

**ALLEGATO 1: ELENCO DEI FARMACI OGGETTO DELLA
DISTRIBUZIONE PER CONTO**

FARMACO	PIANO TERAPEUTICO	ATTENZIONE
ABASAGLAR*SC 5PEN 100UI/ML 3ML	NO	ALL 1
ABILIFY*28CPR 10MG **	NO	ALL 1
ABILIFY*28CPR 15MG **	NO	ALL 1
ABILIFY*28CPR 5MG **	NO	ALL 1
ABILIFY*28CPR ORODISP 10MG **	NO	ALL 1
ABILIFY*28CPR ORODISP 15MG **	NO	ALL 1
ABILIFY*OS FL 150ML 1MG/ML **	NO	ALL 1
ACTOS*28CPR 15MG **	NO	SOSP
ACTOS*28CPR 30MG **	NO	SOSP
ACTOS*28CPR 45MG	NO	SOSP
ADVAGRAF*30CPS 0,5MG	SI	ALL 1/648
ADVAGRAF*30CPS 3MG R.P.	SI	ALL 1/648
ADVAGRAF*30CPS 5MG RP	SI	ALL 1/648
ADVAGRAF*60CPS 1MG	SI	ALL 1/648
ALDARA*U.EST. CREMA 5% **	SI	ALL 1
ARANESP 1 SIR 10 MCG **	SI	ALL 1
ARANESP*SC 1PEN 100MCG 0,5ML	SI	ALL 1
ARANESP*SC 1PEN 150MCG 0,3ML	SI	ALL 1
ARANESP*SC 1PEN 20MCG 0,5ML	SI	ALL 1
ARANESP*SC 1PEN 40MCG 0,4ML	SI	ALL 1
ARANESP*SC 1PEN 500MCG 1ML	SI	ALL 1
ARANESP*SC 1PEN 50MCG 0,5ML	SI	ALL 1
ARANESP*SC 1PEN 60MCG 0,3ML	SI	ALL 1
ARANESP*SC 1PEN 80MCG 0,4ML **	SI	ALL 1
ARANESP*SC EV 1SIR 100MCG 0,5M	SI	ALL 1
ARANESP*SC EV 1SIR 150MCG 0,3M	SI	ALL 1
ARANESP*SC EV 1SIR 20MCG 0,5ML	SI	ALL 1
ARANESP*SC EV 1SIR 300MCG 0,6M	SI	ALL 1
ARANESP*SC EV 1SIR 30MCG 0,3ML	SI	ALL 1
ARANESP*SC EV 1SIR 40MCG 0,4ML	SI	ALL 1
ARANESP*SC EV 1SIR 500MCG 1ML	SI	ALL 1
ARANESP*SC EV 1SIR 50MCG 0,5ML	SI	ALL 1
ARANESP*SC EV 1SIR 60MCG 0,3ML	SI	ALL 1
ARANESP*SC EV 1SIR 80MCG 0,4ML	SI	ALL 1
ARIXTRA*SC 10SIR 1,5MG 0,3ML	NO	ALL 1
ARIXTRA*SC 10SIR 10MG 0,8ML	NO	ALL 1
ARIXTRA*SC 10SIR 2,5MG 0,5ML	NO	ALL 1
ARIXTRA*SC 10SIR 5MG 0,4ML	NO	ALL 1
ARIXTRA*SC 10SIR 7,5MG 0,6ML	NO	ALL 1
BICALUTAMIDE AHCL*28CPR RIV50M	NO	ALL 1
BICALUTAMIDE TEVA*28CPR RIV150	NO	ALL 1
BINOCRIT*1SIR 10000UI 1ML+DISP	SI	ALL 1/648
BINOCRIT*1SIR 30000UI/0,75ML+D	SI	ALL 1/648

BINOCRIT*1SIR 4000UI/1ML+DISP	SI	ALL 1/648
BINOCRIT*6SIR 400UI 0,4ML+DIS	SI	ALL 1/648
BRILIQUE*56CPR RIV 90MG	SI	ALL 1
BYDUREON*SC 4KIT FL+SIR 2MG RP	SI	ALL 1
BYDUREON*SC 4PEN 2MG 0,65ML RP	SI	ALL 1
BYETTA*SC 1PEN 1,2ML 5MCG	SI	ALL 1
BYETTA*SC 1PEN 2,4ML 10MCG	SI	ALL 1
CARNITENE OS 10 FL 2G	SI	SOSP
CERTICAN*60CPS 0,25MG **	SI	ALL 1
CERTICAN*60CPS 0,75MG **	SI	ALL 1
CIALIS*12CPR RIV 20MG	SI	ALL 1
CLEXANE T*10FSIR 6000UI 0,6ML	NO	ALL 1
CLEXANE T*10FSIR 8000UI 0,8ML	NO	ALL 1
CLEXANE*6SIR 2000UI/0,2ML	NO	ALL 1
CLEXANE*6SIR 4000UI/0,4ML	NO	ALL 1
CLOPIDOGREL AUR*28CPR RIV 75MG	NO	ALL 1
CLOPIDOGREL MG*28CPR RIV 75MG	NO	ALL 1
CLOZAPINA HEXAL*28CPR 25MG	SI	SOSP
CLOZAPINA HEXAL*28CPR 100MG	SI	ALL 1
COMPETACT*56CPR RIV 15MG/850MG**	NO	ALL 1
COMTAN 200MG 100CPR **	SI	ALL 1
DAXAS*30CPR RIV 500MCG	SI	ALL 1
DECAPEPTYL*IM 1 FL 3,75MG+F **	SI	ALL 1
DECAPEPTYL*IM 1FL 11,25MG+1F **	SI	ALL 1
DONEPEZIL MG*28CPR RIV 10MG	SI	ALL 1
DONEPEZIL MG*28CPR RIV 5MG	SI	ALL 1
DONEPEZIL TEVA*28CPR ORO 10MG	SI	ALL 1
DONEPEZIL TEVA*28CPR ORO 5MG	SI	ALL 1
DUOPLAVIN*28CPR RIV 75MG/100MG	NO	ALL 1
EBIXA*28CPR RIV 20MG	SI	ALL 1
EBIXA*56CPR RIV 10MG	SI	ALL 1
EBIXA*OS GTT 50G 10MG/G	SI	ALL 1
EFIENT*28CPR RIV 10MG	SI	ALL 1
EFIENT*28CPR RIV 5MG	SI	ALL 1
ELIGARD*INIET SIR+SIR 45MG KIT	SI	ALL 1
ELIGARD*INIET SIR+SIR 7,5MGKIT	SI	ALL 1
ELIGARD*INIET SIR+SIR22,5MGKIT	SI	ALL 1
ELIQUIS*60CPR RIV 5MG	SI	ALL 1
ENANTONE*IM SC SIR11,25MG/MLRP	SI	ALL 1
ENANTONE*IM SC SIR3,75MG/ML RP	SI	ALL 1
EPREX 1 SIRINGA 3000UI/0,3ML **	SI	ALL 1/648
EPREX 5000 1SIR.PRO.0,5ML **	SI	ALL 1/648
EPREX 6000 1SIR.PRO.0,6ML **	SI	ALL 1/648
EPREX 8000 1SIR.PRO.0,8ML **	SI	ALL 1/648
EPREX*1SIR 4000UI/ML 1ML	SI	ALL 1/648
EPREX*1SIR.PRO.1000UI/1 ML **	SI	ALL 1/648
EPREX*1SIR.PRO.2000UI/0,5ML **	SI	ALL 1/648
EPREX*1SIR.PRO.4000UI/0,4ML **	SI	ALL 1/648
ESMYA*28CPR 5MG	SI	ALL 1
EUCREAS*60CPR 50MG+1000MG	SI	ALL 1
EUCREAS*60CPR 50MG+850MG	SI	ALL 1

EXELON*56 CPS 1,5 MG **	SI	SOSP
EXELON*56 CPS 3 MG **	SI	SOSP
EXELON*56 CPS 6 MG **	SI	SOSP
EXELON*56CPS 4,5MG	SI	SOSP
EXELON*30CER 13,3MG/24H	SI	ALL 1
EXELON*30CER 4,6MG/24H	SI	ALL 1
EXELON*30CER 9,5MG/24H	SI	ALL 1
FIRMAGON*INIET 120MG POLV+SOLV	SI	ALL 1
FIRMAGON*INIET 80MG POLV+SOLV	SI	ALL 1
FLUTAMIDE HEXAL*30CPR 250MG	NO	ALL 1
FLUXUM*SC 6SIR 0,3ML 3200UIaxa	NO	ALL 1
FLUXUM*SC 6SIR 0,4ML 4250UIaxa	NO	ALL 1
FLUXUM*SC 6SIR 0,6ML 6400UIaxa	NO	ALL 1
FORXIGA*28CPR RIV 10MG	SI	ALL 1
FOSTIMON 10 FL 75UI 10FL **	SI	ALL 1
FOSTIMON 75*IM SC 1 FL + 1 F **	SI	ALL 1
FOZNOL*FL 90CPR 1000MG	SI	ALL 1
FOZNOL*FL 90CPR 500MG	SI	ALL 1
FOZNOL*FL 90CPR 750MG **	SI	ALL 1
FOZNOL*OS POLV 90BUST 1000MG	SI	ALL 1
FOZNOL*OS POLV 90BUST 750MG	SI	ALL 1
FYCOMPA*28CPR RIV 10MG	SI	ALL 1
FYCOMPA*28CPR RIV 12MG	SI	ALL 1
FYCOMPA*28CPR RIV 4MG	SI	ALL 1
FYCOMPA*28CPR RIV 6MG	SI	ALL 1
FYCOMPA*28CPR RIV 8MG	SI	ALL 1
GALVUS*56CPR 50MG	SI	ALL 1
GONAL F*SC 10FL 75UI+10SIR 1ML	SI	ALL 1
GONAL F*SC 1PEN 300UI/0,5ML+5A	SI	ALL 1
GONAL F*SC 1PEN 450UI/0,75ML+7	SI	ALL 1
GONAL F*SC 1PEN 900UI/1,5ML+14**	SI	ALL 1
GONAL F*SC FL 75UI+SIR 1ML **	SI	ALL 1
GONAL FL 600UI/ML(1050UI/1.75ML	SI	ALL 1
GONAPEPTYL DEPOT*SIR3,75MG+S(F**	SI	ALL 1
GRANULOKINE 30*IV SC1FL1ML **	SI	ALL 1
GRANULOKINE*1SIR 30MU 0,5ML **	SI	ALL 1
GRAZAX*OS 100LIOF 75.000SQ-T	SI	ALL 1
GRAZAX*OS 30LIOF 75.000SQ-T	SI	ALL 1
INCRESYNC*28CPR RIV 12,5+30MG	SI	ALL 1
INCRESYNC*28CPR RIV 25+30MG	SI	ALL 1
INVEGA *28CPR 3MG R.P.	NO	ALL 1
INVEGA*28CPR 6MG R.P.	NO	ALL 1
INVEGA*28CPR 9MG R.P.	NO	ALL 1
INVOKANA*30CPR RIV 100MG	SI	ALL 1
INVOKANA*30CPR RIV 300MG	SI	ALL 1
IPSTYL*IM 1 F 30 MG + 1 F **	SI	ALL 1/648
IPSTYL*SC 1SIR 60MG **	SI	ALL 1/648
IPSTYL*SC SIR 120MG **	SI	ALL 1/648
IPSTYL*SC SIR 90MG **	SI	ALL 1/648
IVOR*10SIR 3500UI/0,2ML	NO	ALL 1
JANUMET*56CPR RIV 50MG+1000MG	SI	ALL 1

JANUVIA*28CPR RIV 50MG	SI	ALL 1
JARDIANCE*28CPR RIV 10MG	SI	ALL 1
JARDIANCE*28CPR RIV 25MG	SI	ALL 1
JENTADUETO*56CPR RIV2,5+1000MG	SI	ALL 1
JENTADUETO*56CPR RIV2,5+850MG	SI	ALL 1
KOMBOGLYZE*56CPR RIV2,5+1000MG	SI	ALL 1
KOMBOGLYZE*56CPR RIV2,5+850MG	SI	ALL 1
KRYPTOCUR*NAS 2FL 10G+2EROG	SI	ALL 1
LANTUS*SC 1FL 10ML 100UI/ML **	NO	ALL 1
LANTUS*SC 5CART 3ML 100UI/ML **	NO	ALL 1
LANTUS*SOLOS.SC 5PEN 100UI/ML **	NO	ALL 1
LEFLUNOMIDE SA*FL30CPR RIV20MG	SI	ALL 1
LEPTOPROL*1 IMPIANTO 3,6MG	SI	ALL 1
LEPTOPROL*1 IMPIANTO 5MG	SI	ALL 1
LEVEMIR*FLEX 5PEN 3ML 100UI/ML**	NO	ALL 1
LONGASTATINA LAR*FL 10MG+SIR+2	SI	ALL 1/648
LONGASTATINA LAR*FL 20MG+SIR+2**	SI	ALL 1/648
LONGASTATINA LAR*FL 30MG+SIR+2**	SI	ALL 1/648
LONQUEX*SC 1SIR 6MG 0,6ML+DISP	SI	ALL 1
LUVERIS*SC 1FL 75UI+1FL SOLV	SI	ALL 1
LUVERIS*SC 3FL 75UI+3FL SOLV	SI	ALL 1
LYXUMIA*1PEN 10MCG+1PEN 20MCG	SI	ALL 1
LYXUMIA*1PEN 3ML 10MCG	SI	ALL 1
LYXUMIA*2PEN 3ML 20MCG	SI	ALL 1
MEMANTINA ACC*56CPR RIV 10MG	SI	ALL 1
MEMANTINA MY*28CPR RIV 20MG	SI	ALL 1
MEROPUR*INIET 10F 75UI+10F 75U**	SI	ALL 1
MEROPUR*INIET FL 600UI+SIR 1ML	SI	ALL 1
MEROPUR*INIET FL1200UI+2SIR1ML	SI	ALL 1
MIMPARA*28CPR RIV 30MG	SI	ALL 1
MIMPARA*28CPR RIV 60MG	SI	ALL 1
MIMPARA*28CPR RIV 90MG	SI	ALL 1
MIRCERA*IV SC SIR 100MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 120MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 150MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 200MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 250MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 30MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 360MCG 0,6ML	SI	ALL 1
MIRCERA*IV SC SIR 50MCG 0,3ML	SI	ALL 1
MIRCERA*IV SC SIR 75MCG 0,3ML	SI	ALL 1
MULTAQ*60CPR RIV 400MG	SI	ALL 1
MYELOSTIM 34*F 33,6MIU+SIR 1ML	SI	ALL 1
NEORECORMON*1SIR 3000UI **	SI	ALL 1/648
NEORECORMON*IV 1SIR. 5000 UI **	SI	ALL 1/648
NEORECORMON*IV 1SIR. 6000 UI **	SI	ALL 1/648
NEORECORMON*IV 1SIR.10000 UI **	SI	ALL 1/648
NEORECORMON*IV 1SIR.4000 UI **	SI	ALL 1/648
NEORECORMON*IV SC 2000UI 1SIR **	SI	ALL 1/648
NEORECORMON*IV SC 3000UI 1SIR **	SI	ALL 1/648
NEULASTA*6MG 1SIR 0,6ML SC C/P	SI	ALL 1

NIVESTIM*SC EV 1SIR 30MU 0,5ML	SI	ALL 1
OCTREOTIDE BIO.L.*10F 0,1MG/ML	SI	ALL 1
OLANZAPINA SUN*28CPR 2,5MG	NO	ALL 1
OLANZAPINA TEVA*28CPR ORO 10MG	NO	ALL 1
OLANZAPINA TEVA*28CPR ORO 5MG	NO	ALL 1
OLANZAPINA TEVA*28CPR RIV 10MG	NO	ALL 1
OLANZAPINA TEVA*28CPR RIV 5MG	NO	ALL 1
ONGLYZA*28CPR RIV 2,5MG	SI	ALL 1
ONGLYZA*28CPR RIV 5MG	SI	ALL 1
ORALAIR*30CPR SUBL 300IR	SI	ALL 1
ORALAIR*90CPR SUBL 300IR	SI	ALL 1
OVITRELLE*SC 1PEN 250MCG/0,5ML	SI	ALL 1
PARACALCITOLO TE*FL28 CPS 1MCG	SI	ALL 1
PARACALCITOLO TE*FL28 CPS 2MCG	SI	ALL 1
PEGINTRON*SC 1PEN 120MCG+1AGO+**	SI	ALL 1/648
PEGINTRON*SC 1PEN 150MCG+1AGO+	SI	ALL 1/648
PERGOVERIS*SC 10FL 150UI/75UI	SI	ALL 1
PERGOVERIS*SC 1FL 150UI/75UI	SI	ALL 1
PRADAXA*60X1CPS 110MG	SI	ALL 1
PRADAXA*60X1CPS 150MG	SI	ALL 1
PROCORALAN*56CPR RIV 5MG ALL/P	NO	ALL 1
PROCORALAN*56CPR RIV 7,5MG ALL	NO	ALL 1
PROLIA*SC 1SIR 60MG/ML C/PR	SI	ALL 1
PROVIGIL*30 CPR 100 MG **	SI	ALL 1
PUREGON 100 U.I 5FL 05ML **	SI	ALL 1
PUREGON 50 U.I 5FL 05ML **	SI	ALL 1
PUREGON*SC 1CART 300UI/0,36ML **	SI	ALL 1
PUREGON*SC 1CART 600UI/0,72ML **	SI	ALL 1
PUREGON*SC 1CART 900UI/1,08ML **	SI	ALL 1
QUETIAPINA MG*30CPR RIV 25MG	NO	SOSP
QUETIAPINA EUROG*60CPR 50MG RP	NO	ALL 1
QUETIAPINA MG*60CPR RIV 100MG	NO	ALL 1
QUETIAPINA MG*60CPR RIV 300MG	NO	ALL 1
QUETIAPINA TE*60CPR 200MG RP	NO	ALL 1
QUETIAPINA TE*60CPR 300MG RP	NO	ALL 1
QUETIAPINA TE*60CPR 400MG RP	NO	ALL 1
QUETIAPINA TE*60CPR RIV 300MG	NO	ALL 1
RANEXA*60CPR 375MG R.P.	NO	ALL 1
RANEXA*60CPR 500MG R.P.	NO	ALL 1
RANEXA*60CPR 750MG R.P.	NO	ALL 1
RAPAMUNE*100 CPR RIV 1MG **	SI	ALL 1
RAPAMUNE*100CPR RIV 0,5MG	SI	ALL 1
RAPAMUNE*30CPR RIV 2MG **	SI	ALL 1
RAPAMUNE*OS FL 60ML+30SIR DOS+	SI	ALL 1
REMINYL*28CPS 16MG RP	SI	ALL 1
REMINYL*28CPS 24MG RP	SI	ALL 1
REMINYL*56 CPR RIV. 12 MG **	SI	ALL 1
REMINYL*56 CPR RIV. 8 MG **	SI	ALL 1
REMINYL*56CPR RIV 4MG **	SI	ALL 1
RENVELA*OS POLV 60BUST 2,4G	SI	ALL 1
RETACRIT*1SIR 10000UI 1ML	SI	ALL 1/648

RETACRIT*1SIR 2000UI 0,6ML	SI	ALL 1/648
RETACRIT*1SIR 3000UI 0,75ML	SI	ALL 1/648
RETACRIT*1SIR 3000UI 0,9ML	SI	ALL 1/648
RETACRIT*1SIR 4000UI 1ML	SI	ALL 1/648
RETACRIT*1SIR 4000UI 1ML	SI	ALL 1/648
RETACRIT*1SIR 4000UI 0,4ML	SI	ALL 1/648
RETACRIT*1SIR 5000UI 0,5ML	SI	ALL 1/648
RETACRIT*1SIR 6000UI 0,6ML	SI	ALL 1/648
RETACRIT*1SIR 8000UI 0,8ML	SI	ALL 1/648
RISPERIDONE ACT*60CPR 1MG AL/	NO	ALL 1
RISPERIDONE ACT*60CPR 2MG AL/P	NO	ALL 1
RISPERIDONE ACT*60CPR 3MG AL/	NO	ALL 1
RISPERIDONE ACT*60CPR 4MG AL/	NO	ALL 1
RISPERIDONE AURO*60CPR 1MG	NO	ALL 1
RISPERIDONE AURO*60CPR 2MG	NO	ALL 1
RISPERIDONE AURO*60CPR 3MG	NO	ALL 1
RISPERIDONE AURO*60CPR 4MG	NO	ALL 1
RISPERIDONE M.G.*OS GTT 100ML	NO	ALL 1
RISPERIDONE TEVA*60CPR RIV 1MG	NO	ALL 1
SANDOSTATINA LAR*FL 10MG+SIR+2**	SI	ALL 1/648
SANDOSTATINA LAR*FL 20MG+SIR+2**	SI	ALL 1/648
SANDOSTATINA LAR*FL 30MG+SIR+2**	SI	ALL 1/648
SELEPARINA*10SIR 0,6ML 5700UI	NO	ALL 1
SELEPARINA*6SIR 0,3ML 2850UI	NO	ALL 1
SELEPARINA*6SIR 0,4ML 3800UI	NO	ALL 1
SEROQUEL*60CPR 150MG R.P.	NO	ALL 1
SEVELAMER MY*FL180CPR RIV800MG	SI	ALL 1
STALEVO*100CPR 100MG/25MG/200M**	SI	ALL 1
STALEVO*100CPR 125/31,25/200MG	SI	ALL 1
STALEVO*100CPR 150MG/37,5MG/20	SI	ALL 1
STALEVO*100CPR 200MG/50MG/200M	SI	ALL 1
STALEVO*100CPR 50MG/12,5MG/200	SI	ALL 1
STALEVO*100CPR 75/18,75/200MG	SI	ALL 1
SUPREFACT *1SIR 6,6MG 6,3MG R.P	SI	ALL 1
SUPREFACT*INIET 1F 5,5ML 1MG/M	SI	ALL 1
SYCREST*60CPR SUBLING 10MG	NO	ALL 1
SYCREST*60CPR SUBLING 5MG	NO	ALL 1
SYNJARDY 56 CP RIV 12,5/1000	SI	ALL 1
SYNJARDY 56 CP RIV 12,5/850	SI	ALL 1
SYNJARDY 56 CP RIV 5/1000	SI	ALL 1
SYNJARDY 56 CP RIV 5/850	SI	ALL 1
TACROLIMUS M.G.*30CPS 0,5MG	SI	ALL 1/648
TACROLIMUS M.G.*60CPS 1MG	SI	ALL 1/648
TACROLIMUS MY*30CPS 5MG	SI	ALL 1/648
TANDEMACT*28CPR 30MG+2MG	NO	ALL 1
TANDEMACT*28CPR 30MG+4MG	NO	ALL 1
TASMAR*FL 100CPR RIV 100MG	SI	ALL 1
TESAVEL*28CPR RIV 100MG	SI	ALL 1
TESAVEL*28CPR RIV 25MG	SI	ALL 1
TRAJENTA*28CPR RIV 5MG	SI	ALL 1
TRESIBA*FLEXT 5PEN 3ML 100U/ML	SI	ALL 1

TRULICITY*4PEN 1,5MG	SI	ALL 1
VALCYTE*60CPR RIV 450MG **	SI	ALL 1/648
VALCYTE*OS POLV FL 12G 50MG/ML	SI	ALL 1/648
VELMETIA*56CPR RIV 50MG+850MG	SI	ALL 1
VESANOID*FL 100CPS 10MG	SI	ALL 1
VICTOZA*SC 2PEN 3ML 6MG/ML	SI	ALL 1
VIPDOMET*56CPR RIV 12,5+850MG	SI	ALL 1
VIPIDIA*28CPR RIV 6,25MG	SI	ALL 1
VIPIDIA*28CPR RIV 12,5MG	SI	ALL 1
VIPIDIA*28CPR RIV 25MG	SI	ALL 1
VOKANAMET*60CPR RIV 150+1000MG	SI	ALL 1
VOKANAMET*60CPR RIV 150+850MG	SI	ALL 1
VOKANAMET*60CPR RIV 50+1000MG	SI	ALL 1
VOKANAMET*60CPR RIV 50+850MG	SI	ALL 1
XARELTO*28CPR RIV 20MG	SI	ALL 1
XARELTO*42CPR RIV 15MG	SI	ALL 1
XIGDUO*56CPR RIV 5MG+1000MG	SI	ALL 1
XIGDUO*56CPR RIV 5MG+850MG	SI	ALL 1
ZARZIO*1SIR 48MU 0,5ML	SI	ALL 1
ZEBINIX*30CPR 800MG	SI	ALL 1
ZEFFIX*28 CPR 100 MG **	SI	ALL 1
ZEFFIX*OS FL 240ML 5MG/ML	SI	ALL 1
ZELDOX*56CPS 20MG	NO	ALL 1
ZELDOX*56CPS 40MG	NO	ALL 1
ZELDOX*56CPS 60MG	NO	ALL 1
ZELITREX 42 CPR 500MG **	NO	ALL 1
ZELITREX*21 CPR RIV. 1000 MG **	NO	ALL 1
ZEMPLAR*INIET 5FL 1ML 5MCG/ML	SI	ALL 1
ZOLADEX 10.8*1 SIR. DEPOT SC **	SI	ALL 1
ZOLADEX 3.6*1 SIR.DEPOT SC **	SI	ALL 1
ZUTECTRA*SC 5SIR 1ML 500UI	SI	ALL 1

**ALLEGATO 2: ELENCO DEI FARMACI IN
DISTRIBUZIONE DIRETTA DA PARTE DELLA ASL
NAPOLI 3 SUD**

FARMACO	PIANO TERAPEUTICO
ADCIRCA*56CPR RIV 20MG	SI
ADVATE*FL 1000UI+FL SOLV 2ML	SI
ADVATE*FL 1000UI+FL SOLV 5ML	SI
ADVATE*FL 1500UI+FL SOLV 2ML	SI
ADVATE*FL 1500UI+FL SOLV 5ML	SI
ADVATE*FL 2000UI+FL SOLV 5ML	SI
ADVATE*FL 2000UI+FL SOLV 5ML	SI
ADVATE*FL 2000UI+FL SOLV 5ML	SI
ADVATE*FL 3000UI+FL SOLV 5ML	SI
ADVATE*FL 3000UI+FL SOLV 5ML	SI
ADVATE*FL 500UI+FL SOLV 2ML	SI
ADVATE*FL 500UI+FL SOLV 5ML	SI
ALPHANATE*INF 1F 1000UI+SIR+AD	SI
ALPHANATE*INF 1F 1500UI+SIR+AD	SI
AMMONAPS*FL 250CPR 500MG	SI
AMMONAPS*GRAT 940MG/G FL 266G	SI
AUBAGIO*28CPR RIV 14MG	SI
AVONEX*IM 4PEN 30MCG/0,5ML+4AG	SI
BARACLUDE*30CPR RIV 0,5MG	SI
BARACLUDE*30CPR RIV 1MG	SI
BENEFIX*IV 1FL 1000UI+SIR5ML+S	SI
BENEFIX*IV 1FL 2000UI+SIR5ML+S	SI
BENEFIX*IV 1FL 3000UI+SIR5ML+S	SI
BERINERT*IV FL500U+ FL 10ML	SI
BONDRONAT*28CPR RIV 50MG	SI
BRAMITOB*NEBUL 56F 300MG/4ML	SI
CAMPRAL*84CPR RIV 333MG	SI
CARBAGLU*15CPR DISP 200MG	SI
CARBAGLU*5CPR DISP 200MG	SI
CARBAGLU*60CPR DISP 200MG	SI
CELLCEPT*100CPS 250MG	SI
CELLCEPT*50CPR 500MG	SI
CONFIDEX*500 1FL+1FL SOLV 20ML	SI
COPEGUS*112CPR RIV 200MG	SI
COPEGUS*168CPR RIV 200MG	SI
COPEGUS*28CPR RIV 200MG	SI
COPEGUS*42CPR RIV 200MG	SI
COPEGUS*FL 14CPR RIV 400MG	SI
COPEGUS*FL 56CPR RIV 400MG	SI
CRESEMBA 14 CP 100 MG	SI
CYSTADANE*OS 1FL 180G+3CUCCH	SI
CYSTAGON*FL 100CPS 150MG	SI
CYSTAGON*FL 100CPS 50MG	SI
DAKLINZA*28CPR RIV 60MG	SI

DESFERAL*10FL 500MG/5ML+10F5ML	SI
DESFERAL*1FL 2G/20ML+1F SOLV	SI
ELIQUIS*20CPR RIV 2,5MG	SI
ELONVA*SC 1SIR 100MCG 0,5ML+AG	SI
ELONVA*SC 1SIR 150MCG 0,5ML+AG	SI
EXJADE*28CPR DISP 125MG	SI
EXJADE*28CPR DISP 250MG	SI
EXJADE*28CPR DISP 500MG	SI
EXVIERA*56CPR RIV 250MG	SI
FEIBA*FL 1000UF+BAXJECT II HF	SI
FERRIPROX*100CPR RIV 500MG	SI
FERRIPROX*OS FL 250ML 100MG/ML	SI
FLUDARA*20CPR RIV 10MG	SI
GENOTROPIN MINI*4TBF 1,8MG(5,4	SI
GENOTROPIN MINIQ.*4TBF 1,2MG	SI
GENOTROPIN MINIQ.*4TBF 1,4MG	SI
GENOTROPIN MINIQ.*4TBF 1,6MG	SI
GENOTROPIN MINIQ.*7TBF 0,2MG	SI
GENOTROPIN MINIQ.*7TBF 0,2MG	SI
GENOTROPIN MINIQ.*7TBF 0,4MG	SI
GENOTROPIN MINIQ.*7TBF 0,4MG	SI
GENOTROPIN MINIQ.*7TBF 0,6MG	SI
GENOTROPIN MINIQ.*7TBF 0,8MG	SI
GENOTROPIN MINIQ.*7TBF 1,0MG	SI
GENOTROPIN*GOQUICK 1PEN 12MG	SI
GENOTROPIN*GOQUICK 1PEN 12MG	SI
GENOTROPIN*GOQUICK 1PEN 12MG	SI
GENOTROPIN*GOQUICK 1PEN 5,3MG	SI
GILENYA*28CPS 0,5MG	SI
GLIVEC*120CPS 100MG	SI
HARVONI*1FL 28CPR RIV 90+400MG	SI
HELIXATE NEXGEN*1000UI+1FL+KIT	SI
HELIXATE NEXGEN*2000UI+1FL+KIT	SI
HELIXATE NEXGEN*3000UI+1FL+KIT	SI
HEPSERA*1FL 30CPR 10MG	SI
HUMATROPE*1 CART. 12MG+ 1SIR	SI
HUMATROPE*1CART 24MG(72UI)+SIR	SI
HUMATROPE*1CART 6MG (18UI)+SIR	SI
HUMATROPE*1CART 6MG (18UI)+SIR	SI
HYCAMTIN*10CPS 0,25MG	SI
HYCAMTIN*10CPS 1MG	SI
INCIVO*FL 168CPR RIV 375MG	SI
KALYDECO*56CPR RIV 150MG	SI
KOGENATE BAYER*EV2000UI+SIR+DI	SI
KOGENATE BAYER*EV3000UI+SIR+DI	SI
KOGENATE BAYER*FL1000UI+SIR+1K	SI
KOGENATE BAYER*FL1000UI+SIR+1K	SI
KUVAN*120CPR SOLUB 100MG	SI
KUVAN*30CPR SOLUB 100MG	SI
LYSODREN*FL 100CPR 500MG	SI
MICOFENOLATO M.ACC*50CPR 500MG	SI
MICOFENOLATO M.CR*100CPS 250MG	SI

MICOFENOLATO M.CR*50CPR 500MG	SI
MICOFENOLATO M.DR*50CPR 500MG	SI
MICOFENOLATO M.MG*50CPR 500MG	SI
MICOFENOLATO M.SAN*50CPR 500MG	SI
MYFENAX*100CPS 250MG	SI
MYFENAX*50CPR RIV 500MG	SI
MYFORTIC*100CPR RIV 180MG	SI
MYFORTIC*50CPR RIV 360MG	SI
NAVELBINE*1CPS 20MG	SI
NAVELBINE*1CPS 30MG	SI
NORDITROPIN SIMP.*1CART.15MG	SI
NORDITROPIN*SIMPLEXX 5MG/1,5ML	SI
NOVOSEVEN*IV 1MG(50KUI)+1,1ML	SI
NOVOSEVEN*IV 2MG(100KUI)+2,1ML	SI
NOVOSEVEN*IV 5MG(250KUI)+5,2ML	SI
NOXAFIL*OS SOSP 105ML 40MG/ML	SI
NUTROPINAQ*10MG/2ML 1CART	SI
NUWIQ*EV FL 2000UI+SIR 2,5ML	SI
NUWIQ*EV FL 2000UI+SIR 2,5ML	SI
OLYSIO*28CPS 150MG	SI
OMNITROPE*SUREPAL CART 15MG1,5	SI
OMNITROPE*SUREPAL CART 5MG/1,5	SI
OMNITROPE*SUREPAL CART10MG/1,5	SI
OMNITROPE*SUREPAL CART10MG/1,5	SI
OPSUMIT*30CPR RIV 10MG	SI
PLEGRIDY*SC 2PEN 125MCG 0,5ML	SI
PLEGRIDY*SC PEN 63MCG+PEN94MCG	SI
PRADAXA*10X1CPS 110MG	SI
PRADAXA*10X1CPS 75MG	SI
PRADAXA*30X1CPS 110MG	SI
PRADAXA*30X1CPS 75MG	SI
PROGRAF*0,5MG 30 CPS	SI
PROGRAF*1 MG 30 CPS	SI
PROGRAF*5MG 30 CPS	SI
PROTOPIC*UNG 0,03% 30G	SI
PROTOPIC*UNG 0,03% 30G	SI
PROTOPIC*UNG 0,1% 30G	SI
PROTOPIC*UNG 0,1% 30G	SI
PULMOZYME*INAL 6F 2500U 2,5ML	SI
REBETOL*140CPS 200MG	SI
REBETOL*168CPS 200MG	SI
REBETOL*84CPS 200MG	SI
REBETOL*OS FL 100ML 40MG/ML	SI
RECOMBINATE*FL 1000UI+FL 10ML	SI
REFACTO AF*IV 1SIR1000UI+DISP. FUSENGO	SI
REFACTO AF*IV 1SIR2000UI+DISP. FUSENGO	SI
REFACTO AF*IV 1SIR3000UI+DISP	SI
REVATIO*90CPR RIV 20MG	SI
RIBAVIRINA TEVA PH*112CPR200MG	SI
RIBAVIRINA TEVA PH*14CPR 400MG	SI
RIBAVIRINA TEVA PH*28CPR 200MG	SI
RIBAVIRINA TEVA PH*42CPR 200MG	SI

RIBAVIRINA TEVA PH*56CPR 400MG	SI
RIBAVIRINA TEVA*140CPS 200MG	SI
RIBAVIRINA TEVA*168CPS 200MG	SI
RIBAVIRINA TEVA*84CPS 200MG	SI
RILUTEK*56CPR RIV 50MG	SI
SAIZEN 8 CLICK*1FL 8MG+1CART	SI
SAIZEN 8 CLICK*1FL 8MG+1CART	SI
SAIZEN*1CART 8MG/ML 1,50ML	SI
SAIZEN*1CART 8MG/ML 1,50ML	SI
SALAGEN*84CPR RIV 5MG	SI
SEBIVO*28CPR RIV 600MG	SI
SIGNIFOR*SC 60F 0,6MG 1ML	SI
SIGNIFOR*SC FL 20MG 1ML	SI
SIGNIFOR*SC FL 40MG 1ML	SI
SIGNIFOR*SC FL 60MG 1ML	SI
SOVALDI*1FL 28CPR RIV 400MG	SI
STIVARGA*3FL 28CPR RIV 40MG	SI
SUBOXONE*7CPR SUBLING 2MG/0,5M	SI
SUBOXONE*7CPR SUBLING 8MG/2MG	SI
SYNAGIS FL	SI
TARGRETIN*FL 100CPS 75MG	SI
TECFIDERA*14CPS 120MG	SI
TECFIDERA*56CPS 240MG	SI
TEMODAL*1FL 5CPS 100MG	SI
TEMODAL*1FL 5CPS 20MG	SI
TEMODAL*1FL 5CPS 250MG	SI
TEMODAL*1FL 5CPS 5MG	SI
TEMODAL*5BUST 5CPS 100MG	SI
TEMODAL*5BUST 5CPS 140MG	SI
TEMODAL*5BUST 5CPS 180MG	SI
TEMODAL*5BUST 5CPS 20MG	SI
TEMODAL*5BUST 5CPS 250MG	SI
TEMODAL*5BUST 5CPS 5MG	SI
TEMOZOLOMIDE CRINOS*5CPS 100MG	SI
TEMOZOLOMIDE CRINOS*5CPS 20MG	SI
TEMOZOLOMIDE CRINOS*5CPS 250MG	SI
TEMOZOLOMIDE CRINOS*5CPS 5MG	SI
TEMOZOLOMIDE TEVA*5CPS 100MG	SI
TEMOZOLOMIDE TEVA*5CPS 140MG	SI
TEMOZOLOMIDE TEVA*5CPS 180MG	SI
TEMOZOLOMIDE TEVA*5CPS 20MG	SI
TEMOZOLOMIDE TEVA*5CPS 250MG	SI
TEMOZOLOMIDE TEVA*5CPS 5MG	SI
TEVAGRASTIM*5SIR 30MU 0,5ML+DI	SI
TEYSUNO*42CPS 15+4,35+11,8MG	SI
TOBI*NEBUL 56F 1D 300MG/5ML	SI
TRACLEER*56CPR RIV 125MG	SI
TRACLEER*56CPR RIV 62,5MG	SI
UFT*36CPS 100MG+224MG	SI
UMANCOMPLEX D.I.*FL 500UI+F20M	SI
VENTAVIS*NEB 100F 2ML 10MCG/ML	SI
VENTAVIS*NEB 30F 2ML 10MCG/ML	SI

VENTAVIS*NEB 3X30F 2ML10MCG/ML	SI
VFEND*28CPR RIV 200MG	SI
VFEND*28CPR RIV 50MG	SI
VFEND*OS FL 45G 40MG/ML	SI
VICTRELIS*336CPS 200MG	SI
VIEKIRAX*56CPR 12,5+75+50MG	SI
VIRAZOLE*AEROSOL FL LIOF 6G	SI
VOLIBRIS*30CPR RIV 10MG	SI
VOLIBRIS*30CPR RIV 5MG	SI
WILZIN*FL 250CPS 25MG	SI
WILZIN*FL 250CPS 50MG	SI
XAGRID*FL 100CPS 0,5MG	SI
XARELTO*10CPR RIV 10MG PP/ALU	SI
XARELTO*30CPR RIV 10MG PP/ALU	SI
XARELTO*5CPR RIV 10MG PP/ALU	SI
XELODA*120CPR RIV 500MG	SI
XELODA*60CPR RIV 150MG	SI
XOLAIR*SC 1SIR 150MG 1ML	SI
ZAVESCA*84CPS 100MG	SI
ZELDOX*56CPS 20MG	SI
ZELDOX*56CPS 40MG	SI
ZELDOX*56CPS 60MG	SI
ZOMACTON 4*1FL 4MG+1F3,5ML	SI
ZOMACTON 4*1FL 4MG+1F3,5ML	SI
ZYVOXID*10CPR RIV 600MG BLIST	SI
ZYVOXID*OS GRANxSOSP 100MG/5ML	SI

ALLEGATO 3: ELENCO FARMACI NON INSERITI NEL PHT DISTRIBUITI PER CONTO

FARMACO	PIANO TERAPEUTICO
ALBIOMIN*INF 100ML 200G/L 20%	SI
ALBUNORM*1FL 50ML 20%	SI
ALBUNORM*1FL 50ML 25% 250G/L	SI
IGANTIBE*IM 1F 5ML 1000UI/5ML	NO
IMMUNOHBS*IM 1F 540UI 3ML	NO
FORSTEO*SC 1PEN 3ML20MCG/80MCL**	SI