



| Classe ATC 2e niveau | Libellé ATC 2e niveau  | Classe ATC 4e niveau | Libellé ATC 4e niveau                                          | Nom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| A10                  | MÉDICAMENTS DU DIABÈTE | A10AB                | INSULINES ET ANALOGUES D'ACTION RAPIDE                         | INSULINE ASPARTE 100 u/mL (FIASP), sol inj, cart 3 mL (PENFILL)<br>INSULINE ASPARTE 100 u/mL (FIASP), sol inj, stylo 3 mL (FLEXTOUCH)<br>INSULINE ASPARTE 100 u/mL (Labo SANOFI), sol inj, stylo 3 mL<br>INSULINE ASPARTE 100 u/mL (NOVORAPID), sol inj, cart 1.6 mL (PUMPCART)<br>INSULINE ASPARTE 100 u/mL (NOVORAPID), sol inj, flac 10 mL<br>INSULINE ASPARTE 100 u/mL (NOVORAPID), sol inj, stylo 3 mL (FLEXPEN)<br>INSULINE GLULISINE 100 u/mL (APIDRA), sol inj, flac 10 mL<br>INSULINE GLULISINE 100 u/mL (APIDRA), sol inj, stylo 3 mL (SOLOSTAR)<br>INSULINE HUMAINE RECOMBINANTE 100 iu/mL (UMULINE RAPIDE), sol inj, flac 10 mL<br>INSULINE LISPRO 100 iu/mL (HUMALOG), sol inj, stylo 3 mL (KWIKPEN)<br>INSULINE LISPRO 200 iu/mL (HUMALOG), sol inj, stylo 3 mL (KWIKPEN) |
|                      |                        | A10AC                | INSULINE ET ANALOGUES D'ACTION INTERMÉDIAIRE                   | INSULINE HUMAINE RECOMBINANTE ISOPHANE 100 iu/mL (INSULATARD), susp inj, stylo 3 mL (FLEXPEN)<br>INSULINE HUMAINE RECOMBINANTE ISOPHANE 100 iu/mL (UMULINE NPH), susp inj, stylo 3 mL (KWIKPEN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      |                        | A10AD                | INSULINES ET ANALOGUES D'ACTION INTERMÉDIAIRE ET À DÉBUT D'ACT | INSULINE ASPARTE RECOMBINANTE BIPHASIQUE 100 u/mL (NOVOMIX 30), susp inj, stylo 3 mL (FLEXPEN)<br>INSULINE ASPARTE RECOMBINANTE BIPHASIQUE 100 u/mL (NOVOMIX 50), susp inj, stylo 3 mL (FLEXPEN)<br>INSULINE LISPRO RECOMBINANTE BIPHASIQUE 100 u/mL (HUMALOG MIX 25), susp inj, stylo 3 mL (KWIKPEN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                      |                        | A10AE                | INSULINES ET ANALOGUES D'ACTION LENTE                          | INSULINE DEGLUDEC 100 u/mL (TRESIBA), sol inj, cart 3 mL<br>INSULINE DEGLUDEC 200 u/mL (TRESIBA), sol inj, stylo 3 mL<br>INSULINE DEGLUDEC+LIRAGLUTIDE 100 u+3.6 mg/mL (XULTOPHY), sol inj, stylo 3 mL<br>INSULINE DETEMIR 100 u/mL (LEVEMIR), sol inj, stylo 3 mL (FLEXPEN)<br>INSULINE GLARGINE 100 u/mL (LANTUS), sol inj, stylo 3 mL (SOLOSTAR)<br>INSULINE GLARGINE 300 u/mL (TOUJEO), sol inj, stylo 1.5 mL (SOLOSTAR)                                                                                                                                                                                                                                                                                                                                                            |
|                      |                        | A10BA                | BIGUANIDES                                                     | METFORMINE CHLORHYDRATE 1 000 mg (METFORMINE Labo ARROW LAB), cpr séc<br>METFORMINE CHLORHYDRATE 500 mg (METFORMINE Labo ARROW LAB), cpr<br>METFORMINE CHLORHYDRATE 850 mg (METFORMINE Labo ARROW LAB), cpr<br>METFORMINE EMBONATE 700 mg (STAGID), cpr séc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      |                        | A10BB                | SULFAMIDES, DÉRIVÉS DE L'URÉE                                  | GLIBENCLAMIDE 5 mg (Labo ARROW), cpr séc<br>GLICLAZIDE LM 30 mg (Labo ARROW LAB), cpr LM<br>GLICLAZIDE LM 60 mg (Labo ARROW), cpr LM<br>GLIMEPIRIDE 1 mg (Labo ARROW GÉNÉRIQUES), cpr séc<br>GLIMEPIRIDE 2 mg (AMAREL), cpr<br>GLIMEPIRIDE 2 mg (Labo ARROW GÉNÉRIQUES), cpr séc<br>GLIMEPIRIDE 3 mg (Labo ARROW GÉNÉRIQUES), cpr séc                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                      |                        | A10BD                | BIGUANIDES ET SULFAMIDES EN ASSOCIATION                        | DAPAGLIFLOZINE+METFORMINE CHLORHYDRATE 5 mg+1 000 mg (XIGDUO), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      |                        | A10BH                | INHIBITEURS DE LA DIPEPTIDYL PEPTIDASE 4 (DPP-4)               | SITAGLIPTINE 100 mg (Labo EG), cpr<br>SITAGLIPTINE 50 mg (Labo EG), cpr<br>VILDAGLIPTINE 50 mg (GALVUS), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                        | A10BJ                | ANALOGUES GLUCAGON-LIKE PEPTIDE-1                              | DULAGLUTIDE 0.75 mg/0.5 mL (TRULICITY), sol inj, stylo<br>DULAGLUTIDE 1.5 mg/0.5 mL (TRULICITY), sol inj, stylo<br>DULAGLUTIDE 3 mg/0.5 mL (TRULICITY), sol inj, stylo<br>DULAGLUTIDE 4.5 mg/0.5 mL (TRULICITY), sol inj, stylo<br>LIRAGLUTIDE 6 mg/mL (VICTOZA), sol inj, stylo 3 mL<br>SEMAGLUTIDE 0.25 mg/dose (OZEMPIC 0.25 mg/0.19 mL), sol inj, stylo 1.5 mL<br>SEMAGLUTIDE 0.5 mg/dose (OZEMPIC 0.5 mg/0.37 mL), sol inj, stylo 1.5 mL<br>SEMAGLUTIDE 1 mg/dose (OZEMPIC 1 mg/0.74 mL), sol inj, stylo 3 mL                                                                                                                                                                                                                                                                      |
|                      |                        | A10BK                | INHIBITEURS SGLT2                                              | CANAGLIFLOZINE 100 mg (INVOKANA), cpr<br>DAPAGLIFLOZINE 10 mg (FORXIGA), cpr<br>EMPAGLIFLOZINE 10 mg (JARDIANCE), cpr<br>EMPAGLIFLOZINE 25 mg (JARDIANCE), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                      |                        | A10BX                | AUTRES ANTIDIABÉTIQUES, INSULINES EXCLUES                      | REPAGLINIDE 0.5 mg (Labo ARROW LAB), cpr<br>REPAGLINIDE 1 mg (Labo ARROW LAB), cpr<br>REPAGLINIDE 2 mg (Labo ARROW LAB), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A12                  | SUPPLÉMENTS MINÉRAUX   | A12BA                | DÉRIVÉS POTASSIQUES                                            | POTASSIUM 25 mg/mL (Labo H2 PHARMA), sirop, flac 200 mL<br>POTASSIUM 3% (Labo LIBERTY PHARMA), sirop, flac 200 mL<br>POTASSIUM CHLORURE 600 mg (DIFFU-K), gélu<br>POTASSIUM CHLORURE LP 1 g (KALEORID LP), cpr LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| A12                  | SUPPLÉMENTS MINÉRAUX              | A12BA                | DÉRIVÉS POTASSIQUES                                       | POTASSIUM CHLORURE LP 600 mg (KALEORID LP), cpr LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| B01                  | ANTITHROMBOTIQUES                 | B01AA                | ANTIVITAMINES K                                           | ACENOCOUMAROL 4 mg (SINTROM), cpr quadriséc<br>FLUINDIONE 20 mg (PREVISCAN), cpr quadriséc<br>WARFARINE 2 mg (COUMADINE), cpr séc<br>WARFARINE 5 mg (COUMADINE), cpr séc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      |                                   | B01AB                | GROUPE DE L'HÉPARINE                                      | DANAPAROIDE 750 iu antiXa/0.6 mL (ORGARAN), sol inj, amp<br>ENOXAPARINE 10 000 iu antiXa/1 mL (LOVENOX), sol inj, srg<br>ENOXAPARINE 2 000 iu antiXa (LOVENOX), sol inj, srg 0.2 mL<br>ENOXAPARINE 4 000 iu antiXa/0.4 mL (LOVENOX), sol inj, srg<br>ENOXAPARINE 6 000 iu antiXa/0.6 mL (LOVENOX), sol inj, srg<br>ENOXAPARINE 8 000 iu antiXa (LOVENOX), sol inj, srg 0.8 mL<br>HEPARINE CALCIQUE 12 500 iu (Labo PANPHARMA), sol inj, SC, amp 0.5 mL<br>HEPARINE CALCIQUE 20 000 iu (Labo PANPHARMA), sol inj, SC, amp 0.8 mL<br>HEPARINE CALCIQUE 5 000 iu/0.2 mL (Labo PANPHARMA), sol inj, SC, srg<br>HEPARINE CALCIQUE 7 500 iu (Labo PANPHARMA), sol inj, SC, srg 0.3 mL<br>HEPARINE SODIQUE 25 000 iu (Labo PANPHARMA), sol inj, IV, flac 5 mL<br>TINZAPARINE 10 000 iu antiXa/0.5 mL (INNOHEP), sol inj, srg<br>TINZAPARINE 14 000 iu antiXa/0.7 mL (INNOHEP), sol inj, srg<br>TINZAPARINE 18 000 iu antiXa (INNOHEP), sol inj, srg 0.9 mL<br>TINZAPARINE 2 500 iu antiXa (INNOHEP), sol inj, srg 0.25 mL<br>TINZAPARINE 3 500 iu antiXa (INNOHEP), sol inj, srg 0.35 mL<br>TINZAPARINE 4 500 iu antiXa (INNOHEP), sol inj, srg 0.45 mL |
|                      |                                   | B01AC                | INHIBITEURS DE L'AGRÉGATION PLAQUETTAIRE, HÉPARINE EXCLUE | CLOPIDOGREL 75 mg (Labo ARROW), cpr<br>ILOPROST 50 ug/0.5 mL (Labo ZENTIVA), sol à diluer pr perf, amp<br>TICAGRELOR 90 mg (BRILIQUE), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      |                                   | B01AE                | ANTITHROMBOTIQUE DIRECT                                   | DABIGATRAN ETEXILATE 110 mg (PRADAXA), gélu<br>DABIGATRAN ETEXILATE 150 mg (PRADAXA), gélu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      |                                   | B01AF                | INHIBITEURS DIRECTS DU FACTEUR XA                         | APIXABAN 2.5 mg (ELIQUIS), cpr<br>APIXABAN 5 mg (ELIQUIS), cpr<br>RIVAROXABAN 10 mg (Labo VIATRIS), cpr<br>RIVAROXABAN 15 mg (Labo VIATRIS), cpr<br>RIVAROXABAN 2.5 mg (XARELTO), cpr<br>RIVAROXABAN 20 mg (Labo VIATRIS), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                      |                                   | B01AX                | AUTRES ANTITHROMBOTIQUES                                  | FONDAPARINUX 10 mg/0.8 mL (ARIXTRA), sol inj, srg<br>FONDAPARINUX 2.5 mg (ARIXTRA), sol inj, srg 0.5 mL<br>FONDAPARINUX 5 mg (ARIXTRA), sol inj, srg 0.4 mL<br>FONDAPARINUX 7.5 mg (ARIXTRA), sol inj, srg 0.6 mL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B05                  | SUBSTITUTS DU SANG ET SOLUTIONS D | B05BA                | SOLUTIONS POUR NUTRITION PARENTÉRALE                      | GLUCOSE 30% (Labo LAVOISIER), sol pr perf, flac 500 mL<br>GLUCOSE 30%, sol inj, amp 10 mL (PROAMP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                      |                                   | B05BB                | SOLUTIONS MODIFIANT LE BILAN ÉLECTROLYTIQUE               | CALCIUM GLUCONATE 10%, sol inj, amp 10 mL (PROAMP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                      |                                   | B05BC                | SOLUTIONS PRODUISANT UNE DIURESE OSMOTIQUE                | MANNITOL 20% (Labo AGUETTANT), sol pr perf, poche PVC 250 mL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      |                                   | B05XA                | SOLUTIONS D'ÉLECTROLYTES                                  | MAGNESIUM CHLORURE 1 g/10 mL (Labo RENAUDIN), sol inj, IV, amp<br>MAGNESIUM SULFATE 1.2 g/10 mL (SPASMAG INJECTABLE), sol inj, IV, amp<br>MAGNESIUM SULFATE 1.5 g, sol inj, amp 10 mL (PROAMP)<br>POTASSIUM CHLORURE 1 g/10 mL, sol à diluer pr perf, amp (PROAMP)<br>SODIUM CHLORURE 2 g (20%), sol à diluer pr perf, amp 10 mL (PROAMP)<br>SODIUM CHLORURE 2 g/20 mL (10%), sol à diluer pr perf, amp (PROAMP)<br>SODIUM CHLORURE 4 g (20%), sol à diluer pr perf, amp 20 mL (PROAMP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| C01                  | MÉDICAMENTS EN CARDIOLOGIE        | C01CA                | ADRÉNERGIQUES ET DOPAMINERGIQUES                          | ADRENALINE 0.15 mg/0.3 mL (EPIPEN), sol inj, stylo<br>ADRENALINE 0.3 mg/0.3 mL (EPIPEN), sol inj, stylo<br>ADRENALINE 1 mg/1 mL (Labo AGUETTANT), sol inj, amp<br>ADRENALINE 5 mg ss sulfites (Labo AGUETTANT), sol inj, amp 5 mL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                      |                                   | C01AA                | GLUCOSIDES DE LA DIGITALE                                 | DIGOXINE 0.125 mg (HEMIGOXINE Labo NATIVELLE), cpr<br>DIGOXINE 0.25 mg (Labo NATIVELLE), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| L01                  | ANTINÉOPLASIQUES                  | L01AA                | MOUTARDES À L'AZOTE                                       | CYCLOPHOSPHAMIDE 50 mg (ENDOXAN), cpr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                                   | L01AX                | AUTRES AGENTS ALKYLANTS                                   | TEMOZOLOMIDE 100 mg (Labo SUN), gélu<br>TEMOZOLOMIDE 140 mg (Labo SUN), gélu<br>TEMOZOLOMIDE 180 mg (Labo VIATRIS), gélu<br>TEMOZOLOMIDE 250 mg (Labo SUN), gélu<br>TEMOZOLOMIDE 5 mg (Labo SUN), gélu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Classe ATC 2e niveau | Libellé ATC 2e niveau   | Classe ATC 4e niveau | Libellé ATC 4e niveau                                         | Nom                                                                |
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| L01                  | ANTINÉOPLASIQUES        | L01BB                | ANALOGUES DE LA PURINE                                        | THIOGUANINE 40 mg (LANVIS), cpr séc                                |
|                      |                         | L01BC                | ANALOGUES DE LA PYRIMIDINE                                    | AZACITIDINE 300 mg (ONUREG), cpr                                   |
|                      |                         |                      |                                                               | CAPECITABINE 150 mg (Labo EG), cpr                                 |
|                      |                         |                      |                                                               | CAPECITABINE 500 mg (Labo EG), cpr                                 |
|                      |                         |                      |                                                               | TRIFLURIDINE+TIPIRACIL 15 mg+6.14 mg (LONSURF), cpr                |
|                      |                         |                      |                                                               | TRIFLURIDINE+TIPIRACIL 20 mg+8.19 mg (LONSURF), cpr                |
|                      |                         | L01CB                | DÉRIVÉS DE LA PODOPHYLLOTOXINE                                | ETOPOSIDE 50 mg (CELLTOP), caps                                    |
|                      |                         | L01EA                | INHIBITEURS DE BCR-ABL TYROSINE KINASE                        | IMATINIB 100 mg (GLIVEC), cpr                                      |
|                      |                         |                      |                                                               | IMATINIB 400 mg (GLIVEC), cpr                                      |
|                      |                         | L01EB                | INHIBITEURS D'EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) TYROSIN | OSIMERTINIB 80 mg (TAGRISSO), cpr                                  |
|                      |                         | L01EC                | INHIBITEURS DE B-RAF SERINE-THREONINE KINASE (BRAF)           | DABRAFENIB 50 mg (TAFINLAR), gélu                                  |
|                      |                         |                      |                                                               | ENCORAFENIB 75 mg (BRAFTOVI), gélu                                 |
|                      |                         | L01ED                | INHIBITEURS D'ANAPLASTIC LYMPHOMA KINASE (ALK)                | CRIZOTINIB 250 mg (XALKORI), gélu                                  |
|                      |                         |                      |                                                               | LORLATINIB 100 mg (LORVIQUA), cpr                                  |
|                      |                         | L01EE                | INHIBITEURS DE MITOGEN-ACTIVATED PROTEIN KINASE (MEK)         | BINIMETINIB 15 mg (MEKTOVI), cpr                                   |
|                      |                         |                      |                                                               | TRAMETINIB 0.5 mg (MEKINIST), cpr                                  |
|                      |                         |                      |                                                               | TRAMETINIB 2 mg (MEKINIST), cpr                                    |
|                      |                         | L01EF                | INHIBITEURS DE CYCLIN-DEPENDENT KINASE (CDK)                  | ABEMACICLIB 100 mg (VERZENIOS), cpr                                |
|                      |                         |                      |                                                               | ABEMACICLIB 150 mg (VERZENIOS), cpr                                |
|                      |                         |                      |                                                               | ABEMACICLIB 50 mg (VERZENIOS), cpr                                 |
|                      |                         |                      |                                                               | PALBOCICLIB 100 mg (IBRANCE), gélu                                 |
|                      |                         |                      |                                                               | PALBOCICLIB 125 mg (IBRANCE), gélu                                 |
|                      |                         |                      |                                                               | RIBOCICLIB 200 mg (KISQALI), cpr                                   |
|                      |                         | L01EH                | INHIBITEURS DE HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2 (HE   | TUCATINIB 150 mg (TUKYSA), cpr                                     |
|                      |                         | L01EJ                | INHIBITEURS DE JANUS-ASSOCIATED KINASE (JAK)                  | RUXOLITINIB 10 mg (JAKAVI), cpr                                    |
|                      |                         |                      |                                                               | RUXOLITINIB 15 mg (JAKAVI), cpr                                    |
|                      |                         |                      |                                                               | RUXOLITINIB 20 mg (JAKAVI), cpr                                    |
|                      |                         | L01EK                | INHIBITEURS DE VASCULAR ENDOTHELIAL GROWTH FACTOR RECEPTOR    | AXITINIB 1 mg (INLYTA), cpr                                        |
|                      |                         |                      |                                                               | AXITINIB 3 mg (INLYTA), cpr                                        |
|                      |                         |                      |                                                               | AXITINIB 5 mg (INLYTA), cpr                                        |
|                      |                         | L01EL                | INHIBITEURS DE BRUTON'S TYROSINE KINASE (BTK)                 | IBRUTINIB 140 mg (IMBRUVICA), cpr                                  |
|                      |                         |                      |                                                               | IBRUTINIB 420 mg (IMBRUVICA), cpr                                  |
|                      |                         | L01EX                | AUTRES INHIBITEURS DE PROTÉINE KINASE                         | CABOZANTINIB 20 mg (CABOMETIX), cpr                                |
|                      |                         |                      |                                                               | CABOZANTINIB 40 mg (CABOMETIX), cpr                                |
|                      |                         |                      |                                                               | LENVATINIB 10 mg (KISPLYX), gélu                                   |
|                      |                         |                      |                                                               | LENVATINIB 10 mg (LENVIMA), gélu                                   |
|                      |                         |                      |                                                               | NINTEDANIB 100 mg (OFEV), caps                                     |
|                      |                         |                      |                                                               | NINTEDANIB 150 mg (OFEV), caps                                     |
|                      |                         |                      |                                                               | REGORAFENIB 40 mg (STIVARGA), cpr                                  |
|                      |                         | L01FF                | INHIBITEURS PD-1/PDL-1 (PROGRAMMED CELL DEATH PROTEIN 1/DEATH | PEMBROLIZUMAB 100 mg/4 mL (KEYTRUDA), sol à diluer pr perf, flac   |
|                      |                         | L01FY                | ASSOCIATION ANTICORPS MONOCLONAUX ET ANTICORPS CONJUGUES      | PERTUZUMAB+TRASTUZUMAB 600 mg+600 mg/10 mL (PHESGO), sol inj, flac |
|                      |                         | L01XB                | METHYLHYDRAZINES                                              | PROCARBAZINE 50 mg (NATULAN), gélu                                 |
|                      |                         | L01XM                | INHIBITEURS DE L'ISOCITRATE DESHYDROGENASE (IDH)              | IVOSIDENIB 250 mg (TIBSOVO), cpr                                   |
|                      |                         | L01XX                | AUTRES ANTINÉOPLASIQUES                                       | ADAGRASIB 200 mg (KRAZATI), cpr                                    |
|                      |                         |                      |                                                               | MITOTANE 500 mg (LYSODREN), cpr                                    |
|                      |                         |                      |                                                               | VENETOCLAX 100 mg (VENCLYXTO), cpr                                 |
|                      |                         |                      |                                                               | VENETOCLAX 50 mg (VENCLYXTO), cpr                                  |
| L02                  | THÉRAPEUTIQUE ENDOCRINE | L02AB                | PROGESTATIFS                                                  | MEGESTROL 160 mg (MEGACE), cpr                                     |
|                      |                         | L02AE                | ANALOGUES DE L'HORMONE ENTRAINANT LA LIBÉRATION DE GONADOT    | GOSERELINE 10.8 mg (ZOLADEX), implant, srg                         |
|                      |                         | L02BA                | ANTIESTROGÈNES                                                | FULVESTRANT 250 mg/5 mL (Labo ZENTIVA), sol inj, srg               |
|                      |                         |                      |                                                               | TAMOXIFENE 20 mg (Labo ARROW), cpr                                 |
|                      |                         | L02BB                | ANTIANDROGÈNES                                                | ENZALUTAMIDE 40 mg (XTANDI), cpr                                   |
| L04                  | IMMUNOSUPPRESSEURS      | L02BG                | INHIBITEURS DE L'AROMATASE                                    | EXEMESTANE 25 mg (AROMASINE), cpr                                  |
|                      |                         | L04AA                | IMMUNOSUPPRESSEURS SÉLECTIFS                                  | BELACEPT 250 mg (NULOJIX), pdr pr sol à diluer pr perf             |
|                      |                         | L04AB                | INHIBITEURS DU FACTEUR ALPHA NÉCROSANT DES TUMEURS TNF-A      | ADALIMUMAB 40 mg/0.4 mL (HUMIRA), sol inj, srg                     |
|                      |                         |                      |                                                               | ETANERCEPT 50 mg/1 mL (ENBREL), sol inj, stylo                     |
|                      |                         | L04AF                | INHIBITEURS DE LA JANUS-ASSOCIATED KINASE (JAK)               | TOFACITINIB LP 11 mg (XELJANZ), cpr LP                             |
|                      |                         |                      |                                                               | UPADACITINIB LP 15 mg (RINVOQ), cpr LP                             |
|                      |                         |                      |                                                               | UPADACITINIB LP 30 mg (RINVOQ), cpr LP                             |
|                      |                         |                      |                                                               | UPADACITINIB LP 45 mg (RINVOCQ), cpr LP                            |

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| L04                  | IMMUNOSUPPRESSEURS    | L04AG                | ANTICORPS MONOCLONAUX                                  | ANIFROLUMAB 300 mg/2 mL (SAPHNELO), sol à diluer pr perf, flac             |
|                      |                       |                      |                                                        | NATALIZUMAB 150 mg/1 mL (TYSABRI), sol inj, srg                            |
|                      |                       |                      |                                                        | NATALIZUMAB 300 mg/15 mL (TYSABRI), sol à diluer pr perf, flac             |
|                      |                       | L04AK                | INHIBITEURS DE LA DIHYDROOROTATE DÉHYDROGÉNASE (DHODH) | LEFLUNOMIDE 10 mg (Labo EG), cpr                                           |
|                      |                       |                      |                                                        | TERIFLUNOMIDE 14 mg (AUBAGIO), cpr                                         |
|                      |                       | L04AX                | AUTRES IMMUNOSUPPRESSEURS                              | AZATHIOPRINE 25 mg (IMUREL), cpr                                           |
|                      |                       |                      |                                                        | AZATHIOPRINE 50 mg (IMUREL), cpr                                           |
|                      |                       |                      |                                                        | AZATHIOPRINE 50 mg (Labo VIATRIS), cpr séc                                 |
|                      |                       |                      |                                                        | LENALIDOMIDE 10 mg (Labo ARROW), gélu                                      |
|                      |                       |                      |                                                        | LENALIDOMIDE 20 mg (Labo ARROW), gélu                                      |
|                      |                       |                      |                                                        | LENALIDOMIDE 25 mg (Labo ARROW), gélu                                      |
|                      |                       |                      |                                                        | LENALIDOMIDE 5 mg (Labo ARROW), gélu                                       |
|                      |                       |                      |                                                        | METHOTREXATE 10 mg (Labo ACCORD), cpr                                      |
|                      |                       |                      |                                                        | METHOTREXATE 12.5 mg/0.5 mL (IMETH), sol inj, srg                          |
|                      |                       |                      |                                                        | METHOTREXATE 15 mg/0.6 mL (NORDIMET), sol inj, stylo                       |
|                      |                       |                      |                                                        | METHOTREXATE 2.5 mg (NOVATREX), cpr                                        |
|                      |                       |                      |                                                        | METHOTREXATE 20 mg/0.4 mL (METOJECT), sol inj, srg                         |
|                      |                       |                      |                                                        | METHOTREXATE 25 mg/0.5 mL (METOJECT), sol inj, stylo                       |
|                      |                       |                      |                                                        | POMALIDOMIDE 3 mg (IMNOVID), gélu                                          |
|                      |                       |                      |                                                        | POMALIDOMIDE 4 mg (IMNOVID), gélu                                          |
| N01                  | ANESTHÉSQUES          | N01AX                | AUTRES ANESTHÉSQUES GÉNÉRAUX                           | MEOPA 1 470 L (ENTONOX 170 bar), gaz pr inhal, btle 5 L + mano             |
|                      |                       |                      |                                                        | MEOPA 1 500 L (ANTASOL 180), gaz pr inhal, btle 5 L + mano débitlitre      |
| N02                  | ANALGÉSQUES           | N02AA                | ALCALOÏDES NATURELS DE L'OPIUM                         | HYDROMORPHONE LP 16 mg (SOPHIDONE LP), gélu LP                             |
|                      |                       |                      |                                                        | HYDROMORPHONE LP 24 mg (SOPHIDONE LP), gélu LP                             |
|                      |                       |                      |                                                        | HYDROMORPHONE LP 4 mg (SOPHIDONE LP), gélu LP                              |
|                      |                       |                      |                                                        | HYDROMORPHONE LP 8 mg (SOPHIDONE LP), gélu LP                              |
|                      |                       |                      |                                                        | MORPHINE 1 mg (ACTISKENAN), cpr orodisp                                    |
|                      |                       |                      |                                                        | MORPHINE 10 mg (ACTISKENAN), gélu                                          |
|                      |                       |                      |                                                        | MORPHINE 10 mg/1 mL (MORPHINE CHLORHYDRATE Labo AGUETTANT), sol inj, amp   |
|                      |                       |                      |                                                        | MORPHINE 10 mg/5 mL (ORAMORPH), sol buv, récipient unidose                 |
|                      |                       |                      |                                                        | MORPHINE 100 mg/10 mL (MORPHINE CHLORHYDRATE Labo AGUETTANT), sol inj, amp |
|                      |                       |                      |                                                        | MORPHINE 2.5 mg (ACTISKENAN), cpr orodisp                                  |
|                      |                       |                      |                                                        | MORPHINE 20 mg (ACTISKENAN), gélu                                          |
|                      |                       |                      |                                                        | MORPHINE 20 mg/mL (ORAMORPH), sol buv en gtte, flac 20 mL                  |
|                      |                       |                      |                                                        | MORPHINE 30 mg (ACTISKENAN), gélu                                          |
|                      |                       |                      |                                                        | MORPHINE 400 mg/10 mL (MORPHINE CHLORHYDRATE Labo AGUETTANT), sol inj, amp |
|                      |                       |                      |                                                        | MORPHINE 5 mg (ACTISKENAN), gélu                                           |
|                      |                       |                      |                                                        | MORPHINE 50 mg/5 mL (MORPHINE CHLORHYDRATE Labo AGUETTANT), sol inj, amp   |
|                      |                       |                      |                                                        | MORPHINE LP 10 mg (SKENAN LP), gélu                                        |
|                      |                       |                      |                                                        | MORPHINE LP 100 mg (SKENAN LP), gélu                                       |
|                      |                       |                      |                                                        | MORPHINE LP 30 mg (SKENAN LP), gélu                                        |
|                      |                       |                      |                                                        | MORPHINE LP 60 mg (SKENAN LP), gélu                                        |
|                      |                       |                      |                                                        | OXYCODONE 10 mg (OXYNORMORO), cpr orodisp                                  |
|                      |                       |                      |                                                        | OXYCODONE 10 mg/1 mL (OXYNORM), sol inj, amp                               |
|                      |                       |                      |                                                        | OXYCODONE 10 mg/mL (OXYNORM), sol buv, flac 30 mL + srg                    |
|                      |                       |                      |                                                        | OXYCODONE 20 mg (OXYNORMORO), cpr orodisp                                  |
|                      |                       |                      |                                                        | OXYCODONE 200 mg/20 mL (Labo MEDAC), sol inj ou pr perf, amp               |
|                      |                       |                      |                                                        | OXYCODONE 5 mg (OXYNORMORO), cpr orodisp                                   |
|                      |                       |                      |                                                        | OXYCODONE 50 mg/1 mL (Labo MEDAC), sol inj ou pr perf, amp                 |
|                      |                       |                      |                                                        | OXYCODONE LP 10 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 15 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 20 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 30 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 40 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 5 mg (Labo EG), cpr LP                                        |
|                      |                       |                      |                                                        | OXYCODONE LP 60 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE LP 80 mg (Labo EG), cpr LP                                       |
|                      |                       |                      |                                                        | OXYCODONE+NALOXONE LP 10 mg+5 mg (OXSYNIA LP), cpr LP                      |
|                      |                       |                      |                                                        | OXYCODONE+NALOXONE LP 15 mg+7.5 mg (OXSYNIA LP), cpr LP                    |
|                      |                       |                      |                                                        | OXYCODONE+NALOXONE LP 2.5 mg+1.25 mg (OXSYNIA LP), cpr LP                  |
|                      |                       |                      |                                                        | OXYCODONE+NALOXONE LP 20 mg+10 mg (OXSYNIA LP), cpr LP                     |

| Classe ATC 2e niveau | Libellé ATC 2e niveau | Classe ATC 4e niveau | Libellé ATC 4e niveau                 | Nom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------|-----------------------|----------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N02                  | ANALGÉSQUES           | N02AA                | ALCALOÏDES NATURELS DE L'OPIUM        | OXYCODONE+NALOXONE LP 30 mg+15 mg (OXSYNIA LP), cpr LP<br>OXYCODONE+NALOXONE LP 5 mg+2.5 mg (OXSYNIA LP), cpr LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                      |                       | N02AB                | DÉRIVÉS DE LA PHÉNYLPÍPÉRIDINE        | FENTANYL 100 ug (ABSTRAL), cpr subling<br>FENTANYL 100 ug/dose (PECFENT 100 ug/pulv), sol pr pulv nasale, flac 1.55 mL<br>FENTANYL 100 ug/h (DUROGESIC), dispositif transderm<br>FENTANYL 12 ug/h (DUROGESIC), dispositif transderm<br>FENTANYL 133 ug (RECIVIT), cpr subling<br>FENTANYL 200 ug (ABSTRAL), cpr subling<br>FENTANYL 25 ug/h (DUROGESIC), dispositif transderm<br>FENTANYL 300 ug (ABSTRAL), cpr subling<br>FENTANYL 400 ug (ABSTRAL), cpr subling<br>FENTANYL 400 ug (RECIVIT), cpr subling<br>FENTANYL 400 ug/dose (PECFENT 400 ug/pulv), sol pr pulv nasale, flac 1.55 mL<br>FENTANYL 50 ug/dose (INSTANYL), sol pr pulv nasale, flac 4.3 mL (DOSEGUARD)<br>FENTANYL 50 ug/h (DUROGESIC), dispositif transderm<br>FENTANYL 533 ug (RECIVIT), cpr subling<br>FENTANYL 75 ug/h (DUROGESIC), dispositif transderm<br>FENTANYL 800 ug (ABSTRAL), cpr subling |
|                      |                       | N02AC                | DÉRIVÉS DE LA DIPHÉNYLPROPYLAMINE     | METHADONE 10 mg (ZORYON), gélu<br>METHADONE 20 mg (ZORYON), gélu<br>METHADONE 40 mg (ZORYON), gélu<br>METHADONE 5 mg (ZORYON), gélu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      |                       | N02BB                | PYRAZOLONES                           | METAMIZOLE 2 g/5 mL (NOLOTIL), sol inj ou pr perf, amp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      |                       | N02BF                | GABAPENTINOÏDES                       | PREGABALINE 200 mg (Labo ARROW), gélu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| N03                  | ANTIÉPILEPTIQUES      | N03AE                | DÉRIVÉS DE LA BENZODIAZÉPINE          | CLONAZEPAM 1 mg/1 mL (RIVOTRIL), sol à diluer inj, amp<br>CLONAZEPAM 2 mg (RIVOTRIL), cpr quadriséc<br>CLONAZEPAM 2.5 mg/mL (RIVOTRIL), sol buv en gtte, flac 20 mL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| N05                  | PSYCHOLEPTIQUES       | N05AH                | DIAZÉPINES, OXAZÉPINES ET THIAZÉPINES | CLOZAPINE 100 mg (Labo ARROW), cpr séc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      |                       | N05AN                | LITHIUM                               | LITHIUM CARBONATE LP 400 mg (TERALITHE LP), cpr séc LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      |                       | N05BA                | DÉRIVÉS DE LA BENZODIAZÉPINE          | CLORAZEPATE DIPOTASSIQUE 20 mg (TRANXENE), gélu<br>CLORAZEPATE DIPOTASSIQUE 20 mg (TRANXENE), lyoph et solv pr sol inj, flac 8 amp, 2 mL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                      |                       | N05CD                | DÉRIVÉS DE LA BENZODIAZÉPINE          | MIDAZOLAM 10 mg/2 mL (BUCCOLAM), sol bucc, srg<br>MIDAZOLAM 5 mg/5 mL (Labo KALCEKS), sol inj ou pr perf, amp<br>MIDAZOLAM 50 mg/10 mL (Labo KALCEKS), sol inj ou pr perf, amp<br>MIDAZOLAM 7.5 mg/1.5 mL (BUCCOLAM), sol bucc, srg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |