

תרופות מרשם מחוץ לסל בהנחה ללקוחות כללית מושלם

בכפוף להתוויות הרישום של משרד הבריאות

מעודכן לדצמבר 2020. המחירים עשויים להשתנות מעת לעת.

מק"ט	שם פריט	מחיר מחירון לצרכן	מחיר ללקוח מושלם	אחוז הנחה ללקוח מושלם
56976	ACTONEL ONCE A MONTH 150 MG<>T	70.81	35.41	50
110029764	ACTONEL ONCE A WEEK<> BOX OF 4	77.2	38.6	50
26609	ADAFERINE 0.1%(M)CR	38.6	19.3	50
80358	AERIUS 5MG (M) (30) TAB	29.69	14.85	50
110029926	AERIUS 0.5MG/ML(M) SYR	15.25	7.63	50
129422	AGISTEN LOZ(M) 10MG 70	398.72	199.36	50
110025556	AKNEMYCIN PLUS (M) SOL	55.19	27.6	50
110028342	ALDARA 5%(M)(12) CR	266.11	133.06	50
110031149	ALENDRONATE 70 MG-TEVA BOX 4	44.15	19.87	55
110021577	ALLEGRO (M) NASAL SPRAY	47	18.8	60
74117	AQUIMOD 5% SACHETS (M) (12) CR	266.11	133.06	50
148059	ARCO-TEVA(M) TAB 90MG 14	44.78	29.11	35
60973	ARCOXIA 30 MG(M) (28) TAB	50.2	32.63	35
110033842	ARCOXIA 120MG (M) TAB	36.03	23.42	35
113384	ARCOXIA 60MG(M) TAB 14	32.44	21.09	35
108655	ARCOXIA 90MG (M) (14) TAB	44.78	29.11	35
110019319	ARICEPT 5MG <><> TAB	119.65	59.83	50
55653	ARTHREASE BOX OF 3*1ML(M) AMP	966.3	483.15	50
55652	ARTHREASE BOX OF 3*2ML(M) AMP	1464.1	732.05	50
110028644	ASENTA 10MG <><> TAB	135.54	67.77	50
110028636	ASENTA 5MG<><> TAB	119.65	59.83	50
145863	ATOMIC (M)<><> TAB 25MG 28	199.6	99.8	50
145864	ATOMIC (M)<><> TAB 40MG 28	219.3	109.65	50
145865	ATOMIC (M)<><> TAB 60MG 28	273.5	136.75	50
55515	AVAMYS AQ. NASAL(M) SPR 27.5	40	20	50
13841	AZILECT 1MG<><> TAB	292.06	146.03	50
110035330	BELARA BOX OF 1 OP(M) TAB	37.23	18.62	50
110035128	BELARA BOX OF 3 OP (M) TAB	109.65	54.83	50
121398	BELVIQ(M) TAB 10MG 60	962.5	481.25	50
147636	BEXSERO VAC<><> PR.SRG 0.5ML	410.93	267.1	35
128526	BILAXTEN (M) TAB 20MG 30	52.17	26.09	50
48845	BREXIN 20MG (M) TAB	23.21	5.8	75
109622	BRINTELLIX (M) 10MG TAB 28	146.84	73.42	50
109623	BRINTELLIX (M) 15MG TAB 28	191.27	95.64	50
109624	BRINTELLIX (M) 20MG TAB 28	203.97	101.99	50
109372	BRINTELLIX (M) 5MG TAB 28	77.11	38.56	50
110032447	BRONCHOLATE FORTE SYR BOT 120M	28.08	14.04	50
103263	BYDUREON PREF PEN<><> 2MG(4)	406.41	203.21	50
113000570	CELCOX 100MG(M) CAP	17.44	4.36	75
113000562	CELCOX 200MG(M) CAP	24.57	6.14	75
51279	CELEBRA 200 MG (M) TAB	24.57	6.14	75
113000686	CELECOXIB TEVA 100MG (M) CAP	17.44	4.36	75
113000694	CELECOXIB TEVA 200MG (M) CAP	24.57	6.14	75
38455	CERAZETTE BOX [3*28] TAB	63.9	31.95	50
149944	CEREBONIN (M) TAB 120MG 30	96.08	48.04	50
110024916	CETROTIDE VIA 0.25MG 7	1398.28	251.69	82
110760	CIMIDONA 6.5MG TAB (M) BOX 30	180	90	50
110028180	CIPRALEX 10MG(M) TAB	37.42	14.97	60
45753	CIPRALEX 20 MG (M) TAB	55.49	22.2	60
63320	CIRCADIN 2 MG (M) (30) TAB	109.13	70.93	35
48515	CLOOD 75 MG<><> TAB	53.04	21.22	60
59464	CLOPIDEXCEL 75 MG<><> TAB	53.04	21.22	60
47647	CLOPIDOGREL TEVA 75MG<><> TAB	53.04	21.22	60
110029934	CONCERTA ER 18MG(M)TAB (30)	120.54	59.06	51

51	77.79	158.76	CONCERTA ER 27MG(M)TAB (30)	36548
51	83.05	169.49	CONCERTA ER 36MG(M)TAB (30)	110029942
51	113.56	231.75	CONCERTA ER 54MG(M)TAB (30)	110035004
77	14.54	63.2	CURATANE 10MG (M) CAP	110026196
79	22.32	106.28	CURATANE 20MG (M) CAP	110026200
77	46.2	200.85	CURATANE 40 MG(M) CAP	54953
77	8.82	38.36	CURATANE 5MG (M) CAP 30	92359
50	15.17	30.34	DES-LORATADIM (M) TAB 5MG 30	102535
50	14.85	29.69	DESLORATADINE INOV 5MG (M)30TB	90390
50	7.63	15.25	DESLORATADINE TRIMA(M) SYR	90340
50	14.85	29.69	DESLORATADINE-TRIMA 5MG(M)(30)	84337
50	31.95	63.9	DIAMILLA [3*28] TAB 0.075MG 84	118989
50	72.61	145.22	DONEPEZIL TEVA F.C<>< TAB 10MG	137090
50	51.15	102.29	DONEPEZIL TEVA F.C<><>TAB 5MG	137089
50	63.74	127.47	DONEPEZIL-TEVA 10MG<><> TAB	43304
50	51.15	102.29	DONEPEZIL-TEVA 5MG<><> TAB	43303
50	42.58	85.15	DUAC 5%/1% 25 GM(M) GEL	67519
60	61.84	154.61	EBIXA 10MG (M) TAB	110031688
60	117.1	292.74	EBIXA ORAL SOL(M) 5MG/1PUMP	68082
60	58.37	145.93	EBIXA TAB 20MG 28	68108
50	54.6	109.19	ELLA 30MG TAB	74968
82	439.17	2439.86	ELONVA 100MCG/0.5ML AMP	70337
82	435.05	2416.97	ELONVA 150MCG/0.5ML AMP	70338
50	86.21	172.41	EPICERAM (M) CR 90G	105722
50	53.25	106.5	EPIDUO GEL (M) 1MG/25MG 30G	116306
50	55.73	111.45	EPIDUO PUMP GEL(M)1MG/25MG 30G	132982
50	23.49	46.98	ERDOTIN(M) CAP 300MG 20	148397
60	16.04	40.09	ESCITALOPRAM TEVA 10MG(M) TAB	51652
60	23.78	59.45	ESCITALOPRAM TEVA 20MG (M)TAB	52771
50	47.87	95.73	ESOMED (M) NEW GEL 4% 60G	126983
50	14.96	29.91	ESOMEPRAZOLE (M) TAB 20MG 30	152285
50	22.87	45.73	ESOMEPRAZOLE (M) TAB 40MG 30	152286
50	13.96	27.91	ESOPRIM S.K(M) CAP 20MG 28	160662
50	21.34	42.68	ESOPRIM S.K(M) CAP 40MG 28	160663
60	14.97	37.42	ESTO 10 MG (M) TAB	51205
60	22.2	55.49	ESTO 20 MG (M) TAB	52532
75	20.01	80.04	ETODOLAC ER TEVA(M) 600MG(20)T	53829
75	21.33	85.31	ETODOLAC ER TEVA(M)400MG(21)T	53826
75	23.69	94.75	ETODOLAC-400MG TEVA(M) TAB	110032889
75	8.05	32.18	ETOPAN 200MG (M) CAP	113000180
75	7.84	31.35	ETOPAN 300MG (M) CAP	113000198
75	33.33	133.33	ETOPAN 400MG (M) TAB	113000201
75	23.69	94.76	ETOPAN 400MG XL (M) TAB	9650
75	30.29	121.17	ETOPAN 500MG (M) (20) TAB	74784
75	20.01	80.04	ETOPAN 600MG XL (M) TAB	110030622
35	23.42	36.03	ETORICOXIB (M) TAB 120MG 7	130674
35	32.63	50.2	ETORICOXIB (M) TAB 30MG 28	130671
35	21.09	32.44	ETORICOXIB (M) TAB 60MG 14	130672
35	29.11	44.78	ETORICOXIB (M) TAB 90MG 14	130673
35	29.11	44.78	ETORICOXIB TARO TAB 90MG(M) 14	152294
35	29.11	44.78	ETORICOXIB-TRIMA(M TAB 90MG 14	138273
50	88.11	176.21	EUCREAS 50MG/850MG (M)(60) TAB	61743
50	78.59	157.17	EUCREASE 50MG/1,000MG(M)(60)TA	73773
50	143.29	286.57	EUCREASE 50MG/500MG(M) (60)TAB	73772
50	40.53	81.05	EVISTA 60MG <><> TAB	110019327
50	25.06	50.11	EVRA PAT	110031823
50	230.76	461.51	FINASTERIDE TEVA 1MG (M)100TAB	97366
50	73.65	147.29	FINASTERIDE TEVA 1MG(M) 30 TAB	97367
60	14.18	35.44	FLIXONASE (M) NASAL SPRAY	110011504
60	14.18	35.44	FLIXONASE AQU. NEW NASAL SPR	151266

50	31.95	63.9	FOMINIC [3*28] TAB 0.075MG	116472
50	90.65	181.3	FORXIGA 10MG<><>TAB 30	97938
35	28.7	44.15	FOSALAN ONCE WEEKLY BOX OF 4	110025203
70	10.9	36.33	FOSAVANCE 70MG/5,600U(M) BOX 4	55496
50	26.21	52.42	FUNGOFIN (M) LAC 5% 2.5ML	129418
50	72.51	145.01	GALVUS 50MG (M) TAB	54505
61.2	248.8	641.23	GARDASIL 9 VAC PREF.SRG 0.5ML	147051
55	247.4	549.78	GARDASIL VAC SRG 0.5ML	35721
80	143.12	715.61	GENOTROPIN CART 5.3MG(16IU)#IN נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	110011695
80	315.09	1575.43	GENOTROPIN CART.12MG(36IU)#INJ נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	110011210
80	248.62	1243.11	GENOTROPIN GO QUICK 12MG##PEN נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	150861
80	143.12	715.61	GENOTROPIN GO QUICK 5.3MG##PEN נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	150860
50	202.1	404.2	GLYXAMBI 25MG/5MG (M) TAB 30	111356
50	202.1	404.2	GLYXAMBI 10MG/5MG (M) TAB 30	111355
82	97.36	540.88	GONAL-F-PEN 300IU AMP לטיפול פריון בנשים בלבד לילד שלישי ומעלה	110031718
82	144.62	803.43	GONAL-F-PEN 450IU AMP לטיפול פריון בנשים בלבד לילד שלישי ומעלה	110031726
82	285.1	1583.88	GONAL-F-PEN 900IU AMP לטיפול פריון בנשים בלבד לילד שלישי ומעלה	110031734
79	17.94	85.41	HAVRIX JUNIOR 720U/0.5ML VAC	115148
79	29.54	140.69	HAVRIX 1440 (M) VAC	110011687
79	22.43	106.79	HAVRIX 720U/0.5ML JUNIOR VAC	110015569
35	366.93	564.5	JANESS IUD 13.5MG	107117
50	92.32	184.63	JANUET 50/1000 MG (M) TAB	50662
50	130.2	260.4	JANUET 50/500 MG (M) TAB	50660
50	98.96	197.91	JANUET 50/850 MG (M) TAB	50661
50	155.35	310.69	JANUET XR 100/1000MG(M) TAB 30	90387
50	155.35	310.69	JANUET XR 50MG/1000MG (M)TA 60	90386
50	155.35	310.69	JANUET XR 50MG/500MG (M)TAB 60	90385
50	80.49	160.98	JANUVIA 100 MG (M) TAB	46382
50	44.23	88.46	JANUVIA 25MG(M) TAB	46381
50	54.89	109.77	JANUVIA 50MG(M) TAB	46380
50	106.64	213.28	JARDIANCE 10MG<><> TAB 30	104588
50	106.64	213.28	JARDIANCE 25MG <><>TAB 30	104589
50	111.11	222.22	JARDIANCE DUO<>12.5MG/1000 TA	110067
50	119.82	239.64	JARDIANCE DUO<>12.5MG/850 TAB	110068
50	111.11	222.22	JARDIANCE DUO<>5MG/1000 TAB	110069
50	118.85	237.69	JARDIANCE DUO<>5MG/850 TAB	110070
50	43	86	KETOSPRAY 10% (M) SPR	90277
50	155.18	310.35	KOMBIGLYZE XR 2.5/1000MG(M) 60	91304
50	155.18	310.35	KOMBIGLYZE XR 5/1000MG(M) 30	91306
35	343.8	528.93	KYLEENA IUD 19.5MG	150886
50	39.8	79.6	LASEA SOFT (M) 80MG CAP 28	113964
35	39.03	60.04	LIVIAL 2.5MG BOX (M) TAB	110028334
40	31.45	52.42	LOCERYL NAIL(M) LAC	37071
50	49	98	LOTEMAX OPHT.GEL(M) 0.5% 5G	148398
82	31.94	177.43	LUVERIS (M) AMP	110031440
50	83.77	167.54	LYRICA 150MG (56)<><> CAP	9021
50	99.24	198.48	LYRICA 300MG (56)<><> CAP	9023
50	61.26	122.52	LYRICA 75MG (56) <><> CAP	9022
35	70.53	108.51	MALARONE ADULT (M)(12) TAB	110034482

35	35.74	54.98	MALARONE PED.(M) TAB	110034474
55	19.87	44.15	MAXIBONE 70MG BOX OF 4 TAB	110032854
60	61.84	154.61	MEMANTINE TEVA 10MG (M) TAB	51653
50	67.77	135.54	MEMORIT 10MG <><> TAB	110019289
50	59.83	119.65	MEMORIT 5MG <><> TAB	110019270
60	117.1	292.74	MEMOX 10MG/1G 50ML(M) DRP	68476
60	61.84	154.61	MEMOX 10MG (M) TAB	110034792
60	58.37	145.93	MEMOX TAB 20MG 28	66404
78	345.67	1571.22	MENOGON AMP	110008724
72	249.38	890.63	MENOPUR AMP	25587
72	452.78	1617.07	MENOPUR MULTIDOSE 1200UNIT AMP	74962
72	212.17	757.75	MENOPUR MULTIDOSE 600UNIT AMP	74961
56	24.16	54.9	MENTAX (M) CR	113000384
50	6.2	12.39	MICROLUT 0.03 MG (M) BOX 35	57154
35	371.26	571.17	MIRENA NEW INSERTER <><>	110022360
75	5.54	22.16	NABUCO TAB	113000597
50	28.17	56.33	NARAMIG (M) TAB 2.5MG 4	113000104
50	10.78	21.55	NARAMIG(M) TAB 2.5MG 2	134194
60	48.47	121.17	NEMDATINE (M) TAB 10MG 56	151449
50	13.96	27.91	NEXIUM 20MG (M) TAB	49498
50	21.34	42.68	NEXIUM 40MG (M) TAB	49499
80	298.48	1492.38	NORDITROPIN NORDIFL.PEN## 10MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	145560
80	372.5	1862.48	NORDITROPIN NORDIFL.PEN## 15MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	145561
80	197.43	987.14	NORDITROPIN SIMP.CRT##10MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	110020740
80	345.32	1726.6	NORDITROPIN SIMP.CRT##15MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	54117
50	30.9	61.8	NUVARING VAGINAL RING(M)	38453
50	78.88	157.75	ONGLYZA 2.5 MG (M) (30) TAB	71259
50	76.55	153.09	ONGLYZA 5 MG (M)(30) TAB	61748
82	25.39	141.07	ORGALUTRAN 0.25 MG SYRINGE	110028300
85	34.02	226.78	OVITRELLE 250MCG VIA	110029497
85	34.02	226.78	OVITRELLE PREFILLED INJ 250MCG	4300
85	23.07	153.79	OVITRELLE PREFILLED PEN 250MCG	132985
50	17.33	34.65	PATANOL COL 0.1% (M) 5ML	116715
82	128.86	715.89	PERGOVERIS PRE.PEN 300IU/150IU	137313
82	193.29	1073.84	PERGOVERIS PRE.PEN 450IU/225IU	137314
82	386.58	2147.69	PERGOVERIS PRE.PEN 900IU/450IU	137315
82	52.24	290.22	PERGOVERIS VIA 150IU/75IU	67659
50	41.48	82.96	PERMIXON (M) CAP	110031696
50	133.06	266.11	PERRIMOD 5% (M) (12) CR	85385
61	47.01	120.54	PHENIDIN PR(M) TAB 18MG 30	158090
61	61.92	158.76	PHENIDIN PR(M) TAB 27MG 30	158091
61	66.1	169.49	PHENIDIN PR(M) TAB 36MG 30	158092
61	90.38	231.75	PHENIDIN PR(M) TAB 54MG 30	158093
50	26.52	53.04	PLAVIX <><> TAB	110019378
50	83.77	167.54	PREGABALIN DEX.150MG<><>CAP 56	124309
50	95.51	191.02	PREGABALIN DEX.225MG<><>CAP 56	157256
50	99.24	198.48	PREGABALIN DEX.300MG<><>CAP 56	124310
50	61.26	122.52	PREGABALIN DEX.75MG<><>CAP 56	124308
50	83.77	167.54	PREGABALIN INO.150MG<><>CAP 56	147634
50	99.24	198.48	PREGABALIN INO.300MG<><>CAP 56	147635
50	61.26	122.52	PREGABALIN INO.75MG<><>CAP 56	147633
50	83.77	167.54	PREGABALIN TARO 150MG<>CAP 56	126402

50	99.24	198.48	PREGABALIN TARO 300MG<>CAP 56	126403
50	61.26	122.52	PREGABALIN TARO 75MG<>CAP 56	126401
50	83.77	167.54	PREGABALIN TEVA 150MG<>	121282
50	99.24	198.48	PREGABALIN TEVA 300MG<>	121283
50	61.26	122.52	PREGABALIN TEVA 75MG<>< CAP 56	121281
50	14.4	28.8	PREGNYL 5000UNIT (1) AMP	65608
50	15.02	30.04	PREGNYL 29/M VIA 5000IU/1ML 1M	134834
50	15.02	30.04	PREGNYL 500O IU AMP	110372574
73	69.05	255.73	PREVENAR 13<><> VAC 0.5ML	104335
50	73.65	147.29	PROAVENIR 1MG (M) TAB 30	100767
50	226.14	452.28	PROAVENIR 1MG (M) TAB 98	100768
30	103.1	147.29	PROPECIA 1MG(M) (30) TAB	43482
30	316.6	452.28	PROPECIA 1MG(M) (98) TAB	43483
82	90.42	502.32	PUREGON 300 IU AMP	110030665
82	181.96	1010.9	PUREGON 600 IU AMP	110030673
82	273.3	1518.35	PUREGON 900 IU CAR	26800
50	43.42	86.84	RALOXIFENE TEVA 60MG<><>(30)T	86253
50	146.03	292.06	RASAGILINE-TRIMA 1MG<><>TAB 30	109015
60	93.84	234.59	RECTOGESIC 0.4% 30GM (M) UNG	54327
50	16.21	32.42	RELESTAT 0.05%(M) COL	74860
75	16.42	65.68	RELIFEX (M) TAB	113000090
50	68.3	136.59	REMINYL PRC 24MG (M) CAP	51390
50	39.15	78.3	REMINYL PRC 8MG (M) CAP	51388
50	55.83	111.65	REMINYL PRC 16MG (M) CAP	51389
50	55.48	110.95	REMOTIV 500MG (M) TAB	59228
50	55.45	110.9	REMOTIV 250MG (M) TAB	46670
50	127.52	255.03	RESOLOR 1MG(M)(28) TAB	90412
50	177.83	355.66	RESOLOR 2MG(M)(28) TAB	90414
72.5	160.33	583	RESTASIS 0.05%/0.4ML(30)<>COL	6442
50	32.17	64.33	RIBONE 35MG<><> BOX OF 4	63311
50	34.9	69.8	RIBONE ONCE A MONT<>150MG TAB	73407
50	34.9	69.8	RISEDRONATE S.K ONCE	148364
50	32.17	64.33	RISEDRONATE TEVA TAB 35MG BOX4	69094
77	13.96	60.7	ROACCUTANE (M) 10MG CAP	110673400
79	21.48	102.3	ROACCUTANE (M) 20MG CAP	110673434
50	17.87	35.74	ROZEX (M) GEL	110008783
60	35.74	89.34	SAFLUTAN 4.5MCG/0.3ML(M) COL	77518
50	561.08	1122.15	SAXENDA(M)PEN<>6MG/1ML5X3ML נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	150872
50	52.77	105.53	SAYANA 104MG/0.65ML(M) AMP	72232
50	261.2	522.4	STAQUIS OIN 2% (M) 60G	150591
50	100	200	STAQUIS OIN 2%(M)6X2.5G(15G)	162432
50	109.54	219.07	STEGLATRO<><> TAB 15MG 28	150093
50	98.68	197.35	STEGLATRO<><> TAB 5MG 28	150092
61	21.71	55.67	STERONASE AQ.(M) NASAL	110021798
50	105.37	210.74	SUNACTIC GEL 3%(M) 50G	98103
50	1415.7	2831.4	SYNVISC ONE (M) SYRINGE	70231
50	71.22	142.44	TAROCLINDIN (M) GEL 45G	148840
50	40	80	TESALIN(M) TAB 8MG 20	160713
50	99.7	199.4	TRAJENTA 5MG (M) (30) TAB	86141
50	105.14	210.28	TRAJENTA-DUO 2.5MG/1000 (M) 60	90796
50	105.14	210.28	TRAJENTA-DUO 2.5MG/500MG(M)60	90797
50	105.14	210.28	TRAJENTA-DUO 2.5MG/850MG(M)60	90795
50	57.87	115.73	TYPHERIX (M) SYRINGE	110021488
50	63.95	127.89	TYPHIM (M) MONODOSE VAC 0.5ML	110018258
50	91.06	182.12	VALACICLOVIR 500MG<><>(42) TAB	103083
50	23.76	47.52	VALACICLOVIR 500MG<><>TAB 10	102538
50	97.38	194.75	VALOVIR 500MG <><>(42) TAB	89652
50	25.41	50.82	VALTREX 500MG (10)<><> TAB	110012390

50	97.38	194.75	VALTREX 500MG (42)<><> TAB	110012381
81	26.82	141.15	VAQTA ADULTS (M) SYRINGE	110032285
81	71.82	378	VAQTA PEDIATRIC (M) SYRING	110032277
86	27.43	195.91	VARILRIX (M) VAC 0.5ML	113000490
50	224.43	448.86	VICTOZA 6 MG/1ML<><>BOX 2X3ML	54112
50	109.65	219.3	VISABELLE 2MG(M)TAB 28	107116
60	58.37	145.93	V-MANTINE ORODIS.TAB 20MG 28	155511
50	45.58	91.15	WELLBUTRIN XR 150MG (M) TAB	48306
50	74.28	148.55	WELLBUTRIN XR 300MG (M) TAB	48307
30	195.16	278.8	XENICAL (M) CAP	113000317
50	123.16	246.31	XIGDUO XR<> 10MG/1000MG TAB 28	113963
50	123.16	246.31	XIGDUO XR<> 5MG/1000MG TAB 56	113962
50	16.91	33.81	YASMIN BOX OF 21 TAB	110025513
50	23.57	47.13	YASMIN PLUS TAB 28	100365
50	29.61	59.21	YAZ PLUS TAB 28	100366
50	20.36	40.72	YAZ TAB 3MG/0.02MG 28	57155
80	253.85	1269.26	ZOMACTON ## VIA 10MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	62914
80	98.84	494.19	ZOMACTON ##VIA 4MG נדרש אישור המנהל הרפואי על פי קריטריונים רפואיים	110249608