

داروهای خاص بیماران خاص - تالاسمی

ردیف	نام	شکل	دوز
1	DEFEROXAMINE MESYLATE	VIAL	500 mg
2	DESFERAL® (DEFEROXAMINE MESYLATE)	VIAL	500 mg
3	HYDROXY UREA	CAP	250 mg
4	HYDROXYUREA	CAP	500 mg
5	DEFRIPIRON (L1)-FERRIPROX EFFERVESCENT	TAB	500 mg
6	DEFERASIROX	TAB	250 mg
7	DEFERASIROX (JADENU)	TAB	250 mg
8	DEFERASIROX	TAB	125 mg
9	DEFERASIROX (JADENU)	TAB	125 mg
10	DEFERASIROX	TAB	500 mg
11	OSVERAL® (DEFERASIROX)	TAB	500 mg
12	DEFERASIROX (JADENU)	TAB	500 mg
13	DEFRIPIRON (L1)EC -FERRIPROX (در بیماران تالاسمی رایگان میباشد)	EC.TAB	500 mg
14	DEFERASIROX (JADENU®)	TAB	90mG
15	DEFERASIROX (JADENU®)	TAB	180mG
16	DEFERASIROX (JADENU®)	TAB	360mg
17	THALASSEMIA INSTRUMENT SET		

داروهای خاص بیماران خاص - پیوند کلیه

ردیف	نام	شکل	دوز
1	ANTI LYMPHOCYTE IMMUNOGLOBULIN	INJ	100 mg/5 ml
2	ANTI THYMOCYTE IMMUNOGLOBULIN	AMP	250 mg/5 ml
3	BUSULFAN	TAB	2 mg
4	CICLOSPORIN	CAP	100 mg
5	CICLOSPORIN	CAP	25 mg
6	CICLOSPORIN	ORAL SOL	100 mg/ml (50 ml)
7	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	2000 iu
8	GANCICLOVIR	VIAL	500 mg
9	ANTI LYMPHOCYTE IMMUNOGLOBULIN	INJ	50 mg/ml
10	CICLOSPORIN	AMP	50 mg/1ml
11	MYCOPHENOLATE MOFETIL	TAB	500 mg
12	CELLCEPT® (MYCOPHENOLATE MOFETIL)	TAB	500 mg
13	MYCOPHENOLATE MOFETIL	CAP	250 mg
14	CELLCEPT(MYCOPHENOLATE MOFETIL)	CAP	250 mg
15	CICLOSPORIN	CAP	50 mg
16	DACLIZUMAB	INFU	5 mg/ml (5 ml)
17	COGRAFT®(TACROLIMUS)	CAP	1mg
18	TACROLIMUS	CAP	1mg
19	PROGRAF® (TACROLIMUS)	CAP	1mg
20	TACROLIMUS	TAB	5mg
21	TACROLIMUS	FOR INFU	5mg/ML
22	ANTI THYMOCYTE IMMUNOGLOBULIN	AMP	25 mg/ml
23	SIROLIMUS	TAB	1mg
24	RAPAMUNE® (SIROLIMUS)	TAB	1mg
25	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	4000 iu
26	VALGANCICLOVIR HCl	TAB	450 mg
27	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	10,000 iu
28	TACROLIMUS	CAP	0.5mg
29	COGRAFT®(TACROLIMUS)	CAP	0.5mg
30	PROGRAF® (TACROLIMUS)	CAP	0.5mg
31	CICLOSPORIN	AMP	250 mg/5ml
32	BUSULFAN	AMP	6 mg/ml
33	MYCOPHENOLIC ACID	TAB DELAYED RELEASE	360 mg
34	ERYTHROPOIETIN RECOMBINANT HU	VIAL	10,000 iu
35	MYCOPHENOLIC ACID	TAB DELAYED RELEASE	180 mg

داروهای خاص بیماران خاص - دیالیزی

ردیف	نام	شکل	دور
1	CICLOSPORIN	CAP	100 mg
2	CICLOSPORIN	CAP	25 mg
3	CICLOSPORIN	ORAL SOL	100 mg/ml (50 ml)
4	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	2000 iu
5	HEMODIALYSIS CONCENTRATED I	SOL	
6	CICLOSPORIN	AMP	50 mg/1ml
7	HEMODIALYSIS CONCENTRATED II	SOL	
8	HEMODIALYSIS CONCENTRATED III	SOL	
9	MYCOPHENOLATE MOFETIL	TAB	500 mg
10	CELLCEPT® (MYCOPHENOLATE MOFETIL)	TAB	500 mg
11	MYCOPHENOLATE MOFETIL	CAP	250 mg
12	CELLCEPT(MYCOPHENOLATE MOFETIL)	CAP	250 mg
13	CICLOSPORIN	CAP	50 mg
14	SEVELAMER	TAB	800 mg
15	IRON (AS SUCROSE) (VENOFER)	INJ (IV/IM)	20 mgFe/ml (5 ml)
16	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	4000 iu
17	ERYTHROPOIETIN RECOMBINANT Hu (EPOETIN	VIAL	10,000 iu
18	CICLOSPORIN	AMP	250 mg/5ml
19	HEMODIALYSIS ACIDIC II 5LIT CONC	SOL	
20	HEMODIALYSIS I 5LIT CONC	SOL	
21	HEMODIALYSIS CONCENTRATED I WITHOUT DEXTROSE	SOL	
22	ERYTHROPOIETIN RECOMBINANT HU	VIAL	10,000 iu

داروهای خاص بیماران خاص - هموفیلی

ردیف	نام	شکل	دوز
1	FEIBA (ACTIVATED PROTHROMBIN COMPLEX CONCENTRATED)	INJ	500 u
2	ANTI HEMOPHILIC FACTOR (Factor VIII)	INJ	250 U
3	FACTOR IX COMPLEX	INJ	1,000 iu
4	FACTOR IX COMPLEX	INJ	250 iu
5	FACTOR IX COMPLEX	INJ	500 iu
6	FACTOR VII	INJ	2.4 mg
7	FACTOR VII	INJ	4.8 mg
8	FIBRINOGEN	INJ	1 g
9	DESMOPRESSIN ACETATE	INJ	4 mcg/ml
10	DESMOPRESSIN ACETATE	INJ	15 mcg/ml
11	FEIBA (ACTIVATED PROTHROMBIN COMPLEX CONCENTRATED)	INJ	1000 u
12	ANTIHEMOPHILIC FACTOR VIIa (بیماران هموفیلی رایگان)	VIAL	1.2 mg
13	ANTIHEMOPHILIC FACTOR (FACTOR VIII) VONWILLEBRAND	VIAL	500IU/1200IU
14	PROTHROMBIN COMPLEX CONCENTRATED	VIAL	500 IU
15	ANTIHEMOPHILIC FACTOR (FACTOR VIII) VONWILLEBRAND	VIAL	250 U
16	ANTIHEMOPHILIC FACTOR VIII (RECOMBINANT)	VIAL	500U
17	ANTIHEMOPHILIC FACTOR VIII (RECONBINANT)	INJ	250U
18	ANTIHEMOPHILIC FACTOR VIIa 1MG	INJ	1 mg
19	ANTIHEMOPHILIC FACTOR VIIa	INJ	2 mg
20	ANTIHEMOPHILIC FACTOR XIII	AMP	250u
21	ANTIHEMOPHILIC FACTOR IX	VIAL	600IU
22	ANTIHEMOPHILIC FACTOR VIII VONWILLEBRAND	VIAL	1000/1000IU
23	ANTIHEMOPHILIC FACTOR VIII VONWILLEBRAND	VIAL	500/500IU
24	ANTIHEMOPHILIC FACTOR IX VIAL	INJ	600 IU

داروهای خاص بیماران خاص - ام اس

ردیف	نام	شکل	دوز
1	METHYL PREDNISOLONE SODIUM SUCCINATE	VIAL	500 mg
2	REBIF® (INTERFERON B 1A)	SYRINGE	44MCG / 0.5ML
3	INTERFERON B 1A	SYRINGE	44MCG / 0.5ML
4	AVONEX® (INTERFERON BETA - 1A)	VIAL	30MCG
5	INTERFERON BETA-1A POWDER PARENTERAL 6000000 IU/VIAL INJECTION	VIAL (IV)	30MCG
6	INTERFERON BETA-1A PARENTERAL 12000000[iu]/1mL 0.5ML/SYRING INJECTION	VIAL	30MCG
7	EXTAVIA® (INTERFERON B 1B)	POWDER INJ	8MIU
8	BETA FERON® (INTERFERON B 1B)	VIAL	8MIU
9	INTERFERON B 1B	VIAL	8MIU
10	GLATIRAMER ACETATE	SYRINGE	20 mg/ml
11	NATALIZUMAMB	AMP	20 mg/1mL 15MILLILITER
12	NATALIZUMAMB	AMP	20 mg/1mL 15MILLILITER
13	FINGOLIMOD	CAP	0.5 mg
14	GLATIRAMER ACETATE	SYRINGE	40MG/M
15	INTERFERON BETA-1B POWDER, FOR SOLUTION PARENTERAL	INJ	250 ug

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