

Medicamento	21/06/2020	28/06/2020	05/07/2020	12/07/2020	19/07/2020	26/07/2020	02/08/2020	09/08/2020	16/08/2020	23/08/2020	30/08/2020	06/09/2020	13/09/2020	20/09/2020	27/09/2020	04/10/2020	11/10/2020	18/10/2020	25/10/2020	01/11/2020	08/11/2020	15/11/2020	22/11/2020	29/11/2020	06/12/2020	13/12/2020	20/12/2020	27/12/2020	03/01/2021	10/01/2021	17/01/2021	24/01/2021	31/01/2021	07/02/2021	14/02/2021	21/02/2021	28/02/2021	06/03/2021	13/03/2021	20/03/2021	27/03/2021	03/04/2021	10/04/2021	17/04/2021	24/04/2021	01/05/2021
ATRACURIO, BESILATO 10MG/ML (amp 2.5 ML)	Cobertura em Dias - UF	37,0	16,0	14,0	8,0	9,0	33,0	25,0	20,0	23,0	25,0	28,0	29,0	30,0	24,0	30,0	46,0	25,0	42,0	47,0	47,0	0,0	47,0	43,0	78,0	45,0	46,0	52,0	46,0	21,0	16,0	8,0	5,0	3,0	3,0	3,0	2,0	5,0	5,0	3,0	3,0	2,0	2,0			
Medição de Cobertura em Dias - UF	37	16	14	8	9	33	25	20	23	25	28	29	30	24	30	46	25	42	47	47	0	47	43	78	45	46	52	46	21	16	8	5	3	3	3	2	5	5	3	3	2	2				
USATACURIO, BESILATO 10MG/ML (amp 10 ml)	Cobertura em Dias - UF	14,0	2,0	6,0	6,0	61,0	20,0	34,0	5,0	43,0	21,0	28,0	45,0	38,0	46,0	50,0	35,0	28,0	50,0	36,0	36,0	0,0	22,0	64,0	27,0	29,0	5,0	26,0	10,0	15,0	3,0	2,0	3,0	2,0	0,0	2,0	2,0	2,0	2,0	2,0	2,0	2,0	2,0	2,0		
Medição de Cobertura em Dias - UF	14	2	6	6	61	20	34	5	43	21	28	45	38	46	50	35	28	50	36	36	0	22	64	27	29	5	26	10	15	3	2	3	2	0	2	2	2	2	2	2	2	2	2			
PROPOFOL 10 MG/ML (p 100 ml)	Cobertura em Dias - UF	9,0	25,0	40,0	11,0	2,0	288,0	25,0	36,0	15,0	90,0	24,0	48,0	18,0	14	26	18	7	31	130	130	0	14	64	0	50	4	552	15	10	3	9	2	1	5	2	2	2	2	2	2	2	2	2		
Medição de Cobertura em Dias - UF	9	25	40	11	2	288	25	36	15	90	24	48	18	14	26	18	7	31	130	130	0	14	64	0	50	4	552	15	10	3	9	2	1	5	2	2	2	2	2	2	2	2				
ATRACURIO, BESILATO 10MG/ML (amp 5 ML)	Cobertura em Dias - UF	37,0	4,0	7,0	5,0	13,0	22,0	19,0	24,0	19,0	29,0	16,0	17,0	15,0	20,0	31,0	51,0	27,0	34,0	53,0	53,0	0,0	32,0	37,0	16,0	39,0	37,0	67,0	35,0	23,0	18,0	6,0	3,0	2,0	5,0	5,0	3,0	3,0	3,0	3,0	3,0	3,0				
Medição de Cobertura em Dias - UF	37	4	7	5	13	22	19	24	19	29	16	17	15	20	31	51	27	34	53	53	0	32	37	16	39	37	67	35	23	18	6	3	2	5	5	3	3	3	3	3	3	3				
CETAMIDA, CLORIDRATO 50MG/ML (amp 10ml)	Cobertura em Dias - UF	21,0	4,0	9,0	7,0	10,0	39,0	28,0	26,0	22,0	30,0	57,0	53,0	70,0	42,0	51,0	58,0	72,0	69,0	105,0	105,0	0,0	76,0	94,0	52,0	66,0	96,0	96,0	120,0	90,0	34,0	15,0	11,0	12,0	6,0	4,0	3,0	3,0	3,0	3,0	3,0	3,0				
Medição de Cobertura em Dias - UF	21	4	9	7	10	39	28	26	22	30	57	53	70	42	51	58	72	69	105	105	0	76	94	52	66	96	96	120	90	34	15	11	12	6	4	3	3	3	3	3	3	3				
USATACURIO, BESILATO 10MG/ML (amp 2 ml)	Cobertura em Dias - UF	34,0	10,0	13,0	18,0	23,0	30,0	30,0	34,0	23,0	42,0	38,0	52,0	65,0	67,0	66,0	80,0	65,0	83,0	67,0	67,0	0,0	83,0	33,0	20,0	32,0	35,0	33,0	26,0	26,0	14,0	8,0	6,0	5,0	6,0	6,0	6,0	6,0	6,0	6,0	6,0	6,0				
Medição de Cobertura em Dias - UF	34	10	13	18	23	30	30	34	23	42	38	52	65	67	66	80	65	83	67	67	0	83	33	20	32	35	33	26	26	14	8	6	5	6	6	6	6	6	6	6	6					
ROCURONIO, BROMETO 10 MG/ML (amp 5 ml)	Cobertura em Dias - UF	66,0	18,0	21,0	18,0	35,0	41,0	26,0	29,0	43,0	36,0	41,0	44,0	50,0	63,0	57,0	74,0	64,0	71,0	84,0	84,0	0,0	56,0	35,0	27,0	40,0	44,0	46,0	50,0	21,0	19,0	9,0	7,0	5,0	5,0	6,0	6,0	8,0	8,0	8,0	8,0					
Medição de Cobertura em Dias - UF	66	18	21	18	35	41	26	29	43	36	41	44	50	63	57	74	64	71	84	84	0	56	35	27	40	44	46	50	21	19	9	7	5	5	6	6	8	8	8	8						
MIODALAM 5 MG/ML (framp 10 ml)	Cobertura em Dias - UF	43,0	22,0	31,0	28,0	35,0	46,0	36,0	43,0	41,0	42,0	44,0	38,0	32,0	41,0	40,0	72,0	52,0	55,0	61,0	61,0	0,0	54,0	39,0	23,0	45,0	53,0	36,0	53,0	40,0	20,0	16,0	12,0	11,0	11,0	10,0	10,0	10,0	10,0	10,0	10,0	10,0				
Medição de Cobertura em Dias - UF	43	22	31	28	35	46	36	43	41	42	44	38	32	41	40	72	52	55	61	61	0	54	39	23	45	53	36	53	40	20	16	12	11	11	10	10	10	10	10	10	10					
DEXTOCETAMINA, CLORIDRATO 50MG/ML (10 ml)	Cobertura em Dias - UF	68,0	9,0	11,0	10,0	39,0	29,0	27,0	146,0	31,0	37,0	27,0	41,0	51,0	52,0	40,0	47,0	58,0	66,0	60,0	60,0	0,0	54,0	40,0	73,0	72,0	64,0	48,0	59,0	51,0	28,0	14,0	13,0	10,0	10,0	8,0	8,0	12,0	12,0	12,0	12,0					
Medição de Cobertura em Dias - UF	68	9	11	10	39	29	27	146	31	37	27	41	51	52	40	47	58	66	60	60	0	54	40	73	72	64	48	59	51	28	14	13	10	10	8	8	12	12	12	12						
PROPOFOL 10 MG/ML (amp 20 ml)	Cobertura em Dias - UF	83,0	28,0	32,0	36,0	50,0	42,0	36,0	36,0	50,0	37,0	51,0	47,0	64,0	72,0	49,0	62,0	63,0	62,0	61,0	61,0	0,0	57,0	55,0	42,0	66,0	64,0	66,0	52,0	39,0	27,0	23,0	22,0	16,0	15,0	14,0	14,0	14,0	14,0	14,0	14,0	14,0				
Medição de Cobertura em Dias - UF	83	28	32	36	50	42	36	36	50	37	51	47	64	72	49	62	63	62	61	61	0	57	55	42	66	64	66	52	39	27	23	22	16	15	14	14	14	14	14	14	14					
DEXMEDETOMIDINA, CLORIDATO 100MCG/ML (amp 2 ml)	Cobertura em Dias - UF	95,0	17,0	24,0	26,0	62,0	79,0	54,0	71,0	72,0	61,0	67,0	63,0	71,0	74,0	70,0	72,0	75,0	79,0	79,0	79,0	0,0	104,0	69,0	72,0	91	165	114	152	120	75	87	69	63	68	71	33	33	33	33	33	33				
Medição de Cobertura em Dias - UF	95	17	24	26	62	79	54	71	72	61	67	63	71	74	70	72	75	79	79	79	0	104	69	72	91	165	114	152	120	75	87	69	63	68	71	33	33	33	33	33	33					
FENTANIL, CITRATO 0,05 MG/ML (framp. 10 ml)	Cobertura em Dias - UF	43,0	27,0	32,0	28,0	27,0	46,0	28,0	38,0	33,0	39,0	40,0	41,0	45,0	51,0	50,0	55,0	39,0	49,0	53,0	53,0	0,0	49,0	39,0	28,0	43,0	51,0	57,0	47,0	30,0	28,0	19,0	18,0	39,0	17,0	19,0	22,0	22,0	22,0	22,0	22,0	22,0				
Medição de Cobertura em Dias - UF	43	27	32	28	27	46	28	38	33	39	40	41	45	51	50	55	39	49	53	53	0	49	39	28	43	51	57	47	30	28	19	18	39	17	19	22	22	22	22	22	22					
EPRINEFRIN 1MG/ML (amp 1 ml)	Cobertura em Dias - UF	106,0	52,0	81,0	109,0	103,0	106,0	99,0	99,0	110,0	128,0	95,0	112,0	125,0	130,0	121,0	99,0	109,0	88,0	139,0	139,0	0,0	104,0	69,0	72,0	91	165	114	152	120	75	87	69	63	68	71	33	33	33	33	33	33				
Medição de Cobertura em Dias - UF	106	52	81	109	103	106	99	99	110	128	95	112	125	130	121	99	109	88	139	139	0	104	69	72	91	165	114	152	120	75	87	69	63	68	71	33	33	33	33	33	33					
MORFINA, SULFATO 10 MG/ML (amp. 1 ml)	Cobertura em Dias - UF	74,0	34,0	49,0	63,0	51,0	61,0	37,0	77,0	81,0	58,0	62,0	66,0	62,0	89,0	70,0	93,0	93,0	82,0	86,0	86,0	0,0	92,0	68,0	112,0	70,0	136,0	84,0	92,0	84,0	40,0	35,0	45,0	39,0	42,0	43,0	38,0	38,0	38,0	38,0	38,0					
Medição de Cobertura em Dias - UF	74	34	49	63	51	61	37	77	81	58	62	66	62	89	70	93	93	82	86	86	0	92	68	112	70	136	84	92	84	40	35	45	39	42	43	36	36	36	36							
NA, NEMETAFENTANIL 0,05 MG/ML (amp 1 ml)	Cobertura em Dias - UF	54,0	29,0	35,0	33,0	30,0	46,0	32,0	38,0	41,0	41,0	45,0	43,0	42,0	46	44	48	34	41	45	45	0,0	46,0	42,0	20,0	44	61	51	51	46	44	41	36	40	36	37	36	36	36	36	36					
Medição de Cobertura em Dias - UF	54	29	35	33	30	46	32	38	41	41	45	43	42	46	44	48	34	41	45	45	0	46	42	20	44	61	51	51	46	44	41	36	40	36	37	36	36	36	36	36						
NALOXONA, CLORIDRATO 0.4 MG/ML (amp. 1 ml)	Cobertura em Dias - UF	115,0	21,0	42,0	42,0	73,0	102,0	83,0	89	4	116	76	102	105	108	129	114	123	151	138	138	0	128	125</																						