中藥新藥進用申請表

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| 申請日期： |  | | | 年 | |  | | 月 |  | | | | 日 |  | | | | | | | | | |
| 1.中藥名稱 | | |  | | | | | | | | | | | | | | | | |  | | | |
| 中藥藥品許可證查詢網址  <https://service.mohw.gov.tw/DOCMAP/CusSite/TCMLQueryForm.aspx> | | | | | | | | | | | | | | | | | | | |
| 2.劑 型 | | |  | | | | | | | | | | | | | | | | | | | | （依許可證查詢結果） |
| 3.製造廠商 | | |  | | | | | | | | | | | | | | | | | | | |
| 4.經銷廠商 | | |  | | | | | | | | | | | | | | | | | | | |
| 5.衛署字號  (許可證字號) | | |  | | | | | | | | | | | | | | | | | | | |
| 6.臨床用途  (適應症/效能) | | |  | | | | | | | | | | | | | | | | | | | |
| 7.藥物不良反應紀錄 | | |  | | | | | | | | | | | | | | | | | | | | |
| 8.已進用醫療院所 | | | (1) | |  | | | | | | | | | | (2) |  | | | | | | | |
| (醫學中心級) | | | | | | | | | | | | (區域級以上醫院) | | | | | | | | |
| 9.健保給付 | | | □有，健保代碼： | | | | | | | | |  | | | | | | | | | | | |
| □無，建議售價： | | | | | | | | |  | | | | | 元/( | |  | | )單位 | | |
| 10.一般劑量 每次  每日 | | |  | | | | 克/粒 | | | 預估用量(年) | | | | | | |  | | | | | 克/粒 | |
|  | | | | 次 | | |
| 11.缺貨時  替代廠商優先順序 | | |  | | | | | | | | | | | | | | | | | | | | |
| 12.建議刪除/替代品項 | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 聯絡人(業代) | |  | | | | | | | | | 申請中醫師 | | | | | | |  | | | | | |
| 電話 | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 注意事項：  \*新藥申請採進一剔一模式，經審核通過後，方得進入議價程序。  \*請將本表附件於電子公文送簽，並請廠商提供半年內醫學中心/區域醫院採購發票佐證。  \*電子公文簽核流程：  申請人>中醫科主任>藥劑科>資材組>江副院長>王副院長>院長  \*電子公文主旨：中醫科新藥申請，請鑒核 | | | | | | | | | | | | | | | | | | | | | | | |