

MEDICATIONS FOR TREATMENT OF DIABETES

S/N	NAME OF MEDICATIONS	BRANDED/GENERIC	DRUG CLASS	* UNIT PRICE RANGE (SGD\$)		
1	ACARBOSE 50MG TABLET	GLUCOBAY 50	ALPHA GLUCOSIDASE	0.50	-	0.60
2	ACARBOSE 100MG TABLET	GLUCOBAY 100	ALPHA GLUCOSIDASE INHIBITORS	0.72	-	0.85
3	GLIBENCLAMIDE 5MG TABLET	DAONIL	SULPHONYLUREAS	0.37	-	0.40
4	GLIBENCLAMIDE 5MG TABLET	GENERIC	SULPHONYLUREAS	0.06	-	0.15
5	GLICLAZIDE 30MG MR TABLET	DIAMICRON MR	SULPHONYLUREAS	0.84	-	0.90
6	GLICLAZIDE 60MG MR TABLET	DIAMICRON MR	SULPHONYLUREAS	1.60	-	1.80
7	GLICLAZIDE 80MG TABLET	DIAMICRON	SULPHONYLUREAS	0.75	-	1.05
8	GLICLAZIDE 80MG TABLET	GENERIC	SULPHONYLUREAS	0.50	-	0.55
9	GLIMEPIRIDE 1MG TABLET	AMARYL	SULPHONYLUREAS	0.70	-	0.74
10	GLIMEPIRIDE 2MG TABLET	AMARYL	SULPHONYLUREAS	1.10	-	1.20
11	GLIMEPIRIDE 3MG TABLET	AMARYL	SULPHONYLUREAS	1.60	-	1.79
12	GLIPIZIDE 5MG TABLET	GENERIC	SULPHONYLUREAS	0.10		
13	GLIPIZIDE 5MG TABLET	MINIDIAB	SULPHONYLUREAS	0.65	-	0.67
14	METFORMIN HCL 500MG ROSIGLITAZONE MALEATE 2MG TABLET	AVANDAMET	BIGUANIDES AND THIAZOLIDINEDIONES	1.85	-	1.87
15	METFORMIN HCL 1000MG ROSIGLITAZONE MALEATE 2MG TABLET	AVANDAMET	BIGUANIDES AND THIAZOLIDINEDIONES	1.80		
16	METFORMIN HCL 500MG ROSIGLITAZONE MALEATE 4MG TABLET	AVANDAMET	BIGUANIDES AND THIAZOLIDINEDIONES	2.90	-	3.20
17	METFORMIN HCL 1000MG ROSIGLITAZONE MALEATE 4MG TABLET	AVANDAMET	BIGUANIDES AND THIAZOLIDINEDIONES	3.13		
18	METFORMIN HCL 500MG & GLIBENCLAMIDE 2.5MG TABLET	GLUCOVANCE	BIGUANIDES AND SULPHONYLUREAS	0.63	-	0.65
19	METFORMIN HCL 500MG & GLIBENCLAMIDE 5MG TABLET	GLUCOVANCE	BIGUANIDES AND SULPHONYLUREAS	0.63	-	0.65
20	METFORMIN HCL 1000MG TABLET	GENERIC	BIGUANIDES	NA		
21	METFORMIN HCL 1000MG TABLET	GLUCOPHAGE	BIGUANIDES	0.30	-	0.31
22	METFORMIN XR 1000MG TABLET	GLUCOPHAGE XR	BIGUANIDES	0.54	-	0.60
23	METFORMIN HCL 250MG TABLET	GENERIC	BIGUANIDES	0.07	-	0.20

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24	METFORMIN HCL 500MG TABLET	GENERIC	BIGUANIDES	0.07	-	0.15
25	METFORMIN HCL 500MG TABLET	GLUCOPHAGE	BIGUANIDES	0.15		
26	METFORMIN XR 500MG TABLET	GLUCOPHAGE XR	BIGUANIDES	0.29	-	0.31
27	METFORMIN XR 750MG TABLET	GLUCOPHAGE XR	BIGUANIDES	0.40	-	0.45
28	METFORMIN HCL 850MG TABLET	GENERIC	BIGUANIDES	NA		
29	METFORMIN HCL 850MG TABLET	GLUCOPHAGE	BIGUANIDES	0.29		0.32
30	NATEGLINIDE 120MG TABLET	STARLIX	MEGLITINIDES	0.85	-	0.95
31	NATEGLINIDE 60MG TABLET	STARLIX	MEGLITINIDES	NA		
32	PIOGLITAZONE 15 MG TABLET	ACTOS	THIAZOLIDINEDIONES	2.80	-	4.02
33	PIOGLITAZONE 30MG TABLET	ACTOS	THIAZOLIDINEDIONES	3.75	-	6.26
34	REPAGLINIDE 0.5MG TABLET	NOVONORM	MEGLITINIDES	0.54	-	0.60
35	REPAGLINIDE 1MG TABLET	NOVONORM	MEGLITINIDES	0.78	-	0.80
36	REPAGLINIDE 2MG TABLET	NOVONORM	MEGLITINIDES	1.04	-	1.10
37	ROSIGLITAZONE MALEATE 2MG TABLET	AVANDIA	THIAZOLIDINEDIONES	NA		
38	ROSIGLITAZONE MALEATE 4MG TABLET	AVANDIA	THIAZOLIDINEDIONES	3.45	-	3.48
39	ROSIGLITAZONE MALEATE 8MG TABLET	AVANDIA	THIAZOLIDINEDIONES	5.83	-	5.85
40	SITAGLIPTIN 100MG TABLET	JANUVIA	DPP-4 INHIBITOR	3.65	-	3.70
41	SITAGLIPTIN 50MG TABLET	JANUVIA	DPP-4 INHIBITOR	3.65	-	3.75
42	SITAGLIPTIN 25MG TABLET	JANUVIA	DPP-4 INHIBITOR	3.65		3.75
43	VILDAGLIPTIN 50MG TABLET	GALVUS	DPP-4 INHIBITOR	1.91	-	2.00
44	TOLBUTAMIDE 500MG TABLET	GENERIC	SULPHONYLUREAS	0.10	-	0.12
S/N	NAME OF MEDICATIONS	BRANDED/GENERIC	DRUG CLASS	* UNIT PRICE RANGE (SGD\$)		
1	INSULIN ASPART 100IU/ML FLEXPEN	NOVORAPID	INSULIN	20.15	-	23.07
2	INSULIN ASPART 100IU/ML PENFILL	NOVORAPID	INSULIN	16.30	-	20.55
3	INSULIN DETEMIR 14.2MG/ML (100IU) FLEXPEN	LEVEMIR FLEXPEN	INSULIN	34.24	-	37.20
4	INSULIN GLARGINE 100IU/ML CATRIDGE	LANTUS	INSULIN	36.70	-	119.85
5	INSULIN GLARGINE (rDNA)100IU/ML VIAL	LANTUS	INSULIN	102.95		
6	INSULIN GLARGINE 300IU/3ML SOLOSTAR	LANTUS	INSULIN	36.50	-	40.15
7	INSULIN GLULISINE 300IU/3ML SOLOSTAR (APIDRA)	APIDRA	INSULIN	18.67	-	26.33
8	INSULIN (rDNA HUMAN) 100IU/ML NOVOLET	INSULATARD	INSULIN	20.98		

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9	INSULIN (rDNA HUMAN) 100IU/ML PENFILL	INSULATARD	INSULIN	18.83	-	18.84
10	INSULIN (rDNA HUMAN) 100IU/ML VIAL	INSULATARD	INSULIN	54.05	-	57.80
11	INSULIN ISOPHANE (HUMAN) 70% SOLUBLE INSULIN (HUMAN) 30% 1.5ML CATRIDGE	HUMULIN 30/70	INSULIN	7.69		
12	INSULIN ISOPHANE (HUMAN) 70% SOLUBLE INSULIN (HUMAN) 30% 3ML CATRIDGE	HUMULIN 30/70	INSULIN	13.72	-	14.07
13	INSULIN ISOPHANE (HUMAN) 70% SOLUBLE INSULIN (HUMAN) 30% VIAL	HUMULIN 30/70	INSULIN	41.15	-	43.66
14	INSULIN ISOPHANE 100IU/ML 1.5 ML CATRIDGES	HUMULIN N	INSULIN	7.69		
15	INSULIN ISOPHANE 100IU/ML 3 ML CATRIDGES	HUMULIN N	INSULIN	13.72	-	14.07
16	INSULIN ISOPHANE 100IU/ML VIAL	HUMULIN N	INSULIN	41.15	-	43.66
17	INSULIN ISOPHANE 70% SOLUBLE INSULIN 30% NOVOLET	MIXTARD 30 HM NOVOLET	INSULIN	20.98		
18	INSULIN ISOPHANE 70% SOLUBLE INSULIN 30% PENFILL	MIXTARD 30 HM PENFILL	INSULIN	18.83	-	18.84
19	INSULIN ISOPHANE 70% SOLUBLE INSULIN 30% VIAL	MIXTARD 30 HM	INSULIN	54.05	-	57.80
20	INSULIN ISOPHANE 50% SOLUBLE INSULIN 50% PENFILL	MIXTARD 50 HM NOVOLET	INSULIN	18.83		
21	INSULIN LISPRO 100IU/ML PENFILL	HUMALOG	INSULIN	19.43	-	20.00
22	INSULIN LISPRO 100IU/ML VIAL	HUMALOG	INSULIN	61.40	-	61.65
23	INSULIN LISPRO 25% INSULIN LISPRO PROTAMINE SUSPENSION (rDNA) 75% PEN	HUMALOG MIX 25	INSULIN	19.43	-	21.40
24	INSULIN LISPRO 25% INSULIN LISPRO PROTAMINE SUSPENSION (rDNA) 75% VIAL	HUMALOG MIX 25	INSULIN	NA		
25	INSULIN ZINC SUSPENSION (LENTE) 100IU/ML VIAL	HUMULIN L	INSULIN	41.14		
26	PROTAMINE-CRYSTALLISED INSULIN ASPART 70% SOLUBLE INSULIN ASPART 30% FLEXPEN	NOVOMIX 30	INSULIN	20.60	-	24.20
27	REGULAR INSULIN (RECOMBINANT) 100IU/ML NOVOLET	ACTRAPID NOVOLET	INSULIN	20.98		
28	REGULAR INSULIN 100IU/ML PENFILL	ACTRAPID HM	INSULIN	18.84		
29	REGULAR INSULIN 100IU/ML VIAL	ACTRAPID HM	INSULIN	54.05	-	57.80
30	REGULAR INSULIN 100IU/ML 1.5ML CATRIDGES	HUMULIN R	INSULIN	7.69		

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31	REGULAR INSULIN 100IU/ML 3ML CATRIDGES	HUMULIN R	INSULIN	13.72	-	14.07
32	REGULAR INSULIN 100IU/ML VIAL	HUMULIN R	INSULIN	42.00	-	80.00

NA - MEDICATION(S) MAY NOT BE READILY AVAILABLE IN THE PHARMACY DUE TO LACK OF DEMAND BUT SPECIAL REQUEST CAN BE MADE.

UNIT - REFERS TO PER BOTTLE / CAPSULE / TABLET OR INHALER.

AS THERE ARE MANY GENERIC BRANDS FOR A DRUG, THEIR BRAND NAMES ARE NOT INDICATED IN THE TABLE AS MOST GENERIC PRICES ARE COMPARABLE.

*** PRICES COULD BE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE.**