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INGRESO
FACTURA ELECTRÓNICA
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Fecha de emisión: 2026-03-01
Fecha de vencimiento: 2026-03-01

CANT.	UNIDAD	DESCRIPCIÓN	LOTE	F. VENC.	P.UNIT	DTO.	TOTAL
100	NIU	PREDNISONA 50MGX 100TAB FARMINDUSTRIA			0.30	0.00	29.80
100	NIU	JERINGA 5ML			0.13	0.00	13.30
20	NIU	CLORURO DE SODIO 0.9 %FCO X 100 ML			2.38	0.00	47.60
4	NIU	CLORURO DE SODIO 0.9 %FCO X 100 ML			0.00	0.00	0.00
1	NIU	EQUIPO DE VOLUTROL			3.00	0.00	3.00
4	NIU	EQUIPO DE VOLUTROL			2.75	0.00	11.00
20	NIU	GASA ESTERIL 10 CM X 10 CM			0.88	0.00	17.50
20	NIU	GASA ESTERIL 5 * 5 CM			0.39	0.00	7.80
1	NIU	ALCOHOL MEDICINAL 70° FCO X 1000mL * *			9.50	0.00	9.50
1	NIU	ALCOHOL MEDICINAL 70° FCO X 1000mL * *			8.30	0.00	8.30
1	NIU	ALCOHOL PURO 96° FCO X 1000mL *2			9.00	0.00	9.00
1	NIU	ALCOHOL PURO 96° FCO X 1000mL *2			8.38	0.00	8.38
2	NIU	ALCOHOL PURO 96° FCO X 500mL *2			5.60	0.00	11.20
2	NIU	ALCOHOL PURO 96° FCO X 500mL *2			5.04	0.00	10.08
60	NIU	COMTrex ANTIGRIpal DIA CAJA X 60 SOBRES			0.66	0.00	39.49
60	NIU	COMTrex ANTIGRIpal NOCHE CAJA X 60 SOBRES			0.66	0.00	39.49
54	NIU	DOLOCORDRALAN EXTRA FORTE NF CAJA X 54 CAPSULAS			1.56	0.00	84.50
30	NIU	ANAFLEX MUJER 200 GR			0.80	0.00	24.00
3	NIU	MESIGYNA 50mg + 5mg CAJA X AMP 1mL * *			18.50	0.00	55.50
3	NIU	MESIGYNA 50mg + 5mg CAJA X AMP 1mL * *			15.46	0.00	46.38
7	NIU	BONACOXIB 120 MG			1.83	0.00	12.80
20	NIU	DAMICOCYN 1.5MG			2.75	0.00	55.00
10	NIU	DAMICOCYN 1.5MG			0.00	0.00	0.00
20	NIU	DIGERMIN 2000 MILLONES UFC/5mL SUSP X 10 AMP *2			1.44	0.00	28.80
20	NIU	DIGERMIN 2000 MILLONES UFC/5mL SUSP X 10 AMP *2			1.21	0.00	24.16
4	NIU	PARIS 20MG (TADALAFILO)			2.50	0.00	10.00
1	NIU	CAFAZOLBAC 1g CAJA X 1 VIAL + SOLVENTE X 3.5mL *12			6.50	0.00	6.50

CANT.	UNIDAD	DESCRIPCIÓN	LOTE	F. VENC.	P.UNIT	DTO.	TOTAL
11	NIU	CAFAZOLBAC 1g CAJA X 1 VIAL + SOLVENTE X 3.5mL *12			5.62	0.00	61.82
3	NIU	HIDROCORTISONA SUCCINATO 100MG AMPOLLA			5.50	0.00	16.50
50	NIU	ENDGRIP PLUS FORTE X 50 SOBRES			1.06	0.00	52.98
50	NIU	MIGRA DEL CAJA x 100 TAB REC			1.54	0.00	76.90
10	NIU	OMEPRAZOL 40MG IV			1.35	0.00	13.50
12	NIU	ALCOHOL PURO 96° FCO X 120mL PAQ X 12 UND**			1.63	0.00	19.50
10	NIU	B VAT 2mL CAJA X 10 AMP *2			10.56	0.00	105.55
10	NIU	B VAT 2mL CAJA X 10 AMP *2			9.81	0.00	98.07
100	NIU	IBUPAIN 400mg CAJA X 100 CAPSULA BLANDA			0.46	0.00	45.90
48	NIU	NEONYPOL CAPSULA BLANDA VAGINAL CJA X 12 CAP			2.88	0.00	138.00
20	NIU	3-GEL SUSPENSION CAJA X 20 SOBRES *2			1.25	0.00	24.90
3	NIU	VITAMINA C REFORCE			38.90	0.00	116.70
3	NIU	VITAMINA C REFORCE			32.90	0.00	98.70
2	NIU	BISMUCAR 87.33MG SUSP X 150ML FRESA			10.90	0.00	21.80
100	NIU	JERINGA DESCART 20ML /CC 2			0.16	0.00	15.98
6	NIU	NOFERTYL INY			13.90	0.00	83.40
3	NIU	TRIMEXAZOL PEDIATRICO 200MG+40MG/5ML X 60ML	2040735	2027-04-30	4.90	0.00	14.70
60	NIU	LIZINALER 5MG X 60 TABL (LEVOCETIRIZINA)			0.67	0.00	39.90
3	NIU	ZAYTAM COMPOSITUM JBE X 120 ML			13.98	0.00	41.94
20	NIU	EVITTA 1.5 MG XAJA X 1 COMPRIMIDO (LEVONORGESTREL)			2.70	0.00	54.00
1	NIU	EVITTA 1.5 MG XAJA X 1 COMPRIMIDO (LEVONORGESTREL)			0.00	0.00	0.00
6	NIU	DIVINA 28 CAJA X 28 TABLE			3.98	0.00	23.88
100	NIU	SUPOSITORIO ADULTO			0.30	0.00	29.80
1	NIU	CEFALEXINA 250MG/5ML SUP X 60 ML			7.90	0.00	7.90
1	NIU	CEFALEXINA 250MG/5ML SUP X 60 ML			6.50	0.00	6.50
8	NIU	FLUCONAZOL 200MG			2.13	0.00	17.00
8	NIU	FLUCONAZOL 200MG			1.63	0.00	13.04
48	NIU	PANADOL EFERVESCENTE CAJ X 24 TABLETAS			1.17	0.00	55.92
28	NIU	PANADOL FORTE CAJA X 56 TAB			1.93	0.00	53.90
10	NIU	FLORATIL 250MG X 10 SOBRES			2.69	0.00	26.90
10	NIU	FLORATIL 250MG X 10 SOBRES			2.57	0.00	25.70
28	NIU	PENTRAX AC 875 + 125MG (AMOXICILINA+ACIDO CLAVULANICO)			2.04	0.00	57.00
3	NIU	DORITA CAJA X 28 TAB			5.50	0.00	16.50
10	NIU	ACICLOVIR 800 MG TAB CJA X10			0.89	0.00	8.90
3	NIU	GASTRORAL SUSP X 200 ML			13.90	0.00	41.70
1	NIU	TOSALBRON INFANTIL 28mg/5mL JBE x 100mL * *			15.50	0.00	15.50
100	NIU	ALITAS N° 22GX3/4 CAJA X 100			0.47	0.00	47.00
20	NIU	ALITAS N° 22GX3/4 CAJA X 100			0.00	0.00	0.00

CANT.	UNIDAD	DESCRIPCIÓN	LOTE	F. VENC.	P.UNIT	DTO.	TOTAL
1	NIU	SALBUTAMOL INHALADOR 100mcg OQCOR			8.50	0.00	8.50
1	NIU	SALBUTAMOL INHALADOR 100mcg OQCOR			7.59	0.00	7.59
2	NIU	HEPVIR 5% CREMA (ACICLOVIR) 10G			4.50	0.00	9.00
2	NIU	HEPVIR 5% CREMA (ACICLOVIR) 10G			3.90	0.00	7.80
80	NIU	APROXOL 1G)PARACETAMOL) CAJA X 20 SOBRES			1.15	0.00	91.60
100	NIU	DOLO NEUROFOR X 100 CAPS			1.00	0.00	99.80
3	NIU	LIMONADA PURGANTE MARKOS X 200 ML			8.50	0.00	25.50
100	NIU	PARAMIDOL MIGRAÑA			0.36	0.00	35.90
3	NIU	LECHE DE MAGNESIA PHILLIPS AZUL x 120mL **			8.34	0.00	25.02
3	NIU	LECHE DE MAGNESIA PHILLIPS AZUL x 120mL **			7.48	0.00	22.44
40	NIU	MENTHOLATUM CARAMELO X 80 SOBRES			0.65	0.00	25.80
3	NIU	SOLUNA NF X 1ML			16.90	0.00	50.70
3	NIU	SOLUNA NF X 1ML			11.06	0.00	33.18
30	NIU	METAPIRON 1G/2ML AMPOLLA			0.73	0.00	21.96
10	NIU	ZIOX 20 MG/ML (N-BUTILBROMURO DE HIOSCINA) X 10 AMP			1.79	0.00	17.90
10	NIU	ZIOX 20 MG/ML (N-BUTILBROMURO DE HIOSCINA) X 10 AMP			1.35	0.00	13.50
30	NIU	LIVOLIN FORTE CAJA X 30 CAPS *2			1.40	0.00	41.90
30	NIU	LIVOLIN FORTE CAJA X 30 CAPS *2			1.26	0.00	37.92
3	NIU	CHOLO 2 SOL INY AMPOLLA IV/IM			12.98	0.00	38.94
3	NIU	LYMPHDIARAL INY X 20 IV/IM			12.98	0.00	38.94
3	NIU	PASCONAL FORTE INY X2ML IM/IV			12.98	0.00	38.94
42	NIU	ACICLAV 500mg + 125mg CAJA X 14 TAB *3			0.99	0.00	41.70
10	NIU	BENCILPENICILINA BENZATINICA 1200000 UI X 10 AMP			1.49	0.00	14.93
10	NIU	BENCILPENICILINA BENZATINICA 1200000 UI X 10 AMP			1.10	0.00	11.03
10	NIU	CEFTRIAXONA 1G IV/IM			1.57	0.00	15.65
10	NIU	CEFTRIAXONA 1G IV/IM			1.23	0.00	12.31
25	NIU	KETANEN 30MG/ML CAJA X 25 AMP (KETEROLACO)			0.79	0.00	19.80
25	NIU	KETOPAN (KETOPROFENO 100MG/5 ML)INY X25 AMP			2.20	0.00	55.00
40	NIU	ETORIX 90 CJA X 40 COMP			0.75	0.00	29.80
100	NIU	DEXONA 4MG CAJA X 100 TAB			0.39	0.00	38.90
60	NIU	DOLO NEUROPRESS FORTE TAB			0.83	0.00	49.90
100	NIU	UREN 100mg CAJA X 100 TAB REC			0.43	0.00	42.90
100	NIU	UREN 100mg CAJA X 100 TAB REC			0.39	0.00	39.35
3	NIU	ALBENDAZOL 100MG/5ML X 20 ML			2.10	0.00	6.30
1	NIU	AMOXICILINA + ACIDO CLAV 500mg/125mg PORTUGAL			0.89	0.00	0.89
1	NIU	AMOXICILINA + ACIDO CLAV 500mg/125mg PORTUGAL			7.50	0.00	7.50

CANT.	UNIDAD	DESCRIPCIÓN	LOTE	F. VENC.	P.UNIT	DTO.	TOTAL
3	NIU	AMOXICILINA 250MG SUSPENSION X 60 ML			3.98	0.00	11.94
3	NIU	AZITROMICINA 200MG/5ML X 15 ML			5.90	0.00	17.70
200	NIU	CETIRIZINA 10MG TABLETA CJA X 100			0.07	0.00	13.50
100	NIU	CETIRIZINA 10MG TABLETA CJA X 100			0.00	0.00	0.00
100	NIU	DEXAMETASONA 4 MG			0.11	0.00	10.64
100	NIU	DICLOFENACO 50 MG X 30 TAB			0.14	0.00	13.98
3	NIU	DICLOXACILINA 250MG SUSP X 60 ML			4.30	0.00	12.90
100	NIU	DOLOBRAN FORTE (IBUPROF+PARACET) X 100 TABL POERTUGAL			0.19	0.00	18.90
100	NIU	FENAZOPIRIDINA 100 MG X 100 TABL			0.12	0.00	11.50
100	NIU	FLUCONAZOL 150 MG			0.30	0.00	29.90
10	NIU	IBUPROFENO JARABE X 60 ML			2.26	0.00	22.60
2	NIU	IBUPROFENO JARABE X 60 ML			0.00	0.00	0.00
50	NIU	IRBESARTAN 150 MG TABLETA CJA X 50			0.23	0.00	11.50
100	NIU	NAPROXENO SODICO 550 MG TAB			0.24	0.00	23.90
1	NIU	NITOXADIN 100 MG / 5 ML SUSP X 60ML			9.80	0.00	9.80
5	NIU	NITOXADIN 100 MG / 5 ML SUSP X 60ML			5.84	0.00	29.20
1	NIU	NITOXADIN 500MG CAJA X 6 TAB			9.80	0.00	9.80
5	NIU	NITOXADIN 500MG CAJA X 6 TAB			5.84	0.00	29.20
100	NIU	OMEPRAZOL 20 MG X 100 CAPS			0.12	0.00	11.50
6	NIU	PARACETAMOL 60 ML			2.20	0.00	13.20
1	NIU	PARACETAMOL 60 ML			0.00	0.00	0.00
200	NIU	PARACETAMOL 500 MG QUILAB			0.07	0.00	13.00
200	NIU	PARACETAMOL 500 MG QUILAB			0.05	0.00	9.96
12	NIU	CREMA PORTIL 20 GR			3.08	0.00	36.90
3	NIU	TERBINAFINA 1% CREMA X 20G (PORTUGAL)			3.30	0.00	9.90
3	NIU	TERBINAFINA 1% CREMA X 20G (PORTUGAL)			2.15	0.00	6.45
100	NIU	TERBINAFINA 250MG CAJA X 100 TAB			0.34	0.00	33.50
100	NIU	HEPABIONTA FORTE			2.19	0.00	218.97
50	NIU	VITAPYRENA FORTE X 50 SOBRES			2.60	0.00	129.80
3	NIU	CLOTRIMAZOL 1% 20 GR			2.17	0.00	6.51
3	NIU	ROXTIL B CREMA 20G TUBO			6.00	0.00	18.00
100	NIU	ROXTRIM FORTE (SULFAMETOXAZOL + TRIMETOPRIMA) X100 TAB			0.48	0.00	47.90
100	NIU	VOMIXTAL (DIMENHIDRINATO) 50MG X 100 TAB			0.27	0.00	26.90
12	NIU	VASO RECOLECTOR DE HECES			0.50	0.00	6.00
12	NIU	VASOS RECOLECTOR DE ORINA			0.69	0.00	8.28
2	NIU	ORABIOT BALSAMICO POLVO PARA SUS X 60ML			10.50	0.00	21.00
2	NIU	ORABIOT BALSAMICO POLVO PARA SUS X 60ML			8.90	0.00	17.80
100	NIU	ANTALGINA 500MG CAJA X 100 TAB			0.32	0.00	31.80
60	NIU	REXIVIN FLEX (CLORZOXAZONA+PARACETAMOL) CJAQ X 60 TAB			0.50	0.00	29.90

CANT.	UNIDAD	DESCRIPCIÓN	LOTE	F. VENC.	P.UNIT	DTO.	TOTAL
1	NIU	RHINO-BB 0.9% GOTAS NASALES x 15mL			11.58	0.00	11.58
20	NIU	SILDENAFILO 100MG CJA X 1 TAB			1.50	0.00	30.00
5	NIU	SILDENAFILO 100MG CJA X 1 TAB			0.00	0.00	0.00
20	NIU	GASA ESTERIL 7.5CM X 7.5CM			0.50	0.00	9.90
4	NIU	PARIS 20MG (TADALAFILO)			2.25	0.00	8.99
60	NIU	MAFIDOL UNITOMA X60			0.63	0.00	37.91
60	NIU	TRIMAX 500MG CAJA X 60 TAB (AZITROMICINA)			1.20	0.00	72.00
28	NIU	PENTRAX AC 875 + 125MG (AMOXICILINA+ACIDO CLAVULANICO)			1.54	0.00	43.12
10	NIU	ACICLOVIR 800 MG TAB CJA X10			0.78	0.00	7.81
30	NIU	EVIGAX FORTE CAPSULA			1.80	0.00	53.90
					OP. EXONERADAS: S/		4,276.31
					OP. GRAVADAS: S/		214.31
					IGV: S/		38.57
					TOTAL A PAGAR: S/		4,529.19