|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |  | | |
| 申报药品基础信息 | | | | | | | | |
| **药品名称** | | **剂型** | **规格** | **包装** | **生产企业** | **批准文号/注册证号** | **申报药品类型** | **国家医保局药品代码** |
|  | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
| 我省备案采购的三级公立医疗机构名单 | | | | | | | | |
| **序号** | **备案时间** | **备案价** | **备案医疗机构** | | | | | |
| 1 |  |  |  | | | | | |
| 2 |  |  |  | | | | | |
| 3 |  |  |  | | | | | |
| 4 |  |  |  | | | | | |
| 5 |  |  |  | | | | | |
| 6 |  |  |  | | | | | |
| 7 |  |  |  | | | | | |
| 8 |  |  |  | | | | | |
| 9 |  |  |  | | | | | |
| 10 |  |  |  | | | | | |
| **填表说明：**  1.备案采购记录以根据130号文设区市医保局和省属医疗机构通过省级平台填报《福建省医保定点医疗机构药品备案采购汇总表》为准；  2.同种申报药品填报一份；  3.国家医保局药品代码为国家医保局医保药品分类与代码数据库中药品代码；  4.申报药品类型填“一类新药”、“专利保护期内进口药品”、“通过一致性评价药品”；  5.同种药品同剂型不同规格、包装的备案采购医疗机构合并计算。 | | | | | | | | |