



REPUBLICA DOMINICANA
MINISTERIO DE HACIENDA

SUPERINTENDENCIA DE SEGUROS
“Año de la Consolidación de la Seguridad Alimentaria”

ACTA No. 078-2020

Acto Administrativo para Aprobación de Procesos de Compras Menores y por Debajo del Umbral

Fecha: 14 de diciembre de 2020

Requerimiento: Dirección de Recursos Humanos

Yo, Josefa Aquilina Castillo Rodríguez, en mi calidad de Superintendente de Seguros, autorizo la Adquisición de Medicamentos, correspondiente al trimestre en curso:

| Item | Código | Descripción | Unidad de Medida | Cantidad Solicitada | Precio Unitario Estimado | Monto |
|------|----------|---|------------------|---------------------|--------------------------|-----------|
| 1 | 51142121 | DICLOFENAC k 100 MG 100/1 | CAJ | 5 | 2,500.00 | 12,500.00 |
| 2 | 51142001 | ACETAMINOFEN 500 MG 100/1 | CAJ | 9 | 590.00 | 5,310.00 |
| 3 | 51142405 | WINASORB ULTRA 52 (SOBRES) 1/2 TAB. | CAJ | 13 | 1,300.00 | 16,900.00 |
| 4 | 51121703 | CAPTOPRIL 50 MG 30/1 | CAJ | 3 | 489.99 | 1,469.97 |
| 5 | 51101511 | AMOXILINA DE 500 MG 102/1 | CAJ | 7 | 1,040.40 | 7,282.80 |
| 6 | 51161606 | LORATADINA 10MG 30/1 | CAJ | 7 | 990.00 | 6,930.00 |
| 7 | 51172107 | SERTAL COMPUESTO COMPRIMIDOS 100/1 | CAJ | 8 | 2,300.00 | 18,400.00 |
| 8 | 51142904 | ANGIMED SOBRES 25/4 | CAJ | 15 | 1,749.75 | 26,246.25 |
| 9 | 51161817 | BRONCOCHEN ANTIGRIPIAL 50 SOBRES 2/1 | CAJ | 5 | 1,000.00 | 5,000.00 |
| 10 | 51142106 | ARTRAM 800 MG 100/1 | CAJ | 8 | 1,454.00 | 11,632.00 |
| 11 | 51241120 | GOTAS REFRESH TEARS 15 ML | UD | 5 | 495.00 | 2,475.00 |
| 12 | 51171504 | ALKA SELTZER SOBRE 30/2 | CAJ | 4 | 713.1 | 2,852.40 |
| 13 | 50171702 | PRODOM SOBRES 50 SOBRE 2/1 TABLETAS | CAJ | 4 | 1,100.00 | 4,400.00 |
| 14 | 51171504 | SAL ANDREWS SOBRES 12/1 | CAJ | 4 | 163.93 | 655.72 |
| 15 | 51142405 | CARDIOASPIRINA 81MG 30/1 TABLETAS | CAJ | 3 | 525 | 1,575.00 |
| 16 | 51171909 | OMEPRAZOL 40 MG 100/1 CAPSULAS | CAJ | 20 | 490.00 | 9,800.00 |
| 17 | 51142403 | MIGRADORIXINA 100/1 | CAJ | 6 | 2,900.00 | 17,400.00 |
| 18 | 51142012 | PONSTAN 500 MG. 100/1 TABLETAS | CAJ | 10 | 2,355.00 | 23,550.00 |
| 19 | 51142405 | ANTIFLUDES FORTE ANTIGRIPIAL 100/1 TABLETAS | CAJ | 7 | 1,250.00 | 8,750.00 |
| 21 | 51121743 | AMLODIPINA NORVAS 5MG 30/1 | CAJ | 10 | 300.00 | 3,000.00 |

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|---------------|----------|---|--------|----|----------|---------------|
| 22 | 51121813 | COMPLEJO B 10 MG 250/1 TABLETAS | CAJ | 10 | 450.00 | 4,500.00 |
| 23 | 51171904 | RATIDINA 150 MG 200/1 TABLETAS | CAJ | 2 | 1,600.00 | 3,200.00 |
| 24 | 51142121 | DOLO NEUROBION TABLETAS 30/1 | CAJ | 5 | 990.00 | 4,950.00 |
| 25 | 51142104 | DICLOPLEX FORTE TABLETAS DE 100 MG 100/1 | CAJ | 5 | 1,200.00 | 6,000.00 |
| 26 | 51142121 | DICLOFENAC K 0.75 MG AMPOLLA 100/1 | CAJ | 1 | 2,942.00 | 2,942.00 |
| 27 | 51181701 | DEXOMETASONA 4MG AMPOLLA | UNIDAD | 10 | 40.00 | 400.00 |
| 28 | 51171820 | DIMENHIDRINATO 50 MG AMPOLLA 24/1 | CAJ | 1 | 2,280.00 | 2,280.00 |
| 29 | 51191510 | FUROSEMIDA 40 MG AMPOLLA 10/1 | CAJ | 1 | 178.00 | 178.00 |
| 30 | 51161620 | FENDRAMIN 2 ML AMPOLLA 25/1 | CAJ | 1 | 2,060.00 | 2,060.00 |
| 31 | 51102714 | FRASCO DE SOLUCION SALINA 1000 ML. 0.9% | UND | 2 | 88.00 | 176.00 |
| 32 | 51102714 | FRASCO DE LACTATO RINGER 1000 ML | UND | 2 | 68.00 | 136.00 |
| 33 | 41122004 | JERINGA DE 5 ML 100/1 | CAJ | 1 | 779.00 | 779.00 |
| 34 | 41122004 | JERINGA 10 ML 100/1 | CAJ | 1 | 900.00 | 900.00 |
| 35 | 11141604 | ROLLO DE PAPEL CAMILLA SEDA MED. 21 X 125 | UND. | 5 | 250.00 | 1,250.00 |
| 36 | 51102717 | NITROFURAZONA 16 ONZA POMADA | UND | 1 | 712.00 | 712.00 |
| 37 | 42221504 | CAJA DE CATHETER G 20, 20/1 | CAJ | 1 | 1,700.00 | 1,700.00 |
| 38 | 42221504 | AGUJA DE PALOMILLA G 21, 3 CC 20/1 | CAJ | 1 | 495.00 | 495.00 |
| 39 | 42311511 | GASA ESTERIL 4X4 100/1 | CAJ | 2 | 600.00 | 1,200.00 |
| 40 | 42311525 | VENDA ELASTICA 4XS, 12/1 | CAJ | 1 | 467.00 | 467.00 |
| 41 | 42271709 | CANULA DE OXIGENO 20/1 | CAJ | 1 | 1,040.00 | 1,040.00 |
| 42 | 42311703 | CINTA MEDICA ADHESIVA DUAL PORE DE 3 PULG. 4/1 | UND. | 3 | 1,400.00 | 4,200.00 |
| 43 | 41104104 | TORNIQUETE PARA ACCESO INTRAVENOSO COLOR AZUL O VERDE | PIE | 1 | 36.00 | 36.00 |
| 44 | 11151507 | ROLLO DE ALGODÓN | LIBRA | 1 | 350.00 | 350.00 |
| 45 | 51102706 | BETADINE | GL. | 1 | 1,495.00 | 1,495.00 |
| 46 | 53131608 | JABON ANTISEPTICO | GL. | 1 | 1,110.00 | 1,110.00 |
| TOTAL GENERAL | | | | | | \$ 228,685.14 |

Comentario: Según requerimiento anexo.


Licda. Josefa Aquilina Castillo Rodríguez
Superintendente de Seguros


Lic. Cesario Santana
Director Administrativo