

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
33545	ACIDO ACETILSALICILICO NORTHIA	325 mg comp.x 50	Northia	AC.ACETIL SALICILICO
35032	ACIDO ACETILSALICILICO NORTHIA	81 mg comp.x 50	Northia	AC.ACETIL SALICILICO
3216	ECOTRIN	325 mg grag.x 25	Schering-Plough	AC.ACETIL SALICILICO
3270	DESENFRIOLITO	comp.x 12	Schering-Plough	AC.ACETIL SALICILICO
9849	ECOTRIN	325 mg grag.x 50	Schering-Plough	AC.ACETIL SALICILICO
12616	ECOTRIN	81 mg grag.x 25	Schering-Plough	AC.ACETIL SALICILICO
12617	ECOTRIN	81 mg grag.x 50	Schering-Plough	AC.ACETIL SALICILICO
19	DEPAKENE	caps.x 50	Abbott	AC.VALPROICO
21	DEPAKENE	jbe.x 120 ml	Abbott	AC.VALPROICO
24652	EXIBRAL	jbe.x 120 ml	Bagó	AC.VALPROICO
11036	GLUCOBAY	50 mg comp.x 30	Bayer (BSP)	ACARBOSE
11037	GLUCOBAY	100 mg comp.x 30	Bayer (BSP)	ACARBOSE
37908	AZECAR	1 mg comp.x 30	Bagó	ACENOCUMAROL
37909	AZECAR	4 mg comp.x 30	Bagó	ACENOCUMAROL
38921	SAXION[V]	4 mg comp.x 20	Duncan	ACENOCUMAROL
38541	CUMAROL	1 mg comp.x 30	Elea	ACENOCUMAROL
38542	CUMAROL	4 mg comp.x 30	Elea	ACENOCUMAROL
38543	CUMAROL	4 mg comp.x 60	Elea	ACENOCUMAROL
37274	ACENOCUMAROL GEN MED	1 mg comp.x 30	Gen Med	ACENOCUMAROL
37287	INDANE	1 mg comp.x 30	Laboratorios Bernabo	ACENOCUMAROL
37288	INDANE	4 mg comp.x 30	Laboratorios Bernabo	ACENOCUMAROL
38791	ANTITROM	1 mg comp.ran. x 30	Lazar	ACENOCUMAROL
38792	ANTITROM	4 mg comp.birran. x 30	Lazar	ACENOCUMAROL
35326	FORTONOL	1 mg comp.x 30	Microsules Arg.	ACENOCUMAROL
35327	FORTONOL[V]	4 mg comp.x 20	Microsules Arg.	ACENOCUMAROL
2232	SINTROM[V]	4 mg comp.x 20	Novartis	ACENOCUMAROL
18247	SINTROM[V]	1 mg comp.x 30	Novartis	ACENOCUMAROL
37177	ACENOTROMB	4 mg comp.x 20	Prieto	ACENOCUMAROL
37273	ACENOCUMAROL TECHSPHERE	4 mg comp.x 20	Techsphere	ACENOCUMAROL
5360	ALDOMET	250 mg comp.rec.x 30	Biotoscana	ALFAMETILDOPA
5362	ALDOMET	500 mg comp.rec.x 30	Biotoscana	ALFAMETILDOPA
15825	METILDOPA FABRA	250 mg comp.x 20	Fabra	ALFAMETILDOPA
15826	METILDOPA FABRA	500 mg comp.x 20	Fabra	ALFAMETILDOPA
25016	DOPAGRAN	250 mg comp.rec.x 50	Fada Pharma	ALFAMETILDOPA

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Código	Nombre	Presentación	Laboratorio	Principio Activo
19212	METILDOPA	250 mg comp.x 50	Finadiet	ALFAMETILDOPA
19213	METILDOPA	250 mg comp.x 100	Finadiet	ALFAMETILDOPA
19214	METILDOPA	500 mg comp.x 50	Finadiet	ALFAMETILDOPA
19216	METILDOPA	500 mg comp.x 100	Finadiet	ALFAMETILDOPA
34609	PURITENK	300 mg comp.x 30	Biotenk	ALLOPURINOL
9125	ALLOPURINOL 300 CRAVERI	300 mg comp.x 20	Craveri	ALLOPURINOL
9126	ALLOPURINOL 300 CRAVERI	300 mg comp.x 40	Craveri	ALLOPURINOL
20409	ALLOPURINOL FABRA 300	comp.x 20	Fabra	ALLOPURINOL
27557	ALLOPURINOL FABRA 300	comp.x 40	Fabra	ALLOPURINOL
35537	ALLOPURINOL GADOR	300 mg comp.x 30	Gador	ALLOPURINOL
35538	ALLOPURINOL GADOR	300 mg comp.x 60	Gador	ALLOPURINOL
32250	ALLOPURINOL HEXAL 300	comp.x 30	Investi	ALLOPURINOL
33436	ALFADIMAN	300 mg comp.x 40	Lazar	ALLOPURINOL
1538	ALLOPURINOL PHOENIX	300 mg caps.x 40	Phoenix	ALLOPURINOL
1539	ALLOPURINOL PHOENIX	300 mg caps.x 100	Phoenix	ALLOPURINOL
30096	ALLOPURINOL PHOENIX	300 mg caps.x 20	Phoenix	ALLOPURINOL
4683	ALLOPURINOL INCA RETARD	300 mg caps.x 20	Sandoz	ALLOPURINOL
4684	ALLOPURINOL INCA RETARD	300 mg caps.x 50	Sandoz	ALLOPURINOL
31568	ALLOPURINOL TECH(A)ERE	300 mg comp.x 40	Techsphere	ALLOPURINOL
35150	ACTISON	100 mg comp.x 60	Buxton	AMANTADINA
37580	ACTISON	100 mg comp.x 30	Buxton	AMANTADINA
7636	VIROSOL	100 mg comp.x 10	Phoenix	AMANTADINA
25550	BATMOTROPIN	comp.x 20	Bagó	AMIODARONA
25551	BATMOTROPIN	comp.x 60	Bagó	AMIODARONA
22354	MIOTENK	200 mg comp.x 20	Biotenk	AMIODARONA
26905	MIOTENK	200 mg comp.x 30	Biotenk	AMIODARONA
31913	AMIODARONA DUNCAN	200 mg comp.x 20	Duncan	AMIODARONA
31914	AMIODARONA DUNCAN	200 mg comp.x 50	Duncan	AMIODARONA
15791	AMIODARONA FABRA	200 mg comp.x 20	Fabra	AMIODARONA
27243	ASULBLAN	200 mg comp.x 20	Fada Pharma	AMIODARONA
37727	ASULBLAN	200 mg comp.x 50	Fada Pharma	AMIODARONA
27462	CARDANTILAN	comp.x 20	Gador	AMIODARONA
5645	AMIOCAR	200 mg comp.x 20	Klonal	AMIODARONA
5646	AMIOCAR	200 mg comp.x 50	Klonal	AMIODARONA

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Código	Nombre	Presentación	Laboratorio	Principio Activo
37427	MIODARONA	200 mg comp.x 20	Lafedar	AMIODARONA
37428	MIODARONA	200 mg comp.x 40	Lafedar	AMIODARONA
17175	ANGOTEN-ANGUTEN (A)[V]	200 mg comp.x 20	Microsules Arg.	AMIODARONA
17176	ANGOTEN-ANGUTEN (A)[V]	200 mg comp.x 50	Microsules Arg.	AMIODARONA
31600	AMIODARONA NORTHIA	200 mg comp.x 20	Northia	AMIODARONA
31601	AMIODARONA NORTHIA	200 mg comp.x 60	Northia	AMIODARONA
7638	ATLANSIL	comp.x 20	Roemmers	AMIODARONA
7639	ATLANSIL	comp.x 50	Roemmers	AMIODARONA
4695	CORONOVO	comp.x 20	Sandoz	AMIODARONA
4696	CORONOVO	comp.x 60	Sandoz	AMIODARONA
1018	RITMOCARDYL	200 mg comp.x 60	Sanofi-Aventis	AMIODARONA
9286	RITMOCARDYL	200 mg comp.x 20	Sanofi-Aventis	AMIODARONA
34706	NODIS	200 mg comp.ran.x 30	Temis-Lostaló	AMIODARONA
29401	AMIODARONA VANNIER	200 mg comp.x 20	Vannier	AMIODARONA
14574	CARDIOREX	5 mg comp.x 30	Bagó	AMLODIPINA
14575	CARDIOREX	10 mg comp.x 30	Bagó	AMLODIPINA
28048	ILDUC[V]	5 mg comp.ran.x 30	Baliarda	AMLODIPINA
28049	ILDUC[V]	10 mg comp.ran.x 30	Baliarda	AMLODIPINA
28325	MITOKOR	5 mg comp.x 30	Biotenk	AMLODIPINA
28326	MITOKOR	10 mg comp.x 30	Biotenk	AMLODIPINA
34605	MITOKOR	5 mg comp.x 20	Biotenk	AMLODIPINA
34606	MITOKOR	10 mg comp.x 20	Biotenk	AMLODIPINA
12883	PELMEC	5 mg comp.x 30	Casasco	AMLODIPINA
12884	PELMEC	10 mg comp.x 30	Casasco	AMLODIPINA
22472	SINOP	5 mg comp.x 30	Craveri	AMLODIPINA
22473	SINOP	10 mg comp.x 30	Craveri	AMLODIPINA
37921	DRONALDEN	5 mg comp.rec.x 30	Denver Farma	AMLODIPINA
37922	DRONALDEN	10 mg comp.rec.x 30	Denver Farma	AMLODIPINA
38920	ABLOOM	10 mg comp.x 30	Duncan	AMLODIPINA
22104	AMLODINE	5 mg comp.x 30	Eurofarma	AMLODIPINA
22105	AMLODINE	10 mg comp.x 30	Eurofarma	AMLODIPINA
27354	ANGIOFILINA	5 mg comp.x 30	Fabra	AMLODIPINA
27355	ANGIOFILINA	10 mg comp.x 30	Fabra	AMLODIPINA
37728	FADA AMLODIPINA	5 mg comp.x 30	Fada Pharma	AMLODIPINA

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Código	Nombre	Presentación	Laboratorio	Principio Activo
37729	FADA AMLODIPINA	10 mg comp.x 30	Fada Pharma	AMLODIPINA
34386	HIPERTENSAL[V]	5 mg comp.x 30	Finadiet	AMLODIPINA
34387	HIPERTENSAL[V]	10 mg comp.x 30	Finadiet	AMLODIPINA
35749	NIKOR	5 mg comp.x 30	Indeco	AMLODIPINA
35750	NIKOR	10 mg comp.x 30	Indeco	AMLODIPINA
13337	AMLODIPINA ILAB	5 mg comp.x 20	Inmunolab	AMLODIPINA
13338	AMLODIPINA ILAB	10 mg comp.x 20	Inmunolab	AMLODIPINA
25660	AMLODIPINA ILAB	5 mg comp.x 30	Inmunolab	AMLODIPINA
25661	AMLODIPINA ILAB	10 mg comp.x 30	Inmunolab	AMLODIPINA
13687	TERLOC	5 mg comp.x 30	Ivax Arg.	AMLODIPINA
13688	TERLOC	10 mg comp.x 30	Ivax Arg.	AMLODIPINA
25476	AMLOTENS	5 mg comp.x 20	Klonal	AMLODIPINA
25477	AMLOTENS	10 mg comp.x 20	Klonal	AMLODIPINA
31252	AMLOTENS	5 mg comp.x 30	Klonal	AMLODIPINA
31253	AMLOTENS	10 mg comp.x 30	Klonal	AMLODIPINA
17912	ARTERIOSAN	5 mg comp.x 30	Laboratorios Bernabo	AMLODIPINA
17914	ARTERIOSAN	10 mg comp.x 30	Laboratorios Bernabo	AMLODIPINA
18174	TERVALON	5 mg comp.x 30	Lazar	AMLODIPINA
18175	TERVALON	10 mg comp.x 30	Lazar	AMLODIPINA
34772	ANGIPEC	5 mg comp.x 30	Lepetit	AMLODIPINA
34773	ANGIPEC	10 mg comp.x 30	Lepetit	AMLODIPINA
35139	ANEXA (A)[V]	5 mg comp.x 30	Microsules Arg.	AMLODIPINA
35140	ANEXA (A)[V]	10 mg comp.x 30	Microsules Arg.	AMLODIPINA
36827	NEXOTENSIL 5	5 mg comp.x 30	Nexo Pharmaceutical	AMLODIPINA
36828	NEXOTENSIL 10	10 mg comp.x 30	Nexo Pharmaceutical	AMLODIPINA
33338	AMLODIPINA NORTHIA	10 mg comp.x 20	Northia	AMLODIPINA
33502	AMLODIPINA NORTHIA	10 mg comp.x 30	Northia	AMLODIPINA
33525	AMLODIPINA NORTHIA	5 mg comp.x 30	Northia	AMLODIPINA
33602	AMLODIPINA NORTHIA	5 mg comp.x 20	Northia	AMLODIPINA
12540	COROVAL	5 mg comp.x 30	Nova Argentia	AMLODIPINA
12541	COROVAL	10 mg comp.x 30	Nova Argentia	AMLODIPINA
24161	AMZE	5 mg comp.x 30	Penn Pharmaceuticals	AMLODIPINA
24162	AMZE	10 mg comp.x 30	Penn Pharmaceuticals	AMLODIPINA
5168	AMLOC	5 mg tab.x 20	Pfizer	AMLODIPINA

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Código	Nombre	Presentación	Laboratorio	Principio Activo
5169	AMLOC	10 mg tab.x 20	Pfizer	AMLODIPINA
11204	AMLOC	5 mg tab.x 30	Pfizer	AMLODIPINA
11205	AMLOC	10 mg tab.x 30	Pfizer	AMLODIPINA
37932	AMLOC	5 mg tab.x 60	Pfizer	AMLODIPINA
37933	AMLOC	10 mg tab.x 60	Pfizer	AMLODIPINA
27041	ZUNDIC	5 mg comp.x 30	Raffo	AMLODIPINA
27042	ZUNDIC	10 mg comp.x 30	Raffo	AMLODIPINA
36390	AMLODIPINA RICHET	5 mg comp.x 10	Richet	AMLODIPINA
36391	AMLODIPINA RICHET	5 mg comp.x 20	Richet	AMLODIPINA
36392	AMLODIPINA RICHET	5 mg comp.x 30	Richet	AMLODIPINA
36393	AMLODIPINA RICHET	10 mg comp.x 10	Richet	AMLODIPINA
36395	AMLODIPINA RICHET	10 mg comp.x 20	Richet	AMLODIPINA
36396	AMLODIPINA RICHET	10 mg comp.x 30	Richet	AMLODIPINA
32531	CARDIVAS	5 mg comp.ran.x 30	Sidus	AMLODIPINA
32532	CARDIVAS	10 mg comp.ran.x 30	Sidus	AMLODIPINA
31081	AMLODIPINA TECHSPERE	5 mg comp.x 30	Techsphere	AMLODIPINA
31082	AMLODIPINA TECHSPERE	10 mg comp.x 30	Techsphere	AMLODIPINA
24374	CALPRES	5 mg comp.x 20	Temis-Lostaló	AMLODIPINA
24375	CALPRES	5 mg comp.x 40	Temis-Lostaló	AMLODIPINA
24376	CALPRES	10 mg comp.x 20	Temis-Lostaló	AMLODIPINA
24377	CALPRES	10 mg comp.x 40	Temis-Lostaló	AMLODIPINA
32070	CALPRES	5 mg comp.x 30	Temis-Lostaló	AMLODIPINA
32071	CALPRES	5 mg comp.x 60	Temis-Lostaló	AMLODIPINA
32072	CALPRES	10 mg comp.x 30	Temis-Lostaló	AMLODIPINA
32073	CALPRES	10 mg comp.x 60	Temis-Lostaló	AMLODIPINA
29402	AMLODIPINA VANNIER	5 mg comp.x 30	Vannier	AMLODIPINA
29403	AMLODIPINA VANNIER	10 mg comp.x 30	Vannier	AMLODIPINA
4401	PRENORMINE	50 mg comp.x 14	AstraZeneca	ATENOLOL
4402	PRENORMINE	50 mg comp.x 28	AstraZeneca	ATENOLOL
4403	PRENORMINE	100 mg comp.x 14	AstraZeneca	ATENOLOL
4404	PRENORMINE	100 mg comp.x 28	AstraZeneca	ATENOLOL
12202	PRENORMINE	50 mg comp.x 56	AstraZeneca	ATENOLOL
12203	PRENORMINE	100 mg comp.x 56	AstraZeneca	ATENOLOL
1014	PLENACOR	100 mg comp.x 20	Bagó	ATENOLOL

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Código	Nombre	Presentación	Laboratorio	Principio Activo
1015	PLENACOR	100 mg comp.x 40	Bagó	ATENOLOL
14573	PLENACOR	50 mg comp.x 40	Bagó	ATENOLOL
17789	PLENACOR	25 mg comp.x 40	Bagó	ATENOLOL
35430	PLENACOR	25 mg comp.x 30	Bagó	ATENOLOL
35431	PLENACOR	25 mg comp.x 60	Bagó	ATENOLOL
35432	PLENACOR	50 mg comp.x 30	Bagó	ATENOLOL
35433	PLENACOR	50 mg comp.x 60	Bagó	ATENOLOL
35434	PLENACOR	100 mg comp.x 30	Bagó	ATENOLOL
35435	PLENACOR	100 mg comp.x 60	Bagó	ATENOLOL
34595	ATENOLOL	50 mg comp.x 50	Biotenk	ATENOLOL
34596	ATENOLOL	100 mg comp.x 50	Biotenk	ATENOLOL
25185	ATENOLOL CETUS	50 mg comp.x 14	Cetus	ATENOLOL
25186	ATENOLOL CETUS	50 mg comp.x 28	Cetus	ATENOLOL
25187	ATENOLOL CETUS	100 mg comp.x 14	Cetus	ATENOLOL
25188	ATENOLOL CETUS	100 mg comp.x 28	Cetus	ATENOLOL
36309	TOZOLDEN	50 mg comp.x 28	Denver Farma	ATENOLOL
36310	TOZOLDEN	50 mg comp.x 56	Denver Farma	ATENOLOL
36311	TOZOLDEN	100 mg comp.x 28	Denver Farma	ATENOLOL
36312	TOZOLDEN	100 mg comp.x 56	Denver Farma	ATENOLOL
30115	FELOBITS 50 MG	comp.x 30	Duncan	ATENOLOL
30116	FELOBITS 100 MG	comp.x 30	Duncan	ATENOLOL
800	ATENOLOL QUESADA	50 mg comp.x 30	Eurofarma	ATENOLOL
801	ATENOLOL QUESADA	50 mg comp.x 60	Eurofarma	ATENOLOL
803	ATENOLOL QUESADA	100 mg comp.x 30	Eurofarma	ATENOLOL
804	ATENOLOL QUESADA	100 mg comp.x 60	Eurofarma	ATENOLOL
32285	FABOTENOL	50 mg comp.x 20	Fabop	ATENOLOL
32286	FABOTENOL	50 mg comp.x 50	Fabop	ATENOLOL
32287	FABOTENOL	100 mg comp.x 20	Fabop	ATENOLOL
32288	FABOTENOL	100 mg comp.x 50	Fabop	ATENOLOL
20410	ATENOLOL FABRA 50	comp.x 60	Fabra	ATENOLOL
20411	ATENOLOL FABRA 100	comp.x 60	Fabra	ATENOLOL
29289	FADA ATENOLOL/ATENOLOL FADA	100 mg comp.x 30	Fada Pharma	ATENOLOL
29291	FADA ATENOLOL/ATENOLOL FADA	50 mg comp.x 30	Fada Pharma	ATENOLOL
3530	ATENOLOL FECOFAR	100 mg comp.x 30	Fecofar	ATENOLOL

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Código	Nombre	Presentación	Laboratorio	Principio Activo
3847	ATENOLOL GADOR	50 mg comp.x 28	Gador	ATENOLOL
3848	ATENOLOL GADOR	100 mg comp.x 14	Gador	ATENOLOL
3849	ATENOLOL GADOR	100 mg comp.x 28	Gador	ATENOLOL
10546	ATENOLOL GADOR	50 mg comp.x 56	Gador	ATENOLOL
10547	ATENOLOL GADOR	100 mg comp.x 56	Gador	ATENOLOL
17002	ATENOLOL GADOR[V]	25 mg comp.x 28	Gador	ATENOLOL
17003	ATENOLOL GADOR	25 mg comp.x 56	Gador	ATENOLOL
36887	CORPAZ	100 mg comp.x 30	Indeco	ATENOLOL
36888	CORPAZ	50 mg comp.x 30	Indeco	ATENOLOL
36889	CORPAZ	25 mg comp.x 30	Indeco	ATENOLOL
24743	ATEL	50 mg comp.x 30	Investi	ATENOLOL
24744	ATEL	100 mg comp.x 30	Investi	ATENOLOL
28612	ATEL	25 mg comp.x 30	Investi	ATENOLOL
1384	MYOCORD	100 mg comp.rec.x 50	Ivax Arg.	ATENOLOL
8715	TELVODIN	comp.x 28	Ivax Arg.	ATENOLOL
38242	ILATEN	100 mg comp.x 30	Lamsa	ATENOLOL
4983	VERICORDIN	50 mg comp.x 28	Lazar	ATENOLOL
5808	VERICORDIN	100 mg comp.x 28	Lazar	ATENOLOL
10765	VERICORDIN	100 mg comp.x 56	Lazar	ATENOLOL
12127	VERICORDIN	50 mg comp.x 56	Lazar	ATENOLOL
18996	VERICORDIN	25 mg comp.x 28	Lazar	ATENOLOL
18997	VERICORDIN	25 mg comp.x 56	Lazar	ATENOLOL
34452	VERICORDIN	50 mg comp.x 100(s/troq)	Lazar	ATENOLOL
38241	ILATEN	50 mg comp.x 30	Lepetit	ATENOLOL
32121	ATENOLOL MICROSU(A)[V]	50 mg comp.x 28	Microsules Arg.	ATENOLOL
32123	ATENOLOL MICROSU(A)[V]	100 mg comp.x 28	Microsules Arg.	ATENOLOL
32124	ATENOLOL MICROSU(A)[V]	100 mg comp.x 56	Microsules Arg.	ATENOLOL
31602	ATENOLOL NORTHIA	100 mg comp.x 14	Northia	ATENOLOL
31603	ATENOLOL NORTHIA	100 mg comp.x 28	Northia	ATENOLOL
32510	ATENOLOL TECHSPHERE	50 mg comp.x 30	Techsphere	ATENOLOL
32511	ATENOLOL TECHSPHERE	50 mg comp.x 60	Techsphere	ATENOLOL
32512	ATENOLOL TECHSPH(A)	100 mg comp.x 30	Techsphere	ATENOLOL
32513	ATENOLOL TECHSPHERE	100 mg comp.x 60	Techsphere	ATENOLOL
18552	ATENOLOL VANNIER	50 mg comp.x 28	Vannier	ATENOLOL

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18553	ATENOLOL VANNIER	100 mg comp.x 28	Vannier	ATENOLOL
37641	ATENOVIT	50 mg comp.x 30	Vitarum	ATENOLOL
37642	ATENOVIT	50 mg comp.x 120	Vitarum	ATENOLOL
37643	ATENOVIT	100 mg comp.x 30	Vitarum	ATENOLOL
37644	ATENOVIT	100 mg comp.x 140	Vitarum	ATENOLOL
28008	ATORVASTATIN ASOFARMA	10 mg comp.x 30	Asofarma	ATORVASTATINA
28009	ATORVASTATIN ASOFARMA	20 mg comp.x 30	Asofarma	ATORVASTATINA
28466	TORIVAS	10 mg comp.rec.ran.x 30	Baliarda	ATORVASTATINA
28467	TORIVAS	20 mg comp.rec.ran.x 30	Baliarda	ATORVASTATINA
30295	TORIVAS	10 mg comp.rec.ran.x 20	Baliarda	ATORVASTATINA
32235	TORIVAS	10 mg comp.rec.ran.x 60	Baliarda	ATORVASTATINA
32236	TORIVAS	20 mg comp.rec.ran.x 60	Baliarda	ATORVASTATINA
24436	ATEROCLAR	10 mg comp.rec.x 30	Beta	ATORVASTATINA
24438	ATEROCLAR	20 mg comp.rec.x 30	Beta	ATORVASTATINA
28943	ATEROCLAR	40 mg comp.rec.x 30	Beta	ATORVASTATINA
27323	ATORVASTAN	10 mg comp.rec.x 30	Biotenk	ATORVASTATINA
27324	ATORVASTAN	20 mg comp.rec.x 30	Biotenk	ATORVASTATINA
33595	ATORVASTAN	10 mg comp.rec.x 50	Biotenk	ATORVASTATINA
33596	ATORVASTAN	20 mg comp.rec.x 50	Biotenk	ATORVASTATINA
24817	AMPLIAR	10 mg comp.x 30	Casasco	ATORVASTATINA
24818	AMPLIAR	20 mg comp.x 30	Casasco	ATORVASTATINA
29238	AMPLIAR	10 mg comp.x 60	Casasco	ATORVASTATINA
29239	AMPLIAR	20 mg comp.x 60	Casasco	ATORVASTATINA
32961	PLAN	10 mg comp.x 30	Craveri	ATORVASTATINA
32962	PLAN	20 mg comp.x 30	Craveri	ATORVASTATINA
39183	LIPOSTOP	10 mg comp.x 30	Denver Farma	ATORVASTATINA
39184	LIPOSTOP	20 mg comp.x 30	Denver Farma	ATORVASTATINA
31571	ATARVA[V]	20 mg comp.rec.x 30	Duncan	ATORVASTATINA
32526	ATARVA[V]	10 mg comp.rec.x 30	Duncan	ATORVASTATINA
20599	ZARATOR	10 mg comp.x 30	Elea	ATORVASTATINA
20600	ZARATOR	20 mg comp.x 30	Elea	ATORVASTATINA
28214	ZARATOR	10 mg comp.x 60	Elea	ATORVASTATINA
28215	ZARATOR	20 mg comp.x 60	Elea	ATORVASTATINA
29968	ZARATOR	40 mg comp.x 30	Elea	ATORVASTATINA



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27792	ATORVASTATINA ELVETIUM	10 mg comp.rec.x 30	Elvetium	ATORVASTATINA
27793	ATORVASTATINA ELVETIUM	20 mg comp.rec.x 30	Elvetium	ATORVASTATINA
27519	NORMALIP	10 mg comp.rec.x 30	Eurofarma	ATORVASTATINA
34461	NORMALIP	20 mg comp.rec.x 30	Eurofarma	ATORVASTATINA
36140	LIPOFIN	10 mg comp.x 30	Fabop	ATORVASTATINA
36141	LIPOFIN	20 mg comp.x 30	Fabop	ATORVASTATINA
30916	LIPAREX[V]	10 mg comp.rec.x 30	Finadiet	ATORVASTATINA
30917	LIPAREX[V]	20 mg comp.rec.x 30	Finadiet	ATORVASTATINA
31795	LIPAREX[V]	10 mg comp.rec.x 60	Finadiet	ATORVASTATINA
31796	LIPAREX[V]	20 mg comp.rec.x 60	Finadiet	ATORVASTATINA
35912	LIPAREX[V]	40 mg comp.rec.x 30	Finadiet	ATORVASTATINA
36655	ATORVASTATINA L.B.A.	10 mg comp.rec.x 30	GP Pharm	ATORVASTATINA
36656	ATORVASTATINA L.B.A.	10 mg comp.rec.x 50	GP Pharm	ATORVASTATINA
38264	ATORVASTATINA L.B.A.	20 mg comp.rec.x 30	GP Pharm	ATORVASTATINA
22523	LIPIBEC	10 mg comp.rec.x 30	Ivax Arg.	ATORVASTATINA
22524	LIPIBEC	20 mg comp.rec.x 30	Ivax Arg.	ATORVASTATINA
28382	LIPIBEC	10 mg comp.rec.x 60	Ivax Arg.	ATORVASTATINA
28383	LIPIBEC	20 mg comp.rec.x 60	Ivax Arg.	ATORVASTATINA
31292	LIPIBEC[V]	40 mg comp.rec.x 30	Ivax Arg.	ATORVASTATINA
25486	LIPOVASTATIN KLONAL	10 mg comp.x 20	Klonal	ATORVASTATINA
25487	LIPOVASTATIN KLONAL	20 mg comp.x 20	Klonal	ATORVASTATINA
30432	LIPOVASTATIN KLONAL	10 mg comp.x 30	Klonal	ATORVASTATINA
30433	LIPOVASTATIN KLONAL	20 mg comp.x 30	Klonal	ATORVASTATINA
19280	LIPOCAMBI	10 mg comp.x 30	Laboratorios Bernabo	ATORVASTATINA
22967	LIPOCAMBI	20 mg comp.x 30	Laboratorios Bernabo	ATORVASTATINA
39351	LIPOCAMBI	10 mg comp.x 60	Laboratorios Bernabo	ATORVASTATINA
39352	LIPOCAMBI	20 mg comp.x 60	Laboratorios Bernabo	ATORVASTATINA
26737	ATORVASTATIN LAZAR	10 mg comp.x 30	Lazar	ATORVASTATINA
26738	ATORVASTATIN LAZAR	20 mg comp.x 30	Lazar	ATORVASTATINA
27120	LIPONORM	10 mg comp.rec.x 30	Lazar	ATORVASTATINA
27121	LIPONORM	20 mg comp.rec.x 30	Lazar	ATORVASTATINA
29716	LIPONORM	10 mg comp.rec.x 60	Lazar	ATORVASTATINA
29717	LIPONORM	20 mg comp.rec.x 60	Lazar	ATORVASTATINA
30610	LIPONORM	10 mg comp.rec.x 20	Lazar	ATORVASTATINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
30611	LIPONORM	10 mg comp.rec.x 100	Lazar	ATORVASTATINA
33600	ATORVASTATIN CALCIO LITEX	10 mg comp.x 30	Litex	ATORVASTATINA
33601	ATORVASTATIN CALCIO LITEX	20 mg comp.x 30	Litex	ATORVASTATINA
39281	ATORVASTATINA MARTIAN	10 mg comp.rec.x 30	LKM	ATORVASTATINA
39282	ATORVASTATINA MARTIAN	20 mg comp.rec.x 30	LKM	ATORVASTATINA
25286	MICRO 190	10 mg comp.x 30	Microsules Arg.	ATORVASTATINA
25287	MICRO 190	20 mg comp.x 30	Microsules Arg.	ATORVASTATINA
35328	FINLIPOL[V]	10 mg comp.x 30	Microsules Arg.	ATORVASTATINA
35329	FINLIPOL	10 mg comp.x 60	Microsules Arg.	ATORVASTATINA
35330	FINLIPOL	20 mg comp.x 30	Microsules Arg.	ATORVASTATINA
35331	FINLIPOL	20 mg comp.x 60	Microsules Arg.	ATORVASTATINA
33333	ATORVASTATINA NORTHIA	10 mg comp.rec.x 30	Northia	ATORVASTATINA
33334	ATORVASTATINA NORTHIA	20 mg comp.rec.x 30	Northia	ATORVASTATINA
27852	VASTINA	10 mg comp.x 30	Penn Pharmaceuticals	ATORVASTATINA
27853	VASTINA	20 mg comp.x 30	Penn Pharmaceuticals	ATORVASTATINA
20505	LIPITOR	10 mg comp.x 30	Pfizer	ATORVASTATINA
20506	LIPITOR	20 mg comp.x 30	Pfizer	ATORVASTATINA
28136	LIPITOR	10 mg comp.x 60	Pfizer	ATORVASTATINA
28137	LIPITOR	20 mg comp.x 60	Pfizer	ATORVASTATINA
29111	LIPITOR	40 mg comp.x 30	Pfizer	ATORVASTATINA
22369	LIPIFEN	10 mg comp.x 30	Raffo	ATORVASTATINA
22370	LIPIFEN	20 mg comp.x 30	Raffo	ATORVASTATINA
31917	LIPIFEN	10 mg comp.x 10	Raffo	ATORVASTATINA
31919	LIPIFEN	20 mg comp.x 10	Raffo	ATORVASTATINA
36810	ATORVASTATIN RICHEL	10 mg comp.x 30	Richet	ATORVASTATINA
36811	ATORVASTATIN RICHEL	10 mg comp.x 60	Richet	ATORVASTATINA
36812	ATORVASTATIN CALCICO RICHEL	20 mg comp.rec.x 30	Richet	ATORVASTATINA
36813	ATORVASTATIN CALCICO RICHEL	20 mg comp.rec.x 60	Richet	ATORVASTATINA
36814	ATORVASTATIN RICHEL	40 mg comp.x 30	Richet	ATORVASTATINA
36815	ATORVASTATIN RICHEL	40 mg comp.x 60	Richet	ATORVASTATINA
14281	AUTOBEC AUTOHALER	dosis x 200	3 M	BECLOMETASONA
14282	AUTOBEC FORTE AUTOHALER	dosis x 200	3 M	BECLOMETASONA
26212	QVAR 100 AUTOHALER	100 mcg dosis x 100	3 M	BECLOMETASONA
26213	QVAR 100 AUTOHALER	100 mcg dosis x 200	3 M	BECLOMETASONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
26214	QVAR 100 PRESS/BREATH	100 mcg dosis x 100	3 M	BECLOMETASONA
12218	PROPAVENT FORTE HFA	dosis x 200 c/aplic.	GlaxoSmithKline	BECLOMETASONA
15185	PROPAVENT NASAL	susp.acuosa inh.ds.x 200	GlaxoSmithKline	BECLOMETASONA
27838	AIRBECLOSONA	aer.x 10 ml/200 dosis	Northia	BECLOMETASONA
12086	EGOSONA FORTE	aer.x 250 dosis	Nycomed	BECLOMETASONA
15109	EGOSONA 100	aer.x 250 dosis	Nycomed	BECLOMETASONA
16104	EGOSONA BRONQUIAL	50 mcg aer.x 250 dosis	Nycomed	BECLOMETASONA
144	BETASEL	0.5% fco.x 5 ml	Alcon	BETAXOLOL
12635	BETASEL S	0.25% fco.x 5 ml	Alcon	BETAXOLOL
11983	TONOBEXOL	colir.x 5 ml	Novartis	BETAXOLOL
24747	BEZABOXAL	Rtd.400 mg comp.x 30	Investi	BEZAFIBRATO
29046	BEZACUR[V]	Rtd.400 mg comp.x 30	Investi	BEZAFIBRATO
1567	BEZALIP RETARD	comp.rec.x 30	Sandoz	BEZAFIBRATO
8912	AKINETON RETARD	caps.x 30	Abbott	BIPERIDENO
4635	AKINETON	comp.x 20	Bagó	BIPERIDENO
4637	AKINETON	comp.x 60	Bagó	BIPERIDENO
18537	AKINETON RETARD	comp.x 30	Bagó	BIPERIDENO
31229	BIPERIDENO CEVALLOS	2 mg comp.x 20	Cevallos	BIPERIDENO
29233	BIPERIDENO DUNCAN	2 mg comp.x 20	Duncan	BIPERIDENO
30241	BIPERIDENO DUNCAN	2 mg comp.x 40	Duncan	BIPERIDENO
32645	BIPERIDENO DUNCAN	2 mg comp.x 60	Duncan	BIPERIDENO
34762	SINEKIN	2 mg comp.x 20	Fabop	BIPERIDENO
34763	SINEKIN	2 mg comp.x 60	Fabop	BIPERIDENO
33762	BIPERIDENO NORTHIA	2 mg comp.rec.x 20	Northia	BIPERIDENO
33763	BIPERIDENO NORTHIA	2 mg comp.rec.x 60	Northia	BIPERIDENO
20944	BIPERIDENO LUAR	2 mg comp.x 20	Quimica Luar	BIPERIDENO
20945	BIPERIDENO LUAR	2 mg comp.x 60	Quimica Luar	BIPERIDENO
35823	BIPERIDENO ROSPAW	2 mg comp.x 30	Rospaw	BIPERIDENO
35824	BIPERIDENO ROSPAW	2 mg comp.x 60	Rospaw	BIPERIDENO
11641	BEROFIN	2 mg comp.x 20	Sanofi-Aventis	BIPERIDENO
11642	BEROFIN	2 mg comp.x 60	Sanofi-Aventis	BIPERIDENO
29404	BIPERIDENO VANNIER	2 mg comp.x 20	Vannier	BIPERIDENO
27357	CONCOR	2.5 mg comp.x 30	Elea	BISOPROLOL
1554	PARLODEL	5 mg comp.x 20	Novartis	BROMOCRIPTINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
7777	PARLODEL	5 mg comp.x 60	Novartis	BROMOCRIPTINA
8148	PARLODEL	2.5 mg comp.x 30	Novartis	BROMOCRIPTINA
11243	SEROCRYPTIN	2.5 mg comp.x 30	Serono	BROMOCRIPTINA
13793	PATRINEL 2.5	2.5 mg comp.x 30	Tuteur	BROMOCRIPTINA
12043	ERODIUM	1 mg comp.x 20	Ivax Arg.	BROMPERIDOL
12044	ERODIUM	1 mg comp.x 60	Ivax Arg.	BROMPERIDOL
12045	ERODIUM	5 mg comp.x 20	Ivax Arg.	BROMPERIDOL
12046	ERODIUM	5 mg comp.x 60	Ivax Arg.	BROMPERIDOL
12047	ERODIUM	10 mg comp.x 20	Ivax Arg.	BROMPERIDOL
12048	ERODIUM	10 mg comp.x 60	Ivax Arg.	BROMPERIDOL
12829	ERODIUM 10 AC	gts.x 20 ml	Ivax Arg.	BROMPERIDOL
10359	BROMODOL	1 mg comp.x 20	Janssen-Cilag	BROMPERIDOL
10360	BROMODOL	1 mg comp.x 60	Janssen-Cilag	BROMPERIDOL
10361	BROMODOL	5 mg comp.x 20	Janssen-Cilag	BROMPERIDOL
10362	BROMODOL	5 mg comp.x 60	Janssen-Cilag	BROMPERIDOL
10363	BROMODOL	10 mg comp.x 20	Janssen-Cilag	BROMPERIDOL
10364	BROMODOL	10 mg comp.x 60	Janssen-Cilag	BROMPERIDOL
10508	BROMODOL DECANOATO	iny.a.x 1 x 1 ml	Janssen-Cilag	BROMPERIDOL
10509	BROMODOL DECANOATO	iny.a.x 1 x 3 ml	Janssen-Cilag	BROMPERIDOL
27867	BROMODOL	5 mg comp.x 50	Janssen-Cilag	BROMPERIDOL
14483	SPIROCORT TURBUHALER	200 mcg env.x 200 dosis	AstraZeneca	BUDESONIDE
14484	SPIROCORT TURBUHALER	400 mcg env.x 200 dosis	AstraZeneca	BUDESONIDE
18132	SPIROCORT SUSPENSION PARA NEBULIZAR	0.25 mg/ml monods.x 5	AstraZeneca	BUDESONIDE
18133	SPIROCORT SUSPENSION PARA NEBULIZAR	0.25 mg/ml monods.x 10	AstraZeneca	BUDESONIDE
18134	SPIROCORT SUSPENSION PARA NEBULIZAR	0.5 mg/ml monods.x 5	AstraZeneca	BUDESONIDE
18135	SPIROCORT SUSPENSION PARA NEBULIZAR	0.5 mg/ml monods.x 10	AstraZeneca	BUDESONIDE
37919	INFLAMMIDE	200mcg aer.x15ml/300 ds.	Boehringer Ingel	BUDESONIDE
22488	RINO-B 50	aerosol x 200 dosis	Cassará	BUDESONIDE
28697	HYPERSOL B 50	spray nasal x 200 dosis	Cassará	BUDESONIDE
29510	RINO-B NEBU[V]	gts.p/nebulizar x 20 ml	Cassará	BUDESONIDE
31638	NEUMOCORT	200 mcg aer.x 200 dosis	Cassará	BUDESONIDE
31893	NEUMOCORT FORTE[V]	400 mcg aer.x 150 dosis	Cassará	BUDESONIDE
33879	NEUMOCORT C/AEROMED	200 mcg aer.x 200 dosis	Cassará	BUDESONIDE
38384	AEROVENT	200mcg aer.bronq.x 60ds.	Cassará	BUDESONIDE

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
28134	PROETZONIDE BRONQUIAL	aer.x 100 dosis	Dallas	BUDESONIDE
33248	PROETZONIDE NEBU	fco.x 20 ml	Dallas	BUDESONIDE
34096	PROETZONIDE BRONQUIAL	aer.x 200 dosis	Dallas	BUDESONIDE
33539	BUDESONIDE ELEA	200 mcg aer.x 100 dosis	Elea	BUDESONIDE
30621	AIRBUDE	200 mcg aer.x 200 dosis	Northia	BUDESONIDE
15567	BUDESON	200 mcg aer.x 150 dosis	Nycomed	BUDESONIDE
17587	BUDESON FORTE	400 mcg aer.x 150 dosis	Nycomed	BUDESONIDE
21775	BUDESON NEBU	sol.x 20 ml	Nycomed	BUDESONIDE
22348	BUDESON NASAL	aer.nasal x 200 dosis	Nycomed	BUDESONIDE
25780	BUDESON AQUA	50mcg spray nas.x 100ds.	Nycomed	BUDESONIDE
11249	PULMOLISOFLAM	aer.x 100 dosis	Pfizer	BUDESONIDE
11250	PULMOLISOFLAM PEDIATRICO	aer.x 200 dosis	Pfizer	BUDESONIDE
13700	PULMOLISOFLAM C/AEROCAMARA	aer.x 100 dosis	Pfizer	BUDESONIDE
13701	PULMOLISOFLAM PEDIATRICO C/OPTICHAMBER	aer.x 200 dosis	Pfizer	BUDESONIDE
11208	NEUMOTEX NASAL	50 mcg aer.x 200 ds.	Phoenix	BUDESONIDE
11209	NEUMOTEX BRONQUIAL[V]	200 mcg aer.x 100 dosis	Phoenix	BUDESONIDE
12676	NEUMOTEX NEBU	env.x 20 ml	Phoenix	BUDESONIDE
15168	NEUMOTEX BRONQUIAL FORTE	400 mcg aer.x 100 dosis	Phoenix	BUDESONIDE
19570	NEUMOTEX NASAL	Ped.50 mcg spray x 100ds	Phoenix	BUDESONIDE
24601	NEUMOTEX BRONQUIAL PEDIATRICO	aer.x 200 dosis	Phoenix	BUDESONIDE
26443	NEUMOTEX 400	caps.p/inhalar x 60	Phoenix	BUDESONIDE
30911	NEUMOTEX BRONQUIAL	200 mcg aer.x 200 dosis	Phoenix	BUDESONIDE
30913	NEUMOTEX NASAL	Ped.50 mcg spray x 200ds	Phoenix	BUDESONIDE
25184	ANTASTEN	25 mg comp.x 20	Cetus	CAPTOPRIL
9703	CARBAMAT	200 mg comp.x 30	AstraZeneca	CARBAMAZEPINA
9704	CARBAMAT	200 mg comp.x 60	AstraZeneca	CARBAMAZEPINA
10634	ACTINERVAL	200 mg comp.x 30	Bagó	CARBAMAZEPINA
10635	ACTINERVAL	200 mg comp.x 60	Bagó	CARBAMAZEPINA
12517	CARBAMAZEPINA BOUZEN	200 mg comp.x 30	Bouzen	CARBAMAZEPINA
22658	CARBAMAZEPINA BOUZEN	200 mg comp.x 60	Bouzen	CARBAMAZEPINA
16493	CARBAMAZEPINA DENVER FARMA	200 mg comp.x 30	Denver Farma	CARBAMAZEPINA
15837	CARBAMAZEPINA FABRA	200 mg comp.x 30	Fabra	CARBAMAZEPINA
10708	CARBAGRAMON	comp.x 30	Gram?n-Millet	CARBAMAZEPINA
10709	CARBAGRAMON	comp.x 60	Gram?n-Millet	CARBAMAZEPINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
930	CONFORMAL AP[V]	400 mg comp.x 30	Ivax Arg.	CARBAMAZEPINA
3329	CONFORMAL (A)	200 mg comp.x 30	Ivax Arg.	CARBAMAZEPINA
10411	CONFORMAL[V]	200 mg comp.x 60	Ivax Arg.	CARBAMAZEPINA
9400	ELEBE	200 mg comp.x 30	Medipharma	CARBAMAZEPINA
9403	ELEBE	200 mg comp.x 60	Medipharma	CARBAMAZEPINA
629	TEGRETOL 400 LC[V]	400 mg comp.x 60	Novartis	CARBAMAZEPINA
9259	TEGRETOL 400 LC[V]	400 mg comp.x 30	Novartis	CARBAMAZEPINA
9383	TEGRETOL	200 mg comp.x 30	Novartis	CARBAMAZEPINA
9414	TEGRETOL[V]	200 mg comp.x 60	Novartis	CARBAMAZEPINA
14963	TEGRETOL	jbe.x 120 ml	Novartis	CARBAMAZEPINA
21750	CARBAMACEPINA LUAR	200 mg comp.x 30	Quimica Luar	CARBAMAZEPINA
21751	CARBAMACEPINA LUAR	200 mg comp.x 60	Quimica Luar	CARBAMAZEPINA
11873	TEMLANE-R 200	200 mg comp.x 50	Tuteur	CARBAMAZEPINA
31740	CARVEDIL	6.25 mg comp.x 28	Bagó	CARVEDIOL
31741	CARVEDIL	12.5 mg comp.x 28	Bagó	CARVEDIOL
31742	CARVEDIL	25 mg comp.x 28	Bagó	CARVEDIOL
35257	CARVEDIL	3.125 mg comp.x 28	Bagó	CARVEDIOL
31629	BIDECAR BALIARDA[V]	6.25 mg comp.ran.x 28	Baliarda	CARVEDIOL
31630	BIDECAR BALIARDA[V]	12.5 mg comp.ran.x 28	Baliarda	CARVEDIOL
31631	BIDECAR BALIARDA[V]	25 mg comp.ran.x 28	Baliarda	CARVEDIOL
35437	BIDECAR BALIARDA	6.25 mg comp.ran.x 30	Baliarda	CARVEDIOL
35438	BIDECAR BALIARDA	12.5 mg comp.ran.x 30	Baliarda	CARVEDIOL
35439	BIDECAR BALIARDA	25 mg comp.ran.x 30	Baliarda	CARVEDIOL
31364	ISOBLOC	6.25 mg comp.x 30	Casasco	CARVEDIOL
31365	ISOBLOC	12.5 mg comp.x 30	Casasco	CARVEDIOL
31366	ISOBLOC	25 mg comp.x 30	Casasco	CARVEDIOL
37798	ANTIBLOC 6.25	6.25 mg comp.x 30	Craveri	CARVEDIOL
37799	ANTIBLOC 12.5	12.5 mg comp.x 30	Craveri	CARVEDIOL
37800	ANTIBLOC 25	25 mg comp.x 30	Craveri	CARVEDIOL
32329	VERATEN	6.25 mg comp.x 28	Elea	CARVEDIOL
32330	VERATEN	12.5 mg comp.x 28	Elea	CARVEDIOL
32331	VERATEN	25 mg comp.x 28	Elea	CARVEDIOL
38790	RODIPAL	6.25 mg comp.x 42	Eurofarma	CARVEDIOL
38795	RODIPAL	12.5 mg comp.x 42	Eurofarma	CARVEDIOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
38796	RODIPAL	25 mg comp.x 42	Eurofarma	CARVEDIOL
31296	FILTEN	6.25 mg comp.ran.x 28	Gador	CARVEDIOL
31297	FILTEN	12.5 mg comp.ran.x 28	Gador	CARVEDIOL
31298	FILTEN	25 mg comp.ran.x 28	Gador	CARVEDIOL
32477	FILTEN	3.125 mg comp.ran.x 28	Gador	CARVEDIOL
34634	FILTEN	3.125 mg comp.ran.x 30	Gador	CARVEDIOL
34635	FILTEN	3.125 mg comp.ran.x 60	Gador	CARVEDIOL
34636	FILTEN	6.25 mg comp.ran.x 30	Gador	CARVEDIOL
34637	FILTEN	6.25 mg comp.ran.x 60	Gador	CARVEDIOL
34638	FILTEN	12.5 mg comp.ran.x 30	Gador	CARVEDIOL
34639	FILTEN	12.5 mg comp.ran.x 60	Gador	CARVEDIOL
34640	FILTEN	25 mg comp.ran.x 30	Gador	CARVEDIOL
34641	FILTEN	25 mg comp.ran.x 60	Gador	CARVEDIOL
39994	FILTEN	6.25 mg comp.ran.x 56	Gador	CARVEDIOL
37785	HIPOTEN KLONAL	6.25 mg comp.ran.x 30	Klonal	CARVEDIOL
37786	HIPOTEN KLONAL	12.5 mg comp.ran.x 30	Klonal	CARVEDIOL
37787	HIPOTEN KLONAL	25 mg comp.ran.x 30	Klonal	CARVEDIOL
37468	CORAFEN	6.25 mg comp.ran.x 28	Laboratorios Bernabo	CARVEDIOL
37469	CORAFEN	12.5 mg comp.ran.x 28	Laboratorios Bernabo	CARVEDIOL
37470	CORAFEN	25 mg comp.ran.x 28	Laboratorios Bernabo	CARVEDIOL
36205	CORUBIN	6.25 mg comp.x 28	Lazar	CARVEDIOL
36206	CORUBIN	12.5 mg comp.x 28	Lazar	CARVEDIOL
36207	CORUBIN	25 mg comp.x 28	Lazar	CARVEDIOL
35111	CARVEDIOL NORTHIA	25 mg comp.x 28	Northia	CARVEDIOL
35376	CLORATEN	12.5 mg comp.rec.x 28	Northia	CARVEDIOL
10556	DILATREND	25 mg comp.ran.x 28	Nova Argentia	CARVEDIOL
18289	DILATREND	12.5 mg comp.ran.x 28	Nova Argentia	CARVEDIOL
18961	DILATREND	6.25 mg comp.ran.x 28	Nova Argentia	CARVEDIOL
37172	VICARDOL	6.25 mg comp.x 30	Penn Pharmaceuticals	CARVEDIOL
37173	VICARDOL	12.50 mg comp.x 30	Penn Pharmaceuticals	CARVEDIOL
37174	VICARDOL	25 mg comp.x 30	Penn Pharmaceuticals	CARVEDIOL
36845	RUDOXIL	6.25 mg comp.x 28	Phoenix	CARVEDIOL
36846	RUDOXIL	12.5 mg comp.x 28	Phoenix	CARVEDIOL
36847	RUDOXIL	25 mg comp.x 28	Phoenix	CARVEDIOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
24453	CORITENSIL[V]	6.25 mg comp.ran.x 28	Roux Ocefa	CARVEDILOL
24454	CORITENSIL[V]	12.5 mg comp.x 28	Roux Ocefa	CARVEDILOL
24455	CORITENSIL[V]	25 mg comp.x 28	Roux Ocefa	CARVEDILOL
35231	DUOBLOC	6.25 mg comp.x 28	Sidus	CARVEDILOL
35232	DUOBLOC	12.5 mg comp.x 28	Sidus	CARVEDILOL
35233	DUOBLOC	25 mg comp.x 28	Sidus	CARVEDILOL
28926	ROGASTRIL	1 mg comp.x 15	Roemmers	CINITAPRIDA
28927	ROGASTRIL	1 mg comp.x 30	Roemmers	CINITAPRIDA
18311	SOLFIDIN	0.5 mg comp.x 30	AstraZeneca	CLONAZEPAM
18312	SOLFIDIN	2 mg comp.x 30	AstraZeneca	CLONAZEPAM
34692	OLIMER	0.5 mg comp.x 10	AstraZeneca	CLONAZEPAM
34693	OLIMER	0.5 mg comp.x 30	AstraZeneca	CLONAZEPAM
34694	OLIMER	0.5 mg comp.x 50	AstraZeneca	CLONAZEPAM
34695	OLIMER	2 mg comp.x 10	AstraZeneca	CLONAZEPAM
34696	OLIMER	2 mg comp.x 30	AstraZeneca	CLONAZEPAM
34697	OLIMER	2 mg comp.x 50	AstraZeneca	CLONAZEPAM
26895	NEURYL	0.5 mg comp.x 50	Bagó	CLONAZEPAM
26896	NEURYL	2 mg comp.x 50	Bagó	CLONAZEPAM
28545	NEURYL	gts.x 20 ml	Bagó	CLONAZEPAM
30024	NEURYL	Flash 0.5 mg comp.x 50	Bagó	CLONAZEPAM
35428	NEURYL	0.5 mg comp.x 30	Bagó	CLONAZEPAM
35429	NEURYL	2 mg comp.x 30	Bagó	CLONAZEPAM
22283	CLONAGIN[V]	0.5 mg comp.x 30	Baliarda	CLONAZEPAM
22284	CLONAGIN[V]	0.5 mg comp.x 60	Baliarda	CLONAZEPAM
22285	CLONAGIN[V]	2 mg comp.x 30	Baliarda	CLONAZEPAM
22286	CLONAGIN	2 mg comp.x 60	Baliarda	CLONAZEPAM
30537	CLONAGIN[V]	gts.x 20 ml	Baliarda	CLONAZEPAM
33008	CLONAGIN	2 mg comp.x 50	Baliarda	CLONAZEPAM
33009	CLONAGIN[V]	0.5 mg comp.x 50	Baliarda	CLONAZEPAM
38764	CLONABAY	0.5 mg comp.x 30	Bayer (BSP)	CLONAZEPAM
38765	CLONABAY	0.5 mg comp.x 60	Bayer (BSP)	CLONAZEPAM
38766	CLONABAY	2 mg comp.x 30	Bayer (BSP)	CLONAZEPAM
38767	CLONABAY	2 mg comp.x 60	Bayer (BSP)	CLONAZEPAM
28492	CLONAX	0.5 mg comp.x 30	Beta	CLONAZEPAM



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
28493	CLONAX	2 mg comp.x 30	Beta	CLONAZEPAM
34038	CLONAX	0.5 mg comp.x 60	Beta	CLONAZEPAM
34039	CLONAX	2 mg comp.x 60	Beta	CLONAZEPAM
37227	CLONAZEN 2	2 mg comp.x 30	Bouzen	CLONAZEPAM
38594	CLONAZEPAM CEVALLOS	0.5 mg comp.x 30	Cevallos	CLONAZEPAM
38595	CLONAZEPAM CEVALLOS	2 mg comp.x 30	Cevallos	CLONAZEPAM
35772	SEDOVANON	0.5 mg comp.x 10	Craveri	CLONAZEPAM
35773	SEDOVANON	0.5 mg comp.x 30	Craveri	CLONAZEPAM
35774	SEDOVANON	2 mg comp.x 30	Craveri	CLONAZEPAM
30260	CLONAZEPAM DOSA	2 mg comp.x 50	Dosa	CLONAZEPAM
31008	CLONAZEPAM DOSA	2 mg comp.x 30	Dosa	CLONAZEPAM
29230	CLONAZEPAM DUNCAN	2 mg comp.x 60	Duncan	CLONAZEPAM
32466	CLONAZEPAM DUNCAN	0.5 mg comp.x 60	Duncan	CLONAZEPAM
34030	CLONAZEPAM DUNCAN	0.25% gts.x 20 ml	Duncan	CLONAZEPAM
19999	DIOCAM	0.5 mg comp.x 30	Elisium	CLONAZEPAM
20000	DIOCAM	2 mg comp.x 30	Elisium	CLONAZEPAM
21330	DIOCAM	0.5 mg comp.x 50	Elisium	CLONAZEPAM
21331	DIOCAM	2 mg comp.x 50	Elisium	CLONAZEPAM
31819	INDUZEPAM[V]	0.50 mg comp.x 30	Finadiet	CLONAZEPAM
31820	INDUZEPAM[V]	0.50 mg comp.x 50	Finadiet	CLONAZEPAM
31821	INDUZEPAM[V]	2 mg comp.x 30	Finadiet	CLONAZEPAM
31822	INDUZEPAM[V]	2 mg comp.x 50	Finadiet	CLONAZEPAM
31823	INDUZEPAM	0.25% sol.oral x 20 ml	Finadiet	CLONAZEPAM
33615	INDUZEPAM SUBLINGUAL[V]	0.50 mg comp.x 30	Finadiet	CLONAZEPAM
36121	CLONAZEPAM GENPHARMA	0.5 mg comp.x 30	Genpharma	CLONAZEPAM
36123	CLONAZEPAM GENPHARMA	0.5 mg comp.x 60	Genpharma	CLONAZEPAM
36125	CLONAZEPAM GENPHARMA	2 mg comp.x 30	Genpharma	CLONAZEPAM
36126	CLONAZEPAM GENPHARMA	2 mg comp.x 60	Genpharma	CLONAZEPAM
10519	RIVOTRIL	2 mg comp.x 50	Investi	CLONAZEPAM
14450	RIVOTRIL	0.5 mg comp.x 50	Investi	CLONAZEPAM
17546	RIVOTRIL	0.5 mg comp.x 30	Investi	CLONAZEPAM
17547	RIVOTRIL	2 mg comp.x 30	Investi	CLONAZEPAM
17769	RIVOTRIL	0.25% gts.x 20 ml	Investi	CLONAZEPAM
18746	RIVOTRIL	0.5 mg comp.x 60	Investi	CLONAZEPAM

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
18747	RIVOTRIL	2 mg comp.x 60	Investi	CLONAZEPAM
34184	ALERION	0.5 mg comp.birran.x 30	Investi	CLONAZEPAM
34185	ALERION	2 mg comp.birran.x 30	Investi	CLONAZEPAM
37981	MIOZEPAM	0.5 mg comp.x 30	Laboratorios Bernabo	CLONAZEPAM
37982	MIOZEPAM	2 mg comp.x 30	Laboratorios Bernabo	CLONAZEPAM
36245	CLONAZEPAN LEMAX	0.5 mg comp.x 30	Lemax	CLONAZEPAM
36246	CLONAZEPAN LEMAX	0.5 mg comp.x 50	Lemax	CLONAZEPAM
36247	CLONAZEPAN LEMAX	2 mg comp.x 30	Lemax	CLONAZEPAM
36248	CLONAZEPAN LEMAX	2 mg comp.x 50	Lemax	CLONAZEPAM
36249	CLONAZEPAN LEMAX	gts.x 20 ml	Lemax	CLONAZEPAM
35952	FELANOR	0.5 mg comp.x 30	LKM	CLONAZEPAM
35954	FELANOR	2 mg comp.x 30	LKM	CLONAZEPAM
30890	RIUCLONAZ	0.5 mg comp.ran.x 30	Medipharma	CLONAZEPAM
30891	RIUCLONAZ	0.5 mg comp.ran.x 60	Medipharma	CLONAZEPAM
30892	RIUCLONAZ	2 mg comp.ran.x 30	Medipharma	CLONAZEPAM
30893	RIUCLONAZ	2 mg comp.ran.x 60	Medipharma	CLONAZEPAM
31587	CLONAZEPAM MONTE VERDE	0.5 mg comp.x 30	Monte Verde	CLONAZEPAM
31588	CLONAZEPAM MONTE VERDE	0.5 mg comp.x 50	Monte Verde	CLONAZEPAM
31589	CLONAZEPAM MONTE VERDE	0.5 mg comp.x 60	Monte Verde	CLONAZEPAM
31590	CLONAZEPAM MONTE VERDE	2 mg comp.x 30	Monte Verde	CLONAZEPAM
31591	CLONAZEPAM MONTE VERDE	2 mg comp.x 50	Monte Verde	CLONAZEPAM
31592	CLONAZEPAM MONTE VERDE	2 mg comp.x 60	Monte Verde	CLONAZEPAM
33766	CLONAZEPAM NORTHIA	0.5 mg comp.rec.x 50	Northia	CLONAZEPAM
33767	CLONAZEPAM NORTHIA	2 mg comp.rec.x 60	Northia	CLONAZEPAM
33853	CLONAZEPAM NORTHIA	0.5 mg comp.rec.x 60	Northia	CLONAZEPAM
33854	CLONAZEPAM NORTHIA	2 mg comp.rec.x 30	Northia	CLONAZEPAM
33855	CLONAZEPAM NORTHIA	2 mg comp.rec.x 50	Northia	CLONAZEPAM
33973	CLONAZEPAM NORTHIA	gts.x 20 ml	Northia	CLONAZEPAM
31061	EDICTUM 2 MG	comp.x 30	Phoenix	CLONAZEPAM
31062	EDICTUM 2 MG	comp.x 10	Phoenix	CLONAZEPAM
31063	EDICTUM 0.5 MG	comp.x 10	Phoenix	CLONAZEPAM
31064	EDICTUM 0.5 MG	comp.x 30	Phoenix	CLONAZEPAM
36837	EDICTUM 0.5 MG	comp.x 50	Phoenix	CLONAZEPAM
36838	EDICTUM 2 MG	comp.x 50	Phoenix	CLONAZEPAM

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
38404	PLACIDIAX	0.5 mg comp.ran.x 30	Richmond	CLONAZEPAM
38405	PLACIDIAX	0.5 mg comp.ran.x 60	Richmond	CLONAZEPAM
38406	PLACIDIAX	2 mg comp.birran.x 30	Richmond	CLONAZEPAM
38407	PLACIDIAX	2 mg comp.birran.x 60	Richmond	CLONAZEPAM
32935	CICLOX	0.5 mg comp.x 30	Sandoz	CLONAZEPAM
32936	CICLOX	2 mg comp.x 30	Sandoz	CLONAZEPAM
36113	LEPTIC	0.5 mg comp.x 10	Soubeiran Chobet	CLONAZEPAM
36114	LEPTIC	0.5 mg comp.x 30	Soubeiran Chobet	CLONAZEPAM
36115	LEPTIC	0.5 mg comp.x 50	Soubeiran Chobet	CLONAZEPAM
36116	LEPTIC	2 mg comp.x 10	Soubeiran Chobet	CLONAZEPAM
36117	LEPTIC	2 mg comp.x 30	Soubeiran Chobet	CLONAZEPAM
36118	LEPTIC	2 mg comp.x 50	Soubeiran Chobet	CLONAZEPAM
32387	SENSATON	0.5 mg comp.x 30	Temis-Lostaló	CLONAZEPAM
32388	SENSATON	2.0 mg comp.x 30	Temis-Lostaló	CLONAZEPAM
34518	CLONER	0.5 mg comp.x 30	Vannier	CLONAZEPAM
34519	CLONER	0.5 mg comp.x 50	Vannier	CLONAZEPAM
34520	CLONER	2 mg comp.x 30	Vannier	CLONAZEPAM
34521	CLONER	2 mg comp.x 50	Vannier	CLONAZEPAM
34522	CLONER	gts.x 20 ml	Vannier	CLONAZEPAM
34722	TROKEN	75 mg comp.x 14	Bagó	CLOPIDOGREL
34723	TROKEN	75 mg comp.x 28	Bagó	CLOPIDOGREL
34559	CLODREL	75 mg comp.rec.x 15	Baliarda	CLOPIDOGREL
35649	CLODREL	75 mg comp.rec.x 30	Baliarda	CLOPIDOGREL
23314	ISCOVER	75 mg comp.rec.x 28	Bristol	CLOPIDOGREL
24568	ISCOVER	75 mg comp.rec.x 14	Bristol	CLOPIDOGREL
33409	PLEYAR	75 mg comp.rec.x 15	Casasco	CLOPIDOGREL
33410	PLEYAR	75 mg comp.rec.x 30	Casasco	CLOPIDOGREL
33764	CLOPIDOGREL NORTHIA	75 mg comp.rec.x 30	Northia	CLOPIDOGREL
33906	CLOPIDOGREL NORTHIA	75 mg comp.rec.x 14	Northia	CLOPIDOGREL
32802	ANTIPLAQ[V]	75 mg comp.x 30	Penn Pharmaceuticals	CLOPIDOGREL
36751	ANTIPLAQ	75 mg comp.x 15	Penn Pharmaceuticals	CLOPIDOGREL
29123	NEFAZAN	75 mg comp.x 15	Phoenix	CLOPIDOGREL
29124	NEFAZAN	75 mg comp.x 30	Phoenix	CLOPIDOGREL
33880	NABRATIN	75 mg comp.rec.x 15	Raffo	CLOPIDOGREL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
33881	NABRATIN	75 mg comp.rec.x 30	Raffo	CLOPIDOGREL
33301	CLODIAN	75 mg comp.rec.x 15	Sandoz	CLOPIDOGREL
33302	CLODIAN	75 mg comp.rec.x 30	Sandoz	CLOPIDOGREL
22961	PLAVIX	75 mg comp.rec.x 14	Sanofi-Aventis	CLOPIDOGREL
22962	PLAVIX	75 mg comp.rec.x 28	Sanofi-Aventis	CLOPIDOGREL
7082	NIVAQUINE	comp.x 30	Sanofi-Aventis	CLOROQUINA
28517	CLORPROMAZINA CEVALLOS	25 mg comp.x 30	Cevallos	CLORPROMAZINA
28518	CLORPROMAZINA CEVALLOS	100 mg comp.x 50	Cevallos	CLORPROMAZINA
29433	CLORPROMAZINA DUNCAN	25 mg comp.x 30	Duncan	CLORPROMAZINA
29434	CLORPROMAZINA DUNCAN	100 mg comp.x 50	Duncan	CLORPROMAZINA
21752	CLORPROMAZINA LUAR	25 mg comp.x 30	Quimica Luar	CLORPROMAZINA
21753	CLORPROMAZINA LUAR	25 mg comp.x 60	Quimica Luar	CLORPROMAZINA
21755	CLORPROMAZINA LUAR	100 mg comp.x 30	Quimica Luar	CLORPROMAZINA
21756	CLORPROMAZINA LUAR	100 mg comp.x 60	Quimica Luar	CLORPROMAZINA
17352	AMPLIACTIL	0.5% IM iny.x 10	Rhone Poulenc	CLORPROMAZINA
2469	AMPLIACTIL	100 mg comp.x 50	Sanofi-Aventis	CLORPROMAZINA
10987	AMPLIACTIL	0.5% IM iny.x 5	Sanofi-Aventis	CLORPROMAZINA
10989	AMPLIACTIL	25 mg comp.x 30	Sanofi-Aventis	CLORPROMAZINA
36177	EURETICO	50 mg comp.x 30	Casasco	CLORTALIDONA
33732	CLORTALIDONA NORTHIA	50 mg comp.x 20	Northia	CLORTALIDONA
36078	CLORTALIDONA NORTHIA	25 mg comp.x 30	Northia	CLORTALIDONA
2185	HYGROTON	50 mg comp.x 20	Novartis	CLORTALIDONA
18246	HYGROTON	25 mg comp.x 30	Novartis	CLORTALIDONA
15838	CLOZAPINA FABRA	25 mg comp.x 100	Fabra	CLOZAPINA
15839	CLOZAPINA FABRA	100 mg comp.x 100	Fabra	CLOZAPINA
24444	CLOZAPINA FABRA	25 mg comp.x 30	Fabra	CLOZAPINA
24446	CLOZAPINA FABRA	100 mg comp.x 30	Fabra	CLOZAPINA
26422	SEQUAX	25 mg comp.x 30	Ivax Arg.	CLOZAPINA
26423	SEQUAX	25 mg comp.x 100	Ivax Arg.	CLOZAPINA
26424	SEQUAX	100 mg comp.x 30	Ivax Arg.	CLOZAPINA
26425	SEQUAX	100 mg comp.x 100	Ivax Arg.	CLOZAPINA
36250	CLOZAPINA LEMAX	25 mg comp.x 30	Lemax	CLOZAPINA
36251	CLOZAPINA LEMAX	25 mg comp.x 100	Lemax	CLOZAPINA
36252	CLOZAPINA LEMAX	100 mg comp.x 20	Lemax	CLOZAPINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
36253	CLOZAPINA LEMAX	100 mg comp.x 30	Lemax	CLOZAPINA
36254	CLOZAPINA LEMAX	100 mg comp.x 100	Lemax	CLOZAPINA
17637	LAPENAX	25 mg comp.x 100	Novartis	CLOZAPINA
17638	LAPENAX	100 mg comp.x 20	Novartis	CLOZAPINA
17639	LAPENAX	100 mg comp.x 30	Novartis	CLOZAPINA
17640	LAPENAX	100 mg comp.x 100	Novartis	CLOZAPINA
35825	CLOZAPINA ROSPAW	25 mg comp.x 30	Rospaw	CLOZAPINA
35826	CLOZAPINA ROSPAW	25 mg comp.x 100	Rospaw	CLOZAPINA
35827	CLOZAPINA ROSPAW	100 mg comp.x 30	Rospaw	CLOZAPINA
35828	CLOZAPINA ROSPAW	100 mg comp.x 100	Rospaw	CLOZAPINA
9313	QUESTRAN LIGHT	pvo.sob.x 50	Bristol	COLESTIRAMINA ANHIDRA
3227	INTAL	aer.x 112 dosis	Phoenix	CROMOGLICATO DISODICO
6482	INTAL	20 mg caps.x 30	Phoenix	CROMOGLICATO DISODICO
12949	INTAL NEBU	a.p/nebul.x 16	Phoenix	CROMOGLICATO DISODICO
1598	LANICOR	comp.x 20	HLB Pharma	DIGOXINA
1599	LANICOR	comp.x 60	HLB Pharma	DIGOXINA
1600	LANICOR	comp.x 120	HLB Pharma	DIGOXINA
1601	LANICOR	gts.x 10 ml	HLB Pharma	DIGOXINA
14805	DIGOCARD-G	0.25 mg comp.x 50	Klonal	DIGOXINA
14807	DIGOCARD-G	gts.x 10 ml	Klonal	DIGOXINA
33951	DIGOCARD-G	0.25 mg comp.x 20	Klonal	DIGOXINA
29874	DIGOXINA LAFEDAR (A)[V]	0.25 mg comp.x 40	Lafedar	DIGOXINA
7313	CARDIOGOXIN	0.25 mg comp.x 30	Medipharma	DIGOXINA
19632	CARDIOGOXIN	0.25 mg comp.x 60	Medipharma	DIGOXINA
13789	DIMECIP 0.25	0.25 mg comp.x 30	Tuteur	DIGOXINA
19697	DIMECIP 0.25	0.25 mg comp.x 50	Tuteur	DIGOXINA
968	INCORIL	60 mg comp.x 60	Bagó	DILTIAZEM
969	INCORIL AP	90 mg comp.x 30	Bagó	DILTIAZEM
970	INCORIL AP	90 mg comp.x 60	Bagó	DILTIAZEM
9274	INCORIL AP	120 mg comp.x 30	Bagó	DILTIAZEM
9277	INCORIL MONODOSIS	180 mg comp.x 30	Bagó	DILTIAZEM
9278	INCORIL MONODOSIS	240 mg comp.x 30	Bagó	DILTIAZEM
19988	DILTENK	60 mg comp.x 60	Biotenk	DILTIAZEM
27856	DILTENK AP 90	90 mg comp.x 30	Biotenk	DILTIAZEM

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
34600	DILTENK	60 mg comp.x 50	Biotenk	DILTIAZEM
34601	DILTENK AP 90	90 mg comp.x 20	Biotenk	DILTIAZEM
36591	DILTENK AP 120	120 mg comp.x 30	Biotenk	DILTIAZEM
6346	TILAZEM	60 mg comp.x 60	Elea	DILTIAZEM
6347	TILAZEM	90 mg comp.x 60	Elea	DILTIAZEM
11063	TILAZEM	120 mg comp.x 30	Elea	DILTIAZEM
36059	TILAZEM	120 mg comp.x 60	Elea	DILTIAZEM
38951	CORODROX	60 mg comp.x 60	Fabop	DILTIAZEM
20420	KALTIAZEM 60	comp.x 50	Fabra	DILTIAZEM
33370	FADA DILTIAZEM	60 mg comp.x 20	Fada Pharma	DILTIAZEM
1589	HART	120 mg comp.x 30	Ivax Arg.	DILTIAZEM
1611	HART A.P.	180 mg caps.x 30	Ivax Arg.	DILTIAZEM
8690	HART	60 mg comp.x 20	Ivax Arg.	DILTIAZEM
8691	HART	60 mg comp.x 50	Ivax Arg.	DILTIAZEM
8692	HART A.P.	caps.x 20	Ivax Arg.	DILTIAZEM
8693	HART A.P.[V]	caps.x 50	Ivax Arg.	DILTIAZEM
18777	HART CD[V]	180 mg caps.x 30	Ivax Arg.	DILTIAZEM
18778	HART CD[V]	240 mg caps.x 30	Ivax Arg.	DILTIAZEM
13353	DILZEN G	60 mg comp.x 20	Klonal	DILTIAZEM
13354	DILZEN G[V]	60 mg comp.x 50	Klonal	DILTIAZEM
13355	DILZEN G	90 mg comp.x 20	Klonal	DILTIAZEM
13356	DILZEN G	90 mg comp.x 50	Klonal	DILTIAZEM
13357	DILZEN G	120 mg comp.x 20	Klonal	DILTIAZEM
13358	DILZEN G	120 mg comp.x 50	Klonal	DILTIAZEM
31606	DILTIAZEM NORTHIA	60 mg comp.x 50	Northia	DILTIAZEM
4531	ACALIX	90 mg comp.x 20	Roemmers	DILTIAZEM
4532	ACALIX	90 mg comp.x 50	Roemmers	DILTIAZEM
4537	ACALIX	120 mg comp.x 20	Roemmers	DILTIAZEM
4545	ACALIX	120 mg comp.x 50	Roemmers	DILTIAZEM
7576	ACALIX	60 mg comp.x 20	Roemmers	DILTIAZEM
7577	ACALIX	60 mg comp.x 50	Roemmers	DILTIAZEM
7578	ACALIX AP	120 mg caps.x 30	Roemmers	DILTIAZEM
17871	ACALIX CD	180 mg caps.x 30	Roemmers	DILTIAZEM
17872	ACALIX CD	240 mg caps.x 30	Roemmers	DILTIAZEM

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
17873	ACALIX CD	300 mg caps.x 30	Roemmers	DILTIAZEM
38106	ACALIX CRONOS	180 mg caps.x 30	Roemmers	DILTIAZEM
38107	ACALIX CRONOS	240 mg caps.x 30	Roemmers	DILTIAZEM
38108	ACALIX CRONOS	300 mg caps.x 30	Roemmers	DILTIAZEM
14540	DILAURAN 60	60 mg comp.x 50	Tuteur	DILTIAZEM
14541	DILAURAN 120 AP	120 mg comp.x 30	Tuteur	DILTIAZEM
36325	DORLAMIDA	sol.oft.x 5 ml	Atlas	DORZOLAMIDA
17782	TRUSOPT[V]	2% gts.oft.x 5 ml	Merck Sharp & Do	DORZOLAMIDA
3457	GLIOTEN	10 mg comp.x 30	Bagó	ENALAPRIL
3462	GLIOTEN	10 mg comp.x 60	Bagó	ENALAPRIL
3463	GLIOTEN	20 mg comp.x 30	Bagó	ENALAPRIL
3464	GLIOTEN	20 mg comp.x 60	Bagó	ENALAPRIL
11087	GLIOTEN	5 mg comp.x 30	Bagó	ENALAPRIL
11088	GLIOTEN	5 mg comp.x 60	Bagó	ENALAPRIL
31227	GLIOTEN	5 mg comp.x 100	Bagó	ENALAPRIL
31228	GLIOTEN	10 mg comp.x 100	Bagó	ENALAPRIL
31329	GLIOTEN	5 mg comp.x 20	Bagó	ENALAPRIL
31330	GLIOTEN	20 mg comp.x 20	Bagó	ENALAPRIL
31331	GLIOTEN	10 mg comp.x 20	Bagó	ENALAPRIL
34573	MAXEN	5 mg comp.rec.ran.x 20	Baliarda	ENALAPRIL
34575	MAXEN	10 mg comp.rec.ran.x 20	Baliarda	ENALAPRIL
34577	MAXEN	20 mg comp.rec.ran.x 20	Baliarda	ENALAPRIL
35473	MAXEN	5 mg comp.rec.ran.x 60	Baliarda	ENALAPRIL
35474	MAXEN	10 mg comp.rec.ran.x 60	Baliarda	ENALAPRIL
35475	MAXEN	20 mg comp.rec.ran.x 60	Baliarda	ENALAPRIL
35476	MAXEN	5 mg comp.rec.ran.x 30	Baliarda	ENALAPRIL
35477	MAXEN	10 mg comp.rec.ran.x 30	Baliarda	ENALAPRIL
35478	MAXEN	20 mg comp.rec.ran.x 30	Baliarda	ENALAPRIL
38753	BAYPRIL	10 mg comp.x 30	Bayer (BSP)	ENALAPRIL
38754	BAYPRIL	10 mg comp.x 60	Bayer (BSP)	ENALAPRIL
38755	BAYPRIL	20 mg comp.x 30	Bayer (BSP)	ENALAPRIL
38756	BAYPRIL	20 mg comp.x 60	Bayer (BSP)	ENALAPRIL
16574	PRILTENK	10 mg comp.x 30	Biotenk	ENALAPRIL
19962	PRILTENK	10 mg comp.x 60	Biotenk	ENALAPRIL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
22353	PRILTENK	20 mg comp.x 30	Biotenk	ENALAPRIL
32035	PRILTENK	10 mg comp.x 50	Biotenk	ENALAPRIL
34608	PRILTENK	20 mg comp.x 40	Biotenk	ENALAPRIL
24635	TENCAS	10 mg comp.x 30	Casasco	ENALAPRIL
24636	TENCAS	20 mg comp.x 30	Casasco	ENALAPRIL
33477	TENCAS	5 mg comp.x 30	Casasco	ENALAPRIL
34249	TENCAS	5 mg comp.x 20	Casasco	ENALAPRIL
34250	TENCAS	5 mg comp.x 50	Casasco	ENALAPRIL
34251	TENCAS	10 mg comp.x 20	Casasco	ENALAPRIL
34252	TENCAS	10 mg comp.x 50	Casasco	ENALAPRIL
34253	TENCAS	20 mg comp.x 20	Casasco	ENALAPRIL
34254	TENCAS	20 mg comp.x 50	Casasco	ENALAPRIL
36182	TENCAS	10 mg comp.x 100	Casasco	ENALAPRIL
36832	DENTROMIN	10 mg comp.x 50	Denver Farma	ENALAPRIL
36833	DENTROMIN	20 mg comp.x 50	Denver Farma	ENALAPRIL
457	ENALDUN	20 mg comp.x 30	Duncan	ENALAPRIL
32528	ENALDUN	20 mg comp.x 60	Duncan	ENALAPRIL
35593	ENALDUN (A)	5 mg comp.x 30	Duncan	ENALAPRIL
3209	DEFLUIN	10 mg comp.x 20	Elea	ENALAPRIL
9609	DEFLUIN	5 mg comp.x 30	Elea	ENALAPRIL
9610	DEFLUIN	10 mg comp.x 60	Elea	ENALAPRIL
11260	DEFLUIN	20 mg comp.x 20	Elea	ENALAPRIL
11261	DEFLUIN	20 mg comp.x 60	Elea	ENALAPRIL
17297	DEFLUIN	5 mg comp.x 60	Elea	ENALAPRIL
32294	FABOTENSIL	10 mg comp.x 20	Fabop	ENALAPRIL
32295	FABOTENSIL	10 mg comp.x 50	Fabop	ENALAPRIL
32490	FABOTENSIL	5 mg comp.x 20	Fabop	ENALAPRIL
32491	FABOTENSIL	5 mg comp.x 50	Fabop	ENALAPRIL
32492	FABOTENSIL	20 mg comp.x 20	Fabop	ENALAPRIL
32493	FABOTENSIL	20 mg comp.x 50	Fabop	ENALAPRIL
20422	PRESI REGUL	5 mg comp.x 20	Fabra	ENALAPRIL
20423	PRESI REGUL	5 mg comp.x 50	Fabra	ENALAPRIL
20424	PRESI REGUL	10 mg comp.x 50	Fabra	ENALAPRIL
20425	PRESI REGUL	10 mg comp.x 20	Fabra	ENALAPRIL



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
20426	PRESI REGUL	20 mg comp.x 20	Fabra	ENALAPRIL
20427	PRESI REGUL	20 mg comp.x 50	Fabra	ENALAPRIL
29336	FADA ENALAPRIL	10 mg comp.x 20	Fada Pharma	ENALAPRIL
37775	FADA ENALAPRIL	10 mg comp.x 50	Fada Pharma	ENALAPRIL
10548	GADOPRIL	10 mg comp.ran.x 20	Gador	ENALAPRIL
10549	GADOPRIL	10 mg comp.ran.x 50	Gador	ENALAPRIL
10550	GADOPRIL	20 mg comp.ran.x 20	Gador	ENALAPRIL
10551	GADOPRIL	20 mg comp.ran.x 50	Gador	ENALAPRIL
21915	GADOPRIL	5 mg comp.ran.x 50	Gador	ENALAPRIL
31288	GADOPRIL	5 mg comp.ran.x 20	Gador	ENALAPRIL
33873	GADOPRIL	5 mg comp.ran.x 100	Gador	ENALAPRIL
33874	GADOPRIL	10 mg comp.ran.x 100	Gador	ENALAPRIL
33875	GADOPRIL	20 mg comp.ran.x 100	Gador	ENALAPRIL
34645	GADOPRIL	5 mg comp.ran.x 30	Gador	ENALAPRIL
34646	GADOPRIL	5 mg comp.ran.x 60	Gador	ENALAPRIL
34647	GADOPRIL	10 mg comp.ran.x 30	Gador	ENALAPRIL
34648	GADOPRIL	10 mg comp.ran.x 60	Gador	ENALAPRIL
34649	GADOPRIL	20 mg comp.ran.x 30	Gador	ENALAPRIL
34650	GADOPRIL	20 mg comp.ran.x 60	Gador	ENALAPRIL
34698	HIPERTAN	10 mg comp.x 20	Gram?n	ENALAPRIL
34699	HIPERTAN	10 mg comp.x 50	Gram?n	ENALAPRIL
37999	VASOPRIL	5 mg comp.x 30	Indeco	ENALAPRIL
38000	VASOPRIL	10 mg comp.x 30	Indeco	ENALAPRIL
38001	VASOPRIL	20 mg comp.x 30	Indeco	ENALAPRIL
30969	ENATRIAL	10 mg comp.x 30	Investi	ENALAPRIL
30970	ENATRIAL	10 mg comp.x 60	Investi	ENALAPRIL
31068	ENATRIAL	5 mg comp.x 30	Investi	ENALAPRIL
31069	ENATRIAL	5 mg comp.x 60	Investi	ENALAPRIL
13359	NALAPRIL	5 mg comp.x 20	Klonal	ENALAPRIL
13360	NALAPRIL	5 mg comp.x 50	Klonal	ENALAPRIL
13361	NALAPRIL	10 mg comp.x 20	Klonal	ENALAPRIL
13362	NALAPRIL	10 mg comp.x 50	Klonal	ENALAPRIL
13363	NALAPRIL	20 mg comp.x 20	Klonal	ENALAPRIL
13364	NALAPRIL	20 mg comp.x 50	Klonal	ENALAPRIL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
31256	NALAPRIL	5 mg comp.x 30	Klonal	ENALAPRIL
31257	NALAPRIL	10 mg comp.x 30	Klonal	ENALAPRIL
31258	NALAPRIL	20 mg comp.x 30	Klonal	ENALAPRIL
7035	ECAPRILAT	10 mg comp.x 60	Lazar	ENALAPRIL
7072	ECAPRILAT	20 mg comp.x 60	Lazar	ENALAPRIL
33723	ECAPRILAT	10 mg comp.x 100(s/troq)	Lazar	ENALAPRIL
34449	ECAPRILAT	20 mg comp.x 100(s/troq)	Lazar	ENALAPRIL
35084	ECAPRILAT	10 mg comp.x 30	Lazar	ENALAPRIL
35085	ECAPRILAT	20 mg comp.x 30	Lazar	ENALAPRIL
3210	DEFLUIN	10 mg comp.x 40	Merck Serono	ENALAPRIL
5401	RENITEC	10 mg comp.x 30	Merck Sharp & Do	ENALAPRIL
5402	RENITEC	10 mg comp.x 60	Merck Sharp & Do	ENALAPRIL
5403	RENITEC	20 mg comp.x 30	Merck Sharp & Do	ENALAPRIL
5404	RENITEC	20 mg comp.x 60	Merck Sharp & Do	ENALAPRIL
8749	RENITEC	5 mg comp.x 30	Merck Sharp & Do	ENALAPRIL
8756	RENITEC	5 mg comp.x 60	Merck Sharp & Do	ENALAPRIL
17200	SULOCTEN	10 mg comp.x 20	Microsules Arg.	ENALAPRIL
17201	SULOCTEN	10 mg comp.x 50	Microsules Arg.	ENALAPRIL
17202	SULOCTEN	20 mg comp.x 20	Microsules Arg.	ENALAPRIL
17203	SULOCTEN	20 mg comp.x 50	Microsules Arg.	ENALAPRIL
10624	KINFIL	5 mg comp.x 30	Nova Argentina	ENALAPRIL
10625	KINFIL	5 mg comp.x 60	Nova Argentina	ENALAPRIL
10626	KINFIL	10 mg comp.x 30	Nova Argentina	ENALAPRIL
10627	KINFIL	10 mg comp.x 60	Nova Argentina	ENALAPRIL
10628	KINFIL	20 mg comp.x 30	Nova Argentina	ENALAPRIL
10629	KINFIL	20 mg comp.x 60	Nova Argentina	ENALAPRIL
30740	KINFIL	10 mg comp.x 20	Nova Argentina	ENALAPRIL
27043	ENALAFEL	5 mg comp.x 20	Raffo	ENALAPRIL
27044	ENALAFEL	5 mg comp.x 50	Raffo	ENALAPRIL
27045	ENALAFEL	10 mg comp.x 20	Raffo	ENALAPRIL
27046	ENALAFEL	10 mg comp.x 50	Raffo	ENALAPRIL
27047	ENALAFEL	20 mg comp.x 20	Raffo	ENALAPRIL
27048	ENALAFEL	20 mg comp.x 50	Raffo	ENALAPRIL
12905	ENALAPRIL RICHET	5 mg comp.x 20	Richet	ENALAPRIL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
12906	ENALAPRIL RICHT	5 mg comp.x 50	Richet	ENALAPRIL
12907	ENALAPRIL RICHT	10 mg comp.x 20	Richet	ENALAPRIL
12908	ENALAPRIL RICHT	10 mg comp.x 50	Richet	ENALAPRIL
13089	ENALAPRIL RICHT	20 mg comp.x 20	Richet	ENALAPRIL
13090	ENALAPRIL RICHT	20 mg comp.x 50	Richet	ENALAPRIL
7798	LOTRIAL	5 mg comp.x 20	Roemmers	ENALAPRIL
7799	LOTRIAL	5 mg comp.x 50	Roemmers	ENALAPRIL
7800	LOTRIAL	10 mg comp.x 20	Roemmers	ENALAPRIL
7801	LOTRIAL	10 mg comp.x 50	Roemmers	ENALAPRIL
7802	LOTRIAL	20 mg comp.x 20	Roemmers	ENALAPRIL
7803	LOTRIAL	20 mg comp.x 50	Roemmers	ENALAPRIL
32115	LOTRIAL	10 mg comp.x 100	Roemmers	ENALAPRIL
34273	LOTRIAL	5 mg dispens.comp.x 100	Roemmers	ENALAPRIL
34274	LOTRIAL	20 mg dispens.comp.x 100	Roemmers	ENALAPRIL
34957	LOTRIAL	5 mg comp.x 30	Roemmers	ENALAPRIL
34958	LOTRIAL	5 mg comp.x 60	Roemmers	ENALAPRIL
34959	LOTRIAL	10 mg comp.x 30	Roemmers	ENALAPRIL
34960	LOTRIAL	10 mg comp.x 60	Roemmers	ENALAPRIL
34961	LOTRIAL	20 mg comp.x 30	Roemmers	ENALAPRIL
34962	LOTRIAL	20 mg comp.x 60	Roemmers	ENALAPRIL
37818	ENALAPRIL TECHSPERE	5 mg comp.x 20	Techsphere	ENALAPRIL
37819	ENALAPRIL TECHSPERE	5 mg comp.x 50	Techsphere	ENALAPRIL
37820	ENALAPRIL TECHSPERE	10 mg comp.x 20	Techsphere	ENALAPRIL
37821	ENALAPRIL TECHSP(A)	10 mg comp.x 50	Techsphere	ENALAPRIL
37822	ENALAPRIL TECHSPERE	20 mg comp.x 20	Techsphere	ENALAPRIL
37823	ENALAPRIL TECHSPERE	20 mg comp.x 50	Techsphere	ENALAPRIL
8873	VAPRESAN	10 mg comp.x 30	Temis-Lostaló	ENALAPRIL
8874	VAPRESAN	10 mg comp.x 60	Temis-Lostaló	ENALAPRIL
8875	VAPRESAN	20 mg comp.x 30	Temis-Lostaló	ENALAPRIL
8876	VAPRESAN	20 mg comp.x 60	Temis-Lostaló	ENALAPRIL
13308	VAPRESAN	5 mg comp.x 30	Temis-Lostaló	ENALAPRIL
13309	VAPRESAN	5 mg comp.x 60	Temis-Lostaló	ENALAPRIL
34710	VAPRESAN	10 mg comp.x 100	Temis-Lostaló	ENALAPRIL
23684	COMTAN	200 mg comp.x 30	Novartis	ENTANCAPONE

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
23686	COMTAN	200 mg comp.x 60	Novartis	ENTANCAPONE
35017	EXPAL	25 mg comp.x 30	Bagó	ESPIRONOLACTONA
35019	EXPAL	100 mg comp.x 30	Bagó	ESPIRONOLACTONA
37125	REDIUN-E 50	50 mg comp.ran.x 30	Baliarda	ESPIRONOLACTONA
29881	ESPIRONOLACTONA DENVER FARMA	100 mg comp.x 30	Denver Farma	ESPIRONOLACTONA
36476	ESPIRONOLACTONA DENVER FARMA	25 mg comp.x 30	Denver Farma	ESPIRONOLACTONA
31633	LANX	25 mg comp.x 30	Elea	ESPIRONOLACTONA
31634	LANX	100 mg comp.x 30	Elea	ESPIRONOLACTONA
36968	DRIMUX A	25 mg comp.x 30	Gador	ESPIRONOLACTONA
36969	DRIMUX A	50 mg comp.x 30	Gador	ESPIRONOLACTONA
36970	DRIMUX A	100 mg comp.x 30	Gador	ESPIRONOLACTONA
38751	ESPIMAX	25 mg comp.x 30	Klonal	ESPIRONOLACTONA
38759	ESPIMAX	100 mg comp.x 30	Klonal	ESPIRONOLACTONA
22145	OSIREN	50 mg comp.x 30	Lafedar	ESPIRONOLACTONA
38147	MODULACTONE	25 mg comp.x 20	Lafedar	ESPIRONOLACTONA
38148	MODULACTONE	25 mg comp.x 30	Lafedar	ESPIRONOLACTONA
38149	MODULACTONE	100 mg comp.x 30	Lafedar	ESPIRONOLACTONA
33340	ESPIRONOLACTONA NORTHIA	25 mg comp.x 30	Northia	ESPIRONOLACTONA
33353	ESPIRONOLACTONA NORTHIA	100 mg comp.x 30	Northia	ESPIRONOLACTONA
1304	ALDACTONE A	100 mg comp.x 30	Pfizer	ESPIRONOLACTONA
18719	ALDACTONE A	25 mg comp.x 30	Pfizer	ESPIRONOLACTONA
32969	ALDACTONE A	25 mg comp.x 20	Pfizer	ESPIRONOLACTONA
35833	ALDACTONE A	50 mg comp.x 30	Pfizer	ESPIRONOLACTONA
31505	NORMITAL	25 mg comp.x 30	Phoenix	ESPIRONOLACTONA
31506	NORMITAL	100 mg comp.x 30	Phoenix	ESPIRONOLACTONA
6356	ZARONTIN	caps.x 25	Elea	ETOSUXIMIDA
6357	ZARONTIN	liq.x 120 ml	Elea	ETOSUXIMIDA
35895	VASOTENAL EZ	10/10 mg comp.x 15	Roemmers	EZETIMIBE + SIMVASTATIN
35896	VASOTENAL EZ	10/10 mg comp.x 30	Roemmers	EZETIMIBE + SIMVASTATIN
4201	LOTOQUIS SIMPLE	comp.x 100	Beta	FENITOINA - DIFENILHIDANTOINA
26717	FENITOINA BIOCROM	100 mg caps.x 60	Biocrom	FENITOINA - DIFENILHIDANTOINA
34602	FENITENK	100 mg comp.rec.x 40	Biotenk	FENITOINA - DIFENILHIDANTOINA
30221	FENITOINA DENVER FARMA	100 mg caps.x 50	Denver Farma	FENITOINA - DIFENILHIDANTOINA
3502	EPAMIN	caps.x 50	Elea	FENITOINA - DIFENILHIDANTOINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
6316	EPAMIN	liq.x 120 ml	Elea	FENITOINA - DIFENILHIDANTOINA
30092	EPAMIN	caps.x 30	Elea	FENITOINA - DIFENILHIDANTOINA
31005	EPAMIN	caps.x 100	Elea	FENITOINA - DIFENILHIDANTOINA
10711	FENIGRAMON	caps.x 60	Gram?n-Millet	FENITOINA - DIFENILHIDANTOINA
1211	LUMINALETAS	comp.x 30	Bayer (BSP)	FENOBARBITAL
17476	LUMINAL	comp.x 20	Bayer (BSP)	FENOBARBITAL
17477	LUMINAL	comp.x 60	Bayer (BSP)	FENOBARBITAL
28513	FENOBARBITAL CEVALLOS	15 mg comp.x 50	Cevallos	FENOBARBITAL
28514	FENOBARBITAL CEVALLOS	100 mg comp.x 50	Cevallos	FENOBARBITAL
14019	FADA FENOBARBITAL	15 mg comp.x 10	Fada Pharma	FENOBARBITAL
14020	FADA FENOBARBITAL	100 mg comp.x 10	Fada Pharma	FENOBARBITAL
25447	FENOBARBITAL KLONAL	15 mg comp.x 30	Klonal	FENOBARBITAL
35955	NEUROGABAF 100	100 mg comp.x 20	Richmond	FENOBARBITAL
35956	NEUROGABAF 100	100 mg comp.x 60	Richmond	FENOBARBITAL
2709	GARDENAL	comp.x 60	Sanofi-Aventis	FENOBARBITAL
7068	GARDENAL	comp.x 20	Sanofi-Aventis	FENOBARBITAL
8573	ALEPSAL	comp.x 20	Spedrog Caillon	FENOBARBITAL
12624	ALEPSAL	comp.x 60	Spedrog Caillon	FENOBARBITAL
7701	DIONDEL	comp.x 20	Roemmers	FLECAINIDA
7702	DIONDEL[V]	comp.x 50	Roemmers	FLECAINIDA
7295	TAMBOCOR	comp.x 25	Sidus	FLECAINIDA
7296	TAMBOCOR	comp.x 50	Sidus	FLECAINIDA
7297	TAMBOCOR	comp.x 100	Sidus	FLECAINIDA
43089	BALIVENT NASAL	spray nasal x 120 ds.	Baliarda	FLUTICASONA
35304	FLUTICORT	125 mcg aer.x 120 dosis	Cassará	FLUTICASONA
35305	FLUTICORT	250 mcg aer.x 120 dosis	Cassará	FLUTICASONA
41717	LIRTODAC	125 mcg aer.x 120 dosis	Elea	FLUTICASONA
41718	LIRTODAC	125 mcg aer.x 60 dosis	Elea	FLUTICASONA
41719	LIRTODAC	250 mcg aer.x 60 dosis	Elea	FLUTICASONA
41720	LIRTODAC	250 mcg aer.x 120 dosis	Elea	FLUTICASONA
12997	FLIXONASE ACUOSO NASAL	inhal.dosis x 120	GlaxoSmithKline	FLUTICASONA
14961	FLIXOTIDE	50 mcg inhal.dosis x 60	GlaxoSmithKline	FLUTICASONA
14962	FLIXOTIDE[V]	250 mcg inhal.dosis x 60	GlaxoSmithKline	FLUTICASONA
18764	FLIXOTIDE	250 mcg diskus x 60	GlaxoSmithKline	FLUTICASONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
19690	FLIXOTIDE[V]	50 mcg inhal.dosis x 120	GlaxoSmithKline	FLUTICASONA
19691	FLIXOTIDE	125 mcg inhal.dosis x 60	GlaxoSmithKline	FLUTICASONA
19692	FLIXOTIDE[V]	125 mcg inhal.dosis x120	GlaxoSmithKline	FLUTICASONA
19693	FLIXOTIDE[V]	250 mcg inhal.dosis x120	GlaxoSmithKline	FLUTICASONA
35973	PROAIR NASAL	susp.ac.nasal x 120 ds.	Montpellier	FLUTICASONA
37967	PROAIR NASAL	susp.ac.nasal x 60 ds.	Montpellier	FLUTICASONA
32430	RINISONA	50 mcg spray nasalx120ds	Phoenix	FLUTICASONA
38388	RINISONA BRONQUIAL	50 mcg aer.x 120 dosis	Phoenix	FLUTICASONA
38389	RINISONA BRONQUIAL	125 mcg aer.x 120 dosis	Phoenix	FLUTICASONA
38390	RINISONA BRONQUIAL	250 mcg aer.x 120 dosis	Phoenix	FLUTICASONA
33903	FLUTI-K	50 mcg spray nasalx120ds	Raffo	FLUTICASONA
36681	LIDIL CORT	spray nasal x 120 ds.	Roemmers	FLUTICASONA
36682	LIDIL CORT	spray nasal x 60 ds.	Roemmers	FLUTICASONA
43049	CRIVANIL	50 mcg x 120 dosis	Sandoz	FLUTICASONA
43050	CRIVANIL	125 mcg x 120 dosis	Sandoz	FLUTICASONA
43051	CRIVANIL	250 mcg x 120 dosis	Sandoz	FLUTICASONA
36295	FLUTIVENT	25/125 mcg dosis x 150	Cassará	FLUTICASONA+SALMETEROL
36382	FLUTIVENT	25/250 mcg dosis x 150	Cassará	FLUTICASONA+SALMETEROL
40934	FLUTIVENT + AEROMED	25/125mcg ds.x150+espac.	Cassará	FLUTICASONA+SALMETEROL
43839	FLUTIVENT	25/125 mcg dosis x 60	Cassará	FLUTICASONA+SALMETEROL
43840	FLUTIVENT	25/250 mcg dosis x 60	Cassará	FLUTICASONA+SALMETEROL
41722	LIRTODAC PLUS	125/25mcg aer.x 120dosis	Elea	FLUTICASONA+SALMETEROL
41723	LIRTODAC PLUS	250/25mcg aer.x 120dosis	Elea	FLUTICASONA+SALMETEROL
24351	SERETIDE DISKUS[V]	50/100 mcg dosis x 60	GlaxoSmithKline	FLUTICASONA+SALMETEROL
24352	SERETIDE DISKUS[V]	50/250 mcg dosis x 60	GlaxoSmithKline	FLUTICASONA+SALMETEROL
26250	SERETIDE DISKUS[V]	50/500 mcg dosis x 60	GlaxoSmithKline	FLUTICASONA+SALMETEROL
28608	SERETIDE AEROSOL HFA	25/50 mcg HFA dosis x120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
28609	SERETIDE AEROSOL HFA[V]	25/125mcg HFA dosis x120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
28610	SERETIDE AEROSOL HFA[V]	25/250mcg HFA dosis x120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
39341	SERETIDE CD AEROSOL CON CONTADOR DE DOSIS	25/50mcg HFA dosis x 120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
39342	SERETIDE CD AEROSOL CON CONTADOR DE DOSIS	25/125mcg HFA dosis x120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
39343	SERETIDE CD AEROSOL CON CONTADOR DE DOSIS	25/250mcg HFA dosis x120	GlaxoSmithKline	FLUTICASONA+SALMETEROL
41721	LIRTODAC PLUS	50/25mcg aer.x 120 dosis	Merck Serono	FLUTICASONA+SALMETEROL
43664	PROAIR BRONQUIAL	125/25mcg aer.x 120dosis	Montpellier	FLUTICASONA+SALMETEROL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
43665	PROAIR BRONQUIAL	125/25mcg x120ds.+aeroc.	Montpellier	FLUTICASONA+SALMETEROL
43666	PROAIR BRONQUIAL	250/25mcg aer.x 120dosis	Montpellier	FLUTICASONA+SALMETEROL
38895	NEUMOTIDE AEROSOL	50/25 mcg x 120 dosis	Phoenix	FLUTICASONA+SALMETEROL
38898	NEUMOTIDE AEROSOL	125/25 mcg x 120 dosis	Phoenix	FLUTICASONA+SALMETEROL
38901	NEUMOTIDE AEROSOL	250/25 mcg x 120 dosis	Phoenix	FLUTICASONA+SALMETEROL
39772	NEUMOTIDE AEROSOL CON AEROCAMARA	125/25 mcg x 120 dosis	Phoenix	FLUTICASONA+SALMETEROL
42073	NEUMOTIDE CAPSULAS	100/50 mcg caps.x60 +apl	Phoenix	FLUTICASONA+SALMETEROL
42074	NEUMOTIDE CAPSULAS	250/50 mcg caps.x60 +apl	Phoenix	FLUTICASONA+SALMETEROL
42075	NEUMOTIDE CAPSULAS	500/50 mcg caps.x60 +apl	Phoenix	FLUTICASONA+SALMETEROL
42680	CRIVANIL PLUS	50/25 mcg dosis x 120	Sandoz	FLUTICASONA+SALMETEROL
42681	CRIVANIL PLUS	125/25 mcg dosis x 120	Sandoz	FLUTICASONA+SALMETEROL
42682	CRIVANIL PLUS	250/25 mcg dosis x 120	Sandoz	FLUTICASONA+SALMETEROL
21151	LESCOL	40 mg caps.x 21	Novartis	FLUVASTATINA
28933	LESCOL XL	80 mg comp.x 28	Novartis	FLUVASTATINA
20364	OXIS TURBUHALER	4.5 mcg env.x 60 dosis	AstraZeneca	FORMOTEROL
20365	OXIS TURBUHALER	9 mcg env.x 60 dosis	AstraZeneca	FORMOTEROL
21918	FORDILEN	caps.p/inhalar x 30	Novartis	FORMOTEROL
23341	XANOL[V]	6 mcg caps.x 30	Phoenix	FORMOTEROL
23342	XANOL	12 mcg caps.x 30	Phoenix	FORMOTEROL
25873	XANOL	6 mcg caps.x 60	Phoenix	FORMOTEROL
25874	XANOL	12 mcg caps.x 60	Phoenix	FORMOTEROL
19974	FURTENK (A)	40 mg comp.rec.x 50	Biotenk	FUROSEMIDA
34603	FURTENK	40 mg comp.rec.x 40	Biotenk	FUROSEMIDA
30222	FUROSEMIDA DENVER FARMA	40 mg comp.x 60	Denver Farma	FUROSEMIDA
32298	FABOFUROX	40 mg comp.x 50	Fabop	FUROSEMIDA
20400	FURSEMIDA FABRA 40	comp.x 20	Fabra	FUROSEMIDA
29705	FURSEMIDA FABRA 40	comp.x 60	Fabra	FUROSEMIDA
21252	FURAGRAND	40 mg comp.x 40	Fada Pharma	FUROSEMIDA
30593	RETEP	40 mg comp.x 50	Fada Pharma	FUROSEMIDA
35163	FADA FUROSEMIDA	40 mg comp.x 50	Fada Pharma	FUROSEMIDA
3546	FUROSEMIDA FECOFAR	comp.x 30	Fecofar	FUROSEMIDA
24039	FURIX	40 mg comp.x 50	Investi	FUROSEMIDA
2554	FUROSEMIDA KLONAL	40 mg comp.x 50	Klonal	FUROSEMIDA
31626	FURSEMIDA NORTHIA	40 mg comp.x 50	Northia	FUROSEMIDA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
12818	ERROLON	comp.x 50	Nova Argentia	FUROSEMIDA
10446	NURIBAN	gts.x 15 ml	Roux Ocefa	FUROSEMIDA
10448	NURIBAN[V]	50 mg comp.x 45	Roux Ocefa	FUROSEMIDA
4315	LASIX	40 mg comp.x 50	Sanofi-Aventis	FUROSEMIDA
2988	FURSEMIDA SINTESINA	40 mg comp.x 20	Sintesina	FUROSEMIDA
11886	ILIADIN 40	40 mg comp.x 50	Tuteur	FUROSEMIDA
18554	FUROSEMIDA VANNIER	comp.x 50	Vannier	FUROSEMIDA
37052	ALDACTONE D	comp.x 30	Pfizer	FUROSEMIDA+ESPIRONOLACTONA
41785	ALDACTONE D 25/20	comp.x 30	Pfizer	FUROSEMIDA+ESPIRONOLACTONA
33397	LOGISTIC	100 mg comp.rec.x 100	Craveri	GABAPENTIN
33398	LOGISTIC	300 mg comp.rec.x 60	Craveri	GABAPENTIN
33458	LOGISTIC	300 mg comp.rec.x 30	Craveri	GABAPENTIN
34755	LOGISTIC	400 mg comp.rec.x 30	Craveri	GABAPENTIN
34756	LOGISTIC	400 mg comp.rec.x 60	Craveri	GABAPENTIN
36647	LOGISTIC	600 mg comp.rec.x 30	Craveri	GABAPENTIN
38440	ALIDIAL	100 mg caps.x 30	Investi	GABAPENTIN
38441	ALIDIAL	300 mg caps.x 30	Investi	GABAPENTIN
38442	ALIDIAL	400 mg caps.x 30	Investi	GABAPENTIN
38443	ALIDIAL	600 mg comp.x 30	Investi	GABAPENTIN
38638	ALIDIAL	300 mg caps.x 60	Investi	GABAPENTIN
38639	ALIDIAL	400 mg caps.x 60	Investi	GABAPENTIN
16551	NEURONTIN	300 mg caps.x 60	Pfizer	GABAPENTIN
16552	NEURONTIN	400 mg caps.x 60	Pfizer	GABAPENTIN
19998	NEURONTIN	100 mg caps.x 100	Pfizer	GABAPENTIN
27618	NEURONTIN	600 mg comp.rec.x 30	Pfizer	GABAPENTIN
30093	NEURONTIN	300 mg caps.x 30	Pfizer	GABAPENTIN
32630	ULTRANEURAL	300 mg comp.x 30	Raffo	GABAPENTIN
32631	ULTRANEURAL	100 mg comp.x 30	Raffo	GABAPENTIN
32632	ULTRANEURAL	400 mg comp.x 30	Raffo	GABAPENTIN
32633	ULTRANEURAL[V]	600 mg comp.x 30	Raffo	GABAPENTIN
32634	ULTRANEURAL	800 mg comp.x 30	Raffo	GABAPENTIN
34457	ULTRANEURAL	300 mg comp.x 60	Raffo	GABAPENTIN
34458	ULTRANEURAL	400 mg comp.x 60	Raffo	GABAPENTIN
36053	ABAGLIN	100 mg caps.x 50	Tuteur	GABAPENTIN



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
36054	ABAGLIN	100 mg caps.x 100	Tuteur	GABAPENTIN
36055	ABAGLIN	300 mg caps.x 50	Tuteur	GABAPENTIN
36056	ABAGLIN	300 mg caps.x 100	Tuteur	GABAPENTIN
36057	ABAGLIN	400 mg caps.x 50	Tuteur	GABAPENTIN
36058	ABAGLIN	400 mg caps.x 100	Tuteur	GABAPENTIN
36074	ABAGLIN	300 mg caps.x 30	Tuteur	GABAPENTIN
36075	ABAGLIN	300 mg caps.x 60	Tuteur	GABAPENTIN
36076	ABAGLIN	400 mg caps.x 30	Tuteur	GABAPENTIN
36077	ABAGLIN	400 mg caps.x 60	Tuteur	GABAPENTIN
36100	ABAGLIN	100 mg caps.x 30	Tuteur	GABAPENTIN
965	HIPOLIXAN 600	comp.x 30	Bagó	GEMFIBROZIL
966	HIPOLIXAN 600	comp.x 60	Bagó	GEMFIBROZIL
1734	GEDUN	300 mg caps.x 60	Duncan	GEMFIBROZIL
11357	GEDUN (A)[V]	600 mg comp.x 30	Duncan	GEMFIBROZIL
20146	ADULTINE	300 mg comp.rec.x 50	Laboratorios Bernabo	GEMFIBROZIL
6326	LOPID 600	comp.x 30	Pfizer	GEMFIBROZIL
6327	LOPID 600	comp.x 60	Pfizer	GEMFIBROZIL
2517	GEMFIBROZIL R.O.[V]	600 mg comp.x 30	Roux Ocefa	GEMFIBROZIL
2595	GEMFIBROZIL R.O.	600 mg comp.x 60	Roux Ocefa	GEMFIBROZIL
37347	AGOBILINA	5 mg comp.x 30	Biol	GLIBENCLAMIDA
37348	AGOBILINA	5 mg comp.x 60	Biol	GLIBENCLAMIDA
28018	GLIBENCLAMIDA CASASCO	5 mg comp.x 30	Casasco	GLIBENCLAMIDA
31778	BENCLAMID	5 mg comp.x 30	Craveri	GLIBENCLAMIDA
31779	BENCLAMID	5 mg comp.x 60	Craveri	GLIBENCLAMIDA
31780	BENCLAMID	5 mg comp.x 100	Craveri	GLIBENCLAMIDA
37926	SIRUC	5 mg comp.x 60	Denver Farma	GLIBENCLAMIDA
20412	GLIBENCLAMIDA FABRA	comp.x 60	Fabra	GLIBENCLAMIDA
30877	GLIBENCLAMIDA AHIMSA	5 mg comp.x 60	Fada Pharma	GLIBENCLAMIDA
30878	GLIBENCLAMIDA AHIMSA	5 mg comp.x 100	Fada Pharma	GLIBENCLAMIDA
38769	DIABE PASS	5 mg comp.x 60	Francelab	GLIBENCLAMIDA
1574	EUGLUCON	comp.x 30	Investi	GLIBENCLAMIDA
1575	EUGLUCON	comp.x 60	Investi	GLIBENCLAMIDA
7949	DIABEMIN	5 mg comp.x 60	Lafedar	GLIBENCLAMIDA
37456	GLENTOR	5 mg comp.x 30	Medipharma	GLIBENCLAMIDA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
37457	GLENTOR	5 mg comp.x 60	Medipharma	GLIBENCLAMIDA
12109	GLIDANIL	comp.x 30	Montpellier	GLIBENCLAMIDA
12110	GLIDANIL	comp.x 60	Montpellier	GLIBENCLAMIDA
35498	PIRA	comp.x 60	Omega	GLIBENCLAMIDA
35942	PIRA	comp.x 30	Omega	GLIBENCLAMIDA
11671	GARDOTON (A)[V]	comp.x 30	Raffo	GLIBENCLAMIDA
11672	GARDOTON[V]	comp.x 60	Raffo	GLIBENCLAMIDA
18290	G.O.N.5	5 mg comp.x 30	Sanitas	GLIBENCLAMIDA
18291	G.O.N.5	5 mg comp.x 60	Sanitas	GLIBENCLAMIDA
4289	DAONIL	comp.x 30	Sanofi-Aventis	GLIBENCLAMIDA
4290	DAONIL	comp.x 60	Sanofi-Aventis	GLIBENCLAMIDA
34709	GLIBEMIDA	5 mg comp.ran.x 30	Temis-Lostaló	GLIBENCLAMIDA
13790	GLIBETIC 5	5 mg comp.x 30	Tuteur	GLIBENCLAMIDA
29412	BROI	5 mg comp.x 30	Vannier	GLIBENCLAMIDA
37022	BROI	5 mg comp.x 60	Vannier	GLIBENCLAMIDA
27320	GLUCOPIRIDA	4 mg comp.x 30	Biotenk	GLIMEPIRIDE
33597	GLUCOPIRIDA	4 mg comp.x 50	Biotenk	GLIMEPIRIDE
24790	ISLOPIR	2 mg comp.x 30	Craveri	GLIMEPIRIDE
24791	ISLOPIR	2 mg comp.x 60	Craveri	GLIMEPIRIDE
24793	ISLOPIR	4 mg comp.x 15	Craveri	GLIMEPIRIDE
24794	ISLOPIR	4 mg comp.x 30	Craveri	GLIMEPIRIDE
38770	NEXT STEP 2	2 mg comp.x 30	Francelab	GLIMEPIRIDE
38771	NEXT STEP 2	2 mg comp.x 60	Francelab	GLIMEPIRIDE
38772	NEXT STEP 4	4 mg comp.x 30	Francelab	GLIMEPIRIDE
27698	GADONOVA	comp.x 30	Gador	GLIMEPIRIDE
27710	GLUCERIDE	2 mg comp.x 20	Klonal	GLIMEPIRIDE
27711	GLUCERIDE	4 mg comp.x 20	Klonal	GLIMEPIRIDE
25312	EMIDIAB	2 mg comp.x 15	Laboratorios Bernabo	GLIMEPIRIDE
25313	EMIDIAB	2 mg comp.x 30	Laboratorios Bernabo	GLIMEPIRIDE
25314	EMIDIAB	2 mg comp.x 60	Laboratorios Bernabo	GLIMEPIRIDE
25315	EMIDIAB	4 mg comp.x 15	Laboratorios Bernabo	GLIMEPIRIDE
25316	EMIDIAB	4 mg comp.x 30	Laboratorios Bernabo	GLIMEPIRIDE
25317	EMIDIAB	4 mg comp.x 60	Laboratorios Bernabo	GLIMEPIRIDE
33721	ADIUVAN	2 mg comp.x 30	Lazar	GLIMEPIRIDE

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
33722	ADIUVAN	4 mg comp.x 30	Lazar	GLIMEPIRIDE
32671	LOMET	2 mg comp.x 30	Microsules Arg.	GLIMEPIRIDE
32672	LOMET	2 mg comp.x 60	Microsules Arg.	GLIMEPIRIDE
32673	LOMET[V]	4 mg comp.x 15	Microsules Arg.	GLIMEPIRIDE
32674	LOMET (A)[V]	4 mg comp.x 30	Microsules Arg.	GLIMEPIRIDE
25923	GLEMAZ	4 mg comp.trirran.x 15	Montpellier	GLIMEPIRIDE
25924	GLEMAZ	4 mg comp.trirran.x 30	Montpellier	GLIMEPIRIDE
32767	GLEMAZ 2	2 mg comp.ran.x 15	Montpellier	GLIMEPIRIDE
32768	GLEMAZ 2	2 mg comp.ran.x 30	Montpellier	GLIMEPIRIDE
33504	GLIMEPIRIDA NORTHIA	4 mg comp.x 15	Northia	GLIMEPIRIDE
33505	GLIMEPIRIDA NORTHIA	4 mg comp.x 30	Northia	GLIMEPIRIDE
33582	GLIMEPIRIDA NORTHIA	2 mg comp.x 30	Northia	GLIMEPIRIDE
34002	GLIMEPIRIDA NORTHIA	2 mg comp.x 60	Northia	GLIMEPIRIDE
17753	ENDIAL	2 mg comp.x 30	Roemmers	GLIMEPIRIDE
17754	ENDIAL	2 mg comp.x 60	Roemmers	GLIMEPIRIDE
17755	ENDIAL	4 mg comp.x 15	Roemmers	GLIMEPIRIDE
17756	ENDIAL	4 mg comp.x 30	Roemmers	GLIMEPIRIDE
17743	AMARYL	2 mg comp.x 30	Sanofi-Aventis	GLIMEPIRIDE
17744	AMARYL	2 mg comp.x 60	Sanofi-Aventis	GLIMEPIRIDE
17745	AMARYL	4 mg comp.x 15	Sanofi-Aventis	GLIMEPIRIDE
17746	AMARYL	4 mg comp.x 30	Sanofi-Aventis	GLIMEPIRIDE
32760	GLIMEPIRIDA TECHSPHERE[V]	2 mg comp.x 30	Techsphere	GLIMEPIRIDE
32761	GLIMEPIRIDA TECHSPHERE	2 mg comp.x 60	Techsphere	GLIMEPIRIDE
32762	GLIMEPIRIDA TECHSPHERE	4 mg comp.x 15	Techsphere	GLIMEPIRIDE
32763	GLIMEPIRIDA TECHSPHERE	4 mg comp.x 30	Techsphere	GLIMEPIRIDE
7335	MINODIAB	5 mg comp.x 30	Pfizer	GLIPIZIDA
7336	MINODIAB	5 mg comp.x 90	Pfizer	GLIPIZIDA
33985	GLIPIZIDA TECHSPERE	5 mg comp.x 30	Techsphere	GLIPIZIDA
33986	GLIPIZIDA TECHSPERE	5 mg comp.x 90	Techsphere	GLIPIZIDA
17497	HALOZEN	1 mg comp.x 100	Bouzen	HALOPERIDOL
17498	HALOZEN	5 mg comp.x 60	Bouzen	HALOPERIDOL
17499	HALOZEN	10 mg comp.x 60	Bouzen	HALOPERIDOL
32794	ENABRAN	1 mg comp.x 100	Casasco	HALOPERIDOL
32795	ENABRAN	5 mg comp.x 60	Casasco	HALOPERIDOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
32796	ENABRAN	10 mg comp.x 60	Casasco	HALOPERIDOL
33811	ENABRAN	2 mg/ml gts.x 20 ml	Casasco	HALOPERIDOL
27495	HALOPERIDOL DECANOATO	150 mg a.x 100 x 3 ml	Cevallos	HALOPERIDOL
32188	HALOPERIDOL CEVALLOS	1 mg comp.x 20	Cevallos	HALOPERIDOL
32189	HALOPERIDOL CEVALLOS	1 mg comp.x 50	Cevallos	HALOPERIDOL
32190	HALOPERIDOL CEVALLOS	5 mg comp.x 20	Cevallos	HALOPERIDOL
32191	HALOPERIDOL CEVALLOS	5 mg comp.x 50	Cevallos	HALOPERIDOL
32192	HALOPERIDOL CEVALLOS	10 mg comp.x 20	Cevallos	HALOPERIDOL
32193	HALOPERIDOL CEVALLOS	10 mg comp.x 50	Cevallos	HALOPERIDOL
27524	HALOPERIDOL DENVER FARMA	gts.x 20 ml	Denver Farma	HALOPERIDOL
27525	HALOPERIDOL DENVER FARMA DECANOATO	50 mg a.x 1 ml	Denver Farma	HALOPERIDOL
27526	HALOPERIDOL DENVER FARMA DECANOATO	150 mg a.x 3 ml	Denver Farma	HALOPERIDOL
34122	HALOPERIDOL DENVER FARMA	5 mg comp.x 60	Denver Farma	HALOPERIDOL
34123	HALOPERIDOL DENVER FARMA	10 mg comp.x 60	Denver Farma	HALOPERIDOL
20735	HALOPERIDOL DECANOATO GEMEPE	50 mg a.x 1 ml	Gemepe	HALOPERIDOL
20737	HALOPERIDOL DECANOATO GEMEPE	150 mg a.x 1 x 3 ml	Gemepe	HALOPERIDOL
13679	LIMERIX	1 mg comp.x 100	Ivax Arg.	HALOPERIDOL
13681	LIMERIX	10 mg comp.x 100	Ivax Arg.	HALOPERIDOL
13682	LIMERIX (A)[V]	gts.x 20 ml	Ivax Arg.	HALOPERIDOL
13684	LIMERIX	iny.a.x 2	Ivax Arg.	HALOPERIDOL
3971	HALOPIDOL	2 mg/ml sol.oral x 20 ml	Janssen-Cilag	HALOPERIDOL
3972	HALOPIDOL	2 mg/ml sol.oral x 50 ml	Janssen-Cilag	HALOPERIDOL
3974	HALOPIDOL	1 mg comp.x 100	Janssen-Cilag	HALOPERIDOL
3975	HALOPIDOL	5 mg comp.x 60	Janssen-Cilag	HALOPERIDOL
4554	HALOPIDOL	10 mg comp.x 60	Janssen-Cilag	HALOPERIDOL
4555	HALOPIDOL DECANOATO	iny.a.x 1 ml	Janssen-Cilag	HALOPERIDOL
4556	HALOPIDOL DECANOATO	iny.a.x 3 ml	Janssen-Cilag	HALOPERIDOL
27869	HALOPIDOL	2 mg/ml sol.oral x 15 ml	Janssen-Cilag	HALOPERIDOL
27870	HALOPIDOL	2 mg/ml sol.oral x 100ml	Janssen-Cilag	HALOPERIDOL
27873	HALOPIDOL FORTE	10 mg sol.x 30 ml	Janssen-Cilag	HALOPERIDOL
28659	HALOPIDOL	5 mg iny.a.x 5 x 1 ml	Janssen-Cilag	HALOPERIDOL
19783	HALOPERIDOL DECANOATO LANDO	150 mg f.a.x 1	Land?	HALOPERIDOL
9658	HALOPERIDOL MEDIPHARMA	5 mg comp.x 30	Medipharma	HALOPERIDOL
9662	HALOPERIDOL MEDIPHARMA	10 mg comp.x 30	Medipharma	HALOPERIDOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
24059	HALOPERIDOL MEDIPHARMA	10 mg comp.x 50	Medipharma	HALOPERIDOL
25908	HALOPERIDOL MEDIPHARMA	5 mg comp.x 50	Medipharma	HALOPERIDOL
26686	NEUPRAM	1 mg comp.x 30	Neuropharma	HALOPERIDOL
26687	NEUPRAM	1 mg comp.x 60	Neuropharma	HALOPERIDOL
26688	NEUPRAM	5 mg comp.x 30	Neuropharma	HALOPERIDOL
26689	NEUPRAM	5 mg comp.x 60	Neuropharma	HALOPERIDOL
26690	NEUPRAM	10 mg comp.x 30	Neuropharma	HALOPERIDOL
26691	NEUPRAM	10 mg comp.x 60	Neuropharma	HALOPERIDOL
20824	HALOPERIDOL LUAR	1 mg comp.x 30	Quimica Luar	HALOPERIDOL
20825	HALOPERIDOL LUAR	1 mg comp.x 90	Quimica Luar	HALOPERIDOL
20826	HALOPERIDOL LUAR	5 mg comp.x 30	Quimica Luar	HALOPERIDOL
20828	HALOPERIDOL LUAR	10 mg comp.x 30	Quimica Luar	HALOPERIDOL
31477	HALOPERIDOL LUAR	1 mg comp.x 20	Quimica Luar	HALOPERIDOL
31478	HALOPERIDOL LUAR	5 mg comp.x 20	Quimica Luar	HALOPERIDOL
31479	HALOPERIDOL LUAR	5 mg comp.x 90	Quimica Luar	HALOPERIDOL
31480	HALOPERIDOL LUAR	10 mg comp.x 20	Quimica Luar	HALOPERIDOL
31481	HALOPERIDOL LUAR	10 mg comp.x 90	Quimica Luar	HALOPERIDOL
29413	HALOPERIDOL VANNIER	1 mg comp.x 20	Vannier	HALOPERIDOL
29414	HALOPERIDOL VANNIER	5 mg comp.x 20	Vannier	HALOPERIDOL
29415	HALOPERIDOL VANNIER	10 mg comp.x 20	Vannier	HALOPERIDOL
34071	HALOPERIDOL VANNIER	gts.x 20 ml	Vannier	HALOPERIDOL
24582	HALOPERIDOL GOTAS	gts.x 20 ml	Veinfar	HALOPERIDOL
19765	DIUREX (A)[V]	50 mg comp.x 60	Bagó	HIDROCLOROTIAZIDA
7007	TANDIUR	50 mg comp.x 30	Raymos	HIDROCLOROTIAZIDA
32448	DIUREX A	50/5 mg comp.x 30	Bagó	HIDROCLOROTIAZIDA + AMILORIDA
26720	HIDROCLOROTIAZIDA+AMILORIDA BIOCROM	comp.x 25	Biocrom	HIDROCLOROTIAZIDA + AMILORIDA
26721	HIDROCLOROTIAZIDA+AMILORIDA BIOCROM	comp.x 50	Biocrom	HIDROCLOROTIAZIDA + AMILORIDA
26722	HIDROCLOROTIAZIDA+AMILORIDA BIOCROM	comp.x 100	Biocrom	HIDROCLOROTIAZIDA + AMILORIDA
1363	HIDRENOX A[V]	comp.x 50	Ivax Arg.	HIDROCLOROTIAZIDA + AMILORIDA
30391	AMILOCLOR	comp.x 20	Klonal	HIDROCLOROTIAZIDA + AMILORIDA
22138	REN-UR	comp.x 20	Lafedar	HIDROCLOROTIAZIDA + AMILORIDA
22139	REN-UR	comp.x 50	Lafedar	HIDROCLOROTIAZIDA + AMILORIDA
22140	REN-UR	comp.x 100	Lafedar	HIDROCLOROTIAZIDA + AMILORIDA
5385	MODURETIC	comp.x 50	Merck Sharp & Do	HIDROCLOROTIAZIDA + AMILORIDA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
5386	MODURETIC	comp.x 100	Merck Sharp & Do	HIDROCLOROTIAZIDA + AMILORIDA
10738	MODURETIC	comp.x 25	Merck Sharp & Do	HIDROCLOROTIAZIDA + AMILORIDA
39081	MODURETIC	comp.x 30	Merck Sharp & Do	HIDROCLOROTIAZIDA + AMILORIDA
33445	HIDROCLOROTIAZIDA+AMILORIDA NORTHIA	comp.x 25	Northia	HIDROCLOROTIAZIDA + AMILORIDA
33503	HIDROCLOROTIAZIDA+AMILORIDA NORTHIA	comp.x 50	Northia	HIDROCLOROTIAZIDA + AMILORIDA
36383	DIUR POT	comp.x 50	Northia	HIDROCLOROTIAZIDA + AMILORIDA
29408	CO-AMILOZIDE VANNIER	comp.x 20	Vannier	HIDROCLOROTIAZIDA + AMILORIDA
16002	METIREL	200 mg comp.x 30	AstraZeneca	HIDROXICLOROQUINA
16222	METIREL	200 mg comp.x 60	AstraZeneca	HIDROXICLOROQUINA
33011	AXOKINE	200 mg comp.x 30	AstraZeneca	HIDROXICLOROQUINA
33012	AXOKINE	200 mg comp.x 60	AstraZeneca	HIDROXICLOROQUINA
33581	NARBON	200 mg comp.x 60	Buxton	HIDROXICLOROQUINA
37581	NARBON	200 mg comp.x 30	Buxton	HIDROXICLOROQUINA
15235	EVOQUIN[V]	200 mg comp.x 60	Ivax Arg.	HIDROXICLOROQUINA
22803	PLAQUENIL	200 mg comp.x 60	Sanofi-Aventis	HIDROXICLOROQUINA
27530	POLIRREUMIN	200 mg comp.rec.x 60	Trb-Pharma	HIDROXICLOROQUINA
9029	BAJATEN	grag.x 30	Elea	INDAPAMIDA
4737	NORANAT[V]	comp.x 30	Nova Argentia	INDAPAMIDA
4738	NORANAT	comp.x 60	Nova Argentia	INDAPAMIDA
19581	NATRILIX	comp.x 30	Servier	INDAPAMIDA
23278	NATRILIX SR	1.5 mg comp.rec.x 30	Servier	INDAPAMIDA
8021	INDAPAMIDA DUREMID	comp.x 50	Soubairan Chobet	INDAPAMIDA
12786	EVICYL	500 mg comp.x 100	Sanofi-Aventis	INOSITOL,HEXANICOTINATO DE
10597	ATROVENT	aerosol x 15 ml	Boehringer Ingel	IPRATROPIO BROMURO
10599	ATROVENT	sol.x 20 ml	Boehringer Ingel	IPRATROPIO BROMURO
21160	ATROVENT	sol.x 40 ml	Boehringer Ingel	IPRATROPIO BROMURO
44182	ATROVENT HFA (A)[V]	aerosol HFA x 10 ml	Boehringer Ingel	IPRATROPIO BROMURO
34008	AEROTROP	aer.x 250 ds.+adapt.buc.	Cassará	IPRATROPIO BROMURO
38201	AEROTROP	sol.p/neb.x24unid.x2.5ml	Cassará	IPRATROPIO BROMURO
34620	IPRATROPIO BROMURO NORTHIA	sol.p/nebulizar x 20 ml	Northia	IPRATROPIO BROMURO
28968	IPRABRON	gts.p/nebulizar x 20 ml	Prieto	IPRATROPIO BROMURO
32312	IPRABRON	20 mcg aer.x 200 dosis	Prieto	IPRATROPIO BROMURO
2795	CORTESPASMO	5 mg tab.subl.x 24	Northia	ISOSORBIDE DINITRATO
31604	CORTESPASMO	5 mg tab.subl.x 15	Northia	ISOSORBIDE DINITRATO

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
31605	CORTESPASMO	5 mg tab.subl.x 30	Northia	ISOSORBIDE DINITRATO
8281	ISOKET	5 mg comp.subl.x 30	Sidus	ISOSORBIDE DINITRATO
8284	ISOKET RETARD	40 mg comp.x 30	Sidus	ISOSORBIDE DINITRATO
29417	ISOSORBIDE DINITRATO VANNIER	10 mg comp.x 30	Vannier	ISOSORBIDE DINITRATO
9213	ISORDIL	5 mg comp.x 24	Wyeth	ISOSORBIDE DINITRATO
9214	ISORDIL	5 mg comp.x 50	Wyeth	ISOSORBIDE DINITRATO
9216	ISORDIL	10 mg comp.x 24	Wyeth	ISOSORBIDE DINITRATO
9218	ISORDIL	30 mg comp.x 60	Wyeth	ISOSORBIDE DINITRATO
12830	MONOTRIN 20	comp.x 20	Bagó	ISOSORBIDE MONONITRATO
12831	MONOTRIN 20	comp.x 40	Bagó	ISOSORBIDE MONONITRATO
12832	MONOTRIN 40	comp.x 20	Bagó	ISOSORBIDE MONONITRATO
20284	MONOTRIN 100 RETARD	comp.x 20	Bagó	ISOSORBIDE MONONITRATO
35425	MONOTRIN 20	comp.x 30	Bagó	ISOSORBIDE MONONITRATO
35426	MONOTRIN 40	comp.x 30	Bagó	ISOSORBIDE MONONITRATO
35427	MONOTRIN 100 RETARD	comp.x 30	Bagó	ISOSORBIDE MONONITRATO
20738	CILATRON (A)[V]	comp.x 30	Eurofarma	ISOSORBIDE MONONITRATO
26378	ISOLAN	20 mg comp.x 20	Investi	ISOSORBIDE MONONITRATO
26379	ISOLAN	20 mg comp.x 40	Investi	ISOSORBIDE MONONITRATO
7804	MEDOCOR (A)	comp.x 20	Roemmers	ISOSORBIDE MONONITRATO
7805	MEDOCOR	comp.x 40	Roemmers	ISOSORBIDE MONONITRATO
4385	MONOKET	20 mg comp.x 60	Sidus	ISOSORBIDE MONONITRATO
4386	MONOKET	20 mg comp.x 30	Sidus	ISOSORBIDE MONONITRATO
4387	MONOKET	40 mg comp.x 30	Sidus	ISOSORBIDE MONONITRATO
9799	MONOKET RETARD	50 mg caps.x 30	Sidus	ISOSORBIDE MONONITRATO
27178	MONOKET RETARD	100 mg caps.x 30	Sidus	ISOSORBIDE MONONITRATO
33135	ISOSORBIDE 5 MONONITRATO TECHSPHERE	20 mg comp.x 20	Techsphere	ISOSORBIDE MONONITRATO
33136	ISOSORBIDE 5 MONONITRATO TECHSPHERE	20 mg comp.x 50	Techsphere	ISOSORBIDE MONONITRATO
33137	ISOSORBIDE 5 MONONITRATO TECHSPHERE	40 mg comp.x 20	Techsphere	ISOSORBIDE MONONITRATO
39063	LATRIGIN 200 MG[V]	comp.disper.ran.x 30	Baliarda	LAMOTRIGINA
33151	LAGOTRAN	25 mg comp.dispers.x 30	Beta	LAMOTRIGINA
33152	LAGOTRAN	50 mg comp.dispers.x 30	Beta	LAMOTRIGINA
33153	LAGOTRAN	100 mg comp.dispers.x 30	Beta	LAMOTRIGINA
25171	VALCAS	50 mg comp.x 10	Casasco	LAMOTRIGINA
25172	VALCAS	100 mg comp.x 10	Casasco	LAMOTRIGINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
25173	VALCAS	200 mg comp.x 10	Casasco	LAMOTRIGINA
32332	LAMIRAX	5 mg comp.dispers.x 30	Elea	LAMOTRIGINA
32333	LAMIRAX	25 mg comp.dispers.x 30	Elea	LAMOTRIGINA
32334	LAMIRAX	50 mg comp.dispers.x 30	Elea	LAMOTRIGINA
32335	LAMIRAX	100 mg comp.dispers.x 30	Elea	LAMOTRIGINA
32336	LAMIRAX	200 mg comp.dispers.x 30	Elea	LAMOTRIGINA
21952	LAMICTAL DISPERSABLE	5 mg comp.x 30	GlaxoSmithKline	LAMOTRIGINA
21953	LAMICTAL DISPERSABLE	25 mg comp.x 30	GlaxoSmithKline	LAMOTRIGINA
21954	LAMICTAL DISPERSABLE	100 mg comp.x 30	GlaxoSmithKline	LAMOTRIGINA
22444	LAMICTAL DISPERSABLE	50 mg comp.x 30	GlaxoSmithKline	LAMOTRIGINA
22445	LAMICTAL DISPERSABLE	200 mg comp.x 30	GlaxoSmithKline	LAMOTRIGINA
33276	EPILEPAX	5 mg comp.dispers.x 30	Ivax Arg.	LAMOTRIGINA
33277	EPILEPAX	25 mg comp.dispers.x 30	Ivax Arg.	LAMOTRIGINA
33278	EPILEPAX	50 mg comp.dispers.x 30	Ivax Arg.	LAMOTRIGINA
33279	EPILEPAX	100 mg comp.dispers.x 30	Ivax Arg.	LAMOTRIGINA
33280	EPILEPAX	200 mg comp.dispers.x 30	Ivax Arg.	LAMOTRIGINA
25875	DAFEX	5 mg comp.dispers.x 30	Phoenix	LAMOTRIGINA
32426	DAFEX	200 mg comp.dispers.x 30	Phoenix	LAMOTRIGINA
32427	DAFEX	100 mg comp.dispers.x 30	Phoenix	LAMOTRIGINA
32428	DAFEX	50 mg comp.dispers.x 30	Phoenix	LAMOTRIGINA
32429	DAFEX	25 mg comp.dispers.x 30	Phoenix	LAMOTRIGINA
14413	LANZOPRAL	caps.x 30	Roemmers	LANZOPRAZOL
37605	TANAMOF	gts.oft.x 2.5 ml	Amhof	LATANOPROST
25587	OCUPROST	gts.oft.x 2.5 ml	Bausch & Lomb Ar	LATANOPROST
36359	LATANOPROST GEN	50mcg/ml sol.oft.x 2.5ml	Genpharma	LATANOPROST
37395	PARAIOP	50mcg/ml sol.oft.x 2.5ml	Ingens	LATANOPROST
30424	KLONAPROST	50mcg/ml sol.oft.x 2.5ml	Klonal	LATANOPROST
19634	XALATAN	gts.oft.x 2.5 ml	Pfizer	LATANOPROST
34716	LATANOPROST DORF	50mcg/ml sol.oft.x 2.5ml	PharmaDorf	LATANOPROST
23602	LOUTEN	colirio x 2.5 ml	Poen	LATANOPROST
31282	GLAUCOSTAT	50mcg/ml sol.oft.x 2.5ml	Raymos	LATANOPROST
37736	LATANOFLEX[V]	50mcg/ml gts.oft.x 2.5ml	Sidus	LATANOPROST
28006	LEFLUNOMIDA ASOFARMA	20 mg comp.x 30	Asofarma	LEFLUNOMIDA
36208	LEFLUAR	20 mg comp.rec.x 30	AstraZeneca	LEFLUNOMIDA



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
25983	INMUNOARTRO	20 mg comp.rec.x 30	Beta	LEFLUNOMIDA
33168	AFIANCEN	20 mg comp.rec.x 30	Buxton	LEFLUNOMIDA
27000	MOLAGAR	20 mg comp.rec.x 30	Finadiet	LEFLUNOMIDA
26578	FILARTROS[V]	20 mg comp.rec.x 30	Ivax Arg.	LEFLUNOMIDA
23537	ARAVA	20 mg comp.x 30	Sanofi-Aventis	LEFLUNOMIDA
38302	LEFLUNOMIDA SC	20 mg comp.rec.x 15	Spedrog Caillon	LEFLUNOMIDA
38303	LEFLUNOMIDA SC	20 mg comp.rec.x 30	Spedrog Caillon	LEFLUNOMIDA
478	MADOPAR HBS	125 mg caps.x 50	Investi	LEVODOPA + BENSERAZINA
7515	MADOPAR[V]	250 mg comp.x 50	Investi	LEVODOPA + BENSERAZINA
7516	MADOPAR	250 mg comp.x 30	Investi	LEVODOPA + BENSERAZINA
14144	MADOPAR DISPERSABLE	125 mg tab.dispers.x 100	Investi	LEVODOPA + BENSERAZINA
19636	MADOPAR DISPERSABLE	62.5 mg tab.dispers.x100	Investi	LEVODOPA + BENSERAZINA
36509	PARKINEL	100 mg/25 mg comp.x 30	Bagó	LEVODOPA + CARBIDOPA
36510	PARKINEL	250 mg/25 mg comp.x 30	Bagó	LEVODOPA + CARBIDOPA
37910	PARKINEL	250 mg/25 mg comp.x 60	Bagó	LEVODOPA + CARBIDOPA
28468	NULIPAR 100/25	100/25 mg comp.ran.x 30	Baliarda	LEVODOPA + CARBIDOPA
28469	NULIPAR 100/25	100/25 mg comp.ran.x 60	Baliarda	LEVODOPA + CARBIDOPA
28470	NULIPAR 250/25	250/25 mg comp.ran.x 60	Baliarda	LEVODOPA + CARBIDOPA
28471	NULIPAR 250/25	250/25 mg comp.ran.x 30	Baliarda	LEVODOPA + CARBIDOPA
36778	PRIKAP	250/25 mg comp.x 30	Elea	LEVODOPA + CARBIDOPA
37956	PRIKAP 100/25	comp.x 30	Elea	LEVODOPA + CARBIDOPA
20074	LECARGE	250/25 mg comp.x 30	Klonal	LEVODOPA + CARBIDOPA
30376	CARLEVOD	100/25 mg comp.x 30	LKM	LEVODOPA + CARBIDOPA
30377	CARLEVOD	100/25 mg comp.x 60	LKM	LEVODOPA + CARBIDOPA
30378	CARLEVOD	250/25 mg comp.x 30	LKM	LEVODOPA + CARBIDOPA
30379	CARLEVOD	250/25 mg comp.x 60	LKM	LEVODOPA + CARBIDOPA
30380	CARLEVOD	200/50 mg comp.x 30	LKM	LEVODOPA + CARBIDOPA
5406	SINEMET 250/25[V]	comp.x 30	Merck Sharp & Do	LEVODOPA + CARBIDOPA
20957	SINEMET 100/25	comp.x 100	Merck Sharp & Do	LEVODOPA + CARBIDOPA
21230	SINEMET 250/25	comp.x 60	Merck Sharp & Do	LEVODOPA + CARBIDOPA
9706	LEBOCAR	comp.rec.x 30	Pfizer	LEVODOPA + CARBIDOPA
11017	LEBOCAR	comp.rec.x 60	Pfizer	LEVODOPA + CARBIDOPA
13113	LEBOCAR 100-25	comp.rec.x 30	Pfizer	LEVODOPA + CARBIDOPA
13114	LEBOCAR 100-25	comp.rec.x 60	Pfizer	LEVODOPA + CARBIDOPA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
31231	LEVOMEPRIMAZINA CEVALLOS	25 mg comp.x 20	Cevallos	LEVOMEPRIMAZINA
38919	DETENLER	25 mg comp.x 30	Duncan	LEVOMEPRIMAZINA
13689	TOGREL[V]	2 mg comp.x 50	Ivax Arg.	LEVOMEPRIMAZINA
13690	TOGREL[V]	25 mg comp.x 50	Ivax Arg.	LEVOMEPRIMAZINA
38237	LEVOLAM	25 mg comp.x 30	Lamsa	LEVOMEPRIMAZINA
30944	LEVOMEPRIMAZINA MEDIPHARMA	25 mg comp.x 30	Medipharma	LEVOMEPRIMAZINA
20830	LEVOMEPRIMAZINA LUAR	25 mg comp.x 30	Quimica Luar	LEVOMEPRIMAZINA
31482	LEVOMEPRIMAZINA LUAR	25 mg comp.x 20	Quimica Luar	LEVOMEPRIMAZINA
17360	NOZINAN	2.5% iny.x 10 x 1 ml	Rhone Poulenc	LEVOMEPRIMAZINA
7090	NOZINAN MINOR	gts.x 30 ml	Sanofi-Aventis	LEVOMEPRIMAZINA
9295	NOZINAN	100 mg comp.x 50	Sanofi-Aventis	LEVOMEPRIMAZINA
10992	NOZINAN	2 mg comp.x 30	Sanofi-Aventis	LEVOMEPRIMAZINA
10993	NOZINAN	2.5% iny.x 5 x 1 ml	Sanofi-Aventis	LEVOMEPRIMAZINA
10994	NOZINAN	25 mg comp.x 30	Sanofi-Aventis	LEVOMEPRIMAZINA
42703	SYNTHROID	88 mcg comp.x 60	Abbott	LEVOTIROXINA
42705	SYNTHROID	112 mcg comp.x 60	Abbott	LEVOTIROXINA
44667	SYNTHROID	137 mcg comp.x 60	Abbott	LEVOTIROXINA
37795	L-T 50	50 mcg comp.x 50	Craveri	LEVOTIROXINA
37796	L-T 100	100 mcg comp.x 50	Craveri	LEVOTIROXINA
37797	L-T 150	150 mcg comp.x 50	Craveri	LEVOTIROXINA
21702	EUTHYROX	50 mcg comp.birran.x 50	Elea	LEVOTIROXINA
21703	EUTHYROX	75 mcg comp.birran.x 50	Elea	LEVOTIROXINA
21704	EUTHYROX	100 mcg comp.birran.x 50	Elea	LEVOTIROXINA
21705	EUTHYROX	125 mcg comp.birran.x 50	Elea	LEVOTIROXINA
21706	EUTHYROX	150 mcg comp.birran.x 50	Elea	LEVOTIROXINA
31650	EUTHYROX	175 mcg comp.birran.x 50	Elea	LEVOTIROXINA
31651	EUTHYROX[V]	200 mcg comp.birran.x 50	Elea	LEVOTIROXINA
42758	EUTHYROX	88 mcg comp.birran.x 50	Elea	LEVOTIROXINA
42759	EUTHYROX	112 mcg comp.birran.x 50	Elea	LEVOTIROXINA
42760	EUTHYROX	137 mcg comp.birran.x 50	Elea	LEVOTIROXINA
28040	LEVOTIROXINA FABRA 100	0.10 mg comp.x 50	Fabra	LEVOTIROXINA
28577	LEVOTIROXINA FABRA 50	0.05 mg comp.x 50	Fabra	LEVOTIROXINA
27700	NIGALINA	100 mcg comp.x 50	Gador	LEVOTIROXINA
4010	LEVOTIROXINA (A)[V]	100 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
16004	LEVOTIROXINA[V]	50 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26914	LEVOTIROXINA[V]	75 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26915	LEVOTIROXINA	88 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26916	LEVOTIROXINA[V]	112 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26917	LEVOTIROXINA[V]	125 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26918	LEVOTIROXINA	137 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26919	LEVOTIROXINA[V]	150 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
26920	LEVOTIROXINA[V]	175 mcg comp.x 50	GlaxoSmithKline	LEVOTIROXINA
11919	T4 MONTPELLIER 100	100 mcg comp.x 50	Montpellier	LEVOTIROXINA
15331	T4 MONTPELLIER 150	150 mcg comp.x 50	Montpellier	LEVOTIROXINA
16395	T4 MONTPELLIER 50	50 mcg comp.x 100	Montpellier	LEVOTIROXINA
33625	T4 MONTPELLIER 50	50 mcg comp.x 50	Montpellier	LEVOTIROXINA
33626	T4 MONTPELLIER 75	75 mcg comp.x 50	Montpellier	LEVOTIROXINA
33627	T4 MONTPELLIER 125	125 mcg comp.x 50	Montpellier	LEVOTIROXINA
33628	T4 MONTPELLIER 200	200 mcg comp.x 50	Montpellier	LEVOTIROXINA
39845	T4 MONTPELLIER 88	88 mcg comp.x 50	Montpellier	LEVOTIROXINA
39846	T4 MONTPELLIER 112	112 mcg comp.x 50	Montpellier	LEVOTIROXINA
39847	T4 MONTPELLIER 137	137 mcg comp.x 50	Montpellier	LEVOTIROXINA
33444	LEVOTIROXINA NORTHIA	50 mcg comp.x 50	Northia	LEVOTIROXINA
33521	LEVOTIROXINA NORTHIA	100 mcg comp.x 50	Northia	LEVOTIROXINA
33523	LEVOTIROXINA NORTHIA	150 mcg comp.x 50	Northia	LEVOTIROXINA
22317	TRI IODO TIRONINA[V]	comp.x 20	GlaxoSmithKline	LITOTIRONINA - TRIIODOTIRONINA
31104	CEGLUTION 300	tab.x 20	Ariston	LITIO CARBONATO
32637	CEGLUTION 300	tab.x 100	Ariston	LITIO CARBONATO
28822	KARLIT 300	comp.x 20	Biotenk	LITIO CARBONATO
21783	LITHIUN	300 mg comp.x 50	Elisium	LITIO CARBONATO
34549	CLIARVAS	50 mg comp.rec.ran.x 15	Baliarda	LOSARTAN
34550	CLIARVAS	50 mg comp.rec.ran.x 30	Baliarda	LOSARTAN
24533	LOCTENK	50 mg comp.rec.x 30	Biotenk	LOSARTAN
30730	LOCTENK	50 mg comp.rec.x 10	Biotenk	LOSARTAN
33321	LOCTENK	50 mg comp.rec.x 60	Biotenk	LOSARTAN
35481	LOCTENK	100 mg comp.rec.x 30	Biotenk	LOSARTAN
23716	LOPLAC	50 mg comp.x 30	Casasco	LOSARTAN
34255	LOPLAC	50 mg comp.x 15	Casasco	LOSARTAN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
37849	LOPLAC	100 mg comp.x 30	Casasco	LOSARTAN
36358	TACICUL	50 mg comp.rec.x 30	Denver Farma	LOSARTAN
32972	FENSARTAN	50 mg comp.x 28	Elea	LOSARTAN
33303	FENSARTAN	50 mg comp.x 14	Elea	LOSARTAN
33889	FENSARTAN	100 mg comp.x 28	Elea	LOSARTAN
28100	CARTAN[V]	50 mg comp.x 30	Eurofarma	LOSARTAN
38611	CARTAN	50 mg comp.x 15	Eurofarma	LOSARTAN
36166	FADA LOSARTAN	50 mg comp.x 30	Fada Pharma	LOSARTAN
17000	PAXON	50 mg comp.rec.x 14	Gador	LOSARTAN
17001	PAXON	50 mg comp.rec.x 28	Gador	LOSARTAN
33200	PAXON	100 mg comp.rec.x 28	Gador	LOSARTAN
34652	PAXON	50 mg comp.rec.x 30	Gador	LOSARTAN
34653	PAXON	100 mg comp.rec.x 30	Gador	LOSARTAN
16399	NITEN	comp.x 15	Ivax Arg.	LOSARTAN
16400	NITEN	comp.x 30	Ivax Arg.	LOSARTAN
31469	NITEN 100	comp.rec.x 30	Ivax Arg.	LOSARTAN
25467	KLOSARTAN	50 mg comp.x 20	Klonal	LOSARTAN
38194	PRESINOR	50 mg comp.x 15	Lafedar	LOSARTAN
38195	PRESINOR	50 mg comp.x 30	Lafedar	LOSARTAN
30338	COZAAREX	50 mg comp.x 30	Merck Sharp & Do	LOSARTAN
30339	COZAAREX	50 mg comp.x 15	Merck Sharp & Do	LOSARTAN
31308	COZAAREX	100 mg comp.x 30	Merck Sharp & Do	LOSARTAN
23291	ENROMIC[V]	50 mg comp.rec.x 30	Microsules Arg.	LOSARTAN
34194	LOSARTAN NEXO	50 mg comp.rec.x 20	Nexo Pharmaceutical	LOSARTAN
34195	LOSARTAN NEXO	50 mg comp.rec.x 30	Nexo Pharmaceutical	LOSARTAN
33857	LOSARTAN NORTHIA	50 mg comp.x 15	Northia	LOSARTAN
33858	LOSARTAN NORTHIA	50 mg comp.x 30	Northia	LOSARTAN
20535	TACARDIA	50 mg comp.x 30	Penn Pharmaceuticals	LOSARTAN
32801	TACARDIA	50 mg comp.x 40	Penn Pharmaceuticals	LOSARTAN
37477	LOSARTAN POTASICO RICHET	50 mg comp.ran.x 30	Richet	LOSARTAN
37478	LOSARTAN POTASICO RICHET	100 mg comp.ran.x 30	Richet	LOSARTAN
37479	LOSARTAN POTASICO RICHET	100 mg comp.ran.x 60	Richet	LOSARTAN
15986	LOSACOR	50 mg comp.rec.x 15	Roemmers	LOSARTAN
15987	LOSACOR	50 mg comp.rec.x 30	Roemmers	LOSARTAN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
31004	LOSACOR	100 mg comp.rec.x 30	Roemmers	LOSARTAN
33033	LOSACOR	100 mg comp.rec.x 15	Roemmers	LOSARTAN
35655	LOSARTAN TECHSPERE	50 mg comp.x 30	Techsphere	LOSARTAN
31011	TEMISARTAN	50 mg comp.x 15	Temis-Lostaló	LOSARTAN
31012	TEMISARTAN	50 mg comp.x 30	Temis-Lostaló	LOSARTAN
38891	LOSARTAN 50 MG	comp.x 30	Vannier	LOSARTAN
24649	EXIBRAL	200 mg comp.x 50	Bagó	MAGNESIO VALPROATO
24650	EXIBRAL	400 mg comp.x 50	Bagó	MAGNESIO VALPROATO
24651	EXIBRAL	500 mg comp.x 50	Bagó	MAGNESIO VALPROATO
20661	SALOFALK	500 mg comp.x 50	Biotoscana	MESALAZINA ORAL
11105	5-ASA 400	400 mg comp.x 30	Dominguez	MESALAZINA ORAL
11106	5-ASA 400	400 mg comp.x 60	Dominguez	MESALAZINA ORAL
18874	PENTASA	500 mg comp.x 50	Ferring	MESALAZINA ORAL
18875	PENTASA[V]	500 mg comp.x 100	Ferring	MESALAZINA ORAL
34045	PENTASA	1 g sob.x 50	Ferring	MESALAZINA ORAL
38929	XALAZINA	500 mg comp.rec.x 100	HLB Pharma	MESALAZINA ORAL
38930	XALAZINA	500 mg comp.rec.x 50	HLB Pharma	MESALAZINA ORAL
38931	XALAZINA	800 mg comp.rec.x 100	HLB Pharma	MESALAZINA ORAL
38932	XALAZINA	800 mg comp.rec.x 50	HLB Pharma	MESALAZINA ORAL
38933	XALAZINA	500 mg comp.rec.x 30	HLB Pharma	MESALAZINA ORAL
38934	XALAZINA	800 mg comp.rec.x 30	HLB Pharma	MESALAZINA ORAL
11142	BUFEXAN	500 mg comp.x 20	Nova Argentia	MESALAZINA ORAL
11143	BUFEXAN	500 mg comp.x 60	Nova Argentia	MESALAZINA ORAL
33567	YOLECOL	800 mg comp.x 30	Nycomed	MESALAZINA ORAL
33568	YOLECOL	800 mg comp.x 60	Nycomed	MESALAZINA ORAL
33569	YOLECOL	800 mg comp.x 90	Nycomed	MESALAZINA ORAL
38208	SUPRIMAL	500mg comp.gastrorresx50	Temis-Lostaló	MESALAZINA ORAL
37030	BALIGLUC AP (A)[V]	850 mg comp.ran.LP x 30	Baliarda	METFORMINA
37031	BALIGLUC AP (A)[V]	850 mg comp.ran.LP x 60	Baliarda	METFORMINA
6355	ISLOTIN	comp.x 100	Craveri	METFORMINA
7744	ISLOTIN	comp.x 30	Craveri	METFORMINA
15403	ISLOTIN RETARD	comp.x 30	Craveri	METFORMINA
15404	ISLOTIN RETARD	comp.x 60	Craveri	METFORMINA
29279	ISLOTIN 1000	comp.rec.x 20	Craveri	METFORMINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
29280	ISLOTIN 1000	comp.rec.x 50	Craveri	METFORMINA
31188	ISLOTIN RETARD	comp.x 100	Craveri	METFORMINA
13902	GLUCOPHAGE 850	comp.x 30	Elea	METFORMINA
13903	GLUCOPHAGE 850	comp.x 60	Elea	METFORMINA
22233	GLUCOPHAGE	500 mg comp.x 30	Elea	METFORMINA
22235	GLUCOPHAGE	500 mg comp.x 100	Elea	METFORMINA
31501	GLUCOPHAGE	1000 mg comp.x 30	Elea	METFORMINA
31502	GLUCOPHAGE	1000 mg comp.x 60	Elea	METFORMINA
35755	MECTIN	500 mg comp.x 100	Elea	METFORMINA
35758	MECTIN	850 mg comp.x 100	Elea	METFORMINA
35761	MECTIN	1000 mg comp.x 100	Elea	METFORMINA
39508	GLUCOPHAGE XR 500	LP 500 mg comp.x 30	Elea	METFORMINA
39509	GLUCOPHAGE XR 500	LP 500 mg comp.x 60	Elea	METFORMINA
38773	DIAB DOS 500	500 mg comp.rec.x 60	Francelab	METFORMINA
38774	DIAB DOS 500	500 mg comp.rec.x 100	Francelab	METFORMINA
38775	DIAB DOS 850	850 mg comp.rec.x 60	Francelab	METFORMINA
38776	DIAB DOS 850	850 mg comp.rec.x 100	Francelab	METFORMINA
38777	DIAB DOS 1000	1000 mg comp.rec.x 60	Francelab	METFORMINA
38778	DIAB DOS 1000	1000 mg comp.rec.x 100	Francelab	METFORMINA
38885	OXEMET	500 mg comp.x 30	GlaxoSmithKline	METFORMINA
38886	OXEMET	850 mg comp.x 30	GlaxoSmithKline	METFORMINA
38887	OXEMET	1000 mg comp.x 30	GlaxoSmithKline	METFORMINA
38888	OXEMET	500 mg comp.x 60	GlaxoSmithKline	METFORMINA
38889	OXEMET	850 mg comp.x 60	GlaxoSmithKline	METFORMINA
38890	OXEMET	1000 mg comp.x 60	GlaxoSmithKline	METFORMINA
28164	GLUCAMINOL FORTE[V]	850 mg comp.x 30	Investi	METFORMINA
28165	GLUCAMINOL FORTE	850 mg comp.x 60	Investi	METFORMINA
35756	MECTIN	500 mg comp.x 30	Ivax Arg.	METFORMINA
35757	MECTIN	500 mg comp.x 60	Ivax Arg.	METFORMINA
35759	MECTIN	850 mg comp.x 30	Ivax Arg.	METFORMINA
35760	MECTIN	850 mg comp.x 60	Ivax Arg.	METFORMINA
35762	MECTIN	1000 mg comp.x 30	Ivax Arg.	METFORMINA
35763	MECTIN	1000 mg comp.x 60	Ivax Arg.	METFORMINA
33105	METFORAL	500 mg comp.x 30	Menarini	METFORMINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
33106	METFORAL 850	850 mg comp.x 30	Menarini	METFORMINA
38373	METFORAL	500 mg comp.x 120	Menarini	METFORMINA
38374	METFORAL 850	850 mg comp.x 120	Menarini	METFORMINA
36657	REDUGLUC[V]	500 mg comp.x 30	Microsules Arg.	METFORMINA
36658	REDUGLUC	500 mg comp.x 60	Microsules Arg.	METFORMINA
36659	REDUGLUC	500 mg comp.x 100	Microsules Arg.	METFORMINA
36660	REDUGLUC A.P. (A)[V]	850 mg comp.x 30	Microsules Arg.	METFORMINA
36661	REDUGLUC A.P. (A)	850 mg comp.x 60	Microsules Arg.	METFORMINA
36662	REDUGLUC A.P. (A)	850 mg comp.x 100	Microsules Arg.	METFORMINA
10173	DBI METFORMINA	500 mg comp.x 30	Montpellier	METFORMINA
10174	DBI METFORMINA	500 mg comp.x 100	Montpellier	METFORMINA
12909	DBI AP METFORMINA	850 mg comp.rec.x 30	Montpellier	METFORMINA
12910	DBI AP METFORMINA	850 mg comp.rec.x 100	Montpellier	METFORMINA
30980	DBI AP METFORMINA	850 mg comp.rec.x 60	Montpellier	METFORMINA
31692	DBI METFORMINA	500 mg comp.x 60	Montpellier	METFORMINA
32396	DBI AP FORTE	1000 mg comp.rec.x 30	Montpellier	METFORMINA
32397	DBI AP FORTE	1000 mg comp.rec.x 60	Montpellier	METFORMINA
33332	METFORMINA NORTHIA	500 mg comp.x 100	Northia	METFORMINA
36857	METFORMINA TECHSPHERE	500 mg comp.rec.x 30	Techsphere	METFORMINA
36858	METFORMINA TECHSPHERE	500 mg comp.rec.x 100	Techsphere	METFORMINA
17329	METFORMIN TEMIS	500 mg comp.x 30	Temis-Lostaló	METFORMINA
17330	METFORMIN TEMIS	500 mg comp.x 60	Temis-Lostaló	METFORMINA
21685	METFORMIN TEMIS	850 mg comp.rec.x 30	Temis-Lostaló	METFORMINA
21686	METFORMIN TEMIS	850 mg comp.rec.x 60	Temis-Lostaló	METFORMINA
36788	METFORMIN TEMIS	1 g comp.rec.x 30	Temis-Lostaló	METFORMINA
36789	METFORMIN TEMIS	1 g comp.rec.x 60	Temis-Lostaló	METFORMINA
30326	DANANTIZOL[V]	20 mg comp.x 30	Gador	METIMAZOL
6382	BELOC	100 mg comp.x 20	AstraZeneca	METOPROLOL
6383	BELOC	100 mg comp.x 30	AstraZeneca	METOPROLOL
35448	BELOZOK	100mg comp.lib.prol.x 30	AstraZeneca	METOPROLOL
2193	LOPRESOR[V]	100 mg comp.x 30	Novartis	METOPROLOL
2194	LOPRESOR RETARD DIVITABS	comp.x 20	Novartis	METOPROLOL
34567	TRIXATE	2.5 mg comp.x 20	AstraZeneca	METOTREXATO
34568	TRIXATE	7.5 mg comp.x 4	AstraZeneca	METOTREXATO

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
34569	TRIXATE	7.5 mg comp.x 10	AstraZeneca	METOTREXATO
34570	TRIXATE	10 mg comp.x 4	AstraZeneca	METOTREXATO
34571	TRIXATE	10 mg comp.x 10	AstraZeneca	METOTREXATO
36850	TRIXATE	15 mg iny.f.a.x 5 x 3 ml	AstraZeneca	METOTREXATO
24100	METOTREXATO DOSA	5 mg iny.f.a.x 1	Dosa	METOTREXATO
25524	METOTREXATO 2.5 DOSA	2.5 mg comp.rec.x 100	Dosa	METOTREXATO
30771	METOTREXATO 2.5 DOSA	2.5 mg comp.rec.x 50	Dosa	METOTREXATO
9865	ERVEMIN[V]	2.5 mg comp.x 20	Ivax Arg.	METOTREXATO
29258	ERVEMIN[V]	7.5 mg comp.x 10	Ivax Arg.	METOTREXATO
29369	ERVEMIN[V]	10 mg comp.x 10	Ivax Arg.	METOTREXATO
29370	ERVEMIN	15 mg iny.a.x 5	Ivax Arg.	METOTREXATO
26154	ARTRAIT	2.5 mg comp.x 20	Trb-Pharma	METOTREXATO
26155	ARTRAIT	7.5 mg comp.ran.x 10	Trb-Pharma	METOTREXATO
26156	ARTRAIT	10 mg comp.ran.x 10	Trb-Pharma	METOTREXATO
26157	ARTRAIT	15 mg f.a.x 5 x 2 ml	Trb-Pharma	METOTREXATO
38111	ARTRAIT	15 mg comp.ran.x 4	Trb-Pharma	METOTREXATO
5018	METOTREXATO	5 mg f.a.	Wyeth	METOTREXATO
1672	MEXITILEN	100 mg caps.x 20	Boehringer Ingel	MEXILETINA
7543	MEXITILEN	200 mg caps.x 50	Boehringer Ingel	MEXILETINA
21564	SINGULAIR[V]	Ni?os 5 mg comp.mast.x30	Merck Sharp & Do	MONTELUKAST SODICO
22037	SINGULAIR[V]	10 mg comp.x 30	Merck Sharp & Do	MONTELUKAST SODICO
27144	SINGULAIR[V]	Ni?os 4 mg comp.mast.x30	Merck Sharp & Do	MONTELUKAST SODICO
21941	LUKAIR	5 mg comp.mast.x 30	Sidus	MONTELUKAST SODICO
22222	LUKAIR	10 mg comp.rec.x 30	Sidus	MONTELUKAST SODICO
607	FRAXIPARINE	jga.prell.x 1 - 0.3 ml	GlaxoSmithKline	NADROPARINA CALCICA
608	FRAXIPARINE	jga.prell.x 10 - 0.3 ml	GlaxoSmithKline	NADROPARINA CALCICA
750	FRAXIPARINE	jga.prell.x 1 - 0.6 ml	GlaxoSmithKline	NADROPARINA CALCICA
1339	FRAXIPARINE	jga.prell.x 10 - 0.6 ml	GlaxoSmithKline	NADROPARINA CALCICA
14923	FRAXIPARINE	jga.prell.x 1 - 0.8 ml	GlaxoSmithKline	NADROPARINA CALCICA
14924	FRAXIPARINE	jga.prell.x 10 - 0.8 ml	GlaxoSmithKline	NADROPARINA CALCICA
15061	FRAXIPARINE	jga.prell.x 1 - 0.4 ml	GlaxoSmithKline	NADROPARINA CALCICA
15062	FRAXIPARINE	jga.prell.x 10 - 0.4 ml	GlaxoSmithKline	NADROPARINA CALCICA
27353	STARLIX	120 mg comp.rec.x 84	Novartis	NATEGLINIDA
30453	STARLIX	120 mg comp.rec.x 48	Novartis	NATEGLINIDA



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
28369	NATEGLIN	120 mg comp.x 48	Phoenix	NATEGLINIDA
28370	NATEGLIN	120 mg comp.x 84	Phoenix	NATEGLINIDA
3748	ADALAT OROS	30 mg comp.x 20	Bayer (BSP)	NIFEDIPINA
3749	ADALAT OROS	60 mg comp.x 20	Bayer (BSP)	NIFEDIPINA
15276	ADALAT OROS	30 mg comp.x 30	Bayer (BSP)	NIFEDIPINA
22356	NIFEDIPINA R 20	Rtd.20 mg comp.x 50	Biotenk	NIFEDIPINA
34607	NIFEDIPINA R 20	Rtd.20 mg comp.x 40	Biotenk	NIFEDIPINA
24200	NIFECOR	Rtd.20 mg comp.x 50	Investi	NIFEDIPINA
27728	NIFEDEL	Rtd.20 mg comp.x 50	Klonal	NIFEDIPINA
25871	NIFED SOL	30 mg comp.x 30	Phoenix	NIFEDIPINA
25872	NIFED SOL[V]	60 mg comp.x 30	Phoenix	NIFEDIPINA
2198	NITRODERM TTS	5 mg sistema x 10	Novartis	NITROGLICERINA
2199	NITRODERM TTS	10 mg sistema x 10	Novartis	NITROGLICERINA
2200	NITRODERM TTS	5 mg sistema x 30	Novartis	NITROGLICERINA
2201	NITRODERM TTS	10 mg sistema x 30	Novartis	NITROGLICERINA
8053	NITRO-DUR	5 mg apos.x 30	Schering-Plough	NITROGLICERINA
8054	NITRO-DUR	10 mg apos.x 30	Schering-Plough	NITROGLICERINA
9354	NITRO-DUR	5 mg apos.x 10	Schering-Plough	NITROGLICERINA
9355	NITRO-DUR	10 mg apos.x 10	Schering-Plough	NITROGLICERINA
23157	TIANTREX	5 mg comp.rec.x 14	Beta	OLANZAPINA
23158	TIANTREX	7.5 mg comp.rec.x 10	Beta	OLANZAPINA
23159	TIANTREX	10 mg comp.rec.x 14	Beta	OLANZAPINA
23160	TIANTREX	10 mg comp.rec.x 28	Beta	OLANZAPINA
26602	OLANZAPINA DOSA	5 mg comp.x 14	Dosa	OLANZAPINA
26603	OLANZAPINA DOSA	5 mg comp.x 28	Dosa	OLANZAPINA
26604	OLANZAPINA DOSA	7.5 mg comp.x 10	Dosa	OLANZAPINA
26605	OLANZAPINA DOSA	10 mg comp.x 14	Dosa	OLANZAPINA
26606	OLANZAPINA DOSA	10 mg comp.x 28	Dosa	OLANZAPINA
19644	ZYPREXA	5 mg comp.x 14	Eli Lilly	OLANZAPINA
19645	ZYPREXA	7.5 mg comp.x 10	Eli Lilly	OLANZAPINA
19647	ZYPREXA	10 mg comp.x 14	Eli Lilly	OLANZAPINA
19649	ZYPREXA	10 mg comp.x 28	Eli Lilly	OLANZAPINA
27331	ZYPREXA ZYDIS	10 mg tab.dis.inst.x 28	Eli Lilly	OLANZAPINA
27332	ZYPREXA ZYDIS	5 mg tab.dis.inst.x 28	Eli Lilly	OLANZAPINA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
29725	ZYPREXA	2.5 mg comp.x 28	Eli Lilly	OLANZAPINA
35745	ZYPREXA ZYDIS	10 mg tab.dis.inst.x 7	Eli Lilly	OLANZAPINA
35746	ZYPREXA ZYDIS	5 mg tab.dis.inst.x 7	Eli Lilly	OLANZAPINA
41041	ZYPREXA	5 mg comp.x 28	Eli Lilly	OLANZAPINA
19883	MIDAX[V]	5 mg comp.x 14	Gador	OLANZAPINA
19884	MIDAX	10 mg comp.x 14	Gador	OLANZAPINA
19885	MIDAX[V]	10 mg comp.x 28	Gador	OLANZAPINA
35600	MIDAX	2.5 mg comp.x 28	Gador	OLANZAPINA
41317	MIDAX	5 mg comp.x 28	Gador	OLANZAPINA
36314	OXCARBAZEPINA 300 BOUZEN	300 mg comp.x 30	Bouzen	OXCARBAZEPINA
36315	OXCARBAZEPINA 300 BOUZEN	300 mg comp.x 60	Bouzen	OXCARBAZEPINA
26607	OXCARBAZEPINA DOSA	300 mg comp.x 30	Dosa	OXCARBAZEPINA
26608	OXCARBAZEPINA DOSA	300 mg comp.x 60	Dosa	OXCARBAZEPINA
26609	OXCARBAZEPINA DOSA	600 mg comp.x 30	Dosa	OXCARBAZEPINA
26610	OXCARBAZEPINA DOSA	600 mg comp.x 60	Dosa	OXCARBAZEPINA
14088	AURENE[V]	300 mg comp.x 30	Ivax Arg.	OXCARBAZEPINA
15542	AURENE	300 mg comp.x 60	Ivax Arg.	OXCARBAZEPINA
15543	AURENE[V]	600 mg comp.x 30	Ivax Arg.	OXCARBAZEPINA
15544	AURENE[V]	600 mg comp.x 60	Ivax Arg.	OXCARBAZEPINA
23583	RUPOX	300 mg comp.x 30	Medipharma	OXCARBAZEPINA
23584	RUPOX	600 mg comp.x 60	Medipharma	OXCARBAZEPINA
24700	RUPOX	300 mg comp.x 60	Medipharma	OXCARBAZEPINA
25909	RUPOX	600 mg comp.x 30	Medipharma	OXCARBAZEPINA
10129	TRILEPTAL	300 mg comp.x 30	Novartis	OXCARBAZEPINA
10130	TRILEPTAL	300 mg comp.x 60	Novartis	OXCARBAZEPINA
10131	TRILEPTAL	600 mg comp.x 30	Novartis	OXCARBAZEPINA
10132	TRILEPTAL	600 mg comp.x 60	Novartis	OXCARBAZEPINA
22592	TRILEPTAL	jbe.x 100 ml	Novartis	OXCARBAZEPINA
28059	AROLTEX	0.05 mg comp.x 30	LKM	PERGOLIDA
28060	AROLTEX	0.25 mg comp.x 30	LKM	PERGOLIDA
28061	AROLTEX	1 mg comp.x 30	LKM	PERGOLIDA
24225	GERANIL	0.05 mg comp.x 30	Neuropharma	PERGOLIDA
24226	GERANIL	0.25 mg comp.x 60	Neuropharma	PERGOLIDA
24227	GERANIL	1 mg comp.x 60	Neuropharma	PERGOLIDA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
15123	PARLIDE	0.05 mg comp.x 30	Pfizer	PERGOLIDA
15124	PARLIDE	0.25 mg comp.x 60	Pfizer	PERGOLIDA
15125	PARLIDE	1 mg comp.x 60	Pfizer	PERGOLIDA
30482	BREATOR	0.05 mg comp.x 30	Raffo	PERGOLIDA
30483	BREATOR	0.25 mg comp.x 30	Raffo	PERGOLIDA
30484	BREATOR	1 mg comp.x 30	Raffo	PERGOLIDA
15888	CELANCE	0.05 mg comp.x 30	Roemmers	PERGOLIDA
15889	CELANCE	0.25 mg comp.x 30	Roemmers	PERGOLIDA
15890	CELANCE	1 mg comp.x 30	Roemmers	PERGOLIDA
164	ISOPTO CARPINA	1% sol.oft.x 15 ml	Alcon	PILOCARPINA
165	ISOPTO CARPINA[V]	2% sol.oft.x 15 ml	Alcon	PILOCARPINA
5193	SONADRYL	2.5% gts.oft.x 10 ml	Allergan-Loa	PILOCARPINA
21047	PILOMED	2% sol.oft.x 15 ml	Bausch & Lomb Ar	PILOCARPINA
23919	PILOMED	env.x 20 unidosis	Bausch & Lomb Ar	PILOCARPINA
37396	XAO PIL 1%	sol.oft.x 10 ml	Ingens	PILOCARPINA
37397	XAO PIL 2%	sol.oft.x 10 ml	Ingens	PILOCARPINA
21808	KLONOCARPINA	2% sol.oft.x 15 ml	Klonal	PILOCARPINA
25894	KLONOCARPINA	1% sol.oft.x 15 ml	Klonal	PILOCARPINA
13172	PILOCARPOL	gts.oft.x 10 ml	Lersan	PILOCARPINA
29641	ORAP FORTE	4 mg comp.x 20	Janssen-Cilag	PIMOZIDA
27584	ACTOS	15 mg comp.x 15	Abbott	PIOGLITAZONA
27585	ACTOS	15 mg comp.x 30	Abbott	PIOGLITAZONA
27586	ACTOS	30 mg comp.x 15	Abbott	PIOGLITAZONA
27587	ACTOS	30 mg comp.x 30	Abbott	PIOGLITAZONA
27588	ACTOS	45 mg comp.x 15	Abbott	PIOGLITAZONA
27589	ACTOS	45 mg comp.x 30	Abbott	PIOGLITAZONA
27173	CERELUC	30 mg comp.x 30	Beta	PIOGLITAZONA
27844	CERELUC	15 mg comp.x 15	Beta	PIOGLITAZONA
27845	CERELUC	15 mg comp.x 30	Beta	PIOGLITAZONA
27846	CERELUC	30 mg comp.x 15	Beta	PIOGLITAZONA
27847	CERELUC	45 mg comp.x 15	Beta	PIOGLITAZONA
27848	CERELUC	45 mg comp.x 30	Beta	PIOGLITAZONA
38779	PIOTAMAX 30	30 mg comp.x 30	Francelab	PIOGLITAZONA
38780	PIOTAMAX 45	45 mg comp.bi-ranur.x 30	Francelab	PIOGLITAZONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
39733	HIGLUCEM	15 mg comp.x 14	Lazar	PIOGLITAZONA
39734	HIGLUCEM	15 mg comp.x 28	Lazar	PIOGLITAZONA
39735	HIGLUCEM	30 mg comp.x 14	Lazar	PIOGLITAZONA
39736	HIGLUCEM	30 mg comp.x 28	Lazar	PIOGLITAZONA
39737	HIGLUCEM	45 mg comp.x 30	Lazar	PIOGLITAZONA
26435	PIOGLIT	15 mg comp.x 15	Phoenix	PIOGLITAZONA
26436	PIOGLIT	15 mg comp.x 30	Phoenix	PIOGLITAZONA
26437	PIOGLIT	30 mg comp.x 15	Phoenix	PIOGLITAZONA
26438	PIOGLIT	30 mg comp.x 30	Phoenix	PIOGLITAZONA
26439	PIOGLIT	45 mg comp.x 15	Phoenix	PIOGLITAZONA
26440	PIOGLIT	45 mg comp.x 30	Phoenix	PIOGLITAZONA
41432	NULIPAR	0.25 mg comp.ran.x 30	Baliarda	PRAMIPEXOL
41433	NULIPAR	1 mg comp.ran.x 30	Baliarda	PRAMIPEXOL
41434	NULIPAR	1 mg comp.ran.x 60	Baliarda	PRAMIPEXOL
35202	MAXTENK	0.125 mg comp.x 30	Biotenk	PRAMIPEXOL
35203	MAXTENK	0.25 mg comp.x 30	Biotenk	PRAMIPEXOL
35204	MAXTENK	1 mg comp.x 30	Biotenk	PRAMIPEXOL
22597	SIFROL	0.125 mg comp.x 30	Boehringer Ingel	PRAMIPEXOL
22598	SIFROL[V]	0.250 mg comp.x 30	Boehringer Ingel	PRAMIPEXOL
22599	SIFROL	0.250 mg comp.x 100	Boehringer Ingel	PRAMIPEXOL
22600	SIFROL[V]	1 mg comp.x 30	Boehringer Ingel	PRAMIPEXOL
22601	SIFROL[V]	1 mg comp.x 100	Boehringer Ingel	PRAMIPEXOL
35876	PORTIV	0.125 mg comp.x 30	Buxton	PRAMIPEXOL
35877	PORTIV	0.250 mg comp.x 30	Buxton	PRAMIPEXOL
35878	PORTIV	0.250 mg comp.x 100	Buxton	PRAMIPEXOL
35879	PORTIV	1 mg comp.x 30	Buxton	PRAMIPEXOL
35880	PORTIV	1 mg comp.x 100	Buxton	PRAMIPEXOL
36673	NIXOL	0.125 mg comp.x 30	Investi	PRAMIPEXOL
36674	NIXOL	0.25 mg comp.x 30	Investi	PRAMIPEXOL
36675	NIXOL	1 mg comp.x 30	Investi	PRAMIPEXOL
39706	TREMINEL	0.125 mg comp.x 30	Ivax Arg.	PRAMIPEXOL
39707	TREMINEL	0.25 mg comp.x 30	Ivax Arg.	PRAMIPEXOL
39708	TREMINEL	1 mg comp.x 30	Ivax Arg.	PRAMIPEXOL
34490	PARFENO	0.125 mg comp.x 30	LKM Pharma	PRAMIPEXOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
34491	PARFENO	0.25 mg comp.x 30	LKM Pharma	PRAMIPEXOL
34492	PARFENO	0.25 mg comp.x 100	LKM Pharma	PRAMIPEXOL
34493	PARFENO	1 mg comp.x 30	LKM Pharma	PRAMIPEXOL
34494	PARFENO	1 mg comp.x 100	LKM Pharma	PRAMIPEXOL
34325	PARXIUM	0.125 mg comp.x 30	Monte Verde	PRAMIPEXOL
34326	PARXIUM	0.25 mg comp.x 30	Monte Verde	PRAMIPEXOL
34327	PARXIUM	0.25 mg comp.x 100	Monte Verde	PRAMIPEXOL
34328	PARXIUM	1 mg comp.x 30	Monte Verde	PRAMIPEXOL
34329	PARXIUM	1 mg comp.x 100	Monte Verde	PRAMIPEXOL
22573	MIRAPEX	0.125 mg comp.x 30	Pfizer	PRAMIPEXOL
22574	MIRAPEX	0.25 mg comp.x 30	Pfizer	PRAMIPEXOL
22575	MIRAPEX	0.25 mg comp.x 100	Pfizer	PRAMIPEXOL
22576	MIRAPEX	1 mg comp.x 30	Pfizer	PRAMIPEXOL
22577	MIRAPEX	1 mg comp.x 100	Pfizer	PRAMIPEXOL
12621	PRAVACOL	10 mg comp.x 30	Merck	PRAVASTATINA
19056	PRAVACOL	20 mg comp.x 30	Merck	PRAVASTATINA
28407	PRAVACOL	40 mg comp.x 30	Merck Serono	PRAVASTATINA
4652	NORMORYTMIN	150 mg comp.rec.x 20	Abbott	PROPAFENONA
4653	NORMORYTMIN	300 mg comp.rec.x 20	Abbott	PROPAFENONA
7781	NORMORYTMIN	150 mg comp.rec.x 50	Abbott	PROPAFENONA
7783	NORMORYTMIN	300 mg comp.rec.x 50	Abbott	PROPAFENONA
4378	INDERAL	40 mg comp.x 20	AstraZeneca	PROPRANOLOL
4379	INDERAL	40 mg comp.x 50	AstraZeneca	PROPRANOLOL
4380	INDERAL	80 mg comp.x 20	AstraZeneca	PROPRANOLOL
4381	INDERAL	80 mg comp.x 50	AstraZeneca	PROPRANOLOL
37057	PROPANEITOR	80 mg comp.x 100	Driburg	PROPRANOLOL
3910	PROPRANOLOL GADOR	80 mg comp.x 50	Gador	PROPRANOLOL
9130	PROPRANOLOL GADOR	40 mg comp.x 50	Gador	PROPRANOLOL
12900	PROPRANOLOL GADOR	40 mg comp.x 100	Gador	PROPRANOLOL
31624	PROPRANOLOL NORTHIA	40 mg comp.x 50	Northia	PROPRANOLOL
5348	PROPALONG	40 mg caps.x 30	Trb-Pharma	PROPRANOLOL
5349	PROPALONG	80 mg caps.x 30	Trb-Pharma	PROPRANOLOL
29423	PROPANOLOL VANNIER	40 mg comp.x 30	Vannier	PROPRANOLOL
9234	PROPAYERST	40 mg comp.x 100	Wyeth	PROPRANOLOL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
2619	QUINIDINA	grag.x 24	Dominguez	QUINIDINA
26472	SESTRINE	0.5 mg comp.x 30	Beta	REPAGLINIDA
26473	SESTRINE	0.5 mg comp.x 90	Beta	REPAGLINIDA
26474	SESTRINE	1 mg comp.x 30	Beta	REPAGLINIDA
26475	SESTRINE	1 mg comp.x 90	Beta	REPAGLINIDA
26476	SESTRINE	2 mg comp.x 30	Beta	REPAGLINIDA
26477	SESTRINE	2 mg comp.x 90	Beta	REPAGLINIDA
24914	NOVONORM	0.5 mg comp.x 30	Novo Nordisk	REPAGLINIDA
24915	NOVONORM	0.5 mg comp.x 90	Novo Nordisk	REPAGLINIDA
24916	NOVONORM	1 mg comp.x 30	Novo Nordisk	REPAGLINIDA
24917	NOVONORM	1 mg comp.x 90	Novo Nordisk	REPAGLINIDA
24918	NOVONORM	2 mg comp.x 30	Novo Nordisk	REPAGLINIDA
24919	NOVONORM	2 mg comp.x 90	Novo Nordisk	REPAGLINIDA
25543	AFECTOL	1 mg comp.x 20	Bagó	RISPERIDONA
25544	AFECTOL	1 mg comp.x 60	Bagó	RISPERIDONA
25545	AFECTOL	2 mg comp.x 20	Bagó	RISPERIDONA
25546	AFECTOL	2 mg comp.x 60	Bagó	RISPERIDONA
25547	AFECTOL	3 mg comp.x 20	Bagó	RISPERIDONA
25549	AFECTOL	3 mg comp.x 60	Bagó	RISPERIDONA
33528	RIATUL	1 mg comp.rec.ran.x 20	Baliarda	RISPERIDONA
33529	RIATUL	1 mg comp.rec.ran.x 40	Baliarda	RISPERIDONA
33530	RIATUL[V]	2 mg comp.rec.ran.x 20	Baliarda	RISPERIDONA
33531	RIATUL	2 mg comp.rec.ran.x 40	Baliarda	RISPERIDONA
34553	RIATUL[V]	3 mg comp.rec.ran.x 20	Baliarda	RISPERIDONA
35440	RIATUL	1 mg comp.rec.ran.x 60	Baliarda	RISPERIDONA
35441	RIATUL[V]	2 mg comp.rec.ran.x 60	Baliarda	RISPERIDONA
35442	RIATUL	3 mg comp.rec.ran.x 60	Baliarda	RISPERIDONA
27060	DROPICINE	1 mg comp.rec.x 20	Beta	RISPERIDONA
27061	DROPICINE	1 mg comp.rec.x 60	Beta	RISPERIDONA
27062	DROPICINE	2 mg comp.rec.x 20	Beta	RISPERIDONA
27063	DROPICINE	2 mg comp.rec.x 60	Beta	RISPERIDONA
27064	DROPICINE	3 mg comp.rec.x 20	Beta	RISPERIDONA
27065	DROPICINE	3 mg comp.rec.x 60	Beta	RISPERIDONA
35742	RISPER 1	1 mg comp.x 20	Bouzen	RISPERIDONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
38967	RISPER 3	3 mg comp.x 60	Bouzen	RISPERIDONA
38968	RISPER 3	3 mg comp.x 20	Bouzen	RISPERIDONA
29067	RISPERIDONA CEVALLOS	1 mg comp.rec.x 20	Cevallos	RISPERIDONA
29068	RISPERIDONA CEVALLOS	2 mg comp.rec.x 20	Cevallos	RISPERIDONA
29069	RISPERIDONA CEVALLOS	3 mg comp.rec.x 20	Cevallos	RISPERIDONA
32906	RISPERIDONA CEVALLOS	1 mg comp.rec.x 60	Cevallos	RISPERIDONA
32907	RISPERIDONA CEVALLOS	2 mg comp.rec.x 60	Cevallos	RISPERIDONA
32908	RISPERIDONA CEVALLOS	3 mg comp.rec.x 60	Cevallos	RISPERIDONA
30261	RISPERIDONA DOSA	1 mg comp.x 20	Dosa	RISPERIDONA
30262	RISPERIDONA DOSA	2 mg comp.rec.x 20	Dosa	RISPERIDONA
31007	RISPERIDONA DOSA	2 mg comp.rec.x 60	Dosa	RISPERIDONA
34438	RISPERIDONA DOSA	3 mg comp.rec.x 20	Dosa	RISPERIDONA
34439	RISPERIDONA DOSA	3 mg comp.rec.x 60	Dosa	RISPERIDONA
31811	RESTELEA	1 mg comp.x 20	Elea	RISPERIDONA
31812	RESTELEA	1 mg comp.x 60	Elea	RISPERIDONA
31813	RESTELEA	2 mg comp.x 20	Elea	RISPERIDONA
31814	RESTELEA	2 mg comp.x 60	Elea	RISPERIDONA
31815	RESTELEA	3 mg comp.x 20	Elea	RISPERIDONA
31816	RESTELEA	3 mg comp.x 60	Elea	RISPERIDONA
35307	RISPERIDONA FABRA	1 mg comp.x 20	Fabra	RISPERIDONA
35308	RISPERIDONA FABRA	1 mg comp.x 60	Fabra	RISPERIDONA
35309	RISPERIDONA FABRA	2 mg comp.x 20	Fabra	RISPERIDONA
35310	RISPERIDONA FABRA	2 mg comp.x 60	Fabra	RISPERIDONA
35311	RISPERIDONA FABRA	3 mg comp.x 20	Fabra	RISPERIDONA
35312	RISPERIDONA FABRA	3 mg comp.x 60	Fabra	RISPERIDONA
14548	RISPERIN	1 mg comp.x 20	Gador	RISPERIDONA
14549	RISPERIN	1 mg comp.x 60	Gador	RISPERIDONA
14550	RISPERIN	2 mg comp.x 20	Gador	RISPERIDONA
14551	RISPERIN	2 mg comp.x 60	Gador	RISPERIDONA
14552	RISPERIN	3 mg comp.x 20	Gador	RISPERIDONA
14553	RISPERIN[V]	3 mg comp.x 60	Gador	RISPERIDONA
23228	RISPERIN	4 mg comp.x 20	Gador	RISPERIDONA
23229	RISPERIN	6 mg comp.x 20	Gador	RISPERIDONA
35365	RISPERIDONA GENPHARMA	1 mg comp.rec.x 20	Genpharma	RISPERIDONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
35366	RISPERIDONA GENPHARMA	1 mg comp.rec.x 60	Genpharma	RISPERIDONA
35367	RISPERIDONA GENPHARMA	2 mg comp.rec.x 20	Genpharma	RISPERIDONA
35368	RISPERIDONA GENPHARMA	2 mg comp.rec.x 60	Genpharma	RISPERIDONA
35369	RISPERIDONA GENPHARMA	3 mg comp.rec.x 20	Genpharma	RISPERIDONA
35370	RISPERIDONA GENPHARMA	3 mg comp.rec.x 60	Genpharma	RISPERIDONA
17305	SEQUINAN	3 mg comp.x 30	Ivax Arg.	RISPERIDONA
18152	SEQUINAN	1 mg comp.x 20	Ivax Arg.	RISPERIDONA
18153	SEQUINAN	3 mg comp.x 60	Ivax Arg.	RISPERIDONA
35885	SEQUINAN	2 mg comp.x 20	Ivax Arg.	RISPERIDONA
35886	SEQUINAN	2 mg comp.x 60	Ivax Arg.	RISPERIDONA
13145	RISPERDAL	1 mg comp.x 20	Janssen-Cilag	RISPERIDONA
13147	RISPERDAL	3 mg comp.x 20	Janssen-Cilag	RISPERIDONA
13148	RISPERDAL	3 mg comp.x 60	Janssen-Cilag	RISPERIDONA
14999	RISPERDAL	2 mg comp.x 20	Janssen-Cilag	RISPERIDONA
15000	RISPERDAL	2 mg comp.x 60	Janssen-Cilag	RISPERIDONA
21152	RISPERDAL	4 mg comp.x 20	Janssen-Cilag	RISPERIDONA
21153	RISPERDAL	sol.oral x 100 ml	Janssen-Cilag	RISPERIDONA
22207	RISPERDAL	sol.oral x 30 ml	Janssen-Cilag	RISPERIDONA
31483	RISPERIDONA LUAR	1 mg comp.x 20	Quimica Luar	RISPERIDONA
31484	RISPERIDONA LUAR	2 mg comp.x 20	Quimica Luar	RISPERIDONA
31485	RISPERIDONA LUAR	3 mg comp.x 20	Quimica Luar	RISPERIDONA
30965	DOZIC	1 mg comp.ran.x 20	Raffo	RISPERIDONA
30966	DOZIC	2 mg comp.ran.x 20	Raffo	RISPERIDONA
30967	DOZIC	3 mg comp.ran.x 20	Raffo	RISPERIDONA
32777	DOZIC[V]	1 mg comp.ran.x 60	Raffo	RISPERIDONA
32778	DOZIC	2 mg comp.ran.x 60	Raffo	RISPERIDONA
32779	DOZIC	3 mg comp.ran.x 60	Raffo	RISPERIDONA
35865	EDALEN	1 mg comp.rec.x 20	Temis-Lostaló	RISPERIDONA
35866	EDALEN	1 mg comp.rec.x 60	Temis-Lostaló	RISPERIDONA
35867	EDALEN	2 mg comp.rec.x 20	Temis-Lostaló	RISPERIDONA
35868	EDALEN	2 mg comp.rec.x 60	Temis-Lostaló	RISPERIDONA
35869	EDALEN	3 mg comp.rec.x 20	Temis-Lostaló	RISPERIDONA
35870	EDALEN	3 mg comp.rec.x 60	Temis-Lostaló	RISPERIDONA
34656	RISPEX	2 mg comp.x 20	Vannier	RISPERIDONA



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
34657	RISPEX	2 mg comp.x 60	Vannier	RISPERIDONA
34658	RISPEX	3 mg comp.x 20	Vannier	RISPERIDONA
34659	RISPEX	3 mg comp.x 60	Vannier	RISPERIDONA
34660	RISPEX	4 mg comp.x 20	Vannier	RISPERIDONA
34661	RISPEX	4 mg comp.x 60	Vannier	RISPERIDONA
35247	RISPEX	1 mg comp.x 20	Vannier	RISPERIDONA
35248	RISPEX	1 mg comp.x 60	Vannier	RISPERIDONA
39859	EUTIAL 4 MG	4 mg comp.rec.ran.x 15	Baliarda	ROSIGLITAZONA
39860	EUTIAL 4 MG	4 mg comp.rec.ran.x 30	Baliarda	ROSIGLITAZONA
39861	EUTIAL 8 MG	8 mg comp.rec.ran.x 15	Baliarda	ROSIGLITAZONA
39862	EUTIAL 8 MG	8 mg comp.rec.ran.x 30	Baliarda	ROSIGLITAZONA
26678	GLIMIDE	4 mg comp.rec.x 15	Beta	ROSIGLITAZONA
26679	GLIMIDE	4 mg comp.rec.x 30	Beta	ROSIGLITAZONA
26680	GLIMIDE	8 mg comp.rec.x 30	Beta	ROSIGLITAZONA
26681	GLIMIDE	8 mg comp.rec.x 15	Beta	ROSIGLITAZONA
37014	GAUDIL 4	4 mg comp.x 30	Craveri	ROSIGLITAZONA
37015	GAUDIL 8	8 mg comp.x 10	Craveri	ROSIGLITAZONA
37016	GAUDIL 8	8 mg comp.x 30	Craveri	ROSIGLITAZONA
37923	GLIXIMINA	4 mg comp.rec.ran.x 15	Denver Farma	ROSIGLITAZONA
37924	GLIXIMINA	4 mg comp.rec.ran.x 30	Denver Farma	ROSIGLITAZONA
37925	GLIXIMINA	8 mg comp.rec.ran.x 15	Denver Farma	ROSIGLITAZONA
37927	GLIXIMINA	8 mg comp.rec.ran.x 30	Denver Farma	ROSIGLITAZONA
33603	DIABEN	4 mg comp.rec.x 15	Elea	ROSIGLITAZONA
33604	DIABEN	4 mg comp.rec.x 30	Elea	ROSIGLITAZONA
33605	DIABEN	8 mg comp.rec.x 15	Elea	ROSIGLITAZONA
33606	DIABEN	8 mg comp.rec.x 30	Elea	ROSIGLITAZONA
25648	AVANDIA	4 mg comp.x 14	GlaxoSmithKline	ROSIGLITAZONA
25649	AVANDIA	4 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA
28665	AVANDIA	8 mg comp.x 14	GlaxoSmithKline	ROSIGLITAZONA
28666	AVANDIA	8 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA
39746	ROSIGLIT	4 mg comp.rec.x 14	Lazar	ROSIGLITAZONA
39747	ROSIGLIT	4 mg comp.rec.x 28	Lazar	ROSIGLITAZONA
39748	ROSIGLIT	8 mg comp.rec.x 14	Lazar	ROSIGLITAZONA
39749	ROSIGLIT	8 mg comp.rec.x 28	Lazar	ROSIGLITAZONA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
35969	GLUDEX 4	4 mg comp.rec.x 15	Montpellier	ROSIGLITAZONA
35970	GLUDEX 4	4 mg comp.rec.x 30	Montpellier	ROSIGLITAZONA
35971	GLUDEX 8	8 mg comp.rec.x 15	Montpellier	ROSIGLITAZONA
35972	GLUDEX 8	8 mg comp.rec.x 30	Montpellier	ROSIGLITAZONA
38746	ROSIGLITAZONA	4 mg comp.x 14	Richet	ROSIGLITAZONA
38747	ROSIGLITAZONA	4 mg comp.x 28	Richet	ROSIGLITAZONA
38748	ROSIGLITAZONA	8 mg comp.x 14	Richet	ROSIGLITAZONA
38749	ROSIGLITAZONA	8 mg comp.x 28	Richet	ROSIGLITAZONA
39365	ROSIGLITAZONA TECHSPERE	4 mg comp.x 30	Techsphere	ROSIGLITAZONA
39366	ROSIGLITAZONA TECHSPERE	8 mg comp.x 30	Techsphere	ROSIGLITAZONA
33145	AVANDAMET	2 mg/500 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
33146	AVANDAMET	2 mg/500 mg comp.x 56	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
33147	AVANDAMET	4 mg/500 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
38882	AVANDAMET	2 mg/1000 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
38883	AVANDAMET	2 mg/1000 mg comp.x 56	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
38884	AVANDAMET	4 mg/1000 mg comp.x 28	GlaxoSmithKline	ROSIGLITAZONA + METFORMINA
36691	GLUDEX PLUS 2/500	comp.rec.x 30	Montpellier	ROSIGLITAZONA + METFORMINA
36692	GLUDEX PLUS 4/500	comp.rec.x 30	Montpellier	ROSIGLITAZONA + METFORMINA
33100	CRESTOR	10 mg comp.x 28	AstraZeneca	ROSUVASTATIN
33101	CRESTOR	20 mg comp.x 28	AstraZeneca	ROSUVASTATIN
37018	CRESTOR	5 mg comp.x 28	AstraZeneca	ROSUVASTATIN
37951	CRESTOR	10 mg comp.x 14	AstraZeneca	ROSUVASTATIN
47116	CRESTOR	10 mg comp.x 56	AstraZeneca	ROSUVASTATIN
47117	CRESTOR	20 mg comp.x 56	AstraZeneca	ROSUVASTATIN
33325	ROSUVAST	10 mg comp.x 28	Bagó	ROSUVASTATIN
33326	ROSUVAST	20 mg comp.x 28	Bagó	ROSUVASTATIN
37017	ROSUVAST	5 mg comp.x 28	Bagó	ROSUVASTATIN
39968	ROSUVAST	10 mg comp.x 14	Bagó	ROSUVASTATIN
46562	ROSUVAST	10 mg comp.x 56	Bagó	ROSUVASTATIN
46563	ROSUVAST	20 mg comp.x 56	Bagó	ROSUVASTATIN
43880	REOVEX 5	5 mg comp.rec.ran.x 30	Baliarda	ROSUVASTATIN
43881	REOVEX 10	10 mg comp.rec.ran.x 30	Baliarda	ROSUVASTATIN
43882	REOVEX 20	20 mg comp.rec.ran.x 30	Baliarda	ROSUVASTATIN
47101	REOVEX 10	10 mg comp.rec.ran.x 15	Baliarda	ROSUVASTATIN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
47102	REOVEX 20	20 mg comp.rec.ran.x 15	Baliarda	ROSUVASTATIN
45707	ATERONOVA	10 mg comp.x 30	Beta	ROSUVASTATIN
45908	ATERONOVA	10 mg comp.x 15	Beta	ROSUVASTATIN
45909	ATERONOVA	20 mg comp.x 30	Beta	ROSUVASTATIN
45184	LIPOGLUTAREN 5	5 mg comp.rec.x 30	Craveri	ROSUVASTATIN
45185	LIPOGLUTAREN 10	10 mg comp.rec.x 30	Craveri	ROSUVASTATIN
45186	LIPOGLUTAREN 20	20 mg comp.rec.x 30	Craveri	ROSUVASTATIN
47818	LIPEX	20 mg comp.x 28	Elea	ROSUVASTATIN
46304	MESOTEROL 5	5 mg comp.rec.x 30	Finadiet	ROSUVASTATIN
46305	MESOTEROL 10	10 mg comp.rec.x 30	Finadiet	ROSUVASTATIN
46306	MESOTEROL 20	20 mg comp.rec.x 30	Finadiet	ROSUVASTATIN
34010	SINLIP	10 mg comp.rec.x 30	Gador	ROSUVASTATIN
34011	SINLIP	20 mg comp.rec.x 30	Gador	ROSUVASTATIN
36971	SINLIP	5 mg comp.rec.x 30	Gador	ROSUVASTATIN
45250	SINLIP	10 mg comp.rec.x 60	Gador	ROSUVASTATIN
45251	SINLIP	20 mg comp.rec.x 60	Gador	ROSUVASTATIN
45253	SINLIP	5 mg comp.rec.x 60	Gador	ROSUVASTATIN
46500	ARTOMEY	5 mg comp.x 30	Ivax Arg.	ROSUVASTATIN
46501	ARTOMEY	10 mg comp.x 30	Ivax Arg.	ROSUVASTATIN
46502	ARTOMEY	20 mg comp.x 30	Ivax Arg.	ROSUVASTATIN
40481	ASTENDE	10 mg comp.rec.x 14	Lazar	ROSUVASTATIN
40482	ASTENDE	10 mg comp.rec.x 28	Lazar	ROSUVASTATIN
40483	ASTENDE	20 mg comp.rec.x 28	Lazar	ROSUVASTATIN
44839	PARASUL	10 mg comp.x 28	Microsules Arg.	ROSUVASTATIN
42331	ROSUSTATIN	10 mg comp.rec.x 28	Montpellier	ROSUVASTATIN
42332	ROSUSTATIN	20 mg comp.rec.x 28	Montpellier	ROSUVASTATIN
43071	ROSUSTATIN	5 mg comp.x 28	Montpellier	ROSUVASTATIN
44880	ROXOLAN	10 mg comp.x 30	Nova Argentina	ROSUVASTATIN
44881	ROXOLAN	20 mg comp.x 30	Nova Argentina	ROSUVASTATIN
45445	ROXOLAN	5 mg comp.x 30	Nova Argentina	ROSUVASTATIN
44337	BILIP	10 mg comp.x 30	Penn Pharmaceuticals	ROSUVASTATIN
44338	BILIP	20 mg comp.x 30	Penn Pharmaceuticals	ROSUVASTATIN
40383	ROSUVASTATINA RICHET	10 mg comp.x 28	Richet	ROSUVASTATIN
45402	ROSUVASTATINA RICHET	20 mg comp.x 28	Richet	ROSUVASTATIN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
34503	ROVARTAL	10 mg comp.x 30	Roemmers	ROSUVASTATIN
34504	ROVARTAL	10 mg comp.x 15	Roemmers	ROSUVASTATIN
44813	ROVARTAL	20 mg comp.x 30	Roemmers	ROSUVASTATIN
46335	ROVARTAL	5 mg comp.x 30	Roemmers	ROSUVASTATIN
40154	ROSEDEX 10	10 mg comp.rec.x 30	Roux Ocefa	ROSUVASTATIN
47496	ROSEDEX 20	20 mg comp.rec.x 30	Roux Ocefa	ROSUVASTATIN
40709	ROSIMOL	20 mg comp.x 30	Sandoz	ROSUVASTATIN
40710	ROSIMOL	10 mg comp.x 30	Sandoz	ROSUVASTATIN
44047	NODIS 10	10 mg comp.rec.x 30	Temis-Lostaló	ROSUVASTATIN
44048	NODIS 20	20 mg comp.rec.x 30	Temis-Lostaló	ROSUVASTATIN
44937	NODIS 5	5 mg comp.rec.x 30	Temis-Lostaló	ROSUVASTATIN
13052	SALBULIN AUTOHALER	dosis x 200	3 M	SALBUTAMOL / ALBUTEROL
15784	MEDIHALER	aer.c/adapt.x 200 dosis	3 M	SALBUTAMOL / ALBUTEROL
17219	SALBULIN AUTOHALER	dosis x 100	3 M	SALBUTAMOL / ALBUTEROL
26215	AIROMIR AUTOHALER	100 mcg dosis x 200	3 M	SALBUTAMOL / ALBUTEROL
26216	AIROMIR PRESS/BREATH	100 mcg dosis x 200	3 M	SALBUTAMOL / ALBUTEROL
18973	SALBUTRAL	sol.p/nebul.x 20 ml	Cassará	SALBUTAMOL / ALBUTEROL
30361	SALBUTRAL	aer.inhal.c/aplic.x250ds	Cassará	SALBUTAMOL / ALBUTEROL
34012	SALBUTRAL C/AEROMED	aer.inhal.x 250 dosis	Cassará	SALBUTAMOL / ALBUTEROL
14930	SALBUTAMOL DENVER FARMA	sol.p/nebul.x 10 ml	Denver Farma	SALBUTAMOL / ALBUTEROL
14931	SALBUTAMOL DENVER FARMA	sol.p/nebul.x 20 ml	Denver Farma	SALBUTAMOL / ALBUTEROL
14932	SALBUTAMOL DENVER FARMA	jbe.x 120 ml	Denver Farma	SALBUTAMOL / ALBUTEROL
31474	SALBUTAMOL DENVER FARMA	aer.x 200 dosis	Denver Farma	SALBUTAMOL / ALBUTEROL
37836	SALBUTAMOL DENVER FARMA	aer.x 250 dosis	Denver Farma	SALBUTAMOL / ALBUTEROL
33679	YONTAL	sol.p/nebul.x 20 ml	Duncan	SALBUTAMOL / ALBUTEROL
32305	ZOOM	0.5% sol.p/nebuliz.x20ml	Fabop	SALBUTAMOL / ALBUTEROL
19840	SALBUTAMOL FABRA	0.5% gts.x 20 ml	Fabra	SALBUTAMOL / ALBUTEROL
20167	SALBUTAMOL FABRA	jbe.x 120 ml	Fabra	SALBUTAMOL / ALBUTEROL
35164	SALBULIN	aer.c/adap.bucal ds.x250	Fada Pharma	SALBUTAMOL / ALBUTEROL
3909	VENTOLIN	sol.p/nebul.x 20 ml	GlaxoSmithKline	SALBUTAMOL / ALBUTEROL
13001	VENTOLIN HFA	aer.inhal.c/aplic.x200ds	GlaxoSmithKline	SALBUTAMOL / ALBUTEROL
27443	RESPIRET KLONAL	0.04% jbe.x 120 ml	Klonal	SALBUTAMOL / ALBUTEROL
27444	RESPIRET KLONAL	0.5% gts.x 10 ml	Klonal	SALBUTAMOL / ALBUTEROL
27445	RESPIRET KLONAL	0.5% gts.x 20 ml	Klonal	SALBUTAMOL / ALBUTEROL

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
20448	SALBUTAMOL LACEFA	0.48% jbe.x 120 ml	Lacefa	SALBUTAMOL / ALBUTEROL
11447	BUTAMOL	0.5% gts.p/nebul.x 10 ml	Lafedar	SALBUTAMOL / ALBUTEROL
34383	BUTAMOL	0.5% gts.p/nebul.x 20 ml	Lafedar	SALBUTAMOL / ALBUTEROL
35700	BUTAMOL	40 mg/10 ml jbe.x 120 ml	Lafedar	SALBUTAMOL / ALBUTEROL
36274	SALBUTAMOL LEMAX	jbe.x 120 ml	Lemax	SALBUTAMOL / ALBUTEROL
36275	SALBUTAMOL LEMAX	5mg/ml sol.p/nebul.x10ml	Lemax	SALBUTAMOL / ALBUTEROL
36276	SALBUTAMOL LEMAX	5mg/ml sol.p/nebul.x20ml	Lemax	SALBUTAMOL / ALBUTEROL
19370	MICROTEROL (A)[V]	5mg/ml sol.p/nebul.x20ml	Microsules Arg.	SALBUTAMOL / ALBUTEROL
11195	AMOCASIN	sol.p/nebul.x 10 ml	Northia	SALBUTAMOL / ALBUTEROL
27837	AIRSALBU	aer.x 10 ml/200 dosis	Northia	SALBUTAMOL / ALBUTEROL
13214	SALBUTOL NEBU	sol.p/nebul.x 20 ml	Nycomed	SALBUTAMOL / ALBUTEROL
14492	SALBUTOL MDI	aer.x 300 dosis	Nycomed	SALBUTAMOL / ALBUTEROL
22040	SALBUTOL MDI	aer.x 200 dosis	Nycomed	SALBUTAMOL / ALBUTEROL
23700	DUOPACK	aer.x 200 ds.+aeroc?mara	Nycomed	SALBUTAMOL / ALBUTEROL
20815	SALBUTAMOL RICHEL	0.5% gts.x 20 ml	Richet	SALBUTAMOL / ALBUTEROL
24355	SALBUTAMOL RICHEL	aer.x 200 dosis	Richet	SALBUTAMOL / ALBUTEROL
6777	ASMATOL	comp.x 20	Roux Ocefa	SALBUTAMOL / ALBUTEROL
9890	ASMATOL	jbe.x 120 ml	Roux Ocefa	SALBUTAMOL / ALBUTEROL
9891	ASMATOL[V]	sol.nebul.x 15 ml	Roux Ocefa	SALBUTAMOL / ALBUTEROL
35337	VENTIMOL	0.5% sol.x 10 ml	Tetrafarm	SALBUTAMOL / ALBUTEROL
35338	VENTIMOL	0.5% sol.x 20 ml	Tetrafarm	SALBUTAMOL / ALBUTEROL
34425	NEBUTRAX	0.5% sol.x 20 ml	Vannier	SALBUTAMOL / ALBUTEROL
10761	SEREVENT AEROSOL	inhal.dosis x 60 c/apl.	GlaxoSmithKline	SALMETEROL
19694	SEREVENT AEROSOL[V]	inhal.dosis x 120 c/apl.	GlaxoSmithKline	SALMETEROL
22443	SEREVENT DISKUS	dosis x 60	GlaxoSmithKline	SALMETEROL
15138	BRINTENAL	5 mg comp.x 20	Beta	SELEGILINA
37440	BRINTENAL	5 mg comp.x 60	Beta	SELEGILINA
682	JUMEX	comp.x 20	Ivax Arg.	SELEGILINA
11987	JUMEX	comp.x 40	Ivax Arg.	SELEGILINA
23712	HIPOLIPOL	5 mg comp.x 30	Casasco	SIMVASTATIN
23714	HIPOLIPOL	10 mg comp.x 30	Casasco	SIMVASTATIN
24637	HIPOLIPOL	20 mg comp.x 30	Casasco	SIMVASTATIN
36747	DOSAVASTATIN	20 mg comp.x 30	Dosa	SIMVASTATIN
37898	DOSAVASTATIN	10 mg comp.x 30	Dosa	SIMVASTATIN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
36569	SEVERAL	20 mg comp.x 30	Duncan	SIMVASTATIN
36167	FADA SIMVASTATINA	10 mg comp.x 30	Fada Pharma	SIMVASTATIN
36168	FADA SIMVASTATINA	20 mg comp.x 30	Fada Pharma	SIMVASTATIN
36296	SEVACOL	10 mg comp.rec.x 30	Indeco	SIMVASTATIN
36297	SEVACOL	20 mg comp.rec.x 30	Indeco	SIMVASTATIN
30425	KLONASTIN	5 mg comp.x 30	Klonal	SIMVASTATIN
30426	KLONASTIN	10 mg comp.x 30	Klonal	SIMVASTATIN
30427	KLONASTIN	20 mg comp.x 30	Klonal	SIMVASTATIN
30428	KLONASTIN	40 mg comp.x 30	Klonal	SIMVASTATIN
20849	LISAC	5 mg comp.rec.x 30	Laboratorios Bernabo	SIMVASTATIN
20850	LISAC	10 mg comp.rec.x 30	Laboratorios Bernabo	SIMVASTATIN
37033	LISAC	20 mg comp.rec.x 30	Laboratorios Bernabo	SIMVASTATIN
34769	NOSTEROL	5 mg comp.rec.x 30	Lamsa	SIMVASTATIN
34770	SIMVASTATINA LEPETIT	10 mg comp.rec.x 30	Lepetit	SIMVASTATIN
34771	SIMVASTATINA LEPETIT	20 mg comp.rec.x 30	Lepetit	SIMVASTATIN
10398	ZOCOR	10 mg comp.x 30	Merck Sharp & Do	SIMVASTATIN
12998	ZOCOR	5 mg comp.x 30	Merck Sharp & Do	SIMVASTATIN
18182	ZOCOR	20 mg comp.x 30	Merck Sharp & Do	SIMVASTATIN
22531	ZOCOR	40 mg comp.x 30	Merck Sharp & Do	SIMVASTATIN
22041	TANAVAT (A)[V]	5 mg comp.x 30	Microsules Arg.	SIMVASTATIN
22042	TANAVAT (A)[V]	10 mg comp.x 30	Microsules Arg.	SIMVASTATIN
33230	TANAVAT (A)[V]	20 mg comp.x 30	Microsules Arg.	SIMVASTATIN
34753	SIMVASTATIN NORTHIA	10 mg comp.x 30	Northia	SIMVASTATIN
34810	SIMVASTATIN NORTHIA	20 mg comp.x 30	Northia	SIMVASTATIN
34811	SIMVASTATIN NORTHIA	5 mg comp.x 30	Northia	SIMVASTATIN
13162	REDUSTEROL	5 mg comp.x 30	Raffo	SIMVASTATIN
13164	REDUSTEROL	10 mg comp.x 30	Raffo	SIMVASTATIN
14602	REDUSTEROL	20 mg comp.x 30	Raffo	SIMVASTATIN
15214	REDUSTEROL	40 mg comp.x 30	Raffo	SIMVASTATIN
15373	VASOTENAL	5 mg comp.x 30	Roemmers	SIMVASTATIN
15375	VASOTENAL	10 mg comp.x 30	Roemmers	SIMVASTATIN
21044	VASOTENAL	20 mg comp.x 30	Roemmers	SIMVASTATIN
32339	VASOTENAL	20 mg comp.x 15	Roemmers	SIMVASTATIN
16376	LABISTATIN	10 mg comp.x 30	Sandoz	SIMVASTATIN

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
29133	LABISTATIN	20 mg comp.x 30	Sandoz	SIMVASTATIN
33696	LABISTATIN	40 mg comp.x 30	Sandoz	SIMVASTATIN
31497	SIMVASTATIN TECHSPERE	5 mg comp.x 30	Techsphere	SIMVASTATIN
31499	SIMVASTATIN TECHSPERE	20 mg comp.x 30	Techsphere	SIMVASTATIN
18046	NIVELIPOL	10 mg comp.x 30	Temis-Lostaló	SIMVASTATIN
21223	NIVELIPOL	20 mg comp.x 30	Temis-Lostaló	SIMVASTATIN
35624	GEMISTATIN 10	10 mg comp.x 30	Géminis Farmacéutica	SIMVASTATIN
35625	GEMISTATIN 20	20 mg comp.x 30	Géminis Farmacéutica	SIMVASTATIN
8514	VALCOTE	125 mg comp.x 50	Abbott	SODIO DIVALPROATO
8518	VALCOTE	250 mg comp.x 50	Abbott	SODIO DIVALPROATO
8524	VALCOTE	500 mg comp.x 50	Abbott	SODIO DIVALPROATO
20088	VALCOTE SPRINKLE	125 mg caps.x 50	Abbott	SODIO DIVALPROATO
20089	VALCOTE SPRINKLE	125 mg caps.x 100	Abbott	SODIO DIVALPROATO
29031	VALCOTE ER	500 mg comp.lib.cont.x50	Abbott	SODIO DIVALPROATO
22843	VALNAR[V]	250 mg comp.x 50	Ivax Arg.	SODIO DIVALPROATO
22844	VALNAR[V]	500 mg comp.x 50	Ivax Arg.	SODIO DIVALPROATO
36460	FLOGOSTOP[V]	500 mg comp.rec.x 60	Ivax Arg.	SULFASALAZINA
22307	AZULFIDINE EN-TABS	500 mg tab.x 60	Pfizer	SULFASALAZINA
300	DRILYNA	300 mg comp.x 40	Bagó	TEOFILINA ANHIDRA
927	DRILYNA	300 mg comp.x 20	Bagó	TEOFILINA ANHIDRA
929	DRILYNA FORTE	jbe.x 200 ml	Bagó	TEOFILINA ANHIDRA
35424	DRILYNA	300 mg comp.x 30	Bagó	TEOFILINA ANHIDRA
26402	TEOFILINA BIOCROM	jbe.x 150 ml	Biocrom	TEOFILINA ANHIDRA
26403	TEOFILINA BIOCROM	200 mg comp.x 20	Biocrom	TEOFILINA ANHIDRA
15833	TEOFILINA FABRA	200 mg comp.x 20	Fabra	TEOFILINA ANHIDRA
713	NEFOBEN FUERTE	jbe.x 200 ml	Ivax Arg.	TEOFILINA ANHIDRA
11737	NEFOBEN	200 mg comp.x 30	Ivax Arg.	TEOFILINA ANHIDRA
11739	NEFOBEN	300 mg comp.x 30	Ivax Arg.	TEOFILINA ANHIDRA
11740	NEFOBEN	300 mg comp.x 60	Ivax Arg.	TEOFILINA ANHIDRA
2116	LIOPECT	400 mg jbe.x 150 ml	Lafedar	TEOFILINA ANHIDRA
26120	TEOFILINA LAFEDA(A)[V]	300 mg comp.x 20	Lafedar	TEOFILINA ANHIDRA
26122	TEOFILINA LAFEDAR	1.6 g jbe.x 120 ml	Lafedar	TEOFILINA ANHIDRA
38271	TEOFILINA LAFEDAR	0.8 g jbe.x 120 ml	Lafedar	TEOFILINA ANHIDRA
38869	TEOFILINA LAFEDAR	200 mg comp.x 20	Lafedar	TEOFILINA ANHIDRA

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
10466	EUFILONG	250 mg caps.x 20	Nycomed	TEOFILINA ANHIDRA
10467	EUFILONG	250 mg caps.x 40	Nycomed	TEOFILINA ANHIDRA
1313	AMINOFILIN 300	comp.x 20	Phoenix	TEOFILINA ANHIDRA
1314	AMINOFILIN 300	comp.x 60	Phoenix	TEOFILINA ANHIDRA
6524	TEOSONA	100mg DiviDosis comp.x20	Phoenix	TEOFILINA ANHIDRA
6527	TEOSONA[V]	200mg DiviDosis comp.x20	Phoenix	TEOFILINA ANHIDRA
6528	TEOSONA[V]	200mg DiviDosis comp.x50	Phoenix	TEOFILINA ANHIDRA
6531	TEOSONA	300mg DiviDosis comp.x50	Phoenix	TEOFILINA ANHIDRA
6533	TEOSONA FUERTE	jbe.x 200 ml	Phoenix	TEOFILINA ANHIDRA
6534	TEOSONA RETARD	jbe.x 200 ml	Phoenix	TEOFILINA ANHIDRA
6535	TEOSONA	400 mg 24 hs comp.x 20	Phoenix	TEOFILINA ANHIDRA
6540	TEOSONA MICRO	250 mg caps.x 20	Phoenix	TEOFILINA ANHIDRA
7635	TEOSONA	300mg DiviDosis comp.x20	Phoenix	TEOFILINA ANHIDRA
12005	TEOSONA	jbe.x 200 ml	Phoenix	TEOFILINA ANHIDRA
19642	TEOSONA SOL	comp.x 15	Phoenix	TEOFILINA ANHIDRA
19643	TEOSONA SOL	comp.x 30	Phoenix	TEOFILINA ANHIDRA
13464	CRISASMA N.F.	200 mg comp.x 20	Sintesina	TEOFILINA ANHIDRA
13465	CRISASMA N.F.	800 mg jbe.x 120 ml	Sintesina	TEOFILINA ANHIDRA
13466	CRISASMA N.F.	1600 mg jbe.x 200 ml	Sintesina	TEOFILINA ANHIDRA
14480	BRICANYL TURBUHALER	0.5 mg/ds.env.x 200 ds.	AstraZeneca	TERBUTALINA
6579	PLOSTIM	0.25% sol.oft.x 5 ml	Alcon	TIMOLOL
6580	PLOSTIM	0.50% sol.oft.x 5 ml	Alcon	TIMOLOL
31121	PLOSTIM GEL	0.50% env.x 5 ml	Alcon	TIMOLOL
5185	PROTEVIS	500 mg gts.oft.x 5 ml	Allergan-Loa	TIMOLOL
24425	GLATIM 0.25	gts.oft.x 5 ml	Amhof	TIMOLOL
24426	GLATIM 0.5	gts.oft.x 5 ml	Amhof	TIMOLOL
25693	TIMED	0.50% gts.x 20 unidosis	Bausch & Lomb Ar	TIMOLOL
25694	TIMED	0.25% gts.x 5 ml	Bausch & Lomb Ar	TIMOLOL
30476	TIMED	0.50% gts.x 10 ml	Bausch & Lomb Ar	TIMOLOL
33489	ATIGLAUC	0.5% gts.oft.x 10 ml	Biosintex-Ofar	TIMOLOL
30800	TIMOLOL DENVER FARMA	sol.oft.x 5 ml	Denver Farma	TIMOLOL
36158	ZOPIROL	0.25% sol.oft.x 5 ml	Elea	TIMOLOL
36159	ZOPIROL	0.50% sol.oft.x 5 ml	Elea	TIMOLOL
37406	INGETIM	sol.oft.x 2 ml	Ingens	TIMOLOL



## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
21815	KLONALOL	0.25% gts.oft.x 5 ml	Klonal	TIMOLOL
21843	KLONALOL	0.1% gts.oft.x 10 ml	Klonal	TIMOLOL
19407	TIMOLER	0.25% sol.oft.x 5 ml	Lersan	TIMOLOL
19408	TIMOLER	0.50% sol.oft.x 5 ml	Lersan	TIMOLOL
17607	TIMOPTIC XE	0.25% gts.oft.x 2.5 ml	Merck Sharp & Do	TIMOLOL
17608	TIMOPTIC XE	0.50% gts.oft.x 2.5 ml	Merck Sharp & Do	TIMOLOL
3710	OFAL	0.50% fco.gotero x 5 ml	Novartis	TIMOLOL
33815	TIMOLOL DORF	0.5% sol.oft.x 5 ml	PharmaDorf	TIMOLOL
6599	POENTIMOL[V]	0.25% colirio x 5 ml	Poen	TIMOLOL
6602	POENTIMOL[V]	0.50% colirio x 5 ml	Poen	TIMOLOL
5396	PROFLAX	10 mg comp.x 40	Sidus	TIMOLOL
5397	PROFLAX	0.25% sol.oft.x 5 ml	Sidus	TIMOLOL
5398	PROFLAX	0.50% sol.oft.x 5 ml	Sidus	TIMOLOL
35529	TIMOLPRES	colirio x 5 ml	Vannier	TIMOLOL
34842	NEUTOP	25 mg comp.rec.x 28	Elea	TOPIRAMATO
34843	NEUTOP	50 mg comp.rec.x 28	Elea	TOPIRAMATO
34844	NEUTOP	100 mg comp.rec.x 28	Elea	TOPIRAMATO
35645	NEUTOP	100 mg comp.rec.x 56	Elea	TOPIRAMATO
36748	ZINALOW	100 mg comp.rec.x 28	Indeco	TOPIRAMATO
36749	ZINALOW	50 mg comp.rec.x 28	Indeco	TOPIRAMATO
36750	ZINALOW	25 mg comp.rec.x 28	Indeco	TOPIRAMATO
19760	TOPAMAC	25 mg comp.x 28	Janssen-Cilag	TOPIRAMATO
19761	TOPAMAC	50 mg comp.x 28	Janssen-Cilag	TOPIRAMATO
19762	TOPAMAC	100 mg comp.x 28	Janssen-Cilag	TOPIRAMATO
19763	TOPAMAC	100 mg comp.x 56	Janssen-Cilag	TOPIRAMATO
25666	TOPAMAC SPRINKLE	25 mg caps.disp.x 60	Janssen-Cilag	TOPIRAMATO
34432	TOPAMAC	100 mg comp.x 60	Janssen-Cilag	TOPIRAMATO
32774	TOPICTAL[V]	25 mg comp.rec.x 28	Raffo	TOPIRAMATO
32775	TOPICTAL[V]	50 mg comp.rec.x 28	Raffo	TOPIRAMATO
32776	TOPICTAL[V]	100 mg comp.rec.x 28	Raffo	TOPIRAMATO
8075	STELAZINE	1 mg comp.x 50	Schering-Plough	TRIFLUORPERAZINA CLORHIDRATO
8076	STELAZINE	10 mg comp.x 50	Schering-Plough	TRIFLUORPERAZINA CLORHIDRATO
8077	STELAZINE	2 mg comp.x 50	Schering-Plough	TRIFLUORPERAZINA CLORHIDRATO
8078	STELAZINE	5 mg comp.x 25	Schering-Plough	TRIFLUORPERAZINA CLORHIDRATO

## Medicamentos con cobertura del 70% - Plan P.S.P.C.

Código	Nombre	Presentación	Laboratorio	Principio Activo
31230	TRIHEXIFENIDILO CEVALLOS	5 mg comp.x 50	Cevallos	TRIHEXIFENIDILO CLORHIDRATO
4989	ARTANE	5 mg comp.x 50	Wyeth	TRIHEXIFENIDILO CLORHIDRATO
2141	ISOPTINO MD	240 mg comp rec.x 30	Abbott	VERAPAMILO
4642	ISOPTINO RETARD	120 mg comp.rec.x 20	Abbott	VERAPAMILO
20438	ISOPTINO	80 mg comp.rec.x 30	Abbott	VERAPAMILO
23134	VERAL	Rtd.120 mg comp.x 30	Investi	VERAPAMILO
23137	VERAL	Rtd.240 mg comp.x 30	Investi	VERAPAMILO
24047	VERAL	80 mg comp.x 30	Investi	VERAPAMILO
11778	SABRIL	500 mg comp.x 60	Sanofi-Aventis	VIGABATRIN
20633	CIRCUVIT	2 mg comp.x 20	Ariston	WARFARINA SODICA
20634	CIRCUVIT[V]	5 mg comp.x 20	Ariston	WARFARINA SODICA
38256	CIRCUVIT	2 mg comp.x 50	Ariston	WARFARINA SODICA
38257	CIRCUVIT	5 mg comp.x 50	Ariston	WARFARINA SODICA
11246	COUMADIN	2 mg comp.x 30	Bristol	WARFARINA SODICA
11247	COUMADIN	5 mg comp.x 30	Bristol	WARFARINA SODICA
37995	IBUPIRAC FEM	comp.x 40	Pfizer	