-848	compr. 42 x 500 mg		5.449,-	250	375
A-5		GABITRIL Sanofi Pharma				
	1471-465	caps. 50 x 5 mg		1.861,-	0	0
	1471-473	caps. 100 x 10 mg		4.364,-	0	0
	1471-515	caps. 100 x 15 mg		6.561,-	0	0
B-235		ORGARAN Organon				
	1396-761	amp. inj. 20 x 750 anti-Xa/0,6 ml		14.457,-	250	375

Criterion		Benaming en verpakkingen	Opmerkingen	Basis van tegemoetkoming		
---	Code	-----	---	----	I	II
Critère		Dénomination et conditionnements	Observations	Base de remboursement		
A-58	1385-566	SPORANOX Janssen-Cilag sol. b. 150 ml 10 mg/ml		3.512,-	0	0
A-27	1356-658	FARESTON Orion compr. 100 x 60 mg		3.578,-	0	0
B-168	1416-676	XALATAN 0,005% Pharmacia & Upjohn fl. 3 x 2,5 ml		2.418,-	250	375
A-28	1415-363	MABTHERA 100 mg Roche vials i.v. 2 x 10 ml/100 mg		24.607,-	0	0
A-28	1415-371	MABTHERA 500 mg Roche vial i.v. 1 x 50 ml/500 mg		60.935,-	0	0
B-244	1437-953	COMTAN Novartis Pharma compr. 100 x 200 mg		3.941,-	250	375
B-179	1446-533	PROHANCE Byk Belga vial i.v. 10 ml 279,3 mg/ml		2.228,-	250	375
	1446-541	vial i.v. 15 ml 279,3 mg/ml		3.015,-	250	375
	1446-558	vial i.v. 20 ml 279,3 mg/ml		3.557,-	250	375
B-203	1499-797	INFERGEN Yamanouchi fl. inj. 6 x 9 mcg/0,3 ml		5.951,-	250	375
	1499-821	fl. inj. 12 x 9 mcg/0,3 ml		11.516,-	250	375
A-28	1185-958	PROLEUKIN Chiron fl. inj. s.c. 1 x 18.000.000 I.U.		8.761,-	0	0
B-179	1563-782	TESLASCAN Nycomed fl. I.V. 50 ml 0,01 mmol/ml		4.837,-	250	375
B-178	1563-733	VISIPAQUE 270 mg I/ml Nycomed fl. inj. 100 ml		1.954,-	250	375
B-178	1563-758	VISIPAQUE 320 mg I/ml Nycomed fl. inj. 100 ml		2.220,-	250	375
	1563-766	fl. inj. 200 ml		3.940,-	250	375
B-243	1542-612	ISCOVER BristolMyers Squibb compr. 28 x 75 mg		2.399,-	250	375
B-243	1523-737	PLAVIX Sanofi Pharma compr. 28 x 75 mg		2.399,-	250	375

Art. 2. Le présent arrêté entre en vigueur le 1^{er} juin 2001.

Bruxelles, le 26 mars 2001.

F. VANDENBROUCKE

Art. 2. Dit besluit treedt in werking op 1 juni 2001.

Brussel, 26 maart 2001.

F. VANDENBROUCKE