**附件2 药品申报信息表**

**新药药品申报信息表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **药品通用名** |  | **商品名** | | |  | | |
| **剂型** |  | **包装规格** | | |  | | |
| **生产厂家** |  | **批准文号** | | |  | | |
| **挂网采购类别** |  | **适用科室** | | |  | | |
| **药品来源** | **国产□ 川产□ 进口分装□ 进口□** | | | | | | |
| **报销范围** | **医保甲□ 医保乙□**  **自费□** | | **基药类别** | | | | **是 □ 否 □** |
| **国家医保编码** |  | | | | | | |
| **药品简介** | **例:药理类别、主要适应症、用法用量及疗程、储存运输条件** | | | | | | |
| **申报人** |  | | | **联系电话** | |  | |
| **电子邮箱** |  | | | **传真** | |  | |
| **申请人**  **签字** | **年 月 日** | | | | | | |

备注：医保信息以《国家基本医疗保险、工伤保险和生育保险药品目录(2023年)》为准。

**申报企业（盖章）**